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<b>For the following statements, please indicate by a tick</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Specify</b>
4.1. The Dietitian listened attentively to what I had to say						
4.2. The Dietitian was attentive to my needs						
<b>For the following statements, please indicate by a tick</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Specify</b>
4.3. The Dietitian understood me						
4.4. The Dietitian created a plan to help me with my medical condition						
4.5. The Dietitian explained my medical condition and how nutrition counselling will help me						
4.6. The Dietitian summarized key points for me						
<b>5. Perceived Health Benefits</b>						
5.1. The care I received from the Dietitian improved my health						
5.2. The care I received from the Dietitian improved the management of my medical condition						
5.3. The Dietitian encouraged me to participate during the consultation and make me feel part of the decision						
<b>6. Dietitian presentation skills</b>						
6.1. The Dietitian came across as well presented						
6.2. The Dietitian was courteous						
6.3. The Dietitian was friendly						
6.4. The Dietitian was polite						
6.5. The Dietitian made me feel comfortable						
6.6. The Dietitian was on time for my appointment						
<b>7. Written Information and Education Material</b>						
7.1. I found the information supplied by the Dietitian very useful						

7.2. The information was of a high standard						
7.3. The Dietitian could explain the information to me						
7.4. The information gave me helpful hints and ideas						
7.5. I found the information to be easy to understand						
7.6. The information was easy to read						
7.7. The information made sense						
7.8. The information was well presented						
7.9. The consulting room met my expectations						
<b>8. Fulfilled expectations</b>						
8.1. The nutrition care I received was helpful						
<b>For the following statements, please indicate by a tick</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Specify</b>
8.2. The nutrition care I received met my expectations						
8.3. I would recommend the nutrition services to other members of the community						
8.4. I am overall satisfied with the nutrition service						



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### Appendix 3: Focus Group Discussion Guide

The following might be possible questions to ask during the FGD

1. What do you think of the nutrition care/services delivered in the substructure?
2. What are some of the challenges to delivering nutrition care services in your facility?
3. What are the facilitators to delivering nutrition care services in the facility?
4. How would you describe the ideal setting in which to deliver nutrition care services?  
How does the actual setting in which you work compare to the “ideal”? How do you think this affects the delivery of nutrition care?
5. What role do you think; communication style (verbal and non-verbal) has on the delivery of nutrition care in your setting? Can you use interpersonal communication such as non-verbal communication to enhance your service?
6. What is the values expected as a professional to render quality nutrition services?
7. Do you form relationships with your patients as part of your quality control?
8. Are you satisfied with your work and your working environment?





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(HEALTH) BIOMEDICAL RESEARCH ETHICS COMMITTEE

APPLICATION FOR ETHICS APPROVAL  
For research with human participants

**APPLICATION FORM**

ADMINISTRATIVE DETAILS

NAME of Primary Researcher	Eugene Engle
Professional status (year of study?)	2018
NAME of Co-investigator	Dr. Ernesta Kunneke and Mrs Jill Wilkenson
UWC Faculty:	Community Health Sciences
UWC Department	Dietetics Department
Place of employment	Western Cape Department of Health
Full Postal address	
Contact telephone number	021 7051549
Email Address	<a href="mailto:Eugene.Engle@westerncape.gov.za">Eugene.Engle@westerncape.gov.za</a> or <a href="mailto:2601855@myuwc.ac.za">2601855@myuwc.ac.za</a>
Current HPCSA Number (or equivalent)	DT0036110
Title of Study	Perceptions of Patients and Dietitians on the Quality of Nutrition Care Service Delivery in Primary Health Care Facilities of the Western Cape Metro

1. What kind of study design is proposed?

This cross-sectional descriptive study design will employ a mixed method approach to describe the perceptions of nutrition care service delivery from the perspectives of both clients and Dietitians in the context of Primary Health Care (PHC) in the Metro Health Services, Western Cape.

2. Who or what are the proposed research subjects in your sample?

Patients (n =120) who access nutrition care services in selected PHC facilities will be invited to participate in the quantitative survey. Dietitians (n=4) who provide the nutrition care services will be invited to participate in a Focus Group Discussion.

3. Where will the Research be carried out?

This research will be carried out in the Klipfontein/Mitchells Plain Sub-structure (Sub-districts) across 3 primary health care facilities (Hanover Park

Community Health Centre (CHC), Mitchells Plain CHC and Heideveld Community Day Centre) where the 4 Dietitians are employed.

