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Naidoo, Soveshen

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Compassion as a competitive advantage in South Africa's dialysis healthcare industry.



Soveshen Naidoo

Thesis presented in partial fulfilment of the degree of Master of Business Administration to the Faculty of Commerce, Law, and Management, University of the Witwatersrand.

Johannesburg, 2024

I. Declaration

I, Soveshen Naidoo, declare that this research report entitled "Compassion as a competitive advantage in South Africa's dialysis healthcare industry" is my own unaided work. I have acknowledged, attributed, and referenced all ideas sourced elsewhere. I am hereby submitting it in partial fulfilment of the requirements of the degree of Master of Business Administration at the University of the Witwatersrand, Johannesburg. I have not submitted this report before for any other degree or examination to any other institution.



Soveshen Naidoo

Signed at Johannesburg on 27 February 2024

Name of candidate	Soveshen Naidoo
Student number	2583023
Telephone numbers	084 916 0065
Email address	soveshen@gmail.com
First year of registration	2022
Date of report submission	27 February 2024
Name of supervisor	Dr Renee Horne

II. Dedication

To Kerissa, my kind and understanding spouse, who has unceasingly and unquestionably helped and inspired me over the entire degree.

To Lisharan, who is my life and greatest blessing and who was 10 months old when I started this journey.

You are both an inspiration to me, and I have nothing but love for you'll. I want you to never forget that you are able to do anything no matter what the situation. May you both be blessed abundantly.

III. Acknowledgements

Firstly, I would like to express my sincere thanks to God almighty for without the grace of god this journey would not be possible.

Secondly, I would like thank my wife Kerissa and my son Lisharan for their understanding, unwavering support and motivation along this difficult journey. Without the support of my family, this qualification would not be a reality.

Finally, I would like to thank my fellow colleagues at the WITS business school who have become family over the last few years. The journey was made more enjoyable with the support and collaboration of each and every one of you.

"Education is most powerful weapon you can use to change the world."

Nelson Mandela

IV. Abstract

Title: Compassion as a competitive advantage in South Africa's dialysis healthcare industry.

In the competitive dialysis industry in South Africa, dialysis organizations are required to use innovative strategic initiatives to maintain or improve their positions as industry and market leaders. The research aimed to understand the benefits of compassion towards individual patients and the organization, as well as investigated if these benefits contribute to a competitive advantage. Compassion in the dialysis healthcare industry is providing empathic care and support to patients receiving dialysis treatment. This method prioritizes comprehension, compassion, and profound empathy towards the physical, emotional, and psychological difficulties experienced by patients with kidney failure undergoing dialysis.

This qualitative study employed semi-structured in-depth interviews with participants from a dialysis organization in South Africa. The interviews consisted of direct questioning using open-ended questions to gather participant observations and experiences in the dialysis healthcare industry. A purposive sampling approach was used to choose the eighteen participants ranging from junior to executive management. The data was subjected to a thematic analysis to discover the underlying themes.

The study findings indicated that compassion may provide benefits for both the individual patients and the organization, including enhancements in quality of life, patient experience, staff engagement, and physician engagement. Furthermore, the research underscored the significance of value-based care and patient-centred care, which provide advantages for both individual patients and dialysis organizations in South Africa.

The study indicated that compassion provided a competitive advantage to dialysis organizations in South Africa by adopting either a cost focused or differentiation focused competitive strategy within the paradigm of Porter's generic competitive strategies. Based on these findings, it is recommended that dialysis organizations implement a structured program to teach and encourage compassion, integrate compassion into the organization's culture, assess and track compassionate practices, and utilize technology to enhance compassionate care.

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VBC – Value-based care

HCPs – Health care providers

ROS – Red ocean strategies

BOS – Blue ocean strategies

1. Introduction

1.1 Statement of purpose

This study's purpose was to (1) understand if the benefits of compassion can be used as a strategic initiative to acquire a competitive advantage in the dialysis healthcare industry of South Africa, and (2) create a conceptual framework that illustrated how compassion or compassionate care taken by an organization lead to a competitive advantage in the dialysis healthcare industry of South Africa. The research employed a perspective from the standpoint of a dialysis healthcare organization.

1.2 Background to the study

The worldwide outbreak of the coronavirus has unquestionably imposed a significant burden on the world's healthcare systems. During this time, the industry was able to implement collaborative reforms that assisted it in adapting to ongoing changes in healthcare requirements, consumer behavior, and the economy. Reimbursements, population demographics, and research and development will all cause the most disruption in the healthcare industry. Healthcare professionals today have a more diversified and complicated role in helping patients achieve physical and mental well-being, with significant financial incentives to improve population health outcomes in a measurable way. This is in a climate where interest in the way that the healthcare industry accounts for its growing costs has been the global focus.

One such healthcare industry is the South African dialysis industry. The dialysis industry serves patients with chronic kidney failure. Kidney failure is distinct from other illnesses since it is chronic (lifelong). Individuals with kidney failure might undergo dialysis, a procedure that helps maintain kidney function. This treatment is specialized, requires skill, and is extremely costly for patients and medical aid schemes.

According to estimates, 500 million people worldwide have chronic kidney failure, which equates to roughly 1 in 10 adults (Matsha et al., 2013). Furthermore, there are currently 278 dialysis centers in South Africa, with 248 (89%) in the private sector (Jardine & Davids, 2020). The private sector market for dialysis in South Africa is estimated 8,881 dialysis patients (Jardine & Davids, 2020). This equates to 0.01% of the South African population (Researcher, 2023). The exorbitant cost of dialysis places significant emphasis on the industry by medical aid schemes and patients to drive down the cost of treatment. The dialysis

industry in South Africa could be considered a niche segment within the larger healthcare industry due to the dialysis industry meeting certain criteria for a niche market, such as specificity, unmet or underserved demand, and accessibility.

Within the context of this study, compassion is defined as a comprehensive strategy that includes proactive patient needs-meeting, active listening, and empathy. It entails establishing a setting where healthcare professionals are encouraged and supported, and where patients feel respected and understood.

The healthcare industry, particularly the dialysis sector, is fraught with challenges related to access, quality of care, and patient satisfaction. In South Africa, these challenges are compounded by systemic issues, including resource limitations and disparities in healthcare delivery. While substantial research has focused on the clinical aspects and accessibility of dialysis treatment, there has been a paucity of studies examining the role of organizational strategies in enhancing service delivery and patient outcomes.

One promising area of organizational strategy is the implementation of compassion as a core component of healthcare delivery. Compassion in healthcare is defined as the empathetic concern and action to alleviate the suffering of patients, coupled with a commitment to understanding and addressing their emotional and physical needs. In the context of dialysis care, compassion extends beyond clinical interactions to encompass the overall patient experience and the work environment for healthcare providers.

Research from other healthcare sectors indicates that compassion can significantly enhance employee engagement, reduce turnover rates, and improve patient satisfaction (Lilius et al., 2008; Trzeciak et al., 2019). However, the strategic use of compassion to gain a competitive advantage remains underexplored in the South African dialysis industry. This study aims to fill this gap by investigating how compassion, as a strategic initiative, can improve organizational outcomes and provide a competitive edge in the dialysis sector.

1.3 Research problem

Intense competition in the South African dialysis healthcare industry necessitates dialysis organisations to use innovative strategic initiatives to maintain or improve their status as industry and market leaders. The patients and medical aid schemes perceive the organisation as being in a different league than its rivals because of the organisation's competitive

advantage. Patients and medical aid schemes are two intertwined consumers in the South African dialysis healthcare industry.

A crucial requirement for medical aid schemes, is to function as judicious purchasers of care, is their capacity to direct patients to dialysis organisations. Once medical aid schemes can effectively direct dialysis patients (channelling) to dialysis organisations, their bargaining power with respect to dialysis organisations increases. To be included in the medical aid schemes network (preferred providers) of dialysis organisations, organisations will need to and be incentivized on, providing high-quality services at a reasonable cost (Boonen, 2009). The medical aid scheme and the patient, exerts a significant degree of influence on determining the dialysis industry's market leaders.

Dialysis organizations in South Africa lack significant difference. All dialysis organizations provide a common service of dialysis. This complicates the ability of dialysis organizations to distinguish their service offerings to dialysis patients and medical aid schemes from those of competitors.

Dialysis organizations must develop and execute innovative strategic initiatives to gain a competitive advantage in an industry where the patient and the medical aid scheme are closely linked and there is minimal distinction in the dialysis service offered.

There has been a very little amount of research conducted on the use of compassion as a strategic initiative in South Africa’s dialysis industry to gain a competitive advantage. The current research mainly focuses on the challenges with access to dialysis and the clinical characteristics of the dialysis treatment in South Africa (Etheredge & Fabian, 2017; Tannor et al., 2017).

Compassion in the dialysis healthcare industry is providing empathic care and support to patients receiving dialysis treatment. This method prioritizes comprehension, compassion, and profound empathy towards the physical, emotional, and psychological difficulties experienced by patients with kidney failure undergoing dialysis.

In the dialysis sector, where clinical treatments are frequently comparable between providers, setting yourself apart with outstanding patient and staff experiences can provide you a big competitive edge. Dialysis facilities can develop a distinctive value proposition that draws in

patients and qualified medical personnel by putting compassion first. Companies with a reputation for providing kind treatment are likely to become well-liked in the neighbourhood. Good patient experiences result in more patient loyalty and word-of-mouth recommendations, both of which are essential for long-term development and success. Compassionate care can lead to more effective patient-provider interactions, reducing misunderstandings and errors. This can streamline operations and improve the overall efficiency of care delivery, further contributing to an organization's competitive edge

Given the significant potential benefits, incorporating compassion as a strategic initiative in South Africa's dialysis industry could provide a powerful means to gain competitive advantage. By enhancing employee engagement, improving patient outcomes, fostering a positive organizational culture, and differentiating from competitors, dialysis organizations can achieve both improved care quality and better business performance. This study aims to explore this under-researched area, providing insights that could transform the approach to healthcare delivery in the dialysis sector

1.4 Research aim

The aim of this research was to explore if the presence of compassion or compassionate care may give a competitive advantage to a dialysis organization in South Africa's dialysis healthcare industry.

1.5 Research questions

Main research question: Can compassion or compassionate care provide a competitive advantage for dialysis organizations in the South African dialysis industry?

To address this main research question, the study posed the following sub-research questions:

RQ1: What are the precise advantages of compassion or compassionate care as seen by individual patients in dialysis healthcare organisations?

RQ2: What are the precise advantages of compassion or compassionate care as seen by dialysis healthcare organisations?

RQ3: Can implementing compassion or compassionate care as a strategic initiative provide dialysis organisations in South Africa a competitive advantage?

1.6 Research objectives

This research seeks to:

- To understand the benefits of compassion on individual patients,
- To understand the benefits of compassion on the organization,
- To explore if the benefits of compassion on individual patients and on the organization can translate to a competitive advantage.

1.7 Rationale of the study

The study explored how compassion or compassionate care addresses growth opportunities in the competitive dialysis healthcare industry in South Africa, offering significant insights to various stakeholders such as healthcare providers, healthcare administrators, patients and families and policymakers

The significant insights anticipated include:

- Employee Engagement Strategies: Understanding how compassion can improve staff morale, reduce burnout, and increase retention rates.
- Patient Care Enhancements: Identifying ways in which compassionate care improves patient satisfaction, adherence to treatment, and overall health outcomes.
- Organizational Culture: Exploring how a culture of compassion can lead to a more resilient and supportive work environment.
- Competitive Differentiation: Demonstrating how compassionate care can be a unique selling proposition, attracting more patients and skilled healthcare professionals.
- Operational Efficiency: Insights into how compassionate care practices can streamline operations and reduce errors, ultimately improving service delivery.

This study will help dialysis healthcare organisations establish methods for implementing compassion and obtaining a competitive advantage by:

- Developing Training Programs: Designing and implementing training programs for healthcare providers that focus on building skills in empathy, active listening, and patient-centred care.

- Policy Formulation: Formulating organizational policies that prioritize compassionate interactions at all levels of care, ensuring that compassion is integrated into the mission and daily operations of the organization.
- Creating Support Systems: Establishing support systems for both patients and staff, such as counselling services, peer support groups, and regular well-being check-ins, to foster a compassionate environment.
- Patient Engagement Initiatives: Implementing patient engagement initiatives that actively involve patients in their care plans, ensuring they feel heard, valued, and respected.
- Performance Metrics: Developing metrics to assess the impact of compassionate care on patient outcomes, employee satisfaction, and overall organizational performance, allowing for continuous improvement.

1.8 Delimitations and assumptions of the study

The following constitute the delimitations of the study:

- The findings and implications of this research are limited to the dialysis healthcare industry in South Africa. Generalization of this research to other regions is not possible.

The assumptions of the study are as follows:

- Participants that engage in the interview are expected to provide honest and sincere replies.
- The interviewees are well-informed on the dialysis industry in South Africa.
- The research achieved a comprehensive range of viewpoints about compassion and competitive advantage in South Africa's dialysis healthcare industry.
- The data analysis for deriving insights and identifying patterns is conducted rigorously and follows established qualitative methodologies

1.9 Definitions

1.9.1 Compassion

This paper acknowledges that compassion can be construed in a variety of ways, each producing its own unique set of definitions. According to numerous definitions, compassion is a feeling, attitude, or characteristic that develops when one observes another's suffering and spurs on the desire to assist that person (Sinclair et al., 2016). Compassion is not the only instinctive or adaptive response to suffering; it competes with other responses. For example: recognizing who is suffering, yourself or another person; noticing if you care for the person's suffering; choosing if that person is deserving of help; deciding if you have the resources to help (Goetz et al., 2010).

1.9.2 Competitive advantage

The most often assumed idea in the field of strategic management is that of competitive advantage. Organizations frequently conflate the concepts of competitive advantage and competitive advantage sources, particularly those pertinent to resource-based theory (Sigalas, 2015). The terms competitive advantage and long-term advantage are now prevalent. When a company develops or obtains a collection of qualities or strategies that allow it to surpass its rivals, it achieves a competitive advantage. This means that a competitive advantage becomes apparent when a company's actions result in greater profitability compared to its competitors, or when it outperforms them in important aspects such as market share, product quality, or technological innovation (Cegliński, 2017).

1.9.3 Patient-centred care

Patient-centred care focuses on the individual patient's specific healthcare requirements. The objective of patient-centred care is to encourage patients' participation in their own care. This necessitates that medical professionals, such as physicians, develop superior communication skills and effectively address patient requirements. Patient-centred care also entails advocating for the patient and attempting to provide not only effective but also secure care (Reynolds, 2009).

1.9.4 Value-based care

In health care, value is the ratio between the improvement in a patient's health outcomes and the cost of achieving that improvement. The objective of the transition to value-based care is to increase the value delivered to patients by the healthcare system. It is essential to recognize that value is accomplished predominantly through enhanced health outcomes, so definitions of value-based healthcare that only emphasize cost reduction are insufficient. While cost reduction is essential, it is not sufficient on its own. If the solitary purpose of value-based healthcare was to reduce costs, then uncomplicated medical solutions would suffice (Teisberg et al., 2020).

1.10 Structure of the dissertation

The following is a comprehensive list of the chapters included in this research paper:

Chapter one: Introduction:

This chapter gives the statement of purpose of the study and then goes on to state the context of the study and the research problem. The aims and objectives are given followed by the significance of the study. Finally, the limitations of the study is stated.

