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Transforming South African Public Healthcare: A service Provider's Perspective- A Case Study of Haterbeeskop Clinic

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Abstract

The challenges facing service quality in South Africa's public healthcare clinics are complex and interwoven, largely caused by limited resources, staffing shortages, and increasing patient needs. These issues negatively affect the standard of care, resulting in patient dissatisfaction and mistrust in the healthcare system. Implementing a Quality Management System (QMS) has significant potential to improve public healthcare by enhancing patient satisfaction, improving care standards, and boosting staff morale. A QMS addresses common challenges such as resource constraints, resistance to change, inadequate training, and communication barriers. However, effective implementation requires adequate resources, proper training, strong leadership, effective communication, and continuous evaluation. A coordinated effort is essential to support QMS introduction in public clinics. This involves policy support, financial investment, comprehensive training, and ongoing assessment. Although several studies have explored QMS effectiveness, many focus only on either healthcare providers or patients, creating gaps in understanding its broader impact on service delivery. This study aimed to improve service delivery at Hartebeeskop Clinic in Elukwatini, Mpumalanga, by assessing its QMS framework. Interviews with 18 healthcare providers and document analysis identified key service challenges and evaluated the current system's effectiveness. A mixed-methods approach validated the findings, with Cronbach's Alpha scores above 0.7 confirming reliability. The research emphasizes the need for better resource allocation, nationwide implementation of National Core Standards, staff training in Batho Pele principles, and improved organizational culture to enhance healthcare quality.

Keywords

Quality Management System (QMS), Service Delivery, Public Healthcare, Resource Constraints, National Core Standards (NCS)

1. Introduction

South Africa's public healthcare system is among the largest globally, serving the health needs of a diverse population exceeding 58 million people (Miot *et al.* 2017). However, this system faces several significant challenges, including long waiting times, staff shortages, inadequate resources, poor infrastructure, and ineffective service delivery (Botes

et al. 2019). These issues have resulted in lower patient satisfaction and a waning trust in the public healthcare system. Therefore, there is an urgent need to improve the quality of service delivery in South African public healthcare clinics. One proposed solution is the introduction of a Quality Management System (QMS), which provides a structured approach to managing quality. This system aims to ensure that healthcare services meet the expectations and needs of patients, healthcare providers, and other stakeholders (Botes *et al.* 2019).

Seelbach and Brana (2022) outline six key domains of healthcare quality that are essential for delivering high-quality services: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. Despite these important indicators, there are ongoing concerns about the quality of care in South African public clinics. Reports from TimesLive (2018) indicate widespread public complaints regarding resource shortages, long waiting times, medication availability, and perceived apathy from staff and nurses.

In response to these issues, the Hartebeeskop Clinic has implemented initiatives such as extended operating hours, as noted in the Belveredeere community minutes (2022). Nevertheless, patients still report dissatisfaction due to persistent problems like lengthy wait times, challenges in the medication supply chain, and their interactions with healthcare providers. To fully evaluate the quality of service delivery in local public clinics, it is crucial to consider both the limitations faced by service providers and the realities of day-to-day operations, alongside the experiences and perceptions of patients (Gorgiladze *et al*. 2020).

1.1 Objective

To ascertain the challenges and gaps in service delivery at the Hartebeeskop Clinic to improve service delivery.
The objectives that have been set for this study was to ascertain the gaps in service delivery at the clinic, by conducting a schedule interview with the service providers.

What are the perceptions of the service delivery and the implemented quality system within service providers?
The study aims to help the Hartebeeskop Clinic gain insights into how healthcare providers view the organization and its quality management system. This research is important as it aligns directly with Sustainable Development Goal 3 (Good Health and Well-Being).

Before participating in the schedule interview, respondents received written consent detailing the study's objectives. Importantly, approval to conduct the research was secured from the Department of Health, as confirmed in an official letter.

