A PATIENT BENEFIT AND PERCEPTION SURVEY OF THE DURBAN UNIVERSITY OF TECHNOLOGY HOMOEOPATHIC SATELLITE CLINIC ESTABLISHED AT UKUBA NESIBINDI

BY

TANNITH WATSON

A patient benefit and perception survey of the Durban University of Technology Homoeopathic satellite clinic established at Ukuba Nesibindi.

By

Tannith Watson

Dissertation submitted in partial compliance with the requirements of the Master's Degree in Technology: Homoeopathy in the Faculty of Health Science at the Durban University of Technology.

I, Tannith Watson, do declare that this dissertation is representative of my own work, both in concept and execution.

_____ _____

Signature of Student **Date of Signature**

APPROVED FOR FINAL SUBMISSION

_____ _____

Signature of Supervisor **Date of Signature**

Dr D.F. Naude

M.Tech: Hom (T.N)

_____ _____

Signature of Co-Supervisor **Date of Signature**

Dr J. Ngobese

M.Tech: Hom (T.N)

DEDICATION

This dissertation is dedicated to three amazing women in my life – Zelda, my gran Heather and to my Mom Sharon Watson.

Zelda your passing has been such a huge loss in all our lives and I don't know what we are going to do without you, especially my Dad. You loved me like you own child and were always there for me in my life. In the last few years we have had such happy memories together. I miss you colourful and childlike ways, light-hearted attitude, tricks and mostly your laugh that I can still hear clearly every time I think of you.

Gran, I will always remember the lessons you taught me, your immensely kind heart, Generosity towards everyone, Thoughtfulness, Great cooking, strength and your ability to laugh with such ease. You never stopped loving everyone around you and giving to people in need. I think about you in all that I do.

Mom, for your words of wisdom, Unconditional love, friendship And unfailing support. I can turn to you for anything and you will always guide me in the right direction. You are everything to me. I see so much of gran in you.

ACKNOWLEDGEMENTS

I acknowledge the following people for all their assistance in making this research possible, and give my heartfelt thanks to:

The Durban University of Technology, for allowing the framework in which this research could be produced.

The Faculty of Health, for their tireless commitment to a streamlined and efficient research process.

The entire Department of Homoeopathy, for getting me to this point and helping me complete this journey. I was so fortunate to have been taught by such brilliant lecturers. You are all such an inspiration to me and your hard work will not be forgotten.

Dr Ashley Ross, for his enthusiasm, exciting lectures and dedication to the department and profession – we would not be where we are today without your incredible efforts and brilliant mind.

My supervisor Dr David Naude: thank you so much for all your exceptionally hard work, focus, direction and words of wisdom. You have such a wealth of knowledge and have done so much for my research, this profession and for this course.

My co-supervisor Dr Jabulile Ngobese: you were always so passionate, kind and willing to go to any lengths to help others both as a lecturer and as the head clinician at UNHC. The clinic wouldn't be the same without your amazing input. Thank you for all that you do and all your contributions to my research.

Mrs B, Gugu and Mrs Clark and to those at Ukuba Nesibindi.

My statistician Dr Hammond, for his constant professionalism, advice and attention to detail.

All the friends that I have made on this journey through DUT (Chiro's and Homeo's alike) – Thank you for all the many years' worth of special memories (some more crazy than others). Together we barely slept, learnt loads, moaned, managed to pass, drank copious amounts of coffee, had meltdowns, laughed until we cried,

basically lived on campus and dressed up an abnormal amount (come to think of it) and it was awesome.

One of the most amazing people I know, Dr Murray Luke McDonald. I don't know what I would have done without you. I barely know where to begin thanking you. Over the years we learnt so much, laughed constantly, panicked over exams, quoted lines from movies, had adventures and relished in each other's company. I will always be grateful for you.

My entire family. Thank you for your constant encouragement and interest in my studies. Your positive attitude, faith and jokes have helped me through this more than you know. I love you all. Dad and Zelda, the holidays in Cape Town were so enjoyed after a long year studying. I love you Dad. Grampy and June, I am so lucky to have you. You are both so kind and generous. Thank you for all that you have done for me. Owen, for your massive heart and terrible jokes. To the moons for always being so inviting and caring and to the Slaters for loving me and believing in me.

Thank you to my older brother Shaeden and his little family – Lauren, Noah and Sophia. Shade, I don't know where to begin. You have always been there to protect and guide me. I absolutely admire the person you are.

My mom, Sharon Watson, you have always put Shade, Liam and I ahead of your own needs. You are such a selfless, loving and an incredible mother. Thank you for the best advice, guidance, and for all your sacrifices and for the strength you have shown. You have always been there for me, teaching me right from wrong and protecting me. I love you so much Mom.

Thank you to my Grandmothers Heather Weitz and Cynthia Watson. My childhood would never have been the same without you. You have taught me to always consider other, work hard and to enjoy this life. I know that you are both watching over me. I think of you in all that I do and miss you each and every day.

Lastly, to my love Steele Slater who has been there for me, encouraging me, supporting me and dreaming with me. Thank you for all you have done for me. I know that you have come into my life for a reason and for that I feel unbelievably grateful and blessed.

ABSTRACT

Introduction

In collaboration with LifeLine, Durban University of Technology (DUT) established its first satellite homoeopathic clinic; Ukuba Nesibindi Homoeopathic Clinic (UNHC). UNHC serves as a teaching clinic which is part of a Bachelors and Masters of Technology: Homoeopathy programme. It provides a free homoeopathic primary healthcare service at the LifeLine building in Warwick junction, Durban, an area which is classified as being disadvantaged. The area in which UNHC is situated consists primarily of small, informal businesses and low cost housing and experiences high crime rates, prostitution and violence.

The purpose of this study was to evaluate the patients' perception of the services provided by UNHC and to determine how patients are responding to treatment at UNHC so as to try formally quantify the percieved effectiveness of homoeopathy as a form of treatment in the primary healthcare sector.

Methodology

This study was a quantitative, descriptive survey to determine the patients' perception of the services provided at UNHC and to determine their response to the homoeopathic treatment received.

Non-probability, convenience sampling was applied over a 12 month period (August 2012 – August 2013) in which 44 consenting research participants were recruited. To be included in the study the participants had to be follow-up patients (with an existing file at the UNHC), over 18 years of age and at least conversant in isiZulu or English.

Results

A data collection tool in the form of a questionnaire was designed to obtain data around a variety of variables pertaining to the patients' satisfaction of the service provided and response to treatment.

The administration and general satisfaction was received with very positive results. Ninety-eight percent of the sample group agreed that the staff at the clinic are polite, quick to help patients and informed the patients of the waiting time for an appointment. Eighty-six percent agreed that the waiting time for an appointment was good enough; however thirty-six percent were dissatisfied with the waiting time for the medication. Sixty-one percent of the participants were satisfied with the clinic offering afternoon only appointments but 32 percent disagreed on the suitability of available times.

The category “Professionalism” dealt with the perceptions of the front entrance, waiting room, toilets and treatment rooms as well as the comfort and privacy of the doctor’s rooms. Overall there was a positive perception of these. Twenty-five percent of the sample disagreed that there was enough privacy in the consultation rooms which is a large number.

The overall impression of the attending homoeopathic student included perceptions of their appearance, skill, friendliness, manners, organisation, care and confidence. Ninety- seven percent of the research participants had a positive perception of these. All participants perceived the attention given to their case as being either ‘Good’ or ‘Very good’.

The main diagnostic group of conditions that presented as primary and secondary complaints were Genitourinary based (34%) followed by gastrointestinal (14%), respiratory (14%) and headaches (11%).

The results from the data collected suggest that overall the majority of participants experienced improvement (eighty-two percent of the main complaints and ninety-three percent of the secondary complaints respectively) after receiving treatment from UNHC. In addition, those who experienced improvement attributed such improvement to the homoeopathic treatment they received (100% of those with improved primary complaints and 92% of those with improved secondary complaints).

Patients also rated their perceived changes to general state of health, sleep, general well-being, energy, mood, appetite and weight as the holistic nature of homoeopathy aims to achieve improvements in not just the main complaint but in the patients other general health variables as well. The results proved to be positive in this regard as the majority of the participants stated that their general health variables had

improved, with 93% agreeing that their overall ‘general well-being’ was either ‘significantly better’ or ‘better’ since receiving treatment.

Conclusion

This survey was able to provide valuable insight into the participants’ perceptions on the clinic and the use of homoeopathy as a form of treatment in the healthcare sector. It is clear from the results that the patients recruited responded well to the treatment received and furthermore it was encouraging to note that they attributed these improvements to their main complaints, secondary complaints and overall health variables to the homoeopathic treatment they received at UNHC.

Patients showed a good level of satisfaction with the clinics location and amenities. What needs to be addressed is the professional appearance of the clinics entrance and waiting room so as to create a good first impression and attract new patients. Privacy during consultations were deemed insufficient by twenty-five of the sample and this could be improved by better training of the student interns and by separating the filing cabinets, clinicians room and dispensary from the consultation rooms. The absence of an elevator at UNHC is concerning as this inhibits access to this facility by disabled patients; efforts to obtain a consultation room on the ground floor is a priority. The waiting time for medication can be improved and reduced by having a second clinician with which the student interns can discuss their cases and treatment methods. Since the implementation of this survey, the operation times of UNHC have changed for 2014. The clinic now operates on a Monday from 08h00-16h00 and a Thursday from 13h00-16h00 which allows for a morning time period in which patients can be seen improving access accordingly.

The study showed some very positive results in all aspects. Although limited in terms of sample size, the outcomes of this study are encouraging and support the inclusion of homoeopathy within the public healthcare system of South Africa.

TABLE OF CONTENT

CHAPTER THREE: METHODOLOGY

CHAPTER FOUR: RESULTS

DEFINITION OF TERMS

Primary Health Care (PHC)

Primary health care is a term used for the activity of a health care provider who acts as a first point of consultation for all patients. Continuity of care is a key characteristic of primary health care (Evian, 2003).

Allied Health Professions Council of South Africa

Allied Health Professions Council of South Africa is a statutory council for Natural Health, responsible for the promotion and protection of the health of the population of South Africa and will affect this by regulating and setting standards for the profession of homoeopath, under act 63 of 1982.

Repertory

An index book listing all symptoms that gave been elicited during a proving as well as clinical variation. A list of remedies is indicated for each symptom (Bloch and Lewis, 2003).

Materia Medica

It is Latin for “Materials of Medicine” and provides a reference that lists the curative indications and therapeutic actions of homoeopathic medicines (Bloch and Lewis, 2003).

Posology

A pharmacological determination of appropriate doses of drugs and medicine (Nicolai, 2008).

National Health Insurance (NHS)

It is a National health care system in the UK that provides free health care to the public and is paid through taxes (NHS Choices, 2013).

African Traditional Medicine

It is a holistic discipline that uses African spirituality and indigenous herbalism as a form of diagnosis and treatment. Diagnosis and treatment is performed by divine healers, midwives or herbalists (Wikipedia, 2014).

LIST OF FIGURES

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Ukuba Nesibindi Homoeopathic Clinic (UNHC) serves as a teaching clinic which is part of the Bachelor of Technology and Master of Technology: Homoeopathy programme. Since opening its doors in 2004, UNHC has become an established health care provider amongst the community with 497 new patients and 365 follow ups from June 2004 to June 2008 (Smillie, 2010).

Smillie (2010) conducted a clinical audit of UNHC which was a descriptive, observational study which was the only study that had been conducted at the clinic. This study is the only source of formal data for the clinic and did not include patient perception of benefit. It was recommended that future studies include a measurement of patient benefit in response to treatment in the form of a patient benefit survey as this could formally quantify the effectiveness of Homoeopathy as a form of treatment in primary healthcare. To date, no assessment of patient benefit at UNHC has been conducted. It is therefore important to determine the level of satisfaction and views of the community.

Patient satisfaction is a dynamic concept which is a combination of patient expectation, need, perception and experience that can be attributed to the changes in the medical condition or to the services rendered (Smith, 2001). Unsatisfactory health care has been shown to be less clinically effective (Wilkin, Hallam and Dogget, 1993; Al-Assaf, 1998) and it is therefore important to ensure there is success in meeting patients' values and expectations (Smith, 2001). Patient satisfaction surveys have proved to be successful in that they are cost effective, quick to administer and fairly simple to implement (Phaswana-Mafaya *et al.* 2011).

1.2 Aim of the study

The aim of this quantitative, descriptive study was to evaluate patients' perception of the services provided by UNHC and to determine how patients perceive themselves responding to homoeopathic treatment at UNHC.

Such data may help determine the quality of the service provided to the patient as well as provide formal data which may indicate where improvements to service can be made. In

addition, data regarding patient benefit may prove useful to the professionals as it could act as a literary source of data for the use of Homoeopathy in the public health care sector.

1.3 Objectives

1.3.1 To determine patients' perception of service provided at UNHC.

1.3.2 To determine the patients' response to homoeopathic treatment at UNHC.

1.4 Rationale

Ukuba Nesibindi Homoeopathic Clinic (UNHC) serves as an official satellite teaching clinic which is part of the M.Tech: Homoeopathy programme and has become an established healthcare provider in the adjacent Warwick community. Patient perception surveys provide formal data to quantify quality of service delivery and the data obtained can highlight areas where improvement to service can be made. Smillie (2010) conducted a clinical audit of UNHC which was a descriptive, observational study of patient demographics. Smillie recommended that future studies include a measurement of patient benefit in response to treatment as formal data of homoeopathic care in the public healthcare setting is limited. To date, no study has sought to measure this. Should the study highlight the success and value of such clinics, the data collected can then provide valuable guidelines as to how to establish satisfactory clinics if more are developed. It may also be used as evidence to support the inclusion of homoeopathy in the public health sector.

1.5 Limitations

- Data collection was limited to a 12 month period (August 2012 to August 2013) and thus data was only collected from patients who visited the clinic during this period.
- During the data collection period only 44 follow up patients were recruited and thus the sample size was small.
- The study did not attempt to objectively measure patient response to treatment; it merely determined patient's perception thereof.
- The need for obtaining data regarding response to homoeopathic treatment required that only follow up patients were recruited – thus data on satisfaction of the service provided was only obtained from existing patients and not patients visiting the clinic for the first time.

CHAPTER TWO

LITERATURE REVIEW

2.1 Homoeopathy

The Homoeopathic medical system was founded by a German physician Dr Samuel Hahnemann. Homoeopathy is a holistic system of medicine that incorporates not only physical being but mental and emotional states (Bloch and Lewis 2003: 24-26). According to Vithoulkas (1998) the science of homoeopathy is based on three principles; the first and most important principle is the 'law of similars', which means 'like cures like'; the second principle is the 'law of the infinitesimal dose', which encourages the use of the smallest dose possible to produce a stimulatory effect; the third principle is the use of the single remedy, which is the most similar remedy that correlates with the patients presenting diseased state at the time.

Another principle developed by Hahnemann was that of serial dilution and succussion of remedies which is known as potentization. Potentization of a substance is aimed at increasing the curative action, by acting as a stimulus to the body's biological system, while decreasing the toxic effect (Vithoulkas, 1998).

In addition to the principles above, it is also essential to treat the patient as a complete individual which is a more holistic approach. Homoeopathy caters for the patients' individual experience of illness (mental, emotional and physical). A 'totality of symptoms' which is a combination of all the most important symptoms is needed to choose the most similar remedy for the patient, based on the Law of Similars (AHPCSA, 2010; Vithoulkas, 1998).

Homoeopathic medication derived from the zoological, botanical and mineral kingdoms is easy to apply clinically, cost effective, safe to administer (by trained personnel) and is effective in treating acute and chronic diseases (Chappell, 2005).

2.2 Homoeopathy in South Africa

In order to practice as a Homoeopath in South Africa, registration with the Allied Health Professions Council of South Africa (AHPCSA) is necessary. Although formally recognised

and endorsed by South African law (AHPCSA, 2012), Homoeopathy as a medical discipline is currently not formally incorporated into the South African public healthcare sector. According to Kautzky and Tollman (2008), within the public healthcare sector there is said to be a shortage of trained personnel and therefore it is unable to cope with the current demands.

“Homeopathic practitioners are clinically trained to diagnose and treat disease, yet their holistic approach enables them to listen to and understand the patient as well as their ailments, in addition to providing effective treatment, sound advice and support. There is no condition that should be excluded from the repertoire of Homeopathy. Homeopathy is a complete medical science with which any medical illness or underlying condition in any human being of any age can be treated. No other therapy is as comprehensive in considering the mental, emotional and physical elements of an individual. Homeopathic medicines are scientifically manufactured from plants, minerals, chemicals, animal material, or scheduled prescription medicines, according to the processes described in the homeopathic pharmacopoeia. By its mechanism of action, Homeopathy has the ability to stimulate the repair of any damage which the body has the potential to heal, restoring the balancing and mechanisms involved in recovery and health. Due to the success and virtually limitless range of conditions that can be treated, most Homeopathic practitioners run family practices to render an all-round health service.” (AHPCSA, 2010)

According to the Allied Health Professions Act 1982 (Act 63 or 1982), it is within the Homoeopathic scope of practice to diagnose and treat any disease, illness and deficiency in humans, and to practise, administer and dispense homoeopathic medication. Thus homoeopathic doctors and homoeopathic medicine has the ability to become an integral part of the public healthcare sector.

Registration as a Homeopathic practitioners' in South Africa allows for similar privileges and rights to those of medical practitioners. In South Africa Homeopathic practitioners are trained diagnosticians that are recognised as primary contact practitioners (AHPCSA, 2010).

2.3 Homoeopathic education in South Africa

Professional Homoeopathic training in South Africa, comprises of a 5 year fulltime Master’s Degree in Technology: Homoeopathy (M.Tech Hom) offered by University of Johannesburg (UJ) and Durban University of Technology (DUT). Registration with the AHPCSA as a Homoeopathic Practitioner is only permitted upon the completion of the abovementioned qualifications (AHPCSA, 2012).

The first training programme for homoeopaths in South Africa began at the Technikon Natal (subsequently renamed DUT) in 1987, with a second programme commencing at the Technikon Witwatersrand (subsequently renamed UJ) in 1992 Technikon Natal merged with M.L. Sultan Technikon in April 2002 to form the Durban Institute of Technology (DUT, 2013). The Durban Institute of Technology became the Durban University of Technology in March 2006 (DUT, 2013). The current program entails a five year full-time medico-scientific course comprising teaching and learning of human biology, human anatomy, pathology, diagnostics, pharmacology, epidemiology, homoeopharmaceutics, clinical homoeopathy and homoeopathic materia medica (Prinsloo, 2009). In addition to the completion of formal coursework a Master's research dissertation and clinical patient quota must be completed for the student to graduate with a Master's Degree in Technology and register with the AHPCSA (AHPCSA, 2012).

As part of their practical training, homoeopathic students at DUT consult with patients at the onsite DUT Homeopathic Day Clinic as well as several satellite homoeopathic clinics and outreach programs (including UNHC) (DUT, 2013).

2.4 Homoeopathy in primary and public health

Internationally, several governments include homoeopathy in their public healthcare system, namely: India, France, Armenia, Isreal, UK, Romania, Poland, Netherlands, Luxembourg and Lithuania. In Europe Homeopathy is recognised as a potential asset to health care and it is legally recognised in certain European countries with some even having registered homeopathic medicinal products. Non-medically trained homeopaths are allowed to practise in Ireland, Finland, Netherlands, Estonia, Denmark and Germany. In Germany the non-medically trained homeopathic practitioners are called "Heilpraktikers" and they are subjected to assessments conducted by health authorities. In the majority of the European Union's Member States, however, the practice of homeopathy is restricted to qualified medical doctors. Those states include Austria, Belguim, Cyprus, France, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Portugal, Solvakia and Spain (Mansoor Ali, 2012). Mansoor Ali (2012) states that some Austrian hospitals prescribe homeopathic remedies in acute cases.

In the UK, homoeopathy is offered as a service by several National Health Service (NHS) insurance providers, but not by all, and several homoeopathic hospitals are funded by the NHS (NHS choices: Homeopathy, 2013). In India, homoeopathy is the third largest public

healthcare provider and three quarters of homoeopaths are trained by the state; there are 11 000 homoeopathic hospital beds. (Prasad, 2007: 1679-1680).The Swiss Government's Health Technology Assessment performed the most comprehensive evaluation of homoeopathy ever written by a government. The report affirmed homoeopathy to be both clinically effective and more cost effective than conventional medicine, thereby meriting its inclusion in Switzerland's national health insurance program (Bornhöft & Matthiessen, 2011). In Switzerland the universities of Bern and Zurich offer familiarization courses on homoeopathy in their undergraduate curriculum (Mansoor Ali, 2012).

A survey consisting of 500 participants was conducted at the Royal London Homeopathic Hospital. It observed that receiving homoeopathic medication allowed many patients to reduce or cease their conventional medication following homeopathic treatment and that the size of the effect varied for differing conditions e.g. 72% of those with skin complaints reduced other medication but none with cancer did so (Sharples *et al.* 2003).

Several studies have been used to demonstrate the clinical and cost effectiveness of homoeopathy; Rossi *et al*. (2006) showed homoeopathy to be more clinically effective and cost effective in treating commonly presenting conditions in general practice. Similar findings were noted in a French study of 499 children with upper respiratory infections (Trichard, Chaufferin and Nicoloyannisl, 2005). In Germany, a study was commissioned by a health insurance company to see whether they should continue to cover homoeopathic treatment. It aimed to evaluate the effectiveness of homoeopathy versus conventional treatment and routine care and costs were compared. 493 participants took part with the severity of symptoms being assessed by both patients and physicians at baseline, 6 and 12 months. It concluded that patients seeking homoeopathic treatment had a better outcome overall compared with patients on conventional treatment, whereas total costs in both groups proved to be similar (Witt *et al.* 2005).

A study conducted by an economist, Christopher Smallwood (2005), on the NHS in the UK concluded that if the proportion of money spent on offering homoeopathic treatment was raised from 0.0004% to 4% of the total healthcare budget, then approximately £190 million would be saved annually. This would be primarily through the cost effective nature of homoeopathic medication (relatively cheap ingredients, long shelf life, etc) and the reduction of conventional medicines and procedures (Smallwood, 2005; Christie and Ward, 1996). Christie and Ward (1996) found there to be a 50% reduction in expenses for medication when homoeopathic treatment was made available.

2.5 LifeLine and Ukuba Nesibindi

LifeLine is an international non-profit organisation to which Lifeline Southern Africa is affiliated. At LifeLine, trained counsellors offer free counselling regarding a broad number of topics and/or circumstances 24 hours a day, either face-to-face or electronically as well as having a crisis response team which tends to on site emergencies (Lifeline, 2009).

Ukuba Nesibindi which means 'to have courage' is an outreach programme in Claremont, Durban that has been established by LifeLine. It offers a crisis response team as well as providing training for the broader community and other welfare organizations.

There are a number of different divisions within Ukuba Nesibindi, however the main objective of the programme is to provide impoverished people with an opportunity to obtain and/or improve their skills in order to make them more employable and to aid them in finding jobs. To do this the programme offers sewing, beadwork and hairdressing courses, to name but a few activities.

