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### Customer Care at the Casualty Department of Edenvale Regional Hospital in Gauteng Province

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**Abstract:** The evaluation of the quality of customer service in public hospitals in South Africa is very important in determining the effect on customer care satisfaction, and for identifying possible areas where improvements could be made. This research investigates the implementation of customer care at Edenvale Regional Hospital's Casualty Department in Gauteng Province. The research was conducted using a qualitative approach. The case study was descriptive, a purposive selection technique was employed, with the sixteen (16) participants, being selected based on their roles in the facility, a semi-structured interviews was used to collect data. The study revealed that poor communication skills, overcrowding, and malfunctioning equipment's or insufficient infrastructure were findings challenges raised by respondents, these challenges resulted in long waiting periods for patients to be admitted. The findings further reveal serious shortage of staff, which affects negatively on proper emergency medical care being offered at the Casualty Department at Edenvale Regional Hospital. The research concludes by recommending intervention to improve staff and patient relationships.

**Key Concepts:** Customer care, Emergency (Casualty) Department, Public Health Service, Healthcare System, Quality and Quality Assurance, Standards, Effectiveness, Efficiency and Bed Occupancy Rate (BOR).

#### INTRODUCTION

Overcrowding at local hospitals have been widely recognized as a serious problem for both patients and staff in developing countries, Bond, Ospina, Blitz, *et al*, 2006, The Edenvale Regional Hospital Casualty (Accident and Emergency) Unit is not an exception, Accident and Emergency Unit crowding is one of the leading problems facing emergency physicians, nurses and their patients in the Edenvale Regional Hospital. Compliance with other recognised care standards (such as cleanliness, infection control, quality, the Occupational Health and Safety Act, and Patients' Rights Charter) are thereby reduced. These subsequently put staff in a distress situation and they neglect their sole responsibility of caring for patients. This is

mainly due to the fact that many experts believe that taking care of the needs of communities in service delivery is crucial for any institutions, since it helps improve the quality of the healthcare service delivery processes. One of the initiatives adopted in this regard was the establishment of the Presidential Hotline. In the South African public sector, this fact is acknowledged through policy frameworks such as the National Core Standard for Health, Occupational Health and Safety Act, Patient's Rights Charter and the six key ministerial quality priorities (staff attitude, waiting times, cleanliness, patient's safety, infection control and availability of medicines). In order to facilitate customer care in their institutions, public officials need, among others, good communication, listening and problem-solving skills, as well as empathy and the ability to receive and address complaints (Masango & Mkutukana, 2013:294). The researchers were prompted by the outcry from patients to investigate the problem highlighted above and based on the findings/outcomes of the study, there were few recommendations to be implemented at the hospitals.

### **BACKGROUND TO THE STUDY**

The significant amount of discontent exists among the public with regard to the service of South African hospitals. Consequently, there is a need to conduct research to identify mechanisms, best practice, strategy and tools that can be implemented to enhance effective customer care in such hospitals. According to De Jager, du Plooy and Ayadi (2010:8), an increase in "financial aid alone will not improve healthcare systems, but drastic restructuring with sound governance and management principles needs to be implemented. The organisational structure of public healthcare must facilitate the delivery of a responsive and flexible healthcare system that is people centred with the interest of the public, patients and staff guiding the decision-making at all levels. Edenvale Regional Hospital has only 230 approved useable beds. The hospital is therefore faced with patients sleeping on stretchers and mattresses in the Casualty (Accident and Emergency) section for two to three days at a time while awaiting open beds in the ward, thereby compromising healthcare as a result. The hospital had unapproved substitutes for beds and/or ways for having extra patients sleeping in the casualty section, which were not covered by the budget and led to multiple complaints. Often there was no medical cover for patients sleeping in the Casualty Department as it was not meant to be a ward. The patients, however, could not simply be sent back home while they were sick because of the unavailability of open beds, hence the overcrowding and the use of stretchers and mattresses.

The Edenvale Regional Hospital has both internal customers (its own employees) and external customers (patients, patients' family members, suppliers etc.). Customers are commonly defined as those people who can choose to select a company's product or service. There are two problems, though, with this definition of what constitutes a customer in the public sector. Firstly, many of the services provided in the public sector, such as tax collection, are not optional. Secondly, it is "often difficult to determine who should be considered the actual recipients of the services", according to Immordino (in Masango & Mkutukana, 2013:595).

There were serious concerns from the users (patients/customers) relating to the limited service that was being provided by the hospital. It was expected that the hospital should render a service in accordance with its core service package, the aim of which is to achieve world-class status and to create dynamic processes that go beyond merely meeting customer demands. Often, however, there were over 40 patients sleeping on stretchers and lying on mattresses on the floor for more than two or three days in the hospital, including in the Accident and Emergency (Casualty) Department.

There is no doubt that the quality of the healthcare service, especially as delivered by public hospitals in South Africa, has become increasingly important, what with the government presently in the process of implementing a National Health Insurance. These public health institutions must therefore “focus their efforts on quality customer service as a means of differentiation” (Boshoff & Grey, 2004:27). The quality of service serves as a competitive advantage and marketing tool for many private hospitals and firms and also leads to customer loyalty and retention.

In order for clients/patients to be satisfied there is the need for health facilities/health institutions to offer services which gives the customer maximum value and satisfaction. Clients choose quality as one of the important criteria in selecting product or services, especially with the introduction of National Health Insurance Scheme (NHIS) where there is a keen competition among health facilities, as a result of globalisation and trade liberalization. High quality service has become the main focus for firm survival. (Cook and Verma, 2002). Munusamy *et al.* (2010) found that client satisfaction is the main performance determinant and many health institutions therefore consider it as a key element when developing their business goals”.

The evaluation of the quality of customer service in public hospitals in South Africa is very important in determining the effect thereof on customer care satisfaction, and also for identifying possible areas where improvements could be made. It is hence vital that all hospitals have such evaluation tools in order for them to correctly evaluate their quality of service (Core Standard for Health Establishments in South Africa, 2009:33).

