



Experiences of returning patients at a Homoeopathic Community Clinic.

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Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Abstract

Introduction

South Africa has a dual healthcare system which comprises of a public and private healthcare sector. The public sector is state controlled and provides allopathic medicinal care only, whilst the private healthcare sector is flexible. This means that the population has the choice of the medicinal therapy such as allopathic medicine or complementary medicine. Homeopathy is one of the complementary medicine with major growth and it has been in existence for so long in South Africa. However, a large proportion of the South African public is unclear with regards to homoeopathic understanding.

Aim of the study

The aim of the study was to explore the experiences of returning patients at Ukuba Nesibindi Homoeopathic Community Clinic and the study was guided by the grand tour question that is: What are the experiences as a returning patient, at UNHCC with regard to the care they had received?

Methodology

A qualitative, explorative, descriptive and contextual design was employed. Holloway and Wheeler (2010) suggest that a qualitative research in the field of healthcare is used to establish how people think of the experiences and their suffering and further explore their perspective on the care and treatment they received within the healthcare system.

Purposive sampling was used to recruit a minimum of 12 participants who had visited the clinic four times or more. The data was collected and analysed using Tesch's eight-step procedure.

Results

The results showed that although majority of the participant had vague understanding of homoeopathy, participants acknowledged that the quality of help received at the homeopathic clinic were highly beneficial. Furthermore, thematic analysis showed that participant were dissatisfied with other streams of healthcare and contented with

homoeopathic treatment. However, participants highlighted that the infrastructure at UNHCC needs improvement in terms of space.

Conclusion

The salient themes of this study strongly suggest that homeopathic medicine and practices was widely accepted by the participant. It also emerged that participant had trust and expressed confidence in homoeopaths at UNHCC. Based on these findings, the researcher highly recommends the need for the integration of homoeopathic practice and medicine into the South Africa Primary health care. Importantly, the integration of homoeopathic medicine as a primary health care provider will help provide an alternative platform to ease the load on conventional allopathic medical clinics.

Dedications

This work is dedicated to my two beautiful daughters Ndal'enhle and Lisakhanya Ngobese, receiving them as a gift from God gave me a strength and a fighting spirit when things were difficult. When I wanted to quit, I would always think what would they learn from a quitter so I had to push to the end so they learn that in life you never quit and you MUST finish what you have started.

I would also like to dedicate this work to my parents Nsungulo and Nomusa Ngobese, they supported me from birth until now. Not even a single day I heard them complain or attempt to put pressure on me instead they gave full support. I am blessed to have such parents and I love you so much.

Above all, this work is dedicated to the mighty God, I wouldn't have done it without Him. Great you are all the time.

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List of Acronyms

| Acronym | Full term |
|---------|--|
| UNHCC | Ukuba Nesibindi Homoeopathic Community Clinic |
| AHPCSA | Allied Health Professional Council of South Africa |
| CAM | Complementary and Alternative Medicine |
| DUT | Durban University of Technology |
| GPs | General practitioners |
| DR's | Doctors |
| KZN | KwaZulu-Natal |
| NHI | National Health Insurance |
| PHC | Primary Health Care |
| WHO | World Health Organization |

CHAPTER ONE

1.1 Introduction and background

South Africa has a dual healthcare system, which comprises of a public and private healthcare sector. The public sector is state controlled and provides allopathic medicinal care only, whilst the private healthcare sector is flexible. This means that the population has the choice of the medicinal therapy such as allopathic medicine or complementary medicine. According to Majola (2015), the majority of the population uses the allopathic medicine which is rendered by the government. Most people use it as it is provided free or at a reasonable cost. However, according to the World Health Organization (WHO), complementary medicine such as homoeopathy has shown increase growth and is the second fastest growing complementary medicine in the world (Khumalo, 2015). Ottermann (2010) suggest that by 2017 homoeopathy will be equal to the combined medicinal system that make up the rest of the alternative healthcare market, if it continues to grow at its current rate of 20% to 25% per year.

The Durban University of Technology's (DUT), Department of Homoeopathy has established and manages five homoeopathic community clinics in different areas around the eThekweni region. One such clinic is Ukuba Nesibindi Homoeopathic Community clinic (UNHCC). UNHCC provides primary health care (PHC) service and free homoeopathic treatment to the community. UNHCC has grown as it attracts and services patients around Durban central and surrounding areas of eThekweni region (Dube 2015).

1.2 Problem Statement

The Department of Homoeopathy based at DUT established a homoeopathic community clinic in collaboration with Life Line in 2004. The number of patients have increased majorly every year (Dube 2015). However according to Paruk (2006), a large portion of South Africans are uncertain regarding the understanding and use of homoeopathy. This means that a large number of the population show some degree of ignorance and understanding of homoeopathy.

Dube (2015) conducted a quantitative, descriptive study at UNHCC with the aim to determine the perception of patients after their first homoeopathy consultation and their satisfaction with services delivered at UNHCC.

The aim of this study was to investigate the experiences of returning patients at Ukuba Nesibindi Homoeopathic Community Clinic with regards to the care they have received at the clinic. As such, this study explored and described why patients returned continuously for their follow-ups. The study provided information that will assist with improving the quality of services provided to patients that return for their follow-ups at UNHCC.

1.3 Aim

The aim of this study was to explore the experience of returning patients at UNHCC with regards to the care they have received at the clinic.

Grand tour question

What are the experiences of returning patients for four or more follow-up consultations at UNHCC with regard to the care they received?

Probing questions:

- What is your perception about infrastructure at UNHCC?
- What is your perception about health Services at UNHCC?
- What is perception about service relative to conventional primary health?

1.4 Significance of study

The insight into the experiences of returning patients at UNHCC will assist the UNHCC management in refining their health services. Furthermore, from a homoeopathic perspective, the rich information gathered from returning patients may possibly be used to refine and modify the educational training of homoeopathic students at DUT. This will enhance their service delivery to patients, as pointed out by Dube (2015). In addition, for the future growth, exposure and development of Homoeopathy in South Africa,

understanding the value of Homoeopathy to patients reliant on the public healthcare sector may be useful in efforts to incorporate Homoeopathy into the public health sector through the National Health Insurance.

1.5 Delimitations of the study

The study was limited to the patients that are between the ages 18-80 years, and must have four follow-ups or more.

1.6 Overview of the Research Design

Purposive sampling was used to recruit potential research participants from patients that have been returning for four or more follow-up consultations at the clinic. Data collection was done through a one on one semi-structured interviews, transcribed by the researcher and analysed by means of thematic analysis.

1.7 Structure of the Study

This dissertation was divided into six chapters. Chapter one presented an overview of the study covering aspects such as background, aim and objectives, and delimitations of the study.

Chapter 2 presented an overview of the homoeopathy. Subsequently, the introduction and review of homoeopathy within the primary health care follows.

Chapter 3 described the research design and methodology by detailing the qualitative research design that is to be adopted in this study. This will include an explanation of the study site study population, sampling process, and data analysis procedure. Chapter 4 presented the results on the perceptions of returning patients regarding the knowledge, and service quality delivery. Data from semi-structured interviews was transcribed verbatim and used as such during discussion to accentuate the voice of the participants.

Chapter 5 provided a rigorous discussion regarding the returning patient's perceptions by comparing the findings of the study with relevant literature.

Chapter 6 formed the final chapter and provided conclusions drawn from the study. It suggested recommendations for the continuous improvement of service delivery at UNHCC.

Chapter Two – Literature Review

This chapter reviewed literature related to the practice of Homoeopathy in the primary health care system in South Africa. The review introduces primary health care and explains the role of homoeopathic as a primary health care provider. The literature review is structured into four sections. Section one discusses some of the definitions related to the field of homoeopathy. Section two provides an overview of the practice of homoeopathy in the South African medical field. Section three deals with homeopathic primary health clinics within the context of UNHCC as a case study. This section concluded by examining the factors contributing to patients returning to clinic.

2.1. Introduction

Homoeopathy is a gentle, deeply healing system of medicine founded by Samuel Hahnemann in the early 19th century (De Schepper, 2001). De Schepper (2001) maintained that it uses healing substances that do not cause side effects like conventional pharmaceuticals, which can suppress symptoms that can later reoccur (often on a deeper level). Homoeopathy cures from the inside out. It removes the underlying emotional or mental stress of chronic disease first, and then moves the illness out of the body. Homoeopathy does not cause side effects and even enhances the quality of life as it heals (De Schepper, 2001)

According to Kent (2007) Homoeopathy is energy medicine, working with the body's own healing energy to strengthen it, using remedies that are safe, non-toxic and totally individualized to the patient for both acute and chronic illnesses. It can therefore be argued that Homoeopathy treats the whole person: emotional, mental and spiritual as well as physical. As such, the well-chosen homoeopathic remedy brings about a profound sense of well-being before it even begins to cure the symptoms.

A person's individual healing energy affects the cure (Kayne,2003). It does not create resistance but uses extremely small doses of natural substances to stimulate the body's innate healing powers. Homoeopathic remedies are non-toxic and non-addictive (Lockie 1998). Homoeopathy is guided the following cardinal principles:

1. The Law of Similars, which states that a substance that is able to produce symptoms in a healthy human being, has the ability to cure those same symptoms in a diseased individual (Kayne, 2003).
2. Law of simplex – only one single, simple medicinal substance is to be administered in a given case at a time, which is called a simillimum (Chauhan and Gupta 2007).
3. The Law of Infinitesimal dose, which states that the greater the dilution of the remedy, prescribed according to the Law of Similars, the greater the effect (Kayne,2003).

Homoeopathy is a natural system of treatment, which recognizes the human being as one and believes in holistic healing approach. The human being is constituted by three parts the mind, body and the spirit. Any derangement to these parts leads to the manifestation of symptoms (De Schepper,2001). Homoeopathy aims to maintain equilibrium both within the body (homeostasis) and in the entire ecosystem (Chauhan and Gupta 2007).

Homoeopathy is legally recognized as a primary healthcare profession in South Africa and is regulated constitutionally by “The Allied Health Professions Council of South Africa” (AHPCSA). However, in spite of this, Homoeopathy is not officially included in the public healthcare sector by the South African government (Khumalo, 2015).

2.2. Complementary/alternative medicine (CAM)

CAM may be defined as a broad set of health care practices that are not part of a country's own tradition and are not integrated into the dominant health care system. Herbal and Traditional medicine also makes part of the alternative medicine, thus may be derived from plants which contains raw or processed ingredients, material of inorganic or derived from animals (Organization 2005). According to a study conducted by (Singh, Raidoo and Harries 2004) pointed out that the use of complementary medicine and alternative medicine among western society is high and increasing worldwide.

Furthermore, an international study conducted at Glasgow Homoeopathic Hospital (GHH) on patients' views on the consultation, revealed that patients places great value on the

holistic approach taken by doctors (Mercer and Reilly 2004). They also showed satisfaction on the time made available for consultation, doctor-patient relationship, the empathy showed by a doctor to a patient and decision-making between patient and a doctor (Mercer and Reilly 2004).

Frenkel *et al.* (2008) evaluated the perspectives of the patients attending family medical clinic towards the incorporation of CAM into primary care. Data collected from the participants revealed that a majority of the patients who have used CAM in the family medical clinic during the year of study were happy with CAM treatment and suggested CAM to be included into their PHC.

2.3. Homoeopathy in the Primary Health Care sector in SA

Homoeopathy while not part of the Primary Health Care sector (PHC), however, could help strengthen and improved the PHC in South Africa. According to Smillie (2010) Homeopathy could hypothetically have a great assistance to improve PHC health sector and help to advance access to healthcare in South Africa. Resonating with her, Leisegangs (2010) in his work titled “*The Homeopath – A Primary Health Care Practitioner?*” noted that the Homoeopathic approach when correctly utilized, can effectively treat a wide range of conditions. He argued that a homoeopathy is able to handle all aspects of general practice and family health care, including diagnostics, case management and referral to other practitioners or medical specialists. Elaborating further, Leisegangs (2010) points out that a registered homeopath is legally responsible to ensure the adequate treatment of their patients, and is accountable for all clinical decisions and advice. He emphasized that a registered homeopath understands the role of conventional medicine, and will refer to the appropriate specialist in cases that fall outside the legal scope of practice.

In South Africa, although homeopathy is not viewed in the same light as conventional medicine, Erwin, Marks, and Couchman (2014) argued that homeopathy has a place in the PHC system. According to them, low-income communities are responsive to alternative health care interventions, even among those with no prior knowledge of homeopathy. They therefore advocate the inclusion of homeopathy to the health care

system that will address community health and wellness, particularly for the low-income communities in South Africa.

Moreover, the early report of Vithoulkas (1998) noted that homoeopaths work as holistic healers taking in the patients mental, general and physical symptoms. Significantly, and in the context of PHC setting in South Africa, Erwin, Marks, and Couchman (2014) acknowledge that the training of homeopath could be highly essential in low-income communities where socio-economic factors affecting a patient health is often ignored or discarded as non-essential.

Interestingly, Homoeopathy has been getting much attention in many parts of the world due to its holistic approach in the treatment of ailments. For instance, Marian *et al.* (2008) conducted a study evaluating the patient's satisfaction and side effects in PHC in an observational study comparing homoeopathy and conventional allopathic medicine.

The above study was based on examined data from two cross-sectional studies conducted in 2002–2003. The first part (Practice study I) was aimed at structural attributes of physicians and practices, and the second part was aimed at, characteristics of processes of care (Practice study II), including a physician- and patient-based documentation of consultations and outcomes, conducted on four given days during a 12-month period in 2002-2003 (Marian et al, 2008). The participating physicians were all trained and licensed in conventional allopathic medicine and an additional qualification was required for a medical doctor providing homoeopathy as service (Marian et al, 2008).

A total of 6778 adult patients received the questionnaire and 3126 responded (46.1%). Statistically significant differences were found with respect to health status (higher percentage of chronic and severe conditions in the homeopathic group), perception of side effects (higher percentage of reported side effects in the conventional group) and patient satisfaction (higher percentage of satisfied patients in the homeopathic group) (Marian et al, 2008). In conclusion, of the study, it was suggested that the overall patient satisfaction was significantly higher in homeopathic care than in conventional care (Marian et al, 2008). Homeopathic treatments were perceived as a low-risk therapy with two to three times fewer side effects than conventional care (Marian et al, 2008).

Importantly so, van Heselen (2004) revealed that the use of the alternative and complementary medicine is growing, but still not well-known. Little is known about how professionals can or should be integrated into mainstream care: the study was to assess the primary care professional perceptions of the need and ways to integrate CAM in the PHC. The above study showed that acupuncture (41%) and homoeopathy (30%) attracts more interest and gets more referrals from other physicians. This study suggested that the integration of CAM could lead to cost saving (70%). van Heselen et al (2004) suggest that there is considerable interest in CAM among primary care professionals, and many are already referring or suggesting referrals. Therefore, it can be seen that such referrals are driven by patient demands and dissatisfaction with the results of conventional medicine. Moreover, most of respondents during the study were in favor of integrating at least some type of CAM in the mainstream primary care (van Heselen *et al.* 2004).

2.4. Primary Health Care System in South Africa.

According to Li (2014) Primary health care has a unique history in South Africa, where efforts to provide holistic health care to rural communities began in the early 1940s. However, the introduction of apartheid reversed the progress until South Africa's liberation in 1990. The Pholela Health Center model of community-oriented primary care (COPC) was developed in 1940 by the South African Health Ministry as a response to limited access to medical care in rural Natal aiming to ensure easy access to PHC (Li 2014).

Additionally, the apartheid policy imposed severe legal restrictions based on race, leaving non-white peoples with little freedom hence the life expectance for whites was higher than non-white.

