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Allopathic healthcare access challenges in Rural Ngwelezane, South Africa: A qualitative case study

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Abstract

The study aims to investigate how residents of Ngwelezane community access allopathic medical services at Ngwelezane hospital located in KwaZulu-Natal. Allopathic health care challenges are rarely explored when interrogated in the rural setting in South Africa. The research intends to show this gap through an examination of structural and systemic problems which affect healthcare services in areas that lack adequate medical resources. The study employed a qualitative case study design. Participants were purposively selected based on their experience using the hospital's services for at least three years. Semi-structured interviews were conducted, and thematic content analysis was used to analyze the data. The findings indicated that the critical challenges included staff shortages, inadequate infrastructure, limited access to healthcare services, and poor communication. These challenges were further compounded by sociocultural factors that constrained community members' acceptance and utilization of allopathic healthcare services. The study suggests that a comprehensive approach is needed to improve healthcare delivery in rural areas. This approach should include increasing the healthcare workforce, investing in infrastructure, strengthening communication, and implementing community-based health strategies to achieve the desired quality of healthcare services and improve health outcomes in Ngwelezane.

Keywords: *mainstream medicine, rurality, community, healthcare services, access to health services*

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1. Introduction

Access to allopathic healthcare (AHC) poses significant challenges in developing countries, and South Africa is no exception, despite more than 27 years having passed since democracy was established in the country. The nation continues to grapple with the consequences of apartheid, particularly the geographic segregation and isolation of the Black population, which contributed to limited and inadequate access to healthcare, especially in light of the provisions of the National Health Act 61 of 2003 (Malakoane et al., 2020). Thus, the issue of a dual health system and unequal access to AHC in South Africa represents a complex phenomenon. Access is influenced by multiple factors, including geographical location, socioeconomic status, and the availability and provision of healthcare facilities, among other interconnected elements (Lagarde & Blaauw, 2023). Nonetheless, urban and rural areas differ considerably in the availability and accessibility of healthcare facilities, with rural areas generally experiencing poorer healthcare infrastructure.

Many of the problems faced by South Africa's healthcare system can be traced to the apartheid period, when the system was characterized by racial segregation and resource disparities, which contributed to a lack of confidence in the healthcare system (Chandran & Schulman, 2022). This is particularly important given the close relationship between health and development, emphasizing the need for investment in the health sector to support national development. Mainstream modern Western medicine, also referred to as allopathic healthcare, uses modern medicines and medical interventions to treat diseases (Chandran & Schulman, 2022). Some of the challenges associated with allopathic healthcare include shortages of healthcare workers, limited community involvement in public hospitals, and shortages of medications (Combes et al., 2018; Chandran & Schulman, 2022; Lagarde & Blaauw, 2023). Other consequences associated with staff shortages at Ngwelezane Hospital include increased workloads among staff, long queues of patients seeking medical attention, and poor-quality services (Mabunda et al., 2021). Healthcare providers working in rural areas must cope with heavier workloads, burnout, and limited support, which can negatively affect the quality of care provided to patients (Mabunda et al., 2021; Maphumulo & Bhengu, 2019). In addition, various socioeconomic factors contribute to these challenges.

In most cases, the literature on accessibility to healthcare facilities in South Africa has focused on urban settings. This is exemplified by the studies of Burger and Christian (2020), who examined health access in post-apartheid South Africa in terms of availability,

affordability, and acceptability; Nnabuike et al. (2023), who investigated inequalities in healthcare services between urban and rural settings in South Africa; Malakoane et al. (2020), who explored challenges in the public health system in the Free State, South Africa; and Padayachee et al. (2020), who examined the experiences of primary healthcare users in KwaZulu-Natal. Despite this body of research, few studies have investigated the distinct challenges associated with allopathic healthcare within a township context, particularly in Ngwelezane. By addressing this gap, the present study seeks to contribute to the literature on the challenges of accessing allopathic healthcare in rural South Africa.

One of the important policy contributions of this study rests on the assumption that allopathic healthcare policies depend on sustained infrastructure and an adequate healthcare workforce, conditions that are rarely fully realized in rural areas. Given evidence that these conditions are increasingly strained, expanding rural facilities or increasing staffing alone may not provide a clear pathway to addressing healthcare access challenges. Therefore, the study aims to understand the challenges associated with allopathic healthcare access among the Ngwelezane community and to examine appropriate strategies for improving healthcare systems.

