Skills Adequacy and Service Delivery among Health Professionals at Umphumulo Public Hospital

By

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DECLARATION

I, Thabisile Luyanda Mtshali, declare that this dissertation is my original work except where references have been made. It is being submitted for the fulfilment of degree Master of Public Administration at the University of Zululand. The dissertation has not been submitted for any degree in any university. I declare that necessary authorization has been obtained to carry out the research.

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Date

DEDICATION

This dissertation is dedicated to my parents, my late mother, Ntombizodwa Eunice Mtshali, and my father, Musa Hadebe, my son, Lwandiswa Samkelo Mtshali, and my aunt, Sanelisiwe "Nga" Mtshali, for their endless love, support, continuous encouragement and motivation, which inspired me to achieve my goals and dreams.

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ABSTRACT

Over the decades, South Africa has experienced skills inadequacy and poor service delivery in the health sector, and the case of uMphumulo Hospital has become of particular concern. In many organizations, skills adequacy and service delivery coexists and interlinks in order to produce quality service delivery. This depends on individual performance evaluations. However, the shortage of skills among health professionals costs a fortune to any country and negatively impacts on employees' performances, which denies South Africans the quality service they need particularly in the rural areas. Therefore, this study examines the coping skills of health workers and rationalises whether the skills are adequately shared among health professionals in the quest to enhance service delivery in uMphumulo Hospital. The study adopts a qualitative research methodology, through unstructured interviews, with 32 major stakeholders in the hospital. The study finds that the recruitment and hiring of health professionals should not be taken lightly and not be treated as minor issues. Health employees experience stress and exhaustion when they are understaffed. Monetarism has added more burdens to uMphumulo Hospital due to limited funding from government health professionals post are put on hold. Health professionals are displeased with their working environment, because there is lack of resources, equipment and medication. The hospital is also understaffed and has to attend to a voluminous number of patients. This study also suggests rewards, as supported by motivational theories, such as the equity theory (Adams, 1963), as a system for employees to increase their performance and sustain their coping skills. In conclusion, government have the responsibility to embark on human capacity programmes and invest in infrastructural development of hospitals, in the quest to promote effective service delivery. This is attainable through the review of existing policy and implementing of new pro-active health policies in rural hospitals, and uMphumulo Hospital in particular.

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ACRONYMS AND ABBREVIATIONS

AIDS   Acquired Immune Deficiency Syndrome

ART   Antiretroviral treatment

CEO   Chief Executive Officer

DECD   Organisation for Economic Co-operation and Development

DoH   Department of Health

DoL   Department of Labour

GCIM   Global Commission Specific Dispensation

GDP   Gross Domestic Product

HIC   High Income Countries

HIV   Human Immunodeficiency Virus

HR   Human Resource

KZN   KwaZulu-Natal

LIC   Low Income Health

MRC   Medical Research Council

NDHSP   National Department of Health Strategy Plan

OSD   Non-Occupation Specific Dispensation

PHC   Public Health Care

PILIR   Policy and Capacity Leave and Health Retirement

RNS   Registered Nurse

SANC   South African Nursing Council

SETA   Sector Education and Training Authorities

SONA   State of National Address

STI   Sexual Transmitted Disease

TB   Tuberculosis

THPA   Traditional Health Practitioners Act

WHO   World Health Organisation

CHAPTER 1 BACKGROUND TO THE STUDY

1.1. INTRODUCTION

South Africa is currently, and has been for some time, facing challenges preventing the government from delivering efficient and sufficient quality services to its people. According to the Health Financing Profile (2016), 86% of health services in South Africa are provided through the public sector, however, only about 50% of health expenditure originates from the government. In contrast, private sectors are few and only cater for people with medium to high income. These factors strain government resources in public hospitals. South Africa is battling with the persistent high degree of HIV and AIDS and other relatable diseases such as tuberculosis.

According to the Delivery Agreement for Outcome (2013), the South African Government spends 8.7% of its Gross Domestic Product (GDP) on health. This is frustrating because South Africa spends a lot on the health budget yearly (more than any other African country), yet it does not lead among other countries when it comes to the quality of service delivery (Negotiated Service Delivery Agreement, 2010).

Economic Trends (2017) maintained that South Africa's economic prospects show unfavourable progress in the shorter term. In 2017, the Growth Domestic Product was forecasted to be 1%. Furthermore, in 2016, 588 000 people were unemployed.

Government debt is the main fiscal metric which is closely examined by credit rating agencies. In South Africa, the gross loan debt of government increased to 49% of GDP in the 2015/2016 financial year. The measurement was 51.7% by the 4th quarter of the calendar year in 2016. The gross loan debt was R2 243 billion by December 2016 – this represented a 94% rise over the past 5 years (Economic trends, 2017). The unemployment of people in SA also demands more effort to be applied by government officials towards making sure that the services still run cost effectively, including borrowing money from other countries, or coming up with multiple innovation plans to render better services, also finding ways of reducing costs where the government can, such as reducing working hours for health professionals to accumulate more funds.

Khoza (2016) found that in Durban, health professionals were not happy with the new overtime policy which was introduced by National Department of Health. Due to this, some of the doctors in the public healthcare sector experienced a pay cut of 30% in January 2017. Health Minister, Aaron Motsoaledi, signed and released the new overtime policy for public healthcare personnel at the end of the year 2016 for the policy to commence right away at the beginning of 2017. This policy was meant to save funds but it turned out badly and added frustration for health professionals in public hospitals.

It is clear that there are existing challenges that hinder health professionals' performance in giving the best health services. The government aims to achieve its goal in rending various services to people, but that will not be possible if important aspects are not inspected shortage of skills. In the case of poor service delivery faced by public hospitals, there are calls for serious scrutiny of how to implement actions to sustain coping skills of health workers. In this manner, skills will be shared among health workers to bring about better health services. Service delivery is not based on the hours spent inside working premises without any supervision – this demands dedication of one another. Better service delivery could be attained through the re-visitation of policies and enhancement of health professionals' remuneration in South Africa. Also, the hospitals' locations work as an advantage whether in rural or urban also impact the on the progress and development of services of the list to receive aid in a shorter period of time.

UMphumulo Hospital is located at KwaMaphumulo, between Stanger and Greytown, under iLembe Health District. uMphumulo Public Hospital is a district hospital and a sub-district of Untunjambili Hospital. The hospital is a 158 bedded facility serving an estimated population of 132 007 residents, which accounts for 60% of the local population. The KwaZulu-Natal Department of Health (2001) noted that there were seven fixed clinics around Maphumulo area and two mobile services working together with uMphumulo Hospital to deliver quality health services to patients. UMphumulo Hospital is situated in a remote area where most of the citizens are from disadvantaged backgrounds. The majority of its residents are low income earners, unemployed and highly reliant on government's social grants, as are most people in these most remote areas. The shortage of skills has put a strain on public hospitals, while there are other

challenges, such as fewer resources in rural areas and insufficient capacity to get rid of health problems such as overcrowded hospitals, limited medication.

This study seeks to examine the extent of adequate coping skills among health professionals and the quality of service delivery in uMphumulo Public Hospital. It aims to provide possible measures that can mitigate the challenges and build up a good relationship between the government, patients (customers) and health professionals.

The performances of health professionals are driven by job satisfaction and remuneration – in order to accomplish these, government policies should be revisited and re-implemented based on reality. This should be carried out by looking at health departments and finalising whether policies should be enhanced or diminished. Whether the promulgation and implementation of new policies, with the purpose of alleviating coping skills at uMphumulo Hospital, should or should not involve health professionals' participation in decision making, will be answered later.

The government's intentions and motives are to enhance equality and the quality of life of SA citizens. The Department of Health seems to be ignoring the basic needs of health professionals who are expected to deliver quality health service to patients with so many challenges at hand. Coping skills, such as soft (listening, interpersonal) and hard skills (qualifications). Moreover, according to Wageman (1997), the equity theory emphasises that employees' input should balance the output or rewards, and acknowledgment encourages employees to do better. The employer and employee also have to keep a well-balanced relationship in terms of keeping the working environment warm and pleasant.

1.2. THEORETICAL FRAMEWORK

A theoretical framework brings up different statements of facts that could be universally useful in different situations. It provides solid acclaimed understanding of a phenomenon that has been proved by other philosophers to highlight things taking place in our society. According to Mertens' (1998) point that theories help society to understand what is happening within their living space and globally, and most importantly educate and teach the basis of analysing social problems. Hence, this chapter looks at health promotion theories and motivation theories for more of an understanding of the nature of the study. Under health promotion theories there are a

self-determination theory, social cognitive theory, planned behaviour theory, and reason action theory. Also, there are motivation theories, equity theories (1960), expectation theories (1983) and pyramid hierarchy of needs and other scholars' theories. This study uses the theory of reasoned action, equity theory, and a motivation theory, which is Maslow's hierarchy (1943) of needs to bring clarity to the study and the motivation behind what could enhance the coping skills among health professionals in uMphumulo Public Hospital.

Without clear theoretical understanding, it is difficult to engage with promotions components of health professionals' practice, and organise the application of skills in hospitals globally (Whitehead, 2006). The theoretical framework will help direct the study and utilise the correct theories that correspond with the push and pull factors of skills adequacies among health professionals and service delivery in uMphumulo Public Hospital.

1.2.1. Motivation theories

1.2.1.1. Maslow's hierarchy of needs theory

Maslow's theory (1943) noted that employees have basic needs that encourage them to deliver the best service at work. However, if the attainment of one is not met, then the employee cannot deliver the service based on expectancy of the employer. The hierarchy of needs looks at different aspects of social life and the environment around such as self-actualization, esteem, social affiliation, security and safety, and basic physiology. Hence, is it rare to get quality performance from health professionals when the basic needs are not met, that work as stimuli to quality service delivery and enhanced coping skills of workers (Charles, 2009).

1.2.2. Health promotion theories

1.2.2.1 Theory of reason action

According to Fisbein and Ajzen (1967), the theory of reason action (TRA) is based on employees routinely considering the greatness of their behaviour before they engage in different behaviours. Health professionals should be fully aware of their duties and how they should share their skills among themselves. This includes hospital management, the Department of Health in South Africa and all provincial public hospitals. This theory seeks to clarify that health professionals are fully aware of their actions and the results thereof – a lack of skills among health professionals could lead

to poor service delivery. Health professionals are to monitor their actions to give satisfactory service to patients (Shacklock, 2011).

1.2.2.2. Theory of planned behaviour /equity theory

Ajzen extended (1980) the theory of reason action, and formed the theory of planned behaviour, by adding a perceived behaviour controller predictor. Health professionals have subconscious control over their actions; this impacts on whether they intend to carry out good behaviour or not. One of the factors could be that they do not share their skills among themselves because they lack confidence or control and sense the lack of support from colleagues (Shacklock 2011). Furthermore, the equity theory supports the above statement, on the basis that the employees should feel and experience that they are being treated equally. With that in mind, they are more likely to perform to their best capability and excel on their given tasks, most of the time. There is a lot of literature on health service delivery, along with recommendations based on different countries, some which are relatable to this study.

1.3. LITERATURE REVIEW

Mutizwa-Mangiza (1998) pointed out that there is a decline in the number of skilled health professionals in hospitals globally. This has led to significant changes in the quality of healthcare provided and has resulted in poor service delivery. There is a crisis of understaffing in public hospitals, which negatively affects patients' waiting times – to become longer before they receive medical attention.

According to Bezuidenhout, Jobert, Hiemstra and Struwing (2009), doctors are short in supply globally and especially in developing countries like South Africa. The issue is that doctors who are originally from these countries, such as sub-Saharan Africa, are actively recruited by developed countries, which has been one of the components that creates a skills shortage among health professionals. Migration of health professionals has affected numerous countries such as Ghana, Nigeria, and South Africa – this has created a massive proportion of patients' dissatisfaction on service delivery. Since 1996, 37% of South African health professionals have settled in places such as Australia, France, Finland, Germany, Canada, Portugal, United States and the United Kingdom. Immigration has also affected soft and hard skills (Naicker, 2009).

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In early 2002, scores of pharmacists left Zimbabwe for UK. The more the developed countries take from disadvantaged countries the harder it becomes for them to reach their target of meeting the health needs of patients. This has a negative impact on the public hospitals that need health professionals and pharmacists, more so in Zimbabwe and other African countries. Since the mid-1980s, the migration patterns have transformed and highly skilled health professionals from Africa have moved to developed countries and are still opting for better places (Gould, 1988). According to World Health Organisation (WHO) (2009), Ethiopia was facing a shocking shortage of health professionals with only 0.03 doctors available per 1000 people as of 2006. This scarcity of health professionals has in turn affected service delivery and has led to a lower ratio in surgery (Dzirutwe, 2002).

The shortage of health professionals has been a prolonged problem in South Africa. It is for this reason that most hospitals in the rural areas, along with small towns, suffer from the absence of soft and hard skills and adequate health personnel. The ECA/IDRC/IOM (2000) reported that the brain drain of health professionals has led to socio-economic challenges for the developing countries in Africa such as Zimbabwe. In the United States, it is estimated that by 2020, a shortage of more than 90 000 doctors will be experienced and that will have a great impact on service delivery in healthcare worldwide. Soft and hard skills will be in demand since the growing population in need of health services increases yearly (Crosbie, 2016).

Galagan (2010) reported that 79% of the 1179 organisations that were sampled in the United States of America confirmed that they were experiencing severe skills shortages in their business industries. Globally, public and private businesses are facing challenges with obtaining skills required, and keeping them under control. Industries have to keep up with the ever-changing technology to remain competent. Graduates are not employed because they do not have work experience in most cases and they do not meet the required skills. There are quite a number of unemployed graduates, as much as countries may want to improve the service and production, the reality still remains. As long as there are fund restraints, it is not possible to hire more people that do not add value, for the sake of having more staff members in the institution. The same applies with the government. Highly skilled health professionals are needed to advance the health service delivery by utilising their skills.

According to Matteson, Anderson and Boyden (2016), communication, adaptability, self-confidence, handling pressure, team work and problem-solving ability are well-known soft skills. Health professionals should communicate with patients using their soft and hard skills. Hard skills come after the first engagement when necessary, such as typing skills and proficiency in a foreign language. The interpersonal skills automatically take place naturally during the interaction between patient and health worker, such as welcoming, listening to the patient, and coming up with the diagnosis and offering a treatment/medication is part and parcel to good service delivery. The same skills are required from health professionals and other colleagues in healthcare sectors. Hard skills are needed when the health professionals are in the process of being hired and meeting job requirements, and soft skills are to keep the job after being hired in the health institution. The study examines the coping skills of uMphumulo Hospital to generalise perceived problems with healthcare professionals.

1.4. PROBLEM STATEMENT

The Constitution of the Republic of South Africa (Act 108 of 1996) stipulates that citizens of South Africa have rights to basic healthcare. Chapter 2 of the constitution containing the Bill of Rights emphasizes the protection of human rights. According to Section 27, citizens have the right to have access to:

1. Healthcare services, including reproductive health care.
2. Sufficient food and water.
3. Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance. Social security refers to schemes to which workers and employers contribute for old-age pensions, medical and unemployment insurance. Social assistance means assistance from the government to certain groups such as the elderly, children in foster care, etc. Examples of such assistance are old-age grants, disability grants, child support grants and foster care grants.
4. No one may be refused emergency medical treatment.

This means that a person who suffers a sudden catastrophe, which calls for immediate medical attention, should not be refused ambulance or other emergency services that

are available and should not be turned away from a hospital that is able to provide the necessary treatment.

Despite South Africa being a developing country, there has been a great change in the public health sector, but a lot still demands government attention to make a complete change. Even though the Constitution has been designed to control and monitor the actions of all South African citizens, there are serious challenges and some are new from the healthcare sectors, but most of them have been around for a long time. According to Madinah (2016), internationally, there are barriers that hinder the health service delivery system, to be met and sustained by government from different countries. Public hospitals are being criticised based on poor service delivery. There is a vital need to focus on the factors contributing to such tragedy. Health sectors are not limited to policy matters, medical staff shortage, referral mechanism, cost / financing of services, corruption / bribery, culture / attitudes, transport / distance, and drugs / medical facilities. Governments of any given country are also aiming at improving the healthcare systems. This practice is of international priority and a Millennium Development Goal. While on the other side the coping skills of health professionals have been ignored and pushed away a little bit. Looking at some of the tragedies taking place in public hospitals are the result of the health institution being under staffed and failing to cater for the uncontrollably high number of patients due to limited resources and lack of coping skills.

Mutizwa-Mangiza (1998) reported that there is a crisis with falling standards of healthcare, which consist of "abusive and uncaring" health professionals, who are perceived to have bad attitudes towards patients. This is essentially attributed to low drive resulting from an extreme workload related to stress while dealing with numerous dying patients in public hospitals. Patients are not happy with the treatment they receive when they visit public hospitals. Patients who use public hospitals still have difficulty in receiving quality health services at public hospitals. In addition to that, there are challenges faced by patients such as language barriers and other serious challenges unaccounted for by health professionals. In public hospitals, patients encounter long queues, rude staff, insufficient medication and shortages of nurses and doctors. These factors affect service delivery negatively. The 'soft' and 'hard' skills of health professionals are their coping skills and they always work as a tool to deliver the quality health services. With the challenges facing public healthcare sectors in

South Africa, the health minister saw a need to implement a new policy. This essentially inhibits doctors from claiming overtime. This crippled the existing overburden and exhaustion of healthcare staff, with skills remaining in high demand regardless of decreasing the health expenditures (Khoza, 2016).

Public hospitals and health facilities should perform according to the Batho Pele principles – "putting patients first". According to Nengwekhulu (2009), health professionals are the key to successful health service delivery in accordance with the government agenda. Health professionals' ineffectiveness explains patients' dissatisfaction with service delivery in public hospitals. The Department for Public Service and Administration (1997) White Paper set out eight priorities to transform public service delivery for previously disadvantaged black people in South Africa. Batho Pele is the eighth priority and namely as Batho Pele principle for people to easily access government services such as consulting, access to service delivery, courtesy, service standards, provision of information, redress the value of money/ openness and transparency. In support of people first, the Nursing Act 33 of 2005 and Act 50 of 1978 stipulated its main purpose as to:

1. Serve and protect the public in matters involving health services generally and nursing services in particular.

2. Perform its functions in the best interests of the public and in accordance with national health policy as determined by the Minister.

The Department of Public Service and Administration (1997), post 1994, leveled a foundation on redressing the imbalance of the past that was experienced by black people in South Africa. There is an importance in maintaining and continuing with good quality service delivery by the government to its people, on different levels of society such as urban and rural places. Health practitioners are responsible and accountable for all acts within the health sphere be it public or private. Patients spend countless hours in public hospitals with insufficient medication and heartless staff members. Whilst there is insufficient equipment, patients have to deal with rude staff and shortages of health professionals to assist them during visitation to the hospitals.

According to Chasokela (2001), nurses working in rural public hospitals have spent years functioning in increasingly expanded roles and duties. Multi-tasking of health professionals and taking added responsibilities also drain their coping skills and put

more pressure on them, negatively affecting their performance. Also, physiotherapists, pharmacists and medical doctors experience the strain, and this escalates to work fatigue and results in poor service delivery. The migration of skilled health professionals from the developing countries has adversely affected the quality of service delivery offered in public hospitals. This study will look at the coping strategies and skills used in uMphumulo Hospital and the coping mechanism used to alleviate skills. This will direct and narrow down the study objectives and produce realistic and reliable findings. The study itself is motivated by skills adequacy and service delivery interconnectedness and working together, but the question is how? The findings produce more reliable information.

1.5. MOTIVATION FOR THE STUDY

The migration of health workers is one of the major challenges for the South African health organizations and in other African countries. There is a deficiency of posts in health public sector, and HIV/AIDS has had a great impact and it has become a burden to the remaining health professionals. Health professionals encounter bad working conditions, poor relationships with management, workload in the public sector, morale in the workplace, risk of contracting tuberculosis, personal safety and workplace security risks. These factors affect the ability of South African health workers to perform to their capabilities. Skills shortage among health professionals and service delivery are interconnected: lack of certain skills leads to poor service delivery (Pendelton & Crush, 2007).

In the healthcare industry, health professionals have different levels and duties with different roles to play based on their qualifications. Health professionals have more power and control over the production of quality service delivery. This could be obtained and achieved by sharing correct skills horizontally and vertically among themselves. Sharing of common and newly introduced skills elevates the pace and contributes to the service output because there is interchange of knowledge and expectation of how to perform duties within a short period of time. More attention has to be on interpersonal needs of patients (Crobie, 2016).

This requires preparing employees at all levels with effective skills of listening, teambuilding, communication, inter-generational competence, etiquette and protocol.

Health professionals need more of these skills such as conflict resolution, leadership, intercultural competence and customer service. These skills are often referred to as soft skills. From different fields of healthcare, the health professionals must seek guidance and supervision for betterment of service delivery. There is a need for innovation of programmes in interpersonal skills and improving communication skills among health professionals (Crobie, 2016).

According to the Development and Enterprise (2007), there has been an expression and concern about South Africa's skills shortage, bearing in mind that the issue has been present for decades. Apparently, in recent years the skills shortages in South Africa have been attributed to the increase in population and hence demand of patients. This is driven by fast growth corresponding with continuing supply pressures in public sector, with few health professionals compared to the patient /doctor ratio. Migration is one of the existing factors straining skills and there is huge gap between health professionals' performance and achieving government goals to deliver best health service while the constraint on funds to hire more employees still exists.

Akoojee and McGrath (2007) found that in addition to the existing reasons for skills shortages in South Africa, to be precise, the apartheid system played a vital role. Pre-1994, skills were overpoweringly racial and gendered, which has left predominantly black females and males without access to skills improvement. Shortage of skills places the blame on an education organization and programmes alleviating existing knowledge and skills to health employees. South Africa has continuously suffered from mistreatments and dysfunction from the apartheid era – black people were academically underprivileged and moved to live in rural areas. There is an insufficient educational system and slower development in rural areas than in urban places. In both areas, the quantity and quality of education provided is the upgrading of skills in health sectors. The majority of issues in South Africa circulate around on how to uplift the economy and create more demand for soft and hard skills (Breier & Erasmus, 2009).

Akoojee and McGrath (2007) pointed out the acknowledgement of the deepest scars left by the apartheid era which took place before 1994. Black people have been compressed and brainwashed by the torture they went through and this has limited their capabilities for achieving more. Black people drained and demotivated, with no

hope that they can contribute to the scarcity of skills, even if they take the initiative to further their education.

There are platforms that the government has implemented and made available for people to further their education. Skills shortages were identified previously as one of the serious restrictions to economic growth and work creation by South African government. Hence, the government has tried to address the problem by using and seeking assistance from other organisations such as Sector Education and Training Authorities (SETA). But there is still a lot that needs to be done. The government has programmes to fight against poverty, increase the number of employed, create opportunities especially for the youth and uplift and fulfil equity employment goals (Akoojee & McGrath ,2007).

Crush and McDonald (2002) identified that the emigration of South African skilled experts to other parts of the world is well recognized. In New Zealand, USA, UK, Australia, and Canada, there are South African health professionals who are working for these countries. There are contributing factors to the push and pull forces on health professionals' skills inadequacies. For instance, South African skilled professionals have migrated to other parts of the world due to the advent of the innovative political administering and ever-changing policies. Skilled professionals emigrated from the country probably due to the effects of Affirmative Action policies and the rising crime and violence in South Africa. Different trainings have been introduced to make a good change in healthcare sectors, but there are still skills shortages obstructing public healthcare. Health professionals are trained under government programmes but public hospitals mostly do not benefit from these programmes simply because there is no policy that requires health professionals to work in public healthcare sectors for a certain number of years to alleviate the skills shortages. Alleviation of the missing skills has also been introduced in developing countries and in rural public hospitals where there is a higher chance of inadequacy of skills among health professionals. This study aims to find out the coping skills of healthcare professionals at uMphumulo Hospital.