1.2 Motivation of the study

This research seeks to provide suggestions for improving the quality of services offered by healthcare providers at Hartebeeskop Clinic, situated in rural Mpumalanga province. The key stakeholders who could benefit from this study include patients of the clinic, staff, management, local communities, and the South African National Health Departments. Implementing a Quality Management System (QMS) in public health clinics could significantly improve healthcare services and increase patient satisfaction.

2. Literature review

2.1 Description of the South African public health care system

The Department of Health (DoH) in South Africa operates under the framework established by the National Health Act of 2003. This act mandates the creation of a structured and standardized health system across the country and delineates the specific roles of each level of government in delivering health services. Its main objective is to enhance public health by preventing illnesses, promoting healthy lifestyles, and continually improving healthcare delivery. The Act emphasizes the importance of accessibility, equity, efficiency, quality, and sustainability in healthcare.

Furthermore, the National Health Act No. 61 of 2003 advocates for the development of district health systems that are tailored to the population served by local health facilities. One such facility is the Hartebeeskop Clinic, located in Hartebeeskop within the Gert Sibande District Municipality of Mpumalanga, South Africa. This clinic functions as a government-funded healthcare provider, offering free health services to the local community.

2.2 Quality Management System in South African Public Health Care Clinics

The National Department of Health (1993) established a detailed framework for implementing Quality Management Systems (QMS) in public health facilities across South Africa. This framework includes essential components such as leadership, planning, resource management, monitoring and evaluation, and service delivery.
Research conducted by De Wet (2019) indicated that the implementation of QMS resulted in a notable increase in patient satisfaction at two public healthcare clinics in the Western Cape, with satisfaction scores rising from 65% to 88%. Similarly, Barron (2018) assessed the effect of QMS on patient satisfaction in four public clinics in KwaZulu-Natal and found that satisfaction levels increased from 54% to 78% after QMS was put into practice.
According to Seleti *et al.* (2018) examined the effects of QMS on patient waiting times at a public clinic in Limpopo. The findings revealed a 40% reduction in waiting times following QMS implementation, along with enhancements in appointment scheduling, patient flow management, and staff communication. Likewise, Joubert (2019) studied the impact of QMS in four public healthcare clinics in Gauteng and reported a significant decrease in average waiting times, from 111 minutes to 62 minutes after QMS was adopted.

2.3 Systemic Reform

The necessity for systemic reform within the South African healthcare system is a prominent theme in the literature, underscoring a critical discourse on how to achieve equitable healthcare access for all citizens. Various studies highlight the multifaceted challenges that continue to plague the healthcare landscape, particularly the lingering effects of historical injustices rooted in apartheid.

Research on healthcare access disparities in South Africa indicates that meaningful policy changes are essential to address the systemic inequalities that continue to disadvantage marginalized communities. For example, Walker and Vearey (2025) show that health policy developments have institutionalised exclusionary practices that systematically narrow access to healthcare for asylum seekers, refugees, and undocumented migrants, despite constitutional commitments to equitable care. Their study suggests that without structural policy reforms that explicitly safeguard access for vulnerable groups, the goal of achieving equitable healthcare will remain unattainable, as entrenched legal and policy barriers continue to marginalise those most in need.

Adding to this argument, Nkosi *et al*. (2023) call for a coordinated approach among stakeholders in the healthcare sector. Their research indicates that effective transformation relies not just on policy adjustments but also on the establishment of collaborative frameworks that enhance communication between government entities, healthcare providers, and the communities they serve. Such cooperation is vital for ensuring that reforms are not only implemented but also resonate with the actual needs of the population.

Research on social determinants of health highlights that addressing social and economic factors is essential for reducing health inequities and improving healthcare quality for underserved populations. For example, policies for non-communicable disease prevention in South Africa have been shown to insufficiently address core social determinants such as socio-economic status, education, material circumstances, and public policy environments, contributing to persistent inequities in health outcomes among marginalized groups. Excluding key social determinants from health strategies limits the potential for improved quality of care and equitable access, underscoring the need for reforms that explicitly integrate social, economic, and environmental conditions into healthcare policy and practice (Rasesemola *et al.* (2023).