As the healthcare industry strains the nation’s financial resources, it has come under increased pressure to provide evidence of quality controls and quality improvements. Increasing evidence that the service aspects of healthcare are closely linked to healthcare outcomes has caught the attention of industry leaders. Furthermore, the current healthcare consumer is better educated and informed than they have ever been (Department of Health Strategic Plan, 2014).

According to the World Health Organisation (2012), “a health care organisation’s ability to satisfy consumer demand for convenience and information can significantly influence the quality of health care it ultimately delivers”. A fundamental requirement of the above is a sound quality policy, supported by plans and the necessary facilities to implement it. Leaders must take responsibility for preparing, reviewing and monitoring the policy, plus take part in regular improvements thereof and ensure that it is understood at all levels of the organisation. The failure to address the culture of an organisation is frequently the reason for many management initiatives failing. It is widely recognised that any major change initiatives will be unsuccessful without a corresponding culture of cooperation and good teamwork at all levels in the organisation (Department of Health Strategic Plan, 2014).

Based on the above background and history of the hospital, it was clearly necessary to implement better customer care within the institution. Enhancing a positive impact in healthcare services through performance management requires, as a foremost requisite, competent and talented people with appropriate management and leadership skills. This necessitates, among other interventions, management training, revival of staff morale and managerial commitment. The researcher focused on assessing the contributory factors for effective customer care in Edenvale Regional Hospital (Gauteng Health Department).

## **RESEARCH PROBLEM**

The hospital forms the backbone of the health service delivery system and is at the core of health service delivery in the region. The healthcare workers working in admission, emergency care and the pharmacy areas within the hospital had frequently been accused of having a bad attitude by the public, of not doing their work professionally, of lacking professional conduct as a result of their negative attitude, and of neglecting the patients when they needed them the most. The researchers felt that this would have a negative impact on the implementation of the National Health Insurance.

The problems discovered were as follows:

- Patients complain about the long waiting time for open beds in wards while still in the Casualty (Accident and Emergency) section.
- Edenvale Regional Hospital was faced with patients sleeping on stretchers and mattresses in the casualty section, compromising healthcare as a result. The contributing factors include: services that are not budgeted for, lack of accountability in the system, ineffective monitoring and evaluation, shortage of staff, poor administration and infrastructure, centralisation of authority and lack of implementation of existing policies.

The researchers thought that the dissatisfaction probably caused by lack customer care and therefore they had to find method of establishing emergency department to deal with customers complaints.

## **THEORETICAL FRAMEWORK : ORLANDO'S NURSING PROCESS THEORY**

The Orlando's Nursing Process Theory (1961) provides a basic concept for nurses to utilise in order to meet their patients' immediate needs. The issues of overcrowding and transfer delays to the wards make it more difficult to assess critical patients appropriately and provide them with their basic and immediate requirements. Utilisation of Orlando's theory would help nurses to focus on any immediate signs of distress or need/s presented by the patient until they are transferred to the wards. Orlando's theory provides an ethical understanding of the patient because good nursing, according to the theory, entails recognising and meeting the patients' needs. Orlando's nursing process focuses on improvement in the patient's behaviour by actions that are based on a patient's needs found through effective interaction with the patient. (Parker & Smith, 2010, 79). According to Orlando, when a person is unable to meet their needs, s/he becomes distressed and is in need of nursing care. Accordingly, people who are able to meet their own needs are not distressed, and do not require nursing care. If a patient has ineffective skills to express his/her needs and/or a nurse interprets the patient's behaviour incorrectly, it can cause distress to the patient. When a nurse starts caring for a patient, an action process begins. This process, where the nurse acts as a nurse-patient contact, is called the nursing process where both the nurse and the patient have their own thoughts, feeling, and opinions derived from the actual situation (Schmieding, 2006, 436). Orlando explains that there are two variable types of action processes in the nursing process, namely: automatic and deliberative (Schmieding, 2006, 436).

Perceptions of both the nurse and patient need to be voiced in order for them to act as a reliable base for the nurse's actions. During the process of care the observations of patient behaviour – both verbal and nonverbal – help the nurse to assess the level of the patient's distress and need for assistance. After this

assessment the nurse performs actions to relieve the patient from distress. After taking those specific actions, the nurse then observes the patient's behaviour again to evaluate the outcomes. If distress is still evident, the process begins again. Orlando's nursing process is therefore describing a continuous reflective cycle where the patient's role in their own care is crucial (Schmieding, 2006, 439). Orlando reminds us that regardless of how accurate or inaccurate the nurse's perceptions might be, once expressed to the patient, this opens a door for communication where it is easier for the patient to express their own view (Orlando, 1990, 45). According to Orlando, the nursing process makes it easier for nurses to see a patient from a nursing perspective. The researchers felt that Orlando's nursing process could work well if there are adequate beds and enough staff to look after the patients in the ED Unit of Edenvale Regional Hospital while awaiting open beds. The behaviour of the patients and their family could thus be improved.

The researchers then included the following model and approaches such as healthcare forecasting and modelling approaches, gap model of service quality and service quality dimension and find them suitable for the study and are discussed below.

### **Healthcare Forecasting and Modelling Approaches**

Xu and Chan, in Cami (2016:12), built a predictive of patient arrivals to the ED, with the hope of helping to manage ED congestion by creating proactive diverging policies using future patient arrival information before the ED gets highly congested. The results showed that such proactive divergence policies yielded improvement in patient waiting times over standard practice. Errors in predictive information were quantified as 'noise tolerance' to ensure that the proactive policy outperforms the standard policy (by 15%) in patient waiting times given the same patient census in the ED. Waiting time for open beds in the wards also has a major impact on patients' dissatisfaction in the ED Unit of Edenvale Regional Hospital. Patients typically wait two to three days in the ED Unit before being transferred to the wards and sometimes patients even abscond without being seen again. This leads to complaints from the patients' family and causes litigation in the hospital.

