

**A Survey to Determine the Perceptions of
Nurses in the eThekwinini Region
Towards Homeopathy**

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A Survey to Determine the Perceptions of Nurses in the eThekwin Region Towards Homeopathy

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Master's Degree in Technology: Homeopathy.

I, Kirasha Allopi, declare that this dissertation represents my own work in both
conception and execution.

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DEDICATION

I dedicate this dissertation to my parents Dhiren Allopi and Shirley Allopi for their continuous support, love, care and understanding. Words cannot express my gratitude to you both.

Dad, Thank you for teaching me that hard work always brings success and for always going that extra mile for me.

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“Each day I celebrate being a nurse. As a women’s health care nurse practitioner I liked my work, but as an alternative healer, practising homeopathy and therapeutic touch I have found my calling.”

-Margaret Easter

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ABSTRACT

A survey method was employed to investigate the perceptions of nurses in eThekweni towards homeopathy. The aim of this study was to answer the following questions:

- What does the nursing community in the eThekweni region know of homeopathy?
- Does homeopathy have a role to play in a hospital setting in the context of South Africa?

The study population was all nurses with 5 years experience or more working in hospitals in the eThekweni region. The sample was drawn from 6 public and 5 private hospitals and included staff nurses and professional nurses. A total of 330 questionnaires were distributed and a total of 200 questionnaires were returned (60.6%). A total of 93 nurses (46.5%) responded from the public sector and 107 nurses (53.5%) from the private sector.

The study was carried out using a questionnaire as a measuring tool.

The data was analysed using descriptive statistics using frequency tables and bar charts. The Pearson's Chi Square Test was used on selected data.

The majority of respondents were female (94%) and were between the ages of 26-35 and 36-45 years. Most of the respondents had been practising for 6-10 years and 11-15years.

19% of the total number of respondents had never heard of homeopathy and 10% indicated that they were quite familiar with the homeopathic profession. Of those respondents who had never heard of homeopathy, 71.1% were in the public sector and 28.9% in the private sector. Of those respondents who answered that they were quite familiar with homeopathy, 14.3% were in the public sector and 85.7% in the private sector.

With regards to legitimacy of homeopathy most nurses working in the private hospitals (60.1%) perceived homeopathy to be a legitimate form of health care as compared to nurses working in public hospitals (39.9%).

Generally, both groups considered communication and co-operation with homeopaths to be very poor. In total 79.49% of respondents said it would be beneficial to improve communication between the professions.

The majority of respondents (70.06%) perceived that homeopathy does have a role to play in a hospital setting. Only 29.94% of respondents perceived that homeopathy had no role to play in a hospital setting. This indicates that many respondents perceive that integrated medicine is needed in a hospital setting.

This study reveals that the respondents had a positive view of homeopathy in general, and were open to learning more about it, and to cooperate with homeopaths. The finding that knowledge of homeopathy is low, and communication between the two professions is poor, can be addressed through suitable publicity and education programmes.

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DEFINITION OF TERMS

Alternative medicine

“Practices used instead of standard medical treatments. Alternative medicine is distinct from complementary medicine which is meant to accompany, not to replace, standard medical practices.”

(http://www.medicinenet.com/alternative_medicine/glossary.htm, nd)

Complementary medicine:

“A group of diagnostic and therapeutic disciplines that are used together with conventional medicine.”

(http://www.medicinenet.com/alternative_medicine/glossary.htm, nd)

Homeopathy

“The term homeopathy comes from the Greek *homoios* (“similar”) and *pathos* (“suffering” or sickness”). The fundamental law upon which homeopathy is based is the *LAW OF SIMILARS* or “like is cured by like”. Homeopathy seeks to cure in accordance with natural laws of healing and uses medicines made from natural substances: animal, vegetable and mineral.”

(Panos and Heimlich, 1983)

Allopathic medicine

“The treatment of disease using conventional evidence-based medical therapies, as opposed to the use of alternative medical or non-conventional therapies.”

(<http://www.en.wikipedia.org/wiki/allopathic-medicine>, 2008)

CHAPTER 1

INTRODUCTION

The last decade of the twentieth century has been witness to the transition of health care from the predominant biomedical system to the exploration, validation and use of healing systems grounded in many perspectives and world views (Sherman, 2000).

Homeopathy, a holistic medical system developed two centuries ago by the German physician Samuel Hahnemann is finding global acceptance as an effective healing method though conventional medicine still views it with scepticism (Alternative Medicine News, 2005).

Currently more than 500 million people in the world have received homeopathic treatment for their illnesses. The World Health Organization has recommended that homeopathy be integrated into conventional medical practices so that health care demands worldwide will be met by the early twenty-first century (Alternative medicine – Homeopathy, Naturopathy, Acupuncture, Chiropractic, Massage Therapy, Reflexology and Yoga, n.d).

The establishment of a new synergistic type of health care can be achieved by means of co-existence with traditional and modern medicine complementing each other as two independent sections of health care each respecting each other, or by integration of traditional medicine into the official

health care system. In any case, co-operation between the different elements of health care provision is inevitable in a changing South Africa (Van Rensburg *et al*, 1992). This gives the homeopathic profession in South Africa an excellent opportunity to be further integrated into the health care system. With increasing awareness among health care professionals and popularity with the public, homeopathy could eventually be incorporated into mainstream health care (Maharajh, 2005).

In South Africa homeopathy has had a difficult time gaining formal recognition and still plays a rather peripheral role in the medical health structure. Caldis (2000) gives a synopsis of the legal history of homeopathy. In 1974 a window period of six months was granted during which the registration under the Chiropractors, Homeopaths, Naturopaths, Osteopaths and Herbalists Act (Act 52) was possible. At the end of this period the register was officially closed, meaning that existing practitioners remained registered but no new registration was possible. The register was reopened in 1985, the year in which the homeopathic profession was granted the right to train and register new practitioners under the SA Associated Health Service Professions Act 63 of 1982. Homeopathy now falls under one of the four professional boards of the Allied Health Professions Council of South Africa (AHPCSA). In order to practice their profession practitioners need to register with the council (Caldis, 2000).

The increasing popularity of complementary and alternative medicine reflects changing needs and values in modern society in general. Patients are concerned about the skyrocketing cost of conventional health care and are fuelling the search for alternative approaches to the prevention and management of illness. Also patients are dissatisfied with conventional medicine because of its adverse effects (Pal, 2005). Most people are now combining conventional medicine and alternative treatments in their search for better health and wellness. The need of a health care system which promotes “wellness” which holistically defined not only entails the absence of disease but also a positive state of well being which embraces the physical, mental, emotional and spiritual aspects of health is essential in modern day society (Pretorius, 1993).

The nursing profession is in an excellent position to promote “wellness” as defined above. The goal of nursing is to restore, maintain and advance the health of individual groups and entire communities. They care for individuals at all stages of the life cycle and in all states of health from normal functioning to crisis (College of Nurses of Ontario, 2007). They are the largest group of health care workers in a hospital setting, so can have considerable influence in that setting. In order to gain acceptance and assess awareness of health care professionals meaningful research has to be conducted. This study aims to contribute to this task by evaluating by means of a questionnaire the perceptions of homeopathy among nurses in the eThekweni region. This is the first time such a study is being conducted in eThekweni, and in South Africa as a whole.

1.1 Aim

The aim of this study is to answer the following questions:

- What does the nursing community in the eThekwinini region know of homeopathy?
- Does homeopathy have a role to play in a hospital setting in the context of South Africa?

1.2 Objectives

- To assess the perceptions nurses have regarding homeopathy.
- To assess the need for an educational programme on homeopathy for nurses.

1.3 Rationale

- No survey assessing the perceptions of staff nurses and professional nurses in the eThekwinini region has previously been conducted.
- To provide clear reliable information rather than speculation on the current perceptions of homeopathy by hospital nurses in the region.
Such information may contribute to increasing awareness and creating a more positive outlook towards homeopathy.
- To build on the perception studies conducted by Daphne (1997) of pharmacists, Wortmann (1997) and Turner (2005) of veterinarians , Sukdev (1997) of general practitioners and Maharajh (2005) of general

practitioners and pharmacists. This study will contribute to a greater understanding of how health care professionals as a category view homeopathy.

- To contribute to the integration of complementary and conventional medicine in South Africa and in this way assist in the establishment of a health care system suitable to our diverse country.

1.4 Hypotheses

1.4.1 Hypothesis 1: The association between nurses working in different wards and their overall perceptions of homeopathy.

H₀: There is no difference amongst nurses working in different wards regarding their perceptions of homeopathy.

H_a: There is a difference amongst nurses working in different wards regarding their perceptions of homeopathy.

1.4.2 Hypothesis 2: The perception of nurses is that homeopathy is not a valid health delivery system.

H₀: The perceptions of nurses is that homeopathy is not a valid health care delivery system.

H_a: The perceptions of nurses is that homeopathy is a valid health care delivery system.

1.4.3 Hypothesis 3: The association between the age group of nurses and their overall perception of homeopathy.

Ho: There is no difference between age group of nurses and overall perception of homeopathy.

Ha: There is a difference between age group of nurses and overall perception of homeopathy.

1.4.4 Hypothesis 4: The association between the different ethnic backgrounds of nurses and their overall perception of homeopathy.

Ho: There is no association between ethnic backgrounds of nurses and their overall perception of homeopathy.

Ha: There is an association between ethnic backgrounds of nurses and their overall perception of homeopathy.

1.4.5 Hypothesis 5: The association between the duration of practice of nurses and their perception of the skills of homeopaths.

Ho: There is no relationship between the duration of practice of nurses and their overall perception of homeopathy.

Ha: There is a relationship between the duration of practice of nurses and their overall perception of homeopathy.

1.4.6 Hypothesis 6: The association between staff nurses and professional nurses and their perception of homeopathy.

Ho: There is no difference between staff nurses and professional nurses and their overall perceptions of homeopathy.

Ha: There is a difference between staff nurses and professional nurses and their overall perceptions of homeopathy.

1.4.7 Hypothesis 7: The association between nurses working in public and private wards and their overall perception of homeopathy.

Ho: There is no difference between nurses working in private and public hospitals and their overall perceptions of homeopathy.

Ha: There is a difference between nurses working in private and public hospitals and their overall perceptions of homeopathy.

CHAPTER 2

REVIEW OF THE RELATED LITERATURE

2.1 Overview

At the dawn of the 21st century, health promotion and complementary and alternative medicine (CAM) are on the threshold of exciting new developments. CAM appears to be increasingly popular with the public and to be gaining credibility within biomedical health care (Hill, 2003). The popularity of complementary and alternative medicine has increased enormously in most countries during the past two decades. Homeopathy is one of the fastest growing complementary and alternative therapies and has been gaining much interest (Prinsloo, 2000).

In the context of South Africa, numerous studies (Daphne, 1997; Sukdev, 1997; Wortmann, 1997; Turner, 2005 and Maharajh, 2005) reveal the lack of knowledge of homeopathy among health care professionals and the need for co-operation between conventional and complementary therapists. It is evident that lack of awareness, poor knowledge and ineffective communication leads to much scepticism with regards to homeopathy. It is crucial that in an ever changing and dynamic country like South Africa health care professionals are educated about homeopathy.

This chapter reviews studies of homeopathic and complementary medicine, homeopathic integration and training.

2.2 Complementary and alternative medicine global trends and the place of homeopathy

Homeopathy is a system of medicine in which the defining characteristic of treatment is based on the similarity between the drug picture and the clinical presentation of the patient (*LAW OF SIMILARS*) (Swayne, 1998).

As the use of complementary and alternative medicine becomes more widespread it is important to understand the potential effects on diverse medical and health care systems. The term “unconventional therapies” used in the early 1990’s has evolved to “complementary and alternative therapies” which was adopted in the United States by the National Institutes of Health (NIH) in 1998 when it created the National Centre for complementary and alternative medicine (NCCAM). NCCAM defines CAM as a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine (National Centre for Complementary and Alternative Medicine, 2002).

However, studies show that complementary and alternative medicine is the fastest growing area in health care today (Steyer, 2001). The use of complementary therapies appear to be widespread in the U.S.A and even more so in Europe and Asia. Consumer surveys indicate that in the

Netherlands and Belgium the usage is as high as 60%, and in Great Britain 74% were willing to pay additional insurance premiums to cover complementary therapies. One complementary therapy, namely homeopathy, has grown in popularity especially in France (Spencer and Jacobs, 1999).

Over the past decade the status of complementary and alternative medicine in the United Kingdom has shifted to such an extent that therapies previously referred to as fringe, alternative or irrational are increasingly offered as integrated health care therapies (Rankin, 2004).

Complementary and alternative medicine therapies are also playing a major role in the health care of the American population. In 1997, an estimated 42 percent of the American population used some form of alternative therapy (Steyer, 2001). American health care providers are making more visits to complementary care than primary care providers. One system that has seen such increases in recognition and use is homeopathy (Mckay, 2007).

A survey was conducted at the IWK Centre, Halifax, NS, Canada, assessing the knowledge and attitudes of health professionals at a tertiary women's care facility towards CAM. Physicians, nurses and allied health professionals were surveyed. The findings suggest that health professionals : (1) are supportive of the use of selected CAM therapies by patients; (2) have almost no personal experience of CAM; (3) have limited knowledge of CAM and acquire that information from the internet, friends or family rather than professional journals; (4) are uncomfortable discussing CAM with their patients and; (5)

rarely or never asked patients about their CAM use (Brown *et al*, 2007). This survey reveals the limited knowledge and experience of CAM among health care professionals and the need for an education programme on CAM therapies.

Many people are combining conventional medicine and alternative treatments in their search for better health and wellness. The increasing demand for these treatments stems, in part, from the public's concerns regarding the accessibility of healthcare, its rising costs and the view that conventional medicine has of disease (Healing Choices, 2003). There is considerable interest in complementary and alternative medicine among primary health care professionals and many are already referring or supporting referrals. Such referrals are driven mainly by patient demand and by dissatisfaction with the results of conventional medicine. Incorporation of CAM into mainstream health care is increasing substantially and will soon with more patient referral be a popular, safe and effective form of healthcare worldwide (Fisher *et al*, 2004).

Nurses and medical practitioners are among several groups of clinicians expressing widespread interest in natural therapies. It is argued that the degree of natural therapy use and the attitudes of these practitioners towards natural medicine may not only influence patient exposure to these therapies, but also have some bearing on the future of natural medicine (Leach, 2004).

Wilkinson and Simpson (2001) conducted a survey amongst nursing, pharmacy and biomedical students' attitudes towards the use of complementary therapies using a self administered questionnaire. Results showed that students had favourable attitudes towards complementary therapies with 78% of them using complementary therapies within the past 12 months and 56% of which had visited a complementary medical practitioner (Wilkinson and Simpson, 2001).

Reilly suggests that for years surveys have pointed to a sizeable demand for homeopathy. When Lothian Health Board in Scotland opened a new homeopathic clinic, 40 % of GP's in Lothian had referred a patient within the first four weeks, and every practice has done so within 8 months, according to the British Homeopathic Association (Reilly, 2005).

Homeopathy is popular in France, England, Germany, Greece, India, Pakistan, Brazil, Argentina, Mexico and South Africa. Approximately 40% of the French public have used homeopathic medicines and 39% of French physicians have prescribed the medicines. 20% of German physicians occasionally utilize these medicines and 45% of Dutch physicians consider them effective (Ullman, 2005).

2.2.1 The need for integrative medicine

“Integrative medicine is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing” (The Consortium of Academic Health Centres for Integrative Medicine, 2005). In the light of increased utilization of complementary and alternative medicine in recent years there is an increased possibility that CAM approaches could prove to be important factors in public health, particularly if used within an integrative framework together with mainstream medicine (Giordano *et al*, 2003). Many people are turning towards alternative therapies in their search for an effective form of health care. Practitioners are now challenged to understand these therapies. Elliott suggests that new approaches to clinical care must be developed in a manner that can be easily integrated into clinical training and effectively assist the practitioner in meaningfully expanding his or her capacity to respond to the changing needs and demands of a diverse population of clients (Elliott, 1996). There is a definite need for research to explore the integration of conventional medicine and CAM approaches, as well as define mechanisms of CAM-based therapies to facilitate such integration (Giordano *et al*, 2003).

2.3 Complementary and alternative Medicine Trends in South Africa

2.3.1 Legislation

Complementary and alternative therapies which are generally associated with the holistic medical movement have gained increasing popularity in South Africa in the last decade or two (Pretorius, 1993).

Complementary and alternative medicine has progressed significantly after a long walk to recognition and acceptance. When one considers the status of complementary medicine in South Africa it becomes clear that this form of health care has progressed from being considered “deviant” to being legitimised (Van Rensburg, 2004). In 1974 the Mental, Dental and Supplementary Health Service Professions Act S6 only provided for Registration of practising practitioners, while no criteria were laid down for registration (Pretorius, 1993). The turning point of complementary medicine came in 1982. Legislation was accepted (Act 63 of 1982) which facilitated training into certain complementary therapies. In this regard South Africa set an example for other countries on respect to the process of legitimization of complementary medicine (Pretorius, 1993).

2.3.2 Public use of complementary medicine

A study was conducted by Singh, Naidoo and Harries (2004) on the prevalence, patterns of usage and peoples attitude towards complementary

and alternative medicine (CAM) among the Indian community in Chatsworth, South Africa. Face-to-face structured interviews were conducted in Chatsworth, a suburb of Durban in which the majority of residents are South Africans of Indian origin. Participants were 200 randomly selected adult English speaking residents. The prevalence of CAM usage for the period 2000/2001 was 38.5%. Spiritual healing and herbal/ natural medicines, including vitamins were the most common types of CAM used, accounting for 42.8% and 48.1% respectively of overall CAM usage. People used CAM to treat a variety of conditions including diabetes mellitus, headaches, arthritis and joint pains, stress, skin disorders, backaches, hypertension and nasal disorders. Half of the CAM users used allopathic medication concurrently. Greater than half (51.9%) of the CAM users were either advised by somebody to try the alternate product/treatment modality or were influenced by advertisements in the local newspapers, books or magazines. For 37.6% of CAM users, modern medicine brought some improvement in their condition but failed to cure the underlying problem. The concept that CAM was a safe and natural form of medicine was quoted by 23.4 % of respondents. Of the respondents that used CAM 14.3% expressed a preference for modern (allopathic) medicine, 51.9% preferred CAM and 32.5% choose to use both modern medicine and CAM. The prevalence of CAM in Chatsworth, South Africa is similar to findings in other parts of the world. According to Singh, Harries and Naidoo the findings support a need for greater integration of allopathic medicine and CAM, as well as improved communication between patients and caregivers regarding CAM usage.

A survey conducted by Moys (1998) on the perceptions of affluent White and Indian communities in the greater Durban area towards homeopathy revealed that more White people consulted a homeopath than Indian people but the majority in both groups had very little knowledge of homeopathy. A stratified random sample of 500 Whites and 500 Indians were chosen from the Westville and Reservoir hills areas. 98.8% of people in Westville and 90.0% of people in Reservoir hills had knowledge of homeopathic treatment. The Westville group reported more experience of homeopathy, 39% had previously consulted a homeopath and 18.2% of people in Reservoir hills had previously consulted one. The results of this survey show that homeopathy does play an important role in the health care of a minority of White and Indian people, but few people know much about homeopathy and thus there is an urgent need to educate people on the benefits of homeopathic treatment.

2.3.3 Need for co-operation

Although long an integral part of health systems all around the globe, the relationship between public health and traditional or indigenous health practices has not often been a congenial or collegial one. It is critical that policymakers and public health personnel gain an understanding of the extent to which complementary and alternative health care forms an integral, albeit often marginal or marginalized, part of the public health apparatus at the disposal of any society (Silenzio, 2002). There is a definite need for inter-professional relationships to develop between the different health care

professionals. This development could lead to the production of a symbiosis among health professionals themselves but more importantly benefit the patients that they treat (Hunter, 2004).

2.4 Physicians and complementary medicine in South Africa

Sukdev conducted a study in 1997 entitled “The perception of medical practitioners with regards to complementary medicine in health care in South Africa”. 1000 questionnaires were sent to medical practitioners working in the central urban areas of Johannesburg, Cape Town, Durban, Bloemfontein, East London and Port Elizabeth. A response rate of 32.3% was obtained. 28.26% of the respondents incorporated complementary medicine in their practice. Of these, 13.59% used homeopathy in their practices. Of the practitioners that did not incorporate complementary medicine into their practices, the majority (52.48%) indicated that it was because they lacked knowledge in complementary medicine. 39.75% of respondents agreed that complementary medicine played an active role in the health care system in South Africa. 47.83% of respondents agreed that complementary medicine should be included in the syllabus for undergraduates in the medical profession. The majority of practitioners (77.01%) indicated that they viewed complementary medicine as supportive therapy.

Maharajh conducted a survey in 2005, entitled “A Survey to determine the perceptions of general practitioners (GPs) and pharmacists in the greater Durban region with regards to homeopathy”. A total of 484 questionnaires

were distributed and a total of 155 responses were received. A total of 97 GPs and 58 pharmacists responded. The percentage return of questionnaires was 32,02%. The response rate was 26,22% for GPs and 50.87% for pharmacists. Most pharmacists (46,6%) and GP's (41,2%) were uncomfortable with homeopathy but found it to be effective for some patients. A large percentage of pharmacists (36,2%) and GPs (42,3%) perceived that they were not informed enough to comment. Less than 5,2% of all respondents perceived that homeopathy was quackery and that it does more harm than good. Only 12,1% of pharmacists and 12,4% of GPs perceived homeopathy to be an excellent mode of treatment. 68,4% of pharmacists and 79,8% of GPs perceived that co-operation amongst the pharmacists, GPs and homeopaths would be beneficial to all. It was found that there is limited communication and co-operation between pharmacists, GPs and homeopaths. Secondly there seems to be a lack of knowledge on the nature of homeopathic training that is available in South Africa. It was concluded that GPs and pharmacists know very little detail about homeopathy and homeopathic training, and it can be assumed that this lack of knowledge is a possible reason for the poor communication and co-operation that currently exists between practitioners and homeopaths. Surveys of health professionals in the KZN area conducted by Daphne (1997), and Wortmann (1997) also found that the level of awareness of homeopathy was quite good, with only a small percentage perceiving it to be quackery or excellent.

