Humanities & Social Sciences Reviews
eISSN: 2395-6518, Vol 8, No 4, 2020, pp 172-181
https://doi.org/10.18510/hssr.2020.8418

ASSESSING THE LEVEL OF PATIENT SATISFACTION ON PUBLIC HEALTHCARE FACILITIES IN SOUTH AFRICA

Ephrem Habtemichael Redda[1*], Jhalukpreya Surujlal[2]
[1*,2]North-West University, South Africa.
Email: [1*]ephrem.Redda@nwu.ac.za, [2]babs.Surujlal@nwu.ac.za

Article History: Received on 3rd April 2020, Revised on 8th June 2020, Published on 13th July 2020

Abstract

Purpose of study: The purpose of this study was to assess patient satisfaction levels within South African public healthcare facilities. The influence of gender and ethnic grouping (race) perceptions of satisfaction of healthcare services was investigated.

Methodology: The study followed a cross-sectional research design and a quantitative research method. The data was collected as part of the General Household Survey in 2018 by Statistics South Africa (the national statistics service of South Africa). Descriptive statistics and cross-tabulation were performed to address the research objectives of the study.

Main findings: The results show that the majority of the patients who participated in the survey are satisfied with the public healthcare service they received. The leading provinces that achieved very satisfied patients are Limpopo, the Eastern Cape, Mpumalanga, KwaZulu-Natal, and Gauteng.

Applications of the study: The study is important in many ways as it highlights the discrepancies of healthcare provision to the public health decision-makers. For example, the results show that generally, the male patients were slightly more satisfied with the healthcare services than their female counterparts. In terms of ethnic grouping, it appears that white patients are generally more satisfied with the public healthcare services they receive than other race groups.

Novelty/originality of study: A study of this nature has not been conducted in South Africa apart from the anecdotal reports of the department of health and Statistics South Africa. The study delved to analyze the public healthcare service in all provinces of the republic and also provided insight into gender and racial perception of healthcare services in the country.

Keywords: *Patient Satisfaction, Public Healthcare, Healthcare Facilities, Provinces, Gender, Ethnic Groups.*

INTRODUCTION

The health system in South Africa comprises the public sector (run by the government) and the private sector. Access to any of the sectors is reflective of the social divide in the country with affluent, skilled, educated and members of medical schemes benefitting from the private sector (Marten, McIntyre, Travassos, et al., 2104) as well as the high level of income equality (Burger & Christian, 2018) and the majority of the South African population accessing health services through the public sector (Mahlathi & Dlamini, 2015). This is because the unaffordable high fees charged by private health facilities have left public health facilities as the only option for the more than 42 million citizens who do not have private health insurance (Rakabe, 2018). According to the General Household Survey (2018), an overwhelmingly high percentage (71.2%) of the population utilized public healthcare in the first instance, compared to 18.8 percent who accessed private healthcare. In contrast to the 40 percent contribution to all healthcare expenditure, a little over a quarter of that contribution (11%) is used by public health, which divides this contribution among the nine provinces in South Africa (Anon, 2019).

Despite progress being made by upgrading and increasing the number of public healthcare facilities (Marten, McIntyre, Travassos, et al., 2014), and making them more accessible (Van Rensburg, 2014), the public healthcare sector tends to be underfunded, bureaucratic, inefficient and over-subscribed. While public hospitals and clinics in South Africa are usually reasonably well equipped and staffed, they are often very overcrowded with patients who sometimes have to wait unreasonably long hours for treatment (Anon, 2019). As a result, staffs are usually overworked and may not, at times, provide a high-quality service. South Africa is regarded as an upper-middle-income country, yet research reflects that it is producing worse health outcomes than many lower-income countries (Van den Heever, 2012) with consistent underperformance and system ineffectiveness in the delivery of public healthcare services at all levels (Smith, 2016). While it is evident that the government is making attempts to improve access to healthcare for all walks of its citizens, especially the poorest and most marginalized by expanding the provision of public healthcare through a wider healthcare facility network and abolishing user fees for primary healthcare (Burger & Christian, 2018), it still faces the challenge of ensuring that the majority of their citizens get fair and equal quality service.