### **Gap Model of Service Quality**

The conceptual framework of service quality can also be applied to health care service and is relevant to this research study, since a healthcare service requires high consumer involvement in the consumption process; hence, the attainment of quality healthcare service relies significantly on the patient's co-contribution to the service delivery process. Studies have also shown that compliance with medical advice and treatment regimens is directly related to the perceived quality of the service and subsequent health outcome (Irving and Dickson, 2004; Sandoval, Brown, Sullivan and Green, 2006). In line with Edvardsson (2005) and sentiments that customers' experiences have a strong impact on their quality perceptions, patients' experience accruing from their encounter with medical and other support staff and the process of obtaining treatment create their cognitive, emotional and behavioural responses of either satisfaction or dissatisfaction with the quality of service they receive.

### **Service Quality Dimension**

There are two main models of service quality. The Service Quality Model of Glied (2000) indicates that the customer's expectations depend on the following five determinants: market communication, image, word

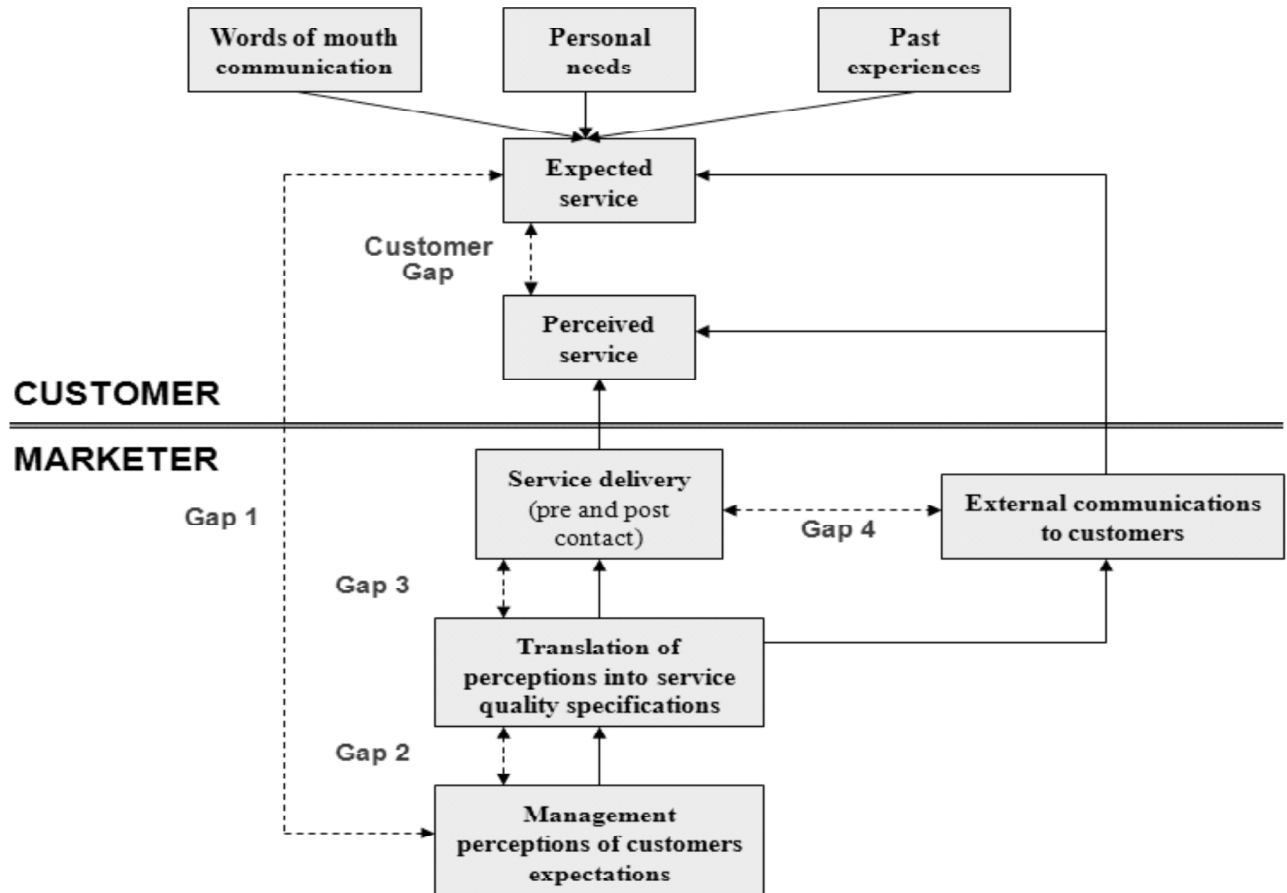


Figure 1: Gap Model of Service Quality

Source: Parasuraman, Zeithaml and Berry (2002)

of mouth, customer needs and customer learning. Experiences depend on the technical quality (what/outcome) and the functional quality (how/process), which is filtered through the image (who). Both expectations and experiences can create a perception gap. The second is the Gap Model propounded by Parasuraman, Zeithaml and Berry (1990), which is a slight modification of the model of Gonzalez, Padin and Romon (2005). This states that the expected service is influenced by word of mouth, patients' personal needs, past experience and by any external communication to customers. A perception gap can appear between the expected service and the perceived service (Coulthard, 2004). Patrick (2009) identified ten determinants of service quality that may relate to any service: Competence, Courtesy, Credibility, Security, Access, Communication, Understanding/Knowing the customer, Tangibles, Reliability and Responsiveness. Later they were reduced to five, namely: Reliability, Assurance, Tangibles, Empathy and Responsiveness.

### Reliability

Johnson, in Aikins *et al* (2014:8), sees reliability as standardised activities of health professionals, which is very essential in achieving quality healthcare delivery. Their activities must be right the first time round, since making no mistakes in treating patients/clients goes a long way in improving client satisfaction.

### **Assurance**

With assurance, the skills and politeness of health professionals must positively impact upon the belief and hope of the clients. This aspect includes capability to do the job, competency levels, how clients are handled and treated, and the overall attitude of the health professionals towards the patients' needs. "Patients ... should feel secured assessing healthcare delivery" (Fitzsimmons and Fitzsimmons, in Aikins *et al*, 2014:9).

