

**FACTORS INFLUENCING SERVICE DELIVERY IN SPEECH AND AUDIOLOGY
SERVICES IN POLOKWANE, LIMPOPO PROVINCE**

A

Research Report Submitted to

The Department of Business Management

Faculty of Management and Law

University of Limpopo

Turfloop Graduate School of Leadership

In

Partial fulfillment of the Requirements for the

Masters Degree in Business Administration

By

Koena S. Modiba

Supervisor

Prof GPJ Pelsler

2008

TABLE OF CONTENTS

	PAGE
Acknowledgement	i
Abstract.....	ii
Declaration.....	iii
 CHAPTER 1	
1. INTRODUCTION	1
1.1 Background	1
1.2 Significance of the Study	2
1.3 Aim of the Study	2
1.4 Problem Statement	2
1.5 Research Question.....	3
1.6 Assumptions	3
1.7 Conclusions and Format of the Study	3
 CHAPTER 2	
2. LITERATURE OVERVIEW	4
2.1 Batho-Pele Principles	4
2.2 Competitive Advantage	5
2.3 The Operation Process	6
2.4. Performance	7
2.5 Gap	9
2.6 Performance Improvement System.....	11
2.7 Framework for Analysis	16
2.8 Summary	17
 CHAPTER 3	
3. METHODOLOGY.....	18
3.1 Research Methodology	18

3.2 The Research Design	18
3.3 Description and Selection of Subjects.....	18
3.4 Limitation of the Study	20
3.5 Elimination of Biases	21
3.6 Ethical Considerations	21
3.7 Data Analysis	21
3.8 Summary	21
 CHAPTER 4	
4. RESULTS AND DISCUSSIONS	22
4.1 Section A - Biological Information	22
4.2 Section B – Clients’ Expectations	26
4.3 Section C – Clients’ Perceptions	42
4.4 Discussions	56
4.5 Summary	70
 CHAPTER 5	
5. RECOMMENDATIONS AND CONCLUSIONS	71
5.1 Introduction	71
5.2 Summary and Conclusions	71
5.3 Recommendations	73
 CHAPTER 6	
REFERENCES	74
Appendix 1 Research Questionnaire	76
Appendix 2 Editor’s Confirmation Letter.....	77

ACKNOWLEDGEMENT

I wish to express my profound gratitude to my supervisor Prof GPJ Pelser for his patients and expert guidance, which led to the successful completion of my research. I SALUTE YOU, SIR!

Prof M.J. Cloete, for her willingness to edit my research within a short time, supports, ideas, and encouragement.

To Modiba Speech and Audiology clients who participated in the research project, thank you for sacrificing your valuable time to assist me.

My colleague Mrs Mumsy Malatjie, for her support and encouragement.

Finally, I wish to thank my family for their support. To my children, thanks for coping with an 'absent' mother. A special thanks to Matome (my husband), for his wonderful support, understanding and unconditional love during these hard times. What could I have done without your staying up with me to help with the typing and drawing of graphs?

ABSTRACT

The delivery of quality service is a challenging area in both private and government sectors. The purpose of this research study was to determine if Modiba KO Speech and Audiology Services deliver services as per clients' expectations and perceptions. It also aimed at determining if there is/are a gap/s between clients expectations' and what was offered at the clinic. In order to achieve these aims, questionnaires were administered to clients seen at the clinic. The sample was comprised of clients seen at Modiba KO Speech and Audiology Services only. The participants were asked to indicate their expectations and perceptions about the service offered at the clinic.

Findings from the research showed that there are gaps between clients' expectations and perceptions of quality service delivery.

KEY WORDS

Quality Service, Speed, Flexibility, Dependability, Costs, Quality, Gaps

DECLARATION

I Koena Sarah Modiba declare that the research hereby submitted to the University of Limpopo for Masters Degree in Business Administration has not been previously submitted by me for a degree at any other university; that it is my own work in design and execution, and that all material contained therein has been duly acknowledged.

SIGNATURE: ----- DATE: -----

CHAPTER 1

1. INTRODUCTION

The dawn of 27 April 1994, seemed to have been a very special day for the majority of South Africans. From this day, the majority of the previously disadvantaged citizens of the country have gained the right to exist to the fullest level of their potential. Quality service delivery has become important. Clients have grown by leaps and bounds and have continuously being fighting for their rights. The question of quality service delivery has being ranking high on the agenda. All sectors, private and public are engaged in the effort of improving service delivery to all clients served, therefore, Modiba KO Speech and Audiology Services is striving for quality service delivery to all clients served at the clinic. As clients' demands are changing and increasing continually, the practice is under increasing pressure to demonstrate that its services are client-focused and that continuous quality service is being delivered.

This research focused on the investigation of quality service delivery and the implementation of mechanisms to improve the management of operational processes. The study covered some of performance objectives such as speed, quality, cost, dependability and flexibility. The study aimed at identifying gaps between clients' expectations and the perception of services offered at the practice and what was actually delivered.

1.1. BACKGROUND OF MODIBA KO SPEECH AND AUDIOLOGY SERVICES

Modiba KO Speech and Audiology Services is a private practice that delivers speech and audiology services in Polokwane City in the Limpopo Province. Polokwane City is part of Polokwane Municipality; where about 10% of Limpopo's population resides. Polokwane City is Limpopo's economic hub, and has the highest population density within the Capricorn District. For this reason, the practice has the advantage of a high demand for service.

The manager for Modiba KO Speech and Audiology Services is a qualified Speech Therapist and Audiologist. The manager has employed administration clerk and general assistant. The practice

is equipped with a diagnostic audiometer, tympanometer, screening oto-acoustic emission and other audiological and miscellaneous speech items.

1.2. SIGNIFICANCE OF THE STUDY

The study aims at determining if Modiba KO Speech and Audiology Services was offering quality service to its clients. It covered the perception of clients about quality service delivery. The results will serve as a tool to assess quality service delivery at the clinic. The information obtained from the research will also provide a model for the analysis of a similar type of service, as well as how to benchmark and supply health care services for smaller organisations.

1.3. AIM OF THE STUDY

The aim of the study was to determine factors that influence quality service delivery in Modiba KO Speech Therapy and Audiology Services.

1.3.1 SUB AIMS

For the rationalisation of the aim, the following four sub aims were formulated:

- To determine factors affecting quality service delivery in Modiba KO Speech and Audiology Services.
- To determine the clients' perception about the quality level of service provided by Modiba KO Speech and Audiology Services.
- To make recommendations on improvements based on the outcomes of the above.

1.4 PROBLEM STATEMENT

This study emanates from the need to investigate if there was a gap/s between the clients' expectations of quality service delivery and what Modiba KO Speech and Audiology Services was offering.

Since 1994, the Department of Health in the post apartheid government, has developed and implemented a number of policies and legislation, highlighting the importance and need for quality service delivery. Some clients seen at the government hospital indicated poor service delivery in terms of speed and quality. Modiba KO Speech and Audiology Services was opened in order to deliver quality services to those who were not satisfied with the speech and audiology services offered by the government employees and were willing to pay private tariffs. As the practice is new, it is important to investigate how customers perceive services offered at the practice and assess if there is/are a gap/s between the clients' expectation and what is offered.

1.5. RESEARCH QUESTION

Does Modiba KO Speech and Audiology Services deliver quality service as per clients' expectations and perceptions of the quality of service?

1.6. ASSUMPTIONS

There is no problem in service delivery at Modiba KO Speech and Audiology Service, but the researcher would like to determine if there is/are a gap/s between the clients' perceptions and what Modiba KO Speech Audiology services offers.

1.7 CONCLUSION AND FORMAT OF THE STUDY

It appears that there is no problem about the services rendered at Modiba KO Speech and Audiology Services, but the question is, "does the practice supply speech and audiology services as expected by the clients?"

The problem was that the practice had just started operating, and the therapist running it felt it would be proper to determine if there was a gap between clients' expectations about services offered at the practice and perceptions of what was really.

The purpose of the next chapter was to do a literature overview to develop an insight of other literature related to the topic under discussion as well as comparing if the practice was working in line with other private practices rendering similar services.

CHAPTER 2

2. LITERATURE OVERVIEW

In this chapter, the discussion was based on information collected from other literature on quality service delivery. Service quality is a concept that has aroused considerable interest and debate in the research literature because of the difficulties in both defining it and measuring it with no overall consensus emerging on either (Wisniewski, 2001). One method that is commonly used defines service quality as the extent to which a service meets customers' needs or expectations (Lewis and Mitchell, 1990). Service quality can thus be defined as the difference between customer expectations of service and perceived service. Parasuraman, Berry and Zeithaml (1985) indicated that if expectations are greater than performance, then perceived quality is less than satisfactory and hence customer dissatisfaction occurs.

Services unlike goods are intangible experiences. The premium of quality service as the competitive edge in gaining a market has been well recognised. Government is aiming at improving service delivery in all government sectors including the Department of Health. The research done by Edward on "*can quality improvement be used to change the wider healthcare system*" highlights that the quality movement has taken major strides in developing a discipline and methodology for improvement mostly focuses on the front-line of health care delivery. Edward also mentions in the latter research that the results of poor design of a hospital or of processes linking parts of health care together could be just as serious for patients as an unsafe clinical procedure. Therefore, quality service delivery will definitely improve patients' lives. The quality of service in general is of inherent importance in any society.

2.1 BATHO PELE PRINCIPLES

The concept of strategic intent is concerned with the direction in which an organization wants to go, the type of organization it aspires to be and how it proposes to get there (Gavin Study 2006). The strategic intent comprises the vision and mission whereby managers need to think about ways to take their organization into the future. Modiba KO Speech and Audiology Services'

strategic intent is to deliver quality service to its clients, as well as competing with other practices delivering similar services.

The South African (SA) Government promulgated the Batho-Pele Principles in order to transform public service delivery. It is all about giving good customer service to the people using government services. Even though Modiba KO is in a private undertaking, some of the Batho Pele Principles are used at the practice. Principles such as value for money, information, openness, and transparency are applied in the practice. The latter is applied in order to provide good quality services that clients have paid for, give relevant information to a client concerning his/her problem or pathology, and lastly to be as open and transparent as possible regarding the administration and all the procedures to be taken regarding treatment and therapy.

2.2 COMPETITIVE ADVANTAGE

Nigel (2000) indicate that competitive advantage can be obtained by the designing of product and service to satisfy the customers. Modiba KO Speech and Audiology Services is a private practice that provides essential speech and audiology services, aiming to improve the communication skills of clients. The practice is faced with challenges to compete with people that opened private practices before, and to determine if there is a gap between the clients' perceptions about quality service and what the practice offers. In order for the practice to gain a competitive advantage, it must provide advanced and quality services as expected and perceived by its clients.

Valerie (1988) indicate that the delivery of quality service is considered an essential strategy for success and survival in today's competitive environment. During the 1980s, the primary emphases of both academic and managerial effort were focused on determining what service quality meant to customers and then trying to meet their expectations (Valerie, 1988). Modiba KO Speech and Audiology Services focuses on delivering quality services and the impact on clients' recovery from speech and audiology impairment.

2.3 THE OPERATIONS PROCESS OF THE PRACTICE

The practice, like any other organization, has different characteristics that can be defined as follows:

2.3.1 THE VOLUME DIMENSION

Volume refers to the amount of products or services delivered by the operation, which results in the total output of an operation, (Slack, 2007). Most activities at the practice are the same. Processes for attending to clients are very similar, but pathologies or disabilities differ from individual to individual. The practice's volume is low, as it is run by one qualified Speech Therapist and each client receives specified treatment, according to his/her problem. The cost of running the practice is high.

2.3.2 THE VARIETY DIMENSION

Variety in production refers to different services made or offered by the operation, (Slack, 2007). It is becoming highly difficult to satisfy customers' demands in a competitive environment because different clients have different needs and the more people became knowledgeable about services the more their demands increase. Modiba KO Speech and Audiology Services offer a wide variety of services. The practice is also flexible in terms of service delivery. The speech therapist has knowledge about different communication pathologies and this makes it easier for her to assess, diagnose, treat, and provide rehabilitation where necessary. The latter is made easier by the sophisticated and advance audiological equipment. Equipment used in the practice contributes to the high cost of delivering service at the practice.

2.3.3 THE VARIATION DIMENSION

Variation is the change in the demand pattern of delivery of services (Slack, 2007). In the Modiba KO Speech and Audiology Services situation, there is medium variation in the demand of services. The therapist starts to see clients from 9H00 in the morning, but the majority of the

clients prefer to be seen in the afternoon. On some occasions, the therapist works on Saturdays, in order to meet different demands.

2.3.4 THE VISIBILITY DIMENSION

According to Slack (2007), visibility refers to how much of the operation's customer experience, or how much the operation is exposed to its customers. Modiba KO Speech and Audiology Services has a very high visibility variety because clients are always in contact with the therapist. The speech therapist is striving to attend to all clients at the most convenient time possible, considering the Batho-Pele Principles as well as gaining a competitive advantage.

2.4 PERFORMANCE OBJECTIVES

Performance objectives are the generic performance indicators that can be used to set objectives to judge the performance of any type of operation (Slack, 2007). These will be the basic aspects to be used in the study. Five performance objectives are discussed as follows:

2.4.1 QUALITY

Quality is consistent conformation to customers' expectations, i.e. doing things right according to the kind of the operation (Slack, 2007). Graham (2007) defines quality as how well a product/service meets the specific needs of the buyer.

Modiba KO Speech and Audiology Services is striving to do things right. It assesses and diagnoses correctly, in order to provide accurate treatment and according to the clients' expectations and perceptions. After having diagnosed the clients, the therapist explains the procedures and treatment to be taken. The clients are given relevant information prior to treatment. The therapist is striving to be as friendly as possible to clients.

2.4.2 SPEED

Speed means the time lapse between customers' requesting products or services and their receiving time (Slack, 2007). The therapist is trying to keep the time between requiring and receiving treatment to a minimum, in order to avoid a long waiting period. At times, it becomes difficult because Modiba KO Speech and Audiology Services have only one qualified speech therapist who provides services at the practice and the Limpopo Medi Clinic. Appointment dates

are given according to the availability of time and the clients' circumstances. Clients admitted to the Limpopo Medi Clinic are attended to within a short period of time, when compared to those seen at the practice. Therapy sessions are kept to a maximum of 45 minutes per client for adults and 30 minutes for children.

2.4.3 DEPENDABILITY

Dependability means doing things in time for customers to receive services exactly when they are needed (Slack, 2007). The speech therapist always tries to see all booked clients. The therapist is keeping appointment times as agreed with the client. Appointments are only cancelled on clients' requests, or due to circumstances that are beyond the therapists' control. In case the client is in need of a hearing aid, the therapist explains to the client that there will be a waiting period before the hearing aid is issued, the reason being that hearing aids are ordered from either Pretoria or Johannesburg.

2.4.4 FLEXIBILITY

According to Slack, (2007) flexibility means the degree to which an operation's process can change what it does, how it is doing it, or when it is doing it. Modiba KO Speech and Audiology Services has the ability to introduce new methods of operation according to new technology and to supply its clients with advanced treatment. The practice also has a variety of treatment available to clients. If the need for additional therapist arises, locums are allocated. At times, the therapist works on Saturdays. The latter makes it possible to respond quickly and attend to clients at the earliest convincing time.

2.4.5 COST

Cost is the total spent for goods or services including time and labour. In a competitive environment, low cost is the most attractive objective (Slack 2007). This is not the case at Modiba KO Speech and Audiology Services, as the costs are a bit higher compared to those charged in government hospitals. Prices are fixed for similar services offered based on medical tariffs. Other factors that increase costs are payments for equipment and hearing aids.

2.5 GAP

Although it was explained that the practice attempts to conform to 'good' performance objectives, it is not known what the clients expect to get and what their perceptions about the performance objectives were.

The Gap-based approach is a well-tried approach in all strategic formulation which involves comparing what is required of the operation by the marketplace against the performance the operation is currently achieving (Slack, 2007). The research (SERVQUAL and Model of Service Quality Gaps) done by Shahin, highlighted that there are seven major gaps in the service quality concept.

According to Brown and Bond (1995), "the gap model is one of the best received and most heuristically valuable contributions to the services literature". The model identifies seven key discrepancies or gaps relating to managerial perceptions of service quality, and tasks associated with service delivery to customers. The first six gaps (Gap 1, Gap 2, Gap 3, Gap 4, Gap 6 and Gap 7) are identified as functions of the way in which service is delivered, whereas Gap 5 pertains to the customer and as such is considered to be the true measure of service quality. The Gap on which the SERVQUAL methodology has an influence is Gap 5. In the following, the SERVQUAL approach is demonstrated.

Gap 1: Customers' expectations versus management perceptions: as a result of the lack of a marketing research orientation, inadequate upward communication and too many layers of management.

Gap 2: Management perceptions versus service specifications: as a result of inadequate commitment to service quality, a perception of unfeasibility, inadequate task standardization and an absence of goal setting.

Gap 3: Service specifications versus service delivery: as a result of role ambiguity and conflict, poor employee-job fit and poor technology-job fit, inappropriate supervisory control systems, a lack of perceived control, and a lack of teamwork.

Gap 4: Service delivery versus external communication: as a result of inadequate horizontal communications and propensity to over-promise.

Gap 5: The discrepancy between customer expectations and their perceptions of the service delivered: as a result of the influences exerted from the customers side and the shortfalls (gaps) on the part of the service provider. In this case, customer expectations are influenced by the extent of personal needs, word of mouth recommendation and past service experiences.

Gap 6: The discrepancy between customer expectations and employees' perceptions: as a result of the differences in the understanding of customers' expectations by front-line service providers.

Gap 7: The discrepancy between employees' perceptions and management's perceptions: as a result of the differences in the understanding of customers' expectations between managers and service.

The model is an extension of Parasuraman *et al.* (1985), where three important gaps, which are usually associated with the external customers, are Gap 1, Gap 5 and Gap 6; since they have a direct relationship with customers. The same applies to Modiba KO speech and Audiology Services, as the practice is basically run by one person.

Slack, (2007) indicate in their model how the gap between customers' expectations and their perception of a product or service could be explained by one or more gaps elsewhere in the model. In their model, they show that it is important to assess or diagnose if there is a gap in all operational performance objectives.

In most situations, there is a difference between the organisation and the customers' views of quality. From the organisation's point of view, quality is concerned with trying to meet the customers' expectations. On the contrary, the customers' views of quality are what they perceive the service to be (Slack, 2007). These authors further indicate that in order to create a unified view, quality can be defined as the degree of fit between, the customers' expectations and perceptions of the services rendered. If clients at Modiba KO Speech and Audiology Services are satisfied with the services offered, then the services will be perceived as good quality. Slack, (2007) developed a model, which reveals some of the factors that will influence the gap between expectations and perceptions. This can be used as a tool to determine gaps and manage to deliver good quality services. According to the model, the organisation is responsible for designing the

services. This can as well apply to Modiba KO Speech and Audiology Services. The therapist is the one who designs the therapy and rehabilitation for the clients. A client with a speech problem may expect a home programme that is easy to follow and that will enable him/her to communicate much better. Administratively, gaps can be closed by delivering services as soon as they are requested, keep to appointment times, as well as by being flexible in meeting the clients' expectations.

2.6. PERFORMANCE IMPROVEMENT SYSTEM

Performance measure is the process-quantifying act (Slack 2007). It is important to always meet the customers' demands. For an organisation to survive in a competitive environment, managers need to have a plan in place that will assist the organisation in measuring and improving their performance in order to meet their customers' expectations. Organisations are unlikely to achieve lasting performance improvements without a sustained, successful, output-based measurement regime. Measurement and improvement are "two sides of one coin". Achievement of process improvement goals should be measured quantitatively to ensure that the organisation meets its customers' needs. The measurement of performance provides a clear picture of the current status and reveals what changes are necessary to address problems. Hence, Modiba KO Speech and Audiology Services are engaged in research to determine if there are gaps between their clients' expectations and what is really offered.

According to Slack (2007), five performance objectives i.e. speed, quality, flexibility, dependability, and cost can be regarded as the dimensions of overall performance that will satisfy customers. These variables are tradable, and it is essential that this is understood in the decision-making process. For example, it may be possible to deliver a system faster than normally by adding extra personnel, resulting in lower productivity and higher costs. Product quality may also suffer in the process. The downside of such an approach may be acceptable if the business benefits from it. Conversely, under-staffed projects may be efficient, but compromise speed and take a long time to complete tasks. In order to improve on quality service delivery, the therapist takes a longer time with each client but on the other hand, the speed objective becomes compromised.

Slack, (2007) mentioned that the five-performance objective can be included as performance measure factors, i.e. quality, speed, dependability, flexibility, and cost. In order for an organisation to have a clear direction and know how it performs, the performance measure needs to be checked regularly. In his explanation Slack mention that, an organisation can choose to use performance targets throughout the range, stipulated as follows:

- Performance measure – good/poor quality service can be measured with the level of customers’ complain, cancelled appointments and planned but not used services. The gap under this section can be identified through clients’ dissatisfaction about the services.
- Dependability – the gap can be determined by the number of appointment cancelled as well as clients failing to keep to appointment times.
- Speed – the factor that can indicate a gap is the time taken by the organisation to deliver a service after it has been requested. If most of the customers complain about waiting for a long period before receiving the service, the organisation should take corrective measures.
- Flexibility – if clients are not satisfied about the range of service available, the organisation should be aware that there is a gap in the flexibility of the service.
- Cost, on the other hand, must be taken into account, because high production costs result in an increase in service costs. If the therapist at Modiba Speech and Audiology Services experiences high costs in the preparation of assessment and treatment plans, it will affect payment for services rendered.

Benchmarking is a process of learning from others and involves comparing ones own performance or method against other comparable operations (Slack, 2007). It is empirical for Modiba KO Speech and Audiology Services to benchmark with practices that deliver similar services in order to derive ideas that could contribute to performance improvement. Slack, stipulate that there are different types of benchmarking such as:

- Internal benchmarking - comparison between operations or part of operations which are within the same organisation. This type of benchmarking will not apply to Modiba KO Speech and Audiology Services as the practice does not have many sections.

- External benchmarking - comparison between an operation and other operations which are part of a different organisation. Modiba KO Speech and Audiology Services can apply this type of benchmarking, as there are other practices within the same vicinity offering similar services.
- Non-competitive benchmarking – comparison against external organisations which do not compete directly in the same market. This type of benchmarking can be easy to apply because other organisations won't be threatened, as the organisations are not competing for the same clients.

2.6.1 IMPROVEMENT PRIORITIES

The core plan should outline the organization's priority areas for improvement, questions such as: what are the key actions, who are responsible, what are the timeframes, expected results and how these results will be measured should be asked. Below are two different examples of how the priorities for the improvement of a section could be structured. Example #1 adopts the approach whereby for each priority area, the specific actions required are identified. Example #2 organizes the priorities for improvement by the five key drivers of client satisfaction, in addition to identifying which service delivery channels (e.g. telephone, over the counter or electronic) are implicated. The benefit if this second approach is applied is that it assists in ensuring that each driver is addressed and that the Service Improvement Plan addresses all service delivery channels. This emphasizes a balanced, integrated approach between and among the various channels used to deliver the service. The type of template you develop will depend upon the nature of your business and what works best given the environment within which one operates.

