THE PERCEPTION OF STUDENTS TOWARDS ADMINISTRATION OF HEALTH SERVICES AT THE DURBAN UNIVERSITY OF TECHNOLOGY's DURBAN CAMPUS CLINIC

By

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DECLARATION

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged. The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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ABSTRACT

Healthcare that does not satisfy the patient is usually less effective because less satisfied patients tend not to comply with instructions, they take longer to follow up with appointments and they have a poor understanding of their medical condition. The provision of overall quality healthcare for patients is a key motivation for many service providers. Surveys of service delivery towards healthcare satisfaction form an essential role in assessing public opinion of the service provided. Thus, the evaluation of the service provided by a clinic can be reflected in the degree of satisfaction perceived by individuals receiving the services. There is a paucity of literature on students' satisfaction with health care facilities at institutions of higher learning and there is no known research conducted on service delivery at the DUT health clinics. This study intended to identify areas of service delivery at the DUT health clinics that may require improvement and to make recommendations to improve service delivery. The purpose of this study was also to identify the quality of service dimensions that play an important role in patient's (students') satisfaction at the Isolempilo Health Clinic at DUT, to measure student satisfaction of the service delivery and to make recommendations for improvement. The objectives of the study were to identify the students' experiences of service delivery at the Isolempilo Health Clinic at DUT, to investigate the challenges/barriers experienced by students when accessing healthcare at the Isolempilo Health Clinic in DUT and to recommend ways to improve service delivery to students. This study used quantitative research methods to establish students' experiences and perceptions of service delivery at the Isolempilo Health Clinic. Convenience sampling was used and data was collected in a form of close-ended questionnaire. Questionnaires were completed by a total of 120 students who visited the clinic for medical care constituted during the data collection period. The Statistical Package for the Social Sciences (SPSS) Version 24 software was used to capture participant's information obtained from the questionnaires and it was used to analyse the data. Findings show that areas that demonstrated particularly high satisfaction are confidentiality of information, referral systems to other health care such as hospitals, the HIV Testing and Counselling and the language of communication. On the other hand, areas that revealed lower degrees of satisfaction are branding of the clinic and visibility of the clinic the booking system, operational hours and selling of commodities such as pregnancy tests. This study adds value as it recommends ways to improve service delivery at the Isolempilo Health Clinic.

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LIST OF ACRONYMS

CHC	Community Health Centre
DIT	Durban Institute of Technology
DUT	Durban University of technology
GCC	Gulf Cooperation Council
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HST	Health Systems Trust
IEC	Information Education Communication
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MMC	Medical Male Circumcision
MSM	Men who have sex with men
NHI	National Health Insurance
PHC	Primary Health Care
SA	South Africa
SADHS	South African Demographic Health Survey
SADOH	South African Department of Health SANC
	South African Nursing Council
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
TOP	Termination of Pregnancy
UNFPA	United Nations Population Fund

WSW	Women who have sex with women

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Addressing social factors of health has increasingly become the focus of hospitals and health systems seeking to improve patient outcomes, satisfaction and reducing costs (McGuire 2019). Recent studies show increased healthcare based screening and referrals, and in some cases, integration with, or payment for associated non- medical support. According to McGuire (2019), the evidence of difficulties in building successful healthcare and human service engagement have emerged. This study focused on service delivery at a University of Technology clinic.

In this chapter, the researcher will discuss the background, problem statement, aims, objectives, questions and significance of the study.

1.2 Background and context of the study

The provision of health care services is a fundamental human right established in the Constitution of the Republic of South Africa and reinforced by the Batho Pele standards (Kaisara and Pather 2011). Health services ought to be available to all South African residents. In 1994, economic pressures in South Africa resulted in some populations having limited access to health services in some parts of the country as there was an inflow of immigrants to urban areas who settled in casual settlements consequently expanding the populace in these urban communities. Generally, individuals who are frequently jobless, living in poor living conditions and who have inadequate to access health services populate these areas (Taleshi, 2009:134)

Durban University of Technology (DUT) student intake is increasing every year and resulting in an ever increasing demand on health care requirements. Health clinics located at the DUT only cater for students who are currently registered.

There is a paucity of literature on students' satisfaction with health care facilities at institutions of higher learning.

This study intended to identify areas of service delivery at the DUT health clinics that may require improvement and to make recommendations to improve service delivery. This study provided a means for students to give valuable feedback about their experiences of accessing healthcare at the clinic. The improvement of service delivery will hopefully lead to better healthcare and improved student satisfaction.

In healthcare, a measures-driven methodology have been utilised to permit health services to acknowledge motivational, however, feasible objectives through aiding the execution of proper practices and managing consistent quality improvement. (Australian Commission on Safety and Quality in Health Care 2011). Patient's fulfilment and satisfying the patients' health care needs are crucial in service delivery. Surveys of patient satisfaction play an important role in accessing patients' opinions of the service provided.

DUT has three clinics located on the Durban Campuses and two clinics in the Midlands Campus. The study focused on the Isolempilo Health Clinic situated on the Steve Biko Campus, Durban. Students who visit this clinic are representative of the DUT student population that access health care services at the other DUT clinics.

The Student Counselling and Health Department at DUT oversees the healthcare clinics. The mission of the Student Counselling and Health Department is to provide high quality health and counselling services that help to prepare students for the world of work and society. As per the DUT Isolempilo Healthcare Clinic (hereafter referred to as Isolempilo Health Clinic) daily register, approximately 60 students visit the health clinics per normal day with total of about 1200 clients per month (DUT Reports on Isolempilo Health Clinic 2015-2017).

Research has shown that health care provision in South Africa has improved, in recent years, with patient satisfaction being one of the critical components of the public health services need to improve (Braun and Clarke 2006).In the study conducted by Braun and Clarke (2006) on patients' satisfaction with government healthcare and services in the Taung location, North West Province, it was discovered that more than 56.8% patients were not satisfied with the access to healthcare and 62.1% were disappointed with the absence of doctor accessibility.

The researcher worked at the Isolempilo Health Clinic from 2012 to 2019, and is aware that the clinic has only two part-time doctors which has proved to be a challenge. Research has shown that there is still a gap in the health care service delivery in public clinics that offer primary health care. As DUT Isolempilo Health Clinic also falls in this scope the researcher felt it was imperative to focus this study on investigating service delivery provided (Gulliford and Morgan 2013).

Furthermore, the study will contribute to the body knowledge at the Durban University of Technology and recommendations will be shared with the relevant stakeholders. Findings and recommendations of this study will assist the DUT Isolempilo Health Clinic and other similar clinics improve in terms of healthcare service delivery.

1.3 Problem statement

Consumer satisfaction and services quality continue to attract the attention of researchers in a wide variety of disciplines. This is not surprising since several studies have demonstrated a moderate or a repeat of studies in this area. In spite of hundreds of publications on attitudes and perception, little work has been done to explain the theoretical premise of these two developments (Haron, Hamida and Talib 2012) Patient satisfaction is an intermediate outcome and may reflect the standard of service the patient received at a healthcare facility. Healthcare, which does not fulfil the patients' needs is normally less effective, less satisfied patients tend not to agree to stipulate guidelines (Gulliford and Morgan 2013).

The purpose of this study was also to identify the quality of service dimensions that play an important role in patient's (students') satisfaction at the Isolempilo Health Clinic at DUT, to measure student satisfaction of the service delivery and to make recommendations for improvement.

1.4 Aim of the study

The aim of this study was to investigate students' experiences of service delivery at DUT's Isolempilo Clinic.

1.5 Objectives of the study

The objectives of the study were:

- To identify the students' experiences of service delivery at the Isolempilo Health Clinic at DUT.
- To investigate the challenges/ barriers experienced by students when accessing healthcare at the Isolempilo Health Clinic in DUT.
- To recommend ways to improve service delivery to students at the Isolempilo Health Clinic at DUT.

1.6 Research questions

The research questions of the study were:

- What are students' experiences of service delivery at the Isolempilo Health Clinic at DUT.
- What are the challenges/barriers experienced by students when accessing healthcare at the Isolempilo Health Clinic at DUT?
- How can the Isolempilo Health Clinic at DUT improve its service delivery to students?

1.7 Significance of the study

Isolempilo Health Clinic is a noteworthy facility at the DUT campus situated in Durban. The study investigated factors impacting on service delivery at the Isolempilo Health Clinic. It is imperative that service delivery is continually improved and quality is not compromised since it provides a vital service to approximately 1200 students per month. The study provided a means for students to give valuable feedback about their experiences at the clinic. Areas of service that may require improvement will be shared with relevant stakeholders at the DUT.

1.8 Structure of the chapters

Chapter one: This chapter presented the general introduction of the study which included the background and research context, problem statement, research aims, objectives and significance of the study.

Chapter two: This chapter reviews relevant literature.

Chapter three: This chapter outlines the design and the methodology of the research, sampling techniques and the research environment.

Chapter four: This chapter presents the data analysis, interpretation and graphical representation of the data and the research findings.

Chapter five: This chapter reviews the extent to which the research problem was answered and presents recommendations which can assist the Isolempilo Health Clinic to improve their service delivery.

1.9 Conclusion

This chapter provided a brief introduction to the study, a discussion on the background and research context, the aim, objectives, research questions and significance of the study. Chapter two focuses on the literature review and includes other relevant studies which focuses on healthcare and service delivery. Chapter two also outlines the theoretical framework that underpins this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In the previous chapter, the researcher introduced the background and research context of the study, the purpose aims, objectives, research questions and the significance of the study were discussed. In this chapter, the researcher will focus on a comprehensive literature review which includes human service delivery models, models within human services, customer satisfaction of the various parts that have been identified as one of the key contributor's in student's attitudes, experience and perspectives towards healthcare services. This chapter will focus on previous studies that were conducted by other researchers and to link them with the current study.

2.2 The Constitution of South Africa and Health Care

The Constitution of the Republic of South Africa Act No. 108 of 1996 (South Africa, 1996:6) underpins democratic transformation. This transformation should ideally pervade every sphere in South Africa including the health care system. According to the Constitution, the programmes of government should contribute towards an enhanced quality of life for all. This includes the outcomes of public administration are aimed at service delivery and the improvement of the general welfare of the people.

The South African Bill of Rights 1996, found in chapter 2 of the South African Constitution deals with the issues of democracy which is the cornerstone of democracy in South Africa (South Africa, 1996).. It preserves the rights of all people in South Africa and affirms the democratic values of human dignity, equality and freedom. Any democratic government, therefore, seeks to ensure that the rights of its citizens are respected, protected, promoted and fulfilled. The Bill of Rights applies to all laws and binds the legislature, the executive, the judiciary and all organs of state.

According to the Public Service Commission Report (2008), the first five years of government, led by President Nelson Mandela, focused on transformation, the rationalisation of the apartheid infrastructure and extensive policy revision and development. The second democratic elections were held in June 1999 with Thabo

Mbeki taking over as President of the majority African National Congress (ANC) government. President Mbeki announced the theme of the second democratic government as a "*nation at work for a better life for all*" with an emphasis on delivery (Mbeki, 1998), hence the research conducted this study in order to assist the clinic with recommendations on how to improve its service delivery.

2.3 Global trends towards healthcare services

The Worldwide Health Financing in the World Health Report 2013, referenced that the all-inclusive health inclusion is being characterised as equivalent access to quality health care services (World Health Report, 2013). The utilisation of health care services must be founded on individual needs and not make a staggering money related weight on anybody. The DUT health care clinics provide services to registered students who request treatment and prescription. The cost is included in the university fees and through student levies.

Gaps between resources, needs and accessible health financing are spreading. Worldwide health financing is any external finance channelled towards the health sector of low and middle-income countries in order to address the needs of overwhelmingly poor population groups (McCoy and McGoey 2011). Official Development Assistance budgets and programmes of donor country governments form the major source of worldwide health finance. Consequently, an attempt has been made to show how many funds were given, who is the donor and who is the recipient.

The world financial crisis and worldwide recession have influenced funding while donor governments have been cutting back on aid budgets (McCoy, Chand and Sridhar. 2009; World Bank 2013). Nonetheless, during the previous decade, there has been a reasonable increase in investment in health in all regions, although it is very small in the Eastern Mediterranean and Southeast Asian regions.

In the African region, the external resources for health have expanded. Studies indicate that global health spending has been increasing (Kates, Morrison and Lief 2006; McCoy, Chand and Sridhar 2009; World Bank 2013).

As indicated by the report of the Organisation for Economic Co-activity and Development (WHO: 2003), health speaks to just about 14% of the aggregate volume. Within health, increasing funds have been allocated to Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) and Sexually Transmitted Diseases, from 8% in 2000 to 21% in 2004, infectious disease control, fundamental health care, and medical research (Kates, Morrison and Lief 2006-). The subsectors that most directly support capacity building, medical education, and training of healthcare personnel received only 2% of health funding in 2004 and 3% in 2000 (Kates, Morrison and Lief 2006).