4. How will you collect your data?

For the quantitative component, an interview-administered survey will be used to gather information about patients' perceptions and experiences of nutrition care services. For the qualitative component, an all-inclusive sample of the 4 Dietitians employed in the Substructure will participate in a Focus Group Discussion (FGD). The FGD interview schedule will include open-ended questions developed to explore their perceptions of the quality of nutrition care service delivery

5.

How will you address the ethical issues of consent and confidentiality etc?

Ethics clearance will be sought from UWC's BMREC committee. Upon receipt thereof, approval will be sought from the Western Cape Department's Research Ethics committee and permission to conduct the study within the facilities will be requested from individual facility managers. Written informed consent will be obtained from each participant before participation. The researcher will protect the identity of the participants and their nature to the contribution of the study. The survey will be anonymous and will not contain information that may personally identify the participants. Confidentiality of all participants will be maintained at all times and the information will be locked under secure methods.

6. If the subject needs any kind of health care what will be arranged?

For the patients, the researcher will arrange with the Facility Manager to ensure that the patients have access to the emergency counselling services within the health facility if required. For the Dietitians, the researcher will arrange with the Integrated Nutrition Program to have the Western Cape Department of Health employee wellness or counselling service contact details on standby should the need arise.

7. I certify that all information provided above is correct and that it will apply throughout the performance of the proposed research and that I shall be responsible for the safeguarding of the confidentiality of human subjects information involved.

I agree to comply with the UWC Biomedical Research Ethics Committee's Terms of reference and the SA Department of Health (2004) *Ethics in health research: Principles. Structures and processes*, and, if applicable, the SA Department of Health (2006) *South African good clinical practice guidelines*.

**Signatures**

**Dates**

<b>Researcher</b>		
-------------------	--	--

Co-investigators		
------------------	--	--

Head of Department		
--------------------	--	--

**If research is for Degree purposes:**

Degree:	MPHN	Student No	2601855
Supervisor Name	Mrs Jill Wilkenson		
Signature		Date	

**For Official Use**

APPROVED	NOT APPROVED
----------	--------------

Comment

--

Signature		Date	
-----------	--	------	--



## Appendix 5: Ethics approval letter



### OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535  
South Africa  
T: +27 21 959 4111/2948  
F: +27 21 959 3170  
E: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)  
[www.uwc.ac.za](http://www.uwc.ac.za)

01 March 2019

Mr E Engle  
Human Ecology and Dietetics  
Faculty of Community and Health Science

**Ethics Reference Number:** BM19/1/7

**Project Title:** Perceptions of patients and dietitians on the quality of nutrition care service delivery in primary health care facilities of the Western Cape Metro.

**Approval Period:** 15 February 2019 – 15 February 2020

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

**Please remember to submit a progress report in good time for annual renewal.**

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink that reads 'Josias'.

*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

**BMREC REGISTRATION NUMBER -130416-050**

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

## Appendix 6: Western Cape Government Health approval letter to conduct research



### HEALTH IMPACT ASSESSMENT HEALTH RESEARCH SUB-DIRECTORATE

Health.Research@westerncape.gov.za  
tel: +27 21 483 0866: fax: +27 21 483 9895  
5<sup>th</sup> Floor, Norton Rose House,, 8 Riebeeck Street, Cape Town, 8001  
[www.capegateway.gov.za](http://www.capegateway.gov.za)

REFERENCE: WC\_201903\_002  
ENQUIRIES: Dr Sabela Petros

**University of Western Cape**

**Robert Sobukwe Road**

**Bellville**

**Cape Town**

**7305**

For attention: Mr Eugene Engle

Re: **Perceptions of patients and dietitians on the quality of nutrition care service delivery in primary health care facilities of the Western Cape Metro**

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact following people to assist you with any further enquiries in accessing the following sites:

<b>Dr Abdurahman CDC</b>	<b>Florence Burger</b>	<b>021 637 9071</b>
<b>Hanover Park CHC</b>	<b>Loretta Abrahams</b>	<b>021 692 1240</b>
<b>Heideveld CDC</b>	<b>Heidi A Blaauw</b>	<b>021 637 8054</b>
<b>Mitchells Plain CHC</b>	<b>Amanda Hansen</b>	<b>021 391 5899</b>

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. By being granted access to provincial health facilities, you are expressing consent to provide the department with an electronic copy of the final feedback (**annexure 9**) within

six months of completion of your project. This can be submitted to the provincial Research Co-ordinator ([Health.Research@westerncape.gov.za](mailto:Health.Research@westerncape.gov.za)).

3. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report (**Annexure 8**) to the provincial Research Co-ordinator ([Health.Research@westerncape.gov.za](mailto:Health.Research@westerncape.gov.za)).
4. The reference number above should be quoted in all future correspondence.

Yours sincerely



**DR M MOODLEY**

**DIRECTOR: HEALTH IMPACT ASSESSMENT**

**DATE:** 28-03-2019



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## Appendix 7: Permission letter to conduct research



**Permission to conduct Research at a Health Facility:**  
**Research Summary Form**

**Facility:** Hanover Park Community Health Centre, Mitchells Plain Health Centre, Heideveld Community Day Centre and Dr Abdurahman Community Day Centre (Pilot site)

**Research Title:** Perceptions of patients and dietitians on the quality of nutrition care service delivery in primary health care facilities of the Western Cape Metro.

**NHRD Number:**

**Researcher contact number: 021 7051549**

**Summary of Research (please make this easy to read)**

I am Eugene Engle, a third year Masters student enrolled in the Postgraduate degree in Public Health Nutrition at the University of the Western Cape. I am employed by the Western Cape Department of Health in Quality Assurance at Provincial level and was a Senior Dietitian in the Klipfontein Sub-district, based at Hanover Park CHC for 6 years.

My research will focus on patients and Dietitians perceptions and experience of nutrition care service delivery within the Klipfontein Mitchells Plain Substructure. The purpose of this study is to produce some evidence of the perceptions of nutrition service delivery from the perspectives of both patients and Dietitians to have a potential benefit of improving the quality of the nutrition services, increasing patient satisfaction and compliance to the nutrition care provided. There is scarcity of information regarding nutrition care service delivery and the study significance is to identify shortcomings and improving the quality of nutrition care service delivery within the PHC facilities.

My objectives for the research study:

1. To describe patients perceptions of the quality of nutrition care service delivery.
2. To describe patients experience of the quality of nutrition care service delivery.
3. To determine patient satisfaction with the nutrition care service delivery.
4. To explore the perceptions of Dietitians on the quality of nutrition care service delivery.

All patients consulted by the Dietitians on the dates of data collection will be conveniently sampled (n=120) across 3 Primary Health Care facilities in the substructure (Hanover Park Community Health Centre (CHC), Mitchells Plain CHC and Heideveld Community Day Centre (CDC) and Dr Abdurahman CDC for the pilot study) for participation in the quantitative component of the study. Thus it will be 40 patients per facility and referred to the Dietitians. Patients will be interviewed after their dietetic/nutrition consultation and there will be no interruption to the service. Data collection per facility should not take more than 2 days to complete and is dependent on the number of referred patients to the Dietitians. An interview-administered survey will be used to gather information about patients' perceptions and experiences of nutrition care services. The researcher requires only a small counselling or consulting room to interview patients which should not take more than 10 minutes to complete.

For the qualitative component, an all-inclusive sample of the 4 Dietitians employed in the Klipfontein Mitchells Plain Substructure will participate in a Focus Group Discussion. The Focus Group Discussion interview schedule will include open-ended questions developed to explore their perceptions of the quality of nutrition care service delivery. The researcher will arrange a venue at Lenteguur Psychiatric Hospital for a classroom in the afternoon in order to conduct the Focus Group Discussion and to ensure that the Dietitians still perform their operational requirements in the morning, hence to avoid service interruptions. The researcher requires permission from the Klipfontein Mitchells Plain Substructure to release the Dietitians to participate in the research during the afternoon session.