### **Tangibility**

This involves the appearance of the health facilities' physical environment, staff, equipment and tools, including communication equipment, used to provide good quality healthcare (Gronroos, in Aikins, Ahmed & Adzimah, 2014:8).

### **Empathy**

Empathy means that health professionals have the clients' best interests at heart and hence understand their specific needs (Rizwan *et al*, 2011). In their study, Rizwan *et al* (2011) determined the service quality of a hospital in Karachi, Pakistan, using the SERVQUAL theory. The hospital provides care and individualised attention to its clients, and patients were asked to answer questions from the determinants aspect of the SERVQUAL Model. Twenty-two qualities were suggested and patients were asked to forward their expectation using a Likert scale of 1-7.

### **Responsiveness**

Responsiveness concerns the preparedness of health professionals in providing service to clients. This includes timeliness of activities, ensuring that clients go through a successful review, providing immediate services to patients/clients, and prompt payment of suppliers (Gronroos, in Aikins *et al*, 2014:9).

## **CUSTOMER CARE AT THE ACCIDENT AND EMERGENCY UNIT OF THE EDENVALE REGIONAL HOSPITAL**

The Edenvale Regional Hospital Casualty (Accident and Emergency) Unit is experiencing a problem of patient overflow and thereby resulting in admitted patients awaiting beds temporarily in the Emergency Department (ED) due to unavailable inpatient beds in the relevant wards. Admitted patients in the ED pose significant barriers to the mission of the hospital, particularly with regard to containment and management of infectious diseases. It is therefore a risk for both the healthcare providers and patients to render care to people with life-threatening infectious illnesses in a casualty unit, especially where there is overcrowding of very ill patients awaiting beds in the other wards. Sometimes the patients even end up sleeping on mattresses on the floor due to overcrowding, which makes it difficult for the nurses and doctors to offer appropriate care to all patients.

Accident and Emergency Unit crowding is one of the leading problems facing emergency physicians, nurses and their patients in the Edenvale Regional Hospital. Compliance with other recognised care standards (such as cleanliness, infection control, quality, the Occupational Health and Safety Act, and Patients' Rights Charter) are thereby reduced. Patients harmed by crowding in the ED continue to suffer after they have been admitted through crowded EDs as they also have a longer hospital stay as a consequence (Hoot & Aronsky, 2008:167).

The hospital experienced bed occupancy rates (BOR) of higher than 80%, which may increase the risk of hospital-acquired infections. The overflowing of patients forced the hospital to operate outside its directive, with patients admitted to the casualty area being forced to sleep on mattresses on the floor while awaiting formal beds as they were too sick to be sent home. According to DHMIS (2012), the target set for BOR is 80%. If the BOR is above the set target, this means it is more than 100%.

The hospital has only 230 approved beds and has been decanting patients to nearby hospitals, though the bottleneck in transportation means that the casualty area is always overcrowded and unmanageable. The current emergency (casualty) section therefore cannot cater for the load of patients seen on a daily basis. Severe congestion is being experienced in the existing waiting areas, with the orthopaedic outpatient and male circumcision services only being rendered on alternative days. These challenges were not covered by the budget and this staff overload causes the ineffective monitoring and evaluation of implemented policies.

### **Waiting time for open beds**

Patients and their family complained about the long waiting time in the Accident and Emergency (Casualty) Unit for open beds. This attracted the media and political parties such as the Democratic Alliance (DA) to visit the hospital. Waiting time also has a major impact on patients' satisfaction. In a study conducted by Westaway, Rheedes, Van Zyl and Seager (2003:7) in South Africa, it is reported that the highest levels of dissatisfaction had to do with waiting time. Patients simply do not like to be left alone for a long time (Hasin, Seeluang, Roongrat & Shareef 2001:6). Bankauskaite and Saarelma, (2003:260) and Ericksson and Svedlund (2007:441) point out that long lines and waiting times for services and care are "a waste of time" and have a detrimental effect on health. Patients also express dissatisfaction with inflexible administrations, which leave them not knowing who to contact (Ericksson & Svedlund 2007:441).

Policy on patients' admission indicates that hospital services must be made available to all persons, without prejudice, and must be limited only by bed availability. The admission of patients when there are limited beds available in the hospital must be based on a system that gives priority to critically ill patients. Since 2006, however, patients had been admitted without vacant beds in the wards and had instead slept on the floor in casualty. The institution had a service level agreement with Selby Park Clinic to take on those patients for step down services. Some patients refused to be transferred to Selby Park clinic indicating that they would rather die here (Edenvale Regional Hospital). The hospital informed each patient, or when appropriate, the patient's representative (as allowed under State law) of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. All patients registered were offered the Patient Rights and Responsibilities brochure (Patient Rights Charter).

Selby Park Clinic costs the Edenvale Regional Hospital ± R7 599 254 a year. As a result, the Gauteng provincial office intervened to terminate the service level agreement and came up with the proposal to decant the patients to Bertha Gxowa District Hospital instead. This proposal however did not materialise because Bertha Gxowa District Hospital requested that patients must come with doctors and nurses who would look after them.

## **RESEARCH DESIGN AND METHODOLOGY**

The research was conducted using a qualitative approach., The case study was descriptive. It seeks to gain deeper understanding of the impact of customer care in the Edenvale Regional Hospital from the employees'



point of view. These include frontline staff such as administration record clerks, nurses and doctors working in the Accident and Emergency section, and the pharmacy staff who deal directly with customer (patients). The views also included those of the quality assurance unit and managers who deal directly with customer complaints. In selecting the participants a purposive selection technique was employed, with the participants being selected based on their roles in the facility. The following participants were selected at the hospital; the chief executive officer, the head of nursing services, the head of medical services, the head of administrative services, head of finance, the supply chain manager, human resource manager, quality assurance manager and infection controller coordinator were selected to participate in the study and were working in casualty and admission departments. The study involved a total number of sixteen (16) participants.

