



RESEARCH ARTICLE

2024, vol. 11, issue 2, 274 - 282
<https://doi.org/10.5281/zenodo.#>

Evaluating the Effectiveness of Resources Allocated to Rural Healthcare Facilities in South Africa

SKHUMBUZO GCABASHE ¹
MOHAMED SAHEED BAYAT ²
FRANCE KHUTSO LAVHELANI KGOBE ³

¹ Department of Public Management and Economics
Durban University of Technology, South Africa, <https://orcid.org/0000-0002-0107-033X>
² Adjunct Professor, Department of Public Management
University of Fort Hare, South Africa, ORCID <https://orcid.org/0000-0002-6238-3997>
³ Research Associate, Department of Development Planning and Management
University of Limpopo, South Africa, ORCID <https://orcid.org/0000-0002-7238-0140>

Abstract

This paper investigates the critical issue of resource allocation in rural healthcare facilities in South Africa, focusing on the case study of Christ the King Hospital. Despite the establishment of democracy, public healthcare institutions continue to struggle with inadequate resources, which significantly hampers their ability to deliver quality healthcare services to rural populations. Through a detailed analysis, the paper identifies systemic challenges, including insufficient funding, inadequate infrastructure, and low healthcare worker morale, which collectively undermine the quality of care provided to rural communities. The findings highlight the urgent need for the South African government to enhance budget allocations to public healthcare facilities, particularly in underserved areas. By improving resource distribution and ensuring that healthcare professionals are adequately supported, the government can foster a more conducive environment for effective service delivery. Moreover, the paper emphasizes the importance of patient consultation in decision-making processes, advocating for a more participatory approach to healthcare management. This consultation is crucial for tailoring services to meet the specific needs of rural populations. The study calls for comprehensive reforms that prioritize both the welfare of healthcare workers and the healthcare needs of rural communities, aiming to create a more equitable and efficient healthcare system that fulfils the constitutional mandate of providing quality healthcare for all citizens.

Keywords: Rural Healthcare, Resource Allocation, Quality of Service, Public Health Institutions, Healthcare Reform, South Africa

1. Introduction

Studies show that people in rural, remote, and urban areas in South Africa face challenges in accessing quality healthcare services from public health institutions (Aruleba and Jere, 2022). Rural and remote South Africans are considered vulnerable due to their ongoing struggle to access quality service delivery and proper healthcare from public institutions. Scholars have noted that rural and remote communities in South Africa are still struggling to access effective and efficient healthcare services from public healthcare institutions. Scholars argue that healthcare challenges stem from apartheid policies, particularly affecting Black people's access to quality services from the South African government.

The democratic government, elected in 1994, introduced new legislation and policies to address healthcare challenges and improve the effectiveness of public healthcare resources for previously disadvantaged groups. The focal point of this study is to scrutinise and evaluate the effectiveness of resources allocated by the government to rural healthcare institutions, using a case study of Christ the King Hospital. This study investigates the perceptions of public healthcare patients and professionals regarding the effectiveness of resources provided by Christ the King Hospital in meeting their evolving healthcare needs. The study also seeks to determine if there are

gaps between the effectiveness of resources rendered by Christ the King Hospital to its patients. This study will also demonstrate how gaps in public healthcare facilities can be addressed to meet and achieve the healthcare needs of rural and remote society. Especially, healthcare challenges which is faced by Christ the King Hospital which is situated in KwaZulu-Natal.

Before 1994 South Africa was engulfed by violence which was the result of apartheid which took place in South Africa. South Africa was ruled by the apartheid government with apartheid legislations, policies, and discriminatory political ideologies. In April 1950, the apartheid government in South Africa introduced Group Areas Act, 41 of 1950 which fragmented South Africans according to their racial group. This Act was introduced by the apartheid government to ensure that Black people are being moved and reallocated in rural and remote areas in South Africa. The racial segregation was done by the apartheid government to ensure that Black society receive limited access to social services provided by the government. Hence, Black people are the majority and white people are the minority in South Africa. However, the Black people were ruled by the white minority who discriminated against and suppressing them in their own country. The apartheid government in South Africa felt pressure from Black people and other global countries through political struggles and sanctions. The apartheid government then decided to release Nelson Mandela from prison who has spent twenty-seven years (27) years in prison for political reason. The National Party (NP) which was in government started to engage in negotiations with the African National Congress (ANC) and other political organizations. In their discussion they reached the consensus of holding a democratic election in 1994, where all South African citizens were going to participate. The history was made in South Africa on 27 April 1994 where the first democratic election was affected.