2. Literature Review

2.1 South African Healthcare Service

The South African healthcare sector is characterized by a dual system in which both public and private healthcare systems coexist and play important roles (Coovadia et al., 2024). However, the public healthcare sector is frequently under-resourced despite providing healthcare services to the majority of the population. The disparities between urban and rural healthcare services are stark, with rural areas facing significant challenges related to healthcare infrastructure, the availability of skilled healthcare professionals, and access to healthcare services (Metiso & Mbowen, 2025). The pandemic further intensified these existing systemic challenges. The healthcare system, which already faced significant limitations, experienced increased pressure and service disruptions that became particularly evident during the crisis.

The public sector serves most citizens; however, it operates under severe resource constraints. Since 2020, public healthcare systems have faced growing criticism due to operational challenges that particularly affect rural areas such as KwaZulu-Natal (Maphumulo & Bhengu, 2019). The National Health Insurance policy frameworks aim to achieve universal

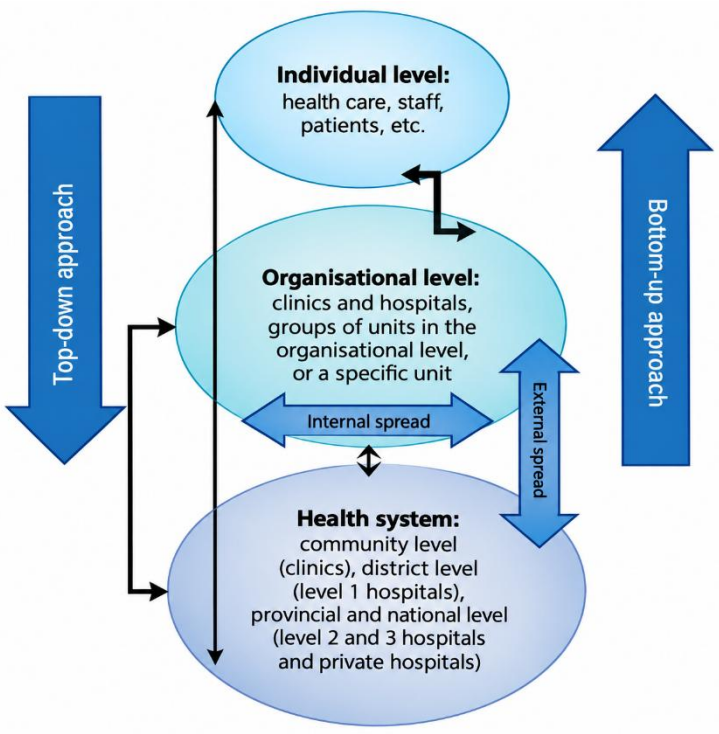
health coverage; however, gaps in healthcare services persist throughout the country (Padayachee et al., 2020). Public hospitals face two major challenges: staff shortages and patient congestion. Rural areas experience equipment shortages more frequently than other regions (Modisakeng et al., 2020). This situation results in two major consequences for patients: extended waiting times and a complete lack of access to necessary medical treatment (Maphumulo & Bhengu, 2019).

All documents implicitly acknowledge the right to access health services. The National Health Act 61 of 2003 emphasizes the provision of healthcare services and their contribution to improving the overall level of health (Malakoane et al., 2020; Nnadozie, 2013). Since increased funding alone cannot eliminate these barriers, it becomes clear that policymakers must address the underlying challenges. According to Padayachee et al. (2020), approximately 35% of healthcare practitioners in South Africa are engaged in the public sector, while the majority of the country's population relies heavily on the public healthcare system (Modisakeng et al., 2020).

Figure 1 provides information about the healthcare systems used in South Africa to deliver health services to communities.

Figure 1

South African Health care systems



***Source*:** National Department of Health (NDoH), Act 61 of 2003 (Malakoane et al., 2020).

2.2 Conceptualisating Allopathic Healthcare

Allopathic healthcare, also known as Western medicine, is characterized by the application of science-based approaches to the diagnosis and treatment of diseases. It is an evidence-based approach and the most widely used form of healthcare in South Africa (World Health Organization [WHO], 2020). The practice of allopathic healthcare in rural areas is often complicated by cultural beliefs, limited health knowledge, and reliance on traditional medicine (Gumede et al., 2024). There is a need to consider the integration of traditional and modern healthcare practices to enhance their effectiveness and acceptability (Makhavhu, 2024). Currently, allopathic medicine is regarded as the dominant healthcare model in many African nations and is often afforded greater credibility than Indigenous medicine, which is prohibited or regulated in some African states (WHO, 2020).