Ukuba Nesibindi in Warwick Junction also offers personal growth and life skills seminars which are available to anyone wishing to participate. These seminars are free and run throughout the week.

In addition, located at Ukuba Nesibindi in Warwick junction is a day care facility for pre-school children; this facility offers a safe and nuturing environment to the children of local informal traders, who operate from the adjacent market area (LifeLine, 2009).

In-house nurses at Ukuba Nesibindi also provide an HIV testing clinic where patients are able to receive free HIV testing as well as pre and post-test counselling and trauma counselling for victims of rape.

Ukuba Nesibindi is funded by LifeLine through its annual sponsors as well as from public donations and fundraising (Mofokeng, 2008).

2.6 The collaboration between LifeLine and DUT

In 2003, LifeLine and the DUT Department of Child and Youth Development combined their efforts and established a community outreach program called Ukuba Nesibindi in Warwick Junction. Being a low-income community, it aimed at empowering the youth and providing free services. It also supports this community in a variety of other areas, but that being said

the main focus and purpose was to build a community outreach programme that targeted the youth.

In 2004, the Homoeopathic Department at DUT collaborated with LifeLine and established a satellite clinic at Ukuba Nesibindi which offers free homoeopathic treatment to the local community in need (Smillie, 2010). The Ukuba Nesibindi Homoeopathic Clinic (UNHC), is operated by senior homoeopathic students (B.Tech and M.Tech Homoeopathy) under the supervision of qualified homoeopathic clinicians. It is currently privately funded and acts as a pilot project in which homoeopathy is being applied as a form of a community based primary healthcare within the public sector.

The clinic is comprised of two clinic rooms and is located on the 4th floor of the LifeLine building. Consulting, examination, discussion of cases with the clinician, dispensing of medication and storage of files all takes place within these two clinic rooms. Patients privacy can be compromised acting against the South African Bill of Rights which stipulates the right to confidentiality, particularly in the health care system (South African Constitution 1996). The UNHC provides no physical access for the disabled. Because of this it is considered to be in violation of Act 4 of 2000 (South Africa 2000) which opposes discrimination against vulnerable groupings. It also compromises the Right to Equality (South African Constitution 1996).

The UNHC initially only operated on Wednesdays and Fridays when it opened in 2004 but, as the patient numbers grew and the demand for the clinic's service increased, an additional clinic day was needed, hence the clinic started opening three days a week on Mondays, Wednesdays and Friday from 13h00 – 16h00 in 2007 (Smillie, 2010). According to Dr Jabulile Ngobese (2014, pers. comm. 06 March) over the period in which the survey was conducted patients were seen on Monday, Thursday and Friday from 13h00 – 16h00 by 2-3 student interns on a rotational basis. In January 2014 the clinic times were changed and patients are now currently seen on Mondays from 08h00-16h00 and on Thursdays from 13h00-16h00.

A clinical audit, conducted by Smillie, of UNHC found that there was an overall increase in the number of patients seen from June 2004 to June 2008. According to clinic records kept by the head clinician at UNHC Dr Jabulile Nogobese (2013, pers. comm. 03 June), the figures continued to increase in 2009. In the year of 2010 alone 611 patients were seen with 333 of those being new patients and 278 being follow ups.

Table 2.1: Consultation statistics for UNHC

Year	New cases	Follow up cases	Total cases
2004	16	21	37
2005	89	44	133
2006	146	142	288
2007	132	92	224
2008	114	66	180
2009	159	113	272
2010	333	278	611
2011	224	268	492
2012	205	136	341
2013	179	101	280

According to Smillie (2010) 46-67% of patients seen during the four year study period returned for follow up consultations, the overall average follow up rate being 56%.The Homoeopathic Department at DUT is solely responsible for the operating costs and funding of UNHC since the patient consultations and medications are free.

Varieties of conditions present to the UNHC and include cardiovascular, nervous, gastrointestinal, genitourinary, musculoskeletal, lymphatic and dermatological complaints. The treatment provided includes homoeopathic medication, dietary and lifestyle advice, and recommendations regarding exercise, sexual protection, and avoiding unhealthy activities e.g. smoking (Smillie, 2010).

Figure 2.1. A street view of Ukuba Nesibindi and the waiting room.

Figure 2.2. A view of the front desk in the waiting room

2.7 Methods of evaluating patient satisfaction and outcome to treatment

Patient satisfaction is a dynamic concept which is a combination of patient expectation, need, perception and experience that can be attributed to services rendered (Smith, 2001). It is also variable and can alter with any change in medical condition or expectation, hence the need to test in a specific healthcare facility. Unsatisfactory health care is less effective because unsatisfied patients are less likely to comply with instructions, likely to take longer to follow up with appointments, less likely to refer others and may have a poorer understanding of their medical condition (Wilkin *et al.*1994; Al-Assaf, 1998). Thus the perceived quality of care holds greater value to the treating clinicians as they are able to gauge the success on meeting the patients' values and expectations (Smith, 2001).

A survey is a method used to gather information from a specified target group. Surveys are generally used to measure the prevalence of attitudes, beliefs and behaviour (Weisberg *et al*. 1996).There are various methods of performing such surveys. The type of questions used in a questionnaire is important as they have the ability to impact on the resultant information obtained. They should be written specifically for the target population, be straight forward, simple and easy to understand.

It is best to use a self-administered questionnaire because success of face-to-face interviewing is dependent on the skills of the interviewer. They can also be expensive and time-consuming (Weisberg *et al*. 1996). Telephonic interviews have become popular as they are easy to supervise, accurately recorded, fast and cheap. However, there is still the possibility of confusion and sample bias (Weisberg *et al*. 1996). Self-administered questionnaires are still the cheapest way to conduct a survey.

Crawford (1997) states that a well-designed questionnaire is vital to achieve success. A well-designed questionnaire should:

- meet the research objectives
- obtain the most complete and accurate information possible – a good questionnaire is well organised and worded to encourage the respondent to provide accurate, unbiased and complete information
- make it easy for the respondents to give the necessary information
- be brief, to the point, and be arranged as to keep the respondent interested.

2.7.1 Patient Satisfaction Surveys

Traditionally, health authorities had all the power and made all decisions about health servies without any input from the public. It was believed that the general public lacked the technical knowledge to make fully informed decisions themselves (Phaswana-Mafaya *et al.* 2011). Now in South Africa the government supports the centrality of consumers in service delivery. Patient Satisfaction Surveys are considered useful because the views and experiences of the users are important to assess the performance of South African health services as well as enable establishments to assess their own progress and compare their performances with services elsewhere. Public services must respond to customer's needs, wants and expectations according to the Department of Healths policy in health care (National Department of Health, 2007).

According to Phaswana-Mafaya *et al.* (2011), in developing countries Patient Satisfaction Surveys have increasingly become an important and popular tool used to determine patient views on primary health care because professionals have recognized that the feedback acquired from them can be useful in promoting higher quality standards of patient care. Patient Satisfation surveys are used as a means of understanding health care service, quality and the demand for these services for the following reasons:

1. They highlight areas that require improvements to be made in health care where necessary;

2. They are quick, simple and inexpensive to administer;

3. They are critical for developing measures to increase the utilization Primary Health Care services;

4. They can aid in educating medical staff regarding their achievements as well as their failures; and

5. Managers can act from a position of knowledge and understanding when managing public expectations and needs.

In order to be effective the survey needs to be validated, implemented correctly and carefully interpreted. Conducting the survey and then actually using the results to improve the quality of care are two different processes. Once the necessary changes have been implemented; according to the said results, it is then important to re-perform the survey in order to test the impact of the changes made (Patwardhan & Spencer, 2012). Naidu (2009) found that

institutions regularly monitoring healthcare quality and then initiating those improvements in service delivery maintained higher levels of patient satisfaction.

Feedback from customers aims to encourage more prioritization, improve value for money and improve strategic resource allocation (Phaswana-Mafaya *et al.* 2011).

2.7.2 Measurement of patient outcome in homoeopathic studies

A popular method of measuring homoeopathic patient outcomes is the Glasgow Homeopathic Hospital Outcome Scale (GHHOS) which has been used in multiple patient benefit surveys (Bikker *et al.* 2005: 591-600; Richardson 2001; Rossi *et al.* 2009). The scale was initially developed at the Glasgow University of Medicine in 1983 and was later modified into its present form using several cycles of retrospective analysis of patient outcomes via pilot trials done by the Glasgow Homeopathic Hospital (Reilly *et al*. 2003). The purpose was to develop a scale relating outcome to impact on daily living, modelled on daily clinical care and piloted in an "action research cycle". In its current form it exists as an outcome rating scale (-4 to +4) and relates outcomes to effects on daily life (Reilly *et al*. 2003).

2.8 Factors affecting patient satisfaction

Many factors affect patient satisfaction and include patient demographics, perceived quality of care and clinical outcomes (Ong *et al*. 1995: 903-918; Sitzia and Wood, 1997: 1829-1843). Patient satisfaction is a multi-dimentions healthcare construct that is affected by a number of variables. The quality of healthcare plays an important role in patient satisfaction which in turn influences positive patient behaviours such as loyalty (Naidu, 2009).

The UNHC provides free healthcare to the community and the patient population tends to be black, Zulu-speaking, and of the lower literacy and income bracket. Patients' perception of healthcare services are complex and based on numerous factors including race, culture, socioeconomics and previous encounters with healthcare (Lynch and Kaplan, 1997; Nápoles-Springer *et al*. 2005: 4-17). It has been shown that a patient's racial, cultural and linguistic differences with a healthcare worker can lead to reduced satisfaction with care (Carrasquillo *et al*.1999: 82-87; Nápoles-Springer *et al*. 2005). Herr (2008) found that at the DUT Homoeopathic Day Clinic, education had a significant effect on the average satisfaction of patients. According to Herr (2008) different income groups showed equal satisfaction with the

quality of care which was in opposition to previous studies in the literature. Poorer people have worse health and poorer healthcare leading to them being less satisfied (Lynch and Kaplan, 1997; Kawatchi and Kennedy, 1999). These specific factors may lead to reduced satisfaction with healthcare at UNHC. Health status and the health outcomes affect the satisfaction of patients. In general those recording lower levels of satisfaction, with the possible exception of some chronically ill groups, are the sicklier patients and those experiencing psychological distress (Crow *et al.* 2002).

Past experiences of healthcare will also affect how the UNHC is perceived in terms of professionalism and quality of care (Smith, 2001). Crow *et al.* (2002) found patient satisfaction to be linked to prior satisfaction with healthcare, respondents' predisposition, utilisation and then granting patients desires (eg for medication and tests). The 1998 South African Demographic and Health Survey (Department of Health 2002:194) found that "users of public health services were more dissatisfied with day hospitals, government clinics and government hospitals (12%), compared with only 7% of those using private hospitals". A quantitative study of patients' perception of healthcare in Limpopo, South Africa, by Mashego and Peltzer (2005) found that the several areas showed lack of satisfaction: drug availability (medication was often unavailable), interpersonal skills (staff were often rude and showed lack of empathy – especially to those of lower social standing), facilities (often inadequate consultation rooms with no waiting area and lacked privacy, unclean toilets), technical skills (poor examination, patient education and very brief consultations) and waiting long periods before being seen by a doctor. Areas showing high satisfaction were prevention (provision of HIV information, condoms and immunizations), family planning and antenatal care, home visits, social services and that services were free of charge. The South African Bill of Rights which stipulates the right to confidentiality and equality, particularly in the healthcare system (South African Constitution) and the study by Mashego and Peltzer (2005) highlights that these rights are being violated.

Crow *et al.* (2002) stated there to be consistent evidence across settings that indicate that the most important health service factor that affects patient satisfaction is the patient-practitioner relationship, including information given. Empathy towards the patient has shown to be a valuable quality. It allows for enablement, which in turn, is strongly related to the perception of changes in the main complaint and general well being thus leading to higher levels of patient satisfaction (Bikker *et al.* 2005)

Naidu (2009) conducted an audit of 24 international journals to determine factors affecting patient satisfaction and healthcare quality. It concluded that regularly monitoring healthcare

quality and then initiating service delivery improvements accordingly maintained higher levels of patient satisfaction.

2.9 Patient benefit and satisfaction with homoeopathic care

Clover (2000) made use of the Glasgow Homeopathic Hospital Outcome Scale (GHHOS) when assessing patient benefit at Tunbridge Wells Homeopathic Hospital. A short questionnaire was devised to be completed by follow-up patients; it asked the patient to state their own assessment of the degree of change in the medical problem for which they have received homeopathic treatment, selecting from:

+3 Much better

+2 Moderately better

+1 Slightly better

0 Unchanged

-1 Slightly worse

-2 Moderately worse

-3 Much worse

This scale has proven to be simple to understand and easy to implement (Clover, 2000). A total of 1372 responses were obtained – patients recruited were predominantly female and older than 40yrs. A range of categorised medical problems were treated with the most common being dermatological, musculoskeletal, respiratory and ear/nose/throat complaints. 74% of patients noted a positive response to treatment with 55% being significantly better.

Richardson (2001) conducted an outcome survey at the Liverpool Regional Department of Homoeopathic Medicine over a 12-month period between 1 June 1999 and 31 May 2000, using a self-assessment survey which made use of the GHHOS. The total number of completed questionnaires received was 1100. It was administered on follow-up patients and the aims of this study were: to describe the conditions being treated to assess overall outcomes; to compare outcomes for various diagnostic groups and to see whether the introduction of homoeopathy enabled a reduction in conventional medication. The most common conditions treated were musculoskeletal, dermatological, respiratory, chronic fatigue and gynaecological complaints. Overall 76.6% of patients reported an improvement in their

conditions since starting homeopathic treatment, while 60.3% scored +2, +3 or +4 on the GHHOS. Of the 1100 patients surveyed, 814 were taking conventional medication for the presenting complaint and 52% of these patients reduced their conventional medication as a result of commencing homoeopathic treatment. Richardson recommended that future studies should include the question 'Do you think the change in your condition (whether for better or worse) is due to Homoeopathy, to other medication, or to natural causes?'

Forster (2005) performed a study at the Homeopathic Day Clinic at Technikon Witwatersrand which included patients' satisfaction, rate of recovery, reactions to medication, patient's healthcare utilization as well as patients' view of Homoeopathy. Forster randomly selected 100 clinic patients from the patient population visiting the clinic during a three month time period and gathered data using a telephonic interview. Areas that showed dissatisfaction were: the accessibility of the clinic, the accuracy of the diagnosis obtained the explanation of their medical condition and the explanation of the Homoeopathic case-taking procedure. Improvement was noted in 64.4% of patients' conditions (48% of acute cases and 72% of chronic cases) and, of those that improved, the majority noted an improvement within one week of taking the medication. Again valuable information was gathered on patient behaviour and satisfaction and this could be utilised to implement improvements of health care delivery.

Herr (2008) conducted a homoeopathic patient perception survey of the DUT Homoeopathic Day Clinic (HDC); an onsite training facility for 5th year homoeopathic students located at the Ritson Road Campus of DUT. The study used convenience sampling and included the first 100 consenting patients to attend the clinic in a three month period. A self-administered questionnaire was used. Herr (2008) used a five-point rating scale to measure variables in two main categories: a) administration and general satisfaction responses, and b) consultation and treatment satisfaction processes. He also performed a descriptive analysis of the participating patients. 73% of participants at the DUT clinic used English as their home language with isiZulu being the second most prominent at 18%. He performed a statistical analysis of the results recorded which showed levels of satisfaction varied in opinions based on demographics. Patients were generally satisfied with the healthcare experience. Other areas of satisfaction were the politeness of staff, friendliness of the students and the instructions on how to take the medication. The lowest degree of satisfaction recorded was relating to advertising, both in media and by signage, as well as accessibility of the clinic for disabled patients. This provided valuable information for improvement to the HDC.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes and explains the methods used in this research study. It includes the study design, sampling method, inclusion/exclusion criteria, full data collection procedure, data collection tool and statistical methods used to analyse the resultant data.

3.2 Study Design

This study is a quantitative, descriptive survey to determine patients' perception of services provided at UNHC and the patients' response to treatment at UNHC.

3.3 Sampling and sample size

Non-probability, convenience sampling was applied over a 12 month period (August 2012 to August 2013) in selecting consenting research participants who were follow up patients with an existing file at UNHC.

3.4 Sample characteristics

To be included in the study, the files had to meet the following criteria:

3.4.1 Inclusion criteria:

- The participants had to be follow-up patients of UNHC (had an existing file at the UNHC).
- Participants had to be over the age of 18 years. Smillie (2010) determined that patients younger than 18 years only comprised 5% of the total patient population attending UNHC.
- Participants had to be conversant in isiZulu or English.

3.5 Recruitment procedure

All follow up patients who attended the UNHC during the aforementioned time-frame (August 2012 to August 2013) were approached after their homoeopathic consultation. When approached they were informed about the research by the researcher and field worker verbally and provided with an information letter written in English or IsiZulu (Appendices E and H). Illiterate patients had the letter of information read to them in either English or IsiZulu whereas literate patients were given a letter of information to read for themselves and were able to ask questions if there was any confusion. Participation was strictly voluntary and no coercion was used; those who expressed interest in the study and met the inclusion criteria were asked to sign an informed consent form (See Appendices F and I). This process was independently witnessed in writing and copies of the information letters were provided to the participants to take home. For those who were illiterate consent was obtained verbally and a thumbprint was required on the Consent Form from the patient together with the signature of a literate witness. In order to prevent coercion it was emphasized that should they not wish to participate their non-participation would not negatively affect their treatment in any way.

3.6 Data collection procedure

Once informed consent was obtained the participants were escorted to a separate private room where data collection took place, each literate participant was provided with a questionnaire (Appendices G and J) and allowed time to complete the questionnaire themselves. Answering of the questionnaire was supervised by the researcher or an English/isiZulu speaking field worker who was present to facilitate if the participants had any difficulty answering any of the questions.

Comparative data pertaining to the patients' weight was provided to the consenting participants by the homeopathic student who they consulted that day.

For those who were illiterate the questionnaire was administered by field worker and read out to the participant in their language of choice (English/isiZulu). The answering of the questionnaire took no longer than 15 minutes to complete. Once completed, the questionnaire was placed in a sealed box and the patient was thanked for their participation.

Full anonymity was possible where participants completed their own questionnaires, and then posted them in the sealed box provided. However those who were illiterate had the questions from the Questionnaire read to them one at a time by the field worker and the patient's exact response were recorded for them; for this reason, anonymity could not be ensured for these participants, but once their questionnaires were completed and placed in the box they could not be linked to their existing clinic files; i.e. the participant's completed questionnaires remained anonymous i.e. their names or other identifying information were not placed on the questionnaire and, once placed in the sealed box, the information was not able to be linked to their existing clinic files.

The appointed field worker was a bilingual 3rd year (English and isiZulu) Homoeopathic student with clinical experience and discipline specific knowledge which would assist in ensuring the accuracy of the translation process.

3.7 Data collection tool (Appendices G and J)

The first part of the questionnaire which gathered data on perceptions of the service provided at UNHC was adapted from Herr (2008), Thoresen (2006) and Forster (2005).
The questions were modified to suit participants with limited education and literacy.

The second part of the questionnaire addressed the patients' response to treatment. The scale used to assess the patients perception of response to treatment was based on the Glasgow Homoeopathic Hospital Outcome Scale. A modified GHHOS was used i.e. the seven-point rating scale (significantly better to significantly worse) was animated with corresponding facial expressions and the participant was required to choose an appropriate response. This modified version of the GHHOS was appropriate since the general level of education and literacy of participants in this study was anticipated to be low. Richardson (2001) recommended that future studies should include the question 'Do you think the change

in your condition (whether for better or worse) is due to Homoeopathy, to other medication, or to natural causes?' This question was included to account for those patients who were on other forms of treatment.

3.8 Pilot study

An expert focus group comprising 4th and 5th year homoeopathic students was convened in order to consider the questions being asked. They were asked to comment on any ambiguity, confusion and the general layout thereof. Appropriate changes were made prior to commencement of the research in August 2012.

The final pilot study was conducted on follow up patients attending UNHC from 30 August to 30 November 2012; 8 participants were recruited accordingly. The purpose of the pilot study was to see if there were any difficulties or confusion regarding the questionnaire and whether any changes needed to be made. No changes were necessary and these questionnaires were incorporated into the entire data sample of 44.

3.9 Data capture and processing

1. After retrieval of the questionnaires from the sealed box, data was subsequently captured electronically into a Microsoft Excel 2010 spread sheet.
2. The information gathered included the patients' perception on a.) Administration and general satisfaction with the running of the clinic; b.) Satisfaction with the consultation and treatment received; c.) Response to the homoeopathic consultation and treatment.
3. Questionnaires with missing data had that variable noted as 'missing' so as to prevent any selection bias.
4. Data was captured by the researcher and then sent to the research statistician where statistical analysis took place.

3.10 Data analysis

All questionnaires completed during the allocated 12-month period were used. The data collected from the questionnaires was subsequently captured in a spread sheet by the researcher for interpretation. Various forms of descriptive statistics were applied using bar graphs, pie charts and tables. Statistical analyses were performed on the data using the SPSS version 19 (SPSS Inc., Chicago, Illinois, USA). This included descriptive analysis of variables measured (percentages, frequencies, mean, standard deviation, range), and intervariable relationships using t-tests (Hammond, 2013).

3.11 Ethical considerations

Gatekeeper permission was sought and received in order to conduct this study (Appendices A-C) and a Statement of Confidentiality was signed by the field worker (Appendix D).

Participation in this study was voluntary and there was no coercion or pressure to participate; participants were free to withdraw at any stage with no explanation necessary. In addition, participants were informed that participation/non-participation would not impact on their routine clinical management at the UNHC. Informed consent was obtained from the patients for the researcher to access participant records only if it was deemed necessary; the need for this did not arise in the study.

Informed consent was obtained from all participants and the implications and requirements for participation were fully disclosed to the participants in their language of choice (English or isiZulu), all participants signed or confirmed consent with a thumbprint which was independently witnessed.

Completed questionnaires did not contain any identifying information and could not be traced to the participant's medical records and dissemination of the research findings will be done in a manner which protects the identity of all participants.

Ethical approval was obtained from the DUT Institutional Research Ethics Committee (IREC); (Ethics clearance number: 25/12) a registered research ethics committee with the National Heath Research Ethics Council.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter shall present the results obtained from this study. The data was analysed using SPSS version 19 (SPSS Inc., Chicago, Illinois, USA) and t-tests. Data was considered significant when $p < 0.05$.

Data is presented using frequency tables, pie charts and bar graphs. Descriptive statistics such frequencies and percentages were used for categorical data; range and mean were used for quantitative data where available.

4.2 Descriptive analysis of results

4.2.1 Perception of the service provided at UNHC (Administration and general satisfaction)

The following section deals with the responses of participants to the particular statements in the research questionnaire pertaining to administration and general satisfaction with the service provided by DUT UNHC.

4.2.1.1 Statement: The clinic is easy to find and the signs are easy to see

The sample showed a strong degree of satisfaction as depicted in the bar graph below as shown by figure 4.1 below (N=44). 77% of the sample group either agreed or strongly agreed that the clinic was easy to find and the respective signage was easily visible.