Ethics clearance was approved from UWC's BMREC committee with the reference number: BM19/1/17 for the time approval of 15 February 2019 to 15 February 2020. Participation in this study will be voluntary for the patients and Dietitians. The participants will be provided with an information sheet explaining the research purpose and what it is intended for. The consent forms will be made available for the participants to sign, should they voluntarily participate in the research study. The participants can withdraw at any stage of the research. The letter will also request their participation in the study and ensure that confidentiality is maintained at all times. Participants will be informed of their right to confidentiality. All interviews and the Focus Group Discussion with the Dietitians will take place in a private room, boardroom or office. The researcher and study supervisors will be the only persons who will have access to completed questionnaires and that hard copies will be kept in a locked cabinet and this will be correctly disposed of after 5 years. Digital or electronic data will be stored in password protected files in which the primary researcher will have access to. To ensure anonymity, each participant will be assigned an alphanumeric code and captured by the researcher only. The researcher will be the only one that will have administrator rights to the data. The information will not be shared with any other external parties. The audio-recordings of the Focus Group Discussion will be saved and encrypted in an electronic file to which the researcher will have access to. The recording of the Focus Group Discussion will not be made available to anyone, other than transcribing the information for the key points and themes based on perceptions of quality nutrition care service delivery. Findings of this study will be disseminated and presented to the Klipfontein/Mitchells Plain substructure management, including the facility managers and Provincial Health Department nutrition sub-directorate. The identities of the patients and Dietitians will be protected even when the findings are published.



As the researcher, I intend to start between April and May with the Data Collection in order to comply with the timelines as stipulated by the University of the Western Cape to complete my Postgraduate Degree by the end of December 2019

### **Impact on Facility**

#### ***Benefits:***

The potential benefit of improving the quality of the nutrition services at facility level within the Klipfontein Mitchells Plain Substructure and for the entire Western Cape Health Department Districts. It can also result in increasing patient satisfaction and compliance to the nutrition care provided and improve the overall nutrition status of communities.

#### ***Staff involvement: (please be detailed, and include categories of staff)***

The researcher does not require staff involvement at facility level. The Dietitians will have a different focus group discussion in the afternoon after they met their operation requirements in the morning.

#### ***Effect on Service Provision:***

Improved patient satisfaction and adherence to nutrition counselling based on the quality of the nutrition services rendered.

#### ***Impact on patients***

Improved holistic patient-centred care from the Dietitians and improved patient health status outcome.

#### ***Use of space, equipment, consumables, Lab test, x-rays, etc***

The researcher only requires a small consulting or counselling room at the facility. A venue will be arranged for the Focus Group Discussion.





## UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2232 Fax: +27 21 959 3686

E-mail: ekunneke@uwc.ac.za

### INFORMATION SHEET FOR PATIENTS

**Project Title: Perceptions of Patients and Dietitians on the Quality of Nutrition Care Service Delivery in Primary Health Care Facilities of the Western Cape Metro**

#### **What is this study about?**

This is a research project being conducted by Mr Eugene Engle at the University of the Western Cape. We are inviting you to participate in this research project because you will be able to provide the researcher with valuable information with regard to the quality of nutrition care service delivery. The purpose of this research project is to produce some evidence of the perceptions of nutrition care service delivery from the perspectives of both patients and Dietitians.

#### **What will I be asked to do if I agree to participate?**

You will be asked to complete a questionnaire with 8 key headings. This includes your basic information, if you have access to nutrition services, waiting times, how the Dietitian treats you and how you feel about the Dietitian in general. The study will be conducted in your Community Health/Day Centre in a designated office/consulting room as determined by the Facility Manager. The questionnaire should take about 10 minutes to complete.

#### **Would my participation in this study be kept confidential?**

The researcher(s) undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the survey will be anonymous and will not contain information that may personally identify you. Your name will not be included on the surveys and other collected data; a code will be placed on the survey and other collected data. To ensure your confidentiality, the information will be locked in filing cabinets and the digital or electronic data will be stored in password protected files to whom only the primary researcher will have access to. If we write a report or article about this research project, your identity will be protected at all times.

#### **What are the risks of this research?**

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this

study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

### **What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about perceived perceptions and experience of quality nutrition care service delivery in the Klipfontein/Mitchells Plain Substructure. We hope that, in the future, other people might benefit from this study through improved understanding of perceived perceptions and experience of quality nutrition service delivery.