The World Health Report of 2013 recommends the expansion of worldwide and national investment and support in research aimed to specifically improve coverage of health services within and between countries. Within programmes greater capacity of people, organisations, and communities to promote health (Mumghambal *et al.*2015).

2.4 Financing of Health in Africa

Sub-Sahara is home to 12% of the total populace, yet it represents 22% of the total global disease burden and more than 66% of the people living with HIV and AIDS (UNAIDS 2013). It likewise has only 2% of the global health workforce and only 1% of the world's expenditures on health (Gottret and Schieber 2006). Similarly, the low per capital income, limited capacity for domestic revenue mobilisation, and pervasive health frameworks bottlenecks complicate governments' ability to respond effectively to the health challenges in their countries and reflect a crisis in the health financing system.

African leaders resolved to assign 15% of total government spending to the health sector. However, only five sub-Saharan African countries had reached this target (World Bank 2013). Furthermore, Africa dedicates the most reduced level of mean Gross Domestic Product (GDP) to wellbeing regardless of its critical illness load (Aikins 2013). Besides, for the majority of African countries, contributions to total health expenditure were drawn from donors and out-of-pocket payments (Green and Ramroop 2014) expenditure, and public funds.

At the point when spending represents a large share of health spending, it affects access to health care and threatens the financial status of households by pushing them into poverty (Aikins 2013).

In numerous countries, achieving health for all has been difficult as the national capacity and resources, the human and financial, are still insufficient to ensure availability of and access to essential health services (Petersen 2013). Changes that emphasise on impeding factors included reforms in financing and providing health services with the objective of reducing inequalities in access to health services and promoting universal coverage (Petersen 2013). Since out of pocket payments are the principal means of financing health care in Africa and Asia, they regularly place extra burden on the sick.

Health financing in the Middle East, the health care financing in the Gulf Cooperation Council (GCC) countries (Bahrain, Kuwait, Oman, Saudi Arabia, the United Arab Emirates, and Qatar) has three characteristics. Firstly, large emigrant populaces with respect to the national population, leading GCC countries to use different strategies to control expatriate health care expenditure. Secondly, Substantial government income with correspondingly high government consumption on health care services (including oral health services). Thirdly, underdeveloped health care system in some GCC countries, health care indicators fall below those of the upper-middle-income countries (Alkhamis, Hassan and Cosgrove 2014).

2.5 Health services prior the 1994 South African democracy

In the 25 years since South Africa experienced a peaceful transition from apartheid to a constitutional democracy, considerable social progress has been made towards reversing the discriminatory practices that pervaded all aspects of life before 1994. Yet, the health and well-being of most South Africans remains plagued by a relentless burden of infectious and non- communicable diseases, continuing social disparities, and inadequate human resources to provide care for a growing population with a rising tide of refugees and economic migrants.

Appropriate responses to South African healthcare difficulties would be to address the social determinants of health (which lie outside the health framework) as a national need, strengthen the health care system, and facilitate universal coverage for health care. Reflection on some real health difficulties and recent trends in health, wealth, health care and health care personnel provides glimpses into future prospects.

It is acknowledged that despite the fact that there are unique aspects to improving health in South Africa, the local challenges represent a microcosm of impediments to improving population health globally. Subsequently turning around the adverse health effects of complex, interacting local and global causal factors will be immensely difficult and will take many decades, especially in a world facing significant difficulties since the 2008 global economic crisis (Mayosi 2014).

2.6. Healthcare in South Africa

South Africa (SA) faces the challenge of finding a balance between developed and lesser-developed health systems to provide quality health care for all residents. Private hospitals in SA are part of international hospital frameworks, attesting to their success at achieving international standards of quality in health care. Nursing training in SA is of a high standard, and SA nurses have been heavily recruited internationally, while nurses from other countries in Africa migrate to SA looking for improved working conditions and better opportunities (Maphumulo and Bhengu 2019).

Subsequently, SA offers a rich opportunity to understand what has worked to achieve success in health care, where gaps still exist in quality of health care and nurse retention, and how to parlay success in some settings to improvement in others in SA and beyond.

The study undertaken by Aiken *et al* (2012) provide the first large-scale study of nurse-reported quality of care and patient safety, nurse workforce outcomes and the association of these outcomes with the practice environment. Patient-to-nurse workloads in SA and implications for extending the successes in high performing hospitals more broadly to improve health outcomes nationally was discussed (Aiken *et al.* 2012).

Current difficulties faced by the South African healthcare system provide a context for the study of practice environments. Healthcare in SA has experienced much rebuilding in the last 25 years of democracy, but the system still deals with the legacy of apartheid and has a range of new obstacles precipitated by the diverse and growing burden of diseases (Naledi *et al*. 2011).

SA has an increased burden of diseases which is multiple times bigger than that of the most developed countries, United Kingdom, United States (US), Canada, Germany and in most instances almost double that of developing countries like Brazil, Colombia, Ghana, Indonesia, Thailand and Tunisia. When benchmarking with other developing countries, Chile, Costa Rica, Colombia, Thailand and Argentina, SA has the least nurses per 10,000 populations (SADoH, 2011a, 2011b and 2011c).

Additionally, SA falls behind international norms for nurse education, with the majority of nurses being diploma prepared (SANC 2011). It is perceived within SA that there are differences in resources, including nurse workforce resources, between private and public hospitals but the consequences of such resources on quality of care, and patient safety and outcomes have not been systematically evaluated. The private sector which is comprised primarily of revenue-driven associations, investors and shareholders, is highly resourced and serves the population covered by a medical scheme or insurance, or those who pay out of pocket.

In contrast, the public sector has insufficient resources to operate healthcare facilities optimally and deliver healthcare services efficiently, and serves the impoverished population who lack the ability to pay for healthcare (Blecher *et al*. 2011).

As indicated by the Council for Medical Schemes (2011), 8 million (17%) of the population is covered by a medical scheme or insurance, while the public sector is responsible for the health of 83% of the population (Blecher *et al*. 2011). The health expenditure percentage of the GDP is 4.4 for the private hospitals and 4.1 for the public hospitals, and real per capita private sector spending, added to R10, 279 in comparison to R2635 per individual in the public sector. The private sector has 216 hospitals, with 31,067 beds and 3.7 usable beds per 1000 population, while the public sector has 410 hospitals, with 86,774 beds, but only 2.2 useable beds per 1000 population (Health Systems Trust, 2011). The private area utilises approximately 38%

of the total medical practitioners, 55% of medical specialists (Health Systems Trust , 2011) and 41% of registered nurses (SADoH, 2011a, 2011b and 2011c). There is an expected personnel shortage of more than 30,000 professional nurses in the public healthcare sector alone.

2.6.1 Changes and challenges of healthcare in South Africa

The 2009, Lancet Health in South Africa Series report indicated that significant changes have happened in the country, bringing about an expansion in future to 60 years. Historical injustices together with the disastrous health policies arrangements of the past organization is changed. The adjustment in administration of the Ministry of Health has been vital, however, new energy is restrained by stasis within the health management bureaucracy.

Specific policy and programmes changes are obvious for each of the four of the so-called colliding epidemics: HIV and tuberculosis; constant sickness and psychological wellness; damage and savagery; and maternal, neonatal, and youngster wellbeing. South Africa presently has the world's biggest program of antiretroviral treatment, and a few advances has been made in the execution of new tuberculosis diagnostics and treatment scale-up and combination (Organization 2009).

HIV counteractive action have expanded consideration. Youngster mortality has benefited from progress in addressing HIV. In any case, more consideration regarding postnatal feeding support is required.

Many hazard factors for non-transferable illnesses have expanded generously during the previous two decades, however, a driven government strategy to address way of life dangers, for example, utilisation of salt and liquor give genuine potential to change.

In spite of the fact that mortality because of wounds is by all accounts diminishing, elevated amounts of relational viciousness and mishaps persevere. An integrated strategic framework for prevention of injury and violence is in advancement yet its fruitful usage will require abnormal state duty.

With that being said, support for proof driven aversion mediations, interest in observation frameworks and investigation, and improved Human Resources and the

executives' capacities, an extreme arrangement of the national health insurance and the re-designing of essential medicinal services is staged in for a long time to empower widespread, fair, and moderate social insurance inclusion. At last, the national agreement has come to around seven needs for health research with a pledge to build the well-being exploration spending plan to 2% of the national health spending. However, huge racial differentials exist in social determinants of health, particularly lodging and sanitation for poor people and imbalance between the genders, despite the fact that advancements have been made in access to essential training, power, funnelled water, and social assurance. Joining of the private and public sectors to HIV, tuberculosis, and non-communicable diseases needs to improve, as do surveillance and information systems.

Moreover, successful interventions need to be delivered widely. Change of the health system into a national institution that is based on equity and merit and is built on an effective human resources system could still place South Africa on track to accomplish Millennium Development Goals 4 (Reduce Child Mortality), Goal 5 (Improve maternal health), and Goal 6 (Combat HIV/AIDS, Malaria and other Diseases) and would upgrade the lives of its citizens (Mayosi 2014).

Health has to be considered within the more extensive context of direct and immediate links between wealth and health, although these relationships are complex. When extraordinary poverty affects a large proportion of the population. In South Africa, well-being is predominantly influenced by a lack of access to the basic requirements for life, clean water, adequate nutrition, effective sanitation, reasonable housing conditions, access to vaccinations, good schooling, and the childhood and adolescent nurturing that, with the availability of jobs, set the scene for improved health and longevity. At less serious levels of poverty, improved access to basic and then more sophisticated health care services to the prospect of healthier lives.

Both total and relative poverty are relevant. In social orders with less relative poverty as indicated by a lower constant of income inequality (ranging from 0 to 1, with 0 indicating total equality and 1 indicating maximal inequality), disparities in health and well-being are less marked. Relative and total poverty in South Africa shares common causes and manifestations with poverty globally.

Past the elimination of legislated racial policies, advances in South Africa during the previous 20 years include substantial economic growth, an expansion of the black African middle class, and a greatly increased number of social grants to the very poorest and unemployed. The expression "black African" refers to indigenous individuals who speak an African language (Mayosi 2014).

2.7 The South Africa Standards for Healthcare

The following guidelines are set out by the Department of Health of South Africa with regards to norms and standards for health clinics (Guoan, Haichao and Bingsheng 2001).

- **Consultation**
  Communities will be consulted about the level and nature of public services they receive and where possible will be given a choice about the service offered.

- **Service standards**
  Citizens would know the level and quality of public service they are to get and know what to expect.

- **Access**
  All citizens have equivalent access to the services to which they are entitled.

- **Courtesy**
  All citizens should be treated with courtesy and consideration.

- **Information**
  Citizens should be given full accurate information about the public service they are entitled to receive.

- **Openness and Transparency**
  Citizens ought to be told how national and provisional departments are run, and the cost they charge.

- **Redress**
  In the event that the guaranteed standard of service is not delivered they should be offered an apology and explanation as well as an effective remedy, when complaints are made, citizens should receive a sympathetic positive response.

- **Value for money**
  Public services ought to be given economically and efficiently in order to give citizens and communities the best possible value for money.

The White Paper on Transforming Public Service Delivery (1997), states that the first step should be to consult customers so as to identify their needs, followed by the formulation of service standards based on the identified needs so that customers know what to expect (South Africa 1997:15). The White Paper further speaks of how customers should be treated and development of the redress mechanisms in cases where the actual delivery of services falls short of the promised standard.

If departments want to put their customers first, they should listen and take account of their views (consultation), provide them with the standards of service of the highest possible quality (service standards), treat them with courtesy and consideration (courtesy) and respond positively and with urgency when actual delivery falls short of promises (redress) (South Africa 1997:15).

The implications of the Guidelines set out by the Department of Health of South Africa with regards to norms and standards for health clinics are as follows (Guoan, Haichao and Bingsheng 2001).

- Services with a high standard of professional ethics
- A mission's statement for service delivery will be maintained
- Services which are measured with performance indicators displayed, so community members can understand the level of achievement
- Services which are customer friendly and confidential
- Opportunities for community consultation
- Types of outreach which can reach to all communities and to families in greatest need.

- Easily accessible and effective ways of dealing with complaints or suggestion for improvement
- Current information on services available and hours of service, staff changes of movements and extra activities such as health days (South Africa, National Department of Health 2000).

2.8 Brief history of campus clinics at South African Universities

The history of the establishment of campus clinics in South Africa is very interesting. Generally, college facilities were at first established, supervised and staffed by understudies on an intentional premise, with some supervision by private specialists or employees. By 1973, just two facilities had been set up at South African Universities one at the University of Cape Town and University of the Witwatersrand (Gulliford and Morgan 2013).

In July 1973, the Ford Foundation supported an International Legal Aid Conference at the University of Natal in Durban, where the majority of the South African Universities were exhibited at the meeting and various clinics were opened. A clinic was established at the University of Natal (Durban) in 1973, at the Universities of Natal (Pietermaritzburg) and Port Elizabeth in 1974, the Universities of Stellenbosch and Western Cape in 1975, the Universities of Durban-Westville (now University of KwaZulu Natal) and Zululand in 1978 and at Rhodes University in 1979.

