M MED DISSERTATION

2010

Title: Reasons patients leave their provided health care service to attend Karen Park Clinic, north of Pretoria.

Dr Agnes Tola Masango-Makgobela

MMED Family Medicine

Supervisor: Dr J V Ndimande

Dedication

Thanks to God the Almighty, for making this possible.

Acknowledgement

I would like to thank my supervisor for helping with the completion of my research.

I would like to thank Karen Park Clinic for allowing me to do my research during their busy work schedule and

I would like to thank the patients who agreed to participate, by completing the questionnaires.

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Abstract

Background:

Many patients move from one healthcare provider to another, disturbing the continuity of holistic patient care.

Objectives:

The aim of this study is; to investigate the reasons why patients leave their nearest clinic, and to determine if these patients are able to use the provided care when they need to.

Methods:

A cross-sectional, quantitative study was conducted during the winter of 2010. Questionnaires were given to 350 patients attending Karen Park Clinic. Patients completed the questionnaires in the presence of the researcher, who was able to assist where needed. Variables addressed in the questionnaire included: place where they stay; if they visited their nearest clinic; what services there are at their nearest clinic; would they go back to their nearest clinic and if not, what would be the reasons.

Results:

The majority of respondents stayed in Soshanguve, 153 (43.7%), Mabopane 92(26.3%)Garankuwa, 29(8.3%)and Hebron 20(5.7%), Most of the respondents were females 271(77.4%), with 177 (50.6%)aged between 26 and45years. Eighty percent of patients indicated that they visited their nearest clinic and 191(54.6%) said that they will not return to that clinic. The reasons for not returning to the nearest clinic were: - no medication, 39(11.1%); long queues, 59(16.9%); rude staff, 59(16.9%); long waiting time to be helped, 88(25.1%) and other, 63(18.0%).

Conclusion:

The researcher found that many patients, who first attended their nearest clinic, opted not to return. Reducing long waiting times and long queues at a primary health care centre can be achieved. Satisfied health care providers would provide quality service to patients. Training courses for management committee members could lead to improving the health center's management and patients could be redirected to their nearest clinic by giving them referrals or transfer letters. Purchasing enough medicine will reduce the problem of no medication and increase the capability of

the health center. Staff should receive training about health care practices, to reduce the rude behaviors that drive patients away.

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Chapter 1: INTRODUCTION

1.1 Brief overview of the topic and its relevance

This research is about the ordinary patients who attend primary health care clinics daily, to seek help for varying problems. Patients come to consult because of limits in tolerance; e.g. earache so severe that it disturbs the person's normal functioning. Some patients come for administrative needs, to complete forms such as for disability grants and many people come for preventative services, regarding family planning and immunisation (Mash, 2000).

To help patients, the health care worker has to render correct, continuous quality of care and so ensure a healthy population. Patient satisfaction with primary care must reflect a combination of quality care provided by the physician and quality of the organizational system in which the care takes place (Barr, Vergun & Barley, 2000). Health care workers therefore need to work as a team, to accomplish quality of care. Access to the patients' context, knowledge of where they reside and access to their family also contribute to quality of care. The patients themselves need to have easy access to and visit the health care service at any time, using any means of transport. Maskew (2007) reported that the leading cause of failure to follow up was transport cost and transport availability.

 When an outbreak of a disease occurs within a community, the people in this community, who live closest to a health care service, should bring their families from home to one confined place for assistance, to achieve the most favorable outcome.

 By referring from one service to another in the same area, the principle of family medicine (Mash, 2000) is applied; because patients can easily be accessed when staying together. Patients do not have to plan to borrow money for transport, hire transport or even worse, ask directions to reach the area because of unfamiliarity with the surrounding services. Some elderly patients can be cured at home. When an elderly patient lives close to the health care service, a team can do home visits to check on the patient and provide the correct medication.

Another advantage of staying near to a health care service is that records are kept of chronic disease patients and, should they not visit the clinic for one month, they can be traced, the reason discovered for not keeping the appointment and hopefully, a solution found. This is a combination of

quality of care and quality of organisational system (Barr, Vergun & Barley, 2000). Those patients, who stay near the health care facility and from whom health care workers took pap smears to screen for cervical cancers, or sputum bottles for tuberculosis screening, and where the results came back positive, can be traced and managed properly by either referring to tertiary hospitals or giving appropriate treatment.

The aim of the study will be relevant in serving the community where health care workers work holistically and give quality care, therefore satisfying both the patient and the health care provision parties and not wasting the government budget by seeing new patients and giving them medication every day, not knowing where they end up. Most patients are lost from the system leaving health care workers without the knowledge of whether they are dead or alive and unaware if the patient had passed on the disease, because of failure to return for appointments. Using the nearest clinic is therefore more advantageous.

Government speaks of service delivery to communities who can access it and the delivering of quality service, not once, but continually. That is why it is important to know whom health care workers service and where the probable patients stay, to improve trust and satisfaction to all parties involved.

1.2 Problem statement

Karen Park Clinic is in Acacia, north of Pretoria. The clinic renders services to approximately 200 patients daily. Most of the patients are presumably not residing in Acacia but most likely work in the area. These patients come from Soshanguve, Mabopane and Garankuwa, and even from as far away as Hammanskraal. Karen Park Clinic is near a shopping complex and municipality, where water and electricity is paid (amongst other municipality services) and therefore renders easy access to "one stop services". However, easy access often result in , patients coming to the clinic, asking for a doctor's note, to account for absenteeism from work, after completing other personal duties in the vicinity. The researcher is concerned about the clinic utilisation, which comprises patients who do not form a definite well-defined community. It is difficult to practice family medicine to such a disorganized community.

Karen Park Clinic renders services from Monday to Friday, 7:30 to 16:00, with one doctor in attendance twice a week, assisted by four professional nurses, one staff nurse and two administrators. The clinic renders services to the communities of Orchards, Chantel, Karen Park, Hestia Park, Winter Nest and Nina Park. The people from these areas need to access their clinic at any time and to be helped satisfactorily, with quality care, and not rushed or seen quickly because

the clinic is overflowing with patients from Soshanguve, Mabopane, Garankuwa, and Hammanskraal. The total number of patients attending a particular surgery increases waiting periods and especially consultation times needed. (Heaney, Howie & Porter, 1991)

1.3 Justification for the study

This researcher is interested in why patients leave their nearest provided health care service to attend a public clinic where services are free. One study, conducted in private practice, looked at patients' reasons for leaving their general practitioner and medical practice. The study identified predominant factors e.g. because they were unhappy with the practice, however, most issues were financial. (Wessels & Viljoen, 2009). This researcher believes that communities who attend their nearest clinic would improve the satisfaction of both health care providers and patients.

Chapter 2: LITERATURE REVIEW

The main reason why patients move from doctor to doctor is dissatisfaction with the service they receive. If patients' expectations are not met patients are not satisfied (Bell et al, 2002). Other patients change the place of consultation due to referrals to other institutions or because they are referred from a hospital to a primary health care facility, which procedure is acceptable and normal. Some patients, however, cannot access their clinic due to the lack of transport, especially in rural areas.

One study by Kasteler et al, 1976, concentrated on understanding the issues underlying the prevalence of ' doctor shopping' behaviour. Persons of both upper and lower income households, who went to see their doctor because of illness, within a year prior to interview, were included in this study The researcher found that both upper (48%) and lower (37%) income household families had changed doctors because of dissatisfaction with some aspects of their care.

The factors related to the tendency to 'shop for doctors' in both upper and lower income groups were identified as:

1. Lack of confidence in doctors' competence
2. Unwillingness of doctors to spend time talking to patients
3. Hostile feelings toward doctors
4. High cost of services
5. Inconvenience of location of service provider and hours that service is available
6. Unfavorable attitude towards doctors' personal quality

 Only upper income group patients went 'doctor shopping' because of hypochondria.

In another study conducted on patient satisfaction and change in medical care provider, (Marquis, Davies & Ware, 1983), the hypothesis test showed a 1-point decrease on a general satisfaction scale, which was associated with a 3.4 percentage-point increase in the probability of provider change. This study shows that more patients move around due to dissatisfaction with service.