2.5 Medical students and complementary medicine in South Africa

In 2007, Sarah Thorvaldsen conducted a survey to determine the perceptions of 3rd year medical students at the University of Cape Town and the University of Kwazulu Natal towards homeopathy. 347 questionnaires were distributed. 181 questionnaires were returned, a return rate of 52% (50% return from Kwazulu Natal and 45% return from Cape Town). It was found that 96% of respondents had heard of homeopathy, 21% were knowledgeable about it, 4% of respondents have never heard of it. 68% of respondents indicated an interest in learning more about homeopathy and 92% of respondents perceived that it is important for a medical doctor to know about the alternative forms of treatment. 89% of respondents said that it is important for there to be improved communication between homeopaths and allopaths (Thorvaldsen, 2007).

2.6 Other studies and homeopathy in South Africa

In 2005, Turner conducted a survey to determine the perceptions of veterinary surgeons towards homeopathy and the utilization of homeopathy by vets in Kwazulu Natal. 60.3% of vets used homeopathy, compared to Wortmann's study in 1997 where only 26% of veterinarians had used homeopathy. This shows the increased interest in homeopathy in the past 8 years. 79% think homeopathy has a role to play in veterinary medicine compared to 76% in Wortmann's study (Turner, 2005).

In 2006, De Villiers conducted a study to investigate the level of awareness of homeopathy and its contextualization in pharmacy front shop assistants in the Kwazulu Natal area. The study confirmed the initial perception that there is a poor level of knowledge regarding homeopathy even though 51% of respondents had received training on homeopathic over the counter products by company representatives. 91.8% of respondents indicated that they perceived homeopathy to be effective, and 95.9% of respondents perceived that they needed further training and were interested in learning more (De Villiers, 2006).

In 2007, Macquet conducted a study to investigate the perceptions and awareness of homeopathy at the Durban University of Technology (D.U.T) Homeopathic Day Clinic (H.D.C) amongst students. The study showed that far more needs to be done to market homeopathy amongst tertiary education students as levels of homeopathy were fairly poor in the study. 1005 questionnaires were distributed. 49% of respondents had never heard of homeopathy before and 48% had. 6% had been treated by a homeopath, 17% knew how long it takes to qualify as a homeopath. With regards to the H.D.C., 29% were aware of it showing that it is reasonably well marketed on the D.U.T. campus. However 49% said they would be interested in attending the H.D.C now that they know it exists. 68% wish to know more of homeopathy. It is evident from Macquet's study that a marketing research programme is necessary to further educate the students at D.U.T of homeopathy (Macquet, 2007).

2.7 Homeopathic registration requirements and training in S.A

Homeopathic registration in South Africa allows practitioners privileges and rights similar to those of medical practitioners. Homeopathic practitioners are recognised as primary contact professionals the same as medical practitioners. This being the case only full time training at the level of a Master's Degree in homeopathy is allowed or recognised. Homeopathic training in South Africa includes a full time training course leading to an M.Tech (Hom) degree. Registration with the Allied Health Professions Council of SA (AHPCSA) is a statutory requirement and according to the law, graduates become eligible for registration only once the internship has been completed successfully (Homeopathic Association of South Africa, 2003). However, an internship programme has not been organised, so registration is granted upon completion of the academic programme and the masters' dissertation. The only training recognised for registration in South Africa is the Masters Degree in homeopathy offered at the Durban University of Technology and University of Johannesburg, or SA Qualifications Standards Authority (SAQA) and AHPCSA approved equivalent. Medical practitioners registered with the Health Professions Council of SA (HPCSA) may also opt for the course offered by the Faculty of Homeopathy. It should be noted that, whereas the vast majority of international homeopathic schools offer skill-orientated homeopathic training, South Africa offers professional training at a level required for the practicing of homeopathy as a Primary Contact Health Profession. This being the case, distance education, correspondence and part time courses, from whatever institution in the world, are not recognised for

purposes of registration (Homoeopathic Association of South Africa, 2003). In South Africa, surveys have been conducted to assess the perceptions of other health care professionals but nurses form the basis of the any health care team around the globe.

2.8 The Role of nurses in the health care system

Nurses provide care to an ever expanding and growing public. In the last decade there has been an increasing demand for nurses and their contribution to the public. Nurses play key roles and work in conjunction with physicians, specialists and surgeons to resolve and improve patients quality of life. In South Africa nurses are the largest group of health care workers. Nurses are involved in all levels of care and have the closest contact with patients. With the increasing focus on primary health care there will be an increasing demand for nurses and nurse practitioners (Sinclair, 1991).

2.8.1 Nurses and complementary medicine

Nurses have been using complementary therapies to a large extent and were greatly satisfied with their results. However it is also evident that some nurses lack knowledge about complementary medicine and its use in the health care system. The basic tenet of holism is central in both CAM as well as in nursing. In addition the modalities of touch, massage and stress management are common in both healing systems. Caring, healing and spirituality are

inculcated in the nursing system and shape the delivery of care (Guzetta, 1998).

2.8.1.1 In the USA

In 2001, a study was conducted to identify the perceptions of nurses towards the effectiveness and safety of complementary and alternative medical therapies. A random sample of 1000 nurses throughout the USA was obtained by means of a three wave mailing in the USA. Half of the respondents perceived that there was conclusive evidence that five of the therapies listed were effective: bio-feedback, chiropractic, meditation, multivitamins and massage. With regards to safety the same amount of nurses found five therapies to be definitely safe: hypnotherapy, chiropractic, acupressure, acupuncture and healing touch (Brolinson *et al*, 2001).

2.8.1.2 In Israel

A study was conducted in 2001 to determine the knowledge and levels of attitudes of Israeli nurses towards complementary and alternative medication, and what factors are related to these variables. A systematic random sample of 369 staff nurses working at a major research medical centre, Jerusalem, Israel, were invited to participate in the study. Results demonstrated that nurses in this sample perceived that they had very little knowledge of complementary and alternative medicine. A few used complementary and

alternative medicine in their practice and were satisfied with their results (Dekeyser *et al*, 2001).

2.8.1.3 In London

In North West London in 2004, a survey was conducted to assess primary health care professionals perceptions of need for, and ways to integrate, complementary medicine into primary care. Responses were obtained from 149 GPs, 24 nurses and 32 other primary health care workers. 83% of respondents had previously referred for complementary treatment, 60% showed more interest and 6% were against the integration of complementary medicine into mainstream primary care. The greatest interest was shown in acupuncture (41%), homeopathy (30%) and aroma therapy (26%) (Fisher *et al*, 2004).

2.8.2 Homeopathy and nursing

Increasing interest in homeopathy makes it possible for nurses to learn about this modality and hence they can communicate effectively to patients and other health professionals about its use. Homeopathy and nursing share many similarities, including: studying life development within the human system and its environment; treating the whole person at all stages of life, assisting patients to attain quality and optimal health, applying theories of holistic nursing and homeopathy. It is vital for nurses to be knowledgeable about homeopathy in order to benefit patients and to use conventional nursing

care with homeopathy. In the United States the number of homeopathically trained nurses have increased in the last two decades. These nurses provide safe care and are looking positively at using homeopathy with conventional nursing (Mckay, 2007).

2.8.3 Holistic nursing organisations

The American Holistic Nursing Association (AHNA) is a national nursing organisation committed to bringing holism, compassion, science and creativity to nursing practice with a stated mission “to unite nurses in healing” (News from the AHNA - 2006). The AHNA was founded in 1981 and promoted the education of nurses, other healthcare professionals, and the public in philosophy, concepts, practice, and research of holistic caring and healing. Holistic nurses have been interested in complementary and alternative modalities for the last two decades. The speciality is based on practice that recognises the body-mind-spirit connection of persons and healing the whole person from birth to death as its goal (Frisch, 2001).

2.9 Hospitals and homeopathy

The major interest that homeopathy has induced in doctors has led to the creation of homeopathic hospitals throughout the world and in particular in Europe and USA. The most famous hospitals in Europe are the Glasgow Homeopathic Hospital, the Royal London Homeopathic Hospital in England and Hospital Saint-Jacques in Paris. In Mexico an estimated 120,000

consultations are held each year in official homeopathic dispensaries and hospitals. In Great Britain, there are several dispensaries, centres and hospitals integrated within the National Health Service (NHS). The most famous is the London Homeopathic Hospital, a true homeopathic hospital. Today the Royal London Homeopathic Hospital employs 30 doctors, 5 pharmacists and other health care professionals (Homeopathy in Medicine, n.d). The Glasgow Homeopathic Hospital located on the site of the Gartnavel Hospital is now recognised as offering patients an integration unit. The Glasgow Homeopathic Hospital provides holistic care, treatments for the mind and body as well as application of classic and complementary medicine. 500 patients a year are now admitted to the hospital, double the number of admissions 10 years ago. In addition about 50 patients come for outpatient consultation at the hospital every week (Homeopathy in Medicine, n.d).

In the UK, more than one in four hospitals now offer alternative and complementary therapies such as acupuncture, homeopathy and massage therapies (Warner, 2006).

In Delhi, the Nehri Homeopathic Medical College and hospital is a vector of integration of homeopathy in Indian medical practice. 500 outpatients are seen everyday for dermatological, respiratory, rheumatological, gynaecological and other problems. The medical team and students encouraged by the patients are satisfied with the homeopathic treatment of a great number of common disorders. Faced with the strong demand of homeopathy, the central government in Delhi opened nine homeopathic

clinics located in hospital structures. There are also 58 homeopathic dispensaries in the outskirts of Delhi (Homeopathy in medicine, n.d).

In France, in Paris, Hospital Saint Jacques and the Hahnemann dispensary carry a long tradition of homeopathic care. In Bordeaux, Paris and Lyon, several hospital departments and clinics have integrated consultations provided by homeopathic physicians (Homeopathy in Medicine, n.d).

A study was conducted in 2006 to determine the significance of alternative medicine at a university hospital. Three hundred randomly selected nurses employed at the university hospital in Berne were asked by means of a questionnaire as to the application of complementary methods (CM) in patients of this hospital. 95% of the nursing staff indicated that they had recommended or applied CMs. The study found that the most frequently used methods were compresses, aroma therapy and homeopathy. The application of CMs was usually suggested by members of the nursing staff, less frequently by patients and rarely by physicians. One quarter of the nursing staff consulted a physician before applying CM. Motivation for the use of complementary methods was based on the experiences of others and the experiences of ones own self, homeopathy being the most prevalent (Siengenthaler and Adler, 2006).

2.10 Summary

The literature discussed above indicates the widespread use of complementary and alternative modalities and the increasing popularity of homeopathy. However, homeopathy is still seen mainly as a supplement to and in conjunction with conventional medicine, rather than as a replacement to it. Studies have been conducted by Daphne 1997, Wortmann 1997, Sukdev 1997, Maharajh 2005, Turner 2005 and Thorvaldsen 2007 regarding the perceptions of pharmacists, veterinarians, general practitioners and medical students towards complementary medicine and homeopathy. By conducting similar studies on other health care workers and their perceptions of complementary medicine in the health care system in South Africa, a wider understanding can be gained of what health care professionals think of homeopathy. Nurses are the largest group of health care workers in South Africa and form the basis of the multi disciplinary team. One could therefore argue that a positive perception from nurses would be beneficial for any health care intervention or professional group seeking access into mainstream health care. No previous research in this country has been done to determine the perceptions of nurses towards homeopathy, and the integration of homeopathy into the Public Health System and the incorporation of homeopathy in a hospital setting. This study contributes to the goal of such integration and incorporation.

CHAPTER 3

MATERIALS AND METHODS

3.1 Study Design

A survey method was employed to investigate the perceptions of nurses towards homeopathy. A questionnaire (Appendix E) was used to gather data. The questionnaire used in this study was adapted from questions used by Small (1998), Hunter (2004) and Maharajh (2005).

A survey is a method of collecting information from people about their ideas, feelings, plans, beliefs, social and educational backgrounds. Surveys can be used to help make policies, plans and evaluate programmes and conduct research when the information you receive should come directly from people. The data they provide are descriptions of attitudes, values, habits and background characteristics. It usually takes the form of questionnaires and interviews (Fink and Kosecoff, 1985).

3.2 Participants

3.2.1 Population

The study population was all nurses working in hospitals in the eThekweni region.

3.2.2 Sample

The sample size was 400. This sample needed to include two major demographic variables – staff nurses and professional nurses, and public and private hospital by employment. The sample was to be made up as follows: 2 major wards x 10 nurses per ward (staff to professional nurses 1:1). Formula = 20 nurses per hospital x 20 hospitals = 400 in total.

The sampling method proposed was systematic (or interval) sampling. This method is explained below, but in practice it was not implemented. The reasons for that will be discussed in Chapter 4.

Systematic (or interval) sampling is based on random sampling. In this method, after the target population has been defined, a suitable sampling frame is created, but instead of drawing each element at random, the researcher calculates a sampling interval and uses this interval in selecting elements to be included in the sample. Calculation of the interval is based on the ratio of the sample size to the size of the target population. For example if one requires a sample of 100 names of a target population of 500, the ratio is $100/500$ or 1 in 5 i.e. to get a sample of 100 one needs to get an establish an interval of 5. Thus selecting 1 name out of every 5 names in the sample frame, one selects every fifth name. In order to establish the starting point on the list, a number 1 to 5 is randomly selected, then that number becomes the first name on the list and every fifth name from then onwards is selected (Burchinal, 2006).

In this study the target population was deemed to be the nursing staff of a particular ward. This was necessary, because responses were required from two particular disciplines (i.e wards) and each ward would have a unique number of nurses, so an overall sampling interval could not be calculated. Further the staff and professional numbers of each ward were to be listed in their own sampling frames, to ensure the correct number of responses in the correct proportion obtained.

In this study, if an individual chose not to participate, the name above the list would be requested to participate. If the refusal was from a name at the top of list, the one below would be requested. In addition, if the result of the interval calculation was not a whole number (eg 17 divided by 2 is 8.5), the rule would be to revert to the whole number.

The process of systematic sampling as applied to this study would be as follows, using staff nurses in a particular ward as an example.

1. Develop a sampling frame. Drawing from the staff hospital lists the matron was to write the names of all the staff nurses of that particular ward next to a sequence of numbers starting from 1 up to the total number of nurses in that ward. They would be listed in alphabetical (surname) order.
2. Establish the required sampling interval. This would be accomplished by dividing the total number of nurses by the number of responses required. For example, if there were 30 staff nurses and 10 responses were required, the ratio would be $10/30$, resulting in an interval of 1 in 3.

3. Select a random starting point. The numbers 1 to 30 would be written on pieces of paper which would be screwed up and placed in a paper bag (the so-called “numbers in a hat” method, to be used because of not having access on site to a suitable computer randomisation programme). A neutral party would select one of the pieces of paper and read the number out. This would then correspond to the first name to be selected. For instance if 2 was drawn, then the name 2 would become the first element of the sample.
4. Select elements from the sampling frame that occur at the started interval. Starting with the second name of the list, allowing for an interval of 3, the next name would be number 5. Therefore the sample of staff nurses from that ward would consist of names represented by the numbers 2, 5, 8, 11, 14, 17, 20, 23 26 and 29.

Thus the overall sample would be made up of the sum of the individual sampling frames.

To assist with record keeping, all questionnaires were numbered. This number was handwritten in the top right hand corner of the questionnaire. Questionnaires were numbered to the third numerical place, with the first number representing the hospital, the second number the ward, and the third number the nursing designation – staff (1) or professional (2). Hospitals and wards were numbered in alphabetical sequence. For example, a questionnaire for staff nurses in the gynaecology ward of Chatsmed Garden

Hospital was numbered as follows: 1.1.1. A questionnaire for a professional nurse in that ward was numbered 1.1.2.

A list of the major public and private hospitals in the eThekweni region was obtained from Hospitals in KwaZulu Natal (<http://www.kznhealth.gov.za/hospitals.htm>, 2006). The researcher approached all the government and private hospitals on that list in eThekweni irrespective of their sector location - district, regional or tertiary sector. A total of 6 government and 5 private hospitals participated. (See Appendix G)

3.2.2.1 Inclusion criteria

- Qualification: two year nursing course (staff nurse) or a 4 year B tech degree or a 4 year diploma (professional nurse);
- Registration with the South African Nursing Council in terms of the Nursing Act 2005;
- Currently practising in a hospital setting, public or private.
- Read and write English or IsiZulu.

3.2.2.2 Exclusion Criteria

- Nurses recently qualified and practicing for a short duration of time due to the fact that they may lack recent knowledge of developments in the current health care system in South Africa.

3.3 Ethics

Anonymity and confidentiality was maintained by not requiring respondents to supply names, addresses or any other information that would have resulted in their identification. After collection, the questionnaires were maintained in a secure location which only the researcher had access to. The questionnaires will be destroyed after 5 years.

Consent to participate in this survey was assumed by the completion and return of the questionnaires.

3.4 Methodology

3.4.1 Focus Group

A focus group was set up to assess the face validity and the content of the questionnaire. The focus group consisted of 7 participants:

- Three homeopaths;
- Two nurses;
- The dissertation supervisor;
- The researcher.

The questionnaire was assessed according to:

- Understandable language and terminology;
- Relevance to the topic;

- Logical flow;
- Time needed for completion.

The focus group's suggestions were noted and the appropriate changes were made.

3.5 Data Collection

1. The researcher contacted the KwaZulu Natal Department of Health asking permission to conduct the survey (see Appendix D).
2. A letter of information was sent to the hospital managers (see Appendix B) asking permission to conduct the survey at the respective hospitals. The letter was sent together with a copy of the research proposal, ethics letter from Department of Health Science (Durban University of Technology) (see Appendix F) and letter of permission from Department of Health KwaZulu Natal. A follow up call was made to ensure that managers received the respective letters and agreed for the survey to be conducted. The managers of the respective hospitals agreed verbally on the telephone for the survey to be conducted. The researcher then asked to meet the managers to explain the study. A written letter of permission was obtained from 3 of the government hospitals.
3. Once permission was obtained from the hospital managers, letters were sent to the nursing managers (see Appendix C). This letter requested permission and an appointment in order to explain the study. Permission for this study was to be obtained from both the hospital and nursing

managers as nursing managers were in charge of the nursing staff of a selected hospital.

4. At the appointment the systematic sampling method was explained in detail to the nursing manager.

5. Two of the major wards were selected by the matrons. The unit managers of those wards were contacted by the researcher and the relevant procedure was explained to them. A list of all the staff nurses and professional nurses in each of the wards was obtained from the matrons by the researcher. The unit managers of each ward were responsible for selecting the respondents, according to the systemic sampling method.

6. Questionnaires were delivered to the matrons by the researcher, and they were responsible for distribution to and collection from the respondents. Each questionnaire was accompanied by a participant information letter (see Appendix A).

7. The researcher telephoned the matrons one week after delivery of the questionnaires to find out what stage the process was at.

8. Depending on the results of the previous telephone call, the researcher telephoned the matrons again in due course to make arrangements for collection of the completed questionnaires.

9. The researcher collected the questionnaires from the matrons of the respective hospitals.

3.5.1 Data Capture

After all the questionnaires were received, the data was encoded and categorized for capture on disc.

3.5.2 Data Analysis

3.5.2.1 Statistical Approach

Both Descriptive and Inferential statistical analysis were utilised in this study.

Descriptive statistical analysis describes the organising and summarising of quantitative data. Univariate and bivariate analysis is most appropriate for descriptive statistics. Univariate analysis is concerned with measures of central tendency and measures of dispersion. The most appropriate measure of central tendency for interval data is the mean and the most appropriate measure of dispersion for interval data is the standard deviation. Bivariate analysis concerns the measurement of two variables at a time. Hence, linear correlations are therefore used to determine the relationship between the role player perceptions. Linear correlation is an associated degree of measure between two interval variables. The level and the direction of any relationship between the perception and expectation variables are therefore described by the correlation coefficient calculated by correlating the two means of the variables.

Inferential statistical analysis is concerned with the testing of hypotheses. The independent t-test is the most appropriate parametric test for interval measurement. This tests any significant difference between two variables e.g. perception and expectation of service quality (Singh, 2007).

3.5.2.1.1 ANOVA

This test makes the assumption that at least one of the variables being studied has an interval ratio level of measurement. Another assumption is that the sampling distribution of the relevant parameters of those variables is normal. Commonly used parametric tests include the t-test and ANOVA (Analysis of Variance) (Singh, 2007).

3.5.2.1.2 Chi-Square

Chi square is a non parametric test of statistical significance for bivariate tabular analysis (also known as cross breaks). Any appropriately performed test of statistical significance lets one know the degree of confidence one can have in accepting or rejecting an hypothesis. Typically the hypothesis tested with chi square is whether or not two different samples (of people, texts, whatever) are different enough in some characteristic or aspect of their behaviour that one can generalize from the samples that the populations from which the samples are drawn are also different in the behaviour or characteristic. Chi-square is most frequently used to test the statistical

significance of results reported in bivariate tables, and interpreting bivariate tables is integral to interpreting the results of a chi-square test (Singh, 2007).

The null hypothesis H_0 assumes that there is no association with the variables (in other words, one variable does not vary according to the other variable), while the alternative hypothesis H_a claims that some association does exist (Singh, 2007).