The term allopathic medicine was coined by the German physician Samuel Hahnemann, who introduced the concept of homeopathic medicine in the late eighteenth century. Hahnemann developed the term allopathy to describe the medical practices of his time, which increasingly relied on the use of drugs to treat illnesses and diseases (Padayachee et al., 2020). The term allopathic medicine is commonly used in contemporary discourse to refer to conventional medicine in contrast to other complementary medical practices, such as chiropractic care, acupuncture, and herbal medicine (Wieland et al., 2011). Critics have argued, first, that allopathic medicine has shifted away from addressing the root causes of diseases and instead focuses primarily on treating specific symptoms and ailments. Second, allopathic medicine has been criticized for placing greater emphasis on pharmaceutical treatments and surgery while giving insufficient attention to social, psychological, and environmental factors that may contribute to disease (Makhavhu, 2024).

2.3 Contestation, Issues and Acceptability of Allopathic Healthcare in Rural Communities

A defining characteristic of rural populations is their vulnerability to challenges in accessing modern medical treatments, which are essential for preventing and managing both infectious and noncommunicable diseases. These challenges constitute multidimensional barriers, including geographic, socioeconomic, and systemic factors, that disproportionately affect rural populations compared with urban communities. Due to limited educational opportunities, rural populations may experience difficulties understanding medical

explanations and treatment processes (Padayachee et al., 2020). This can contribute to low health literacy, making it difficult for individuals to understand diagnoses and treatment options. In addition, cultural belief systems continue to exist in many rural areas and may not always align with allopathic medical practices.

A considerable proportion of the population in such settings recognizes the need for contemporary medicine but may also understand illness through spiritual and/or ancestral perspectives. For this reason, some individuals may be reluctant to seek assistance from allopathic healthcare facilities because they believe that certain illnesses cannot be effectively treated through conventional medicine (Padayachee et al., 2020). With limited information about health-related matters, individuals in rural communities may also be less likely to pursue preventive healthcare measures because of difficulties in obtaining adequate health information and services.

Barriers to the cultural acceptability of allopathic medicine include medical rigidity, limited cultural awareness among healthcare providers, and social injustice. Other barriers include the inability of healthcare systems to accommodate cultural health practices and the lack of educational materials that address health issues within specific cultural contexts (Makhavhu, 2024). It is therefore essential to address these barriers to promote the cultural acceptance of allopathic medicine. Cultural competence training can help healthcare personnel better understand and respond to the needs of their patients (Mchunu et al., 2022). Beliefs and faith are among the important determinants of health-related behaviors, particularly among individuals living in rural and conservative settings (Kjos et al., 2016).

The influence of religious beliefs on the acceptance and use of allopathic medicine can be either positive or negative. While faith-based healing and traditional practices are integral components of healthcare interventions for some communities, others may be more inclined to accept allopathic medical interventions (WHO, 2020). Certain religious beliefs view illness as a spiritual or moral issue requiring supernatural assistance. Consequently, individuals may choose to pray, consult faith healers, or participate in traditional rituals before seeking medical treatment (Makhavhu, 2024). This may delay the period in which patients seek allopathic medical care, particularly in rural areas where religious leaders play significant roles in community healthcare decisions. The increasing burden of disease, including rising cases of infectious and lifestyle-related illnesses, represents one of the major challenges in public

health. This burden is further compounded by underdeveloped healthcare facilities, particularly those located in rural areas of South Africa (Gona et al., 2020).

3. Methodology

Interpretivism is well suited to qualitative research because it enables research participants to freely share their perspectives and experiences in ways that reflect how they understand and wish to describe them. This approach allows the researcher to revisit and analyze the information in depth, particularly the experiences of participants concerning the health issues they encounter in their everyday lives. Interpretivism emphasizes the importance of understanding how people perceive, interpret, and make sense of their experiences. This concept is particularly relevant to the present study because healthcare issues in rural communities are influenced by both internal and external factors affecting individuals and society, such as history, traditions, culture, and the surrounding environment. A single-case study design was employed, with interviews conducted among members of the Ngwelezane community to explore the challenges associated with allopathic healthcare that hinder access to these services.

A total of five participants were selected for the study. The small sample size aligns with the qualitative research tradition, which emphasizes depth of insight over breadth of coverage (Creswell & Poth, 2023). Each participant was purposively selected based on their direct involvement and experience with the rural healthcare system. The inclusion criteria required participants to be aged 18 years or older, to be residents of Ngwelezane, and to have accessed services at Ngwelezane Hospital at least three times within the previous year.