Another study regarding patients' switching of doctors, (Safran et al, 2000.) commented on patients not using their health care service, because they preferred the doctor who knew them and with whom they have good relationship. Availability of sufficient staff makes a difference to patient satisfaction because of the reduction in patient waiting time.

Cleary and McNeil (1998) state that good organisation of health care facilities result in more personal care for patients and is associated with high levels of satisfaction. However, shortage of healthcare providers is one of the reasons for longer waiting times. Therefore, people will continue moving from one place to another to avoid waiting for long hours before receiving help.

The doctor-patient relationship is especially important for patients with chronic diseases, to ensure continuity of care. Benefits of continuous care are that:

1. It improves health outcomes
2. Gives greater satisfaction for patients and physician
3. Saves on treatment costs.

It is important for the patients to be near a health care service, especially to avoid absenteeism in chronic patients with chronic diseases. In the article about diabetic clinic defaulters; who they are and why they default, (Archibald & Gill, 2005);he reasons found to contribute to defaulting include:

1. Overcrowded clinic
2. Prolonged waiting time
3. Seeing different doctors at every visit
   Not seeing the consultant often enough: defaulting is a common problem and is associated with poor glycaemic control and an increase of complication rates in diabetic patients. If these chronic patients received their medication every month, the disease would be controlled, saving the government money by not having to initiate treatment to every new patient. Reddish et al, (1999) concluded that continuity of care was associated with a reduction in resources utilisation and costs.

Contributing factors and challenges for South African patients on antiretroviral therapy were also discussed in the article about lost follow up of patients. The major obstacle to obtain treatment was financial, referring to transport costs and for the opening of files.

Safran et al (2000) conferred that the leading predictors of patients' loyalty to their doctor were if a doctor knows his patient; if there is patient trust; if quality of communication is good and if there is interpersonal treatment. The presence of those predictor factors can reduce the movement of people from one area to another.

Sometimes a health care provider is not dedicated to the work, chases patients away, is rude to patients or has a lack of patience due to a lack of staff at that facility. This contrasts with the

behavior of the health care providers who experience job satisfaction because the health sector provides equipment and the worker has a stable income (Gadallah et al, 2009).

Government strives to provide each location, according to an area map, with a clinic and its staff which is appropriate to its population. The clinic must be functional and have most of the services determined to be needed. Structural features of care include:

1. Access to care
2. Integration of care
3. Visit based continuity
4. The relationship duration,

Safran et al (2000), found that the last two points remain significant predictors of disenrollment (switching doctors), while the others did not.

Above Health plans are not the only reasons why people change their health care providers. More people change their clinics because their doctor moved to another area, the health care provider retired or died and because the patients themselves relocated. In these instances It is not voluntary switching of clinics; but it is beyond the patients' control. (Safran et al, 2000 and Reeds, 2000)

The article 'When do older patients change primary care physician?'(Mold, Fryer & Roberts , 2004), some patients are forced to change involuntary because they move to be closer to family, others are admitted to nursing homes and others lose their source of transportation.

Presently, clinics see everyone, even those who have tuberculosis, human immune virus or those who came for family planning providing care without discrimination. Gold (2008), states that patients who came for family planning do not use the nearest clinic because;

1. They think the provider might send records home
2. The health care provider might tell family members
3. Maybe the provider knows them
4. Friends or neighbors might see them
5. They are too embarrassed to go to their usual health care provider.

These patients are concerned about their confidentiality; they believe that it is better for them to attend another clinic, where no one knows them. They require continuous care and if there is no follow up then poor health care service results.

Most patients who seek care for physical symptoms usually have more than one expectation and if these expectations are not met, they are dissatisfied with their physician (Jackson & Kroenke, 2001). More poorly patients are less satisfied with their medical care (Hall et al, 1998) because

1. Poor health produces dissatisfaction directly
2. Poor health produces dissatisfaction through the mediating effect of physician behavior.

Research undertaken on why patients were leaving their present health provider gave the reasons as; being dissatisfied or unhappy, doctor died or moved away and patients themselves relocated (Wessels & Viljoen, 2009). Billinghurts and Whitfield (1993) reported that most patients change their general practice without changing their address, the reason being distance, dissatisfaction with the personal care given by general practitioners and dissatisfaction with the practice's organisation.

In an article about choosing a doctor, Bornstein et al (2000), wrote that participants perceived professionally relevant factors, (e.g. whether the doctor is board certified, office appearance) and management practices (e.g. time to get an appointment, evening and weekend hours), as more important than the doctors' personal characteristics (race, age, gender, etc). Factors patients perceived as most important to their choice of a primary care doctor are also those that have the greatest effect on the quality of health care they will receive.

In the latest study, 'Why do patients leave our practice?', Wessels and Viljoen(2009), found that patients left practices because they lived too far away, others could not afford the consultation fees and ended up using the public health system, and others were unhappy with the practice. Those who were unhappy reported long consulting waiting times, interpersonal difficulties with the doctor or practice support staff and, most important, financial issues.

Chapter 3: METHODOLOGY

Aim of the study

Reasons patients leave their provided health care service to attend Karen park clinic, north of Pretoria

Objectives of the study

1. to assess functionality of other clinics in the vicinity
2. to assess tools used in dealing with patient overload in other clinics
3. to assess availability of medication at other clinics

Research question

What are the reasons why patients leave their nearest provided health care services to attend Karen Park Clinic?

Study design

A cross-sectional, quantitative study, conducted over a short time period, where the collecting of samples   was at Karen park clinic

Study population:

 The population of this studyincluded all patients who attended the Karen Park clinic within a one month period. The headcount was estimated to be about 3000 of patients monthly.

Sampling frame and sampling size:

The sample size   was   350 and the sampling frame include males and females, who came for consultation at Karen Park Clinic, are older than eighteen, , do not stay in the Acacia area and can give consent. We used the Epi Info statistical program to calculate the minimum sample size of this study. With 95% confidence interval and Standard error of 0.01, the sample size was expected to be at least 350 patients (83%). The questionnaires were distributed to 350 randomly selected patients and collected after completion.

Data collection

Data was collected at Karen Park Clinic from the 21st June to the 29th June 2010 by the researcher, who had help from trained assistants. The instrument used to collect the data was a questionnaire that was available in English and Setswana, as most of the population in the clinic can speak both languages. The questionnaire consisted of questions with tick boxes where the participants could mark their answers.

Three hundred and fifty patients received questionnaires and consent forms after they had opened a file at the Karen Park Clinic. Those with residential addresses not from the Acacia area gathered in a room and others in a hall, where they received an explanation about the research, before the distribution of consent forms and questionnaires and followed by their concern to participate. The researcher and trained assistants were present during the completion of forms, so that the patients could ask for clarification of questions or instructions where needed and then to collect the questionnaires.

3.10 Data analysis

To find the reasons given by patients for preferring Karen Park Clinic to other health facilities in Roslyn and surroundings, data was analyzed using descriptive statistics. A variety of statistical analyses wasl be applied to the data, including the t-test, Pearson's product-moment correlation and Analysis of Variance (ANOVA). The threshold for statistical significance was considered as a p value < .05 for all statistical analyses.

3.11 Reliability and Validity of study

The study design is appropriate. The researcher was able to determine the reasons why patients did not want to attend their nearest clinic but preferred to come to Karen Park by using structured questionnaire which was in both Setswana and English.

The questionnaire is reliable because it is simple, with options of questions to choose from and tick boxes, and the researcher was available to assist**.**

3.12 Study bias

Out of fear of intimidation, some patients would not be willing to participate.

3.13. Ethical considerations

The clinics gave a clearance certificate for research to be conducted. Consent forms were provided to patients who agreed to participate and who were older than eighteen. Patients were reassured that participating would not compromise the service provided to them and anonymity was ensured by not asking them to fill in their names.