However, the path to effective healthcare delivery is fraught with challenges. Mkhwanazi *et al.* (2024) investigate the barriers to implementing these necessary reforms, identifying bureaucratic inefficiencies as a significant impediment. Their research suggests that streamlining administrative processes could substantially enhance service delivery, thereby making it easier for healthcare providers to meet the needs of their patients.

2.4 Technology Integration

The integration of technology into healthcare delivery has become a pivotal focus in the ongoing transformation of healthcare systems. Studies highlight the profound impact that digital solutions can have on service delivery, particularly in underserved areas.

Maita *et al*. (2024) argue that digital health solutions, including telemedicine and electronic health records, play a critical role in enhancing access to healthcare services and strengthening patient engagement, particularly in rural and underserved areas. Their findings demonstrate that the adoption of digital tools contributes to improved healthcare

access, better health outcomes, and more active patient participation by overcoming persistent barriers such as geographical distance, limited healthcare infrastructure, and shortages of healthcare professionals (Maita *et al.* 2024).

Building on the theme of digital health integration, research indicates that mobile health applications are instrumental in supporting healthcare providers by enhancing communication with patients and playing a crucial role in patient education. Lin (2024) states that scoping evidence suggests that mobile health apps that share real-time data with electronic medical or health record systems can improve provider patient communication, support clinical decision-making, and deliver educational content that empowers patients to understand and manage their conditions more effectively. Such technologies are particularly important for promoting health literacy among marginalized populations, ultimately enabling individuals to take a more active role in their health and care processes (Lin 2025).

The transformative power of technology is further explored by Dube and Mthembu (2023), who investigate the impact of digital health tools on patient-provider interactions. Their findings suggest that telehealth services can effectively bridge gaps in healthcare access, particularly in rural areas, leading to improved patient outcomes. By facilitating real-time consultations and ongoing support, these tools enhance the overall quality of care provided.
Moreover, Akinyemi *et al*.(2024) focus on the potential of electronic health records (EHRs) in optimizing data management for healthcare providers. They highlight how EHRs can streamline processes, enhance decision-making, and improve coordination of care among providers. This technological advancement is essential for delivering high-quality healthcare services and ensuring that patient needs are met efficiently.

2.5 Workforce Development

The literature underscores the critical role of workforce development in transforming public healthcare systems. A significant body of research highlights that enhancing the skills and capabilities of healthcare providers is essential for delivering effective services. Continuous professional development (CPD) programs serve as a foundational strategy for equipping healthcare workers with the necessary knowledge and tools to tackle contemporary health challenges and maintain high standards of care. For instance, Munyaneza *et al.* (2024) found that health professionals across diverse roles value CPD as a means to update their competencies and remain responsive to the dynamic nature of healthcare practice. These ongoing education and training efforts are key to fostering a competent, adaptable, and responsive healthcare workforce capable of meeting evolving patient and system needs (Munyaneza *et al* 2024).

Complementing this perspective, Dlamini *et al.* (2023) address the pressing issue of burnout among healthcare workers, particularly in the wake of the COVID-19 pandemic. They advocate for the implementation of supportive measures and mental health resources aimed at retaining skilled professionals within the public healthcare system. This emphasis on mental well-being is crucial, as it directly impacts workforce retention and the overall quality of care provided.

Building on the literature on workforce development, evidence indicates that robust training programs and continuous professional development (CPD) initiatives are essential for healthcare workers to navigate the increasing complexities of modern healthcare environments and deliver high-quality care. Systematic reviews demonstrate that CPD interventions not only improve clinicians' knowledge and practical skills but are also associated with positive impacts on care processes and patient outcomes when appropriately supported and implemented. Moreover, investment in ongoing education and professional support systems is critical not only for enhancing clinical competence but also for fostering job satisfaction and retention of skilled professionals in the public health sector, thereby strengthening health system performance overall (Ali *et al.* 2025).