Since the advent of democracy in South Africa, the country PHC have undergone tremendous transformation in attempt to correct the injustices of the apartheid system. According to Kautzky and Tollman (2008) South Africa was one of the countries that emphasized conceptualization and development of the PHC approach, and its seminal contribution includes, development of the community orientated primary health care system, development of the progressive PHC environment and experimentation with new

models of health service delivery. Despite the gains made so far in the PHC system, Li (2014) pointed out that even post-apartheid era, the gap between rich and poor is so wide, as a result public care centers are overburdened as a major source of health care in South Africa. In support of them, Erwin, Marks, and Couchman (2014) alleged that there are real deficits in the primary health care provision in South Africa. They therefore suggested the development of a community base health care model that bring together the conventional and CAM practices. According to them, the integration of CAM and allopathic primary health care will improve the health and wellbeing of all South Africans. Their views are in line with the World Health Organization (2004) report on PHC. In the report, Van Rensburg (2004) highlighted four main reforms to be followed in order to ensure the PHC is realized and effective. The following are reforms as per WHO:

- *Universal coverage reform*- this ensures that health system contribute to health equity, social justice, and the end of exclusion, primarily by moving towards universal access and social health protection.
- *Service delivery reform*- this recognizes the health services as primary care i.e. around people's needs and expectation, socially relevant and more responsive to the changing of world while producing better outcome.
- *Public policy reform* - this ensure to secure healthier community by integrating public health actions with primary care and by pursuing healthy public policies across sector.
- *Leadership reform*- this is the reform that replaces inappropriate reliance on the command and control on one hand and disengagement of the state on the other, by the inclusive participatory, negotiation-based leadership required by the complexity of contemporary health system (Van Rensburg 2004).

Harris *et al.* (2011) alleged that achieving universal coverage requires the provision of accessible, necessary services for the entire population without imposing an unaffordable burden on the individuals or households. In their study exploring some of the contributing factors influencing service delivery of the PHC, they pointed out that affordability, acceptability of health care service, health status, socio-economic status, race and health

insurance, and location are among the contributing factors influencing health care delivery at the primary level. More so, the study concluded that black African, poor, uninsured and rural respondent experience greatest barrier (Harris *et al.* 2011).

According to Kautzky and Tollman (2008) there is a shortage of staff within the primary healthcare sector in South Africa resulting in medical staffs being incapable to cope with the current demands; the situation needs more effort in addressing the challenges in innovative health system design within today's rigid primary healthcare system.

In 2003 the WHO found that more than 60% of health care institution in South Africa struggles to fill the existing posts, with more than 4000 vacancies for general practitioners and upwards of 32000 for nurses throughout all provinces and as a result that constitute a key barrier the achieving the implementation and provision of district-based health services in South Africa (Kautzky and Tollman 2008).

Tanser, Gijsbertsen and Herbst (2006) investigated the accessibility and utilization of PHC in rural South Africa. It was revealed that physical access to health care affects a large range of health outcomes. To get to the nearest PHC clinic many patients travel long distances. The average travelling time to the nearest clinic is 81 minutes when using public transport (buses and taxis), and sometimes walking a great distance it takes one hour or longer to attend to the nearest clinic. The long waiting periods for patients is caused by the high number of patients visiting PHC clinics which are under staffed (Tanser, Gijsbertsen and Herbst 2006).

2.5. Homoeopathy in Primary Health Care Clinics

The Durban University of Technology, Faculty of Health Sciences and the Homoeopathy Department, established homoeopathic clinics that offer Homoeopathic primary health care services in many areas around KwaZulu-Natal, including Warwick Junction, Cator Ridge, Redhill and Kenneth Gardens.

These clinics treat conditions such as cold and influenza, hypertension, diabetes mellitus and many other conditions presented. All these clinics provide in-service training to 4th and 5th students under the supervision of a qualified homoeopaths (Khumalo 2015).

Ukuba Nesibindi Homoeopathic Community Clinic located in Warwick Junction, Durban and operates 5 days a week, Monday, Wednesday and Friday start at (8:30 to 12pm) and Tuesday and Thursday at (13pm to 16pm).

The other clinics provide services once a week from 9am to 12pm. The Kenneth Gardens clinic operates from the Kenneth Gardens Community Hall and is available once a week on a Wednesday, between 9am-12am. According to Couchman (2012), an informal case study conducted indicated a high level of responsiveness which the clinic has received from the community. On Thursdays, the Cator Ridge branch operates from Kwa Ximba community hall and is available at 9a.m to 12pm. On Fridays, Redhill branch operates from Redhill community clinic between 9am and 12pm (Smillie 2010).

2.6. Ukuba Nesibindi Homoeopathic Community Clinic

The Durban University of Technology (DUT) Department of Homoeopathy in partnership with Lifeline established a satellite clinic in 2004 located in Warwick Junction, Durban, an area classified as being disadvantaged. The Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) serves as a primary health care service on the third floor of the Lifeline building in Acorn Road, Warwick Junction, less than one kilometer from the main DUT campus (Dube, 2015). UNHCC is operated by the 4th and 5th year students under the supervision of qualified homeopath. Homoeopathic treatment is offered free of charge. Currently the clinic is operational three times a week. Tuesday and Thursday afternoons 13h00-16h00 and on Friday mornings from 08h30-12h00. In 2016 the clinic was operational Monday to Friday (Monday, Wednesday and Friday mornings from 08h30-12h00, and Tuesday and Thursday from 13h00-16h00). Allocated days of the week depend on the number of senior students who are available for that particular year (Ngobese-Ngubane, 2017). Three official rooms are allocated for homoeopathic consultations. Each room has an examination bed. The rooms are of different sizes. UNHCC has a very small dispensary room that remains locked at all times unless dispensing. The one consultation room also serves as storage for file lockers. There is also a small reception where not more than 4 patients can sit and wait for their treatment

or consultation. A patient-booking book is kept at the main lifeline reception, which is a receiving area for all patients and lifeline clients.

According to Dube (2015), appointments occurred in various ways; some patients pre-book appointments, some are walk-ins, some are referred by Lifeline to the clinic and others are recruited via blood pressure drives that the students do when they are at the clinic and they are not busy with appointments. Patients are consulted on a first come first served basis. The UNHCC shares a receptionist with the Lifeline who does all the bookings for the patients at the clinic. The Homoeopathic consultations at UNHCC last for approximately 45 minutes per patient.

Studies by Smillie (2010), Watson (2015), and Dube (2015) showed that there had been a significant increase in patient numbers at the clinic since its inception in 2004, and a relatively high return of patients for one or more follow-up consultations. This study aims to establish the reasons as to why patients return for their follow ups.

2.7. Other related research

Dube (2015) conducted a quantitative, descriptive, study aimed to determine the perceptions of patients after their first Homoeopathic consultation and their satisfaction with service delivery at UNHCC and to assess patients' knowledge about Homoeopathy. The study displayed positive results with regards to the health care provided to the patients. These results showed that the majority of respondents attended the clinic due to the BP drives conducted by students as a form of recruitment and ensuring the surrounding community knows about homoeopathy. Dube (2015) recommended that a qualitative study be conducted in the future and with a larger sample size. Hence, this was a qualitative study with the aim to find out the reasons behind patients returning for their four or more follow-ups after initial consultation.

Watson (2015) conducted a quantitative, descriptive survey to determine the patients' perception of the services provided at UNHCC and to determine their response to the homoeopathic treatment received. The purpose of the above study was to evaluate the patient's insight of the services offered by UNHCC, and determine patient's response to treatment as to formally measure the effectiveness of homoeopathy as a form of

treatment in the primary healthcare sector. The results show high satisfaction about the services provided by UNHCC. It showed that patients were impressed with the professionalism displayed by the student practitioners and the clinician in charge or on duty. The sampled patients stated that they were shown respect, handled with care and politeness as well as provided with feedback of the waiting time for appointments (Watson, 2015). The results of the data collected also suggested that overall, the majority of participants experienced improvement of their main complains and secondary complain respectively after receiving the treatment from UNHCC (Watson, 2015).

Smillie (2010) conducted a retrospective, explanatory, and descriptive design method by means of a clinical audit, to determine a patient demographic and disease prevalence profile. This study identified and described the various homoeopathic treatment modalities. Since UNHCC was established in 2004, a number of hours spent in the clinic have increased, from only two days per week (four hours per day) to five days per week (four hours per week) due to the demand of the services offered to the community. The increase of the patient numbers was evident by the growth in between June 2004 and June 2008, where a total number of 862 patients were seen, 497 being new patients and 365 being follow-up patients. On the average 56% of patients came back for more than one follow-up consultation during the study period conducted (Smillie, 2010). This study drew attention to the patients that repeatedly return for their follow-up consultations at least four or more times.

Love (2010) suggested that local research delivers important information pertaining to the practicality, trustworthiness and success of the profession of Homoeopathy as a whole in South Africa. This information helped to establish the acceptability of homoeopathic primary health care facilities in the public sector. The homeopathic Primary Health services have shown a significant increase and that was evident by the study conducted by Smille (2010). Von Bardeleben (2009) reports that 37.5% of respondents seek Homoeopathy as their first choice in treatment, 37.6% view it as a supportive medicine and 40% as preventative medicine.

2.8. Factors that Affects the Patients Returning to the Clinic

The early study by Lochman (1983) revealed that patient satisfaction has become a frequently researched outcome measure of the quality of health care delivery. According to him, the general factors with the clearest relationship to satisfaction include the accessibility to the medical care, the organizational structure of the clinic, treatment length, and perceived competency of the physicians, clarity and retention of the physicians' communication to patients, physicians control and patient's expectations (Lochman 1983).

As reported by WHO in 2003, the factor that affects the returning of patients to the clinics in South Africa was the serious lack of trained health laborers, and the inability to fill important posts, institutes an important obstacle to attain provisions for district-based health services in South Africa currently. The uneven distribution of health personnel and resources across public and private sectors endured as a seminal obstacle to health systems growth and the adequate service delivery (Kautzky and Tollman 2008).

In the study conducted by McIntosh (2008) cited in Smillie (2010) it was stated that patients are often turned away due to the shortage of doctors in the public healthcare system of South Africa, furthermore for various reasons many peripheral clinics in rural areas have limited pharmaceuticals. Most of the patients treated by McIntosh (2008) presented ailments which had not been resolved by allopathic medicine and the developments that occurred as a result of homoeopathic treatment gained the confidence of patients and the local nurses alike. McIntosh (2008) states that homoeopathy has the ability to work well in a free community clinic site, as it is inexpensive and often does not require to be used long-term. Homoeopathy may thus contribute significantly to such conditions.

Daviaud and Chopra (2008) conducted a study whose aim was to quantify staff requirements in PHC facilities in South Africa through an adaptation of the WHO workload indicator of staff needs tool. Findings revealed that there is either a lack of doctors visiting clinics or too few doctors to cover the opening times of community health centres (CHCs) across all the districts. Overall, there was only 7% of the required number of doctors.

There is 94% of the needed number of qualified nurses but with wide differences amongst districts, with a few districts having excesses while most have lacks. The quantity of enrolled nurses is 60% of what it should be. There are 17% of enrolled nurse assistants. There was wide variation in recruitment levels between facilities leading to incompetent professional staff (Daviaud and Chopra 2008) and this plays a huge role as a factor that affects.

Homoeopathy is currently not included legitimately within the public primary healthcare sector in South Africa although it could hypothetically aid to enhance this health sector and consequently advance access to healthcare (Smillie 2010). In all the regions of the developing world, complementary medicine has retained its reputation. Its usage has rapidly grown in industrialized countries; about two thirds of the world's population depend entirely on traditional medicinal therapies, the WHO has declared its purpose to encourage CAM therapies including homoeopathy worldwide (WHO Media Centre 2006).

Roberts (2008) stated that full incorporation of homeopathy into primary care would esteem and preserve patient choice, advance patient security and lead to the best possible clinical results

According to the results of the survey conducted by Watson (2015) on patient benefit and perception of UNHCC patients, 75% of patients had a high degree of satisfaction regarding the attention given to a case by the Homoeopathic student practitioner and this gave satisfaction to the patients and that is why they returned and even referred other to the clinic.

Chapter 3 – Research Design and Methodology

This chapter details the research design and the methodological rationale adopted in this study. The collection of data is discussed and the sampling used to generate data is described. Finally, the study discusses the analysis of data.

3.1 Introduction

Qualitative research is a field of enquiry that gathers non-numerical data and in its own right, crosscuts discipline, field, and subject matter (Denzin and Lincoln, 2011). It sets to interpret meaning from these data that helps to understand social life by studying a target population or place. Accordingly, there are many methods that fall under the category of qualitative research, such as interviewing, participant's observation and visual methods. Holloway and Wheeler (2010) suggest that qualitative research is used to answer the research questions, as it is well-suited to get patients perception and experience of treatment and care within the health care system. The qualitative research study approach puts things in their natural setting, focuses / on the subject experiences of social reality and explanatory method, attempting to make sense of or interpret, phenomena in terms of the meaning people bring to them (Denzin and Lincoln, 2011).

3.2 Study design

A qualitative, explorative, descriptive and contextual design was employed in this study. Holloway and Wheeler (2010) suggest that a qualitative research in the field of healthcare was used to establish how people think of the experiences and their suffering and further explore their perspective on the care and treatment they received within the healthcare system. Qualitative research in this study was considered the most appropriate method to gain an in-depth understanding of the patients' experiences at UNHCC hence causing them to return for their follow-ups.

- Exploratory studies purpose's is seeking answers to the questions of 'what' or 'who'. The data collection methods such as interviews, questionnaires, experiments and more, may be used during the exploratory study (Yin 2014).

- Descriptive research design is used to acquire information regarding the current position of the phenomena and to describe "what exists" with respect to conditions in a situation (Yin 2014). The context in this case was the Ukuba Nesibindi Homoeopathic Clinic. This clinic being singular in the setting is considered as a unique context for research.

3.3 Study site

The study focused on the Ukuba Nesibindi Homoeopathic Community Clinic which is situated at the third floor of the Lifeline building in Warwick junction, Durban in the eThekweni District, KwaZulu-Natal.

The UNHCC provides free healthcare to the community and the patients population tends to be black, isiZulu speaking and of the lower literacy and income (Watson 2015). Smillie (2010) conducted a retrospective, exploratory, descriptive study aiming to determine a patient demographic and disease prevalence profile at UNHCC, as well as identify and describe the major medicines prescribed. The study showed that between the year 2004 to 2008, majority of the patients that visited the clinic were females and data presented reflect that the annual gender distribution at UNHCC was relatively unchanged of the 5-year period (Smillie 2010).

The researcher noted that black African and isiZulu speaking participants dominated this study. According to Smillie (2010) over 80% of patients attending UNHCC during the study period were Africans, only a small percentage (20%) were colored and Indians; clinic was not visited by whites.

3.4 Research Question

Grand tour question

What are the experiences of returning patients for four or more follow-up consultations at UNHCC with regard to the care they received?

Probing questions:

- What is your perception about infrastructure at UNHCC?
- What is your perception about health Services at UNHCC?
- What is perception about service relative to conventional primary health?

3.5 Study Population and recruitments

The study participants were derived from the patient population who have returned for four or more follow-up consultations at UNHCC. Patients who attend the clinic come from different areas around the eThekweni region and most of them are impoverished.

Participants were recruited by means of a phone call after the researcher had gone through the clinic files with an aim to ensure that they met inclusion criteria. The participants were given a full explanation about the study and signed the consent form on participant's agreement to be part of the study. Moreover, the participants were aware that they could stop participation without having to give any explanation.

3.6 Sampling process

Sampling is the method of choosing a representative portion of a populace with some mutual defining characteristic for study (Babbie 1998; Creswell 2009). Purposive sampling was used in this study. Purposeful sampling technique permitted the researcher to decide and/or control the probability of specific individuals being included or omitted in the study. A sample is considered representative if the collective characteristics of the sample meticulously approximate the same characteristics as the populace pertinent to the research question (Maxwell 2012).