Chapter 4: RESULTS OF THE STUDY

Introduction

Data was analysed using the statistical computer software SPSS 17.0. The presentation of the information is in descriptive statistical techniques such as frequency analysis, pie charts and graphical bar charts for all variables, in order to show the distribution of variables. Cross tabulations were also done, to determine the relationship between the predictor variables and the response. The considered threshold for statistical significance was a p value < .05 for all statistical analyses.

Data analysis and interpretation

The majority of the respondents 153(43.7%) stay in Soshanguve, Maponane 92(26.3%), Garankuwa 29(8.3%) or Hebron 20(5.7%. Other respondents 54(15.4%) stay in different places and 2(0.6%) did not answer. Females who participated numbered 271 (77.4%) and males 77(22.0%) and two participants (0.6%) did not answer this question. The majority 177(50.6 %) of the respondents were aged between 26-45 years, 101(28.9%) were between 18-25 years, 65(18.6%) were >46years and seven (2.0%) did not answer. One hundred and eighty three (52.3%) respondents were employed, 16(4.6%) did not answer, 110(31.4%) were working in Acadia and 118(33.7%) did not respond.

Approximately 80% (280) of participants, out of the total sample of 350, say yes, they visited their nearest clinic. When participants were asked how many times they visited their nearest clinic, 105(30.0%) indicated that they had visited their nearest clinic more than twice. Most of the respondents 281(80.3%) agreed that there were no fees payable for consultation at their nearest clinic. See table 1.

Table 1: Socio-demographic distribution of respondents (n=350)

Variables	Frequency	Percent
Where do you stay		
Soshanguve	153	43.7
Mabopane	92	26.3
Garankuwa	29	8.3
Hebron	20	5.7
Other specify	54	15.4
Gender		
Male	77	22.0
Female	271	77.4
Age		
18-25 years	101	28.9
26-45 years	177	50.6
>46 years	65	18.6
Are you employed		
Yes	183	52.3
No	151	43.1
Where do you work		
Acacia	110	31.4
Pretoria center	51	14.6
Other specify	71	20.3
Have you ever visited your nearest clinic		

Yes	281	80.3
No	68	19.4
How many times		
Once	87	24.9
Twice	93	26.6
More than twice	105	30.0
Is there any fee payable for consultation at your clinic		
Yes	41	11.7
No	281	80.3
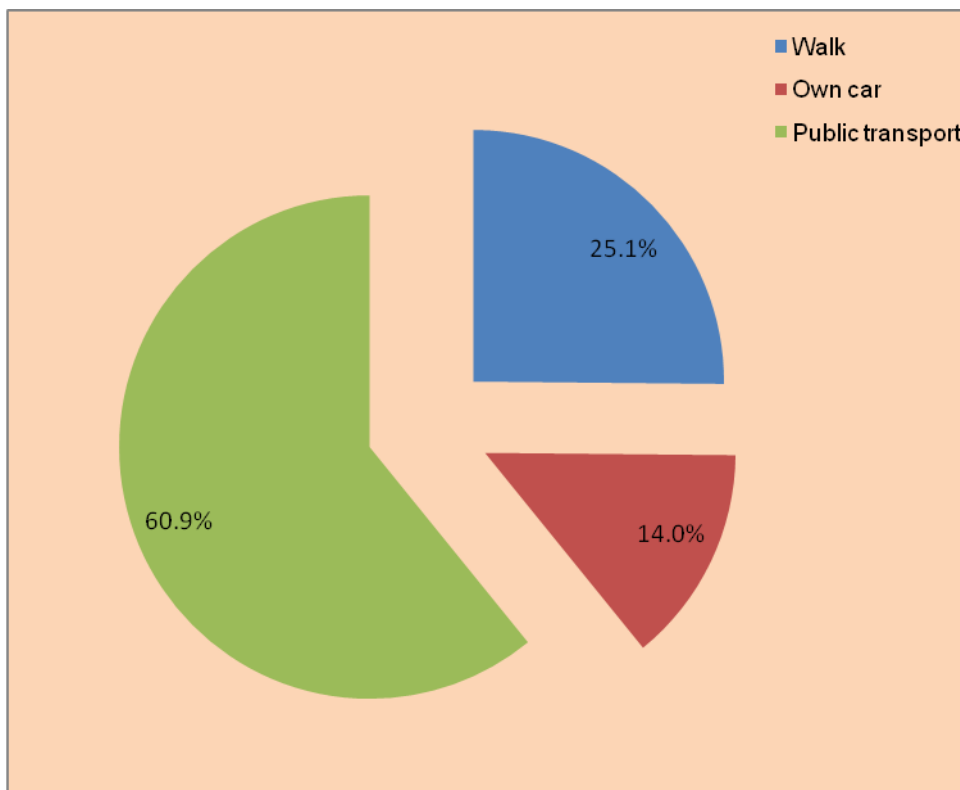
Figure 1.Distribution of transport used to visit their nearest clinic

Figure 1 shows that approximately 60.9% (213) of the participants used public transport, 49(14.0%) used their own car and 88(25.1%) walk.

Figure 2   Opening time of nearest clinics

The majority of the participants 237(67.7%) indicated that their nearest clinic is open for service between 7:30-16:00.

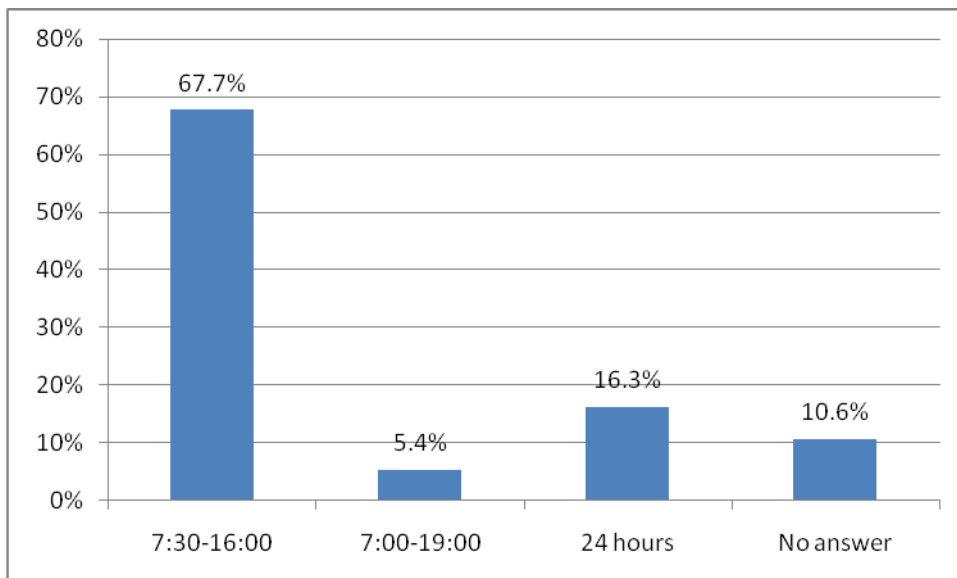**Table 2: Services present at participants' nearest clinic**

Variables	Frequency	Percent
No answer	58	16.6
Family planning	57	16.3
Family planning and Immunisation	16	4.6
Family planning, Immunisation and Antenatal clinic	13	3.7
Family planning, Immunisation, Antenatal clinic Illness and chronic illness	25	7.1
Family planning, immunisation, Antenatal clinic illness, chronic illness and HIV/TB management	156	44.06

Table 2 shows that some services were not available at participants' nearest clinic and because they were not sure 111/267(41.5%) responded.