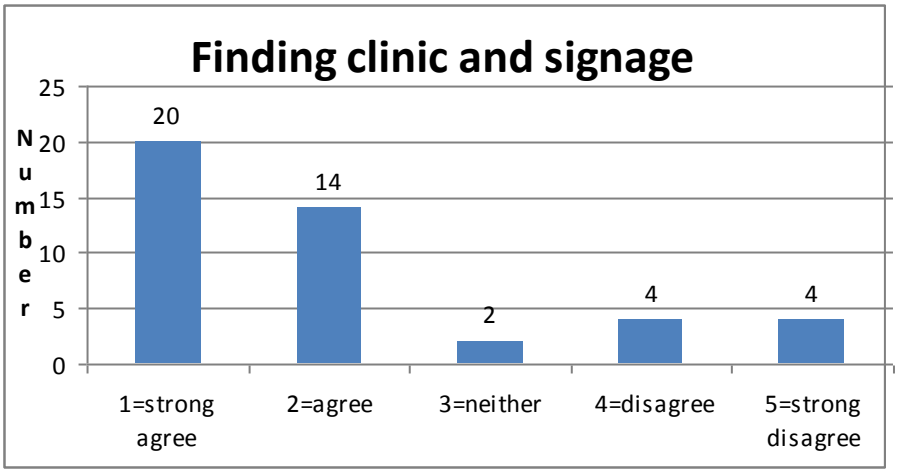

Figure 4.1: Finding clinic and signage.

4.2.1.2 Statement: UNHC is easy to get to.

The sample showed a high degree of agreement with the statement as shown by figure 4.2 below (N=44). 84% of the sample group either agreed or strongly agreed that the UNHC was easy to get to.

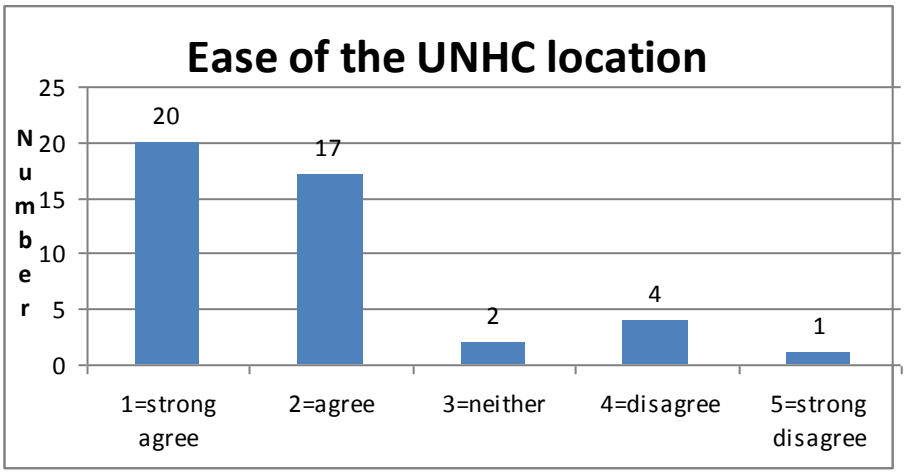

Figure 4.2: Ease of the UNHC location.

4.2.1.3 Statement: You didn't wait long to get an appointment.

The sample showed a high degree of agreement with the statement as shown by figure 4.3 below (N=44). 86% of the sample group either agreed or strongly agreed that the waiting time for an appointment was good enough.

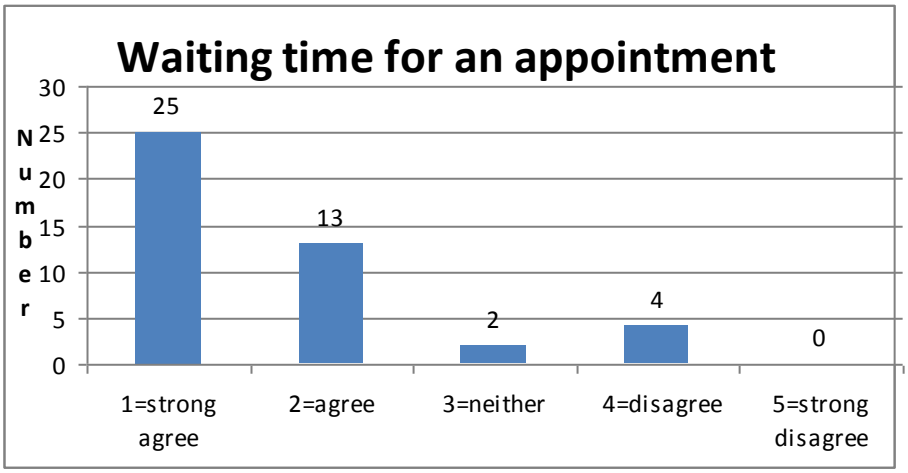

Figure 4.3: Waiting time for an appointment.

4.2.1.4 Statement: You were told you were going to wait and how long it would take.

The sample showed a high degree of agreement with the statement as shown by figure 4.4 below (N=44). 77% of the sample group either agreed or strongly agreed that they were informed about the waiting time to be attended to. 18% (n=8) neither agreed nor disagreed about that statement.

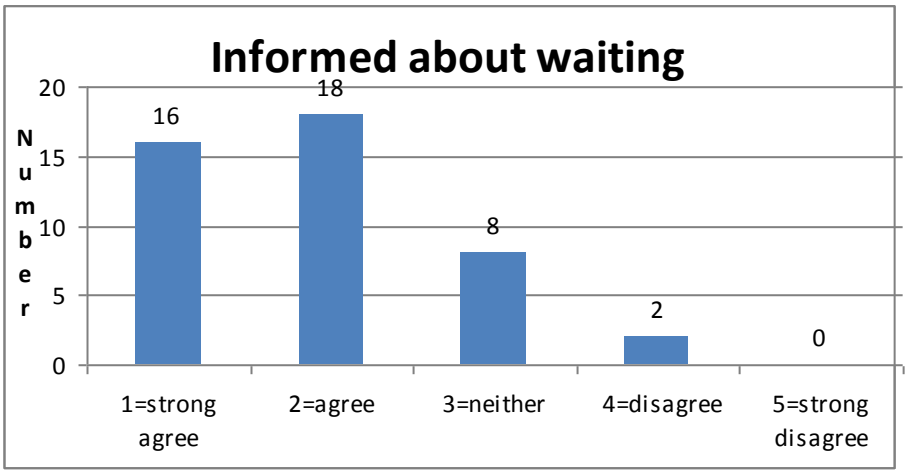

Figure 4.4: Informed about waiting.

4.2.1.5 Statement: Only having afternoon appointments is enough to meet your needs

The sample showed mixed perceptions of the statement as shown by figure 4.5 below (N=44). 61% of the sample group either agreed or strongly agreed that having appointments only available in the afternoons was suitable and 32% either disagreed or strongly disagreed with this statement.

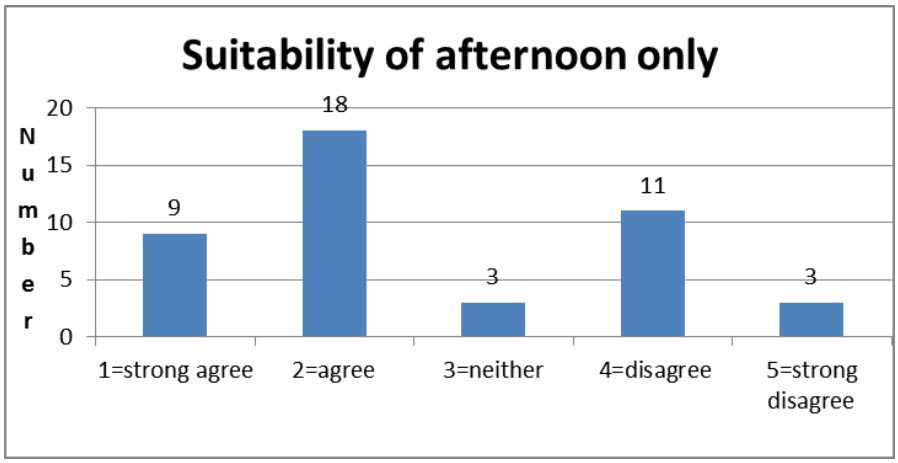

Figure 4.5: Suitability of afternoon only.

4.2.1.6 Statement: The front entrance looks professional

The majority of the sample showed a high degree of agreement with the statement as shown by figure 4.6 below (N=44). 64% of the sample group either agreed or strongly agreed that the front entrance looked professional.

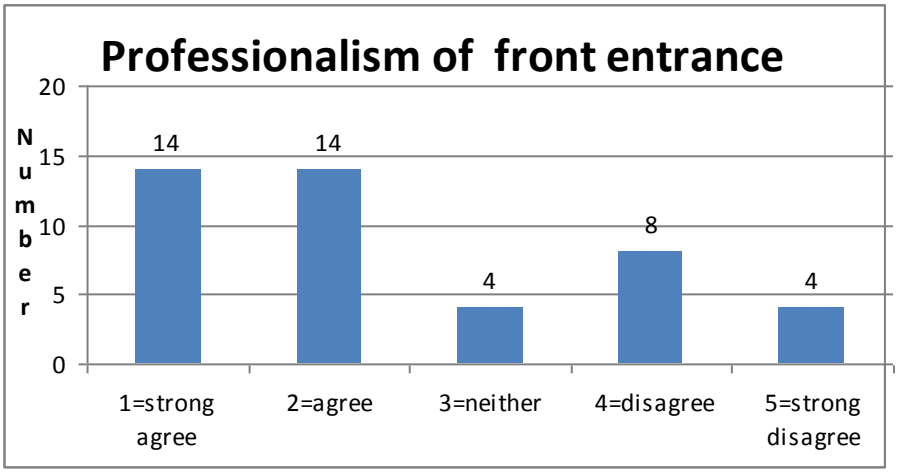

Figure 4.6: Professionalism of front entrance.

4.2.1.7 Statement: The clinic is clean

The sample showed a very high degree of agreement with the statement as shown by figure 4.7 below (N=44). 93% of the sample group either agreed or strongly agreed that the clinic was clean.

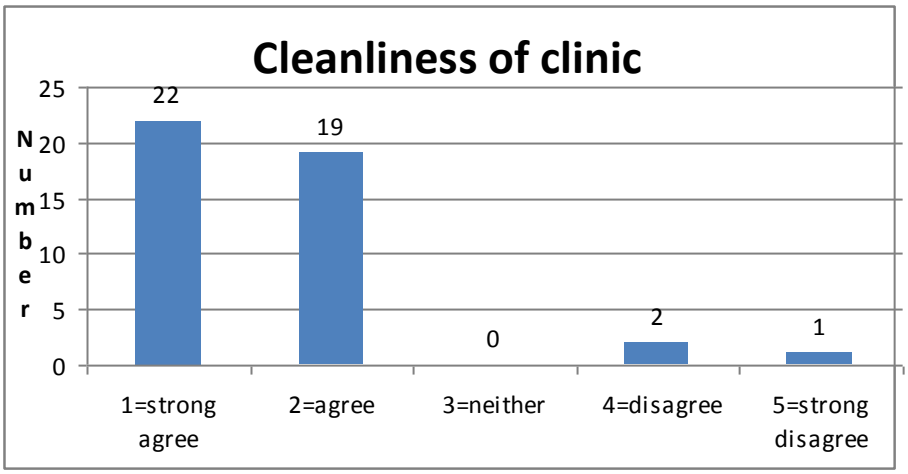

Figure 4.7: Cleanliness of clinic.

4.2.1.8 Statement: When arriving to your appointment, you are helped quickly

The sample showed a very high degree of agreement with the statement as shown by figure 4.8 below (N=44). 98% of the sample group either agreed or strongly agreed that they were attended to quickly upon arrival at the UNHC.

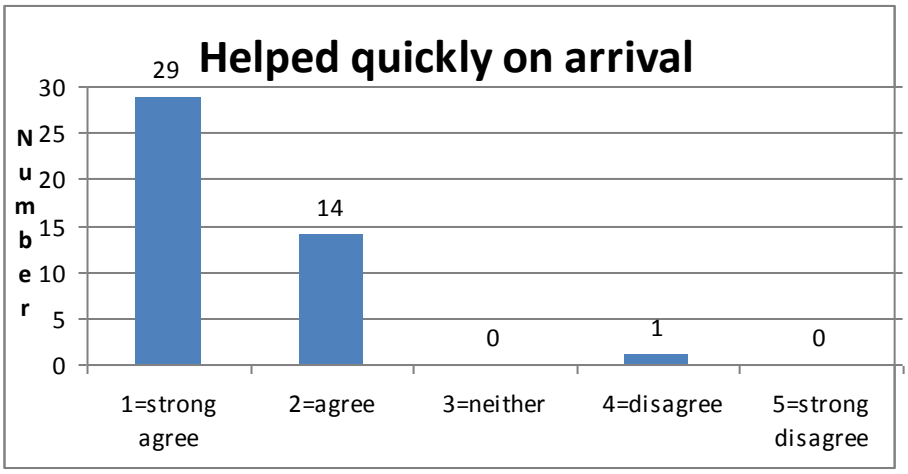

Figure 4.8: Helped quickly on arrival.

4.2.1.9 Statement: When arriving to your appointment, the staff are polite

The sample showed a very high degree of agreement with the statement as shown by figure 4.9 below (N=44). 98% of the sample group either agreed or strongly agreed that the staff at the clinic are polite however 2% who disagreed with this statement.

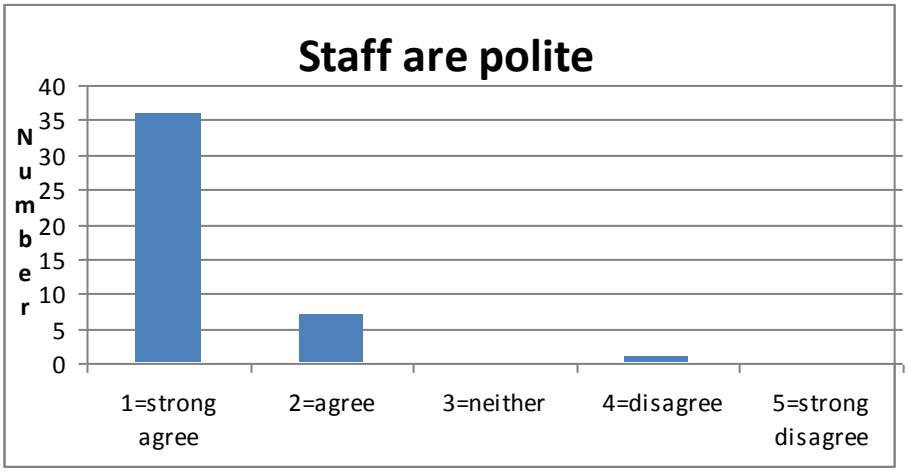

Figure 4.9: Staff are polite.

4.2.1.10 Statement: The waiting rooms are well kept and professional

The sample showed a high degree of agreement with the statement as shown by figure 4.10 below (N=44). 75% of the sample group either agreed or strongly agreed that the waiting room was well kept.

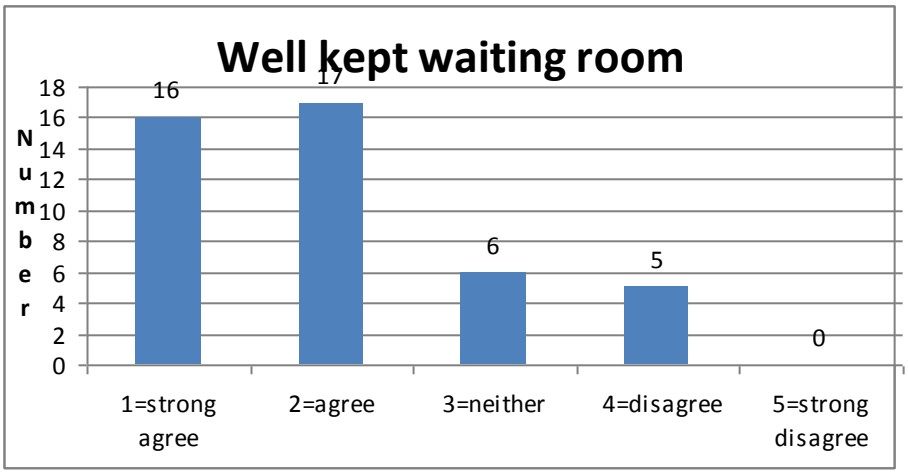

Figure 4.10: Well kept waiting room.

4.2.1.11 Statement: The toilets are well kept and professional.

The sample showed a high degree of agreement with the statement as shown by figure 4.11 below (N=44). 84% of the sample group either agreed or strongly agreed that the toilets are well kept.

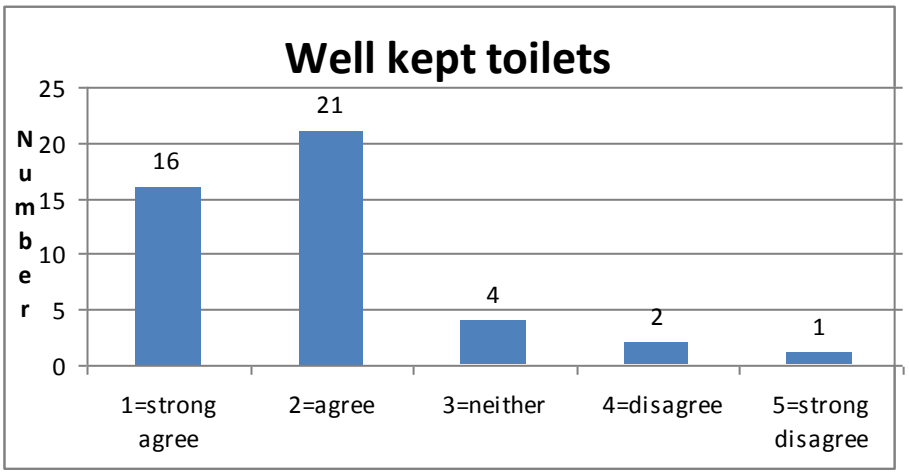

Figure 4.11: Well-kept toilets.

4.2.1.12 Statement: Getting to the toilets is easy

The sample showed a high degree of agreement with the statement as shown by figure 4.12 below (N=44). 84% of the sample group either agreed or strongly agreed that the toilets were easy to access.

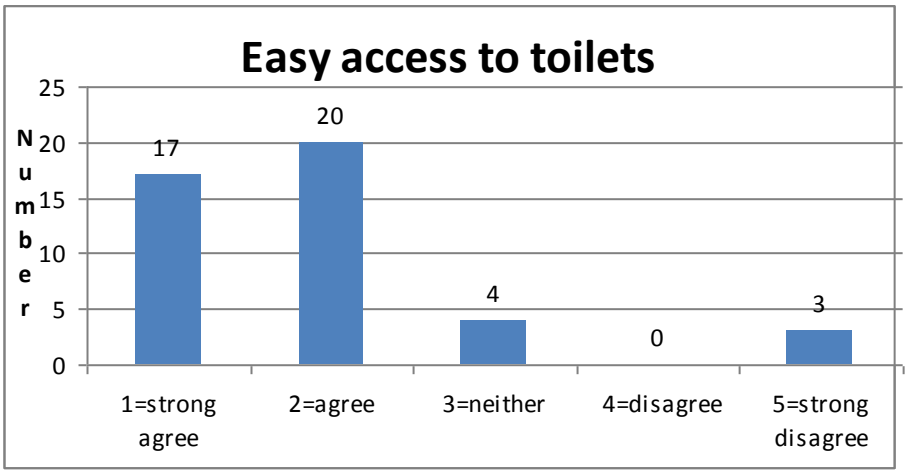

Figure 4.12: Easy access to toilets.

4.2.1.13 Statement: The clinic is okay for disabled patients

The sample showed a very high degree of disagreement with the statement as shown by figure 4.13 below (N=44). 73% of the sample group strongly disagreed that the clinic is easily accessible for disabled patients.

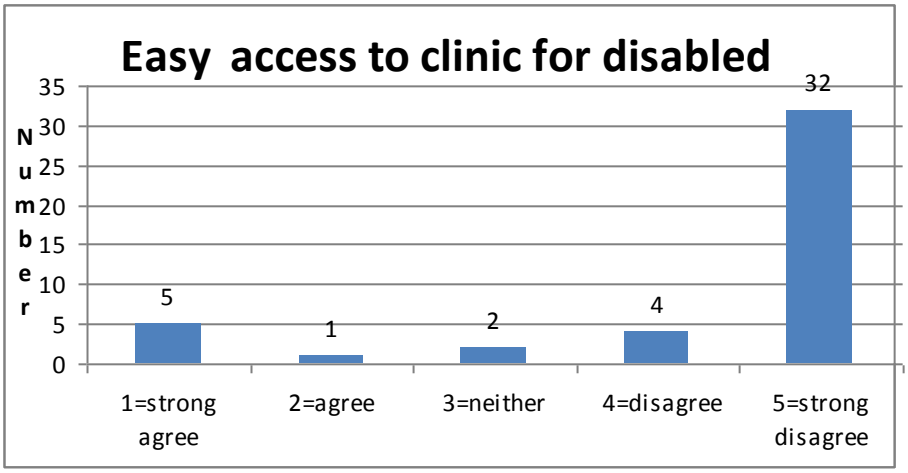

Figure 4.13: Easy access to clinic for disabled.

4.2.1.14 Statement: The doctor's rooms are well kept and professional

The sample showed a high degree of agreement with the statement as shown by figure 4.14 below (N=44). 86% of the sample group either agreed or strongly agreed that the doctor's rooms are well kept and professional.

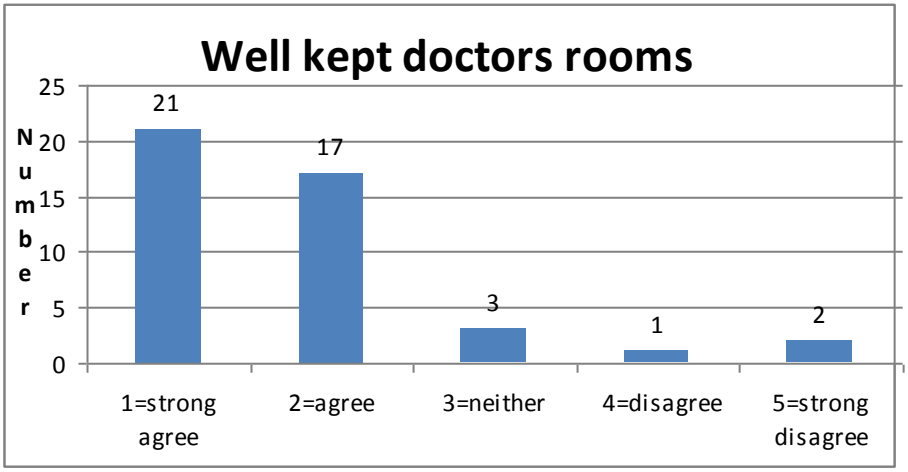

Figure 4.14: Well-kept doctor's rooms.

4.2.1.15 Statement: The doctor's rooms are comfortable

The sample showed a very high degree of agreement with the statement as shown by figure 4.15 below (N=44). 95% of the sample group either agreed or strongly agreed that the doctor's rooms are comfortable.