Chapter two: Literature review:

This chapter serves to provide a holistic literature review of the past studies and the conceptual framework.

Chapter three: Research methodology:

Discusses research approach, design, participants, instrument, procedure, data analysis and ethical considerations.

Chapter four: Presentation of research results:

Presentation of the results obtained from the research instruments.

Chapter five: Discussion of findings

This chapter is a deep analysis of the data findings in relation to the interrogation of the research objectives.

Chapter six: Summary, conclusion, limitations and recommendations

This chapter gives a summary of the research and is followed by recommendations in the conclusion.

1.11 Chapter summary

This chapter has introduced the concept of compassion and competitive advantage in South Africa's dialysis healthcare industry. The chapter presented the purpose of the study, the study background, the research problem. The chapter further presented the research aim and objectives, rationale for the study, delimitations and assumptions of the study and the operational definitions. The chapter concludes with presenting the structure of the dissertation.

2. Literature review

2.1 Introduction

This chapter is divided into three sections: first, a review of the literature on competitive advantage; second, a review of the literature on compassion. This is lastly followed by the development of a conceptual framework for compassion as a competitive advantage. A systematic literature review is presented in response to investigate the research aim.

2.1.1 Competitive advantage

Competition determines the success or failure of a business, necessitating a specific strategy for competitive advantage objectives and to gain benefits (Bintara et al., 2023).

Competitive advantage is, at its essence, understood as the content of a strategic decision, a strategic task, a system for its implementation, and the results of competitive activity (Kovalenko, 2022). To determine if a business has a competitive advantage, it must be compared to its competitors (Peteraf & Barney, 2003). Competitive advantage refers to a company's capacity to surpass rivals in the same sector or market by virtue of its unique characteristics and resources (Satar, 2023). Deszczyński (2021) asserts that the majority of competitive advantage verification occurs on the market, and it gives birth to the concept of company performance and its financial metrics. His research indicates that the potential for positive business results cannot be separated from the firm's unique circumstances in the long term.

A sustainable competitive advantage is obtained when it is based on elements that cannot be easily replicated or replaced, and when these elements are routinely updated to accommodate technological developments, business cycles, environmental constraints, and emergent opportunities (Deszczyński, 2021). Businesses that have achieved a certain measure of development and prosperity must obtain a durable competitive advantage to maintain their condition (Satar, 2023). Developing a long-lasting competitive advantage is crucial in today's fast-paced economy and to perfect the balance between an organization's exploration and exploitation strategies (Kasaee & Mohammadi, 2022).

The following models on competitive advantage are discussed below:

- Resource based view
- Dynamic capabilities
- Blue ocean strategy
- Porter’s paradigm of generic competitive strategies

When choosing the models for discussion on competitive advantage, for this research paper for investigating competitive advantage in the dialysis healthcare industry, the decision depended on the model’s alignment with the study's objectives, their capacity to elucidate the phenomena being studied, and their potential to generate fresh perspectives.

The below models were chosen for discussion, based on their theoretical strength, relevance to dialysis healthcare industry challenges, and their potential to provide a thorough understanding of how dialysis organizations can gain a competitive advantage.

2.1.1.1 Resource based view

Barney (1991) asserts resource heterogeneity, which denotes that at least certain resource bundles and production-related capacities are different among businesses, is the most basic need of resource-based theory. The resource-based perspective considers firms to differ in terms of efficiency due to disparities in their advantage over rivals due to resources they have access to or have gained (Barney, 1991). Since imitation would diminish a portion of a company's competitive advantage, the definition of the idea of sustained competitive advantage is that it is the advantage that persists after all attempts at imitation have ceased (Ormanidhi & Stringa, 2008).

The competitive advantage of a company would be maintained if the following conditions are met:

• resources are sufficiently heterogeneous to account for disparities in efficiency and rent.

• resources are ex ante economical (the present discounted value of their future prices is not greater than their current price).

• resources are non-imitable ex post.

• resources are not absolutely mobile between enterprises. (Barney, 1991)

Eisenhard and Martin (2000) critiqued the resource-based perspectives for its static character, and that sustained competitive advantage in dynamic marketplaces has been regarded has improbable. In volatile, unpredictable environments, the firm's persistently heterogeneous resources and it is doubtful if rents will continue to be maintained if there is no competition for acquiring or developing complementary resources (Eisenhard & Martin, 2000). The resource-based perspective fails to account for the impact of market volatility and the changing nature of businesses (Wang & Ahmed, 2007).

2.1.1.2 Dynamic capabilities

According to research by Wang and Ahmed (2007), the resource-based perspective is complemented by the idea of dynamic capacities. Their study notes, for a business to achieve and sustain competitive advantage in a volatile market, it must be able to dynamically integrate, reconfigure, renew, and recreate its resources and capabilities, with a particular emphasis on upgrading and reconstructing its core capabilities in response to environmental shifts.

Dynamic capabilities have faced criticisms and these address the fact that a competitive advantage requires both static and dynamic skills and dynamic capabilities are not what give you an advantage over the competitors in the long run; rather, it's how you use them and the resource configurations they enable that give you an advantage (Eisenhardt & Martin, 2000). The correlation between dynamism and efficiency, according to Zahra et al. (2006), is rather indirect, as it is mediated by the character of dynamic capacities that affect substantial capabilities. Winter (2003) argues that other types of costs render dynamic capabilities disadvantageous, even in terms of an organization's decision to use or develop them.

2.1.1.3 Blue ocean strategy

Two types of structuralist strategies were introduced by Kim and Mauborgne (2005) namely the red ocean strategies (ROS) and the blue ocean strategies (BOS).

Kim and Mauborgne (2005) propose ROS implement financial decisions and compete within the environment's structure. This rivalry fosters strength but also generates unfair circumstances as they vie to expand their market share by competing with one other, a phenomenon known as cutthroat competition that colours the ocean blood crimson (Kim & Mauborgne, 2005).

Kim and Mauborgne (2005) stated to create more revenue and expand business prospects, they must also adopt BOS. BOS has been referred to as the market creation method in non-existent markets, corporations use this approach to generate new earnings and enhance development prospects (Kim & Mauborgne, 2005).

Criticisms of the BOS and ROS include the theory lacks evidence as it is benchmarked against thriving firms only (Burke et al., 2009). Alam and Islam (2017) stressed that this theory fails to sufficiently clarify the process of establishing a dominant market position and generating new consumer needs; therefore, the theory's discretion provides incorrect and misleading explanations.

The models that have previously been presented exhibit a variety of concepts on competitive strategy; nevertheless, the focus of this study paper will be on the widely used Porter's paradigm of generic competitive strategies:

2.1.1.4 Porter’s paradigm of generic competitive strategies

In this body of work, Porter's model is a widely accepted norm, particularly among business strategists and industrial economists (Porter, 1980).

Examining a market via Porter's lens of the five forces of competition. The competitiveness and profitability of an industry are generally agreed to be determined by the following forces:

• threat of new entry,

• intensity of rivalry among existing firms,

• pressure from substitute products,

• bargaining power of buyers, and

• bargaining power of suppliers. (Porter, 1980)

The firm's strengths and weaknesses in relation to the real state of competition might be better assessed with this knowledge (Porter, 1980). Porter's key argument in favour of this is that a corporation may better counteract the influence of the five competitive factors by taking either defensive or offensive measures if it is aware of their impact (Ormanidhi & Stringa, 2008).

The so-called paradigm of generic competitive strategies illustrates these tactics (Porter, 1980) depicted below in figure 1:

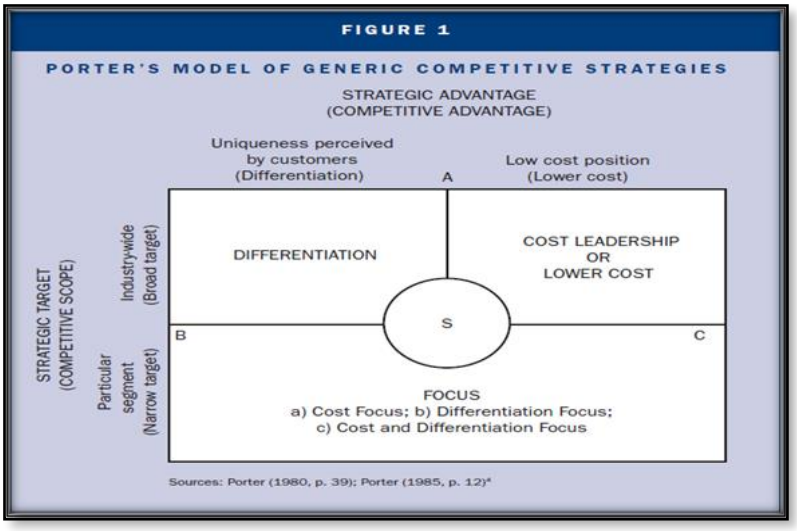

Figure 1: Paradigm of generic competitive strategies (Source: Porter, 1980)

The recommended strategic initiatives include lower cost or cost leadership, differentiation, and focus; and focus can be found in three variants—cost focus, differentiation focus, or cost and differentiation focus (Porter, 1980). In this context, "generic" would relate to the company's overarching strategy approach, which it may take in whatever industry it operates in, for example either manufacturing, services, or digital (Ormanidhi & Stringa, 2008).

The low-cost strategy protects the company from consumers (who attempt to acquire low-priced products) and suppliers (who wish to raise raw material prices) who wish to increase profits (Porter, 1980). Under the differentiation strategy, Porter (1980) explains that if a company can be specialized and distinct in its product, then the company differentiates itself, and this uniqueness should be valued by consumers. Porter (1980) asserts the focus strategy is the concentration of a particular function or activity, such as specific consumers, product flows, supplier groups, geographic markets. He went on to clarify that focused cost leadership and focused differentiation are two types of focus strategies that cannot be achieved in a broad market, but only in a niche market.

According to Porter (1980), businesses who implement one of his three suggested general competitive strategies would have a significant advantage over their competitors that do not take this course of action. To withstand the pressure of the most important competitors and generate above-average profits, Porter proposes the aforementioned techniques (Porter, 1980).

Porters model has faced criticism over the years, and these include that Porter outlined several criteria for cost leadership, but he neglected to include consumer attractiveness, which is a more significant factor in a company's success (Mintzberg, 1988). The approach for a successful cost leadership strategy is complex and lacked necessary circumstances to implement this method (Murray, 1988). Wright (1987) contends that Porter was unconcerned considering the several attributes and standards needed to choose strategies, including company size, resource availability, industry entry, and competitive evaluation. Ormanidhi and Stringa (2008) contend despite the criticisms, Porter's model is seen as an informative and useful tool for analysing a company's competitive behaviour. Their research indicates some of the characteristics of the model include its widespread use, clearly laid out framework, practicality, clarity, simplicity, and scalability.

2.1.2 Compassion

Care for those unable to care for themselves and compassion for the vulnerable have been fundamental principles of medicine since ancient Greece (Porter, 2002). Modern health care value statements honour patients with care, compassion, and respect (Cornwell & Goodrich, 2009).

An example of healthcare compassion indicators was the conceptual model of compassionate care by Sinclair et al. (2020). Their research illustrates that compassion has been identified as a pillar of quality healthcare and their conceptual model on compassionate care (figure 2) identifies factors of compassion.

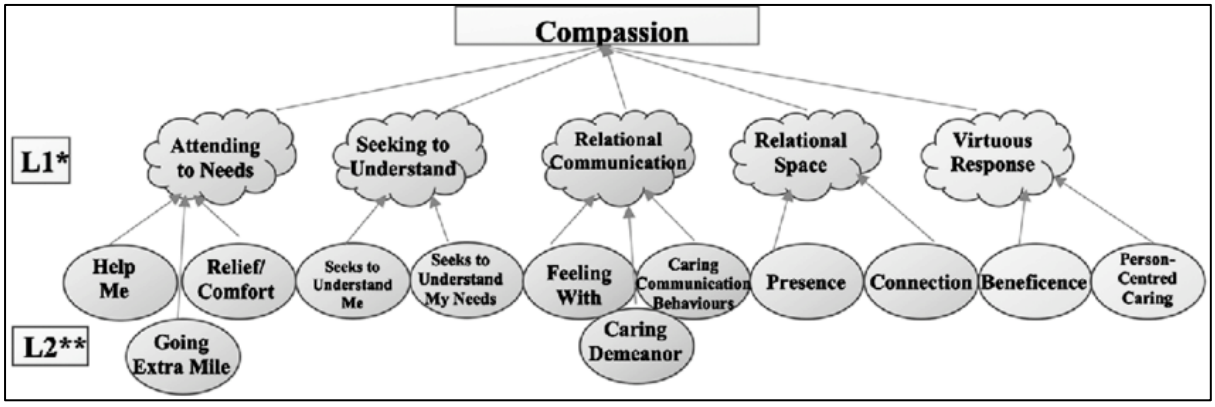

Figure 2: Conceptual model of compassionate care (Source: Sinclair et al., 2020)

Sinclair et al. (2018) argues that compassion is generally acknowledged as a crucial part of top-notch healthcare. Their research found that it is generally agreed that those working in the healthcare industry are the most important links in the chain of compassion. It should come as no surprise that healthcare providers (HCPs) are the first focus of criticism when compassion is absent; nevertheless, this recognition places HCPs in an increasingly prominent role as the first and most direct channel of care (Sinclair et al., 2018).

The healthcare provider compassion model developed by Sinclair et al. (2018) is depicted below in figure 3:

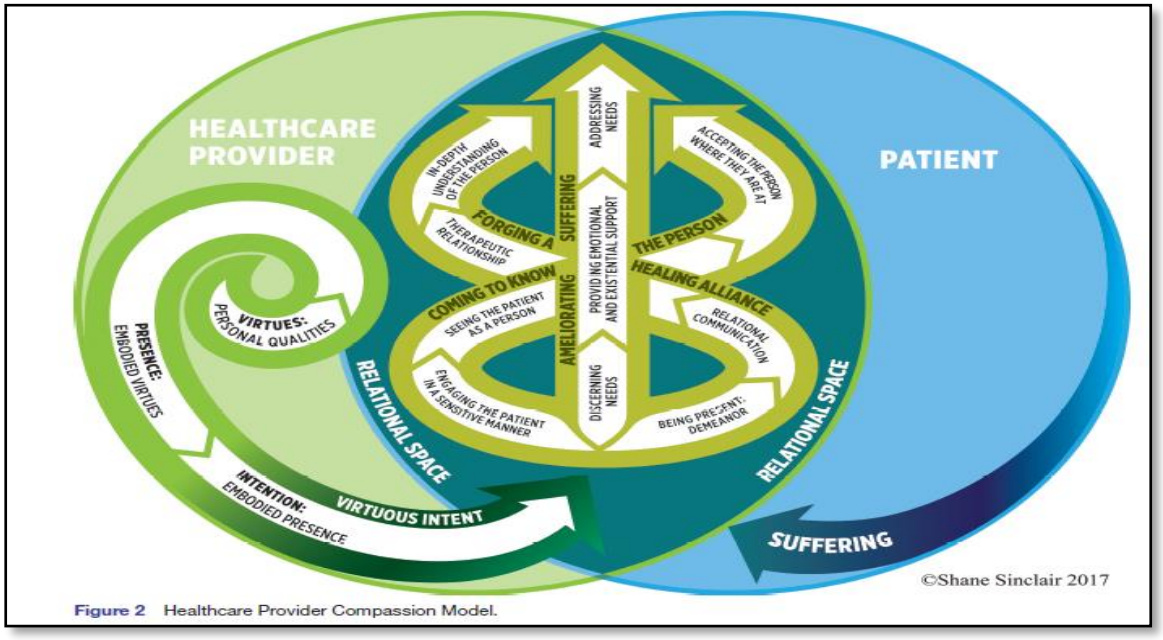

Figure 3: Healthcare provider compassion model (Sinclair et al., 2018)

Sinclair et al. (2018) indicates that the healthcare provider compassion model establishes criteria for compassionate caregiving in healthcare settings. Their research proposes that the healthcare provider compassion model is an organized framework that exhibits the features of compassion's components and the interconnectedness of those components. Their study notes these categories also allow for some wiggle room, which is appropriate given that true compassion comes from inside and is shown via a living, breathing human relationship with a patient and their needs. While perfection may be unachievable, healthcare providers and their environs may endeavour to cultivate the numerous facets of compassion that make up the profession (Sinclair et al., 2018).