Mere *et al.* (2023) found that health professionals in the North West Province reported low job satisfaction linked to workforce shortages, limited career development opportunities, and workplace resource constraints, all of which contribute to turnover and workforce instability. These findings underscore the importance of strategies aimed at improving job satisfaction and implementing support mechanisms, such as professional development, mentorship, and improved working conditions, to enhance workforce stability and retain capable healthcare providers**.** Addressing these systemic issues is crucial for maintaining a motivated, resilient, and effective healthcare workforce capable of delivering high-quality care.

2.6 Community Engagement

Madzivhandila and Ngcobo (2024). highlights the critical importance of engaging communities in healthcare decision making as a vital component of effective healthcare transformation. One well documented mechanism for achieving

this engagement is through the work of community health workers (CHWs), who serve as a crucial link between formal health systems and the populations they serve. Research shows that CHWs are often deeply embedded within local contexts, facilitating trust, communication, and culturally appropriate care by leveraging their understanding of community norms, languages, and priorities. For example, community members in an informal settlement in South Africa reported that CHWs improved healthcare accessibility, provided health education, and supported patients in navigating the health system, illustrating the value of their local knowledge and rapport in promoting well-being (Van Iseghem *et al.* 2023). These insights reflect broader evidence that CHWs help bridge gaps between providers and communities, empowering individuals and improving health outcomes by ensuring services are responsive to specific community needs and expectations.

Community involvement in health systems has been increasingly recognised as central to improving healthcare quality and responsiveness. For example, Govender *et al.* (2024) describe how community-led monitoring mechanisms, such as the Ritshidze model, empower community members to contribute structured feedback on primary healthcare performance, enabling service providers and policymakers to identify gaps and implement targeted improvements. This participatory approach demonstrates that embedding community feedback into formal health system processes can help improve service delivery outcomes and enhance accountability in public health settings.

Haricharan (2021) states that building on the importance of community involvement in health systems, research shows that structured mechanisms for community input such as clinic linked health committees can play a meaningful role in shaping healthcare planning and delivery. Studies on community participation in South Africa demonstrate that inclusion of community voices through established participatory structures enhances accountability, fosters dialogue between citizens and health providers, and creates opportunities for local priorities to inform service improvements and resource allocation. This body of evidence illustrates that health initiatives informed by community insights are often more relevant to local needs and better received by the populations they serve, contributing to improved trust and overall quality of care.

Community engagement and feedback mechanisms play a critical role in shaping healthcare policies and improving service delivery in South Africa. For example, community-led monitoring initiatives such as the Ritshidze model position community members as active participants in healthcare accountability and quality improvement, enabling historically marginalised voices to influence how primary healthcare is delivered and overseen. Such approaches emphasise that health systems must not only extend access but must be responsive to community priorities and lived experiences, integrating local feedback into policy decisions and service enhancements (Govender *et al.* 2024).

2.7 Leadership and Governance

Effective leadership is essential for driving healthcare transformation. Botha and Kriel (2023) discuss the role of healthcare leaders in advocating for policy changes that prioritize equity and access. They argue that strong leadership can galvanize support for reforms and foster a culture of collaboration among healthcare providers (Botha and Kriel 2023).

Improving governance structures within the healthcare system is widely recognised as essential for building public trust and enhancing engagement with health services. Reports on the South African health system have identified a lack of transparent processes and insufficient accountability mechanisms as major factors undermining trust in public healthcare institutions and limiting effective stakeholder participation in decision-making. Strengthening governance frameworks, clarifying lines of authority, and fostering greater openness in policy processes are therefore seen as critical pathways to improving trust and responsiveness in healthcare delivery (Academy of Science of South Africa 2024).