1.6. RESEARCH AIMS AND OBJECTIVES

Essentially, the study strives to examine the depth of relationship between skills shortages and service delivery among health professionals at uMphumulo Public

Hospital. Furthermore, uMphumulo Hospital has limited resources, while the hospital management expects health workers to deliver quality services on a daily basis. The purpose of the study and its aim is to assess the effectiveness of health professionals. This could not be done without applying soft and hard skills which seem to be their coping skills to help them render quality service delivery. The objectives of the study are to:

1. Examine the remote challenges affecting the coping skills of uMphumulo Hospital healthcare professionals and the extent of soft and hard skills shortages.
2. Investigate the causes and effects of coping skills to ascertain if there is a shortage of soft and hard skills among healthcare professionals at uMphumulo Public Hospital.
3. Assess possible measures aimed to alleviate the coping skills shortages and service delivery among health professionals at uMphumulo Public Hospital.
4. Provide policy recommendations or suggestions on how to address prevailing skills shortages and improve service delivery at rural public hospitals.

1.7. RESEARCH QUESTIONS

The study seeks to address the following questions:

1. What is the extent of coping skills on service delivery among healthcare professionals in uMphumulo Public Hospital?
2. Is there a shortage of soft and hard skills, and what are the causes and effects on quality of service delivery among health professionals at uMphumulo Public Hospital?
3. What actions have been taken to alleviate the soft and hard skills shortages to improve the quality of service delivery at public hospitals?
4. What suggestions can be offered to mitigate the effect of skills shortages on service delivery at rural public hospitals?

1.8. CONCEPTUAL CLARIFICATIONS

The intention of the conceptual clarifications is to explain the main concepts used in the topic.

Public hospital: is an institution where inpatients and outpatients receive medical and surgical care and where health professionals are working on the common goal with government to provide effective service to patients at no cost during the hospitalisation – they are free services rendered by government (Saltmam, Duran & Dubois, 2001).

Service delivery: comprises those processes, organisations and individuals that are associated with carrying out laws and other policy measures adopted by the legislature that translate into service delivered to the public (Du Toit & Van Der Waldt, 2006: 27).

Skills adequacy: competence to accomplish and cope to perform certain tasks in due time.

1.9. SIGNIFICANCE OF THE STUDY

Despite government rhetoric to invest in health infrastructural development and increase efficiency in the health sector, there is compelling evidence of poor service delivery resulting from the shortage of skills and other variables. This study takes cognizance of efforts by government to increase productivity in the health sector through the enactment of some policies. However, there are good policy implementations and there are some salient factors that were neglected by the government such as, lack of funding resulting in insufficient and shortage of medication. Coping skills have not been tackled in a proper manner and these soft and hard skills are germane to the enhancement of service delivery and skills acquisition in the health sector, particularly in uMphumulo Public Hospital – a lot still needs to be enhanced and re-implemented. It has been noted that healthcare professionals are not able to share their coping skills among themselves and this has a negative impact on service delivery. Therefore, the study serves as resource pool for policy makers and other stakeholders in the health sector.

The study serves to provide a road-map towards increasing productivity in the health sector and highlights proactive interventions to increase human capacity development in public hospitals. The identified gap is that there are numerous studies outlining the

challenges which are presently affecting health service delivery. Also, in the future, the experience would be massive for healthcare professionals experiencing more workload, stress, exhaustion, and absenteeism. An action plan has to be drawn and implemented immediately, basically by looking at how to obtain and keep healthcare professionals running the quality service delivery especially in remote areas. Change requires and demand funds, but while South Africa is still battling to improve and stabilize the economy, a lot can still be done by working together with policy makers, healthcare professionals and government officials to maintain the coping skills of the already existing health workers.

UMphumulo public hospital has served the community for a long time, with it slow progress. The figure 1 below will give more insight on it history. The history of uMphumulo is used as a map at tracing progress footsteps in this study. Moreover to see whether the government should supply the hospital with resources and equipment to stabilize their coping skills. This public hospital has a lot to share and this figure will determine the need of adequacy of skills among health professionals at uMphumulo public hospital.

Figure 1: Chapel (list of fallen heroes and graveyard) - history of uMphumulo hospital from 1970's and its progress

Source: KwaZulu-Natal Department of Health, 2001

This picture of the Chapel has a history of its own, reminiscence of the great fallen hero's that built Umphumulo Hospital which is used by Umphumulo community and that will still remain for the next generation.

The first picture is the list of names and also this is one of the major Historical treasures of the first Norwegian Missionaries to settle at KwaMaphumulo (Umphumulo Hospital). The second picture shows where these heroes rested after giving all they had to assist the community that needed health service.

A certain doctor who came from Ekombe built the Outpatient Department in the early 1970's a result of the number of people diagnosed with TB that was increasing. He donated from his own money and sought funding from overseas countries to build the whole OPD as it is today. The KwaZulu Natal government took over but shortly handed it over to the state because of people that initiated to help patients with nothing at hand but the little they have and helping people meant a lot to them. In the late 1970's, when it was the state hospital, the nurses' posts were advertised and nurses were hired. In the 1980's, growth was introduced and progress impacted people's lives such as, Mrs Ngcobo and other maids were offered opportunities to study and qualified as Nursing Assistants, and were registered at the Nursing Council. From the above-mentioned different names of people that contribute to improve the hospital, there are still more that were not recognised who had the same agenda. Hence even today the health professionals are still the same caring culture and working harder to deliver the best service to patients.

The scope of practice has enlarged and the number of patients has increased. The hospital needs external help such as funding and more health professionals to be employed by the hospital. uMphumulo Hospital is now a government owned institution that means an immediate action plan needs to be implemented based on the existing policies trying to improve the quality service delivery. The findings have concluded that the health professionals are dedicated and willing to help, but there are basics that need to be available to alleviate the service delivery. The hospital is still very small. The staff members are positive that the hospital is on its early stages of development but it will get there and accommodate more community members. As much as this will take some time and request a lot of dedicated from health professionals, management, department of health and government officials

they will need to revisit the intentions and purpose of Nelson Mandela as he carried hope and had a positive attitude for difficult situations that after the tunnel light will shine again, one step at a time.

According to Mrs Ngcobo, in the interview (2001), stated that *"uMphumulo has come a very long way from what it was before, I am also happy to be still alive to see its progress".* The records that were found uMphumulo Hospital was originally a training college precisely for teachers and was built in 1890. College was mainly built for teachers not for health matters. The college was owned by Norwegian Lutheran Mission Society, Glebe, under the guidance of Bishop Schroeler (uMankankana).

Years passed by and the missionaries then, decided to transform the college into a hospital on 12 October, 1935 due to a number of patients that needed health care service. At the beginning the hospital was one sole building, and this building was divided into "wards" to accommodate patients. The improvements continued and in 1942 a hospital kitchen was built together along with two huts, one for Male TB patients, and accommodated six patients at a time, the second one belonged to Female TB patients, and accommodated five patients at a time. There was not much to give to people who needed healthcare service. The hospital could not attract doctors to settle at first, but that changed after some time, there were employees who came along and stayed for a while. They added more to the coping skills and made some difference in the hospital's progress, until the early 1950's. Working together was the cornerstone and even today it is still the hospital coping mechanism.

Mrs Gasta Ngcobo umaNtuli was one of the people who started working at uMphumulo Hospital in 1954 as a maid while Matron Khwam (the first Matron) was still in charge around that time, gave an insightful and informative information about the conditions at the hospital in general and how tough times were before and how bad the working conditions are even presently. This could not be done without extra hands, namely the chapel within uMphumulo Hospital premises was built by the missionaries. As they were deeply dedicated religious people who did everything in the name of God, they had God in mind that why they were willing to sacrifice and compromise without any expectation.

Also, the hospital developed a good culture because all the employees would assemble in chapel and pray right before they start any of their duties. Mrs Ngcobo confirmed (2001) that uMphumulo Hospital was very small and it was merely the missionaries' responsibility to provide for patients' health needs. Moreover, at that time the government did not want to take over the hospital because the building was very old, on the other the hand missionaries were requested to upgrade it before any recommendations could be done. This was challenge for them and not possible because they did not have stable sponsors. This did not stop them from working harder. In 1958, after the English war, the first vehicle was donated to the hospital and it was a soldier's van which was driven by Matron to transport patients. Clearly the challenges hindering the government from obtaining and reaching it

goals stated way back. The problem has rooted and persisting also created more threats to the SA economy.

Dr Gumede joined uMphumulo Hospital, later and there were major improvements in service delivery within the hospital. Skills were shared within different level of health professionals. That when they originated and formulated their coping skills since 1970 that is, hardworking, more dedicated, working extra hours, spending their assets and having hope to change the hospital. Dr Gumede was based within the hospital premises and more people developed faith in advancing the health service. uMphumulo Hospital has stated from nothing and has changed the perception of the community members as they came in masses because they have gained trust about the services rendered at uMphumulo Hospital. As much as they are located in rural areas and they were used to herbs and consulting to traditional healers they now have open mind about the health services utilisation of uMphumulo Hospital. Even today they come in numbers but problem is that they still not certain about what diseases are to be treated by health professionals at uMphumulo Hospital. There is still a room for improvement since most of the people are illiterate they need to be educated about prevention and curing of diseases. This will also reduce the number of patients admitted. The state will be able to save the resources, but cannot turn a blind eye that a lot still need to be done to change reality and challenges faced by health professionals.

1.10. RESEARCH DESIGN AND METHODOLOGY

Qualitative data collection was utilised for this study since it aims to provide a deeper understanding of the subject matter, and due to the complex nature of the phenomenon under study. The opportunity to engage in face-to-face communication with healthcare professionals created an enabling atmosphere to receive information about their perceptions and thoughts on their jobs and duties on daily basis. Their perceptions and views on what constitute good service delivery are germane for a robust analysis, especially in its comparison to literature. During the interviews the healthcare professionals expressed their views based on perceptions they had on the present policies and their implementation. This gave more insight on the strategies and programmes from national government and also on what should be improved to alleviate the skills in uMphumulo Hospital.

According to Gravetter and Forzano (2009), the qualitative approach involves the collection of data and process it into reliable information. Qualitative research consists of descriptive, deductive and analytical data, and this depends on the nature of the

study and the intentions of the researcher. Qualitative research makes sense of participants' views and opinions of the prevailing situation.

1.10.1. Target population

This study targeted nurses and doctors at uMphumulo Hospital, a hospital situated in the north of KwaZulu-Natal, South Africa. The hospital employs three doctors, but only two were available to be interviewed. The hospital also employs 97 Professional Nurses and 100 Enrolled Nurse Auxiliaries but only 13 and 15 of them were interviewed respectively. This makes a total population of 200 healthcare professionals at uMphumulo Hospital.

1.10.2. Sampling procedures and sample size

Daniel (2012) stated that sampling is the collection of information from a subset of a population (community) for participation in a study. Sampling is meant to save money, time and effort while providing valid reliable useful results. Purposive sampling was used as a tool to choose the participants, who are drawn from the pool of healthcare professionals at uMphumulo Public Hospital. This was done based on their job specifications, and duties assigned to them.

UMphumulo Public Hospital has 200 healthcare professionals: this includes 100 Enrolled Nurses, 60 Registered Nurses, seven Midwives and 30 Nursing Assistants, and three doctors. In total, 30 healthcare professionals and two staff members in the Human Resources Department, were the target population of the study. This study intended to interview two available doctors and thirteen Professional Nurses out of 97 Registered Nursing staff. Moreover, fifteen Enrolled Nurse Auxiliaries were available out of 100 nursing staff members. There were two participants from the Human Resources Department; this is above 60% of the staff representative and available to be part of the study.

1.10.3. Research instrument

Purposive sampling was used in this study. There must be a new body of knowledge on the existing information outlined by scholars. It is vital to get the views from health professionals on how they perceive adequacy of skills and service delivery among them and if there are any factors contributing to poor service delivery. During interview the participants were asked questions in English or isiZulu based on their preferable language. The interview had two sections A and B. Section A entailed gender, age,

race, and profession (such as Nurse, Doctor, HR), and section B contained unstructured interview questions. Participants were interviewed for an estimated time of one hour.

1.11. DATA COLLECTION

1.11.1 Primary sources and secondary data collection

In this study, data was collected from the nurses and doctors. Appointments were arranged for doctors, nurses and HR employees to participate in the study during their free time in the hospital, or even in their respective homes or places of residence if they resided near the hospital. This was done after consulting with the hospital management which allowed the researcher and the participants to engage easily, particularly on the topic at hand. Hence, this built trust and they knew that they had a right to be anonymous. Participants' participation was voluntary.

1.12. Data analysis and interpretation

Babbie and Mouton (2009) noted that the significance of data analysis and interpretation is to help the researcher to easily arrange the findings of the study after data have been collected. Qualitative data analysis is described as a process of making sense from collected research participants' views and opinions of the situation, which is the topic at hand. Their correspondences are then later arranged through patterns, themes and categories with regular similarities. Qualitative method is more based on looking at the meaning of particular circumstances or events which is the topic itself. The participants' opinions and views on the adequacy of skills and service delivery among healthcare professionals were vital for validating the study through the findings. This process both inducted and deducted the volume of raw information.

During the process of qualitative analysis, the study utilized the in-depth interview and audio recording interpretation through open coding, identifying concepts and key ideas of the findings. Open coding is vital since it looks deep at the hidden points of view, which are potentially related to the specific codes as concepts. Data interpretation demands more time and delegation since it looks for similarities in concepts which are later grouped together as open coding.

Figure 2: Map showing uMphumulo Hospital

Source: Google maps

1.13. ORGANISATION OF THE STUDY

This study is organized as follows:

Chapter one: comprises the introduction, background of the study, theoretical framework, problem statement and motivation of the study, significance of the study, and aims and objectives of the study. Before getting to the other part of the research it is important that a precise engagement based on the study is understood.

Chapter two: Literature review and theoretical framework. This contains an in-depth and intensive literature review on service delivery and adequacy skills in public hospitals in different contexts of global, regional, South Africa and in KwaZulu-Natal among healthcare professionals. Adequacy of skills among healthcare professionals in South Africa's public hospitals has given more and new insight on service delivery.

The study gives the push and pull factors based on public hospitals and the relationship between the service delivery and scarcity of skills, and on what action needs to be taken urgently.

Chapter three: The chapter highlights the existing theories on healthcare professionals in rural public hospitals. It explores the relationship of two variables which are the skills adequacy and service delivery in rural public hospitals in South Africa. Policies are there to shape and prepare the environment to be conducive for

healthcare professionals and preventing the glitches that could be preventing good service delivery.

Chapter four: Data collection and analysis. This chapter contains data analysis and data interpretation procedures through the interview questions.

Chapter five: This is the concluding section, comprising suggested policy options and recommendations on how to combat skills shortages and improve service delivery in rural hospitals in South Africa, and particularly in uMphumulo Public Hospital.

CHAPTER 2 LITERATURE REVIEW

2.1. INTRODUCTION

Rajasekar, Philominathan and Chinnathamb (2006) defined a literature review as a process of collecting information from different sources to have a full body of knowledge. The process is done by reading books, articles, journals and other sources. This is useful and eliminates the possibility of work repetition, and saves resources from being wasted. It also saves unnecessary prolonged process of collecting the information. It is important to understand the present defined problem and discover if it has been resolved previously by other writers. This is done with the intention of filling the existing gap on a topic at hand and coming up with solutions to bring about change for the problem or a challenge at hand.

Furthermore, the study examines the coping skills of healthcare professionals at uMphumulo Hospital and service delivery there. Also, this will draw the attention of healthcare professionals to the importance of their skills in alleviating health services. Public hospitals need training and programmes for improving the healthcare professionals' skills. UMphumulo Hospital is based in rural location. However, this does not mean they have to compromise on a quality service. There are common challenges faced by public hospitals in South Africa and straining service delivery internationally. However, most of the transformations and changes need funds and the budgeting system in KwaZulu Natal is declining at the moment. The main aim of the study is not to push forward to get funding and cover all the needs of uMphumulo Hospital. Evaluation of coping skills among health professionals at uMphumulo Hospital will help to improve service delivery, although it may not be drastic. There are techniques that could be implemented without looking at the financial department, such as observing the performance of health workers and rewarding them accordingly as a motivation. However, there are many challenges in the public health sector, but that should not stop the government from strategizing the programmes to alleviate the skills and service delivery in the public sector as a whole.

2.1.1. Service delivery in public and private businesses

Taylor (2003) noted that it is crucial to analyse the productivity and skill needs in the business sectors among workers. To identify the priorities for action plan, the improvement can involve policies in support of alleviating the service. Essentially, this means making sure that businesses have the correct skills needed to transform, and respond to changing market pressures and to be competent. Skills enhance the workers' productivity and profitability and also retain their competitive advantage in the marketing environment. Sharing of skills improves employees' effectiveness and efficiency in the process of productivity. Skills are shared through the process of exchanging skills among workers in the workplace with one goal towards improving the quality and relevance of workforce advancement. This involves different sectors and also sustains on-going business development and growth. In the business sectors, productivity is measured by profit and how well the budget and resources are being monitored and how accessible they are, by relating inputs to outputs. UMphumulo Hospital is a public hospital and the levels of service determine how the healthcare professionals are performing to deliver their best service.

Chen, Dean, Frant and Kumar (2014) argued that "service delivery" is the most shared phrase in South Africa, used to define the distribution of basic resources that South African citizens are dependent on such as water, sanitation, infrastructure, land, electricity and housing. However, the government's service delivery and maintenance of these resources is unpredictable - seriously inconveniencing and endangering whole communities. Additionally, judging from the number of "service delivery protests" or protests concerning the demands of better service delivery is more common now than in recent years.

Klaus (2010) also observed that businesses are persistent to rate their employees' interpersonal skills with soft skills being more important than their analytical capabilities. Surprisingly, the senior managers complain that their latest employees usually lack the interpersonal skills. Individual personality measures happen to be equally as significant for the analysis of work success as are cognitive skills along with work accuracy. The practical skills are there to enable the applicant to meet the job expectations and know how to perform the assigned duties as required by the employer.

According to John (2009), communication is a central interpersonal skill in today's global professional environment. Moreover, it is often assumed that communication is an important skill that everybody knows and does well. Timm (2005) highlighted that the lack of communication has been one of the reasons for various tragedies and disasters taking place in public and private hospitals. Health sectors need capable employees with soft and hard skills to be competitive and to protect patients' lives and prevent unnecessary increasing mortality rates (Jelphs, 2006). With more being said, communication is the basic interaction between the patients and healthcare professionals.

Boitumelo Clinic in Sebokeng has encountered challenges such as a bad working environment. The clinic was shut down because of persisting challenges which had a negative impact on patients – it had to be closed down in 2009. Due to the result of poor conditions, it was later reopened in 2011. The clinic had one doctor and only four professional nurses, and volunteers assisting the nurses when required (Health –e News 2012). With fewer skills at hand, it is difficult to meet the patients' health needs not just in the Boitumelo Clinic but in other public clinics too.

The performance of healthcare professionals also depends on how many staff members are available when they are needed. This balances the skills among healthcare professionals and improves service delivery in public hospitals and also prevents maladministration. This demands the responsiveness of healthcare professionals applying correct soft and hard skills in public hospitals. Patients are aware that there are challenges that have been around for a long time, including lack of other resources. Basically, equipment in public health sectors is not efficient enough to accommodate the growing population numbers but that does not mean skills should also be taken away from patients' aids. Soft and hard skills can still uplift service delivery although not fully, but they can positively impact service at the end of the day (World Health Organisation, 2006).

Health professionals are analysed by how they perform and the skills they share amongst each other in hospitals. More is expected from them but communication is a significant skill and vital while they perform their health duties. However, healthcare requires customer care service skills, positive attitude, professionalism and teamwork (Pritchard, n.d.). With no doubt, technology is advancing yearly but the main issue is when and how often soft and hard skills are applied efficiently by human beings.

Advancement of technology will not benefit everyone at the same time. Institutions in rural areas will be the last to experience progress, meanwhile it is better to utilise skills and share them amongst each other. There is a huge difference in the needs of industries' expectations and graduates' attributes to business industry as a whole. Times have changed drastically and industries globally require more knowledge for work, excellence in working as a team, and employees being familiar with the use of technology, than in the past millennium. This will require more funds and taking the employees for training, whereas reality remains that South Africa has financial problems (Galagan, 2010).

Pillay (2009) reported that public hospitals still face a tremendous dilemma to provide for the growing population in healthcare services. There is an endless list of demands from patients while public hospitals are under-resourced and overused without good management. On the other hand, the private sector offers a world class level of services, and healthcare provisions. The public sector is often considered inefficient in terms of meeting its obligations of affordability, accessibility, and provision of suitable health care to its customers.

Garbayo and Maben (2009) stated that the shortage of nurses in public hospitals is a continuing problem in South Africa with negative effects on the quality of service delivery. Many public hospitals in rural areas do not have sufficient health personnel. The government of South Africa desires to eliminate the morbidity rate among children during birth. The government also wants to work more on the rising vaccine exposure for South African citizens and the epidemics of HIV/AIDS and TB, but the way forward seems to be a stumbling block because the shortage of coping skills among healthcare professionals still remains a major issue (Kuehn, 2007).

World Health Organisation (2006) reported that regardless of the total number of available healthcare professionals, there are various factors that contribute to the shortage of skills among healthcare professionals. From country to country there is an existing shortage of nurses. These factors have left developing countries with insufficient domestic health workers to accommodate and cover local healthcare demands. Some of the factors are the growing aging population – which leaves a gap with no one to fill their posts – and also the crisis of youth unemployment, globally.

Garbayo and Maben (2009) stated that in Africa, stakeholders in healthcare sectors play a vital role in service delivery by eliminating the weight on government costs and implementing and initiating training which is costly for health schemes. Several studies have proved that poor service delivery is due to shortage of skills. Hospital management has to work with healthcare professionals to have a deeper look at the supporting systems to enhance the coping skills of health workers. Rewards are part of the motivating factor that encourages and shows appreciation after saving people's lives and accomplishing assigned duties.

Pillay (2008) asserted that lack of management capacity has been pegged as the key stumbling block to the change and reconceptualization of the public sector in South Africa. This has also hindered health services from becoming more, efficient, effective and responsive. This research aims to identify the skills adequacy and service delivery among healthcare professionals in uMphumulo Public Hospital. It is vital for public sectors and healthcare management to evaluate healthcare professionals and their self-assessed proficiencies in each of the categories of soft and hard skills. Skills adequacy is discovered through assessing the existing healthcare professionals in their respective jobs and to indicate their proficiency in each skill they have. Self-assessment of levels based on competency would show which skills are still in need to be obtained and sustained by health professionals in uMphumulo Hospital. Conceptualization and designing a better service delivery by enhancing the skills of health professionals and providing management with programmes to enhance skills will be very useful.