Purposive sampling was used in this study. The target population was the participants derived from the patient list that had returned for four or more follow-up consultations at the clinic.

Smillie (2010) reported on the study that was conducted by Ferrucci (1994) about patients treated by the Homoeopathic private practitioners as compared to the patients treated by the seniors' homoeopathic students working at the DUT Homoeopathic Day Clinic; the study consisted of 300 participants (160 from the private practice and 140 from homoeopathic day care clinic). Ferrucci (1994) states that the sample size was dominated by the females on both practitioner groups hence the researcher noted the similar pattern during the recruitment of participants of the patients that visits UNHCC hence females dominated the sample size. Furthermore, the sampling process was based on voluntary for those who wished to participate in the study provided that they met inclusion criteria and interviews were conducted in the participant's convenient times.

3.7 Sample size

The target population was the participants derived from the patient list that have been returning for four or more follow-up consultations at the clinic. The researcher conducted the interviews until saturation of the data was reached hence stopped at the 12 participants.

According Mason (2010) samples of the qualitative studies are generally much smaller than those in a quantitative study. Moreover, as cited in Mason (2010), Ritchie, Lewis and Elam (2003) argued that in a qualitative study, one occurrence of a piece of data is all that is necessary to ensure that it becomes part of the analysis framework. They further pointed out that frequencies are rarely important in a qualitative study as one occurrence of the data is potentially as useful as many in understanding the process behind a topic (Ritchie, Lewis and Elam 2003).

Inclusion criteria

- Patients of Ukuba Nesibindi Homoeopathic Community Clinic utilizing the services of the DUT homoeopathic clinic.

- Patients who had four or more follow-up consultations.
- Patients of 18 years to 80 years.

Exclusion criteria

- Patients who were visiting the clinic for the first time.
- Patients with less than four follow-up consultations.
- Patients who were under the age of 18

3.8 Data Collection Instruments

Data collection instruments are the tools used for data gathering. It is the responsibility of the researcher to ensure that the tool chosen was valid and reliable (Holloway and Wheeler 2010).

3.9 Pilot study

Yin (2011), as cited in Pritchard and Whiting (2012:339), defined pilot study as a test of a proposed research design. Denzin and Lincoln (1994) argued that pilot studies is an essential aspect of the overall research process. Pilot study was aimed to test and refine aspects of the final study. Consequently, the researcher carried out a pilot interviews and utilized the comments from the pilot participants to amend interview questions. This also assisted the researcher in the estimation of interview time and number of participants required for this study.

Essentially, the pilot study was conducted at the UNHCC before the study commenced using five randomly selected returning patients. The participants for the pilot was not part of the main study.

3.10 Data Collection

Data collection is an important aspect of any type of research study. An early report by Seliger and Shohamy (1989) noted that obtaining data from a variety of source and procedures, inventively and streamlined to the situation, results in rich and

comprehensive data that generates a global picture of the study. In this regard, Johnson and Christensen (2004) iterated that the choice of the data collection techniques should base on the extent to which it would allow the researcher to obtain the information needed to answer the research questions and to obtain a full picture of the problem under investigation.

Data collection in this study was attained when a point of saturation was reached. According to Johnson and Christensen (2004) saturation is a tool used to ensure that adequate data was gathered to support the study. This was determined by the supervisor and co-supervisor in charge (Holloway and Wheeler 2010).

In this study, the researcher undertook to conduct one-on-one semi-structured interviews with a selected group of participants that fit the inclusion criteria. The researcher provided participants with a clear explanation of the study and gave the selected patients the opportunity to ask questions about the study. This was to ensure they have full understanding of the study. The interviews were conducted at a convenient place to ensure comfortability of the participants. The interviews took place following the selected patients' consultation visit on that particular day. According to Khumalo (2015), the interview should be conducted in a quiet and private space to allow patients comfortability and privacy so to allow them to feel free to discuss relevant topics without any distractions. The participation was strictly voluntary; no participant was forced to take part in the study or given an incentive for their participation.

In addition, participants could withdraw from the interview at any stage without giving any reasons to the researcher. Each participant who met inclusion criteria was provided with a subject information letter (Appendix A) prior to the interview together with an informed consent form [ICF] (Appendix B). They were required to sign the document. The ICF safeguarded their rights as participants of the research study. All requirements of research were disclosed at this stage, the benefits of participation were discussed and an opportunity to ask questions was given to the patients. Each interview took approximately 20-40 minutes. The researcher conducted the interviews using the English and IsiZulu interview guide (Appendices F).

UNHCC caters for patients that come from different areas and background and for that, their communication languages are different, hence this study was conducted in English and IsiZulu, which afforded the participants language preference. This ensured that participants freely express themselves throughout the interview session with the researcher. The interview was audiotaped for accuracy of the participant's words.

Observational data was collected by the researcher on an on-going basis, whereby the interview setting and non-verbal behaviour of interviewees were included. The understanding of the participant's experience beyond verbal explanation was recorded in the form of field-notes by the researcher soon after the interview as possible (Padgett 2012).

According to Polit and Beck (2012), the data collection process can continue until data saturation has been achieved or a maximum sample size has been met. Saturation is accomplished when each category is conceptually dense, when variations in data are identifiable and explainable, and when no new data relevant to the existing categories emerges during collection (Khumalo 2015).

3.11 Data analysis

In order to identify the emerging themes, the researcher personally analysed data under the guidance of the supervisor who is an expert in qualitative research. As outlined by Creswell (2009), thematic and Tesch's eight-step procedure was used to analysis the data. The steps include the following:

- Interviews were transcribed verbatim and analysed by the researcher
- The researcher read transcripts and compared them with the audio-taped interviews.
- The researcher read the transcript for the second time and identified the underlying meaning

- The researcher selected the most interesting and informative interview and the notes that were made in the margins of the transcribed interview. The process was repeated for the rest of the interviews.
- Similar topics were clustered together under topics
- From these topics, the researcher formed themes and sub-themes
- An experienced person in the field of qualitative research analysed the data separately and then identified themes that were discussed with the researcher
- Literature was reviewed to verify the findings.

Trustworthiness

Strategies employed by the researcher are crucial to ensuring trustworthiness of the data collected and subsequent theory generated. Lincoln and Guba (1985) suggest four criteria for developing the trustworthiness of a qualitative inquiry. To ensure trustworthiness in this study, the following criteria was used.

Credibility

In order to ensure credibility of the study, the researcher discussed the research process and the findings with the co-supervisor who is qualified and competent in the field. This provided insight into factors which researcher may find appropriate for this study. The researcher used field notes, tape recorder to collect data, the data was transcribed, and the researcher ensured that the transcribed notes were a true reflection of the participants' experiences.

Dependability

An audit trail was maintained through safe keeping of raw data of each interview for future reference.

Confirmability

Following the transcription of the voice-recorded interviews, each participant was given an opportunity to review the notes to confirm if they are a true reflection of his/her views

regarding their experiences. Voice recordings were done to reflect the participant's voice (Graneheim and Lundman, 2004).

Transferability

To facilitate transferability, the researcher afforded a clear and distinct description of the context, selection of participants, data collection and the process of data analysis.

3.12 Data management and storage

Data was collected and stored in a manner that ensures participant confidentiality is maintained throughout the study. During the interviews the participant's personal details were not be recorded on any of the interviews, field notes or audio recordings. At the onset of the study numbers were assigned to participants. A record of each participant's name and assigned code was in the possession of the researcher only.

The collected data was kept in a safe, secure area for the research duration and be stored in a locked office of research study personnel at the Durban University of Technology, Department of Homoeopathy, and destroyed after 5 years. A permission to access the stored data were to be given only to the researcher and supervisors. Participants confidentiality was maintained and all effort was made to ensure that no information identifying the participant is revealed.

3.13 Ethical consideration

An approval Letter (appendix C) obtained from the Institutional Research Ethics Committee (IREC) at DUT is attached. Permission to conduct the study was granted by the clinician in charge at UNHCC Dr Ngobese-Ngubane (Appendix D). The study was explained in an information letter (Appendices A). Each participant provided written consent (Appendices B).

During data collection, participants were given numbers that only the researcher has access to. This numbers represented their personal details and no names was mentioned at any point. Confidentiality was maintained even on the final dissertation. Also,

participants were free to choose to withdraw from the study at any time during the interview process with no adverse consequences.

Three basic ethical principles were adhered to at all times. This was the principles of respect for persons, beneficence and justice. Respect for persons refers to respecting their autonomy and that if they have reduced autonomy, respect that they entitled to protection (Khumalo, 2015). Beneficence refers to doing no harm and to giving consideration to the potential benefits and/or risks that the individual may encounter as a result of this research. Of utmost importance was the maintenance of the safety and confidentiality of all the participants, both in the data analysis and discussion and dissemination of findings (Polit and Beck 2012).

3.14 Summary

This chapter presented a qualitative method paradigm. It outlined the purposeful sampling of respondents, data collection instruments and data analysis tools. The design of the study indicated a sample population of 10 for the interviews.

Chapter Four – Results and Discussion

This chapter presents the outcome of the data gathering process; reports the results and discusses the findings obtained from the semi-structured interviews.

4.1 Demographic profile of participants

As shown in Table 4.1, females constitute 91.7% of the participants while 8.3% were male. Equally, both male and female comprises of 8.3% within the age category of 20-40. More so, 33.3% of female are within the age category of 41-60, while 50.0% are above 60 years old. Overall, the ratio of male to female is 1:11.

Table 4. 1: Gender, race and age distribution of the participants

| Race | | | | Age | | | Total |
|---------|--------|--------|------------|--------|--------|----------|---------|
| | | | | 20-40 | 41-60 | Above 60 | |
| African | Gender | Male | Count | 1 | 0 | 0 | 1 |
| | | | % of Total | 8.30% | 0.00% | 0.00% | 8.30% |
| | | Female | Count | 1 | 4 | 6 | 11 |
| | | | % of Total | 8.30% | 33.30% | 50.00% | 91.70% |
| | Total | | Count | 2 | 4 | 6 | 12 |
| | | | % of Total | 16.70% | 33.30% | 50.00% | 100.00% |

As shown in Table 4.2, the analysis of the data gathered from the interviews resulted in the identification of the following three broad themes and sub-themes.

Table 4. 2: Identified themes and sub-themes

| Themes | Sub-themes |
|--------|------------|
|--------|------------|

| | |
|---|--|
| 1. Knowledge of Homeopathy | <ul style="list-style-type: none"> a. Participant understanding of homeopathy b. How participant got to know/exposed to Homeopathy |
| 2. Reason for Accessing Homeopathy clinic | <ul style="list-style-type: none"> a. General dissatisfaction with other streams of healthcare b. General contentment with homeopathy treatment c. Free treatment |
| 3 Service delivery at UNHCC | <ul style="list-style-type: none"> a. Healthcare services compared to government clinic b. Follow-ups c. Waiting-time and language/infrastructure |

Themes were identified in line with achieving the research question that is, what are your experiences as a returning patient at UNHCC with regards to the care you have received? In addition, and in supporting the discussion on themes, relevant quotes from the data generated from the interviews were used. Data from semi-structured interviews was transcribed verbatim and used as such during discussion. The names of interviewees have, however, been changed to ensure anonymity.

4.1.1 Theme 1: Knowledge of Homoeopathy

While the practice of homeopathy has been in existence for a long time in South Africa, some proportion of the South African public was unclear with regards to homoeopathic understanding. South African studies exploring the perception of homoeopathy have revealed that there is a degree of ignorance or misinterpretation of homeopathy (Small 2004; Maharaj, 2005; Macquet, 2007). Consistent with the afore-mentioned studies, majority of the participants interviewed in this study had no knowledge or understanding

of homoeopathy. On close observation, some of the interviewees understanding of homeopathy were mostly associated with the quality of help received and lack of payment when visiting a homeopathic doctor. This can be further buttress by the following excerpts that emerged from the participant understanding of homeopathy.

“What I know is that homoeopathy are doctor that helps a lot and you do not pay any money when seeing them”. “With all being said I must say I do not have deep knowledge about homoeopathy besides that they are doctors that help me a lot’

[RP1]

“What heard about these doctors is that they are unique and they do not inject you but the medication you get from them is as powerful as the injection. However, I’ve never heard the word homoeopathy”.

[RP2]

“I do not have knowledge on what homoeopathy is but when I got here the first time I received help”

[RP3]

“The only thing I know is that I have to tell the doctors here all the symptoms”.

[RP5]

“The knowledge about homoeopathy I got when I came here, and I realized that they are different from the Dr’s next door because when you come and report to them that you are well they pay attention and I like that”

[RP8]

“What I knew is that here doctors are different as compared to the doctors that we normally see and pay them money. The allopathic doctors do not spend time with us as patients and they don’t do all the necessary tests whereas here we as patients get to spend enough time with the doctor and they do all the necessary tests. However, I did not know that the doctors here are homoeopaths”

[RP10]

"I did not know that this doctors are called homoeopaths, because even at church I have been recruiting people to come here but I did not know that they are called homoeopaths, the problem I have right now is with my eyes I cannot see far and also I have a problem with something (didn't want to specify) but since I am now drinking the Avogel powder then It feels better"

[RP11]

"I do not know much about homeopathy, the only knowledge I have is the one I got from here and from the other doctor that is used to be in town (Commercial city) of which I think he was practicing the same therapeutic style. That doctor would put bottles all over my body and give me something very bitter to drink of which it used to help me. So when I heard about this place then I decided to come".

[RP12]

On the other hand, few of the participants express reasonable understanding of homeopathy. In their own words:

"I know a lot about homoeopathy and I have been using it for about 15 years. I even know that you have to take a homoeopathic remedy 20 minutes before or after eating and all the information, I teach other patients who are using homoeopathic treatment. Sometimes you find out that they were not even taught how to take the medication properly."

[RP4]

"The knowledge I have about homoeopathy is they are doctors whom are still studying and they give you all the help that you need. I have never gotten an explanation of how the homoeopaths work"

[RP7]

“What I know is that homoeopaths are doctors that takes a detailed case taking and they seek to find the cause of the diseases not just the symptoms. Homoeopaths are doctors that I prefer because they treat from the root of the disease. I also love the care treatment I get when I am here. Before coming, I did not know that they are different types of doctors of which after consultation with the doctors, on the saw the difference. I also heard people complimenting homoeopathy around the township where I stay”.

[RP9]

Previous studies conducted on the perception of homoeopathy in South Africa found that the African group was the least knowledgeable about homoeopathy (Moys 1998; Khumalo 2015). Despite the perceived lack of understanding in homeopathy by majority of the interviewee, the most noteworthy attribute resulting from this theme is that all the participants generally acknowledged that the quality of help received at the homeopathic clinic were highly beneficial. One of the interviewee alluded that there should be more formal approach to educate homeopathic patients on the proper manner of using homeopathic medications.

“I think failure to teach patients how to take medication causes a huge confusion to patients because you find other patients complaining that they are not getting better but only to find out they have been taking the medication wrong. I really know about homoeopathy and have belief on it; even if my medication has run out and the UNHCC is close then I just buy if from the chemist in Musgrave Centre or Sparksport pharmacy”

[RP4]

From the foregoing theme, it appears that some of the homeopathic patients lacked knowledge on the proper use of homeopathic medication. This could be attributed to their perceived limited understand of homeopathy. Arising out of interviewee understanding of homeopathy, it was noted that the interviewee who visited UNHCC never heard about homoeopathy before up until they came to the clinic. Most of the interviewees who knew about homoeopathy got the knowledge through word of mouth. The following extracts are

presentation of some of the responses from the interviewee with regard to how they knew about homoeopathy:

"I first heard about this place by the lady that stays in my house; she told me to come here for treatment and mentioned that it is free and homoeopathic treatment works perfectly".

[RP2]

"I was referred by another person who was a patient here and used to come here for treatment"

[RP3]

"I heard about this place from my sister in law after seeing me struggling and she told me to tell the doctors all the symptoms during case taking".