3. Methods

This study adopted a qualitative research approach to explore participants' experiences and perspectives within the organisational context of Hartebeeskop Clinic. A qualitative design was deemed appropriate as it enables an in depth understanding of complex social and organisational phenomena through participants lived experiences and meanings. The study was situated within an interpretivist paradigm, allowing the researcher to engage with participants subjective interpretations while situating findings within existing theoretical and empirical literature.
A total of eighteen (18) healthcare providers participated in the study. Participants were purposively selected to ensure representation across key functional roles within the clinic, including management personnel, healthcare professionals,

administrative staff, and cleaning staff**.** This diversity enabled the study to capture multiple organisational perspectives and to generate a holistic understanding of practices and experiences across hierarchical and functional levels.

The scheduled interview begins with a presentation of participants demographic characteristics, providing contextual grounding for the analysis and facilitating interpretation of the findings in relation to roles, responsibilities, and organisational positioning.

4. Data Collection

Data were collected through semi-structured, in depth interviews, guided by an interview schedule aligned with the study objective. The use of an interview schedule ensured consistency across interviews while allowing flexibility for probing and clarification where necessary. All interviews were conducted by the researcher to ensure uniformity in approach and to enhance rapport with participants.

With participants consent, interviews were audio-recorded using a digital voice recorder. The recordings were stored securely as Windows Media Audio (WMA) files on a password-protected computer to ensure data integrity and confidentiality. Audio recordings were subsequently transcribed verbatim, producing individual Microsoft Word documents for each participant. Verbatim transcription was employed to preserve participants original meanings, language, and expressions.

4.1 Data Analysis

The transcribed interviews were imported into NVivo version 20, a qualitative data analysis software, to support systematic data management and analysis. Data analysis followed a thematic analysis approach informed by hermeneutic theory, which emphasises iterative interpretation and meaning making through continuous engagement with the data.

The researcher engaged in multiple cycles of coding and re-coding, allowing themes to emerge progressively through close reading and interpretation of the transcripts. Both deductive and inductive processes were employed: core themes were informed by the interview questions and study objectives, while subthemes emerged inductively from participants narratives.

To enhance analytical depth and rigour, NVivo analytical tools such as word clouds, cluster analysis, tree maps, and word trees were utilised. These techniques assisted in identifying patterns, frequency of concepts, and relationships among themes, thereby strengthening interpretation and supporting triangulation within the qualitative dataset.

The results section presents findings supported by italicised verbatim quotations from participants, ensuring transparency and giving voice to participants' perspectives. The researcher interpreted the findings in relation to the study objectives and existing literature, enabling analytical synthesis rather than mere description.

5. Results and Discussion

The findings from this study highlight the demographic composition of participants, particularly focusing on age distribution. The data indicates that most participants (80%) are over 41 years old, which suggests a mature workforce that brings valuable experience to the public clinic setting. Figure 1 illustrates the age distribution, this demographic insight is crucial for understanding the varied perspectives on the challenges and opportunities explored in the study.