Despite the government's attempts to provide accessible and affordable services to improve its service in public healthcare, there is still evidence of challenges it faces to raise customer satisfaction. Burger and Christian (2018) argue that even if public healthcare is affordable, ingrained perceptions of poor service quality associated with public healthcare may discourage patients to use them. Perceptions of service quality exert a strong influence on customer satisfaction. Service quality and customer satisfaction are highly interrelated (Felix, 2017). Increased levels of service

quality lead to higher levels of customer satisfaction. Considering the various attempts that the government has been making to address the "poor performance of South Africa's health care system, the persistent inequities and the vulnerability of subgroups" by improving service quality and coverage (Burger & Christian, 2018), very little academic research has been conducted to assess the satisfaction level of patients with the service. The purpose of this study was, therefore, to assess patient satisfaction levels within the South African public healthcare facilities across the nine provinces of the republic. The influence of gender and ethnic grouping (race) perceptions of satisfaction of healthcare services was investigated.

LITERATURE REVIEW

As previously hinted at, service quality and satisfaction are closely related concepts. Service quality can be defined as "the consumer's evaluative judgment about an entity's overall excellence or superiority in providing desired benefits" (Arnauld, Price & Zinkhan., 2002). Parasuraman, Zeithaml, and Berry(1985)) are of the view that (perceived) service quality results from a comparison of customers' prior expectations about service and their perceptions after the experience of the service encounter. In practical terms, if expectations are greater than performance, then perceived quality is less than satisfactory and may result in customer dissatisfaction.

The concept of satisfaction has been a subject of debate among services marketing scholars (Levy & Weitz, 2001; Dong, 2003; Arbore & Busacca, 2009). Bloemer and De Ruyter (1998)) and Lovelock and Wright (1999) define satisfaction as "the outcome of the subjective evaluation that the chosen alternative meets or exceeds expectations". The basis of this definition stems from the disconfirmation paradigm as a post-purchase evaluation (Torres, Summers &Bellaeau, 2001).

The disconfirmation paradigm proposes that there are three determinants of customer (dis)satisfaction, namely expectations, perceptions, and (dis)confirmation. Expectations are beliefs about the level of service that will be delivered by the service provider and they are assumed to provide standards of reference against which the delivered service is compared (Parasuraman, *et al.*, 1985). Perceptions are the processes by which individuals select, organize, and interpret the information they receive from the environment (Boshoff & Du Plessis, 2009). Using adaptation level theory as a basis, Oliver (1980) argued that customers form expectations before the purchase of a product or service with expectations acting as a standard or frame of reference against which service performance is measured.

Consequently, a customer (in this case a patient) makes a comparative judgment in evaluating healthcare services. In line with this argument, there are three possible outcomes. The first outcome is that if service performance exceeds pre-purchase expectations, positive disconfirmation results, and customers are likely to demonstrate a high level of satisfaction. In this case, customers are pleasantly satisfied. The second possible outcome occurs when service experience simply meets customer's expectations; confirmation results and the customer are merely satisfied. Finally, if service experience does not meet or is below customers' expectations, negative disconfirmation results and customers are dissatisfied (McColl-Kennedy, 2003). Another way of viewing satisfaction is from a cumulative perspective, and it can be defined as the customers' overall experience with the service provider after a series of service encounters (Johnson, Gustafsson, Andreassen & Lervik, 2001).

Satisfaction in public healthcare facilities/services

In the services marketing literature, service quality and its outcomes have received widespread academic research (Taqdees, Shahab & Shabbir, 2018, Budianto, 2019; Yongwook, Ki-Joon, Youngjoon & Jin-Soo, 2019). Among the various service industries that have received high attention are the sports industry, tourism industry, and financial services industry. The healthcare industry has also received research attention, albeit to a lesser extent. In South Africa, two types of service providers, namely public and private healthcare providers exist. Regardless of the type of service provider, consumers' expectations of the service encounter are similar; that is, to receive the highest quality service. The demand for high-quality service has therefore increased, especially in the public healthcare sector, which is more affordable than private healthcare, but highly under-resourced. This has resulted in pressure being exerted on the public healthcare sector to fulfill the expectations of their customers so that they are satisfied (Al-Borie & Sheikh Damanhouri, 2013). Public healthcare is funded by the government and is regulated by government rules and policies (Taqdees, et al., 2018). On the other hand, in private healthcare, decision-making and conditions lie at the discretion of the service provider. This implies that while the level of service quality provided by public healthcare is restricted by the available resources, private healthcare providers can provide high-quality service due to the abundance of resources at their disposal. Shabbir, Malik and Malik (2016) argued that patients preferred private healthcare above public healthcare because private healthcare providers had access to the latest technology, provided more personalized care, cleaner and more hygienic conditions, individual attention, and prompt service, thereby ensuring elevated service quality. Unlike private healthcare in which service quality is an integral factor to ensure a competitive edge in the healthcare sector, public healthcare can only improve their service quality to the extent that their limited resources allow them to do.