Improvement priorities can serve as a map that guides the organisation and sets the actions necessary to achieve the targets. The improvement plan is not intended to serve as a self-contained or isolated plan. It is an integrated part of the total business planning process of the organization. It provides a systematic and organized approach to service improvement planning and implementation integrated with the regular annual planning and reporting cycle of the organization.

Flexibility is a key to the approach and to implementing the improvement plan. The plan and improvement process must be brought to life – a living part of the organization – which embraces the concept of continuous improvement. As one plans and implements an improvement plan, new and additional information will be received that will alter the original plan. The organization must be ready to change direction when required and staff must be given room to innovate within the basic framework and be consistent with the overall goals.

Slack. (2007) highlight that, “the need and preference of customers as well as the performance and activities of competitors “are the focal points for improvement priorities. Process improvement is particularly important in an unstable and dynamic business environment. A structured and embedded process improvement programme facilitates the adaptability essential to maintain operational efficiency through re-organisation, restructuring, outsourcing, mergers, and acquisitions. When an organisation plans its objectives for improvement priorities, customers’ needs should be considered, as the aim of each organisation is to meet customers’ needs. On the other hand, competitors are the point of comparison against which the organisation can judge its performance (Slack, 2007).

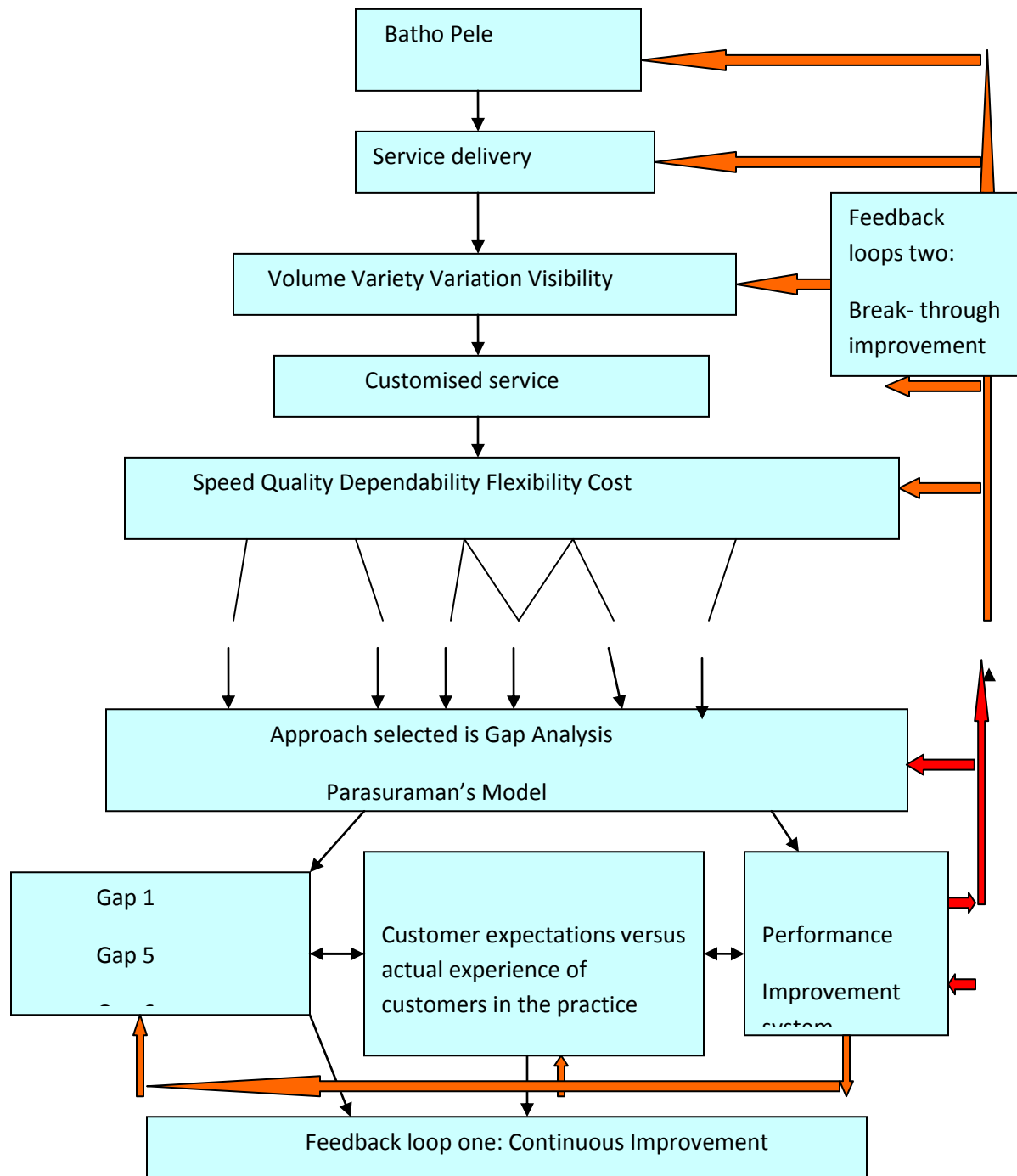
2.6.2 APPROACHES TO IMPROVEMENT

The development of an improvement plan does not require a cookie cutter approach. Every organization is unique, as are the needs, expectations, and priorities of its clients and the environment in which the organization operates. What an improvement plan will look like will vary from organization to organization. Yet, while specifics may vary, there are common elements to an improvement plan. For each priority identified, it is necessary to establish actions to address the improvement priorities, identify the person(s) responsible, and state a framework for action, and specific targets for achievement. The improvement plan will also address the monitoring and reporting process for client satisfaction targets and service standards, and identify management accountabilities.

Slack, (2007) mention that once the priority has been determined, an operation must consider the approaches or strategies it wishes to take to the improvement process. Breakthrough improvement, i.e. innovation-based improvement is the way the operations work. Constant

improvement is essential to maintain an advantage in an increasingly competitive market and also to meet customers' needs. The same can be used in Modiba KO Speech and Audiology Services through buying new and more advanced audiology equipment and implementing new speech therapy techniques. The practice can also work on improving service deliver as expected by its clients.

2.7. FRAMEWORK OF ANALYSIS



The above framework is a summary of items discussed in the literature overview. The framework can be used to assess gaps in an organization.

2.8 SUMMARY

The purpose of the literature review was to sharpen and deepen the theoretical framework of the research. This encompassed the study of different theories related to the topic. The other reason was to familiarise the researcher with the latest development in the area of research. The literature review will also assist the researcher with the gaps identified by prior researchers and the fields in need of further study.

CHAPTER 3

3. METHODOLOGY

3.1. RESEARCH METHODOLOGY

In this chapter, the methodology of the study is discussed. Firstly, the research design and then the different phases of the study, including the preparation of material, as well as the satisfaction of the participants are discussed. In order to develop gaps in Modiba KO Speech and Audiology Services, the researcher opted to apply both the qualitative and quantitative research methodologies. The chapter concludes with an account of the data interpretations.

3.2. THE RESEARCH DESIGN

When a study aims to collect complete and accurate information about a phenomenon it is a descriptive in nature (Brink, 1996). He furthermore indicates that descriptive research could provide new information on a phenomenon. The careful description of the identification process in the Modiba Ko Speech and Audiology Services context, brought new information to the fore about the processes and methods being used to achieve quality service delivery. Both qualitative and quantitative methods were used to analyse the data, as good research frequently combines features of both (King, 1994, as cited in Lawrence Neuman, 1997).

3.2.1 TARGETED POPULATION

The population targeted were clients seen at Modiba KO Speech and Audiology Services private practice.

3.2.2 SAMPLING

The researcher used convenient sampling, as it does not claim representatives. It is usually used for exploration and qualitative analysis. The subjects comprised of patients that were available at the time the research took place. The sample size was 41.

3.2.3 THE RESEARCH INSTRUMENTS

The following research instruments were used.

3.2.3.1 THE QUESTIONNAIRE

The questionnaire consisted of the following sections:

SECTION A - BIOGRAPHICAL INFORMATION

Biological information was included as the first part of the questionnaire and focussed on eliciting information about the participants' age, gender, nationality, qualifications as well as position held, but the latter was optional.

SECTION B – PATIENT EXPECTATIONS OF SERVICE

This was introduced to identify the clients' expectations about the service offered at Modiba KO Speech and Audiology Services.

SECTION C – PATIENT PERCEPTION OF THE SERVICE

This was asked to determine gaps between the clients' perceptions and what was really offered at the practice.

3.2.3.2 PILOT STUDY

A pilot study was used to establish possible weaknesses and the ambiguities in the questionnaire. It was also used to determine the time to be taken to complete the questionnaire (Sarantakos, 2001). Questionnaires were given to four (4) clients seen at the practice who did not participate in the actual data collection. The participants took between 5 - 10 minutes to complete the questionnaires. They indicated that the questions are appropriate and easy to complete.

3.3 DESCRIPTION AND SELECTION OF SUBJECTS

3.3.1. SAMPLE SIZE

Forty-one subjects participated in the study. Their age distribution ranged from 25 to 68, with a mode of 36 - 44.

3.3.2 SUBJECTS' GENDER

There were 14 males and 27 females in the study. This highlighted the fact that there are more females that visit the clinic compared to male clients. It does not necessarily mean females have more problems than male clients do. The reason for the latter might be the fact that mothers are usually the one who take their children to clinics.

3.3.3. DATA COLLECTION

The format and the paradigm of the study determined the nature of the data collection methods and how to implement them. In this study, the method of data collection and analysis focused only on the questionnaires.

3.3.4 DATA COLLECTION PROCEDURES

The researcher randomly selected the participants during their visits to Modiba KO Speech and Audiology Services Clinic. The aim of the research, procedures for data collection and the questionnaire were discussed with them and clarity was given to all the participants. The questionnaires were distributed to the participants by the researcher and filled-in in her presence.

3.3.5. MATERIALS USED FOR DATA COLLECTION

To collect data for this research the following parameter as suggested by Miles and Huberman (1984) was considered, namely *the setting* – the research took place at Modiba KO Speech and Audiology Clinic. The questionnaire had 40 close-ended questions.

3.3.6 QUESTIONNAIRE CONSTRUCTION

Data were collected from the participants through self-administered questionnaires. The questionnaires were physically distributed and collected by the researcher from Modiba KO Speech and Audiology Services clients. All questions were close-ended with clear instructions at the beginning.

3.4 LIMITATION OF THE STUDY

Like any other study, this study is bound to have certain shortcomings. Leedy (1997) feels it is unethical and unprofessional not to acknowledge the likelihood of such limitations. The study

focused only at Modiba KO Speech and Audiology Services private practice. As such it is not representative of an area population.

3.5 ELIMINATION OF BIAS

Bias based on the side of the respondents can be caused by unresponsive participants, uncooperative once answering at random as well as respondents who give false information on purpose due to mistrust, fear or social status (Bless and Smith 2000). This was eliminated, as the respondents were not expected to provide their names. According to Bless and Smith (2000), researcher bias can be caused by beliefs, religion, radical attitudes and while other convictions play an underlying role. The researcher eliminated bias by being objective and the participants were selected randomly.

3.6 ETHICAL CONSIDERATIONS

- The participants were informed that information collected would be strictly confidential and that they had the right to refuse or agree to participate.

3.7 DATA ANALYSIS

In this study, the approach to data analysis followed was based on the suggestions of Miles and Huberman (1994). They maintain that qualitative data analysis is a process consisting of three phases, namely, *data reduction, data display and conclusion drawing or verification* which is interwoven before, during and after data collection in parallel form. Graphs were used to display some of the findings.

3.8 SUMMARY

In this chapter, the methodology of the study was discussed. A brief overview was given of the research design as well as the data collection and analysis. The pilot study was discussed.

CHAPTER 4

4. RESULTS AND DISCUSSION

In this chapter, the results of the study are discussed according to the aims mentioned in the previous chapter. The discussion begins with the presentation of the data, followed by the interpretation and ends with the findings and conclusion.

DEMOGRAPHICS

The subjects were clients seen at Modiba KO Speech and Audiology Services in Polokwane City. Sixty questionnaires were hand delivered. Forty-one questionnaires were filled-in while 19 clients indicated that they do not have enough information, as it was their first visit to the clinic. An overall response rate was equated at 68.3%, which according to Babbie (1995), is adequate.

4.1 SECTION A - BIOGRAPHICAL INFORMATION

Biological information was included as the first part of the questionnaire and focussed on eliciting information about the participants', gender, age, qualifications, and nationality.

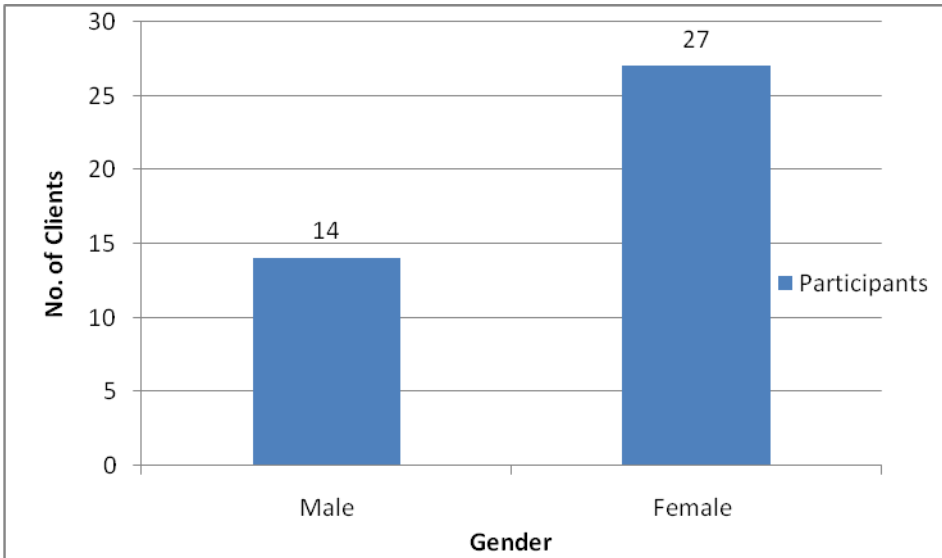


FIGURE 1: GENDER OF PARTICIPANTS

Graph (1) depicts the gender of the clients surveyed at the clinic. It was found that there

were more female than male clients. As already explained, more female clients bring their children to consult the speech therapist than males.

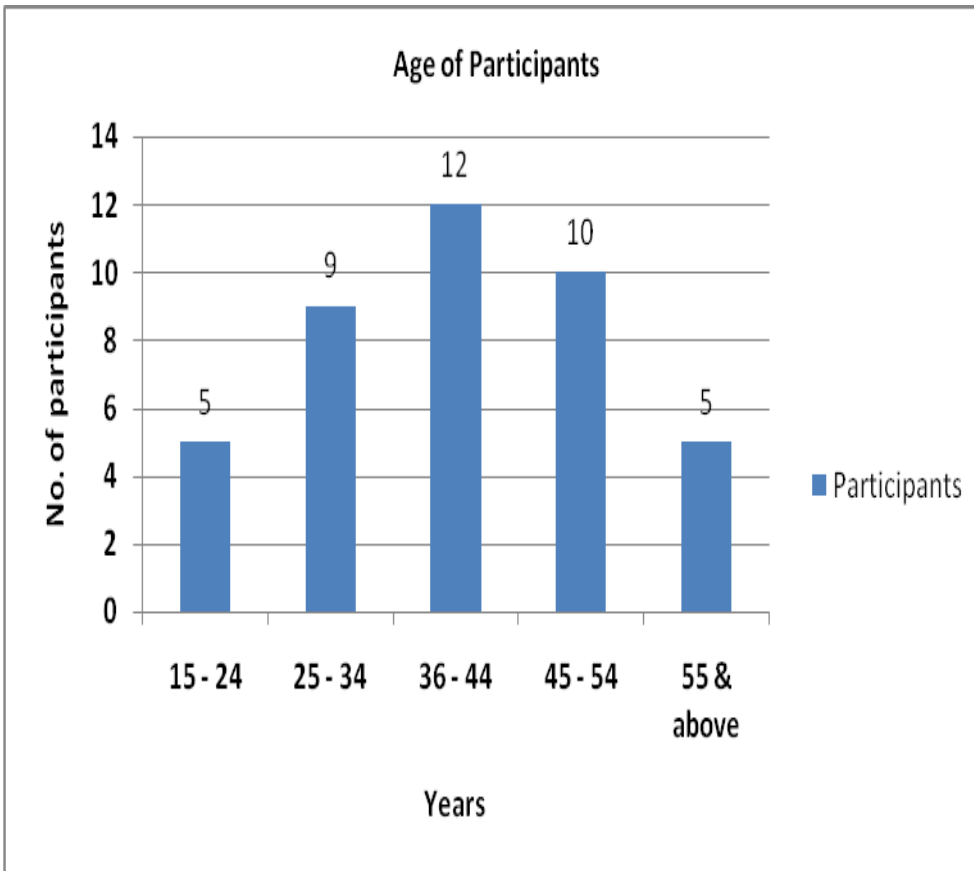


FIGURE 2: AGE OF PARTICIPANTS

Figure (2) depicts the ages of the clients who participated in the study. It shows that majority of the clients were between the age of 25 to 55 years with a bigger portion of between 36 and 45 years old. More children were seen at the practice than to adults. It is assumed that parents are the one who filled the questionnaires on behalf of their children.

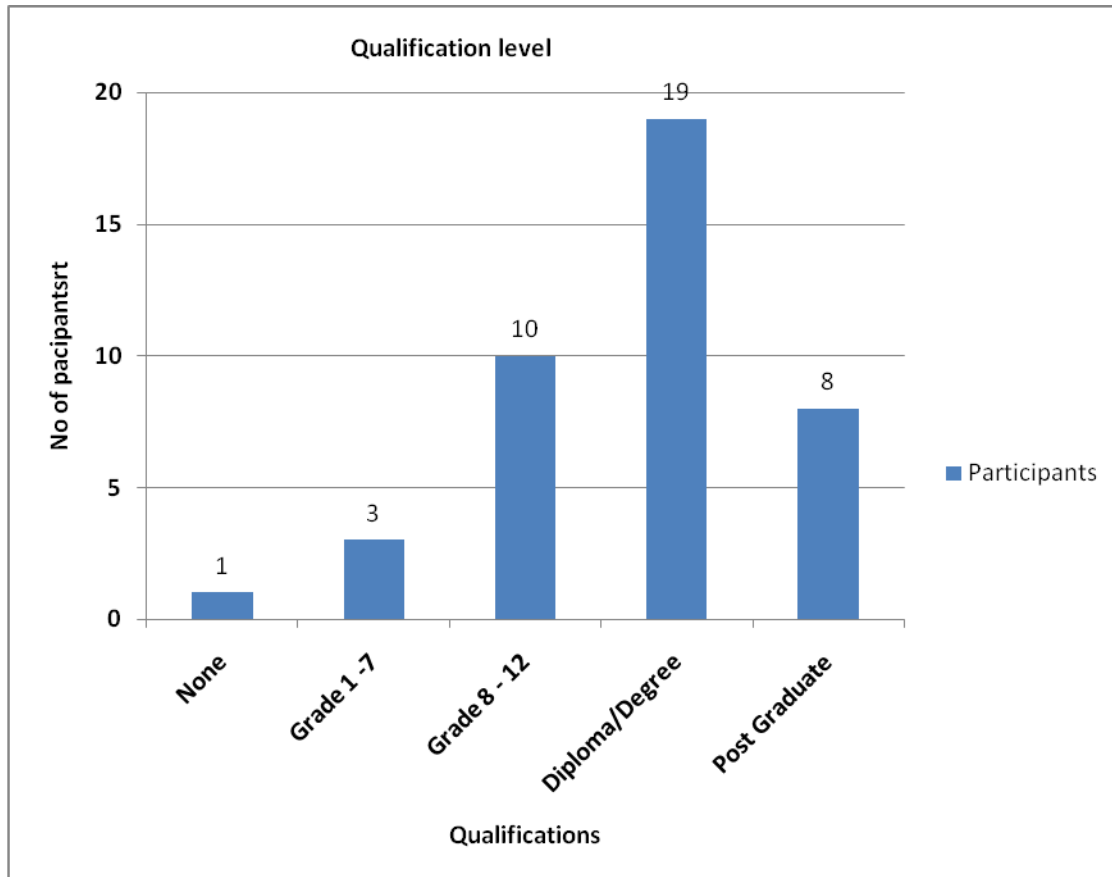


FIGURE 3: QUALIFICATION OF PATICIPANTS

Figure (3) depicts the qualifications of the clients who participated in the study. It shows that the majority of clients had either a diploma/degree. The reason for the latter data might be that people who visit the practice are those who have medical aid funds and have knowledge about the services through reading. The other factor might be that those who cannot afford private tariffs go to government hospitals.

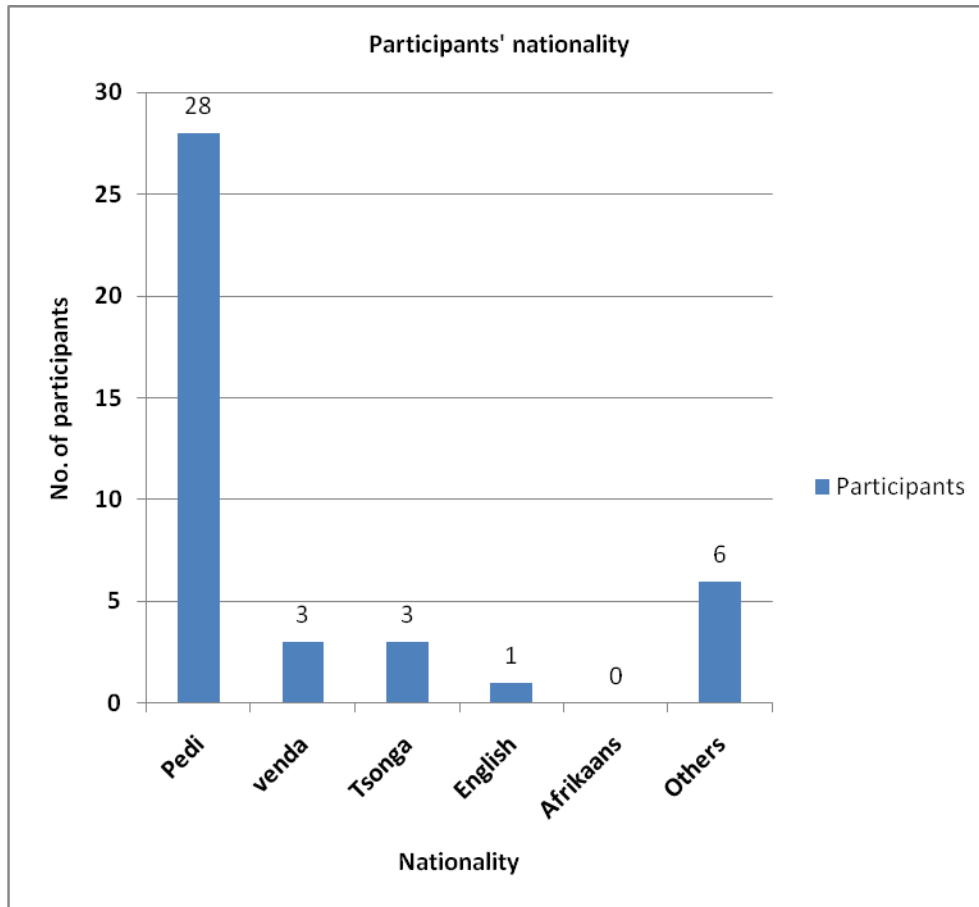


FIGURE 4: PARTICIPATIONS' NATIONALITY

Figure (4) depicts the nationality of the clients who participated in the study. It indicates that the majority of the clients seen at the clinic were Pedi speaking which is not remarkable as the majority of Polokwane City are Pedi speaking people.

