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Article

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DEVELOPMENT OF A «PEOPLE-CENTRED APPROACH» TO REALISING HEALTHCARE BY FACILITATING, PATIENT PARTICIPATION IN HEALTH ATTAINMENT IN SOUTH AFRICA AND UKRAINE

Object of this research is South Africa's healthcare system. South Africa's healthcare system faces numerous challenges that contribute to inadequate access to quality healthcare for its citizens. These challenges include a scarcity of healthcare workers, insufficient funding and resource allocation, a high burden of communicable and non-communicable diseases, as well as disparities in healthcare access and outcomes driven by socioeconomic status and geographic location. Consequently, many South Africans endure unfavourable health outcomes, limited availability of essential health services, and a prevailing sense of mistrust towards the healthcare system. Concurrently, Ukraine has encountered its own set of healthcare obstacles, including similar shortages of healthcare professionals, funding deficiencies, and disparities in healthcare access exacerbated by armed conflict. This study provides insights into the patient experience, utilizing Kolb's experiential learning theory. It employs qualitative and quantitative methods, including a questionnaire administered to conveniently sampled participants at Chris Hani Baragwanath hospital's HIV/AIDS unit. Data analysis using Excel and SPSS reveals a communication gap between healthcare workers and patients, highlighting the need for Department of Health training on communication and diversity. Finally, the implementation of consistent patient feedback mechanisms is essential for healthcare institutions to comprehend evolving patient needs, fostering the adoption of a «people-centred» approach to delivering high-quality healthcare services. By incorporating insights from Ukraine's challenges, this study not only addresses the specific healthcare obstacles faced by South Africa but also provides a broader perspective on healthcare issues across diverse contexts. These insights enable policymakers and healthcare professionals to identify potential solutions and work towards improving healthcare access and outcomes for all citizens, ensuring the overall health and well-being of the population of South Africa and other countries with similar challenges.

Keywords: *healthcare system, people-centred, patient experience, healthcare workers, quality healthcare, management in the health protection system.*

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1. Introduction

In addition to the challenges faced by South Africa's healthcare system, Ukraine also confronts significant health challenges. The ongoing war has led to a shortage of skills in the healthcare workforce, further straining an already fragile system.

Authors of [1] proponents that before the war, healthcare satisfaction in Ukraine was significantly lower, compounding the difficulties faced by the country's healthcare sector.

The World Health Organization [2] plays a key role in advocating for quality healthcare globally, aligning with the United Nations' Sustainable.

Development Goals (SDGs), which emphasize Universal Health Coverage (UHC) with financial risk protection and access to high-quality essential healthcare services. In South Africa, the Lancet Commission on High-Quality Health Systems identifies a failure in delivering quality healthcare, with a 13-member consensus report highlighting the impact of the private health sector's shortcomings on already struggling public health services. The lack of coordination among healthcare practitioners, fee-for-service tariff system, and single-discipline practice models hinder care quality in the private sector. Fragmentation, overservicing, and an oversupply of healthcare professionals relative to funded patients contribute to suboptimal care.

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On the other hand, the public sector grapples with ineffective management, poor accountability systems, and a shortage of healthcare professionals, especially at the primary care level. Overcrowding, limited resources, and supply chain constraints further impact care quality in the public sector.

The public sector faces challenges in providing quality healthcare due to ineffective management, poor accountability systems, overcrowding, staff shortages, inadequate training, and negative staff attitudes. Addressing these issues necessitates understanding patient expectations and benchmarking performance to enhance healthcare delivery.

To conduct this research, patients' perspectives on healthcare quality are imperative. Achieving comprehensive health system improvements requires significant enhancements in systems and processes to sustain quality healthcare improvements. A clear plan of action should include training healthcare facility management to improve their performance and monitoring.

Furthermore, the latest United Nations AIDS (UNAIDS) 2022 [3] global update reveals the devastating impact of the AIDS pandemic, with a life lost to AIDS every minute in 2021. Despite a global decrease in new HIV infections, the reduction of 3.6 % representing the smallest decline since 2016, poses significant challenges for many countries. In South Africa and Ukraine, these challenges are compounded by unique healthcare obstacles, such as ongoing conflicts and pre-existing disparities, further complicating efforts to combat rising HIV infections alongside other crises like COVID-19.