### **Data collection techniques**

#### **Semi-structured interview**

For this article, the researchers conducted both semi-structured individual interviews and documentary analysis to collect the data that was needed. Interviewing was conducted in a suitable environment and the documented content was used to analyse how the participants responded and the information thereby derived.

## **PRESENTATION OF FINDINGS, INTERPRETATION**

The research findings based on the interviews conducted with the sample of 16 respondents who were drawn from Edenvale Regional Hospital. The study experienced a 100% response rate as all the members of the sample population participated in the research. This can be attributed to the fact that interviews generally enjoy a much higher response rate than impersonal questionnaires (Ruane, 2016:191). The first section of the study presents the demographic information pertaining to the study respondents. The respondents were asked to provide category of position, length of experience at Edenvale Hospital and highest educational qualification attained.

### **Position and Department**

The respondents were asked to provide their positions and respective departments in the workplace and the information is presented in the table 1.

The information in the table revealed that a total of 3 of the 16 respondents were top management; 3 were medical officers, 2 were middle management personnel, 2 were junior management personnel and the remaining 3 were operational level staff. The highest numbers of respondents were medical officers represented by 25% and another 25% were middle managers. The Casualty Department provided most of the respondents, with 4 respondents being drawn from this department. Another 2 of the respondents were medical officers, 1 was a junior manager and the other respondent was an operational level personnel. The fact that most respondents were drawn from casualty meant that more information could be obtained pertaining to the casualty section, considering that the study's focus is on that particular department.

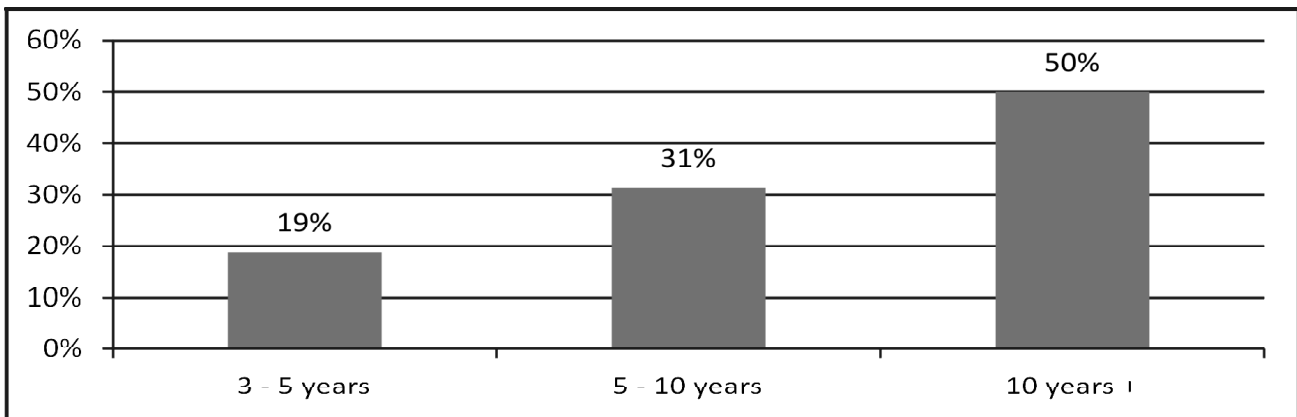
**Table 1**  
**Position and department**

Department	<i>Top Management level</i>	<i>Medical Officers</i>	<i>Middle Management</i>	<i>Junior Management</i>	<i>Operational Level</i>	<i>Totals</i>
Casualty		2	1		1	4
Management	2					2
Finance & Supply Chain	1					1
Human Resources					1	1
Patient Affairs					1	1
Nursing			1			1
Administration				1		1
Infection and Prevention Control				1		1
Surgery		1				1
High Care		1				1
Quality Assurance			1			1
Radiology			1			1
<b>Totals</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>16</b>

### Length of work experience

The respondents were asked how long they had been working at Edenvale Hospital in years. The information provided is presented in the graph below.

The results in Figure 2. indicate that 19% (3) of the respondents had been working at the hospital for periods of between 3 and 5 years, 31% (5) had been in the organisation for periods of between 5 and 10 years, and 50% (8) of the respondents had been in the organisation for a period of 10 years and above. The results indicate that the majority of respondents had been with the hospital for periods of 5 years and more, which implies that their contributions to any study pertaining to the hospital is invaluable based on their experience gained over the years.



**Figure 2 : Experience in years**

### Highest qualification attained

The respondents were asked about the highest qualifications they had attained and the results are presented in the graph below.