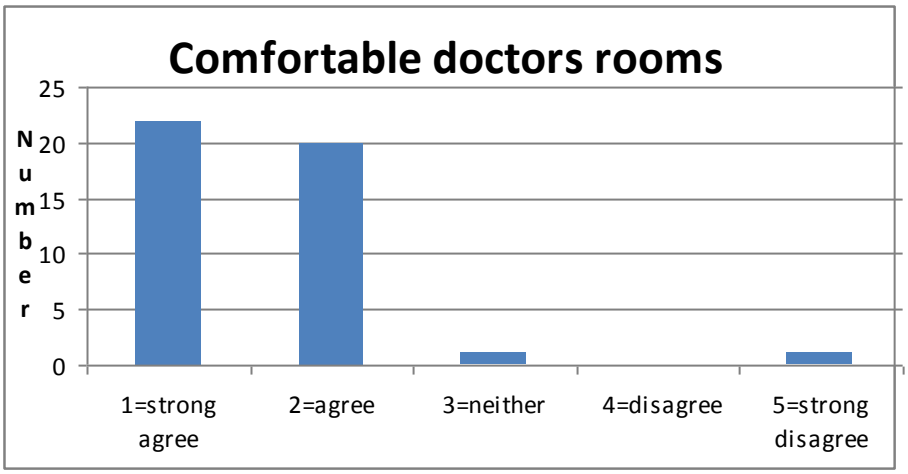

Figure 4.15: Comfortable doctor's rooms.

4.2.1.16 Statement: There is enough privacy in the doctor's rooms

The sample showed a high degree of agreement with the statement as shown by figure 4.16 below (N=44). 70% of the sample group either agreed or strongly agreed and 25% either disagreed or strongly disagreed that there was sufficient privacy in the doctor's rooms.

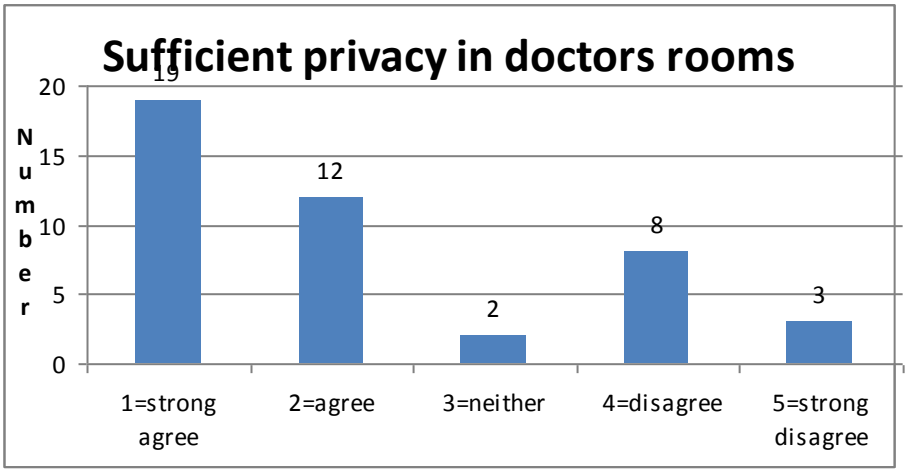

Figure 4.16: Sufficient privacy in doctor's rooms.

4.2.1.17 Statement: When waiting for your medication, the waiting time was good enough.

The sample showed a mixed perception of the statement as shown by figure 4.17 below (N=44).

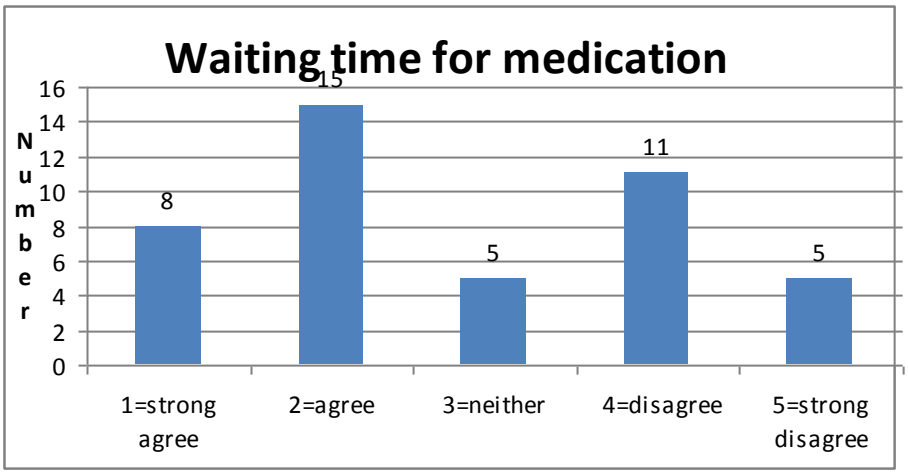

Figure 4.17: Waiting time for medication.

4.2.2 Consultation and treatment satisfaction:

The following section deals with the responses of participants to the particular statements in the research questionnaire pertaining to satisfaction with the consultation itself and treatment provided at DUT UNHC.

4.2.2.1 Perceptions of the consultation process

The following statements from the questionnaire dealt with the patients' perceptions of the consultation process. Figure 4.18 and Table 4.1 reflect the results shown by the sample:

a. Your feelings about the healthcare given.
b. The quality of the physical exam.
c. The attention given to your case.
d. The explanation of your condition/diagnosis by the homoeopathic student.
e. The explanation of the homeopathic case taking.
f. The time spent in the doctor's room with the homeopathic student.

In general participant's perceptions of the consultation were positive specifically regarding 'attention given to the case' 75% of which regarded this to be 'very good'. The statement scoring the lowest scores and some mixed perceptions was: f - 'The time spent in the doctor's room with the homeopathic student'; 14% of participants reported that the time spent with the homeopathic student was either 'poor' or 'very poor'.

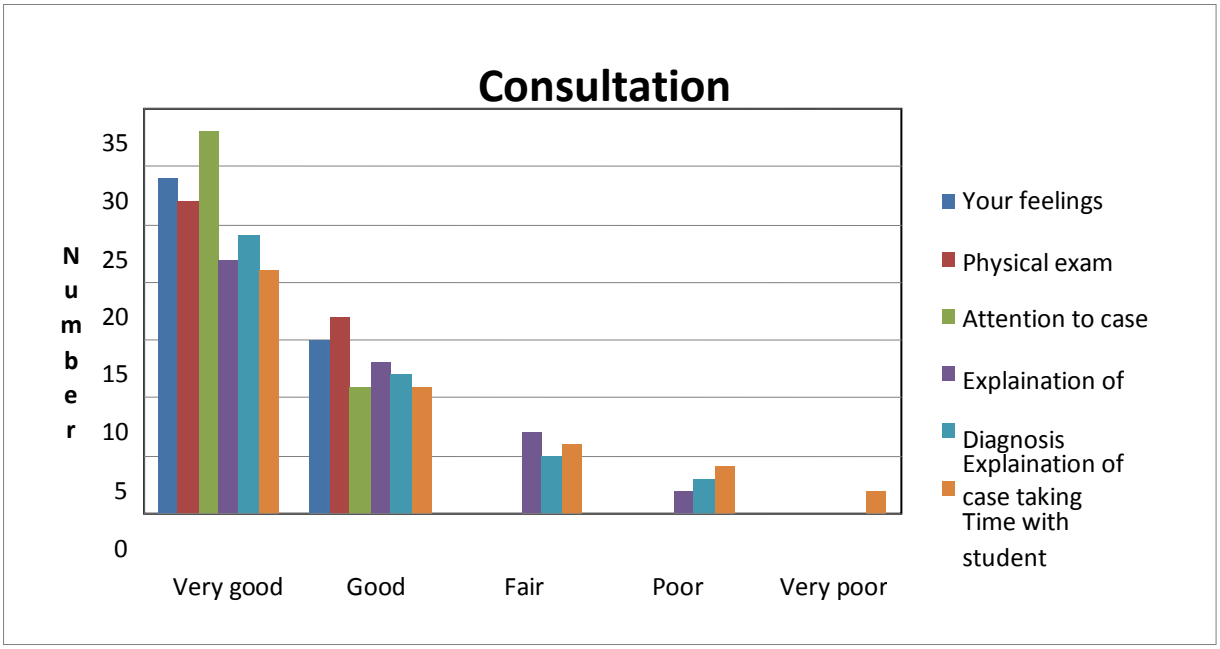

Figure 4.18: Summary of perceptions of the consultation.

Table 4.1: Perceptions of the consultation

	Your feelings	Physical exam	Attention to case	Explanation of diagnosis	Explanation of case taking	Time with student
Very good	29	27	33	22	24	21
Good	15	17	11	13	12	11
Fair	0	0	0	7	5	6
Poor	0	0	0	2	3	4
Very poor	0	0	0	0	0	2
Total	**44**	**44**	**44**	**44**	**44**	**44**

4.2.2.2 Impression of the student

The following statements from the questionnaire dealt with the perceptions participants had of the homoeopathic students attending to them. Figure 4.19 and table 4.2 reflect the results shown by the sample:

a. The skill of the student.
b. The confidence of your homeopathic student.
c. The care from your homeopathic student.
d. The friendliness of your homeopathic student.
e. The manners of your homeopathic student.
f. The way the homeopathic student looked.
g. The way the student was organized.

Generally participants had positive perceptions of the homoeopathic students who attended to them. This is reflected in the Figure 4.19 below with the majority of the sample agreeing that the 'skill of the students' was 'Very good'. 'Care', 'Friendliness' and 'Manners' of the student achieved the highest ratings.

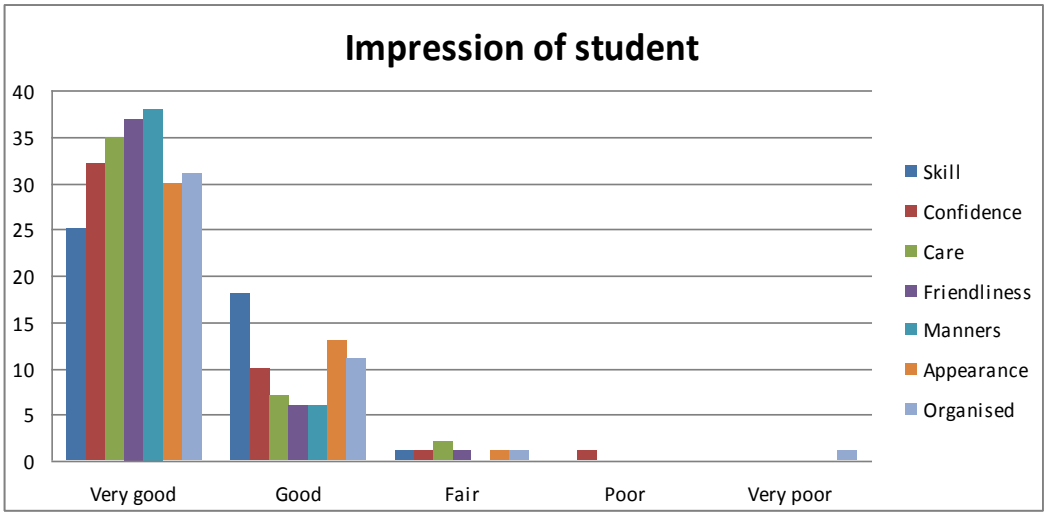

Figure 4.19: Summary of Impression of student

Table 4.2: Impression of the student

	Skill	Confidence	Care	Friendliness	Manners	Appearance	Organised
Very good	25	32	35	37	38	30	31
Good	18	10	7	6	6	13	11
Fair	1	1	2	1	0	1	1
Poor	0	1	0	0	0	0	0
Very poor	0	0	0	0	0	0	1
Total	**44**	**44**	**44**	**44**	**44**	**44**	**44**

4.2.2.3 Perception of instructions provided for medication

The following statements from the questionnaire dealt with the patients' perceptions of the instructions provided with their medication. Figure 4.20 and Table 4.3 reflect the results shown by the sample:

a. Instructions on taking medication
b. Ease in ability to understand instructions

The results below reflect very positive perceptions with regards the instructions on the medication. 80% of the sample said the instructions given on how to take the medication was very good and 77% of the sample agreed that the instructions were easy to understand.

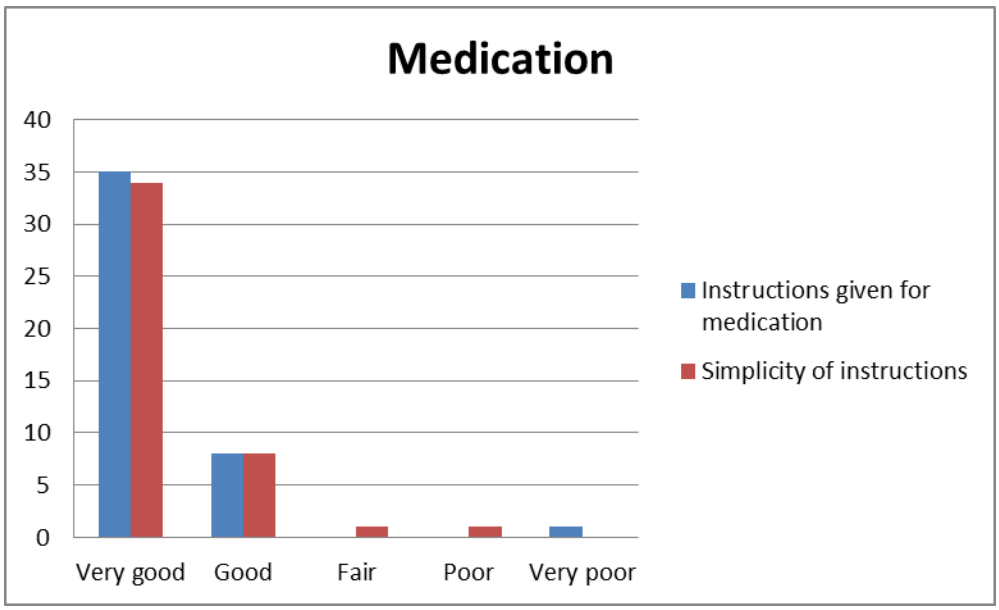

Figure 4.20: Instructions on medication

Table 4.3: Instructions on medication

	Instructions given for medication	Simplicity of instructions
Very good	35	34
Good	8	8
Fair	0	1
Poor	0	1
Very Poor	1	0
Total	**44**	**44**

4.2.3 Perceptions of response to treatment

The following section addresses the participants' perception of their response to treatment for their Main Complaint, Secondary Complaint and overall General State of Health.

4.2.3.1 Main complaint:

Patients rated their response to treatment for their main complaint using the data collection tool (Appendices G OR J). In addition patients stated whether they were utilizing other sources of medication for their Main Complaint in addition to that of the Homoeopathic medicines prescribed at UNHC.

In Table 4.4 the Main Complaints treated are categorized by systems. The actual conditions that were treated are listed as well as the amount per condition. Table 4.5 grades changes in the Main Complaints and reflects what the patients' attributed the changes to. Figure 4.21 records patients' percieved outcomes after the treatment at UNHC and also compares patients being treated exclusively with the homeopathic medication prescribed at the UNHC for the Main Complaint against those concurrently using other medication for their presenting complaint.

Table 4.4: Summary of Main Complaints treated

SYSTEM	COMPLAINT	NO.
Cardiovascular	Chest pain	1
Respiratory	TB	1
ENT	Ear infection	1
	Pharyngitis	1
	Ottorheoa	2
Genitourinary	UTI	9
	Vaginal Ulcers	1
	Vaginal Discharge	1
	STI	1
	Dysmenorrhoea	1
	ED	1
	Kidney infection*	1
GIT	Abdominal Pain	3
	Diarrhoea	2
	Haemorrhoids	1
Neurological	Headache	5
	Vertigo	1
Musculoskeletal	Arthritis	2
	Bone Pain	1
Psychiatric	Drug Dependency	1
Dermatological	Contact Dermatitis	1
	Skin Rash	1
Immune	Influenza	2
	Acute Lymphadenitis	1
Hormonal	Diabetes	2

Table 4.5: Main complaint after treatment

Changes in Main Complaint in response to Treatment		Change attributed to		
Response	Total	Homeopathy	Other medicine	Natural causes
Significantly better	15	15	0	1
Moderately better	11	11	0	0
Slightly better	10	10	0	1
No change	5	0	0	0
Slightly worse	2	1	1	0
Moderately worse	1	0	0	1
Significantly worse	0	0	0	0

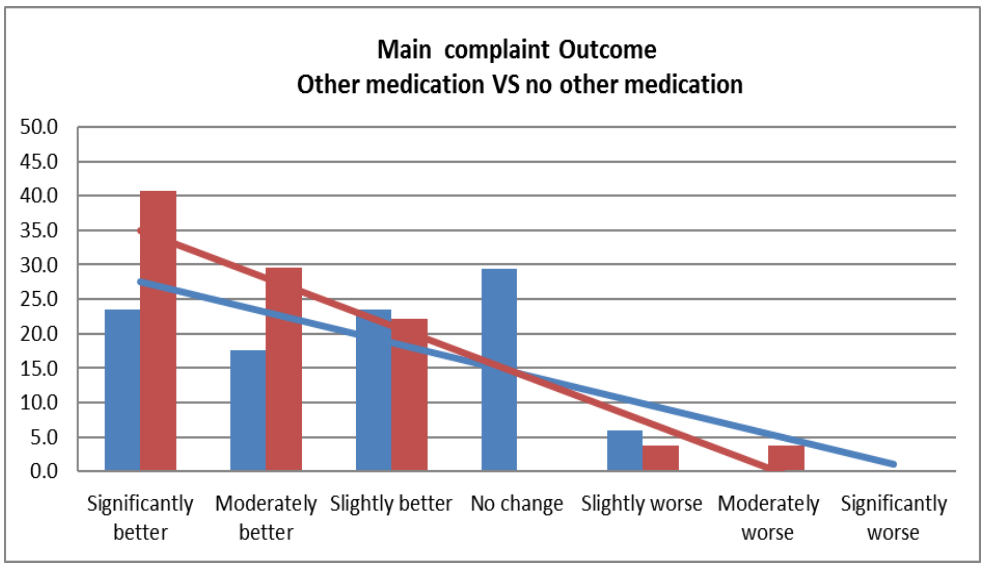

Figure 4.21: Correlation of response to treatment and use of additional medication for Main Complaint

Blue - Other medication used in addition
Red - UNHC medication only

Correlation = 0.496 (Not Significant)

Figure 4.21 compares those exclusively on treatment at UNHC versus patients also using other treatment concurrently with their treatment from UNHC. The results show that both groups still saw an improvement in their Main Complaint after being treated at the clinic and that there was no noteworthy affect the outcome of present treatment between those exclusively using Homoeopathic treatment being received at Ukuba and those not..

With respect to response to treatment of the Main Complaint the data suggests that patients generally responded favourably to treatment provided by UNHC; Eighty-one percent of the sample stated that they were better since receiving treatment while thirty-four percent of those claiming to be significantly better.

4.2.3.2 Secondary Complaint

Patients rated their response to treatment for their Main Complaint using the data collection tool (Appendices G or J). In addition patients stated whether they were utilizing other sources of medication for their secondary complaint in addition to that of the Homoeopathic medicines prescribed at UNHC.

In Table 4.6, the Secondary Complaints treated are categorized by systems. The actual conditions that were treated are listed and the amount of each condition is displayed. Table 4.7 rates changes in the Secondary Complaints and reflects what the patients' attributed the changes to. What is shown is whether or not the patient was being treated exclusively with the homeopathic medication prescribed at the UNHC for the Secondary Complaint or if they have had other medication for that problem.

Table 4.6: Secondary complaints

SYSTEM	COMPLAINT	NO.
Cardiovascular	High blood pressure	3
	Heart palpitations	1
Respiratory	Cough	2
Ear, Nose & Throat	Deafness	2
Genitourinary	UTI	5
	Vaginal Discharge	3
	STI	1
	Irregular Menses	1
Gastrointestinal	Diarrhoea	1
Neurological	Headache	3
	Vertigo	1
Musculoskeletal	Arthritis	2
	Bone Pain	2
	Muscle Strain	1
	Back ache	1
	Leg cramps	1
Dermatological	Puritis	1
	Ringworm	1
Immunological	Influenza	1
	Low Immunity	1
	Lymphadenopathy	1
Psychiatric	Anxiety	2
	Depression	2
General	Fevers	2
	Weakness	2
	Oedema	1

Table 4.7: Secondary complaints after treatment

Changes in Secondary Complaint in after treatment		Change attributed to		
Response	Total	Homeopathy	Other medicine	Natural causes
Significantly better	8	7	0	1
Moderately better	19	18	1	0
Slightly better	11	10	1	0
No change	3	0	0	0
Slightly worse	2	1	0	1
Moderately worse	1	0	0	1
Significantly worse	0	0	0	0

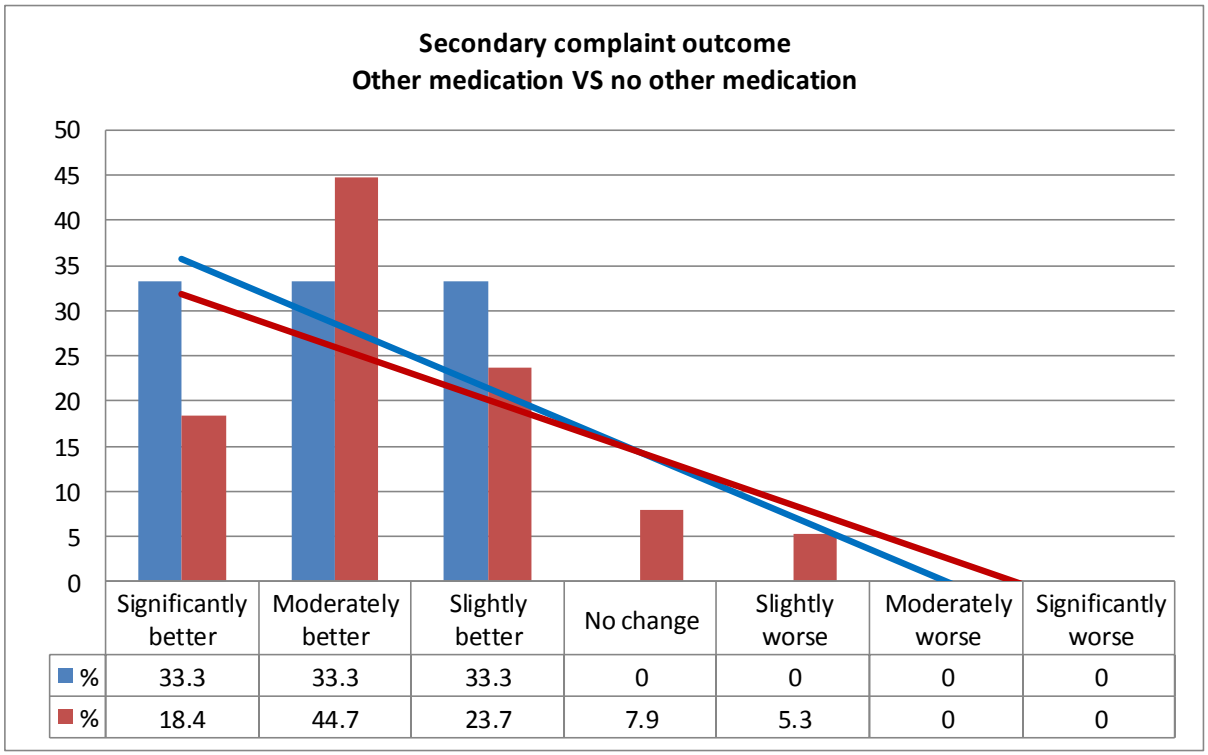

Figure 4.22: Secondary Complaint changes related to other medication

Blue - Other medication

Red - No other medication

The p-value is not significant because of the small numbers but the trend clearly shows a benefit from treatment.