4.2 SECTION B

CLIENTS EXPECTATIONS OF SERVICE

This question was introduced to determine the clients' expectations about the quality level of the services provided by Modiba KO Speech and Audiology Services. Five operational objectives were covered in order to understand the clients' expectations about services provided at Modiba KO Speech and Audiology Services.

4.2.1 QUALITY OBJECTIVE

The quality objective was divided into seven (7) subheadings. The first one aimed at determining the clients' expectations on the appropriateness of treatment provided at the clinic, and is depicted by the following graph.

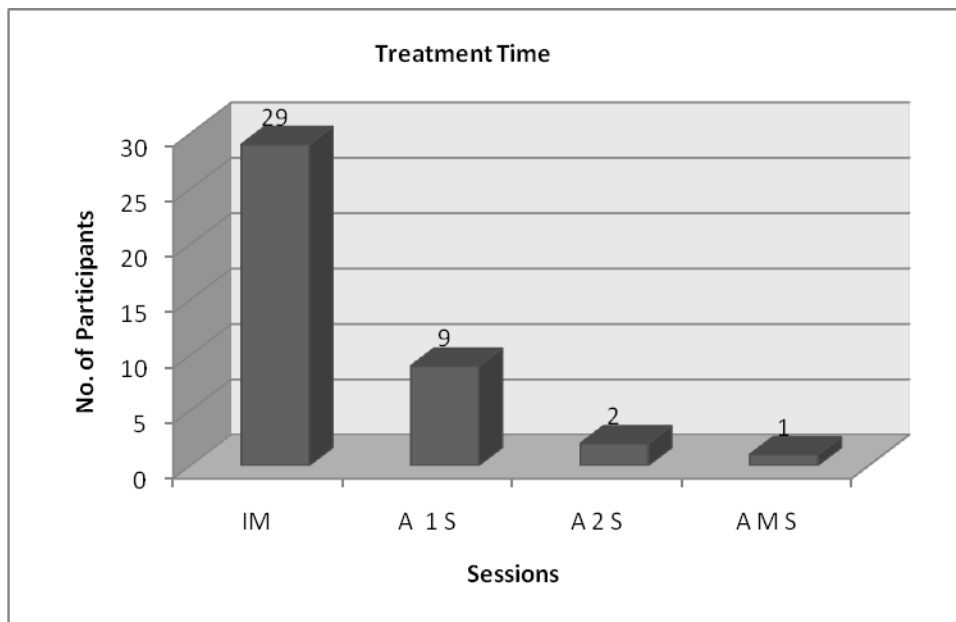


FIGURE 5: APPROPRIATE TREATMENT RECEIVED

KEY: IM – immediately

A1S – after one session

A2S – after two sessions

AMS – after many sessions

Figure (5) highlights the following expectations: Seventy percent of the participants indicated that they expected to receive appropriate treatment immediately, 22% indicated that they expected to receive appropriate treatment after one session whilst 4.8% and 2.4% indicated that they expected appropriate treatment after two and more than two sessions respectively.

The second question in this section aimed at finding out the clients' feelings about being consulted and given information. The participants' responses are shown in the following figure:

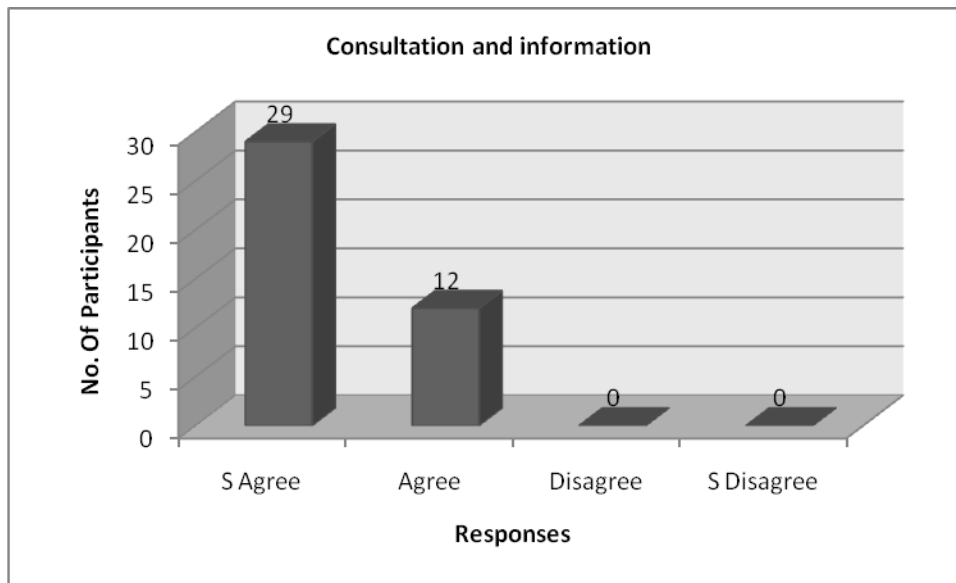


FIGURE 6: CONSULTATIONS AND INFORMATION PROVIDED

KEY: S Agree – strongly agree

S Disagree – strongly disagree

Figure (6) reveals that the majority of the participants i.e. 70% indicated that they strongly agreed that they expected to be consulted and given information while 29.3 indicated that they agreed to the latter.

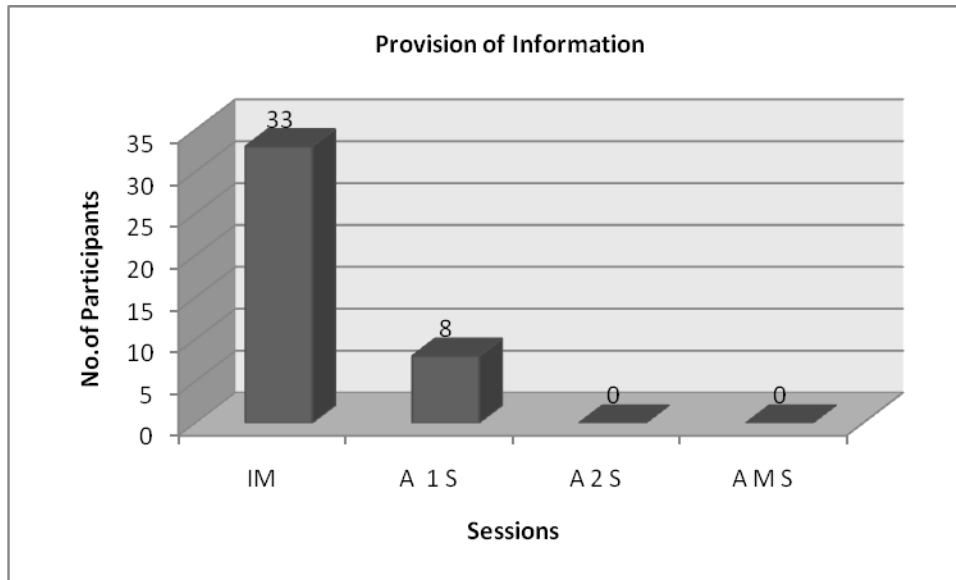


FIGURE 7: PROVISION OF COMPLETE AND ACCURATE INFORMATION

KEY: IM - Immediately

AIS - after one session

A2S - after two sessions

AMS - after more than two sessions

In this sub-section of quality objective, the participants were asked to indicate the session in which they would like to be provided with complete and accurate information. The sample of clients revealed that 80% expected to be provided with information immediately while 20% was satisfied by to receiving information after the first session.

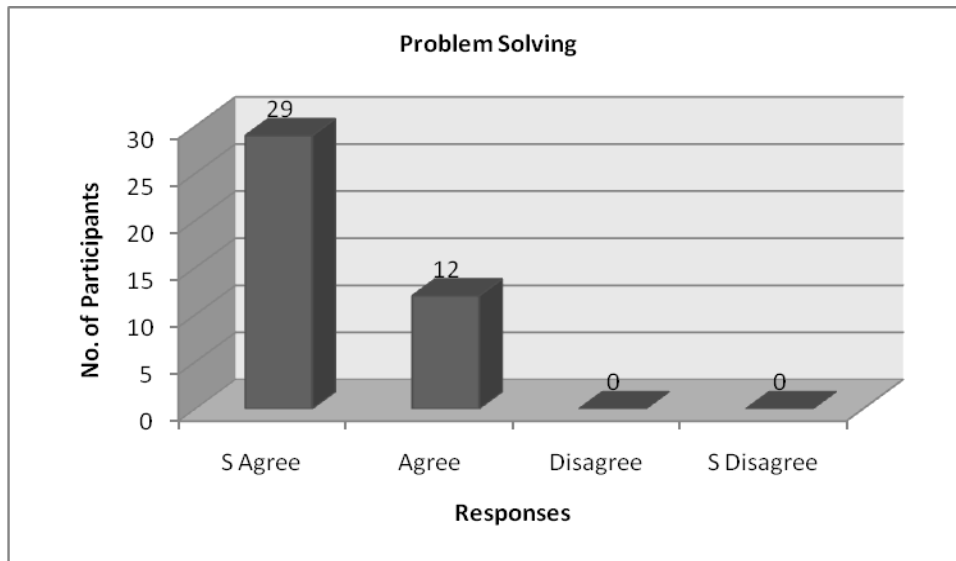


FIGURE 8: INTEREST IN SOLVING CLIENTS' PROBLEMS

KEY: S Agree – strongly agree

S Disagree – strongly disagree

Figure 8 depicted the client's expectations and perception about the therapist interest in solving their problems. Seventy percent of the participants indicated that the therapist must show interest in solving their problems, whilst 30% mentioned that they agreed that the therapist should be capable of solving their problems.

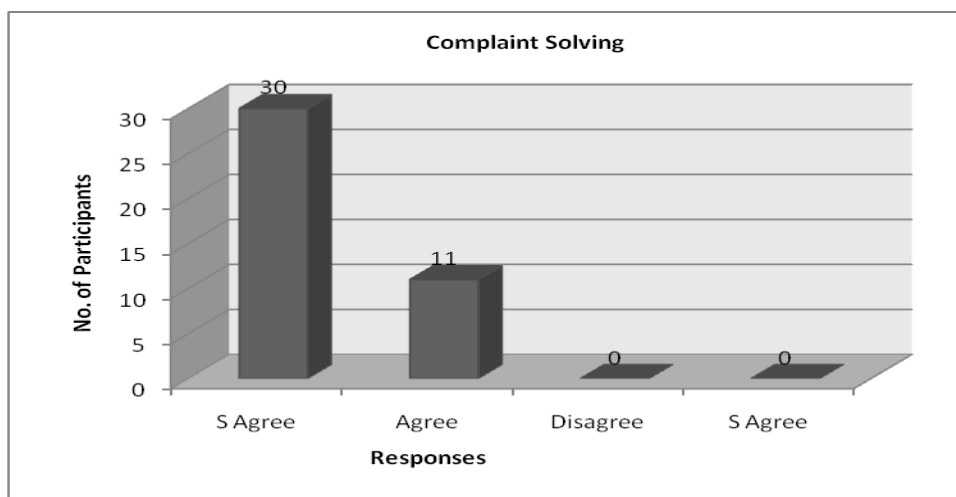


FIGURE 9: COMPLAINTS SOLVING SKILLS

In this sub-section of the quality objective, the participants were asked to indicate their expectations from the therapist about complaints handling. Seventy-three percent strongly agreed that the therapist should be able to handle their complaints and 27% stated that the therapist must be capable of problem solving.

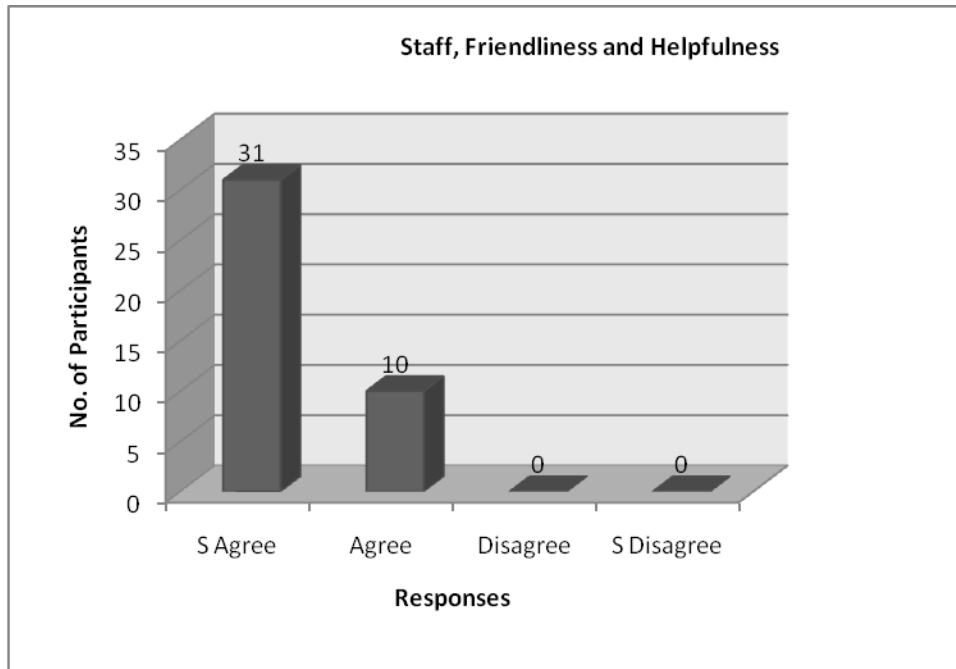


FIGURE 10: STAFF FRIENDLINESS AND HELPFUL

KEY: S Agree – strongly agree

S Disagree – strongly disagree

In this sub-section, the participants were asked if they agreed that the staff members had to be friendly and helpful. Seventy-six percent of the participants indicated that they strongly feel that the staff should be friendly and helpful, and 24% pointed out they agreed to the former.

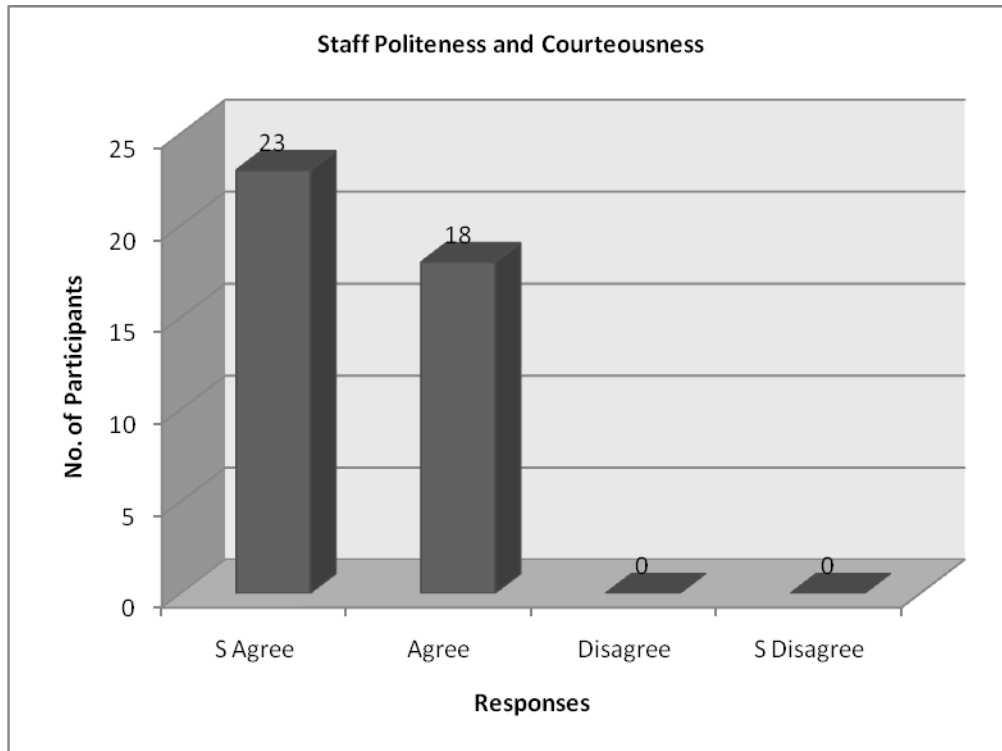


FIGURE 11: STAFF POLITENESS AND COURTEOUSNESS

The last sub-section under quality objective aimed at determining the clients' expectations and perceptions about the staff's politeness and courteousness. Fifty-six percent of the participants strongly agreed that the staff should be polite and courteous and 44% agreed with the former.

4.2.2 SPEED OBJECTIVE

The speed objective was established in order to determine the clients' expectations about the waiting period from the time service was requested and their receipt of service. The speed objective was divided into the minimum time kept between requesting and receiving treatment and test results' return time.

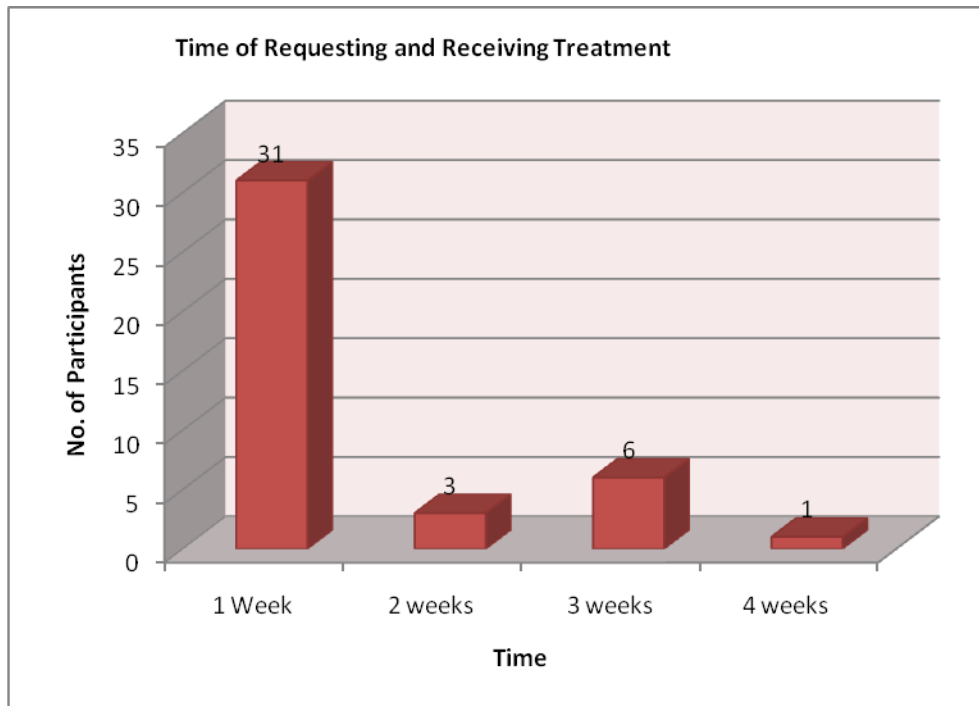


FIGURE 12: TIME KEPT BETWEEN REQUESTING AND RECEIVING TREATMENT

Figure 12 represents the expectations of the clients regarding the preferred minimum waiting time between requesting and receiving service. Forty-three percent of the participants indicated that they prefer to receive treatment within one week, 20% two weeks and 37% three weeks.

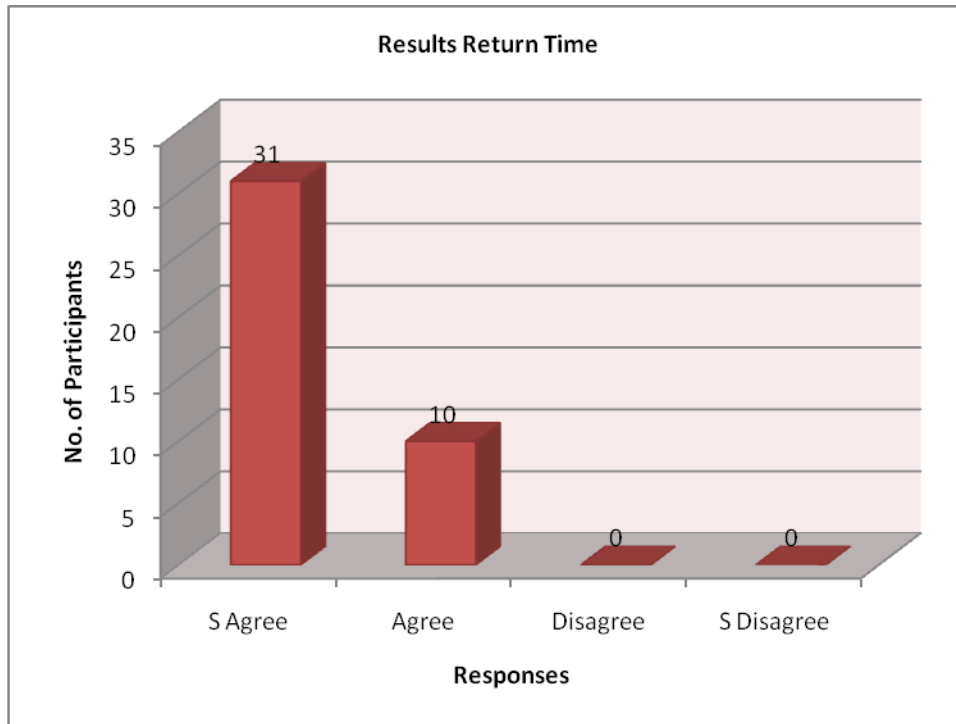


FIGURE 13: WAITING PERIODS FOR TEST RESULTS

KEY: S Agree – strongly agree

S Disagree – strongly disagree

The results revealed that 76% of the participants strongly agree that the time for test results to be returned be kept to a minimum, and 24% agree with the former.

4.2.3 DEPENDABILITY OBJECTIVE

The dependability objective aimed at determining the clients' expectations and perceptions about keeping to appointment times and the proportion of appointments cancelled.