3.5.2.1.3 Wilcoxon Signed Ranks Test

This is a non parametric alternative to the paired t-test for the case of two related samples or repeated measurements on a single sample. The null hypothesis test is $H_0: 0 = 0$. The Wilcoxon signed $W+$ is computed by ordering the absolute values Z_1, \dots, Z_n , the rank of each Z_i is given of R_i . It is often used to test different score of data after an experimental manipulation, in which case the central point will be expected to be zero (Singh, 2007).

3.5.2.1.4 Pearson's Correlation

The correlation is 1 in the case of an increasing linear relationship, -1 in the case of a decreasing linear relationship, and some value in between in all other cases, indicating the degree of linear dependence between the variables. The closer the coefficient is to either -1 or 1 , the stronger the correlation between the variables. If the variables are independent then the correlation is 0, but the converse is not true because the correlation coefficient detects only linear dependencies between two variables.

Several authors have offered guidelines for the interpretation of a correlation coefficient. Cohen (1988), for example, has suggested the following interpretations for correlations in psychological

Correlation	Negative	Positive
Small	-0.29 to -0.10	0.10 to 0.29
Medium	-0.49 to -0.30	0.30 to 0.49
Large	-1.00 to -0.50	0.50 to 1.00

research, in the table on the right. As Cohen himself has observed, however, all such criteria are in some ways arbitrary and should not be observed too strictly. This is because the interpretation of a correlation coefficient depends on the context and purposes. A correlation of 0.9 may be very low if one is verifying a physical law using high-quality instruments, but may be regarded as very high in the social sciences where there may be a greater contribution from complicating factors (Cohen, 1988).

3.5.3 Hypothesis tests: p-values and statistical significance

The null hypothesis H_0 assumes that there is no association with the variables (in other words, one variable does not vary according to the other variable), while the alternative hypothesis H_a claims that some association does exist.

The traditional approach to reporting a result requires a statement of statistical significance. A p-value is generated from a test statistic. A significance result is indicated with " $p \leq 0.05$ " (Singh, 2007).

3.5.3.1 Hypothesis decision rule

The decision rule for hypothesis testing is:

At $\alpha = 0.05$ level of significance, the null hypothesis is rejected if $p \leq \alpha$ where P is the observed significance level or probability value. Otherwise the null hypothesis is accepted at the same level of significance.

If $p \leq 0.05$ reject H_0

If $p > 0.05$ accept H_a

3.5.4 Graphs

Various graphical methods were used to present the data. These include tables, bar charts and pie graphs.

3.5.5 Statistical software

The analysis was performed using the following statistical software packages:

SPSS version 15: Stat graphics, Centurion.

3.6 Materials

See Appendices for copies of the following documents:

- Appendix A – Information letter;
- Appendix B – Permission letter to Hospital Manager;
- Appendix C – Permission letter to Nursing Manager;
- Appendix D – Letter from Department of Health Kwazulu Natal;
- Appendix E – Questionnaire;
- Appendix F – Ethics letter from Department of Health Science (Durban University of Technology);
- Appendix G – List of private and public hospitals that participated in the study.

CHAPTER 4

RESULTS

4.1 Introduction

Twenty hospitals were approached to participate. One whole group of private hospitals declined to participate. Ultimately, 6 public and 5 private hospitals participated. See Appendix G for the names of the hospitals.

The proposed method of sampling, namely, systematic (or interval) sampling, proved to be impossible to implement in the circumstances. This was mainly due to availability of nurses in the hospitals as a consequence of work load, shifts, sick leave, ordinary leave etc. Therefore, sampling was more on the basis of convenience – whoever was available in the ward to participate. Ward selection was also on the basis of convenience i.e. which matrons were willing to co-operate, and the number of nurses associated with the ward.

Participants included staff nurses and professional nurses from paediatric, medical, surgical, gynaecology, orthopaedics and outpatient wards.

Three hundred and thirty questionnaires were distributed. Two hundred were completed and collected (60.6%). No isiZulu questionnaires were returned.

The completed questionnaires produced raw data in the form of 200 completed questionnaires.

The specific objectives of the data analysis were as follows:

- (1) To describe the demographic characteristics of individuals who responded to the questionnaire.
- (2) To describe the prevailing knowledge and perceptions of the sample.
- (3) To determine any statistically significant correlations between any of the factors and the expressed views, including private or public hospital of origin.

4.2 Part One: General information (Questions 1 – 9)

4.2.1 Question 1: Gender

Figure 4.1 indicates the gender split by employment type. It is observed that 46.5% of the respondents are employed at a public hospital, whilst 53.5% are employed at private hospitals. Ninety four percent of the respondents were female and only 6% were male. Approximately 50% of the respondents were each employed by private and by public hospitals. See Table 4.1.

Figure 4.1 Gender Distribution

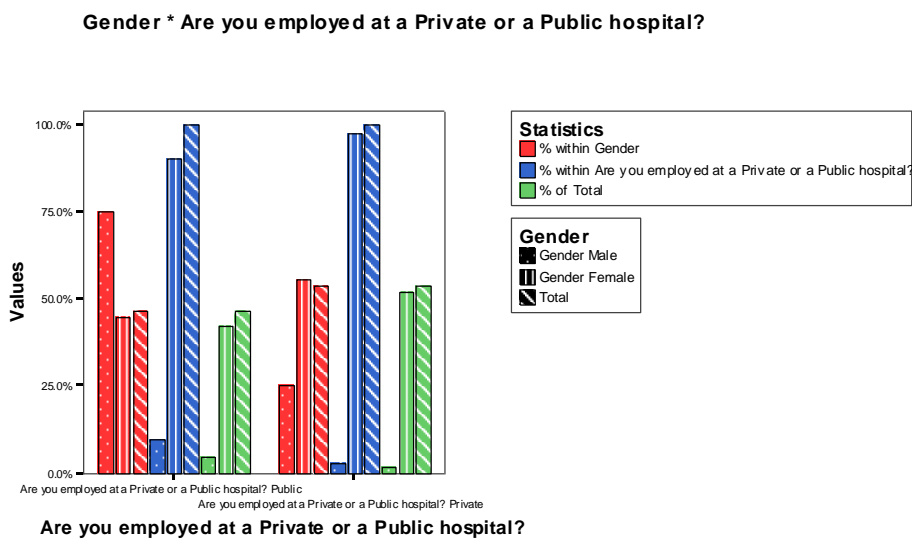


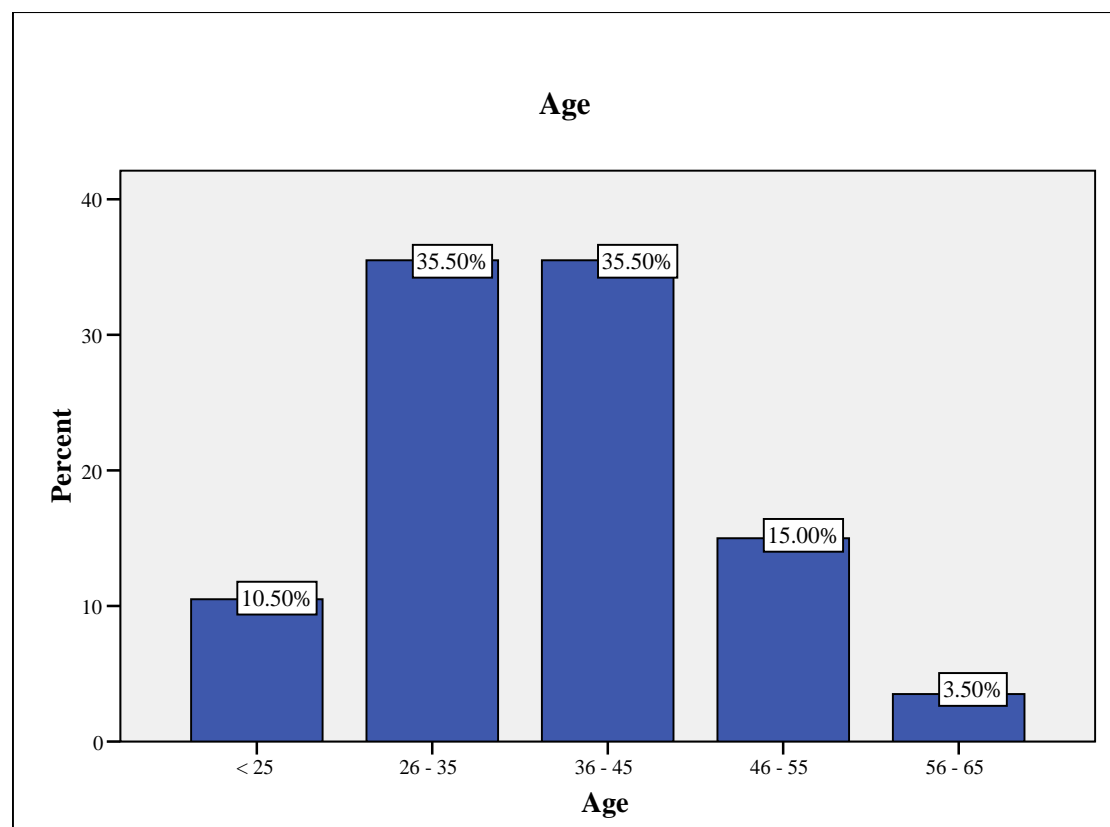
Table 4.1 Gender Distribution

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	12	6.0	6.0	6.0
	Female	188	94.0	94.0	100.0
	Total	200	100.0	100.0	

4.2.2 Question 2 – Age distribution

Most respondents were between the age group of 26-35 years (35.5%) and the fewest respondents belonged to the age group of <25 years (10.5%). 35.5% of respondents belonged to the age group of 36-45 years and 3.5% belonged to the age group of 56-65 years. See Figure 4.2.

Figure 4.2 Age groups



4.2.3 Question 3 – Ethnicity

Approximately 90% of the respondents were either Black (40%) or Indian (49%). Amongst the Black respondents, approximately 1 in 4 were employed

in private hospitals. 5.5% of the total number of respondents were White. Half of all the Coloured respondents (5% in total) were employed by private hospitals. See Figure 4.3 and Table 4.2. Crosstabulation Table 4.3 reflects the ethnic split of both the private and public sectors. The majority of respondents in the private sector (73.5%) were Indian and majority of respondents (75%) in the public sector were Black.

Figure 4.3 Ethnicity

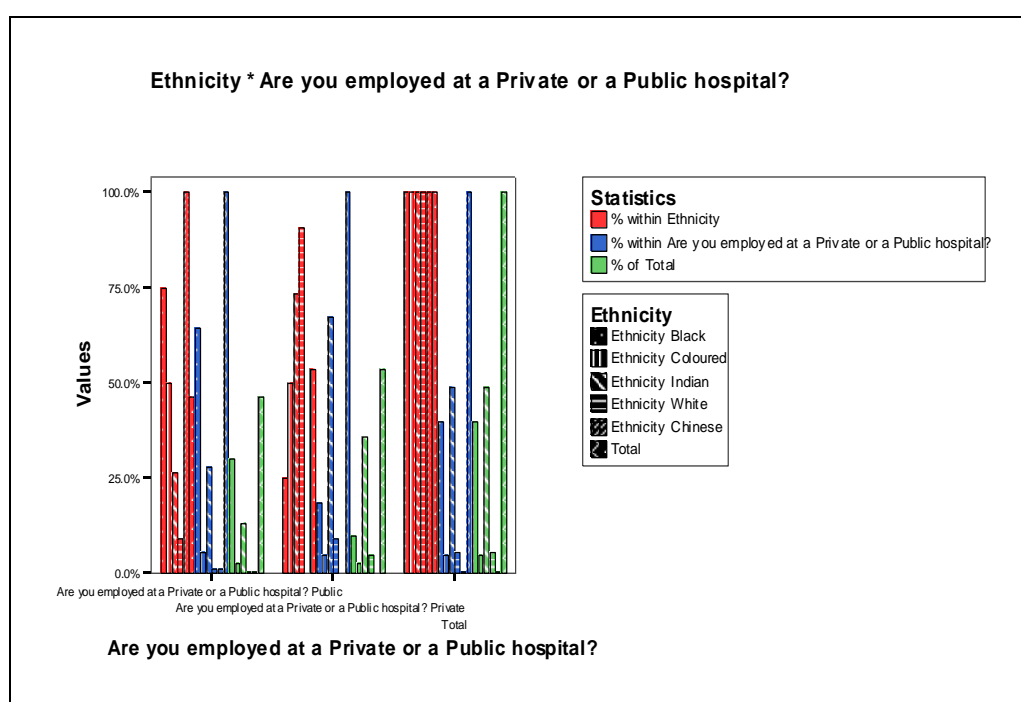


Table 4.2 Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Black	80	40.0	40.0	40.0
	Coloured	10	5.0	5.0	45.0
	Indian	98	49.0	49.0	94.0
	White	11	5.5	5.5	99.5
	Chinese	1	.5	.5	100.0
	Total	200	100.0	100.0	

Table 4.3 Crosstabulation: Public versus Private

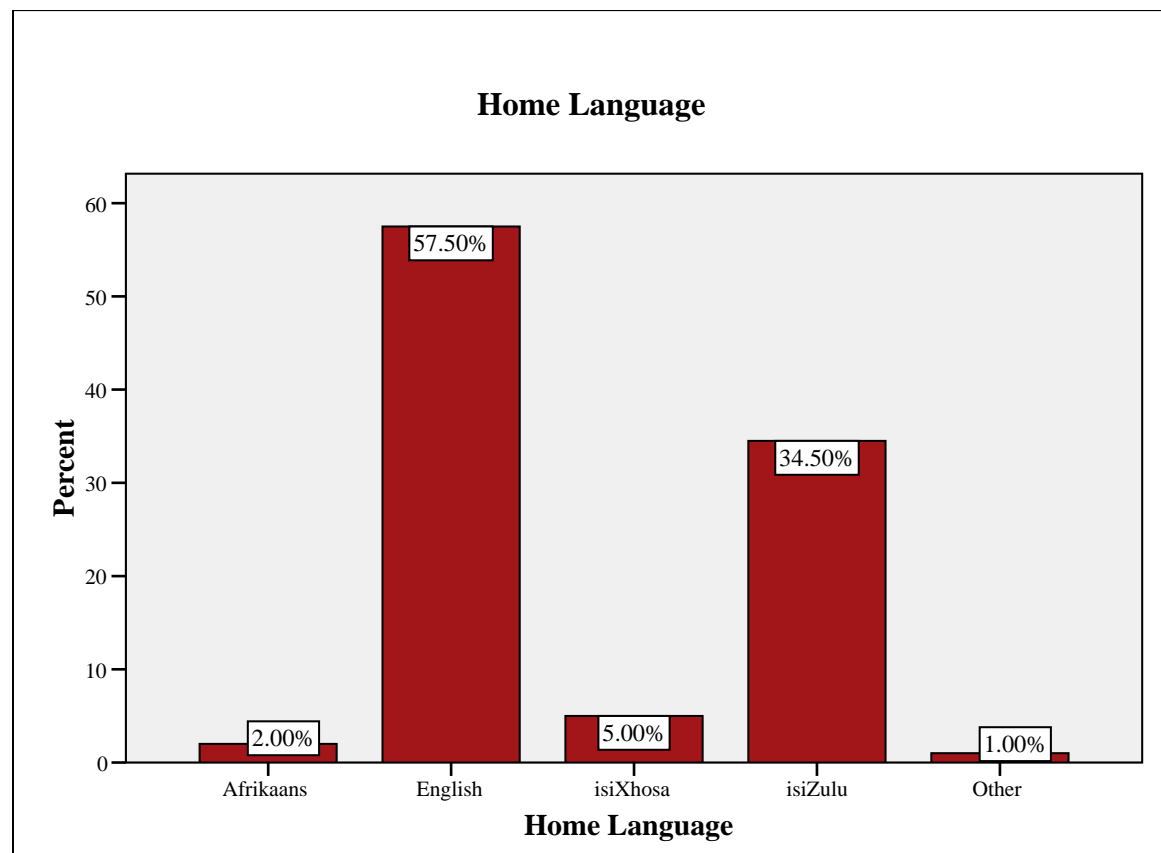
thnicity * Are you employed at a Private or a Public hospital? Crosstabulation

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
Ethnicity	Black	% within Ethnicity	75.0%	25.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	64.5%	18.7%	40.0%
		% of Total	30.0%	10.0%	40.0%
	Coloured	% within Ethnicity	50.0%	50.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	5.4%	4.7%	5.0%
		% of Total	2.5%	2.5%	5.0%
	Indian	% within Ethnicity	26.5%	73.5%	100.0%
		% within Are you employed at a Private or a Public hospital?	28.0%	67.3%	49.0%
		% of Total	13.0%	36.0%	49.0%
	White	% within Ethnicity	9.1%	90.9%	100.0%
		% within Are you employed at a Private or a Public hospital?	1.1%	9.3%	5.5%
		% of Total	.5%	5.0%	5.5%
	Chinese	% within Ethnicity	100.0%		100.0%
		% within Are you employed at a Private or a Public hospital?	1.1%		.5%
		% of Total	.5%		.5%
	Total	% within Ethnicity	46.5%	53.5%	100.0%
		% within Are you employed at a Private or a Public hospital?	100.0%	100.0%	100.0%
		% of Total	46.5%	53.5%	100.0%

4.2.4 Question 4 – Home language

Figure 4.4 shows that the majority of respondents spoke English (57.5%). Other languages spoken were: isiZulu (34.5 %), isiXhosa (5%), Afrikaans (2%) and other (1.0%).

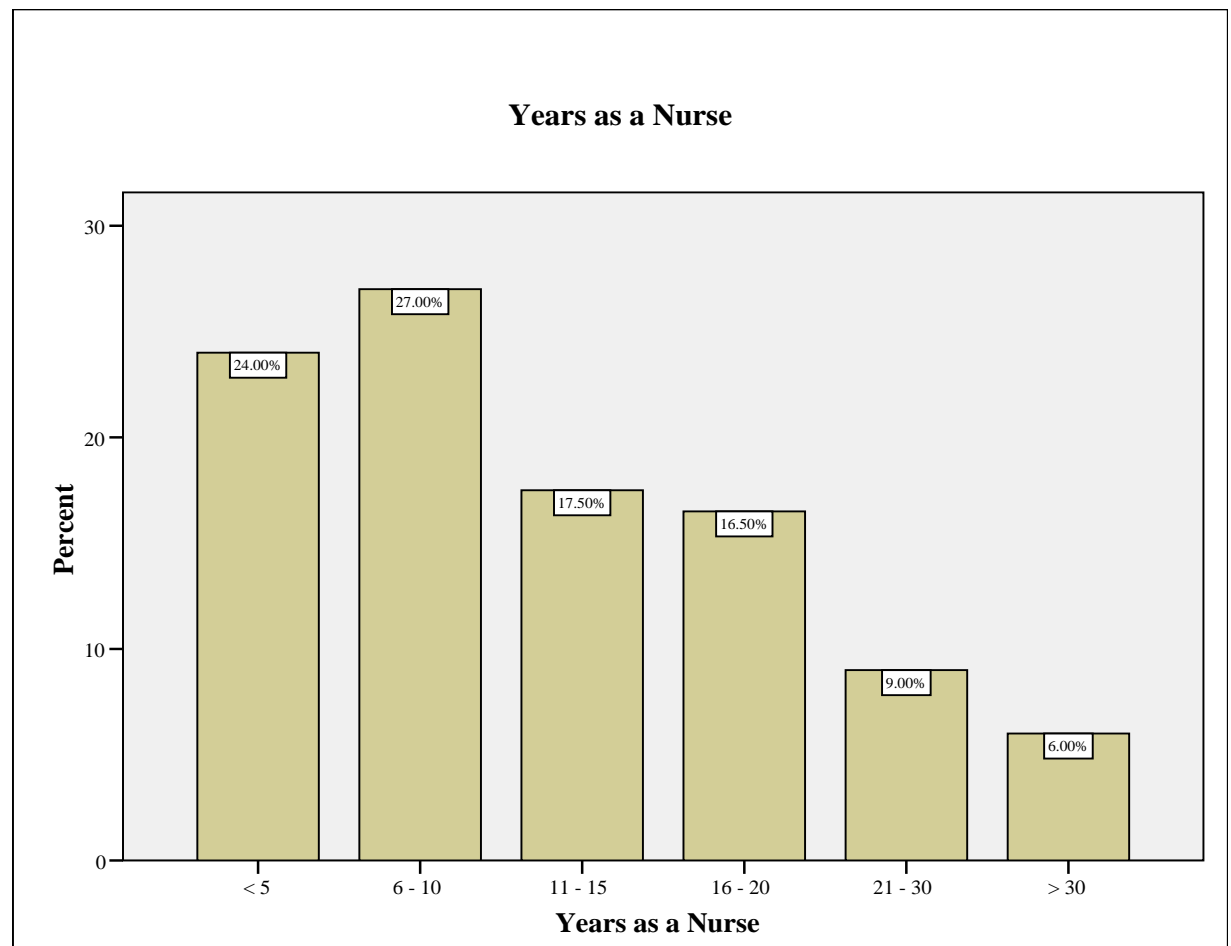
Figure 4.4 Home language



4.2.5 Question 5 – Duration of practice as a nurse

Most respondents have been practising for 6-10 years (27.0%). The next biggest group is those who have been practicing for less than 5 years (24.0 %) followed by 11-15 years (17.5 %) and 16-20 years (16.5%). Only 6% of respondents have been practising for more than 30 years and 9.0% have been practising for 21-30 years. See Figure 4.5.