Black people casted their first democratic elections to elect who should lead South Africa. The ANC emerged as victorious by winning the first democratic elections in South Africa by 62 per cent of votes. The ANC was voted into power in 1994 through a democratic election to alleviate social challenges, poverty and hunger which were faced by the Black community. This is a conceptual paper as such it relied heavily on desktop research for drawing arguments and to coin the crux of this paper

2. Background to the Problem

Day, Cornell, and Malherbe (2019) indicated that even after two and half decades of democracy in South Africa many Black people are still facing social injustice which was created by the apartheid government in South Africa. Furthermore, social injustice includes poor access to quality service delivery, housing, sanitation, sufficient food as well as quality healthcare services. Younga, Garner, Clarke, and Volmink (2016) highlight that despite colonialism and apartheid, many African countries still face social challenges and illnesses, leading to diseases, injuries, and child mortality. Moreover, these unbearable conditions in African countries are being caused by inadequate resources allocated to public institutions including public healthcare institutions and also old and limited infrastructure. Bhengu (2019) mentioned that after elections that took place in 1994 where democratic government was elected to power and introduce new legislations and policies to enhance quality of service delivery and quality healthcare services to society, to change their livelihood and live a better life. Hence, healthcare system was plagued into many issues and challenges such as poor hygiene, poor infection control measures, legal court battles, shortage of resources, outdated equipment, poor record keeping as well as poor management of allocated resources. Furthermore, social illness conditions are found in townships and mostly in rural and remote areas like Ixopo rural area where the study was conducted. Young et al. (2016) are of the view that there are a lot of changes that need to be done in African region to restructure and enhance healthcare services and to be able to resolve healthcare challenges in public healthcare institutions.

Inadequate resources allotted to rural public healthcare facilities have resulted in numerous epidemics of infectious diseases in rural and distant regions (Yao, Zhan, and Sha, 2020; Anggraini, 2023). Therefore, the South African government must devote additional resources to public healthcare facilities to address pandemic diseases in rural and distant areas. Therefore, enhancing resources dedicated to rural healthcare institutions can alter the unfavourable impression of rural communities regarding the efficacy of service delivery and healthcare services offered by these institutions. Allocating adequate resources to rural healthcare institutions will enhance the provision of excellent services and healthcare to address the evolving demands of rural communities. Lavoie, Wong, Ibrahim, O'Neil, Green, and Ward (2019) asserted that the South African democratic government is obligated to address deficiencies in healthcare institutions, particularly to eliminate inequities affecting Primary Health Care (PHC) located in rural regions. Gustafsdottir, Fenger, Halldorsdottir, and Bjarnason (2017) asserted that the World Health Organisation (WHO) aims to tackle disparities in healthcare access in numerous developing nations. As a result, numerous poor nations are overwhelmed by pandemic diseases that diminish life expectancy and increase morbidity due to a lack of healthcare resources. The World Health Organisation (WHO) constitution primarily emphasises the Universal Declaration of Human Rights (UDHR), which advocates for equitable access to

quality healthcare services and urges governments to allocate adequate resources to public healthcare institutions (Dhai and Mahomed, 2018; Gizaw, Astale, and Kassie, 2022).

Dohertya, Kirigiag, Okolid, Chumac, Ezumahd, Ichokue, Hanson, and McIntyrea (2018) asserted that low and middle-income nations must devise alternative methods for acquiring financial resources to support their healthcare systems. This is primarily due to their significant financial issues, as they rely on donations from affluent nations. Lavoie et al. (2019) assert that developing strategies for acquiring financial resources will enable underdeveloped countries to secure adequate funding for their healthcare institutions, thereby facilitating the implementation of Universal Health Coverage (UHC) and improving service delivery within public healthcare systems. Gustafsdottir et al. (2017) asserted that the distribution of adequate resources to healthcare institutions is a fundamental principle for any government in mitigating healthcare difficulties and promoting equitable opportunities for society to realise their full healthcare potential. Doherty et al. (2018) indicated, based on the WHO's national health database, that healthcare services in numerous nations are financed by individuals out of pocket. Consequently, the government bears the obligation to allocate adequate resources to public healthcare institutions to improve service delivery and healthcare services.