2.2. CHALLENGES FACING HEALTHCARE SECTOR IN SOUTH AFRICA

Potter and Brough (2004) observed that protection from HIV/AIDS for healthcare professionals at work has become essential, and it is very important to address this issue especially for countries with higher HIV occurrences. In addition, the deficiency of protective measures upturns the fear of infection and limits the quality of service delivery from healthcare professionals due to stress. Furthermore, several strategies have been established to improve productivity, responsiveness and competence of healthcare professionals, but there are series of interventions that need to be implemented. Comprehensive approaches also have been introduced such as

supervision and provision of drugs, training, and guidelines. Although there is no definite evidence, a single intervention in alleviating skills among healthcare professionals often has limited success in reaching government goals. An increasing number of patients in public hospitals also influences the demand and supply of skills among healthcare professionals (Rowe, Savigny, Lanata & Victora, 2005).

According to Grimwood, Almeleh, Hauster and Hassan (2006), tuberculosis (TB) is the most opportunistic infection associated with HIV/AIDS, and South Africa has the fifth highest number of recorded Tuberculosis cases internationally. For example, Steinbrook (2007) observed from the National Health Report (2007) that in 2007, 5.7 million people in South Africa were infected with HIV/AIDS. The report continued to state that in 2011 (5 years later), the percentage had increased showing that approximately three-quarters (73%) of 5.7 million people who were living with HIV were also infected with tuberculosis. Patients who are infected by HIV are at risk of being exposed to other diseases because HIV decreases the potential of immune system to fight the bacteria that causes TB and other diseases.

The shortage of nurses means that doctors have to assist each other with handling of patients and performing basic tasks, and this eventually affects the quality of service delivery. Furthermore, the shortage of nursing auxiliaries negatively impacts professional nurses and adds more routine tasks which are unnecessary. In addition, the ward attendants' absenteeism obliges nurses to assign themselves into making tea and taking care of the patients' files and medication. Furthermore, the inadequacy of porters means nurses have to collect medicines from the pharmacy. Skills cannot be shared among healthcare professionals because they are inadequate. Lastly, the shortage of clerical staff members adds unnecessary work to the load of healthcare professionals – taking on excessive administrative loads in order to assist patients. Skills inadequacy also disrupts service delivery, and also the hospital management loses focus on strategic tasks, for example, pharmacy managers find themselves packing shelves instead of managing different levels of the hospital departments (Skuatu, 2003).

Recife, Brazil news (2013), noted that in next couple of years, there will be shortage of skilled healthcare workers, approximately by 12.9 million in public and private hospitals. By 2035, this shortage of healthcare professionals will increase drastically and surely, this will negatively affect the entire continent. Furthermore, this will lead to

poor service delivery if there are no measures put in place as soon as possible. Public hospitals are currently experiencing the shortage of skilled health professionals, as today that figure stands at 7.2 million globally (Recife, Brazil news, 2013). According to James and James (2004), historically, technical skills were well known as hard skills and previously, businesses utilised and acknowledged machines as significant in producing the quality and quantity of business production and profit. Technical skills were necessary for career employment, but in today's workplace, technical skills are not enough for the business to succeed. Without appropriate applicable human (soft and hard) skills in the process of rendering a good quality service delivery, surely, there are slight chances of meeting the business target.

Pillay (2008) noted that hospital managers in South Africa felt that skills in management were the most valuable for the efficient and effective management of public hospitals. Specific skills or knowledge related to healthcare delivery were perceived to be the least important. At some point, health staff members were blamed for making little mistakes which hinder the public health sector to deliver quality service to patients. In the past, health professionals' performance was often perceived as a function of knowledge and skills. In recent years, it has been acknowledged that performance is influenced by additional factors surrounding the work environment (WHO, 2006).

Government has to look deep into the public health sector systems and facilities. The performance of healthcare professionals depends not only on their competence, but also on the knowledge and skills. Hence, addressing issues on retention is vital, because staff availability positively influences the quality of service delivery and enables the sharing of skills amongst them. However, the absence of equipment, infrastructure, and support systems, namely management, resources, accountability, and information systems are obstacles and hinder good service delivery (Zurn, Dolea & Stilnell, 2005). In South Africa, the public hospitals are mostly described as being slow to respond to patients' health needs. Patients feel that they are being neglected and rejected by healthcare professionals based on the treatment they receive during hospital visitation. Furthermore, Lehmann (2008) found that patients using public healthcare in the Western Cape face difficulties of travelling long distances to clinics, and lack of available medication (Zubane, 2011).

Jimba, Cometto, Yamamoto, Shiao, Huicho and Sheikh (2010) argued that there are multiple challenges as contributing factors resulting in insufficiency of skills among healthcare professionals. Moreover, there is inadequate education and training capacity for new graduates employed in public hospitals. Furthermore, the relocation of healthcare professionals from rural public hospitals to private hospitals in urban areas has added a burden to the remaining healthcare professionals. This raised a question on what has been done to address the challenges and how effectively the transformation has taken place. The challenges are persistent and demand urgent solutions. Human national policymakers, international agencies and philosophers are aware of these challenges. However, there are still more strategies required to be implemented in order to alleviate service delivery in developing countries (Campbell, Dussault, Buchan, Pozo-Martin, Guerra Arias & Leone, 2013).

The challenges facing healthcare sectors is spreading globally and is negatively affecting health expenditure and has risen in all European countries. This is at a faster rate than economic growth in most developing countries. Health at Glance (2010) stated that in 2008, European countries were spending an average of 8.3% of GDP mainly on healthcare. In 1998, the GDP was 7.3% but has increased over the years. However, the latest economic downturn is significantly adding pressure to health service budgets, hence, monetary reduction is to be handed and driven by political essentials. It is therefore imperative to reduce budget shortfalls by implementing new policies. In reaction, health workers will predictably have to clearly demonstrate efficiency and effectiveness within their services.

Mutizwa-Mangiza (1998) found that qualified personnel had been excluded from health systems by recruitment and not hiring the adequate number of healthcare professionals. The quality of care has dropped and the health system of developing countries has virtually collapsed. Disadvantaged areas such as hospitals in rural districts are the worst affected, simply because the skilled health workers tend to avoid such places and choose to work in urban areas. "The nurse to patient ratio has increased, making it necessary for cadres who are not professionally qualified to attend to patients. Thus, the quality of care rendered has subsequently been compromised." According to Dussault, Fronteira and Cabral (2009), civil war and economic inactivity were strongly predicted for health worker emigration and furthermore, other push factors, including extremely poor working conditions.

Healthcare professionals opt to leave their origin countries because of the inadequate supplies and equipment, also the lack of medicine and unbearable nurse-to-patient ratios. Moreover, the epidemics of HIV/AIDS and other deadly diseases contribute to work stress for health professionals in developing countries.

According to Awases, Gbary, Nyoni & Chatora (2003), South Africa is not the only country that is experiencing a high number of health professionals leaving for better employment - most developing countries are facing the common obstacle of migration which involves doctors and nurses. Other developing countries are also experiencing difficulties with less health staff members and higher population numbers in public and private hospitals. This indicates that there are existing motives behind such crises: social conflicts which are perceived as being major reasons for healthcare professionals to migrate. This is also taking place in the African countries that lack financial incentives with poor infrastructure and poor working conditions (Buchan, 2002).

Buchan (2002) highlighted that migration to High Income Countries (HICs) is currently having a significant influence on the staffing situation, and the sharing of skills among healthcare professionals, particularly in sub-Saharan Africa. In addition, as HICs encounter an increasing demand for healthcare professionals to accommodate the growing population numbers, more healthcare professionals are needed to work in local clinics and hospitals. This is also spawning opportunities for healthcare professionals from Low Income Countries (LICs) to migrate to developed countries.

Moreover, the World Health Report (WHO, 2006) asserted that from Sub-Saharan Africa, there were other possible reasons for migration and this was only based on the four countries in Africa, such as Cameroon, South Africa, Uganda and Zimbabwe. Migration has a relationship with the remuneration of healthcare professionals, living conditions, safe environments, lack of facilities, lack of progress, lack of promotion, and heavy workloads. The declining health service could be the result of poor management and economic decline. Also, this could call for hiring more qualified skilled healthcare professionals with advance knowledge of work. There are other challenges faced by the health department in rural areas such as transport, distance and referral mechanisms. All this adds to the factors influencing poor service delivery.

In rural public hospitals there are many possible barriers that hinder the functioning of the health sector. There is a gap and serious problems with the distances and transportation of patients to nearby hospitals through referral mechanisms. UMphumulo Hospital usually transfers patients to uNtunjambili Hospital, but often works with Stanger Public Hospital and other nearby state public hospitals. Government tries to improve the service by working with policy makers who are good at formulating policies and have good intentions in improving SA but seemingly they still lack proper implement progressive actions (Jitta, Whyte & Nasakisa, 2003).

According to Sanders and Lloyd (2005), the Department of Health (DoH) in 2006 introduced a policy decreasing the number of foreign doctors working in South Africa thereby limiting the employment of foreign healthcare professionals to three-year contracts, which were also non-renewable. Additionally, most of these doctors worked in public hospitals, where their skills are most needed. Hence, many public hospitals in rural areas are currently affected and the service delivery is devastating.

Pick (1998) stated that in the time of response in terms of emergencies, Gauteng clinics had the shortest emergency average response, with a time of 20 to 30 minutes approximately. In less than an hour, the ambulances are able to reach patients who need help. Normally, the time to get an ambulance for patients in rural Eastern Cape or KwaZuluNatal is estimated to be about 30 to 60 minutes. The difference between rural areas and urban places is one of the challenges facing public hospitals to accomplish government objectives. Time and distance have negative effects, especially on the distance travelled by the ambulances before reaching patients. Furthermore, most of the rural public hospitals are subject to long sections of road construction. UMphumulo Hospital is also currently facing that challenge: most patients arrive at the hospital premises in private cars, unless they are being transferred from uNtunjambili Hospital. In this case, it may be that the community is not familiar with the number to call when they need an ambulance or available ambulances are not adequate to cater for the large population of uMphumulo Hospital.

Jitta, Whyte and Nasakisa (2003) found that most studies have discovered that one of the most significant problems for health facility users in Africa is based on the availability of stocked drugs. In addition to service practice statistics, facilities in hospitals were surveyed for their availability based on the key drugs and supplies. It is vital to have drugs and medical facilities to cater for the health needs of patients in

public hospitals. According to Pieterse (2015), healthcare professionals are accountable for explaining the reasons behind the shortages of medications, although there is nothing they can do about it. For example, doctors are in charge of changing patients from one type of ARV to any available medication in a short period of time. This may put the life of patients at risk of becoming resistant to drugs and medication prescribed within a short period of time. An explanation has to be given and laid out to patients.

The Department of Labour (DoL) (2006b) emphasised that the National Scarce Skills List (2006) specified the number of registered nurses (RNS) and primary health care nurses as scarce skills in public health sectors. The master list of scarce and critical skills (DoL, 2006b) further detects a shortage of 14 370 nurses (10250 RNS and 4120 primary health care nurses). A primary health care nurse is a registered nurse who has been broadly trained or has a post-basic qualification in community healthcare. It is important that healthcare professionals do interexchange and share their skills amongst themselves to improve service delivery in public health sectors. According to the Department of Health (DoH, 2006), the National Human Resource (NHR) plan has identified a shortage of healthcare professionals in the public sector particularly, and the unbalanced skill distribution between the public hospitals in urban and rural areas as a key challenge for the South African health sector.

The DoH (2006) stated that the national plan also expresses concerns about the number of black and female graduates who opt for specialist training to alleviate the skill. Also, the issue is that unemployment has damaged and demotivated black people. The main target was to increase the number of women enrolling for specialist training by 10% in 2008. This was to be developed in 2007. The programme also was to promote entry of aspirant young black graduates to academia. For Instance, Western Cape and Gauteng are considered to have the most medical aid members located in these two provinces. Each of them has medical schools with associated tertiary teaching hospitals. Programmes can be implemented but they need monitoring to keep the services in good condition for people.

Table 2.2.1: Number of medical practitioners per 1000 population in SA for the 9 provinces

PROVINCE	MEDICAL DOCTORS
Western Cape	14.7
Gauteng	12.6
Free State	5.4
KwaZulu Natal	5.2
Northern Cape	4.2
Mpumalanga	3.0
Eastern Cape	2.7
North West	2.3
Limpopo	1.8
National Average	6.7

Source: HPCSA statistics 2004

The above table shows the situation in the public sector in nine South African provinces. It provides a sense of the challenges faced by public health sectors. There is a recurring shortage of doctors in the public services, but mostly in the rural provinces such as Eastern Cape, Limpopo and North West. They have the least number of medical doctors but that does not reduce their population, and a high demand of skills adequacy to deliver the best service to patients still remains. These statistics on registered medical practitioners also indicate that hospitals in rural areas suffer the most compared to public hospitals in urban areas. Transformation and change take time to reach people living in rural areas and development drags for years, without anyone nagging and taking charge. There are challenges which are beyond healthcare professionals' control and hinder the sharing of skills amongst themselves.

2.3. CHALLENGES ENCOUNTERED BY HEALTH PROFESSIONALS IN THE PUBLIC HEALTH SECTOR

According to Pillay (2009), in remote public hospitals there is substantial evidence based on the HIV/AIDS scourge that impacts service delivery and leads to poor service delivery. As a result, healthcare professionals are exposed to bad working conditions. When the working conditions are not secure and conducive, there are possibilities of employees failing to share their skills amongst themselves because this is a give and take. Naturally, when health workers feel that they are being ignored and their needs being neglected, they tend to react on the situation. As much as every situation will have an impact on their lives, it should not promote bad behaviour such as treating patients with less determination.

Pillay (2009) found that there is an estimation of 46% of nurses who are AIDS patients in South Africa. The contributing factor is that most of the patients visit or are being hospitalised when they are already critically ill with limited resources. Healthcare professionals often compromise their safety and are dedicated to helping patients in need, such as not wearing gloves before assisting a patient, if the hospital has run out of gloves. This has resulted in healthcare professionals caring for terminally ill patients with limited resources, skills and less knowledge and skills of treating infected patients. Healthcare professionals are working under limited resources and equipment, adding the burden on the workforce and affecting skills deployment. That already adds pressure on the existing demotivated healthcare professionals, overburdened, and emotionally exhausted from working in government hospitals (Mbindyo, Gilson, Blaauw & English, 2009).

Mbindyo *et al.* (2009) added that the HIV and AIDS contagion has additional new labour-intensive tasks. This is due to the need of a serious roll-out for antiretroviral (ARVs) therapy for health workers. Hospital management should be looking at different tasks including antiretroviral projects and training such as pre-and post-counselling of patients and their relatives. Furthermore, HIV tests and taking initiatives on explaining and dispensing antiretroviral treatment among healthcare professionals and health workers is vital to balance their personal life and work-related issues. Giving guidelines on monitoring and the support accompanying the treatment would make a huge difference in adding useful information to the body of existing knowledge.

It has been established that hospital-based healthcare professionals are heavily expected to work harder. There is a high demand of employees to work at a faster pace, sometimes even work overtime, in a non–supportive environment with no payment for their extra working hours. Healthcare professionals are characterised by high rates of infectious diseases as well as increasing patient turnover. This puts health workers at a higher risk of committing medical errors and applying few of their skills to perform duties (Stone, Moone-kane, Larson, Horan, Glance & Zwanziger, 2007).

Delobelle, Rawlison, Ntuli, Malatshi, Decock and Depooter (2009) argued that in addition, HIV/AIDS disease has increased the fear of infection among healthcare professionals. Healthcare personnel are persistently confronted with public hospital wards which are full of terminally ill patients. The fear of infection increases stress to healthcare professionals and the risks of injuries in the working environment such as needle pricks. The AIDS pandemic is also affecting skills practices of healthcare professionals as they also suffer from the stress of being assigned a lot of responsibility. Healthcare professionals are expected to take care of seriously sick patients with limited skills.

Manyisa (2015) stated that working conditions in public hospitals have been of excessive concern to healthcare professionals worldwide. Working conditions and working environments should enable healthcare professionals to perform their duties effectively to deliver a pleasing service to patients. All the existing circumstances affecting labour in the workplace should be taken into consideration and addressed before accumulating and become an uncontrollable disaster. The working environment should allow individuals to perform sufficiently and effectively corresponding to the patients' health needs. Healthcare professionals are scrutinised, especially on how well they put skills into good practice including all physical and psychological factors surrounding the working environment and circumstances that may be influencing their work performances.

National Referral Hospital Kampala, Uganda, emphasises that incidences and hazard factors such as needle prick injuries among healthcare professionals take place. Mostly among nurses and midwives, the rate of needle prick injuries is 4.2% per person per year. The significant risk factors for needle prick injuries are observed to be the lack of training on such injuries. Healthcare professionals are obliged to work

for long hours, keeping up with the working habits, stitch up wounds experience and recapping the needles. Inadequate HIV/AIDS guidelines prepared and distributed to healthcare professionals in developing countries contribute as a factor to poor service delivery. For instance, public hospitals are challenged with insufficient protective gadgets, plus healthcare professionals have little experience in treating patients and managing their sicknesses. In addition to factors contributing to poor service delivery, working more shifts also contributes to healthcare professionals perceived as being reckless at work (Odongkara, Mulongo, Mewtwale, Akasiima & Muchunguzi, 2012).

Working irregular hours and night shifts is straining for healthcare personnel. Irregular working hours and shift work poses serious psychological, physical and social health risks to individuals. Healthcare professionals could suffer both acute and chronic work-related health problems, because of working extra hours with no rest in between the working shifts. Working longer hours reduces the healthcare professionals' capabilities to cope with patients and utilise required skills when they are on duty According to Suzuki, Kaneita, Yokoyana, Ohida, Miyaka, Hanono, Yagi, Ibuka, Kaneko, Tsutsui and Uchiyama (2004), nurses are more disposed to mental health problems because of the following reasons. Nurses are more engaged in working extra hours since they work nights or irregular shifts more than other health care professionals such as doctors. Nurses are also victims of exposure to mental stress more so than other healthcare professionals. The Nursing Manager or Assistant Nursing Manager is responsible for monitoring the hospital wards, which leaves them with more work to do. Skills adequacy and service delivery correspond with each other because sharing of correct skills lessens the chances of healthcare professionals being too slow to respond to the patients' health needs. There is more to look for in the service delivery and the sharing of skills in general. There are many other reasons behind poor service delivery such as government infrastructure, decisions of policy makers, Department of Health, human resource and absenteeism of healthcare professionals.

Lockley, Barger, Ayas, Rothschich, Czeisler and Landrigan (2007) noted that the percentage of nurses that committed a number of medical errors was increasing. Such errors were medication mixture, errors in patient identification and administration errors. This was experienced by nurses working shifts exceeding 12 hours. This was higher compared to those who were not in good mental health but able to share skills amongst themselves. Nurses who were working 12-hour shifts provided lower quality

patient care than those who worked 8-hour shifts. Working long hours diminishes wellness and ability to work with patients at hand, healthcare professionals seem too exhausted to carry on with their duties (Geiger-Brown, Rogers, Trinkfoff, Kane, Bausell & Scharf, 2012).

Mache, Vitzthum, Nienhaus, Klapp, and Groneberg (2009) found that long working hours in public hospitals, internationally, have been found to be the main complaint among healthcare professionals. Long working hours has influence over physical and cognitive effects on healthcare personnel when they are on duty. Hence, most immediate effects include reduced sleep, fatigue, stress, excessive use of tobacco, alcohol abuse and drug use, decreasing the quality of service delivery among healthcare professionals. Healthcare professionals suffer from long working hours which leads to a decline in skills functioning utilisations and contributes to injuries and errors in public hospitals.

Lockley *et al.* (2007) stated that under-staffed public hospitals put more pressure on existing healthcare professionals, since they are expected to deliver quality services and meet the targets set by the Ministry of Health. A typical example involves physicians who were assessed based on working long hours with recurrent 24-hour shifts, and indicated that 36% made more serious medical errors. They were compared with those whose schedules were limited to 16-hour shifts and the results showed that 61% of them suffered from needle prick injuries. This was due working more hours and after exceeding their 20th consecutive hour of work in public hospitals (Geiger-Brown *et al.*, 2012). These challenges also affect health workers' personal work after working hours. This has put their lives at more risk of being victims in accidents when driving back home after working 24 hours a day. The physical infrastructure plays a huge role on how the healthcare professionals perform their assigned duties. UMphumulo Public Hospital needs on-going construction and renovations, expansion of the wards, and the other building and improvements of the environment so as to be more conducive and productive.

Service delivery is affected by bad physical infrastructure in public hospitals and also this has been acknowledged as some of the factors hindering healthcare professionals from performing to the best of their capabilities. More links of physical infrastructure were discovered by National Health Facilities audit of 434 hospitals. It showed that a third of their public facilities needed a complete replacement or major repair (DPSA

Report, 2006). Some public hospitals were built a long time ago and they are old, falling apart and have crumbling ceilings. King Edward Hospital and uMphumulo Hospital are two such hospitals, but they still deliver health services to a large number of patients.

According to Uebel, Nash and Avalos (2007), public hospitals are holding on to equipment that is too old. Healthcare professionals find it challenging to work and utilise their skills because of poor working conditions. Maintenance and replacement of equipment is a challenge and it is not easy for them to help patients with so few materials at hand. According to Hall (2004), the challenges are worsened by the inability of primary health care (clinics) and district public hospitals' failure to perform referral mechanisms on time and when necessary. Ascertaining of patients that should be attended by secondary and tertiary public hospitals is also interlinked with good communication skills among healthcare professionals. At some point, patients are transferred because of the inadequacy of skills. District hospitals do not have doctors that can perform heart operations, even if there are qualified doctors, still they are 1:10000. UMphumulo Hospital is one of the district hospitals in KwaZulu-Natal that has too few doctors to perform such duties (DPSA Report, 2006).

Chikanda (2006) stated that the shortage of healthcare professionals across developing countries is expected to negatively impact service delivery. According to Li *et al.* (2010), the shortage of healthcare professionals is likely to grow to 30% by the year 2020, globally. In addition, the shortage of healthcare professionals was supported by Adkoli (2006). The prediction is that there are about 4700 doctors in the UK who will retire in the next couple of years, whereas there are common complaints about poor service delivery in public hospitals (Oulton, 2006).

The shortage of healthcare professionals in developed countries has been mentioned to be the result of rapidly increasing high-tech healthcare. In addition, the expansion of medical services and an increasing aging population which leaves a gap between unemployment and retired healthcare professionals is problematic on its own (Kuehn, 2007). Furthermore, the shortage of healthcare professionals, and shortage of skills among them, have been proved in developing countries. In developing countries, the problem is the lack of funding. For instance, Rouleau, Fournier, Philibert, Mbengue and Dumont (2012) pointed out that in Senegal, out of 87% patients that need maternal care, merely 52% have access to a qualified midwife. This is a serious problem

because the shortage of midwives is allegedly a contributing factor to the high maternal mortality rate. This adds a burden to the remaining and existing healthcare professionals to work harder and try by all means to cover this void created by lack of help from their colleagues and sharing of skills.

According to Bemelmans, Van den Akker, Pasulani, Tayub, Herman and Mwagomba (2011), in Senegal, it is estimated that the availability of midwives is 401 per 100 000 live births. Moreover, in Malawi, there are only 2 doctors and 36.8 nurses per 100 000 people. The list of the countries facing shortage of healthcare professionals includes Tanzania, Zambia and South Africa (Munga, Kilima, Mutalemwa, Kisoka & Malecela, 2012). According to Breier, Wildschut and Mgqolozana, (2009), task-shifting is a strategy targeted to lessen the effects of healthcare professionals' shortages in public hospitals. This strategy is well defined as allocation of duties from skilled to low or unskilled among healthcare professionals. This is to allow the community to build a relationship with health workers and medical assistants, but that does not change the idea that there are challenges encountered by healthcare professionals in delivering quality services (Munga *et al.*, 2012; Walsh, Ndubani, Simbaya & Dicker Brugharal, 2010).