[RP5]

"I first knew about this Dr's when I was walking by the bridge and they told me about this medicine"

[RP6]

"I heard about this clinic from a neighbor whose child came here who said there is this clinic where we receive drops and they help a lot and indeed when I got here I received helped".

[RP8]

"I heard about this place from my friend, after telling me about this place I then decided to come".

[RP9]

"I found about the clinic at the ICC, I had a problem that every time when I eat I could not fully swallow the food. Whenever I swallow the food would not fully go down it would feel like it is stuck on my throat and it would feel like my throat is opening up and the feeling was like that of a goat or cow when it swallows food. Every time I am eating this would happen".

4.1.2 Theme 2: Reason for Accessing Homeopathic Clinic

Although public understanding of homeopathy was relatively low, to gain a holistic understanding for the reason behind the participant's incessant visits to UNHCC, this theme probed on the factors that had influenced their visits. It emerged that the reasons for accessing homeopathy was dissatisfaction with other streams of healthcare, and contentment with homeopathic treatment. Some of the participants mentioned that they were referred by their relatives since they did not have to pay for treatment. The participant's views for accessing homeopathic clinic are detailed in the sub-themes below.

4.1.2.1 Sub-theme 1: General dissatisfaction with other streams of healthcare

Previous studies on factors that influence patient consultations to clinics have acknowledged that the time made available for consultation, the empathy of the doctor with the patient, discussion and shared decision-making between patient and doctor, and the on-going therapeutic doctor-patient relationship were sought-after factors of care at the hospital (Mercer and Reilly, 2004). With regards to the participant's opinions on why they access the homeopathic clinic, majority of them indicated general dissatisfaction with the conventional hospitals. This is indicated in the following quotes from the interviewees' statements:

"The reason I chose to use homoeopathy is that it has been so many years using the government clinics and my treatment card is so huge (using hands to measure the size of the card) but the medication that I get from the government clinics is not helping like it supposed to; but when I came here that is when I observed the difference compared to government clinics. When I was still using the government clinics I did tell them about something that was choking me but they never did anything about that besides giving pain tablets and BP (hypertension) medication".

[RP1]

One of the interviewee felt that visiting the conventional clinics was a waste of time, as they never seem to find help from the mainstream doctors. In the interviewee's own words:

“I do not go to the government clinics because it is like a waste of my time I never get help; it is only here that I get help. The government clinics are not easily to relate with that is why I come all the way from Xobho to here just for treatment”.

[RP6]

More so, others express dissatisfaction with how long they have to wait for medical care in the conventional clinic. According to one of the interviewee's:

“There is a huge difference between this medication compare to the one I receive at the clinic at home. I should have come here at 4am if I was coming to collect my meds from the government clinic. But here the service is so good and efficient”.

[RP8]

To buttress further the lack of satisfaction with the conventional clinic, the same interviewee hinted that:

“I have a lot of medication that I have stopped taking from the conventional clinics, and sometimes when you go there for treatment then you would find out that they ran out of stock of medication”

[RP8]

In addition, one of the participants alleged that doctors in the conventional clinic were mostly rude with poor doctor-patient relationship. As expressed by the interviewee:

“The Dr's in the other government clinics do not treat us well, they have pride and they will speak very bad with us they even shout at us, the only time they are nice is when your results come back clear but other than that they do not treat us well at all. In addition, sometimes they come to work with their problems and lash them out on us as patients they shout at us and they say we are very rude it is as they are just doing this for money only. They will have time to just come and say whatever they want to tell us then they will start shouting at us and even their

waiting areas are not nice they are dirty and they don't care, even the time we have to wait is too much you come so early in the morning but you go home very late"

[RP11]

4.1.2.2 Sub-theme 2: General contentment with homeopathy treatment

While general dissatisfaction with the mainstream clinic was expressed as a motive for accessing homeopathic clinic, others pointed out that the effectiveness of the homeopathic treatment to their health was the driving force behind their continuous visits to the UNHCC. For example, some of the interviewees stated that:

"They are using brilliant medication that helped me a lot. If you do not mind me explaining further, when I came here I had something in my throat that would not allow me to swallow properly when eating, as you know you eating, food must go into the stomach fast but in my case it would just choke me failing to swallow into the stomach. This condition would even disturb my sleep because I would have to stay awake trying to swallow this food and sometimes I would be awake until 23:00pm trying to get this food into the stomach sometimes using water; but on the day I came here, I got remedies and medication in drops and then I got better.

[RP1]

"I first came here with kidney complaint lower abdominal pain then I was given Multiforce and medication and that helped me a lot improving health. I then came for the second time with another different complain then I got treated again and whatever complaint that I had presented would become much better, however at some point my complaint would heal fully and in that case I then have to come back and let them know the progress"

[RP2]

In a similar fashion, another participant expressed contentment in homeopathic treatment. In the participants, own words:

"I have chronic diseases and I chose to treat them homeopathically because from the conventional side they wanted to operate my knees and were treating me with their medication of which later I decided to stop using their medication because I did not want to be operated. I also have a lower back (spine region) problem that has been giving me a problem for the past 41 years without getting any better until I stated using homoeopathic treatment, only then I got lot of improvement. I then decided that I will use this type of treatment for all my medical complaints".

[RP4]

Interestingly. the same interviewee added that:

"Getting exposed to the homoeopathic medication did not only help me but my family too. I first came to know homoeopathy when I took my granddaughter to Dut homeopathic day clinic, she had a terrible eczema and she received a lot of improvement thereafter. I also started developing knee pain problem then I started treating them in Dut homoeopathic day clinic and later on when this clinic UNHCC was established then I carried on with my treatment here. The care we receive here is marvelous and I love more coming on a Tuesday apart from other day. Every time I use the homoeopathic medication I get better, if It doesn't help me then I come back and report then get my medication changed so I can get better. Homoeopathy is my only hope because this where my health is always restored".

[RP4]

Whilst acknowledging the benefits of conventional medication such as the use of cholesterol and hypertension tablets, the participant, however, noted that homeopathic remedy remains the only choice to treat her chronic malady. As stated by the participant:

"The only medication I take from the conventional medical medicine is the cholesterol and hypertension tablets; but other than that for my entire chronic medical complains, I use homeopathy because it gives me hope and restore my

health. At some point if I cannot access homeopathy then I know I will suffer from pain just like now since I haven't been here for quite some time".

[RP4]

In support of the other participants, one of the interviewees expressed confidence in homeopathic remedy and treatment. The interviewee alleges that:

"The reason I chose to come back for homeopathic treatment is the fact that it works for me perfectly. I remember when I came here for the first time, I had boils with unbearable pain that failed to heal on the medication that I had gotten from the pharmacy but after taking the homoeopathic medication it healed completely and fast.

[RP9]

Equally important, the perceived absence of side effect in homeopathic medication was also expressed by the some of the interviewees. For instance, absences of side effects in homeopathic medication were highly noted when compared to conventional medication.

"I saw the difference that is why it is not easy for me to let go of coming to this place and the medication I get here has no bad effects at all"

[RP8]

'As I mentioned before homeopathic treatment is fast compared to drugs that I would normal get from the government clinics. Homoeopathy is really incomparable to the government clinics and the medications here work very well with my system and I never develop any side effect just because I took some homoeopathic medication".

[RP9]

“I use medication like ibuprofen then I would have side effects. For instance, ibuprofen is believed to further damage the bone marrow. Even if I go to the clinic but I do not take ibuprofen but the medication I get from here is very helpful. Another example I came here with constipation problem and I was give medication in drops form and it helped me a lot”.

[RP12]

4.1.2.3 Sub-theme 3: Free treatment

As stated in Chapter two, the UNHCC offers homoeopathic treatment free of charge to the local community and is operated by 4th and 5th year homoeopathic students, under the supervision of qualified homoeopathic clinicians. The absence of payment and the free treatment in homeopathic drugs offered to patients were highlighted by few of the interviewees as among the factors that contributed to their access to the homeopathic clinic. This is indicated in the following quotes from the interviewees' statements:

“I came here because I got help and I don't have to pay to get help. I was referred by another person who was a patient here and was used to come here for treatment”

[RP3]

“I chose homoeopathy is that I was told they do not charge any money but they are very helpful”.

[RP5]

“I don't have money and I'm sick so I just come quickly for treatment without having to wait until I get the money to go see the other doctors”.

[RP10]

In summary, it can be gleaned that there is a general contentment and confidence among the participants regarding the effectiveness of homeopathic treatment and medication.

Hence, there is a need for the South African government to integrate homeopathic into Primary Health Care, particularly in providing an alternative platform to ease the convention medical clinics. More particularly, South Africa would benefit from it as the popularity of homeopathic treatment was growing in leaps and bounds among the population.

4.1.3 Theme 3: Service quality delivery

Service quality has been associated with satisfaction in all fields of studies; the health sector is no exception. In probing the quality of services the participants received in UNHCC when compared to the mainstream clinics, all the participants that were interviewed had good things to say about the service that they receive from the UNHCC homeopathic team. Notably, most of the participants spoke about how well they were treated including the time doctors spend on them and the care that is given to them. Most of the interviewees gave an insight into how they felt about the way they were treated (hospitality). Some of the views expressed by the participants include:

“The treatment that we get here (UNHCC) is completely different to government PHC, here we are handled with care.

[RP1]

In clarifying the type of care received at UNHCC, the interviewees further explained that:

“The care we receive from doctors here is so good and they take your case in a polite and respectful manner where as in the government clinics the treatment there is poor”.

[RP1]

In expressing their delight in the quality of service being offered at the UNHCC, one of the participants pointed out that:

“Here the treatment is excellent, in fact we are treated like white people and the reason I’m saying this is because the treatment is different for all races in

government clinics, the white people are treated with tender care compared to us blacks; but here we “ALL” get same treatment regardless of our skin color. I have never seen same doctors here at UNHCC but for every doctor we consult with treat us with love and care and that is why we love this place. Even if you want to know about anything then we get answers in polite and respectful manner, and with us the elderly people we tend to be a bit craze but you guys listen to our craze stuff”.

[RP2]

A point worth mentioning was that some of the participants felt that homoeopathic doctors have a calling in their field when compared to their counterpart in the mainstream clinic. According to the view expressed by the interviewee:

“The doctors here have passion for their job and you can see they have calling for what they do whereas in the government clinics, people that works there lack passion for patients. In the government clinics people who works there do not go there because of their calling but they go there for money or guaranteed job opportunity and salary month end”.

[RP4]

Similar sentiment was also shared by another participant who hinted that:

“The doctors here are passionate about their patients and loving whereas in the government clinics the treatment is not good in fact you can see the doctors there that they are irritated by you. when I was introduced in this clinic, I was received with love and care by the doctors here. Other than that in terms of the treatment they give you, it does help you”

[RP5]

As mentioned previously, UNHCC is managed by students under the supervision of a qualified homeopath. In probing the participant's perception regarding the quality of service and treatment received from the doctors in training as well as the supporting staff, one of the interviewee had this to say:

“I have been treated by 3 different doctors but their treatment is the same which shows that they have been taught and trained very well. In comparison to the government clinic, the treatment there is very poor in such a way that even the receptionist there fails to communicate with patients in a correct manner. So whenever it is time to go to the consultation room then you’d feel not welcome because of the personality displayed by the person serving you”

[RP9]

From the above narratives of the participant’s perception of the service quality service delivery offered in UNHCC, it is reasonable to assume that service quality delivery was high and satisfactory. This notwithstanding, there is grey area that is worth highlighting. While the participants were mostly pleased on the conduct and behaviour of the homeopathic doctors and supporting staffs, a few pointed out some rare misfortune they experienced with some of the homeopathic doctors. This is expressed in the quotes below:

“The doctors here are very helpful and passionate about their job. They would go deep into your case during the consultation and even examine you thoroughly and I am very happy about the doctor’s care here. Nevertheless, there is one doctor here who I think is a Muslim, I personally think she has a lot of apartheid towards us patients. She does not have time for the patients. The last time I was here the same clinician told me I might not be seen and if I’m not mistaken it was around 11am to 11:30am but luckily I was seen. I really felt very bad after that treatment and I would be happy if that changes. This is the second time such thing is happening but I cannot remember exactly what day was it when it first happened. Other than this, I am happy with the way we being taken care of”.

[RP12]

“On a Friday where I got the medication that tasted like water I personally felt as if they were tired of us perhaps they just chasing us away with water and told me to come back in a months’ time. I really did not feel good after that visit. I then told

myself that the next time I go there; it will be my day Tuesday which is the day I was introduced into this place”.

[RP2]

“Regardless of how good a place can be but there is always that one or two rotten potatoes. Sometimes when we as patients come here just before 2pm or slightly after 2pm then we sent back home and told to come back the next day. You can imagine the bad picture that is painted to the new patients that we normally refer here because of the amazing treatment we get here. And it even worse to the patients that come from far because they have to pay a lot of money coming here for treatment but instead they are sent away; some of these people are unemployed but they get their bus fare from their kids or even borrow from other people just to come here. This is really hurting us as patients. Sometimes there are times where I personally would choose not to come if it is not a Tuesday because of the bad treatment we sometimes get on the other days so in the case like that, I would go buy the medication from the health shop/chemist”.

[RP4]

From the foregoing theme, it can be gathered that the participant's views on the service quality delivered at the UNHCC have been mostly welcoming and pleasing, particularly to the reputation of the clinic and homeopathic practices. Nevertheless, the cited isolated cases of poor patient relationship particularly on Friday consultation should drive the need for reform by the clinic authorities. This is particularly so, as some of the interviewee had painted a gloomy picture with respect to the professional conduct and attitude of the homeopathic doctors/students on duties during these consultations.

4.1.3.2 Sub-theme2: Follow-ups

Arguably, good service quality increases patients trust and confidence in their doctors. This can be measured by the frequency of patients keeping up with doctor's appointment and showing up for follow-up consultations. To what extend are patients visiting UNHCC showing confidence in the homeopathic doctors and medications, necessitated gauging

the participant's perceptions on the factors that motivated their continuous follow-up consultation at the UNHCC. The effectiveness of the homeopathic medication was mostly cited for the reason behind the follow-up consultation. Others indicated that they needed health appraisals from the homeopathic doctor, while others manifested new health challenges that needed treatment. The interviewee's views are summarized with the relevant quotes below:

"I come back for my follow ups so they can see my progress on the complaint that I had presented to them. When I come for the follow up, I come with a lot of improvement".

[RP1]

"I then came for the second times with another different complain then I got treated again and whatever complaint that I had presented would become much better, however at some point my complaint would heal fully and in that case I then have to come back and letter know the progress".

[RP2]

The same interviewee stressed that:

"I do not want to make a mistake of not coming for my follow-up because that will be a problem to me should my complaint is not improving; perhaps I will have no one to blame but myself. Every time I come back for my follow-ups, there is a lot of improvement in my health".

[RP2]

"I come here for the follow ups because the initial complaint that I had presented will be treated but there would still be other complaints that I have which will be different from the initial complaint. Then sometimes I come back for follow ups because I would have run out of medications".

[RP3]

“The reason I return for my follow ups is that your medication helps me a lot and every time I use your medication I see a lot of improvement, especially we the black African people know not much about this type of medication since the treatment approach is different to other type of treatments or doctors. I am suffering from chronic diseases so without my medication I cannot survive because my life depends on these medications; even at work I can manage using the stairs with homeopathic medication whereas without I struggle a lot. Even my employers can see the difference when I have been in the homeopathy clinic. However, there was a time where my employers questioned my choice to stick with homoeopathy treatment and abandoning the allopathic treatment for my chronic treatment, I explained to them that it is my personal choice to use whatever mode treatment that I think works for me. After 2-3 days in homeopathy treatment then I am fine”.

[RP4]

From the above interviewee's point of view, it is sufficient to say that the patients demonstrated great trust and confidence in homeopathic medication. This assertion was expressed by other participants who stated that:

“I come back because I see that they are working and they help a lot, when I come here I get the help always”.

