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Mobile clinic users' opinions on health care service provision in the Muldersdrift area,Gauteng province

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CHAPTER FIVE: SUMMARY, MAIN FINDINGS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.0 INTRODUCTION

In this concluding chapter, a summary of the research report, main findings and the conclusions drawn from the study are presented. Recommendations to improve mobile clinic users' level of utilization, knowledge and satisfaction with the PHC services rendered and the service providers have also been included. Research study limiting factors have been identified and described in this chapter**.**

5.1 Study Summary

5.1.1 Purpose and objectives of study

The purpose of the study was to address the following research question: What are the mobile clinic users' opinions on Primary Health care service provision in the semi – rural area of Muldersdrift Gauteng Province? An exploratory and descriptive survey was used to investigate the mobile clinic users' level of service utilization, knowledge of available services and satisfaction.

To answer the research question, three research objectives were formulated. These were to:

- Describe the mobile clinic users' level of services utilization.
- Assess the mobile clinic users' level of knowledge of the available services.
- Determine mobile clinic users' level of satisfaction with the services provided.

5.1.2 Methodology

To achieve the objectives of the study, an exploratory, descriptive survey was used as the research design. A structured interview schedule consisting of both close and open-ended questions developed and tested by Pindani (2001) was adopted and used. A pilot study was conducted using subjects similar to those of the actual study to pretest the data collection tool. Pindani's tool was adapted to suit the Muldersdrift context and to meet the objectives of the study. Data were collected from 94 mobile clinic users by the researcher and two-research assistants. Appropriate measures to ensure ethical practice and to safe guard participants' rights were implemented and adhered to.

5.1.3 Population and sample

- The population comprised mobile clinic attendee's from the 35 mobile points, who are above the age of 18, who speak English or a South African language and have utilized the mobile clinic service over the past six months. Non-probability convenience sampling was used for final selection

of the nine mobile points and for selection of a sample of mobile clinic users' to be included in the study.

5.2 Main Findings

5.2.1 Demographic data

The mean age of the respondents was 36.6 years. Forty (42.5%) of the respondents were 30 years old or younger. Twenty-five respondents (22.3%) were between 31 and 40 years old. Females comprised 81% of the sample while only 18% (n = 19) were males. Of the 33% that had completed 10-12 years of schooling only one respondent had achieved a post matric certificate. Twenty-nine percent of the respondents school attendance ranged between Grade 5 –8, 16% Grade 1 – 4 and 22% had never attended school at all. The majority of the respondents (87.2%, n = 82) were employed. Of these 77% were farm workers followed by domestic workers (6%), Factory workers also accounted for 6%, only one respondent was found to be self-employed. From the six that were classified as other, four were waitresses and two security guards. Domestic workers comprised 6% of the sample.

5.2.2 Mobile clinic service utilization

It was found that the majority of the respondents, (59%, n = 55) had utilized the mobile clinic more than thrice between over the last six (August 2002 to January 2003). Seventeen percent (n=16) visited the mobile clinic twice and 24% twice over the past six months. A higher percentage (61.8%) of females as compared to (44.4%)

of the males had utilized the mobile clinic services more than thrice within a period of six months.

Seventy-seven respondents (n = 72) stated that it has never happened that the mobile clinic services were not utilized at the time when there was a health need. Twenty-two respondents (23.7%) admitted to not using the mobile clinic service despite the fact that they had a health problem. Of these, 23.5% (n = 4) stated that the services they needed were not available on the mobile clinic. Two respondents (11.7%) stated that they were too sick to come to the mobile clinic. Four other respondents (n = 23.5%) stated that the reason they did not go is that they did not need the services. Five respondents did not give reasons for not utilizing the mobile clinic service. Two respondents (14.2%) preferred to go to Muldersdrift clinic whereas 7.1% (n = 1) consulted the traditional healer. Twenty-six respondents (41.2%) preferred to go to Muldersdrift clinic on the day that the mobile clinic was scheduled to arrive and did not. None of these mobile clinic users used the traditional healer's service.