Figure 4.22 compares patients exclusively on treatment from UNHC to patients using other medication in conjunction with the Homoeopathic treatment. There was no noteworthy affect in the results of the present treatment between patients' exclusively receiving homoeopathic

treatment and those that were not. This shows that the use of additional medication (other than that being received at Ukuba) does not appear to affect the outcome of present treatment.

It also displays the outcome of Homoeopathic treatment received and shows that both groups experienced improvement in their Secondary Complaint. What is evident is that there is an overall positive effect from being treated at the UNHC and that the sample have perceived themselves to be significantly better since having received treatment. 86% of the sample stated that their Secondary Complaint is better since receiving treatment while 18% of participants claimed to be significantly better. Only 1% said there was no change to their Secondary Complaint. Although the difference is not statistically significant there is a trend suggesting that patients who have not taken previous medication for their Secondary Complaints seem to benefit more from the treatment provided.

4.2.3.3 Overall state of health, General well-being and changes in health variables in response to treatment

Table 4.8: Overall state of health, General well-being and changes in health variables in response to treatment

Overall state of health, General well-being and changes in health variables in response to treatment						
	Health	Sleep	Wellness	Energy	Mood	Appetite
Significantly better	10	17	11	15	17	17
Moderately better	20	5	15	17	11	9
Slightly better	11	7	7	3	5	4
No change	2	13	9	5	10	12
Slightly worse	0	0	1	2	0	0
Moderately worse	0	2	1	2	1	2
Significantly worse	1	0	0	0	0	0

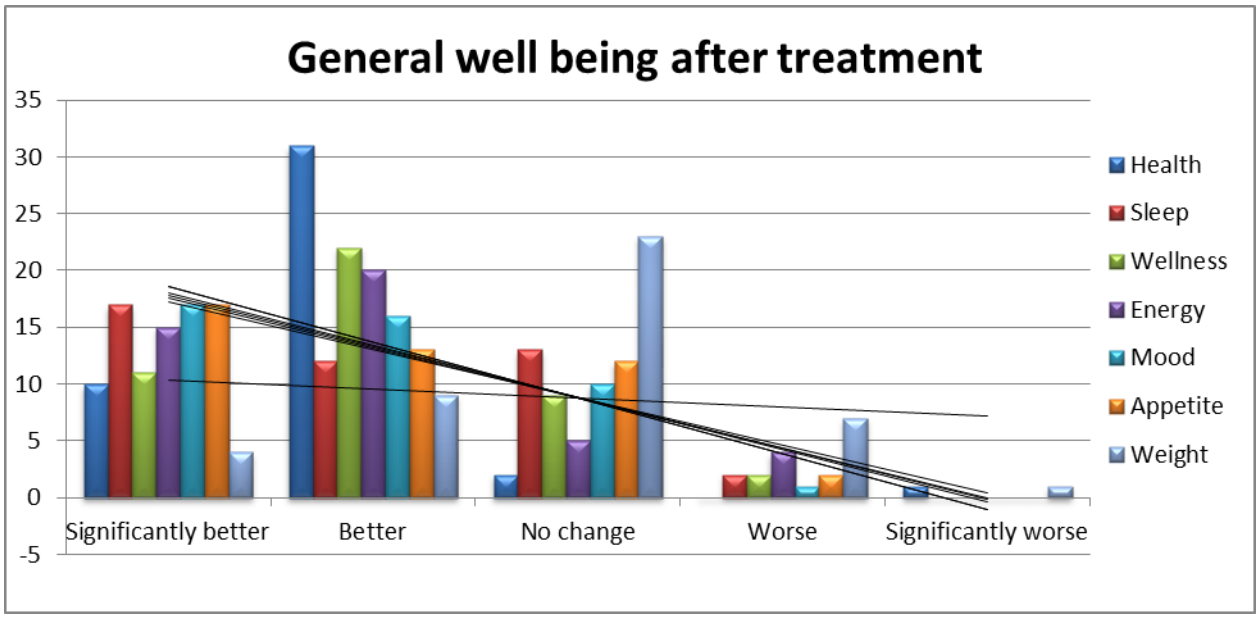

Figure 4.23: General well-being after treatment

Patients rated their General Well Being in response to treatment using the data collection tool (Appendices G and J). As is displayed in Figure 4.23, a significant proportion of the sample population has seen an improvement in the above mentioned categories since receiving treatment.

Many rated their general state of health, sleep, general well-being, energy, mood and appetite to have improved after being treated at the UNHC. 93% percent agreed that their general state of health was either significantly better or better since receiving treatment as can be seen in Table 4.8 and Figure 4.23

The only general health variable that did not reflect this positive trend was that of body weight since most patients did not experience any variation in body weight.

CHAPTER FIVE

DISCUSSION OF RESULTS

In the following chapter, the results from chapter four will be discussed. This study was designed to assess patient satisfaction and response to treatment at the Durban University of Technology's homeopathic satellite clinic established at Ukuba Nesibindi Warwick Junction.

This chapter will be presented in two sections; each of which corresponds a respective research objective:

1. Patient perception of service provided at UNHC
2. Patients' response to treatment at UNHC

5.1 Perception of service provided at UNHC

5.1.1 Administration and general satisfaction responses

The following section addressed the satisfaction responses given to particular statements in terms of the administrative and general satisfaction in relation to the Ukuba Nesibindi Homeopathic Clinic (UNHC).

5.1.1.1 Clinic Access

The majority of the sample agreed that the clinic was easily located and sufficiently sign posted as displayed in Figures 4.1 and 4.2 in chapter four. The access to the toilets received a positive result with 84% of the sample group either agreeing or strongly agreeing that the toilets are easy to access. This is most likely due to there being toilets available on every level of the building. The accessibility and availability of adequate sanitation is important within a healthcare facility both in terms of its direct impact on maintaining a hygienic and healthy clinical environment as well as it being a necessary basic service within clinics (National Department of Health, 2011).

Of all the statements in the questionnaire, the statement addressing the accessibility of the clinic for disabled patients received the lowest score with seventy-three percent of the sample suggesting the clinic was not easily accessible to disabled patients.The negative response is expected since the homoeopathic clinic is located on the 4th floor of the building and the patients

have to use stairs to access it as there is no elevator service within the building. This makes it near impossible for disabled patients to access the clinic and it is extremely difficult for those who are very sickly, geriatric or those with injuries to ascend and descend the flights of stairs. This represents a serious barrier to care (Sanchez *et al*. 2000). It is also in direct violation with the Bill of Rights according to the South African Constitution (1996) which promotes equality and all levels and prohibits any form of discrimination. South African Parlament (2000) states an institution that has no physical access for the disabled, such as wheelchair ramps, is practising discrimination in accordance with Act no.4 of 2000. Smillie stated that a total of eight percent of the patients seen during the duration of her study were 65 and older (Smillie, 2010). Ideally, a formally equipped additional clinic room on the ground level is desirable so as to solve this problem and to follow Legistative requirements.

5.1.1.2 Appointments

There was a positive overall response with the appointments. 98% of the sample group either agreed or strongly agreed that staff at the clinic is polite and that they were quick to help patients on arrival and informed the patients as to how long they would have to wait for an appointment. 86% of the sample group either agreed or strongly agreed that the waiting time for an appointment was good enough. These are important factors as they influence the likelihood of patients returning to the clinic as well as the likelihood of them referring others to the homoeopathic clinic (Bjertnæs *et al*., 2009).

However, the waiting time for medication did not receive similar positive responses. 36% either disagreed or strongly disagreed that the waiting time to receive their medication was good enough. This is potentially a lengthy process as there is only one supervising clinician at UNHC with whom each student must discuss their respective cases, agree upon a suitable prescription and treatment plan (Ngobese, 2013). In addition, prior to discussing the case with the clinician the respective students repertorise the patient's symptoms in order to determine the most appropriate homoeopathic remedy, this process is done manually since there is no reportorial software to do so electronically at UNHC. Manual repertorisation which involves selecting appropriate rubrics which correspond to the patients symptoms is an intense and lengthy process especially for relatively inexperienced students.

At UNHC there is no designated dispenser thus once the prescription is approved the respective students are required to dispense the prescription themselves, this involves the actual dispensing of medicine as well as preparing labels which are written by hand and not printed electronically. By doing all of the above, the student would then be delayed from consulting with the next patient. If there were to be a separate dispenser the student could begin the next consultation and this would, in turn, decrease the waiting time for patients to consult with a

student intern. Measures to minimise waiting times could include the recruitment of a second clinician; this would reduce the likelihood of students having to wait protracted periods of time to discuss their cases. The use of a second clinician would come at an extra expense and it would therefore be important to compare the need of having a second clinician against the cost. The use of reportorial software at UNHC may also reduce waiting time as such software may significantly expedite the case analysis and repertorisation process. Similarly the process of dispensing prescriptions would be expedited with the services of student designated as dispenser for that clinical session; in addition electronic label printing may further improve dispensing times. The repertorisation software and electronic label printer would come at an additional cost and it would be important to weigh up cost versus gain.

In addition to implementing measures which will expedite the waiting time for medicines it is essential that prospective patients are fully informed of the operating procedures and associated time frames at UNHC including the time they may have to wait for their respective prescriptions. Prospective patients should be notified that the UNHC is a teaching facility for homoeopathic students and thus the clinical procedures may be somewhat protracted in comparison to that of private practice. Furthermore, whilst waiting to be attended to patients should be regularly briefed on the progress with their prescription.

There were mixed perceptions regarding the suitability of afternoon only appointments. 61% of the sample group either agreed or strongly agreed that having appointments only available in the afternoons was suitable with 32% having either disagreed or strongly disagreed with this statement. Although the majority of patients were in favour of the afternoon appointments, almost one third were not; this is concerning since this suggests that there may be a significant number of potential patients which are unable to make use of the services of UNHC due to morning appointments not being available. This may infer that a large portion of the target population is not being serviced (Daviaud & Chopra, 2008). If the clinic were to offer morning appointments (even if once a week) perhaps a higher proportion of the sample population would have access to care. Since the implementation of this survey, the operation times of UNHC have changed for 2014. The clinic now operates on a Monday from 08h00-16h00 and a Thursday from 13h00-16h00 which allows for a morning time period in which patients can be seen, improving access accordingly.

5.1.1.3 Professionalism of the UNHC facilities

This section deals with the patients' perception of the front entrance, waiting room, toilets and treatment rooms as well as their perception of the comfort and privacy of the doctor's rooms. These opinions could differ depending on the sample population and their socioeconomic status (Herr 2008). The patients who frequent and make use of the UNHC services are mainly of a lower income bracket – this has been shown in studies to be associated with a decreased perception of quality of care (Lynch & Kaplan, 1997). Although race, culture and socioeconomic status of patients would have no impact on how they are treated at UNHC such variables may influence their perceptions of the degrees of professionalism of the UNHC. In contrast with the perceptions of patients towards public healthcare as documented by Mashego and Peltzer (2005), the UNHC seems to show much higher levels of satisfaction with the appearance of the building, the consultation rooms and the waiting area contrastingly the Mashego and Peltzer's (2005) study revealed many negative perceptions regarding staff conduct, waiting times for an appointment, health care facilities and availability of drugs.

In this study the majority (64%) of the sample agreed that the front entrance looked professional; however 27% either disagreed or strongly disagreed therewith. This is a noteworthy portion of the sample and thus the measures to improve this perception should be explored.

Similarly 36% either disagreed or strongly disagreed that the waiting room looks well-kept and professional. The front entrance and waiting room is the gateway to UNHC and the first aspects of UNHC encountered by patients on arrival. It is essential that the first impressions of UNHC are that of a professional clinical setting as a poor first impression may negatively impact on the number of new patients and 'walk in' clients from coming to the clinic to be treated (Alden and Chen, 2009). A professional front entrance will also create a positive impression on passing commuters and may promote the services offered by UNHC. The waiting room should therefore be considered for renovation.

98% percent of the sample group either agreed or strongly agreed that the staff at UNHC is polite and that they were quick to help patients on arrival and informed the patients as to how long they would have to wait for an appointment. The very strong degree of satisfaction with UNHC is notable since these positive interpersonal skills have been shown to be lacking in the primary public healthcare sector (Mashego and Peltzer, 2005). A respondent in Mashego and Peltzer's study said "At the clinic greetings come out as threats" when referring to government run clinics in Limpopo. In a study about client satisfaction and quality of health care in rural Bangladesh, the most powerful predictor for client satisfaction with government health services was the provider's behaviour towards the patient, particularly respect and politeness. This aspect

was more important than the provider's technical competence. The Second most powerful predictor for being satisfied was the respect for privacy (Aldana *et al.* 2001). Bikker *et al.*(2005) concluded that empathy is crucial for enablement, which, in turn, is strongly related to perceived changes in the main complaint and well being.

25% percent of the sample disagreed or strongly disagree that there was enough privacy in the consultation rooms. UNHC operates with significant limitations on available clinic space; such limitations may impact negatively on patients' perception of privacy. Although the layout of the fixed infrastructure on offer to UNHC is not ideal, measures to address these infrastructural limitations should be explored such as additional dry walling and partitioning of existing rooms to provide for a separate filing room and clinicians room for case discussion. This dissatisfaction with the degree of privacy could negatively impact on overall satisfaction (Sitzia and Wood, 1997), however, it is not dissimilar to circumstances in most public healthcare services in Limpopo (Mashego and Peltzer, 2005). Moshengo & Peltzer stated that half the facilities in the province of Limpopo had the adequate Consultation Rooms, which was below the national average. Seventy percent of the facilities in Limpopo required urgent structural repair. Although the observation of several studies suggest that interpersonal relations are more important to patients than the facilities themselves, UNHC should still explore measures for modifying the infrastructural layout so as to improve patient patients perception of privacy.

5.1.2 Consultation and treatment satisfaction responses

The following section will discuss the responses of patients with respect to their satisfaction with the consultation and treatment provided by UNHC.

5.1.2.1 Impression of the consultation

As displayed in Chapter Four Figure 4.18, there was a particularly favourable perception of the consultation at UNHC; specifically with respect to the attention given to the case. Homoeopathy is a holistic approach and takes into account all aspects of the patients' health, lifestyle and physical being (Vithoulkas, 1998), typically thus, a significant degree of attention is offered to any homoeopathic case. This was clearly perceived by the majority of patients; 75% of whom agreed that the attention given to their case was 'very good'. One can speculate that this favourable perception could result in the patient feeling cared for.

The only variable relating to the consultation which received a significantly negative response was the time spent in the consultation with the homoeopathic student. 14% rated the time to either be 'poor' or 'very poor'. Given that some cases can take over an hour depending on the complexity of the case and student's level of experience, amongst other factors, the possibility of dissatisfaction with the perceived lengthy process is increased, such duration of time is not suited to all patients (Sitzia and Wood, 1997). Homoeopaths in private practice will take between 20-120 minutes for a new case and 10-45 minutes for a follow-up depending on the condition (Eyles *et al*. 2011). In contrast, consultations with general practitioners range from 3-15mins in a clinic setting (Howie *et al.* 1991). It is possible that the dissatisfaction with the length of the homoeopathic consultation time at UNHC is related to patients' existing expectation of a 15 minute consultation as experienced in other orthodox medical facilities. As mentioned in 5.2.1.2 such unfavourable perceptions should be addressed in two forms, firstly measures to expedite the consultation process itself should be explored, and secondly prospective patients should be fully informed upfront of the potential timeframes involved with the homoeopathic consultation.

Since UNHC is a training facility as well as a public healthcare facility a careful balance must be sought between providing the homoeopathic student with a practical learning experience and the patient with a healthcare service of high standard and quality. As a result thereof students are required perform their case-taking, physical examination and case analysis with a high degree of rigor and to thoroughly engage with the clinician with respect to the case management. Homoeopathy is also by its nature a holistic approach that requires a great deal of focus and sharing of information for the treatment to be adequately tailored to the specific patient – this is especially important in a South African context of racial, cultural and socioeconomic diversity. This approach is very different from the allopathic reductionist approach that categorises patients broadly and dispenses generic medications in a short time-frame. However it does raise issues regarding homoeopathy's ability to provide healthcare to the population in a timely manner. According to Mashego and Peltzer (2005) patients found short consultations to be inadequate in public healthcare settings, but this may be a reflection of a large patient load with a severe lack of healthcare practitioners (Davaud & Chopra, 2008). Notwithstanding the 14% who were dissatisfied with the amount of time spent with the student, all participants perceived 'attention to the case' to be 'good' or 'very good' this suggests that although some were not in favour of the time spent with the student they did strongly acknowledge the attention given to the case.

5.1.2.2 Impression of the student

The Oxford dictionary defines an impression as "the effect produced on someone." The data collected pertaining to this section received a very positive response as can be seen in Chapter Four Figure 4.19. The overall impression of the student included perceptions of their

appearance, skill, friendliness, manners, organization, care and confidence. 74% percent of participants rated the overall impression of the student to be 'Very Good' and a further 23% rated it to be 'Good', thus only three of the sample perceived the overall impression of the student to be 'Fair', 'Poor' or 'Very Poor'. This is a good indication that the students are positively contributing to the patients experience at the clinic.

A patients' impression of the healthcare professional is based on their previous experience thereof as well as demographic factors such as race, income, language, etc. (Lynch and Kaplan, 1997). Making a good impression with a patient is important as it may impact on the confidence the patient has in the doctor and the treatment process provided; if the patient is confident in the process they are likely to be more compliant with the treatment protocol which may lead to an improved therapeutic result (Ong *et al*. 1995; Sitzia and Wood, 1997). According to Mashego and Peltzer (2005) in South Africa patients are generally unsatisfied by the friendliness, skill and care of practitioners in the public healthcare sector. Contrastingly in this study of UNHC high levels of satisfaction in these areas and thus an overall positive impression was made on the patient. This is a good result as it implies that the patients have confidence in the students and homoeopathy – it is anticipated that this would increase the utilization of the UNHC and homoeopathy in general.

5.1.2.3 Instructions on taking homoeopathic medication

It is important to have a good understanding of how to take the medication as it is more likely to improve compliance therewith (Eyles *et al*. 2011). The results obtained in this study reflect generally very positive perceptions with regards the instructions on how to take the medication. Eighty percent of participants perceived such instructions as 'very good' and seventy seven (77%) of participants agreed that the instructions were 'easy to understand'. This is important as Homoeopathic posology differs significantly from that of orthodox medicines and African Traditional Medicines with which such patients are most likely more familiar with. Homoeopathic medications are usually dispensed as in lactose pillules, granules or powder sachets, drops, or ointment/cream. Typically the pillules, granules and powders are dissolved under the tongue, and drops are similarily placed under the tongue, all dosages forms are dispensed with specific instructions to avoid no food or drinks 10 minutes before or after taking the medication. Not following these instructions may lead to the medication being rendered ineffective, thus a good understanding thereof is of paramount importance. In contrast, many allopathic medications are in pill (or occasionally ointment) form and instructed to be taken with food. Like Homeopathy, African Traditional Medicine consists of prepared plant, animal or mineral substance but it is prepared in different ways and the treatment methods differ. African Traditional Medicine is

administered in a number of ways including bathing in it, using it to induce vomiting, inhaling steam, nasal ingestion, enemas, and cuttings placed on the skin (Van Wyk *et al*. 1999). It is likely that most patients attending UNHC would have had no previous experience with homoeopathic medicines which further necessitates thorough education on how to take them; the data suggests that this is conducted effectively.

5.2 Patient's response to homoeopathic treatment provided at UNHC

In the following section data pertaining to the patients' perception of their response to homoeopathic treatment will be discussed.

5.2.1 Types of complaints presenting at UNHC

Based on the responses of the 44 participants treated at UNHC, it is evident that patients presenting at the UNHC do so with a wide variety of complaints. The main diagnostic group of conditions that presented as both Primary and Secondary Complaints were Genitourinary based. 34% of the presenting main complaints and 23% of the secondary complaints were Genitourinary based. However, the sample was not sufficiently large enough to generalize these findings with regards to the entire patient population of UNHC. Smillie stated that the five most prevalent disorders encountered at the UNHC from 2004 - 2008 were infectious disorders along with Cardiovascular, Dermatological, Psychological and Musculoskeletal disorders. Of the infectious diseases (which accounted for 29% of all diseases treated of UNHC) colds & flu accounted for 8%, HIV/Aids 6%, and sexually transmitted infections 4% (Smillie, 2010).

An outcome study by Clover (2000) concerning patients treated by homoeopathic medicine at Tunbridge Wells Homoeopathic Hospital (TWHH) was done over a one year period in 1997. This is the same time frame (August 2012 – August 2013) as the study done at the UNHC however at TWHH 1372 questionnaires were completed by patients after consultations to record their impressions of the effects of homoeopathic treatment. The study aimed to assess: (a) the range of diagnoses presented by patients, and (b) patients' own impressions of benefit. TWHH is a well-established formal hospital environment with a significantly larger patient base as compared to UNHC which is a part-time homoeopathic teaching clinic thus the two facilities are not comparable. The most common conditions seen at TWHH included respiratory (21%), dermatological (17%) and musculoskeletal illnesses (13%) (Clover, 2000).

A study done at the hospital Liverpool Regional Department of Homoeopathic Medicine found similar results to Clover, though musculoskeletal symptoms were the most common (Richardson,

2001). In a study in Norway, respiratory and dermatological conditions comprised 70% of the presenting complaints (Steinsbekk, 2005).

It must be understood that these three studies were performed in developed countries and therefore may reflect health conditions specific to these areas. According to the WHO (2013) developing countries such as South Africa show a high prevalence of infectious diseases, especially TB, malaria, and STD's (including HIV/AIDS); more developed countries show higher levels of chronic lifestyle diseases such as heart disease, cancer and diabetes.

In this study, the most common main/primary presenting complaints were genitourinary (34%), gastrointestinal (14%), respiratory (14%) and headaches (11%). The most common secondary complaints were genitourinary (23%) and musculoskeletal (16%), with respiratory, cardiovascular and psychiatric complaints also featuring significantly (roughly 9% each). The population sample is most likely the defining difference between the complaints presenting to the UNHC and those presenting to clinics studied in other (more affluent) countries. With UNHC being part of a low-income community outreach program the complaints may reflect those of a poorer community of lower socioeconomic status. A poorer community tends to be less educated regarding issues such as health, nutrition and practising safe sex (Mills *et al*. 2002). South Africa in particular shows trends of both 1st and 3rd World diseases which is reflected in the conditions treated at UNHC.

5.2.2 Benefits of treatment

Participants were asked to identify their main and secondary complaints for which they had received treatment at UNHC, in addition they were asked if they had received additional medication for those complaints other than that issued by UNHC. Once the above data was obtained participants rated their perceived response to treatment respectively.