According to Connell, Zurn, Stilwell, Awases and Braichet (2007), in Zimbabwe and Cameroon, staff shortages in other departments affect healthcare professionals, such as the jobs of cleaners and porters often requiring the attention of the highly skilled staff members. Doctors and nurses are obliged to multitask and perform unskilled but highly essential functions such as mopping the floors before commencing with their duties.

Oosthuizen and Ehlers (2007) stated that the reduction of management posts in hospitals has led to more responsibilities on healthcare professionals who are expected to perform to their best abilities. Management has to be done at all units not by healthcare professionals but by employees assigned for certain duties and tasks. Anything that dislocates healthcare professionals from their place of work reduces the of quality levels of direct patient care, Chikanda (2006). In South Africa, the shortage of nurses is perceived as contributing to numerous factors such as poor communication, poor working conditions, and poorly resourced workplaces. Moreover, other factors include low morale, lack of visible nursing leadership, inadequate salaries, lack of workplace safety, limited career progression opportunities as well as

the heavy workloads (Kinfudal, Poz & Hugo, 2008; Li, Fu, Hu, Shang, Wu & Kristensen, 2010; Mokoka, Ehlers & Oosthuizen, 2011).

Kinfu *et al*. (2008) pointed that there is a gigantic problem with shortages of healthcare providers in South Africa. This has been aggravated by poor distribution of healthcare providers, management of skill combinations, particularly in rural areas and poor monitoring of limited resources. These shortages have been aggravated by the retirement of healthcare professionals who are over the age of forty and soon to retire. This has left a gap to be filled by young healthcare professionals, but there is youth unemployment in South Africa (Li *et al.*, 2010).

Despite the government rhetoric, programmes and investments in health infrastructure development and increase in efficiency are still remaining challenges and there is a need for change and transformation the Health Department. Cuba has also assisted South Africa at alleviating the skills by offering 60 scholarships per year to study medicine in Cuba. There are about 300 medical students who have already been trained with the purpose of alleviating the skills and service delivery in the Health Department. The procedure is that they would spend one year studying Spanish and then five years of medicine, before returning to their respective countries to do their final clinical rotations and community services. In 2007, the total number of 470 doctors who were South Africans enrolled in this programme and 91 qualified as doctors (Department of Health, 2006b).

There is a gap between medical schools and supply and demand of healthcare professionals in South Africa. Moreover, black people are hampered by the belief that certain professions are not suitable for them. Healthcare professionals after completing their studies can be deployed by their respective provinces. This is monitored by things such as which hospitals really need their services and their skills to uplift service delivery (DoH, 2006b).

According to Ntuane and North (2006), the government in South Africa brought 16 doctors from Iran and never stopped with plans to add more doctors to help. The government also negotiated for approximately 1000 doctors from Tunisia to help with their skills. Usually, in business sectors, when management and human resource see a need for extra hands in order to support the workers, they go all out. How much more, for the government who is responsible for patients' lives and their health. There

is a need to seek for help from other African countries that have more than enough of healthcare professionals to assist the developing countries in public hospitals. That will be done through the re-visitation of health policies to better people's lives.

2.3.1. Contributing factors to adequacy of skills among health professionals in Africa, and South Africa

A study by Pillay (2008) stated that healthcare professionals are encouraged by different factors in order to perform to the best of their capabilities. Service delivery could be negatively or positively influenced by work environment, salaries, and workload. A salary is a type of motivation that does not work for everyone but most of the people are motivated by how much they earn. Some healthcare workers put more effort into helping patients without expecting any remuneration increase, given the limited staff members to perform duties at public hospitals. Also, there is a growing population that seeks health assistance from the public health sector.

Lack of resources has impacted patients' lives. If the resources are scarce or limited, that simply means they have to seek help somewhere else. This is not the ideal action to be taken or even to advise patients to do. It would strain the medication of the hospital with an increasing number of patients just because they can accommodate them. Migration also has implications for patients. According to the World Health Report (2006), 7% of South Africa's total nurses and midwives are working in Organisation for Economic Co-operation and Development (DECD) countries. The migration has pull and push factors that influence the relocation of healthcare professionals. There is one percent of Angolan nurses and midwives and 34% of Zimbabwean (WHO, 2006) that have migrated to DECD and the number is increasing yearly. This has created a gigantic gap to be filled, but by the look of the things, this will take decades to be achieved.

Scott, Whelan, Dewdney and Zwi (2004) argued that political and economic changes in the South African society have a great influence in the challenges faced by the health sector. Also impacting on the demand for health services, is a large population that was previously not fortunate enough to access healthcare and is now entitled to free health services (Hall n.d.: 8). This enlarged demand of quality service delivery has to be addressed by a shrinking nursing group who must perform their duties under unsatisfactory working conditions, mainly in public health facilities. According to

Capdevila (2007) and Erasmus (2003), there are factors identified as comprehensively influencing the present and future demand and supply of nurses such as poor working conditions and low remuneration. In contrast, there is a high rate of HIV/AIDS and migration, putting strain on demand and supply. Policy decision makers, policies implemented, and policy gaps neglect the healthcare professionals' side and concerns, while the policies aim at improving quality service delivery and skills.

2.4. GOVERNMENT POLICIES IN PUBLIC HEALTH SECTOR IN SOUTH AFRICA

Gilson and McIntyre (2007) stated that since 1994, the South African government has been strategizing and implementing health policies to alleviate the quality of service delivery. The policies are being questioned on how far they have gone in reducing inequity. Several policies have been introduced to lay a concrete foundation for sufficient and efficient services rendered by the government in South Africa. The voluminous acts and regulations enacted since 1994 are all designed specifically to correct the imbalance between rural and urban public provisions in public hospitals and alleviating the quality of service delivery (DoH, 2003).

The Constitution of the Republic of South Africa (Act 108 of 1996) is the umbrella of the formulation and implementation of Acts and policies. Section 1d of the Constitution states that public healthcare services are to be provided with impartiality, fairness, equitably and without bias. No. 61 of 2003 National Health Act recognises the socio-economic injustices, imbalances and inequities of health services and the need to heal the divisions of the past establishing a society based on the need to improve the quality of life for all citizens. Lastly, democratic values, social justice and fundamental human rights of each person in South Africa are to be freely expressed. The Constitution also stipulates that citizens of South Africa have the right to basic healthcare.

The state must, in compliance with section 7(2) of the Constitution, respect, protect, promote and fulfil the rights enshrined in the Bill of Rights, which is a cornerstone of democracy in South Africa. In terms of section 27(2) of the Constitution, the State must take reasonable legislative and other measures within its available resources to achieve the progressive realisation of the rights of the people of South Africa to have access to healthcare services, including reproductive healthcare. Section 27(3) of the Constitution provides that no one may be refused emergency medical treatment. In terms of section 28(1)(c) of the Constitution, every child has the right to basic

healthcare services. In terms of section 24(a) of the Constitution, everyone has the right to an environment that is not harmful to their health or well-being.

Furthermore, the challenge of public resources has been pointed out: there are available techniques to be utilized on how the resources should be allocated and spent wisely in accordance to people's needs. Public hospitals are struggling to conquer the challenges they encounter on a daily basis, even though there are alternatives to eliminate the drastic poor service delivery. South Africa is well-known for having a progressive Constitution with concrete protection of human rights, mostly the significant protection for patients (or people) using the public health system. There are other serious challenges such as the rights of healthcare professionals, who are the engine in delivering quality service to patients, being set aside. Little has been discussed on the action plan based on the situation of healthcare professionals working for public hospitals. Even the available studies are based on the government and way forward whereas there are challenges faced by healthcare professionals but no one is taking charge and making any changes. This study aims to fill the gap on utilising programmes that will not need financial support to motivate healthcare professionals and their skills to be shared amongst them to produce quality service delivery (Yawda & Variawa, 2012).

According to Batho Pele Principles (1997) and the National Patient Rights Charter (1999), healthcare professionals are expected to acknowledge and put patients first as their priority and make sure that the best quality service delivery is given to patients. The nurse practitioner is accountable and responsible for all omissions and acts in the delivery of quality patient care (Nursing Act, Act 33 of 2005 & Act 50 of 1978).

There are eight principles that were formulated in 1997 to outline the significance of Batho Pele in people's lives. The Department of Public Service and Administration (1997) published the White Paper on the transformation of Public Service Delivery and the eight principles were outlined in it. Batho Pele basically means *People First*. The principles that support Batho Pele are as follows: regularly consult with customers; set service standards; increase access to services; ensure higher levels of courtesy; provide more and better information about services; increase openness and transparency about services; remedy failures and mistakes and give the best possible value for money. UMphumulo Hospital management can relate to these principles and delegate change to produce change in the quality of service. The government officials

seem not to be doing enough to align to Batho Pele principles to deliver quality service delivery.

The eight Batho Pele principles were successfully developed to serve as a suitable policy and legislative framework regarding quality service delivery in the public sector. These principles are associated with the constitutional ideal of:

Utilizing resources efficiently and effectively:

1. Providing service neutrally, justly, justifiably and without bias.
2. Promoting and sustaining high standards of certified ethics.
3. Rendering a responsible, transparent, and development-oriented service.
4. Responding to people's needs; the citizens are stimulated to contribute to the policymaking process.

Legislation under policies, such as:

1. The Pharmacy Amendments Act (No.88 of 1997) extended ownership of pharmacies to people other than pharmacists with the aim to ensure the adequacy of medication distribution in rural and under-served areas.
2. The National Health Act (No.61 of 2003) promulgated in 2004, specified that private practitioners must obtain a certificate of need to practise in a particular area. Before such a certificate is issued or renewed, the Director General of Health must consider a number of factors, including the need to promote an equitable distribution and rationalisation of health services and healthcare resources and an appropriate mix of public and private health services (DoH 2003: 44).

Similarly, the objectives of the National Health Act (Act no 61of 2003) are:

1. To regulate national health and provide uniformity in respect of health services across the nation.
2. Setting out the rights and duties of healthcare providers, health workers, health establishments and users, and protecting, respecting, promoting and fulfilling the rights of the people of South Africa to the progressive realisation of the constitutional right of access to healthcare services, including reproductive healthcare; the people of South Africa's right to an environment that is not harmful to their health or well-being; children's rights to basic nutrition and basic healthcare services contemplated in section 28(1)(c) of the Constitution, and

vulnerable groups such as women, children, older persons and persons with disabilities.

3. The National Health Act recognises the socio-economic injustices, imbalances and inequities of health services of the past, the need to heal the divisions of the past to establish a society and fundamental human rights, and the need to improve the quality of life of all citizens and to free the potential of each person.

4. Establish a national health system which encompasses public and private providers of health services and provide, in an equitable manner, the population of the Republic of South Africa with the best possible health services that available resources can afford.

The National Health Insurance Policy (2011) stipulated that quality will be ensured to service delivery by essential improvement in the quality of services in public healthcare facilities. In addition, a large amount will be invested to improve healthcare infrastructures, both equipment and buildings. The Department of Health plans to implement forceful prevention and treatment programmes to give authority to commitment to advance quality of life and increase life expectancy of all South African citizens (Kwazulu-Natal Strategic Plan, 2010-2014).

The Department of Health's Strategic plan for the period 2009-2014 listed 10 priorities as part of the overall enhancement of the performance of the national health system. The 10 Point Plan focuses on the essential set of strategies and consists of the following priorities: Provision of Strategic leadership and creation of a social compact for better health outcomes; Implementation of National Health Insurance (NHI); Improving the Quality of Health Services; Overhauling the healthcare system and improving its management; Improving Human Resources Management, Planning and Development; Revitalization of infrastructure; Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections, and increased focus on TB and other communicable diseases; Mass mobilisation for better health for the population; Review of the Drug Policy, and Strengthening Research and Development (KwaZulu Natal Strategic Plan, 2010-2014).

Healthcare in South Africa (2012) stated that an estimated 80% of South Africans are consulting with traditional healers and general medical practitioners. The Medical Research Council (MRC) established a traditional medicines research unit in 1997 to introduce new research methodologies around the utilisation of traditional medicines.

Traditional Health Practitioners Act 35 of 2004 ("the THPA") recognises and regulates traditional healing in South Africa by:

1. Establishing an Interim Traditional Health Practitioners Council of South Africa.
2. Setting up a regulatory framework to ensure the efficacy, safety and quality of traditional healthcare services.
3. Providing for the management and control over the registration, training and conduct of practitioners, students and specified categories in the traditional health practitioners' profession.

Central to the need for such regulation are the rights of users of traditional healthcare services, including:

1. The right to traditional healthcare services being administered in a safe and health-promoting manner.

2. The right to know what information is available about traditional medicines, including the right to know what is not yet known about them. As traditional healthcare becomes more regulated, access to such information should become increasingly available to people who use – or are considering using – traditional healthcare services (Gilson & McIntyre, 2007).

The traditional policy relates more to uMphumulo Hospital community and other rural based hospitals globally, because they are familiar with the system of traditional healers compared to consulting professional doctors. The main problem is that some diseases need hospital attention and check-up to be run by qualified healthcare professionals. Some patients focus more on the traditional medication while the illness requires hospital attention. Patients in uMphumulo Hospital rely more on services rendered by government because there are more diseases than before. Patients could be drawing back to their traditional healers and this could put their lives in danger, not because of traditional medication. Some medications may be toxic and worsen the illness; a typical example is HIV which is treated only by the treatment prescribed mainly for it. This will come back and hit the health system as patients will be dying because of less knowledge. In this case, no one can blame government and its existing health policies.

2.5. NEW POLICY ON COMMUTED OVERTIME AND ITS LIMITATIONS

According to Global Commission on International Migration (GCIM) 2005, the government policy banning recruitment of doctors from other African countries for permanent employment is understandable, with different contributing factors. However, the provisions that limit foreigners' contracts to be non-renewable and reduced to three-year contracts limit the total number of foreign doctors to no more than five per cent in public hospitals. Forces are misguided and through these innovations and transformations, a lot has gone wrong. Healthcare professionals with quality skills are in high demand internationally. Furthermore, the regulation overlooks the undeniable fact that foreign doctors are indeed improving rural service delivery and also alleviate the skills adequacy, moreover, the policy is deterring doctors from developed countries who want to come to South Africa and work for the benefit of patients.

Khoza (2016) reported on *News 24* that in Durban, a new overtime policy was introduced by the National Department of Health, which negatively impacted some of the doctors. The doctors were facing a pay deduction as high as 30% in January 2017. According to the report:

> "The new policy calls for this cover not to be recognised or paid for. There are not facilities for specialists to sleep on site; they are not given days off, even when they have covered a 24-hour stretch. The overtime policy now seeks to reduce this emergency cover and continuous cover that specialists have been providing despite the fact that the government does not pay for the majority of that cover. Overtime, was not a policy but meant to be a mutual agreement between the employer and employee because we are providing a scarce skill." (Khoza, 2016).

The purpose of this policy was to:

- Provide a framework to compensate medical/dental practitioners for working beyond 40 hours work per week in KwaZulu Natal Department of Health.
- Identify those disciplines where no commuted overtime will be paid. Certain groups may be restricted to certain disciplines.
- Identify conditions under which those in non-Occupation Specific Dispensation (OSD) managerial positions were allowed to perform overtime.

The commuted overtime system is applicable to:

2.5.1. All full-time medical personnel employed in a permanent or temporary capacity that are rendering clinical, patient related services on an organized basis within a health facility and where, on a continuous basis, there is a need for service rendering of such overtime duties to exist.

2.5.2. A medical practitioner who has entered and fulfils the requirements of a commuted overtime contract.

The commuted overtime system is not applicable to:

2.5.3 Part-time medical personnel who are employed for less than 40 hours per week as well as sessional medical personnel.

2.5.4 Those holding the rank of Clinical Associate.

The World Health Organization (2006) stated that focusing on incentives, both financial and non-financial, introduces innovation tools that governments can use to sustain a workforce with adequate skills. In addition, this will not be exclusively political and the assurance of continuity of hard work, but also to acknowledge all key stakeholders within the health sphere. Therefore, health professionals will be committed to utilise skills as they should; this will add to the benefits provided by healthcare professionals worldwide. An effective workers' strategy will address the three fundamental challenges of improving recruitment, cultivating performance of the existing workforce, and slowing the percentage at which workers leave the public health workforce.

From the several numbers of policies formulated and implemented to alleviate service delivery, there is still a pool of challenges encountered by the health department. The question is whether these policies, strategies and programmes are effective enough to add value at delivering healthcare services to the increasing number of South Africans who need government services. The problem is mainly with the implementation of several policies which affect the effectiveness and hinder the attainment of policy objectives. The constitution seems to protect the rights of patients as customers, but ignores the rights of those who render these services. Batho Pele principles and the Nursing Rights Charter emphasize that patients are the priority in receiving excellent services and it is also vividly clear that public servants will be held accountable for any failure to do so.

Furthermore, the newly added policy on extra hours in the public sector on a pay cut estimated to be as high as 30% commenced on 1 January 2017. This was all over the newspaper and was broadcast to radio stations. In addition, Khoza (2016) highlighted that most of the doctors were not happy at all with the changes made to the overtime policy. They were not part of the decision-making process and they did not participate in the transformation and changes that were about to take place. The right of healthcare professionals was overpowered by policy makers. Silencing the rights of healthcare professionals contributes to their performance and does not enable them to deliver on their capabilities.

Hence, the study argues that it has been 23 years since South Africa has been in charge of its own transformation from the apartheid regime. Above all, South Africa has been given a change to formulate its policies and become a democratic country. New policies have been introduced like the ones mentioned above and they are in place. However, the South African public health system is struggling with the same challenges that were present over the past years. There are still significant inadequacies in public healthcare and this is negatively impacting the performance of healthcare professionals and concludes to poor service. Skills among healthcare professionals are perceived to be scarce, inadequate and not sufficient to deliver quality service. Moreover, there are countless issues which the government and policy makers should have dealt with by now to produce quality service delivery (Mayosi, Flischer, Lalloo, Sitas, Tollman & Bradshaw, 2009).

From the above-mentioned issues affecting the performance of public health institutions, it is clear that the policy objectives have not achieved their main target of improving the quality of service delivery. Eventually, this raises a question and concern regarding the main purpose of all these existing policies, Acts and plans, whereas the quality service is not rendered. If the strategies are formulated and implemented but still there is no change taking place, that simply means a serious intervention is needed from policy makers and government. If the policies, Acts and plans are implemented to guide and monitor the performance of healthcare professionals to make certain of maximum quality customer satisfaction, then why is there no improvement and the difficulties still exist in the public health sector? This study intends to analyse what causes these policies to be adding no good value as anticipated. Furthermore, the underlying key and contributing factors have been brought forward to policy makers

and government. Optimistically, there are valid reasons preventing healthcare professionals from adhering to the implemented policies for ensuring quality in service delivery (Day & Gray, 2008).

2.6. SUMMARY

This chapter has appraised several existing studies based on basic service provisions and examined the challenges encountered in the quest to deliver effective service in public health institutions. Furthermore, it has revealed the common challenges internationally such as migration, brain drain, insufficient medical schools, burden of HIV/AIDS and TB, maladministration of human resources, and ever-changing policies. On the other hand, the adaptation of new programmes utilized by other health sectors internationally and private to public co-operation tend to be adding more burdens to the working system while public hospitals are experiencing understaffing. There are already existing studies on the challenges of the public health sector, migration of health workers, the shortage of nurses, health affairs, and global health workforce shortages but, based on my knowledge, there is no study that has focused on the skills adequacy among healthcare professionals in the chosen hospital.

Healthcare professionals are experiencing work exhaustion and anxiety, extreme workloads and this has contributed to staff being discouraged to utilize their skills. Also, they feel that they are being caged in overcrowded wards with limited medication and equipment. There is a lack of communication between the government and health workers, and this acts as a stumbling block hindering quality service delivery as required by the health department. The voice of healthcare professionals has been put on hold which has affected their performance and their soft and hard skills which contributes to quality service delivery. This study has acknowledged that there is gap between policy makers, government, and public health workers which necessitates further research.

CHAPTER 3 MOTIVATIONAL THEORIES, ALLEVIATE SKILLS ADEQUACY.

3.1. INTRODUCTION

According to Mertens (1998), theories are a tool for making sure society understands the things taking place internationally and enabling people with their differences to relate with one another. Furthermore, society can choose from the existing theories – the one they think better complements them. People are also able to distinguish between wrong and right when utilising the theories. Hence, this chapter looks at the pyramid hierarchy of needs, equity theory and reason action theory. There is a need to utilize existing theories for a better understanding of the components of healthcare professionals' practice, and organising the implication of skills in hospitals globally.

3.2. MASLOW'S HIERARCHY OF NEEDS

Maslow (1943) found that, according to the hierarchy of needs theory, employees have a pyramid of needs that should be satisfied in order for them to be productive in any given work. The needs are co-joined; if one fails, there is a possibility of the rest being negatively affected. Hence, the mere physiological affluence is vital, covering the belonging to a social circle and pursuing employees' talents through self-actualization. Maslow felt that unfulfilled lower needs would hinder employees to accomplish their assigned duties at work. Employees have basic needs that encourage them to perform to the best of their best capabilities and meet certain standards to produce quality service delivery. However, if the attainment of one is not met, then the employee cannot deliver quality service based on the expectation of the employer (Samiva, 2015).

This theory is relevant to the study and also highlights the possible co- existence of challenges that may be uncounted by healthcare professionals in public hospitals. The management and employers have an influence over how the healthcare

Healthcare employees are made up of different professions and different years of experience in the working field. Doctors, nurses and midwives share different scopes of practice and their responsibilities are different, but they co-exist and interact in the process of helping patients. That is sharing the skills among healthcare professionals,

all the energy that is shared amongst themselves needs support from the employer. It is the employer's duty to make sure that the needs of the employees are met before they expect them to perform work in a satisfactory manner. Patients are customers, they value the service rendered by healthcare professionals and government officials.

Furthermore, this does not affect only the patients but also the other staff members. If there is a tension because certain needs are not being met, this could easily pass on to the other staff members in the department. Skills may be affected negatively simply because the needs of the nursing manager are not being met, for example. Sharing of skills amongst healthcare professionals reduces the work load and allows them to cope with patients on daily basis and manage their given tasks. The hospital management has to dig deeper on what are the needs of healthcare professionals and that requires them to enhance and uplift what should be offered, for example, remuneration is one of the employee's needs.

Samira (2015) found that the hierarchy of needs attends to different aspects of social lives of the employees and the environment around them such as self-actualization, esteem, social affiliation, security or safety, and basic physiology, but lacked the most important aspect in the employees' lives. Maslow missed the concept: need for social connection -- collaborating and working with the team to put more effort into the outcome of service delivery. Hence, is it rare to get quality service outcomes and good employee performance from healthcare professionals when their basic needs are not met – those that work as a stimulus to quality service delivery (Charles, 2009). Maslow (1943) was a clinical psychologist who presented his theory based on personal judgement, and not of the entire organisation but to workers as individuals. According to him, if human beings grew in an environment that was not conducive, there is a possibility that those certain people would be unlikely to function as healthy individuals or as well-adjusted individuals in their respective work.