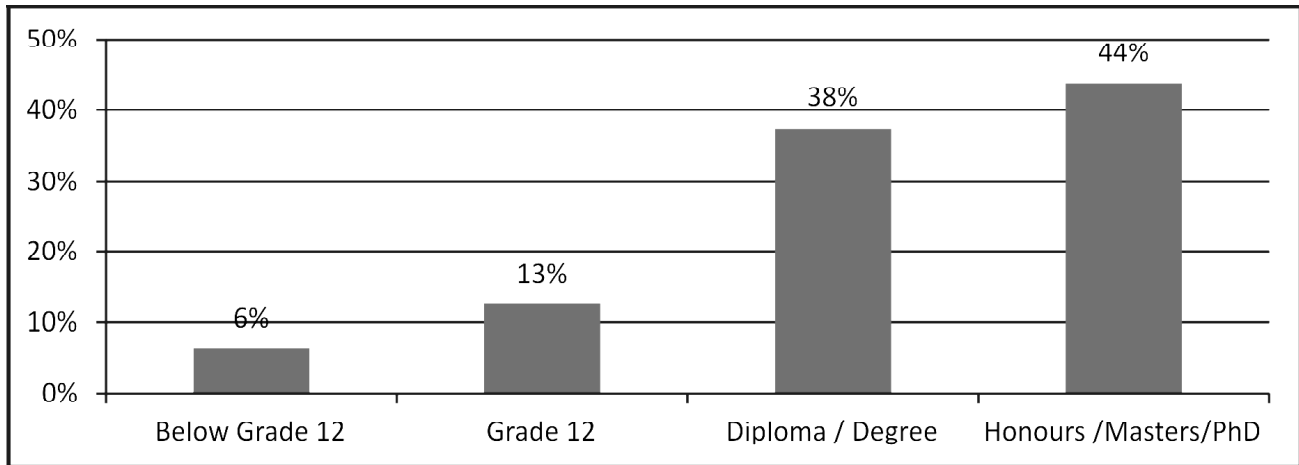


Figure 3: Highest qualification attained

Figure 3 indicates that only 6% (1) of the respondents did not possess a matric certificate, 13% (2) of the 16 respondents had gone as far as Grade 12, and 38% (6) of the respondents had obtained diplomas and degrees. The results also revealed that 44% (7) of the respondents were in the highest category of qualifications, meaning they had either an Honours degree, Master's degree or a PhD. The information reveals that most of the respondents in the sample are highly educated as more than 80% had qualifications ranging from diplomas to doctorate degrees.

### DATA COLLECTED FROM INTERVIEWS

The findings in this section are based on the objectives of this study and presented in terms of themes and in some instances as sub-themes. The following sub-sections present and discuss the results.

#### High levels of expectations from communities

The communities that make use of Edenvale Hospital's Casualty Department have high levels of expectations regarding the service that they should receive. These expectations, however, are not in line with the resource capabilities of this healthcare institution's casualty section. The exceedingly high expectations often led to tension and needless exchanges between the hospital personnel, patients and relatives. The community's high expectation levels are also evident in that they would rather not utilise the other smaller healthcare facilities such as clinics before they come to the hospital.

It seems patients believe that since the hospital is a much bigger health facility it will therefore offer them what they want due to its size. However, this assumption is oblivious to the realities of this institution regarding resource constraints. Going back to literature, patients have generally always harboured unrealistically high expectations from healthcare institutions. According to Mishra and Mishra (2014:624),

high expectation is a positive indicator of a healthcare institution's reputation in the society and is very important for attracting patients. However, very high and unrealistic expectations may also lead to patients being dissatisfied despite reasonably good standards of service from medical institutions (Mishra & Mishra, 2014:624). Therefore, while it is fine for patients to have high expectations, unrealistic expectations on the other hand can lead to conflict between patients and hospital staff.

### **Quality of Patient Care**

The main theme in this section is quality of patient care, which could also have been called quality of customer care had the casualty ward been a business entity. The quality of patient care in the Edenvale Regional Hospital casualty section seems to be poor. A number of sub-themes have been identified and they are presented in the following sub-sections. It is possible that high quality of care for patients can be achieved in healthcare institutions, but there are a number of constraints that impede this from being achieved. Staffing in particular is said to be a major predictor of the quality of care in a healthcare institution even though the quality of any healthcare system is always difficult to define (Veenema, 2013:40). The provision of quality healthcare is possible as long as there are adequate resources for the department to use, but there are other aspects that do not require resources but rather that those providing the services do so with a positive attitude, which in turn requires rectifying any bad attitudes among the staff in question.

### **Bad attitude**

A bad attitude has nevertheless been noted among healthcare staff towards patients and their relatives. This negative attitude has also been noted to emanate not only from the Edenvale Regional Hospital staff but also from the patients themselves. This bad attitude that patients receive translates to poor quality customer care. Burnout among healthcare staff has been found to be the leading cause of poor attitudes towards patients and work and this has also been worsened by negative attitudes from the community towards nurses and doctors (Ojwang *et al.*, 2013:1). The attitude of the healthcare staff at the Edenvale Casualty Department must be suggestive of an organisation wishing to provide good quality healthcare to its patients.

### **Long waiting periods**

The patients are forced by the overcrowding situation to wait for long periods of time when they visit the casualty section, even though casualty patients are typically those who require urgent attention. This means that if they are forced to wait for long periods before receiving attention, then the whole objective of the hospital to provide quality care for emergency situations is defeated. The majority of the respondents raised the issue of the long waiting time, which they said was related to the shortage of beds in the hospital wards. The fact that patients have to wait longer at the casualty ward indicates that the quality of service is severely impacted. The casualty ward, also commonly known as the Accident and Emergency ward, plays the most critical role in caring for the acutely ill and injured patients (Sakr and Wardrope, 2000:315). Such people need urgent medical attention and if they are made to wait in long queues and sleep on the floors while waiting to see a doctor, then the Accident and Emergency (Casualty) section can be seen to be failing in providing adequate emergency medical care. The average number of patients waiting in the Casualty Department to be given beds in the hospital was 68 in 2012, 150 in 2013, 268 in 2014 and it then shot up

to 432 in 2015 (Edenvale Regional Hospital Management, 2015). The average number of patients waiting to get beds has effectively increased by 535% between 2012 and 2015 based on these figures.

### **Poor communication skills**

The issue of poor communication skills was raised by three respondents, but because it's so important when working within the healthcare system it forms part of this discussion under quality of patient care. According to Grafft and Grafft (2012:256), effective communication is important between the patient and healthcare provider in order for useful patient information to be obtained. Patients are bound to feel that the healthcare institution is caring if they are communicated with effectively. The issues raised in the previous section were related to the quality of patient care and the factors that have been raised which affected this dynamic. The quality of patient care in the hospital's casualty ward is a product of staff training.

### **Lack of resources**

Despite the training that casualty employees can obtain, offering quality emergency healthcare is also dependent on the availability of all the necessary resources for ensuring that the complete quality emergency healthcare package is offered to communities. There is a serious shortage of resources such as beds in the casualty section at Edenvale Hospital, which also happens to be small and inadequate. A number of sub-themes related to the inadequacy of resources at the hospital are discussed in the following sub-sections.