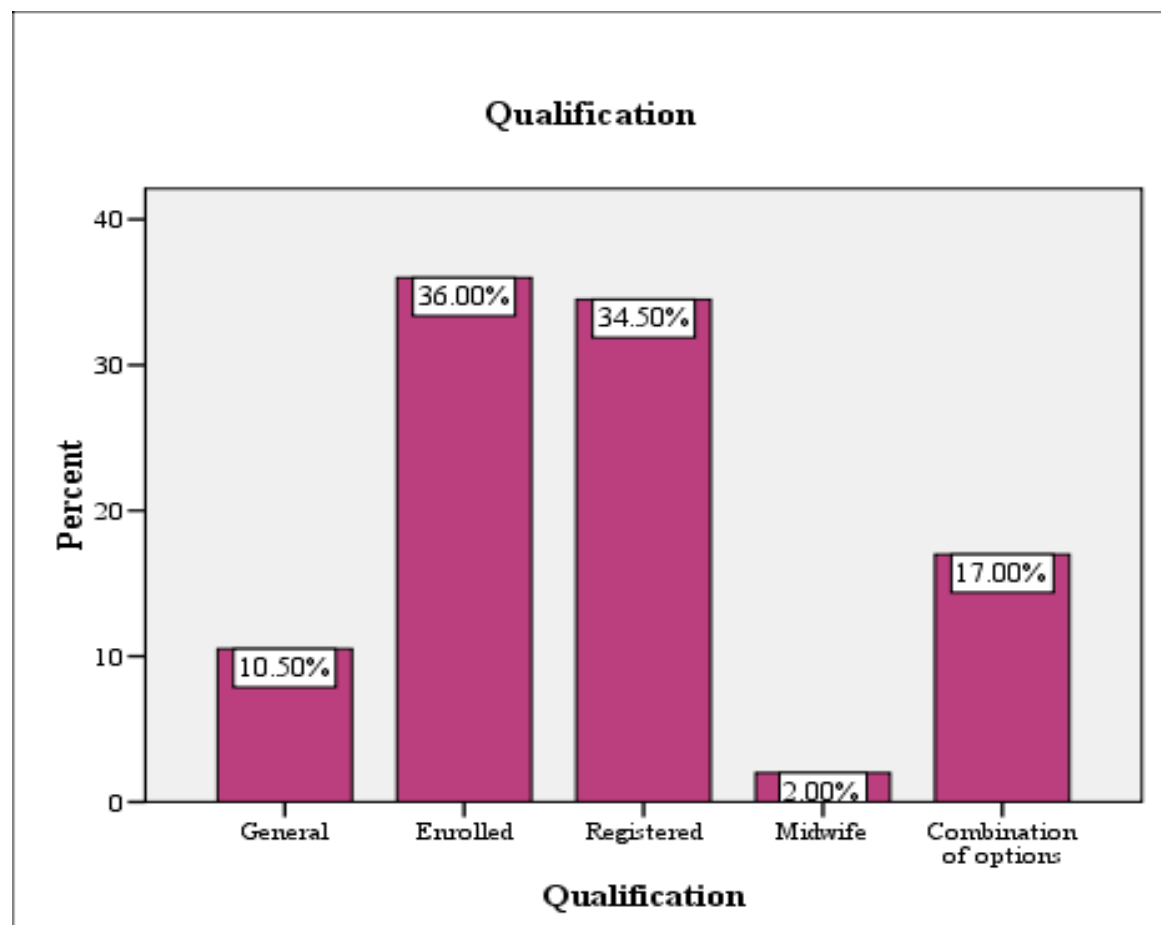
Figure 4.5 Duration of practice



4.2.6 Question 6 – Qualification

Most of the respondents (36.0%) were qualified enrolled nurses and 34.5% were qualified registered nurses. Of the total, 17% had other qualifications, for example midwifery and community health degrees. See Figure 4.6.

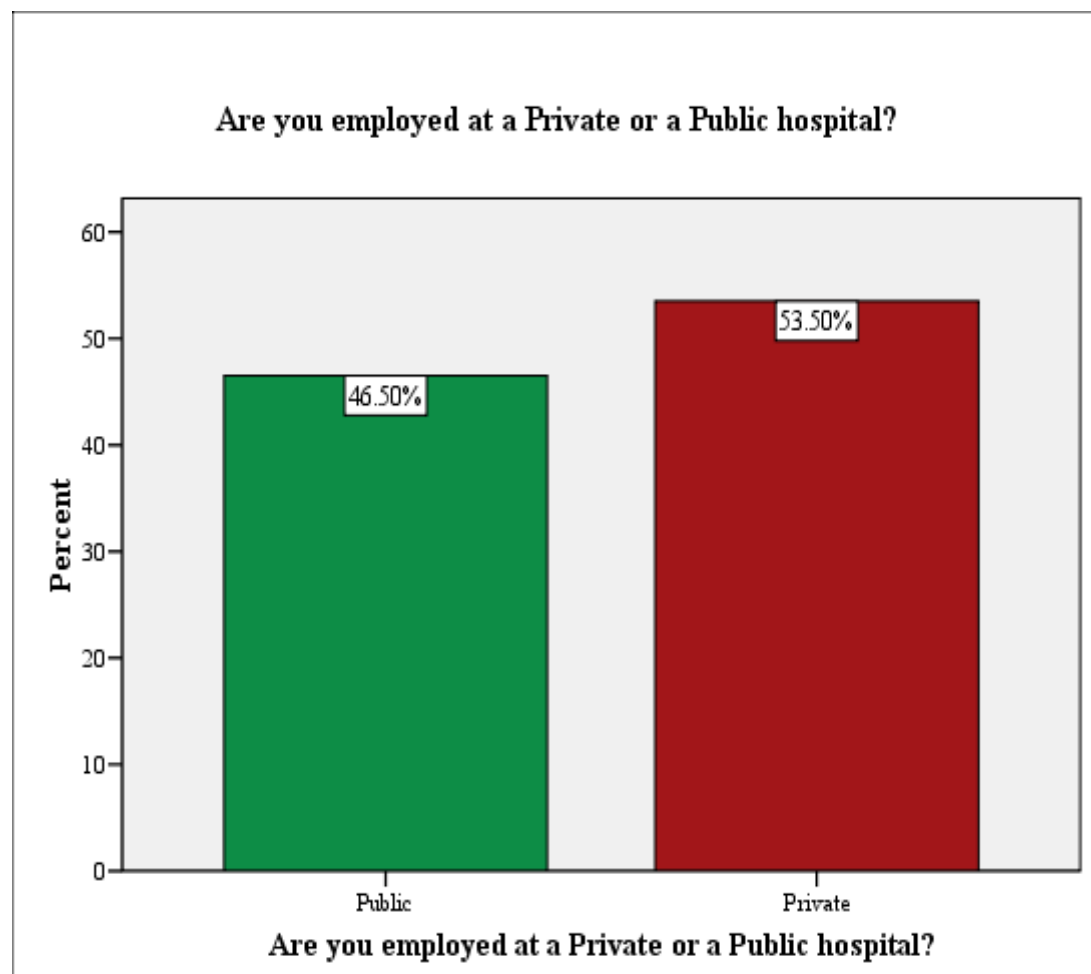
Figure 4.6 Qualification



4.2.7 Question 7 – Private or public hospital

Of the total number of respondents, 53.5% were employed at private hospitals and 46.5% were employed at public hospitals. See Figure 4.7.

Figure 4.7 Employment



4.2.8 Question 8 – Staff nurse or professional nurse

Figure 4.8 indicates that 45% of the respondents were staff nurses and 55% were professional nurses. Half of the staff nurses were employed by private hospitals.

Figure 4.8 Staff or Professional



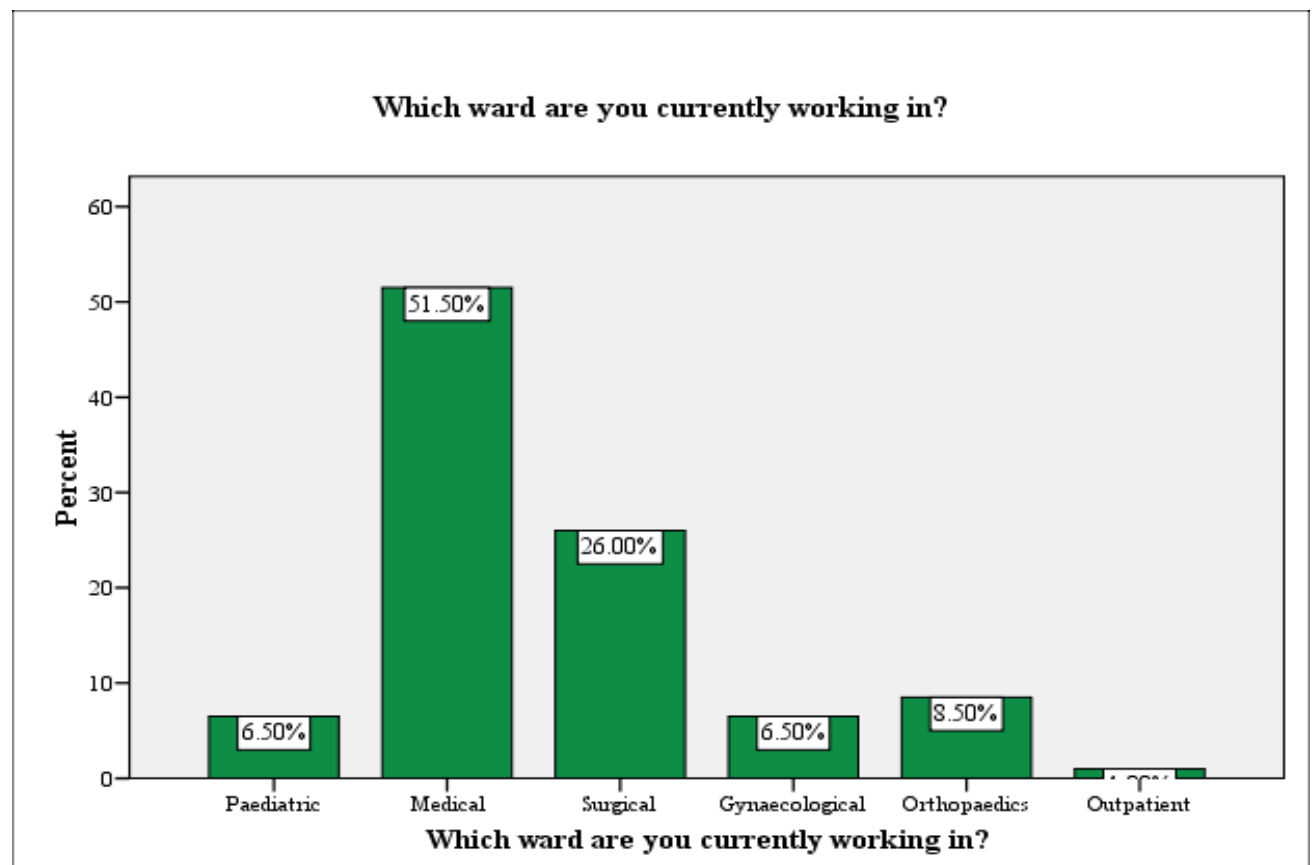
Table 4.4 Staff nurse or professional nurse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Staff	90	45.0	45.0	45.0
	Professional	110	55.0	55.0	100.0
	Total	200	100.0	100.0	

4.2.9 Question 9 – Employment in wards

Figure 4.9 illustrates that the majority of respondents were employed in the medical (51.5%) and surgical (26.0%) wards. These are the two major wards at any hospital. 8.5% of respondents worked in orthopaedic wards, 6.5% worked in paediatric wards, 6.5% in gynaecological wards and 1.0% in the outpatient department.

Figure 4.9 Employment in wards



4.3 Part Two: Knowledge of homeopathy (Questions 10-15)

4.3.1 Question 10 – Knowledge of homeopathy

Of the total number of respondents 19% had never heard of homeopathy, 37.5% only heard of it, 33% knew something about it and only 10.5% were quite familiar with it. Less than 50% of respondents had heard of homeopathy. See Table 4.5. Crosstabulation Table 4.6 illustrates that 71.1% of respondents in the public sector had never heard of it whilst 28.9% of respondents in the private sector had never heard of it. 85.7% of respondents in the private sector were quite familiar with homeopathy and only 14.3% of respondents in the public sector were quite familiar with homeopathy. This indicates that respondents in the private sector are more informed of the homeopathic profession than those in the public sector. See Figure 4.10 and Table 4.5.

Figure 4.10 Knowledge of homeopathy

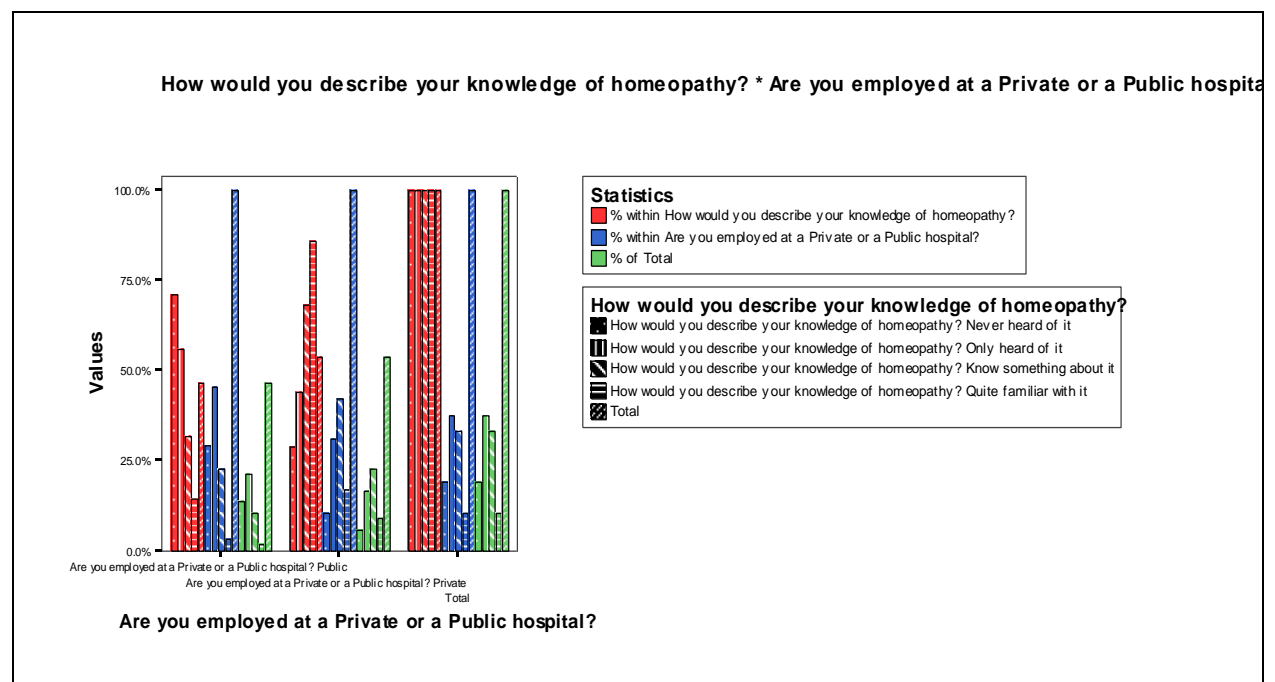


Table 4.5 Knowledge of homeopathy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Never heard of it	38	19.0	19.0	19.0
Only heard of it	75	37.5	37.5	56.5
Know something about it	66	33.0	33.0	89.5
Quite familiar with it	21	10.5	10.5	100.0
Total	200	100.0	100.0	

Table 4.6 Crosstabulation: Public versus Private

How would you describe your knowledge of homeopathy? * Are you employed at a Private or a Public hospital?
Crosstabulation

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
How would you describe your knowledge of homeopathy?	Never heard of it	% within How would you describe your knowledge of homeopathy?	71.1%	28.9%	100.0%
		% within Are you employed at a Private or a Public hospital?	29.0%	10.3%	19.0%
		% of Total	13.5%	5.5%	19.0%
	Only heard of it	% within How would you describe your knowledge of homeopathy?	56.0%	44.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	45.2%	30.8%	37.5%
		% of Total	21.0%	16.5%	37.5%
	Know something about it	% within How would you describe your knowledge of homeopathy?	31.8%	68.2%	100.0%
		% within Are you employed at a Private or a Public hospital?	22.6%	42.1%	33.0%
		% of Total	10.5%	22.5%	33.0%
	Quite familiar with it	% within How would you describe your knowledge of homeopathy?	14.3%	85.7%	100.0%
		% within Are you employed at a Private or a Public hospital?	3.2%	16.8%	10.5%
		% of Total	1.5%	9.0%	10.5%
Total	% within How would you describe your knowledge of homeopathy?	46.5%	53.5%	100.0%	
	% within Are you employed at a Private or a Public hospital?	100.0%	100.0%	100.0%	
	% of Total	46.5%	53.5%	100.0%	

Question 10 provided space for respondents to comment. Comments were as follows:

- * I have no idea what homeopathy is;
- * I still need to get more information on homeopathy;
- * I would like the definition of homeopathy, briefly.

4.3.2 Question 11 – Is homeopathy recognised by law in South Africa?

Figure 4.11 indicates that most of the respondents (56.5%) said yes that South African law recognises homeopathy. Only a small percentage (6.5%) of respondents said that homeopathy is not legally recognised. 37.0% of respondents indicated that they were unsure. Crosstabulation Table 4.7 indicates that most respondents (61.1%) in the private sector said that South African law does recognise homeopathy whilst most respondents in the public sector (58.1%) were unsure in this regard.

Figure 4.11 Legal recognition of homeopathy

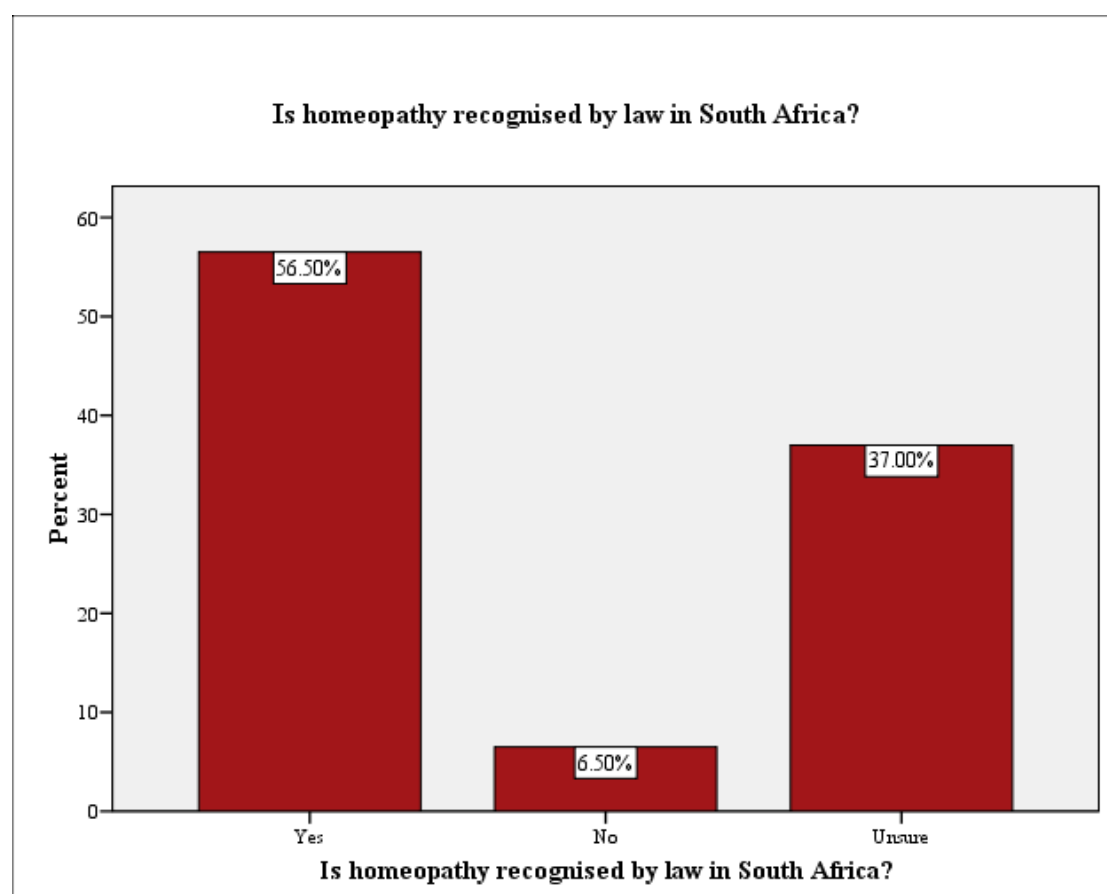


Table 4.7 Crosstabulation: Private versus Public

Is homeopathy recognised by law in South Africa? * Are you employed at a Private or a Public hospital? Crosstabulation

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
Is homeopathy recognised by law in South Africa?	Yes	% within Is homeopathy recognised by law in South Africa?	38.9%	61.1%	100.0%
		% within Are you employed at a Private or a Public hospital?	47.3%	64.5%	56.5%
		% of Total	22.0%	34.5%	56.5%
	No	% within Is homeopathy recognised by law in South Africa?	46.2%	53.8%	100.0%
		% within Are you employed at a Private or a Public hospital?	6.5%	6.5%	6.5%
		% of Total	3.0%	3.5%	6.5%
	Unsure	% within Is homeopathy recognised by law in South Africa?	58.1%	41.9%	100.0%
		% within Are you employed at a Private or a Public hospital?	46.2%	29.0%	37.0%
		% of Total	21.5%	15.5%	37.0%
Total	% within Is homeopathy recognised by law in South Africa?	46.5%	53.5%	100.0%	
	% within Are you employed at a Private or a Public hospital?	100.0%	100.0%	100.0%	
	% of Total	46.5%	53.5%	100.0%	

Question 11 provided space for respondents to comment. Comments were as follows:

* It is legitimate because training is provided by an accredited college. The S.A constitution recognises homeopathy as alternative medicine;

* I don't know much of homeopathy therefore I do not know if it is legitimate.