Robbins (2001) noted that according to Maslow, as an employer, you need to know which level of the hierarchical pyramid of needs each employee is at, for instance, the management will have to be aware of what needs to be covered in an employee's life. According to Kaur (2013), Maslow's theory has not established a pleasant deal of support with respect to the specific notions it proposes. Not all employees are motivated by their needs being met or not, if it was so, then there would be no volunteers, showing their passion for work. Furthermore, the employees that have their

needs met are less likely to benefit from Maslow's theory, compared to the ones who are still in requisite of their needs to be met. For instance, healthcare professionals from developed countries are relating to these needs being met and they are able to perform their duties and productivity becomes extensively excellent. This differs from healthcare professionals working in developing countries because of existing challenges that they face on a daily basis.

According to Van Wyk (2015), the initiation of the new programme focusing on nursing being introduced to pre-hospital working environment was vital in improving the pace of healthcare professionals responding to patients. The programme added the acquired extra knowledge and developed deeper consideration for the patient's injury when it takes place as well as the paramedic drug procedure. All this was done to alleviate service delivery and improve the patient's life; clearly, there is more to learn as healthcare professionals, and this comes with hard work. It is crucial that the emergency nursing students consider studying the initiated programme to add value on the existing skills. Furthermore, the healthcare professionals discovering their sense of belonging could encourage them to strive for more skills and study further to gain more knowledge. But that would not benefit everyone, simply because they have different needs. Improving skills and knowledge demands the students to focus more on how to deal with the patients, first hand, before patients are taken to the hospital to see a doctor. This would help the healthcare professionals to have clarity on the delegated responsibilities and place less workload on doctors and also allow them to have confidence in their work. If the same energy could be applied to the needs of health workers, surely, change could take place at uMphumulo Public Hospital.

As outlined by Samiva's study (2015), there is a need to allow employees to have a social connection among themselves, hence, the aim of the study is to find out what skills adequacy and service delivery exists among healthcare professionals in uMphumulo Hospital. Maslow's theory has focused more on the motivation based on individuals, but there is more to be achieved by dedication and working together of employees as a team to put an effort into their duties, and improve their service delivery. In particular, the budget arrangements on how and when to deliver the needs of the employees could be an encumbrance to the management at uMphumulo Public Hospital. For this reason, there are other alternative categories and characteristics that serve to improve service delivery at uMphumulo Public Hospital without seeking

financial assistance from the health department in KwaZulu Natal. Hence, there are quite a number of available features to be utilised to alleviate the skills such as:

3.2.1. Working in a team

Patient Centred Primary Care Institute (2013) posited that working in a team is more than just having other healthcare professionals around, but it relates to the attitudes and relationships they have amongst each other. When healthcare professionals gather together as a team, they are able to share their skills and improve service delivery. Health staff members visit other specialists to learn and share more ideas on certain issues and elevate skills. A team has to share the same spirit and relates to good transformation, injecting positive thoughts to patients' minds in uMphumulo Public Hospitals. With the understanding of other team members, they should be more passionate, using the 'we' language as a collective term. Seemingly, being part of a team would allow healthcare professionals the space to rejoice successes and to brainstorm their challenges that they encounter and come up with solutions on how to deal with them (Crabtree, Nutting & Miller, 2010).

According to Harris and Harris (1996), working as a team shows enthusiasm and having a common goal or purpose where team members could develop effectively and create mutual relationships to achieve team goals. Decisions are to be made by consensus among healthcare professionals at uMphumulo Public Hospital (Critchley & Casey, 1986). Furthermore, teamwork relies upon individuals and their willingness to work together in a cooperative environment with purposive common team goals through sharing of skills and knowledge. Teamwork is defined by Scarnati "as a cooperative process that allows ordinary people to achieve extraordinary results" (Scarnati, 2001, p. 5). A lot could be achieved at uMphumulo Hospital, as long as healthcare professionals focus and have dedication to change people's and patients' lives.

In addition, working as a team will build trust and a culture of support among healthcare professionals. That is, when the challenges and solutions are developed during casual conservations. Working as a team also allows the process of the possible solutions and implementations to be put into practice simply because of the employees' dedication to working as a team. That adds endless support amongst them which allows one another to share their skills freely because they trust each other.

Healthcare professionals at uMphumulo Hospital would make a huge change by working as a team and sharing skills among themselves. Johnson and Johnson (1995, 1999) noted that interdependence is when team members see a need to create an environment where they can collectively contribute and grow far more than as individuals. Looking at uMphumulo Hospital location and its slow development, this is applicable in focusing more on work whilst the entire health department fights the same struggle in public hospitals, which is the shortage of skills resulting in poor service delivery. The management can relate to this practice by seeking best practices from other teams, or the entire organization at uMphumulo Public Hospital (Wageman, 1997).

3.2.2. Culture of support

According to Archer (2010), the culture of support means closely related groups of people working in teams, and sharing skills among healthcare professionals within their working environment. Interaction in the working environment makes it easy for healthcare professionals to relate and share their skills amongst themselves.

Self-esteem is boosted during conversations – that is when the hierarchy of needs is being met – and produces motivation among healthcare professionals at uMphumulo Hospital. This could be an additional advantage when dealing with work exhaustion. Healthcare professionals might possibly share their skills amongst themselves if they continuously receive feedback from operational management and colleagues on how they perform to secure their work and challenge each other to do better.

Comments from patients play a vital role in encouraging social interactions with healthcare professionals in uMphumulo Hospital. This allows new platforms in enhancing the skills and creating possibilities towards growing healthcare professionals as individuals to perform to the best of their capabilities with no restrictions on performance of certain tasks and duties simply because they do not have the skills. Besides migration taking place, there are opportunities for growth as long as the correct platforms are used and support from management is passed onto employees.

3.2.3. Opportunities for growth

Jenkins, Gunst, Blitz and Coetzee (2015) argued that healthcare professionals are looking for new opportunities to grow and nourish their existing skills and also expand

work experience within the health sector. In the real world, migration has push and pull factors, and the opportunity for growth is one of them. Health workers desire a stimulating and challenging working environment to boost their self-actualisation and to strive for more growth. Healthcare professionals at uMphumulo Hospital may need to be encouraged and reminded that they are the backbone of the hospital. UMphumulo Public Hospital is situated in a remote area. Maybe this could be a contributing factor to the inadequacy of skills and poor service delivery in public hospitals simply because healthcare professionals envy the opportunities for growth and there is no sign of it unless they relocate to greener pastures. Basically, this shows that uMphumulo Hospital has a critical need of qualified healthcare professionals who are willing to share their skills amongst themselves to alleviate quality service delivery.

The lack of motivation and low self-esteem could be an additional factor contributing to healthcare professionals' poor performance, by looking at the other aspects and contributing factors. Poor service delivery is a result of ignoring the obvious challenges that have existed for a couple of years hoping they will disappear, but they are deeply rooted and are failing the health system to prosper as a whole, adding a burden to healthcare professionals. Policy makers are aware of low salaries, difficult working conditions and living conditions faced by healthcare professionals in developing countries. Even though there are countless theories willing to help, the challenge still persists. The next theory dwells on the treatment of healthcare professionals by their employers.

3.3. EQUITY THEORY

According to Benjamin (2001), equity theory helps to explain why remuneration and conditions alone do not determine motivation. It also explains why giving one person a promotion or pay raise can be demotivating to others. When people feel unfairly or disadvantageously treated they are more likely to be demotivated. The Input of healthcare professionals encompasses the quality and quantity of the employee contribution to his or her working time. Employees put effort to, hard work, commitment, ability, adaptability, flexibility, tolerance, determination, enthusiasm, personal sacrifice, trust in superiors, support from co-workers and colleagues, and utilisation of skill. Output could be intangible or tangible, job security, salary, esteem,

benefits, recognition, expenses, and sense of achievement, gratitude, responsibility, praise, and stimuli.

This study relates to this theory and carries the main focus on how healthcare professionals should be treated by their employers, which is fairly and acknowledged by their input to the healthcare sector. It further outlines the importance of rewarding employees accordingly and encouraging healthcare professionals to be consistent with the quality and quantity of service delivery. UMphumulo Hospital is a public hospital that caters and renders government free services. In perspective, public hospitals handle larger numbers of patients compared to private hospitals. Typically, healthcare professionals in public hospitals work hard and put more effort towards assisting patients. Nevertheless, there are complaints about healthcare professionals not performing well and ill-treating patients in public hospitals, however, the truth is they are aware of the quality service expected from them, but it is tiring to put more effort in when receiving no output. Equity theory will distinguish whether the so-called equity is beneficial to the entire organisation or only for certain people in special positions. Equity theory encourages the acceptance of individual accountability and their personal responsibility and adds value to their assigned duties (Smith, 1996).

Wageman (1997) noted that equity theory involves such fundamental issues as group, individual and organizational needs, motivation, and endeavours to improve the quality of work. Employees' beliefs have developed about what a fair reward is based on one's job contribution to work and as an exchange from input. Health workers compare their exchanges of what they put in to what they get from working hard and from other insiders and outsiders as referents. When health workers consider that the treatment received is inequitable, compared to others, then the employees are pushed and motivated to do something about it, such as seeking justice. Equity theory seeks to control and monitor the working environment between the employer and employees.

3.3.1. Equity theory applications:

i.   Striving for consistent pay allocations.

ii.   Letting employees know who their pay referents are in the pay system: recognize pay competitors and internal pay comparators.

iii.   Developing tools to pay people in proportion to their contributions.

iv. Monitoring internal payment structure and position in the labor market for consistency.

Donnell (2016) reported that the widening of digital literacy in healthcare is influenced by requests for digital healthcare. This was to be achieved over compensation schemes that encourage the significant and use of digital solutions in healthcare by health professionals. The management saw a need to improve health programmes but ignored what already had been put in by human beings striving to produce quality service delivery. There is no fair treatment between healthcare professionals and their employers. The new programme seemingly takes away from the hard work of healthcare professionals and replaces it with technology. There is a valid reason why patients should interact with healthcare professionals physically and not over technical systems, to receive medication and so forth. Additionally, this change would take decades to reach developing countries and uMphumulo Public Hospital needs help presently. Actually, public hospitals are all in need of help to give the best service delivery to patients. Patients at uMphumulo Hospital are faced with a challenge of language barriers; the technological advancements will make things worse, because the majority of the community is illiterate.

Zubane (2011) stated that in South Africa, public hospitals are mostly described as being slow to respond to people's needs, which has usually led to ineffective and inefficient service delivery. Healthcare professionals put more effort into their work but there is no recognition of their performance. Not all rewards require money but a warm thank-you would show that healthcare professionals are being recognised for their good performance (Critchley & Casey, 1986). According to Dambisya (2007), some countries have already considered and implemented comprehensive incentive schemes (Zurn, Dolea & Stilwell, 2005; Langenbrunner & Xingzhu Lui, 2004; ICN, 2008). Other than the equity theory, there is further work to be done to support the theory itself, and this requires commitment from employers, governments, policy makers and managers to cultivate schemes that are adequately sponsored to work with public hospitals effectively, but most importantly, reacting to the needs and priorities of healthcare professionals and motivations. UMphumulo Hospital can relate to this theory by looking at healthcare professionals' performance, initiating improvement on how to utilise the equity theory without getting a go ahead from the KwaZulu Natal (KZN) Health Department. This would paint a new and good picture of

the management and, who knows, this could be adopted by other developing countries. All this is done with the purpose of making sure that the skills are there to ensure and secure the quality of service delivery. "Using what uMphumulo Hospital has in order to get what it does not have" is the motto of this study. Alleviating skills adequacy and improving service delivery at uMphumulo Public Hospital could adopt so many theories and try new techniques but this needs focus and dedication from management and healthcare professionals to work and bring the best to patients' lives.

ICN (2008) supported equity theory – that it is in this perspective that policy-makers and health sector managers have turned their full attention to utilising the idea of incentives. This should have been done a long time ago to improve the motivation, recruitment and retention of healthcare professionals in public hospitals. Incentives are seen as output to the equity theory, and they are important levers that most of the organisations can use to attract, motivate, retain, satisfy and improve the performance of healthcare professionals in uMphumulo Hospital. The ideology of equal opportunity "equal pay for work of equal value" in international context has proven to be important in the process of recruitment and retention of healthcare professionals (Kingma, 2006). Allowance and satisfactory salaries ensure that healthcare professionals gain confidence and that they feel that they are being fairly treated when compared to other colleagues. Equity also plays a vital role to peers at the local level and health sector, supporting the retention of health workers and reducing the pull factors to migrate for international employment opportunities.

Supporting the above statement, in 2006, the Ministry of Health in Ghana improved salaries for healthcare professionals for them to produce quality service delivery. In 2017, the Ministry of Health in South Africa implemented a new policy reducing overtime. Equity theory is not applicable to all the countries and this depends on policy makers. According to ICN (2008), in Uganda, equity was introduced on cost-sharing arrangements to offer health workers with incentive payments from 50% to 150% of their salary. Healthcare professionals reported that they were spending more time at work and they felt more valued, with quality of services improving as a result of dedication, commitment and trusting their supervisors with skills shared during service delivery (Kipp, 2001).

South Africa introduced a "scarce skills allowance" from 10% to 15% of annual salary, however reliant on occupational category this was not applicable to everyone in the

workplace. The allowance applied to more than 60 000 healthcare professionals, irrespective of work locations in urban or rural hospitals. Eligible professions included medical officers, medical and dental specialists, pharmacists, dentists, radiographers, various types of therapists and nurses specialising in the areas of operating theatre techniques (Reid, 2004). However, the scheme evidenced counterproductively among specialists and enrolled nurses who were excluded from eligibility.

Swap and Rubins (1983) argued that equity sensitive individuals represent the traditional equity theory model. Briefly, they contribute to the norm of equity and create a feeling of distress when either over rewarded or under rewarded among healthcare professionals. Management should be highly diversified in the knowledge, talents and skills of each healthcare professional's contribution, while sustaining open, non-threatening communication between the employer and employee (Bradley & Frederic, 1997).

3.4. THEORY OF REASON ACTION

According to Fisbein and Ajzen (1980), the theory of reason action (TRA) is based on employees routinely considering the greatness of their behaviour before they engage to the behaviour. Moreover, there is behavioural intention, attitude and subjective norm and they are all constructs to employee behaviour. When healthcare professionals become negligent, definitely, that would result in consequences such as warnings or dismissals depending on the nature of the incidents. There are cases where healthcare professionals become negligent and eventually cost patients' lives. UMphumulo Hospital is one of the public hospitals in South Africa facing similar challenges to public hospitals internationally. In some incidents, it is commonly picked up that healthcare professionals' negative attitudes influence their behaviour, while their passivity affects their performance and subject norms. From the attitude, the subject norm is also attributed to the expectations of key individuals such as the significant others, co-workers and family. Also, healthcare professionals are able to distinguish the three constructs and voluntary behaviours which are predicted by one's attitude toward their behaviour. All behaviour is perceived to be under individual control and there are preferred choices over other existing choices.

This theory is relevant to the study; the intrinsic motivations flourish if they are linked with a sense of security and relatedness. These needs are vital because they allow for ideal function and growth. Motivations that drive healthcare professionals at uMphumulo Public Hospital to perform to the best of their capabilities are not learned, but are innate and transcending culture. Healthcare professionals' competence is when they are effective in dealing with the environment with its daily challenges, also trying to balance the behavioural outcomes to give the best service to patients. Skills shared among healthcare professionals at uMphumulo Hospital will motivate and produce a good outcome. Operational manager passing on constructive feedback would improve the performance of healthcare professionals.

The theory of reasoned action (Ajzen & Fishbein, 1969, 1980) is conceptualising the intentions of healthcare professionals to perform in certain behaviours. Reason theory has been widely utilised at evaluating and ranging workers and consumer behaviour. Reason theory is not suitable to be used in evaluating decisions in an organisational context. This theory does not value the dynamic and intricate multiphase, multi-objective, multi-person, and multi-departmental nature of the decision processes in organisations. Skills adequacy and service delivery is affected by the lack of individuals determined to work as a team to accomplish a common goal. Understanding the theory serves as encouragement to individuals towards working harder in order to have a good reputation; however, this is not applied to the entire organisation (Thompson & Panayiotopoulos, 1999; Johnston & Lewin, 1996).

Self-efficiency is needed to initiate change; it is the most crucial factor to service delivery and work performance by healthcare professionals in uMphumulo Public Hospital. In support of the above statement the reason theory was extended by Ajzen (1985) to the theory of planned behaviour theory. This theory added a significant insight based on the behaviour being controlled because of predictions and the outcomes it would have. Healthcare professionals at uMphumulo Public Hospital have subconscious control over their actions, sharing their skills amongst themselves should not be a big deal as it is for a good cause. The management may search for the contributing factors on why some health employees may hold back in sharing their skills to improve service delivery.

The lack of confidence or control in decision making process and the support from colleagues possibly could infringe on the platform of sharing skills between health

workers at uMphumulo Hospital. Somavia (2011) noted that healthcare practitioners in Britain are the best in the world. Clearly by sharing, their skills have been a great contribution towards improving patients' health. In some of the world's poorest countries and developing areas, the elevation of skills is vital to improve service delivery.

The other issue is that there are a great number of women and men employed from private and public sectors but not as productive as expected. The workers' presence at work stabilises and sums up the accessibility of opportunities to attain and sustain relevant skills in the workplace. Even though there are programmes implemented aiming to change service delivery in public hospitals, there is more to be refined from healthcare professionals at uMphumulo Public Hospital. Interpersonal communication in the workplace plays a huge part at alleviating skills among employees; same techniques could be initiated to have quality service delivery at uMphumulo Public Hospital. Skills adequacy and service delivery complement each other and need to be intensely control.

3.4.1. Interpersonal Communication in the workplace

Table 3.1. Ten soft skills qualities expected from healthcare professionals in public hospitals

Key Attributes	Description
Work Ethic	Health professionals are expected to be hard workers, willing to work on time, have sense of loyalty, be initiative and self-motivated to have a good attendance of patients.
Teamwork	In the workplace they should be cooperative, getting along with other colleagues, agreeable to decision making, most of all, the support they give each other would be helpful in collaborating different skills among themselves.
Responsibility	Patients expect healthcare professionals to be accountable for their actions, reliable, making sure that the job gets done on time. They should be resourceful and self-disciplined, mostly be able to use common sense without any supervision.
Communication	Healthcare professionals are bound to be able to speak clearly and in an understandable language to patients. Presenting of service is important and above all, the listening part builds the relationship between the patient and health worker.
Professionalism	Healthcare professionals are to be well-dressed and appearance has to be on point in a manner that everyone should able to see which profession they fall under.
Courtesy	Healthcare professionals are obliged to have good manners, such as politeness, and gracious to patients. They should say please and thank-you in a respectful way.
Flexibility	Working in rural areas will require healthcare professionals at uMphumulo Hospital to be adaptable and willing to change the environment. Sometimes learning a new language, and accepting new things, adjusting expectation and being teachable.
Integrity	Healthcare professionals are to be honest, practice ethical principles, have high morals, have personal values, and do what is right and apply correct skills in the work place.
Positive attitude	Healthcare professionals are to be positive thinkers, enthusiastic, encouraging one another, happy most of the time and confident about their job.
Interpersonal skills	Healthcare professionals should be nice to patients, friendly to all the staff members, having a sense of humour, and empathetic to patients. Self-control goes hand in hand with patience, sociability and people around the hospital premises should feel warmth that require social skills.

Source: (Robles, 2012)

The table above shows ten soft skills, mainly soft because they do not need to be enhanced, there is no need for training based on how to treat patients, and Ubuntu comes naturally. This study wants to come up with a solution that will not rely on funds but on healthcare professionals and management working together to achieve the greatest results to quality service delivery. Furthermore, each skill carries a different perspective of what needs to be done by healthcare professionals at uMphumulo Public Hospital. South Africa is a developing country like most of African countries that are still trying to transform and bring change from the tragedies the apartheid era caused, also recovering socioeconomic crises of this country. The health sector anticipates development, change and transformation of better-quality service delivery. Also utilising what is not costly but rather dedication and determination at working with patients in developing countries (Critchley & Casey, 1986).

This study has gained new knowledge and insight from healthcare professionals at uMphumulo Hospital. Healthcare professionals shared their interest in working for public hospitals located in remote areas. The intrinsic motivation was found among healthcare professionals in this study and the study got the idea of interesting activities that healthcare professionals are involved in. According to Chatzisarantis and Hagger (2009), those in authorities consider the viewpoint of the client on health-related matters.

Healthcare professionals are responsible for making sure that patients receive the best service for relatedness and increasing a sense of belonging. Within the public health sector, it seemed that nurses are commonly more dissatisfied and demotivated with their work. While striving to change the quality of service delivery, there is a need to shuffle down and dig more on what could be done to meet the needs of healthcare professionals working in public hospitals in South Africa and motivate them towards utilising either Maslow theory, equity or reason theory, although the study is not limited to the aforementioned theories (Pillay, 2009).

3.5. SUMMARY

The above theories (Maslow's needs theory, equity theory, and reason action theory) are most suited for understanding the theme of this study. Other relevant theories such as behavioural theory, social cognitive theory and Vroom's expectancy theory

contribute to the quality of service delivery in the health sector and businesses. But these theories do not encapsulate the best explanations this study intends to produce. The theories used here basically aim to explain the operational aspects of skills adequacy among healthcare professionals and service delivery in uMphumulo Public Hospital. Critics of the theories revealed the weaknesses they each have over service delivery. Hence, combining positive and negative aspects of these theories validated the existing body of knowledge and increased the efficiency and effectiveness of skills adequacy and service delivery among healthcare professionals in South Africa as a whole.

CHAPTER 4 DATA COLLECTION, DATA ANALYSIS AND INTERPRETATION

4.1. INTRODUCTION

The previous chapters discussed and focused on the theories contextualising the behaviours of human beings in the working environment and its impact on their work outcome in the midst of challenges. Furthermore, findings and recommendations from the primary data are discussed in relation to the broad research objectives and questions. Durrheim (1999) pointed out that qualitative data analysis tends to be primarily an inductive process of organizing it into categories and identifying patterns and themes. Babbie (1995) noted that the general guide to analysing qualitative data involves looking for similarities and dissimilarities.

Data were judiciously reduced and presented as qualitative data. Basically, the qualitative data analysis focused on the themes and coded information which was later turned into data. Afterwards, the data were ready for interpretation, organized and presented separately based on the coping skills of healthcare professionals and service delivery. This was helpful in terms of finding out if the skills were adequately shared amongst healthcare professionals at uMphumulo Public Hospital. In this study, it was vital to look at the differences in terms of gender, age, employment and level of education because of the nature of the study.

The presentation of qualitative data and its analysis is connected to the set of questions in Appendix A. The data were classified into five sections. Section **A** analyses the demographic of healthcare professionals. Section **B** analyses the extent of coping skills on service delivery among healthcare professionals in uMphumulo Public Hospital. Section **C** analyses the shortage of soft and hard skills and the causes and effects on quality service delivery among healthcare professionals at uMphumulo Public Hospital. Section **D** analyses the actions that have been taken to alleviate the soft and hard skills shortages to improve the quality of service delivery at uMphumulo Public Hospital. The last section, Section E, analyses the suggestions that can be offered to mitigate the effect of coping skills shortages on service delivery at rural public hospitals (at all levels, national, provincial and particularly local, because the public hospitals are there to render free health services with the main aim to assist

people to live a better life, especially the disadvantaged societies) to address the shortage of skills that affect quality service delivery.

4.2. SECTION A

4.2.1. Participants' demographics

The first phase of the results is the respondents' demographics followed by the qualitative findings. The study also utilised percentages to give more information based on the findings, but that does not mean the study is both qualitative and quantitative.