### **Shortage of staff**

There is a serious shortage of staff which impacts negatively on proper emergency medical care being offered at the Casualty Department at Edenvale Regional Hospital. The staff shortage issue was mentioned by almost all the 16 research respondents which indicates that the situation regarding staff is dire. The issue of staffing has been raised within the hospital, especially following the visit of the Gauteng Department of Health MEC in October 2015; a formal request in the form of a letter was subsequently made by management who requested that the hospital's executive management increase the Casualty Department's staff complement. The letter clearly stated that the lack of adequate human resources impacted the ability of the department to render efficient and effective patient care at the hospital (Edenvale Regional Hospital Management, 2015). The issue of a shortage of healthcare professionals in South Africa and in the Southern African region is also well documented in modern literature. Dageid *et al.* (2011:50) indicated that South Africa had a problem of inadequate health professionals in the public sector. Approximately 40% of the country's health professionals are said to have left for destinations that include Australia, Canada, United Kingdom and the United States in the past 16 years (Zuniga *et al.*, 2012:340).

### **Overcrowding**

The current Casualty Department has proved to be inadequate in terms of size and is hence failing to cope with the overflow of patients. The department cannot accommodate all the patients who come to the hospital with medical issues that require emergency attention, the result being that people have reportedly been spending long periods sleeping on floor mattresses and some even sleeping on stretchers. The problem of overcrowding is caused mainly by the fact that the hospital in general, but especially the Casualty Department, has effectively become smaller as the population it serves has expanded.

The casualty ward is inadequate in terms of space, as it is just too small especially when considering the number of patients who come to use this department from the surrounding communities. Overcrowding at the Casualty Department is hence giving rise to a host of other challenges. The hospital's bed occupancy rates (BOR) averaged 88.8% between January and September of 2016, with the BOR rising to a high of 97% in August of 2016. This is an indication of how serious the overcrowding is at the hospital's Casualty Department. Multiple studies investigating the issue of overcrowding have discovered that there is an association between overcrowding and reduced access to care, decreased quality measures and reduced healthcare outcomes (Cameron *et al.*, 2015:873). The association between overcrowding and quality measures has removed any doubt that the relationship between overcrowding and mortality is causative.

### **Malfunctioning equipment**

The other major concern which falls under the broader theme of resource shortages is related to inadequate equipment. Equipment is an essential part of any healthcare system, as without adequate functional equipment the hospital personnel in the Casualty Department will be unable to sufficiently accomplish their duties. Some of the respondents indicated that the Casualty Department did not have enough equipment to achieve the desired outcomes. According to Richter (2015:106), the issue of lack of equipment along with the shortage of space, trained staff and medicine are some of the challenges in the South African public health sector.

### **Compromised safety and security**

The other theme that has been identified regards safety and security of both patients and employees, which some of the respondents indicated they were concerned about in the hospital's Casualty Department. . It seems the issue of overcrowding requires urgent attention because if employees do not feel secure they are less likely to be in a position to provide quality healthcare.

## **STRATEGIES TO IMPROVE CUSTOMER CARE**

The respondents were asked to suggest strategies to improve customer care at the Edenvale Hospital's Casualty Department. Their suggestions are discussed in the following sub-sections.

### **Expansion of Casualty Department premises**

One of the biggest impediments to quality care in the Casualty Department is inadequate space which cannot accommodate most of those seeking emergency healthcare at the hospital. A number of respondents suggested that the Casualty Department needs to be expanded

### **Timeous resolution of patient complaints**

The other recommendation that was made by the respondents was regarding the speedy resolution of patient complaints. Patient complaints were supposed to be resolved within a reasonable time-frame. The suggestions for improving customer care highlighted that this was inextricably linked to the timeous resolution of customer complaints. When a customer complaint has been addressed, there is a feeling that the system cares about and is speedy in addressing customer complaints.

### **Improvement in communication**

Improvement in the effectiveness of communication between healthcare professionals and patients in the Casualty Department was suggested as another way to improve customer care. The participant emphasised that communication contributes noticeably to the creation of a strong bond between staff (who are the service providers) and customers and consequently improves customer care.

### **Staff training and development**

When patients arrive at the Casualty Department of Edenvale Regional Hospital, they interact with the hospital employees, and as long as these employees lack adequate training required for a well-functioning Casualty Department, customer care will therefore be compromised. When employees are trained they are believed to now possess the necessary skills they require to do well in their job, and which should then assist in improving the quality of patient care in the Casualty Department.

### **Community awareness programmes**

The communities also need to be empowered with knowledge regarding how the Casualty Department operates. This can be a way of managing the expectations of patients with regard to what happens in casualty and who should come to casualty and for what purposes. Community awareness programmes will help educate communities being served by the hospital about what they need to know regarding the operations of the Accident and Emergency Department. This would improve customer care and therefore patient satisfaction in the future.

### **Increase staff**

One of the major causes of poor customer care in the Casualty Department is the shortage of staff to attend to patients and to execute other activities which form part of the Accident and Emergency Department healthcare service package. The increase in staff would ensure that patients are well attended to as soon as they step into the hospital premises.

### **Better referral system**

The improvement in the referral system was also suggested as a way to improve customer care. A referral system would mean that only those patients who cannot be attended to by local clinics would be referred to Edenvale Hospital which is a regional hospital. This would reduce the overcrowding of the Casualty Department and also reduce the overstretching of staff at this institution.

### **Policy and guidelines effects**

The research respondents were asked about the issue of policy and guidelines and a number of themes were picked up from the responses and are presented in the following sub-sections.

### **Policy effectiveness dependent on implementation**

The effectiveness of any policy depends on how effectively it has been implemented. The policy can be in place but if it is not effectively implemented, it is not going to assist the Casualty Department in the

improvement of quality healthcare and customer satisfaction. According to Adamson *et al.* (2000:49), the responsibility of making policies and overall system performance lies with top management, whose commitment in seeing the customer care policy succeed is crucial to its successful implementation. There is no customer policy as separate policy at the hospital, the department have generic rules and regulation for the hospital no emphasize on the patient and staff/nurses relationship.