5.2.3 Level of knowledge of available services

Eighty-four respondents (89.3%) knew all the services offered on the mobile clinic. Treatment of minor ailment service was known by almost all respondents (97.8%, n = 92). The two other services well known were family planning known by 94.6% (n = 89) and well baby clinic by 94% (n = 86) of the respondent's. Very few respondents 19.5% (n = 18) were aware of the availability of HIV/AIDS awareness,

counselling and testing service on the mobile clinic. The service focus is prevention by promoting public awareness, early diagnosis and HIV/AIDS education. The aim is to assist the affected and infected to cope with the condition.

All 94 of the respondents (100%) indicated that all the services mentioned were needed. Twenty-seven respondents (28.7%) expressed the need for additional services such as care of the elderly service and home visits for those who cannot come to the mobile clinic. Additional services requested on the mobile clinic were X-ray facilities, eye care service, health awareness programs and a service for people with mental health problems.

5.2.4 Level of satisfaction with services

All most all respondents 98.9% (n = 93) were satisfied with the range of services offered on the mobile clinic. Ten respondents (10.7%) were most satisfied with all the services that are offered on the mobile clinic as compared to 3.2% (n = 4) that indicated that there were no services that they were most satisfied with. The services that respondents were most satisfied with were treatment of minor ailments and chronic disease management. Each service had 22.5% (n = 21) respondents' satisfaction rate.

Of the respondents who stated that there were services that they were least satisfied with, the treatment of minor ailments had the highest rating of 5.3%. Respondents indicated that most of the time there was shortage of medication at the mobile clinic

and medications prescribed without clients being properly examined. Eighty-nine respondents (94.6%) and 93.6% were satisfied with the day of the week and time of offering the mobile clinic service convenient. Forty-eight respondents (51%) were satisfied with the one a month mobile clinic visit. Of the forty-six respondents (48.9%) who indicated that they were not satisfied with the mobile service offered once a month, 77% (n = 37) indicated that they preferred that the mobile service be rendered at least twice a month compared to 16.6% that suggested that the service be available at least three times a month. Eighty-one percent (n = 74) of the respondents indicated that the attitude of the staff was good and only 4.4% indicated said they were bad. Despite the fact that 11.7% (n = 11) of the respondents indicated that they have other problems with the mobile health care services, 5.3% rated the service as excellent, 92% indicated that it was good and 2% said the service was bad. Problems related to privacy, two respondents mentioned limited space, lack of shelter for waiting patients, no physical examination done and prescription of “Disprin” for all health problems.

5.3 Conclusion

The mobile clinic can be an effective programme for rendering PHC services in a semi-rural area as the users’ felt all the services provided were needed. Mobile clinic services were optimally utilized in this community as majority of the service users were satisfied with the services provided and there service were utilized more than thrice in six months. The mobile clinic services were not utilized for health problems that can be managed with home treatment. However, it was noted that whenever a

service was needed, factors such as failure to produce the patient card, bad attitude of the staff and the services needed not being available was a barrier to utilization of the services. It appears that when the mobile clinic service is not scheduled to visit the community, the most preferred health care provider is the Muldersdrift Health Care clinic.

Majority of the community members were not aware of some of the services available on the mobile clinic. It is self evident that lack of knowledge of available services could lead to unnecessary travel expenditure for the poor rural community members and poor compliance especially for family planning service users' and those who are on chronic disease management programme.

The mobile clinic users' opinions about Primary Health Care service provision are that they are satisfied with the range of services offered. All services provided were regarded as needed by all the respondents. Opinions were presented with regards to additional services needed. It was noted that, there were services that the community members were less satisfied with. It was found that dissatisfaction with some of the services did not affect the attendance rate at the different mobile clinic points.

It can be concluded that most of the mobile clinic users had some knowledge of the health care services being offered and were satisfied with some of the services. However once a month service delivery was described as being in adequate and inconsistent. The day of the week and time of service delivery was found to be inconvenient for some of the mobile clinic users. Despite the fact that the attitude of

the staff was described as being good by most of the respondents, some felt that they were not given equal treatment. Problems such shortage of medication, prescribing medication without proper physical examination and diagnostic test were presented.

In conclusion the researcher believes that addressing the above-identified issues will contribute towards effective provision of mobile PHC service for the Muldersdrift community.