### **Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

### **What if I have questions?**

This research is being conducted by Mr. Eugene Engle a Masters Student at the Dietetics Department of the University of the Western Cape. If you have any questions about the research study itself, please contact Mr. Eugene Engle at: 021 7051549 or email address at 2601855@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Ernesta Kunneke  
Dietetics Department  
Head of Department  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
ekunneke@uwc.ac.za



BIOMEDICAL RESEARCH ETHICS ADMINISTRATION  
Research Office  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
Tel: +27 21 959 2988  
Email: research-ethics@uwc.ac.za



## UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2232 Fax: +27 21 959 3686

E-mail: [ekunneke@uwc.ac.za](mailto:ekunneke@uwc.ac.za)

### **INFORMATION SHEET FOR PATIENTS DURING THE PILOTING PROCESS**

**Project Title: Perceptions of Patients and Dietitians on the Quality of Nutrition Care Service Delivery in Primary Health Care Facilities of the Western Cape Metro**

#### **What is this study about?**

This is a research project piloting process being conducted by Mr Eugene Engle at the University of the Western Cape. We are inviting you to participate in this piloting research process because you will be able to provide the researcher with valuable information with regard to the quality of nutrition care service delivery on the instrument measuring tool, in order for the researcher to amend as necessary.

#### **What will I be asked to do if I agree to participate?**

You will be asked to complete a pilot questionnaire with 8 key headings. This includes your basic information, if you have access to nutrition services, waiting times, how the Dietitian treats you and how you feel about the Dietitian in general. The study will be conducted in your Community Health/Day Centre in a designated office/consulting room as determined by the Facility Manager. The questionnaire should take about 10 minutes to complete.

#### **Would my participation in this study be kept confidential?**

The researcher(s) undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the survey will be anonymous and will not contain information that may personally identify you. Your name will not be included on the surveys and other collected data; a code will be placed on the survey and other collected data. To ensure your confidentiality, the information will be locked in filing cabinets and the digital or electronic data will be stored in password protected files to whom only the primary researcher will have access to. If we write a report or article about this research project, your identity will be protected at all times.

#### **What are the risks of this research?**

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

**What are the benefits of this research?**

This research piloting process is not designed to help you personally, but the results may help the investigator to improve and amend the current research tool on the perceived perceptions and experience of quality nutrition care service delivery in the Klipfontein/Mitchells Plain Substructure.

**Do I have to be in this research and may I stop participating at any time?**

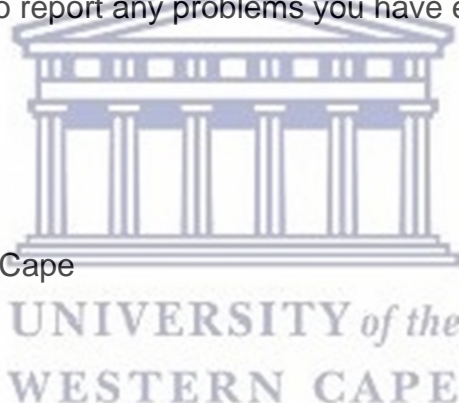
Your participation in this research piloting process is completely voluntary. You may choose not to take part at all. If you decide to participate in this research piloting process, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

**What if I have questions?**

This research piloting process is being conducted by Mr. Eugene Engle a Masters Student at the Dietetics Department of the University of the Western Cape. If you have any questions about the research study itself, please contact Mr. Eugene Engle at: 021 7051549 or email address at 2601855@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Ernesta Kunneke  
Dietetics Department  
Head of Department  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
ekunneke@uwc.ac.za



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Research Office  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
Tel: +27 21 959 2988  
Email: research-ethics@uwc.ac.za



## UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2232 Fax: +27 21 959 3686

E-mail: [ekunneke@uwc.ac.za](mailto:ekunneke@uwc.ac.za)

### INFORMATION SHEET FOR DIETITIANS

**Project Title: Perceptions of Patients and Dietitians on the Quality of Nutrition Care Service Delivery in Primary Health Care Facilities of the Western Cape Metro**

#### **What is this study about?**

This is a research project being conducted by Mr Eugene Engle at the University of the Western Cape. We are inviting you to participate in this research project because you will be able to provide the researcher with valuable information with regard to the quality of nutrition care service delivery. The purpose of this research project is to produce some evidence of the perceptions of nutrition care service delivery from the perspectives of both patients and Dietitians.

#### **What will I be asked to do if I agree to participate?**

You will be asked to participate in a Focus Group Discussion to explore your perceived perceptions on the quality of nutrition care service delivery within your Substructure. The Focus Group Discussion will take place within your Substructure boardroom or part of your existing nutrition meeting as determined by the Director. The Focus Group Discussion should take approximately one hour dependent on your responses and feedback from the questions.