Approximately 82% (n=36) of participants stated that their main complaint had improved (i.e. slightly, moderately or significantly better) since receiving treatment from UNHC, 34% (n=15) stated that their main complaint was 'significantly better'. Those who experienced improvement (82%, n=36) all attributed their improvement to the homoeopathic treatment provided by UNHC. Only 9% (n=5) said there was no change to their main complaint after treatment and 7% (n=3) experienced a deterioration in their main complaint.

Approximately 93% (n=38) of participants stated that their secondary complaint had improved (i.e. slightly, moderately or significantly better) since receiving treatment from UNHC and 18%

(n=8) stated that their secondary complain was significantly better. Of those who experienced improvement (93%, n=38) 35 attributed their improvement to the homoeopathic treatment provided by UNHC. Only 5% (n=3) said there was no change to their Secondary Complaint and 7% (n=3) experienced a deterioration in their secondary complaint.

The data suggests that overall the majority of participants experienced improvement (82% of main complaints and 93% of secondary complaints respectively) after receiving treatment from UNHC, in addition those who experienced improvement attributed such improvement to the homoeopathic treatment they received (100% of those with improved primary complaints and 92% of those with improved secondary complaints).

When such improvements in the primary and secondary complaints were correlated with whether or not the patients used additional medication over and above that issued by UNHC no significant correlation was demonstrated i.e. whether additional medication was used or not did not influence the clinical outcome. There was however a slight trend (not statistically significant) indicating a better response to treatment in those who were not on other medication. What was evident with both the main and secondary complaints was that the majority showed that they had improved since receiving treatment and that they attributed the changes, to homoeopathy.

The table below reveals that Clover's study (2000) reported a 72% improvement overall and only 55% of participants stating they were 'much/moderately better', and the Richardson study (2001) reported a 77% improvement overall and 60% with moderate or significant improvement. Seven out of ten patients visiting Norwegian homoeopaths reported a meaningful improvement in their main complaint 6 months after the initial consult (Steinsbekk, 2005). Other studies reported 61% improvement (Sevar, 2000) and a 73% 'very positive effect' (Christie and Ward, 1994).

Table 5.1: Comparison of responses to homoeopathic treatment in related studies

Author	Year	Sample size	% improvement	% significantly improved
Watson	2014	44	82% (MC)	34% (MC)
			93% (SC)	18% (SC)
Steinsbekk	2005	654	70%	-
Richardson	2001	3390	77%	60%
Clover	2000	1372	72%	55%
Sevar	2000	829	61%	-
Christie & Ward	1994	160	-	73%

The results of this study cannot be compaired with the larger international studies as the number of participants between them is vastly different. In these related studies the majority of participants surveyed reported to have an improved response to homoeopathic treatment. There is a trend between all of the studies, including this one which show there are perceived benefits to homoeopathic treatment and although the results of this study are encouraging they should be interpreted with caution due to itssmall sample size.

5.2.3 Patients perception of changes to general health variables

This section discusses the additional health variables measured in the study to determine if there was an overall benefit / change to health after receiving treatment at the UNHC. Patients rated their perceived changes to their general state of health, sleep, general well-being, energy, mood and appetite. As is displayed in Figure 4.25, a significant proportion of the sample population reported an improvement in the above mentioned categories since receiving treatment. The majority stated that they had improved with ninety-three percent agreeing that their 'overall general health' was either 'significantly better' or 'better' since receiving treatment. Results such as these would most likely lead to higher patient satisfaction.

This may be evidence of so-called non-specific effects related to the homoeopathic treatment – the holistic nature of homoeopathy predicts that treating in this manner will cause improvements in not just the main complain but in the patient's other health-related variables (Vithoulkas, 1998). Holistic care considers the whole person in its entirety – mind, body, spirit and emotions. It aims to achieve optimal health and wellness on all levels (Bloch and Lewis, 2003: 24-26). It was for this reason that the questions that rate the different health variables were included. It is a way of giving a more accurate rating in the patients' response to treatment.

5.2.4 Effects of Homoeopathy on weight

55% of patients had no changes to weight whereas twenty-eight percent of patients gained weight and seventeen percent lost weight. The relevance of this with regards to the patients' health cannot be determined as the context of each individual patient would need to be known i.e. weight loss or gain can be positive or negative depending on the particular case (Fine *et al*. 1999).

To make this section more relevant and meaningful it would have been better to ask more questions surrounding the weight in order to contextualise the change in weight. Knowing the

starting weight, the change in weight and the duration over which the weight had changed would have made this more relevant. Several other factors would need to be accounted for as well e.g. change in diet, exercise, etc.

5.3 Limitations

The various factors that could affect the outcome of the results should be taken into consideration when analysing and interpreting the results.

5.3.1 The ceiling effect

This demonstrates high undifferentiated levels of satisfaction and is a statistical phenomenon that results from skewed or clustered results at the top of the possible range (Vogt, 2005). Data is eventually lost as it becomes "capped" at its highest possible result as scores reach their maximum value. This makes it difficult to detect small differences in results so, although high levels of satisfaction may appear to be good, they could be of little statistical value in some instances. A possible solution to this problem is to increase the level of difficulty in questions which will therefore reduce the frequency of responses which scored a maximum value. Alternatively, one could increase the number of possible answers from which they could choose. Changing from a 5- or 7-point rating scale to a 10-point rating scale could help achieve a finer degree of expression of satisfaction (Thoreson, 2006).

5.3.2 The Hawthorne effect

The Hawthorne effect is noted as a possible bias attributed to the subjects of a study being aware of the study process taking place and therefore changing their actions. An official definition given to describe the Hawthorne effect is: *"An experimental effect in the direction expected but not for the reason expected; i.e. a significant positive effect that turns out to have no causal basis in the theoretical motivation for the intervention, but is apparently due to the effect on the participants of knowing themselves to be studied in connection with the outcomes measured"* (Draper, 2005).

In this study it was clearly explained to the participants that their involvement would not affect their treatment at the clinic and that they would remain completely anonymous. The study was a

once-off questionnaire and not performed over an extended period of time that could allow for The Hawthorne Effect to have a significant impact.

5.3.3 Sample bias

The sampling method used in this study was convenience sampling which is a method of non-probability sampling; this means that the sample group was largely made up on the consenting participants that were available for selection during the the data collection period. This may lead to bias as the sample may not be truly representative of the total population (Vogt, 2005).

5.3.4 Language barrier

According to Smillie (2010) a large majority of the research population (patients of UNHC) are Zulu speaking thus an isiZulu speaking field worker was appointed to assist with data collection and to perform translation tasks accordingly. The language barrier could have led to poor understanding of the questions and therefore lead to answers that do not reflect the respondent's true opinion but this was overcome by having the isiZulu speaking Homoeopathic student translator present.

5.3.5 Questionnaire comprehension

The levels of education and literacy of the research participants varied significantly; it is possible that the level of literacy and education of the participant may have impacted on comprehension and thus accurate responses to questions provided (Groves, 2006). The study attempted to mitigate this effect by have field workers present to assist the patients as necessary. However the chance of a patient not comprehending a question cannot be completely eliminated in a study of this nature.

CHAPTER SIX

CONCLUSION

6.1 Perception of services provided at UNHC

Patients showed a generally good level of satisfaction with the clinic's location and amenities. This is positive as it shows the community has relatively easy access to the healthcare services provided at UNHC. However, certain factors such as the entrance and the waiting room were not deemed 'professional' by a portion of the sample patients. This may negatively impact the patient experience and subsequent follow-up appointments and any referrals made by the patient.

Regarding the interior, privacy during the consultation was deemed insufficient by 25% of the sample. Although floor space is limited at UNHC having the case discussion area and dispensary in the same room in which consultations take place is not only distracting for the patient and their clinician but is a threat for patient confidentiality. The current lay out violates patients privacy and needs to be amended in order to be in alignment waith the South African Bill of Rights which stipulates the right to confidentiality, particularly in the healthcare system (South African Constitution 1996). As patient privacy is both a legal issue as well as a patient satisfaction issue, measures need to be taken to address this accordingly. A solution may include rearranging the interior of the clinic using partitioning in order to create greater privacy between consultation areas.

Another major point of concern was the lack of access for patients with disabilities or in very poor health, since UNHC is located on the 4th floor and there is no elevator in the building. This represents a significant barrier to providing healthcare to the public and a solution should be sought. As it stands this problem compromises the rights to equality of patients in the clinic (South African Constitution 1996). An institution that has no physical access for the disabled is considered to be practicing discrimination against the needs of vulnerable groupings according to Act 4 of 2000 (South Africa 2000).

Patients were generally very satisfied with the staff at UNHC – the patients agreed that they were helped quickly and politely. This is important as it affects the patients overall perception of the clinical experience and therefore the likelihood that they will return to the clinic or refer other patients to the clinic.

An area of concern was the level of satisfaction with the clinic opening times and the time spent waiting to receive medication. These factors are both related to the staffing requirements of UNHC; the clinic can only be serviced by homoeopathic students during specific times allotted to clinical training which ultimately limits the operating times of UNHC. The time taken for medication to be prescribed, and dispensed to the patient is directly related to the time taken for the consulting student to discuss the case with the clinician on duty.

A related issue is that while most patients appreciate the time and care taken with their case, fourteen percent of the sample found the consultation time to be unsatisfactory. It is not clear as to whether or not the dissatisfaction with the consultation time was due to it being perceived as being too long or too short as the questionnaire did not include a question to substantiate which of the two was the actual cause for dissatisfaction. This was an oversight when formulating the questionnaire. On average, students do take longer than qualified homoeopaths and significantly longer than GP's with whom patients are most familiar with. Factors such as UNHC being a teaching clinic in which students consults with the patients with relatively limited experience and the fact that the discipline of homoeopathy typically requires a more in-depth consultation pose challenges to reducing consultation times.

Overall the impression of the student was highly positive with regards to the appearance, skill, friendliness, manners, organization, care and confidence of the student. Only 0.6% of the total were dissatisfied. This is important as a positive impression of the doctor may lead to greater confidence in the treatment and greater adherence to treatment protocols – this may lead to improved clinical results (Ong et al. 1995).

The instructions on how to take the medication was also deemed satisfactory by most patients which may also lead to improved adherence.

6.2 Patient's response to treatment provided at UNHC

The majority of patients stated that the perceived their main complaint (82%) and their secondary complaint (93%) had improved since receiving treatment at UNHC. Although several patients were taking other medication at the time (not necessarily for their main/secondary complaint), eighty-seven percent stated that they perceived the changes in their condition to be due to homoeopathic treatment received at UNHC.

With regard to several other general measures of health, 93% stated that they had improved since receiving treatment from UNHC. This included general state of health, sleep, general well-being, energy, mood and appetite. These positive effects are expected in the holistic paradigm in which homoeopathy operates.

6.3 Recommendations for UNHC

6.3.1 Professionalism

Changes should be made to the clinic entrance and waiting room in order to improve the appearance. The building has recently been repainted which could contribute to improving its professional appearance. The window at the front entrance has pamphlets and paper signage stuck to it, what would look more professional is vinyl stickers as signage. The waiting room itself is functional but not comfortable or professionally presented including haphazard displaying of posters on the walls. A separate dispensary, filing room and case discussion room would improve patient confidentiality and improve professionalism of the UNHC. The current filing system is in breach of S14(1) of the National Health Bill of South Africa which stands to protect the confidentiality of health records and must therefore be amended.

6.3.2 Consultations

6.3.2.1 Consultation rooms

The layout of furniture and fittings within consultation rooms should be reviewed with the aim being to improve functionality and economical utilization of limited floor space. Accessibility for disabled patients warrants the availability of a consultation room on the ground floor since there is currently no elevator at UNHC. By not ammending these problems, the patients' rights to equality is compromised (South African Constitution 1996) since an institution that has no physical access for the disabled is considered to be practicing discrimination against the needs of vulnerable groupings according to Act 4 of 2000 (South Africa 2000).

6.3.2.2 Consultation times

Results showed that current consult times are not perceived to be sufficient for patients thus additional consultation times should be considered specifically morning consultations should be made available. Over the period in which the survey was conducted patients were seen on Monday, Thursday and Friday from 13h00 – 16h00. From January 2014 the clinic times have since been changed and patients are currently seen on Mondays from 08h00-16h00 and on Thursdays from 13h00-16h00 therefore allowing for a morning time period in which to see patients.

6.3.2.3 Duration of consultation

The length of the homoeopathic consultation should be explained to the patient in advance to improve expectations; steps to improve case taking and diagnostic skills of students ahead of commencing clinical duties may reduce the duration of consultations. Given the high demands on the public healthcare sector in South Africa if homoeopathy is to play a significant role and contribute accordingly a careful balance would need to be sought between providing the required attention to the case as is necessary for homoeopathic practice and to do so within a reasonable timeframe.

6.3.3 Waiting time for medication:

The results showed a fairly high level (n=23) of dissatisfaction. Patients often wait up to half an hour for their medication. During this time the student goes through the case, discusses the case with the clinician, repertorizes the case, consults the materia medica, discusses treatment plans and remedy choices with the clinician and then the agreed upon medication is dispensed. Often there is more than one student needing to discuss cases with the single clinician which further adds to the delay. A second clinician is needed at UNHC; this would limit waiting time to discuss cases. Due to budget restrictions the second clinician may not be financially feasible, however an alternative would be to make use of the sixth year Homoeopathic students as clinical mentors who can assist junior students. They would still work under the main clinician and have the clinician sign off on the case but they could also help the inexperienced student try streamlining their skills in summarizing a case and selecting remedies. It would be mutually beneficial; a synergistic relationship between the clinic, the student doctors, the sixth year homoeopathic students and the clinician and this could result in a reduction in the waiting time to receive medication.

6.4 Recommendations for future studies

6.4.1 Homoeopathy in Public health care

Although limited in terms of sample size, the outcomes of this study are encouraging. It is recommended that a larger prospective study be implemented at UNHC on an ongoing basis in order to accumulate a larger database on patient benefit to homoeopathic treatment within the South African context. Such a larger database may significantly improve the impact of the findings when considering the inclusion of homoeopathy with public healthcare services in South Africa. Furthermore it is recommended that similar studies be conducted at the other satellite homoeopathic clinics operated by the Department of Homoeopathy of DUT.

6.4.2 Methodology

Upon critical reflection of the methodology applied in this study certain points were highlighted and should be addressed in future studies of this nature.

Questions pertaining to weight should have been posed in more detail and rephrased – the data obtained around this variable would have been more relevant if one could quantify the data by determining measurements for the starting and finishing weight, the time frame over which the change occurred and lastly whether or not the change or lack thereof was desirable by the patient. Such additional data around this variable would help determine if the changes or lack or lack thereof were positive or negative signs of change in terms of patients general health. Future studies which use weight or change in body weight as a sign of general health should ensure this accordingly.

Future studies should include a question that would measure waiting time as it would increase the validity of the questions regarding waiting time as it would help quantify what patients considered to be an acceptable.

Future studies of this nature should consider simplifying the terminology used in the current questionnaire specifically if the questionnaire is self-administered and the there is a high level of limited literacy within the population. When collecting data from a population with a low level of literacy; data collection by means of an interview may be more desirable to prevent misinterpretation or misunderstanding of questions and thus ensure reliability of the data obtained.

REFERENCES

Al-Assaf, A. 1998. Managed Care Quality: A Practical Guide. First Edition. Florida: CRC Press.

Aldana, J.M. Piechulek, H. and al-Sabir, A. 2001. A client satisfaction and quality of health care in rural Bangladesh. *Bulletin of the World Health Organization*. 79(6): 512-7

Alden, D.L and Chen, Q. 2009. The role of Negative Emotions on Adolescent Evaluation of Clinical Reproductive Healthcare Services. *Journal of Applied Social Psychology*. 39(9).

Allied Health Professions Council of South Africa (AHPCSA). 2010. Homeopathy. *Allied Health Professions Council of South Africa Website* (online). Available: http://www.ahpcsa.co.za/pb_pbhnp_homeopathy.htm. (Accessed 03 December 2014)

Allied Health Professions Council of South Africa (AHPCSA). 2012. Registration Requirements: Requirements for all allied Health Professions. *Allied Health Professions Council of South Africa Website* (online). Available: http://www.ahpcsa.co.za/reg-requirements.htm. (Accessed 02 December 2014)

Barsky, A.J. Saintfort, R. Rodgers, M.P. and Borus, J.F. 2002. Nonspecific medication side effects and the nocebo phenomenon. *JAMA.* 287(5): 622-7.

Bikker, A.P. Mercer, S.W. and Reilly, D. 2005. A pilot prospective study on the consultation and relational empathy, patient enablement, and health changes over 12 months in patients going to the Glasgow Homoeopathic Hospital. *Journal of Alternative and Complement Medicine*. New York. 11(4): 591-600.

Bjertnæs, Ø.A. Garratt, A. Iversen og Torleif Ruud, H. 2009. The association between GP and patient ratings of quality of care at outpatient clinics. *Family Practice.* 26(5): 384-90.

Bornhoft, G and Matthiessen, P. 2011. Homeopathy in Healthcare: Effectiveness, Appropriateness, Safety, Costs. 2012 Edition. Berlin, Germany. Springer-Verlag.

Bloch, R and Lewis, B. 2003. Homoeopthy for the Home*. Struik Publishers*. Cape Town

Carrasquillo, O. Orav, E.J. Troyen, A. Brennan, T.A. and Burstin, H.R. 1999. Impact of language barriers on patient satisfaction in an emergency department. *Journal of General Internal Medicine.* 14(2).

Chappell, P. 2005. The Second Simillimum: A Disease Specific Compliment to Individual Treatment. Haren. *Homeolinks Publishers*.

Christie, E.A and Ward, A.T. 1996.A report on NHS practice-based homoeopathy project. Analysis of effectiveness and cost of homoeopathic treatment within a GP practice at St. Margret's Surgery. Bradford on Avon, Wilts. The society of Homeopaths.

Clover, A. 2000. Patient benefit survey: Tunbridge Wellls Homoeopathic Hospital. *British Homeopathic Journal*, 89. Macmillan Publishers Ltd. United Kingdom.

Crow, R. Gage, H. Hampson, S. Hart, J. Kimber, A. Storey, L. and Thomas, H. 2002. The measurement of satisfaction with healthcare: implications for practice from a systemic review of the literature. *Health Technology Assessment*. 6(32).

Davaiud, E and Chopra, M. 2008. How much is enough? Human resources requirements for primary health care: a case study from South Africa. *Bulletin of the World Health Organisation*. 86(1). Genebra.

Department of Health 2002. South African Demographic and Health Survey. 1998. Department of Health. Pretoria

Draper, S.W. 2005. The Hawthorne, Pygmalion, placebo and other effects of expectation: some notes (online). Available: http://www.psy.gla.ac.uk/~steve/hawth.html. (Accessed: 14 May 2013)

Du Plessis, S. 2012. A survey to Determine the Attitudes towards Complementary and Alternative Medicine by Users in Cape Town. M. Tech: Hom. Dissertation. University of Johannesburg. Johannesburg

Eyles, C. Leydon, G.M. Lewith, G.T and Brien, S. 2011. A Grounded Theory Study of Homeopathic Practitioners' Perceptions and Experiences of the Homeopathic Consultation. *Evidenced-Based Complementary and Alternative Medicine*. 2011(957506) (online). Available: http://doi.org/10.1155/2011/957506 (Accessed12 June 2014)

Fine, J.T. Colditz, G.A. Coakley, E.H. Moseley, G. Manson, J.E. Willett, W.C and Kawachi, I. 1999. A Prospective Study of Weight Change and Health-Related Quality of Life in Women. *JAMA.* 282(22)

Forster, H. 2005. Patient Satisfaction at the Technikon Witwaterstrand Homoeopathic Clinic: February 2004 to May 2004. M. Tech: Hom. Dissertation. Technikon Witwaterstrand, Johannesburg

Groves, R.M. 2006. Nonresponsive Rates and Nonresponsive Bias in Household Surveys. *Public Opinion Quarterly.* 70(5)

Herr, B.J. 2008. A patient perception survey – Durban University of Technology Homoeopathic Day Clinic. M.Tech: Hom. Dissertation. Durban University of Technology. KwaZulu Natal.

Kawachi, I. and Kennedy, B.P. 1999. Income inequality and health: pathways and mechanisms. *Health Services Research*. 34(1 Pt 2): 215-27

Lifeline. 2009. (online). Available: http://lifelinedurban.org.za/Projects/Ukuba/ukuba.html. (Accessed: May 2012)

Lynch, J. and Kaplan, G. 1997. Understanding How Inequality in the Distribution of Income Affects Health. *Journal of Health Psychology*. 2(3)

Mansoor Ali, K.R. 2012. Scope of Homeopathy in European Countries. *Similima.com* (online). Available: http://www.smilima.com/scope-legal-status-of-homeopathy-in-european-countries. (Accessed 04 December 2014)

Mashego, T-A.B. and Peltzer, K. 2005. Community perception of quality of (primary) health care services in a rural area of Limpopo Province, South Africa: a qualitative study. *Curationis*. 28(2)

Mills, A. Brugha, R. Hanson, K. and McPake, B. 2002. What can be done about the private health sector in low-income countries? *Bulletin of the World Health Organisation*. 80(4). Genebra.

Naidu, A. 2009. Factors affecting patient satisfaction and healthcare quality. *International Journal of Health Care Quality Assurance*. 22(4): 366-381.

Nápoles-Springer, A.M. Santoyo, J. Houston, K. Pérez-Stable, E.J. and Stewart, A.L. 2005. Patients' perceptions of cultural factors affecting the quality of their medical encounters. *Health Expectations*. 8(1)

National Department of Health. 2007. A policy on quality in healthcare for South Africa. Pretoria.

NHS Choices. 2013. Homeopathy (online). Available: http://www.nhs.uk/Conditions/homeopathy/Pages/Introduction.aspx (Accessed 02 December 2014)

Nicolai, T. 2008. Important concepts and the approach to prescribing. In Kayne, S(ed.). *Homeopathic Practice. London:* Pharmaceutical Press

Ong, L.M.L. de Haes, J.C.J.M. Hoos, A.M. and Lammes, F.B. 1995. Doctor-patient communication: A review of the literature. *Social Science & Medicine*. 40(7)

Patwardhan, A. and Spencer, C.H. 2012. Are patient surveys valuable as a service-improvement tool in health services? An overview. *Journal of Healthcare Leadership.* 2012(4): 33-46 (online). Available: http://www.dovepress.com/are-patient-surveys-valuable-as-a-service-improvement-tool-in-health-s-peer-reviewe-article-JHL (Accessed 01 December 2014)

Phaswana-Mafaya, N. Davids, A.S. Eldin, A.B. Munyaka, S. and Senekal, I. 2011. Patient satisfaction with primary health care services in a selected district municipality of the Eastern Cape of South Africa. *Human Science Research Council* (online). Available: http://www.hsrc.ac.za/en/research-outputs/view/5679 (Accessed 03 December 2014)

Prasad, R. 2007. Homeopathy booming in India. *The Lancet.* 370(9600)

Prinsloo, J. 2009. Existing Homoeopathic Scope of Practice (online). Available: http://www.hsa.org.za/misc/Scope%20of%20Practice (Accessed May 2013)

Reilly, D. Duncan, R. Bikker, A. and \heirs, M. 2003. The Development of the GHHOS. *The IDCCIM Actions Research and the PC-HICOM Project* (online). Available: http://www.adhom.com. (Accessed 5 September 2012)

Richardson, W.R. 2001. Patient benefit survey: Liverpool Regional Department of Homoeopathic Medicine. *British Homeopathic Journal*. 2001(90): 158-162. Nature Publishing Group. Liverpool, UK

Rossi, E. Crudeli, L. Endrizzi, C. and Garibaldi, D. 2006. Cost-effectiveness evaluation of homeopathic vs conventional therapy in respiratory diseases. *Proceedings of Improving the Success of Homeopathy.* 26-27 January 2006: 5. London

Rossi, E., Endrizzi, C. Panozzo, M.A. Bianchi, A and Da Fre, M. 2009. Homeopathy in the public health system: a seven year observational study at Lucca Hospital (Italy). *The journal of the faculty of Homeopathy*. 2009.98 (3): 142-148. Italy.