Customer satisfaction may be viewed as a key differentiator (Felix, 2017) when customers need to choose between service providers. It may be viewed as the customer's experience of pleasure (or disappointment) resulting from the difference between the customer's expectation of the service and the actual service. Customer satisfaction leads to increased customer loyalty. Loyal customers are likely to build strong relationships with the service provider.

There is little difference in customer expectations in health care environments. For healthcare providers, customer satisfaction is an increasingly important source of competitive advantage and improved business performance (Carrus, Cordina, Gretz& Neher, 2015). Healthcare environments are high-contact environments; therefore there is a greater need for healthcare providers to ensure their credibility by providing high-quality service (Yee, Yeung & Cheng, 2010).Prakash and Srivastava (2019)) argue that services play a pivotal role in adding value in the healthcare system because service quality influences patient centricity and satisfaction. In support, Mesut, Mehmet, and Sabahattin (2020) asserted that the topic of quality of service as perceived by customers has become a significant issue for healthcare quality. The authors posit that improving healthcare quality has become a significant objective for all health systems and organizations globally to address the need to improve poor health services, manage costs, and meet increasing patient expectations for quality of care and healthcare services. Carrus, et al. (2015) opine that customers of the healthcare services consider the empathy and support provided by the healthcare facility and the information shared during and after the service encounter as more important than the outcomes of the treatment or the technical knowledge of the service provider.

RESEARCH METHODOLOGY

The study followed a cross-sectional research design and a quantitative research method. The data was collected as part of the General Household Survey in 2018 by Statistics South Africa (the national statistical service of South Africa). The data collection procedure involved was the survey method. The questionnaire included a five-point Likert scale anchored 1 = very satisfied, and 5 = very dissatisfied. The question which is the subject of this article was started, "How satisfied were you (the respondent) with the service you received during (your last) visit to the health facility normally used by the household?"Descriptive statistics and cross-tabulation were performed to address the research objectives of the study. Included in the analysis are 15 716 households from across all South African provinces.

Sample description

The descriptive statistics presented in Table 1 describe the sample that made use of public healthcare facilities as per the General Household Survey of 2018 (GHS 2018).

Table 1: Descriptive statistics

Provinces			**Ethnic groups**		
Western Cape	N	1205	African/black	N	14244
	%	7,70%		%	90,60 %
Eastern Cape	N	2257	Colored	N	1136
	%	14,40 %		%	7,20%
Northern Cape	N	701	Indian/Asian	N	135
	%	4,50%		%	0,90%
Free State	N	831	White	N	201
	%	5,30%		%	1,30%
KwaZulu-Natal	N	2724	**Total**	**N**	**15715**
	%	17,30 %	**Gender**		
North West	N	1095	Male	N	8298
	%	7,00%		%	52,80 %
Gauteng	N	3468	Female	N	7418
	%	22,10 %		%	47,20 %
Mpumalanga	N	1381	**Total**	**N**	**15715**
	%	8,80%			
Limpopo	N	2054			
	%	13,10 %			
Total	**N**	**15715**			

The results indicate that the majority (22.1%) of the participants were from Gauteng, followed by KwaZulu-Natal (17.3%), the Eastern Cape (14.4%) and Limpopo (13.1%). In terms of gender, there were more male-headed households (52.8%) than female-headed households (47.2%) among the research participants. Reflective of the South African populace that makes use of public healthcare facilities, the majority (90.6%) were African/black, followed colored (7.2%), white (1.3%), and Indian/Asian (0.9%).

Humanities & Social Sciences Reviews
eISSN: 2395-6518, Vol 8, No 4, 2020, pp 172-181
https://doi.org/10.18510/hssr.2020.8418

RESULTS

In line with the objectives of the study, the results and discussion focus on overall patient satisfaction of public healthcare facilities in South Africa. To provide a comprehensive assessment of the public healthcare facilities, the results and discussion are further detailed at the province level, per gender, and per ethnic grouping.

Overall patient satisfaction of public healthcare facilities

Table 2 reports the overall patient satisfaction of public healthcare facilities in South Africa. The key question asked was: *How satisfied were you (the respondent) with the service you received during this particular visit?* The responses were captured on a 5-point scale ranging from 1 = very satisfied to 5 = very dissatisfied. The overall response looks good. The majority (almost 50%) of the respondents indicated that they were very satisfied with the services they received, and 24% of them indicated they were somewhat satisfied. Those who were very dissatisfied and somewhat dissatisfied, combined, were less than 10% and those who were neither satisfied nor dissatisfied were also less than 10%.