In this study, saturation was determined based on the depth and specificity of the data collected from the participants. Given the rural context of the study, it was anticipated that participants would share similar experiences shaped by common challenges in accessing allopathic healthcare. By the fourth and fifth interviews, no new themes were emerging from the data beyond the themes identified in earlier interviews, namely infrastructure, communication, staff shortages, and access constraints. This indicated that data saturation had been reached.

The study utilized semi-structured interviews to explore participants' experiences and perceptions while providing flexibility to probe emerging themes (Braun & Clarke, 2006). The interview questions covered broad areas of inquiry, such as experiences of accessing allopathic

healthcare within the community, perceptions of service quality, and suggested measures for improving allopathic healthcare. The credibility of the data was established through rigorous methodological procedures. Specifically, credibility was enhanced through consistency in the data collection process, the use of a well-developed and appropriately aligned interview guide, unbiased coding, and systematic thematic interpretation. Diversity in the characteristics of the participants, including age, gender, and socioeconomic conditions, contributed to a broad range of viewpoints within the rural context. This diversity enhanced the credibility of the findings by capturing multiple levels of lived experience rather than relying on a single homogeneous perspective.

The research was authorized by the Scientific Research Committee under approval code UZ-REC 0691-008/897 PGM 2023/46. Participants provided written informed consent after confirming that they fully understood the information provided to them. The consent covered permission to record the interviews and to use quotations without identifying participants by name. The confidentiality, anonymity, and privacy of participants were maintained throughout and after the study. In particular, participants' identities were protected through the use of pseudonyms.

Thematic analysis was used to analyze the qualitative data. The process began with familiarization with the interview transcripts to ensure deep immersion in the data, followed by the generation of initial codes through the labeling of significant statements or expressions with distinct codes. To ensure a smooth transition from codes to themes, the researchers carefully examined the participants' exact words as presented in the transcripts and assigned descriptive codes to relevant sections of the text. For example, when participants described staff shortages or communication barriers, these statements were coded according to the specific issues being described. Thereafter, the preliminary themes and subthemes were reviewed and refined to ensure an accurate representation of the data. At this stage, some themes were consolidated, while others were redefined to ensure internal consistency and clear distinctions between themes.

During data interpretation, reflexivity was maintained as a continuous and thoughtful process through which the researchers considered how their own biases and assumptions might influence the interpretation of the raw data. Thus, the assumption that interpretations could be entirely neutral was rejected, with the researchers acknowledging that their positionality could influence how participants' experiences were understood. This awareness demonstrated a

conscious commitment to representing participants' experiences accurately rather than imposing the researchers' personal interpretations on the findings.

4. Findings

Theme 1: Perceptions of Allopathic Healthcare Access Challenges

Staff shortages. Staff shortages consistently emerged as a major obstacle to effective service delivery. Participants reported long waiting times and insufficient attention from healthcare personnel who appeared to be overwhelmed by heavy workloads. This situation was particularly challenging during emergencies and when providing care to elderly patients. Maphumulo and Bhengu (2019) described a similar situation that chronic understaffing in South African hospitals contributes to patient dissatisfaction, staff burnout, and inefficient healthcare delivery across organizations. However, the effects were not uniform, as participants' experiences varied according to age and gender.

> *"Every time I come to the hospital, there is always a long queue. The process requires multiple hours before I can meet a physician. I have witnessed patients exit without receiving treatment because they were unable to endure the wait. The nursing staff together with the medical doctors attempt their utmost yet they lack sufficient manpower. Exhaustion becomes visible at times"* (Participant 4)

The participant's exact words reveal serious challenges faced by both patients and healthcare workers at Ngwelezane Hospital. These account how healthcare providers encounter numerous difficulties when working in rural healthcare facilities. The facility lacks adequate human resources while facing continuous patient demand that exceeds its operational capacity. The participant also highlighted prolonged waiting times, which become a significant concern in poorly resourced healthcare facilities. Consequently, the effectiveness of healthcare delivery is compromised. Patients with acute conditions may be required to wait for extended periods before receiving medical treatment. At the same time, healthcare workers face significant challenges, such as exhaustion and excessive workloads, which may further compromise the quality and efficiency of care.