The aim of this study is to explore the influence of healthcare workers on the HIV/AIDS patients' morale and general wellbeing, as well as to investigate if a «people-centred» approach towards quality and efficient healthcare could be considered a viable approach as mitigation to the mortality rate.

2. Materials and Methods

2.1. Defining People-Centred Care (PCC). Author of [4] describes in the work of healthcare that all are engaged to care, cure, or help others live the days that remain with dignity and respect. Those who seek healthcare as patients or engage in it as family caregivers or care partners do so for the same reason. This basic human need addressed in the healthcare experience is a common ground. For a while, in a world of a billion stories and experiences, our primary and everyday needs do not waver.

Healthcare, unlike other industries, have more at stake due to the infinite value of the cost of a life. Ensuring that the healthcare experience is personalized and not just mechanical with a one-size-fits fit is the essence of getting healthcare to work optimally. The needs of patients in Ukraine and South Africa vary based on various factors such as the prevailing situation, cultural aspects, and other relevant elements.

The World Health Organization [2] emphasizes the importance of adopting a people-centred and integrated approach in healthcare services to provide better quality services, financial sustainability, and responsiveness to individuals and communities. This is especially critical for South African and Ukraine healthcare organizations, as fragmented care causes frustration to patients and healthcare workers and creates gaps in care for patients with multiple diseases. In a study concluded by authors of [5] on 12 European countries healthcare systems, Ukraine's healthcare system was the least responsive. This study was conducted in 2004 after the recent war the priorities would have changed and the ranking may result far worse.

2.2. Communication is critical for PCC. Authors of [6], explain that communication and interpersonal skills are two linked competencies. Communication skills consist of particular tasks and behaviours, such as acquiring a medical history, explaining a diagnosis and prognosis, providing therapeutic instructions, and offering counselling. Interpersonal skills are more relational and process-oriented, emphasizing the impact communication has on another person, such as reducing anxiety or establishing a trusting relationship. According to the Institute of Medicine [7], patients are concerned about various communication aspects concerning their health. They want to know their diagnosis, how to stay healthy, their prognosis, and how it will affect them. Patients need accurate answers and explanations in a language they understand. Patients are diverse in their preferred way of interacting with healthcare providers.

Some prefer personal face-to-face relationships, while others only interact with the healthcare system when necessary, which may not include an interpersonal relationship. Some are comfortable with e-mail and other web-based communication technologies. However, all patients desire trustworthy information that is attentive, responsive, and tailored to their individual needs, often from an individual clinician.

Communication in a country like South Africa adds additional complexities, as described by author of [8]. The patient may not understand the basic communication form of speaking due to the country having eleven official languages. This multilingualism has resulted from a complex political history of apartheid. The Afrikaans language has left a stigma among Black South Africans who prefer to speak in their native language [9]. If clinicians cannot communicate in one of these native languages, patients may not understand the diagnoses or the treatment, resulting in patients returning for another consultation.

Authors of [10] found four primary areas where communication errors occur in their study. These are nonverbal cues (e. g., eye contact, facial expression, and tone of voice), verbal communication (e. g., active listening and improper choice of words), content of the message (e. g., inadequate quality or quantity of information provided), and negative attitudes (e. g., lack of empathy and respect). Their study shows multilingualism may not be the only barrier to successful patient communication. Non-verbal communication and general body language are equally important to the success of PCC.

Authors of [1] caution that communication errors in healthcare systems have been cited as the primary reason behind many reported incidents and complaints. These communication errors and misunderstandings may result in further damage, like the rising medical negligence claims. The Auditor General of South Africa [11] found that the majority of the country's departments, at 87 %, had claims against them at year-end, which totalled R147.12 billion. These claims are a result of litigation for compensation due to a loss caused by the department, with medical negligence claims against provincial health departments being the most frequent. The R105.8 billion worth of claims against provincial health departments, including medical claims, puts further pressure on their budgets, as they have to allocate funds to pay successful claims. This situation negatively impacts service delivery, as budgets for other strategic priorities will be affected. The financial sustainability of these departments

is further weakened, with over a third of them having claims against them exceeding 10 % of their next year's operational budget. In some cases, unpaid claims at year-end exceeded the entire operating budget for five health departments.

While South Africa grapples with medical litigation claims, Ukraine is confronted with the issue of informal payments. A concerning revelation from a study conducted by authors of [12] highlights the prevalence of informal payments within the healthcare system. The primary factor attributed to these payments appears to be the inadequacy of physician salaries, a sentiment shared by 51 % of the respondents.