4.3.3 Question 12 – Length of training

The dot diagram Figure 4.12 indicates that the largest group of respondents (28.5%) perceived that it took less than 4 years to study to become a homeopath. The next largest group (24%) perceived that it took 4 years. The third largest group (23%) perceived that it took more than 4 years. For the most part, there is little difference in thinking in terms of the study time limits between public and private hospital respondents. See Table 4.5.

Crosstabulation Table 4.9 illustrates that 55.6% of respondents perceived that it took 1-2 years to qualify as a homeopath whilst majority of respondents in the private sector perceived it took 4 (68.8%), 5 (67.7%) or 6 years (100%) to qualify as a homeopath.

Figure 4.12 Training of a homeopath

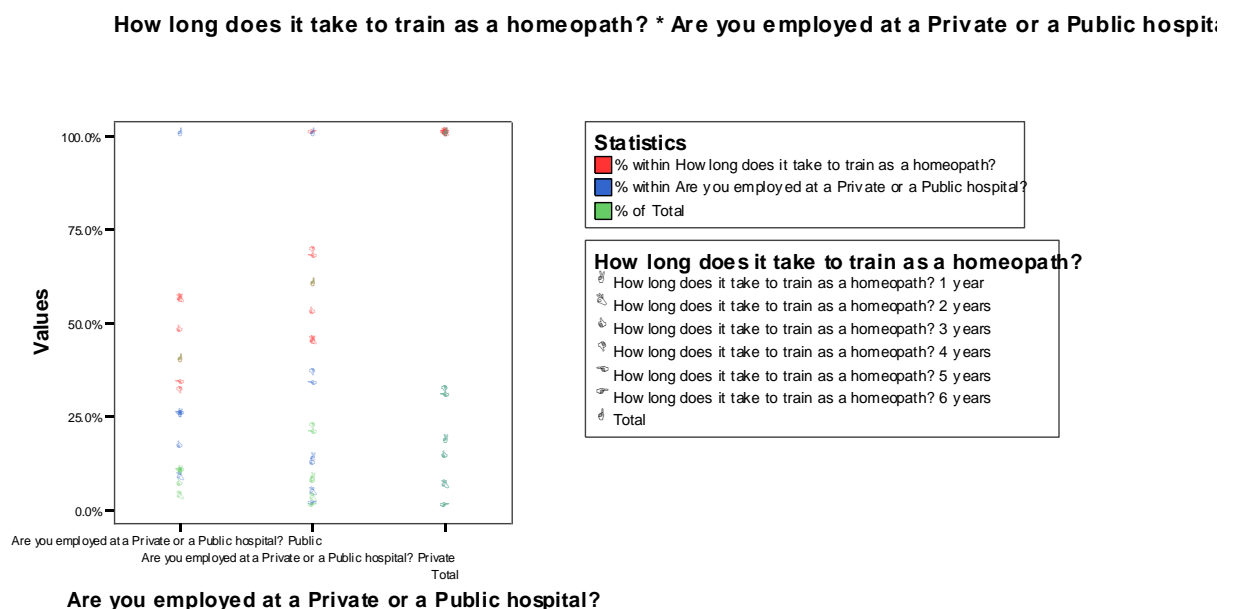


Table 4.8 Training of a homeopath

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 year	27	13.5	17.9	17.9
	2 years	9	4.5	6.0	23.8
	3 years	21	10.5	13.9	37.7
	4 years	48	24.0	31.8	69.5
	5 years	45	22.5	29.8	99.3
	6 years	1	.5	.7	100.0
	Total	151	75.5	100.0	
Missing	System	49	24.5		
Total		200	100.0		

Table 4.9 Crosstabulation: Private versus Public *[This table appears on the next page – legend and table do not fit on the same page because of the length of the table.]*

How long does it take to train as a homeopath? * Are you employed at a Private or Public hospital? Crosstabulation

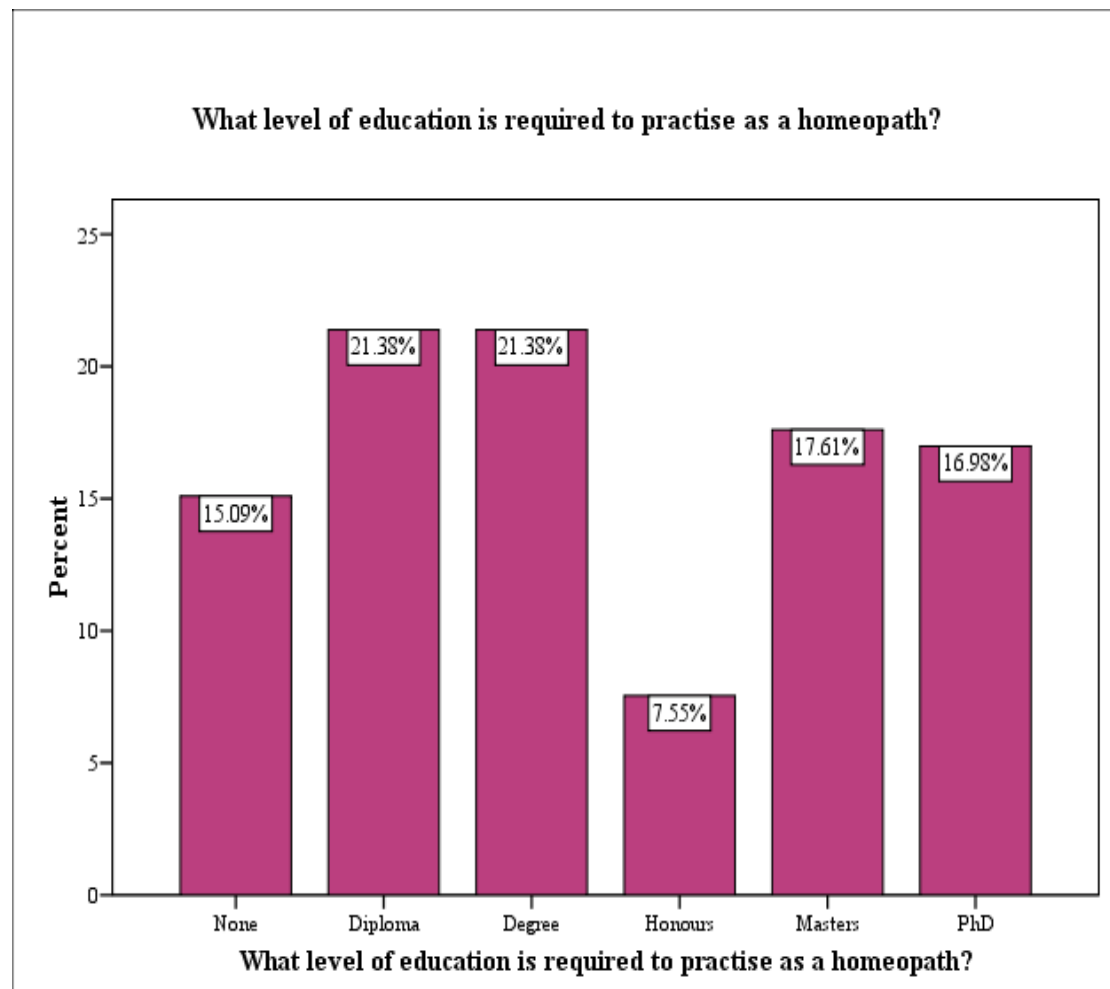
			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
How long does it take to train as a homeopath?	1 year	% within How long does it take to train as a homeopath?	55.6%	44.4%	100.0%
		% within Are you employed at a Private or a Public hospital?	25.0%	13.2%	17.9%
		% of Total	9.9%	7.9%	17.9%
	2 years	% within How long does it take to train as a homeopath?	55.6%	44.4%	100.0%
		% within Are you employed at a Private or a Public hospital?	8.3%	4.4%	6.0%
		% of Total	3.3%	2.6%	6.0%
	3 years	% within How long does it take to train as a homeopath?	47.6%	52.4%	100.0%
		% within Are you employed at a Private or a Public hospital?	16.7%	12.1%	13.9%
		% of Total	6.6%	7.3%	13.9%
	4 years	% within How long does it take to train as a homeopath?	31.3%	68.8%	100.0%
		% within Are you employed at a Private or a Public hospital?	25.0%	36.3%	31.8%
		% of Total	9.9%	21.9%	31.8%
	5 years	% within How long does it take to train as a homeopath?	33.3%	66.7%	100.0%
		% within Are you employed at a Private or a Public hospital?	25.0%	33.0%	29.8%
		% of Total	9.9%	19.9%	29.8%
	6 years	% within How long does it take to train as a homeopath?		100.0%	100.0%
		% within Are you employed at a Private or a Public hospital?		1.1%	.7%
		% of Total		.7%	.7%
Total		% within How long does it take to train as a homeopath?	39.7%	60.3%	100.0%
		% within Are you employed at a Private or a Public hospital?	100.0%	100.0%	100.0%
		% of Total	39.7%	60.3%	100.0%

Question 12 provided space for respondents to comment. However, there were no comments.

4.3.4 Question 13 – Level of education

The largest group of respondents perceived that homeopaths receive a diploma or a degree on qualification (21.38%). Relatively few respondents knew that homeopaths receive a Masters degree in South Africa (17.61%). See Figure 4.13.

Figure 4.13 Level of education



Question 13 provided space for respondents to comment. However, there were no comments.

4.3.5 Question 14 – Awareness of institutions that offer homeopathy training in South Africa

Eighty percent of the respondents at private hospitals were aware of institutions that offered training in homeopathy. Approximately 20% of respondents in public hospitals were aware of training institutions. See Figure 4.14.

Figure 4.14 Awareness of institutions that offer homeopathy training in South Africa

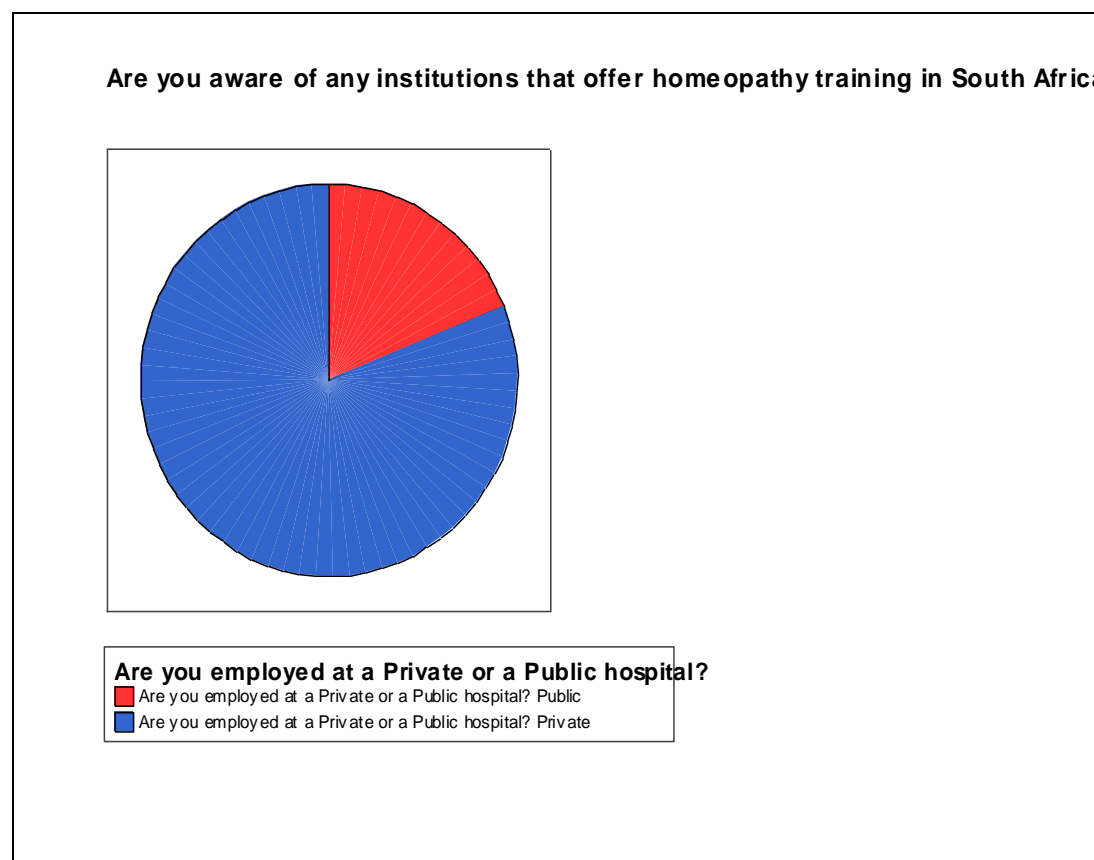


Table 4.10 Awareness of institutions that offer homeopathy training in South Africa

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	26.5	26.8	26.8
	No	145	72.5	73.2	100.0
	Total	198	99.0	100.0	
Missing	system	2	1.0		
Total		200	100.0		

4.3.6 Question 15 – Awareness of homeopathic facilities or clinics

The majority of respondents (83.5%) were unaware of the facilities and clinics that provide training opportunities for homeopathic studies whilst only 16.50% of respondents were aware of the facilities and clinics. See Figure 4.15.

Clinics named by respondents were:

- * The Homeopathic Day Clinic – Durban University of Technology;
- * The Homeopathic Clinic – University of Johannesburg.

Crosstabulation Table 4.10 indicates that 93.3% of respondents in the private sector were aware of homeopathic clinics and facilities compared to 6.1% of respondents in the public sector.

Figure 4.15 Awareness of homeopathic clinics and facilities

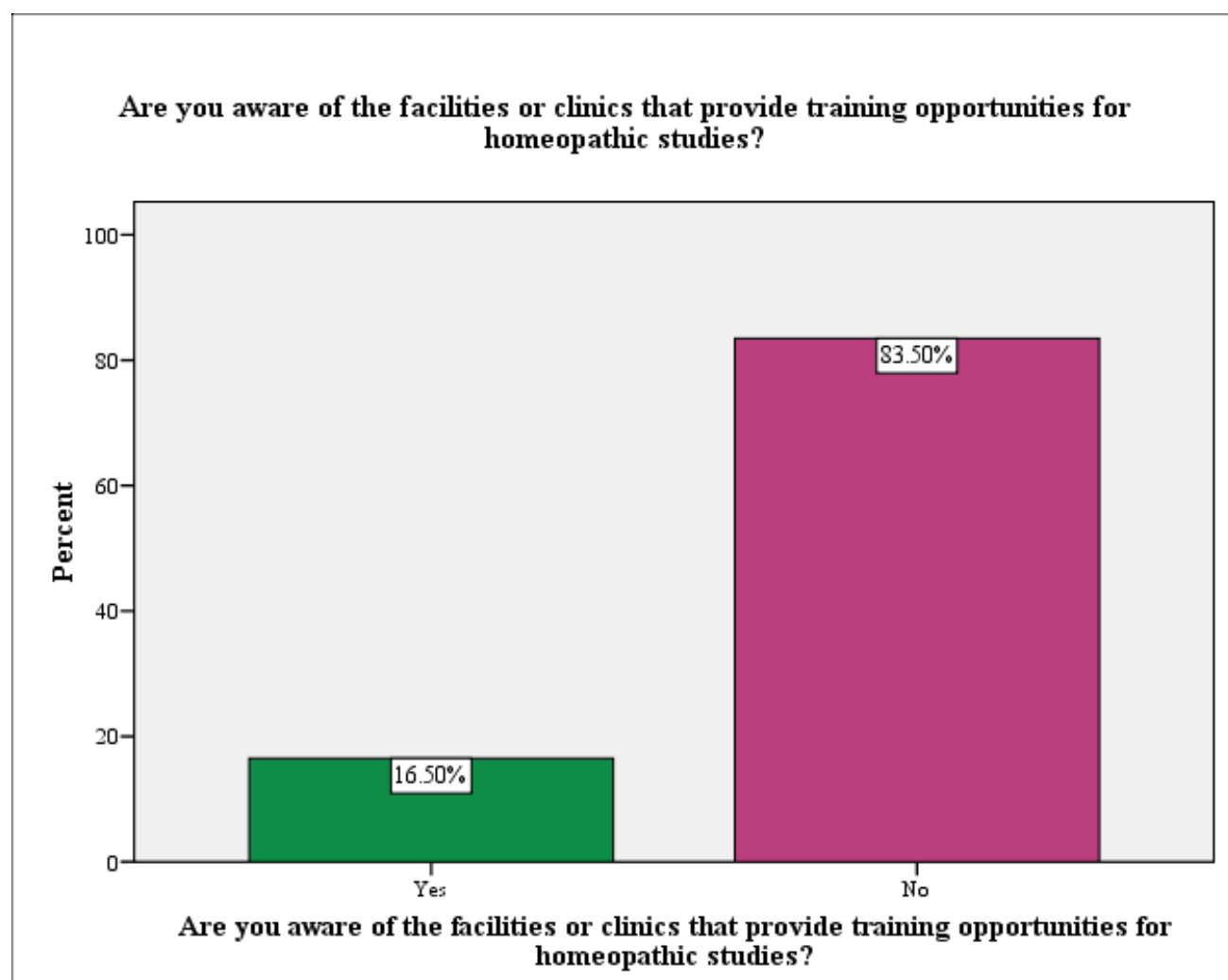


Table 4.11 Crosstabulation : Private versus Public

Are you aware of the facilities or clinics that provide training opportunities for homeopathic studies? * Are you employed at a Private or a Public hospital? Crosstabulation

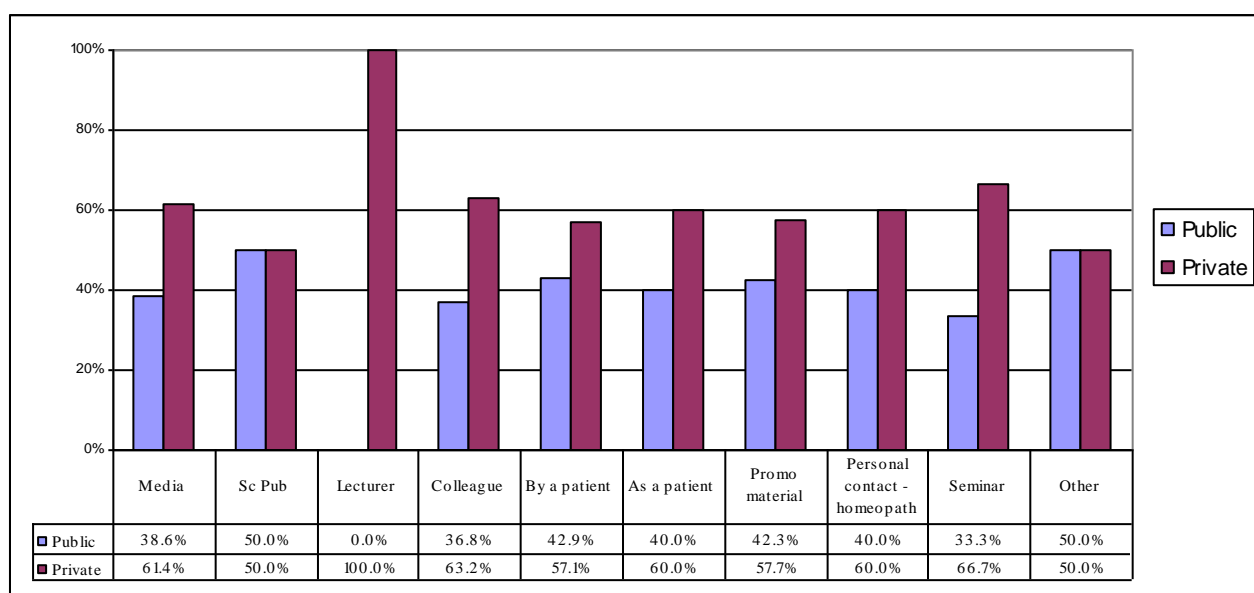
			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
Are you aware of the facilities or clinics that provide training opportunities for homeopathic studies?	Yes	% within Are you aware of the facilities or clinics that provide training opportunities for homeopathic studies?	6.1%	93.9%	100.0%
		% within Are you employed at a Private or a Public hospital?	2.2%	29.0%	16.5%
		% of Total	1.0%	15.5%	16.5%
	No	% within Are you aware of the facilities or clinics that provide training opportunities for homeopathic studies?	54.5%	45.5%	100.0%
		% within Are you employed at a Private or a Public hospital?	97.8%	71.0%	83.5%
		% of Total	45.5%	38.0%	83.5%
Total	% within Are you aware of the facilities or clinics that provide training opportunities for homeopathic studies?		46.5%	53.5%	100.0%
	% within Are you employed at a Private or a Public hospital?		100.0%	100.0%	100.0%
	% of Total		46.5%	53.5%	100.0%

4.4 Part Three: Awareness of homeopathy (Questions 16-21)

4.4.1 Question 16 – First became aware of homeopathy

Figure 4.16 indicates that respondents in the private sector are more aware of homeopathy than respondents in the public sector. It is interesting to note that all the private sector respondents who answered this question became aware via lectures on homeopathy, whereas none of the public sector respondents had been exposed to lectures. The next largest avenue of awareness amongst the private sector respondents was via seminars (66.7%). The most common avenues of exposure for public sector respondents was via scientific publications (50%) and “other” 50%.