Wasserman, Chuma, and Bosch (2018); Cox, Clark, and Sanders, (2023), indicated that in recent years, South Africa has seen numerous service delivery protests, particularly those related to healthcare, as the populace expresses dissatisfaction with the substandard quality of services provided by public institutions. Consequently, this is due to inadequate resources granted by the government to public institutions, especially healthcare facilities, for service delivery. The insufficient allocation of resources to public healthcare facilities impedes the delivery of excellent services and healthcare to its clientele. Javed, Liu, Mahmoudi, and Nawaz (2019) asserted that clients are fixated on acquiring exceptional service delivery and superior healthcare services from healthcare facilities. Therefore, for public healthcare institutions to meet societal demands, the government must give adequate resources to boost their performance. This would enhance service delivery and healthcare services, hence altering societal perceptions of public institutions. Yang, Tian and Guo (2021) demonstrated that the data and statistics reflect a declining trend in resource allocation to public healthcare institutions. Furthermore, the government is tasked with supplying adequate resources to public healthcare institutions to eliminate disparities between urban and rural healthcare facilities. It is imperative to implement this extensively to transform rural healthcare management ideology, promote intelligent medical treatment, enhance financial support, and stimulate the efficient utilisation of resources in public healthcare institutions. Javed et al. (2019) assert that insufficient resources supplied by any government to its public healthcare institutions undermines worldwide advancements in healthcare services and debilitates the healthcare system inside that country.

3. The Synopsis of the Effectiveness of Resources in Rural Health Facilities

The objective of the study is to identify the deficiencies in the efficacy of resources supplied by the government to rural healthcare facilities for service delivery and healthcare provision. The project will examine the underlying reasons of disparities in service delivery and healthcare access for rural and remote areas. The study will identify problems encountered by rural and distant healthcare facilities that impede the provision of quality service delivery and healthcare to rural communities. This study will employ a case analysis of Christ the King Hospital in Ixopo to assess the efficacy of resources supplied to rural healthcare facilities in addressing the needs of rural and distant patients. Burger and Christian (2020) noted that before 1994, South Africa was dominated by the apartheid era, which adversely impacted service delivery to its population. Maphumulo and Bhengu (2019) assert that the issues in South African healthcare can be attributed to the apartheid era, during which the healthcare system was divided along racial and political lines. Day, Cornell, and Malherbe (2019) indicated that over the previous twenty-five years of democracy in South Africa, society has continued to face societal injustices perpetuated by the apartheid regime. Winchester and King (2018) noted that the legacy of apartheid persists in South African healthcare systems, as rural and remote healthcare institutions continue to experience resource shortages, thereby exacerbating inequalities in service delivery and healthcare access for rural populations.

Belova (2019) asserted that rural healthcare facilities are provided inadequate and ineffective resources to meet the health demands of rural communities. Moreover, these healthcare difficulties compel rural patients to be transported to urban hospitals to access superior healthcare services due to the ineffectiveness and inadequacy of resources allotted to rural and remote healthcare facilities. Yao, Zhan, and Sha (2020) asserted that the democratic government of South Africa continues to allocate inadequate resources to rural and remote healthcare facilities, rendering the resources provided to these institutions ineffective in meeting the healthcare needs of rural communities. Consequently, the inefficacy of resources supplied to rural and remote healthcare facilities renders it challenging for these institutions to fulfil the healthcare demands of rural communities. Moreover, inadequate and ineffective resources supplied to rural healthcare institutions exacerbate the burden of illnesses

and infections in rural and remote regions. The crux of the issue is that the resources designated for rural and distant healthcare institutions are insufficient and ineffective in providing excellent service delivery and meeting the healthcare demands of rural communities. Individuals seeking healthcare in rural areas believe that accessing effective and high-quality healthcare services necessitates visiting urban healthcare institutions. Patients in rural healthcare perceive that the government has allocated insufficient resources to rural and remote healthcare institutions, hindering their ability to provide quality service delivery and meet healthcare needs effectively.

Patients in rural healthcare believe that the government must augment the resources allotted to rural and distant healthcare facilities to ensure the efficacy of these resources. Moreover, this will aid rural and distant healthcare institutions in enhancing the quality of service delivery and healthcare services provided to rural and remote communities. Consequently, this will enhance client loyalty and retention in rural and remote healthcare facilities. Rural healthcare patients assert that the government must devise ways and strategies to assess the quality and efficacy of funding supplied to rural healthcare institutions. The South African government enacted legislation aimed at rectifying the deficiencies established by the apartheid regime. The government has published a white paper for National Health Insurance (NHI) aimed at reforming and optimising the allocation of resources to rural healthcare institutions.

4. Methods

This paper relies extensively on a comprehensive review of existing literature to address its research objectives, utilizing academic databases including Google, Google Scholar, Scopus, AOSIS, ProQuest, and various university repositories. This literature review approach facilitated an in-depth analysis of existing research on resource allocation, healthcare service delivery challenges, and patient satisfaction in rural healthcare settings in South Africa. A Thematic Content Analysis (TCA) framework was employed to systematically examine and interpret the literature, with themes centered on resource effectiveness, healthcare access, and quality of service in rural and underserved communities.