2.3. The role of nurses in PCC. The International Council of Nurses [13] highlights the role of nursing as a fundamental component of the healthcare system. Nurses are responsible for promoting health, preventing illness, and caring for individuals of all ages who have physical or mental health problems, as well as disabilities, across various healthcare and community settings. In the context of nursing, «responses to actual or potential health problems» among individuals, families, and groups are of particular concern [14].

«Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both» [15]. Authors of [16] provide an authentic insight into the engagement and advice from nurses which educate patients on managing chronic diseases appropriately, ultimately leading to a reduction in hospital visits. This reduction in visits alleviates the burden of the healthcare system.

As per the WHO [17], nurses have a crucial part in accomplishing the Sustainable Development Goals (SDGs) and guaranteeing that everyone is included. The WHO affirms that nurses significantly contribute to attaining both national and global objectives related to various healthcare priorities, such as universal health coverage, mental health, non-communicable diseases, emergency preparedness and response, patient safety, and the provision of integrated, patient-centric care. Nurses are an integral part of the healthcare system. The COVID-19 pandemic accentuated this.

According to the WHO [17], the nursing workforce is a substantial presence in the healthcare sector, comprising a global total of 27.9 million personnel, among which 19.3 million are professional nurses. This indicates a growth of 4.7 million in the total number of nurses between 2013 and 2018, making nursing the largest occupational group in the health sector, accounting for about 59 % of the health professions. Among the 27.9 million nursing personnel, professional nurses represent 69 % (19.3 million), while associate professional nurses and unclassified nurses account for 22 % (6.0 million) and 9 % (2.6 million), respectively.

According to author of [18], the Russian attacks on healthcare institutions in Ukraine flagrantly disregard the principles outlined in the World Medical Association Declaration on the Protection of Healthcare Workers in Situations of Violence.

Author of [18] emphasizes that over 434 attacks on healthcare institutions have been documented, with 72 incidents directly impacting staff and patients, leading to tragic fatalities and severe injuries. In addition to the prevailing challenges encountered by the healthcare system in Ukraine, this further amplifies the issue.

2.4. Involvement of the patient, family and community in care. The importance of including patients' and families' perspectives in healthcare is emphasized by the Institute for Patient and Family-Centred Care [19], as a key factor in improving healthcare quality and safety. This perspective has been missing from the healthcare equation for a long time. Healthcare leaders are now recognising the need to directly involve patients and families in planning, delivering, and evaluating healthcare to enhance patient-centred care.

South Africa is a country steeped in community living and culture, stemming from African cultural concepts. «Philosophically, the term Hunhu or Ubuntu emphasises the importance of a group or community. The term finds a clear expression in the Nguni/Ndebele phrase: umuntu ngumuntu ngabantu (a person is a person through other persons). Hunhu/Ubuntu is also a key theme in African philosophy as it places an imperative on the importance of group or communal existence as opposed to the West's emphasis on individualism and individual human rights» [20].

The concept of Hunhu or Ubuntu emphasizes community. This African traditional philosophy focuses on the concept that a burden and benefit should be shared equally and no one should be discriminated against. With this philosophy in mind, it is imperative to involve the family/community as part of the process with the patient in healthcare discussions.

2.5. The role of spirituality, religion and culture in patient-centred care. As the health system evolves, consideration is given to recognizing the patient as a person, a holistic approach to health care. Spirituality, religion and culture play an important role in people's lives, sometimes, it defines decisions on taking a course of medication. Therefore, healthcare professionals need to understand spirituality, religion and cultural elements to help facilitate healthcare services effectively. The World Health Organisation [21] explored the role of spirituality, religion and belief in peoples' health. The review supported the notion that spirituality and the belief in a higher being, fulfilment of life, and the need for hope contribute to hope and the will to live. If a person does not have these factors, it may delay the healing process resulting in distress due to feelings of emptiness and despair.

«The experience of the illness may reduce their ability to seek fulfilment for their spiritual needs, which in turn increases their chance of experiencing spiritual distress, and this may have adverse effects on their state of health» [21]. The beauty of South Africa's diversity also adds complexity to the various religious and cultural beliefs. Storytelling is an essential part of African culture. Information passed down from generation to generation still uses this method today. Author of [22] emphasizes the significance of a narrative-hermeneutical approach in multicultural contexts, especially in South Africa where the medical environment and healthcare culture coexist with diverse cultures. Patients may find the medical environment overwhelming due to its language, principles, and interpretive systems, which can result in breakdowns in their interpretive systems.