Table 2: Overall patient satisfaction of public healthcare facilities

Level of satisfaction	Number (N)	Percentages (%)
Very satisfied	7809	49,70%
Somewhat satisfied	3771	24,00%
Neither satisfied nor dissatisfied	1350	8,60%
Somewhat dissatisfied	728	4,60%
Very dissatisfied	736	4,70%
Not applicable	1216	7,70%
Unspecified	106	0,70%
Total	**15716**	**100,00%**

Healthcare facilities by province

Table 3 provides cross-tabulations of service satisfaction during visits by households in all nine provinces. Among those who were very satisfied, the majority were from Gauteng (19.9%), followed by KwaZulu-Natal (16.8), the Eastern Cape (16.5%) and Limpopo (16.4%). Those who were somewhat satisfied also hail from the same provinces: Gauteng (21.5%), KwaZulu-Natal (21.5%), the Eastern Cape (17.3%) and Limpopo (7.4%). The healthcare departments of these four provinces can be regarded as meeting patient expectations better than the other five provinces, namely the Western Cape, Northern Cape, Free State, North West, and Mpumalanga.

Table 3: Cross-tabulations of service satisfaction during the visit by provinces

		WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Very satisfied	Count	552	1290	282	387	1313	388	1553	763	1281	7809
	% within service satisfaction during the visit	7,1%	16,5%	3,6%	5,0%	16,8%	5,0%	19,9%	9,8%	16,4%	100%
Somewhat satisfied	Count	240	654	184	184	810	267	809	343	280	3771
	% within service satisfaction during the visit	6,4%	17,3%	4,9%	4,9%	21,5%	7,1%	21,5%	9,1%	7,4%	100%
Neither satisfied nor dissatisfied	Count	125	99	107	92	282	162	310	81	92	1350
	% within service satisfaction during the visit	9,3%	7,3%	7,9%	6,8%	20,9%	12,0%	23,0%	6,0%	6,8%	100%
Somewhat dissatisfied	Count	106	78	57	70	93	55	141	54	74	728
	% within service	14,6%	10,7%	7,8%	9,6%	12,8%	7,6%	19,4%	7,4%	10,2%	100%

	satisfaction during the visit										
Very dissatisfied	Count	123	52	49	57	75	133	139	56	52	736
	% within service satisfaction during the visit	16,7 %	7,1 %	6,7 %	7,7 %	10,2 %	18,1 %	18,9 %	7,6 %	7,1 %	100 %
Not applicable	Count	55	62	19	38	127	89	490	79	257	1216
	% within service satisfaction during the visit	4,5 %	5,1 %	1,6 %	3,1 %	10,4 %	7,3 %	40,3 %	6,5 %	21,1 %	100 %
Unspecified	Count	4	22	3	3	24	1	26	5	18	106
	% within service satisfaction during the visit	3,8 %	20,8 %	2,8 %	2,8 %	22,6 %	0,9 %	24,5 %	4,7 %	17,0 %	100 %
Total	Count	1205	2257	701	831	2724	1095	3468	1381	2054	15716
	% within service satisfaction during the visit	7,7 %	14,4 %	4,5 %	5,3 %	17,3 %	7,0 %	22,1 %	8,8 %	13,1 %	100 %

Further details of satisfaction levels of public healthcare services within the South African provinces are provided in Table 4. As illustrated in Table 4, the results suggest that Limpopo (62.4%), the Eastern Cape (57.2%), Mpumalanga (55.2%), KwaZulu-Natal (48.2%) and Gauteng (44.8%) are among the provinces with very satisfied patients. Provinces with the highest percentages of very dissatisfied patients were the North West, Western Cape, Northern Cape, and the Free State.

Table 4: Cross-tabulations of satisfaction levels within provinces

		WC	**EC**	**NC**	**FS**	**KZN**	**NW**	**GP**	**MP**	**LP**	**RSA**
Very satisfied	Count	552	1290	282	387	1313	388	1553	763	1281	7809
	% within South African provinces	45,8 %	57,2 %	40,2 %	46,6 %	48,2 %	35,4 %	44,8 %	55,2 %	62,4 %	49,7 %
Somewhat satisfied	Count	240	654	184	184	810	267	809	343	280	3771
	% within South African provinces	19,9 %	29,0 %	26,2 %	22,1 %	29,7 %	24,4 %	23,3 %	24,8 %	13,6 %	24,0 %
Neither satisfied nor dissatisfied	Count	125	99	107	92	282	162	310	81	92	1350
	% within South African provinces	10,4 %	4,4 %	15,3 %	11,1 %	10,4 %	14,8 %	8,9 %	5,9 %	4,5 %	8,6 %
Somewhat dissatisfied	Count	106	78	57	70	93	55	141	54	74	728
	% within South African provinces	8,8 %	3,5 %	8,1 %	8,4 %	3,4 %	5,0 %	4,1 %	3,9 %	3,6 %	4,6 %
Very dissatisfied	Count	123	52	49	57	75	133	139	56	52	736
	% within	10,2	2,3	7,0	6,9	2,8	12,1	4,0	4,1	2,5	4,7

