

# The Batho Pele Principles in the health services

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## Introduction

The White Paper on Transforming Public Service Delivery (Batho Pele White Paper, number 1459 of 1997)<sup>1</sup> provided a policy framework and implementation strategy for the transformation of public service delivery, which included the delivery of health services. Numerous newspaper articles reporting in detail about the complaints of patients with regard to health services prove that the Batho Pele Principles (BPPs) have not yet been implemented effectively. The researchers found that the success of the implementation, or lack thereof, has not been studied during the ten years since the introduction of BPPs in the health services.

The Batho Pele White Paper<sup>1</sup> and the Patients' Rights Charter<sup>2</sup> (PRC) served as basis for the literature review, the development of the research instrument and the presentation of findings. The research process that was followed is briefly described under *Method*. The article focuses on the findings of the study, conducted in a public hospital in Gauteng.

## Method

The impact of the implementation of six of the BPPs was investigated in a public hospital in Gauteng through a quantitative, explorative, and descriptive study.<sup>3,4,5</sup> The objectives of the study were:

- To describe how patients experience the implementation of the BPPs; and
- To identify shortfalls in the implementation of the BPPs as experienced by the patients.

A non-probability convenience sampling method was used.<sup>6,7</sup> One hundred patients who were admitted for longer than three days in three selected nursing units were included in the study sample. The inclusion criteria stated that respondents should be male or female patients who are:

- 18 years and older;
- Fully mentally orientated;
- From all races;
- Skilled in reading and writing;
- Admitted to the medical, surgical or orthopaedic ward for three or more days.

Data were collected through a newly developed questionnaire, completed by the researcher and assistants on behalf of the respondents.<sup>3,6</sup> Responses were analysed and captured using MS Excel data capturing and presented as descriptive statistics.<sup>4,5</sup>

Permission<sup>3,8</sup> to conduct the study was obtained from the Gauteng Department of Health, from the Ekurhuleni Health District (Region B) and from the Nursing Service Manager of the hospital. Respondents gave informed written consent and beneficence was observed as the respondents were assured that they would not be harmed physically or psychologically. Respondents had the option to ask questions, to refuse to give information, to ask for clarification or to terminate their participation at any stage during the research. Anonymity was maintained, as the identity of respondents was not disclosed in the questionnaire. Confidentiality was protected and promoted throughout the study by assuring that no unauthorised person would gain access to data from the completed questionnaires.<sup>4,5</sup>

## Results and discussion

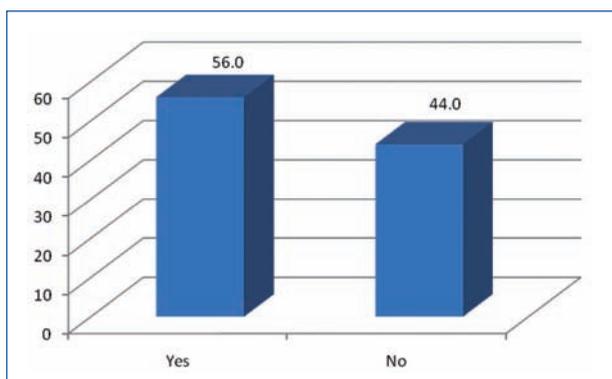
The findings and interpretation are discussed according to the six BPPs included in the study.

### *The principle of setting of service standards*

*"Citizens should be told what level and quality of public services they will receive, so that they are aware of what to expect."*<sup>9</sup>

This principle refers to service standards that pertain to the functions of the ward. Information that should be displayed for patients and their families includes shift rosters for nursing staff, schedules for serving meals, ward round times and visiting times. One of the aims in the Policy on Quality in Health Care for South Africa<sup>9</sup> is to reduce healthcare errors. This implies several basic and specific rights.

Fifty-six per cent (n=56) of the respondents reported that they were informed about the daily routine of the ward as opposed to 44% (n=44) who were not (Figure 1). Being aware of the ward routine will ensure that patients are in the ward during doctors' rounds or for mealtimes. However, if 44% of patients are not informed about ward routines, patient care may be negatively affected.



**Figure 1:** Percentage of patients informed about the daily routine of the ward (n=100)

The majority of respondents (92%; n=92) were satisfied with the convenience of visiting hours, while 41% (n=41) indicated that visiting hours are not long enough to accommodate visitors from faraway places or visitors with transport problems.