In Figure 3191 (54.6%) decided not to go back to their nearest clinic, 139(39.7%) want to return and 20(5.7%) did not respond(see figure 3)
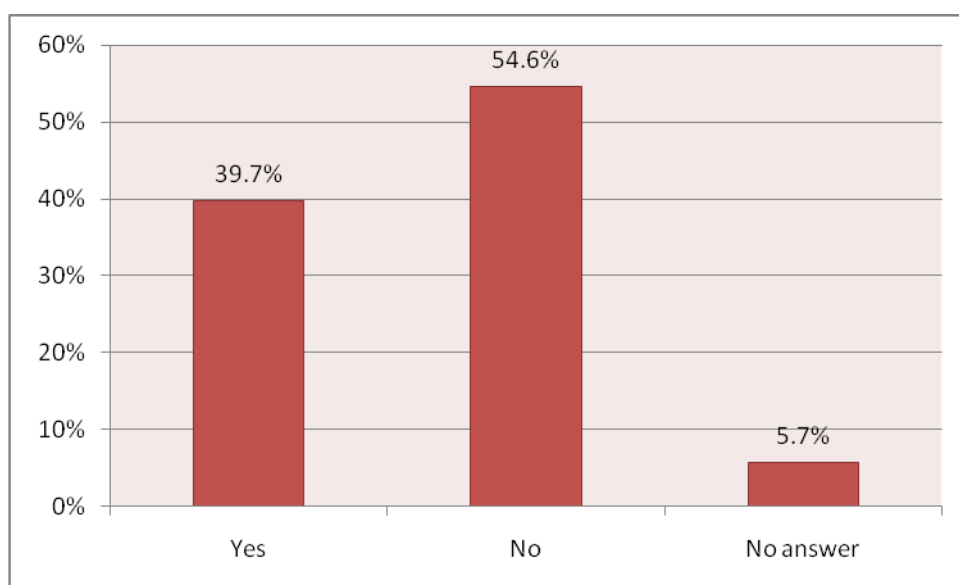
Figure3 Distribution of patients who return to their nearest clinic
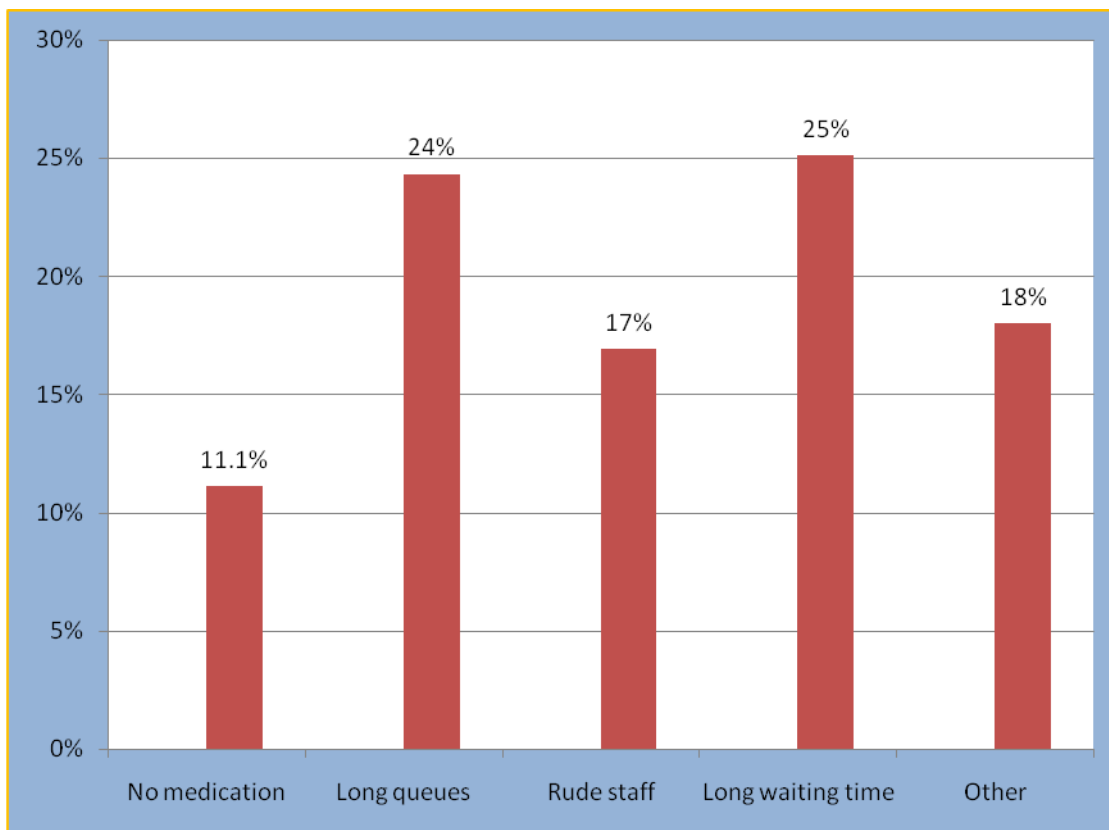
Figure 4 Distribution of the reasons for not returning to the nearest clinic

Reasons for not returning to their nearest clinic was; no medication 39(11.1%), long queues 59(16.9%) rude staff 59(16.9%), long waiting times for help 88(25.1%) and other 63(18.0%).See figure 4.

Figure 5 and 6

Out of 350 participants the majority, 243(69.4%) of the participants, know about Karen Park Clinic through friends/family. Patients visited the clinic because of illness 155(44.3%),family planning 44(12.6%) and chronic medical conditions 53(15.1%) other patients did not respond.
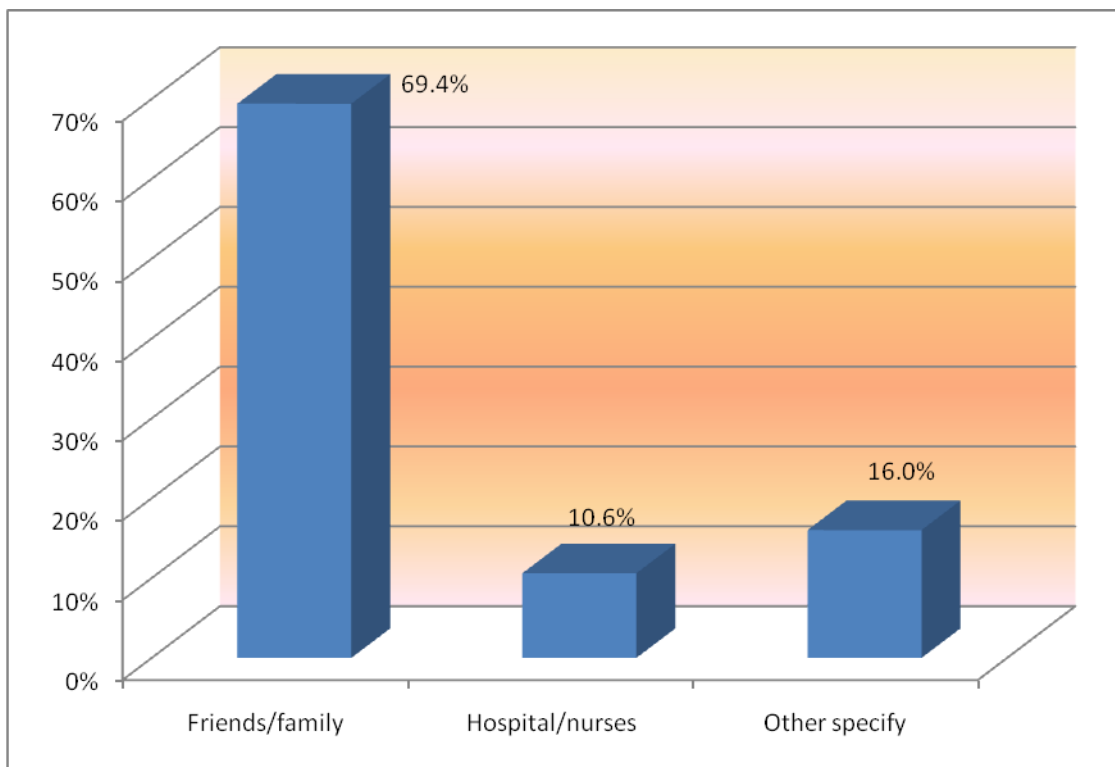
Figure 5 Distribution of knowledge about Karen Park Clinic
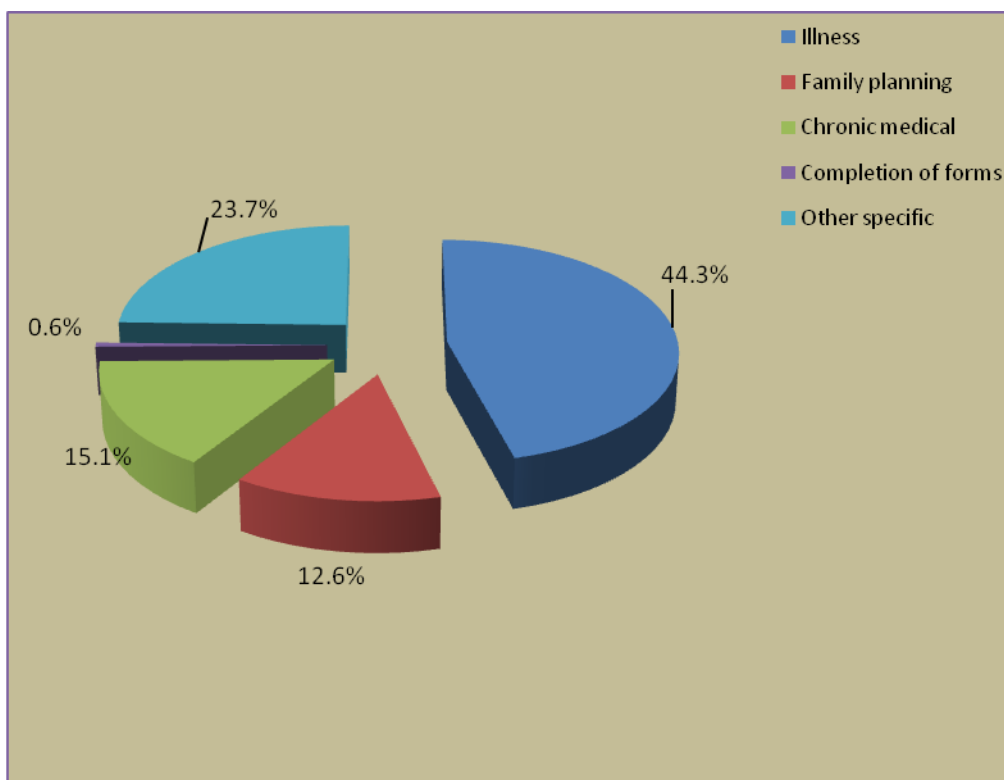
Figure 6: Reasons why patients prefer to visit Karen Park Clinic