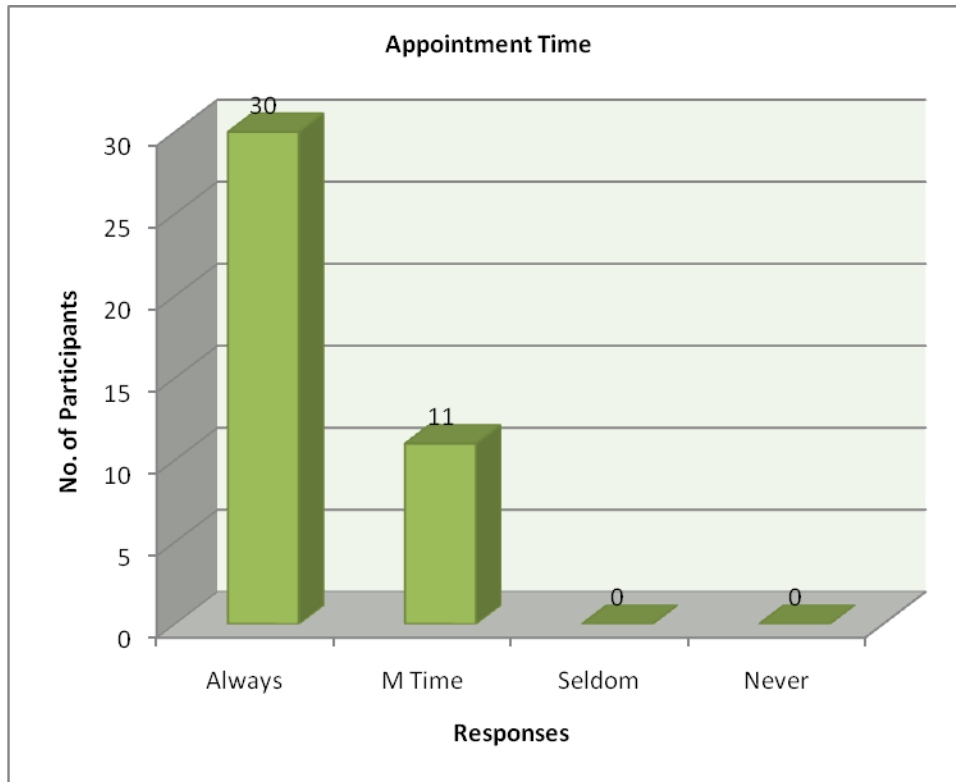


FIGURE 14: KEEPING TO APPOINTMENT TIME

Key M Time – most of the time

The participants were asked what they expected to be proper regarding the keeping to appointment times. The answers revealed that 73% expect the therapist to always keep to appointment times and 27% expected the therapist to keep to appointment times most of the time.

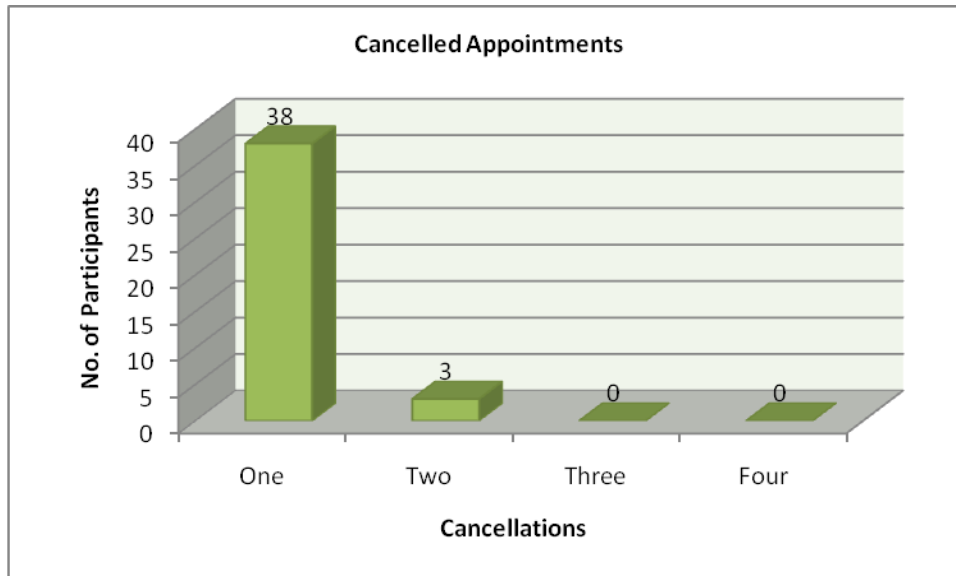


FIGURE 15: NUMBER OF APPOINTMENTS CANCELLED

Under the sub-section, "number of appointment cancelled", 73% reported that they expected the therapist to cancel one appointment while 27% allow two cancellations. There was no one who indicated seldom or never.

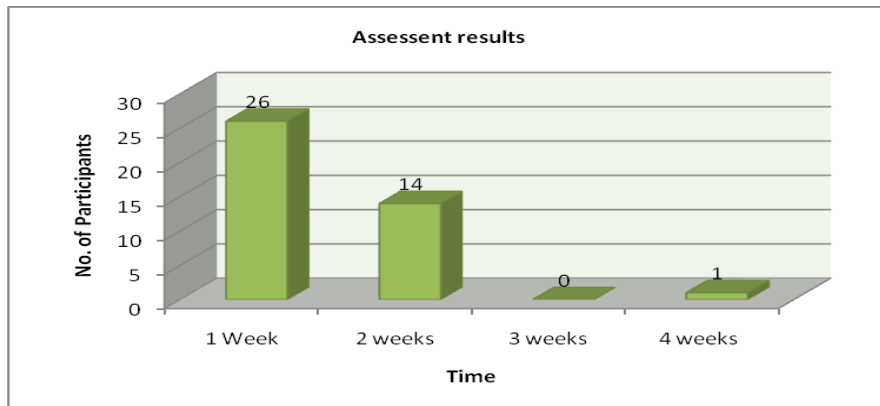


FIGURE 16: ASSESSMENT RESULTS RETURNED AS PROMISED

Figure 16 represents the expectations of the clients' about the period they expected, while waiting for the assessment results. Sixty-three percent expected the test results to be returned in one week while 34% expected the results to be returned in two weeks whilst 3% preferred four weeks.

4.2.4 FLEXIBILITY OBJECTIVE

The aim of the flexibility objective was to determine the clients' expectations and perceptions about service flexibility, i.e. the clinic's ability to introduce new service in a given time, the clinic's ability to introduce a wide range of services, the ability to reschedule appointments and lastly, the ability to handle emergencies.

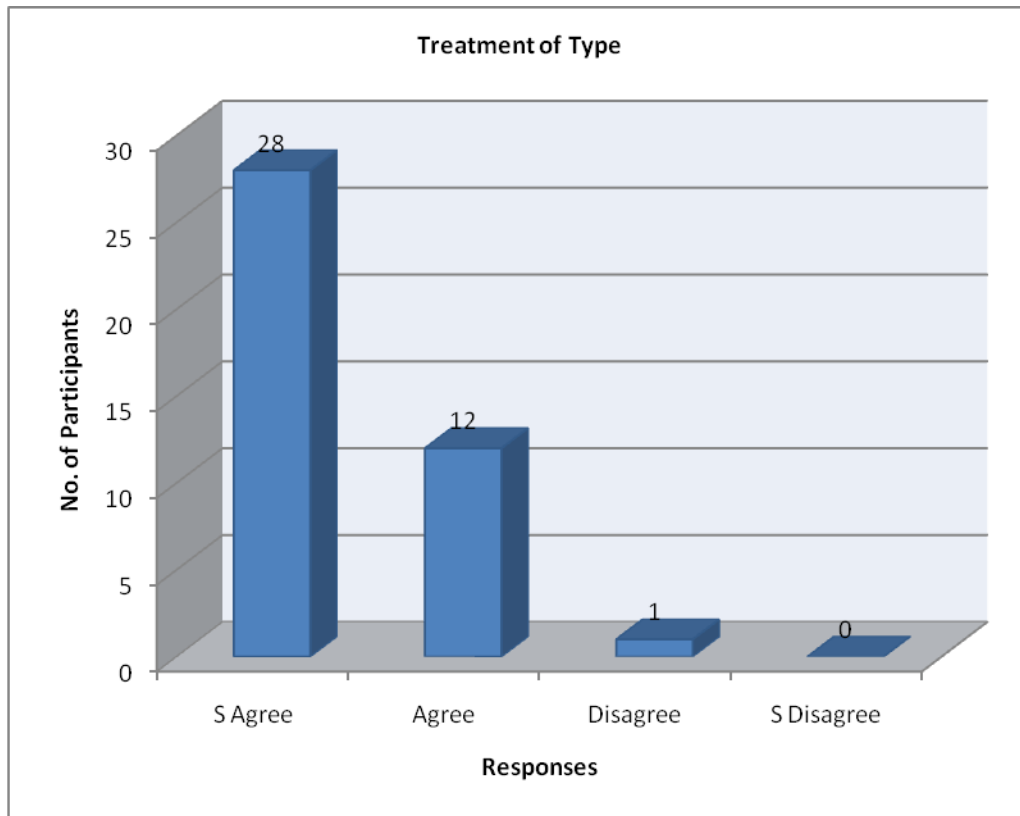


FIGURE 17: INTRODUCTION OF ADVANCED AND NEW SERVICES

KEY: S Agree – strongly agree

S Disagree – strongly disagree

The results in figure 17 show that 68% of the participants strongly agreed that they expected the clinic to have the ability to introduce advanced and new services, 29% agreed whilst only 3% indicated that they did not expect the clinic to have the ability to introduce advanced and new services.

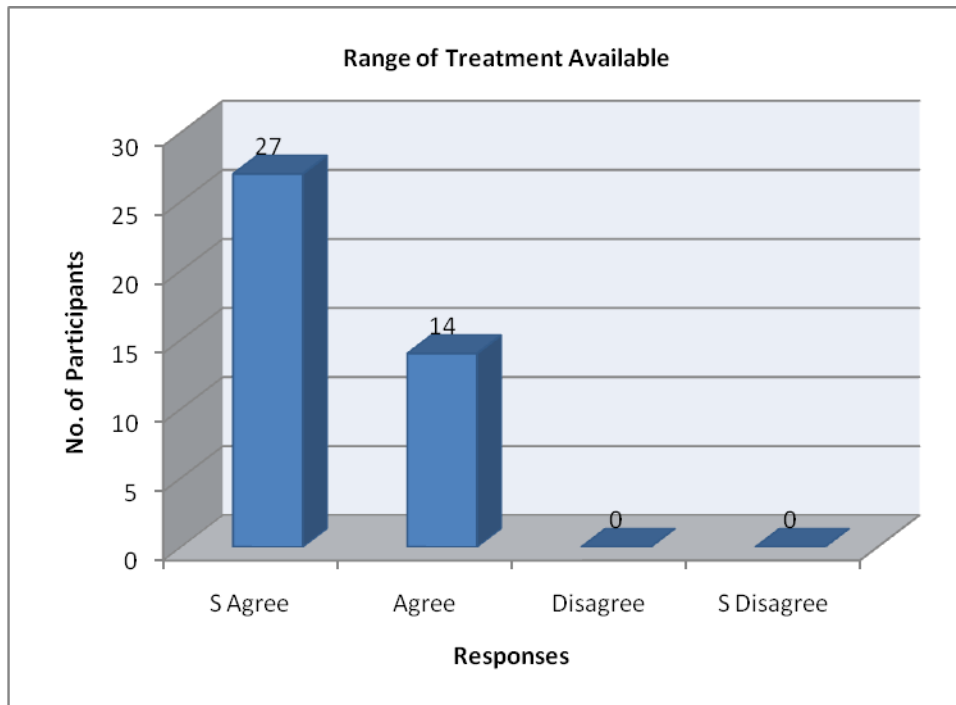


FIGURE 18: AVAILABILITY OF WIDE RANGE OF SERVICES

KEY: S Agree – strongly agree

S Disagree – strongly disagree

The above figure aimed at determining the participants' expectations about the range of services delivered at Modiba KO Speech and Audiology Services. Sixty-six percent of the participants strongly agreed that the clinic should have a wide range of treatment and 34% agreed with this statement.

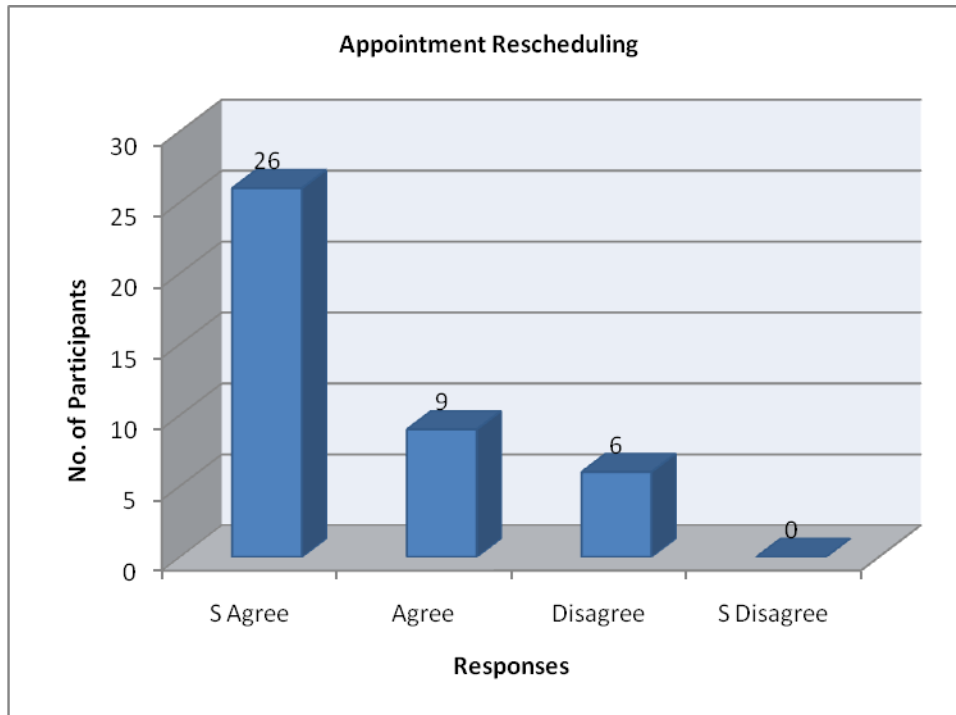


FIGURE 19: ABILITY TO RESCHEDULE APPOINTMENTS

KEY: S Agree – strongly agree

S Disagree – strongly disagree

The aim of appointment rescheduling was to determine the participants' expectations. Sixty-three percent of the participants indicated that they strongly agreed that the clinic should be in a position to reschedule appointments, 22% agreed and 15% disagreed.

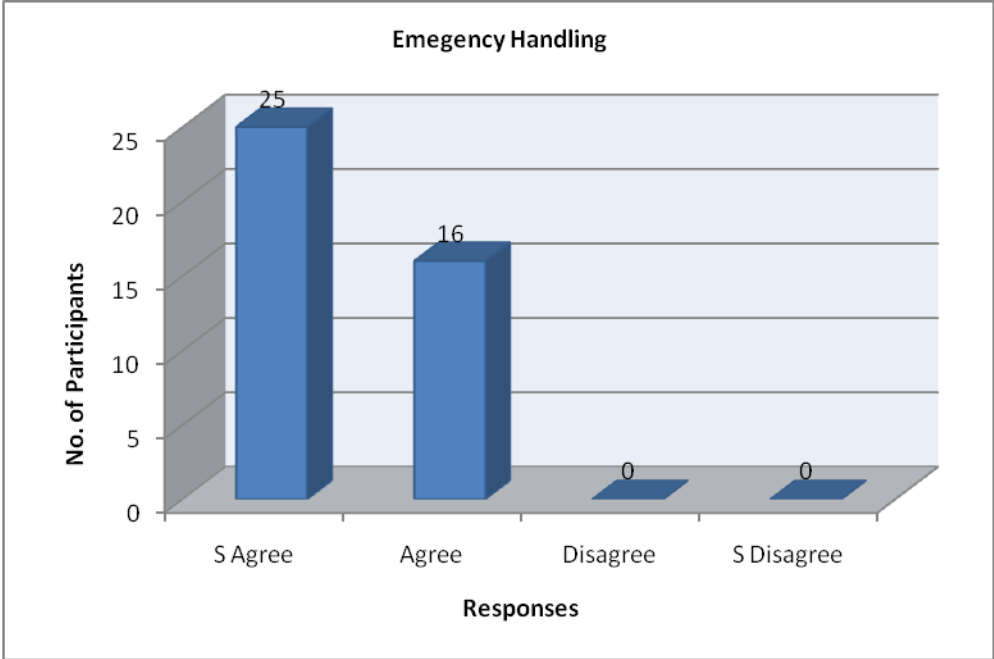


FIGURE 20: EMERGENCY HANDLING

KEY: S Agree – strongly agree

S Disagree – strongly disagree

Figure 20 depicts the participants’ expectations regarding the clinic’s capability of handling emergencies. Sixty-one percent of the participants perceived that the clinic should be in a position to handle emergencies, and 39% agree with the statement.

4.2.5 COST OBJECTIVE

The cost objective was also covered in the study to determine the expectations about the amount charged per consultation, and to assess if clients agreed or disagreed that those cost should match treatment received.

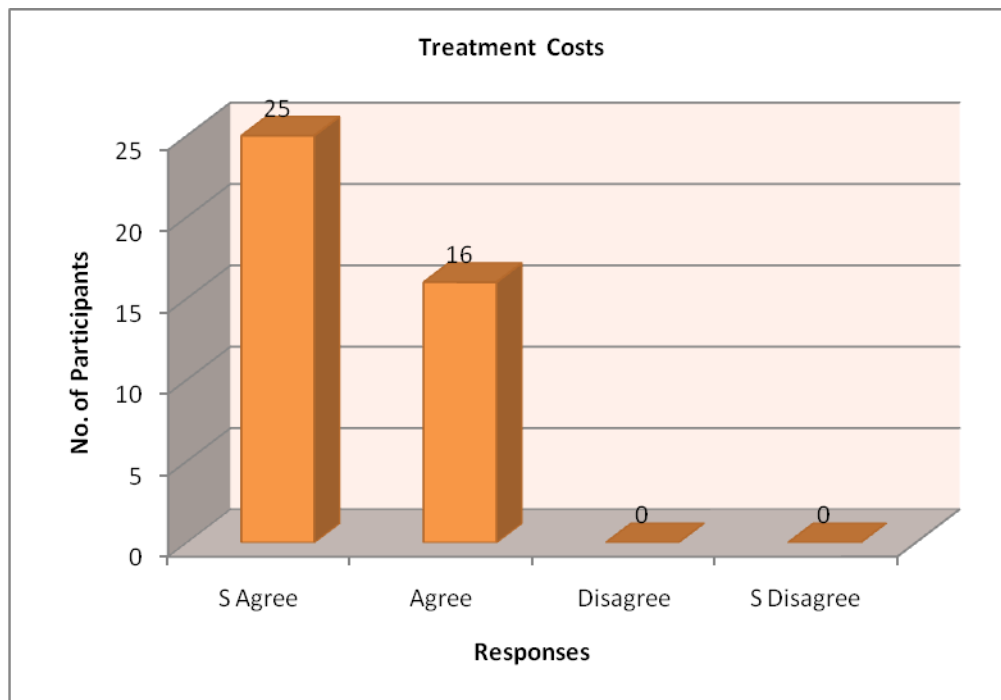


FIGURE 21: COSTS

KEY: S Agree – strongly agree

S Disagree – strongly disagree

Figure 21 depicts that 61% of the participants indicated that they strongly agreed that the cost should match the treatment received, and 39% agreed with them.

4.2.6 PHYSICAL STRUCTURE OF THE PRACTICE

The last objective was the physical structure of the practice. Even though it does not form part of the operation objectives, it was felt that it is important to include it in the study. If the physical structure looks appealing, it can attract many clients. When answering the question about the physical structure, 61% indicated that they strongly felt that the physical structure of the clinic should be visually appealing and 39% agreed with them.

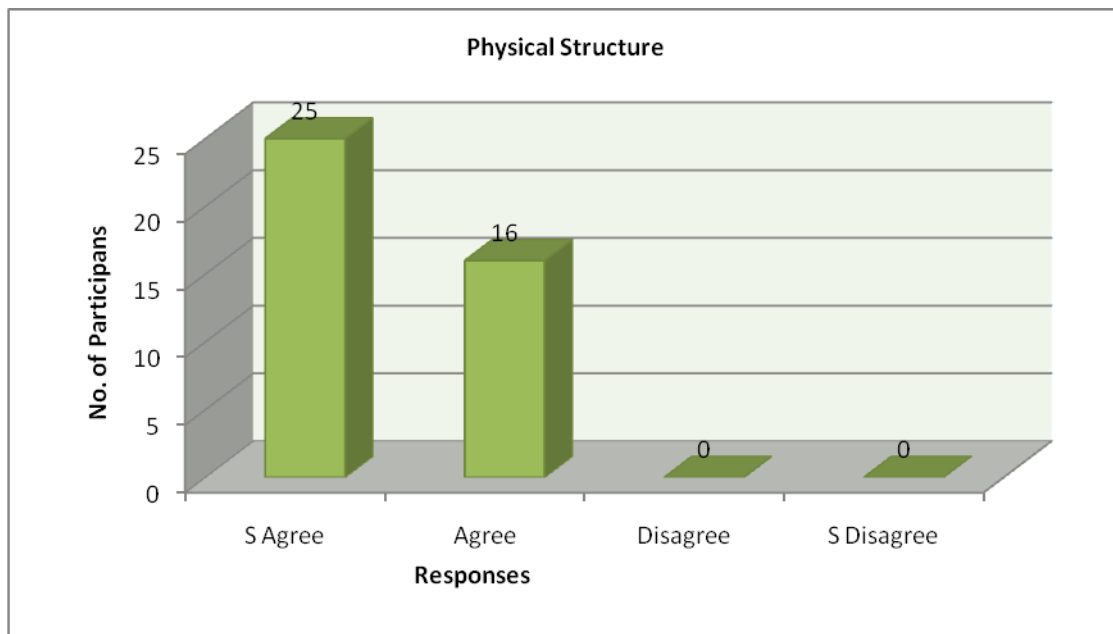


FIGURE 22: STRUCTURE'S PHYSICAL APPEARANCE

KEY: S Agree – strongly agree

S Disagree – strongly disagree

The above figure indicates that all the participants strongly agreed and agreed respectively that the physical structure of the practice should be visually appealing.

4.3. SECTION C

CLIENTS EXPECTATIONS

In the previous section, the discussion was about the expectations of clients visiting Modiba KO Speech and Audiology Services. The discussion about their perceptions after receiving treatment at the clinic continues in this section. This will enable the researcher to determine if there is/are gap/s between what they expected and what was offered at the clinic.

4.3.1 QUALITY OBJECTIVE

The aim of this sub-section was to determine the clients' satisfaction about the quality level of the treatment received. This includes perceptions regarding the appropriateness of the treatment, consultation and information given to the clients, staff friendliness, willingness to help clients, and to solve clients' problems and complaints.