[RP6]

“I come back for follow ups because I receive help, so I come back over and over again because I receive help. There are times when I refuse to go to the other clinics because of the care and the treatment that I received”

[RP7]

“I return for my follow ups because medication I get here, it brings a lot of difference and health improvement. In most cases when I come for my follow-ups the, I come with a new complain because the previous one had already been sorted. As usually the doctor here would do follow up with me to find out if the medication I was given did help me or not so I tell them that it did work”.

[RP10]

Importantly, the interviewee stressed that:

“There has never been a case where by I had to come back for the follow up just because medication did not help”.

[RP10]

“Every time I come here I get a lot of improvement. So every time I have a follow up I make sure to come for it so that the doctors can ask me questions regarding my previous complain so they can see if there is an improvement of which there is always”.

[RP12]

4.1.3.2 Sub-theme3: Waiting-time, language and infrastructure

Part of the six dimension of service delivery documented in literature (Devinder and Datta 2003; Jusoh *et al.* 2004; Ahmed *et al.* 2010) include the ‘attitude’ and ‘tangibles’. In the context of this study, attitude is loosely ascribed to factors such as the language used by doctors, caring, individual attention and understanding of patients’ needs, while tangibles relates with patients views about the location of the UNHCC clinics. To what extend does the UNHCC facilities and homoeopathic staff exhibit good attitude and tangibles require probing the language and waiting time during consultation. The excerpts from the participant’s views are captured below:

“Here we do not wait for long, sometimes if there are a lot of patients then we wait for at least an hour or two or even less then you ready to go home. And even though we see multiracial doctors but they try by all means to communicate with us and they understand us when we talk to them”.

[RP1]

Similar opinion was also expressed by another interviewee:

“Sometimes it takes a bit longer to get medication but that normally happens when there are a lot of patients. At some point people who came last would leave early and I think the reason for that, there are people who come in the early morning and write their name on the list then go to work while waiting for the doctors, then when doctor arrive then they become on top of the list. So when we arrive on few people in a waiting room but on the list there is lot of patients waiting even though they not physically present”.

[RP2]

Despite the perceived dissatisfaction with the waiting time, some of the participant felt that the quality of treatment and friendliness of the doctors were worth the wait. In interviewee own words:

“The time we wait sometimes appears long to the waiting to be seen but the good thing is that when you inside you get full attention of the doctor. When we refer people to this place, we have to explain how it works and how long you wait”.

[RP4]

One of the interviewee, however, expressed that the waiting time is appropriately efficient. According to the particularly interviewee:

“Do not wait for a long time because when they are writing another will be busy preparing my medication so I don't have to wait that long and I know when I come here I will be home early”.

[RP8]

In support of the formal participant, some of the interviewee highlighted that:

“We also do not have to wait longer for the medication or to be seen, however after taking the case then we wait little because we understand that the students need to work on your case with aid of the clinician so we I do not mind that”.

[RP10] & [RP12]

With regards to the communication language used by the homeopathic doctors, one of the participants was dissatisfied in one incidence with one of the homeopathic doctor.

Based on interviewee narration of the experience:

“I came here the other time and I asked for the medication and the Dr that was helping me said that I should not tell him which medication to prescribe and he went on and said that the problem is that “you old people are stubborn” but I explained to him that it’s that I am being stubborn but it’s just that that medication helps me, and the way he spoke to me made me feel bad”.

[RP3]

Despite the unfortunate incident, the same interviewee expressed confidence in the homeopathic doctor’s attitude towards their patients:

“Regardless of the above incidence that happened but even after that Dr had spoken to me in that bad way but he did not continue speaking to me in that manner and I never had a similar experience ever. When I come here, the way they take care of us is amazing, they ask you to sit down and they start asking you how you are and ask you to tell them how you feel and they even say do not leave anything out tell us everything, because we are Dr’s and we are here to help you”.

[RP3]

In terms of the location of the UNHCC, few of the participants expressed some reservation regarding the location of the clinic. According to them:

“But to compare Ukuba building to government clinic, we can say government clinics are easily accessible”

[RP9]

The interviewee also pointed out that:

“Apart from the fact that we are in Market, the place here is clean and secured considering that there is an electronic burglar guard. My taxi rank is closer to this place and I have never experienced anything back about this place”.

[RP9]

In addition, and with regards to the facility and infrastructure of the UNHCC, one of the participants stated that:

“I think this place is too small and I so wish it was bigger just like the government clinics. We have to go up the long stairs here and they’re very tiring but we have to take them since we are the one who need help”

[RP12]

On a brighter note, the same interviewee offered commendation to the UNHCC: According to the participant’s statement:

“Other than that I am happy and it is safe here because there is locked door down stairs. I would love it if we were not restricted medication because sometime we do not get the medication that helped us before.

[RP12]

Going forward the participant suggested that:

“In fact, I would love to have this clinic in our townships even though it would difficult to choose the township to go to since everyone would be happy if this clinic were next to them. Just to add more, I would like this clinic to open every day just like it was before (2016). The time you spend here is fine just need more days”.

[RP12]

4.1.4 Conclusion

From the thematic analysis of the patient’s perceptions of homoeopathy, it was deduced that majority of the participant’s perceptions of UNHCC were generally satisfactory. Although majority of the participant had vague understanding of homoeopathy, they

however, showed much confidence and belief in the efficacy of homeopathic medication and treatment. More so, it emerged from the interview that there was general discontentment among the participants with the mainstream clinic. Overall, this chapter conclusively showed that the South African public was now appreciating homeopathic treatment and medication.

Chapter 5: Discussion

5.1 Introduction

The main thrust of this study was to explore the experiences of returning patients at Ukuba Nesibindi Homoeopathic Community Clinic. In the previous chapter, thematic content analysis was used to capture the experience and perceptions of returning patients visiting UNHCC. This chapter provides the discussion of findings regarding the experiences of the patients. The discussion was guided by the research question outlined in Chapter One, Section 1.3 that is, what are the experiences of returning patients for four or more follow-up consultations at UNHCC with regard to the care they received? This was discussed in relation to the identified themes presented in Chapter four. Sections are discussed as follows:

- Demographics
- Knowledge of Homoeopathy
- Reason for accessing Ukuba Nesibindi Homoeopathy community clinic
- Service delivery at UNHCC

5.2 Demographics

5.2.1 Gender

As shown in Table 4.1, the results revealed that the participants in this study had a majority 11 (91.7%) of female respondents with one male making up the remaining participants (8.3%). While it may appear that the gender distribution of the participants was highly skewed towards the female population, these findings concurred with those of Smillie (2010) and Watson and Dube (2015) who found that the highest percentage of the same clinic was females. More so, Pramlall (2016) noted that it is a common trend in public health care clinic to find majority of female patients.

In light of the differences in the gender distribution of the participants found in this study, it can be inferred that females are more conscious with their health as compared to men. Another factor was that recruitment was not specific to gender selection –it was the

minimum number that would respond positively and consent to participate that was recruited. The study did not seek to balance or to do equal gender selection, which could be a recommendation for future studies and to maybe compare the results between genders.

Nonetheless, Rothman and Salovey (1997) noted that men often are reluctant and lack the motivation to engage with health-related information both in times of stressful life events and in everyday life. Furthermore, Courtenay (2000) observed that men, due to gender role strains and social constructions of masculinity, tend to be unaware of sources of health-related information and have inadequate competency to search for them because of either pure ignorance or reluctance.

In addition, the researcher also purports due to the need of social burdens being upon females –hence they have to be well to nurse and be breadwinners of their families.

5.2.2 Age

As shown in Table 4.2, 83.3% were participants with ages above 40. With 16.70% of participants between the ages of 20-40 years of age. This showed a huge gap between the younger generation and the older generation. The researcher purports that the timing of the research itself coincided with examination period where younger generation would have been focusing on exam preparations whereas older generation has more flexibility of how they use their time and others are retired and therefore could attend the interviews for this study. Furthermore, it is worth mentioning that the findings of Dube (2015) revealed that older people were seeking health more than the younger generation.

Additionally, and consistent with Dube (2015), the low percentage of younger patient among the participant could be attributed to the fact that that young people do not have as much health issues as adults and early lifestyle behaviours will mostly catch up with the majority of young people at about the ages of 40 years and above. In contrast, the larger population of elderly group in the study suggest that patients within the age category of 40 years and above may visit clinics more because they may go through age related crisis commonly ranging from 41 years and above. Such crisis, and as stated by

Dube (2015) could be caused by aging itself, or aging in combination with changes, problems, or regrets over work or career (or lack thereof), spousal relationships (or lack thereof), maturation of children (or lack of children), aging or death of parents and physical changes associated with aging (Dube 2015).

Equally important, the International Health Racquet and Sport Club Association (2006) suggested that health of individual declined with age and older people tend to pay more attention to their health statuses as they grow older. The said factor could have contributed to half of the participant in this study to be above 60 years of age. More so, in the context of South Africa, the socioeconomic struggles are causing the older generation to be left fending for themselves and their grandchildren as most of parents die from communicable diseases and infections or disappear in search of a better life. This would in return cause strain to the older generation rendering it vulnerable to illnesses like stress, anxiety, depression, diabetes, hypertension and other health related condition which have been observed to be a trend in this clinic (Smillie 2010; Dube 2015; Watson 2015). Therefore, this may cause them to seek medical attention on a regular basis so that they can be able to survive to look after their grandchildren.

5.2.3 Race

All participants that were recruited were Africans. The results concurred with those of Dube (2015) and Watson (2015) that the location of UNHCC is within the previously disadvantaged area that was commonly known as the 'black spot' during the apartheid regime that forced and imposed racial segregation and rendered certain areas impoverished and thus susceptible to poor health conditions.

5.3 Knowledge of Homoeopathy

Study by Prinsloo (2011) revealed that homoeopathy was the fastest developing medical modality in the world. According to Prinsloo (2011), the awareness of homoeopathy is changing and there is a growing request to learn more about homoeopathy. From South African perspective, and contrary to Khumalo's (2015) report that there was a high understanding of homeopathy among the population, the findings in this study, however, suggest that majority of the participants had a vague and poor understanding of

homoeopathy. The differences between Khumalo (2015) and the present study could be attributed to the racial composition of the participants. As seen in Table 4.2, the participants in this study were homogenously Africans by race. While Khumalo (2015) revealed that the knowledge of homeopathy was relatively high among the Indian population, she however, acknowledges that African participants had poor knowledge of homoeopathy.

Equally important, it was observed that some of the participants understanding of homoeopathy was inaccurately associated with the quality of help received and lack of payment when visiting a homeopathic doctor. These findings are in line with other studies (Small 2004; Maharaj 2005; Macquet 2007) that a large proportion of the South African public was unclear with regards to homoeopathic understanding. Harripershard (2009) noted that the studies conducted in South Africa so far had shown that there is a degree of unawareness or misinterpretation of homoeopathy.

Moreover, it was noted that the participant who visited UNHCC never heard about homoeopathy until they came to the clinic. In support of Khumalo (2015), most of the interviewees who knew about homoeopathy got the knowledge through word of mouth such as friends, family members, security, and nurses working at the clinic. The aforementioned findings give further support to Attena *et al.* (2000) who noted that 87.5% of patients who visited a homoeopath were advised by relatives and associates. It is therefore sufficient to say that there is an element of social networks among the community and staff at the homoeopathic clinic, which has positively influenced the uptake of homoeopathic medicine.

Love (2016) acknowledges that social networks promoted awareness and positive attitudes toward homoeopathy and played an integral role in correcting misconceptions about homoeopathic medicine. Similarly, other studies (Deri 2002; Devillanova 2005) had recognised the informative role of social networks and their importance in healthcare utilisation. As such, utilization of social networks within communities to encourage the use of homoeopathic services may be an important component of scaling up homoeopathic knowledge and services in South Africa.

5.4 Reasons for Accessing Homeopathic Clinic

Part of the inquiry of this study was to explore the factors that have contributed towards patients returning for follow-up visits to homeopathic clinics. The findings from this study revealed that returning patients visits UNHCC for several reasons. It emerged that the reasons for accessing homoeopathy was dissatisfaction with other streams of healthcare, and contentment with homoeopathic treatment. Notably, most of the participants seem to be pleased with the homeopathic treatment.

Participants had expressed concern in the attitude of the mainstream medical team, the long waiting time for consultation as well as the ineffective treatment of mainstream medications. Mercer and Reilly (2004) highlighted that the time made available for consultation, the empathy of the doctor with the patient, discussion and shared decision-making between patient and doctor, and the on-going therapeutic doctor-patient relationship are sought-after factors of care at hospitals. Of concerning, Kautzky and Tollman (2008) reported that there is a shortage of staff within the primary healthcare sector in South Africa resulting in medical staffs being incapable to cope with the current demands. As such, this condition could have contributed to the perceived dissatisfaction with the mainstream clinic by the participant.

According to Johnson *et al.* (2010), perceived need is an important aspect in the process of determining whether an individual will access a healthcare service. The findings from this study revealed that the participants chose to return to UNHCC due to the quality of treatment received and general contentment with the homeopathic medication. The findings of this study further lend weight to Frass *et al.* (2012) that there was a wave of positive feeling among the public with regards to complementary alternative medicine (CAM).

Importantly, participants in the study had placed great value on improved health and quality of life and showed preference for treatment according to benefits, which they experienced in healing and well-being. More so, the findings indicated that perceived health outcomes associated with the use of homoeopathic treatment were positive and were favoured by participants. Homoeopathy was also perceived as a quick and effective

treatment option, which was often able to assist when conventional mainstream medicine had failed.

Participants perceived that homoeopathic treatment outcomes provided valued health benefits which reportedly improved participant's quality of life. In contrast, the study revealed that mainstream medicine outcomes were not perceived to be beneficial to the participant's quality of life. This was expressed mostly as the side effects associated with the medicine, which were found to overshadow the positive effects of the treatment.

In reviewing literature related to patient's utilization and accessing of homeopathic clinic, the findings observed in this study was found to be similar to those reported. Astin (1998) alleged that perceived benefits and enhanced quality of life have been associated with the use of homoeopathic treatment. Equally, Mugisha *et al.* (2004) hinted that the perceived competency of a healthcare service is a direct determinant in healthcare utilisation. More recently, Love (2016) found that that the perceived competency of the homoeopathic service according to efficiency, medical practice, quality of care and continuity of care positively influenced healthcare utilisation and these factors contributed strongly to patient preference for a healthcare service.

5.5 Service delivery

Results in this section provided insight into the quality of health care delivery at the UNHCC.

Findings showed that the majority of the participant had positive commendation with regards to the quality of services received at the UNHCC. Notably, most of the participants spoke about how well they were treated including the time doctors spend on them and the care that is given to them. According to Love (2016), healthcare services that met the patient's values, beliefs and expectations for healthcare, they expressed trust and preference for the service. The results in this study showed that participants placed great trust and confidence in the competence and professionalism in the homeopath, which invariably contributed to the perception of the quality of treatment. By comparison, the mainstream doctors inadequately met participant's values, beliefs and expectation. The perceived lack of trust and confidence in the mainstream doctors could have

negatively influenced the participants' perception of service delivery in the mainstream clinic. Calnan and Sanford (2004) argued that patient's values, beliefs, and expectations of healthcare services are fundamental to the establishment of trust within a healthcare system.

The study also showed that the increase in the patients trust and confidence in their doctors was reflected by the frequency of the patients keeping up with doctor's appointment and showing up for follow-up consultations. The findings gave credence to the argument over the importance of interpersonal aspects of care and the value of trust in the doctor-patient relationship and subsequent demand for a healthcare service (Lings *et al.* 2003; Lise, Rosendal and Østergaard 2015).