Compassionate patient care can directly lead to enhanced quality and safety, patient experience, staff and physician involvement, and other major concerns of healthcare organizations (Cochrane et al., 2019).

The following are the banners that will serve as the primary focus of the research in relation to the benefits of compassion or compassionate care to individual patients and dialysis organizations:

- Quality of care (outcomes)
- Patient experience
- Employee engagement
- Physician engagement
- Value-based care
- Patient-centred care

2.1.2.1 Quality of care (outcomes)

Over the last decade, academics, educators, physicians, policy makers, patients, and their families have all paid more attention to the importance of compassion in healthcare (Malenfant et al., 2022). Seppala et al. (2014) states, it is an essential component of high-quality medical treatment that may significantly enhance objective measures of health and patients will have a constructive relationship with the one who provides their care.

Compassionate, empathetic, and respectful interactions in healthcare not only helps people "feel good," but also improves health outcomes (Frampton et al., 2013). Fotaki (2015) posits the significance of compassion as an inherent component of care. Compassionate care is essential to the quality of healthcare because it substantially improves patients' physical and mental health and clinical outcomes (Watts et al., 2023).

Compassion is recognized as a requirement of good healthcare and a vital part of patients' experiences, although it is often absent and has room for development in actual practice (Malenfant et al., 2022). Over the course of healthcare workers training, compassion and empathy tend to diminish which may impact the quality of care (Watts et al., 2023).

2.1.2.2 Patient experience

The quality of the patient experience is shaped by each aspect of every interaction with patients (Cornwell & Goodrich, 2009). Frampton et al. (2013) posits that the patient experience is a key distinction in shaping consumer choices about where to seek treatment and which providers to work with. Watts et al. (2023) posits compassionate care substantially improves patient-provider communication and patient satisfaction.

Compassion, empathy, and responsiveness to patients' needs, values, and preferences; coordination and integration; information, communication, and education; provision of physical comfort; provision of emotional support; relief of patients' fears and anxieties; and participation of patients' families are all considered essential components of patient-centred care (Cornwell & Goodrich, 2009). The degree to which care is perceived as exceptionally good or exceptionally poor is proportional to how compassionately staff treat patients (Cornwell & Goodrich, 2011). Due to the human element, the capacity of individual health care employees to respond to patients' sensitivity is limited (Cornwell & Goodrich, 2009).

Cornwell and Goodrich (2011) assert that it is mistakenly believed that people who choose to work in health care are naturally compassionate, empathic, and caring, and that this trait, patient-centeredness, is a hallmark of caring persons. Complex personal, cultural, and organizational elements all have a role in patients' experiences, making it difficult to pinpoint exactly what needs to be done to improve care (Cornwell & Goodrich, 2011).

Patients are using the internet more often to share their hospital experiences, making it crucial for hospitals to provide a positive experience for both medical and business purposes (Cornwell & Goodrich, 2009). When patients have a choice and the information is readily available, rates of hospital-acquired infections, perceptions of hygiene, and staff attitudes influence their referral preferences (Dixon, 2008). Cornwell and Goodrich (2009) argue that hospitals that fail to put their patients' needs first will see a decrease in their reputation, patient base, and income as patients increasingly have more options for where to get care. Knapp (2006) reports that this is demonstrably true in the United States, where hospitals place a premium on patient satisfaction for financial reasons.

2.1.2.3 Employee engagement

According to a study by Lenz (2017), it was noted that compassion and staff engagement are two qualities that have been found to have beneficial effects in a healthcare environment. In addition to this, his research has shown that a high level of staff engagement has a favourable correlation with the standard of care given to patients, patient safety, and patient-centred care. Because of the far-reaching effects of both factors, establishing a connection between compassion and employee engagement would enable healthcare professionals to capitalize on the link to achieve better patient outcomes (Lenz, 2017). Maintaining the emotional and physical health of healthcare professionals is crucial for delivering high-quality treatment (Lowe, 2012).

Dickson (2012) posits that health organizations have recognized that having more engaged employees may result in financial benefits. His research indicates that if workers are invested in their company's success, it shows in the bottom line, in employee retention, and in the quality of new hires.

2.1.2.4 Physician engagement

Doctors play a crucial role in every health care system (Kaissi, 2014). Perreira et al. (2018) argues that the transformation of the health system emphasizes the importance of physician involvement, showing that it is a critical aspect in lowering costs while boosting efficiency, quality of care, patient safety, physician satisfaction and retention. The importance of physician engagement is a significant hurdle to attaining quality objectives (Perreira et al., 2018). Global research indicates that when doctors are invested in their practice, it benefits both the practice and its patients in many ways, including increased productivity, lower turnover, and happier, healthier patients (Dickson, 2012). A health care organization's clinical, service, and financial results would all benefit from increased physician participation, making it a valuable endeavour that should be emphasized by health care management (Kaissi, 2014). Patients' evaluations of their physician-patient relationships, which include communication, interpersonal interactions, physician's understanding of the patient, and patient trust, were important indicators of whether a patient would switch physicians (Safran et al., 2001).

Dickson (2012) argues that health care service organisations and medical professionals must collaborate, which is often complicated, and both groups divide their efforts to be most effective in delivering care. In addition, his study notes that, environmental conditions that

have grown up over years of history either impede or enhance the potential for physician engagement. These challenges are examples of the difficulties associated with physician engagement (Dickson, 2012).

2.1.2.5 Value-based care

In value-based healthcare, medical professionals like doctors and hospitals are paid according to how well their patients fare after receiving their treatment (Porter, 2010). Value-based care, aims to improve patients' health outcomes, get rid of unnecessary clinical variations, and lower overall healthcare costs (Wahidi et al., 2023).

Porter (2010) posits in a healthy and well-functioning health care system, the generation of value for patients should define the incentives for all other stakeholders participating in the system. He further noted, value should constantly be produced around the consumer. The term "value" refers to the outcomes in comparison to the expenditures, and it also incorporates the concept of "efficiency" (Porter, 2010). The value-based care model is a strategic tool that can favourably affect profitability by focusing on patient outcomes (Wahidi et al., 2023).

The advantages of value-based care are broken down in more detail below in figure 4:

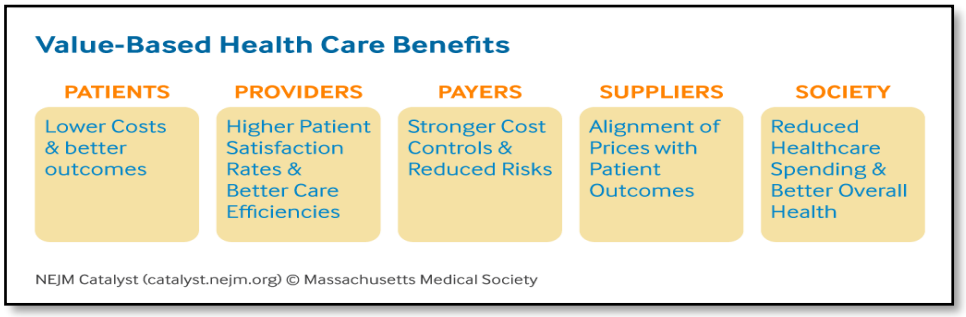

Figure 4: Value-based care health care benefits (Source: NEJM Catalyst, 2017)

Value-based contracts are an example of value-based care in which profits and losses are distributed according to the quality of patient outcomes and the amount saved on medical expenses (Wahidi et al., 2023).

Porter and Lee (2013) posit in the future, healthcare organizations that continue to operate under the outdated and inefficient supply-driven health care system will no longer exist. Their research indicates reputations that are built on impression rather than actual outcomes are

going to suffer in the future. Those organisations who are successful in implementing value-based strategies will be rewarded with financial sustainability (Porter & Lee, 2013).

2.1.2.6 Patient-centred care

Catalyst N.E.J.M (2017) posits that care that is patient-centred places primary emphasis on the needs of the patient and the results they want to achieve from receiving medical treatment. Their study asserts that, doctors serve their patients not just from a professional position, but also from an emotional, mental, spiritual, social, and economic vantage point since patients are partners with their providers in their care. Patients and doctors need to work together as partners (Catalyst N.E.J.M, 2017).

A model depicting the seven elements of patient-centred care is shown below in figure 5:

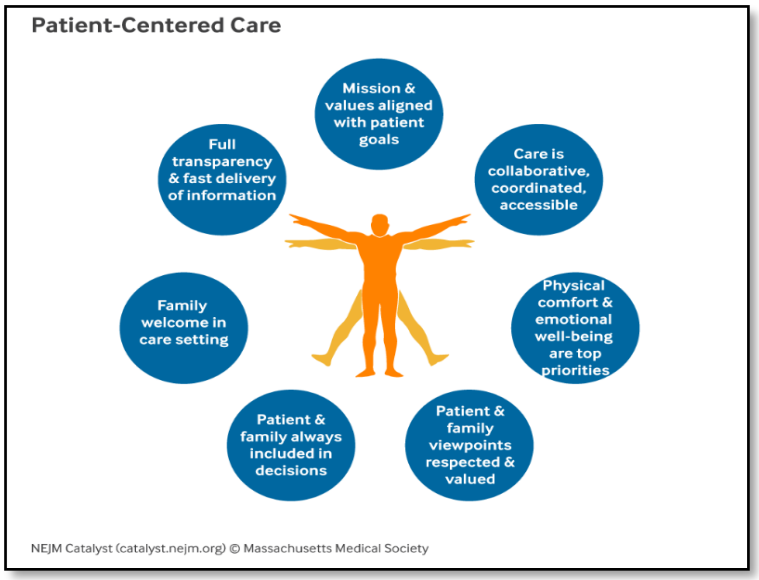

Figure 5: Patient-centred care model (Source: NEJM Catalyst, 2017)

According to the study by Epstein and Street (2011), personal, professional, and organizational interactions all contribute to the quality of treatment that is patient centred. Therefore, to advance patient-centred care, it is necessary to consider patient-centeredness on the part of clinicians, patients (and their families), and health systems (Epstein & Street, 2011).

Rathert et al. (2012) states organizations that are more patient-centred also have more positive results, such as patients being more satisfied with their treatment, healthcare workers being more satisfied with their jobs, there being an improvement in the treatment quality and

patient safety, and patients having a higher quality of life and overall well-being. There is a growing correlation between the delivery of care that is centred on the patient and the receipt of medical aid reimbursements to organisations (Epstein & Street, 2011).

2.2 Conceptual framework for compassion as a competitive advantage

The proposed conceptual framework that has been developed reflects the components of the literature review on compassion and principals from Porter's model on generic competitive strategies (Porter, 1980).

The proposed framework (refer to figure 6) seeks to investigate how the application of compassion or compassionate care can transform into strategic initiatives that can provide a generic competitive strategy to provide a competitive advantage to dialysis organisations.

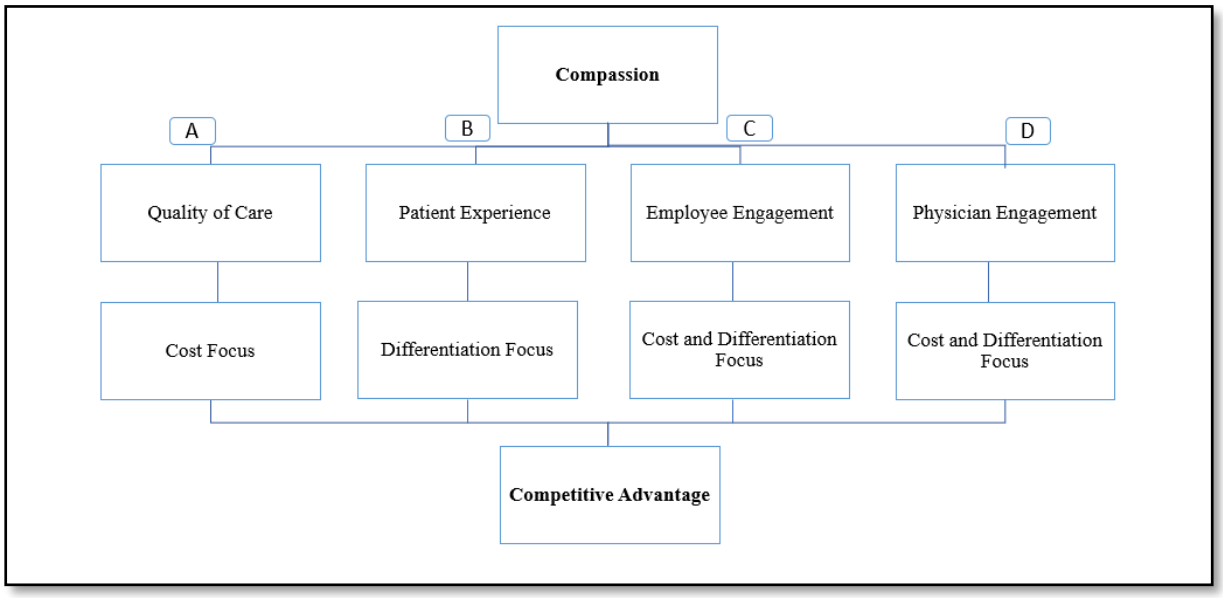

Figure 6: Conceptual framework for compassion has a competitive advantage (Source: Researcher, 2023)

Cost focus

After surveying the existing research, it was determined that the implementation of compassion can result in higher quality of care and improved outcomes, as depicted in block A of figure 6. This can reduce the cost of providing healthcare. Lower costs because of improved care quality and patient outcomes can generate a low-cost healthcare provider and a cost-focused competitive strategy that can yield a competitive advantage.

Cost and differentiation focus

After surveying the existing research, it was determined that the implementation of compassion can result in improved patient satisfaction and employee and physician engagement, as depicted in blocks B, C, and D of Figure 6. This can diminish the cost of providing healthcare and the distinctiveness of the services provided. Differentiation of the healthcare service because of employee and physician engagement and patient experience, as well as lower costs because of employee and physician engagement, can generate a low-cost provider for the latter and a differentiated service organisation for the former, thereby creating a competitive advantage.

2.3 Chapter summary

This literature review must necessarily be selective to achieve its objective of highlighting the most significant topics and concerns raised in recent years. In an endeavour to better comprehend compassion's connection to competitive advantage, it has investigated the connection between the two. The review then incorporated prior research on value-based care and patient-centred care to undertake a more in-depth investigation into the relationship between these two approaches and a competitive advantage. According to the literature review, having compassion as a strategic initiative correlates with obtaining an advantage over the competition.