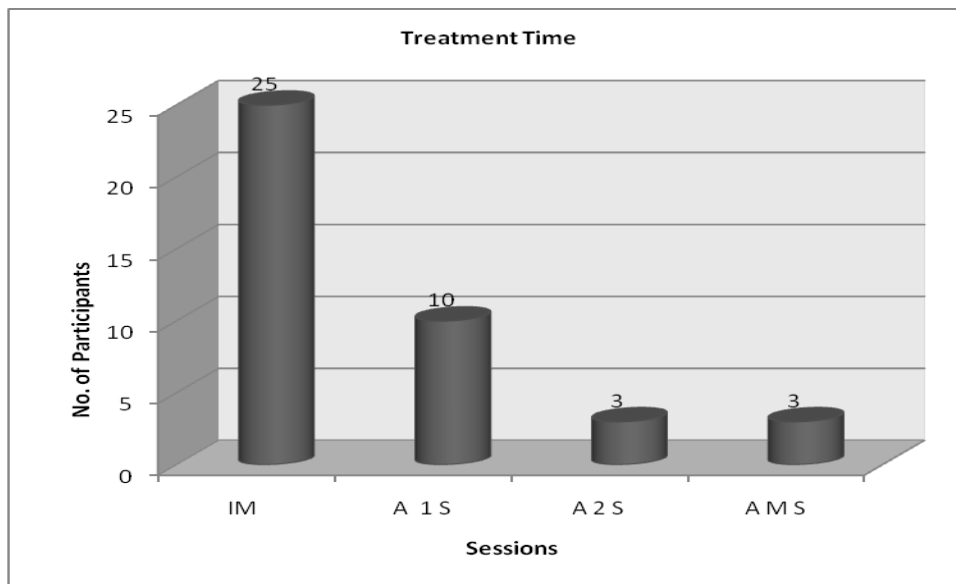


FIGURE 23: TIME KEPT BETWEEN REQUIRING AND RECEIVING TREATMENT

KEY: IM - immediately

A1S - after one session

A2S - after two sessions

AMS - after many sessions

Figure 23 depicts the time taken after the request for treatment was made and the time the treatment was received. It shows that the majority of clients, i.e. 61% received appropriate treatment immediately after their request, 24% received the treatment after one session, 7% reported to have received treatment after two weeks and the last group, which was also 7% of the participants, received appropriate treatment after many sessions.

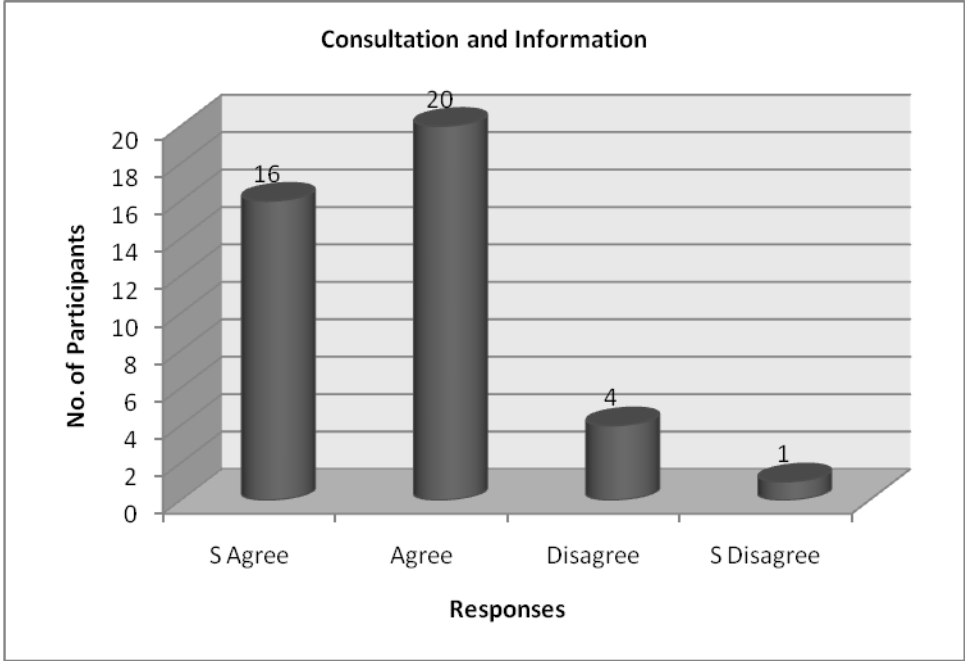


FIGURE 24: PATIENT CONSULTATION AND INFORMATION GIVING

Figure 24 shows that 39% of participants strongly agreed that they were consulted and given information. Forty-nine percent agreed that they were also consulted and given information while 10% indicated they disagreed with the statement, which highlights the fact that they were not consulted, and 2% strongly disagreed with the fact that the clinic provided them with information and they were not consulted.

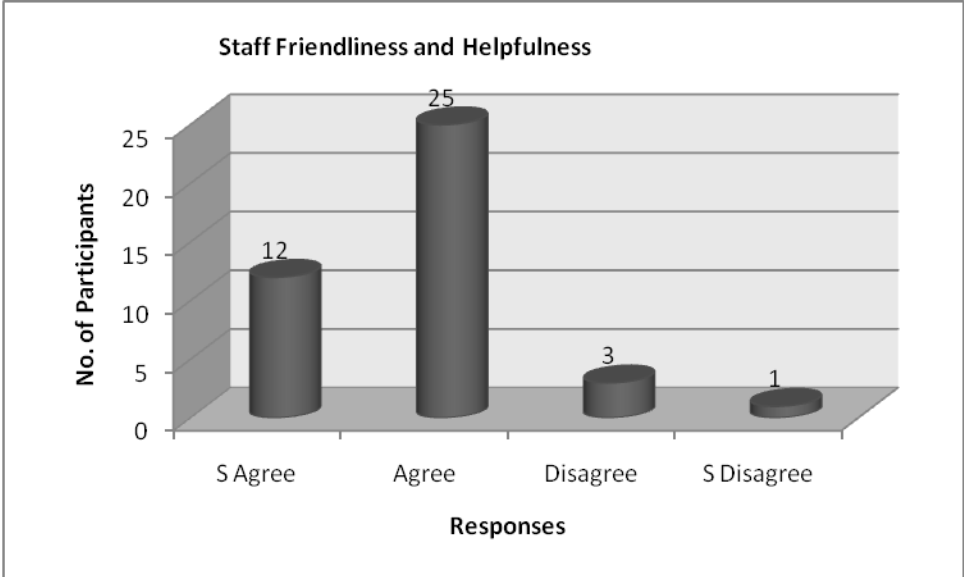


FIGURE 25: STAFF FRIENDLINESS AND HELPFUL

The participants answered the question about the staff friendliness and helpfulness as follows: 29% indicated that they strongly agreed that the staff was friendly and helpful, 61% agreed, 8% disagree and 2% strongly disagreed.

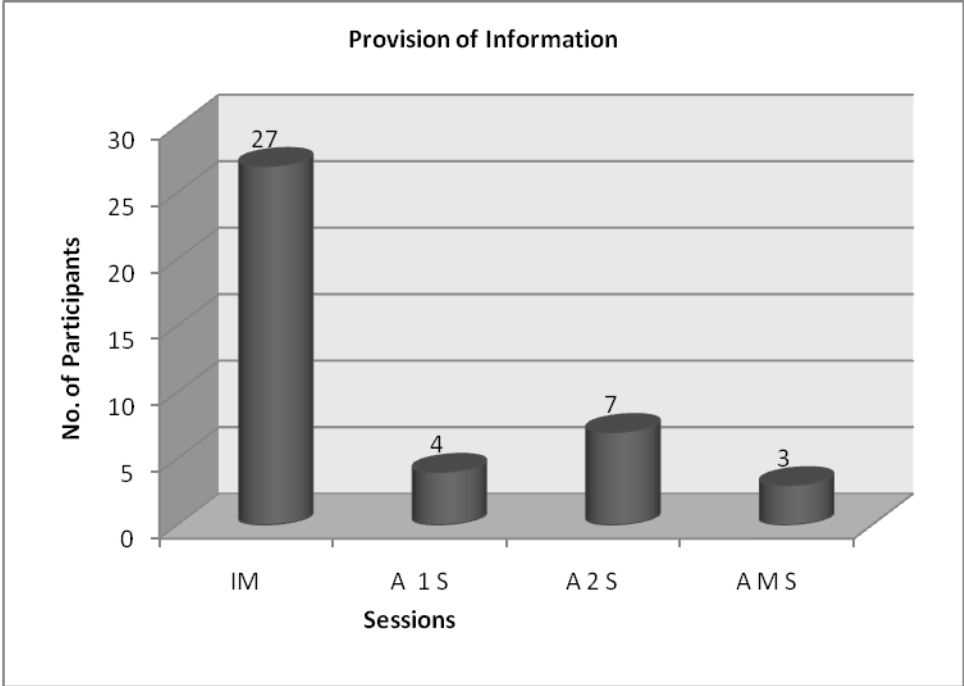


FIGURE 26: PROVISION OF COMPLETE AND ACCURATE INFORMATION

The aim of this sub-section was to investigate the time taken by the therapist to provide the client with complete and accurate information, after being seen. Sixty-six percent of the participants indicated that they were provided with information immediately after consulting, 10% received information after one session, 17% after two sessions and 7% got information after many sessions.

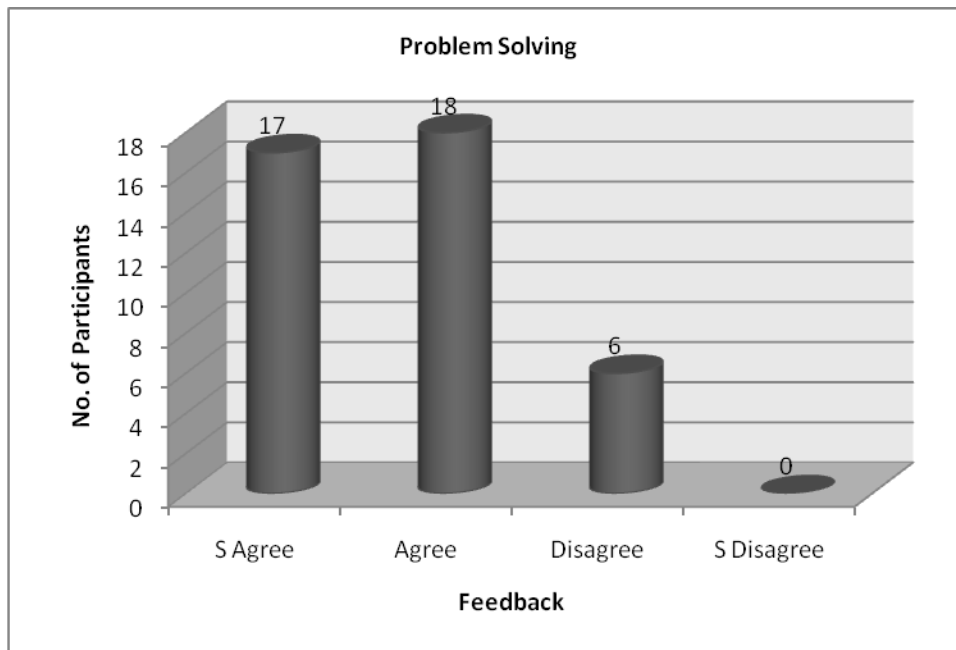


FIGURE 27: PROBLEM-SOLVING SKILLS

This sub-section aimed to determine if the clients were satisfaction about the manner in which their problems were attended to. Forty-two percent of the participants strongly agreed that the therapist showed a sincere interest in solving their problem, 44% agreed and 14% disagreed.

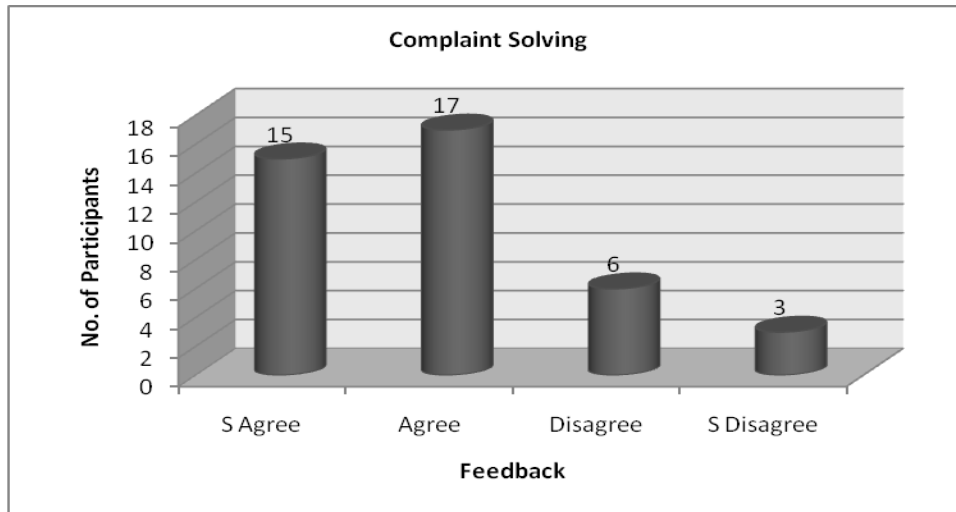


FIGURE 28: HANDLING OF COMPLAINTS

The aim of this sub-section was to find out if the therapist was handling clients' complains constructively. The results are as follows: out of the 41 participants, 37% indicated that they strongly agreed that their complains were handled constructively, 41% of the participants agreed, 15% disagreed and 7% strongly disagreed.

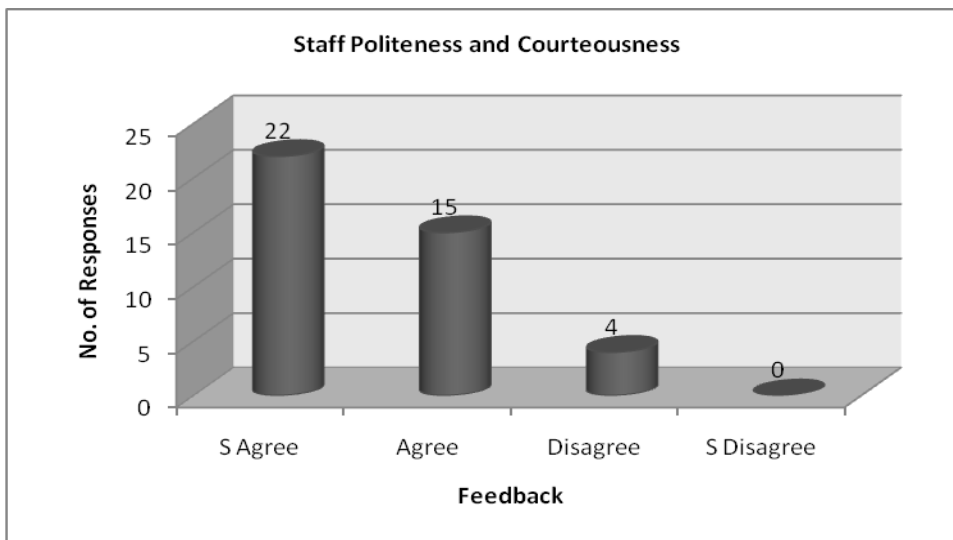


FIGURE 29: STAFF POLITENESS AND COURTEOUSNESS

Figure 29 shows the manner in which the clients indicated their perception about the staff's politeness and courteousness. Fifty-four percent of the participants strongly agreed that staff members were polite and courteous, 37% agreed, and 9% disagreed.

4.3.2 SPEED OBJECTIVE

The aim of requesting information about the speed objective was to determine if there was a gap between clients' expectations and perceptions about the quality services from Modiba KO Speech and Audiology Services and what was actually delivered. The discussion was based on the time of requiring and receiving treatment as well as time taken before test results were returned.

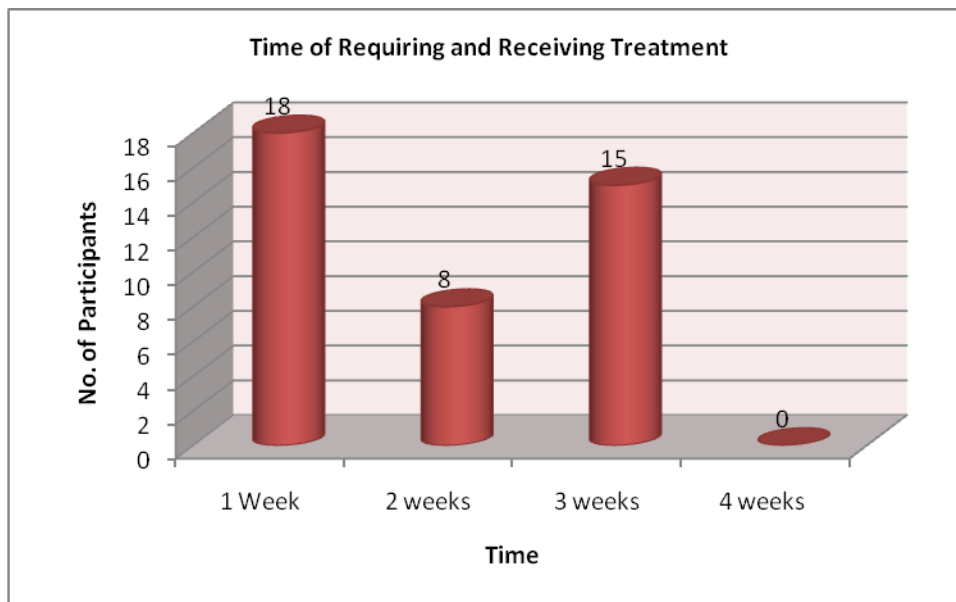


FIGURE 30: TIME TAKEN BETWEEN REQUIRING AND RECEIVING TREATMENT

Figure 30 indicates that 37% of the participants strongly agreed that the time between requiring and receiving treatment was within one week, 42% agreed that it is within two weeks and 15% indicated that it was within three weeks.

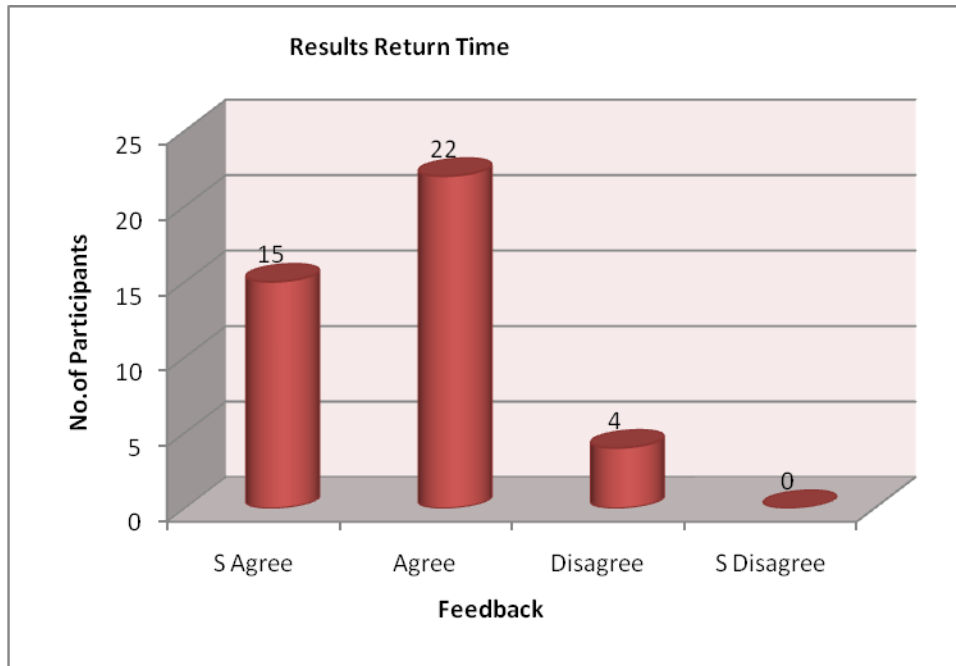


FIGURE 31: TIME TAKEN FOR TEST RESULTS TO BE RETURNED

The aim of this sub-section was to establish the clients' perception regarding the time the therapist took to provide them with their test results. Thirty-seven percent of the participants strongly agreed that test results were returned as promised, 53% agreed and 10% disagreed.

4.3.3. DEPENDABILITY OBJECTIVE

The aim of the dependability objective was to determine if there was a gap between the clients' expectations and what the therapist offered.

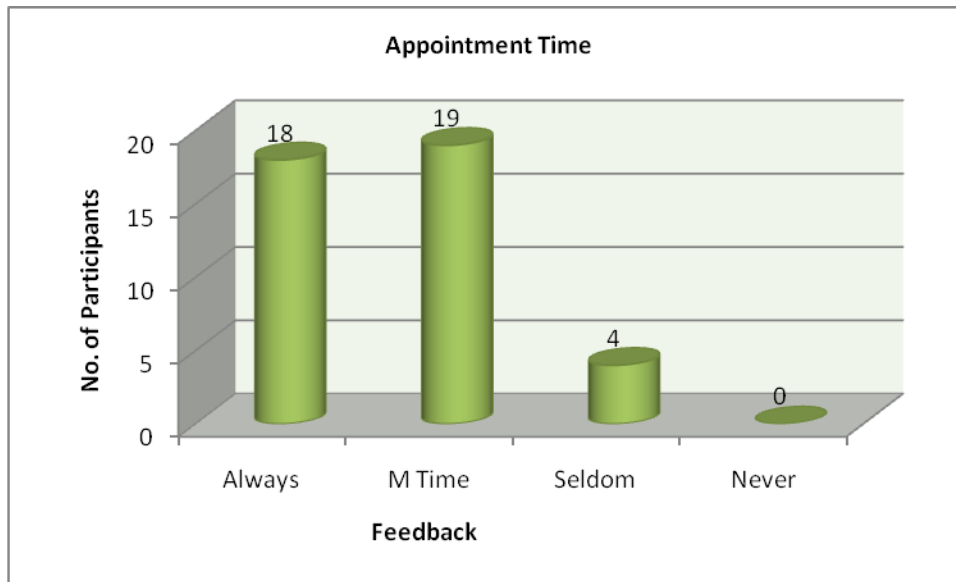


FIGURE 32: KEEPING TO APPOINTMENT TIMES

The above figure indicates the clients' satisfactions with the way appointments are kept at Modiba KO Speech and Audiology Services. Forty-four percent of the participants indicated that appointments were always kept, 46% indicated appointments were kept most of the time and 10% mentioned that appointments were seldom kept.