CROSS TABULATION OF EACH CATEGORICAL EXPLANATORY VARIABLE WITH THE OUTCOME.

The consideration for the threshold of statistical significance was p value < .05 for all statistical analyses. Regarding participants, the majority from Soshanguve 122/153(80%), Mabopane 67/92(73%), Garankuwa27/29(93%) and Hebron 12/29(41%) with (p=0.002) shows a positive statistical significance that participants from different areas were likely to visit their nearest clinic. There was a statistical significance between the areas. From the areas in this study, clinics were visited only once except participants from Soshanguve who visited twice 49(17.2%) (p=0.000) and the results also show that the majority of the participants were likely to use public transport to visit their nearest clinic (p=0.006).There is statistical significance (p=0.09) about the time their nearest clinic opened. It was significant (p=0.004) that participants do not want to return to their nearest clinic and the results shows a positive statistical significance (p=0.02) that illness made them visit Karen Park Clinic.

Table 3 Characteristics and the place respondents stay

		Soshanguve	Mabopane	Garankuwa	Hebron	Other specify	Total
Visited your nearest clinic	Yes	123 35.4%	70 19.4%	26 7.8%	12 3.5%	50 14.5%	283 80.4%
	No	30 8.7%	22 6.7%	3 .3%	8 2.3%	4 .9%	67 19.6
How many times	Once	32 11.2%	31 10.9%	6 2.1%	6 2.1%	12 4.2%	87 30.7%
	Twice	49 17.2%	26 9.1%	2 .7%	4 1.4%	10 3.5%	91 32.2%
	More than twice	40 14.0%	12 4.2%	19 6.7%	5 1.8%	29 10.2%	105 37.1%

Transport do you use to visit your nearest clinic	Walk	33	16	7	3	24	86
		9.9%	4.8%	2.1%	.9%	49.0%	24.7%
	Own car	18	11	4	2	3	49
		5.4%	3.3%	1.2%	.6%	7.2%	14.1%
	Public transport	100	56	17	15	6.	213
		30.0%	16.8%	5.1%	4.5%	.9%	61.2%

Table 3 Characteristics and the place respondents stay

		Soshanguve	Mabopane	Garankuwa	Hebron	Other specify	Total
How long does your nearest clinic open for services	7:30-16:00	104	65	19	9	39	236
		33.2%	20.8%	6.1%	2.9%	12.5%	75.6%
	7:00-19:00	7	4	3	2	3	19
		2.2%	1.3%	1.0%	.6%	1.0%	6.1%
	24 HOURS	29	5	7	7	9	57
		9.3%	1.6%	2.2%	2.2%	2.9%	18.3%
Will you still go back to your nearest clinic	Yes	58	29	10	6	35	138
		17.6%	8.8%	3.0%	1.8%	10.6%	41.9%
	No	87	53	19	14	18	191
		26.4%	16.1%	5.8%	4.2%	5.5%	58.1%
How did you know about Karen park clinic	Friends/family	116	59	19	17	31	241
		34.5%	17.6%	5.7%	5.1%	9.2%	71.9%
	Hospital/nurses	14	13	3	3	4	37
		4.2%	3.9%	.9%	.9%	1.2%	11.0%
	Other specify	17	14	7	0	18	56
		5.1%	4.2%	2.1%	.0%	5.4%	16.7%

What made you to come to Karen Park Clinic	Illness	77	34	10	9	24	154
		22.8%	10.1%	3.0%	2.7%	7.1%	46.0%
	Family planning	13	16	5	0	10	44
		3.9%	4.7%	1.5%	.0%	3.0%	46.0%
	Chronic medical	21	13	7	2	9	52
		6.2%	3.9%	2.1%	.6%	2.7%	15.5%
	Completion of forms	0	1	0	0	1	2
		.0%	.3%	.0%	.0%	.3%	0.6%
	Other specific	35	23	7	9	9	83
		10.4%	6.8%	2.1%	2.7%	2.7%	24.8%

Comparisons of the patients' opinions

An analysis of variance (ANOVA) was conducted to determine whether patients' opinions were statistically significant. The following results were obtained.

ANOVA

Have you ever visited your nearest clinic

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.645	2	.322	2.076	.127
Within Groups	53.419	344	.155		
Total	54.063	346			

The results show that there is no statistical difference ($p > .05$) regarding whether patients will ever visit their nearest clinic or not.

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ANOVA

Will you still go back to your nearest clinic

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.034	1	.034	.140	.709
Within Groups	80.417	328	.245		
Total	80.452	329			

The results also show that there is no statistical difference (p> .05) regarding whether patients will return to their nearest clinic. One can conclude that the patients are undecided whether they will go back to their nearest clinic and whether they will visit their nearest clinic.

Chapter 5: DISCUSSION

Results obtained indicate that the patients who attended Karen Park Clinic or participated are not from Acacia and the majority of those patients come from Soshanguve. The participants agreed that there are clinics near their homes and they have visited those clinics more than twice, this information is statistically significant with p=0, 0001. This result confirms one of our objectives i.e. to see if other clinics are functional. Some of these clinics even function for 24hours a day. The clinics closer to the patients than Karen Park Clinic are fully functional, as almost all services are available in their health centres and are open every day.

Most patients went to their clinic using public transport, which was not a problem for them and is statistically significant p=0,006, unlike in an article of lost follow-ups, the main problem resulting in not going back to the clinic, was transport money. (Maskew et al, 2007). Billinghurst and Whitfield, (1993) show that patients change general practitioners because of the distance they have to travel.