The study focuses specifically on healthcare service challenges in South Africa's rural public healthcare facilities, which are often constrained by inadequate funding, outdated infrastructure, and workforce shortages. These challenges disproportionately affect rural and impoverished populations who rely heavily on public healthcare services. Through this analysis, the paper explores critical factors contributing to service delivery gaps, including socioeconomic inequalities, systemic underfunding, and limitations in resource distribution, to understand the drivers behind persistent healthcare delivery inefficiencies in rural areas.

5. The Significance of National Health Insurance in Primary Healthcare Institutions

Muldoon, Hogg, and Levitt (2006) assert that the term primary health care (PHC) originates from the World Health Organization's (WHO) fundamental principles, which delineate a strategy for health policy and the delivery of healthcare services to individuals and the broader public. The WHO (2021c) stated that primary health care catalyzes universal healthcare coverage (UHC), facilitating distinct services for communicable and non-communicable diseases to tackle the demographic and epidemiological challenges faced by underdeveloped nations, while also advancing digital health in these regions. Freitas, de Carvalho, Sena, Isaías, Guedes, do Nascimento, and de Sena (2021) stated that primary healthcare (PHC) is crucial in avoiding and mitigating the exacerbation of diseases within the global healthcare system. Young, Garner, Clarke, and Volmink (2016) disclosed that the public healthcare system in South Africa is financed by taxpayer funds; hence, public healthcare institutions are mandated to deliver effective and high-quality healthcare services to all residents. Morris, Grimmer, Twizeyemariya, Coetzee, Leibbrandt, and Louw (2021) asserted that, despite the democratic framework, the South African healthcare system continues to encounter challenges that hinder the realisation of patient rights and the Batho Pele principles, as well as the delivery of quality healthcare services to all citizens of South Africa.

Price (1986) noted that throughout the apartheid period in South Africa, there were racial segregation and discrimination against individuals of colour. Moreover, the apartheid regime exploited healthcare as a tool to reinforce white supremacy and perpetuate discrimination against Black populations. Pauw and Klein, (2021) noted that following the inaugural democratic election in South Africa, won by the ANC with a commitment to rectify disparities in governmental service delivery. The ANC administration opted to implement the National Health Insurance (NHI) to eliminate inequalities in the healthcare system established by the apartheid regime (Chuene and Kgrose, 2023). Blecher, Pillay, Patcharanarumol, Panichkriangkrai, Tangcharoensathien, Teerawattananon, Pannarunothai, and Davén (2016) indicated that the South African democratic government initially presented a green paper for National Healthcare Insurance (NHI) in parliament, which subsequently evolved into a white paper, then a policy, and was piloted. The introduction of NHI aimed to guarantee equitable access to quality and inexpensive healthcare services, as well as to facilitate the adoption of UHC by South African healthcare facilities.

Freitas et al. (2021) asserted that the implementation of National Healthcare Insurance (NHI) in South Africa aims to enhance the efficacy of healthcare services, service delivery, and healthcare provisions in primary healthcare institutions to address the health requirements of the populace.

The implementation of NHI seeks to diminish the influx of patients to urban hospitals and decrease the incidence of hospitalisations due to health issues. Blecher et al. (2016) asserted that the South African government must establish a legislative institutional framework and procedures to facilitate the adoption of the NHI as a strategy to advance UHC in public healthcare institutions. The NHI will guarantee that all South African people receive effective healthcare services, quality service delivery, and superior healthcare from public healthcare facilities. Moreover, rural, and distant areas would have the opportunity to get effective healthcare services and quality service delivery from public healthcare institutions.

6. Effective Healthcare Service and Performance Standard Required by Rural and Remote Healthcare Customers

Effective healthcare service in public institutions pertains to the quality and performance standards of the specific institutions. Shafiq, Naeem, Munawar, and Fatima (2017) demonstrated that effective service delivery and service quality are critical concerns for society, particularly in rural and isolated populations. Service delivery in South Africa has been compromised by inadequate and inefficient resource allocation by the government to public institutions (Foko, Thulare, Legare, and Maremi, 2017). Nonetheless, rural, and distant communities have been disproportionately impacted by the inefficacy and inadequate resources allotted to public institutions by the government. Shafei, Walburg, and Taher (2019) assert that adequate government allocation of resources to public institutions, particularly in rural and remote regions, will improve the efficacy of resources provided to society. Consequently, it will augment consumer satisfaction, thereby improving client loyalty and retention. Javed et al. (2019) noted that several public institutions in South Africa are formulating new policies and strategies to enhance effective and efficient service delivery, despite the government's inadequate funding allocation. Hendricks et al. (2018) asserted that public institutions can enhance effective and quality service delivery to fulfil societal requirements by ensuring the engagement of society and stakeholders in the decision-making process.