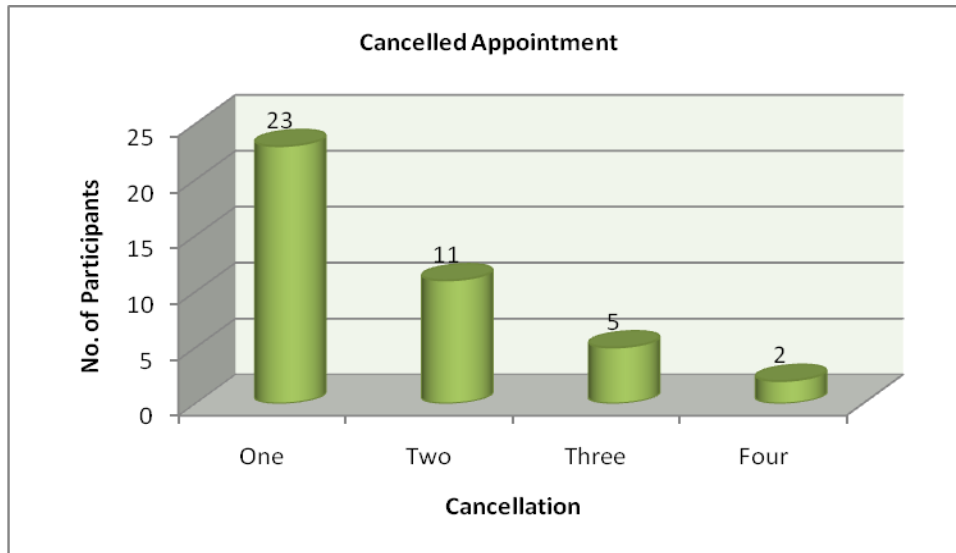


FIGURE 33: PROPORTION OF CANCELLED APPOINTMENTS

The results revealed that 56% of the participants' appointment were cancelled only once, for 27% of the participants they were cancelled twice while 12% of participants' appointments were cancelled three times and four times for 5%.

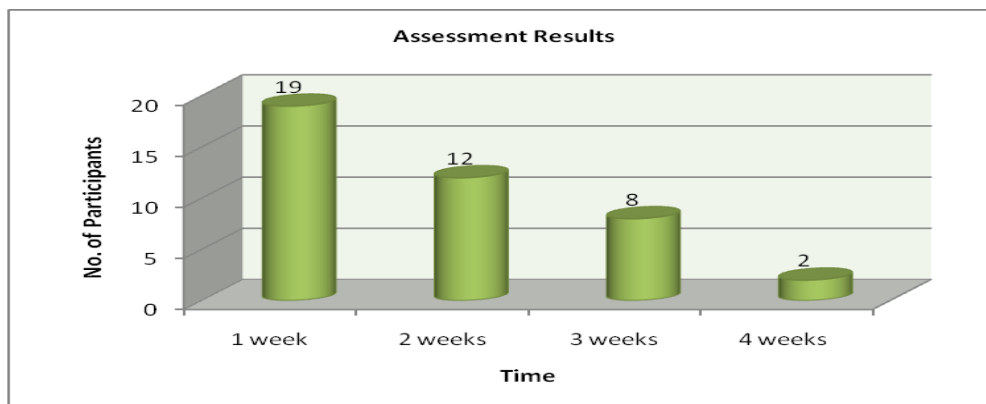


FIGURE 34: ASSESMENT RESULTS RETURNED AS PROMISED

The above figure depicts that assessment results for 4% of the participants were returned within one week, for 29% of the participants were returned after two weeks while 19% of the participants' results were returned after three weeks and 5% of participants' results were returned after four weeks.

4.3.4 FLEXIBILITY OBJECTIVE

A question on the flexibility objective was included in the study to determine the clients' perception regarding the practice's ability to change the operation to meet its clients' needs. The objective included service flexibility, mix flexibility, volume flexibility, and delivery flexibility.

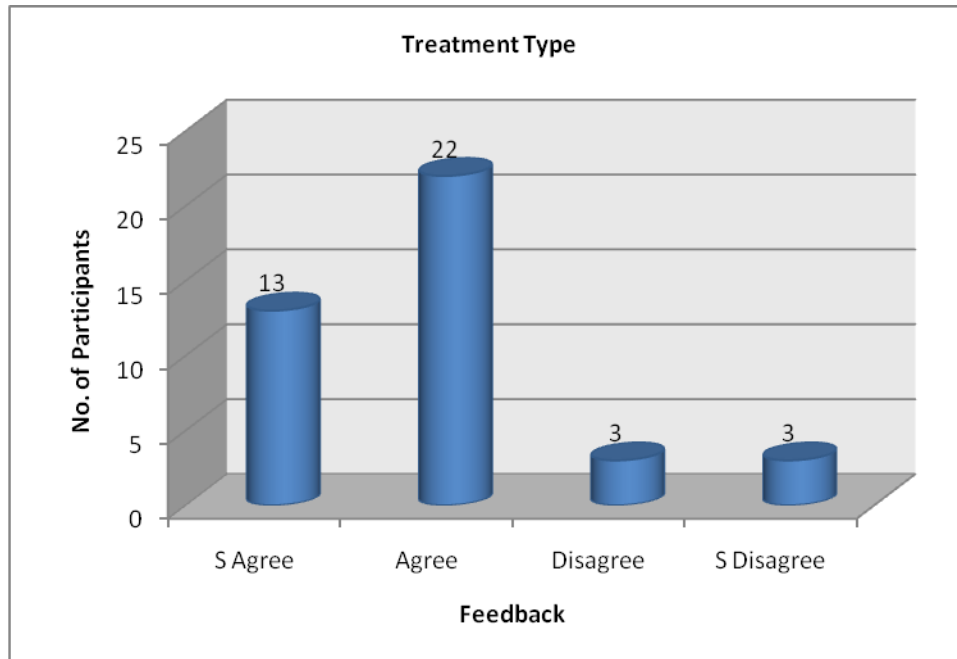


FIGURE 35: ADVANCE AND NEW TREATMENT

Figure 35 depicts the responses of the participants regarding the introduction of new and advanced treatment offered at the clinic. Thirty-two percent of the participants strongly agreed that they received new and advanced treatment, 54% agreed that the treatment offered was new and advanced, whilst 7% and 7% respectively disagreed and strongly disagreed with the latter.

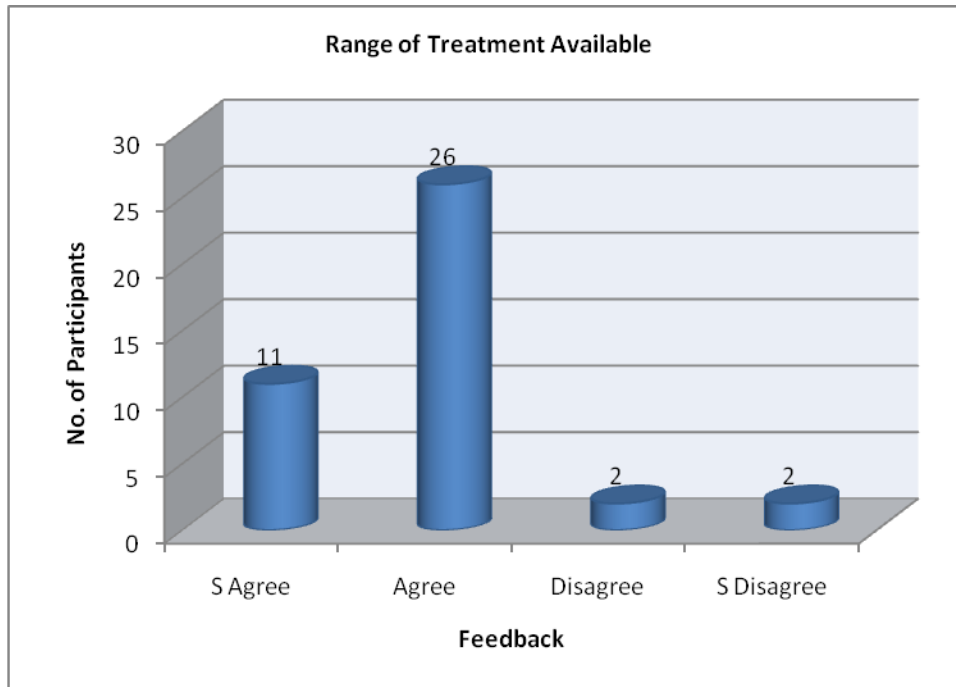


FIGURE 36: RANGE OF SERVICES AVAILABLE

When answering the question regarding the availability of a wide range of treatment, 27% strongly agreed that the clinic was offering a wide range of treatments. The majority of participant i.e. 63% indicated that they agree that the clinic offers a wide range of treatments. Only 5% disagreed and another 5% strongly disagreed that the clinic was offering a wide range of treatment.

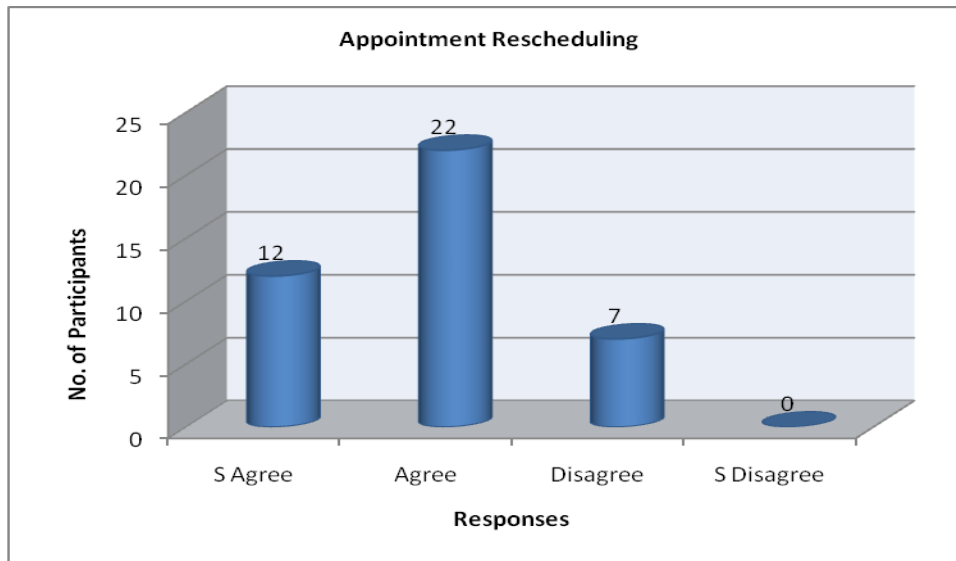


FIGURE 37: RESCHEDULING OF APPOINTMENTS

Figure 33 depicts the participants' responses regarding their perceptions concerning the rescheduling of appointments. Twenty-nine percent of the participants strongly agreed that the clinic had the ability to reschedule appointments, 54% agree and 17% disagreed.

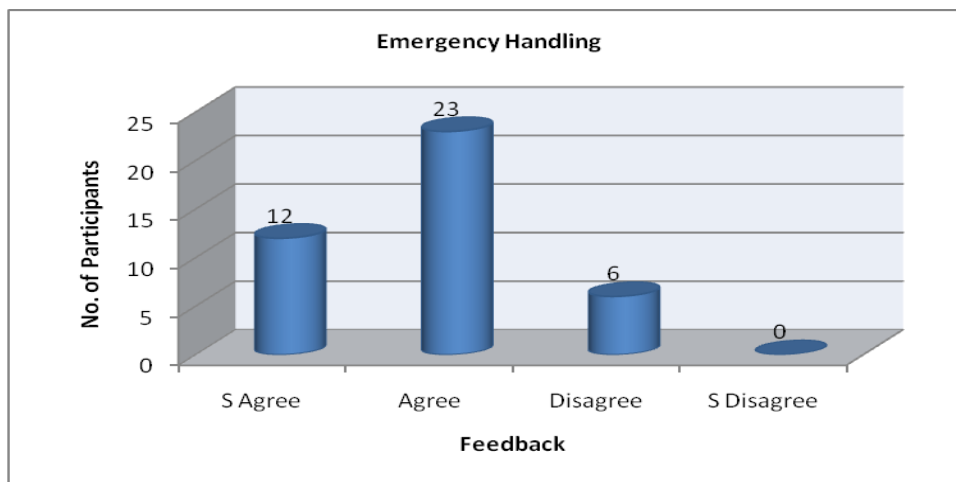


FIGURE 38: HANDLING OF EMERGENCIES

Figure 35 shows that 29% of the participants strongly agreed that the clinic was capable of handling emergencies, 56% agreed and 15% disagreed.

4.2. COST OBJECTIVE

Cost is also one of the important aspects of performance objective. Many of Modiba Speech and Audiology Services' costs were fixed. This is because cost tariffs are pre-determined by the Board of Health funders.

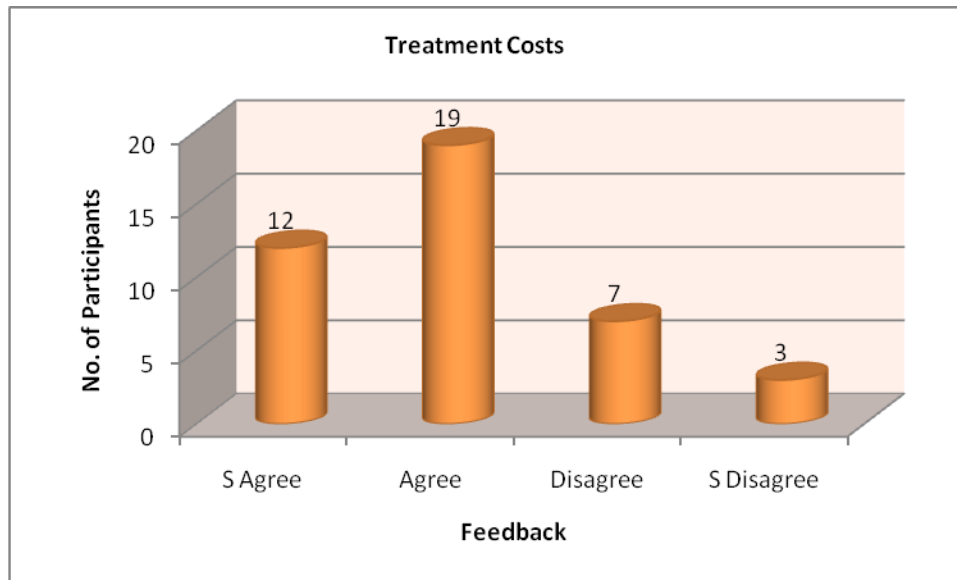


FIGURE 39: TREATMENT COST

This above figure depicts the clients' perceptions regarding treatment costs. Twenty-nine percent of participants strongly agreed that treatment costs match the treatment received, while the majority of the participants, i.e. 46% agreed that the treatment costs matched treatment received, 17% disagreed and 7% strongly disagreed.

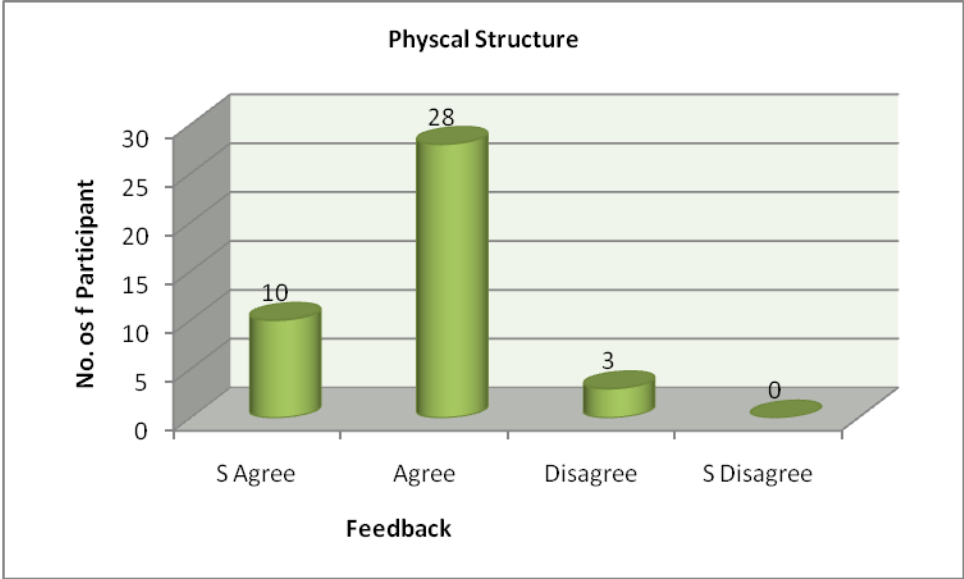


FIGURE 40: STRUCTURE’S PHYSICAL APPEARANCE

The physical structure of the practice was included even though is not one of the performance objectives. Many clients like to visit an appealing structure, as it can be an indication of a well-organised organization. Twenty-four percent of the participants strongly agreed that the appearance of the structure was visually appealing, 68% agreed and 7% disagreed with the statement.

4.4 DISCUSSION

The main empirical findings of this study are presented summaratively to the themes that have been identified in each part of the previous section.

The aim of this study was to determine if Modiba KO Speech and Audiology Services was delivering quality service as per clients' expectations and perceptions of quality service. the majority of clients indicated their satisfaction in the services they received, even though there were some who indicated that their expectations were not met.

- **QUALITY OBJECTIVE**

The majority of the participants expected the clinic to deliver good quality services. The participants expected to receive appropriate treatment immediately and indeed, 61% of the participants indicated that they received appropriate treatment immediately. Even though some of the clients indicated that they expected to receive appropriate treatment after many sessions, it is important to fulfil what the majority of the clients require. Gaps are indicated graphically in figure 41 below.

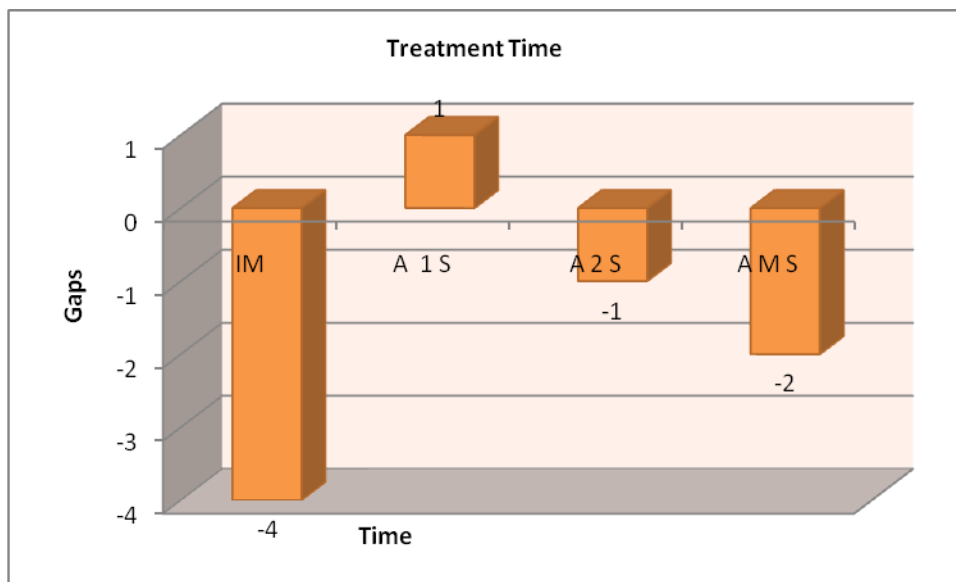


FIGURE 41: TIME KEPT BETWEEN REQUIRING AND RECEIVING TREATMENT

Figure 41 depicts gaps between the clients' expectations and perceptions. Ten percent of the participants did not receive treatment immediately as expected. Other gaps were observed on two events i.e. after two sessions and after many sessions.

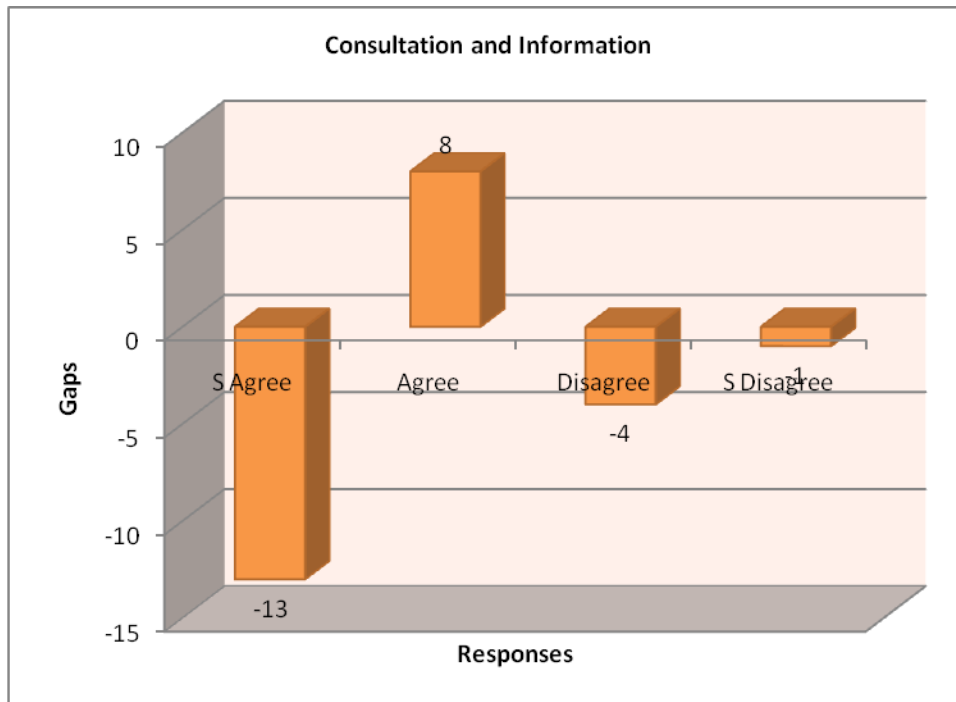


FIGURE 42: PATIENT CONSULTATION AND INFORMATION GIVING

The gap perceived between expectations and perceptions about consultation and information given was as follows: about 17% of participants were not consulted and given the necessary information. There were a positive 20% of the participants who agreed that they were consulted and provided with information while 10% and 2% expressed that they disagreed and strongly disagreed that they were consulted and provided with information.

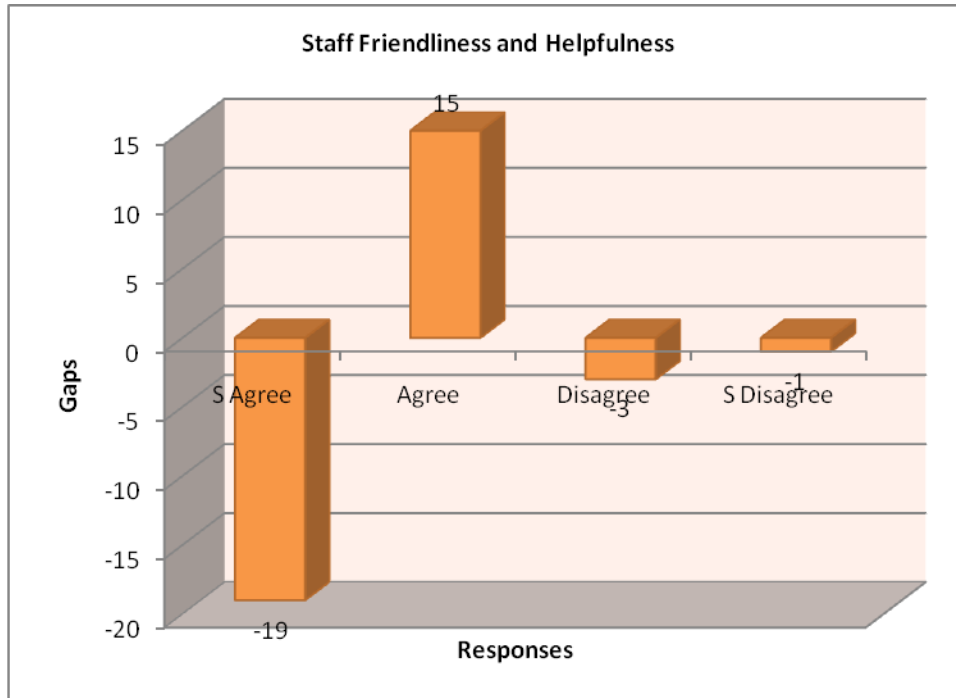


Figure 43: STAFF FRIENDLINESS AND HELPFUL

When comparing the expectations and perceptions under sub-heading staff friendliness and helpfulness, the following differences were noted: there was a gap of 46% of participants who strongly agreed that the staff should be friendly and helpful. The strong point of the practice was indicated by an increase of 36% who agreed that the staff was friendly and helpful. On the other side of the pendulum, 7% and 3% respectively disagreed and strongly disagreed that the staff was friendly and helpful.