The nation's different colleges established clinics during the 1980s, during the dull long stretches of Apartheid (Gulliford and Morgan 2013). According to the DUT website, DUT clinics were opened in 1994 by Prof Andre du Preez who was the Vice Chancellor at the time (www.dut.ac.za).

2.9 Models of service delivery

Service experiences are the results of interactions between organisations, related systems, service employees and customers. Considerable research in marketing and management has inspected customer satisfaction with service experiences.

According to Reinhard (1986), there are three service delivery models which are the public health service model, the human service model and the medical model. The

public health model combines aspects of the human service model along with the medical model when providing services to clients. Medical providers (including dentists, medical doctors, nurses, including mental health care providers as well) administer health care combined with social services to patients.

Their patients are the elderly, low income, disabled and participants of the public health care system. Doctors and other health care providers in the public health care system realise the need for low cost or free medical services for the disadvantaged. They provide preventative medical services to their patients in an effort to educate, conduct research and improve the lives of those in need (Reinhard 1986).

According to Reinhard (1986), the human services model deals with how the client/consumer relates to situations that occur in their life. Whether those situations are conflicts arising from unexpected events, issues resulting from medical or mental health illnesses, the inability to provide for their basic needs, or any situation that cause stress effects to the client's behaviour. The focus of the human services model is to address these issues and find a solution for them through programmes or services that they may offer to the client.

In the service delivery model the expected outcomes are to improve the life of the client. The medical services delivery model treats the patient for sickness or a disease whether the conditions involve medical or mental health illnesses. Research states that this model can be summarised as a system that involves the following elements: symptom-diagnosis-treatment-cure (Reinhard 1986).

2.10 The Public Health Model and the Human Services Model

Models within Medical, Public Health and Human Services are used to deliver services today. Some agencies may prefer one over the others, and one model may be more effective than the other two in certain situations (Woodside and McClam 2011:108). The two models that the researcher identified as appropriate in this study would be the Public Health Model and the Human Services Model. This study focused more on public participants who are DUT students who attend the Isolempilo Health Clinic. The Public Health Model differs from the Medical Model by ways of the recipients of the services and methodologies of treatment. While the Medical Model focuses on the individual, the Public Health Model focuses more on groups in the

population. Hence this study focused on both the individual and overall group of people who visit the clinic for medical attention and other consultations, such as acquiring information for health related issues.

The Public Health Model treats the individual client, while it also emphasises preventing the problem through supporting activities such as the use of films, speakers, school programmes, and pamphlets, all aimed at educating the population about the problem (Woodside and McClam 2011: 109). This model views mental disorders as a result of the pressures or disorder within the society or environment, and it is evaluated in its effect not only on the person but on the general public as well. The Isolempilo Health Clinic is aligned to the Public Health Model and share information to their patients/students through media platforms which are available at the clinic such as movie screening and pamphlets.

2.11 Customer satisfaction

Service, quality and customer satisfaction are very significant concepts that organisations must understand if they want to remain competitive and grow. In today's competitive environment providing high quality service is the key for a sustainable organisation. Customer satisfaction has a positive effect on an organisation's profitability. Satisfied customers form the foundation of any successful business as customer satisfaction leads to increase purchase, brand loyalty, and positive word of mouth marketing (Angelova and Zekiri 2011).

There are a number of studies that have looked at the impact of customer satisfaction on repeat purchases, loyalty and retention. Many researchers point out the fact that satisfied customers share their experiences with other people, possibly five or six. Contrary to that, dissatisfied customers are more likely to tell another person of their experience with product or service. According to Hansemark and Albinson (2017), satisfaction is an overall customer attitude towards a service provider, or an emotional reaction to the difference between what customers anticipate and what they receive, regarding the fulfilment of some needs, goals or desire.

Isolempilo Health Clinic is a service delivery department, and has to adhere to customer satisfaction and also to ensure that all students and staff who seek medical help receive it. Hence, the study sought solutions to enhance the service delivery at this clinic.

2.12 Reasons for measuring students/patient satisfaction

Evidence suggests that student's attitudes, experiences, and perceptions towards the university clinics are seen diversely and the majority of students are not happy about the service that they are receiving (O'Brien, McCallin and Bassett 2013). Consequently, the implementation of Interprofessional Collaborative Practice in health care has been proposed as a potential strategy to address the good practice of the health professionals towards students, and this will improve the quality care and health outcomes for patients. Interprofessional Collaborative Practice happens when multiple health workers from different professional backgrounds provide comprehensive services by working with patients with an aim of delivering the highest quality of care across settings.

Most researchers agree that satisfaction is a multidimensional construct comprising of patient perception regarding the level of staff interpersonal skill and technical competence; patient access to; and the availability and outcome of care and services and continuity of care. Satisfaction levels are not always general as they are directed by a combination of interpersonal factors, current and former experiences, expectations, and personal and societal values.

In any case, theories proposed in patient satisfaction research recommend that there are direct relationships between satisfaction, expectations and outcomes. Additionally, patient studies provide a quick cost effective way of obtaining public perception data. Moreover, in despite possible difficulties in the implementation of changes that need to take place. It is viewed as essential to continue satisfaction research with the goal of encouraging the development of action plans for improvement of care, services and amenities.

South Africa has a generally well-structured healthcare system, designed to provide healthcare for all South Africans. In spite of the fact that the South African government is committed to provide quality healthcare to the community of South Africa.

The public health sector has been repeatedly blamed of inefficiency and poor service as patients are becoming more aware of their rights, as stated in the Patients' Rights Charter. For the most part, according to SADHS (2012), South Africans have a high level of dissatisfaction about healthcare services, in both the public and private sectors.

Critics express three noteworthy worries about patient reported measures, particularly those assessing patient satisfaction (Shisana et al. 2014). Firstly, patient feedback is not solid because patients lack formal medical training. They believe that measures of patient satisfaction really capture some aspects of happiness, which are easily influenced by factors unrelated to care. Another clarification is that the measures used to capture patient satisfaction reflect interpersonal care experiences, such as patient provider communication, which is associated with technical care but represent a unique dimension of quality.

Health care is within the ambit of service delivery, so it is imperative that quality should include an assessment of the extent to which the patient and service provider reach a common understanding of the patient's situation. For instance, a language barrier between patient and a professional may affect the course and therefore, quality of treatment.

Secondly, patients' experiences at a health care facility could be influenced by factors not directly associated with the quality of processes. For instance, some observers believe that patients base their assessment of their experience on their health status, regardless of the care they have received. However, if feedback is determined by result, there ought to be no connection between patient-experience measures and outcomes when an analyses control for clinical adherence is followed (Price et al. 2014).

The third concern is that measures of patients' experiences may reflect satisfaction of patient as a desire, for instance, their request for a certain drug, regardless of its benefit. If that explanation was valid, then finding that higher satisfaction is connected to better outcomes would indicate that patients could judge better than clinicians could when it comes to the best course of treatment. This suggestion is not natural and the concern is not consistent with the data. For instance, studies have shown that patient

experience measures and the volume of services ordered is not correlated; in fact, increased patient engagement leads to lower resource use but greater patient satisfaction (Price et al. 2014).

Satisfaction with healthcare has implications beyond contributing to the patients' individual sense of well-being, as satisfied patients are more increasingly complying with medical advice. Further, healthcare facilities with higher levels of patient satisfaction additionally have higher ratings of quality from healthcare workers. Therefore, it would seem that an increase in levels of patient satisfaction will be helpful to staff as well as patients (Pillay and Skordis-Worrall 2013).

2.13 Factors that influence customer satisfaction

There are many factors that affect customer satisfaction. Such factors include friendly employees, courteous employees, knowledgeable employees, helpful employees, accuracy of billing, billing timeliness, competitive pricing, service quality, good value, billing clarity and quick service (Angelova and Zekiri 2011).

From the studies carried out in many countries, factors like service quality, and perceived value, are the key perceptions affecting the customer's satisfaction with services. Studies also point out that customer satisfaction results ultimately in trust, price tolerance, and customer loyalty.

Therefore, building customer relationship is a backbone for all organisations in general and service industries in particular such as Isolempilo Health Clinic. Issues such as customer satisfaction, service quality, customer perception, customer loyalty, are the main concerns in these days. In addition, these issues also affect the service delivery, in general.

2.14 Studies evaluating patient satisfaction

Two studies, similar to this research, on patient satisfaction was conducted at the Technikon Witwatersrand (TWR) Homoeopathy Clinic and Durban Institute of Technology (Pillay and Skordis-Worrall 2013). The studies uncovered that most patients had a positive experience at the Homoeopathic Clinic (Forster 2005) and a high degree of satisfaction at the Chiropractic Day Clinic (Thoresen 2006).

The data that was gathered in Forster's (2005) study provided information on patient satisfaction, the rate of recovery, reactions to medication, patients' healthcare utilisation as well as the patients' view of homoeopathy, which assisted in the identification of problem areas of service delivery at the Technikon Witwatersrand Homoeopathic Clinic. The outcomes also demonstrated strong areas of healthcare delivery (Forster, 2005). Most of patients rated their experience of the clinic positively. Some of the factors that led to a favourable response included the affordability of the clinic, the quality of the physical test, the friendliness and approachability of the senior homoeopathy students as well as the high level of satisfaction of patients regarding their treatment plan.

An extra positive observation was that a total 64.6% of respondents noticed an improvement in their condition. Interestingly, 11% of the respondents did not know whether their condition changed (Forster 2005). A few patients expressed dissatisfaction with the accessibility of the clinic, the accuracy of diagnosis, the explanation of their medical condition and the explanation of the homoeopathic case-taking procedure.

The event of unfavourable responses experienced on the medication was also found to be considerable (13.3%), this however did not have an effect on the patients' level of satisfaction with their treatment plans (Forster 2005). Areas of healthcare delivery at the clinic that were recognised as problem areas had suggestions and improvements made, for example, increased patient education on aspects of homoeopathy and their diagnosed medical condition, as well as certain aspects of service delivery and clinical aptitudes of homoeopathy students (Forster 2005).

The methodology utilised by Forster was a telephonic interview with a questionnaire as a basis. The questionnaire had fourteen (14) structured questions with multiple rating lists and a five-point opinion scale used to collect the necessary data. Patients were selected from a sample group of 200 patients that consulted Technikon Witwatersrand Homoeopathic Clinic between February 2004 and May 2004. The shortcomings of Forster's (2005) study were that for some of the questions the respondents did not know how to answer and chose the "don't know" option.

The interviewer could have conducted a broader pilot study, in order to identify problems with the structure of questions. As well as a more comprehensively piloted survey, this may have provided better responses in certain areas of the study (Forster, 2005). Recommendations made by Forster (2005) included the need for patient education in homoeopathy, covering; what homoeopathy is, the case taking procedure, the method of action utilised by homoeopathic medicines to cure patients and the possible effect the homoeopathic prescription might have on their condition.

Homoeopathic aggravations need to be explained and differentiated from adverse reactions to medications. It is imperative to emphasise the need for Homoeopathy students to take more time to explain these concepts of homoeopathy to patients as well as their treatment plan and medical condition. Other areas needing improvement were students' physical examination and diagnostics skills, accessibility of the clinic, by providing additional signage, and the safety of patients, by having more visible security measures (Forster 2005).

The results of Thoresen's (2006) study shows that patients which attended the DIT Chiropractic Day Clinic, experienced a high degree of satisfaction with the care they received. Patients were significantly happy with the communication skills of the interns (Thoresen 2006). Inadequacies in Thoresen's (2006) study were found in the questionnaire and it was recommended that the questionnaire could be further refined. This was due to the internal reliability of the finance scale and communication subscale being not satisfactory. Despite this, the finance scale reliability could be explained by the uncertainty that participants had about their medical aid benefits given by their medical aid providers. It is noted that there could be other different elements that were not assessed in Thoresen's (2006) research that could have played a part in this result, as this was reflected in the variation in the dependant variables that were not explained largely by the predictors. In this way, a study showing a poor fit of the models, highlighted the effect that the cost of care has on finance satisfaction ratings, between both the public and the DIT clinic, as well as internally between fifth and sixth year interns (Thoresen 2006). The findings of Thoresen (2006) indicate:

- A follow-up study on non-respondents in order to determine if dissatisfaction was a contributing factor in the failure to return their questionnaire.

- The consideration of different methods of data collection (namely interviews, telephonic, self-administered (unsupervised), electronically self-administered in order to allow for information triangulation.
- The review of the questions in the questionnaire concerning low alpha coefficients should be considered to help improve reliability in a South African context.
- A similar study to investigate the satisfaction of patients involved in other research programmes at the DIT clinic (Thoresen 2006).

2.15 Barriers in accessing healthcare

Use of health services significantly affects health outcomes. It has for quite some time recognised that access to health services is essential to how people utilise such services (Gulliford and Morgan 2003; Higgs 2009). This is particularly true for rural areas of limited resources, developing countries characterised by poor overall health, such as those in rural sub-Saharan Africa (Tanser *et al*. 2006). Improving accessibility of health services for greater quality of life, enhanced overall health and well-being, reduced health inequities and better service to target populations is a central concern in health resource allocation and programme planning. Therefore, understanding and evaluating access to health care and its spatial variation are vital for healthcare planners and policy makers.