4.2.2 Gender and race of the participants

Of the 32 interviewees that were targeted, 20 were able to participate, representing a 63% return rate. All the questions asked were answered fully and completely. Of the 20 participants and interview questions answered 16 (80%) participants were female while 4 (20%) were male. On the other hand, the race was as follows: black=19 (95%) and Indian=1 (5%). Black people dominated the target population and dominated the remote areas

4.2.3 Age of the participants

The ages of the participants ranged from the youngest 20 to the oldest 51. Participants' ages were categorised into 22 to 35 (40%); 35 to 45 (3%), lastly 45 to 55 (25%). This indicated that most of the participants ranged from the ages of 22 to 35. The age factor also indicated that most of the young healthcare professionals were eager to work in remote areas.

4.2.4 Profession of the participants

Three of the participants (15%) were Enrolled Staff Nurses, while 4 (20%) were Registered Professional Nurses. Furthermore, there were 3 (15%) Nursing Assistants and 3 (15%) General Nurses (sister). The minority of the respondents were 3 (15%) Operational Managers, 1 (5%) Medical Doctor, 2 (10%) from Human Resource, and 1 (5%) Dietician. During the interviews, healthcare professionals indicated that they were busy and short staffed. The unavailability of doctors during interviews was evidence that there is an inadequacy of healthcare professionals, especially doctors.

4.2.5 Educational level

It is important to highlight the educational level of the healthcare professionals and their coping skills. As such, educated workers are more likely to produce good quality outcomes. For instance, 11 (55%) of healthcare professionals were diploma holders, followed by 5 (25%) certificate holders, 2 (15%) bachelor degree holders; lastly, 1 (5%) honours holders, which was an Indian from Human Resources (HR). The results highlighted the significance of hiring more healthcare professional in rural based public hospitals.

4.3. SECTION B

4.3.1. Themes relative to the objectives of the study

Since the study used open ended-questions during the interviews, the qualitative data analysis is arranged and aligned with the process following the same procedures. Qualitative data were collected from the participants. This was followed by interpretation in order to gain understanding and perceptions of current situations they are facing in response to the study objectives. Data were analysed by means of themes and coding. The results obtained are discussed below and they are organised in terms of main themes based on the objectives of the study and sub-themes acknowledged from the responses of the participants.

4.4. COPING SKILLS AND SERVICE DELIVERY AMONG HEALTHCARE PROFESSIONALS AT UMPHUMULO HOSPITAL

UMphumulo Public Hospital participants perceived the following as their coping skills which were found to be moderate to them as healthcare professionals:

- Skills are in a good condition / Working hard.
- Determined.
- Team work (excluding medical doctors).
- Working double shifts.
- Little improvement, no new developments.
- Relaxed staff members.
- Demotivated to work.

Participants indicated that the extent of skills adequacy aligns with their expectations, "*skills are in good condition but somehow they are affected by the shortage of health workers*". From the existing health workers, it was hard to serve the growing number of patients simply because they are short staffed. As much as there is a need for extra hands, health workers are working hard to fill the gaps and prevent the skills from being extremely affected. It is hard for the healthcare professionals to be competent and also to deliver the service the best of their capabilities. Not because the healthcare professionals failed to perform their duties; but because the shortage of staff plays a role in skills being inadequate. However, healthcare professionals are working hard to fill the void of skills acquisition among them. They also further illustrated that they are determined to work, and highlighted that they are aware of the challenges but that does not limit and stop them from delivering the service, which is not enough because it has to be quality a service at the end of the day. According to a respondent, *"As much as there are obstacles faced by the hospitals and also affecting us as health professionals, I can assure you that we are determined and pushing the service as much as we can".* Reason theory supports the above statement of determination and encourages workers to have good intentions, good attitudes and also to have subjective norms when performing their health duties.

According to equity theory, remuneration and good working conditions are not the only preferable tools at keeping the employees motivated to work, but the employees need to feel that they are being treated equally (Benjamin 2001). UMphumulo healthcare professionals have been putting more effort into their work and exhibiting commitment, adaptability, flexibility, tolerance, and determination. In addition, Wageman (1997) noted that equity theory involves such fundamental principles as group, individual and organizational. Workers need to be motivated to improve the quality of work outcomes. UMphumulo Hospital has outlined the SWOT analyses as indicated below, that keep the hospital surviving on daily basis (Harrison, 2010),

4.4.1. SWOT analysis of UMphumulo Hospital health professionals

- *Strength* – They are working hard to alleviate the service.
- *Weakness*- They are demotivated because there is no growth.
- *Opportunity*- That will be the end of monetarism by 2020.
- *Threat* – Shortage of staff members due to monetarism.

The participants stressed how vital it is to share skills among the health workers to promote quality service delivery at uMphumulo Hospital. Medical practitioners working hand in hand with professional nurses including registered nurses or even nursing assistants, balance the equation of patient' to nurse ratios. Based on their professions, they all perform different duties but these are interconnected and enhanced the quality of service rendered. However, health workers work harder than expected. They work extra hours which are not paid. Sometimes they skip tea or lunch just to make sure that all patients are taken care of. That is not easily done because the wards are full; some need more attention because of their health challenges. Although there are many private hospitals that could accommodate patients, the high cost of private medical services has become a barrier. Working as a team occurs on a daily basis by the healthcare professionals at uMphumulo Hospital, which has made programme training handy. In fact, this behaviour is like attending a workshop while on duty.

Some participants found continuity of teamwork to be harder because they have worked in urban areas where the weight is not the same; the work load has increased and the scope of practice advances yearly; they need adjustment and also this demands more hands. They end up compromising work in order to accommodate patients' health needs. The concern for participants was that the shortage of health staff was shaking up the health department negatively. Yet, the Department of Health is the one that has concluded and decided to act on certain decisions without scrutinising the reality, ignoring that there is a shortage of health professionals.

One of the participants maintained:

> "South Africa is facing new challenges which are adding to the already existing ones and the ever-changing technology also health policies are not excluded such as monitoring controlling the limited resources and low budget. Monetarism has painted a negative picture on who is less important than the other in the working environment. Working as a team makes it seem easy to work in the small wards, at some point pregnant women share a single bed and the unavailability of staff assistance in times of emergences adds more burden to the work itself. The cause of this is because, in most of the time, there is a large number of patients to take care of. Skills are not sufficient to meet patients' health needs, not because the staffs lack skills but because of the staff shortage

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which affects the skills to be shared adequately among health professionals and service delivery stumble to serve patients equally".

Apparently, being part of a team allows healthcare professionals the opportunity to brainstorm based on their work trials. This makes it easier for the workers to come up with a solid solution to overcome challenges, coping skills at public heath institutions should be applied more to alleviate service delivery (Crabtree, Nutting, & Miller, 2010). The theory of Maslow supports this statement from the five hierarchy levels of needs. The one that relates more to this is the need for esteem because that is when individuals know where they belong. Psychologically, they satisfy their needs because they accomplish various tasks from working as a team.

A participant commented:

"*But it is our duty to make sure that we take care of patients' health needs and delivery of quality service. Pharmacies sometimes run out of medication, that when as health professionals we use our soft skills, such as interpersonal skills to advice the patients and to heal them emotionally before we could give them the actual and available treatment the hospital has at that particular period.*"

Another participant said:

"*I can feel the support amongst my colleagues, moreover we share our skills and crack some jokes during our work. Funny enough some patients join over our conservation, we learn from each other depending on patient personality, 'ubuntu ngumuntu ngabantu', meaning 'I am a human being because of other human beings' that makes us forget about the overcrowded wards and within couple of hours, it is a knocking-off–time.*"

Maslow theory supports the principle and mechanism of joint-work. A respondent maintained, "This is like a culture to us to encourage one another and deliver quality service". The response is supported by Ross and Wu's (1995) assertion that personal control over healthcare professionals is described in terms of focus and control of the performance of the lower levels of employees such as nursing manager. These findings also align with that asserted by Hall (2004), who revealed that nurse managers in clinics and hospitals are experiencing an increase in workload. This led to stress and other related sicknesses due to the high proportion of patients without adequate health workers.

Moreover, deficiency of resources such as insufficient beds in the wards affects healthcare professionals' performance when doing medical check-ups, treatment on patients and doctors doing "ward rounds". Most healthcare professionals experience difficulties in admitting patients without notice, especially for those emergency situations. These are unplanned and out of human control and constitute a huge challenge to most of the public hospitals. With no doubt, these problems that are encountered by healthcare professionals at uMphumulo Hospital spread out negatively to patients' lives because they do not receive quality health services. Maslow argued that employees' needs should be met because one need not met affects the quality of outcomes. Healthcare professionals at uMphumulo Hospital need stability.

Working double shifts is one of their coping skills, but this also has a bad impact, such as the longer hours leading to exhaustion and causing stress. In opposition to the equity theory, the input of healthcare professionals should be equal to outcome. This is in respect of their salaries, promotions and growth within the hospital. UMphumulo Hospital has employed alternating strategies to fill the gap of shortages of skills among healthcare professionals.

A participant recalled:

> *"At some point, working double shifts make me feel the weight of work and duties assigned to us as health professionals with sufficient materials exhausted, irritable, drained, tired, sleepy, with all this negative experience patients' lives could be put into danger unintentionally while the main aim is to help the patients and for them to receive fairly treatment."*

These findings correspond with the theory of reason action (TRA), where employees routinely considered the greatness of their behaviour. Moreover, there is behavioural intention; attitude and subjective norms and they are all constructs to employee behaviour. In this case, healthcare professionals are aware of what is expected from them as health workers.

From the findings, it is clear that the factors pulling and pushing the healthcare professionals could be work-related and affect their performance. For example, stress and exhaustion are the result of persisting uncontrollable events, such as the management neglecting the needs of healthcare professionals. Public hospitals are

the ones with high rates of healthcare professionals who are willing to leave for much more conducive working environments and friendlier working places. Furthermore, a study by Van Niekerk (2008) also maintains that factors such as these negatively impact the high turnover, and contribute to healthcare professionals being more obscured and not interested in occupying public posts.

According to a participant:

> "There is a need for skills evaluation, to upgrade and support the existing skills level and coping skills. There is a delay of progress, which does not only affect the patients but also play a vital role to health professionals' drive to perform our duties on daily basis."

Furthermore, health workers are feeling depressed and neglected by the hospital management, when it comes to meeting their requests for more hands to alleviate service delivery. Healthcare professionals are also experiencing and feeling that they are treated as primary healthcare providers which really affects their growth as individuals and as health workers. Doctors work from the casualty unit, and perform ward rounds, which explains their unavailability. The performance of many tasks by the doctor is referred to as "multitasking". In many instances, patients may come to the hospital and spend the entire day with the realization that the doctors are not available. For example, Skuatu (2003) notes that the shortage of nurses means that doctors have to assist each other with respect to handling the patients. The hospital management should be worried about this crisis to reach their main objectives and goals to serve patients.

However, management should be acquainted with the fact that healthcare professionals who feel neglected are also impeded from performing to the best of their capabilities. That explains why, at some point, patients regard health workers as being slow and not attentive to patients.

The participant replied:

> "There is highly shortage of skills, medication offices, conserve, there is a shortage of doctors, doctors' migration and foreign doctors retired, we depending on doctors doing sectioning to keep the service delivery on point without any severe suffering to cater the best service."

Apart from the coping skills that were being shared by the health professionals, the factors strike and demotivated the performance of health staff.

A participant commented:

> "There is little improvement and new development for us since we are in remote areas, we feel like no one cares for us. There are high hopes and plans basically on the improvement of this hospital it is coming from far, for it to fail the uMaphumulo residents."

A moratorium is when funds are frozen or held back because of various reasons, and in the case of Umphumulo Hospital, there will be no job advertisement and training taking place till 2020. Health professionals have been deprived of the opportunities to grow their skills and capabilities that patients would benefit from. Since there is a moratorium, staff members seem to be more relaxed than before and demotivated to reach their goals and pursue their studies in the health industry. Ross and Wu (1995) stated that healthcare professionals should be self-directed, competent and personally independent; all these should add to their soft skills allied with educational achievements. Education is the tool for developing one's ability, enabling health employees to gather and interpret information, allowing them to solve problems at different levels. Furthermore, education increases the potential of healthcare professionals' being able to cope with their work. Sharing of skills is part of education even though there are no classes attended, but knowledge is passed on to other colleagues.

A participant maintained that:

> "We are suffering from the moratorium, finance constraints, posts are not replaced basically the hospital service running by junior doctors, 4 comserves and 2 senior doctors they are doing their best, but that is not enough to produce a high-quality service to our patients at uMphumulo Public Hospital. We are losing skilled health professionals clinical and non-clinical and mostly HR is suffering because their posts are not even considered. Furthermore, we are short staffed but the department wants a positive and good outcome at all times, management put pressure and this results to conflict between the employer and employee, it is not a nice position to be in. At some point we have to skip tea time and lunch. As health professionals, we are experiencing burnout of 26

patients and 4 health professionals in a ward that pushes us to work out of our
given scope because if anything happens we will have to answer".

Healthcare professionals fear losing their jobs if they underperform, but they are positive that they can also share their skills regardless of the obstacles in their way. Furthermore, the participants mentioned that they have learnt to accept the situation and hope for better days. The health department has promised that there will be good progress after 2020 and that will be the end of the moratorium.

The participant continued and replied that:

"I was working at the private hospital, things are done differently and this side there are skills but they need to be alleviated in order to meet the quality service delivery. As health workers we want and wish to go extra miles but they that not easy because some patients demand and need attention that is out of our scope and we lack certain skills and equipment. There are inadequate professional nurses, doctors, enrolled nurse auxiliary and sisters."

Johnson and Johnson (1995, 1999) stated that working collectively within the organisation creates an environment to be calmer and easier to work at, and this contributes far more than to individuals and allows growth. The reason theory also further illustrated that health workers should know the value of their present situations and act accordingly. They should know their intentions, have positive attitudes and be subjective to their norms in the working field. Communication between patient and health professionals is the key to quality service delivery. As Oslam (2008) stated, "Listen to your patient, he or she is telling you the diagnoses".

Miss Thembisile Mshengu was asked to produce a medical aid card at King Edward Public Hospital in 2013. At that time, she was suffering from kidney failure. She was advised by a health professional that the machine that was used for dialysis was too expensive. That means the hospital is not prepared to help with such expenses. "It's been 5 years suffering from pain, my feets are swollen and I cannot walk anymore, I need help from anyone who can contribute with funds so that I can get my life back to normal" (Meshengu). In March 2017, the patient's condition did not seem to be getting any better, and her husband was taking care of her and she continues to suffering from emotional and physical pain (Zungu, 2017).

4.4.2. There is a need for skills evaluation to upgrade and support the existing skills level

The above scenario has proved that presently there are patients treated unfairly and facing difficulties when they need public health services in SA. Healthcare professionals are working under a lot of pressure but that does not give them a right to ill treat patients.

Participants also commented on the lack of exposure to other departments; they remain in the same working field for such a long time, their skills are not equipped. They are treating the same patients with common diseases, and at the caesarean theatre there is no growth, it is the same old story. Nevertheless, the hospital is in rural areas, working conditions and environment are not satisfying, hence they feel that they are treated as a primary healthcare institution which indeed they are, but the number of patients is growing. Many people are reluctant to work in rural areas and adapt to change and transformation. Another problem is that "comserves", who are the newly graduated doctors, who are assigned to perform community service, leave as soon as they finish serving one year of working experience in a public hospital, in order to give back to the community.

One participant stated:

> *"Skilled doctors leave the place before we could even grasp the informative information and learn more from them which prevent innovative skills being gained by health professionals. Which mean that patients have to be referred immediately when necessary, also sometimes when there are no medications at the pharmacy. Stanger Hospital is always available in times of rescues for uMphumulo Hospital".*

UMphumulo Hospital also lacks self-actualisation as part of Maslow's principles, where they fail to learn from skilled healthcare professionals and sustain and retain their skills.

4.4.2.2. Coping skills of UMphumulo Hospital from 1970's to date

UMphumulo Hospital uses more soft skills compared to hard skills. Examples of soft skills are:
- Work ethics.
- Teamwork.

- Responsibility.
- Courtesy.
- Flexibility.
- Integrity.
- Positive attitude.
- Interpersonal skills.

These soft skills are aligned and utilised when serving patients at uMphumulo Hospital. Soft skills also uplift healthcare professionals' spirits in order for them to cope well during work time. It is vital to take care of employees' needs to have a good outcome.

However, if the attainment of one is not met, then the employees cannot deliver quality service based on the expectancy of the employer (Samira, 2015). Hence, it is rare to get quality service outcome and good employee performance from healthcare professionals when their basic needs are not met, that work as a stimulus to quality service delivery (Charles, 2009). The theory of hierarchy of needs attends to different aspects of social lives of the employees and the environment around them such as self-actualization, esteem, social affiliation, security or safety, and basic physiology but lacked the most aspects on the employees' lives (Samira, 2015). Maslow did not focus on the concept of need of social connection, collaborating and working with a team to put more effort into the outcome of the service delivery.

4.5. THE CAUSES OF SKILLS INADEQUACY AMONG HEALTHCARE PROFESSIONALS

Healthcare professionals during their participation time indicated several sources that led to a skills shortages and poor service delivery. Some of the factors that they encountered were:
1. Vacant positions.
2. Unadvertised vacancies.
3. Poor planning, implementation and budgeting.
4. Lack of skilled personnel.
5. Lack of strategy to retain skilled healthcare professionals.
6. Realization of problems but not solving them.
7. Negligence of healthcare professionals' needs.

8. Lack of support to advance healthcare professionals' education.
9. Demotivated and isolated healthcare professionals in remote areas.
10. Healthcare professionals feeling inferior.
11. More expected and less given to quality service delivery.
12. No growth and promotions.

Moreover, Benjamin (2001) emphasised that equity theory helps to explain too much emphasis placed on remuneration, and argues that provision of good working conditions alone, do not constitute a motivation to the health workers. It also explains why giving one person a promotion or increase in salary can demotivate others. Employees put effort into working hard to deliver quality health services to patients. Health workers are committed to their given work. Also, uMphumulo Hospital healthcare professionals have shown more interest and they have the ability to adapt to the environment. Healthcare professionals in general should be flexible, tolerant, determined, show enthusiasm, and know that they will make personal sacrifices. A good relationship amongst colleagues such as trusting superiors, getting support from co-workers and colleagues enables the skills to be shared fruitfully. UMphumulo Hospital at the moment is lacking and not experiencing support from the health department. The equity theory scope of practice encourages equality among workers. Basically, rural based health employees feel like they are not treated the same and have the same opportunities as the ones in urban areas. Moreover, the equity theory stated that everyone within the institution should feel that they are given equal opportunities. At the moment healthcare professionals have complaints that they feel less important than the other departments within uMphumulo Hospital, such as HR and other departments.

From the response of the participants, there is a clear understanding that there is a shortage of skills among healthcare professionals at uMphumulo Hospital. From the participants' answers skills adequacy was the main challenge among other existing obstacles faced by the hospital. The findings revealed that only a few staff members were available to cope with the large number of patients. Skuatu (2003) noted that the shortage of workers has imposed more responsibility and obligation on the available labour to deal with the rigours of the workload without receiving any compensation from the employer.

One of the participants commented thus:

"Policy infrastructure must be restructured for the release of funds, and new building is needed to accommodate people. Low elements of security hinder the application to come and work. Hence bigger hospitals are more likely to attract health professionals to go and work to urban side, and that leaves the rural place without skilled workers. Department has to look closely to what they are dealing with at a time and choose wisely also stop doing things to fulfil their own interest and agenda. Working conditions are not conducive to perform health duties. This demotivates health workers and affects the service delivery. Health workers do not want to work in remote areas, because they end up feeling like they are being abundant and working beyond their scope context which could endanger the patient's lives. Burnout, stress over the ratio to patients today is 48 patients and 4 health professionals, skilful health professionals do not have influence over work performance initiation and implementation. The environment is not bad for us health professionals but the workload, we are desolated, discouraged, feeling less important, there is less focus on our needs as health employees and what we require, we are discouraged, and there is growth work related and social. There are no replacements of posts, multitasking is killing us since we are being overworked, as a result of shortage of health staff, the scope of work is constraint and hard to be completed in due time. There is too much to be handled with the few of us available presently."

Furthermore, Rispel and Moorman (2010) found that there are crises in public healthcare institutions existing due to the destruction and deficiency of co-ordination and creativity of healthcare sponsors known as stakeholders. Presently, uMphumulo Hospital is facing financial challenges and non-governmental organisations and private institutions are not forthcoming towards providing the required assistance.

The Department of Health should do something about the current situation at uMphumulo Hospital to ensure the employment of healthcare professionals gets highly qualified working staff. There are job advertisements to acknowledge what and which key areas are to be covered at the moment. As much as there are "comserves" but after they have gained experience they leave the hospital behind with the same problems. Cohesion of health workers is vital but not enough, even staff members that have resigned have a bad reputation and non-recognition because of the previous

hospitals they were working for. The absence of qualified doctors makes it difficult to adjust to the environment and to cope with the patients, which makes it difficult to share skills equally when the number of workers is exceeded by patients. On the other hand, presently, health workers cannot proceed with their studies because of funding issues. Some of the nurses do further their studies themselves (not provided by the hospital) and this limits the basic care for the patients.

A participant detailed it thus:

"The patients are being advised about the shortage of doctors but health professionals do avail themselves to assist where they can, patients are very understanding people, they just need explanation base on the situation. KZN has cut the course and workshop contentment to health professionals are cancelled."

At the moment the staff members have been advised that due to the shortages of healthcare professionals, they need to stop engaging in human capacity development. There is an urgent need for professional development of the junior staff in particular, as reported by a participant, *"service delivery is bad but there is a room for improvement".* The equity theory has affirmed that employees should be given equal opportunities. UMphumulo Hospital is lacking in their capacity to invest in the development of the skills of health workers; thus, responsible for the poor service delivery experienced in the hospital.

The disadvantage for the hospital is the location itself, attracting workers is much harder compared to the public hospitals in urban areas. Agreeing with the theory of Maslow, certain needs have to be met by the employer to sustain workers; in this case uMphumulo Hospital is lacking self-actualisation, esteem, belonging, safety and physiology. The highly skilled healthcare professionals do not settle because of the place and other numerous challenging factors. UMphumulo Hospital is not big enough to accommodate a large number of patients; they have to be transferred to Stanger Hospital or other close hospitals. The hospital is a primary healthcare provider which makes it difficult for the Department of Health (DoH) to attend such issues in a short period of time. Staff members are affected by the working place because of the broken system, workers are opting to join developed institutions that are already progressive.

District and tertiary hospitals have a lot of challenges and workers should not feel that they are treated unequally with the ones in urban areas.

Doctors in other hospitals do not work in teams, but instead they pair up during wards rounds from the other institutions. uMphumulo Hospital has a small number of doctors which makes it hard for them to work in teams because there are not enough of them. Working in teams reduces the work load of healthcare professionals. Furthermore, participants touched on this issue of progress and promotion *"Have been working for government for the past 6 years and there is no development yet"* – there is no hope of change, just doing the work out of the goodness of their hearts and to help patients. There is insufficient equipment and tools to work with on daily basis.

A participant explained:

> *"As health professionals we perceive growth as going to urban places where else the development could take place in rural areas also, as long as there is a great support system from the Department of Health and the hospital management. Moratorium is the main subject and making the situation worse than before."*

Diverging from equity theory, the employees feel that within the same working environment and with same qualifications, they do not feel that they are received in the same way.