Inadequate infrastructure. The facilities showed signs of aging, with limited equipment and inadequate sanitation conditions that compromised healthcare delivery. Elderly

patients and persons with disabilities reported inadequate wheelchair access and insufficient seating. Women also described maternity sections that appeared to have been designed without adequate planning or consideration of users' needs. These infrastructure deficiencies contributed to delays in diagnosis and prolonged referral processes. This pattern is consistent with national data (Gona et al., 2020); however, the findings of the present study revealed the challenges within a specific local context. Women, older adults, and persons with disabilities experience these infrastructural deficiencies in distinct ways. Therefore, facility upgrading should begin with a careful assessment of the needs and characteristics of the users who will utilize the improved facilities.

> "*My son and I went to the hospital because of his illness and upon reaching the hospital, he was having a fever, but he had to wait in the waiting room for several hours since the pediatric section of the hospital was full. There were many people for them to take care of."* (Participant 3)

The participant described having to share corridor space with other patients while their child was suffering from a high fever. This situation arose because all available spaces in the children's ward were occupied. The account reveals multiple organizational and resource-related challenges. The full occupancy of hospital beds is directly linked to the persistent problem of inadequate resources. Such resource constraints are commonly observed in public healthcare systems and become particularly evident in remote and rural healthcare settings (Mngomezulu et al., 2022; George et al., 2019). Another participant further described the situation as follows:

> *"I feel so disheartened seeing such condition at the hospital. The wards were always overcrowded, and my kids must share bed space with other patients. At the last visit, the devices used in examining my son appeared to be so ancient and very unreliable. I am worried about how accurate the diagnosis will be, and how good healthcare service we would receive."* (Participant 2)

The experience identified several critical issues that require attention regarding the healthcare challenges experienced by South African health facilities, particularly those located in rural areas such as Ngwelezane. The participant's account represents not only an individual experience of dissatisfaction but also reflects broader challenges facing healthcare institutions, including overcrowded wards and outdated equipment, among others. The lack of sufficient

beds forces patients to share available spaces, which poses significant concerns for patient dignity and infection prevention and control measures (Mabunda et al., 2021; Gupta et al., 2021).

Accessibility to healthcare service. Issues of healthcare access extended beyond physical infrastructure, as operating hours and staffing were also significant factors. Younger participants reported concerns about the absence of 24-hour healthcare services, while older participants expressed frustration over insufficient follow-up visits. Although previous research has examined transportation and distance-related barriers, such as Ngwenya et al. (2020), it has paid limited attention to the effects of restricted operating hours and inadequate outreach programs on specific population groups. This represents an important gap that the present study seeks to address. The groups most affected include older adults, persons with disabilities, and unemployed individuals with limited financial resources.

> "*The distances are too far and there is no public transport service taking patients to the hospital directly. I have always requested my neighbors for a ride. Sometimes, I have been in a situation when I have traveled long distances just to be able to go to the hospital. And then there have been occasions when I am unable to visit the hospital because of its timings."* (Participant 1)

The reflections of the participant on accessibility reveal the complexity of accessing healthcare facilities in rural communities such as Ngwelezane. This challenge extends beyond obvious concerns related to transportation and restricted operating hours of healthcare facilities. More comprehensive issues must be addressed to ensure adequate accessibility to healthcare services. Improved transportation, extended operating hours, and mechanisms for providing timely healthcare services to rural communities should be prioritized to enhance accessibility and improve healthcare outcomes.

> *"Ngwelezane's geographical layout is tricky. Some areas are quite isolated, and the roads are terrible. It's tough for medical personnel to reach those in need, and even sickly folks can't get to hospitals easily," explained another participant* (Participant 3)

The comment points out the obstacles faced by the Ngwelezane community, with geographical location and infrastructure emerging as significant barriers to healthcare access.

The participant aptly described the area as “a bit complex” and “quite remote.” The poor condition of road infrastructure often constrains the movement of both patients and healthcare workers. Patients, particularly those who are ill, may be discouraged from seeking healthcare services because of poor road conditions. Indeed, previous studies have clearly indicated that inadequate road infrastructure constrains the efficient utilization of healthcare services (Mngomezulu et al., 2022). This observation also emphasizes the difficulties experienced by healthcare providers when serving remote populations. According to Participant 4,

“It is not easy for medical personnel to access the health requirements.”

This statement reflects the broader issue of healthcare workforce distribution, which may discourage healthcare workers from practicing in remote and resource-constrained areas (Sanders & Lehmann, 2019; Makhavhu, 2024).