	South African provinces	%	%	%	%	%	%	%	%	%	%
Not applicable	Count	55	62	19	38	127	89	490	79	257	1216
	% within South African provinces	4,6 %	2,7 %	2,7 %	4,6 %	4,7 %	8,1 %	14,1 %	5,7 %	12,5 %	7,7 %
Unspecified	Count	4	22	3	3	24	1	26	5	18	106
	% within South African provinces	0,3 %	1,0 %	0,4 %	0,4 %	0,9 %	0,1 %	0,7 %	0,4 %	0,9 %	0,7 %
Total	Count	1205	2257	701	831	2724	1095	3468	1381	2054	15716
	% within South African provinces	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %

Gender views on public healthcare services

Table 5 provides a breakdown of the different satisfaction levels by gender. It appears that, generally, the male respondents were slightly more satisfied with the healthcare services than their female counterparts. Among those who were very satisfied, there were more males (51%) than females (49%). From those who were somewhat satisfied, once again there were more males (50.7%) than females (49.3). From the statistics presented, it can also be suggested that female respondents were slightly more dissatisfied than their male counterparts; while those who were very dissatisfied were of equal proportions (50% each) – there were more females (52.1%) who were somewhat dissatisfied than males (47.9%).

Table 5: Cross-tabulations of service satisfaction during a visit by gender

		Male	**Female**	**Total**
Very satisfied	Count	3985	3824	7809
	% within service satisfaction during the visit	51,0 %	49,0%	100,0%
Somewhat satisfied	Count	1913	1858	3771
	% within service satisfaction during the visit	50,7 %	49,3%	100,0%
Neither satisfied nor dissatisfied	Count	667	683	1350
	% within service satisfaction during the visit	49,4 %	50,6%	100,0%
Somewhat dissatisfied	Count	349	379	728
	% within service satisfaction during the visit	47,9 %	52,1%	100,0%
Very dissatisfied	Count	368	368	736
	% within service satisfaction during the visit	50,0 %	50,0%	100,0%
Not applicable	Count	949	267	1216
	% within service satisfaction during the visit	78,0 %	22,0%	100,0%
Unspecified	Count	67	39	106
	% within service satisfaction during the visit	63,2 %	36,8%	100,0%
	Count	8298	7418	15716
	% within service satisfaction during the visit	52,8 %	47,2%	100,0%

A cross-tabulation of gender and levels of satisfaction with healthcare facilities was conducted to further interrogate the responses within gender. Table 6 illustrates the satisfaction levels of healthcare facilities within a gender. As is evident from Table 6, from the male participants, 48 percent were very satisfied and 23.1 percent somewhat satisfied. Less than 10 percent of the male participants recorded the dissatisfaction levels (4.4% = very dissatisfied & 4.2% = somewhat dissatisfied), and 8.0 percent indicated they were neither satisfied nor dissatisfied. Of the female participants, 51.6

percent were very satisfied and 25 percent were somewhat satisfied; slightly more than their male counterparts. Of those who recorded dissatisfaction levels, 5.0 percent were dissatisfied and 5.1 percent were somewhat dissatisfied, and 9.2 percent were neither satisfied nor dissatisfied.

Table 6: Cross-tabulations of satisfaction levels according to gender

		Male	Female	Total
Very satisfied	Count	3985	3824	7809
	% within sex of household head	48,0%	51,6%	49,7%
Somewhat satisfied	Count	1913	1858	3771
	% within sex of household head	23,1%	25,0%	24,0%
Neither satisfied nor dissatisfied	Count	667	683	1350
	% within sex of household head	8,0%	9,2%	8,6%
Somewhat dissatisfied	Count	349	379	728
	% within sex of household head	4,2%	5,1%	4,6%
Very dissatisfied	Count	368	368	736
	% within sex of household head	4,4%	5,0%	4,7%
Not applicable	Count	949	267	1216
	% within sex of household head	11,4%	3,6%	7,7%
Unspecified	Count	67	39	106
	% within sex of household head	0,8%	0,5%	0,7%
	Count	8298	7418	15716
	% within sex of household head	100,0 %	100,0 %	100,0 %

Healthcare facility perceptions: ethnic groups

Table 7 illustrates the different satisfaction levels of healthcare services by various South African ethnic (race) groups. Of the very satisfied patients, inevitably the majority were African/black (90.2%), followed by colored (7.7%), white (1.4%), and Indian/Asian (0.7%). Those who were somewhat satisfied also reflect similar statistics.