The physical environment was investigated in terms of hygiene, security and noise. Thirty per cent (n=30) of respondents reported dirty wards and dirty bed lockers and they commented on unhygienic bathrooms and toilets. Twenty-six per cent (n=26) indicated that the hospital security was not adequate. Unfortunately this was a close-ended question and the reasons for the response were not investigated. Twenty per cent (n=20) complained about the noise and mentioned staff, prison wardens, radios and trolleys as sources of noise.

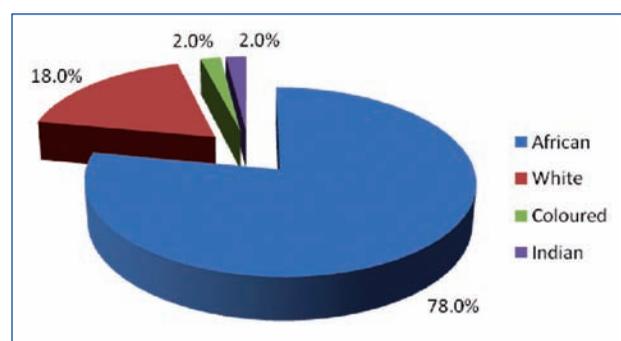
Patients are admitted to healthcare facilities with the expectation that the authorities will provide the services, infrastructure, equipment and supplies to render the health care promised in the policy documents. Furthermore it is expected that the health services are managed in a way to facilitate healthcare delivery. The unit managers are accountable for the conduct of staff and the level of hygiene in the wards according to set standards.<sup>10</sup>

### *The principle of increasing access*

*"All citizens should have equal access to the services to which they are entitled."*<sup>11</sup>

This BPP, which also features in the PRC, addresses equal access to healthcare services, availability of resources and respect for human dignity. The latter is discussed as part of the principle of courtesy.

When compared to South Africa's demographics, this study revealed a balanced proportion of the different races receiving the same standard of health care. The majority of respondents, 78% (n=78), were African, while 18% (n=18) were white, 2% (n=2) coloured and 2% (n=2) Indian (Figure 2).



**Figure 2:** Representation of races among patients (n=100)

Regarding resources, 35% (n=35) of respondents mentioned shortages of equipment, e.g. beds and walking aids, and shortages of stock such as bed linen and daily attire. Ten per cent (n=10) of respondents reported that toilet paper was not supplied at all and 31% (n=31) said it was not always supplied. Logistical problems were also mentioned, such as one bathroom for 30 patients. Respondents also commented on long waiting times before admission.

### *The principle of ensuring courtesy*

*"Citizens should be treated with courtesy and consideration."*<sup>11</sup>

Courtesy is underwritten by the BPPs, the Bill of Rights and the PRC. Courtesy is displayed in many ways and manifests in lay terms as good manners. Respondents revealed violations of their right to be treated with respect and human dignity. Thirty-seven per cent (n=37) of respondents reported that staff are not always friendly and the conduct of staff was described as nasty, rude and short-tempered. Thirteen per cent (n=13) reported that doctors do not treat them with respect, some even shouting at them in front of the other patients. Contrary to the disrespectful conduct of the professional staff, 96% (n=96) reported that the cleaners treated them with respect. The study subjects were asked if they were

treated with dignity and 87% (n=87) responded positively. However, the validity of this statement is in question when responses to a number of other items are considered:

- Twenty-seven per cent (n=27) said that staff members were not always helpful.
- Thirty-seven per cent (n=37) of the respondents reported that the unit manager did not introduce herself or himself to them.
- Twenty-five per cent (n=25) of respondents said staff members do not always listen or respond to the needs of the patients.

### *The principle of providing more and better information*

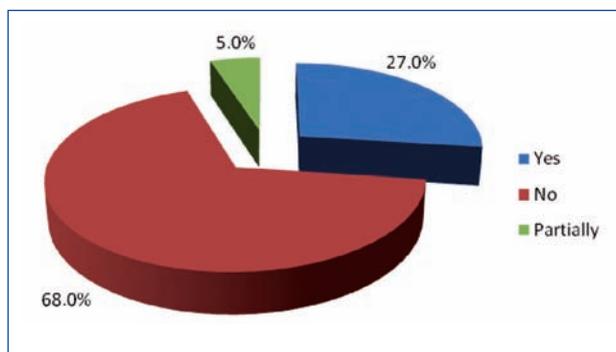
*“Citizens should be given full, accurate information about the public services they are entitled to receive.”<sup>1</sup>*

The primary documents that should inform patients about the obligation of healthcare providers and the rights of patients are the BPPs and the PRC. This study revealed that both these documents were either not displayed noticeably (Table I) or the respondents did not realise the importance of the documents. Only 37% (n=37) of respondents reported that the PRC was clearly displayed in the wards, and the majority of the respondents (56%; n=56) did not observe the BPPs in the wards.