Bombard et al. (2018) asserted that healthcare institutions must involve patients in the decision-making process to optimise resource effectiveness and improve the healthcare services provided to patients. Kamimura, Ashby, Myers, Nourian, and Christensen (2015) asserted that to enhance the efficacy of resources, healthcare services, and the performance of public institutions, patient involvement in the decision-making process of healthcare facilities is essential. Moreover, healthcare facilities must enable patients to offer feedback regarding the efficacy and quality of their services to the community.

Kamimura et al. (2015) asserted that public healthcare facilities that facilitate patient engagement in the decision-making process and solicit feedback regarding the effectiveness and quality of their services are more likely to meet patients' needs. The National Department of Health (2012) asserted that, despite numerous goals and objectives established by the government to optimise resource allocation in public healthcare institutions and improve service delivery quality, statistics reveal that the government is not meeting the fundamental standards for providing effective healthcare services and fulfilling patient expectations. Ipinazar, Zarrabeitia, Belver, and de Alegría (2021) asserted that public institutions must equip staff with the requisite skills and knowledge to facilitate the efficient utilisation of allotted resources, hence meeting societal standards. De Waal (2021) avers that several public institutions in South Africa are engaged in research to develop new methods and processes aimed at improving institutional performance and service delivery to optimise the utilisation of allotted resources. The implementation of these strategies and methods will enable public organisations to confront and manage the difficulties and risks they face, thereby providing public institutions with a competitive advantage over their rivals.

Moreover, these tactics and processes will enable healthcare institutions to devise methods that would urge the government to allocate adequate resources to improve the efficacy of the resources provided by public healthcare institutions to their patients. Oxholm, Di Guida, and Gyrd-Hansen (2021) asserted that healthcare policymakers must formulate robust policies to eliminate inequalities and enhance the efficacy of resources, healthcare services, and service delivery provided by public healthcare institutions to address societal needs. Morris et al. (2021) demonstrated that if the South African democratic government formulates new healthcare policies and ensures their effective implementation by public healthcare institutions, it can aid in eliminating inadequate healthcare services offered by these institutions. It would aid public healthcare institutions in providing effective healthcare services and excellent service delivery, while ensuring the efficient utilisation of allotted resources. Moreover, the formulation of new policies by the South African democratic government will eliminate the public healthcare issues established by the apartheid regime.

The South African government must enhance resource allocation to public healthcare facilities, particularly in rural and distant areas. The government must augment budget allocations to public healthcare facilities, enabling them to deliver effective and quality healthcare services to a large patient population despite restricted resources. Hashmi, Amirah, and Yusof (2021) assert that healthcare institutions must provide effective and high-quality healthcare services to society, as prescribed by the South African Constitution. Consequently, society anticipates receiving effective and high-quality healthcare services from healthcare institutions to fulfil its healthcare needs. Conversely, public healthcare institutions, particularly in rural and isolated regions, encounter everyday resource shortages in essential hospital departments. Consequently, the scarcity of resources in rural and distant healthcare facilities has exacerbated illness prevalence and death rates, while also hindering the provision of effective healthcare services to the community. Kamimura et al. (2015) asserted that public healthcare institutions must engage patients in their decision-making processes and enhance resources allocated to rural and remote healthcare facilities to effectively address healthcare challenges and improve service delivery.

Elbarazi, Al-Hamad, Alfalasi, Aldhaferi, Dubé, and Alsuwaidi (2021) affirmed that patient participation in the decision-making processes of the South African healthcare sector will improve the efficacy of services provided by public healthcare institutions to society. Lavalée, Chenok, Love, Petersen, Holve, Segal, and Franklin (2016) assert that patient involvement in the decision-making processes and operations of healthcare institutions is essential, as patients are the ultimate consumers of the services provided by these facilities. Bradley, Canavan, Rogan, Talbert-Slagle, Ndumele, Taylor, and Curry (2016) asserted that South African healthcare institutions, particularly in rural and remote regions, must solicit increased government funding to improve the delivery of social healthcare services and meet patients' healthcare requirements.