Though it is broadly recognised that access is crucial for healthcare utilisation, access is defined differently and has different implications in different settings. Generally, access can be measured in two distinct, yet interacting dimensions: geographic and non-spatial. Geographic access highlights the spatial separation (distance, rivers, forests, mountains) between health offices and the population in need of service. Non-spatial access, in contrast refers to demographic, social-economical and organizational factors (sex, age, education, income, religion.) that use or hinder the acquisition of healthcare.

From the perspective of utilisation, two types of accessibility can be distinguished namely, potential and revealed.

The former describes the opportunity to use health services, whereas the latter refers to actual achievement of potential access, that is, utilisation (Cromley and McLafferty 2011; Higgs 2004; Meade and Emch 2010; Rushton 2003; Wang 2012; Yao *et a*l. 2012).

The researcher observed that dimensions affecting students' satisfaction include staff professionalism, clinic staff reliability, clinic accessibility and basic facilities, tangibles, cleanliness, awareness of the clinic and how clinic staff deals with emergencies. This will be discussed more in Chapter four and will be supported in the data analysis section. The researchers argued that perceived student patient satisfaction was related to age and the medical situation: younger, more educated individuals typically dealing with relatively health issues are more likely to be satisfied with their care (Campbell *et al.* 2015).

A study done by a student health centre at a university in Wisconsin found that waiting times are a major component of student patient satisfaction. Students with shorter waits perceived the staff as kinder and more compassionate towards their service, despite no interventions to influence those factors (Eilers 2014). This study also argued that the waiting period at Isolempilo Health Clinic is one of the major concerns to students and they miss their academic activities, as they are spending more time at the clinic waiting for medical attention.

Providing households with financial protection and access to needed health care is a growing priority for low-and middle-income countries, and is at the core of efforts to move towards universal coverage. To this end, numerous African countries are seeking to expand health insurance coverage, introduce more effective fee exemption mechanisms for those who cannot afford care, and/or improve tax collection and increase general tax allocations to health care.

The governments of Ghana and Tanzania, for example, have introduced different forms of health insurance over the past 10 years and South Africa is currently designing a universal National Health Insurance (NHI) system to be funded largely from tax revenue. However, these three countries still face challenges in achieving equitable health care access and adequate financial risk protection, especially for vulnerable groups (Mills *et al.* 2012).

2.16 Cultural and health care workers

DUT is a diverse university and its health care clinics allow all students who are currently registered to visit the clinic for medical attention. The researcher has looked into other studies that focus on culture and health care workers. Culture is important in health care because it plays a role in creating health related values, beliefs, and behaviours. According to Spector (2012), the role that culture plays in health care workers has become increasingly aware of the need for cultural competence to meet the need of their patients. In order to address the gap that exists between culture and health care providers, providers may attempt to develop their own cultural competence.

Ahmed and Bates (2010) noted that cultural competence in health care is a process that recognises both the health care workers and patient's perspectives while promoting knowledge and recognition of cross cultural differences in order to adapt to the current health care situation. Cultural competency is a difficult process, as it takes time to develop the skills, knowledge, and attitudes to become culturally competent in order to truly hear, understand, and respect the needs and perspectives of a patient (Spector 2012).

Healthcare workers need to consistently strive to improve their cultural competence skills in order to accommodate all different students who visit the healthcare clinics. These skills can be improved in a number of ways, including understanding a student's personal heritage, health beliefs and practices of culturally diverse, cultural system, and the traditional health care system (Spector 2012).

Spector (2012) clarified the differences between the three definitions, which are cultural competence, cultural appropriateness and cultural sensitivity. As clarified by Spector (2012), cultural competence is when a healthcare worker delivers care, understanding and observing to the context of a patient's situation with a complex combination of knowledge, attitudes, and skills. Cultural appropriateness refers to when a healthcare worker applies his or her cultural knowledge in order to provide a patient with the best possible health care.

Finally, cultural sensitivity it is when a healthcare worker has a basic knowledge of attitudes towards the health traditions of a diverse cultural group.

An emphasis on cultural competency expects that health services can reduce health inequalities that interventions are more accessible, acceptable, effective when culturally adapted, and that healthcare workers have the tendency to acquire the knowledge, attitudes, and skills to improve delivery healthcare service to its patients (Kimayer 2012). Therefore, training healthcare professionals in cultural competence can be effective, improving knowledge, attitudes, skills, and influencing patient satisfaction.

2.17 Chapter summary

In Chapter two the researcher was focused on the previous studies that were conducted by other researchers to link them with the current study. The following chapter, which is the research methodology, will be focusing on a discussion of data collection instruments for this study. The researcher has used the quantitative method to collect data, where 120 participants were asked to complete the questionnaires during their visits or consultations with the DUT Isolempilo Health Clinic. The researcher used SPSS to capture and to analyse data.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In the previous chapter the researcher focused on a comprehensive literature review which discussed the global trends in health care, brief history of health services in South Africa pre and post 1994, service delivery models and customer satisfaction. In this chapter, the researcher will discuss the methodology that has been used in the study; the research design, population, sample and data collection. The study used a quantitative methodology to investigate students' experiences of service delivery at Isolempilo Health Clinic at the Durban University of Technology (DUT), Steve Biko Campus. Research context

The Durban University of Technology (DUT) incorporates the former ML Sultan and Natal Technikon. DUT has since been structured and merged into major campuses in Durban and Pietermaritzburg: ML Sultan Campus, Steve Biko Campus, Brickfield Campus, City Campus, Riverside Campus, Indumiso Campus and Ritson Campus. The merger was launched in 2002 as part of the South African process to merge former racially classified and separate universities and technikons. DUT currently houses over 27 000 students and about 1300 permanent staff members. According to Martelelto, Lam and Ranchhood (2008), tertiary institutions should be provided with health care services, hence DUT also has health care facilities. All registered students of DUT have access to health care provided through the various clinics run by the institution. There are currently seven clinics, five in Durban campuses and two at the Midlands campuses.

This study was conducted at one of the clinics in Durban at Steve Biko Campus (Isolempilo Health Clinic) (please see Figure 3.1). Isolempilo Health Clinic has 15 permanent staff members: two part- time staff who are doctors and eight students completing their in-service training. The 15 permanent staff are distributed as follows: eight Professional Nurses, one Occupational Nurse, four HIV Testing Counsellors who

are normally referred to as Lay Counsellors and two Administrative Officers.

Isolempilo Health Clinic has other satellite clinics on Ritson Campus, City Campus and Brickfield Campus. The researcher conducted the study at the main clinic, which is Isolempilo Health Clinic. Approximately 60 students are serviced by the clinic on a daily basis (Isolempilo Report 2016).

Figure 3.1 Location of DUT (Isolempilo Health Clinic, Steve Biko)

Source:[http://ddt72ar9zv4px.cloudfront.net/wp content/uploads/maps/SteveBikoMap.pdf](http://ddt72ar9zv4px.cloudfront.net/wp-content/uploads/maps/SteveBikoMap.pdf)

3.2 Service provision

The Isolempilo Health Clinic is located within the institution and provides services to registered students at DUT. The aim of the clinic is to provide a wide range of medical and clinical services which include HIV Counselling and Testing (HCT), Treatment of sexually transmitted infections (STIs), Family Planning (including emergency contraceptive and referrals for termination of Pregnancy (TOP), sexual reproductive health (SRH) for males and females, Blood tests, Pap Smears, Vaccinations, Emergency services, Primary health care (including TB treatment), support for long term treatment, health education and awareness campaigns and booking for appointments.

Isolempilo Health Clinic is not a Community Health Clinic (CHC) and tertiary health facility; it provides only primary health care. This means the Isolempilo Health Clinic does not perform medical surgeries and operations for complex medical issues, for example, maternal delivery, Caesarean section, Medical Male Circumcision due to the limited resources that are available. For such cases, students are referred to the nearest hospitals. Despite the limited resources the health clinic has, it is the first level of medical assistance that students in need receive on campus.

Isolempilo Health Clinic also provides voluntary HIV Counselling Testing (HCT) to students, which is offered by the Lay Counsellors. The clinic operational and consultation hours are from Monday to Thursday (08:00 -16:30) and on Fridays from 08:00 to 15:00 and is closed on weekends and public holidays. The clinic also attends to medical emergencies during the specified working hours.

The Clinic has a reception area where clients (students) are welcomed and a medical file is opened which will record every consultation (Figure 3.2). The student's file will include details such as name, surname, student number, contact numbers and residential address. In addition, the file will contain of the student medical history if he/she has previously consulted the clinic.

The Isolempilo Health Clinic also has a waiting area for students (see Figure 3.3) and includes the Education and Communication (IEC) pamphlets and posters on contraception , HIV and AIDS, testing and counselling, treatment of sexually transmitted infections (STIs), Female Reproductive Health, including emergency contraception and referrals for termination of pregnancy, vaccinations, blood tests, Pap smears, support for long-term treatment, healthy education and awareness campaigns and referrals to and from other institutions such as hospitals.

Figure 3.2 Isolempilo Health Clinic entrance

Figure 3.3 Isolempilo Health Clinic reception area

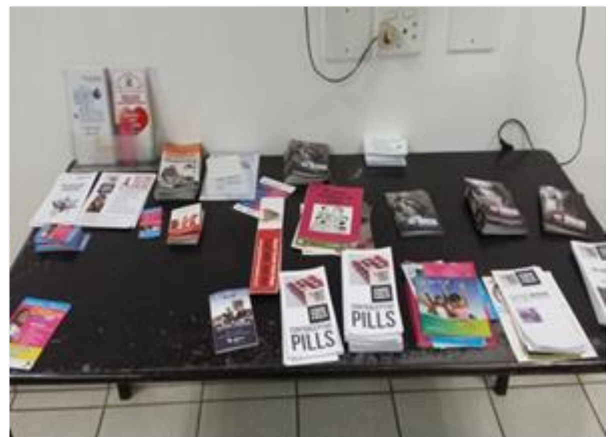

Figure 3.4 Isolempilo Health Clinic information area

3.3 Research design

Quantitative research quantifies the problem by generating numerical data or data that can be transformed into useable statistics. It is to quantify attitudes, opinions, behaviours and other defined variables also to generalise results from a larger sample population. Quantitative research uses measurable data, formulate facts and uncover patterns in research (Cornel University Library's, Introduction to Research Tutorial, 2009).

The main strength of quantitative methods are its high levels of reliability of gathered data due to controlled observations (Creswell 2014). In addition, studies show that quantitative methods include different techniques, clearly and precisely specifying both the independent and the dependent variables under investigation, and in this context, the participants and their responses (Creswell 2014). This method excludes the influence of subjectivity of judgement by a participant and researcher. It also allows following firmly the original set of research goals and determining the issues of causality.

Essentially, the quantitative approach lends itself to observable facts that can support and provide generalisations about the subject under investigation (De Moor 2008). Quantitative data can also be reduced to provide objective statistical results on large sets of data. Quantitative research methods have its limitations and scholars have criticised it by stipulating that it fails to provide the researcher with information on the context of the situation where the study phenomenon occurs.

The researcher is not able to ask the 'why' and 'how' questions and in this context relates to the quality for services that students receive from the Isolempilo Health Clinic. De Moor (2008) emphasises this and articulates that a further disadvantage is that a pre-set questionnaire such as the one used in the study does not provide any information about how or why the participants have answered in a certain way.

De Moor (2008) further argues that the solution to the shortfalls of using quantitative data is to apply both quantitative and qualitative data collection methods. Moreover, there is lack or limited control of the environment, in the case of questionnaires, where the researcher cannot probe response from the participant's response provided and elaborate. Additionally, this does not allow for encouraging the evolving and continuous investigation of a research phenomenon.

The focus of the study was to investigate the quality of service delivery accessed by students at the Isolempilo Health Clinic. Quantitative methods were employed as it was the most suitable for the study.

3.3.1 Convenience sampling

Convenience sampling was used in this study, which according to Etikan, Musa, Alkassim (2016: 2), is a type of non-probability sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study. This sampling method was best suited for this study as it was located at the Isolempilo Health Clinic. The sample was easily accessible to the researcher and questionnaires could be distributed to all students who visited the clinic and was completed on a voluntary basis.

3.4 Data collection

Data can be placed into two major categories, which are primary and secondary data (Dlabay and Scott 2011). 'Primary data is collected by the researcher directly from the study participants either in-person or in a form of telephone interviews or mail survey (Velentgas, Dreyer, Nourjah, Smith and Torchia 2013). Secondary data is collected through media reports, either internal or external, newspapers, magazines even websites. In this study, the researcher collected primary data using an appropriate data instrument.