Communication barriers. Language and communication gaps were identified as contributing factors to misdiagnosis and misunderstanding, particularly among older, isiZulu-speaking patients. Participants also reported that healthcare providers often provided insufficient explanations regarding available treatment options. This is consistent with Diko’s (2023) study, which provides further insight into the extent to which miscommunication can affect the development of trust and subsequent engagement with healthcare services. Younger patients and first-time users of healthcare services were particularly affected by poor communication because they expected clear and comprehensive information from healthcare providers. In addition, it is important to recognize that healthcare workers themselves were often too busy to provide detailed explanations because of limited resources, heavy workloads, and the mental strain they experienced at the time.

"I have a difficulty in expressing my problems clearly at Ngwelezane Hospital whenever I attend it because most medical staff are covered by English or Afrikaans whereas my mother tongue is Zulu. Because of the language barrier, I am not able to put my health problems in clear terms nor understand what doctors are directing me to do." (Participant 1)

"The cultural gap between them, the health workers, and patients like me is very clear. Most of the doctors do not seem to understand our customs and cultures. For example, once I told the doctor that I was using some traditional remedies together with the medication he had prescribed for me; he dismissed my concerns

> *instead of guiding me in safe practice. This makes me reluctant to share important information about my health."* (Participant 3)

The responses underline the significance of language in healthcare delivery and within healthcare-oriented communities. Language barriers can be addressed through appropriate communication strategies; however, when they remain unresolved, they may contribute to misunderstandings and adverse health outcomes. This issue is particularly relevant in South Africa, which has 11 official languages. Consequently, when healthcare providers primarily communicate in only a limited number of languages, delivering appropriate care can become challenging, particularly for patients who are not proficient in those languages and who live in rural areas where isiZulu is predominantly spoken.

Theme 2: Sustainable Allopathic Healthcare Access in Rural South Africa

Enhance staff. One of the most significant challenges affecting rural healthcare delivery in Ngwelezane is inadequate staffing among healthcare practitioners. Increasing staffing levels through government incentives, recruitment, and retention strategies could improve healthcare service delivery. Measures such as rural allowances, opportunities for career advancement, and improved working conditions could encourage more healthcare professionals to practice in geographically remote areas of the country. To deliver healthcare services effectively in such settings, the use of non-monetary incentives, together with efforts to increase the supply of healthcare workers and strengthen human resource development, should be considered (Sanders & Lehmann, 2019). Furthermore, healthcare workforce capacity can be strengthened through targeted interventions aimed at improving working and living conditions in geographically disadvantaged areas (WHO, 2020; Maphumulo & Bhengu, 2019).

> *"As a member of the community and one who utilizes Ngwelezane Hospital, I have firsthand experience with the impact of staff shortages on patient care. Of necessity, strategic recruitment in the hospital is required. Open doors to international health organizations could bring in volunteer doctors and nurses to fill immediate gaps while we build a sustainable local workforce"* (Participant 4)

The issues raised by the participants regarding the lack of healthcare practitioners are closely associated with perceptions of service quality and patients' experiences throughout the healthcare process. These perceptions contribute to the community's overall assessment of

healthcare service delivery, which depends heavily on the availability of adequate human resources. Strategic staff recruitment may involve, for example, opening recruitment opportunities to healthcare professionals from other countries as an immediate measure to address staffing shortages. This strategy is supported by the health literature that the involvement of foreign healthcare professionals and volunteers can help mitigate the adverse effects of human resource shortages in developing countries (Sweileh, 2024; Laleman et al., 2007), at least in the short term.

> *"We just cannot cope with the workload; wherever you look, you see our doctors working hard. There are not enough of us," she said further noting that if there were many, they could stay longer. In other words, it means that they should take up the needs of the patients quickly and make them feel important."* (Participant 5)

Insufficient staffing may result in fatigue among healthcare workers and a decline in the quality of healthcare services provided (Pillay, 2023). It is therefore necessary and timely to expand the healthcare workforce, as increasing staff availability would enable healthcare workers to devote sufficient time and attention to individual patients. In addition, an adequate number of healthcare workers would facilitate a more rapid response to patients' needs, thereby improving health outcomes. Thus, the responses of the participants indicate that inadequate healthcare staffing can negatively affect the efficiency and quality of healthcare service delivery.

Infrastructure development. Upgrading healthcare facilities in Ngwelezane is a key aspect of achieving universal healthcare coverage. Facility improvements should consider existing patient waiting times and provide adequate capacity for specialized healthcare services. Enhancing healthcare infrastructure should include improvements to the physical structures used in healthcare delivery, such as the construction, expansion, and renovation of appropriate hospitals and clinics. Adequate healthcare infrastructure is fundamental to ensuring the equitable delivery of healthcare services, particularly in developing countries (Siedner et al., 2020; Pillay, 2023; Maphumulo & Bhengu, 2019; Naicker et al., 2017).