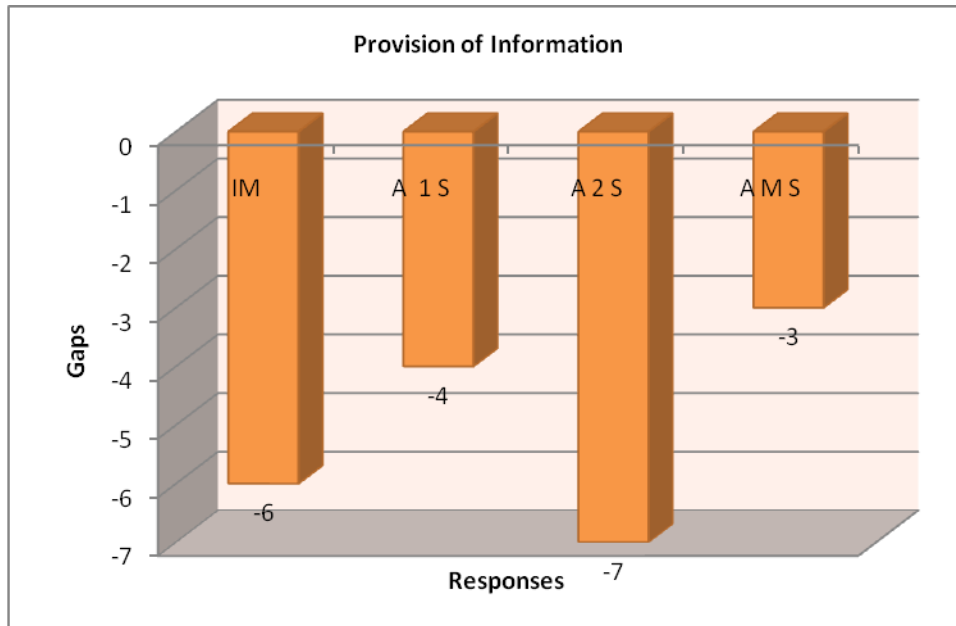


Figure 44: PROVISION OF COMPLETE AND ACCURATE INFORMATION

Figure 44 revealed major gaps between the clients’ expectations and perceptions about the provision of information. Fifteen percent expected to receive complete and accurate information immediately, 10% expected to receive it after one session, 17% and 7% expected the information after two sessions and after many sessions respectively.

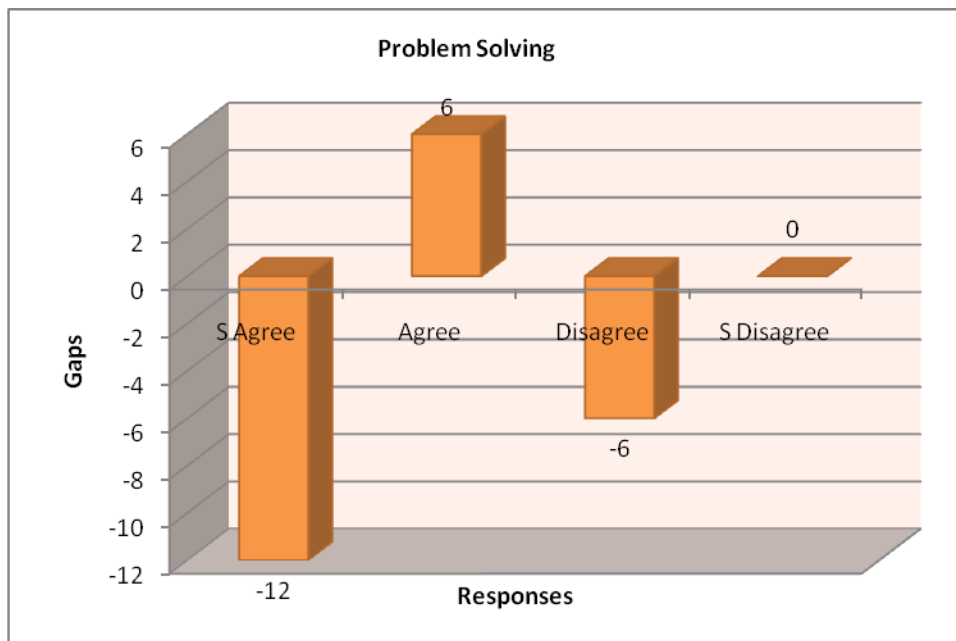


Figure 45: PROBLEM-SOLVING SKILL

Figure 45 depicts gaps between the clients' expectations and perceptions concerning problem-solving skills. The figure shows that of 29% of participants strongly agreed that the therapist should show a sincere interest in solving their problems whilst 15% disagreed that the therapist showed an interest in solving their problems.

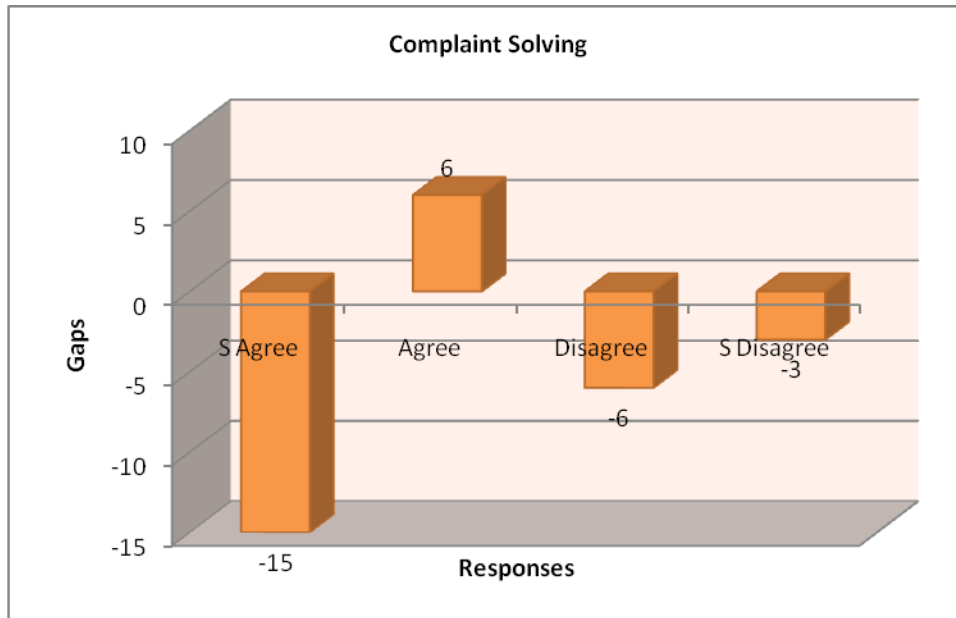


FIGURE 46: HANDLING OF COMPLAINTS

In the above figure, a gap was indicated by 37% of the participants between what was expected and what was offered. Fourteen percent and 7% of the participants disagreed and strongly disagreed that their complaints were handled constructively.

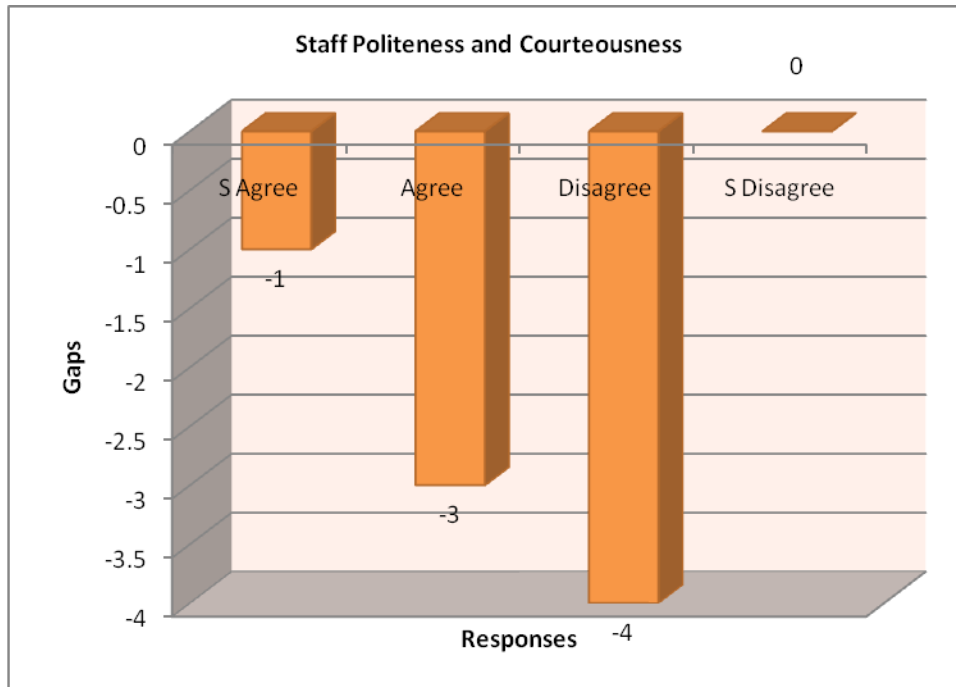


FIGURE 47: STAFF POLITENESS AND COURTEOUSNESS

In the above figure, there is an indication that the staff members were not polite and courteous. The gaps are indicated in all the responses, the highest being 10% of the participants disagreeing that the staff members were polite and courteous.

- SPEED OBJECTIVE

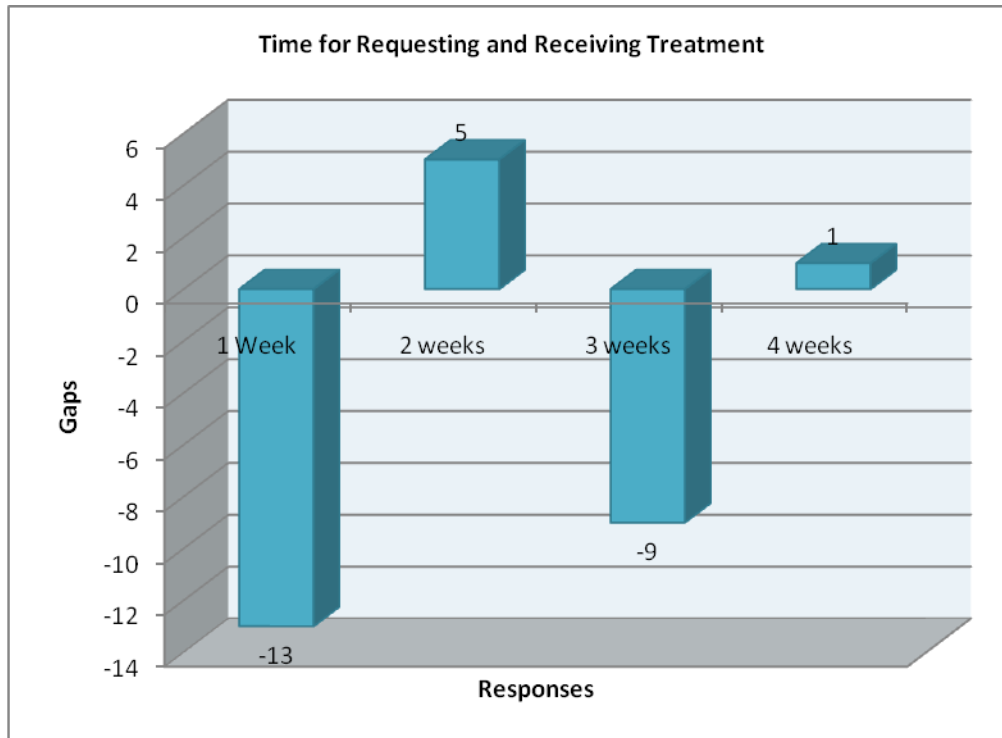


FIGURE 48: TIME TAKEN BETWEEN REQUIRING AND RECEIVING TREATMENT

The results in figure 48 indicate the gaps on two occasions. Firstly, there was a drop of 32% of the participants who expected to receive treatment one week after requesting, while the second gap was indicated by a drop of 22% of the participants who expected to receive service in three weeks.

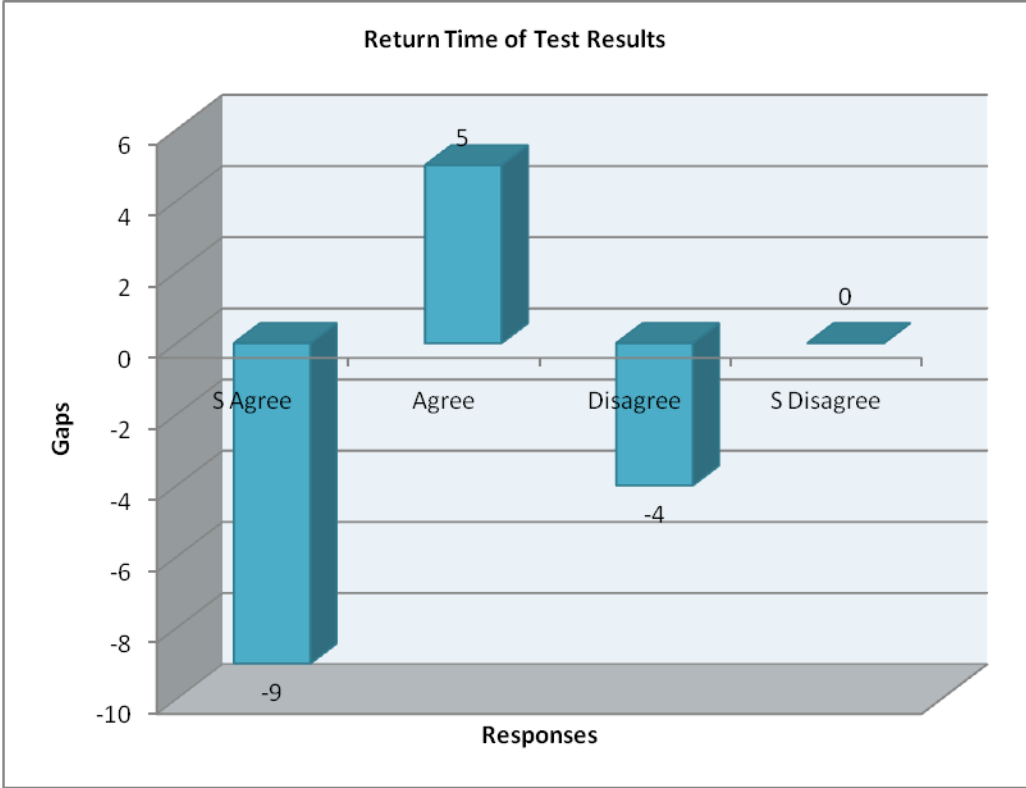


FIGURE 49: TIME TAKEN FOR TEST RESULTS TO BE RETURNED

Figure 49 shows a gap in the return time of test results. Twenty percent of the participants who expected results to be returned as promised, but they were not. A gap was also indicated by those who disagree that the test results are returned as promised, by 10% of the participants.

- **DEPENDABILITY OBJECTIVE**

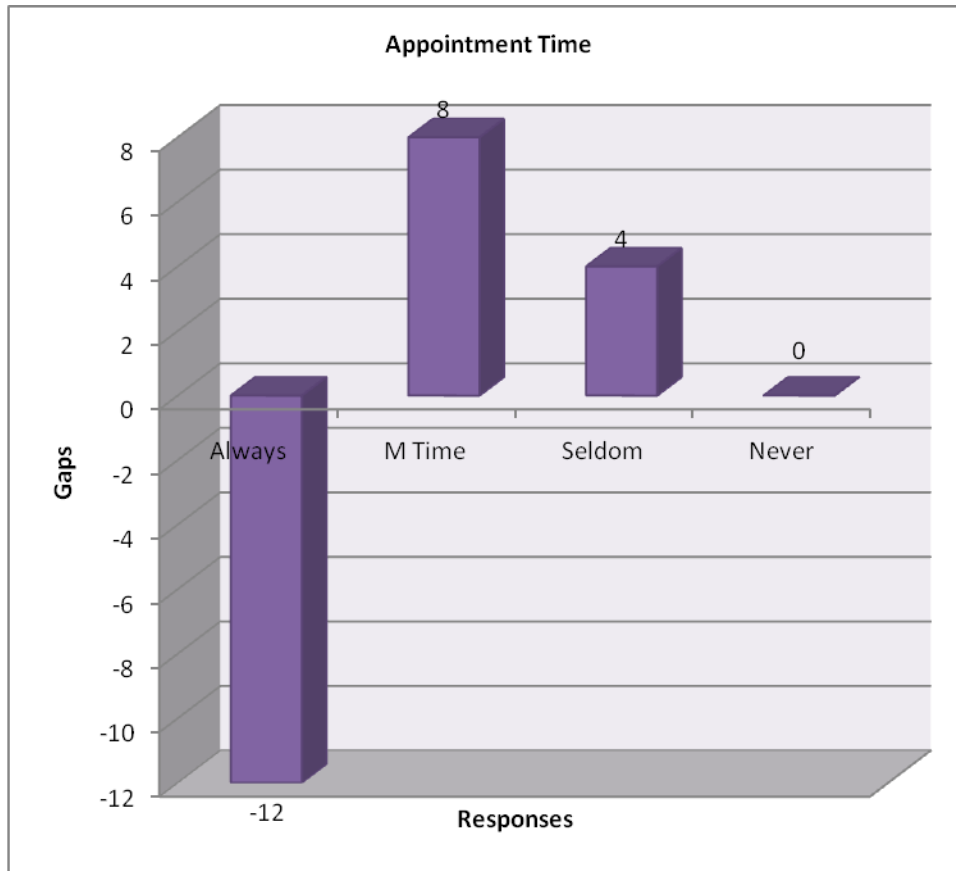


FIGURE 50: KEEPING TO APPOINTMENT TIMES

In the above figure, a gap was indicated at one occasion, where 29% of the participants' expectations were that the appointment be kept always, was not met. On other occasions, all expectations and perceptions were satisfactorily met.

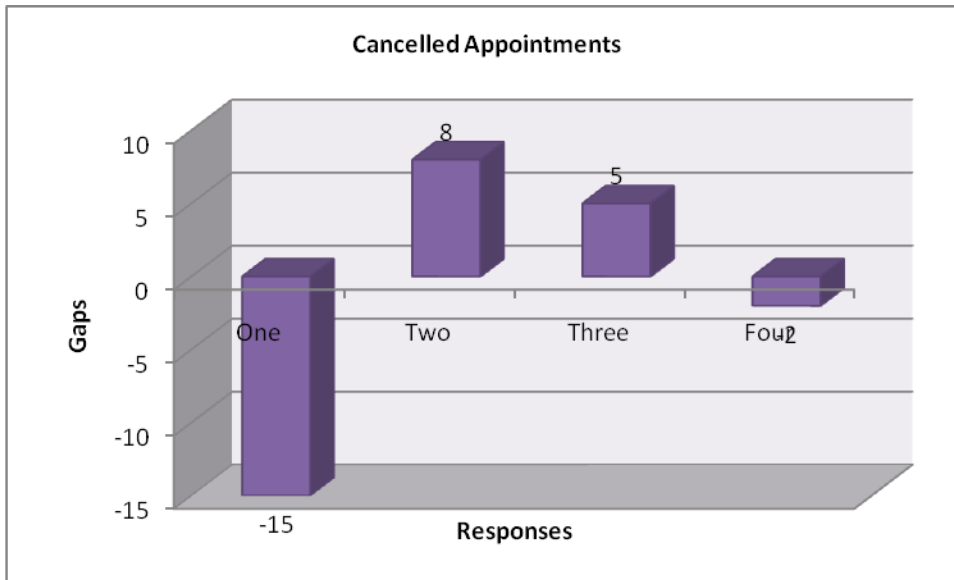


Figure 51: PROPORTION OF CANCELLED APPOINTMENTS

In this sub-section, the participants were asked about their expectations and perceptions on the number of appointments that could be cancelled and have no effect on them. A gap was indicated on the first occasion by 37% of the participants. On the last occasion as well, 5% of the participants indicated a gap.

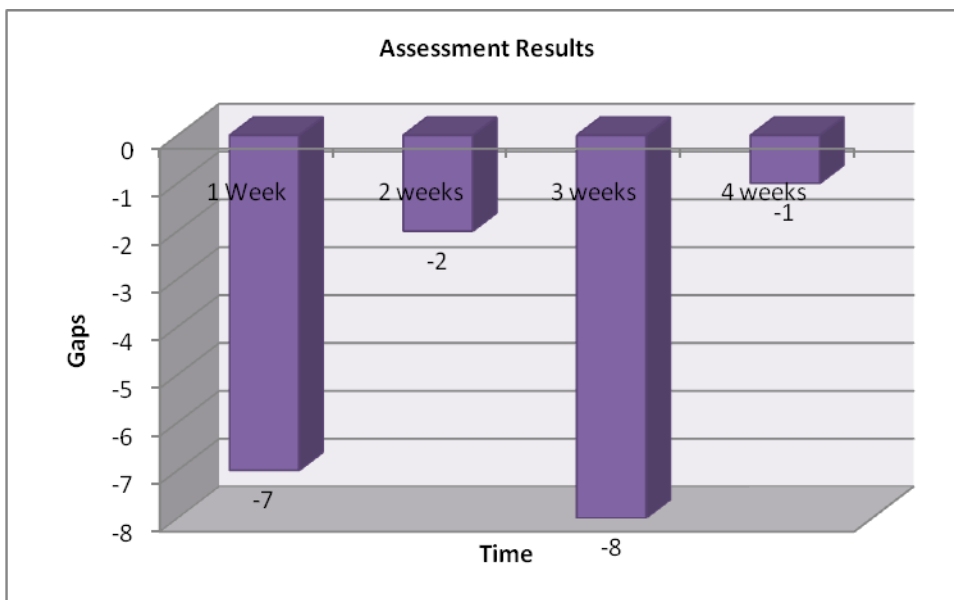


Figure 52: ASSESSMENT RESULTS RETURNED AS PROMISED

Majority of the participants expected their assessment results to be returned in one week, but there was a gap between their expectations and perceptions as indicated by 17% of the participants. Generally, all occasions under this sub-section indicated gaps. The highest was indicated by 20% of the participants who expected their results to be returned in three weeks.