4.5.1. Development of human capacity versus service delivery

At uMphumulo Hospital healthcare professionals had to voice out about how they value hospital development? And who will gain from this development if there should be any taking place and what other impact will it have on the service delivery? Indeed, the participants valued and appreciated the progress taking place but they were worried about its slow progress. It is the duty of the management to fight on behalf of healthcare professionals' need. For instance, healthcare professionals are able to prioritise patients' health needs. The same is required from management, and the government should be fair to the service rendered and allow the public health institutions which are located in rural areas to participate in what is significant. Development and growth are one of the techniques to fight the shortage of skills. Services in public and private hospitals may not be the same but a lot can be done in

these institutions especially in public hospitals. Yes, teamwork has been the coping skill for uMphumulo Hospital but the question is for how long it will take for management to realise that the hospital is short staffed. There is a lack of skills which makes it difficult for progress to take place and for quality service delivery to take place at uMphumulo Hospital. There is a need of skills enhancement, this would positively impact the growth of the service delivery, hence it is vital to retain and address the issue of limited skills, equipment and tools.

There is only one dietician at uMphumulo Hospital, who runs seven other clinics, does rounds in the wards, and feeds patients when required. All questions are directed to that one person about that service, and she must also assist the staff members.

The heavy workload placed on the dietician, prompted a response from one of the participants:

> "*There is a need for more hands to assist such as the Chief, operational, nutrition, supervisor. There is no improvement on the growth based on the progress. The scope getting is larger, work load chase out of the passion and profession. Dimensions on people working in urban & rural are unreasonable and unbearable. I carry the equipment, with no one to assist, is normal to me and treating this as part of my job, carrying 90 boxes of porridge to the stock room without porters help is not an issue because there is no one help. The hospital is short staffed.*"

The Patient Centred Primary Care Institute (2013) posited that employees cannot work in isolation; they need to work together to produce good outcomes. They stated that multitasking within the given scope or assigned tasks is better than working out of one's scope. This causes negative consequences when a person has to answer to what is not part of his/her working field and perhaps this is compounded by not getting paid for these extra duties.

Rust and de Jager (2010) pointed out that most of the healthcare professionals prefer to work for the private sector simply because of the good working environment. The private sector outperforms the public sector in terms of working conditions leaving out the salary gap and other benefits. A study by Pillay (2008) stated that healthcare professionals could be differently encouraged by what they consider as benefits from

a hospital. Healthcare professionals work on their best capabilities and fulfil their desires if the following is covered:

1. Salaries: this type of motivation does not work for everyone but most of the people are motivated by how much they earn. However, some people may take advantage of this and put less effort in knowing well that they are being compensated extra for the same work.

2. Workload: the work load could be great, whether working in private or public sector, and that simply means healthcare professionals have to work harder.

3. Lack of resources: it has a great impact on patients' lives; if the resources are scarce or limited that simply means they have to apply somewhere else. That could be draining from both sides – the patient's side for not getting help on time and the nurse or the doctor by failing to deliver the service.

Maslow (1943) argued that the hierarchy of needs theory distinguished that employees have a pyramid hierarchy of needs that should be satisfied in order for them to be productive at given work and duties. The needs are co-joined if one fails there is a possibility of the rest being negatively affected. Hence, the mere physiological affluences are vital, covering the belonging to a social circle at pursuing employee's talents through self-actualization. Maslow felt that unfulfilling of the lower needs would hinder the employees to accomplish their assigned duties at work. Employees have basic needs that encourage them to perform to the best of their capabilities and meet certain standards to produce quality service delivery. Another challenge is that the wards are small and this makes it difficult for the officials to perform their duties.

Figure 3: Female ward at uMphumulo Hospital

Source :(Thabisile, 2018)

There are four phases of the ward and conditions of the patients in the female medical ward:

- First phase blood pressure (BP) (women).
- Second phase (surgical beds) wounds.
- Third phase (sick).
- Forth phase (still waiting for diagnoses).

Participants from medical female ward mentioned that even when it is raining, they have to take patients for X-Ray tests and put blankets over the patients, regardless of the patient situation. One healthcare professional is usually assigned to perform the task because already, they are short staffed. The way to the other building is steep, which requires male porters to perform that duty. Whether it is hot or not the patients have to be taken for tests to the other side of the hospital building.

The participant replied that:

> "It would be better if the hospital was in one piece for the good use of health professionals to work without unnecessary challenges; there is a need for uMphumulo Hospital proper building to accommodate patients and their illnesses. Employees' needs are met and patients' needs are also affected negatively. The equity theory also is applicable to patients. UMphumulo patients compared to any other patients in public hospitals in urban areas do not receive the same hospitality in service although they are being served by government health institution with the same goal and policies."

4.6. ACTION TAKEN TO ALLEVIATE THEIR COPING SKILLS AND IMPROVE SERVICE DELIVERY

One of the participants maintained that:

> "their CEO is good and young, also vibrant. She initiated the importance of rewards and other programmes also introduced monthly workshops to quicken the services".

This shows that colleagues are showing solidarity and support for one another. The equity theory is in support of the colleagues supporting one another. This motivates staff members to work harder, because of their input being recognised.

There are programmes within uMphumulo Hospital, which helped to boost the working capacity of the staff.

A participant recalled:

> *"In 2015 programmes were prioritised namely, mother to child, obstetric, and paediatric; till to date, they are still running as inside services to train health professionals without going out of the hospital premises. Also, there is Health Baby Breath programme (HBB), drills, CME (continuous medical education) doing them together as doctors and nurses, listing of medical topics related to patients care and allocating one health professional to present every Friday at lecture hall at least spending one hour a week, this has been initiated by the hospital management. This helps in terms of sustaining coping and equipping the skills, there is also EZMO recitation programme at the moment. Not ideal at least it something to help the hospital."*

Nurses have their programmes, that should be running each week. HR has experiential learners which leave after their course, to gain experience. Non-clinical are posts, such as administration and human resource those position, are affected, and HR is facing worse challenges compared to clinical which are health professionals, nurses and doctors; their posts are not considered at all. People have the perception that HR fails to do their job, hence the learner who needs supervision and direction about the things taking place in the working field, which is out of their work scope and non-clinic, is suffering because of posts not filled. The operational manager is appointed through workshop, training and promotions. At the moment there is no training taking place outside the hospital; that means for a while there will be no promotions taking place. The Patient Centred Primary Care Institute (2013) supports the manner in which uMphumulo Hospital addresses the shortage of healthcare professionals. Gathering together as a team enables and enhances skills to be shared horizontally and vertically among healthcare professionals to improve the service delivery. Furthermore, teamwork lessens the work load, which is the main challenge at the moment to uMphumulo Hospital hindering the quality service delivery to be reached at all times (Crabtree, Nutting & Miller, 2010).

Teamwork is defined as "a cooperative process that allows ordinary people to achieve extraordinary results". A lot could be achieved at uMphumulo Hospital by applying the correct principles and work techniques which at the moment are lacking. Participants

indicated that they need extra hands and they can improve the service (Scarnati, 2001).

4.6.1 Perception of healthcare professionals on the causes of shortage of skills

One participant argued that:

> "*there is a lack of networking because we are in rural areas, failing to speed up the technology because of the slow development. On the other hand, the patients are not educated about what could be prevented and should be brought to the hospital attention. At some point, patients perceive the health professionals as being lazy. That also adds to service delivery being perceived as poor. Hence, there is a need to educate patients about life around them could be at home and work. Furthermore, health professionals are able to attend workshops and training, but limited because of the number of staff available to attend the programmes. It is the same as with posts; they are limited hindering growth to take place at the hospital. Health professionals are being told by the management that they can cope with their workload, this puts pressure because of the limited skills and much expected from them to deliver.*"

Healthcare professionals are not fully supported by management based on their responses and challenges they encounter at uMphumulo Hospital. The staff members are used to the culture and norms on how to do things their way which makes it difficult for them to be excited and to adapt easily to change and transformation when it is required. They lack motivation and also they fear that if they do not deliver, they will need to answer to that. In support of this, the reason theory explains why the subjective norm, attitude and intentions of workers are important in the work place. Healthcare professionals feel the heat but they know what is expected from them, to work under pressure. They are not in denial that they should work hard because of the nature of their profession but this is beyond their power. The management sometimes blame their fellow colleagues for being too lazy to try new work systems and patterns.

The hospital at the moment finds it difficult to sustain skilled doctors. The Department of Health has a policy to limit the number of healthcare professionals resigning. The Policy and Incapacity Leave and ill Health Retirement (PILIR) is managing incapacity leave and ill health retirement in a responsible, transparent and equitable manner

which was initiated in 2015 and has impacted the sustainability of skilled health workers. When you resign and want to re-apply they would not consider your application regardless of how skilled you are in KZN; the circulation of employees and skills to alleviate the service delivery is affected. Healthcare professionals are bound to make use of personality traits (soft skills) and personality factors guide and controls which are conscientiousness, agreeableness, extraversion, emotional stability and openness to experience (Heckman & Kautz 2012). Esteem which is part of Maslow's hierarchy of needs emphasises that the employees enjoy achievements, the availability of education will be a great tool to achieve the hospital goal.

The hospital is limited by the budget. Hiring people externally, while there are skilled workers internally, eager to be promoted and help, means internal workers do not get chances to be hired. Health institutions have to deliver quality health service but they are also limited because of the budget constraints. The moratorium has the power to hire and infringe funds on other working fields. All vacant posts should be advertised to uMphumulo Hospital and the DoH should work together to alleviate service delivery.

One participant stated:

> "Sometimes doctors do not get enough time to do rounds and perform their duties accordingly to meet with patients' health needs. Exchanging and sharing of skills among health professionals in different departments could be helpful but this needs approval from DoH."

Exchanging of positions and duties to alleviate skills could be costly and demanding such as health workers moving from maternity to medical ward. Healthcare professionals have good intentions for the hospital. In support of reason theory, they were able to come up with recommendations that demand them to work harder as long as they elevate skills not more focused to incentives. As long as their needs are met they are willing to remain in a rural based hospital and deliver extraordinary service, but this will require more dedication from management, policy makers, health department and health workers.

4.7 SUGGESTIONS ON HOW TO MITIGATE UMPHUMULO AT COPING SKILLS

It is important to address work related issues in the hospital. For instance, a nurse requires further education and continuous training. It is important to improve their skills

to merge with the scope of practice for employees such as professional nurses, staff nurses, and circulation of services and advancement. The management can encourage the health staff members to work in teams and share skills among themselves. That is not the main problem; the healthcare professionals do not have enough numbers to meet the target and there are no porters at all. All of the above-mentioned effects need to be enhanced, controlled, and managed such as equipment, new building and networking.

In respect of funds to be paid for short courses, all qualified staff should be equally treated and given chances to attend the programmes. If there are more workers on the flow, that makes it easier for the rest of the health team to attend learning programmes. Professionals want to be noticed and listened to, based on what they need and, in this case, they need more hands in order to function more efficiently and deliver quality service. Also, the budget which affects the pharmacy must be increased. Consider taking back the skilled retired healthcare professionals. By revisiting the policy, patients should cry for help and Department of Health should familiarise themselves with what is taking place in hospitals, especially the ones located in rural areas. Equipment needs to balance with the staff members available. The management should revisit the high ranked essentials needed to support the work environment such as seeking for more hands because of the shortage of skills.

A participant further expressed the view that:

> "Clinical services and staff are negligent but administration positions are well filled. Recruitment is way up there, but challenges are experienced by lower people, moreover they are able to pin point the wrong and rights."

Decisions are to be made by consensus among healthcare professionals and taking the next steps at uMphumulo Public Hospital should involve healthcare professionals because they are dealing with the challenges on daily basis (Critchley & Casey, 1986).

UMphumulo Hospital should allow the staff members to interexchange their roles and duties to gain more skills within the institution but in different departments; this should be considered by the Department of Health. This will require more people to be involved such as healthcare professionals recommending and emphasising the need to work outside their scope with supervision.

A participant stated:

"Patients should take initiative to complain about service delivery at uMphumulo, the hospital is in a remote area and the environment is too harsh for patients and health professionals."

Thus, resolutions and decisions taken should not depend much on budget because of the current state of funding. The process of prioritising fails because the healthcare professionals are told what they need but not asked what they need to alleviate their skills (Critchley & Casey, 1986).

Former healthcare professionals that are restricted from re-applying within KZN can make a huge difference because of their skills if they can be re-employed. But the policy has made it difficult for them to partake in the health field. This has to be done through the visitation of the policy and allows the skilled healthcare professionals to work again, mostly recruit them to the same hospitals they were working for before.

One participant maintained that:

"More money is spent on programmes but not on the shortage of staff, this stresses and strains the limited budget. Hospital management needs to re-establish the critical of skills patient to nurse ratio. Policies should be dictated from reality and current challenges. Hire people based on service, because working as health professionals is more a chain when one breaks its affect the rest of the organisational system. The department should grow and be more, stabilised, also making an initiation and ensure that the service delivery is up to standard and the, Head office work is to check on the number of beds and the demand comparing their supply for them to work accordingly with what is required and mostly needed."

Participants indicated that these 'push and pull' factors made them reluctant to determine whether they should serve at uMphumulo Hospital or not for the next ten years. As a result, this has proved that there are no opportunities available for them, uMphumulo Hospital would not be facing a decline and scarcity of healthcare professionals. They also indicated numerous things such as poor planning and initiation. The hospital has an innovative building plan which tends to be held back because there are no proper controls and guidance along with good management.

A participant explained:

> *"The plan was presented to us, after a while someone came with a good plan,*
> *within few months another person came and told us to start with the entrance*
> *gate. Clearly the planner lacks the main concept why there is a need for the*
> *new building of the hospital should be put into action and implemented.*
> *Moreover, there are more important things to be accomplished then fixing the*
> *main gate and having a beautiful garden which will cost a lot, while with the*
> *same funding a lot could be done as long as we are part of the plan, we as*
> *health professionals experiences daily challenges not the DoH."*

It is the duty of management to ensure that the services are running smoothly and to manage the entire organisation. Particularly in this case, participants unanimously posited that uMphumulo Hospital management has failed to implement human capacity development programmes. This affects service delivery to patients who have the right to be protected by the constitution, through the health department. The management certain should conduct proper planning and budgeting. The management has proven to be dysfunctional and has failed to provide the basic needs of healthcare professionals.

Health workers should be supported and encouraged to continue with their hard work regardless of the well-known challenges, as long as management puts more effort and control into managing the hospital. Equity theory and Critchley and Casey (1986) agree that for service delivery goal setting and accomplishment it is vital that institution staff are granted the opportunity to participate. Reason being that the participant has stated that there was someone sent by the head department but they did not have the right platform to implement their plan. As a hospital at large, it part of the healthcare professionals' role to voice their views on issues like this and show the way forward.

4.8 DISCUSSION OF THE FINDINGS

From the findings of the study, it is proven that there are skills inadequacies, and service delivery is impeded by the shortage of skills, which has a debilitating effect on the functioning of the healthcare professionals in the hospital. From the participants' perspectives, the aforementioned challenges continue to hinder effective performance of workers in uMphumulo Hospital. The effectiveness and productivity of the hospital

is highly dependent on the level of quality produced by healthcare professionals. As much as the management expects a lot from healthcare professionals, they also need support and this support has to be in different areas of their lives, socially, economically and in terms of academic development to ensure that healthcare professionals are functioning to their full potential and giving the best quality service to the community at large.

This buttresses the existing literature stating that the fact that public hospitals continue to experience poor working conditions and insufficient personnel has to stop. Additionally, hospitals are clinically and non-clinically short staffed; these complications escalate to prove that there are more negative things taking place in public hospitals, compared to private hospitals, such as dealing with overcrowded wards on a daily basis, with a shortage of healthcare professionals. The findings further reveal that healthcare professionals feel neglected by the Department of Health and hospital management based on how they handle its operations, putting aside their concerns and needs. UMphumulo Hospital healthcare professionals reveal various factors that they were worried about, but on top of the list is the fact that they were short staffed and felt like they had no hope for change any time soon. Yet, they are the backbone of the hospital.

Neglecting healthcare professionals' needs especially coming from management has resulted to heath workers being demotivated to save people's lives not because they are only entrusted with that duty by the employer but because they want to maintain their social life and look after their families financially. As much they lack resources that support their skills but they are willing to work harder as long as their basic needs are covered and they are ready to take the hospital to the next level and produce quality service delivery. Maslow's hierarchy of needs state it clear that in order for the employees to corporate and deliver at their best, they need certain needs to be met by their employer. Lack of resources prevents them from acting on their capacity. Participants are demotivated by the limitations hindering the quality service delivery to take place at uMphumulo Hospital. Equity theory stated that employees need to be motivated at all times; they may not react simultaneously to a certain challenge but at the end it affects the rest of the department. The participants replied that:

> *"Health professionals felt that they are not appreciated as much as they should be. Such as management not allowing workers to participate in what they*

perceive as critical and what should be brought forward to elevate their skills. But instead they are treated like robots controlled even to things that affect their feelings. However, this confirms the equality theory that workers need to be treated equally and they are well aware of what they put in to work and they know what they should receive. Could be as individuals or groups they need to be motivated rewards by the management, bearing in mind that money or material reward means different things to different people. It is important that the management uses a thorough technique to ensure that everyone is involved to the decision making."

Critchley and Casey (1986) assert that allowing workers to engage in decision making in order to improve their quality of work and uplift their self-actualisation should be utilised by institutions. Through the findings of the study, it is indicated that most of the healthcare professionals at uMphumulo Hospital are given more work to do without any concern of whether they can cope or not. The management has shown that workers are not part of the plan to accomplish and achieve great goals for uMphumulo Hospital because if they were part of the success they would be included to voice up their views and recommendations. Not everything they would suggest immediately would be taken into consideration but that would be a great start to begin with and accomplish more. Patients should participate in rating the service delivery; they are the ones suffering and not receiving quality service; this will help with a way forward.

The findings also suggest more about the other challenges affecting healthcare professionals and distracting them from performing to the best of their capabilities. The respondents also commented on the fact that pregnant women are forced to share beds and that there is mixing of non-psychiatric patients and psychiatric patients' – one life was lost because of this situation. Other patients fear for their lives, because anything can happen while the number of health workers is not sufficient to look after critically ill patients and psychotic patients who may be aggressive and dangerous. Due to this problem, the uMphumulo Hospital could easily encounter increasing number of incidents of psychotic patients injuring one another, or staff, or other patients. Fighting this problem would be difficult given that the uMphumulo Hospital also has insufficient supporting equipment and funding to build more wards.

The situation is worsened by the fact that not only the healthcare professionals are short staffed but also the other departments are falling apart which affects the proper

function of the hospital. A female ward is near the main gate, as figure 2   illustrates and the hospital has no porters to take the patients from point A to B. It is the duty of the healthcare professionals to take the patients for tests, such as X-rays and other examinations required by the doctors. This is an indication that healthcare professionals in uMphumulo Hospital work beyond their scope, yet management does not recognise how hard they work to keep the service running. This scope of practice is opposing the importance of Maslow's hierarchy of needs; workers safety is not taken into consideration and taken care of.

The hospital should act on these challenges; on the other side, there is a shortage of health workers which affects the service delivery. The healthcare professionals are forced to be leave wards which are full of patients that need healthcare services; management should allow workers to work within their work scope and by doing this, uMphumulo Hospital would increase its ability to render a better and effective and efficient healthcare service to the community. Also, the findings indicate that uMphumulo Hospital is still a developing hospital, building a solid background to offer health services to the public. UMphumulo Hospital cannot accommodate patients that have critical cases because it is beyond their scope of practice, that mean they have to perform a referral as soon as possible to Stanger, King Edward, Albert Luthuli and the other big hospitals with doctors qualified to perform such tasks, depending on the nature of the disease. There is no opportunity to grow for the healthcare professionals at uMphumulo Hospital. Supporting this, Jenkins, Gunst, Blitz and Coetzee (2015) argued that healthcare professionals are eager to learn and always want to grow, not limited to opportunities for nourishing their coping skills, also expanding work experience within health sectors. Whereas the reason theory focuses more on what is being demanded by the employer and less concern on how the employee feels.

In the case of uMphumulo Hospital, it was obvious from the findings that there is poor planning which is also aggravated by poor budgeting and lack of communication. Participants pointed that the problem is that skilled workers retire or resign and the hospital does not act dutifully to fill the post. Healthcare professionals leaving the hospital are regarded as a loss, because the hospital struggles to meet its target. This is not because of unadvertised vacancies for healthcare professionals but more of sustainability after the hospital has hired healthcare professionals; basically, doctors are facing a gigantic problem. Workers leave the place within days of being hired,

opting for greener pastures in urban areas. The hospital is disadvantaged because of its location, not to mention the working environment, conditions and the fact that the staff are overworked. Understanding the reason theory serves as encouragement to individuals to work harder in order to have a good reputation; however, this is not applied to the entire organisation (Thompson & Panayiotopoulos, 1999; Johnston & Lewin, 1996).

Philosophers such as Madinah (2016), Khoza (2016) and Zungu (2017) have discovered the crisis regarding particular hospitals, that there is a shortage of healthcare professionals and scarcity of skills all over the world. Moreover, this situation is worsening because there is high competition to attract and retain health workers particularly in the public and private sector, as much as they are not in an obvious competition, but they are automatically. Healthcare professionals at uMphumulo Hospital highlighted that they encounter a shortage of medicines and equipment, basically with medications they rely on. The two nearest public hospitals uNtunjambili and Stanger which are a couple of hours drive away, take a while to send replacement equipment to uMphumulo Hospital to be used by the healthcare professionals. The findings clearly highlighted that healthcare professionals at uMphumulo Hospital are dealing with patients and are also challenged on daily basis, trying to give the best to the community. At some point, the patients complain about the service rendered and all that should not be propelled onto healthcare professionals, but is perceived this way by patients. Skills and communication are vital to be shared vertically and horizontally in the prosperous organisation; this is required by uMphumulo Hospital for them to serve the community and meet their health needs. Because the findings have shown that the challenges are beyond healthcare professionals' control, in support of working hard, Johnson and Johnson (1995, 1999) noted that working as a team contributes to the outcome of better service delivery. Health professionals' needs are not met by the Department of Health. Looking at uMphumulo Hospital's locality and its slow development, the hospital is facing a series of challenges. The entire health department is fighting the same struggle in other public hospitals, which is the shortage of skills resulting in poor service delivery.

4.9. CONCLUSION

The above chapter has focused on skills inadequacy and service delivery among healthcare professionals and the difficulties hindering health goals to be met. The issues faced, perceived and experienced by healthcare professionals during the course of their work include shortages of staff, working equipment, small wards, mixing psychiatric with non-psychiatric patients, vacant posts, slow development, failing to attain and retain skilled healthcare professionals, poor systems, demotivation of employees, poor planning and budgeting impacting many departments within the hospital. It is clear that if planning and budgeting was drafted well all these challenges would not take place.

These problems prevent the health department and management from delivering quality service at uMphumulo Hospital. Profoundly, healthcare professionals were more concerned about the service, and further indicated that with less of these problems the service could improve. uMphumulo Hospital can deliver quality service with proper training and programmes initiated by the Chief Executive officer (CEO). The next chapter presents the summary, conclusion and recommendations based on the findings of the study.

The Provincial Department of Health should act on the statistics presented to them and act accordingly to alleviate the shortage of soft and hard skills. The hospital should advertise and fill the vacant posts as soon as healthcare professionals resign or retire in order to avoid staff shortages. Because there are insufficient resources, the Department of Health should work on expanding the budget.