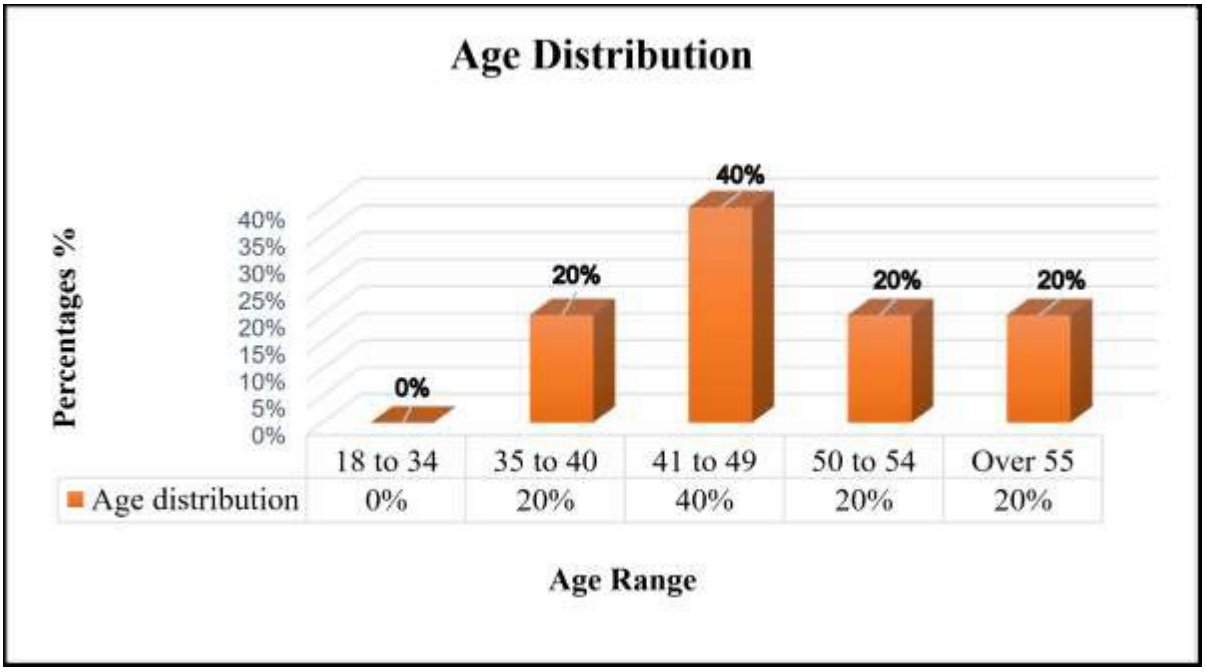

Figure 1. Age

The gender diversity among participants, with 12 females and 6 males, contributes to a holistic approach to patient care, emphasizing the importance of varied viewpoints in healthcare delivery. The inclusion of roles such as administrators, nurses, and HIV counsellors showcase the collaborative efforts necessary for effective service provision. Qualitative analysis, utilizing methods like word clouds refer to Figure 2 and cluster analysis as illustrated in Figure 3, identified key themes with 'patients' emerging as a central focus in provider discussions, reinforcing the necessity of a patient-centric approach.