Sanchez, J. Byfield, G. Tymus Brown, T. LaFavor, K. Murphy, D. and Laud, P. 2000. Perceived Accessibility versus Actual Physical Accessibility of Healthcare Facilities. *Rehabilitation Nursing Journal*. 25(1)

Sevar, R. 2000. Audit of outcome in 829 consecutive patients treated with homeopathic medicine. *British Homeopathic Journal*. October 2000. 89(4)

Sitzia, J. and Wood, N. 1997. Patient satisfaction: a review of issues and concepts. *Social science & medicine*. 45(12)

Smallwood, C. 2005. The Role of Complementary and Alternative Medicine in the NHS. FreshMinds Consultancy. London.

Smillie, T. 2010. A clinical audit of the Durban University f Technology homoeopathic satellite clinic established at Ukuba Nesibindi. M.Tech: Hom. Dissertation. Durban University of Technology. KwaZulu Natal.

Smith, M. 2001. Guide to Assessing Client Satisfaction. First Edition. Durban: Health Systems Trust Publishers.

Smith, M. 2001. Developing a Tool to Assess Client Satisfaction at District Hospitals. First Edition. Durban: Health Systems Trust Publishers.

South Africa. Department of Health. 1982. *Allied Health Professions Act 63 of 1982* (online). Available at: http://www.ahpcsa.co.za/pdf_files/legislation/the-act (Accessed: 4 December 2013)

South Africa. 2000. *Promotions of Equality and Prevention of Unfair Discrimination Act 4 of 2000* (online). Available: http://www.justice.gov.za/legislation/acts/2000-004.pdf (Accessed: 03 December 2014)

South African Constitution. 1996. *Chapter 2: Bill of Rights* (online). Available: http:www.justice.gov.za/legislation/constitution/SAConstitution-web-eng-02.pdf. (Accessed 03 December 2014)

South Africa. 1982. National Health Act 61 of 2003 (online). Available: http://www.lawsofsouthafrica.up.ac.za/index.php/browse/medical-and-health/national-health-act-61-of-2003/act/61-of-2003 (Accessed on 05 December 2014)

Steinsbekk, A. and Ludtke, R. 2005. Patients' assessments of the effectiveness of homeopathic care in Norway: A prospective observational multi-centre outcome study. *Homeopathy.* 94(1):10-16

Thoresen, B. 2006. Patient Satisfaction at the Durban Institute of Technology Chiropractic Day Clinic. M.Tech: Chiro. Dissertation. Durban Institute of Technology. KwaZulu Natal.

Traditional African Healing (online). Available:

http://www.wikipedia.org/wiki/Traditional_African_Healing (Accessed 05 December 2014).

Trichard, M. Chaufferin, G. and Nicoloyannis, N. 2005. Pharmacoeconomic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis in children. 2005(94): 3-9

Van Wyk, B.E. Van Oudtshoorn, B. and Gericke, N. 1999. Medicinal Plants of South Africa. *Briza Publications*. Pretoria.

Vithoulkas, G. 1998. The Science of Homeopathy. Indian Edition. *B. Jain Publishers.* New Delhi

Vogt, W.P. 2005. Dictionary of Statistics & Methodology: A Nontechnical Guide for the Social Sciences. Third Edition. *SAGE Publications Inc*. Thousand Oaks, California

Weisberg, H.F. Krosnick, J.A. and Bowen, B.D. 1996. An Introduction to Survey Research, Polling, and Data Analysis. Third Edition. *SAGE Publications Inc*. Thousand Oaks, California

Wilkin, D. Hallam, L. and Dogget, M.A. 1993. Measures of need and outcome in primary health care. Revised Edition. *Oxford Medical Publications*. New York, NY: Oxford University Press

Witt, C. Keil, T. Selim, D. Rolls, S. Vance, W. Wegscheider, K. and Willich, S.N. 2005. Outcome and costs of homeopathic and conventional treatment strategies: a comparative cohort study in patients with chronic disorders. *Complementary Therapies in Medicine*. 2005(13): 79-86

APPENDIX A

Tannith Watson
17 Winmure
50 Gordon Road
Morningside
Durban
4001

Dear Dr. A.H. Ross (HOD),

Re: Permission to conduct a survey

The mini-dissertation I have chosen to do will be a patient benefit and perception survey of the DUT homoeopathic satellite clinic, Ukuba Nesibindi. My supervisors are Dr David Naude and Dr Jabulile Ngobese.

The purpose of the study

The aim of this quantitative questionnaire is to determine patient satisfaction, their views on homoeopathy and to assess the level of benefit they are acquiring from the Clinic. It is anticipated that the establishment of such formal data may define the feasibility and viability of homoeopathic care within the primary healthcare sector as well as possibly obtaining further external funding to aid the clinical setting. In order to carry out my research, it would be necessary to attend Ukuba during their consultation hours. All that will be required from patients is a few minutes of their time to fill in the questionnaire while in the waiting room waiting for their prescription. Voluntary follow up patients will be necessary for this research to be conducted. Patients shall remain anonymous.

Your approval will be greatly appreciated.

Kind regards,

_____
Tannith Watson
Research student

APPENDIX B

Tannith Watson
17 Winmure
50 Gordon Road
Morningside
Durban
4001

Dear Dr. D. Naude,

Re: Permission to conduct a survey

I am currently a student at the Durban University of Technology: Homeopathy. In order to obtain my Masters degree, I am required to complete a mini-dissertation. The mini-dissertation I have chosen to do will be a patient benefit and perception survey of the DUT homeopathic satellite clinic, Ukuba Nesibindi.

The purpose of the study

The aim of this quantitative questionnaire is to determine patient satisfaction, their views on homeopathy and to assess the level of benefit they are acquiring from the Clinic. It is anticipated that the establishment of such formal data may define the feasibility and viability of homeopathic care within the primary healthcare sector as well as possibly obtaining further external funding to aid the clinical setting. In order to carry out my research, it would be necessary to attend Ukuba during their consultation hours. All that will be required from patients is a few minutes of their time to fill in the questionnaire while in the waiting room waiting for their prescription. Voluntary follow up patients will be necessary for this research to be conducted. Patients shall remain anonymous.

Your approval will be greatly appreciated.

Kind regards,

_____	_____
Tannith Watson	HOD Homeopathy (DUT)
Research student	Dr. A. H. Ross

APPENDIX C

Tannith Watson
17 Winmure
50 Gordon Road
Morningside
Durban
4001

Dear Dr. J. Ngobese,

Re: Permission to conduct a survey

I am currently a student at the Durban University of Technology: Homeopathy. In order to obtain my Masters degree, I am required to complete a mini-dissertation. The mini-dissertation I have chosen to do will be a patient benefit and perception survey of the DUT homeopathic satellite clinic, Ukuba Nesibindi.

The purpose of the study

The aim of this quantitative questionnaire is to determine patient satisfaction, their views on homeopathy and to assess the level of benefit they are acquiring from the Clinic. It is anticipated that the establishment of such formal data may define the feasibility and viability of homeopathic care within the primary healthcare sector as well as possibly obtaining further external funding to aid the clinical setting. In order to carry out my research, it would be necessary to attend Ukuba during their consultation hours. All that will be required from patients is a few minutes of their time to fill in the questionnaire while in the waiting room waiting for their prescription. Voluntary follow up patients will be necessary for this research to be conducted. Patients shall remain anonymous.

Your approval will be greatly appreciated.

Kind regards,

_____	_____
Tannith Watson	HOD Homeopathy (DUT)
Research student	Dr. A. H. Ross

APPENDIX D

STATEMENT OF CONFIDENTIALITY

I, the research field worker, am bound by the rules of confidentiality in the Ukuba Nesibindi Homoeopathic Clinic and the guidelines of the South African Medical Research Council (2001).

In accordance with the S.A.M.R.C guidelines, the following measures are binding to myself as the field worker in the study titled:

A patient benefit and perception survey of the Durban University of Technology homeopathic satellite clinic established at Ukuba Nesibindi

1. All information contained in the research documents and any information discussed will be kept private and confidential. This is especially binding to any information that may identify any of the participants in the research process.

2. The returned questionnaires will be coded and kept anonymous in the research process.

These guidelines will be followed by the research field worker at all times.
_____ Research field worker
_____ Date

APPENDIX E

LETTER OF INFORMATION

Dear Participant,
Welcome to my study and thank you for your interest and your time.

The name of the research project is: **A patient benefit and perception survey of the Durban University of Technology Homeopathic satellite clinic established at Ukuba Nesibindi**

Name of supervisors:	**Dr. D. F. Naude and Dr J. Ngobese Tel: 031 373 2514**
Name of Research Student:	**Tannith Watson Tel: 072 545 3565**
Name of Institution:	**Durban University of Technology (DUT)**

Why we are doing this research (the purpose)?
We are doing this research so that we can measure what patients think about the Ukuba Nesibindi Homoeopathic Clinic and measure how they respond to the medicines we give them, we will do this by talking to all follow up patients of Ukuba Nesibindi Homoeopathic Clinic over a years period between August 2012 and August 2013.

How will it work (the process)?
After your consultation at the clinic and while you wait for your medicine to be made, I will ask you to fill in a form, this form will ask what it was like to be a patient at the Ukuba Nesibindi Homoeopathic Clinic and it will also ask how you have been feeling since you took your medicine. The form will take 15 minutes to finish and you can use the English form or the isiZulu form. If you cannot read or write English or isiZulu an English and isiZulu speaking translator will read all the documents to you and help you fill in the forms, instead of signing the consent letter you can then make a thumb print to say you agree to take part in the research. If we use a translator to help you fill in the form will know who you are but we will not write your name on the form afterwards. For those of you who can read or write, you don't need to write your name on the form, so your answers will be private (anonymous), when you are finished you will put the form a sealed box which will be opened later. By the time you finish filling in your form your medicine should be ready to collect.

How will I benefit if I take part?
When we have measured what it is like to be a patient at Ukuba Nesibindi Homoeopathic Clinic will be able to see how we can make the clinic better for you and other patients.

Is there any risk to me if I take part?
There is no risk to you; even if you don't take part you will still get the usual patient care from Ukuba Nesibindi Homoeopathic Clinic. We would like you to be as honest as possible in the form so that we can make things better, because you don't write your name on the form we cannot see who you are so your feedback is private.

How is my personal information safe?
None of your personal information like your medical history your illnesses will be released, all of this information is private; we may need to access your clinic file if we do none of you private information will be shown to anyone else only I will see it.

Will I get paid?
Unfortunately we cannot pay you to take part; if you do take part you do it voluntarily.

Who can I contact if I have a problem or questions?
Researcher: Tannith Watson (072 545 3565)
Supervisors: Dr D. Naude or Dr J. Ngobese (031 3732514)
Ethics committee: Ms L. Deonarain (031 373 2900)

If you are happy to take part in this research please you will need to sign a form and then you can fill in the questionnaire.
Yours Sincerely
Tannith Watson (Homoeopathic student)

APPENDIX F

DURBAN UNIVERSITY of TECHNOLOGY

INFORMED CONSENT FORM

DATE:

TITLE OF RESEARCH PROJECT:
A patient benefit and perception survey of the Durban University of Technology homeopathic satellite clinic established at Ukuba Nesibindi.

NAME OF SUPERVISOR : **Dr D. F. Naude**
M.Tech: Homoeopathy
(031 373 2514)

NAME OF CO-SUPERVISOR : **Dr J. Ngobese**
M.Tech: Homoeopathy
(031 373 2514)

NAME OF RESEARCH STUDENT : **Tannith Watson**
(072 5453565)

Please circle the appropriate answer, either YES or No

1. Have you read the Letter of Information or have you had it read to you?	**Yes**	**No**
2. Have you been able to ask questions about this study?	**Yes**	**No**
3. Are you happy with the answers to your questions?	**Yes**	**No**
4. Have you been given a chance to talk about this study?	**Yes**	**No**
5. Have you been given enough information about this study?	**Yes**	**No**
6. Do you understand the meaning of you being part on this study?	**Yes**	**No**
7. Do you understand that you will not put your name on the questionnaire?	**Yes**	**No**
8. Do you understand that being in this study will not change how you are treated and it will not affect your future health care or relationship with the Ukuba Nesibindi Homoeopathic Clinic	**Yes**	**No**
9. Do you understand that you are free to:		
a) withdraw from this study at any time?	**Yes**	**No**
b) withdraw from the study at any time, without reasons given	**Yes**	**No**
c) withdraw from the study at any time without affecting your future health care or relationship with the Ukuba Nesibindi Homoeopathic Clinic?	**Yes**	**No**
8. If needed, do you agree to allow the researcher to have access to your file	**Yes**	**No**
9. Do you agree to voluntarily participate in this study	**Yes**	**No**

10. Who have you spoken to regarding this study? _____

If you have answered NO to any of the above, please obtain the necessary information from the researcher and / or supervisor before signing. Thank You.

Please print in block letters:

Research participant: _____ Thumb print: ☐

Signature: _____

Witness' name : _____ Signature :_____

Researcher's name: _____ Signature: _____

Supervisor's name: _____ Signature: _____

APPENDIX G

DURBAN UNIVERSITY of TECHNOLOGY

Patient Benefit and Perception Survey: Ukuba Nesibindi Homoeopathic Clinic (UNHC)

1. Administration and general satisfaction:

(This section will measure what you think about the running of the clinic)

Please read the question and tick the answer you most agree with.

	Strongly Agree ☺☺	Agree ☺	Neither Agree nor Disagree :|	Disagree ☹	Strongly Disagree ☹☹
1. The clinic is easy to find and the signs are easy to see.					
2. UNHC is easy to get to.					
3. You didn't wait long to get an appointment.					
4. You were told you were going to wait and how long it would take.					
5. Only having afternoon appointments is enough to meet your needs					
6. The front entrance looks professional.					
7. The clinic is clean.					
8. When arriving to your appointment, you are helped quickly.					
9. When arriving to your appointment, the staff are polite.					
10.The waiting rooms are well kept and professional.					
11.The toilets are well kept and professional.					
12.Getting to the toilets is easy.					
13.The clinic is okay for disabled patients.					
14.The doctor's rooms are well kept and professional.					
15.The doctor's rooms are comfortable.					
16.There is enough privacy in the doctor's rooms.					
17.When waiting for your medication, the waiting time was good enough.					

2. Consultation and treatment satisfaction:

(This section will measure what you think about the consultations you have had.)

	very good ☺☺	Good ☺	Fair 😐	Poor ☹	very poor ☹☹
1. Your feelings about the healthcare given.					
2. The quality of the physical exam.					
3. The skill of the student.					
4. The attention given to your case.					
5. The explanation of your condition/diagnosis by the homoeopathic student.					
6. The confidence of your homeopathic student.					
7. The care from your homeopathic student.					
8. The friendliness of your homeopathic student.					
9. The manners of your homeopathic student.					
10.The explanation of the homeopathic case taking.					
11.The time spent in the doctor's room with the homeopathic student.					
12.The way the homeopathic student looked.					
13.The way the student was organized.					
14.Instructions were given on how to take the medicine.					
15.Instructions were easy enough to understand.					

3. Response to the homeopathic consultation and treatment

Are you on any other medication apart from the treatment received at Ukuba Nesibindi?
YES___ NO___
If YES please show what for:

Please tick the response that best fits your case (you may choose more than one):

TB		Bone disorder	
HIV		Joint disorder	
Blood pressure			
Diabetes			
Urinary disorder			
Digestion disorder			
Nerve disorder			
Breathing disorder			
Heart disorder			
Hormone disorder			
Skin disorders			
Muscle disorder			

How long have you been on this medication for?

Please tick the answer that best fits your case (1 answer only):

Less than 7 days	
1-4 weeks	
1-3 months	

3-6 months	
6-12 months	
More than 1 year	

3.1 Main complaint (your main health problem that was treated)

1. Please identify your main complaint _____
2. Have you had any other medication for this problem? YES___ NO___
3. If you **are currently** on this other medication, how long have you been on it for?
   Please tick the answer that best fits your case (1 answer only):

Less than 7 days	
1-4 weeks	
1-3 months	
3-6 months	
6-12 months	
More than 1 year	

4. How would you rate the change in your main complaint since receiving treatment?
   Please tick the answer that best fits your case (1 answer only):

Significantly better	☺☺☺	
Moderately better	☺☺	
Slightly better	☺	
No change	😐	
Slightly worse	☹	
Moderately worse	☹☹	
Significantly worse	☹☹☹	

5. Do you think the change in your main complaint (whether better or worse) is due to:
   Please tick the answer that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

3.2 Secondary complaint (another health problem that was treated at UNHC)

1. Please identify your secondary complaint _____
2. Have you had any other medication for this problem? YES___ NO___
3. If you **are currently** on this other medication, how long have you been on it for?
   Please tick the answer that best fits your case (1 answer only):

Less than 7 days	
1-4 weeks	
1-3 months	
3-6 months	
6-12 months	
More than 1 year	

4. How would you rate the change in your secondary complaint since receiving treatment?
Please tick the response that best fits your case (1 answer only):

Significantly better	☺☺☺	
Moderately better	☺☺	
Slightly better	☺	
No change	😐	
Slightly worse	☹	
Moderately worse	☹☹	
Significantly worse	☹☹☹	

5. Do you think the change in your secondary complaint (whether better or worse) is due to:
Please tick the answer that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

3.3 General state of health (your health overall)

1. How would you rate the change in your general state of health since receiving treatment?
Please tick the answer that best fits your case (1 answer only):

Significantly better	☺☺☺	
Moderately better	☺☺	
Slightly better	☺	
No change	😐	
Slightly worse	☹	
Moderately worse	☹☹	
Significantly worse	☹☹☹	

2. Do you think the change in your general state of health (whether better or worse) is due to:
Please tick the answer that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

3.4 Sleep

1. How would you rate the change in your sleep since receiving treatment?
Please tick the answer that best fits your case (1 answer only):

Significantly better	☺☺☺	
Moderately better	☺☺	
Slightly better	☺	
No change	😐	
Slightly worse	☹	
Moderately worse	☹☹	
Significantly worse	☹☹☹	

2. Do you think the change in your sleep (whether better or worse) is due to:
Please tick the response that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

3.5 General Well-being (how well you are, mentally, physically and emotionally)

1. How would you rate the change in your general well-being since receiving treatment?
Please tick the answer that best fits your case (1 answer only):

Significantly better	☺☺☺	
Moderately better	☺☺	
Slightly better	☺	
No change	😐	
Slightly worse	☹	
Moderately worse	☹☹	
Significantly worse	☹☹☹	

2. Do you think the change in your general well-being (whether better or worse) is due to:
Please tick the answer that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

3.6 Energy level (Power)

1. How would you rate the change in your energy since receiving treatment?
Please tick the answer that best fits your case (1 answer only):

Significantly better	☺☺☺	
Moderately better	☺☺	
Slightly better	☺	
No change	😐	
Slightly worse	☹	
Moderately worse	☹☹	
Significantly worse	☹☹☹	

2. Do you think the change in your energy level (whether better or worse) is due to:
Please tick the answer that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

3.7 Mood

1. How would you rate the change in your mood since receiving treatment?
   Please tick the answer that best fits your case (1 answer only):

Significantly better	☺☺☺	
Moderately better	☺☺	
Slightly better	☺	
No change	😐	
Slightly worse	☹	
Moderately worse	☹☹	
Significantly worse	☹☹☹	

2. Do you think the change in your mood (whether better or worse) is due to:
   Please tick the answer that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

3.8 Appetite (hunger/food)

1. How would you rate the change in your appetite since receiving treatment?
   Please tick the answer that best fits your case (1 answer only):

Significantly better	☺☺☺	
Moderately better	☺☺	
Slightly better	☺	
No change	😐	
Slightly worse	☹	
Moderately worse	☹☹	
Significantly worse	☹☹☹	

2. Do you think the change in your appetite (whether better or worse) is due to:
   Please tick the answer that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

3.9 Weight

1. Has there been any change to you weight since receiving treatment? Yes____No____
2. Have you **lost / gained** weight? *(Please circle)*
3. If so how much have you lost or gained? _____kgs
4. Do you think the change in your weight (whether better or worse) is due to:
   Please tick the answer that best fits your case (you may choose more than 1):

Homoeopathy	
Other medication	
Natural causes	

APPENDIX H

INCWADI YESAZISO NGOCWANINGO

Ngiyakubingelela,
Ngiyakwamukela kulolucwaningo lwami, futhi ngiyabonga ngentshisekelo nangesikhathi onginika sona.

Isihloko salolucwaningo sithi: **Inzuzo yeziguli kanye nemibono yazo mayelana nomtholampilo we Homoeopathy wase Durban University of Technology obizwa Ukuba Nesibindi.**

Igama lomhloli omkhulu wocwaningo: **Dkt. D. F. Naude-Ucingo: 031 373 2514**
Igama lesekela likamhloli**:** **Dkt J. C. Ngobese-Ucingo: 031 373 2514**

Igama lomfundi owenza ucwaningo: **Tannith Watson -Ucingo: 072 545 3565**
Igama lesikhungo sezemfundo: **Durban University of Technology (DUT)**

Kungani senza lolucwaningo (Imbangela)?

Senza lolucwaningo ukuze sibenesilinganiso / sihlole ukuthi ingabe iziguli zicabangani mayelana ngokusebenza nakwalomtholampilo wezehomoeopathy obizwa ngokuthi Ukuba Nesibindi, nanokuthi ingabe imithi ibasebenzela kanjani. Sizokwenza lokhu ngokukhuluma kubo bonke silandele up iziguli of Ukuba Nesibindi Homoeopathic Clinic esikhathini eminyakeni ephakathi August 2012 no August 2013.