7. Impact of Ineffective and Insufficient Resources Allocated to Public Healthcare Institutions

Gill and Benatar (2016) noted that despite the establishment of democracy, the South African government continues to encounter difficulties in allocating adequate resources to improve the efficiency and quality of healthcare services provided by public healthcare facilities. Cavallone, Magno, and Zucchi (2017) assert that despite the establishment of democracy, healthcare institutions continue to encounter service delivery and healthcare issues due to inadequate and inefficient resource allocation to rural and remote healthcare facilities. Mlambo (2018) asserted that the South African government must enhance investment in public healthcare resources designated for rural and distant healthcare facilities to alleviate healthcare difficulties in these areas. Therefore, addressing healthcare concerns can aid public healthcare institutions in providing effective and efficient services to rural and remote communities. Benatar, Sullivan, and Brown (2018) asserted that if the government guarantees the provision of adequate resources to rural and remote healthcare facilities, it can improve resource efficiency, and the quality of services provided to rural communities to fulfil their needs. Malakoane, Heunis, Chikobvu, Kigozi, and Kruger (2020) demonstrated that the provision of inadequate and ineffective resources by the government to public healthcare services, particularly in rural and remote healthcare facilities, undermines healthcare workers' morale and fosters a negative perception of them.

Nonetheless, it also undermines the efficacy of service delivery provided by public healthcare institutions to rural communities, jeopardising the lives and health of these populations. Mbunge (2020) asserted that inadequate and insufficient resources designated for rural and remote healthcare facilities compel healthcare professionals to relocate from rural institutions to metropolitan ones. The migration of healthcare professionals to metropolitan healthcare facilities undermines healthcare services in rural and remote areas

8. Discussion- Conclusions

The South African government must concentrate on improving the efficacy of funding supplied to rural healthcare institutions. The government must commit adequate and high-quality resources to public healthcare institutions to ensure that rural healthcare facilities provide effective healthcare services to the community. The government must implement monitoring and assessment of all services rendered by public healthcare institutions to patients, which will enhance the effectiveness of resources allocated to them. Public healthcare institutions must educate healthcare managers to motivate healthcare workers to comply with all healthcare frameworks to optimise resource effectiveness. Public healthcare management must establish performance targets for each healthcare worker and ensure that they are cognisant of these targets, as well as sign the yearly performance agreement.

Public healthcare management must assess and evaluate the performance of healthcare personnel relative to established targets. Managers must execute performance appraisals for healthcare personnel to assess the performance of each individual worker. Management must identify the causes of healthcare staff' underperformance, whether due to shortages or deficiencies in competencies. Healthcare management must

send healthcare staff to Human Resource Development (HRD) for refresher training. If healthcare personnel exhibit subpar performance due to personal issues, they should be referred to Employee Assistance Programs (EAP) for counselling. Line managers are accountable for ensuring that healthcare staff comply with the South African Constitution, Batho Pele Principles, and Patients' Rights in the performance of their everyday duties. Managers must provide a system for patients to evaluate the quality and efficacy of services received from public healthcare organisations. This action will aid the healthcare institution in improving the efficiency of resources provided by public healthcare services to rural and distant communities. Management and healthcare professionals must prioritise patient happiness about the quality of healthcare services received to enhance overall patient contentment.

In conclusion, it is imperative to emphasize the importance of ensuring that public healthcare facilities provide effective service delivery and high-quality healthcare services to the community. Moreover, the critical importance of healthcare professionals in South Africa in guaranteeing that public healthcare institutions give quality services to patients cannot be overstated. Consequently, we recognise that South African healthcare institutions are confronted with a scarcity of healthcare resources. Public healthcare organisations are constitutionally obligated to provide quality healthcare services to address societal health demands. Healthcare professionals are essential for fulfilling the constitutional mandate, and it is crucial to change South African healthcare facilities to align with the Constitution's objectives. Healthcare personnel in South Africa are mentally impacted by the demands of their extensive job and the lack of resources. They experience feelings of being overwhelmed, exploited, and driven to pursue career prospects in the private sector. The research indicated that the government must guarantee an adequate distribution of resources to public healthcare facilities. Healthcare professionals require improved salaries from the government to ensure their retention in public healthcare facilities.

The government must guarantee that the atmosphere for healthcare professionals is conducive to promoting quality service delivery and healthcare services to society. This study advocates for the South African government to implement reforms in healthcare institutions and prioritise the welfare and job satisfaction of healthcare workers, since a content employee is a productive employee. Consequently, the execution of these steps will aid South African healthcare institutions in fulfilling their constitutional obligation to provide quality service delivery and healthcare services to the community.