Participants also expressed trust and belief in the student doctors. It emerged from the interviews that majority of the participants felt that student doctors were born for the profession passionate when compared against their counterpart in the mainstream. This was attributed to the level of discipline, behaviour, empathy, respectful communication manner exhibited by the students. An empirical study conducted by Dube (2015) established that patients attending UNHCC had too much trust in the Homoeopathic student practitioner. The study concluded that professional appearance of the Homoeopathy student, punctuality, effective communication, attention during the consultation was behind the trust shown to the student. Her report further supports the work of Calnan and Rowe (2004) that trust is the cornerstone of an effective doctor-patient relationship.

Bhanu (2010) pointed out that perceived patient satisfaction is influenced by not only the doctor-patient interaction, but also waiting time. He indicated that the amount of the time the patient spends in the waiting area might determine the outcome of patient satisfaction. If it's too long, the patient may never come back. Although some of the participant had voiced discontentment with the waiting time at UNHCC, majority of them, however, expressed satisfaction with the waiting-time. Participant indicated that the waiting time was necessary and highly effective as consultation and medicine preparation goes on simultaneously.

In addition, the study showed that some participants were not all satisfied with the location and infrastructure at UNHCC. Participants pointed out that the space of UNHCC was too small when compared against mainstream clinic. This perception may be associated with participant's preconceived notion about healthcare system. Love (2016) argued that patient's expectations of healthcare services were firmly based on the orthodox, mainstream model for healthcare with which they were familiar. Despite this, majority of the participant were generally satisfied with the service delivery in UNHCC. It emerged that participant had a high degree of satisfaction regarding the clinic being easy to find, convenient and providing a professional impression. This concurs with the survey by Watson (2014) on patient benefit and perception at UNHCC. Consistent with Dube (2015), the high degree of satisfaction could be due to the clinic being accessible to the traders working in the area, being close to the taxi ranks and since many people go past the Ukuba Nesibindi building on their way to the fresh produce market which is close by.

In summary, it can be deduced that greater number of the participant's perception of UNHCC were satisfactory with the quality of service being offered. Nonetheless, there is still a room for improvement in the quality of service delivery. It was highlighted that some of the participants seemed dissatisfied with the infrastructure at the UNHCC. This is a critical issue that deserved immediate attention by management of UNHCC. The researcher recommends that views and perceptions of participants of this study be taken into considerations when planning and reviewing standard of practice to improve the quality of services rendered into this community. Overall, this chapter conclusively showed that the South African public are now appreciating homoeopathic treatment and medication. The next chapter will provide conclusions drawn from this study.

Chapter 6- Conclusion and Recommendation

The aim of this study was to investigate the experiences of returning patients at UNHCC. The study focused on the patients' experiences that have returned for four or more follow-ups.

The objective of this study was to examine the experiences of returning patients through the use of a questionnaire with the *Grand tour question* being:

What are the experiences of returning patients for four or more follow-up consultations at UNHCC with regard to the care they received?

A qualitative research approach was adopted. In depth interviews were conducted and detailed experiences were shared. The previous chapter presented the findings from the study by drawing on literature to support the results. This chapter concludes by drawing on the discussion to provide recommendation by proposing directions for future research.

The areas that were probed revealed a wealth of information that may be used to enhance the health care offering. The areas explored were around infrastructure, health services and the service relative to conventional primary health care. The data obtained will assist to ensure improvement to future homoeopathic education, improve the facilities and healthcare given to the patients at UNHCC and homoeopathic community as a whole.

6.1: Conclusions derived from the analysis

The findings from this study had explicitly showed that although majority of the participants had vague understanding of homoeopathy, participants acknowledged that the quality of help received at the homeopathic clinic were highly beneficial. This is in line with achieving the grand tour question that is, what are the experiences of returning patients for four or more follow-up consultations at UNHCC with regard to the care they received?

The thematic analysis further showed that that participants were dissatisfied with other streams of healthcare and content with homoeopathic treatment. In particular, and in terms of answering the grand tour question, which was to determine the experiences of returning patients for four or more follow-up consultations at UNHCC with regard to the care they received? It emerged that there was general contentment and confidence among the participants regarding the effectiveness of homeopathic treatment and medication.

In terms participant perceptions of the service delivery at UNHCC, the prominent aspect of the study showed that participants placed great trust and confidence in the competence and professionalism in the homeopath.

In addition, the study also showed that the increased participants' trust and confidence in their doctors is reflected by the frequency of the patients keeping up with doctor's appointment and arriving for follow-up consultations. Notably, participants showed great trust and belief in the student doctors, which was attributed to the professional attitude exhibited by the students.

A point deserving mentioning is that in spite of the perceived satisfactory comment about UNHCC, participants highlight that the infrastructure at UNHCC needs improvement in terms of space.

6.2: Recommendation

Within the limitation of this study, it can be suggested that:

- With regards to infrastructure, an accommodation of increasing space in terms of consultation rooms should be considered. Further, the homoeopathic clinic and consultations occur on the 3rd floor of the Lifeline Building and older and infirm patients have difficulty walking up the stairs, so perhaps one consultation room should be on the ground floor of the UNHCC, to cater for those that cannot walk up the stairs.

- Further studies on perceptions of patients of the service delivery at other DUT Homoeopathic clinics should be conducted to highlight service delivery and the reasons for patients returning to similar Homoeopathic clinics.
- There researcher recommends that future studies are conducted in the contexts where there is various races distribution.
- There is need to discuss about patient expectations and modern ideas regarding patient involvement in participatory consultations that directly affects satisfaction.

6.3. Conclusion

Conducting this study was an enriching experience for the researcher as various insights and perceptions of participants were offered in a gracious and generous manner to the researcher. Being able to view the quality of the health service offering, at UNHCC, through the patients' eyes, was inspiring and motivating to the researcher to continue to highlight the benefits of the practice of Homoeopathy.

Reference

Ahmed, I., Nawaz, M. M., Ahmad, Z., Ahmad, Z., Shaukat, M. Z., Usman, A. and Ahmed, N. 2010. Does service quality affect students' performance? Evidence from institutes of higher learning. *African journal of business management*, 4 (12): 2527

Astin, J. 1998. Why Patients Use Alternative Medicine: Results of a National Study. [Online] Available from: <http://jama.jamanetwork.com/article.aspx?articleid=187543> [Accessed 15 November 2017].

Attena, F., Del Giudice, N., Verrengia, G. and Granito, C. 2000. Homoeopathy in primary care: self-reported change in health status. *Complementary Therapies in Medicine*, 8 (1): 21-25.

Babbie, E. 1998. The Practice of Social Research, 8th ed. Belmont, CA: Wadsworth Publishing Company.

Bhanu, P. 2010. Patient satisfaction. *Journal of cutaneous and aesthetic surgery*, 3(3): 151-155.

Calnan, M. and Rowe, R. 2004. *Trust in healthcare: An agenda for future research*. London: The Nuffield Trust.

Calnan, M. W., Sanford, E. 2004. Public trust in health care: the system or the doctor? *Quality in Safety Health Care*, 13: 92–97.

Chauhan, V. K. and Gupta, M. 2007. *Homoeopathic principles and practice of medicine: homoeopathic fundamentals*. Mumbai: B. Jain Publishers

Courtenay, W.H. 2000. Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social science and medicine*, 50(10): 1385-1401.

Creswell, J. W. 2009. *Research design: qualitative, quantitative and mixed methods approaches*. 3rd ed. Los Angeles, CA: Sage

Daviaud, E. and Chopra, M. 2008. How much is not enough? Human resources requirements for primary health care: a case study from South Africa. *Bulletin of the World Health Organization*, 86(1): 46-51.

De Schepper, L. 2001. *Hahnemann revisited*. Santa Fe, NM: Full of Life Publications.

Denzin, N. K. and Lincoln, Y. S. 2011. *The Sage handbook of qualitative research*. Sage.

Deri, C. 2002. Social Networks and Health Service Utilisation in Canada. [Online] Available from:
http://www.researchgate.net/publication/7621231_Social_networks_and_health_service_utilisation [Accessed 15 November 2017].

Devillanova, C. 2005. Social networks, Information and Health Care Utilisation: Evidence from Undocumented Immigrants in Milan. [Online] Available from:
http://dse.univr.it/espe/documents/Papers/E/6/E6_2.pdf [Accessed 15 November 2017].

Devinder, K. and Datta, B. 2003. A study of the effect of perceived lecture quality on post-lecture intentions. *Work study*, 52 (5): 234-243.

Dube, N. S. 2015. Patients' perceptions of their first Homoeopathic consultation at Ukuba Nesibindi Homoeopathic Community Clinic. M.Tech: Homoeopathy, Durban University of Technology.

Erwin, K., Marks, M. and Couchman, I. 2012. *Embedding homoeopathic solutions to health problems in a municipal housing estate in Durban: a case study of Kenneth Gardens*. (Unpublished)

Frass, M., Strassl, R. P., Friebs, H., Mullner, M., Kundi, M. and Kaye, A. D. 2012. Use and acceptance of complementary and alternative medicine among the general population and medical personnel: a systematic review. *The Ochsner Journal*, 12(1): 45-56.

Frenkel, M., Ben-Arye, E., Carlson, C. and Sierpina, V. 2008. Integrating complementary and alternative medicine into conventional primary care: the patient perspective. *Explore (New York, NY)* (online), 4(3): 178-86. Available: <http://www.ncbi.nlm.nih.gov/pubmed/18466848/> (Accessed 02 April 2018).

Graneheim, U.H. and Lundman, B., 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today*, 24(2): 105-112.

Harripershard, S. 2009. A survey to determine the perceptions of parents in the central Durban area towards paediatric homeopathy. M. Tech: Homoeopathy, Durban University of Technology.

Harris, B., Goudge, J., Ataguba, J.E., McIntyre, D., Nxumalo, N., Jikwana, S. and Chersich, M., 2011. Inequities in access to health care in South Africa. *Journal of public health policy*, 32(1): S102-S123.

Holloway, I. and Wheeler, S. 2010. *Qualitative research in nursing and healthcare*. 3rd Ed. Chichester, West Sussex, UK: John Wiley & Sons Ltd.

International Health Racquet and Sport Club Association. 2006. The elderly get more health conscious now [Online]. Available at: <http://diyhealth.com> [Accessed 05 April 2017].

Johnson, B. T., Redding, C. A., DiClemente, R. J., Mustanski, B. S., Dodge, B., Sheeran, P., Warren, M. R., Zimmerman, R. S., Fisher, W. A., Conner, W. A., Carey, M. P., Fisher, J. D.,

Stall, R. D., Fishbein, M. 2010. A Network-Individual-Resource Model for HIV Prevention. *AIDS and Behavior*, (14): 204–221.

Johnson, R. and Christensen, L. B. 2004. *Educational research: quantitative, qualitative, and mixed approaches*. Boston, MA: Allyn and Bacon.

Jusoh, A., Omain, S. Z., Majid, A., Som, M. and Shamsuddin, A. S. 2004. Service quality in higher education: Management students' perspective. *Research Management Centre, University of Technology, Malaysia*.

Kautzky, K. and Tollman, S. M. 2008. A perspective on Primary Health Care in South Africa: Primary Health Care: in context. *South African health review*, 2008 (1): 17-30.

Kayne, S. 2003. Global Perspectives. In: Carlston, M. *Classical Homoeopathy*. Pennsylvania. Churchill Livingstone. 48.

Kent, J. T. 2007. Lectures on Homoeopathic Philosophy. Mumbai: B Jain Publishers.

Khumalo, P. 2015. Patients' experiences of homoeopathic care rendered at a primary health care facility in the eThekweni district. M. Tech: Homoeopathic, Durban University of Technology.

Kristian Leisegangs, K. 2010. The Homeopath – A Primary Health Care Practitioner?'. *South African Journal of Natural Medicine*.

Li, V. 2014. South Africa's return to primary care: The struggles and strides of the primary health care system. *The Journal of Global Health*,

Lincoln Y.S. and Guba E.G. 1985. *Naturalistic Enquiry*. London: Sage

Lings, P., Evans, P., Seamark, D., Seamark, C., Sweeney, K., Dixon, M. and Pereira Gray, D. 2003. The doctor–patient relationship in US primary care. *Journal of the Royal Society of Medicine*, 98: 180-184.

Lise, Rosendal, Østergaard. 2015. Trust matters: A narrative literature review of the role of trust in health care systems in sub-Saharan Africa, *Global Public Health*, 10(9):1046-1059. Oxford University Press.

Lochman, J. 1983. Factors Related to Patients' Satisfaction with Their Medical Care. *Journal of Community Health*, 9:9.

Lockie, A. 1998. *The family guide to Homoeopathy: the safe form of medicine for the future*. London: Hamish Hamilton.

Love, K. J. 2016. A study of the perceptions and experiences of patients receiving homoeopathic care in the context of primary healthcare services within the public sector. M.Tech: Homoeopathy, Durban University of Technology.

Mackenzie, E. R., Taylor, L., Bloom, B. S., Hufford, D. J. and Johnson, J. C. 2003. Ethnic minority use of complementary and alternative medicine (CAM): a national probability survey of CAM utilizers. *Alternative therapies in health and medicine*, 9 (4): 50.

Macquet, T. 2007. The perceptions and awareness of homoeopathy at the Homoeopathic Day Clinic (H.D.C) amongst students at the Durban University of Technology (DUT). M. Tech: Homoeopathy, Durban University of Technology.

Maharaj, D. 2005. A survey to determine the perceptions of general practitioners and pharmacists in the greater Durban region towards homoeopathy. M. Tech: Homoeopathy dissertation. Durban Institute of Technology.

Majola, S. F. 2015. The perceptions of homoeopathic doctors practicing in Kwazulu Natal on their role in the public healthcare system in South Africa. M.Tech: Homoeopathy, Durban University of Technology.

Marian, F., Joost, K., Saini, K.D., von Ammon, K., Thurneysen, A. and Busato, A., 2008. Patient satisfaction and side effects in primary care: an observational study comparing homeopathy and conventional medicine. *BMC complementary and alternative medicine*, 8(1): 52.

Mason, M. 2010. Sample size and saturation in PhD studies using qualitative interviews. In: *Proceedings of Forum qualitative Sozialforschung/Forum: qualitative social research*.

McIntosh, C. 2008. Practising homoeopathy in a multiethnic community – A personal view. In Kayne, S. (ed.) *Homoeopathic Practice*. London: Pharmaceutical Press.

Mercer, S.W., Reilly, D. and Watt, G.C., 2002. The importance of empathy in the enablement of patients attending the Glasgow Homoeopathic Hospital. *Brazilian Journal of General Practice*, 52(484): 901-905.

Mugisha, F., Bocar, K., Dong, H., Chepng'eno, G. and Sauerborn, R. 2004. The two faces of enhancing health-care utilisation services: determinants of patient initiation and retention in rural Burkina Faso. *Bulletin of the World Health Organization*, (82): 572-579.

Naude, D. 2012. Research methodology, lecture notes distributed in the Department of Homoeopathy. Durban University of Technology.

Organization, W. H. 2005. National policy on traditional medicine and regulation of herbal medicines: Report of a WHO global survey.

Paruk, F. 2006. A survey to determine the perceptions that exist amongst pregnant adults towards the use of homoeopathy during pregnancy. M.Tech: Homoeopathy, Durban University of Technology.

Polit, D. F. and Beck, C. T. 2012. *Nursing research: generating and assessing evidence for nursing practice*. 9th ed. Philadelphia: Wolters Kluwer Health / Lippincott Williams and Wilkins.

Pramlall, P. 2016. A retrospective clinical audit of the Durban University of Technology homoeopathic satellite clinic in Redhill. M.Tech: Homoeopathy, Durban University of Technology.

Prinsloo, J. P. 2011b. Legal legislation of homoeopathy (online). Available: <http://www.biocura.co.za> (Accessed 20 March 2017).