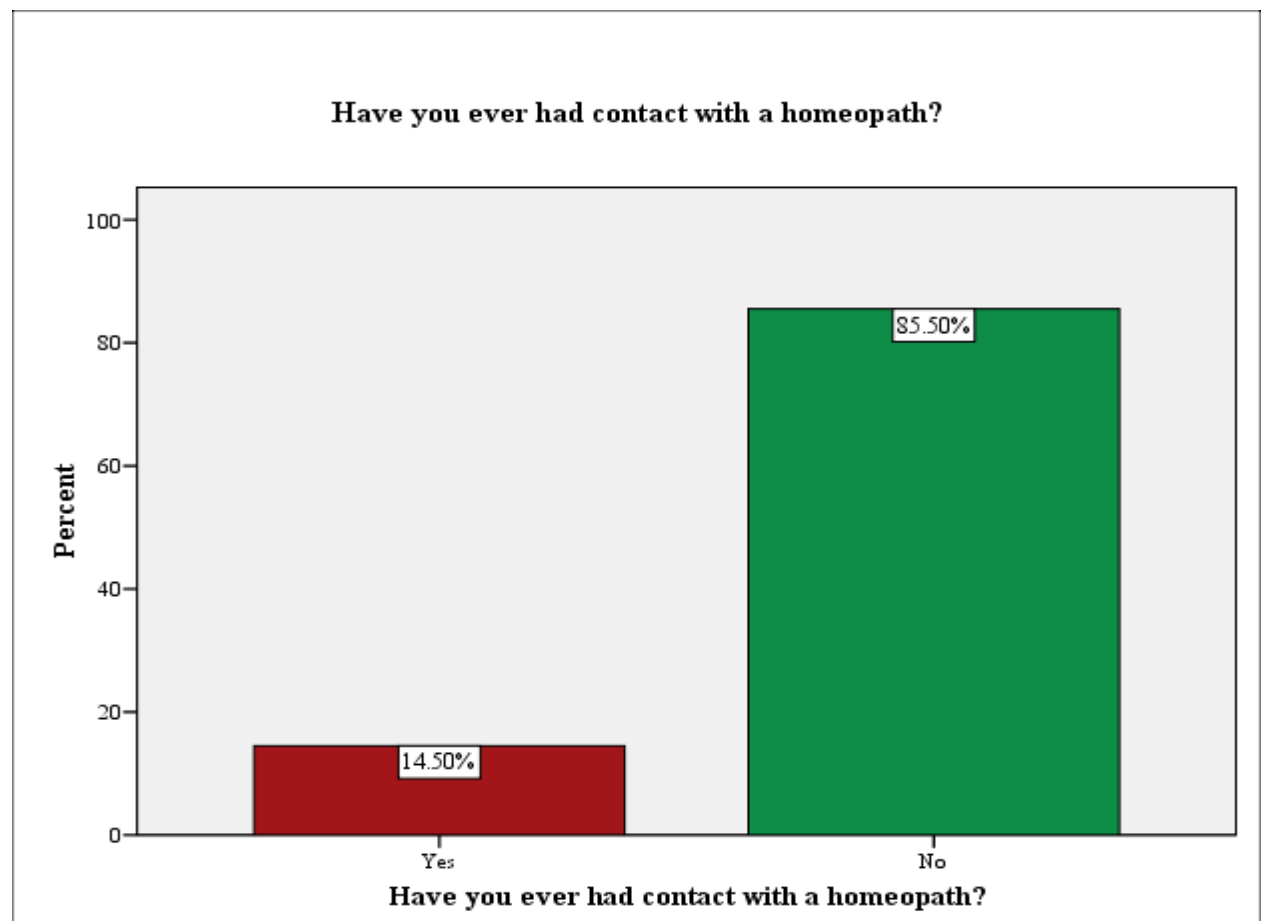
Figure 4.16 First became aware of homeopathy



4.4.2 Question 17(a) Contact with a homeopath

Figure 4.17 illustrates that respondents at private hospitals (85.5%) have had greater contact with homeopaths than respondents who work in public hospitals (14.5%). However, more respondents in the public sector have consulted with homeopaths (57%) than respondents in the private sector (43%).

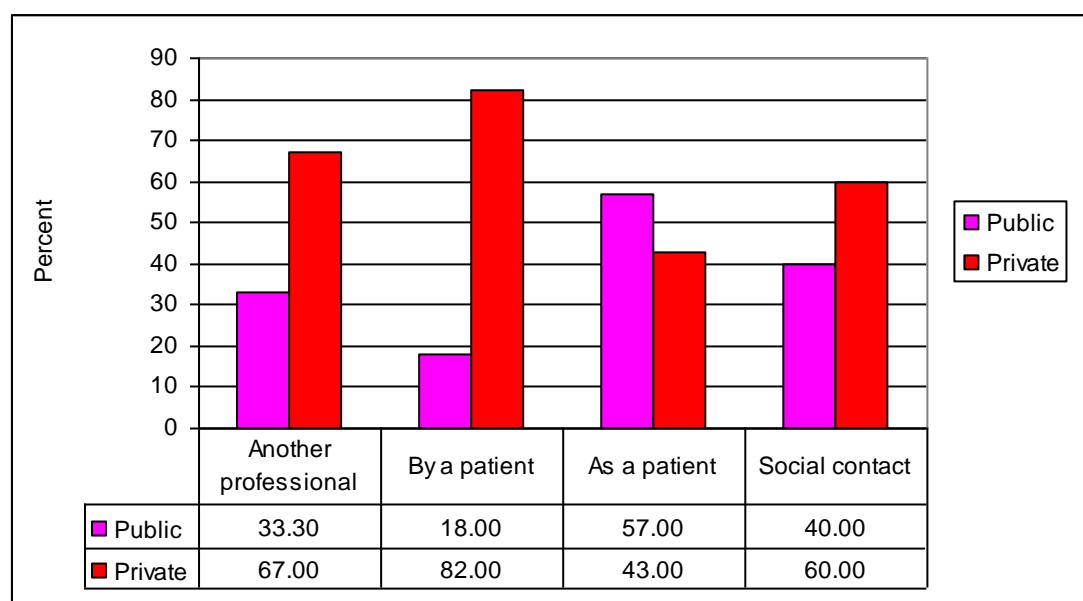
Figure 4.17 Contact with a homeopath



4.4.3 Question 17(b) Methods of contact with a homeopath

Surprisingly, the most common method of contact with a homeopath by respondents in the public sector was as a patient (57%). Other methods were via social contact (40%), via another professional (33.30%) and 18% of respondents by means of a patient they met in the hospital. The most common method of contact with a homeopath by respondents in the private sector was via a patient (82%). Other methods were via another professional (67%), via social contact (60%) and as a patient (43%). See Figure 4.18.

Figure 4.18 Method of contact with a homeopath



4.4.4. Question 18 – Adequate information on homeopathy

Figure 4.19 indicates that 89.45% of the respondents perceived they are not adequately informed about homeopathy whilst only 10.55% of respondents perceived that they are. Crosstabulation Table 4.11 reflects that an equal number of respondents in both the private and public sectors (50%) perceived that they are not adequately informed about homeopathy.

Figure 4.19 Adequately informed about homeopathy

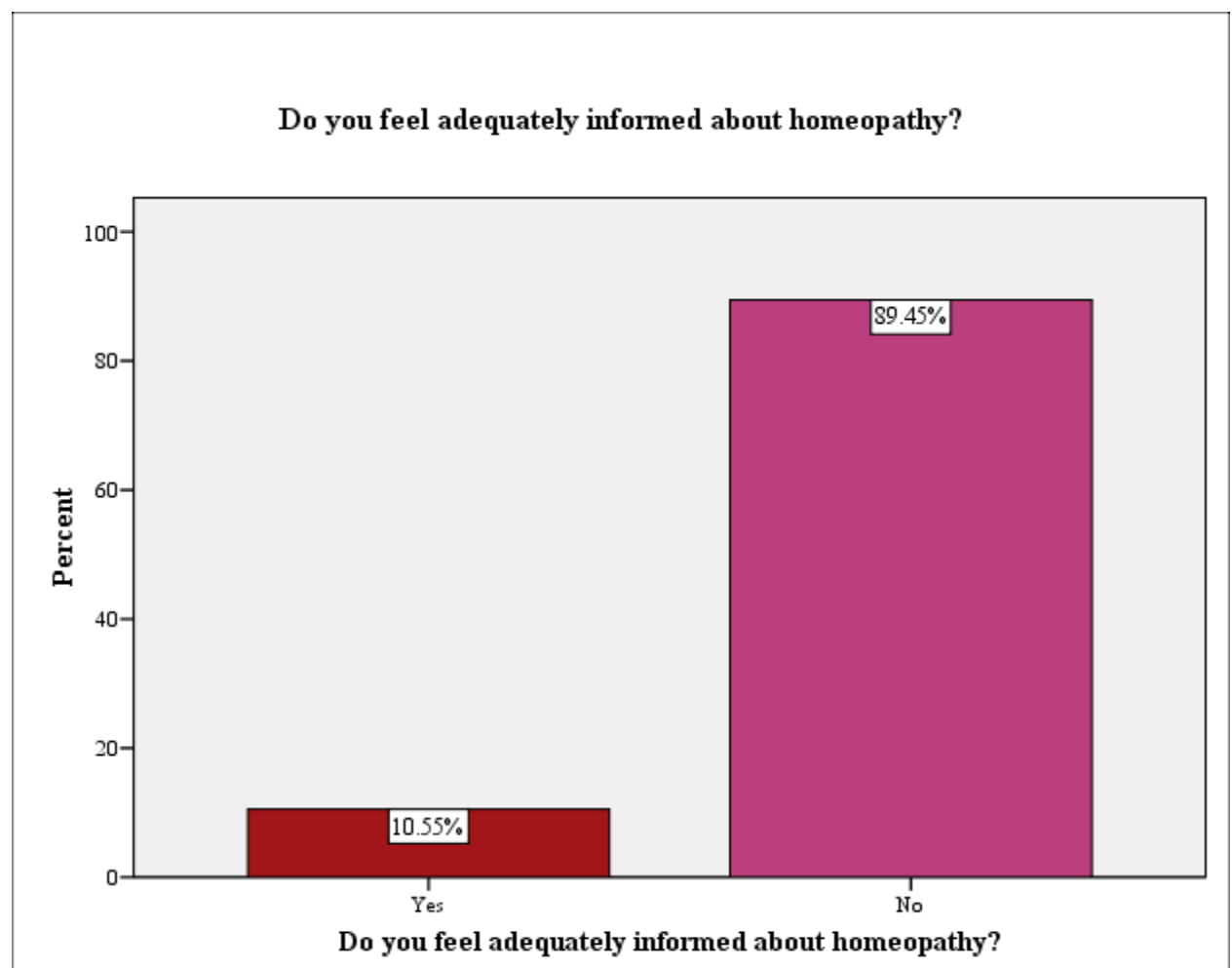


Table 4.12 Crosstabulation Private versus Public

you feel adequately informed about homeopathy? * Are you employed at a Private or Public hospital? Crosstabulation

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
Do you feel adequately informed about homeopathy?	Yes	% within Do you feel adequately informed about homeopathy?	19.0%	81.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	4.3%	16.0%	10.6%
		% of Total	2.0%	8.5%	10.6%
	No	% within Do you feel adequately informed about homeopathy?	50.0%	50.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	95.7%	84.0%	89.4%
		% of Total	44.7%	44.7%	89.4%
Total	% within Do you feel adequately informed about homeopathy?		46.7%	53.3%	100.0%
	% within Are you employed at a Private or a Public hospital?		100.0%	100.0%	100.0%
	% of Total		46.7%	53.3%	100.0%

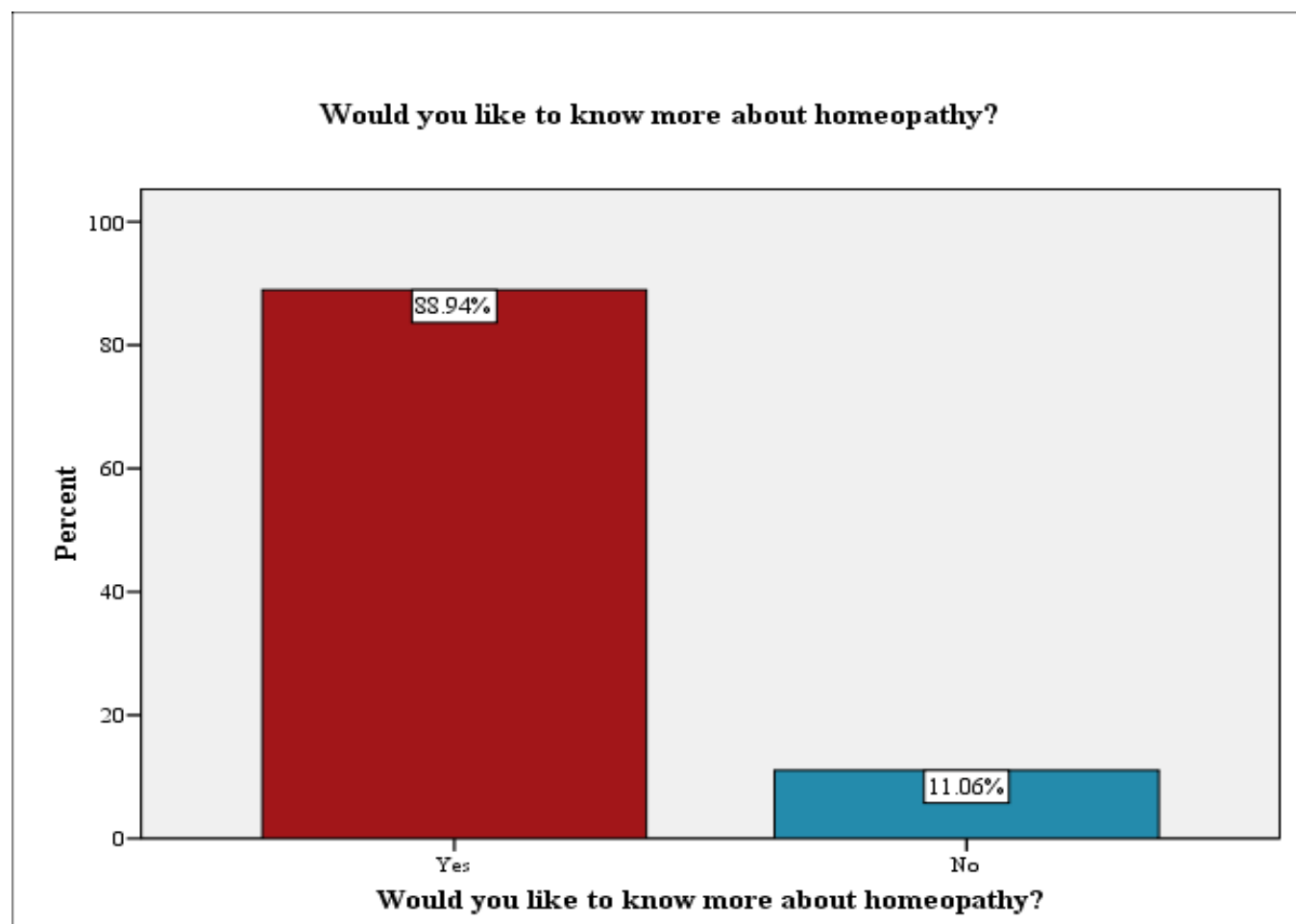
Question 18 provided space for respondents to comment. Comments were as follows:

- * I would like to know more regarding treatment;
- * I would like to be informed of the benefits of homeopathy.

4.4.5 Question 19 – More information on homeopathy

A high number of respondents (88.94%) would like to know more about homeopathy. Only a small percentage of respondents (11.06%) stated that they would not like to know more about homeopathy. See Figure 4.20.

Figure 4.20 More information on homeopathy



4.4.6 Question 20 – What information regarding homeopathy?

This was an open question. Comments were as follows:

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- * If it is being used, what effect it can have on patients – other than using medicinal medicine;
- * I would like to know more regarding treatment and what effect it has on the body as well as services available;
- * I would like to know of the treatment plan for chronic illness such as diabetes and hypertension;
- * I would like to know of the success rate of treatments;
- * The effects of homeopathy and the cost benefit;
- * Everything pertaining to homeopathy;
- * Do natural remedies work better than traditional, scientific medicine? How does homeopathy differ from medicine? How does homeopathy compare and is similar to medicine?;
- * What does the profession entail?;
- * How can it improve my health and physical being?;
- * How can it treat H.I.V?;
- * What does homeopathy entail? The concept about homeopathy. People with what conditions would use homeopathy;
- * How does it work in conjunction with modern medicine?;
- * How can it treat conditions?;

- * I have never heard of homeopathy so I would like to know everything pertaining to it;
- * The effectiveness of homeopathy;
- * The use of homeopathy in fertility and pregnancy;
- * I want to know how homeopathy can improve my health and well being, an unbalanced mind/body is better cured by a relaxed one;
- * I would like to know of the benefits of homeopathy in chronic conditions like diabetes mellitus, hypertension, cholesterol, arthritis and if natural remedies work better than scientific ones. What are the differences and similarities?;
- * I want to know of the services available to the public, the training required and general information;
- * Most nurses want to know about the course of homeopathy, what it entails and how to study homeopathy;
- * I believe from my knowledge that although it is treatment on its own, a varied amount of both scientific and natural medicine is used together with homeopathic treatment;
- * I would like to know what plants and herbs are used to treat patients as well as the different conditions a homeopath can treat;
- * If I am more informed about homeopathy maybe I would be confident in explaining to people or patients about homeopathic medicines and how it can be used for certain conditions;
- * What type of alternative medicine is homeopathy all about benefits, advantages and side effects;
- * Educate nurses about alternative medicine so we can be more aware of it and treat patients holistically;

- * I would like to have more information on the process of homeopathy;
- * Its herbal and natural medicine and all about its prevention;
- * There is not enough information on homeopathic medication;
- * I would like to know the origin of homeopathy, what it entails, how does one train, what qualifications it entails, where do people practice, who requires or mostly uses homeopathic treatment;
- * I would like to know more about homeopathy because I do not like medication. I understand that homeopathy is natural medicine;
- * I would like insight on the statistics and success rate of homeopathy;
- * I am unsure of the legal aspects;
- * I am curious about the mode of action of homeopathy;
- * Educate nurses about alternative medicine so we can be more aware of it and treat patients holistically;
- * I know of homeopathy through a discourse held by divine life society.

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- * I would like to know about the medication;
- * How does the medication help the patient to recover?;
- * I would like to know about homeopathy because I do not like medication;
- * I would like to know about it so I can give patients the opportunity to make the choice of care;
- * How to study homeopathy?;
- * The job description of a homeopath;
- * What does a homeopath do?;
- * What is it all about and what is it used for?;

- * What type of alternative is homeopathy all about? Benefits, advantages and side effects;
- * To know the finer details of homeopathy and how it works;
- * I am unsure because I do not know the procedures of homeopathy. More information is needed via the media, this should be done by adverts, newspaper articles, radios and televisions;
- * The person that told me of homeopathy recommended that it works;
- * Workshops and presentations should be conducted to educate nurses;
- * To know more about the training and services they are rendering to the community;
- * If we are more informed of homeopathy we can refer our patients to them for further treatment;
- * How does the medication work and how long do you take it before you actually see results;
- * Patients do use other sources of treatment like homeopathy whether we like it or not therefore nurses should know of it so as we are able to come up with better ways of combining the two;
- * In services to be informed;
- * We could have in service lectures to increase our knowledge, understanding and uses of homeopathy;
- * I would like to know how homeopaths are trained and where;
- * The public has to be well informed of homeopathy;
- * How do you treat hypertension and diabetes?;
- * I have never been exposed to the practice of homeopathy;
- * I would like to know of the advantages and disadvantages of homeopathy;

- * How do you treat different body systems diseases like diabetes and epilepsy?;
- * What is homeopathy, what profession, and career. Please explain to me;
- * I want to know more by organising workshops and courses;
- * What is homeopathy? The type of treatment they offer. What conditions a person can use homeopathic treatment. Where do I go to find out more information?;
- * A patient cannot mix drugs with natural medicine;
- * I heard homeopaths use natural herbs to treat their patients which I believe they say has no side effects like drugs but I would like to know more;
- * I am unsure because we are not exposed to homeopaths so we need to get some information from them;
- * I would like to know what is homeopath, what education is requires and can anyone go straight to a homeopath or must they be referred;
- * I want to know more of the medication. Its symptomatic response and how they cure the patient and why they are administered in minute doses and the effect of them to the patient, who is a homeopath and the career as a whole;
- * To know more about the training and services they are rendering to the community;
- * If we are more informed of homeopathy we can refer our patients to them for further treatment;
- * How does the medication work and how long do you take it before you actually see results;
- * What conditions can be treated and the line of treatment?

The researcher categorised the responses listed above into broad categories, as illustrated in Figure 4.21. 29.31% of respondents said that they would like to know how homeopathy can be useful in treating conditions. A substantial percentage of respondents (68.97%) said that they would like to know how homeopathy can be useful in treating certain conditions as well as in improving the quality of life of patients. See Figure 4.20. Crosstabulation Table 4.12 illustrates that most respondents in the private sector (73.5%) wanted to know how homeopathy can be useful in treating medical conditions and 52.5% of respondents in the public sector wanted to know how homeopathy can be useful in treating medical conditions and improving quality of life of patients.

Figure 4.21 What information regarding homeopathy?