3.4.1 Data collection instrument

According to Richey and Klein (2007), data collection instruments play an important role in designing and developing the research projects. Hence, it is important to select suitable instruments or tools to use when collecting data. The researcher collected the data during one week in September 2017 through the use of questionnaires at Isolempilo Health Clinic. A questionnaire is a printed list of questions that participants are asked or required to answer. The questionnaire in this study was distributed to obtain the primary data from students who attended the Isolempilo Health Clinic.

The aim of this study was to investigate students' experiences of service delivery at Durban University of Technology's Isolempilo Health Clinic.

The Isolempilo Health Clinic only allows students to utilise the services using their student cards as identification; hence, it was easier for the researcher to use the clinic clients as participants. The selected participants were students who attended the clinic during the period of the data collection. Questionnaires were distributed to all students that attended the clinic during the data collection period and 120 students completed the questionnaires.

3.4.2 Design and layout of the questionnaire

Designing a questionnaire is an important part of the research process and according to Wimmer and Dominick (2011), the questionnaire is organised in a logical sequence, proceeding from the general to the specific questions and the transition between sections. In addition, Lowe (2007) points out that that a good questionnaire moves from objective to subjective attitudes and opinions that allows one to obtain justifications for answers to open questions and to sensitive, personalised data.

Looking at the above, the questionnaire in this study was carefully designed to collect information that will help the researcher to obtain accurate information regarding the service delivery at the clinic.

This study used quantitative methods (cross-sectional) to analyse data collected on services that are received by the students at Isolempilo Health Clinic. Permission to conduct the study at the clinic was obtained through a formal letter that was submitted to the Isolempilo Health Clinic Manager.

3.4.3 Pilot study

A pilot study is a smaller scale version of the main study and is designed to check that the data collection instrument is designed in a way that will address study aims and objectives. In addition, it is done to check if the data collection instrument is clear and understandable to participants.

According to Hall (2008), the aim of the pilot study is to try out the research approach to identify potential problems that might affect the quality and validity of the results.

The researcher conducted a pilot study with only 10% of the target population of the study using the questionnaire as the data collection instrument at Isolempilo Health Clinic. The pilot study was conducted with a group of students who visited the Isolempilo Health Clinic in May 2017. Based on the responses and after discussion with the supervisor the questionnaire was revised. The final questionnaire was then was submitted to the supervisor for approval.

3.5 Target population

The study population consisted of DUT students who are registered for both full-time and part-time programmes. The population in this study were students that use Isolempilo Health Clinic services. According to the Isolempilo Annual Report (2016), the total number of students who attend Isolempilo Health Clinic per normal day are approximately 60. A sample of 120 participants was used for this study; which represents 10% of students who use the clinic per month.

3.6 Data collection

The researcher used a questionnaire which was distributed to the students who all students who attended the clinic during the data collection period. The questionnaire accommodated those students who used the health clinic regularly and those who used it for the first time on the day when data was collected. The researcher was located at the clinic help desk and distributed the questionnaires to students, and participation was voluntarily.

The researcher explained the aim and objectives of the study to students. They were given the letter of information and interested participants were requested to sign a consent form.

The participants were assured that only the researcher and the supervisor will see the participant's responses which will be kept confidential and anonymous. Each participant was assigned a pseudonym as a form of identification from the questionnaire for analysis.

According to Saunders, Lewis and Thornhill (2009), data collection techniques enable researchers to systematically collect data in order to answer questions in a decisive way. Close-ended questions were included in the questionnaires. This gave the researcher clear information on student's experiences towards service delivery at the aforementioned clinic. Once 120 questionnaires were collected, they were organised and assigned a number from one to 120, with different variables, which will be highlighted in Chapter four.

The questionnaire consisted of three sets of information: Section A is on the demographic background of the participants, which included the socio-demographic characteristics of students such as age, sex, level of study, course of study, name of the campus, race and nationality. Section B contained the closed questions on the perception of the Isolempilo Health Clinic. Section C was for participants' additional comments, in instances where the questions were limited to them and reserved for the purpose of responding to Section A and Section B. This will be later discussed in the results section on Chapter 4. Statistical Package for the Social Sciences (SPSS) Version 24 software was used to capture participant's information obtained from the questionnaires and it was used to calculate various statistical analysis. All results are presented in a form of graphs and tables.

3.7 Ethical considerations

As indicated by Oliver (2010), morals are for the most part comprehended to manage convictions about what is correct or wrong, appropriate or shameful, great or awful. Since social science mostly focuses on managing people, it is important to understand proper strategies and processes to conduct research. Oliver (2010) additionally characterises morals as good thoughts, decisions and responsibilities with respect to all through the exploration procedure.

In this study, the researcher considered ethical issues by applying for permission to conduct the research study at DUT Isolempilo Health Clinic. The University Research and Postgraduate Department granted the researcher permission to conduct the study on 01 March 2017. All research protocols were observed.

3.8 Limitations of the study

The study only focused on DUT Durban campuses only. One hundred and twenty (120) participants comprised the sample for the study. The study was only conducted in one main clinic, which is Isolempilo Health Clinic. This sample size is only a limited representation amongst institutions, health care facilities at DUT in South Africa and globally. Due to the quantitative methods approach used for the study, generalisations cannot be made on a broader scale.

3.9 Chapter summary

This chapter has covered some important aspects of the study: it provided the research context and design, discussed sampling, the target population, the research instrument and the data collection. The next chapter will present the analysis of data and discussion of the results as well as the recommendations.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

Chapter three presented the study's research methodology and research design. This chapter will discuss the findings and propose recommendations for the improvement of service delivery at the Isolempilo Health Clinic.

4.2 Statistical analysis

The questionnaire was an essential tool used to gather information. The information obtained from the participants was analysed with SPSS. The outcomes will show measurements as diagrams, tables and different figures.

According to Peck, Olsen and Devore (2011), statistics involves collecting, summarising and analysing of data. All these three are critical aspects in the research project. Without summarising and analysing, raw data are valueless, and even sophisticated analyses cannot produce meaningful information from the data that is collected.

Krishnaswami and Satyaprasad (2010) add that statistical data analysis carries out the following:

- Summarises a large number of data into understandable and meaningful form;
- Makes exact description possible;
- Facilitates identification of the causal factors underlying complex phenomena;
- Enables reliable inferences to be drawn from observational data, where data is collected and analysed in order to predict or make inferences about situations that have not been measured in full and
- Helps make estimations or generalisations from the results of a sample survey.

4.3 Research instrument

The research instrument consisted of 29 items, with levels of measurements at a nominal or an ordinal level. The questionnaire for this study is divided into two sections, which measured various themes. Section A is biographical and section B consists of both close-ended questions and a few open-ended questions.

4.3.1 Section A: Biographical information

This section presents the descriptive statistics of biographic information which was obtained from the participants who are students of DUT, who visited the Isolempilo Health Clinic on the dates of research data collection.

According to Asaad and Hailaya (2004), descriptive statistics are methods employed in summarising the obtained data into frequency distribution and percentage distribution. This develops and utilises techniques for the careful collection and effective presentation of data to highlight patterns.

4.3.1.1 Race distribution

The following table illustrates the total number of participants according to race who attended the clinic during the period of data collection. The table below will highlight the majority of races who attended the clinic, the variables are; Black Coloured and Indians, however the questionnaire was not limited to these three variables it also included White and other.

Table 4.1 Race distribution

Race	Frequency	Percent
Black	118	98.4
Coloured	1	8
Indian	1	8
TOTAL	**120**	**100.0**

Results in Table 4.1 shows that more black students attended the clinic than other races with the highest percentage of 98, 4 %. The percentage for Coloured and Indian students is very low (0.8%). Results show that no white student went to Isolempilo Health clinic during the data collection period.

The DUT student's statistics of 2017 confirm that the majority of students who are registered and attend lectures at DUT Durban campuses are black. The majority of participants are not on medical aid and are NSFAS funded (DUT NSFAS Statistics 2017). Hence they mostly seek medical attention at Isolempilo Health Clinic or other public clinics.

4.3.1.2 Gender distribution

The following table illustrates the total number of participants who attended the clinic according to gender. The variables are males and females; however the questionnaire was not limited to these two variables as it also included "other" (these are groups who identify themselves as either not male or female).

Table 4. 2 Gender distribution

Gender	Frequency	Percent
Male	34	28.3
Female	86	71.7
TOTAL	**120**	**100.0**

The above results in Table 4.2 reveal that more females attended the clinic in comparison to males. The percentage of female students attending the clinic was 71.7% while male students were 28.3%.

Studies confirm that females tend to use healthcare services more frequently, whereas males make greater use of emergency services. Utilisation of health services by women and men differ according to the health problem for which care is required.

An example is that when a female is faced with the discovery of a lump in the armpit two weeks after a cold, females seek medical attention more frequently than males do, yet there are no differences in the proportion of females and males that immediately seek medical advice when a chest pain appears (Franks and Bertakis 2003).

4.3.1.3 Age distribution

Table 4.3 illustrates the total number of participants according to age who attended the clinic.

Table 4. 3 Age distribution

Age	Frequency	Percent
16-20	36	30.0
21-25	71	59.2
26-30	9	7.5
+30	4	3.3
TOTAL	**120**	**100.0**

Table 4.3 show that more than half of the students (59.2%) who have attended the Isolempilo Health Clinic were between the age of 21 years and 25 years inclusive. Older students who are 30 years and older represented the lowest percentage of 3.3% of clinic attendees. This is linked to registration statistics as the majority of students at DUT are between the ages of 21-25 which are undergraduates while the ages between 25 and above are mainly postgraduate students (DUT Statistics 2018).

4.3.1.4 Distribution of the level of study

The following Table 4.4 illustrates the total number of students according to level of study who attended the clinic.

Table 4. 4 Level of study

Level of study	Frequency	Percent
First year	27	22.5
2nd year	30	25.0
3rd year	52	43.3
B.Tech	11	9.2
TOTAL	**120**	**100.0**

Table 4.4 illustrates that there is a much higher number of students in second and third year of study who attend the clinic. Table 4.4 reveals that out of 120 participants 43.3% are third year students. These participants are at their exit level from their junior qualification, namely, National Diploma. This is followed by 25% of second year students; 22.5% of first years and 11% of Bachelor of Technology students.

4.3.1.5 Distribution of faculties

The following Table 4.5 illustrates the total number according to faculties for students who attend the clinic.

Table 4. 5 Distribution of faculties

Faculty	Frequency	Percent
Accounting and Informatics	26	21.7
Applied Sciences	9	7.5
Arts and Design	7	5.8
Engineering and Built Environment	21	17.5
Health Sciences	15	12.5
Management Sciences	42	35.0
TOTAL	**120**	**100.0**

Table 4.5 shows that most students who were registered under the Faculty of Management Sciences who attended the Isolempilo Health Clinic compared to other faculties (35%). Second to that, are students registered under the Faculty of Accounting and Informatics who had 21.7%, followed by the Faculty of Engineering and the Built Environment with 17.5% who attended, students under the Faculty of Health Sciences with 12.5% who attended; students from Faculty of Applied Sciences had a percentage of 7.5% and the last was the Faculty of Arts and Design with 5.8%. It should be noted that the Faculties of Management Sciences, Accounting and Informatics and Engineering and the Built Environment are the three largest faculties at the DUT and are located in Durban.

The majority of students from the Faculty of Management Sciences attend lectures at ML Sultan Campus which has no clinic facility, therefore the majority of these students seek medical care at Isolempilo Health Clinic. The least number of students who attended the clinic are from the Faculty of Arts and Design as, the majority of these students attend their lectures at City Campus which is about two kilometres away from Isolempilo Health Clinic. Statistics provided by the City Campus Clinic indicate that students from the Faculty of Arts and Design attend the clinic (DUT Statistics 2017).

4.3.1.6 Campus Cross-tabulation

Table 4. 6 Campus Cross-tabulation

Faculty	Campus			TOTAL
	ML Sultan	Ritson	Steve Biko	
Accounting and Informatics	7	18	1	26
Applied Sciences	1	0	8	9
Arts and Design	5	2	0	7
Engineering and Built Environment	0	0	21	21
Health Sciences	2	13	0	15
Management Sciences	31	11	0	42
TOTAL	**46**	**44**	**30**	**20**

4.3.2 Section B

This section presents the descriptive statistics of open-ended questions and general comments which were obtained from the participants who are students of DUT who visited the Isolempilo Health Clinic on the days of research data collection and also participated in this study.

The researcher used both open and closed-ended questions from Section B of the questionnaire, to acquire more information from the participants. Two (2) different reasons for using open-ended and closed-ended questions can be distinguished. One is to discover the responses that individuals give spontaneously; the other is to avoid any form of unfairness that may result from suggesting responses to individuals. However, Brace (2018) supports that open-ended questions also have disadvantages in comparison to close-ended, such as the need for extensive coding and larger item non-response. While this issue has already been well researched for traditional survey questionnaires, not much research has been devoted to it.