2.6. The effects of technology on patient-centred care. Technology is embedded in daily activities, from the minute a person may wake up and sometimes begin before, as smartwatches may alert the number of hours of sleep an individual should get in a day. Author of [23] focuses

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on seven integral ways technology impacts our daily lives. One of these effects is communication; the standard telephone call has evolved into a video call which has further evolved into multiparty video calling across any destination in the world. Shopping physically in a mall has been revolutionized to online shopping; the COVID-19 pandemic accelerated this as the no-contact aspect became a life-saving feature. Flexible working, working from anywhere and anytime, is a reality. This new way of life was only possible through the evolution of technology. Author of [23] further expands on smart health tracking and how a person can track and monitor heart rate, exercise, breathing and even oxygen levels.

With the advancement of technology and technology playing such a critical aspect in daily life, it is not surprising that this would form a critical component of PCC. Patients expect technology to be available and present in interactions with clinicians. Smart devices like smartwatches are driven by the Internet of Things (IoT). Authors of [24] describe how IoT has driven the development of collaborative healthcare frameworks. In this study, the authors propose an IoT healthcare framework to enhance team communication between key stakeholders like doctors, patients and communities.

Author of [25] asserted that the disparities in healthcare could be addressed with the effective use of Information and Communication Technologies (ICTs). It is further suggested by author of [25] that technology-based solutions like telemedicine and mobile health can improve access to high-quality care and reduce the cost of healthcare delivery. The possibility of utilizing medical skills from first- world countries may be bridged with telemedicine. South African and Ukraine citizens may still have access to global healthcare standards without the additional cost of physical travel, whilst local clinicians witness and learn through skills transfer.

Author of [26] elicited information through a literature review on the skills shortage in South Africa. The authors highlighted that nurses and doctors are two of the four major skill shortages experienced in South Africa. Their research highlighted the impact of nurse shortage «a ratio of 451 people for every registered nurse».

Authors of [27] made another troubling observation regarding the breakdown of infrastructure in hospitals and clinics, which severely impacts healthcare systems in Ukraine. This situation has resulted in hospital staff leaving their positions, leaving hospitals struggling to cope with the growing demands from patients.

2.7. Methods. The chosen methodology for this study was a mixed method, which combined qualitative and quantitative data collection and analysis techniques. The quantitative aspect was in the form of the questionnaire that was administered to the patient. The qualitative aspect was applied at the data analysis stage when the data was categorized non-numerically. This led to a pragmatic philosophy approach due to the flexibility of pragmatism to solving research problems.

The hypothetico-deductive design was ultimately selected as it offered a systematic approach to answering the main research question. This design allowed for the formulation of hypotheses based on theoretical propositions, which can then be tested through data collection and analysis.

Data collection was primarily conducted through the use of questionnaires, which was administered by the researcher. The questionnaire was designed to include a five- point Likert scale to establish the participants' attitudes and feelings toward the healthcare engagement. Due to multiple role players playing a part in the patient's visit like administrators, nurses and doctors, the questions covered the entire process. The questionnaire included open ended questions which allowed participants to provide insight and any feedback without restriction. In addition, a rating scale was included in the questionnaire which established the participants overall views of the hospital. Data was collected in South Africa only due to the on-going war in Ukraine.

Prior to the data collection, the researcher conducted a pilot test to establish if the questionnaire was easy for the patients to understand additionally ensuring that there would be no problems recording the data. This process assisted the researcher to understand the sample population as well as being completely satisfied that the questionnaire was designed and structured well. The researcher conducted a pilot with 5 patients, one change was made to question 16, as the nurses do not administer the medication, this is processed by the pharmacist. The word «nurses» was changed to «pharmacist».

The research was gathered over 3 days, initially a pilot was administered to 5 patients the questionnaire was amended to accommodate the process the patients follow.

Thereafter over 2 clinic days all consenting patients completed the questionnaire. The questionnaire was administered by the researcher with assistance of an interpreter with no relation to the hospital. The participants were a convenience sample of 71-day clinic patients. Consent was requested prior to the survey completion. The survey documented the patients demographic, home language, age, nationality, gender. The open-ended questions allowed for feedback on nurses and doctors service.