Luyoqhutshwa kanjani lolucwaningo (indlela)?
Emveni kukuba usuqedile ukubonwa odokotela, ngesikhathi usalindele Ukuba bakulethele imithi yakho, uncwaningi uyobe esekucela kuba ugcwalise ifomu, lelifomu liyobe linemibuzo eqonde ukwazi ukuthi ingabe uzizwele kunjani ukubonwa njengesiguli kulomtholampilo weHomoeopathy Ukuba Nesibindi, futhi liyobuye likubuze ukuthi ingabe uzwizwa unjani emveni kokusebenzisa imishanguzo/ imithi yeHomoeopathy .
Kuyothatha isikhathi esingangemizuzu engu 15 ukugcwalisa lelifomu noma ukuphendula lemibuzo futhi ungasebenzisa ifomu lesiNgisi noma elesiZulu ukuphendula/ ukugcwalisa lemibuzo. Uma ngabe ungakwazi ukufunda noma ukubhala utolika okhuluma IsiZulu uyokufundela yonke imininingwane equkethwe kulolucwaningo bese ekusiza ekugcwaleseni lelifomu. Kulesisimo esinjena kuyomele uvume ngomlomo bese ugxiviza ngesithupha, lokhu kuyoba yilona phawu lokuvuma ukuzibandakanya kulolucwaningo. Ngenxa yalokhu siyokwazi ukuthi ungubani kepha aliyukushicilelwa igama lakho kulelifomu.

Kulabo abakwazi ukufunda nokubhala, akudingekile Ukuba ubhale igama lakho kulelifomu, ngenxa yalokho izimpendulo zakho ziyakuba imfihlo (aziyukudalu ukuthi zivela kubani), uma usuphothulile/ usuqedile ukuphendula yonke lemibuzo yocwaningo, uyobe usushutheka lelifomu ebhokisini elivaliwe oyonikezwa lona eliyobe selivulwa emva kwesikhathi uma sekuphele lolucwaningo. Ngesikhathi uqeda ukuphendula/ ukugcwalisa lelifomu, nemithi yakho iyobe isilungile ukuba uyithole/ uyilande noma bayobe sebeqedile ukuyenza odokotela.

Iyiphi inzuzo engiyoba nayo ngokuzibandakanya / Ngiyozuza kanjani ngokuzibandakanya?

Uma sesisitholile isilinganiso noma uvo lwakho lokuthi kunjani ukuba isiguli salomtholampilo wehomoeopathy noma ukubonwa kulomtholampilo weHomoeopathy ogama lawo- Ukuba Nesibindi siyobe sesikwazi ukuthi singenzenjani ukuba senyuse izinga lalomtholampilo, nokuthi yikuphi esimele sikwenze ukuze silenze libengcono kuwena nakwezinye iziguli ngomuso.

Ingabe ukhona umshophi ongangehlela mina ngenxa yokuzibandakanya kulolucwaningo?

Awukho umshophi uyokwehlela ngokuzibandakanya kulolucwaningo; noma ngabe awuvumi ukuzibandakanya kulolucwaningo uyoqhubeka nokwelashwa ngendlela efanelekile nejwayelekile kuwo lomtholampilo wehomoeopathy- Ukuba Nesibindi. Sinesifiso nesicelo sokuba uphendule ngokweqiniso nokwethembeka lelifomu loluhla lemibuzo yocwaningo lokhu kuyokwenza Ukuba senze kangcono izinto futhi senyuse izinga lokwenza ngcono kulomtholampilo, ngenxa yokuthi awudingekile ukuba ubhale igama lakho kulelifomu, ayikho indlela yokuba sazi ukuthi lezizimpendulo zivela kubani.

Ingabe imininingwane yami iphephe kangakanani?

Akukho minininingwane yakho enjenge gama nesibongo sakho, isigulo noma isifo sakho esiyakudalulwa. Yonke imininingwane iyogcinwa njengemfihlo. Uma kunesidingo sokuba sihlole ifayela lakho akukho minininingwane eyokudalulwa komunye umuntu. Umcwaningi kuphela oyokwazi ukuthi ukhona ini kwifayela lakho. ,

Ingabe ngiyoholelwa/ noma ngiyokhokhelwa ngokuzibandakanya wami?

Cha, ngeshwa angeke uholelwe/ ukhokhelwe ngokuzibandakanya kwakho, uma uzibandakanya ukwenza nje lokhu ngokuzinikela ungalindele nzuzo yemali - uyavolontiya

Ubani engingaxhumana naye noma engingamthinta uma nginenkinga noma nginemibuzo mayelana nalolucwaningo?

Igama lomhloli omkhulu wocwaningo: Dkt. D. F. Naude- Ucingo: 031 373 2514
Igama lesekela likamhloli: Dkt. J. C. Ngobese -Ucingo: 031 373 2514
Igama lomfundi owenza ucwaningo: Tannith Watson- Ucingo: 072 545 3565
Ikomiti elibhekene nomthetho wokuziphatha: Nks. L. Deonarain-ucingo: (031 373 2900)

Uma uzimisele ngokuzibandakanya/ noma Ukuba yingxenye yalolucwaningo, uyacelwa Ukuba usayine noma ubeke uphawu lwesivumelwano efomini bese ungaqhubeka ugcwalise/ uphendule uhla lwemibuzo yocwaningo.

Yimina ozithobayo

uTannith Watson (umfundi wezeHomoeopathy)

APPENDIX I

IFOMU LOKUVUMA UKUZIBANDAKANYA KUCWANINGO

USUKU:

ISIHLOKO SOCWANINGO: Inzuzo yeziguli kanye nemibono yazo mayelana nomtholampiolo we Homoeopathy wase Durban University of Technology obizwa Ukuba Nesibindi.

Igama lomhloli omkhulu wocwaningo: **Dkt. D. F. Naude-Ucingo: 031 373 2514**
Igama lesekela likamhloli**:** **Dkt J. C. Ngobese-Ucingo: 031 373 2514**

Igama lomfundi owenza ucwaningo: **Tannith Watson -Ucingo: 072 545 3565**
Igama lesikhungo sezemfundo: **Durban University of Technology (DUT)**

IGAMA LOMHLOLI OMHKULU WOCWANINGO: **Dkt D. F. Naude**
M.Tech: Homoeopathy
(031 373 2514)

IGAMA LESEKELA LIKAMHLOLI: **Dr J. Ngobese**
M.Tech: Homoeopathy
(031 373 2514)

IGAMA LOMFUNDI OWENZA UCWANINGO: **Tannith Watson**
(072 5453565)

Uyacelwa ukuba usongelezele/ ukokelezele leyo mpendulo okuyiyona yona kungaba uYEBO NOMA uCHA

1. Ingabe usuyifundile noma usuyifundelwe incwadi yesaziso ngocwaningo?	**Yebo**	**Cha**
2. Ingabe ukwazile ukubuza imibuzo mayelana nalolucwaningo?	**Yebo**	**Cha**
3. Ingabe ugculisekile futhi ziyakuthokozisa izimpendulo ozitholile zalemibuzo oyibuzile?	**Yebo**	**Cha**
4. Ingabe usuke walinikwa ithuba lokukhuluma ngaloluCwaningo?	**Yebo**	**Cha**
5. Ingabe unikezwe ulwazi olwanele ngalolucwaningo?	**Yebo**	**Cha**
6. Ingabe uyaqonda ngokuphelele ukuthi kusho ukuthini ukuzibandakanya kwakho kulolucwaningo?	**Yebo**	**Cha**
7. Ingabe uyaqonda ukuthi akudingekile ukuba ubhale igama lakho kuloluhla lwemibuzo yocwaningo?	**Yebo**	**Cha**
8. Ingabe uyaqonda ukuthi ukuzibandakanya kulolucwaningo akuyukushintsha indlela olashwa ngayo, futhi angeke kuphazamise ukunakekelwa kwezempilo kwakho ngomuso ngeke kushintshe ubudlelwano onabo nalomtholampilo wezeHomoeopathy -Ukuba Nesibindi?	**Yebo**	**Cha**
9.Ingabe uyaqonda ukuthi ukhululekile ukuthi:		
a) ungazihoxisa ekuzibandakanyeni kulolucwaningo noma inini?	**Yebo**	**Cha**
b) ungazihoxisa ekuzibandakanyeni kulolucwaningo noma inini ngaphandle kokudingeka ukuba unikeze isizathu?	**Yebo**	**Cha**
c) ungazihoxisa ekuzibandakanyeni kulolucwaningo noma inini akuyukushintsha indlela olashwa ngayo, futhi angeke kuphazamise ukunakekelwa kwezempilo kwakho		

ngomuso ngeke kushintshe ubudlelwano onabo nalomtholampilo wezeHomoeopathy -Ukuba Nesibindi? **Yebo Cha**

8. Uma kunesidingo, ingabe uyavuma ukunika igunya kumcwaningi ukuba ahlole ifayela lakho? **Yebo Cha**
9. Ingabe uyavuma ukuzibandakanya kulolucwaningo ngentando yakho, hhayi ngempoqo, futhi ungalindele kuthola mali noma inzuzo? **Yebo Cha**
10. Ubani okhulumisane naye mayelana nalolucwaningo? _____

Uma ngabe kukhona lapho ophendule khona ngo CHA kulemibuzo engenhla, uyacelwa ukubanini uthole imininingwane ephelele kumfundi owenza ucwaningo kanye/ noma kumhloli wocwaningo ngaphambi kokuba usayine noma ubeke uphawu lwesivumelwano. Ngiyabonga.

<u>Uyacelwa ukuba ubhale ngokuhlukanisa:</u>

Ozibandakanyayo kucwaningo: _____ Isigxivizo sesithupha:

Uphawu lwesivumelwano: _____

Igama likafakazi: _____Uphawu lwesivumelwano:_____
Igama lomfundi owenza ucwaningo: _____Uphawu lwesivumelwano:_____
Igama lomhloli omkhulu: _____ Uphawu lwesivumelwano:_____

APPENDIX J

***Inzuzo yeziguli kanye nemibono yazo mayelana nomtholampiolo we Homoeopathy wase Durban University of Technology obizwa Ukuba Nesibindi*.**

1. Ingubo, ukugcinwa kwamabhuku, amafayela, nokwamukelwa nokugculiseka:
(Lendima ihlola ukuthi ucabangani ngokuphathwa nenqubo yalomtholampilo)
Uyacelwa ukuthi ufunde umbuzo bese ukhetha impendulo okuyiyona yona kulezi ezilandelayo. Khetha leyo okuyiyona uvumelana nayo kakhulu.

	Ngiyavuma kakhulu ☺☺	Ngiyavuma ☺	Angivumi futhi angiphiki 😐	Ngiyaphika ☹	Ngiyaphika kakhulu ☹☹
1. Kulula ukuthola lomtholampilo, futhi imibhalo yendlela yokuza kuwo iyabonakala ngokucacile.					
2. Kulula ukuza kulomtholampilo we Homoeopathy - Ukuba Nesibindi.					
3. Awulindanga isikhathi eside sokuba ubhalisele ukubonwa.					
4. Watshelwa ukuthi uzolindalinda ngaphambi kokuba ubonwe, nokuthi kuzothatha isikhathi esingakanani ulindile.					
5. Ukuvulwa kwalomtholampilo ntambama kuphela kwanele ukubhekelela izidingo zakho.					
6. Ingaphambili lapho kungenwa khona kusesimeni esimukelekayo sezokusebenza.					
7. Lomtholampilo uhlanzekile.					
8. Uma uzobonwa uyaluthola usizo ngokushesha.					
9. Uma uzobonwa abasebenzi banesizotha nesineke.					
10.Izindlu zokulindela zigcinwa njalo zisesimweni esemukelekayo sokusebenza.					
11.Izindlu zangasese zigcinwa njalo zisesimweni esemukelekayo sokusebenza.					
12.Ukuya kwizindlu zangasese kulula.					
13.Lomtholampilo usesimweni esemukelekayo nakubantu abakhubazekile ukuthi bakwazi ukufinyelela emagumbini abo.					
14.Amagumbi kadokotela ahlale esesimweni esicolekile nesamukelekayo.					
15.Amagumbi kadokotela athokomele kahle, kuyahlaleka ngokukhulukela kuwo.					
16.Amagumbi kadokotela akhuselekile ngokwanele ekubeni konke okuxoxwa kuwo kungazwakali ngaphandle noma kungaphumeli ngaphandle kwawo.					
17.Isikhathi sokulindwa kwemithi sasisihle impela.					

2. Ukubonwa nokugculiseka ngemithi:

(Lesisigaba sihlola ukuthi ingabe ucabangani ngendlela yokubonwa nempatho oyitholayo.)

	Inhle kakhulu ☺☺	Inhle ☺	Ikahle/ ilungile 😐	Imbi ☹	Imbi kakhulu ☹☹
1. Imizwa yakho ngohlengo lwezempilo olinikwayo.					
2. Izinga eliphezulu lokuhlolwa komzimba wakho.					
3. Ubuciko bomfundi.					
4. Izinga lokunakisiswa kwesimo sokugula kwakho.					
5. Ukuchazelwa ngumfundi wezeHomoeopathy mayelana nesifo/ nesigulo/ nemiphumela yesigulo sakho					
6. Izinga lokuzethemba komfundi wezehomoeopathy.					
7. Unakekelo olunikwa umfundi wezeHomoeopathy.					
8. Imfudumalo oyinikwa umfundi wezeHomoeopathy.					
9. Inhlonipho oyinikwa umfundi wezeHomoeopathy.					
10. Incazelo mayelana nokuthathwa kwezimpawu zokugula sakho.					
11. Isikhathi esithathiwe usegumbini likadokotela kanye nomfundi wezehomoeopathy.					
12. Indlela abebukeka ngayo umfundi wezehomoeopathy.					
13. Indlela abeziqoqe ngayo nabezimisele ngayo umfundi wezehomoeopathy.					
14. Indlela yokuthi imininingwane yemithi isetshenziswa kanjani.					
15. Imininingwane ibilula noma ibiqondakala kahle ukuthi ichazani.					

3. Impendulo yokuzizwela ekubonweni nasekulashweni ngeHomoeopathy.

Ingabe ikhona yini eminye imithi oyisebenzisayo njengamanje ngaphandle kwalena oyithole kumtholampilo Ukuba Nesibindi? YEBO__ CHA___

Uma uphendule ngoYEBO uyacelwa Ukuba utshengise ukuthi ingeyani:

Uyacelwa ukuthi uphendule ngokukhetha lokho okuvumelana nokwenzeka kuwe (ungakhetha kube nangaphezulu kokukodwa uma kunjalo):

Isifo seTB / sephepha		Inkinga /Isifo samathambo	
Igciwane lesandulela ngculaza - iHIV		Inkinga /Isifo samalunga omzimba	
Ihayihayi – iBP ephezulu			
Isifo sika shukela			
Inkinga /Isifo sezinso nesinye			
Inkinga /Isifo sokugayeka kokudla, noma sasesiswini			
Inkinga /Isifo sezinzwa			
Inkinga /Isifo sokuphefumula			
Inkinga /Isifo senhliziyo			
Inkinga /Isifo soketshezi/ samahomoni			
Inkinga /Isifo sesikhumba			
Inkinga / Isifo sezicubu noma amamasela omzimba			

Ingabe sekunesikhathi esingakanani usebenzisa lemithi okhuluma ngayo?

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Izinsuku ezingaphansi kweziyisikhombisa	
Iviki elilodwa kuya kwamane	
Inyanga eyodwa kuya kwezintathu	
Izinyanga ezintathu kuya kweziyisithupha	
Izinyanga eziyisithupha kuya kunyaka owodwa	
Ngaphezulu konyaka owodwa	

3.1 Inkinga / isigulo sakho esikhulu (okuyisona sona esikulethe lapha ukuba uzokwelashwa)

1. Ngiyacela ukuthi usho ukuthi yini ekuphetheyo ebangele Ukuba uzobonwa/ isigulo sakho esikhulu._____

2. Ingabe ikhona yini eminye imithi osuke wayisebenzisa kulesisifo/ isigulo sakho? YEBO___ CHA___

3. Uma ngabe usawusebenzisa lomuthi njengamanje, ingabe usuwusebenzise isikhathi esingakanani?

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Izinsuku ezingaphansi kweziyisikhombisa	
Iviki elilodwa kuya kwamane	
Inyanga eyodwa kuya kwezintathu	
Izinyanga ezintathu kuya kweziyisithupha	
Izinyanga eziyisithupha kuya kunyaka owodwa	
Ngaphezulu konyaka owodwa	

4. Ungalinganisela kusiphi isikalo somehluko/ soshintsho lwesigulo noma isifo sakho esikhulu noma lokhu okukuphethe emuveni kokuba usebenzise imithi?

yacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Umehluko wobuncono obonakala kakhulu impela	☺☺☺	
Umehluko wobuncono obonakala ngokuphakathi	☺☺	
Ngi/ uncono kancane	☺	
Akukho mehluko	😐	
Sengigula kancane	☹	
Sengigula ngokuphakathi naphakathi	☹☹	
Sengigula kakhulu impela	☹☹☹	

5. Ingabe ucabanga ukuthi imbangela yalolushintsho lwesigulo noma isifo sakho esikhulu nokuyisona esikulethe kulomtholampilo (oluhle noma olubi) lungenxa:

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	

3.2 Isigulo noma isikhalazo sempilo yakho esinye (okunye olwashelwa khona)

1. Uyacelwa ukuthi usho okunye okulashelwayo: _____

2. Ingabe ikhona yini eminye imithi osuke wayisebenzisa kulesisifo/ isigulo sakho? YEBO___CHA___

3. Uma ngabe usawusebenzisa lomuthi njengamanje, ingabe usuwusebenzise isikhathi esingakanani?

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Izinsuku ezingaphansi kweziyisikhombisa	
Iviki elilodwa kuya kwamane	
Inyanga eyodwa kuya kwezintathu	
Izinyanga ezintathu kuya kweziyisithupha	
Izinyanga eziyisithupha kuya kunyaka owodwa	
Ngaphezulu konyaka owodwa	

4. Ungalinganisela kusiphi isikalo somehluko/ soshintsho lwesigulo noma isifo sakho esinye esihambisana nalesiosidalulile ngaphezulu, noma lesi esingaphansi kwalesi osibalulile ngaphambilini emuveni kokuba usebenzise imithi?

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Umehluko wobuncono obonakala kakhulu impela	☺☺☺	
Umehluko wobuncono obonakala ngokuphakathi	☺☺	
Ngi/ uncono kancane	☺	
Akukho mehluko	😐	
Sengigula kancane	☹	
Sengigula ngokuphakathi naphakathi	☹☹	
Sengigula kakhulu impela	☹☹☹	

5. Ingabe ucabanga ukuthi imbangela yalolushintsho lwesigulo noma isifo sakho esinye esihambisana nalesiosidalulile ngaphezulu, noma lesi esingaphansi kwalesi osibalulile ngaphambilini (oluhle noma olubi) lungenxa:

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	

3.3 Isimo sempilo yakho (ngokuphelele)

1. Ingabe ungalilinganisela kusiphi isikalo/ izinga lempilo yakho emveni kokuba uthole imithi/ noma emuveni kokuba usebenzise imithi?

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Umehluko wobuncono obonakala kakhulu impela	☺☺☺	
Umehluko wobuncono obonakala ngokuphakathi	☺☺	
Ngi/ uncono kancane	☺	
Akukho mehluko	😐	
Asisihle kancane	☹	
Asisihle ngokuphakathi naphakathi	☹☹	
Asisihle kakhulu impela	☹☹☹	

2.Ingabe ucabanga ukuthi imbangela yalesisimo sempilo onaso njengamanje singenxa:

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	

3.4 Ukulala/ ubuthongo

1. Ingabe lunjani ushintsho kubuthongo nasekulaleni kwakho emuveni kokuba uthole imithi?

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Umehluko wobuncono obonakala kakhulu impela	☺☺☺	
Umehluko wobuncono obonakala ngokuphakathi	☺☺	
Ngi/ uncono kancane	☺	
Akukho mehluko	😐	
Akulaleki kancane	☹	
Akulaleki ngokuphakathi naphakathi	☹☹	
akusalaleki kakhulu impela	☹☹☹	

2. Ucabanga ukuthi ushintsho ekulaleni nakubuthongo bakho noma ngabe (kuhle noma kubi) bungenxa:

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	

3.5 Ukuphila nje ngokwejwayelekile (emqondweni, enyameni kanye nasemuphefumulweni)

1. Ingabe lunjani ushintsho ekuphileni nje ngokwejwayelekile empilweni yakho emuveni kokuba uthole imithi?

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Umehluko wobuncono uyabonakala kakhulu impela	☺☺☺	
Umehluko wobuncono uyabonakala ngokuphakathi	☺☺	
Ngi/ uncono kancane	☺	
Akukho mehluko	😐	
Akukuhle kancane	☹	
Akukuhle ngokuphakathi naphakathi	☹☹	
Akukuhle kakhulu impela	☹☹☹	

2. Ucabanga ukuthi ushintsho empilweni yakho ngokwejwayelekile nje noma ngabe (luhle noma lubi) lungenxa:

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	

3.6 Izinga lamandla emzimbeni

1. Ingabe lunjani ushintsho lwamandla noma izinga lamandla empilweni yakho emuveni kokuba uthole imithi?

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Akhona kakhulu impela	☺☺☺	
Akhona ngokuphakathi	☺☺	
Akhona kancane	☺	
Akukho mehluko	😐	
Asehlile kancane	☹	
Asehlile ngokuphakathi naphakathi	☹☹	
Awasekho kakhulu impela	☹☹☹	

2. Ucabanga ukuthi ushintsho lwamandla akho noma ngabe (luhle noma lubi) lungenxa:

Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	

3.7 Isimo somphefumulo

1. Ingabe sinjani isimo soshintsho emuphefumulweni wakho emuveni kokuba uthole imithi?
   Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Sihle kakhulu impela	☺☺☺	
Sihle ngokuphakathi	☺☺	
Sihle kancane	☺	
Akukho mehluko	😐	
Asisihle kancane	☹	
Asisihle ngokuphakathi naphakathi	☹☹	
Asisihle kakhulu impela	☹☹☹	

2. Ucabanga ukuthi ushintsho lwesimo somphefumulo (luhle noma lubi) lungenxa:
   Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	

3.8 Izinga lokuthanda ukudla/ inhliziyo yokudla

1. Ingabe lunjani ushintsho lokuthanda ukudla emuveni kokuba uthole imithi?
   Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe kakhulu kunezinye. (khetha impendulo eyodwa vo):

Luhle kakhulu impela	☺☺☺	
Luhle ngokuphakathi	☺☺	
Luhle kancane	☺	
Akukho mehluko	😐	
Aluluhle kancane	☹	
Aluluhle ngokuphakathi naphakathi	☹☹	
Aluluhle kakhulu impela	☹☹☹	

2.Ucabanga ukuthi ushintsho lothando lokudla (luhle noma lubi) lungenxa:
   Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	

3.9 Isisindo somzimba

1. Ingabe usuke waba khona yini umehluko kwisisindo sakho emuveni kokuba uthole imithi?
2. Ingabe usuke wehla noma wenyuka kwisisindo somzimba wakho? YEBO / CHA
   (uyacelwa Ukuba usongelezele leyo mpendulo oyikhethayo)

3. Uma kunjalo wehle ngesisindo noma unyuke ngesisindo esingakanani _____kgs
4. Ucabanga ukuthi ushintsho lwesisindo somzimba (luhle noma lubi) lungenxa:
   Uyacelwa ukuthi ukhethe leyo mpendulo evumelana nawe. (ungakhetha izimpendulo ezingaphezu kweyodwa)

Yemithi yeHomoeopathy	
Yeminye imithi noma amakhambi	
Yinto eyenziwa indalo nje	