3. Research methodology

3.1 Introduction

In this section, we review the study's research procedures. An overview of the methodology is provided in this chapter, which covers topics such as the study's design, its participants, its methodologies, its sampling techniques. The chapter further presented the studies data collecting processes, its procedures for analysing the collected data, its tools and techniques for analysing the data and its ethical concerns.

3.2 Research approach

The research explored the interrelation between the behaviour of human compassion and the strategic concept of competitive advantage in South Africa's dialysis healthcare industry. A review of the relevant literature revealed that there was limited understanding regarding the correlation between human compassion behaviour and the strategic concept of competitive advantage in the dialysis healthcare industry of South Africa. The investigation employed a qualitative methodology considering its exploratory nature. Mohajan (2018) posits even in a distinct cultural context, qualitative research is a valid method for studying human behaviours on a delicate topic. Qualitative research is often used in healthcare to analyse health behaviour patterns, depict personal experiences, formulate behavioural theories, investigate healthcare requirements, and create solutions (Renjith et al., 2021). Qualitative research is used across several academic fields, such as behavioural and social sciences, to gain insight into human experiences and circumstances, as well as the cultural, ideological, and moral perspectives of people (Kalu, 2017). Healthcare research professionals have all come to recognize and appreciate the value of qualitative research (Wong, 2008).

Mohajan (2018) postulates qualitative research seeks to produce new ideas and theories by carefully characterizing and interpreting topics or events from the viewpoint of the person or community under study. His study states, qualitative research does not have a defining theory or paradigm, and it does not follow a standard set of procedures.

3.3 Research design

The researcher selected a case study as a research design. As a qualitative research design, case studies involve an in-depth examination by the researcher of a particular program, event, activity, process, of one or more individuals (Creswell, 2014). The case study method permits comprehensive, multidimensional examinations of complex issues in their actual contexts (Crowe et al., 2011). The research aimed to explore if the presence of compassion or compassionate care may give a competitive advantage to a dialysis organization in South Africa's dialysis healthcare industry. The dialysis organization was the real-life context while the assemblage of data from numerous participants comprised the numerous sources of evidence.

Yin (2009) argues that the distinction between the phenomenon and the context is not readily apparent in a case study, and the investigator has limited influence over the course of events. This was the case within the research as compassion driving the competitive advantage in dialysis organisations is not clearly evident. The researcher selected the case study strategy as the optimal methodology because the study demanded a comprehensive, in-depth examination of how compassion can facilitate competitive advantage in dialysis organizations.

The single organisation that formed the basis of the case study is a South African dialysis organisation, Renal A, that was formed in 1995. The research study is an in-house research project conducted within the researcher's organisation. The healthcare organization is a provider of superior dialysis care to individuals in South Africa who are either at risk of developing kidney failure or are already afflicted with it. The organization presently maintains a workforce of over a thousand individuals and conducts operations in eight provinces.

3.4 Data collection method

The qualitative research was performed using semi-structured in-depth interviews. According to the study by DeJonckheere and Vaughn (2019) semi-structured in-depth interviews are a prevalent method in qualitative research, particularly in health services research, and serve as the primary source of qualitative data. Their study notes semi-structured interviewing is a valuable method that family doctors, primary care clinicians, and other health services researchers may use to get insight into the ideas, beliefs, and experiences of patients.

Polkinghorne (2005) asserts interviews with participants are the most often used method for generating qualitative data. His study indicates that data collecting in qualitative research aims to give evidence supporting the experience being studied.

Qualitative research reflects a detailed description of participants' emotions, opinions, and experiences and interprets the significance of their actions (Denzin, 1989). The way participants relate their experiences reveals the significance they attribute to those events (Neuman, 2014). Semi-structured in-depth interviews is a powerful model since it happens in the real world and gives the researcher a chance to get up close and personal with the events being studied (Creswell, 2009).

This research data collection method aligns well with qualitative research's goal to deeply understand the behaviour of human compassion and the strategic concept of competitive advantage in South Africa's dialysis healthcare industry.

3.5 Population and Sample

3.5.1 Population

The target population must consist of things or individuals that possess comparable attributes (Bhattacherjee, 2012).

The participants include business professionals namely executives, senior managers, middle managers and junior mangers involved in the development and implementation of strategy at the corporate, business, functional level in the South African dialysis industry.

Participation in the research was contingent on the following inclusion criteria:

- Five or more years' experience in the dialysis healthcare industry in a professional role such as:
    - Executive head of a function (Executives),
    - Senior managers,
    - Middle managers,
    - Junior managers.

The exclusion criteria excluded the following participants:

- Ethical considerations such as being a patient (Vulnerable group),
- Practical considerations such as not being able understand English.

A description of participant categories are as follows:

Participant	Description
Executives	A person with senior managerial responsibility in the business including being involved in the strategy formulation and management including developing the corporate vision and strategy, overseeing strategic planning, and leading strategic initiatives, example: Finance Executive
Senior manager	A person that plans and direct a group of individuals within a department and ensures compliance with the organisation's strategy, example: Regional operations manager
Middle manager	A person in the business who is responsible for managing other employees and is at a level between senior and junior managers. Middle managers translate and implement the organisation's strategy into decisions and actions daily, example: Unit leader
Junior manager	A person who works under the supervision of the middle manager and is responsible for the implementation of the decisions and actions of the organisation's strategy daily, example: Second in charge of unit or shift leader.

Table 1: Participant categories

3.5.2 Sample method and size

Sampling Method

The non-probability sampling method was used by the researcher due to the exploratory nature of the study. The non-probability sampling is typically employed in experimental and qualitative research (Purna Singh et al., 2023). Non-probability sampling involves selecting people from a population in a non-random method (Tyrer & Heyman, 2016).

A purposive sampling approach was selected. Purposive sampling is a commonly used strategy in qualitative research and involves the deliberate identification and selection of people or groups that possess significant knowledge or expertise on a certain topic of interest (Palinkas et al., 2013). In essence, the researcher has the responsibility of determining the necessary knowledge and actively seeks individuals who possess the requisite information and are prepared to provide it based on their expertise or personal knowledge (Tongco, 2007). Tongco (2007) posits purposive sampling is a non-probability sampling approach that is particularly useful for studying a specific cultural domain by selecting informed specialists.

Sample size

Although there are no strict guidelines for the number of individuals to include in study, some researchers suggest that a range of 10 to 50 participants is often enough, considering the nature of the research and the research issue at hand (Creswell & Creswell, 2018). DeJonckheere and Vaughn (2019) posits the sample size may be calculated by assessing when topic saturation is reached, indicating that no further information can be obtained from the participants.

The researcher adhered to this approach in both determining the target group and selecting the quantity of respondents. The sample size for the study was 18 respondents.

3.6 Research instrument

Bhattacherjee (2012) states the process of data collection is a critical component of all types of research, as it significantly influences the ultimate outcomes of a study. His study notes to accomplish this, a study-specific research data acquisition instrument is required. This research employed a interview guide (refer to Appendix C) as a guide to the semi-structured in-depth interviews.

The first section of the interview guide covered the participants healthcare experience in South Africa. The second section explored their understanding and experiences of compassion, the third section explored their understanding of the business environment and competitive advantage. The final section explored their understand and experiences of the interrelation between compassion and competitive advantage in relation to a strategic initiative.

3.7 Procedure for data collection

The research started with contacting individuals by telephone to seek an interview. The participants were told about the study, the purpose of the study (MBA thesis), and the aims and objectives of the study in the request. The participant's anonymity was guaranteed during the engagement. A subsequent email was sent to prospective respondents with the participation information sheet and the informed consent form. After confirming the interview and signing the permission documents over a secure email, an interview session was scheduled. The interviews were conducted face-to-face by the researcher or remotely via the video conferencing platform Microsoft Teams.

All interviews were captured using either the video conferencing platform or a recording device (Samsung S22). Permission for recording was acquired from each interviewee prior to it being recorded and anonymity repeated. The researcher transcribed all interviews either by using Microsoft teams transcribe or Microsoft word dictate and saved them as a Microsoft Word document.

3.8 Data analysis

In qualitative research design, data analysis entails the meticulous arrangement and organization of data, such as transcripts of the semi-structured interviews (Creswell et al., 2007).

Healthcare researchers frequently use thematic analysis in qualitative descriptive studies (Vaismoradi et al., 2013). Their study further found that in qualitative healthcare research, thematic analysis is widely used. Saunders et al. (2023) confirmed the findings by Vaismoradi et al. (2013) and stated in their research that thematic analysis is a prevalent and adaptable approach used to analyse qualitative data gathered in health care research. The researcher used thematic analysis because of its common application in qualitative healthcare research.

The framework of thematic analysis follows the steps of compiling, disassembling, reassembling, interpreting, and concluding (Castleberry & Nolen, 2018).

<u>Compiling</u>

After conducting the interviews, the researcher reviewed the collected material by reading the transcripts, analysing notes, and listening to recordings. The researcher organized and interpreted the data appropriately.

Disassembling

The researcher emphasized any shared characteristics indicated by the participants. The researcher sought to identify any correlations that may have arisen from the gathered data. This resulted in the categorization of material based on shared notions and ideas pertinent to the subject of research.

Reassembling

To analyse the information, they were categorized based on their similarities, and common or recurring themes were identified.

Interpreting

The approach included comparing material gathered from in-depth semi-structured interviews with existing literature in Chapter 2. A systematic analysis was conducted on the two data sets, primary and theoretical.

Concluding

Upon completing the data analysis, the researcher presented conclusions and suggestions based on the information gathered.

3.9 Possible limitations and challenges of the study

In the research setting, limitations refer to factors that the researcher cannot control or regulate (Enslin, 2014).

The following possible limitations were identified:

- The research is limited by its inherent subjectivity,
- The data collected from interviews consists of subjective viewpoints expressed by individuals, which may or may not align with objective reality,
- The study and conclusions rely on subjective data, necessitating confirmation by means of future objective investigations,
- The researcher, as well as the participants, may have personal prejudices due to their profession,
- Utilizing purposive sampling may be susceptible to self-selective bias,
- The limited sample size may restrict the validity of generalizing the results.

3.10 Quality assurance

Reynolds et al. (2011) found the growing need for qualitative research in the field of global health has coincided with a rising need for evidence of research quality. Despite ongoing discussions over the definition of 'quality' in qualitative research, the idea of 'quality assurance' has not been extensively examined. (Reynolds et al., 2011).

Trustworthiness in qualitative research is ensured using rigorous criteria, including credibility, dependability, confirmability, and transferability (Forero et al., 2018). In the study, the criteria was meticulously tailored by methodically picking the tactics that were applicable to the research:

Transferability

This study has ensured transferability, making it possible for the results to be utilized in comparable contexts and settings in other research endeavours. This was achieved through a thorough analysis of the documented results to facilitate their use in related studies, alongside providing an in-depth account of the methodology employed in gathering data. A variety of data sources were employed in this research, encompassing primary data collected through interviews with participants, taking notes during these interviews, reviewing voice/audio recordings, and examining data from theoretical literature.

Dependability

This study achieved its goals by conducting analyses of primary data gathered from detailed semi-structured interviews with participants. This approach facilitated the identification of various categories, themes, and potentially overlooked issues. The process was further enhanced by making voice/audio recordings of each participant interview and meticulously documenting observations on interview sheets. This method ensured that information was captured comprehensively, allowing for in-depth examination and comparison.

Credibility

This was accomplished through the established and effective method of juxtaposing primary data collected from comprehensive semi-structured interviews with participants against theoretical data obtained from literature.

Confirmability

This was achieved by the researcher's commitment to maintaining the integrity of the collected data, ensuring that all findings were directly sourced from the experiences, opinions, beliefs, and stories shared by the participants. The researcher's own beliefs, experiences, and perspectives on the topic were deliberately excluded from consideration. All occurrences and observations were diligently documented during the data collection process, with the researcher continually reflecting on the issues pertinent to the study.

3.11 Ethical considerations

The researcher recognizes that ethics are crucial, and not adhering to ethical norms might harm the participants and other stakeholders.

Informed consent

Participants were informed both verbally about the purpose and aim of the study followed by an email to the participants with the participation information sheet (Appendix A) and the consent forms (Appendix B). The participants were requested to sign the consent forms once they had grasped the information presented indicating they were willing to participate in the study and consent to audio recording of the interviews.

Voluntary Participation

Participation in the research study was completely voluntary and no sort of compensation was provided. Participants could withdraw from the research study at any time without facing any consequences on a personal or professional level. The researcher did not use coercion or intimidation to get subjects to participate in the study.

Confidentiality and anonymity

The research study-maintained anonymity throughout the research process and length. The information gathered during the interviews was kept in secret to ensure the confidentiality of the participants. Anonymity was ensured in the presentation of data by excluding personal names and assigning a unique identifier to each participant. Participants were informed that the findings of the study would be retained on record and that no identities would be used in the event of publication.

Avoiding harm

All participants were protected from maltreatment, injury, or harm. Participants were not subjected to any kind of stress or coercion, and their self-esteem was safeguarded throughout the study.

Deception

The researcher ensured that participants were not deliberately misled. The participants had a comprehensive understanding of the purpose of the research, its components, and the way their data would be used.

Conflicts of interest

Conflicts of interest and vested interests are minimal, as this study is part of the researcher's MBA dissertation, which is funded by the researcher's employer. The researcher acknowledges that this might impact the study's credibility and was open about the resources that made this opportunity possible.

Storage of data

The data obtained throughout the research project was securely preserved to maintain the identity and confidentiality of all participants. Data has been kept on a password-protected electronic device. The primary data is secured in a lockable file cabinet at the researcher's private residence. The data gathered for this research will be retained for a period of five years.

University approval

The researcher applied for ethics clearance from the University of the Witwatersrand Human Research Ethics Committee – Medical. Ethics clearance was granted under protocol number M230911 MED23-08-072 (Appendix D).

3.12 Chapter summary

This chapter has outlined the study methodology used, which included using a semi-structured open-ended interview guide to facilitate conversations and analysis.

Non-probability purposive sampling was used for sampling. The chapter elaborated on qualitative methods used for collecting, analysing, and presenting data. Finally, the chapter ended by emphasizing ethical considerations.

4. Presentation of research results

4.1 Introduction

The present research findings are outlined in this chapter. The procedures of sampling and data gathering are very important in defining the quality of an investigation as well as the extent to which the results may be generalized (Gibbs et al., 2007). The research methodology outlined in chapter 3 was adhered to and thematic analysis was employed to examine the qualitative data collected through interviews.

4.2 Context of study

The research study is an in-house research project conducted within the researcher's organisation, Renal A. The healthcare organization is a provider of superior dialysis care to individuals in South Africa who are either at risk of developing kidney failure or are already afflicted with it. The organization presently maintains a workforce of over a thousand individuals and conducts operations in eight provinces.

Considering the current South African dialysis industry's intense competition and similarity of service offerings, Renal A must differentiate its service offering from those of other dialysis organisations to obtain a competitive advantage. The differentiation should be predicated on the value that is provided to patients and medical aid schemes.

4.3 Demographics of interviewees

A total of twenty people were selected for interviews in accordance with purposive non-probability sampling. The inclusion criteria were that approached people have five or more years' experience in the dialysis healthcare industry in a professional role such as executive head of a function (Executives), senior manager, middle manager, and junior manager. All the approached persons met the inclusion criteria.

Table 2: Number of people approached for interviews and reasons for non-acceptance.