The data from the quantitative questions was inferentially analyzed using Excel as an analysis tool, and thereafter the descriptive statistics were computed. The inferential analysis allowed the researcher to interpret the data and draw conclusions. SPSS Version 28 was used to analyze the quantitative data for analysis such as analysis of variance (ANOVA) and T-tests.

3. Results and Discussion

3.1. Results. The conceptual framework focused on the impact of health workers on patients' morale, well-being and mortality rates. According to the Cambridge Online Dictionary [28], «well-being» is the state of feeling healthy and happy. The dependent variable is the morale, well-being and mortality rate of patients. The independent variable is the influence of health workers and patients views on care provided pre and post care. The moderating variable is the patient's current health status. The researchers investigated the influence of health workers on patients' well-being and morale and patients views on care provided pre and post care. From the patient's perspective, the researchers looked at how patients define the service and healthcare they receive and also how they feel about it. In addition, the researchers attempted to identify any barriers that exist in the provision of people-centred care. Fig. 1 illustrates the researchers' initial conceptualization of the relationships that exist between the variables.

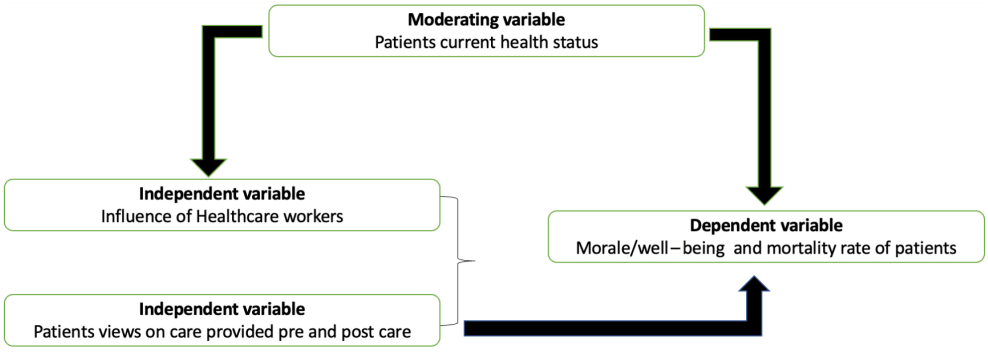

Fig. 1. Initial Conceptual Framework (author's own construct)

This study aimed to explore what influence healthcare workers have on the HIV/AIDS patient's morale and general well-being, as well as to investigate if a «people-centred» approach toward quality and efficient healthcare could be considered a viable approach as mitigation to the mortality rate.

Whilst there are areas of improvement to ensure a people-centred feedback is achieved, overall results were positive. From the above results, 97 % of respondents would recommend the doctors at this facility, and 87 % would recommend the nurses from this facility. Some of the common themes for a recommendation of Doctors were; Good Doctors – 12.76 % of the respondents; Helpful doctors – 21.12 %, Doctors give a good explanation – 16.90 %. Some common themes for a recommendation of Nurses were; Helpful Nurses – 19.71 %, Good Nurses – 16.09 %, Caring nurses – 5.63 %. The overall positive response indicates the good morale of the patients, majority have indicated that they have been attending this facility for many years and they were happy. The biggest age group was 46–60 years with at 39.4 %, which applied to both genders. The HIV/AIDS patients at this institute were overall happy with the healthcare workers service and their mortality rate indicated this as well.

3.2. Discussion. Whilst the results indicated a positive response to the doctors and nurses at the institute, it also indicated areas of improvement. Some of these areas:

Respect for the elderly patients: Nine of the twelve respondents who found the nurses disrespectful were over 45. Ninety-eight (98.6) percent of the respondents' demographic were African; this aligns with the African culture of respect for elders being a critical aspect. In a study examining the axiological aspects of traditional family education in the Belgorod region, authors of [29] have seemingly arrived at a similar conclusion, suggesting a parallel judgment within Ukraine.