Table 4. 7 Frequency of Isolempilo Health Clinic visits

How often do you use the Isolempilo Health Clinic?		
Usage	**Frequency**	**Percent**
Monthly	12	10.0
Every 2-3 months	55	45.8
Once per semester	18	15.0
2-3 times a year	14	11.7
In an emergency	21	17.5
TOTAL	**120**	**100.0**

Table 4.7 illustrates how often the participants use the Isolempilo Health Clinic for medical healthcare services. The table indicates that the most of the participants (45.8%) use the Isolempilo Health Clinic more every 2-3 months. The results that are highlighted in the cross-tabulation, Table 4.8 below show that females visit the clinic every 2-3 months for unknown reasons.

The researcher did not include the section where the participants indicated the reason for consultation/visit (for confidentiality purposes).

Table 4.7 shows that 17.5% participants use the clinic only in emergency cases. Most of these participants are male as indicated in the cross-tabulation below. Only 15% indicated that they visit once a semester, 11.7% indicated that they visit 2-3 times a year and 10% participants only consult the healthcare services once a month.

Table 4.8 Gender cross-tabulation

Gender * How often do you use the Isolempilo Health Clinic? Cross-tabulation		
Usage	**Gender**	
	Males	**Females**
Monthly	0	0
Every 2-3 months	5	42
Once per semester	17	5
2-3 times a year	7	17
In an emergency	20	7
TOTAL	**49**	**71**

4.5. Student experiences of service delivery at the Isolempilo Health Clinic

This section presents the descriptive statistics of students' experiences of service delivery at the Isolempilo Health Clinic.

4.5.1 Patient satisfaction

Over the past 20 years, patient satisfaction surveys have gained increasing attention as meaningful and essential sources of information for identifying gaps and developing an effective action plan for quality improvement in healthcare services (Al-Abri and Al-Balushi 2014).

Table 4.9 Patient satisfaction

I am very satisfied with the way the clinic's receptionist, in-service students and other staff members welcome me.		
Scale	**Frequency**	**Percent**
Totally agree	4	3.3
Partially agree	34	28.3
Neither agree or disagree	10	8.3
Partially disagree	68	3.3
Totally disagree	68	56.8
TOTAL	**120**	**100.0**

According to Panday *et al*. (2009), there are numerous barriers that people encounter when seeking access to a service provider namely, healthcare. Research has indicated that clients experience challenges at health care facilities, this has been shown in the study. Table 4.9 shows that 56.8% of the participants do not agree with the statement that students are satisfied with the way they received services at the clinic. The participants have indicated that they were not happy with the service that they have received on the day of visitation. Below are some of their responses that the researcher has selected from the questionnaire.

Selected comments from the participants:

"There is this certain nurse, I would be happy if she could be replaced, she is rude and does not give patients any attention" (Participant 17, Female)

"The booking system, attitude of some receptionist and working hours" (Participant 30, Male)

"Nothing can change because everything is fine, maybe might change receptionist" (Participant 13, Female)

Looking at the comment above, it is clear that participants are not happy about how they were received in the Isolempilo Health Clinic. One participant indicated that they

experienced negative attitudes from the receptionist during the day of visit at the clinic.

4.5.2 Location of Isolempilo Health Clinic

The researcher investigated if the location of the clinic is easily identified by students and staff, also is it visible enough with regards to its branding.

Table 4.10 Location of Isolempilo Health Clinic

It is easy to locate the Isolempilo Health Clinic. (Visibility)		
Scale	**Frequency**	**Percent**
Totally agree	67	55.8
Partially agree	34	28.3
Neither agree or disagree	8	6.7
Partially disagree	7	5.8
Totally disagree	4	3.3
TOTAL	**120**	**100.0**

Table 4.10 illustrates that 55.8% agree that the clinic is situated in the visible location and it is easily accessible. The researcher has included pictures that shows the clinic location and also the map of Steve Biko Campus highlighting Isolempilo Health Clinic with its branding (Figure 3.2). Baumeister, Scherer and Wangenheim (2015) add that branding creates value and influence of the organisation. Isolempilo Health Clinic is situated in a space which is easily identified by students because it has the logo in the building (refer to Figure 3.2 of Chapter 3).

4.5.3 Operating hours

The researcher obtained information on participants' satisfaction with working hours at the clinic and also if these hours accommodate students and do not clash with their academic time tables.

Table 4.11 Flexibility of operating hours

The operational hours are flexible		
Scale	**Frequency**	**Percent**
Totally agree	8	6.7
Partially agree	33	27.5
Neither agree or disagree	9	7.5
Partially disagree	5	4.1
Totally disagree	65	54.2
TOTAL	**120**	**100.0**

Table 4.11 indicates that 65% of the participants felt that the operational hours are not flexible enough for them because its clashes with their academic time table. The DUT Isolempilo Healthy Statistics show that the number of emergencies which occur after hours are increasing. The clinic only operates from 07h30 to 16h30 during weekdays. Thereafter should be any emergencies that take place after hours either in residences or on campus, the students are assisted by the contracted external service provider ambulance which transports the student to the nearest hospitals (DUT Student Housing Reports 2019).

Comments from the participants:

"*Working hours must be increased, and there must be a full time ambulance that will be available for our students" (Participant 13, Male)*

"Working hours they must open 24 hours a day" (Participant, Male)

"More operational hours" (Participant 100, Male)

"They must open until late and on weekend as well" (Participant 15, Female)

"It should be open 24 hours and on weekends" (Participant 23, Female)

These comments indicate that the operational hours at the clinic are not flexible for students. Sixty-six (66) percent of the participants suggest that the hours should be increased more than the normal operational times stipulated.

However, DUT has a contract with an external ambulance service provider who assists on emergency cases during the day and after hours. This service provider attends to emergencies and also transport students to nearest hospitals for further medical attention. The ambulance can be requested telephonically after hours only by designated people who are the Protection Services Department staff (if the case occurs on campus or residences) and Residence Advisors (when the case occurs in DUT residences). For all cases, where the ambulance attends to a patient in a call out situation, there is a form which must be completed by both the paramedic and the person who calls out the ambulance, which serves as proof for ambulance company to claim for the call out fees.

4.5.4 Booking system

The booking system refers to the processes which are followed at the clinic before they can attend to each patient. The patient can either book telephonically or visit the clinic to make a booking. When booking at the clinic, the student will have to physically go to the clinic and fill out the register and specify a suitable appointment time when she/he is available to see the nurse or doctor. The protocol for booking excludes clients coming to do HIV testing and on emergency cases.

In order to contact the Isolempilo Campus Health Clinic, the students either contact the department telephonically and book an appointment or pop-in and make enquiries directly.

Table 4.12 Booking system

The booking system that is being used is flexible		
Scale	**Frequency**	**Percent**
Totally agree	10	8.3
Partially agree	24	20.0
Neither agree or disagree	20	16.7
Partially disagree	5	4.2
Totally disagree	61	50.8
TOTAL	**120**	**100.0**

Table 4.12 shows that approximately 28% of participants agree or partially agree that the booking system is flexible whilst 55% of the participants partially or totally disagree.

Selected comments from the participants:

"There are still few things that need to be reviewed but in the main the one of booking for doctors whilst a student needs immediate attention" (Participant 1, Male)

"Booking system, if it booked out for a day the clinic should find a way to assist students' that are seriously in need for health service" (Participant 15, Male)

"I would like to change the bookings" (Participant 18, Female)

"Online booking system is needed to be fair" (Participant 9, Female)

The manual booking system at the Clinic has serious consequences for students who require medical attention which are not deemed as an emergency. Due to the limited number of time appointment slots available and the operating hours students might not be able to receive medical treatment timeously. Therefore, the customer service will result negatively and students' needs will not be met, which will also compromise their health as they are unable to receive medical attention as required.

4.5.5 Scheduling of doctor's appointments

Students who wish to see the doctor have to undergo the normal booking procedure as mentioned previously in this chapter. The student can either make a direct booking to see a doctor or in some instances the student can only see the doctor after she/he was referred by the nurse. As per the clinic's information to students, the doctors are only available on specific days and only work half-day.

Table 4.13 Scheduling of doctor's appointments

Doctors' appointments are flexible		
Scale	**Frequency**	**Percent**
Totally agree	51	42.5
Partially agree	31	25.8
Neither agree or disagree	27	22.5
Partially disagree	5	4.2
Totally disagree	6	5.0
TOTAL	**120**	**100.0**

Table 4.13 present the students' responses to the question on scheduling of doctor's appointments, where 42.5% agree that the appointments are flexible, 27% are neutral and 6% disagree with the times. This means that the majority of participants agree with the flexibility of doctors' appointments, therefore, the clinic will require no improvement on this aspect.

Selected comments from the participants:

"The one of booking for doctors whilst a students requires immediate attention" (Participant 1, Male)

"I always receive good attention from the doctors" (Participant 11, Female)

4.5.7 Confidentiality

Keeping client's information confidential is one of the most crucial issues in health care facilities. According to Riaz, Khan and Jafar (2017), this is one of the issues males do not come to visit any healthcare service, they only go for emergency cases because they feel afraid that their information will not be kept safe. Medical records contain confidential information about every patient and should be kept private and confidential. Such information should be protected at all times for the sake of the patient. Every student who visits the clinic for medical attention has his/her own file which consist of all their personal information and medical history These files are kept in a locked filling cabinet and can only be accessed by Isolempilo Health Clinic staff. Each staff member/intern is required to sign the confidentiality agreement where they commit that they will maintain confidentiality all the times and that they will not share the patient's confidential information with anyone.

Table 4.14 Confidentiality

My information is kept safe and confidential		
Scale	**Frequency**	**Percent**
Totally agree	79	65.8
Partially agree	23	19.2
Neither agree or disagree	16	13.3
Partially disagree	2	1.7
TOTAL	**120**	**100.0**

Table 4.14 presents the issue of confidentiality at the Isolempilo Health Clinic, where 65.8% agree that their information is keep confidential with only a very small percentage of 1.7% of the participants partially disagreeing with the aforementioned statement.

Participants also commented as follows:

"I get the help that I need on time, and they have patient confidentiality" (Participant 11, Female)

"The professional nurses only attends to one student per time, during consultation session it's only you and the nurse" (Participant 75, Male)

4.5.8 Emergencies

Emergency refers to any case which might occur unexpectedly. Busse, Aboneh and Tefera (2014) confirm that most healthcare organisations attend to emergencies and collaborate with other organisations/departments to assist with extra services. In the case of Isolempilo Health Clinic, they maintain a good networking relationship with hospitals located near DUT such as Addington Hospital (government hospital) St. Aidan's Hospital (government hospital) and City Hospital (private hospital).

Table 4.15 Emergencies

I receive treatment immediately if it is an emergency		
Scale	**Frequency**	**Percent**
Totally agree	81	67.5
Partially agree	19	15.8
Neither agree or disagree	14	11.7
Partially disagree	4	3.3
Totally disagree	2	1.7
TOTAL	**120**	**100.0**

Selected comments from the participants:

Table 4.15 indicates that the majority of the participants (67.5%) totally agree and 15.8% partially agree that they are attended to during an emergency.

One participant commented that *"I was attended immediately when I went to the clinic after a broke my knee when I was playing soccer" (Participant 71, Male)*

Another participant commented that *“The nurses helped me by calling the ambulance when I had difficulties with breathing, because of my chronic illness” (Participant 56, female)*

Apart from that, there were only 1.7% who disagreed with the statement.

4.5.9 Patients with disabilities

A disability is any continuing condition that restricts everyday activities. The Disability Services Act (1993) defines disability as meaning which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments.

The Disability Rights Unit at DUT operates within the Department of Student Governance and Development under Student Services Sector and supports students with disabilities in the University setting.

The following services offered in this unit:

- It provides within its available means appropriate advise and academic support to students with disabilities thereby making access to education fair and equitable.
- General advocacy for students living with disabilities.
- Health related support to students living with disabilities.
- Support for students to navigate and liaise with academic environment.
- Liaison with financial resources available.
- Referrals to psychotherapy and psychological services.
- Assistance of students living with disabilities during registration.
- Assistance of students living with disabilities with residence accommodation.
- Assistance of students living with disabilities with confirmation of status.

Student responsibility

- Register with the Disability Rights Unit as early as possible and submit documentation of disability as a prerequisite to receiving academic accommodation.
- Letters of Accommodation that detail your disability-related needs may be discussed with lecturers and other relevant faculty members only with the student permission.
- Make timely applications for test and examination arrangements.
- Provide for personal disability-related needs or services such as personal care attendants, Interpreters and Scribes.
- All requests to be submitted to the Disability Rights Unit.

4.5.10 Statistics of Disabled students at DUT in 2019

Campus	
Durban	192
Pietermaritzburg (PMB) –Riverside	24
PMB-Indumiso	18
Total	**234**

Faculty	
Applied Sciences	21
Accounting and Informatics	64
Arts and Design	31
Engineering and the Built Environment	33

Heath Sciences	16
Management Sciences	69
Total	**234**

Nature of Disability	
Ailment request support	4
Blind	1
Cerebral palsy	5
Epilepsy	18
Hearing impaired	25
Mobility impairment	10
Paraplegia	2
Partial sighted	85
Other	75
Total	**234**

The above information was extracted from the Disability Unit Report of 2019 (DUT, 2019). This information is vital has and the health clinics must consider these statistics and plan how they will accommodate these students.