Number Approached	Reasons for non-acceptance
20 People	2 Unavailable

Description of participants

The mix of participants represented a variety of organizational, business, and functional levels involved in the formulation and execution of strategies within the dialysis healthcare industry in South Africa.

The majority of participants being eighteen were female (78%) and four were males (22%). This is due to a majority of professional roles being held by females at Renal A. Sixteen participants had a clinical background (89%) while two participants (11%) had a background in employee relations.

The the mix of the professional roles of the participants were as follows:

- 28% executives
- 28% senior managers
- 33% Middle managers
- 11% Junior managers

The average number of years of participant experience in the healthcare industry was 26 years with an average of 20 years participant experience in the dialysis industry. The participant with the highest number of years' experience in the healthcare industry had 37-year experience and the participant with the least years of experience had 12 years' experience. The participant with the highest number of years' experience in the dialysis healthcare industry had 34 years' experience and the participant with the least number of years of experience had 5 years.

The mix of healthcare industry experience years and dialysis healthcare industry experience years are as follows:

Healthcare industry experience:

- More than 10 years – 28%
- More than 15 years – 6%
- More than 20 years – 17%

- More than 30 years – 50%

Dialysis healthcare industry experience:

- More than 5 years – 6%
- More than 10 years – 39%
- More than 15 years – 6%
- More than 20 years – 28%
- More than 30 years – 22%

4.4 Interviewing process

The researcher-initiated contact with participants via an initial conversation, followed by sending an email to all participants with the information sheet and informed consent forms for this study. Prior to the interview session, all individuals provided informed consent. All interviewees provided their permission willingly and without any hesitation.

A total of seven interviews were performed in person, while the other eleven interviews were conducted remotely via the video conferencing platform on Microsoft Teams. The eleven interviews were performed via video conference since the interviewees were located far apart from the researcher. The interviews had an average duration of 20 minutes, with the longest one being 30 minutes and the shortest one lasting 13 minutes.

4.5 Data analysis process

The data analysis was guided by the first two research objectives mentioned in chapter 1:

- To understand the benefits of compassion on individual patients and
- To understand the benefits of compassion on the organization.

The third and final research objective will be discussed under the discussion of findings section.

The interviews were transcribed into Microsoft word. The data analysis included the use of many resources, including recordings, transcriptions generated by the feature on the Microsoft Teams program, Microsoft word dictate, and notes taken by the researcher during the interview. The researcher manually coded the data using Microsoft word and excel,

grouping related replies in a logical way. The researcher used the transcriptions derived from the interviews to scrutinize the data. The researcher thoroughly examined the transcripts and systematically organized them into groups and topics using thematic analysis. The code words were identified by analysing the interview transcripts to find instances when participants used words or phrases that were indicated or related to the study objectives. The codes were further redefined via the process of categorizing comparable replies, so establishing thematic connections with the research objectives. Replies that were not pertinent to the research objectives and subject were excluded. Subsequently, the researcher determined the definitive topics and verified that they were in accordance with the study objectives.

The interviewing procedure and data processing were conducted simultaneously until theoretical saturation was achieved. In this research, the point at which no new themes could be identified was reached during the tenth interview however the researcher continued with the interviews of the remaining eight participants to ensure no new themes were identified.

4.6 Presentation of findings

This section offers a summary of the viewpoints provided by the interview participants on the study objectives. Utilizing thematic analysis, the examination of the interviews revealed five primary themes along with other sub-themes.

Analysis of objective 1: To understand the benefits of compassion on individual patients

The following themes adequately address the objective. The initial topic of discussion pertains to quality of life.

Theme 1: Quality of Life (clinical outcomes)

The following quotations from interviewees concisely articulate the unanimous perspective of all participants about the positive impact of compassion on quality of life.

Participant 11 stated, *"We've started driving compassion and compassionate care rather in our units, there has been a huge improvement in our clinical outcomes, our quality-of-life scores have improved."*

Participant 12 stated, "*If you're patients are happy, they're going to look after themselves better, mortality rate is going to be lower, they're going to live longer, have a better quality of life."*

The participants revealed that demonstrating compassion towards individual patients resulted in enhanced quality of life and improved clinical outcomes.

This was eloquently summarized by participant 8 who stated:

"The benefits say is that the patient, the patient's quality of life is improved."

The subthemes of quality of life are categorized into two components:

Sub-theme A: Patient adherence

Participant 13 stated, *"Going down the road of compliance, so our support, our empathy towards the patient's, our compassion, to show them the right way. Give them the support that they need to go through the journey to transition into being a chronic patient. That what helps them to improve and be compliant and improve their clinical outcomes and give them patient satisfaction."*

Participants saw that compassion facilitated patients' adherence to the treatment regimens. The participants emphasized that the adherence of patients to their treatment regimens would enhance their clinical outcomes.

Sub-theme B: Mental and emotional health

Participant 17 stated, *"It can affect their mental status as well because they spend so much of time with us for their treatments and I think we can influence positively on their outcomes as well by giving them that motivation and by keeping them on that that on a positive path basically."*

Participants saw the beneficial impact of compassion on the mental and emotional well-being of patients, as well as the good correlation with improvements in patients' clinical outcomes.

Participant 13 stated, "We give them the mental support that allowed them and emotional support that allows them to be more compliant to treatment and actually take in the education that we give them when especially in the 1st, 90 days when the patient comes into the unit, they all lost."

The participants disclosed that fostering good mental and emotional well-being in patients via compassionate care had a significant impact on their adherence to treatment regimens.

Sub-theme C: Hospital admissions

Participant 18 stated, *"You're getting lack a better management of chronic conditions, which may lead to lack reduced hospitalizations, overall health improvement, better quality of life with the patients."*

The majority of participants emphasized that showing compassion or providing compassionate care to patients contributes to improved quality of life and optimum clinical outcomes, which in turn leads to a decrease in hospital admissions.

Participants expressed the decrease in hospital admissions will decrease the cost of healthcare for the patients. This was eloquently summarized by participant 11 who stated:

"He has reduced hospitalizations, reduced mortality and morbidity, and overall, the patient is not in and out of hospital huge amounts of blood accounts or builds from the various labs."

Theme 2: Patient experience

The research revealed that the subject of the benefits of patient experience was seen differently by the patient.

Participant 8 stated, *"So that at the end of the day, somebody has been heard, somebody has listened to you, somebody made a difference for you, even though a kidney failure is not reversible, we are improving quality of life and improving quality of life is your connections with your patients in your is your interaction with your patients."*

Participant 11 stated, *"We always seeing compliments coming through from various units and patients showing their gratitude for our staff caring for them."*

The majority of participants discussed the correlation between compassion, or being compassionate, and a favourable patient experience. The participants highlighted that the regularity of patient visits to dialysis clinics makes patient experience more crucial compared to other healthcare settings, such as a primary healthcare setting.

The subthemes of patient experience are categorized into two components:

Sub-theme A: Patient satisfaction

Participant 18 stated, *"…building relationships is important. It improves your patient satisfaction"* and participant 17 stated *"…would want to execute that same qualities because we see that the satisfaction that gives our patients as well"*.

The majority of participants the correlation between compassionate care and a favourable patient experience, highlighting the consequential impact on patient satisfaction.

Sub-theme B: Trust

Participant 5 stated, *"The compassion and the connection and the obviously that relationship that you have that makes that patient feel most comfortable in order for them to get the treatment that they require.***"**

Several participants engaged in a conversation on how compassion might lead to the development of trust between patients and healthcare professionals. The participants highlighted that the trust connection enables an enhanced patient experience.

Objective 2: To understand the benefits of compassion on the organization

Theme 1: Patient experience

The research revealed that the subject of the benefits of patient experience was seen differently by the organization.

Participant 13 stated, *"So if our patients are not treated well in terms of clinical outcomes in terms of how we make them feel when they walk in through into the unit, uh, and patient satisfaction, they are going to go elsewhere".*

The majority of participants focused on the relationship between compassion and a positive patient experience, which in turn brings advantages to the organization. An essential aspect of the conversation was identifying the subthemes that pertain to the organization's reputation and the organization's patient retention capability.

The subthemes of patient experience are categorized into two components:

Sub-theme A: Reputation

Participant 2 stated, *"Our reputation as a company we are seeing as one of the largest and biggest you know companies within the country."*

Participant 6 stated, *"They remember the word of mouth. People spoke of a certain organization where people actually care and carry out their duties in such a professional manner and in such a caring manner."*

The participants disclosed that exhibiting compassion towards specific patients led to an enhanced reputation for the organization.

Participants emphasized that the patient experience has a significant impact on the public opinion of the organization. For instance, participant 10 noted:

"So at the end of the day, caring for your patients at the end of the day and made a big difference in the sense that the care that you would give to your clients is done compassionately in the sense that people out there, they tell other people."

Sub-theme B: Patient retention

Participant 18 stated, *"...just long-term retention of our patients because if you're a patient, has satisfied your patients are happy, they're going to keep coming back."*

Participant 7 stated, *"We able to deliver this type of care with our patients, we will be able to retain our patients for a longer period of time."*

The participants revealed that demonstrating compassion towards individual patients resulted in the retention of patients for the organisation.

Theme 2: Employee engagement

Participant 7 stated, *"A positive or a strong working environment where the compassionate care in our units Uh would literally Uh helping, you know, staff retention, that's a want to be us come to work, they will be happy in their environment. They are able to give out good performance at work and drive patient compassion drive the clinical outcomes… in terms of our staffing staff would be on time at work and reduced sick leave."*

Participant 13 stated, *"So if I want to see compassion, I have to show compassion, I have to show empathy. I have to treat this staff the way I want to be treated. Alternately, in order for my patients to have good satisfaction and good outcome."*

The majority of participants reported that exhibiting compassion towards workers has positive effects on the organization. The participants emphasized that when organizations demonstrate compassion towards healthcare workers, it extends to compassion towards patients in terms of patient care and clinical outcomes.

Theme 3: Physician engagement

Participant 13 stated, *"So the referrals come in the trust and communication with our doctor, as a doctor also sees the way we treat these patients, the way the patients talk proud about us and how we are with them"*.

Participant 9 stated, *"...by giving compassion, showing compassion, being in it for your patient. You got happy client and if you have happy clients they go out, they tell the doctor that they're happy, doctor's start, referring more into your organization because the doctor's clients are happy."*

Several participants stated the correlation between displaying compassion or providing compassionate care to patients and achieving improved engagement with physicians. The participants discovered; better levels of patient satisfaction resulted in increased satisfaction among physicians.

4.7 Summary of findings

The above research, conducted using thematic analysis, demonstrates the presence of intricate connections between compassion at the level of an individual patient and compassion throughout an organization. Moreover, the research demonstrates how the advantages of compassion may be translated into variables that may provide a dialysis organisation a competitive advantage.

The Table 3 below summarizes the themes from the interviews which support the research objectives:

Objectives	Themes/Sub-themes
Objective 1: To understand the benefits of compassion on individual patients	**Quality of life**
	Patient adherence
	Mental and emotional health
	Hospital admissions
	Patient experience
	Patient satisfaction
	Trust
Objective 2: To understand the benefits of compassion on the organization	**Patient experience**
	Reputation
	Patient retention

	Employee engagement
	Physician engagement

Table 3: Summary of objectives and themes

4.8 Chapter summary

This chapter has given the study results obtained from the interviews done in accordance with the ethical guidelines provided by the University of Witwatersrand Human Research Ethics Committee (Medical) and the research methods outlined in chapter 3.

The study's background was examined, shedding light on the researcher's method to interviewing participants, as well as providing details on the participants' demographics and the conducted interviews. The researcher explained the data analysis procedure, which was guided by the three study objectives outlined in chapter 1. This chapter finishes by providing a concise overview of the topics in connection to the study objectives.

5. Discussion of findings

5.1 Introduction

The aim of this chapter is to examine the study results on the use of compassion as a strategic initiative to gain a competitive advantage in the dialysis healthcare industry in South Africa. The paper examines the prevailing ideas in the literature to elucidate this specific notion and aims to enhance our comprehension of this complex subject. To do this, the data acquired from interviewing stakeholders in the sector was analysed using thematic analysis. The data was analysed to identify themes that might elucidate the essential aspects for gaining a competitive advantage in the present dynamic dialysis healthcare industry, particularly regarding compassion.

5.2 Brief contextual background

As stated previously, as result of the intense competition in the South African dialysis healthcare industry it is necessary for dialysis organisations to use innovative strategic initiatives to maintain or improve their status as industry and market leaders.

There has been little research conducted on the use of compassion as a strategic initiative in South Africa's dialysis industry to gain a competitive advantage. The current research mainly focuses on the challenges with access to dialysis and the clinical characteristics of the dialysis treatment in South Africa (Etheredge & Fabian, 2017; Tannor et al., 2017).

The aim of this research was explore if the presence of compassion or compassionate care may give a competitive advantage to a dialysis organization in South Africa's dialysis healthcare industry.

5.3 Comparison to other similar studies

This study is unique because it is the first known research that has investigated the correlation between compassion, its perceived advantages for both the patient and the organization, and the translation of these benefits into a competitive advantage specifically within the dialysis industry in South Africa.

5.4 Discussion

The researcher's objective in this portion was to analyse the acquired data systematically and proficiently. The study results will be analysed and examined in relation to each of the research objectives. The research objectives of the study were as follows:

- To understand the benefits of compassion on individual patients,
- To understand the benefits of compassion on the organization,
- To explore if the benefits of compassion on individual patients and on the organization can translate to a competitive advantage.

5.4.1 To understand the benefits of compassion on individual patients.

The first study objective examined the beneficial effects of compassion on individual patients, with a particular emphasis on the patients' viewpoint.

Several inferences may be derived from the findings reported in chapter four, which are relevant to the initial study objective.

Theme 1: Quality of life

During the in-depth interviews, the respondents disclosed that compassion is a crucial component that may have a substantial impact on the quality of life. The results, derived from the replies obtained during the interviews, demonstrate a notable and favourable association between compassionate care and enhanced clinical outcomes. According to the interviewees' experiences, the observed improvement in clinical outcomes seems to result in improved compliance with treatment programs and the provision of emotional support, which is known to reduce stress levels and have a favourable effect on physical health. This discovery is consistent with the results of prior research conducted by Malenfant et al. (2022), which indicated that patients perceived compassion to be beneficial for their general welfare, as it mitigated their distress and improved their quality of life.

The responses are consistent with the past literature review of the importance of compassion in healthcare and its significant contribution to improved clinical outcomes.

Sub-theme A: Patient adherence

Patients will be more compliant with their treatment plans when they receive compassionate or compassionate care, according to the findings. In chronic dialysis patients, the perceived benefit of compassion through patient adherence is crucial for achieving optimal clinical outcomes. Adherence issues to treatment plans have the potential to lead to less-than-ideal treatment outcomes; conversely, optimal adherence can maximize the efficacy of therapeutic interventions.