References

- Anggraini, N., 2023. Healthcare Access and Utilization in Rural Communities of Indonesia. *Journal of Community Health Provision*, 3(1), pp.14-19.
- Aruleba, K. and Jere, N., 2022. Exploring digital transforming challenges in rural areas of South Africa through a systematic review of empirical studies. *Scientific African*, 16, p.e01190.
- Belova, T. 2019. The processes of import substitution in the agro-food sphere: Success or failure? *Ekonomika Regiona Economy of Regions*, (1): 285.
- Benatar, S., Sullivan, T. and Brown, A. 2018. Why equity in health and in access to health care are elusive: *Insights from Canada and South Africa. Global public health*, 13 (11): 1533-1557.
- Bhengu, P. H. 2019. An Investigation of the Impact of Lime Variations to the Geotechnical Properties of Various Soil Samples of Different PH Ranges. Durban University of Technology.
- Blecher, M., Pillay, A., Patcharanarumol, W., Panichkriangkrai, W., Tangcharoensathien, V., Teerawattananon, Y., Pannarunothai, S. and Davén, J. 2016. Guest Editorial: Health financing lessons from Thailand for South Africa on the path towards universal health coverage. *South African Medical Journal*, 106 (6): 533-534.
- Bombard, Y., Baker, G. R., Orlando, E., Fancott, C., Bhatia, P., Casalino, S., Onate, K., Denis, J.-L. and Pomey, M.-P. 2018. Engaging patients to improve quality of care: a systematic review. *Implementation Science*, 13: 1-22.
- Bradley, E. H., Canavan, M., Rogan, E., Talbert-Slagle, K., Ndumele, C., Taylor, L. and Curry, L. A. 2016. Variation in health outcomes: the role of spending on social services, public health, and health care, 2000–09. *Health Affairs*, 35 (5): 760-768.
- Burger, R. and Christian, C. 2020. Access to health care in post-apartheid South Africa: availability, affordability, acceptability. *Health Economics, Policy and Law*, 15 (1): 43-55.
- Cavallone, M., Magno, F. and Zucchi, A. 2017. Improving service quality in healthcare organisations through geomarketing statistical tools. *TQM Journal*, 29 (5): 690.
- Chuene, T.A. and Kgarose, M.F., 2023. The The Readiness of Public Hospitals on the Implementation of National Health Insurance in South Africa: A Systematic Review. *International Journal of Social Science Research and Review*, 6(8), pp.153-166.
- Cox, J., Clark, C. and Sanders, T. eds., 2023. *Rural healthcare*. CRC Press.