CHAPTER FIVE CONCLUSION

5.1. INTRODUCTION

This chapter presents the summary, conclusion, and recommendations of the study. The recommendations will help to improve the working conditions and skills acquisition of health workers. The coping skills utilised by healthcare professionals at uMphumulo Hospital will balance and sustain the quality service delivery in uMphumulo Hospital. Human capacity development among health workers is essential for effective service delivery in the hospital. In general, skills are more like technology; they always advance in order to keep up with the progression of systems. In this case, coping skills and service delivery are interlinked and interrelate to the development of patients' satisfaction at uMphumulo Hospital. This could not be possible if there is not a good relationship between the healthcare professionals (who perform the actual work of assisting patients) and policy makers (who control and monitor the service and oversee and control the state fiscals). Lastly, the government has an obligation to render the service to everyone at no cost.

5.2. SUMMARY

In South Africa, public hospitals have occupied a strategic space in relation to the health and well-being of South Africans. In the rural areas, hospitals like uMphumulo Hospital have had to provide health-related essential services to the patients. However, there is compelling evidence of poor service delivery in the hospital, which threatens the lives of the patients. It was discovered that the health workers lack the required skills to cope with the increasing demand for good and sound healthcare.

This study suggests that government and policy makers must work with hospital management in uMphumulo Hospital by reviewing and implementing the abovementioned recommendations especially the ones that do not require funding to improve service delivery as a short-term goal. The findings have revealed the nature of skills inadequacy and the causes of poor service delivery. The study utilised face-to-face unstructured interviews to capture the perspectives and experiences of

healthcare professionals in relation to the discharge of their duties. There were a few facts that seemed to hinder quality service delivery at uMphumulo Hospital such as:

5.2.1. Reason for skills inadequacy and limitation of skills shared among healthcare professionals

UMphumulo Hospital, at the moment, is facing monetarism that has left the hospital in a worse situation and dealing with an increasing number of patients. The Department of Health has stopped hiring and also limited the number of nurses continuing with studies until 2020. There are no funds to further educate healthcare professionals at uMphumulo Hospital to alleviate service delivery. Another issue is that 'comserves' do not add much value because once they are done with their one-year community service, they leave uMphumulo Hospital. The same skills needed by the hospital are taken away to improve other hospitals that have better offers.

5.2.2. The reason stakeholders and government seem not to be contributing to uMphumulo Hospital as they should

From way back before 1970s, the hospital did not exist, the place was used as a training college for teachers and later, the missionaries decided to help the community because the number of people that needed healthcare had increased. Even by that time the government took time to take over and fund the hospital. That made it difficult to attract stakeholders from the different places for funding.

5.2.3. Factors responsible for poor service delivery

Healthcare professionals are working extra hours and the work load is unbearable. There is insufficient availability of healthcare professionals to assist and share their skills amongst themselves. There is slow progress such as when there is a new system introduced to the Department of Health, it reaches uMphumulo Hospital after quite a long time. There is limited medication, and worse of all, there is a small number of doctors, and this results in patients returning back home without seeing the doctor. The study has touched on traditional healers that patients can use as an alternative. However, this could put the patients' lives at higher risks as some diseases need to be diagnosed by medical doctors, and when patients come later for admission, they may die. This may consequently increase the rate of mortality.

5.2.4. There is a broken communication system between Department of Health and CEO and the hospital management

The chief executive officer has heavy tasks and duties; everything comes back to the same person who is granted the responsibility to improve service delivery at uMphumulo Hospital. Reaching and successfully obtaining quality service delivery demands more hands and a consensus action plan. Observation and valuing the service delivery at uMphumulo Hospital should be done by allowing the healthcare professionals to become part of the decision-making process. The management and CEO of the hospital especially know what is needed and it should be presented to them to alleviate service delivery. The Department of Health makes and implements policies mostly to protect the image of the department, and the lower institutions or sectors such as clinics suffer the most. They perform the actual work that has been written on the paper; they put it into action. UMphumulo Hospital healthcare professionals are dedicated, but lack motivation because they feel neglected and less important to their employer.

5.3 CONCLUSION

The study validates the fact that there are push and pull factors militating against the progress of coping skills of healthcare professionals at uMphumulo Hospital in Kwazulu-Natal Province, South Africa. The other factor which was the main challenge at uMphumulo Hospital was due to the insufficient budgetary allocation to the Department of Health, and inadequate funding of the hospital. These difficulties have escalated and affected healthcare professionals to perform and produce quality service delivery, and also prohibited patients from receiving the best healthcare. On the other hand, the state has good policies from different departments but the implementation fails in helping the government officials to meet their goals and objectives. The negligence of health workers has hindered the progress of health sectors in the country. There is a need to address the problems uncounted by the healthcare professionals. The Department of Health came up with the moratorium of posts and other programmes within health sectors, but the decision that was taken was advantageous to the state, and also to accumulate more funds while freezing the posts and depriving healthcare professional of the right to participate in decision

making. Moreover, to confirm whether they can cope and agree to sacrifice than to be told what will take place without any alternatives to lessen the present workload. An essential approach to change and to transform health organisations is important in order to mend skills and service delivery. Human resources should take things into consideration and work on short and long term goals on improving the quality of service delivery.

5.4. RECOMMENDATIONS

The findings of the study have shown that healthcare professionals are more responsible at making sure that quality service delivery reaches patients in due time. Healthcare professionals also ensure that reasonable access to healthcare services is advantageous to patients using their coping skills at hand. That could not be enough; some patient cases require more attention; that is when they are transferred to other hospitals with doctors that have accurate and specific skills based on that particular disease. Despite massive incidents taking place in public hospitals such as patients losing their lives because of skills shortages due to insufficient healthcare professionals, the implementation of the strategic plans is steep. The Department of Health and hospital management, including policy makers, should implement effective policies to enhance the working environment and productivity of healthcare professionals. From quite a number of existing recommendations by scholars, they each work or could be applied to certain places such as rural or urban. The recommendations differ because of the nature of the study. In that case, this study has found the suitable recommendations based on the reality of the crises that are encountered by healthcare professionals at uMphumulo Hospital. The recommendations accommodating the current situation on skills adequacy or inadequacy and service delivery due to the shortage of healthcare professionals in uMphumulo Public Hospitals will be discussed shortly. There is a need to revisit the prevalent strategic plans to achieve the universal health coverage. The following are further recommended:

1. UMphumulo Hospital has been losing skilled healthcare professionals and failing to retain experienced healthcare professionals. A high ratio of patients to health workers due to the shortage of healthcare professionals negatively

affects the sharing of skills and service delivery among uMphumulo Hospital health workers. The strategy is that patients should include themselves in the improvement of services by raising concerns based on the persisting issues and challenges they encounter at uMphumulo Hospital. There must also be compliance with the rules governing access to health, for example, the movement or admission of patients should be done through transfer not by choice at the first place. The reason for that is if all the patients were to move to King Edward Hospital or Albert Luthuli Hospital, that means patients or the population will increase and that could put strain on the medication and demand more healthcare professionals to be on duty to assist the increasing number of patients from different places without following the procedures.

2. There should be more in-service doctors to ease the long queues for patients, thereby improving service delivery in the hospital. The hospital management has to be given a platform to participate in what is vital to them. As much as doctors are recruited through the permission from DoH, this strategy has to be restructured and its policies re-looked at because it does not rely on the reality taking place at this particular time but according to the current time. Recruitment is having a great impact on service delivery because the hospital cannot advertise and hire without the permission from national, provincial and local level.

3. Increase the number of foreign doctors. UMphumulo Hospital is rural based and foreign doctors that have worked there before have shown more interest and they were willing to settle for a number of years. It is not that uMphumulo Hospital does not need local doctors, but the reality is that most of the doctors that have been hired stay a short period of time and get offers at urban areas and go for them. Furthermore, as a result of recent policies designed to prevent and decreases the inflow of outside doctors from other African countries, there is a disjoint of goal and purpose from the policy implementation and government health employees on rendering quality service delivery.

4. There should be more staff hired especially in the theatre to increase staff availability. By 2020, uMphumulo Hospital should be considered as one of the hospitals in need of more staff, to lessen the chances of unnecessary incidents such as the Operational Manager helping in the process of a baby delivery which is out of their scope.

5. Work more on soft skills to improve service delivery because the hospital is not hiring at the moment up until 2020. Even though the Department of Health has been promising positive changes to take place in 2020, that is not guaranteed, they might as well work on soft skills and share the limited skills.

6. Healthcare professionals need working equipment, that is why they fail to perform to the best of their capabilities, a good director will add value to the work itself.

7. The hospital should be rebuilt with different wards and rooms to accommodate more patients.

8. Health professionals are working in rural areas and do not have access to the cafeteria and Plaza with vegetables or fruit. Bearing in mind that uMphumulo Hospital is in a disadvantaged area, the management might as well work on things to attract skilled health workers.

9. The claims that are made after a patient has passed on because of staff or hospitals negligence becomes costly because with the same millions, a lot could be done and save so many lives. This also is a huge challenge that public hospital management has to fight to prevent these incidents from happening in the first place.

10. Too many healthcare professionals misuse their treasured skills on work that other people could do by doing what they have been doing for the past 10 years with no growth. Highly-trained and skilled healthcare professionals usually spend most of their time performing straightforward tasks and duties. This is a waste of money, and makes professional jobs seemingly less rewarding and frequently does not add any value or improve on quality of healthcare. Healthcare professionals should be given an opportunity to grow. UMphumulo Hospital should use more nursing assistants to provide and focus on basic care to patients to improve service. Secondly, the hospital must let specialist nurses to do common, low-risk procedures currently done by doctors since there is a shortage of doctors. To cover the gap also, it is advisable to re-establish an agreement with the medical students doing community service because they are familiar with the scope of work in the environment. Lastly, uMphumulo Hospital must employ more Auxiliary Assistant Nurses to support general nurses, even doctors because they will be sharing skills amongst themselves.

11. UMphumulo Hospital should urgently evaluate their staff availability and act on shortage of healthcare professionals. Healthcare professionals should not feel inferior compared to other public hospitals in urban areas. The management should improve the working environment to be more favourable for healthcare professionals to perform their assigned duties. There must be an improvement of the infrastructure to create a good working place and to enable its health workers to perform to the best of their capabilities and conducting their duties effectively and efficiently. This will avoid work fatigue, absenteeism and unproductive healthcare professionals due to increased workload.

12. The Provincial Department of Health should act on the statistics presented to them and act accordingly to alleviate the shortage of soft and hard skills. The hospital should advertise and fill the vacant posts as soon as healthcare professionals resign or retire in order to avoid staff shortages. The Department of Health should work on insufficient resources by expanding the budget as the Head Office cannot anticipate some of the challenges the hospital deals with on daily basis.

13. UMphumulo Hospital could adopt an innovative strategy to retain healthcare professionals since the hospital in situated in rural areas such as reviewing the salary structures and compensation methods in terms of reward systems and performance appraisals. Healthcare professionals should have a therapist to consult with once a month – the post has been advertised but is still vacant. Healthcare professionals should not feel neglected and less important than other professionals. A good foundation should be paved between the government officials who are policy makers and uMphumulo Hospital, working towards a strategic plan to motivate employees at all times and making sure that they are pleased with the working environment.

The Department of Health and hospital management should consider interchanging departments in terms of medical health workers working in the kid's departments to alleviate skills shortages. This could be done through thorough training inside the hospital to save money and time as long as the conductor of the training is an expert. This will be supported by supervision for a period of time to build confidence, growth and a room for improvement.

Insufficient resources delay the process of delivering good quality service to patients. As much as Stanger Hospital aids and is keen to assist where it can, the hospital should try to ensure that resources are made available to patients at all times by better strategizing the quality service. It is the duty of the administration, and the department that places orders, to do it while there is still more time for the resources to reach uMphumulo Hospital without any delay taking place. Ordering processes should not be done by one person in the case of required resources, and sporadic checks should be put into practice as a process of resources' strategic maintenance. The committee within the hospital that is responsible for choosing resources before ordering must consider choosing resources that are of quality.

Poor planning and budgeting were also some of the concerns stated by healthcare professionals. The system of selecting people for each position to fill the vacancy relies on people who are not experiencing the shortage of skilled healthcare professionals. The hospital has frequent workshops for improving their service but the training and programmes run internally without external input and may not be enough. On daily basis there are new diseases discovered by top range hospitals that have quality equipment, resources and skilled doctors before they could be shared with the bottom health care institutions, such as the ones in rural areas. This is like technology which is always changing its systems and pace, demanding things to be done at a higher speed with adaption to change and transformation. There is a need for the hospital to urgently look at the current practice of mixing psychiatric psychotic and non-psychotic patients, and infectious with non-infectious patients.

1. Educating the community on what the hospital treats and could not treat because of its state could save people admitted and transferred when necessary. The hospital must advance their strategy to keep up with the number of beds the hospital has and the number of patients it can accommodate. UMphumulo Hospital is a primary care hospital and the number of beds is limited, and that is why, in some cases, pregnant women share a bed in small wards.

2. Healthcare professionals are working double tasks and working out of their scope, such as being porters and receiving delivered orders with no one to assist. The shortage of staff is not mainly based on healthcare professionals but other departments are affected as well.

3. The services are seating at the back of lower categories, struggling to replace people exiting, transferred, or retiring. After the ones that were working prefer to work at urban centres, this affects junior staff who get more workload. The government does not take the non-clinical staff as crucial. How do you run the hospital without a finance department because they hold the funds? HR deals with staff hiring, their posts are not even considered; the staff perceive the management as being abusive. Other departments should also be considered because they are the part of quality service delivery chain. The delay in supply chain also contributes to poor service delivery. There are various incidents at uMphumulo Hospital where people experience negative attitudes from staff members and complain of poor service delivery. This results from staff members being over-worked.

4. The management needs to work harder and stop being reluctant to discipline the late comers and wrong behaviours in order to produce good change. People should not be hired based on their relations but based on their capacity, qualifications and meeting the job requirements. This has an effect and drags down the reputation of the hospital and adds no value to the skills adequacy and service delivery.

5. The priorities of the hospital at the moment are not the same as the Department of Health's such as HR, finance, and doctors. The senior management is not given a platform to self-determine on how to address the existing problems and challenges. The running of in-service and monitoring outcomes of skills shortage will be better than putting the blanket on.

6. Human Resources cannot hire people but place advertisements; the Department of Health should take an initiative to control and manage staff availability balanced with the number of patients.

After all, it is important to have a background of uMphumulo Hospital to evaluate whether there is change or progress and what were the difficulties before and now. If they still persist, one must determine what action is to be taken by the hospital management and Department of Health.

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APPENDICES

APPENDIX A: Ethical clearance certificate

UNIVERSITY OF ZULULAND
RESEARCH ETHICS COMMITTEE
(Reg No: UZREC 171110-030)

RESEARCH & INNOVATION
Website: http://www.unizulu.ac.za
Private Bag X1001
KwaDlangezwa 3886
Tel: 035 902 6731
Fax: 035 902 6222
Email: DlaminiA@unizulu.ac.za

ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGM 2018/489						
Project Title	SKILLS ADEQUACY AND SERVICE DELIVERY AMONG HEALTH PROFESSIONALS AT UMPHUMULO PUBLIC HOSPITAL.						
Principal Researcher/ Investigator	T Mtshali						
Supervisor and Co-supervisor	Prof AO Akinola			Ms N Jili			
Department	Public Law						
Faculty	CAL						
Type of Risk	Med risk: Data collection from people						
Nature of Project	Honours/4th Year		Master's	x	Doctoral		Departmental	

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project. The Researcher may therefore commence with data collection as from the date of this Certificate, using the certificate number indicated above.

Special conditions:
(1) This certificate is valid for 2 years from the date of issue.
(2) Principal researcher must provide an annual report to the UZREC in the prescribed format [due date-15 May 2019]
(3) Principal researcher must submit a report at the end of project in respect of ethical compliance.
(4) The UZREC must be informed immediately of any material change in the conditions or undertakings mentioned in the documents that were presented to the meeting.

The UZREC wishes the researcher well in conducting research.

CHAIRPERSON
UNIVERSITY OF ZULULAND RESEARCH
ETHICS COMMITTEE (UZREC)
REG NO: UZREC 171110-30

18 -05- 2018

RESEARCH & INNOVATION OFFICE

Professor Gideon De Wet
Chairperson: University Research Ethics Committee
Deputy Vice-Chancellor: Research & Innovation
15 May 2018

APPENDIX B: Confirmation letter from CEO of Umphumulo Hospital

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

UMPHUMULO HOSPITAL
R74 Greytown Road
Private Bag X9219
MAPHUMULO, 4470
Tel: 032 481 4198 Fax: 032 481 4166 Email:nomzamo.gumede@kznhealth.gov.za

MANAGEMENT

Date: 4/01/2018
Enquiries: Dr NN Gumede

Ms T.L Mtshali

RE: PERMISSON TO CONDUCT RESEARCH AT UMPHUMULO HOSPITAL

I have pleasure in informing you that permission has been granted to you by the Institution to conduct research on Skills Adequacy and Service Delivery among Health Professionals at Umphumulo Public Hospitals.

Please note the following

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the provincial Health Research Committee in the KZN Department of Health.
3. Pleas ensure this office is informed before you commence your research.
4. The Facility will not provide any resource for this research.
5. You will expect to provide feedback on your findings to the Facility.

Sincerely

Dr NN Gumede
Chief Executive Officer
Umphumulo Hospital

APPENDIX C: Informed consent

UNIVERSITY OF ZULULAND

Researcher: Miss Thabisile Luyanda Mtshali   **Supervisor**: Dr Adeoye O. Akinola

Co-supervisor: Miss Nokukhanya N. Jili   **Research officer:** Prof. Irrshad Kaseeram

Discipline: Public Administration

INFORMED CONSENT

Dear: Sir/ Madam

You are kindly requested to participate during interview sessions by answering four questions for academic purposes. Presently I am doing my Masters in Public Administration. I am undertaking a study titled "Adequacy of skills and service delivery among health professionals at Umphumulo Public Hospital". Please note that to protect your anonymity, your personal details such as your name and contact details are not required.

Your participation in this study will be of great importance, should you have any queries, please do not hesitate to contact me (the researcher) or my supervisor.

Miss Thabisile Luyanda Mtshali   Dr Adeoye Akinola (supervisor)

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UNIVERSITY OF ZULULAND

An analysis skills adequacy and service delivery among healthcare professionals at Umphumulo Public Hospital.

Supervisor	**Co-supervisor**	**Researcher**
Dr A Akinola	Miss N Jili	Miss T Mtshali
0703 2174 53	0359 0266 15	0810 9646 91

I am Thabisile Luyanda Mtshali, a Masters degree student at the department of public administration, University of Zululand. I would like to invite you to participate in my research project entitled "An analysis skills adequacy and service delivery at Umphumulo Public Hospital". In order for this study to succeed I respectfully request your participation as a respondent to my interview.

Your participation in this study is voluntary and hence there will be no fiscal gain from participating in this research project. Furthermore, this study has no intentions to cause any harm now or in the future, as a result your privacy and confidentiality will remain a priority. As a participant you have the right to refuse to participate or withdraw from the study any given time.

It should take you about 15 to 30 minutes to answer the interview questions.

Researcher:

Mtshali T.L (201143582)

APPENDIX D: English interview questions

An Analysis of Skills Shortage and Service Delivery among Health Professionals at Rural Public Hospitals in South Africa

All participants are kindly requested to complete the following questionnaire. The results will be used to analyse the shortage of skills and service delivery among healthcare professionals at rural public hospitals in South Africa. This is part of academic research which will be used for academic purposes, therefore you are ensured that your confidentiality remains a priority. As healthcare professionals you are considered as main stakeholders in service delivery in the hospital, hence your co-operation in the completion of this questionnaire will be greatly appreciated.

Instructions

Please note that is divided into two sections section **A** and section **B** below.

Please answer both questions for interview.

➢ Please support your answer to express your opinions where space is provided below.

Section A

Age	

Gender		Race		Education Level		Profession	
Male		White		Certificate		Nurse	
Female		Black		Diploma		Doctor	
		Indian		Bachelors			
		Coloured		Honours			
				Masters			
				Doctorate			
				Other			

Section B

1. What is the extent of coping skills on service delivery among health professionals in Umphumulo Public Hospital?

2. Is there a shortage of soft and hard skills, and what are the causes and effects on quality service delivery among health professionals at Umphumulo Public Hospital?

3. What actions have been taken to alleviate the soft and hard skills shortage to improve the quality service delivery at Umphumulo Public Hospital?

4. What suggestions can be offered to mitigate the effect of coping skills shortage on service delivery at rural public hospitals?

THANK YOU FOR YOUR PARTICIPATION

Inkhulumo luhlolo yemibuzo

Ukuhlaziywa kokuntuleka kwamakhono Kwezinsizakalo phakathi kochwepheshe bezempilo Isibhedlela somphakathi Izindaweni zasemaphandleni eNingizimu Afrika.

Bonke abahlanganyeli bacelwa ukuba bagcwalise lemibuzo elandelayo. Imiphumela izosetshenziselwa ukuhlaziya ukuntuleka kwamakhono kanye nokulethwa kwezinsizakalo phakathi kwabaqeqeshi bezempilo ezindaweni ezibhedlela zasemakhaya eNingizimu Afrika. Lokhu kuyisifundo sezemfundo esizosetshenziselwa inhloso yezemfundo ngakho-ke uqinisekiswa ukuthi ukugcinwa kwemfihlo kwakho kuhlala. Njengoba ochwepheshe bezempilo ubhekwa njengabathintekayo abakhulu ekuhlinzekeni kwezidingo esibhedlela, ngakho-ke ukusebenzisana kwakho ekuqedeni lemibuzo yocwaningo kuyothathwa kakhulu.

IMIYALELO

Sicela uqaphele ukuthi leli phepha lemibuzo lihlukaniswe ngezigaba ezimbili isigaba **A** nesigaba **B**. Sicela uphendule imibuzo emibili;

> ➢ Siza ukusekela impendulo yakho ukuveza imibono yakho lapho isikhala sinikezwa ngezansi.

ISIGABA A

Age	

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Ubulili		Uhlanga		Izinga lemfundo		Umsebenzi	
Wesilisa		Mhlophe		Isitifiketi		Umhlengikazi	
Wesifazane		Myama		Idiploma		Udokotela	
		Coloured		Bachelors			
				Honours			
				Masters			
				Zobudokotela			
				Nezinye			

ISIGABA B

1.Yini izinga lokuntuleka kwamakhono ekuhlinzekeni kwezinsizakalo phakathi kochwepheshe bezempilo eNingizimu Afrika?

2. Yiziphi izimbangela ezikude nezimpikiswano zokuntuleka kwamakhono phakathi kwabaqeqeshi bezempilo ekuhlinzekeni kwekhwalithi yezempilo esemqoka esibhedlela sasesibhedlela saseMphumulo?

3. Yiziphi izinyathelo ezithathwe ekunciphiseni ukwehluleka kwamakhono nokuthuthukisa ukulethwa kwezinsizakalo esibhedlela sikahulumeni saseMphumulo?

4. Yikuphi ukusikisela okungenziwa ukunciphisa umphumela wokuntuleka kwamakhono ekulethwa kwezidingo ezindaweni ezibhedlela zasemakhaya eNingizimu Afrika?

SIBONGA KAKHULU UKUBAMBA KWAKHO IQHAZA KULOLU CWANINGO.