> *"We need bigger, modern hospitals with adequate bedding and equipment because it is currently overcrowded to the extent people must wait outside for hours. To back his authority on this assertion, he pointed out that people would get timely treatments with modern hospitals."* (Participant 1)

As evident from the participant's verbatim statement, there are significant concerns regarding overcrowding and inadequate space in healthcare facilities. According to participant 1, improving waiting times and the quality of healthcare services requires the construction of new facilities equipped with appropriate furnishings and resources. The participant's statement regarding the need for "*modern hospitals with enough bedding and facilities*" proves the challenges posed by the existing healthcare system. Rural hospitals in South Africa face similar challenges associated with overcrowded facilities, which may result in treatment delays, substandard care, and increased workloads and exhaustion among healthcare personnel. Overcrowding in rural hospitals in South Africa has also been associated with increased morbidity and mortality rates (Mntungwana et al., 2025; Nkosi et al., 2019), as necessary medical interventions may be delayed because of the congestion within healthcare facilities.

Partnership and collaborations. The effectiveness of Ngwelezane Hospital's services, like that of other rural healthcare facilities, largely depends on partnerships and collaborations among healthcare providers, government agencies, non-governmental organizations (NGOs), and the private sector. Such collaboration can contribute to improved healthcare service delivery, more efficient resource utilization, and enhanced community well-being. These partnerships can also establish sustainable support systems that strengthen the healthcare sector's capacity to respond to existing and emerging challenges. Healthcare services in remote areas may be improved through collaboration with NGOs and community-based organizations. Such partnerships typically seek to address health challenges by promoting health education and awareness, conducting outreach activities, and strengthening community capacity to respond to specific health concerns (Ndlovu, 2021).

> *"I suggest that Ngwelezane Hospital needs to engage NGOs concerned with health and development in active working relations. In such collaboration, the hospital can equally benefit from NGO resources, expertise, and funding for selected health activities, such as mobile clinics or vaccination campaigns"* (Participant 3)

The participant's critique of healthcare services at Ngwelezane Hospital provides an important area for improvement: the integration of health- and development-focused non-governmental organizations (NGOs) into the hospital's service delivery processes. This perspective is consistent with practices commonly observed in healthcare systems, particularly

in developing countries, where NGOs often provide essential support to address gaps in healthcare service delivery, resource utilization, and community engagement. Similarly, Mngomezulu et al. (2022) recommended maximizing the contributions of these supporting organizations, particularly NGOs, to strengthen healthcare services.

> *"I am a resident of this community that uses Ngwelezane Hospital; hence, I would recommend they aggressively seek international donors and health-based foundations for their assistance. Ngwelezane may obtain supplementary funds, medical supplies, and professional assistance through such associations. Such external connections may prove useful in adopting the best practices from other areas and innovations, fitting into the health requirements of Ngwelezane residents as well."* (Participant 3)

The participants also stress the need to engage various stakeholders in addressing the current challenges facing the hospital and the broader community. As suggested by Participant 3, seeking international assistance can address the existing problems of the hospital during periods of severe resource constraints and insufficient local financial resources. Therefore, seeking support beyond national borders may be necessary to supplement local resources and strengthen healthcare service delivery.

5. Discussion

The current study explores into the obstacles to accessing allopathic healthcare services in rural South Africa and provides empirical evidence into the challenges associated with accessing healthcare facilities. The topic extends beyond the provision of services to address the broader challenges associated with healthcare access in rural communities. The first critical challenge identified in this study is the shortage of healthcare workers at Ngwelezane Hospital. Participants reported having to wait for hours because of the limited availability of healthcare professionals, which corroborates with existing literature regarding the human resources crisis in the national public healthcare system (Combes et al., 2018; Chandran & Schulman, 2022). For instance, Maphumulo and Bhengu (2019) argue that the chronic shortage of healthcare personnel in South African hospitals hampers the ability to provide comprehensive healthcare services to patients, particularly those living in rural areas. Ngwelezane Hospital experiences this challenge because the number of patients exceeds the available healthcare workforce. As noted by the WHO (2020), shortages of healthcare personnel can lead to poor-quality

healthcare services. They may also contribute to high absenteeism, occupational stress, and poor communication between healthcare personnel and patients.