- De Waal, T. 2021. In the South Caucasus, can new trade routes help overcome a geography of conflict. *Carnegie Europe*, 8 (1)
- Dhai, A. and Mahomed, S. 2018. The National Education, Health and Allied Workers' Union (NEHAWU) strikes: South Africa's healthcare battlefield. *South African Medical Journal*, 108 (8)
- Doherty, J., Kirigia, D., Okoli, C., Chuma, J., Ezumah, N., Ichoku, H., Hanson, K. and McIntyre, D. 2018. Does expanding fiscal space lead to improved funding of the health sector in developing countries?: lessons from Kenya, Lagos State (Nigeria) and South Africa. *Global Health Action*, 11 (1): 1461338-1461311
- Elbarazi, I., Al-Hamad, S., Alfalasi, S., Aldaheri, R., Dubé, E. and Alsuwaidi, A. R. 2021. Exploring vaccine hesitancy among healthcare providers in the United Arab Emirates: a qualitative study. *Human Vaccines & Immunotherapeutics*, 17 (7): 2018-2025.
- Foko, T., Thulare, T., Legare, L. and Maremi, K. 2017. Information and communication technology platforms deployment: Technology access reaches South African rural areas. In: Proceedings of 2017 IST-Africa Week Conference (IST-Africa). IEEE, 1-9.
- Freitas, C., Khanal, S., Landsberg, D. and Kaul, V. 2021. An alternative cause of encephalopathy: valerian root overdose. *Cureus*, 13 (9)
- Gill, S. and Benatar, S. 2016. Global health governance and global power: a critical commentary on the Lancet-University of Oslo Commission Report. *International Journal of Health Services*, 46 (2): 346-365.
- Gizaw, Z., Astale, T. and Kassie, G.M., 2022. What improves access to primary healthcare services in rural communities? A systematic review. *BMC Primary Care*, 23(1), p.313.
- Gustafsdottir, S. S., Fenger, K., Halldorsdottir, S. and Bjarnason, T. 2017. Social justice, access and quality of healthcare in an age of austerity: users' perspective from rural Iceland. *International Journal of Circumpolar Health*, 76 (1): 1347476-1347479.
- Hashmi, A., Amirah, N., Yusof, Y. and Zaliha, T. 2021. Mediation of inventory control practices in proficiency and organizational performance: State-funded hospital perspective. *Uncertain Supply Chain Management*, 9 (1): 89-98.
- Hendricks, S., Conrad, N., Douglas, T. S. and Mutsvangwa, T. 2018. A modified stakeholder participation assessment framework for design thinking in health innovation. In: *Proceedings of Healthcare*. Elsevier, 191-196.
- Ipinazar, A., Zarrabeitia, E., Belver, R. M. R. and de Alegría, I. M. 2021a. Organizational culture transformation model: Towards a high-performance organization. *Journal of Industrial Engineering and Management*, 14 (1): 25-44.
- Javed, S. A., Liu, S., Mahmoudi, A. and Nawaz, M. 2019. Patients' satisfaction and public and private sectors' health care service quality in Pakistan: Application of grey decision analysis approaches. *The International Journal of Health Planning and Management*, 34 (1): e168-e182.
- Kamimura, A., Ashby, J., Myers, K., Nourian, M. M. and Christensen, N. 2015. Satisfaction with healthcare services among free clinic patients. *Journal of Community Health*, 40 (1): 62-72.
- Lavallee, D. C., Chenok, K. E., Love, R. M., Petersen, C., Holve, E., Segal, C. D. and Franklin, P. D. 2016. Incorporating patient-reported outcomes into health care to engage patients and enhance care. *Health Affairs*, 35 (4): 575-582.
- Lavoie, J. G., Wong, S. T., Ibrahim, N., O'Neil, J. D., Green, M. and Ward, A. 2019. Underutilized and undertheorized: the use of hospitalization for ambulatory care sensitive conditions for assessing the extent to which primary healthcare services are meeting needs in British Columbia First Nation communities. *BMC health services research*, 19: 1-10.
- Malakoane, B., Heunis, J., Chikobvu, P., Kigozi, N. and Kruger, W. 2020. Public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening. *BMC Health Services Research*, 20 (1): 1-14.
- Maphumulo, W. T. and Bhengu, B. 2019. Unit managers' perceptions of implementation of National Core Standards in tertiary hospitals. *Africa Journal of Nursing and Midwifery*, 21 (1): 17 pages-17 pages.
- Mbunge, E. 2020. Effects of COVID-19 in South African health system and society: An explanatory study. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14 (6): 1809-1814.
- Mlambo, V. 2018. An overview of rural-urban migration in South Africa: its causes and implications. *Archives of Business Research*, 6 (4)
- Morris, L. D., Grimmer, K. A., Twizeyemariya, A., Coetzee, M., Leibbrandt, D. C. and Louw, Q. A. 2021b. Health system challenges affecting rehabilitation services in South Africa. *Disability and Rehabilitation*, 43 (6): 877-883.
- Muldoon, L. K., Hogg, W. E. and Levitt, M. 2006. Primary Care (PC) and Primary Health Care (PHC) What is the Difference? *Canadian Journal of Public Health*, 97 (5): 409-411.

Oxholm, A. S., Di Guida, S. and Gyrd-Hansen, D. 2021. Allocation of health care under pay for performance: Winners and losers. *Social Science & Medicine*, 278: 113939.

Pauw, W. P. and Klein, R. J. 2021. Beyond ambition: increasing the transparency, coherence and implementability of Nationally Determined Contributions. In: *Making Climate Action More Effective*. Routledge, 1-10.

Price, P. W. 1991. The plant vigor hypothesis and herbivore attack. *Oikos*: 244-251.

Shafei, I., Walburg, J. and Taher, A. 2019. Verifying alternative measures of healthcare service quality. *International Journal of Health Care Quality Assurance*, 32 (2): 516-533.

Shafiq, M., Naeem, M. A., Munawar, Z. and Fatima, I. 2017. Service Quality Assessment of Hospitals in Asian Context: An Empirical Evidence From Pakistan. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 54: 46958017714664.

Wasserman, H., Chuma, W. and Bosch, T. 2018. Print media coverage of service delivery protests in South Africa: A content analysis. *African Studies*, 77 (1): 145-156.

Yang, X., Tian, S. and Guo, H. 2021. Acute kidney injury and renal replacement therapy in COVID-19 patients: a systematic review and meta-analysis. *International immunopharmacology*, 90: 107159.

Yao, H., Zhan, C. and Sha, X. 2020. Current situation and distribution equality of public health resource in China. *Archives of Public Health*, 78 (1)

Young, T., Garner, P., Clarke, M. and Volmink, J. 2016. Series: Clinical Epidemiology in South Africa. Paper 1: Evidence-based health care and policy in Africa: past, present, and future. *Journal of Clinical Epidemiology*, 83: 24-30.