It was clinically and statistical significant in this study, that the majority of participants would not go back to their nearest clinic, with p=0,004, the reasons on top of the list were long waiting periods before being helped and long queues. Long waiting times is a problem everywhere (Johnson & Rosenfield, 1968), as seen in the article of factors affecting waiting time in ambulatory care service. The factors underlying these problems were found to be the type of appointment system and the correspondence between the time the clinic opened and the time doctors began to see patients.

Patients also decided not to go back to their clinic because of the long queues due to patients not helped after clinic closes. What happens when queues are long and the clinic is about to close? In this study, the majority of clinics closed at 16hours. One of the research objectives was to see how other clinics deal with patients not seen after the clinic closes. Is it possible that patients are turned away without being helped at all? Being turned away would be related to the reasons that patients state that they do not use their nearest clinic, because of too long waiting times to be helped.

The other significant reason for not using the clinic was rude staff. Attitudes of staff can often be from fatigue, dissatisfaction with their job or a lack of benefits included in their salaries. Gadallah et al, (2009) showed that health providers are more satisfied at work because of the availability of equipment, acceptable workload and adequate income.

In this study, lack of medication or not given all the medication needed by patients is another factor that made patients not to return to their nearest clinic. . This is not good because patients decide

not to comply with the treatment, to avoid multiple return visits, leading to dissatisfaction. Continuity of care was associated with a reduction in resource utilisation and costs (Raddish et al, 1999). Bodenheimer et al, (2002) said that the chronic care model, which includes organisation of pharmacies, has the potential to improve care and reduce costs.

This study showed a huge statistical significance between patients who attended their nearest clinic, where they did not pay any fees, but still opted to change to Karen Park Clinic. . This result contrasts with results obtained by Wessels and Viljoen, (2009), where patients left their practice and financial issues were one of their reasons for change.

This study discovered that more females attended the clinic than males, mostly for family planning consultations. The majority of the female patients were aged between 26-45years. Research done by Hopkins et al, (1968) showed the same results - female patients were 55.6 % of patients who visited the general practice. The 1966 sample census statistics showed that 52% of the Liverpool population was female. Most patients left their clinics and came to Karen Park Clinic because of illness, followed by for chronic medication and for family planning. Hall et al, (1998) said the more sick the patients, the less satisfied they are with their medical care, in contrast to healthier patients. The explanation being that poor health produces dissatisfaction directly and through the mediating effect of doctors' behavior.

Chapter 6: CONCLUSION

Long queues and long waiting times had always been a problem in all health care services facilities but the effect of this situation is particularly bad when it leads to dissatisfied patients who do not use the nearest available health care service.

Recommendations are needed to help with the above problems: Waiting times can be reduced if health care centres have enough staff to give quality care to patients and organize training for these staff about health care practice, which in turn will help with the reduction of the bad attitude of the health care provider.

Another recommendation is by providing larger budgets, allocated for medication, in the clinics. If this medication is ordered regularly, in time, the clinic will, have enough stock.

And last recommendation is by organizing a training course for management committee members, about the health center's management and including policy regarding when and how patients can be redirected to their nearest clinic. Maybe giving   the patients referral or transfer letters will also necessary.

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APPENDICES

APPENDIX A:

APPROVED PROTOCOL

RESEARCH PROTOCOL

AGNES TOLA MASANGO MAKGOBELA

SUPERVISOR: DR J V NDIMANDE

STUDENT NO.19341757

TITLE: REASONS PATIENTS LEAVE THEIR PROVIDED HEALTH CARE SERVICE TO

ATTEND KAREN PARK CLINIC, NORTH OF PRETORIA

CONTENTS

TITLE

BACKGROUND

LITERATURE REVIEW

AIMS OF THE DTUDY

OBJECTIVES

METHOD

ETHICAL CONSIDERATION

REFERENCES

TITLE

REASONS PATIENTS LEAVE THEIR PROVIDED HEALTH CARE SERVICE TO ATTEND KAREN PARK CLINIC, NORTH OF PRETORIA.

BACKROUND

Karen Park Clinic is in Akasia, north of Pretoria. The clinic renders services to about 200 patients daily. Most of the patients are presumably not residing in Akasia following certain factors related to work. These patients come from Soshanguve, Mabopane, Garankuwa, and as far as Hamanskraal. The clinic is in close proximity to other health facilities, which render a variety of services, including maternal and obstetric services. Some of these health facilities offer extended hours closing at 18hrs and even 24-hour service.

The clinic comprises of a facility manager, a doctor who visits twice a week, four professional nurses, one staff nurse, two administrators, two voluntary counselors and two queue managers. The clinic operates from Monday to Friday from 7:30 to 16:00. The following services are rendered curative, preventive, management of chronic conditions including HIV/TB.

The challenge experienced in managing patients residing out of this area is when referral occurs for tertiary care at nearby Dr George Mukhari hospital. These patients find it difficult to go to this hospital citing cost of transport from their respective residences. Once seen at Karen Park, the challenge is also on follow up management. These patients have a tendency of either not coming back for follow up, or they come back on days that they had no appointment. The problem then is that patients booked for a particular day multiply resulting in an increased workload for the doctor and nurses.

The question one asks oneself is why these patients prefer coming to Karen Park despite all their hardships. Another challenge for patients attempting to receive a diagnosis, it is necessary to conduct an examination. TB patients, for example, would have their sputum tested and should the result be positive, be contacted for follow up. In most cases, the addresses are wrong making it virtually impossible to trace the patient. Amongst the reasons given as to why they do not use other facilities closer to their homes, is that there is no stock of medication, the cutting of queues at certain times in the morning so that they are unable to be seen on the same day and complaints about staff attitudes.

The challenge is for continuity of care, especially in chronic patients suffering from hypertension, diabetes, arthritis and asthma. They will come and have their consultation, undergo management, given appointments for review, only to default. Coming three to four months after the first consultation, means starting again and this makes it difficult for the health care workers to render good quality service.

Karen Park Clinic is close to a shopping complex and municipality, where one can pay water and electricity accounts (amongst other municipality services) this renders easy access as "one stop services". The result is that after completing their duties patients would visit the clinic asking for doctor's notes to account for absenteeism from work. There is concern about the clinics utilisation,

which comprises of patients who do not form a definite well-defined community. It is difficult to practice family medicine to such a disorganised community.

LITERATUE REVIEW

It is true that more patients move from one doctor to another, reason being dissatisfaction with the service they receive. If a patient's expectations do not reach fulfillment they are dissatisfied (Bell et al, 2002). Other patients change the place of consultation due to referral to certain institutions usually from hospital to primary health care, which is an acceptable norm. Others cannot access their clinic due to lack of transport especially in rural areas.

The undertaking of a study (Kasteler, 1976) was to find issues underlying the prevalence of doctor shopping behavior. The study investigated persons of both upper and lower income households who visited their physician for illness within a year prior to the interview. The author found that both upper (48%) and lower (37%) income household families had changed doctors because of dissatisfaction with some aspects of their care.

The factors related to the tendency to shop for doctors in both upper and lower income groups were:

1 Lack of confidence in doctors' competence

2Unwillingness of doctors to spend time talking with patients

3Hostile feelings toward doctors

4High cost of services

5Inconvenience of location and hours

6Unfavorable attitude towards doctors' personal quality

 Only in the upper income groups, did hypochondriasis encourage doctor shopping around.

The alternative study done on patient satisfaction and change in medical care provider (Marquis, 1983)indicated that the hypothesis test showed a 1-point decrease on a general satisfaction scale associated with a 3.4 percentage-point increase in the probability of provider change. It shows that more patients move around because of being dissatisfied.

Also in the study of switching doctors (Safran et, 2000) commented on patients not using their health care service, because their doctor knows them and they have a got good relationship. Availability of sufficient staff makes a difference because it reduces waiting time for patients. Cleary and McNeil (1998) state that the organisation that offers more personal care is associated with high levels of satisfaction, but shortage of healthcare providers is one reason for longer waiting times. Therefore, people will continue moving from one place to the other, avoiding waiting for long hours before getting help.