This discovery is consistent with prior research indicating that the provision of compassionate care or compassion itself may enhance clinical outcomes by promoting greater treatment plan adherence. For example, Danielson et al. (2019) found that patients who have had good treatment outcomes have articulated their success in modifying their lifestyle and the components of adherence have played a crucial part in the patient's treatment practices. Hojat et al. (2023) also acknowledged that compassion, through empathic engagement, is beneficial and results in improved healthcare outcomes. This is demonstrated in figure 7 below where Hojat et al. (2023) illustrates the pathway from healthcare compassion to optimal clinical outcomes:

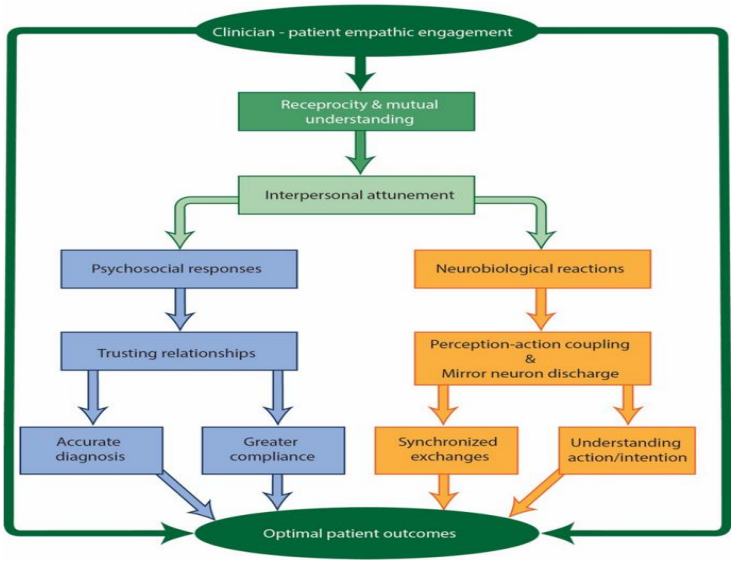

Figure 7: Pathway from healthcare compassion to optimal clinical outcomes (Source: Hojat et al., 2023)

Participants believed that a higher quality of life could be attained through the correlation between compassionate care and increased patient adherence, which led to improved clinical outcomes.

Sub-theme B: Mental and emotional health

The findings revealed that participants overwhelmingly perceive that patients experience greater happiness when compassion is integrated into their care contributing to their mental and emotional health. The majority of participants inferred that improved mental and emotional health played a pivotal part in improving individual patient's clinical outcomes.

Derksen et al. (2013) also acknowledged the link between compassion and the mental and emotional health of the patient. They postulated, for example, that there is a correlation between empathy and enhanced patient satisfaction, greater adherence to medical advice, reduced anxiety, and distress, improved diagnostic accuracy, and favourable clinical outcomes.

Sub-theme C: Hospital admissions

The majority of participants deduced that the enhanced clinical outcomes of patients, resulting from compassion, led to a decrease in hospital admissions or a shorter term of hospitalization for chronic dialysis patients.

This finding is in line with previous studies by Chatburn et al. (2024) who found providing compassionate care is linked to enhanced patient outcomes, such as faster healing, less anxiety, and lower rates of hospital readmission.

Theme 2: Patient experience

During the in-depth interviews, the respondents disclosed that compassion is a crucial component of the patient experience. The results, derived from the replies obtained during the interviews, demonstrate a notable and favourable association between compassionate care and a positive patient experience. According to the interviewees' experiences, compassion is of utmost importance in moulding the patient experience in healthcare settings, as it not only affects clinical results but also influences how patients feel their journey of receiving treatment. The findings found that a compassionate approach to treatment entails comprehending and addressing the emotional, psychological, and physical requirements of patients, therefore creating a therapeutic alliance founded on trust, empathy, and respect.

This finding is line with the past literature review (Cornwell & Goodrich, 2011; Frampton et al., 2013). The research has shown that the significance of compassionate care has an impact on the patient experience. This finding also finds supports in a study by Malenfant et al.

(2022) who found compassion has been linked to a beneficial influence on the patient's overall experience.

Sub-theme A: Patient satisfaction

The results indicate that compassionate care has a substantial and positive influence on the overall satisfaction of patients. Patients who received greater levels of compassion from their healthcare providers reported significantly greater overall satisfaction with their care, according to the respondents.

This finding is line with Abate et al. (2023) who noted the primary ethical principle underlying the provision of high-quality care that impacts patient satisfaction and treatment outcome is compassion. The correlation between compassion and enhanced patient satisfaction is also consistent with the findings of Rathert et al. (2012), who demonstrated that higher patient satisfaction results from adhering to the process of employing compassion.

Rathert et al. (2012) illustrates the process of compassion and outcomes in figure 8 below:

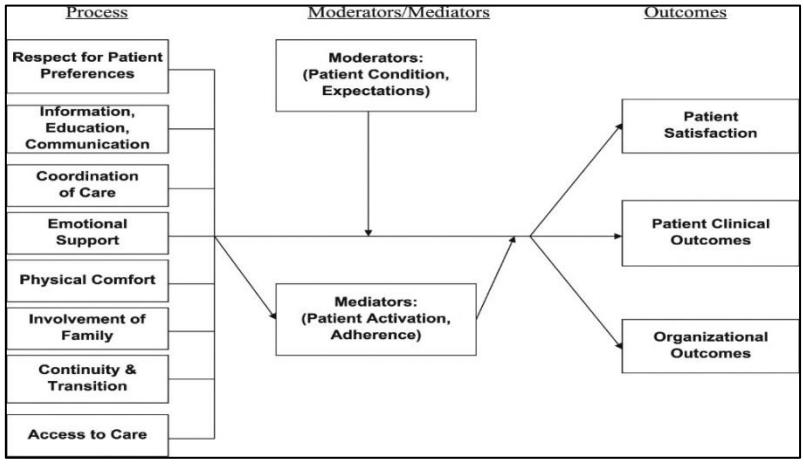

Figure 8: Process of compassion and outcomes (Source: Rathert et al., 2012)

Sub-theme B: Trust

The findings revealed improved patient experience linked to compassionate care may be ascribed to patient trust in the healthcare provider. Participants were under the impression compassionate interactions included improved communication and empathy, resulted in a more profound comprehension of patient wants and concerns. Furthermore, these encounters often provided a supportive and comforting atmosphere, which was essential for ensuring patient comfort and fostered trust.

This finding is supported by the study Malliarou (2022). For example, Malliarou (2022) found compassion is an indispensable element in the provision of nursing care, as it fostered positive relationships and cultivated trust among all individuals engaged in the patient's treatment. Derksen et al. (2013) and Jeffrey (2016) noted that one of the most widely recognized mechanisms through which empathy enhances health outcomes is through the establishment of trust between the physician and patient.

5.4.2 To understand the benefits of compassion on the organization.

The second study objective examined the beneficial effects of compassion on the organisation, with a particular emphasis on the organisation's viewpoint.

Theme 1: Patient Experience

During the in-depth interviews, the respondents disclosed the presence of compassion inside dialysis healthcare organizations has a major impact on the experience of patients, providing deep advantages that go beyond individual encounters between patients and dialysis organisations and instead affects the whole culture and efficacy of the organisation. The findings infer compassion in the dialysis healthcare environment can revolutionize the way patient care is provided, resulting in significant enhancements in patient happiness, loyalty, and overall perception of care.

Sub-theme A: Reputation

The findings revealed the patient experience, and the reputation of healthcare institutions are closely intertwined, with the former having a crucial role in influencing views of quality, reliability, and overall superiority in healthcare provision. The results indicate a pleasant patient experience not only encompasses the immediate medical attention a patient gets, but also has a significant effect on the overall public perception, therefore affecting an organization's reputation within the community and the healthcare industry.

This finding is line with the past literature review (Cornwell & Goodrich, 2009; Dixon, 2008; Knapp, 2006). Research has shown that compassionate care has a crucial role in influencing the patient experience and, therefore, the reputation of the organization. This finding supports studies by Johnson (2014) who the significance of patient experience lies not just in its role in measuring quality and ensuring responsibility, but also in its impact on reputation.

Sub-theme B: Patient retention

The results indicate patient retention and patient experience are closely linked in the dialysis healthcare industry, since the quality of patient experience directly impacts an organization's capacity to keep patients for a long period of time. Improving patient experience goes beyond just assuring happiness during individual visits; it involves establishing a long-term connection that motivates patients to seek future healthcare services. The findings revealed within the dialysis industry, the patient experience may guarantee that people maintain a long-term relationship with their healthcare professionals and even endorse them to others.

This finding is supported by the study Browne et al. (2010), where they found patient experience is also directly linked to important financial measures, such as patient loyalty and retention. This finding is further supported by Chen et al. (2022) where they found the influence of customer engagement on endorsements to other customers.

Theme 2: Employee engagement

The majority of participants revealed a relationship between compassion and employee engagement in healthcare settings is evident and persuasive. The results indicate a working environment that prioritizes empathy and understanding, dialysis organisations may effectively increase employee commitment, resulting in a multitude of advantages such as enhanced patient care, less staff attrition, and the establishment of a favourable corporate culture.

This finding is line with the past literature review (Dickson, 2012; Lenz, 2017; Lowe, 2012). This finding is further supported by Naseri et al. (2022), where they found a positive relationship between compassion towards healthcare workers contributing to compassionate care delivery.

The research has shown compassion and staff involvement are shown to have beneficial effects in a healthcare environment. Patients who are provided with empathetic care from healthcare practitioners may have expedited recovery from diseases and enhanced management of long-term health conditions. Moreover, there is a proven correlation between elevated staff engagement and enhanced quality of patient care, patient safety, and patient-centred care.

Theme 3: Physician engagement

The findings revealed compassion plays a vital role in enhancing physician engagement, with far-reaching benefits for dialysis healthcare organizations, staff, and patients. The participants inferred in settings that promote compassion, doctors often demonstrate elevated levels of engagement, contentment, and well-being and this correlation between compassion and physician involvement has substantial ramifications for the quality of healthcare, patient outcomes, and organizational success.

This finding is line with the past literature review (Kaissi, 2014; Perreira et al., 2018; Safran et al., 2001). The analysis demonstrated a correlation between the level of empathy and compassion perceived by patients from their healthcare professionals and the clinical results. This finding supports studies by Larson (2005) who found the empathic process by physicians can lead to better patient and physician outcomes.

Larson (2005) illustrates the process in figure 9 below:

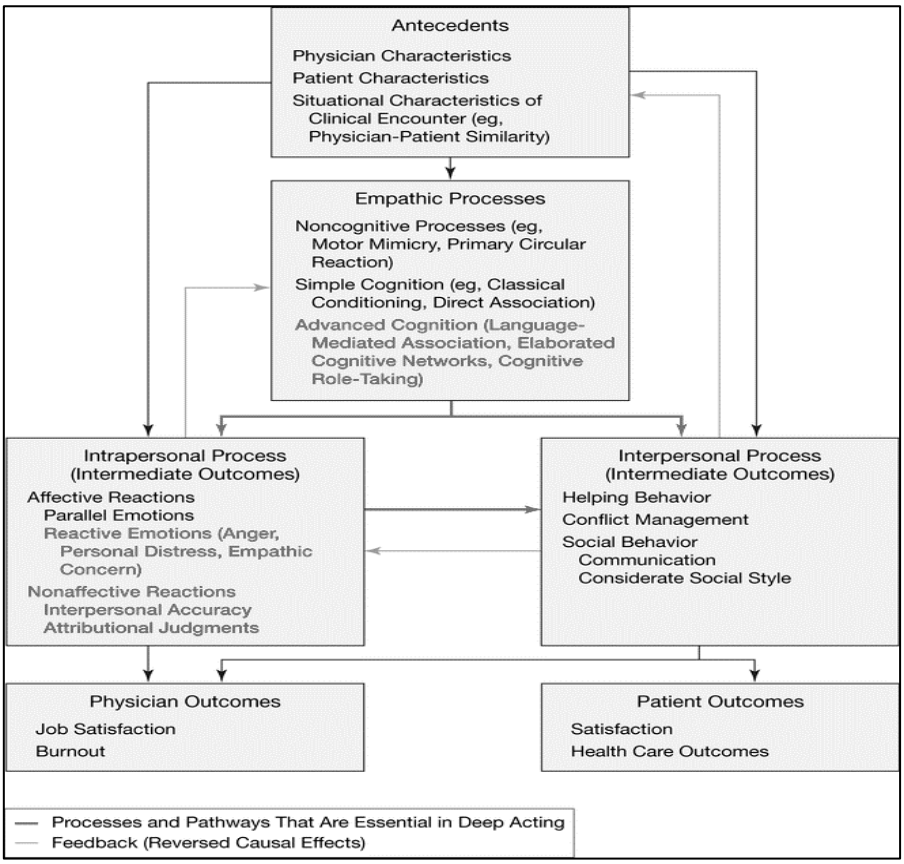

Figure 9: The empathic process and physician and patient outcomes (Source: Larson, 2005)

5.4.3 To explore if the benefits of compassion on individual patients and on the organization can translate to a competitive advantage.

The discussion of findings for the objective to explore if the benefits of compassion on individual patients and on the organization can translate to a competitive advantage draws from the discussion in 5.4.1 and 5.4.2 above:

5.4.3.1 Quality of life, employee engagement and physician engagement contributing to a competitive advantage through a cost-focused competitive strategy.

The results indicate that participants saw a favourable association between compassion and improved clinical outcomes. The favourable association between compassion and improved clinical outcomes is attributed to the higher quality of treatment, employee engagement, and physician engagement. This aligns with the previous examination of existing literature (Frampton et al., 2013; Kaissi, 2014; Lenz, 2017; Perreira et al., 2018; Watts et al., 2023) and the aforementioned analysis of the results.

The observation of improved clinical results resulting from compassion implies a decrease in healthcare expenses for patients and medical aid schemes. The results indicated that this phenomenon may be attributed to either a decrease in hospital admissions or a decrease in the duration of hospital stays. The findings also suggest that by offering compassionate care, an organization can lower costs and provide dialysis at a more affordable price compared to competitors to patients and medical aid schemes. This can give the dialysis organization a cost focused competitive strategy, resulting in a competitive advantage.

Figure 10 below illustrates a summary of the cost focus competitive strategy to attain a competitive advantage:

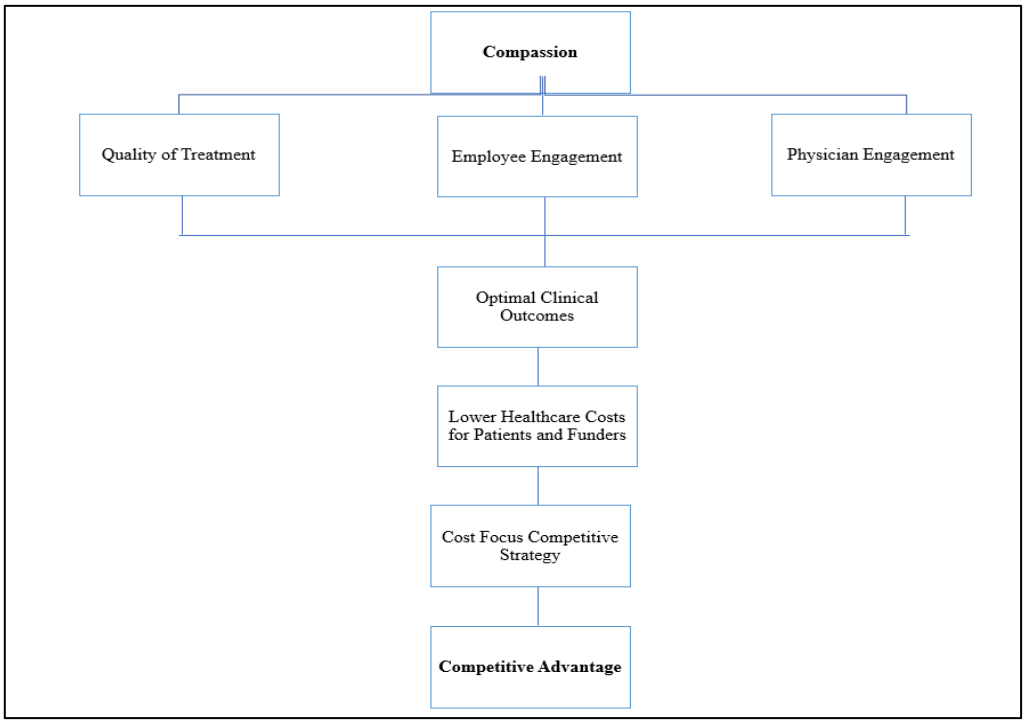

Figure 10: A summary of the cost focus competitive strategy to attain a competitive advantage (Source: Researcher, 2024)

5.4.3.2 Patient experience, employee and physician engagement contributing to a competitive advantage through a differentiation focused competitive strategy.