However, this study did not incorporate the perspectives of healthcare professionals, whose views could have provided further insights into organizational issues such as inefficiency, policy implementation, absenteeism, and work stoppages. It is also important to recognize that delays are not necessarily caused solely by staff shortages, as patient-flow management, triage procedures, and scheduling may also contribute to waiting times. Therefore, a multidimensional approach is necessary, involving an examination of both organizational structures and the processes through which healthcare services are delivered (Pillay, 2023; Metiso & Mbowen, 2025; Ngwenya et al., 2020).

Poor hospital infrastructure was another barrier to the provision of high-quality services. Broken equipment, unhygienic environments, and overcrowded waiting areas were identified as concerns. This finding is consistent with the study by Siedner et al. (2020), which addressed the problem of dilapidated buildings in rural hospitals in South Africa. The lack of basic amenities and the presence of unhygienic and unhealthy conditions not only compromise patients' dignity but may also increase the risk of infections and other diseases because of the potential for disease transmission (Aruleba & Jere, 2022).

Addressing these challenges requires consideration of various factors related to policy and the funding of healthcare infrastructure projects. Although the study did not directly investigate funding, the absence of adequate infrastructure and resources may indicate insufficient funding, poor resource allocation, or other governance-related challenges (Mngomezulu, 2022; Mchunu et al., 2022). Access problems were among the most frequently reported concerns, as participants often struggled to reach healthcare facilities when living on the outskirts of the community or lacking access to private transportation. These challenges are consistent with those discussed by Diko (2023) regarding geographical barriers to healthcare access in rural areas.

Although the study focused primarily on the physical dimensions of access, institutional factors such as operating hours, referral systems, and gatekeeping were not examined in depth. Participants may also have underreported the availability of local clinics and traditional forms of healthcare because of the study's specific focus on allopathic healthcare (Gupta et al., 2021; Diko, 2023). Moreover, healthcare access depends not only on

logistical factors but also on social dimensions, including trust in healthcare providers, previous experiences, and perceptions of service quality.

The study established that inadequate communication between healthcare providers and patients was a common concern that contributed to misunderstanding and dissatisfaction. Although most nurses and patients spoke isiZulu, suggesting that language differences did not constitute a major communication barrier in this setting, participants identified disrespectful treatment and a lack of empathy among some nurses as significant concerns. These findings are consistent with Van Rensburg (2014), who examined the effects of poor communication on emotional well-being and willingness to seek healthcare services among individuals in rural areas. Several participants reported feeling that they had been treated disrespectfully or ignored by nurses who did not adequately listen to their concerns. Nevertheless, other factors may also contribute to poor communication, including workload, organizational constraints, and the quality of interactions between healthcare providers and patients.

6. Conclusion

The study analyzed the challenges and difficulties faced by the Ngwelezane community in accessing allopathic healthcare services. Using a qualitative case study methodology, the study provided insights into how systemic factors, including healthcare workforce shortages, inadequate healthcare infrastructure, and communication problems, affect different demographic groups in varying ways. The findings underscore significant challenges facing rural healthcare and emphasize the importance of implementing reforms that are responsive to the cultural values and needs of the community. In particular, the study contributes to the fields of sociology and public health by demonstrating the intersection between healthcare policy and its realities on the ground.

It is vital for local government authorities to ensure the availability of adequate financial resources, appropriate healthcare policies, and equitable resource distribution within rural hospitals. Policies aimed at addressing healthcare challenges in rural areas should prioritize the recruitment and retention of additional healthcare professionals, improvement of existing healthcare systems, and development of continuing education and training programs for healthcare personnel. Moreover, language training programs for healthcare practitioners may help address communication barriers between healthcare professionals and residents of rural communities. Such programs can facilitate more effective communication, strengthen

relationships between healthcare providers and community members, and promote the greater integration of healthcare practitioners within the communities they serve.

7. Limitation and Area for Future Studies

One of the limitations of this study is the small number of participants involved. Although this is consistent with qualitative research approaches, which emphasize depth and contextual understanding rather than statistical generalization, a larger sample could have provided a more comprehensive understanding of the issue. A more diverse sample could have captured a wider range of demographic characteristics and perspectives regarding the challenges under investigation. Nevertheless, the findings provide valuable contextual insights and, although they may not be statistically generalizable, they offer potential transferability and may be useful to other rural communities experiencing similar healthcare challenges.

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AI Declaration

No part of this work was generated through artificial intelligence (AI).

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