### **Effective policy implementation improved service**

The effective implementation of policy had many positive spin-offs which eventually improved customer care. When a policy is effectively implemented it can ultimately result in an improved service. A formal policy on customer service will also be of assistance to patients who will thereby be aware of what they are supposed to expect from the hospital. According to Ross (2003:394), a formal service policy will assist customers to formulate proper and realistic expectations of the level of performance they can expect.

## **RECOMMENDATIONS AND CONCLUSION**

The recommendations that are presented below are aimed at improving the quality of customer care that is offered at the Edenvale Regional Hospital's Casualty Department. The implementation of these recommendations is expected to usher in a new era of quality emergency healthcare and National Health Insurance (NHI) application.

### **Customer service training**

The healthcare personnel who are working in the Casualty Department of Edenvale Hospital need to undergo customer service training. Employee training should focus on the Batho Pele principles and the factors influencing the enhancement of customer care, and should inculcate in the unit's employees the attributes required in a customer care official. Patients who come to the Accident and Emergency departments of healthcare institutions are generally in a particularly ill or injured condition and they therefore require special care in handling them. For example, people who are brought in with a limb broken and hanging after an accident are often panicked and frustrated and they require someone who can handle the emotional challenges raised by their circumstances. The customer training could be conducted by a consultancy firm that can come to the hospital itself, or it could be offered externally where employees can attend for specific training sessions. This training can be provided through seminars or training workshops that are specifically aimed at the casualty section's healthcare personnel, and is expected to equip them with better coping and communication skills regarding how they deal with patients in emergency situations.

### **Increase community awareness campaigns**

The communities seem not to be aware of which cases can and cannot be brought to the emergency care centres. The community members also need to understand that the healthcare system in the country has limitations and this may assist with the management of high expectations. The hospital, in conjunction with the Hospital Board and the Department of Health, needs to organise community outreach programmes where they can educate the community they serve about the operations of the Casualty Department. The community is supposed to be educated regarding which cases should or should not be brought to a regional hospital's casualty section. The community outreach programmes are also supposed to increase awareness



in the respondents regarding the existence of clinics and other community healthcare centres that they can approach for assistance before being referred to Edenvale Hospital. The recommendation is aimed at ensuring that the community has sufficient knowledge about the operations of the Casualty Department and the existence of other healthcare centres, since this will help reduce the numbers of people seeking assistance at Edenvale Hospital and thereby reduce overcrowding and alleviate pressure on the hospital's limited resources.

### **Reaffirm the importance of policy and guidelines of the Casualty Department**

The healthcare personnel working in the Casualty Department need to be reminded of the policies and guidelines of the department's operations. Reaffirmation of these policies and guidelines can be achieved through one-day seminars for this purpose and on how patient care could be advanced. The employees have seemingly largely forgotten the importance of the policies and guidelines in the work they do, hence such sessions to remind them of their duties would go a long way in improving customer care in the Casualty Department. Management can also create posters that can be placed in the department to reaffirm the importance of these policies and guidelines. The presence of such posters in the corridors, offices and wards would then become a constant reminder of what the department is ultimately there to achieve.

### **Creation of an effective referral system**

The referral system that exists in the public healthcare system needs to be strengthened. Patients are supposed to first visit the smaller healthcare centres before they make their way to a regional hospital. There are community healthcare centres (CHCs) which serve almost all areas of Gauteng and these should become the first places that patients visit when they have a health problem which they believe qualifies as an emergency. The first port of call for the patients is supposed to be the community healthcare centres and from there they are supposed to be issued with referral letters that they then take to the bigger healthcare centres. These referral letters are supposed to serve as 'passports' to the Edenvale Regional Hospital in that patients should always come via the referral system before they can be attended to at the hospital. The issue of the referral system should be well communicated with the clinics and a clear, simple and efficient referral system should be developed, including effective communication lines among doctors, nurse, porters and clerks in the Casualty Department.

### **Increase qualified staff**

The challenges that have negatively impacted customer care at the Casualty Department are also attributed to shortage of staff, which is usually traced to financial constraints from the government. It is highly recommended that the Gauteng Health Department improves Edenvale's staff establishment because the current staff establishment stems from 2006, and the hospital now caters for many more patients. There are several factors which have increased the need for a thorough staff review, including the influx of foreigners into the area and a high staff turnover. An audit of the staff that is needed to alleviate the pressure on the current staff complement should be conducted and the necessary staff should then be hired. It is also recommended that the new staff must have suitable qualifications in the accident and emergency field in order for the department to improve its service quality, as opposed to hiring just any healthcare professionals. In other words, the doctors, nurses and other professionals hired must possess

qualifications applicable for those who work in casualty departments and with emergency situations. Customer care cannot be improved if people who do not possess the requisite qualifications and experience are hired instead.

### **Expansion of the hospital and Casualty Department**

The hospital's General and Casualty Departments need to be expanded and this expansion must also bring with it additional beds and staff. The expansion of the Casualty Department will go a long way in alleviating the problem of overcrowding, though it must be noted that in order for the expansion to effectively address the problem of overcrowding and bring relief to the patients, it must be done in conjunction with an increase in staff, beds, medication and the necessary equipment.

### **CONCLUSION**

The implementation of customer care at the casualty department of Edenvale Regional Hospital in Gauteng Province, provides an insight into the customer care satisfaction levels of the Edenvale Regional Hospital's health delivery services, with the intention to identify service gaps and thereby improve upon them. By identifying these gaps, the hospital could then revise its strategy and concentrate on cost effective ways of managing its limited resources to improve service delivery. In order to enable the hospital to deliver its service in terms of the National Health Insurance (NHI) throughout the province, the internal and external customers of the Gauteng Department of Health should be made aware of the Customer Care unit's existence, so that they can then make an effort to access the service offered by the unit when they need it. Likewise, the staff at both Head Office and the hospital should be made aware of the existence, purpose and role of the Customer Care unit. Some of the recommendations that have been discussed include customer service training for the department's employees, running community awareness campaigns as a way of educating people about the Casualty Department's operations, and the need for expanding the department to cater for more staff and patients. This expansion must however be accompanied with qualified staff and sufficient medication and equipment.

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