Table 7: Cross-tabulations of service satisfaction among ethnic groups during visits

		Population group of the household head				
		African/Black	Colored	Indian/Asia	White	Total
Very satisfied	Count	7047	599	52	111	7809
	% within service satisfaction during the visit	90,2%	7,7%	0,7%	1,4%	100 %
Somewhat satisfied	Count	3462	217	50	42	3771
	% within service satisfaction during the visit	91,8%	5,8%	1,3%	1,1%	100 %
Neither satisfied nor dissatisfied	Count	1250	83	9	8	1350
	% within service satisfaction during the visit	92,6%	6,1%	0,7%	0,6%	100 %
Somewhat dissatisfied	Count	632	77	5	14	728
	% within service satisfaction during the visit	86,8%	10,6%	0,7%	1,9%	100 %
Very dissatisfied	Count	599	119	4	14	736
	% within service satisfaction during the visit	81,4%	16,2%	0,5%	1,9%	100 %
Not applicable	Count	1159	34	11	12	1216
	% within service satisfaction during the visit	95,3%	2,8%	0,9%	1,0%	100 %
Unspecified	Count	95	7	4	0	106

	% within service satisfaction during the visit	89,6%	6,6%	3,8%	0,0%	100 %
	Count	14244	1136	135	201	15716
	% within service satisfaction during the visit	90,6%	7,2%	0,9%	1,3%	100 %

Table 8 illustrates the satisfaction levels of healthcare facilities within the four ethnic groups or races. It appears that white patients are generally more satisfied (55.2%) with the healthcare services they receive than other race groups. This finding paints the same picture as found in a similar study conducted eight years back (Jacobsen & Hasumi, 2014). Does this suggest anything about the disparities of public healthcare facilities given the legacies of the spatial planning of the past? More investigation needs to be done to confirm or disconfirm this narrative. Following the white race group, coloreds (52.7% of them), Africans/blacks (49.5% of them), and Indians/Asians (38.5% of them) indicated they were very satisfied with public healthcare services.

Table 8: Cross-tabulations of satisfaction levels within ethnic groups

		Population group of the household head				
		African/Black	**Colored**	**Indian/Asian**	**White**	**Total**
Very satisfied	Count	7047	599	52	111	7809
	% within-population group of household head	49,5%	52,7%	38,5%	55,2 %	49,7 %
Somewhat satisfied	Count	3462	217	50	42	3771
	% within-population group of household head	24,3%	19,1%	37,0%	20,9 %	24,0 %
Neither satisfied nor dissatisfied	Count	1250	83	9	8	1350
	% within-population group of household head	8,8%	7,3%	6,7%	4,0%	8,6 %
Somewhat dissatisfied	Count	632	77	5	14	728
	% within-population group of household head	4,4%	6,8%	3,7%	7,0%	4,6 %
Very dissatisfied	Count	599	119	4	14	736
	% within-population group of household head	4,2%	10,5%	3,0%	7,0%	4,7 %
Not applicable	Count	1159	34	11	12	1216
	% within-population group of household head	8,1%	3,0%	8,1%	6,0%	7,7 %
Unspecified	Count	95	7	4	0	106
	% within-population group of household head	0,7%	0,6%	3,0%	0,0%	0,7 %
	Count	14244	1136	135	201	15716
	% within-population group of household head	100%	100%	100%	100 %	100 %

CONCLUSION

It is evident from the results that the majority of the patients who participated in the survey are satisfied with the public healthcare service they received. However, this satisfaction was limited to only a few of the provinces, namely Gauteng, KwaZulu-Natal, the Eastern Cape, and Limpopo. It is therefore recommended that those provinces whose patients experience a lower level of satisfaction embark on a strategy to improve their service. This may involve identifying the shortcomings of service delivery by interviewing patients who visit public healthcare facilities as well as engaging the relevant authorities who have the mandate to bring about change at those facilities. The leading provinces that achieved very satisfied patients are Limpopo, the Eastern Cape, Mpumalanga, KwaZulu-Natal and Gauteng.

In terms of gender, there was no significant difference in patient satisfaction levels with respect to public healthcare services. However, the results do indicate that generally, the male respondents were slightly more satisfied with the healthcare services than their female counterparts. In terms of ethnic grouping, it appears that white patients are generally more satisfied with the public healthcare services they receive than other race groups. This corroborates the findings of Jacobsen & Hasumi (2014), in which it was found that satisfaction rates were lower for black South Africans and low-income households than for white South Africans and high-income households. This is a surprising finding given that with greater access to higher service quality in the past, they would be more dissatisfied with the perceived

lower quality of service. Therefore, as previously recommended, it may be prudent to ascertain which factors contribute to satisfaction among the different ethnic groups.