Language barrier: The responses indicate that of the respondents, isiZulu is the most common mother tongue with 52.1 %. It is followed by Setswana with 14.1 % and Sesotho with 11.3 %. Language is a barrier to people-centred health care. It was found that most doctors in the department were either of foreign or non-African origin and did not speak the local languages. South Africa is facing a shortage of doctors in to Business tech [30] the South African Department of Home Affairs has added 39 new skills to the critical skills list. This list includes public health medics and registered nurses. This would explain why foreign doctors are employed in public health facilities. However, this does not solve the problem of the language barrier.

Patient feedback mechanism: It was found that respondents were surprised that they were involved in providing feedback on the services they received. The impression was that one takes what one gets as it is a «free service». Feedback is important to establish a benchmark, one cannot improve a service until the challenges are understood. Alternatively there are positive of the service, feedback will not be received as there is no mechanism to do so.

Consistent Service: A few of the respondents indicated that nurses and doctors were sporadic. Some of the comments in the open-ended questions were, «The doctors are sometimes good and sometimes not». The same applies to the nurses.

Better service than local clinics. Patients are referred to the hospital only when treatment at local clinics is not effective. Patients compare the services of the local clinics with those of the hospital. One comment from the open question was «Bara is the best and much better than the local clinics, the nurses in Bara are better than the local nurses».

Waiting areas: From the observations, the patients wait a long time to see the doctors or nurses. There are different waiting areas for doctors and nurses, some of the waiting areas are outside and exposed to the weather.

Bathroom facilities: Access and permission from the nurses are required to unlock the toilets. The toilets that are unlocked and available for public use lack essential amenities such as toilet paper and hand soap.

The final framework was shaped by the researchers' interpretation of the findings and could be different if interpreted by another party. The researchers found that respondents that provided positive comments about the service received from healthcare workers were overall eager to assist and provide feedback. However, the respondents that provided negative comments were despondent and a few were angry in nature. Authors of [31] study found discrimination towards patients. The research was conducted through focus groups with communities in Limpopo on patient experiences in local community clinics and hospitals. One of the results of this study indicated that patients experienced discrimination from nurses depending on the patients' class. The higher the patient's class, the better the service received.

The above experience led the patient to prefer traditional healers, as patients were treated with more dignity when interacting with a traditional healer. The danger this presents is that the patient may decide to adopt traditional healing instead of allopathic guidance. In the context of HIV/AIDS, the absence of a cure poses significant risks for patients.

According to authors of [27], hospitals often maintain a limited stock of medications and other consumables in

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war situation. However, the rapid depletion of medical resources such as bandages, needles, and antibiotics during times of conflict is deeply regrettable. This unfortunate situation has serious consequences for patients with chronic illnesses, including individuals with tuberculosis and those living with HIV, as they are unable to access the necessary medication to manage their conditions.

In Ukraine, facing a similar situation, maintaining a balanced lifestyle through diet and exercise becomes even more crucial in the absence of access to anti-retroviral medication. By actively managing chronic illnesses during times of war, patients can help alleviate the burden on the healthcare system, which needs to prioritize saving lives.

The model utilized for this study was Kolb's experiential model. The model is based on learning through experience. The respondents were able to compare the service they received in the local clinics with the service they received in the hospital. The patients made a comparison and on this basis were able to determine whether the service they received was good or bad. It may be that not all respondents used this yardstick and used other facilities that may have offered a good service and therefore felt that the service at the hospital was insufficient. Therefore, the researchers found that an additional moderating variable of past experience influences the morale/well- being of patients. A significant question is: What has the institution done to help patients during their visit. Special consideration should be given to fast-track elderly patients or those with infants accompanying them on clinic days. However, these patients often endure lengthy queues, waiting for hours before they can receive medical attention, and subsequently have to proceed to the pharmacy for medication collection. This entire process, spanning the entire day, is not only exhausting but also necessitates the use of public transportation for the journey back home. Therefore, the researchers found that an additional moderating variable, namely previous experience, has an impact on patients' morale/well-being. An important question is what the facility did to help patients during their visit. Fig. 2 shows how the researchers interpreted the final framework for this study.

3.3. Recommendations. There are areas of improvement that may alleviate the nurses and doctors whilst also providing patients with quality healthcare. Listening skills and cultural diversity training to ensure that nurses understand the patient behind the face and the service expected. This gap can be addressed with training.

Interpreters during consults will ensure that the patient understands the maintenance of their healthcare. Which could lead to better maintenance and less strain on the healthcare facilities with reduced visits.

Feedback from patients is critical to understanding the care provided. This could be easily administered during the long waiting times of the patients.