5.4 Limitations of the study

- The results cannot be generalized to all the five West Rand mobile clinic services as the study was conducted only on the Muldersdrift mobile clinic service provision.
- Literature review included provision of PHC services in fixed clinic as there were few studies available, conducted on provision of comprehensive mobile PHC service. This resulted in findings of a mobile clinic service compared with findings of a fixed PHC clinic or studies on specific health screening programmes.
- Non-probability convenience sampling was used for selection of the mobile points included in the study and subjects interviewed. This sampling method provides opportunity for bias on the aspect of selection of the subjects to be interviewed. There was also variation with regards to the number of respondents at the different mobile points.

Selection of mobile points was influenced by factors such as the availability of the staff members, the researcher and the weather conditions.

- Utilization of research assistants from the same community was a limitation as some community members felt uncomfortable due to the fact that they were interviewed by people who know them. This could also lead to bias with regards to information given.
- Almost half of the mobile points were excluded from the study as they were seasonal place of employment and some were schools and the majority of the service users were below the age of 18 years.

5.5 Recommendations

5.5.1 Community-based clinical practice

- An effort should be made to improve the standard of treatment of common ailments rendered on the mobile clinic. Issues to be addressed:
  - Constant availability of essential medications on the mobile clinic according to the Standard treatment Guidelines and Essential Drugs List.
  - Proper physical assessment, routine diagnostic tests to be done, appropriate medication prescribed and community members referred to relevant health care services.

- The West Rand Health Department to explore possible measures that will improve the quality of the service, consistency of service provision and contribute towards chronic disease treatment compliance.

  Issues to be addressed are:

  - Mobile clinic staff used for other projects and compromising service delivery for a community that have access to the service only once a month.
  - Staff not being replaced when sick or attending meetings as this results in mobile clinic points not visited and clients on family planning treatment and chronic medications defaulting.
  - Explore possibilities of using existing underutilized structures or erecting portable structures that will ensure privacy and a waiting area that will be appropriate for all weather conditions.
  - Feasibility of expanding the mobile clinic to twice a month to be explored especially for the busiest mobile points.
  - Explore possibilities of computer based record system, to minimize time spent on record keeping and possibilities of patients being denied access to the service due to failure to produce an appointment card.
  - Facilitate formation of structures that will ensure mobile clinic users' and farm owners (employers) participation in decision making on mobile health care services provision.

5.5.2 Education

Service providers

- The mobile clinic service providers should on an ongoing basis inform the community members about the existing services and additional special or new services on the mobile clinic.
- The mobile clinic staff to be given continuing education to re-orientate them about the context of rural communities, and their needs so that care rendered address the community specific needs and to render appropriate and acceptable service to the mobile users.

Community members

- In view of the fact that some of the mobile users' expectations of the service were services that the mobile clinic could not cater for, there is a need for the community to be made aware of the role of the mobile clinic and how to get maximum benefit from this service.
- Community members to be educated on health problems that can be safely managed at home and also to be made aware about the danger warning signs that warrant a health care professional consultation.
- Community members to be made aware of their role in assisting fellow community members to access the mobile clinic especially the elderly and the very sick as walking to the mobile point might be a problem.
- The West Rand Health Department to explore possibilities of training and utilization of community health workers for home visits and health

information dissemination purposes. Community heath workers in the different areas will serve as the community and the health professional health watchdogs.

5.5.3 Research

The following research studies are recommended:

- Asset based study to establish existing structures, buildings that can be used as a clinic.
- West Rand Region mobile clinic cost benefits analysis studies.
- A qualitative study to establish the opinions of the five mobile clinic staff members with regards to the service they render.
- A larger study including the entire mobile clinic points at Muldersdrift and the other four services to establish the needs of the community members served the mobile clinic at the different points.
- The West rand Heath Department could benefit from a study done on community members satisfaction with the service provided at Muldersdrift Health Care Clinic (MHCC). Results from the study revealed that some of the community members preferred to use other health care resources as compared to using the services available at the Muldersdrift Health Care Clinic.

In this last chapter of the research report, a summary of the approach and process followed to achieve the objectives of the study has been described.

Recommendations related to improvement of service delivery, education needs and further research that can be done were formulated based on the significant findings of the study. Limitations were identified and discussed.

This study described and explored the mobile clinic users' opinions of health care service delivery at Muldersdrift. It can be concluded that the mobile clinic is a highly valued and appreciated service in this community. Users are aware of most of the services provided and are satisfied with the range of services.