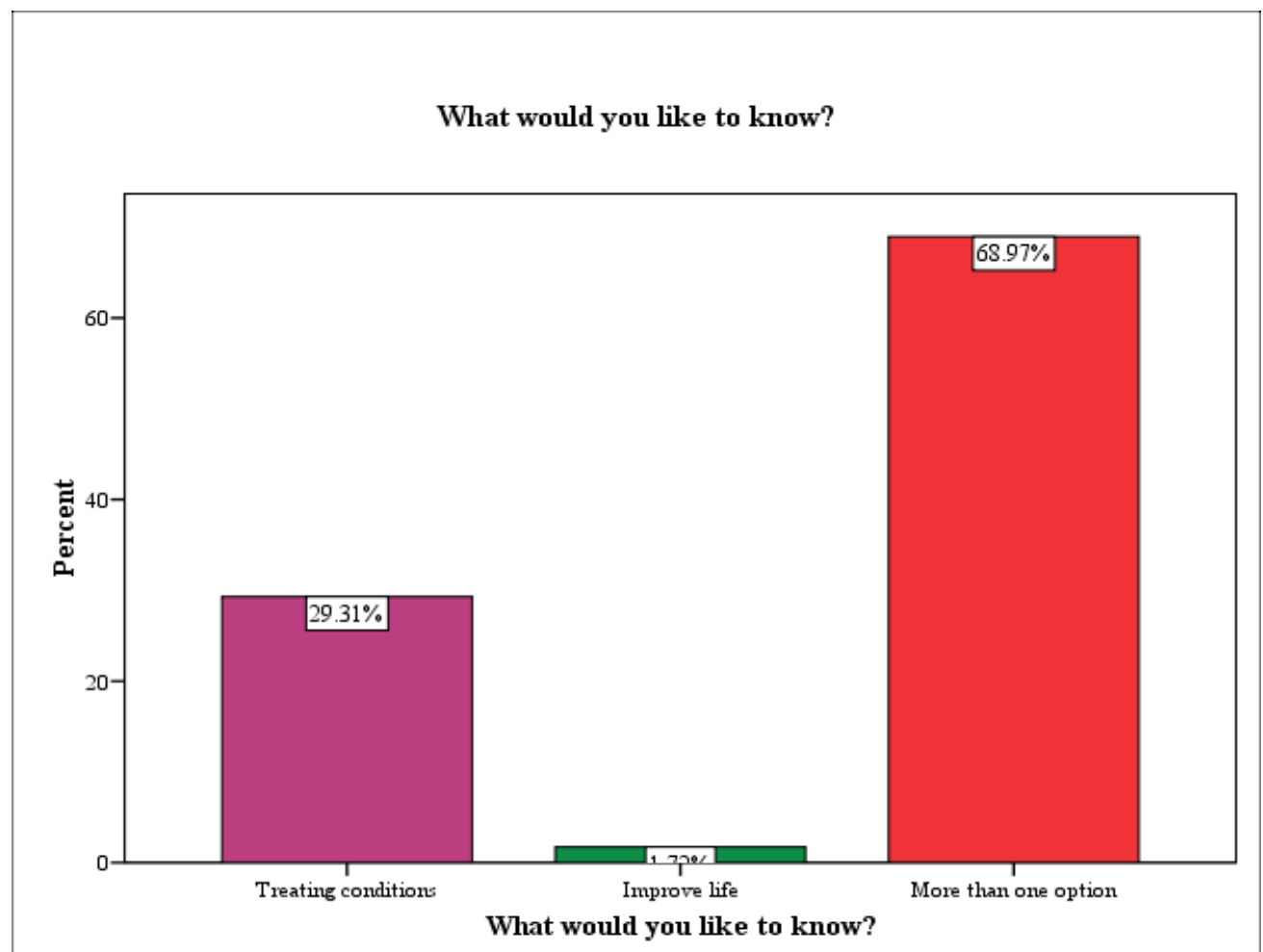


Table 4.13 Crosstabulation Private versus Public

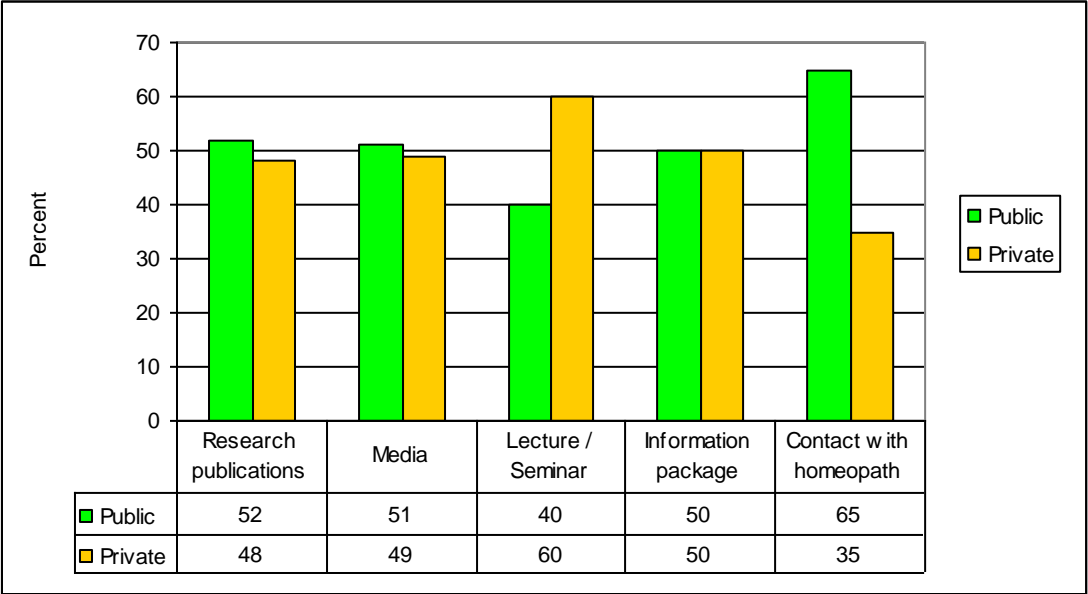
would you like to know ? * Are you employed at a Private or a Public hospital? Crosstabul

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
What would you like to know ?	Treating conditions	% within What would you like to know ?	26.5%	73.5%	100.0%
		% within Are you employed at a Private or a Public hospital?	17.3%	39.1%	29.3%
		% of Total	7.8%	21.6%	29.3%
	Improve life	% within What would you like to know ?	50.0%	50.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	1.9%	1.6%	1.7%
		% of Total	.9%	.9%	1.7%
	More than one option	% within What would you like to know ?	52.5%	47.5%	100.0%
		% within Are you employed at a Private or a Public hospital?	80.8%	59.4%	69.0%
		% of Total	36.2%	32.8%	69.0%
Total	% within What would you like to know ?		44.8%	55.2%	100.0%
	% within Are you employed at a Private or a Public hospital?		100.0%	100.0%	100.0%
	% of Total		44.8%	55.2%	100.0%

4.4.7 Question 21 – Method of information dissemination

Forty six percent of the respondents at public hospitals and 54% of respondents at private hospitals would like to know more about homeopathy. As can be seen from Figure 4.22, most respondents in the private sector want to know more about homeopathy by means of lectures or seminars (60%) and information packages (50%). In the public sector most respondents want to know more about the homeopathic profession by means of personal contact with a homeopath (65%). See Figure 4.22.

Figure 4.22 Method of information dissemination



4.5 Part 4: Perception of homeopathy (Questions 22-31)

4.5.1 Question 22 – Legitimacy of homeopathy as a form of healthcare

Figure 4.23 illustrates that a large percentage of the respondents 84.53% perceived homeopathy to be a legitimate form of health care whilst only 15.47% of respondents perceived homeopathy to not be a legitimate form of healthcare. Crosstabulation Table 4.13 reflects that most respondents in the private sector 60.1% perceived homeopathy to be a legitimate form of health care whilst 60.7% of respondents in the public sector perceived it not to be.

Figure 4 23 Legitimacy of homeopathy as a form of healthcare

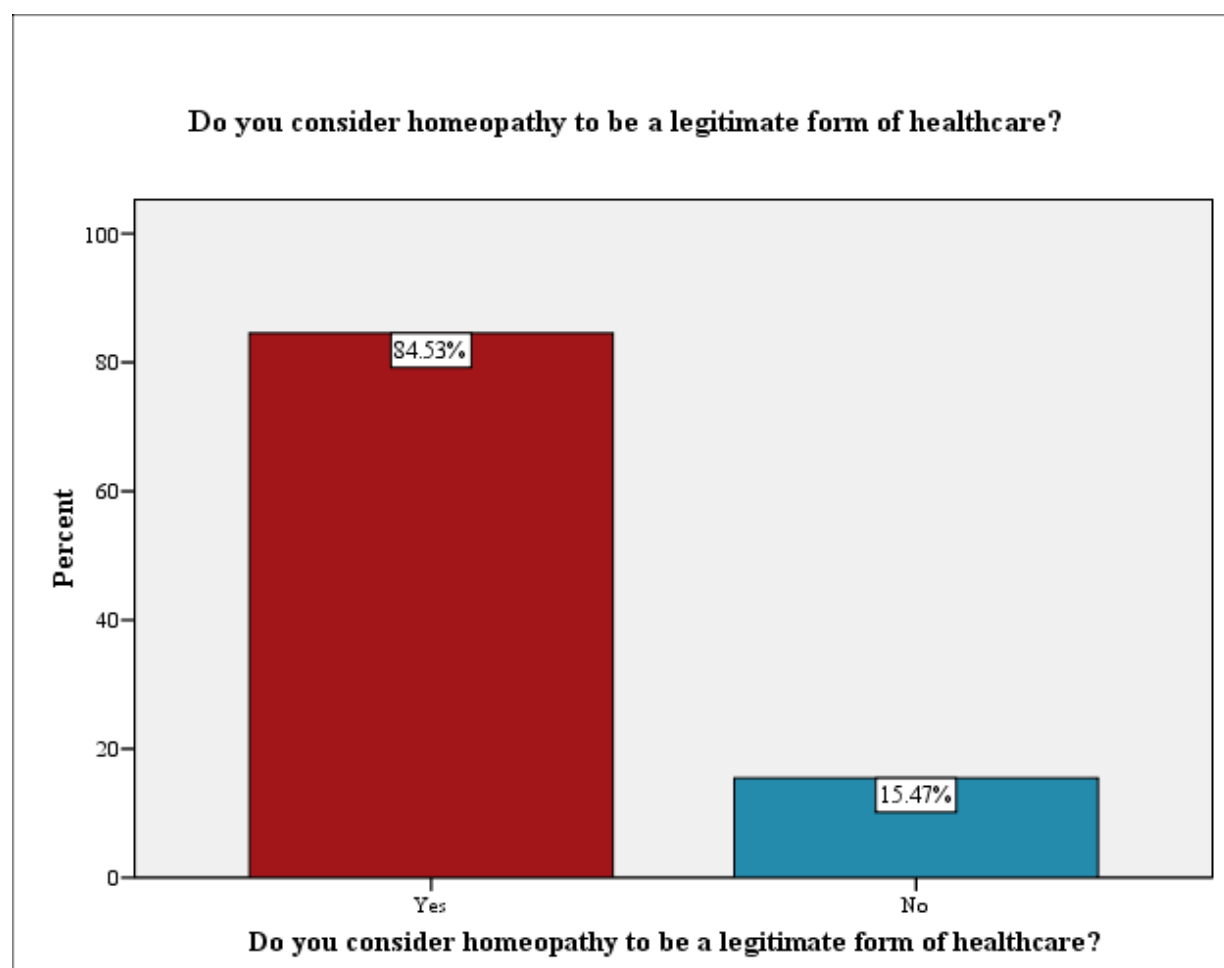


Table 4.14: Crosstabulation: Private versus Public

Do you consider homeopathy to be a legitimate form of healthcare? * Are you employed at a Private or a Public hospital? Crosstabulation

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
Do you consider homeopathy to be a legitimate form of healthcare?	Yes	% within Do you consider homeopathy to be a legitimate form of healthcare?	39.9%	60.1%	100.0%
		% within Are you employed at a Private or a Public hospital?	78.2%	89.3%	84.5%
		% of Total	33.7%	50.8%	84.5%
	No	% within Do you consider homeopathy to be a legitimate form of healthcare?	60.7%	39.3%	100.0%
		% within Are you employed at a Private or a Public hospital?	21.8%	10.7%	15.5%
		% of Total	9.4%	6.1%	15.5%
Total	% within Do you consider homeopathy to be a legitimate form of healthcare?		43.1%	56.9%	100.0%
	% within Are you employed at a Private or a Public hospital?		100.0%	100.0%	100.0%
	% of Total		43.1%	56.9%	100.0%

Question 22 provided space for respondents to comment. Comments were as follows:

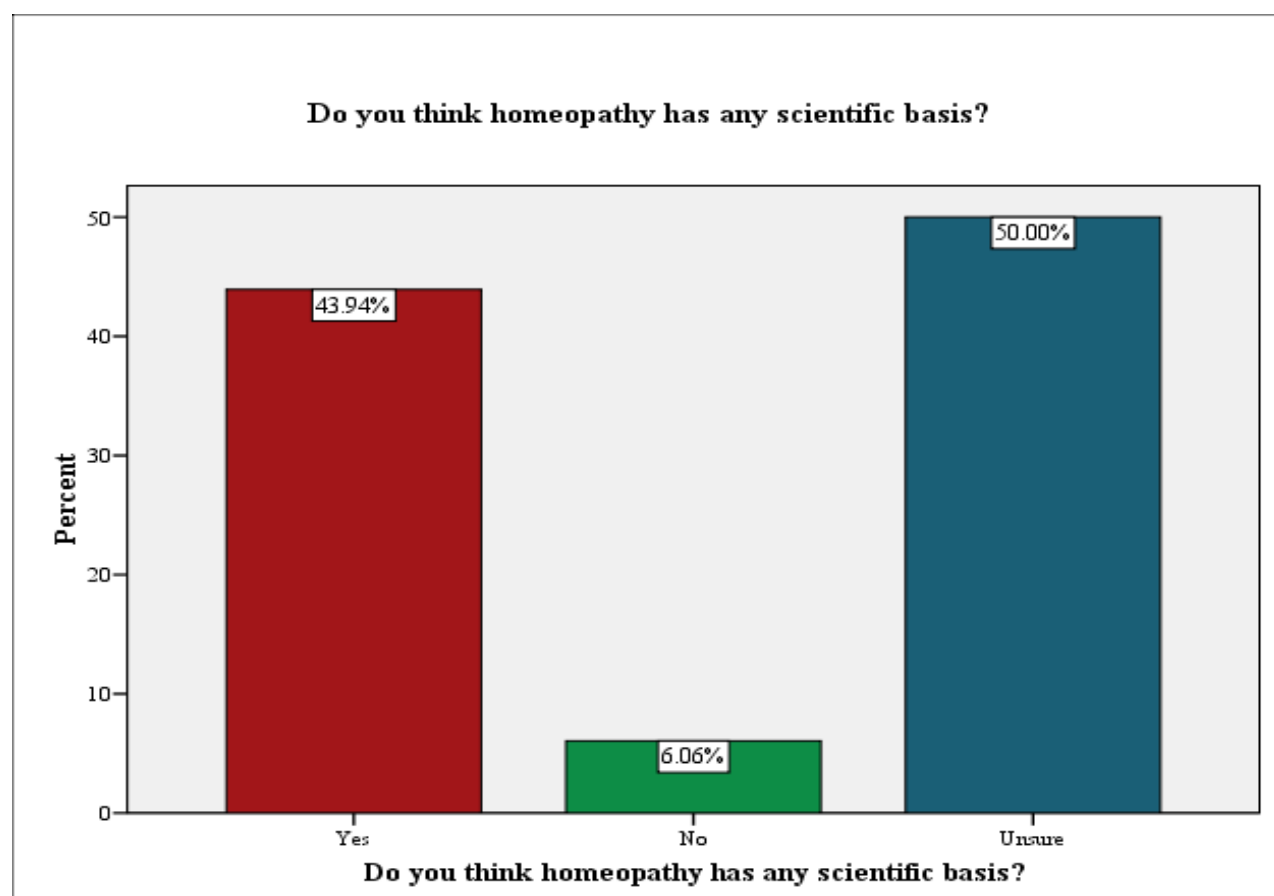
- * Yes. It promotes some form of healing with patient health care;
- * I do not have enough information on homeopathy to state if it is a legitimate healthcare;
- * Yes but it will take a long time to convince patients of this form of healthcare because they are using tablets etc;
- * It is legitimate because training is provided by an accredited institution;
- * Homeopathy can cure ailments in a natural way;
- * Less side effects and contraindications;

- * Acute conditions need scientific care;
 - * There is a place for different forms of treatment besides homeopathy;
 - * Patients have a right to make informed decisions on alternative care.
- However I feel medical options should not be ignored;
- * Sometimes alternative methods of treatment are better than medical ones;
 - * I believe in natural healing remedies with less negative side effects;
 - * Yes. It helped my sister with her condition;
 - * Homeopathy is a legitimate form of healthcare because I believe it genuinely cures some diseases and illnesses;
 - * Homeopathy is a legitimate form of healthcare because many people have been healed by homeopathy.

4.5.2 Question 23 – Scientific basis

The majority of respondents (50%) were unsure regarding the scientific basis of homeopathy. However 43.94% of respondents said that homeopathy does have a scientific basis whilst only 6.06% said it did not. See Figure 4.24.

Figure 4.24 Scientific basis



Question 23 provided space for respondents to comment. Comment was as follows:

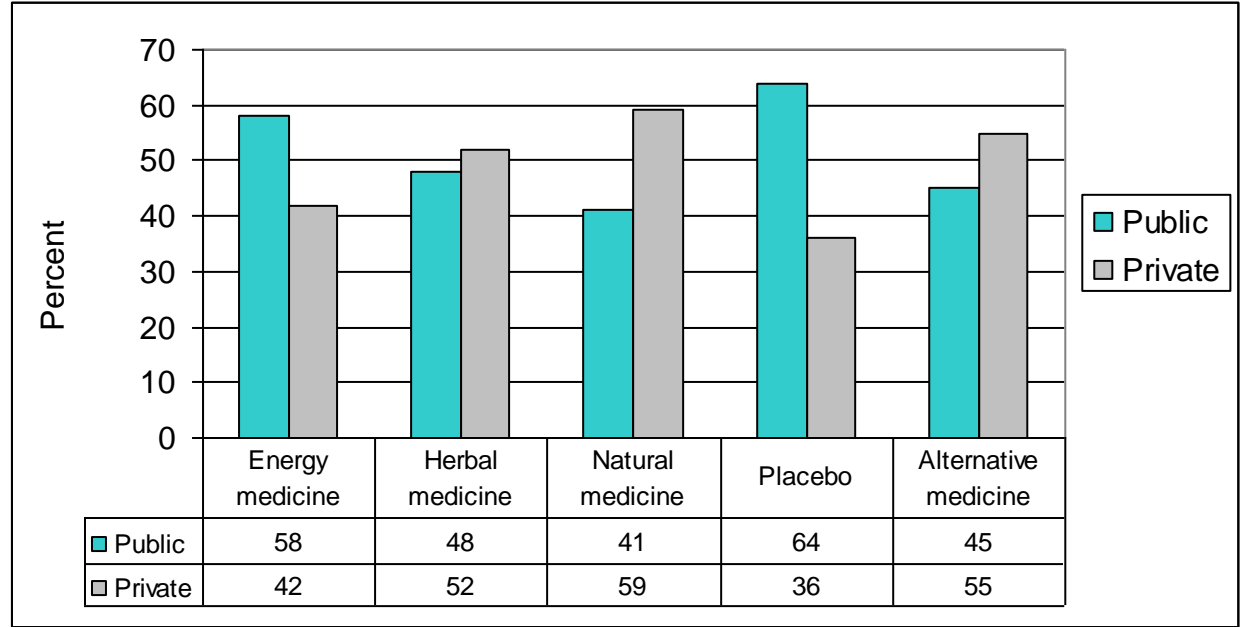
* Homeopathy has been practised successfully for many years and is a recognised form of healing based on proven science.

4.5.3 Question 24 – Description of homeopathy:

As can be seen from Figure 4.25, the majority of respondents in the public sector perceive homeopathy to be placebo (64%) as compared to 36% of respondents in the private sector. The majority of respondents in the private sector perceive it as natural medicine (59%) as compared to 41% in the public

sector. The next largest group of respondents in the public sector perceive homeopathy as energy medicine (58%) compared to 42% of respondents in the private sector. The next largest group of respondents in the private sector perceive homeopathy as alternative medicine (55%), compared to 45% in the public sector. 48% of respondents in the public sector and 52% of respondents in the private sector perceive homeopathy as herbal medicine.

Figure 4.25 Description of homeopathy



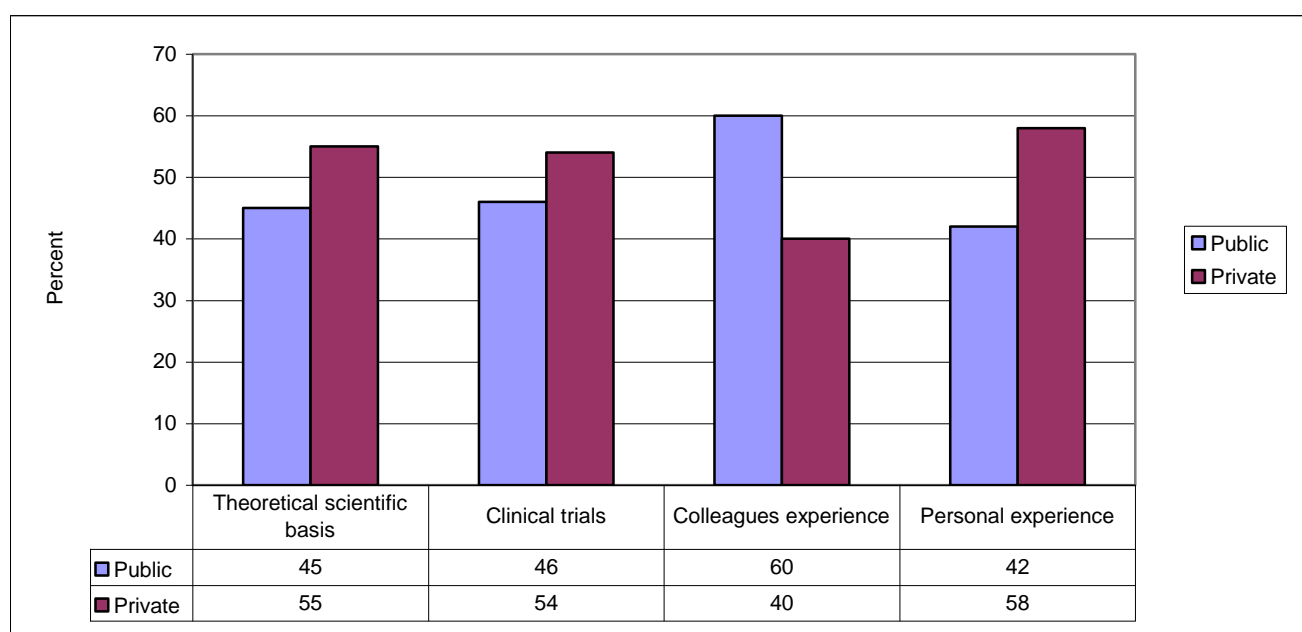
Question 24 provided space for respondents to comment. Comment was as follows:

* Homeopathy involves mind, body and spirit to treat.