#### **Would my participation in this study be kept confidential?**

The researcher(s) undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the Focus Group Discussions will be anonymous and will not contain information that may personally identify you. Your name will not be included on the transcribed information and other collected data. This research will be making audio-recordings of you and to ensure your confidentiality, all audio-recordings will be saved and encrypted in an electronic file to which the researcher will have access to. The recording of the Focus Group Discussions will not be made available to anyone.

#### **What are the risks of this research?**

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this

study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

### **What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about perceived perceptions and experience of quality nutrition care service delivery in the Klipfontein/Mitchells Plain Substructure. We hope that, in the future, other people might benefit from this study through improved understanding of perceived perceptions and experience of quality nutrition service delivery.

### **Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

### **What if I have questions?**

This research is being conducted by Mr. Eugene Engle a Masters Student at the Dietetics Department of the University of the Western Cape. If you have any questions about the research study itself, please contact Mr. Eugene Engle at: 021 7051549 or email address at [2601855@myuwc.ac.za](mailto:2601855@myuwc.ac.za)

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Ernesta Kunneke  
Dietetics Department  
Head of Department  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
[ekunneke@uwc.ac.za](mailto:ekunneke@uwc.ac.za)



### **BIOMEDICAL RESEARCH ETHICS ADMINISTRATION**

Research Office  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
Tel: +27 21 959 2988  
Email: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)



# UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

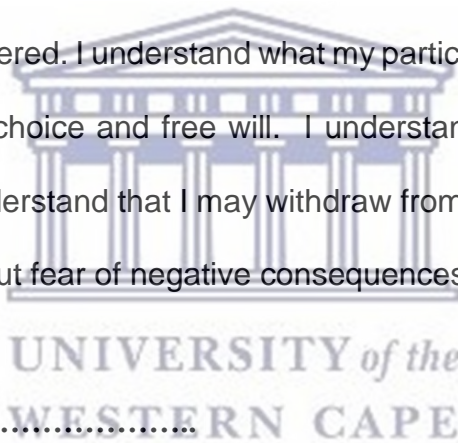
Tel: +27 21 959 2232 Fax: +27 21 959 3686

E-mail: ekunneke@uwc.ac.za

## CONSENT FORM

**Project Title: Perceptions of Patients and Dietitians on the Quality of Nutrition Care Service Delivery in Primary Health Care Facilities of the Western Cape Metro**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.



Participant's name.....

Participant's signature.....

Date.....





# UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2232 Fax: +27 21 959 3686

E-mail: ekunneke@uwc.ac.za

## FOCUS GROUP CONFIDENTIALITY BINDING FORM

**Project Title: Perceptions of Patients and Dietitians on the Quality of Nutrition Care Service Delivery in Primary Health Care Facilities of the Western Cape Metro**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality and that the discussions will be audiotaped. I hereby agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group and to be audiotaped during my participation in this study.

**Participant's name**.....

**Participant's signature**.....

**Date**.....

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION  
Research Office  
New Arts Building,  
C-Block, Top Floor, Room 28  
University of the Western Cape  
Private Bag X17  
Bellville 7535



# UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2232 Fax: +27 21 959 3686

E-mail: [ekunneke@uwc.ac.za](mailto:ekunneke@uwc.ac.za)

## FACILITY PERMISSION FORM TO CONDUCT THE RESEARCH

**Project Title: Perceptions of Patients and Dietitians on the Quality of Nutrition Care Service Delivery in Primary Health Care Facilities of the Western Cape Metro**

Dear Facility Manager

I would hereby request your permission to conduct my research on the above mentioned title at your facility. It would be appreciated if you could provide me with consulting room or office where I can interview the patients that are referred to the Dietitians in order to understand their perceived perceptions and experience of the quality nutrition care service delivery within your health facility.

If you have any questions about the research study itself, please contact Mr. Eugene Engle at: 021 7051549 or email address at [2601855@myuwc.ac.za](mailto:2601855@myuwc.ac.za). Should you have any questions regarding this study or if you wish to report any problems you have experienced related to the study, please contact:

Dr Ernesta Kunneke  
Dietetics Department  
Head of Department  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
[ekunneke@uwc.ac.za](mailto:ekunneke@uwc.ac.za)

**BIOMEDICAL RESEARCH ETHICS ADMINISTRATION**  
Research Office  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
Tel: +27 21 959 2988  
Email: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)