Value-based Care

Another dimension from improved clinical outcomes of patients and reduced healthcare costs from the findings of the study, is the principle of value-based care which can lower costs and differentiate the organisation in the dialysis industry from its competitors. The findings of this study that better clincial outcomes through compassion will result in higher reimbursements and greater profits for the organisation are supported by Porter and Lee (2013) and Wahidi et al. (2023) as per the past literature review.

The figure 11 below, fee for service versus value-based payment models by Parikh et al. (2021) further supports this finding:

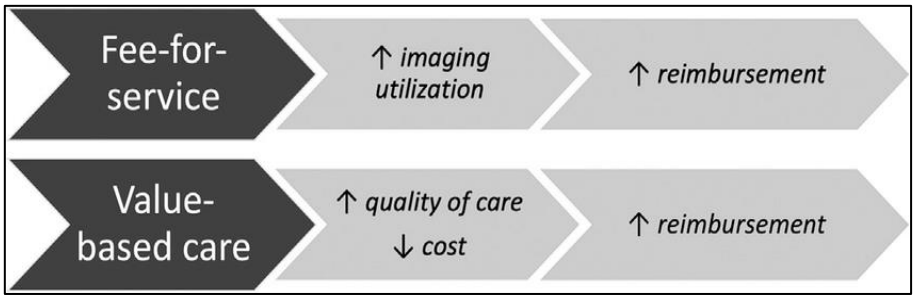

Figure 11: Fee for service versus value-based payment models (Source: Parikh et al., 2021)

Parvinen et al. (2021) supports this finding where they found value-based health care may provide a competitive advantage to a healthcare organisation if it has the knowledge to effectively structure the procedures, tools, and practices involved. However this in stark contrast with the results presented by Groenewoud et al. (2019) who found value-based care's limited understanding of value often overlooks the personal and contextual values that patients have in their lives, and it fails to include the inherent worth of providing care. One possible explanation for this anomaly could be that the impact of compassion or compassionate care in value based care was not considered in study by Groenewoud et al. (2019).

Patient-centred care

The findings suggest that fostering compassion may lead to a positive patient experience, as well as increased engagement among employees and physicians. It can be inferred that compassion enables the implementation of a patient-centric strategy in healthcare, which emphasizes providing treatment and services that prioritize the well-being, preferences, and needs of the patient. The results corroborate that a patient-centric strategy included not just medical intervention but also the whole of the patient's experience.

This is supported by Epstein and Street (2011) and Rathert et al. (2012) in the past literature review in chapter two. The finding that compassion is the basis (or the first step in patient-centred care) supports findings from previous studies by Ghafourifard et al. (2022) and Van Lieshout et al. (2015).

For example, Ghafourifard et al. (2022) in their research presented the below diagram 12, reflecting compassion has pivotal for patient centeredness:

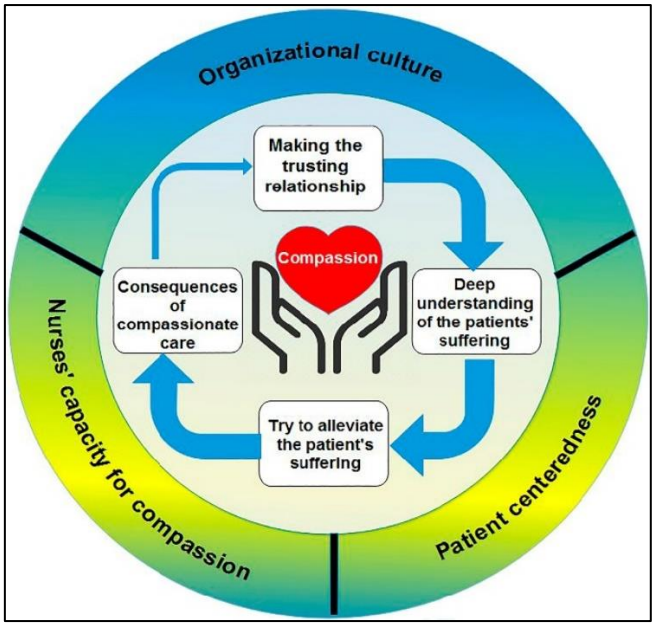

Figure 12: Compassion and patient centeredness (Source: Ghafourifard et al., 2022)

The findings revealed that the presence of compassion facilitates a patient-centric approach, which may provide the following benefits for a dialysis organization:

- Enhanced Patient Satisfaction
- Improved Reputation
- Increased Patient Loyalty
- Lower Staff Turnover

The advantages derived from the discoveries may distinguish dialysis organizations from their competitors. Dialysis organisations that differentiate themselves via a patient-centric strategy might get a substantial competitive advantage over their competitors in a fiercely competitive dialysis healthcare industry. Patients are increasingly searching for healthcare providers who provide individualized, empathetic treatment, and a organisations dedication to patient-centricity may assist it in distinguishing itself from competitors. This can give the organization a differentiation focused competitive strategy, resulting in a competitive advantage.

The result of this finding aligns closely with the findings presented by Hamdan (2017) who demonstrated the differentiation method involves offering a service or product that have unique features that provide additional value to the customer and involved satisfying the requirements of patients by delivering care that is oriented on the patient centred care. The

finding differs from Gusmano et al. (2019) who found the emphasis on patient-centred care has started to incorporate and blend with the idea of patients as consumers. Their study found a narrow concentration on consumerism is conceptually unclear and potentially detrimental as it places excessive responsibilities on patients to lower healthcare expenses and may undermine the professional duty to deliver suitable and efficient care. One potential reason for the discrepancy in the results is that the study conducted by Gusmano et al. (2019) failed to consider the moral obligation of patient centric-care, instead concentrating on the consumer-oriented concept of patient centred care.

5.5 Conclusion

In conclusion, this research has systematically explored the multifaceted role of compassion in the dialysis healthcare industry as a significant competitive advantage. Our findings illuminate the profound impact that compassion has on improving clinical outcomes, patient experience, employee engagement, and physician engagement contributing to overall organisational performance. The findings revealed how the benefits of compassion can translate, for a dialysis organisation in South Africa, into a competitive advantage via a cost focus or differentiation focus competitive strategy under the paradigm of generic competitive strategies by Porter (1980). Consistent with the theoretical framework posited at the outset of this study and supported by the empirical evidence presented in the literature review among others, the study has demonstrated that compassion can contribute to a competitive advantage for organisations in the dialysis industry in South Africa.

6. Summary, conclusion, limitations and recommendations

6.1 Summary

This primary purpose of this study was to understand if the benefits of compassion can be used as a strategic initiative to acquire a competitive advantage in the dialysis healthcare industry of South Africa and to create a conceptual framework that illustrates how compassion or compassionate care taken by an organization may lead to a competitive advantage in the dialysis healthcare industry of South Africa

The researcher was able to achieve the study's aims by combining a literature review with empirical inquiry.

The literature evaluation presented a theoretical foundation for understanding competitive advantage and compassion. The conceptual framework was constructed based on the insights gained from the literature study. This included the fundamental principles of value-based care and patient-centered care.

Based on the findings from the literature study, qualitative data gathering techniques were developed and employed to firstly, understand the benefits of compassion on individual patients, secondly to understand the benefits of compassion on the organization and lastly to explore if the benefits of compassion on individual patients and on the organization can translate to competitive advantage factors.

The findings from the empirical investigation formed the basis from which the conceptual framework was developed as depicted in figure 13 and formed the primary outcome, which is a significant contribution of this study to the body of knowledge. The methods by which dialysis healthcare companies can successfully incorporate compassionate care are described in this framework. It offers businesses an organized method for putting compassionate care procedures into place and maintaining them, giving them a competitive edge. With its comprehensive blueprint for promoting compassionate care in the healthcare industry and improving organizational performance, the framework is an invaluable resource for scholars and practitioners alike. The model proposes South African renal organizations can apply compassion or compassionate care to achieve a competitive advantage through the concept of Porters generic competitive strategies (Porter, 1980) of cost focused and differentiation focused competitive strategies.

6.2 Conclusion

In summary, our study contributes to the growing body of evidence that compassion is not just a moral obligation but a strategic imperative for dialysis healthcare organizations seeking to thrive in a competitive landscape. By prioritizing compassionate care, healthcare providers can achieve a competitive advantage, characterized by improved patient outcomes, better patient experience, enhanced employee well-being and physician engagement contributing to superior organizational performance.

6.3 Conceptual framework

After gathering and examining all the data supplied by the participants, it was concluded that the concepts outlined in Chapter 2 are certainly relevant to this research project, with the following modifications: replacing "quality of care" with "quality of life" and the inclusion of value-based care and patient centred care principals.

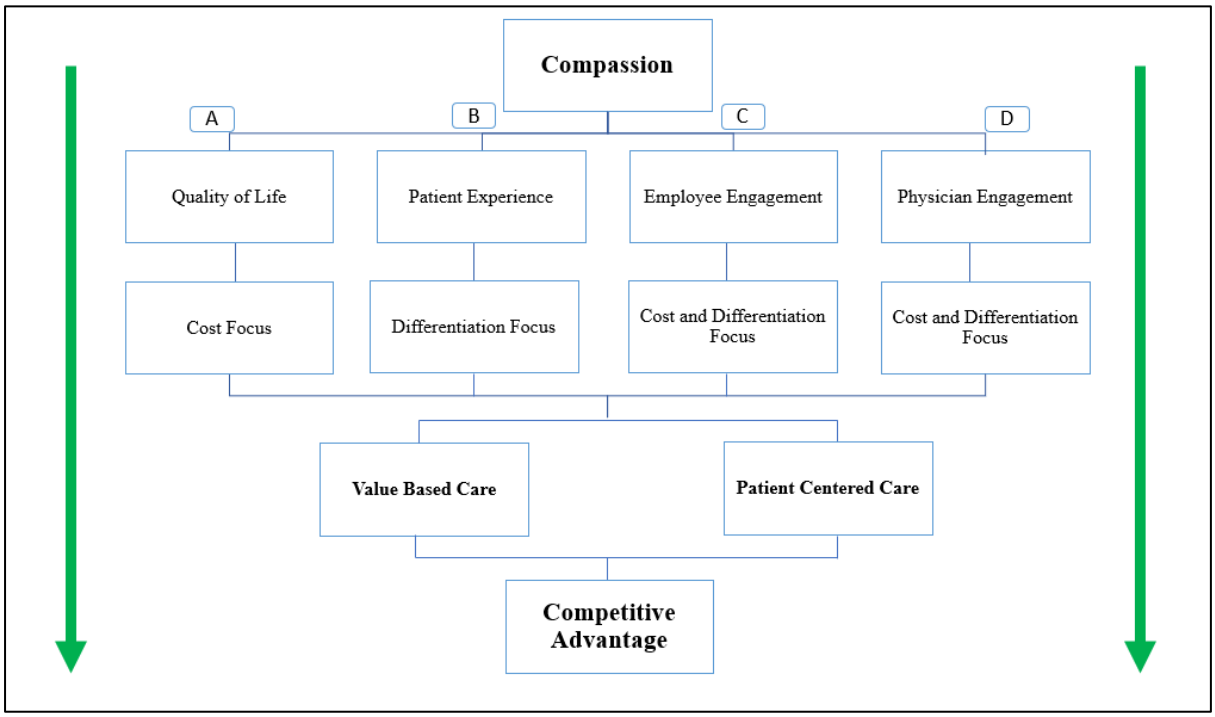

Figure 13: Modified Conceptual Framework for Compassion has a Competitive Advantage (Source: Researcher, 2024)

An organization that applies compassion or compassionate care may provide advantages for individual patients, as well as for the organization. By using the concept of generic competitive strategies (Porter, 1980), an organization may gain a competitive advantage and reap the associated advantages. The dialysis industry in South Africa is a specialized market,

and the use of compassion may provide a competitive advantage by applying cost focused and differentiation focused competitive strategies through compassion.

6.4 Recommendations

Based on the persuasive evidence offered in this research article about the strategic significance of compassion as a competitive advantage in the dialysis healthcare industry, various recommendations arise for dialysis healthcare organisations. The purpose of these recommendations is to promote compassion to achieve a competitive advantage.

Recommendation one: Establish a formal program for teaching and promoting compassion.

Implement comprehensive compassion training initiatives for all dialysis healthcare professionals, including doctors, nurses, administrative staff, and support people. The training should prioritize the cultivation of sympathetic communication skills, comprehension of patient requirements, and proficient response to those needs.

1. Requirements for program development assessment:

- Commence by doing a comprehensive evaluation of the existing corporate culture and compassion practices. Determine areas of improvement and specific requirements for both employees and patients.
- Establish goals: Clearly define the objectives of the compassion training program, including boosting patient care, increasing patient and staff happiness, and decreasing burnout among healthcare personnel.
- Curriculum Development: Create a curriculum that encompasses essential aspects of compassionate care, such as empathy, active listening, communication skills, self-compassion, and coping mechanisms for managing emotional stress.

2. Delivery of training

- Utilize a variety of learning modalities such as workshops, seminars, role-playing, simulation exercises, and online courses to accommodate varied learning styles and schedules.
- Skilled facilitators: Involve specialists in psychology, communication, and healthcare to conduct training sessions, guaranteeing the program is enlightening and impactful.

- Continuously integrate compassion training into professional development to enhance abilities and address changing healthcare demands.

3. Implementation in practice

- Encourage employees to use their knowledge in their everyday contacts with patients and colleagues, offering chances to practice caring behaviour in a nurturing setting.
- Implement mentorship programs to pair inexperienced personnel with mentors who specialize in compassionate care, facilitating continuous learning and reinforcement of compassionate behaviours.

Recommendation two: Incorporate compassion into the culture of the organization.

Leadership needs to include compassion into the fundamental principles and purpose of the company. This encompasses the acknowledgment and incentivization of empathetic actions, the implementation of structures that promote the welfare of personnel, and the establishment of guidelines that enable the provision of patient centred care.

1. Leadership commitment

- Model Compassionate conduct: Leaders need to demonstrate compassionate conduct while interacting with both personnel and patients. This establishes a benchmark and anticipation for conduct throughout the company.
- Policy and Vision: Integrate compassion into the organization's purpose, vision, and values. Integrate it as a fundamental aspect of the organization's values.

2. Employee training and development

- Compassion Training: Establish consistent training initiatives focused on instructing empathy, active listening, and emotional intelligence abilities.
- Emphasize compassion as a crucial factor in the employment process. Seek applicants who exhibit empathy, generosity, and a genuine want to assist others.