Figure 2. Cloud Analysis
Source: Authors own construction

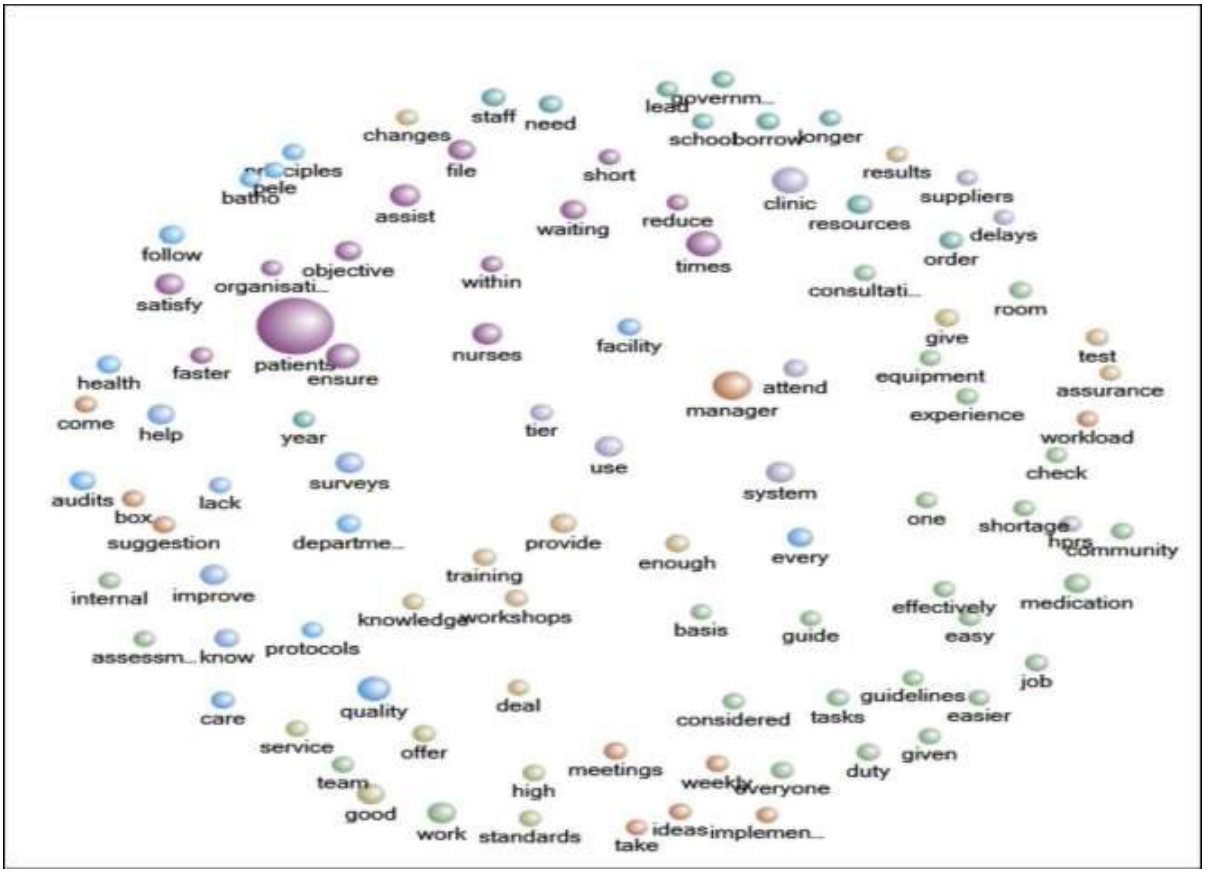

Figure 3. Cluster Analysis
Source: Authors own construction

Several key themes were identified that underscore the relevance of quality in healthcare organizations. These include management objectives, tools for quality promotion, and evaluation strategies, visually represented through a cluster analysis. The size and proximity of the bubbles in this figure reflect the frequency and interrelationships of important concepts, illustrating the multifaceted nature of quality in healthcare.

The article further explores patient perceptions of service delivery, emphasizing the alignment with constitutional rights in South Africa. Key factors promoting quality include adherence to the Batho Pele principles, which prioritize patient care, and the essential role of the patient-provider relationship in enhancing satisfaction. Additional insights underscore the importance of reducing wait times, maintaining clean facilities, and adhering to established standards and protocols, all of which contribute to a consistent quality framework across healthcare facilities.

Hence, the study reveals that while most respondents reported manageable workloads, some expressed feelings of being overburdened. Resource constraints, notably medication shortages and delays in orders, significantly impact both staff performance and patient care. This highlights a critical area for improvement within the clinic's operations.

Perceptions of responsibility for quality improvement varied among staff; some viewed it as a collective duty, while others considered it an individual obligation. Despite many participants expressing a willingness to recommend their workplace due to strong teamwork, concerns regarding resource availability and management practices were noted as significant barriers to overall satisfaction.

Effective management emerges as a pivotal factor in fostering a culture of quality, underscoring the importance of training and adherence to protocols. Managers in the clinic actively address staffing shortages by reallocating personnel from other departments and securing essential resources to maintain operational continuity. They prioritize adherence to standards such as the Batho Pele principles to ensure patient satisfaction and thorough assessments.

Therefore, the relationship between quality and organizational objectives is crucial, as it aligns with goals of patient satisfaction, efficiency, and knowledge sharing through training initiatives. However, it is evident that staff often feel their suggestions for improvement are overlooked, which can lead to decreased motivation and engagement.

Current tools for promoting quality, such as internal audits, patient surveys, and electronic management systems, aim to enhance service delivery. Evaluation mechanisms focus on adherence to standards and patient satisfaction assessments, emphasizing the need for emotional support alongside practical applications of quality measures.
This article underscores that quality in healthcare is multifaceted, driven by patient satisfaction, effective service delivery, and a commitment to maintaining high standards across all areas of care. The findings emphasize the need for a robust Quality Management System that adapts to the unique challenges of public clinics, with recommendations for increasing resources, enhancing infrastructure, reducing wait times, and ensuring staff accountability. Operational continuity is essential, particularly regarding network availability during power outages, as it directly affects service delivery. Through this comprehensive analysis, the interconnectedness of themes and their contributions to quality improvement in clinic operations are illuminated, paving the way for future enhancements in patient care.