Table 4.16 Patients with disabilities

The clinic is equipped to accommodate patients with disabilities		
Scale	**Frequency**	**Percent**
Totally agree	60	50.0
Partially agree	36	30.0
Neither agree or disagree	18	15.0
Partially disagree	5	4.2
Totally disagree	1	8
TOTAL	**120**	**100.0**

The DUT Isolempilo Health Clinic is mandated to serve all students registered to study, regardless of their gender, race and disability. In Table 4.16, it is shows that 50% of the participants indicate that the clinic does accommodate disabled students. Students with disabilities, especially those using prosthetic or orthotic equipment are able to move around the clinic. Although the researcher did not request participants to indicate his/her disability, however the clinic does have all the resources to accommodate all students. There was no specific comment from the participants regarding this statement. The Isolempilo Health Clinic do not have all resources to accommodate all disabilities for instance the clinic do not have the interpreter to assist those who have hearing difficulties. However other facilities are available and students can also access the clinic using the wheelchair as the building is equipped with wheelchair ramp.

4.5.11 Staff professionalism

Professionalism refers to the specific traits that are expected of a person either at work or any other environment. Professionalism is a component of the concept of work ethic, which describes how a person comes to work and conducts himself or herself on the job. According to Alwagfi, Aljawarneh and Alomari (2020), there are several ways a person can exemplify professionalism on the job.

Punctuality

Punctuality is one of the most fundamental qualities of professionalism. A professional person comes to work before his/her shift, settles in and is ready to work for the duration. He/she is punctual to appointments with clients and meetings with staff and management. His work is completed on time and he meets all deadlines given to him. (Alwagfi, Aljawarneh and Alomari 2020).

Being Responsible and Accountable

Another professional quality is being accountable for your actions. Someone with a high degree of professionalism takes responsibility for his/her assignments, his/her actions and any problems that arise resulting from the work. If a problem happens where a client didn't get the product on time because the team member forgot to transmit it to the operations centre, the professional person will take responsibility and take action to resolve the issue. There is no passing the buck with a professional employee.

Being Structured and Well-Organized

A professional employee is well-organized. This helps him/her do his job efficiently and effectively. His/her desk is in order with only the necessary files neatly positioned for him to work on. His/her desk has files for forms, brochures and supplies he/she needs to do the job properly. This prevents the person from needing to run around to look for staples while in the middle of a presentation.

Having Professional Appearance and Good Hygiene

The employee who comes to work with his/he clothes pressed, shirt tucked in and matching socks has taken the time to ensure his appearance meets the standards for his job.

Table 4:17 Being professional

The clinic staff is always professional in their conduct		
Scale	**Frequency**	**Percent**
Totally agree	67	55.8
Partially agree	31	25.8
Neither agree or disagree	11	9.2
Partially disagree	6	5.0
Totally disagree	5	4.2
TOTAL	**120**	**100.0**

When someone has a strong work ethic, they are diligent in making sure work gets done and is done properly. This means that work is consistently done well and efficiently executed. Business leaders want this level of professionalism in all employees because errors and delays cost money and create other problems.

Having Humility and Kindness

A professional employee is confident but doesn't walk around the office arrogantly touting his/her accomplishments. He/she is humble and kind, and will offer to help others. He/she is a team player who understands his/her contribution is one part of a bigger equation. As such, he/she works with others to make sure that everyone is achieving everything they can.

Staff professionalism

Table 4.17 reveals that the majority of the participants agree that the clinic staff conduct themselves in a professional manner (55.8% totally agree and 25.8 partially agree). However, 4.2% of the participants did not agree with one respondent indicating that:

"I would like the nurses to be attentive to us because sometimes they are on the phone while we are waiting on them to help us. Sometimes we have to wait for long if the clinic is short staffed" (Participant 6, Female)

4.5.12 Referral system

A referral can be defined as a process in which a health worker at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the patient (UNAIDS, 2013).

As mentioned previously in this chapter, the Isolempilo Health Clinic works closely with local hospitals where they refer patients if they are unable to attend to them due to lack of resources.

Table 4.18 Referral system

The clinic is able to refer you to other professional healthcare or hospitals		
Scale	**Frequency**	**Percent**
Totally agree	74	61.7
Partially agree	20	16.7
Neither agree or disagree	22	18.3
Partially disagree	3	2.5
Totally disagree	1	8
TOTAL	**120**	**100.0**

Table 4.18 above illustrates that more than half of the participants agree with the referral system that the Isolempilo Health Clinic uses and this accounts for 61.7% of the responses. The clinic is a Primary Health Care (PHC) Centre that only deals with minor medical issues. It is staffed by professional nurses and doctors, whose primary purpose is to assist students medically in a professional and confidential manner (Isolempilo Profile, 2019).

According to the Isolempilo Health Clinic profile which is found on the DUT website the following services are offered:

- Primary health care, including TV treatment
- Emergency services

- Treatment of sexually transmitted infections (STI's)
- Female reproductive health, including emergency contraception and referrals for termination of pregnancy
- Vaccinations
- Voluntary HIV/AIDS counselling and testing
- Blood tests
- Pap smears
- Support for long-term treatment
- Health education and awareness campaigns
- Referrals to and from other institutions

Major surgical procedures and matters are referred to the nearest local hospitals and provincial hospitals.

Selected comment from one the participants:

One student commented that

"When I went to the clinic for Medical Male Circumcision, I was told that the clinic is not equip to perform surgery, but I was given information and did my HIV Testing-the referred to St. Aidan's Hospital for procedures" (Participant 96, Male)

4.5.13 Diagnostic tests and stigma

A diagnostic test is a procedure performed to confirm or determine the presence of a disease in an individual suspected of having a disease, usually following the report of symptoms, or based on other medical test results. This includes posthumous diagnosis (WHO, 2013).

Table 4.19 Diagnostic tests and stigma

Scale	Frequency	Percent
Totally agree	76	63.3
Partially agree	26	21.7
Neither agree or disagree	11	9.2
Partially disagree	3	2.5
Totally disagree	4	3.3
TOTAL	**120**	**100.0**

HIV/AIDS is still an issue that has been attached to stigma and discrimination globally. An academic institution with a health care facility should be able to eliminate such issues through health care education and support groups to those living with HIV and AIDS. It is encouraging to note that for 63.3% of respondents (see Table 4.19) feel comfortable with attending the clinic to undergo diagnostic testing.

There are professional Lay Counsellors who are trained regarding pre-counselling testing and post-counselling regarding the matter of HIV. Professional nurses who deal with other types of testing work closely with the doctors. Gulliford and Morgan (2013) point out that some studies indicate that there are still facilities that stigmatise their clients in getting tested because of other medical issues and that is not the case with Isolempilo Health Clinic.

4.5.14 Quality of service offered

Quality service is dealing with clients and customers in a respectful and helpful way, or measurement of the overall performance of a service, such as going an extra mile by providing an overall expectation to the customer.

Table 4.20 Quality of service offered

The service that is being offered is of good quality		
Scale	**Frequency**	**Percent**
Totally agree	1	0.8
Partially agree	28	23.3
Neither agree or disagree	14	11.7
Partially disagree	3	2.5
Totally disagree	74	61.7
TOTAL	**120**	**100.0**

The results from Table 4.20 indicate that 61.7% of the responses from the study indicate that the quality of service provided by Isolempilo Health Clinic is not satisfactory.

Selected comments from the participants regarding the quality of the service:

"The service that they provide is a good service" (Participant 10, Female)

"Well they are not bad, just that some working principles that they adopt are not fair" (Participant 25, Male)

"It is ok; it can be rated average. Nurses should be more supportive (Participant 23, Female)

Considering that healthcare in the institution like DUT should be free and be provided to those in need, students are often dependent on extended funding besides support from their parents. At the year of admission, they encounter various challenges that influence their decision making for their academic studies and health.

Two participants indicated that the pregnancy test from the clinic should be free. Students are charged an amount of R10 each for a pregnancy test. As discussed, scholars show an increasing controversy around barriers in accessing health care

services. Charging a student for pregnancy test is one of barriers contributing towards them not seeking health care. Below are some of the comments from participants:

"The payment for Pregnancy test, it should be free" (Participant 4, Female)

"Pregnancy test should be free" (Participant 7, Male)

4.5.15 Information on healthcare

Today there is a growing awareness regarding the importance of patient information. The heightened concern about this area may be the result of several influencing factors such as politics.

Table 4.21 Information on healthcare

The service that is being offered is of good quality		
Scale	**Frequency**	**Percent**
Totally agree	73	60.8
Partially agree	28	23.3
Neither agree or disagree	14	11.7
Partially disagree	5	4.2
Totally disagree	0	0
TOTAL	**120**	**100.0**

Table 4.21 reveals that 60.8% of the participants agreed that they are provided with information regarding healthcare; whilst 11.7% neither agree nor disagree. From the comments below, each scenario differ from individual cases experienced.
The study discovered that not all professional nurses present a good and bad attitude. Moreover, an attitude would than influence on the quality of work and performance they provide to their clients (Haron, Hamida and Talib 2012).

One of the participants indicated that the nurse needs to be supportive. Another participant as illustrated from comments below indicated that the nurse is not attentive. A participant commented on the attitude of a health care provider. Below are some of the comments from participants:

“There is this certain nurse, I would be happy if she could be replaced, she is rude and does not give patients any attention” (Participant 2, Female)

Isolempilo Health Clinic provided sufficient quality health care and that is evident from the comments below:

“Isolempilo know how to accommodate their patients everything is good. They provide good assist with any information on healthcare” (Participant 89, Male)

“I would like the clinic staff to offer me more information about my health care if I have asked for it” (Participant 32, Female)

“They provide good medication and they give you proper instructions on how to use them” (Participant 14, Female)

4.5.16 Recommendation of the Isolempilo Health Clinic to other students

Table 4.22 Recommend the service to other students

Based on my experience using the Isolempilo Health Clinic I will recommend to other students?		
Scale	**Frequency**	**Percent**
Totally agree	77	64.2
Partially agree	31	25.8
Neither agree or Disagree	6	5.0
Partially disagree	3	2.5
Totally disagree	3	2.5
TOTAL	**120**	**100.0**

Table 4.23 Challenges/Barriers

What are the challenges/barriers that you have experienced whilst using the services of the clinic?		
	No. of students	**Percentage**
No challenges	56	46.6
Paying for Pap Smear test and Pregnancy tests	11	9.2
Long waiting period	15	12.5
Booking system, the intake of students per day is less	25	20.8
Doctors are not available everyday	2	1.6
Shortage of staff	1	0.8
Not clear of the services that the clinic offer	3	2.5
Staff who are not professional and not welcoming	5	4.2
Unavailability of the clinic in other campuses	1	0.8
Waiting period to receive results for Pap Smear	1	0.8
TOTAL	**120**	**100.0**

Table 4.23 reveals that 46.6 % of the participants indicated that they have not encountered any challenges whilst utilising the clinic services. On the other hand, 20.8% of the participants did not agree with the clinic booking system intake of students per day. They have indicated that in most cases the booking system clashes with their academics. The participants also recommended that the booking system should be made online. Furthermore, 12.5% of the participants indicated that the waiting period to be attended by the professional nurse is too long. In addition, 0.8% of the participants felt that the staffing issue at the clinic is a problem, hence the waiting period is longer.

Table 4:23 also indicates that 9.2% of the participants felt that the test offered by the clinic should be free including Pap Smear and Pregnancy tests. Whilst 0.8% of the participants indicated that there is a need for healthcare clinics on all DUT campuses. Currently the Isolempilo Health Clinic have clinics on all DUT campuses. ML Sultan and the Brickfield Campus clinic only opens from 11h30 -13h00, which creates a challenge to other students who may seek the healthcare before or after those allocated operational times of the clinic.

Selected comments from participants

"The nurses should not judge people according to their sexual orientation" (Participant 102, male)

4.5.18 Positive experiences

Table 4.24 Positive experiences

What are some of the positive experiences that you have had whilst using the services at the clinic?		
	Frequency	**Percent**
No positive experience	30	25.0
Quality medication and quality Service	55	45.8
Easy communication with the staff and their professionalism	15	12.5

Dissemination of information	9	7.5
Waiting facilities are good and the clinic is always clean	8	6.7
Referral system is good	3	2.5
TOTAL	**120**	**100.0**

Table 4.24 reveals that 45.8% of the participants indicated that they have positive experiences especially with the quality of medication that they have received at the clinic on the day of their visit, whilst 25.5% of the participants indicated that there was no positive experience for them on the day of their visit. This is a huge concern and the challenge that the clinic needs to look deeper into on how to improve their services towards students, this can be a recommendation for future studies that will look closely at specific services that the clinic is offering to students.

Furthermore, 12.5% of participants indicated that there is easy communication with staff members and the staff is professional although from the previous table some participants indicated that some of the staff members need to improve their professionalism.