3. Patient-centred care

- Engage patients in their care. Promote and enable patient participation in decision-making processes about their treatment to ensure their needs and preferences are acknowledged and fulfilled.

- Implement strong systems for patients to submit feedback on their care experience. Utilize this information to enhance services and acknowledge compassionate care delivered by staff.

4. Nurturing work atmosphere

- Employee Support Programs aid with the well-being of employees, such as mental health services, stress management tools, and chances for professional development. Staff who are well taken care of are more inclined to show compassion towards patients.
- Establish mechanisms to acknowledge and incentivize compassionate deeds, emphasizing the importance attributed to such conduct.

Recommendation three: Measure and monitor compassionate practices

Create and execute measures to evaluate the degree of compassion in the provision of patient care. Utilize patient satisfaction surveys, staff feedback, and other pertinent metrics to oversee advancement and pinpoint places for enhancement.

1. Compassion metrics development

- Define indicators of compassion: Engage with stakeholders such as patients, healthcare providers, and administrators to establish precise and quantifiable compassion metrics. These might include patient satisfaction ratings regarding empathy, frequency of compassionate actions as recorded by patients and staff, and degrees of staff participation.
- Systems for collecting feedback from patients: Establish consistent methods for gathering patient feedback, such as a interview guide or interviews, that focus on their encounters with compassion throughout their treatment. This may include inquiries on the sense of being heard, valued, and supported by healthcare professionals.

2. Deployment of monitoring tools

- Observational assessments include using trained observers or peer evaluations to evaluate compassionate practices shown during patient contacts. Observers might use a defined checklist or rating system to assess certain actions.

- Utilize self-assessment tools to encourage employees to evaluate their compassionate behaviours. This may assist persons in identifying areas for enhancement and monitoring their advancement over time.
- 360-degree feedback: Integrate compassion as a crucial element in 360-degree feedback procedures, enabling healthcare professionals to obtain evaluations from colleagues, managers, and patients about their display of compassionate treatment.

3. Incorporation with performance management

- Performance assessments: Incorporate compassionate practices as a crucial element of performance assessments for all employees. This highlights the significance of compassion in both the business culture and individual performance.
- Encourage healthcare practitioners to establish personal and team objectives focused on enhancing compassionate practices. This might be from comments received or areas pinpointed for improvement.

Recommendation four: Leverage technology to support compassion

Employ technology, like as patient portals and telemedicine services, to augment communication between patients and caregivers. Technology should be seen to assist, rather than replace, the human aspect of care.

1. Digital communication platforms

- Implement patient portals and mobile applications to offer patients with convenient access to their health information, facilitate communication with healthcare professionals, and provide individualized treatment guidance. These platforms may include functions for scheduling medicine reminders, appointments, and offering personalized educational materials related to the patient's condition, which helps create a feeling of care and consideration.
- Telehealth services: Employ telehealth systems to provide patients remote access to healthcare services, particularly for those in underdeveloped regions or with limited mobility. Video consultations may preserve a personal connection and make patients feel heard and supported, regardless of the distance.

To summarize, this study highlights the considerable strategic benefit that compassion provides to dialysis healthcare organisations. By implementing these recommendations, dialysis organisations may boost their patient's quality of life, patient experience, employee engagement and physician engagement. This will provide dialysis organisations a competitive advantage and establish them as leaders in a competitive South African dialysis healthcare industry.

6.5 Recommendations for future research

Further study in the healthcare industry has great potential for exploring compassion as a competitive advantage. The results of this research emphasize the substantial influence that compassion may have on patient outcomes, staff engagement, and organizational success. To expand upon this fundamental study and enhance our comprehension of how compassion might be used as a strategic resource in healthcare, the following suggestions for further investigation are put forth:

- Investigate the concept of compassion in various healthcare environments: Engage in empirical investigation to comprehend the influence of compassion on patient outcomes, staff happiness, and organizational performance across diverse healthcare contexts, such as hospitals, primary care facilities, long-term care centres, and community health organizations.
- Examine the influence of compassion on health outcomes: Additional investigation should seek to measure the precise influence of compassion on certain health outcomes, patient recuperation durations, and total healthcare expenses, therefore establishing a more robust body of data supporting compassion as a distinct benefit.
- Evaluate the efficacy of compassion training programs: Assess the enduring efficacy of compassion training programs in enhancing patient care and promoting staff welfare. The research should prioritize the identification of optimal strategies and cutting-edge training approaches.
- Examine the impact of leadership on promoting compassion: Explore the ways in which different leadership approaches and company policies affect the development of a culture of compassion within a business. This encompasses the responsibility of leadership in exemplifying empathetic actions and establishing a conducive atmosphere that facilitates the provision of compassionate care.

- Impact of technology on compassionate care: Examine the potential of digital health technology, such as telemedicine and artificial intelligence, to improve or assess compassion in patient care. It is essential to comprehend the impact of technology on compassionate care to optimize the advantages of digital health technologies as they become more deeply intertwined with healthcare.
- Comparative effectiveness study on value-based care and patient-centred care models: Perform comparative research to assess the efficacy of different value-based care and patient-centred care models across diverse healthcare environments, including primary care, specialist care, and hospital care. The objective is to determine the optimal practices for certain patient groups. Gaining insight into the models that provide optimal results may assist healthcare practitioners and policymakers in customizing their strategies to suit the requirements of their patient demographics.

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8. Appendix

8.1 Appendix A : Participant information sheet



Participation Information Sheet

Title of the study: **Compassion as a competitive advantage in South Africa's dialysis healthcare industry**

Student: Soveshen Naidoo

Student Number: 2583023

Student Email: soveshen.naidoo@nrc.co.za

Supervisor: Dr Renee Horn

Supervisor Email: Renee.Horne@wits.ac.za

Dear Sir/Madam

Introduction:

I Soveshen Naidoo, is currently conducting research on compassion as a competitive advantage in South Africa's dialysis healthcare industry. Research is a process used in seeking new knowledge. In this study we want to learn: How can compassion be used as a strategic instrument to attain competitive advantage in the South African dialysis healthcare market, considering the complexity of the customer?

Invitation to Participate:

You are invited to participate in an interview conducted by Soveshen Naidoo. This research project is required in part fulfilment of the Master of Business Administration qualification at the University of Witwatersrand.

Purpose of the Study:

This study's objectives are to:

(1) evaluate the concept of employing compassion as a strategic tool to acquire a competitive advantage in the dialysis healthcare industry of South Africa, and

(2) identify the competitive advantage factors, in relation to compassion, that are necessary to thrive in the current dynamic healthcare environment.

In addition, the purpose of this research is to create a model that illustrates how compassionate actions taken by a corporation may lead to a strategic advantage in the marketplace. The research employs a perspective from the standpoint of healthcare organizations.

What is involved in the study:

The study will consist of a face-to-face interview with the principal researcher. The interview will consist of open-ended interview questions on experiences on the research project title including the following areas:

1. Healthcare Experience
2. Experiences of Compassion
3. Healthcare Business Environment and Competitive Advantage
4. Experiences of the Interrelation between Compassion and Competitive Advantage

The interview time varies depending on the content of the discussion but in general most interviews will be an average between one to two hours. Permission will be requested for the interview to be audio taped recorded.

Risks:

Given the nature of this study, it is highly unlikely that you will suffer harm by taking part .There are no known hazards associated with your participation. The topics that will be posed will be relevant to the study. As a participant, you are free to refuse to respond to any query that causes you emotional or psychological distress.

Benefits:

The answers to these research questions will cast light on how compassion can be used to resolve growth opportunities in the competitive renal healthcare industry, thereby providing diverse stakeholders with valuable insights. The results of this research may be used to guide the development of expansion strategies for healthcare organizations that wish to implement compassion.

Participation is voluntary:

Refusal to participate will involve no penalty or loss of benefits to which the Participant is otherwise entitled, as, for example, a hospital patient; the Participant may discontinue participation at any time without penalty, or loss of benefits to which the Participant is otherwise entitled; that there is no requirement to provide a reason for withdrawing and any data collected on such a person will in default be destroyed, unless the Participant specifically consents to its retention.

Confidentiality:

The information you provide will be kept strictly confidential and used solely for the objectives of this study. The information and access to the research data will only be available to the principal researcher and his supervisor. Your responses to open-ended queries may be used verbatim in presentations and publications; however, you will remain anonymous.

The only exceptions - and all of them are rare - would normally be:

1. personal information may be disclosed if required by law.
2. the Human Research Ethics Committees of the University may exceptionally require personal data to respond to a formal complaint, or for a compliance audit.
3. Participants should be assured that no individual will be identified by name in any report or publication arising out of the study.

Protection of Personal Information Act 2013

This study is an in-house research project at National Renal Care and is required to comply with the POPIA requirements of National Renal Care. The detailed POPIA standard operating procedure (SOP) is attached for your review prior to agreeing to participate in the study.

Conservation of data:

The collected information will be stored digitally on a secure server, which will only be accessible to the principal researcher and his supervisor . All data collected in the course of the study will be securely retained for two (2) years, if a scientific publication arises from the study and six (6) years, if there is no publication. Thereafter it will be destroyed accordingly.

Information about the Study Results:

The results of the study will be published in the final research paper of the principal researcher in part fulfilment of the Masters of Business Administration at the University of Witwatersrand.

If you have any questions or require more information about the study itself, you may contact the researcher or his supervisor.

Please keep this form for your records.

This study has been approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg ("Committee"). A principal function of this Committee is to safeguard the rights and dignity of all human subjects who agree to participate in a research project and the integrity of the research.

If you have any concern over the way the study is being conducted, please contact the Chairperson of this Committee who is Professor Paul Ruff, who may be contacted via any one member of the secretariat. The telephone numbers for the Committee secretariat are 011 717 2700/1234/2656/1252 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za, Rhulani.Mukansi@wits.ac.za, Mapula.Ramaila@wits.ac.za and Iain.Burns@wits.ac.za.

Thank you for reading this Study Information Sheet.

August 2023

8.2 Appendix B : Consent sheet



PARTICIPANT CONSENT SHEET

Project Title: Compassion as a competitive advantage in South Africa's dialysis healthcare industry

1. I have been given a Participant Information Sheet which explains the nature and processes involved in this study, which is attached hereto;

2. I was given time to read it, or had it read to me, in the language I best understand;

3. I was given time to ask any questions I wanted to and found any answers given to me to be reasonable and satisfactory;

4. I believe I fully understand why the study is being conducted and what the intended outcomes will be;

5. I understand that there will be no immediate benefit to me, should I agree to participate, nor will I receive any payment; conversely, participation will not cost me anything but my time;

6. I understand the study is an in-house research project at [redacted] and is required to comply with the POPIA standard operating procedure (SOP) of [redacted]. I have been given a copy of [redacted] POPIA SOP which explains the policy and was given time to read it;

7. I understand that, even if I initially consent to take part in the study, I may subsequently withdraw at any time and would not be required to give any reasons; if that happened, any data collected about me for the purposes of the study would immediately be destroyed, unless I give consent for it to be retained

8. I have been given a range of contact details, listed below. If I require further information or become concerned about any aspect of this study I am free to speak to any of these contacts.

Contact details:

Soveshen Naidoo, Principal Investigator, telephone no. 084 916 0065, or by e-mail at soveshen.naidoo@nrc.co.za,

Dr Renee Horn, Supervisor, on telephone no. 079 576 8754, or by e-mail at renee.horn@wits.ac.za

Professor P Ruff, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, who may be contacted via any one member of the secretariat. The telephone numbers for the Committee secretariat are 011 717 2700/1234/2656/1252 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za, Rhulani.Mukansi@wits.ac.za, Mapula.Ramaila@wits.ac.za and Iain.Burns@wits.ac.za.

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

Witnessed by:

Name of Witness: _____

Signature: _____

Date: _____

CONSENT FORM FOR AUDIO RECORDING OF STUDY PARTICIPATION

Project Title: Compassion as a competitive advantage in South Africa's dialysis healthcare industry

I hereby consent to audio recording of the interview,

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed,
- The recordings will be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years, if no publications arise from this research
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research.

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

Witnessed by:

Name of Witness: _____

Signature: _____

Date: _____

8.3 Appendix C : Interview Guide

Interview Guide: Compassion as a competitive advantage in South Africa's dialysis industry

Date	
Time	

Section one: Healthcare Experience	
RQ1	What is your current role and what are your main responsibilities in your role?
RQ2	What are your qualifications?
RQ3	How many years of experience do you have working in the South African healthcare sector and specifically within the renal healthcare sector and being involved in commercial activities ie: Strategy?
Section Two: Experiences of Compassion	
RQ4	How would you define the term compassion and what is your understanding of compassion in the healthcare sector you work in. Can you give examples of compassion you have experienced that your organization provides?
RQ5	In your organization, how can you tell if compassionate care is being provided?
RQ6	In your organization, are there any measures of compassion, if so please can you detail?
Section Three: Healthcare Business Environment and Competitive Advantage	
RQ7	How would you define competitive advantage and what is your experience of competitive advantage in the healthcare sector you work in?
RQ8	How would you define value-based care and what has been your experience of value-based care in your organization?
RQ9	How would you define patient-centered care and what has been your experience of patient centered-care in your organization?

Section Four: Experiences of the Interrelation between Compassion and Competitive Advantage	
RQ10	In your experience, how would you relate the implementation of compassion to strategic benefits?
RQ11	In your experience, how would you relate compassion to achieving higher profitability and market share than competitors?
RQ12	In your experience, what is the associated costs of the implementation of compassion?
RQ13	In your experience, how would the associated benefits of the implementation of compassion outweigh the associated benefits costs, detailed in the previous question?

8.4 Appendix D : Ethics approval

M230911 MED23-08-072

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R14/49 Mr Soveshen Naidoo

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M230911 MED23-08-072

NAME: (Principal Investigator)	Mr Soveshen Naidoo
DEPARTMENT:	Graduate School of Business [redacted]
PROJECT TITLE:	Compassion as a competitive advantage in South Africa's dialysis healthcare industry
DATE CONSIDERED:	29/09/2023
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Dr Renee Horne
APPROVED BY:	Prof P Ruff, Chair, HREC (Medical)
DATE OF APPROVAL:	06/11/2023 **EXPIRY DATE:** 06/11/2028

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report** in January each year until study is closed. Failure to submit annual report will result in ethics clearance certificate suspension. The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in September and will therefore be due in the month of September each year. Unreported changes to the application invalidate the clearance given by the HREC (Medical). Email signed copy of this ethics clearance certificate prior to commencing with the study hrec-medical.researchoffice@wits.ac.za

Principal Investigator Signature

20 November 2023
Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

8.5 Appendix E : Permission letter from organisation

[redacted]

08 August 2023

Mr. Soveshen Naidoo
[redacted]

Dear Mr. Naidoo

RE: PERMISSION TO CONDUCT RESEARCH IN THE WORKPLACE

This letter serves to confirm that the management of [redacted] has granted you permission to conduct research in [redacted] for the following study:

- Compassion as a competitive advantage in South Africa's dialysis healthcare industry

[redacted] approves the research and undertakes to abide by the University of Witwatersrand's Research Committees Ethics policy and guidelines and to indemnify the institution and the researchers.

Please ensure that the [redacted] research policy is signed and are complied with. Please read and initial each page of the attached policy and sign last page on space provided and return to Human Resources Department.

Should be provisions of the research policy not be complied with, this privilege may be withdrawn.

Kind Regards,

[redacted]

[redacted]