Overall, it is recommended that the government should continue to strive towards an accessible and well-functioning public healthcare system that can be utilized by all, regardless of their status. The findings of this study corroborate those of previous studies. Satisfaction with healthcare motivates customers to return to the healthcare provider and instills loyalty thereby contributing to the healthcare organization's competitive advantage. While shedding light on what customers view as important regarding service quality, this study provides a reasonable foundation for further research related to service quality management in healthcare settings. It also creates an information base to assist private and public healthcare managers to assess their healthcare environments, develop strategies for improvement, and focus on factors that matter most to the customers they serve.

LIMITATION AND STUDY FORWARD

The limitation of the study is that it relied on data collected as part of the general household survey by the national statistics office (SSA). Future studies could provide more insight by designing, and conducting research that specifically focuses on the healthcare facilities of the country. Future studies could also include the private sector health facilities to provide a holistic view of healthcare facilities of the country and to conduct a comparative analysis between public and private healthcare facilities.

ACKNOWLEDGEMENT

The article relied on the data collected by Statistics South Africa in its General Household Survey of 2018. The authors wish to acknowledge and thank the national statistics office (SSA) for making the data available.

AUTHOR`S CONTRIBUTION

The first author, Ephrem Habtemichael Redda was responsible for the origination of the study, statistical analysis, report writing, and technical aspects of the article.

CO-AUTHOR`S CONTRIBUTION

The second author, Jhalukpreya Surujlal was responsible for the conceptual framework/literature review, discussion, and conclusion sections of the article.

REFERENCES

1. Al-Borie, H.M. & Sheikh Damanhouri, A.M. (2013). Patients' satisfaction of service quality in Saudi hospitals: a SERVQUAL analysis. *International Journal of Health Care Quality Assurance*, 26(1), 20-30. https://doi.org/10.1108/09526861311288613
2. Anon (2019). Public Healthcare South Africa's health system. Retrieved from: https://www.justlanded.com/english/South-Africa/South-Africa-Guide/Health/Public-Healthcare
3. Arbore, A. & Busacca, B. (2009). Customer satisfaction and dissatisfaction in retail banking:exploring the asymmetric impact of attribute performances. *Journal of Retailing and Consumer Services*, 16, 271-280. https://doi.org/10.1016/j.jretconser.2009.02.002
4. Arnauld, E.J., Price, L.L. & Zinkhan, G.M. (2002). *Consumers.* New York: McGraw Hill.
5. Bloemer, J. & De Ruyter, K. (1998). On the relationship between store image, store satisfaction, and store loyalty. *European Journal of Marketing*, 32(5/6), 499-513. https://doi.org/10.1108/03090569810216118
6. Boshoff, C. & Du Plessis, P.J. (2009). *Services marketing: a contemporary approach*. Cape Town: Juta.
7. Budianto, A. (2019). Customer Loyalty: Quality of Service. *Journal of Management Review*, 3(1), 299-305. https://doi.org/10.25157/jmr.v3i1.1808
8. Burger, R. & Christian, C. (2018). Access to health care in post-apartheid South Africa: availability, affordability, acceptability. *Health Economics, Policy and Law*, X, 1-13. https://doi.org/10.1017/S1744133118000300
9. Carrus,B., Cordina, J.,Gretz, W. & Neher, K. (2015). *Lessons from other industries*. Retrieved from: https://healthcare.mckinsey.com/measuring-patient-experience-lessons-other-industries. 22 May 2020.
10. Dong, M.K. (2003). Inter-relationships among store image, store satisfaction, and store loyalty among Korea discount retail patrons. *Asia Pacific Journal of Marketing and Logistics*, 15(4), 42-71. https://doi.org/10.1108/13555850310765033
11. Felix, R. (2017). Service quality and customer satisfaction in selected banks in Rwanda. *Journal of Business & Financial Affairs*, 6(1), 1-11.https://doi.org/10.4172/2167-0234.1000246
12. Jacobsen, K. H., & Hasumi, T. (2014). Satisfaction with healthcare services in South Africa: results of the national 2010 General Household Survey. *The Pan African Medical Journal*, *18*. https://doi.org/10.11604/pamj.2014.18.172.4084
13. Johnson, M., Gustafsson, A., Andreassen, T., Lervik, L. & Cha, J. (2001). The evolution and future of national customer satisfaction index models. *Journal of Economic Psychology*, 22(2), 217-245. https://doi.org/10.1016/S0167-4870(01)00030-7