- FLEXIBILITY OBJECTIVE

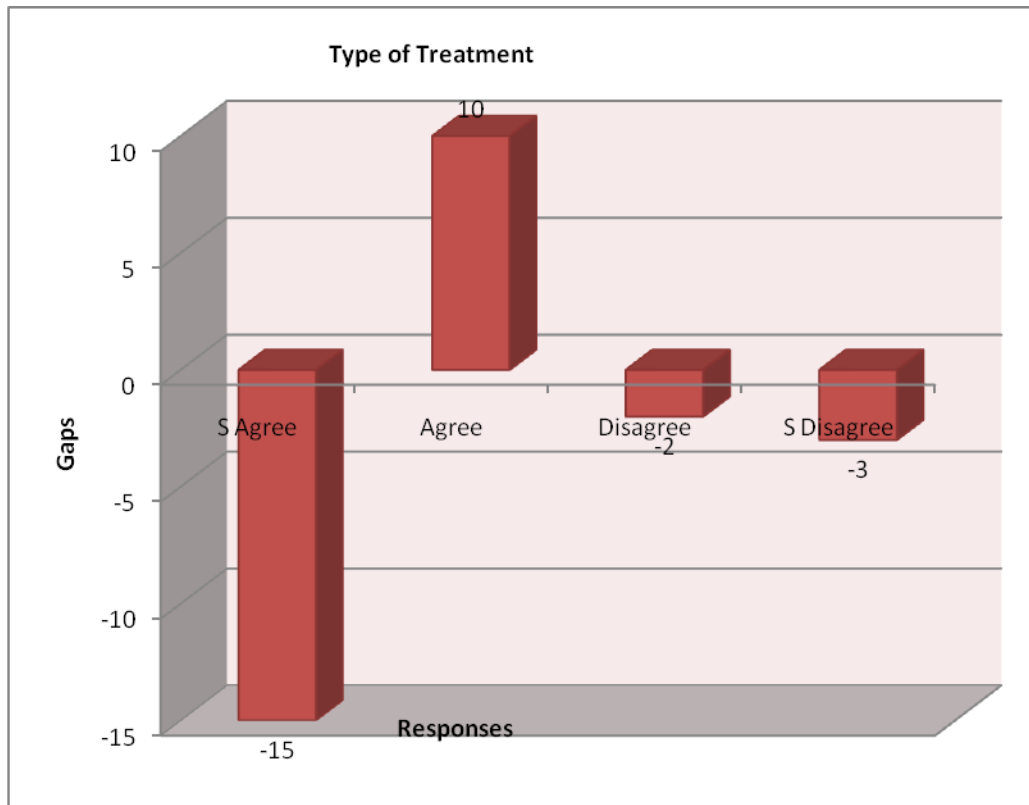


Figure 53: ADVANCED AND NEW TREATMENT

This figure depicts the responses regarding the flexibility of services rendered. Advance and new treatment available at Modiba Speech and Audiology Services was the first to be tackled. Gaps were indicated by 37% of the participants who strongly agreed with this statement while 5% and 7% of the participants disagreed and strongly disagreed.

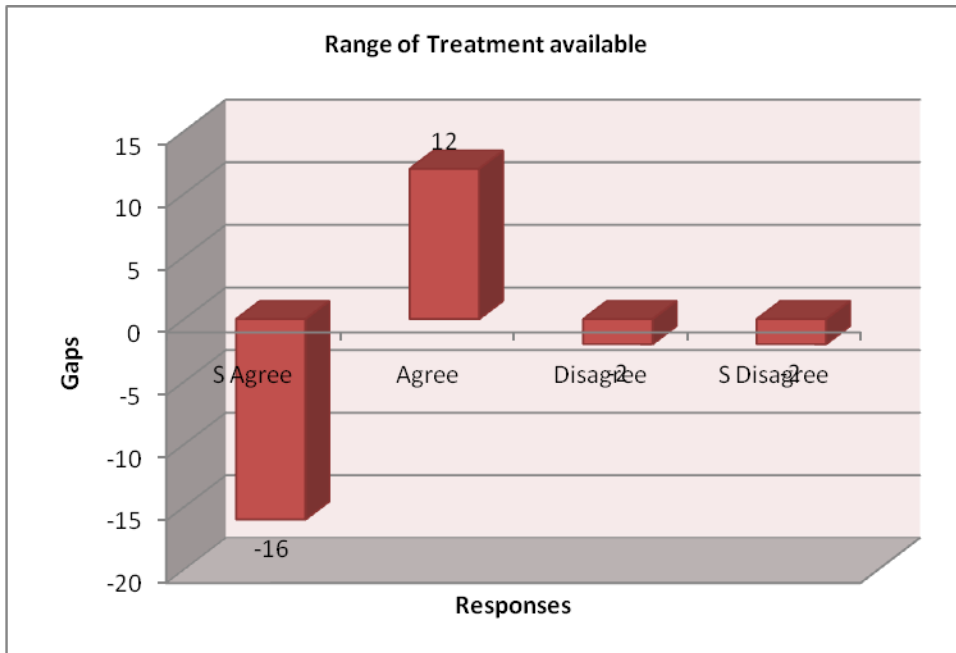


FIGURE 54: RANGE OF SERVICES AVAILABLE

In this sub-section, the participants were asked to indicate if they agreed or disagreed that the necessary range of treatment was available at the practice. Thirty-nine percent of the participants strongly agreed that there was a wide range of treatment available. Five percent of the participants disagreed and strongly disagreed that a wide range of treatment was available.

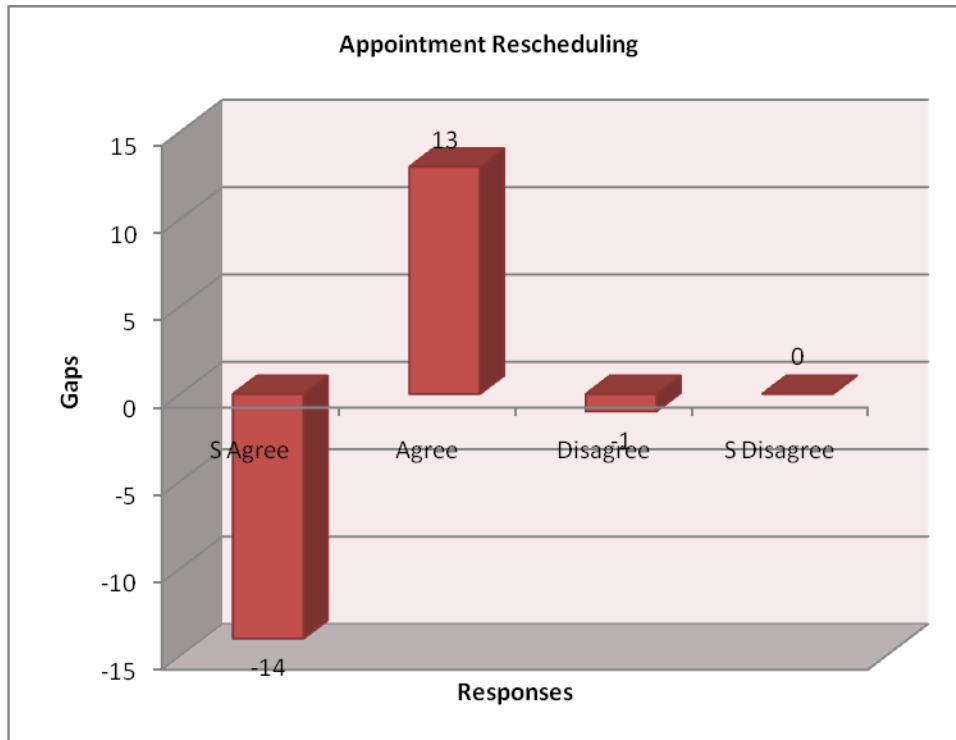


FIGURE 55: RESCHEDULING OF APPOINTMENTS

Figure 55 shows the responses regarding appointment rescheduling and reveals that 34% of the participants strongly agreed that the practice was capable of rescheduling appointments, while the gap was indicated by a drop of 34% of the participants who expected appointment to be rescheduled once.

- **COST OBJECTIVE**

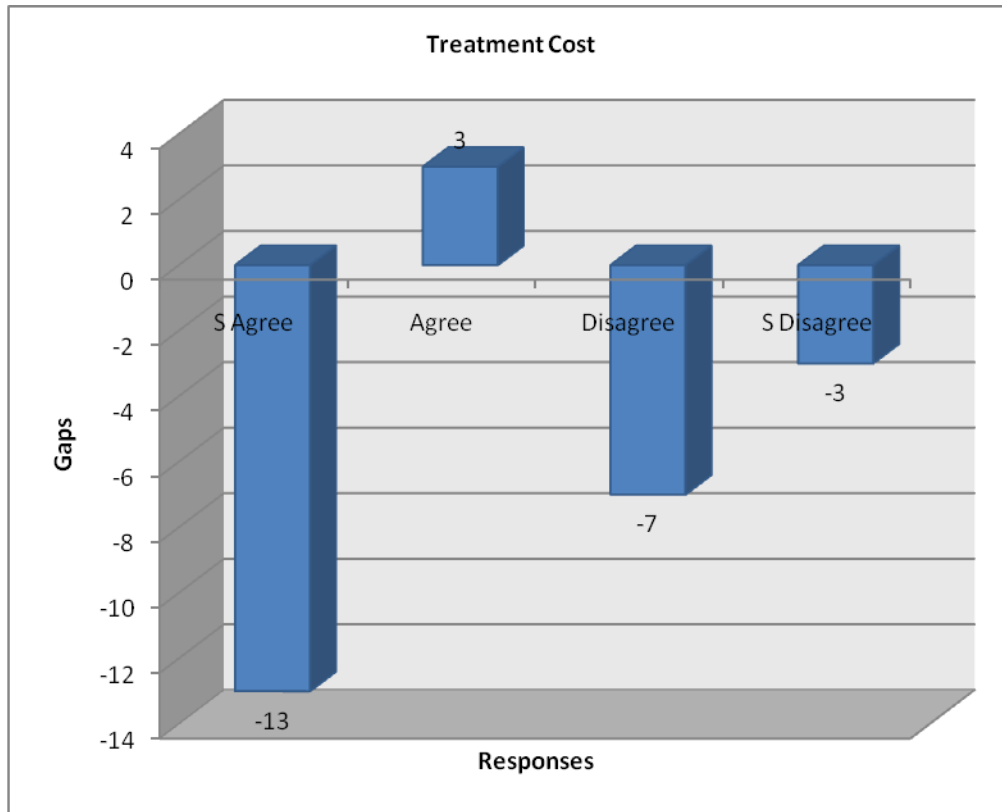


FIGURE 56: TREATMENT COSTS

From figure 56, it is evident that there was a gap between some of the participants' expectations and perceptions regarding treatment costs. Thirty-two percent strongly agreed that the treatment costs matched the treatment received, seventeen percent and 7% disagreed and strongly disagreed that the treatment costs were matching the treatment received.

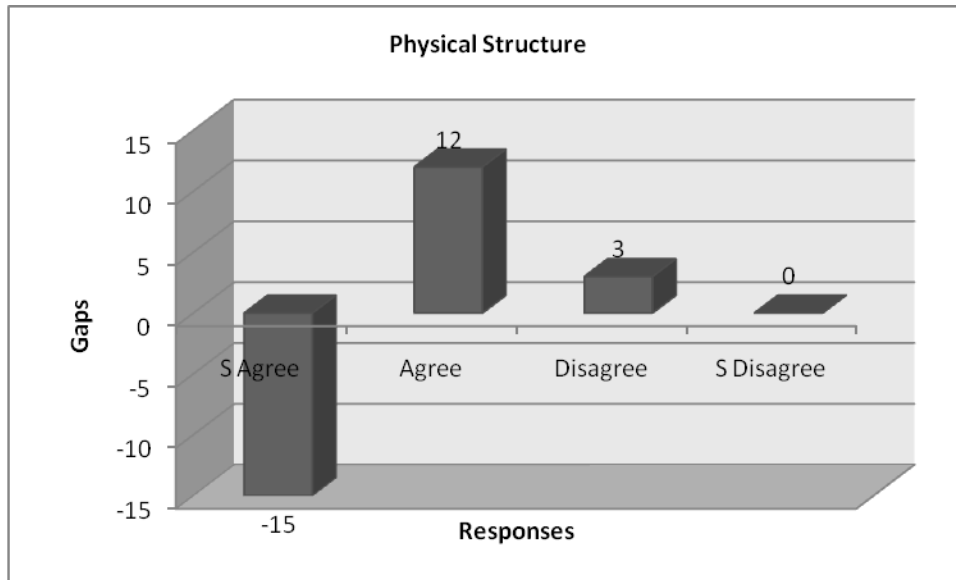


FIGURE 57: PHYSICAL STRUCTURE OF THE PRACTICE

This question aimed at determining the participants' expectations and perceptions regarding the practice's physical structure. Thirty-seven percent of the participants indicated that the practice was not appealing.

4.5 SUMMARY

In this chapter, gaps between clients' expectations and perceptions were presented and discussed. Gaps were identified in all performance objectives, i.e. quality, speed, dependability, flexibility, costs and physical structure of the practice. Although the results of the current study could not be statistically represented, the difference between clients' expectations and perceptions were noticed.

CHAPTER 5

RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

In this chapter, the results of the study are summarised and conclusions made. Finally, recommendations for further research are made.

5.2 SUMMARY AND CONCLUSION

The purpose of this study was to determine if Modiba KO Speech and Audiology Services delivers quality service as per clients' expectations and perceptions. Performance objectives i.e. quality, speed, dependability, flexibility, and costs were used to determine gaps between clients' expectations and perceptions.

Under the quality objective, the clients were asked to indicate if there was/were a gap/s between what they expected and the actual service received.

- In order to deliver appropriate treatment immediately as expected by clients, it is recommended that the therapist should use a computerised system when testing audiology clients. The system is quick and allows one to do other tasks whilst the testing is in progress.
- The gap on consultation and information giving can be closed by giving clients enough time for report back as well as written information. The same will apply to the consultation of clients. Before any action towards the assessment, testing and presentation of the results, the clients must be fully informed.
- Concerning staff friendliness, helpfulness, politeness, and courteous, all staff need to undergo an adequate office workshop. This will improve the manner in which clients are treated.

The second performance objective under study was the dependability objective. Some of the participants indicated gaps, which will be closed as follows:

- For the results to be returned immediately, the therapist needs to teach her assistant how to write reports, and that should be done the same day of consultation.
- Under the cancelled appointments sub-section, many clients indicated their satisfaction. The gap was only indicated by 29% of the participants whose appointments were cancelled only once, and the cancellation was caused by unforeseen circumstances. In future, the therapist should try to have some back-up system. In case the therapist is not in a position to see a client, other therapists willing to act as locums, will be called in.
- The other issue was on keeping to appointment times. Gaps on keeping to appointment times can be closed by sticking to appointment times and by informing clients to be on time. If a client is allocated 40 minutes, it must not be exceeded, as that will affect the next client on the list.

The third performance objective was speed. The speed objective results indicated a gap between the clients' expectations and perceptions. It is recommended that the therapist needs to make sure the results are returned as promised. An other delay was caused by a waiting period for hearing aids, as they are ordered from Pretoria and Johannesburg. It is recommended that the therapist should have some hearing aids in stock for those who cannot afford to wait. In order to improve the speed of service delivery, one can employ other therapists as the demand for service increases.

The flexibility objective was also covered, and gaps in this regard do not differ with those identified under speed objective. In order for the therapist to accommodate the clients' demands, the therapist must employ other therapists.

The last performance objective covered was treatment costs. It is difficult to cut costs in a private practice, as there are no sponsors and the cost of running the practice is high. Several participants indicated a concern in this regard. It is recommended that the therapist should improve on the speed during consultation as clients are charged per minutes.

The physical structure of the practice was also included because many clients prefer a visually appealing practice. A gap in this section was indicated by 37% of the participants who strongly

agreed that the practice needed to be visually appealing. It is recommended that the therapist should improve on the outside part of the structure, buy new chairs, and add some internal decorations.

5.3 RECOMMENDATIONS FOR FURTHER RESEARCH

It is recommended that further research be done over a long period in order to have a good representation of clients. After implementing the recommendations stipulated in this study, it will be necessary to do another research to assess if the quality of service delivery has improved.

CHAPTER 6

REFERENCES

Babbie, E.L. (1995). *The Practice of Social Research*. (7th ed) California: Wadsworth Publishing Company.

Bless C, & Smith C.A. (2000). *Fundamentals of Social Research Methods an African Perspective*, (3rd ed). South Africa Juta Publishers.

Employment Equity Act, 1998. Pretoria: Government Printers

Creswell, J.W. (1998). *Research designs: Qualitative and Quantitative Approaches*. Sage: Thousand Oaks.

Flick, U. (2002). *An Introduction to Qualitative Research*. London: Sage Publications.

Gaither, N. & Frazier, G. (2002). *Operations Management*. (9th ed).

Janisch, P. (2006 February) *Caird Consulting* <<http://www.caird.co.za>>

Lawrence Neuman, W. (1997). *Social Research Methodology: Qualitative and Quantitative Approaches*. (3rd ed) Boston: Allyn and Bacon.

Leedy, D.P. & Ormrod, J.E. (2001). *Practical Research Planning and Design*. New Jersey: Merrill Prentice Hall.

Louw, L. & Venter P. (2006). *Strategic Management, Winning in the South African Workplace*. South Africa. Oxford University Press.

Miles, M.B. & Huberman, A.M. (1994). *Qualitative data analysis* (2nd ed). London: Sage Publications.

Neuman, W.L. (2000). *Social Research Methods Qualitative and Quantitative Approaches*, (4th ed). Allyn & Bacon, Pearson Education Company.

Parasuraman, A, Zeithaml V.A, Leonard L.B. *A Conceptual Model of Service Quality and its Implications for Future Research*. New York. The Free Press

Robbins, S.P., Odendaal, A. & Roodt, G. (2007) *Organisational Behaviour: Global and Southern African Perspectives*. (7th ed). South Africa: Creda Communications: Pearson Education South Africa.

South Africa Business Guidebook (2005/6). Pretoria. Government Printers.

Woolley, R. (2005). *Everyone's Guide to Black Economic Empowerment and how to Implement it*. South Africa New Holland Publishing Ltd.

www2.gtz.de/agriservice/English/resources/definations.htm.

Zeithaml, A.V., Berry, L.L. & Parasuraman A. (1988). *The Behavioural Consequences of Service Quality*. China Tajen Institute of Technology, Taiwan.

APPENDIX 1

RESEARCH QUESTIONNAIRE

APPENDIX 2

QUESTIONNAIRES

GUIDELINES FOR COMPLETING THE QUESTIONNAIRES

- Answer all questions
- Anonymity is ensured, as your name is not required
- All information will be treated confidentially

Section A: Biographical Information

Job title of the participant (Optional) _____

1. Gender

Male

Female

2. Age

15-24

25-34

35-44

45-54

55 and above

3. Highest qualification

None

Grade 1-7

Grade 8-12

Diploma/Degree

Post graduate

4. Nationality

Pedi

Venda

Tsonga

English

Afrikaans

Other

SECTION B

PATIENT EXPECTATIONS AND NEEDS PERCEPTION OF SERVICE

I expected the time between requiring treatment and receiving treatment kept to be....	1 week	2 weeks	3 weeks	More than 3 weeks
I expected to receive appropriate treatment....	Immediately	After one session	After 2 sessions	After more than 2 sessions
I expected assessment results to be returned within....	1 week	2 weeks	3 weeks	More than 3 weeks
I expected to be consulted and kept informed....	Strongly agree	Agree	Disagree	Strongly disagree
I expected to be provided with complete and accurate information....	Immediately	After 1 session	After 2 sessions	After more than 2 sessions
I expected the staff to be friendly and helpful...	Strongly agree	Agree	Disagree	Strongly disagree
I expected the number of appointments which are cancelled kept to....	One	Two	Three	Four
I expected staff to keep to appointment times....	Always	Most of the time	Seldom	Never
I expected test results to be returned as promised....	Strongly agree	Agree	Disagree	Strongly disagree

I expected to receive advanced and new treatment...	Strongly agree	Agree	Disagree	Strongly disagree
I expected the clinic to offer a wide range of treatment....	Strongly agree	Agree	Disagree	Strongly disagree
I expected the clinic to be capable of handling emergencies...	Strongly agree	Agree	Disagree	Strongly disagree
I expected the clinic to have the ability to reschedule appointments...	Strongly agree	Agree	Disagree	Strongly disagree
I expected the treatment cost to match the treatment received...	Strongly agree	Agree	Disagree	Strongly disagree
I expected the practice's physical facilities to be visually appealing....	Strongly agree	Agree	Disagree	Strongly disagree
I expected the therapist to show a sincere interest in solving my problem....	Strongly agree	Agree	Disagree	Strongly disagree
I expected the therapist to deliver service at the first appointment...	Strongly agree	Agree	Disagree	Strongly disagree
I expected my complaints to be handled constructively....	Strongly agree	Agree	Disagree	Strongly disagree
I expected to be provided with flexible services that meet my individual needs....	Strongly agree	Agree	Disagree	Strongly disagree
I expected the staff to be polite and courteous....	Strongly agree	Agree	Disagree	Strongly disagree

SECTION C

PATIENTS' SATISFACTION

At Modiba clinic, the time between requiring treatment and receiving treatment is....	1 week	2 weeks	3 weeks	More than 3 weeks
I received appropriate treatment....	Immediately	After one session	After 2 sessions	After more than 2 sessions
Assessment results were returned within....	1 week	2 weeks	3 weeks	More than 3 weeks
I was consulted and kept informed....	Strongly agree	Agree	Disagree	Strongly disagree
I was provided with complete and accurate information....	Immediately	After 1 session	After 2 sessions	After more than 2 sessions
The staff at the clinic were friendly and helpful...	Strongly agree	Agree	Disagree	Strongly disagree
The numbers of appointments which were cancelled were kept to....	One	Two	Three	Four
The staff at the clinic kept to appointment time....	Always	Most of the time	Seldom	Never
Test results were returned as promised....	Strongly agree	Agree	Disagree	Strongly disagree
I received advanced and new treatment...	Strongly	Agree	Disagree	Strongly

	agree			disagree
The clinic offered a wide range of treatment....	Strongly agree	Agree	Disagree	Strongly disagree
The clinic was capable of handling emergencies....	Agree	Agree	Disagree	Strongly disagree
The clinic had the ability to reschedule appointment...	Strongly agree	Agree	Disagree	Strongly disagree
The treatment cost matched the treatment received...	Strongly agree	Agree	Disagree	Strongly disagree
The practice's physical facilities were visually appealing....	Strongly agree	Agree	Disagree	Strongly disagree
The therapists showed a sincere interest in solving my problem....	Strongly agree	Agree	Disagree	Strongly disagree
The therapist delivered service at the first appointment...	Strongly agree	Agree	Disagree	Strongly disagree
My complaints were handled constructively....	Strongly agree	Agree	Disagree	Strongly disagree
I was provided with flexible services that met my individual needs....	Strongly agree	Agree	Disagree	Strongly disagree
The staff was polite and courteous....	Strongly agree	Agree	Disagree	Strongly disagree

APPENDIX 2

EDITOR'S CONFIRMATION LETTER