5.2 Proposed Improvements

It is crucial for healthcare professionals to comprehend the challenges faced by patients to ensure the delivery of high quality healthcare services. A thorough understanding of quality and its dimensions by Hartebeeskop Clinic staff can contribute to the effective and efficient provision of services to patients. According to study's findings, participants perceive healthcare workers at Hartebeeskop Clinic as lacking sufficient knowledge about their health conditions, meanwhile the healthcare providers perceive that as health care providers have sufficient knowledge to assist every patient in such way that there are no patients exit the medical room without being assisted and the manager ensure that by providing sufficient training to the health care providers.

On the other hand, some health care providers mentioned that training are provided to selected nurses that are favoured by the operations manager of the clinic. Additionally, participants express concerns about the reliability of Hartebeeskop Clinic healthcare professionals, citing instances where patients leave the facility with medication shortages after traveling to obtain it. This sentiment aligns with healthcare providers' acknowledgment of medication delivery delays, leading to patient dissatisfaction and complaints.

In a study conducted by Moyakhe (2014), the impact of Quality Management System (QMS) implementation on staff performance and satisfaction in a public healthcare clinic in Limpopo province was assessed. The study revealed notable enhancements in staff performance, encompassing increased adherence to clinical protocols, improved patient record-keeping, and heightened patient safety. Moreover, staff satisfaction significantly improved, with 82% reporting high levels of job satisfaction post QMS implementation. Consequently, successful QMS implementation at Hartebeeskop Clinic has the potential to enhance service delivery and meet the satisfaction of patients.

5.3 Limitations

This study is focused exclusively on a single public and the findings are specifically applicable to rural health systems, as the participants are from rural areas within the Gert Sibande District at Elukwatini. Nonetheless, the insights gained from this case can offer valuable lessons for other health facilities.

5.4 Future studies

This research focused solely on the service delivery at the Hartebeeskop Clinic, a rural public health facility. It aimed to understand the perceptions of both patients and healthcare professionals regarding the quality of services provided. The study did not address the financial resource allocation at the clinic. Additionally, the survey specifically targeted healthcare providers and patients within this public clinic context.

Future research could benefit from broadening its scope to include both rural and urban clinics, which would provide a more comprehensive perspective on these different environments. Further studies might also investigate how resources are allocated in both public rural and urban healthcare facilities, evaluating the effectiveness of the proposed strategies for improving service delivery. It is important to highlight that this research intentionally did not cover various other aspects, as its focus was on assessing the quality of service at the Hartebeeskop Clinic.

5.5 Ethical clearance

Approval was obtained from the Department of Health committee to conduct scheduled interviews with healthcare providers at the Hartebeeskop Clinic, and the Durban University of Technology Institutional Ethics Research Committee granted the necessary ethical clearance.

6. Conclusion

The study presents clear conclusions based on its objectives and offers actionable recommendations for implementation. These conclusions aim to provide valuable insights drawn from the research findings. Additionally, a proposed framework is introduced, offering a structured method for applying the study's results in relevant contexts.

The chapter also addresses the limitations encountered during the research, providing an honest overview of the challenges faced. It suggests potential directions for future research, highlighting opportunities for further exploration and improvement. This comprehensive approach not only emphasizes the study's contributions but also reflects a dedication to ongoing advancement in the field.

By combining objective conclusions, practical recommendations, a proposed framework, and acknowledgment of limitations, this chapter enhances academic discourse and encourages continued scholarly engagement. As research is an iterative process, these components contribute to the broader knowledge base and offer valuable insights for current and future researchers and practitioners.

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