In chronic patients, the doctor-patient relationship is important for the continuity of care and its benefits are:

1It improves health outcomes

2Greater satisfaction for patients and physician

      3Cost savings for treatment

It is important for the client to be nearer to the health care service to avoid defaulters in chronic patients. In the article of diabetic clinic defaulters- Who are they, and why do they default? (Archibald and Gill) the reasons for defaulting include:

      1Overcrowded clinics
      2Prolonged waiting times
      3Seeing different doctors
      4Not seeing the consultant often enough, defaulting is a common problem and is associated
      5with poor glycaemic control and increased complication rates in the diabetic patients.

(Safran et,al2000) continued by saying the leading predictor of patients' loyalty to their doctor are if: a doctor knows his patient, if there is patient trust, if quality of communication is good and if there is interpersonal treatment. These can reduce the movement of patients from one area to another. Sometimes the health care providers are not dedicated to their work, chase patients away, are rude or lack patience all resulting from a lack of staff.

According to the area map, a clinic is located in each location, which must be functional and have most of the services. Structural features of care include

      1Access to care
      2Integration of care
      3Visit based continuity
      4Relationship duration

      Safran et al (2000) found the last two points remain significant predictors of disenrollment (switching doctors), while the others did not.

Health plans are not the only reasons why people change their health care providers. More people change because their doctor moved to another area, the health care provider retired or died, and patients themselves relocated. Therefore it is not voluntary switching clinics in these instances; it is beyond their control. (Safran et, 2000 and Reeds, 2000)

Presently clinics see everyone, even those who have tuberculosis, human immune virus or those who come for family planning; anyone who needs care without discrimination. Gold, (2008) states patients who come for family planning often do not use the nearest clinic as;

      1 they think the provider might send records home
      2Health care provider might tell family
      3Maybe the provider knows them
      4Friends or neighbours might see them
      5Embarrasses in using regular provider

These patients are concerned about their confidentiality; they think it better to go to another clinic where they are anonymous. They need continuous care and if there no follow up occurs, it will result in poor health care service.

AIM OF THE STUDY

To find the reasons given by patients for preferring services at Karen Park Clinic to other health facilities around Rosslyn and surroundings.

OBJECTIVES OF THE STUDY

1. To assess functionality of other clinics in the vicinity
2. To assess tools used in other clinics in dealing with patients overload
3. To assess availability of medication at other clinics

METHODS

Study design

The study design is observational quantitative. It is a cross-sectional study, with samples taken of patients who attend at the clinic, but do not reside in Akasia, to find the reasons for leaving their clinic.

Collecting data

The instrument for collecting data is a questionnaire. The majority of the population at the clinic is both English and Setswana speaking, so the questionnaire will be in both languages and consist of questions with boxes to tick.

The field worker will help in giving the participants a consent form and questionnaire. Prior to being a given consent form, the participants will receive and explanation of the research

Study population

The study will use people who attend at Karen Park Clinic with the target population known patients who have files at the clinic, coming for consultation or collection of medication, and those who are opening new files coming for consultation. Estimated population of the clients is about 3000 per month and approximately half of the patients are not from Akasia. The clinic computer captured the information.

Sampling

The sample was calculated using epidemiology information, with a 95% confidence interval and standard error of 0.01: the sample size is 341.

Inclusion criteria

1. Person above 18 years
2. Person who came for consultation
3. Any gender
4. Person not residing in Akasia

The targeting of the participants is after registering or opening a file, an admin officer will see the address of the patients, produce the clinic card and direct them to a waiting room, where they will receive a consent form and given information about the research. If they agree to participate, then they will receive a questionnaire to complete and return to the field worker.

Data analysis

Data will be analyzed using statistical package of social science (SPSS) version 17.0 software. P-value of <0.05 will be determined for significance.

Data planning

Permission was requested from the clinic managers and the Department of Health for research to be conducted in the clinic. Additionally, clerks and volunteers were asked to help by being field workers. (See letter-seeking permission on the last page.)

The budget was for paper only and permission to use the photocopying machine would be asked of the clinic.

The time frame for the collecting of data is approximately 2 months, data analysis 1 month, interpretation of results 2 months and writing of study 2 months.

Reliability and Validity

Reliability

Definition - is the extent to which test scores are accurate, consistent or stable. (Struwig and Stead, 2001)

The research can be as reliable as the researcher and team, working together in the chosen contextual area. The participants come daily to the area: there is no need to search for them.

The questionnaire is in the two languages relevant to the participants. A Setswana teacher translates the Setswana questionnaire. A statistician was included in the sampling and data analysis for reliable results.

Validity

Definition - validity refers to the extent to which a research design is scientifically sound or appropriately conducted (Struwig and Stead, 2001).

The study is valid as patients not staying in Akasia are included. The conducting of a pilot study will ensure validity.

Bias

Can there be bias from patients? Why do patients not complete their questionnaires? By asking fieldworkers to wait for the questionnaire and help with clarity can these problems be minimised. Excluded are those who are < 18 years, so is the study missing many patients who are not from Akasia.

ETHICAL CONSIDERATION

The patients will receive an explanation into the research will be given a consent form prior to participating. We will include participants above the age of 18 years as they can give consent independently. There will be no publication of their names: information given is only for research purposes. The relevant person will give permission before participating in the research in the clinic. The agreement letter has to be awaited from the clinic and the MREC allowing the research to proceed.

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QUESTIONNAIRES

APPENDIX B1

QUESTIONNAIRE IN ENGLISH

<u>Choose which is appropriate</u>

1. Where do you stay?
    A. Soshanguve
    B. Mabopane
    C. Garankuwa
    D. Hebron
    E. Other specify …………………………………………

2. Gender
    A. Male
    B. Female

3. Age
    A. 18- 25years
    B. 26-45 years
    C. >46 years

4. Are you employed
    A. Yes
    B. No

5. Where do you work
    A. Akasia
    B. Pretoria central
    C. Other specify …………………………………………

6. Have you ever visited your nearest clinic
    A. Yes
    B. No

7. How many times
    A. 1
    B. 2
    C. >2

8. *Is there any fee payable for consultation at your clinic*
    A. Yes
    B. No

9. *What means of transport do you use to visit your nearest clinic*
    A. Walk in
    B. Own car
    C. Public transport

10. How long does your nearest clinic open for services

    A. 7:30-16:00

    B. 7:00-19:00

    C. 24 HOURS

11. Are the following services present at your nearest clinic

    A. Family planning

    B. Immunization

    C. Antenatal clinic

    D. Illness

    E. Chronic illness like hypertension

    F. HIV/TB management

12. Will you still go back to your nearest clinic

    A. Yes

    B. No

13. If no what are the reasons

    A. No medication

    B. Long queues

    C. Rude staff

    D. Long waiting time to be helped

    E. Other specify   ………………………………………….

14. How did you know about Karen park clinic

    A. Friends/family

    B. Hospital/nurses

    C. Other specify   ………………………………………….

15. What made you to come to Karen park clinic

    A. Illness

    B. Family planning

    C. Chronic medication

    D. Completion of forms

    E. Other specify   ………………………………………….

APPENDIX B2

QUESTIONNAIRE IN SETSWANA

Kgetha ele nngwe

1. O nna kwa kae
   A. Soshanguve
   B. Mabopane
   C. Garankuwa
   D. Hebron
   E. Gongwe kwala karabo   ………………………………………

2. Bong bagago ke bofe?
   A. Monna
   B. Mosadi

3. O na le dingwaga tse kae
   A. 18-25
   B. 26-45
   C. > 45

4. A oa sebetsa
   A. Ee
   B. Nnya

5. O sebetsa kae
   A. Akasia
   B. Toropong
   C. Gongwe kwala karabo   …………………………

6. A okile wa etela kliniki ya mo lefelong lagago
   A. Ee
   B. Nyaa

7. O ile makgetlo a le makae
   A. 1
   B. 2
   C. >2

8. *A naa go na le dituelo tse didirwang mo ketelong ya lona kwa kliniking*
   A. Ee
   B. Nyaa

9. *Kliniki ya lefelong la lona ethusa go tloga nako mang le gofitla nako mang*
   A. 7:30-16:00
   B. 7:00-19:00
   C. Ura tse 24

10. *Ke mokgwa o mofeng wa senamelwa o le odirisang go etela kliniki e gaufi le wena*
    A. O dirisa dinao
    B. Senamelwa sag ago
    C. Senamelwa se sediriswang setshabeng

11. *A na ditirelo tse dilatelang diteng kliniking e gaufi le wena*
    A. Thibela pelegi
    B. Kliniki ya moento wa bana
    C. Kliniki ya boimana
    D. Bolwetsi
    E. Malwetsi a kgatelelo jaka bolwetsi ba sukiri
    F. Malwetsi a HIV/TB

12. A na o kaboela kliniking e gaufi le wena
    A. Ee
    B. Nyaa

13. Ke mabaka afe ago thibelang go boela kliniking e gaufi lewena
    A. Ga gona meriana
    B. Mela ke e melele
    C. Badiri bateng ba makgakga
    D. Go ema nako elele pele othuswa
    E. Gongwe kwala karabo ....