14. Levy, M. & Weitz, B. (2001). *Retailing management.* 4th ed.New York: McGraw-Hill.
15. Lovelock, C. & Wright, L. (1999). *Principles of marketing and management*. New York: Pearson Prentice-Hall.
16. Mahlathi, P. & Dlamini, J. (2015). Minimum data sets for human resources for health and the surgical workforce in South Africa's health system: a rapid analysis of stock and migration. Retrieved from:https://www.who.int/workforcealliance/031616south_africa_case_studiesweb.pdf
17. Marten, R., McIntyre, D., Travassos, C., Shishkin, S., Longde, W., Reddy, S. & Vega, J. (2014). An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS). *The Lancet*, 384, 2164-2171. https://doi.org/10.1016/S0140-6736(14)60075-1
18. McColl-Kennedy, J.R. (2003).*Services marketing: a managerial approach*.Queensland: Wiley.
19. Mesut A. & Mehmet, T. & Sabahattin, T. (2020). Examining patient perceptions of service quality in Turkish hospitals: The SERVPERF model. *Total Quality Management & Business Excellence*, 31(3-4), https://doi.org/10.1080/14783363.2018.1427501
20. Oliver, R.L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions.*Journal of Marketing Research*, 460-469. https://doi.org/10.1177/002224378001700405
21. Parasuraman, A., Zeithaml V.A., & Berry, L.L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing*, 49:41-50.https://doi.org/10.1177/002224298504900403
22. Prakash, G.&Srivastava, S. (2019). Role of internal service quality in enhancing patient centricity and internal customer satisfaction, *International Journal of Pharmaceutical and Healthcare Marketing*, 13(1), 2-20. https://doi.org/10.1108/IJPHM-02-2018-0004
23. Rakabe, E. (2018). Challenges facing healthcare system are structural rather than clinical. Retrieved from: https://www.businesslive.co.za/bd/opinion/2018-06-26-challenges-facing-healthcare-system-are-structural-rather-than-clinical/
24. Republic of South Africa (2018). Health. Retrieved from: https://www.gov.za/about-sa/health
25. Shabbir, A., Malik, S.A. & Malik, S.A. (2016). Measuring patients' healthcare service quality perceptions, satisfaction, and loyalty in public and private sector hospitals in Pakistan, *International Journal of Quality & Reliability Management*, 33(5), 538-557. https://doi.org/10.1108/IJQRM-06-2014-0074
26. Smith, A.M. (2016). Healthcare reform priorities for South Africa: four essays on the financing, delivery and user acceptability of healthcare. Dissertation presented for the degree of Doctor of Philosophy in Economics in the Faculty of Economic and Management Sciences at Stellenbosch University: Stellenbosch.
27. Taqdees, F., Shahab, A.M. & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems. *International Journal of Quality & Reliability Management*, 35(6), 1195-1214. https://doi.org/10.1108/IJQRM-02-2017-0031
28. Torres, M., Summers, T. & Belleau, D. (2001). Men's shopping satisfaction and store references. *Journal of Retailing and Consumer Services*, 8:205-212.https://doi.org/10.1016/S0969-6989(00)00024-2
29. Van den Heever, A. M. (2012). The role of insurance in the achievement of universal coverage within a developing country context: South Africa as a case study. *BMC Public Health*. 12(Suppl 1): S5. https://doi.org/10.1186/1471-2458-12-S1-S5
30. Van Rensburg, H. (2014). South Africa's protracted struggle for equal distribution and equitable access – still not there. *Human Resources for Health*, 12, 26, 10.1186/1478-4491-12-26.https://doi.org/10.1186/1478-4491-12-26
31. Yee, R.W.Y., Yeung, A.C.L. & Cheng, T.C.E. (2010). An empirical study of employee loyalty, service quality and firm performance in the service industry. *International Journal of Production Economics*, 124(1), 109-120. https://doi.org/10.1016/j.ijpe.2009.10.015
32. Yongwook, J., Ki-Joon, B., Youngjoon, C. & Jin-Soo, L. (2019). Exploring Airbnb service quality attributes and their asymmetric effects on customer satisfaction. *International Journal of Hospitality Management*, 77, 342-352. https://doi.org/10.1016/j.ijhm.2018.07.014
33. Zeithaml, V.A., Berry, L.L. & Parasuraman, A. (1996). The behavioral consequences of service quality, *Journal of Marketing*, 60(2), 31-46. https://doi.org/10.1186/1478-4491-12-26