Concerning the referral system, only 2.5% of the participants indicated that it is well maintained as mentioned from the previous chapters that the Isolempilo Health Clinic only provides primary health to students and they do a referral to nearby hospitals for other clinic issues.

4.5.19 Improvement of service delivery to students

Table 4.25 Improvement of service delivery to students

How can the health clinic improve their service delivery to students?		
	Frequency	**Percent**
No improvements needed	21	17.5
Not to charge money for Pap Smear and Pregnancy tests	6	5.0
Improve booking system to be online	41	34.2
Increase number of intake of patients per day	8	6.7
Increase number of staff	8	6.7
Extend operational hours	10	8.3
The clinic should operate on Weekends	1	8
To have a clinic at ML Sultan Campus	3	2.5
To eliminate the waiting period as is too long	7	5.8
Keep patients/students information onto the system	1	8
Doctor's should be available Everyday	5	4.2
Staff to improve their communication and be professional all the time	9	7.5
TOTAL	**120**	**100.0**

Table 4.25 reveals that 34.2% of the participants recommended that the clinic should eliminate the booking system, with support from the previous table 4.12 where participants suggested that the booking system is supposed to be done online. Only

5.5% of the participants also indicated that the test should be free including; Pap smear and Pregnancy tests.

Also, 0.8% the participants suggested that the clinics should extend their operational hours and be open on weekends, and this will be supported by the statement/recommendation from the participants that there should be an additional number of professional nurses and doctors.

4.6 Chapter summary

According to Creswell (2014), once data has been collected, the researcher has to make sense of it. Thus, the results of the data collected in this study were presented and analysed in several methods of quantitative analysis applied to obtain descriptive statistics. The results are presented in the form of tables and graphs that helped to provide a detailed analysis.

This chapter presented the findings from the study of Isolempilo Health Clinic. It is evident that numerous factors influence students in seeking health care. This chapter attempted to highlight the findings of the study and the quality of service delivered by the Isolempilo Health Clinic. The following chapter present the recommendations and conclusion for this study.

CHAPTER 5

RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

The previous chapter interpreted the results of the study using service delivery as a theoretical framework. The aim of this qualitative study is to investigate student's experiences of service delivery at Isolempilo Health Clinic located at Durban University of Technology. The purpose of this study was also to identify the quality of service at the Isolempilo Health Clinic that play an important role in patient's satisfaction. This study also aimed to measure students' satisfaction of the service delivery and to make recommendations for improvement. The objectives of the study were to identify the student's experiences of service delivery at the Isolempilo Health Clinic at DUT, to investigate the challenges/barriers experienced by students when accessing healthcare at the Isolempilo Health Clinic in DUT and to recommend ways to improve service delivery.

The findings (please see Chapter Four) found that there is generally a high degree of satisfaction with the services provided by the Isolempilo Health Clinic. Some of the areas that demonstrated particularly high satisfaction are confidentiality of information, referral systems to other health care such as hospitals, the HIV Testing and Counselling services and staff professionalism, the findings also show levels of dissatisfaction with the booking system, inadequate staffing and the lack of after-hours emergency services.

In the next section the researcher makes recommendations for improving service delivery and concluding comments.

5.2 Recommendations

Based on the research findings the following recommendations are made to improve service delivery.

- An additional number of male nurses will provide the male students with

confidence to seek medical help and advice any issue relating to them.

- Branding for easy visibility to the clinic
- The Isolempilo Health Clinic should periodically updated the health Information, Education and Communication (IEC) pamphlets materials which will improve student's knowledge and understanding of other health issues without having to consult with the healthcare professionals. It will also provide students with vital information, which they can use conducting their academic research or assignments.
- The Isolempilo Health Clinic should attend workshops on gender sensitivity and bias including how to deal with lesbian, gay, bisexual, transgender and intersex students. Continuous training of staff on areas such as professionalism is essential. Participants complained about the negative attitudes that some of the staff members have. Courtesy is lacking in some staff members. Other students feel that professional health care professionals have bad attitudes and they do not show respect as some of them talk on the phones while attending to the patients.
- Provide free commodities to students. Commodities are sold to students namely pregnancy test at a cost of R10 (the clinic justifies this as a method for students to not fall pregnant but use contraceptives and practice safe sex). In a public facility, every person has a right to free health care. In the context of an institution like DUT, such commodities such as pregnancy test should be free because it is a Primary Health Care clinic.
- Working hours should be adjusted to accommodate students' study timetable. In addition, the clinic should find means to operate on weekends especially for students who do not have a flexible timetable
- The booking system is not effective because if one books for a certain time, it is likely that the clinic schedule is already full for the day. This will result in not seeking the care needed because different students have different cases that could take up the time of the next student needing to consult. There should be an online consultation platform available to students, which will allow them to make online booking and online chats should they have any queries
- Additional staff should be employed to serve the needs of the large student population. DUT should employ doctors on a full time basis.
- The Isolempilo Health Clinic should also have a clinic at the ML Sultan or

allocate specific days to visit this campus as the results show that students from the various Durban campuses attend the Isolempilo Health Clinic (Steve Biko) for medical care.

- There should be a sign language interpreter employed at the Clinic to assist the hearing impaired students and also the clinic can provide sign language training to their staff members, for easy communication with students who have hearing difficulties.

5.2.1 Recommendations for future research

It is recommended that future studies should conduct a comparative study of all the DUT Health Clinics in relation to service delivery. It is noted that some of the participants wanted to elaborate more about service delivery they have received but the questionnaire was not designed to allow for further recording of information, the future study can use both qualitative and quantitative methods.

5.3 Conclusion

This study focussed on experiences of service delivery at the Isolempilo Health Clinic at the Durban University of Technology. In this study, there is generally a high degree of satisfaction with the services provided. Areas that demonstrated particularly high satisfaction are confidentiality of information, referral systems to other health care such as hospitals, the HIV Testing and Counselling services and staff professionalism

On the other hand, areas that revealed lower degrees of satisfaction are branding of the clinic the booking system operational hours and the selling of commodities such as pregnancy tests. This study adds value as it recommends ways to improve service delivery at the Isolempilo Health Clinic which can be applied across all the DUT clinics.

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APPENDICES

Appendix A: Permission to conduct research study at DUT

APPENDIX A: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Dear Prof Mojo

I am currently undertaking a research project as part of my studies towards a Masters' Degree: Management Sciences in Administration and Information Management at Durban University of Technology. My research topic is: **THE PERCEPTION OF STUDENTS TOWARDS ADMINISTRATION OF HEALTH SERVICES AT THE DURBAN UNIVERSITY OF TECHNOLOGY's DURBAN CAMPUS CLINIC**

The aim of this study is to investigate into student's experiences of service delivery at the Durban University of Technology Isolempilo Health Clinic, at Durban Steve Biko campus. The study intends to identify areas of service delivery that may require upgrading, such as to improve every aspect of students satisfaction, which contributes to the overall positive outcome.

The objectives of the study are to identify the student's perceptions towards health services that are being offered or rendered at the Isolempilo Health Clinic. To investigate challenges/barriers experienced by students accessing health care from the mentioned clinic. To recommend ways to improve service delivery at this clinic. Should you agree to participate in the study, kindly note that you will be required to complete the questionnaire.

The questionnaire will take approximately 10-15 of your time to complete. All participation is voluntary and you are free to withdraw from the study without giving any reasons, and without prejudice and any adverse consequences.

The information you provide will only be used for research purposes and will be aggregated with other responses and only average information will be used for the study. Your identity will be kept strictly confidential; your participation will contribute towards this study and to the Durban University of Technology research body.

Persons to Contact in the event of any queries:

Please contact the Researcher Mr. MR Mnculwane (073 500 7342) email: mthokozisim1@dut.ac.za,

Supervisor: Dr Rosaline Govender (031 373 5643) email: rosalineg@dut.ac.za

Kind regards,

Mr. Mthokozisi R Mnculwane (student number 201603182)

Appendix B: Participants letter of information

Participants Letter of Information

Title of the study:

THE PERCEPTION OF STUDENTS TOWARDS ADMINISTRATION OF HEALTH SERVICES AT THE DURBAN UNIVERSITY OF TECHNOLOGY's DURBAN CAMPUS CLINIC

Dear participant

I am currently undertaking a research project as part of my studies towards a Masters' Degree: Management Sciences in Administration and Information Management at Durban University of Technology. The aim of this study is to investigate into student's experiences of service delivery at the Durban University of Technology Isolempilo Health Clinic, at Durban Steve Biko campus. The study intent to identify areas of service delivery that may require upgrading, such as to improve every aspect of students satisfaction, which contributes to the overall positive outcome.

The objectives of the study are to identify the student's perceptions towards health services that are being offered or rendered at the Isolempilo Health Clinic. To investigate challenges/barriers experienced by students accessing health care from the mentioned clinic. To recommend ways to improve service delivery at this clinic. Should you agree to participate in the study, kindly note that you will be required to complete the questionnaire that consist of Section A and Section B. Section A will be focusing on demographic questions such as race, gender and age group, in Section B will be focusing on short ended questions.

The questionnaire will take approximately 10-15 of your time to complete. All participation is voluntary and you are free to withdraw from the study without giving

any reasons, and without prejudice and any adverse consequences. The information you provide will only be used for research purposes and will be aggregated with other responses and only average information will be used for the study. Your identity will be kept strictly confidential; your participation will contribute towards this study and to the Durban University of Technology research body.

Remuneration:

No remuneration will be given to the participants

Costs of the Study:

No cost will be incurred on the participants

Confidentiality:

Only the researcher and the supervisor will see the patient's responses. Participants will be allocated with research numbers, so no names will be used.

Persons to Contact in the event of any Problems or Queries:

Please contact the Researcher Mr. MR Mnculwane (073 500 7342) email: mthokozisim1@dut.ac.za,

Researcher Supervisor: Dr Rosaline (031 373 5643) email: rosalineg@dut.ac.za

Your participation will be highly appreciated

Kind regards,

Mr. Mthokozisi R. Mnculwane

Student number: 20603182

Appendix C: Consent letter

CONSENT LETTER

Statement of Agreement to Participate in the Research Study:

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

Full Name of Participant	**Date**	**Signature**
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I (Mthokozisi Mnculwane) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher	**Date**	**Signature**
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Full Name of Witness (If applicable)	**Date**	**Signature**
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Appendix D: Questionnaire

Questionnaire

TOPIC: THE PERCEPTION OF STUDENTS TOWARDS ADMINISTRATION OF HEALTH SERVICES AT THE DURBAN UNIVERSITY OF TECHNOLOGY's DURBAN CAMPUS CLINIC

Researcher: Mthokozisi Richard Mnculwane (073 500 7342) email: mthokozisim1@dut.ac.za

Masters' Degree in Management Sciences in Administration and Information Management

Supervisor: Dr Rosaline Govender (031 373 5643) email: rosalineg@dut.ac.za

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SECTION A: DEMOGRAPHICS

Please place a cross (Free *et al.*) in the appropriate box.

1.Race	Black	Coloured	Indian	White	Other

2.Gender	Male	Female	Other

3.Age	16-20	21-25	26-30	Older than 30

7.Level of study	1st Year	2nd Year	3rd Year	B-Tech	M-Tech	D-Tech

4**. Do you have a disability? Please specify**	

5. How would you rate your health?	Good	Fair	Poor

6. Course- please specify	

8.Faculty	Accounting & Informatics	Applied Sciences	Arts & Design	Engineering & Built Environment	Health Sciences	Management Sciences

9.Campus	Brickfield	City	ML Sultan	Ritson	Steve Biko

SECTION B

Please place a cross (Free *et al.*) in the appropriate box.

1. How often do you use the Isolempilo Health Clinic?

Daily	Weekly	Monthly	Every 2-3 months	Once per semester	2-3 times a year	In an emergency

Statements		Totally Agree	Partially Agree	Neither agree or disagree	Partially Disagree	Totally Disagree
2.	I am very satisfied with the way clinic's receptionist, in-service students and other staff members welcomes me.					
3.	It is easy to locate the Isolempilo Health Clinic. (Visibility).					
4.	The operational hours are flexible.					
5.	The booking system that is being used is flexible.					
6.	Doctors' appointments are flexible.					
7.	My information is kept safe and confidential.					
8.	I receive treatment immediately if it is an emergency					
9.	The clinic is equipped to accommodate patients with disabilities.					
10.	The clinic staff is always professional in their conduct					

11.	The clinic is able to refer you to other professional healthcare providers or hospitals.					
12.	I am able to test for any diseases such as the HIV Testing, Blood Pressure and others, at the clinic without any fear of being judged .					
13.	The service that is being offered is of a good quality.					
14.	The clinic is able to assist me with any information on healthcare on request					
15.	Based on my experience using the Isolempilo Health Clinic I will recommend it to other students.					

16. What are the challenges/barriers experienced that you have experienced whilst using the services of the clinic?

……………………………………………………………………………………………………

17. What are some of the positive experiences that you have had whilst using the services at the clinic?

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…………………………………………………………………………………………………….

18. How can the Health Clinic improve their service delivery to students?

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Thank you for your participation ☺