14. O itsitse jang ka Karen park kliniki
    A. Ditsala/ balosika
    B. Sepetlele/baoki
    C. Gongwe kwala karabo ....

15. Go tla jang gore otle mo kliniki ya Karen park
    A. Otlisitse bolwetsi
    B. Go thibela pelegi
    C. Go tsaya ditlhare tsa sukiri kgotsa high blood
    D. Go tlatsa diforomo
    E. Gongwe kwala karabo ....

APPENDIX C

CONSENT FORMS

APPENDIX C1:

UNIVERSITY OF LIMPOPO (Medunsa campus)

 CONSENT FORM

Statement concerning participation in a research project

Name of study

Reasons patients leave their provided health care services to attend Karen Park Clinic, north of Pretoria

I have heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. No pressure was put upon me to participate in any way.

I understand that participation in this study is voluntary and I may withdraw at any time without supplying reasons. This will have no influence on the regular treatment for my condition neither will it influence the care that I receive from my regular doctor.

I understand the Medunsa Research and Ethics Committee (MREC), University of Limpopo / Dr George Mukhari Hospital have approved this study. I am fully aware the results of this study are for scientific purposes and may be published. I agree to this, providing my privacy is guaranteed.

I hereby give consent to participate in this study.

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

Name of patient/volunteer signature of patient

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

Place date witness

Statement by the researcher

I provided verbal information regarding this study

I agree to answer any future questions concerning the study as best as I am able.

I will adhere to the approved protocol.

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

Name of researcher signature date plac

LE KWALO LA TSHUPETSO YA GO TSAYA KAROLO MO PROJEKENG YA THUTO YA DIPATLISISO

Leina la thuto

Mabaka a adirang ke balwetsi a go tlogela dikliniki tseo didriretsweng bona go tla mo Karen park kliniki, bokone ba Tshwane

Ke badile kitsiso ka ga maikaelelo le boikemisetso ka ga thuto e e umakilweng. Ke filwe monyetla wa go botsa dipitso le nako e elekaneng ya go inaganisa sentle ka ga lebaka le. Maikaelelo le phitlelelo tsa thuto e, ke a tlhaloganya ka botlalo. Ga ke a pataletswa go tsaya karolo ka tsela epe.

Ke utlwisisa sentle gore go tsaya karalo game mo thutong e, ke ka gotlhe gotlhe ka bonna e bile nka tlogela kwa ntle le go dira kitsiso kgotsa go fa lebaka la gore goring ke tlogela.se se ka sebe le thutloetso mo maemong a pholo, le ga e kaba thutloetso mo tlhokomelong e ke ifumaneng mongakeng ya ka ya ka metlha.

Ke a itsi gore thuto e dumeletswe ke Medunsa Research and Ethics (MREC), University ya Limpopo / sepetlele sa Dr George Mukhari. Ke mo maitemogeleng a gore dipholo tsa thuto e, di tlo diriswa mo dithutong tsa science le gore di ka phatlalatswa. Ke adumela go se faele gore se e kaba sephiri ka nna.

Ke adumela go tsea karolo mo thutong e.

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

Leina la molwetsi   tshaeno ya molwetsi

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

Tulo   letlha   paki

Tlhaloso ka modira dipatlisiso

Ke dirile ditlhaloso ka puo mabapi le dikitseso tsa thuto e.

Ke a dumela gore le ka nako e tlang ke tla arabela dipotso mabapi le thuto e, go ya ka bokgoni bo kenang le bona.

Ke tla ikgolaganya ebile ke tla dira jaka lenaneo la thuto le dumetswe

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

Leina la modira dipatlisiso   tshaeno   letlha   tulo

APPENDIX D:

LETTER SEEKING PERMISION TO CONDUCT THE STUDY

      City of Tshwane clinics: Karen park clinic

      Cnr 1st & Henrich Avenues

      Karen Park

      Pretoria

      0118

Dear Sir/ Madam

Re: request for conducting research at your respective clinic (Karen Park)

I hereby request to conduct a research project at Karen Park Clinic. I believe it will be an advantage to me since I have had exposure to the environment and the patients at the clinic. My research will be - Reasons patients leave their provided health care service to attend Karen Park Clinic.

I hope my request is acceptable since it will assist in my present studies M.Med degree in Family Medicine.

Thanking you in anticipation.

Yours faithfully,

Agnes Tola Masango Makgobela

TSHWANE METSWEDING REGION RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

Meeting: 02/2010

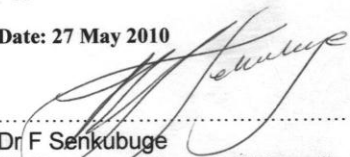**PROJECT NUMBER: TMREC 2010/30**

PROJECT:

Title: REASONS GIVEN BY PATIENTS FOR PREFERRING KAREN PARK CLINIC IN AKASIA TO OTHER CLINICS IN ROSSLYN AND THE SURROUNDINGS
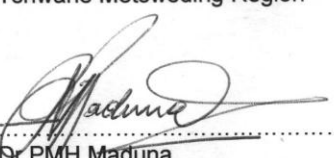
Researcher: ATM Makgobela
Supervisor: Dr JV Ndimande
Department: University of Limpopo, Medunsa Campus
Degree: Mmed in Family Medicine

DECISION OF THE COMMITTEE

Approved

Date: 27 May 2010

....
Dr F Senkubuge
Chairperson Tshwane Metsweding Research Ethics Committee
Tshwane Metsweding Region

....
Dr PMH Maduna
Chief Director: District Health Services
Tshwane Metsweding Region

NOTE: Resubmission of the protocol by researcher(s) is required if there is departure from the protocol procedure as approved by the committee.
ALL CORRESPONDANCE TO INCLUDE PROTOCOL NUMBER

The Fields Building, 427 Hilda Street, 0028, Pretoria

UNIVERSITY OF LIMPOPO

Medunsa Campus

MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

P O Medunsa
Medunsa
0204
SOUTH AFRICA

MEETING: 08/2009

Tel: 012 - 521 4000
Fax: 012 - 560 0086

PROJECT NUMBER: MREC/M/154/2009: PG

PROJECT :

Title: Reasons patients leave their provided health cares service to attend Karenpark clinic, North of Pretoria

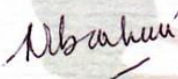|	
Researcher:	Dr AT Masango-Makgobela
Supervisor:	Dr VJ Ndimande
Hospital Superintendent:	Sr V/D Walt / Sr Mothupi (Karenpark / Rosslyn Clinic)
Department:	Family Medicine & PHC
School:	Medicine
Degree:	MMed (Family Medicine)

DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: 06 October 2009

2009 -10- 0 6
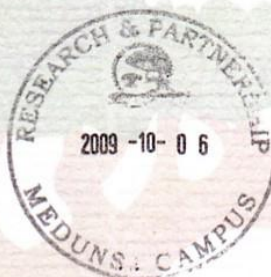
PROF N EBRAHIM
DEPUTY CHAIRPERSON MREC

Note:
i)   Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
ii)   The budget for the research will be considered separately from the protocol. **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**