Pritchard, K. and Whiting, R. 2012. Autopilot? A reflexive review of the piloting process in qualitative e-research. *Qualitative Research in Organizations and Management: An International Journal*, 7 (3): 338-353.

Roberts, R. 2008. Integrating homoeopathy into primary care *National Health Executive Journal* (online). Available at: <http://www.dcscience.net> (Accessed 03 February 2014).

Rothman, A.J. and Salovey, P. 1997. Shaping perceptions to motivate healthy behaviour: the role of message framing. *Psychological bulletin*, 121(1): 3-19.

Seliger, H. W. and Shohamy, E. 1989. *Second language research methods*. Oxford:

Singh, V., Raidoo, D. M. and Harries, C. S. 2004. The prevalence, patterns of usage and people's attitude towards complementary and alternative medicine (CAM) among the Indian

community in Chatsworth, South Africa. *BMC Complementary and Alternative Medicine*, 4 (1): 3.

Small, D. 2004. The perceptions of homoeopathy amongst grade 12 learners in Durban, South Africa. M. Tech: Homoeopathy, Durban Institute of Technology.

Smillie, T. 2010. A Clinic Audit of the Durban University of Technology Homoeopathic Satellite Clinic established at Ukuba Nesibindi. M Tech: homoeopathy, Durban University of Technology.

Tanser, F., Gijsbertsenb, B. and Herbst, K. 2006. Modelling and understanding primary health care accessibility and utilization in rural South Africa: an exploration using a geographical information system. *Social Science and Medicine*, 63(93): 691-705.

Thomas, K.J., Nicholl, J.P. and Coleman, P., 2001. Use and expenditure on complementary medicine in England: a population based survey. *Complementary therapies in medicine*, 9(1): 2-11.

van Haselen, R., Reiber, U., Nickel, I., Jakob, A. and Fisher, P. 2004. Providing complementary and alternative medicine in primary care: the primary care workers' perspective. *Complementary therapies in medicine*, 12 (1): 6-16.

Van Rensburg, H. 2004. *Health and health care in South Africa*. Van Schaik Publishers.

Von Bardeleben, C. L. 2009. A survey on the perception of homoeopathy amongst parents of children aged 3-7 years old at pre-primary school in Pinetown District. M. Tech: Homoeopathy, Durban University of Technology.

Watson, T. 2015. A patient benefit and perception survey of the Durban University of Technology homoeopathic satellite clinic established at Ukuba Nesibindi. M. Tech: Homoeopathic, Durban University of Technology.

WHO: 2006. World Health Organization Media Centre (online). Available:
<http://www.theholisticcare.com> (Accessed 06 February 2017).

Yin, R. K. (2014). *Case study research: Design and methods*: Sage publications.



Appendix A1: Letter of information (English)

Title of the Research Study: Experiences of returning patients at a Homoeopathic Community Clinic.

Principal Investigator/s/researcher: Mr VNB Ngobese, B Tech: Homeopathy

Supervisor/s: Dr M. Maharaj, M. Tech: Homoeopathy

Co-Investigator: Dr J.C. Ngobese-Ngubane, M. Tech: Homoeopathy

Brief Introduction and Purpose of the Study: Homoeopathy in South Africa is legally recognized as a primary healthcare profession. The professionals are regulated by a statutory body; the Allied Health Professional Council of South Africa. Homoeopathy is not part of the public healthcare sector; local research has shown that homoeopathy is a valuable form of medicine in the public healthcare and research has been done to find out what the patients think about this form of medicine. We are doing a research study of homoeopathy patients at Ukuba Nesibindi Homoeopathic clinic. The reason for this study is to explore the experiences of returning patients at a Homoeopathic Community Clinic, we want to find out why do they continuously return for their follow-up with regards to the care they receive.

Outline of the Procedures: We are asking that you take part in a 20-40 minutes interview. The interview will take place at the UNHC. Patients will be interviewed in Zulu/ English depending on their language preference. The interview is informal, like a conversation. We will talk about your thoughts and experiences of the homoeopathic clinic at this clinic. With your permission, we would like to audio tape the interview; the recordings are only going to be used for the research purposes. **Risks or Discomforts to the Participant:** There are no risks involved when participating in this study.

Benefits: The information that you will share with us during the interview, will contribute towards improving the care that you receive from this clinic.

Reason/s why the Participant May Be Withdrawn from the Study: The researcher may stop you from taking part in the study at any time if he believes it is in your best interest or if the study stopped. Also participants may choose to withdraw from the study at any time during the interview process with no adverse consequences for these participants.

Remuneration: Participants will not be remunerated for taking part in the study.

Costs of the Study: There is no cost involved for participants taking part in the study.

Confidentiality: Your personal details will not be disclosed at any stage of the study. The interview documents and audio recordings will be kept secure by the researcher for the duration of the research

and then stored in a locked office of research study personnel at Durban University of Technology, Homoeopathy department and destroyed within 5 years. Only people involved in the research will be able to access this information. None of the information you give me will be shared with providers at the clinic, your family members or anyone else outside of this research project, your name will not be used in any written reports or articles that result from this project.

Research-related Injury: Due to the nature of the research there is no anticipated risk for injury related to research. No compensation will be made for such claims.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher Brian Ngobese (cell no. 073 9983 639), my supervisor Dr Maharaj (tel no 031 3732514.) and Dr Ngobese-Ngubane (tel no. 031 3732 484) or the Institutional Research Ethics administrator on 031 -373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za



Indikimba A2: Incwadi yolwazi ngokuzibandakanya (IsiZulu)

Isihloko socwaningo: Imibono noluvo ngendlela eziphatheka ngayo iziguli ezihambela ngokubuyela njalo njalo umtholampilo womphakathi wezeHomoeopathy.

Umcwaningi omkhulu: Mnz VNB Ngobese, B Tech: Homeopathy

Umhloli omkhulu: Dkt M. Maharaj, M. Tech: Homoeopathy

Isekela likamhloli: Dkt J.C. Ngobese-Ngubane, M. Tech: Homoeopathy

Isingeniso kaye nenjongo yalolucwaningo: IHomoeopathy eNigizimu Afrika igunyaziwe futhi isemthethweni ukuba ilaphe ibhekene nezindingongqangi zempilo zeziguli. Lendlela yokwelapha ngemvelo ilawulwa futhi ingaphansi kwemigomo nemiyalelo yemigudu ngokwe Allied Health Professional Council of South Africa. IHomoeopathy izimele ayikakabi ngaphansi kohla lwezokulapha lukahulumeni; Ucwano lwasendaweni luyatshengisa ukuthi lubalulekile kakhulu futhi lunenzuzo enkulu kwezokuhlenga impilo. Ucwano selukelenziwa ukuba luthole ukuthi Ingabe iziguli nomphakathi ucabangani ngaloluhlobo lwezempilo. Senza Ucwano ukuba sithole ngokubanzi ukuba iziguli zakulomtholampilo Ukuba Nesibindi wezeHomoeopathy ukuthi kungani ziwuhambela lomtholampilo. Sifuna ukuthola indlela ezisizwa ngayo, aziphathe ngayo ngemibono nemicabango yazo mayelana nalomtholampilo. Sifuna ukuthola ukuthi kungai siwuhambela kangaki lomtholampilo –noma kungani zibuya njalo njalo kulomtholampilo ukuzothola usizo lwezempilo.

Indlela uhlelo oluzohamba ngayo: Sicela imizuzu engu 15 yokukhulumisana ngemibuzo mpendulo. Imibuzo mpendulo iyokwenzelwa khona kulomtholampilo lunhcc. Iziguli ziyobuzwa ngeSiNgisi noma ngeSiZulu kuyoya ngokuthi zikhetha luphi ulwimi. Lemibuzompendulo iyokwenziwa ngendlela ehlelekile futhi ekhululekile njengengxoxiswano. Siyokhuluma ngemibono yakho, imicabango yakho nganye nangendlela abakuphatha ngayo kulomtholampilo. Ngemvume yakho, siyacela ukuyiqopha lengxoxiswano kusiqophamazwi. Lesiqophamazwi siyosetshenziselwa Ucwano kuphela. Angeke kusakazwe lokho ukukhulumile ngaphandle kocwano.

Risks or Discomforts to the Participant: Abukho ubungozi nengcuphephe eyaziwayo ngokuzibandakanya kulolucwano.

Inzuzo: ulwazi oluyothakala kulolucwano emveni kemibuzo mpendulo luyosiza ekuphuculeni indlela iziguli ezinakekelwa ngayo kulomtholampilo.

Izizathu zokushiya Ucwano kothe wazibandakanya: Uvumelekile ukuphuma ocwano emveni noma inini ngaphandle kwesijeziso. Umcwaningi angakumisa kulolucwano uma ebona ukuthi kangcono

ukwenza njalo ukusiza wena. Zonke iziguli ezizibandakanyayo zingakhetha ukuyeka nanoma inini naphakathi kwemibuzo mpendulo, futhi lokho akunamiphumela emimbi eyovelela lowo okhetha ukuyeka.

Inani nokubiza kwalolucwaningo: Akukhokhwa mali futhi awulindelekile ukuba ukhokhe ngokuzibandakanya kulolucwaningo kumahala.

Ukuphepha nefihlo: Iminigwane yakho iyimfihlo engenakudalulwa nanoma inini. Imininingwane yemibuzompendulo kanye nesiqophamazwi siyobekwa endaweni ephephile ngumcwaningi kuzekuphele. Ucwaningo bese sibekwa egunjini lwezocwaningo esikhungweni sezemfundo ephakeme iDurban University of Technology, ngaphansi komnyango wezeHomoeopathy beselushatshalaliswa noma lubhubhiswe emvakweminyaka eyisihlanu. Abantu abayingxenywe yalolucwaningo kuphela abayokubanaleminingwane. Akukho mininingwane eyodluliselwa kwabanye abangaphandle nabangaphakathi kulomtholampilo ngisho namalungu ondeni wakho imbala, Akukho ngamunye ngaphandle kwalabo ababandakanyeka kulolucwaningo. Igama lakho aliyikusetshenziswa nakanye kwimibhalo eshicilelweyo kanye nakumibiko eyophuma kulolucwaningo.

Ubungozi ngenxa yocwaningo: Ngenxa yendlela yalolucwaningo Abukho ubungozi obulindelekile nakulimala okulindelekile ngenxa yokuzibandakanya. Akukho nkokhelo eyokhishwa kulabo abakhala ngesimo esinjalo.

Bantu ongaxhumana nabo uma Kukhona ofuna ukukubuza noma uma kubanenkinga:

Uyacelwa ukuba uthinte umcwaningi: Brian Ngobese (cell no. 073 9983 639), umhloli omkhulu Dkt. Maharaj (inombolo yocingo 031 3732514.) no Dkt. Ngobese-Ngubane (inombolo yocingo. 031 3732 484) noma Institutional Research Ethics administrator on 031 -373 2900. Izikhalazo ungazidlulisela ku DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za



Appendix B1: Consent in English

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (Brian Ngobese), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

| | | | |
|--|-------------|-------------|--------------------------|
| _____ | _____ | _____ | _____ |
| Full Name of Participant Thumbprint | Date | Time | Signature / Right |

I, _____ (Brian Ngobese) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

| | | |
|--------------------------------|-------------|------------------|
| _____ | _____ | _____ |
| Full Name of Researcher | Date | Signature |

| | | |
|---|-------------|------------------|
| _____ | _____ | _____ |
| Full Name of Witness (If applicable) | Date | Signature |

| | | |
|--|-------------|------------------|
| _____ | _____ | _____ |
| Full Name of Legal Guardian (If applicable) | Date | Signature |



Appendix B2: Isivumelwano

Isivumelwano sokuba yinxenye yocwaningo

- Nginesiqiniseko sokuthi umcwaningi _____ uBrian Ngobese ungazisile ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo – Research Ethic Clearance Number: _____,
- Ngitholile, ngafunda futhi ngaqonda ulwazi olubhalwe ngaphezulu oluchaza kabanzi ngalolucwaningo.
- Ngiyazi ukuthi imiphumela yalolucwaningo, ebandakanya imininingwane yami, ubulili, iminyaka, usukulwami lokuzalwa, iziqalo zamagama kanye nokugula kwami angeke kuvezwe kwimiphumela yalolucwaningo.
- Ngokubheka izinto ezidingwa yilolucwaningo, ngiyavuma ukuthi ulwazi oluzotholakala umakwenziwa lolucwaningo lucubungulwe ngengqondomshini ngumcwaningi.
- Ngingayeka ukubayinxenye yalolucwaningo noma inini, ngingasavumi ukubayinxenye.
- Ngilitholile ithuba elanele lokubuza imibuzo futhi ngilungele ukuba yinxenye yalolucwaningo.
- Ngियाqonda ukuthi ulwazi olusha oluzotholakala ngizonikezwa ngokuba ngibeyinxenye yalolucwaningo.

Igama

usuku

isikhathi

uphawu lwesivumelwano

Mina _____ u (Brian Ngobese) ngiyaqinisekisa ukuthi ngiludlulsile ulwazi olugcwele ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo.

Igama lomcwaningi

usuku

uphawu lwesivumelwano

Igama lofakazi

usuku

uphawu lwesivumelwano

Appendix C1: UNHCC Consent form- English version



IFOMU LESIGULI LESIVUMELWANO PATIENT CONSENT FORM

PLEASE READ AND FILL IN THIS FORM.

DATE:/...../20.....

TITLE: DR./ MR./MRS./MS./MASTER/PASTOR (please circle)

Gender: Male / female (Please circle)

SURNAME: FIRST NAMES:

DATE OF BIRTH:..... IDENTITY NUMBER:.....

CONTACT DETAILS:(TEL.).....(CELL)..... (WORK).....

POSTAL

ADDRESS:.....AREA.....CODE.....

TO BE COMPLETED BY THE PARENT/ LEGAL GUARDIAN IN THE CASE OF PATIENTS UNDER THE AGE OF 18 YEARS:

I hereby give consent for.....who is a minor, to be examined and treated at Ukuba Nesibindi homoeopathic community clinic.

NAME OF PARENT/ GUARDIAN:.....

RELATIONSHIP OF PARENT/ GUARDIAN TO MINOR:.....

SIGNATURE OF PARENT/GUARDIAN:

PLEASE READ AND SIGN THE FOLLOWING:

AS A PATIENT AT THIS CLINIC, I UNDERSTAND THAT I AM ATTENDING A TEACHING INSTITUTE. I HEREBY GIVE PERMISSION TO ALLOW CLINICAL OBSERVATION AND DIAGNOSIS TO BE PERFORMED AS WELL AS TREATMENT TO BE PRESCRIBED FOR MYSELF BY A SENIOR HOMOEOPATHIC STUDENT PRACTITIONER, SUPERVISED BY A QUALIFIED AND REGISTERED HOMOEOPATHIC CLINICIAN. I ALSO GIVE CONSENT TO DATA OBTAINED FROM MY FILE BE USED IN CASE OF RESEARCH PURPOSES, HOWEVER NO DISCLOSURE OF PERSONAL DETAILS AND CONFIDENTIALITY MUST BE MAINTAINED AT ALL TIMES ACCORDING TO ALL REGULATIONS, ETHICAL CODE OF CONDUCT AND BY LAW.

SIGNATURE:DATE:.....

PARENT/ GUARDIAN.....(IF PATIENT IS UNDER 18 YEARS)

Appendix C2: UNHCC Consent form- IsiZulu version



UKUBA NESIBINDI
HOMOEOPATHIC COMMUNITY
CLINIC-WARWICK JUNCTION

HOMOEOPATHY DEPARTMENT

[DUT]-11 RITSON ROAD, BEREA,
DURBAN, 4001
P.O. BOX 953, DURBAN, 4001
TEL: (031) 373 2041
FAX: (031) 202 3002

IFOMU LESIGULI LESIVUMELWANO

SICELA UFUNDISE LELIFOMU BESE ULIGCWALISA NGOKUFANELEKILE.