A cleaner that is consistently cleaning the bathroom and making certain that the facilities have soap and disposable towels.

3.4. Additional areas of improvement. Respondents indicated that nurses and doctors were sporadic. Some of the comments in the open-ended questions were, «The doctors are sometimes good and sometimes not». The same applied to the nurses. For people-centred healthcare to be successful, the right care needs to be delivered at the right time and in the right place. The health sector has been under more strain than other sectors in recent years.

While the challenges in healthcare are great, the right use of skills, resources and technology can help to reduce them. The department of health may explore the possibility of shorter and more frequent shifts to counteract possible burnout and increasing administrative staff that can be filled by non-medical staff. It is also important to ensure that the skills of doctors and nurses are used effectively.

4. Conclusions

The key findings that emerged from this study, underscore the significance of the research:

– *Patient feedback on nursing care*: the study revealed that 12.7 % of respondents would not recommend the nurses at the institute. This negative sentiment was primarily attributed to nurses not listening to patients, being perceived as unapproachable, displaying disrespect or dismissive behavior, and at times, appearing cheeky. These findings emphasize the importance of improving nurse-patient interactions to enhance the quality of care and patient satisfaction.

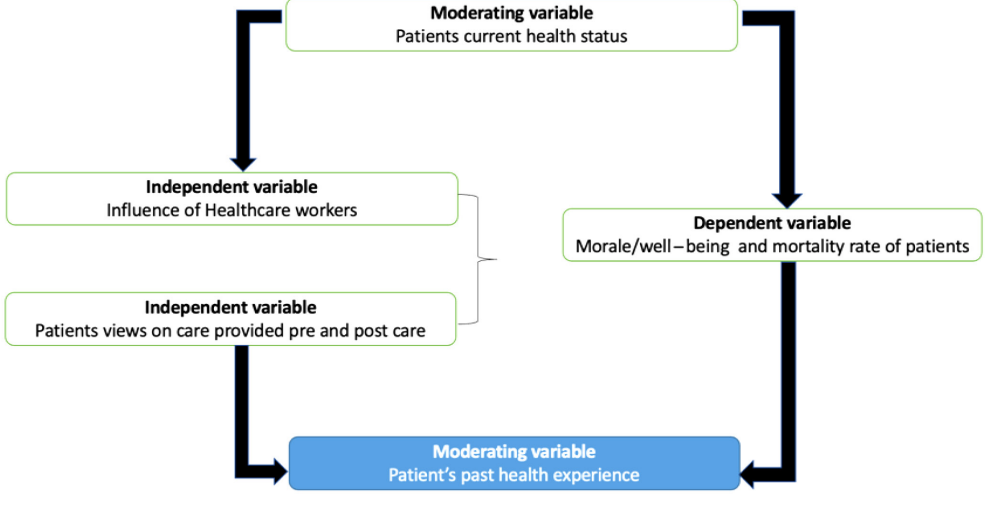

Fig. 2. Final conceptual framework (author's own construct)

– *Language Barriers in Healthcare*: Another critical discovery was that 52.1 %. of respondents' home language was isiZulu, with Setswana at 14.1 % and Sesotho at 11.3 %. Language emerged as a significant barrier to people-centered healthcare since the majority of doctors were not of African origin and did not speak the local languages, which were the patients' home spoken languages. This highlights the need for healthcare providers to bridge language gaps to ensure effective communication and culturally sensitive care.

– *Need for monitoring and evaluation*: The study identified a crucial need for a clear plan to monitor and evaluate a people-centered approach to healthcare at the facility. Respondents expressed surprise at being involved in providing feedback on the service received, as there was a perception that the service was provided free of charge, and little attention was paid to patient input. This finding underscores the importance of establishing systematic mechanisms for gathering and acting upon patient feedback to continually improve healthcare services and foster a patient-centered approach.

In conclusion, these findings emphasize the importance of patient-centered care, effective communication, and ongoing evaluation in healthcare settings. Addressing these issues can be lead to improved patient satisfaction, better health outcomes, and a more inclusive responsive healthcare that will be better prepared to face an unexpected challenge.

Conflict of interest

The authors declare that they have no conflict of interest in relation to this research, whether financial, personal, authorship or otherwise, that could affect the research and its results presented in this paper.

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Data availability

The manuscript has no associated data.

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