**Table I:** The Batho Pele Principles Chart displayed in the ward

	n	%
Yes	44	44
No	56	56
Total	100	100

Although 73% (n=73) reported that the nature of their illness was explained to them, this is in contrast with 42% (n=42) who said they did not receive all the information they needed on their treatment, and 68% (n=68) who were not informed about test results (Figure 3).



**Figure 3:** Percentage of patients informed about test results (n=100)

It would appear that the general public should be informed and educated about their rights and responsibilities by healthcare providers. Nurses and doctors must realise that information about their diagnosis, condition and treatment empowers patients to contribute to and participate in their health care. Furthermore, sharing of information demonstrates respect for the dignity of patients.

### *The principle of remedying mistakes and redressing failures*

*“If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and when complaints are made, citizens should receive a sympathetic, positive response.”<sup>1</sup>*

The principle of redress requires an effective approach to handling complaints, which should be viewed as an opportunity to identify and address problems and improve service delivery.

The study revealed several issues about which respondents were unhappy or dissatisfied. These included: insufficient equipment in the ward, patients not being informed about the ward routine and about treatment, unfriendliness of staff members, patients not being introduced to the unit manager and doctor, lack of patient involvement in decision making, lack of rooms for private consultation or conversation, dissatisfaction with food and unavailability of toilet paper and clean attire. Despite the above findings, 90% (n=90) of respondents did not file official complaints.

Possible reasons for this include:

- Patients are unaware of their right to complain, which correlates with the fact that the BPPs and the PRC are not displayed.
- Lack of information about the complaints procedure.
- The absence of complaint or suggestion boxes in the wards.

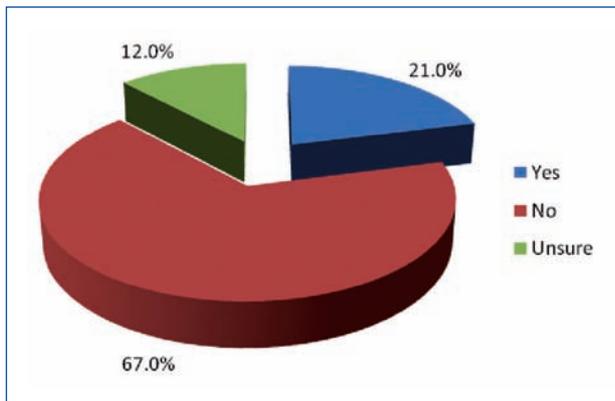
Fifty-nine per cent (n=59) of respondents reported that there was no complaint or suggestion box in the ward and 67% (n=67) of respondents did not know how to lodge a complaint (Figure 4).

### *Getting the best possible value for money*

*“Public services should be provided economically and efficiently in order to give citizens the best possible value for money.”<sup>1</sup>*

The BPP document describes the implementation of this principle in terms of cost-effective services within the departmental resource allocation. This means that

**Figure 4:** Knowledge about the process to make a complaint (n=100)



budgets should be planned carefully and the utilisation of resources needs to be controlled carefully. All the findings of this study point to the necessity of the implementation of the principle “getting the best value for money”.

### Conclusion

The study findings indicate that none of the six BPPs included in the research is implemented effectively at the particular public hospital.

The shortfalls identified can be classified under the following headings:

- Inefficient hospital management.
- Inefficient nursing unit management.
- Patients’ lack of knowledge about their rights in the healthcare system.

Recommendations were made about the necessity of better management and education, and further research.

It is hoped that this small-scale study will prompt hospital management and the provincial and national departments of health to initiate programmes to ensure the implementation of the BPPs and the delivery of quality health care to all citizens of South Africa. This should be a matter of urgency, as indeed it is stated in the Batho Pele White Paper:<sup>1</sup>

*“Improving the public service delivery is not a one-off exercise. It is an ongoing and dynamic process, because as standards are met, they must be progressively raised. This document marks only the first stage in that process. There is a great deal to do, and progress will sometimes be frustratingly slow; but the task is one of the most worthwhile and rewarding that the public service faces, and the need is urgent, so there is no time to lose.”*

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