USUKU:/...../20.....

Dkt./ Mnu./Nkz./Nks/uMASTER/uMfundisi (sicela uzongeleze)

UBULILI: Owesilisa / owesifazane (Sicela uzongeleze)

ISIBONGO:AMAGAMA:

USUKU LOKUZALWA:..... INOMBOLO KAMAZISI:.....

IMININGWANE YOKUXHUMANA:(UCINGO.).....(I-CELL).....
(EYOMSEBENZI).....

IKHELI

LEPOSI:.....INDAWO.....IKHODI.....

**LENGXENYE KUMELE IGCWALISWE UMZALI NOMA UMBHEKI OSEMTHETHWENI
WONTWANA LAPHO ISIGULI SINEMINYAKA ENGAPHANSI KWENGU 18 UBUDALA:**

Lapha nginikeza igunya nemvume ka.....omununcane
ngokweminyaka ngokomthetho ukuba azimele ukugunyaza ukuba ahlolwe futhi axilongwe
kulomtholampilo Ukuba Nesibindi homoeopathic community clinic.

IGAMA LOMZALI/ UMBHEKI:.....

UBUDLELWANE BOMZALI/ UMBHEKI NOMNTWANA:.....

UPHAWU LWESIVUMELWANO LUKAMZALI/UMBHEKI:

SICELA UFUNDE LENDIMA ELANDELAYO BESE USAYINA NGOKUFANELEKILE:

NJENGESIGULI KULOMTHOLAMPILO, NGIYAQONDA UKUTHI NGIHAMBELA ISIKHUNGO
SEZEMPUNDO. LAPHA NGINIKEZA IGUNYA LOKUGUNYAZA UKUFUNDA KWABAFUNDI ABENZA
IZINGA LESINE KANYE NELESIHLANU NGEZEMPILO NOKUCWANINGA OKUFANELEKILE
NOKUBHEKISISA KANYE NOKUHLOLA BAVEZE LOKHO OKUYIMBANGELA YOKUGULA KWAMI, BESE
BENGINIKEZA LAWOMAKHAMBANI NEMITHI EFANELEKILE UKWELAPHA UKUGULA KWAMI,
BEKWENZA LOKHU NGAPHANSI KOMHLOLI NOMQAPHI ONEZIQU NOKUGOGODELE
WAKUBHALISELA UKWELAPHA NGENDLELA YEHOMOEOPATHY. NGIYAGUNYAZA
UKUSETSHENZISWA KWEMININGWANE YAMI ESEFAYELINI LAMI EZIMWENI ZOCWANINGO KEPHA
KUNGADALULWA IGAMA NESIBONGO, NOMAZISI, NEKHELI KANYE NEZINOMBOLO ZAMI ZOCINGO,
FUTHI KUGWENYE UKUDALULWA MFIHLO NGAMI NJENGALOKHU UGAQO SISEKELO
WAMALUNGELO OMTHETHO ESHO.

UPHAWU LWESIVUMELWANO:USUKU:.....

UPHAWU LWESIVUMELWANO LUKAMZALI/UMBHEKI:



Appendix D (I) Permission Application Letter to use UNHCC–HOD LETTER

1 Datchet Place
New Germany
3610

Faculty of Health Sciences
Homoeopathic Department
Head of Department
P.O. BOX 1334
Durban, 4000

Dear Head of Department

Permission Application Letter to use the Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC)

Thank you for reading this letter. My name is Mr Nhlakanipho Brian Ngobese (20926660). I am currently registered for M. Tech. Homoeopathy and I am requesting to conduct my research study at the Homoeopathic Day Clinic (HDC). The title of my study is: **Experiences of returning patients at a Homoeopathic Community Clinic.**

Outline of the Procedures: A log book with all the cases from the clinic will be used to select cases with patients who have had more than 4 follow up consultations at the UNHCC. Only the cases of patients who have attended UNHCC for these number of times or more of the follow up consultation will be selected. Patients will then be contacted telephonically to request their permission to participate in a semi-structured interview. A set of questions will be drawn to facilitate effective data collection.

Ethics & Confidentiality

Anonymity and confidentiality will be maintained by the overall clinic consent. The UNHCC patient files are subject to routine privacy legislation each respective patient's identity will be protected, Data capturing will take place at the UNHCC site and files will not be copied or removed from their routine place of secure storage. The researcher and the head clinician at UNHCC will be the only researchers who access the files accordingly.

Yours sincerely.

Mr Nhlakanipho Brian Ngobese (20926660)-Researcher: 073 9983 639

Dr. J. Ngobese-Ngubane (Supervisor) – 031 373 2484 (jabulilen@dut.ac.za)

Dr. Madhu Maharaj (Co-supervisor) Telephone no: 031 373 2481 (madhum@dut.ac.za)



Appendix D (2): Permission Application Letter to use Homoeopathic Day Clinic (HDC)-

Homoeopathic Clinic Director & Coordinator:

1 Datchet Place
New Germany
3610

Faculty of Health Sciences Clinic Director &
Homoeopathic Day Clinic Coordinator
P.O. BOX 1334
Durban
4000

Dear Dr Nienaber and Dr Korporaal

Permission Application Letter to use the Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC)

Thank you for reading this letter. My name is Mr Nhlakanipho Brian Ngobese (20926660). I am currently registered for M. Tech. Homoeopathy and I am requesting to conduct my research study at the Homoeopathic Day Clinic (HDC). The title of my study is: **Experiences of returning patients at a Homoeopathic Community Clinic.**

Outline of the Procedures: A log book with all the cases from the clinic will be used to select cases with patients who have had more than 4 follow up consultations at the UNHCC. Only the cases of patients who have attended UNHCC for these number of times or more of the follow up consultation will be selected. Patients will then be contacted telephonically to request their permission to participate in a semi structured interview. A set of questions will be drawn to facilitate effective data collection.

Ethics & Confidentiality

Anonymity and confidentiality will be maintained by the overall clinic consent. The UNHCC patient files are subject to routine privacy legislation each respective patient's identity will be protected, Data capturing will take place at the UNHCC site and files will not be copied or removed from their routine place of secure storage. The researcher and the head clinician at UNHCC will be the only researchers who access the files accordingly.

Yours sincerely

Mr Nhlakanipho Brian Ngobese (20926660)-Researcher: 073 9983 639

Dr. J. Ngobese-Ngubane (Supervisor) – 031 373 2484 (jabulilen@dut.ac.za)

Dr. Madhu Maharaj (Co-supervisor) Telephone no: 031 373 2481 (madhum@dut.ac.za)



Appendix D (3): Permission Application Letter to use Homoeopathic Day Clinic (HDC)-

UNHCC: Head Clinician

1 Datchet Place
New Germany
3610

Faculty of Health Sciences
Homoeopathic department
UNHCC Head Clinician
P.O. BOX 1334
Durban, 4000

Dear Dr Ngobese-Ngubane

Permission Application Letter to use the Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC)

Thank you for reading this letter. My name is Mr Nhlakanipho Brian Ngobese (20926660). I am currently registered for M. Tech. Homoeopathy and I am requesting to conduct my research study at the Homoeopathic Day Clinic (HDC). The title of my study is: **Experiences of returning patients at a Homoeopathic Community Clinic.**

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Ethics & Confidentiality

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Yours sincerely.

Mr Nhlakanipho Brian Ngobese (20926660)-Researcher: 073 9983 639

Dr. J. Ngobese-Ngubane (Supervisor) – 031 373 2484 (jabulilen@dut.ac.za)

Dr. Madhu Maharaj (Co-supervisor) Telephone no: 031 373 2481 (madhum@dut.ac.za)



Appendix D (4): Permission Application Letter to use access patients' files (HOD)

1 Datchet Place
New Germany
3610

Faculty of Health Sciences
Homoeopathic department
UNHCC Head Clinician
P.O. BOX 1334
Durban
4000

Dear Dr Naude

Permission Application Letter to access patients file for my reseach study.

Thank you for reading this letter. My name is Mr Nhlakanipho Brian Ngobese (20926660). I am currently registered for M. Tech. Homoeopathy and I am requesting to access patients' files for my research study at the Homoeopathic Day Clinic (HDC). The tittle of my study is: Experiences of returning patients at a Homoeopathic Community Clinic.

Outline of the Procedures: A log book with all the cases from the clinic will be used to select cases with patients who have had more than 4 follow up consultations at the UNHCC. Only the cases of patients who have attended UNHCC for these number of times or more of the follow up consultation will be selected. Patients will then be contacted telephonically to request their permission to participate in a semi structured interview. A set of questions will be drawn to facilitate effective data collection.

Ethics & Confidentiality

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Yours sincerely.

Mr Nhlakanipho Brian Ngobese (20926660)-Researcher: 073 9983 639

Dr M Maharaj (Supervisor) – 031 373 2481 (madhum@dut.ac.za)

Dr. J C Ngobese-Ngubane (Co-Supervisor) Telephone no: 031 373 2484 (jabulilen@dut.ac.za)



Appendix D (5): Permission Application Letter to access patients' files (Dean)

1 Datchet Place
New Germany
3610

Faculty of Health Sciences
Durban
4000

Dear Prof Sibiya

Permission Application Letter to access patients file.

Thank you for reading this letter. My name is Mr Nhlakanipho Brian Ngobese (20926660). I am currently registered for M. Tech. Homoeopathy and I am requesting to access patients' files for my research study at the Homoeopathic Day Clinic (HDC). The title of my study is: Experiences of returning patients at a Homoeopathic Community Clinic.

Outline of the Procedures: A log book with all the cases from the clinic will be used to select cases with patients who have had more than 4 follow up consultations at the UNHCC. Only the cases of patients who have attended UNHCC for these number of times or more of the follow up consultation will be selected. Patients will then be contacted telephonically to request their permission to participate in a semi structured interview. A set of questions will be drawn to facilitate effective data collection.

Ethics & Confidentiality

Anonymity and confidentiality will be maintained by the overall clinic consent. The UNHCC patient files are subject to routine privacy legislation each respective patient's identity will be protected, Data capturing will take place at the UNHCC site and files will not be copied or removed from their routine place of secure storage. The researcher and the head clinician at UNHCC will be the only researchers who access the files accordingly.

Yours sincerely.

Mr Nhlakanipho Brian Ngobese (20926660)-Researcher: 073 9983 639

Dr M Maharaj (Supervisor) – 031 373 2481 (madhum@dut.ac.za)

Dr. J C Ngobese-Ngubane (Co-Supervisor) Telephone no: 031 373 2484 (jabulilen@dut.ac.za)



Appendix D (6): Permission Application Letter to access patients' files

1 Datchet Place
New Germany
3610

DVC OF RESEARCH, INNOVATION AND ENGAGEMENT
Durban University of Technology
Durban
4000

Dear Prof Moyo

Permission Application Letter to access patients file.

Thank you for reading this letter. My name is Mr Nhlakanipho Brian Ngobese (20926660). I am currently registered for M. Tech. Homoeopathy and I am requesting to access patients' files for my research study at the Ukuba Nesibindi Homoeopathic Clinic (HDC). The title of my study is: Experiences of returning patients at a Homoeopathic Community Clinic.

Outline of the Procedures: A log book with all the cases from the clinic will be used to select cases with patients who have had more than 4 follow up consultations at the UNHCC. Only the cases of patients who have attended UNHCC for these number of times or more of the follow up consultation will be selected. Patients will then be contacted telephonically to request their permission to participate in a semi structured interview. A set of questions will be drawn to facilitate effective data collection.

Ethics & Confidentiality

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Yours sincerely,

Mr Nhlakanipho Brian Ngobese (20926660)-Researcher: 073 9983 639

Dr M Maharaj (Supervisor) – 031 373 2481 (madhum@dut.ac.za)

Dr. J C Ngobese-Ngubane (Co-Supervisor) Telephone no.0313732482 (jabulilen@dut.ac.za)

Appendix E: Editing Quotation

QUOTATION

Rookmoney Thakur
Btech: Journalism, M.Phil: Quality Management
Ph.D candidate (DUT)

92 Victoria Road
Hillary/Durban 4094
031-464 5041/078-544 2461

Email: maleni.thakur@gmail.com

LETTER TO SUPERVISOR AND QUOTATION

Date: 01 December 2017

For: Mr Nhlakanipho Brian Ngobese (20926660)

Re: Proofreading and editing of M. Tech: Hon dissertation.


I proof-read, language edit, reference edit, layout edit and meaning edit i.e. change wording to sharpen and/or clarify the meaning of sentences as appropriate. I am presently pursuing a doctorate degree at the Durban University of Technology (D.Phil.: Peace Studies). My first degree, which I obtained at DUT, was a Nat.Dip: Journalism (1995). I obtained a B.Tech: Journalism (2011). I went on to complete an M.Phil. Quality Management (2016). I was employed as a writing tutor at DUT (M.L Sultan Campus) for the year 2015.

My rate is calculated per received page (12 pt. font; 1.5-line spacing) including the front pages but excluding appendixes and is R20 per page, including the List of References.

Quotation for the services rendered to Mr Ngobese is **R1 440.00** (72 pages @ R20).

Should you have any enquiries please feel free to contact me.

Best Regards



Mrs. R. Thakur

Appendix F1: Semi structured interview guide- English

RUBRIC FOR RECORDING OF DATA FROM CASE FILES

| | |
|----------------------------------|--|
| File number | |
| Date of all consultations | |
| Patient age | |
| Patient gender | |
| Description of complaint | |
| Clinical diagnosis of complaint | |
| Description of patient's answers | |

Grand tour question

What are the experiences of returning patients for four or more follow-up consultations at UNHC with regard to the care they received?

Probing questions

Additional questions based on the responses of the participants including the following:

1. What is your knowledge of homoeopathy?
2. What is your reason for accessing homoeopathy?
3. Why do you continue to come back for your follow-up at Ukuba Nesibindi homoeopathic clinic?

How is UNHC relatively different from conventional primary health care?

Appendix F2: Imininingwane ngemibuzo nkulumo yenhlobo: ngeSiZulu

RUBRIC FOR RECORDING OF DATA FROM CASE FILES

| | |
|----------------------------------|--|
| File number | |
| Date of all consultations | |
| Patient age | |
| Patient gender | |
| Description of complaint | |
| Clinical diagnosis of complaint | |
| Description of patient's answers | |

Ngabe yini imbangela yokuba ubuye uzobona odokotela be Homoeopathy izikhawu ezine noma ngaphezulu kulandela impatho oyitholayo kubo?

Imibuzo

Imibuzo ezokwengezwa ngokuphendula kwababamba iqhaza ilena elandelayo:

1. Iluphi ulwazi onalo nge homoeopathy?
2. Isiphi isizathu esibangela ukuba usebenzise ihomoeopathy?
3. Isiphi isizathu esidala ukuba uqhubeke ubuye ngesikhathi esizayo ukuzobona odokotela be Homoeopathy, ngenhloso yokulandelela inqubekela phambile esimweni sempilo obufike uyiso esikhathini esidlulile uqala ukufika?
4. ihluke ngani impatho yodokotela behomoeopathy uyiqhathanisa nezempilo ezejwayeleke ukusetshenziswa emitholampilo egunyazwe ngu Hulumeni.

Appendix G: ETHICS CLEARANCE



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
3rd Floor, Serway Centre
Gate 1, Steve Biko Campus
Durban University of Technology

P.O. Box 1334, Durban, South Africa, 4001

Tel: 031 370 2375

Email: irahs@dur.ac.za

http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

3 October 2017

IREC Reference Number: REC 71/17

Mr V N B Ngobese
1 Datchet Place
New Germany
3610

Dear Mr Ngobese

Experiences of returning patients at a Homeopathic Community Clinic

The Institutional Research Ethics Committee acknowledges receipt of your final data collection tool for review.

We are pleased to inform you that the questionnaire has been approved. Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letters.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Yours Sincerely,



Professor J K Adam
Chairperson: IREC