4.5.4 Question 25 – Validation or evidence that would improve the acceptability of homeopathy:

58% of respondents in private hospitals perceive that their personal experience would increase their acceptability of homeopathy as compared to 42% of respondents in public hospitals. Most respondents in public hospitals perceive that their colleagues' experience (60%) would improve their acceptability of homeopathy compared to 40% in private hospitals. 55% of respondents in the private sector and 45% of respondents in the public sector perceive that evidence regarding the theoretical scientific basis would improve their acceptability of homeopathy. 46% of respondents in the public sector and 54% of respondents in the private sector perceive that evidence of clinical trials would improve their acceptability. See Figure 4.26.

Figure 4.26 Validation or evidence that would improve acceptability of homeopathy



Question 25 provided space for respondents to comment. Comments were as follows:

- * People are knowledgeable and would prefer scientifically based proven facts to support the success of homeopathy;
- * Clinical trials – The dosage, strength and expiry date of the medication;
- * To prove the acceptability of homeopathy one would also require the dosage, date and expiration of medication;
- * Clinical trials will prove if homeopathy works or not.

4.5.5. Question 26 – Procedures expected to be performed by a homeopath:

As can be seen from Figure 4.27 and Table 4.7, in every category, respondents in the private sector have a higher expectation regarding procedures that a homeopath can perform than do respondents in the public sector. It is surprising to see that one of their highest expectations is that homeopaths can do surgery (58%)!

Figure 4.27 Procedures expected to be performed by a homeopath

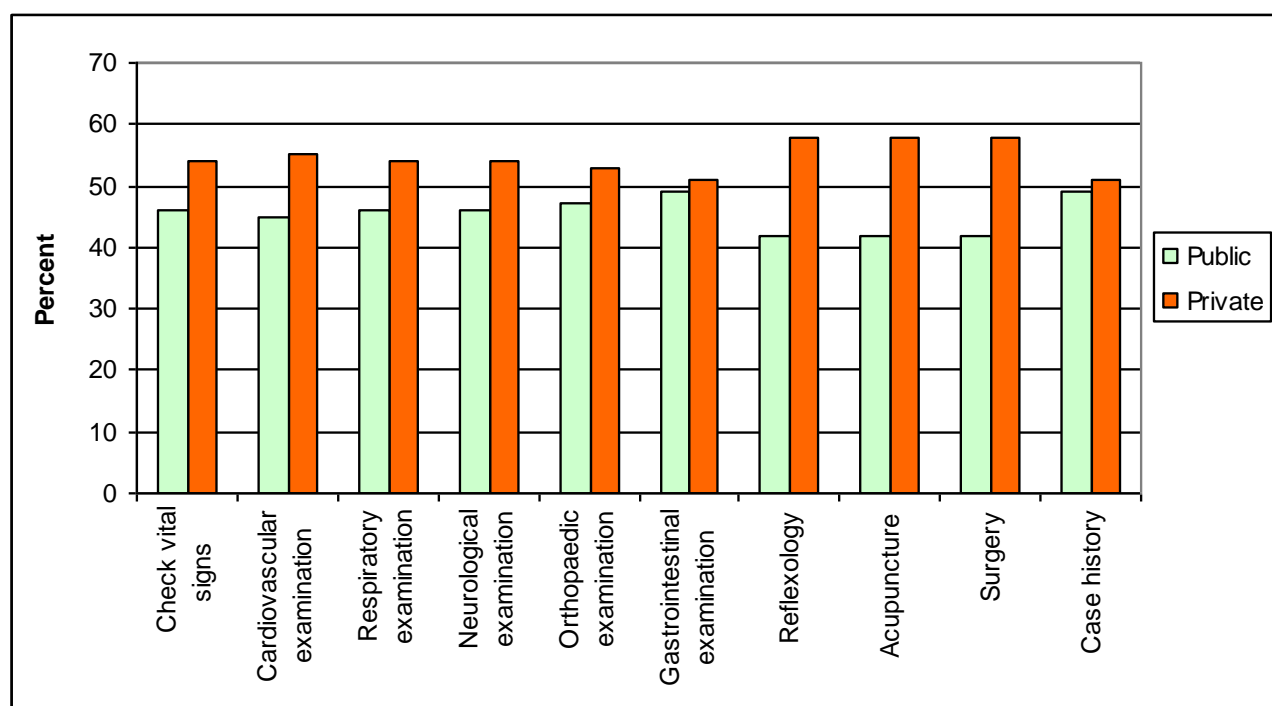


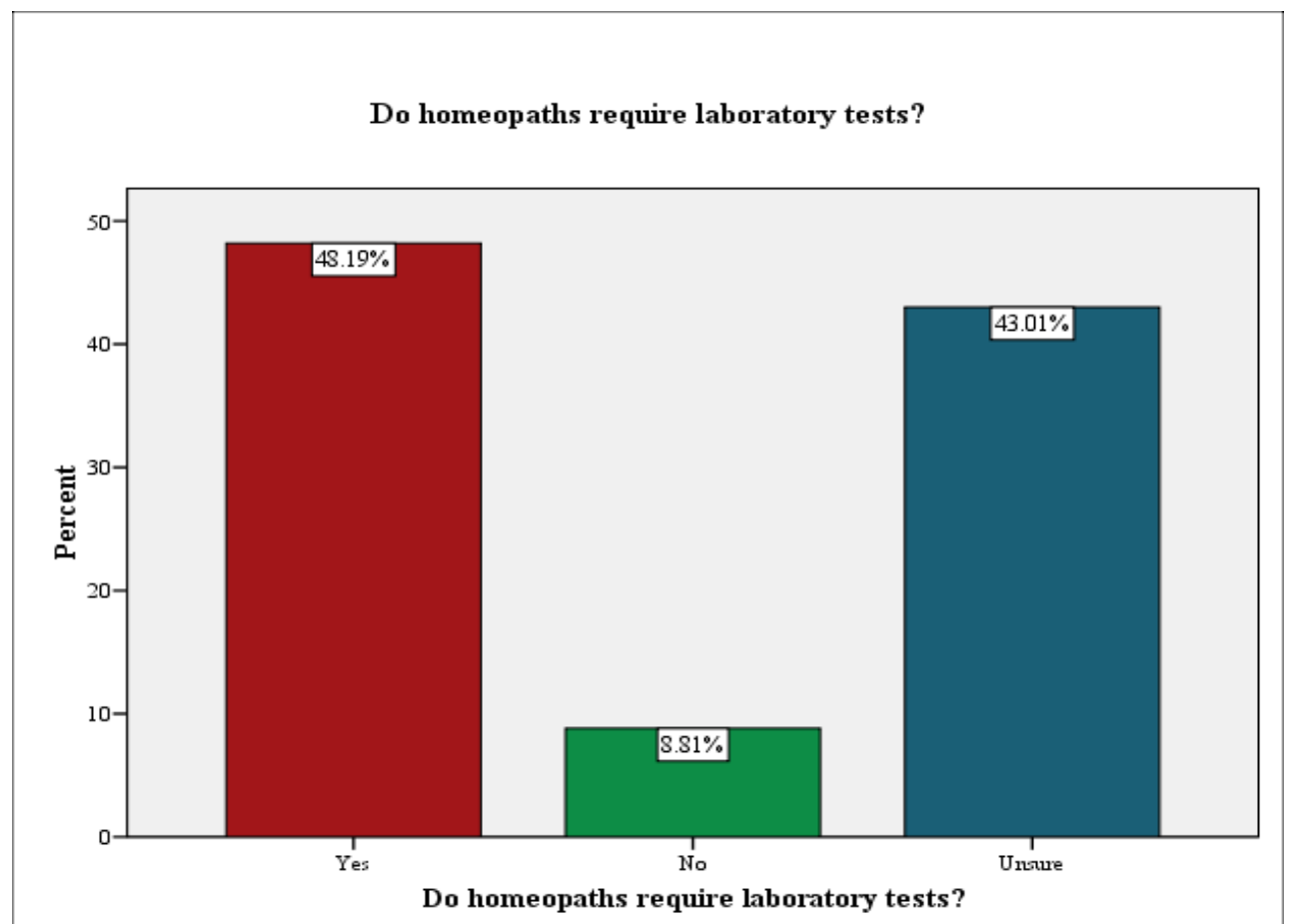
Table 4.15 Procedures expected to be performed by a homeopath – Figures represented as percentages

	Public	Private
Check vital signs	46	54
Cardiovascular examination	45	55
Respiratory examination	46	54
Neurological examination	46	54
Orthopaedic examination	47	53
Gastrointestinal examination	49	51
Reflexology	42	58
Acupuncture	42	58
Surgery	42	58
Case history	49	51

4.5.6 Question 27 – Do homeopaths require laboratory tests?

Almost half of respondents answered that homeopaths do require laboratory tests, whilst 43.01% were unsure. Only a small percentage (8.81%) said that homeopaths do not require laboratory tests. See Figure 4.28.

Figure 4.28 Do homeopaths require laboratory tests?



Question 27 provided space for respondents to comment. However, there were no comments.

4.5.7 1 Question 28(a) – Homeopathy can be useful to treat:

Figure 4.29 below gives an indication as to the perceptions respondents have with respect to what homeopathy can treat. In all categories except two, respondents at private hospitals have a higher perception regarding the usefulness of homeopathic treatment than do respondents in public hospitals. The exceptions are regarding the treatment of cancer (59% of public hospital respondents, 41% of private hospital respondents) and surgery (61% of public hospital respondents, 39% of private hospital respondents).

Figure 4.29 Homeopathy can be useful to treat

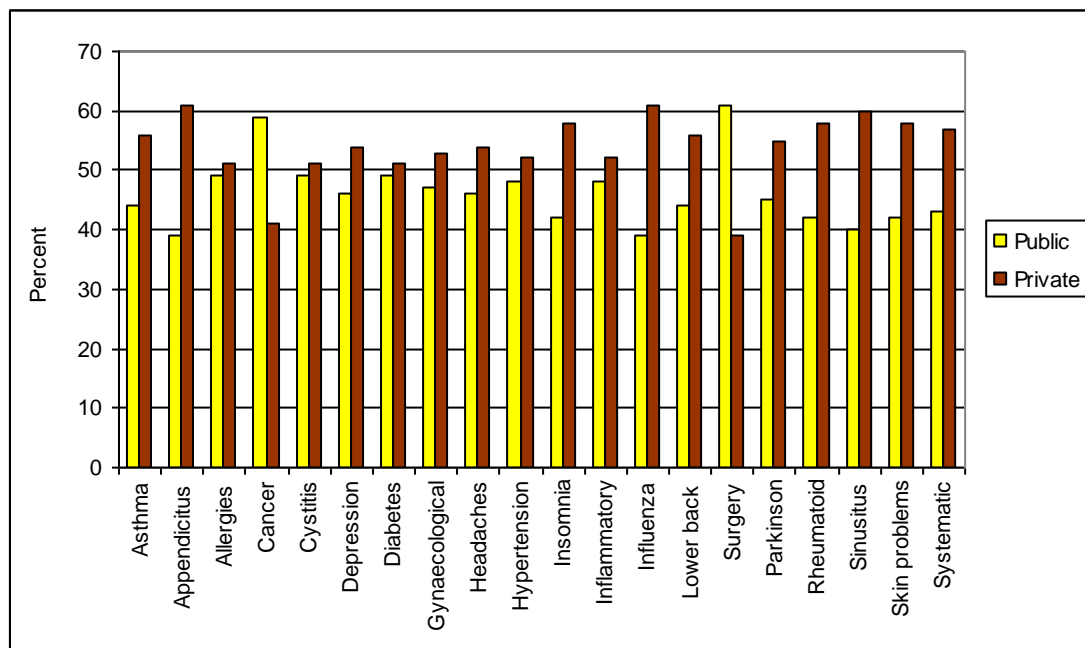


Table 4.16 Homeopathy can be useful to treat – Figures represented as percentages

	Public	Private
Asthma	44	56
Appendicitis	39	61
Allergies	49	51
Cancer	59	41
Cystitis	49	51
Depression	46	54
Diabetes	49	51
Gynaecological problems	47	53
Headaches	46	54
Hypertension	48	52
Insomnia	42	58
Inflammatory disease	48	52
Influenza	39	61
Lower back pain	44	56
Surgery	61	39
Parkinson disease	45	55
Rheumatoid Arthritis	42	58
Sinusitis	40	60
Skin problems	42	58
Systematic infections	43	57

4.5.7.2 Question 28(b) – Other conditions treated by a homeopath

Written responses from private sector respondents were that homeopathy can be useful in treating other ailments such as malnutrition, osteoporosis, diarrhoea, vomiting, dehydration, gastrointestinal conditions and eczema.

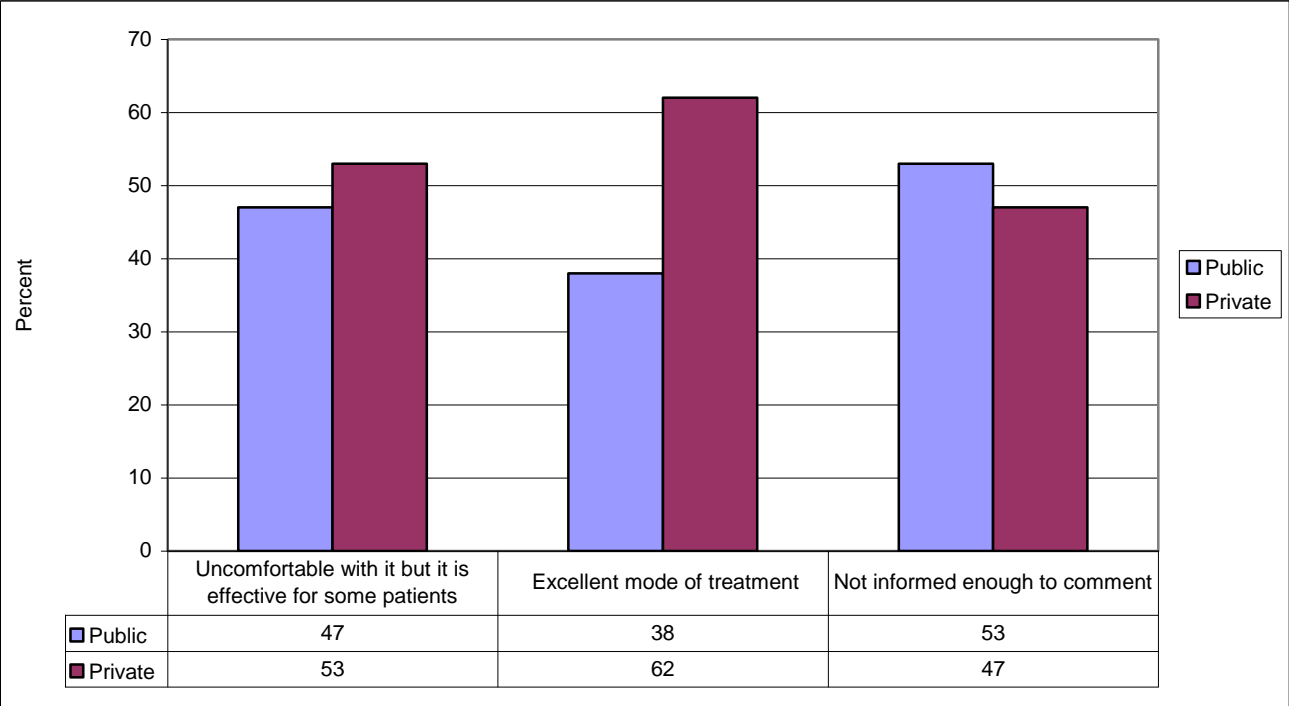
Respondents in the private sector also stated that homeopathy can be useful in treating gout, gallstones, yellow fever, pleurisy, tonsillitis, pregnancy

ailments and bedwetting. They also perceived that homeopathy is useful in treating skin problems, sinusitis, rheumatoid arthritis, influenza, colds, insomnia, appendicitis, and asthma.

4.5.8 Question 29 – View of homeopathy

The majority of respondents in the public sector (53%) state they are not informed enough to comment on homeopathy. 47% of them are uncomfortable with it but say it is an effective form of treatment and 38% of them perceive homeopathy as an excellent mode of treatment. A more positive result is seen in respondents of the private sector. 62% of them perceive homeopathy is an excellent mode of treatment, 53% of them say they are uncomfortable with it but feel it is effective for some patients and 47% were not informed enough to comment. See Figure 4.30.

Figure 4.30 View of homeopathy



4.5.9 Question 30 – Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses?

79.49% of respondents said improved communication and co-operation with homeopaths and respondents would be beneficial. 17.95% of the respondents perceived that they were unsure whilst only a small percentage of 2.56% said it would not be beneficial. See Figure 4.31 below.

Figure 4 31 Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses?

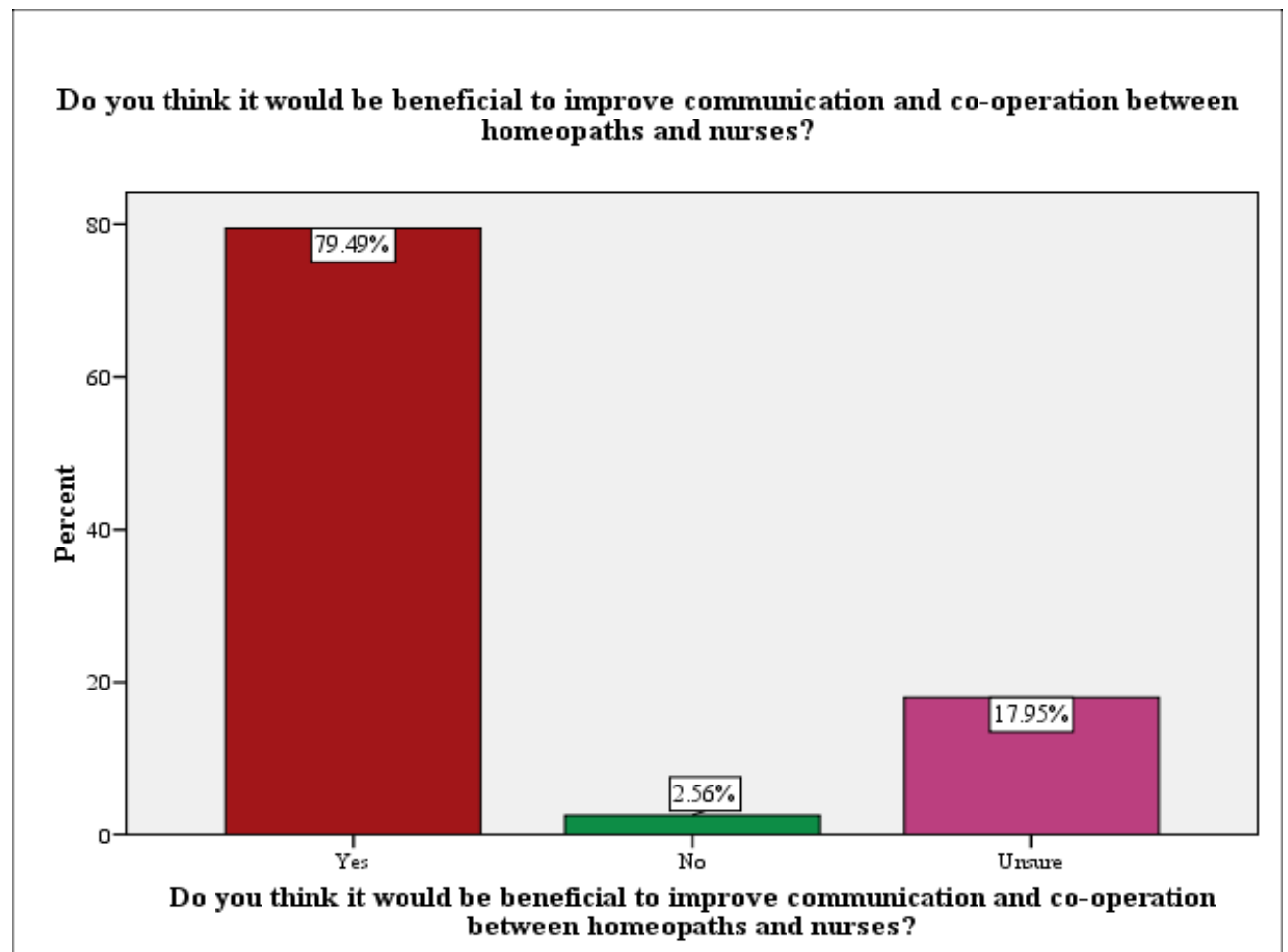


Table Crosstabulation 4.17 Public versus Private

Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses? * Are you employed at a Private or a Public hospital? Crosstabulation

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses?	Yes	% within Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses?	47.1%	52.9%	100.0%
		% within Are you employed at a Private or a Public hospital?	82.0%	77.4%	79.5%
		% of Total	37.4%	42.1%	79.5%
	No	% within Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses?	60.0%	40.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	3.4%	1.9%	2.6%
		% of Total	1.5%	1.0%	2.6%
	Unsure	% within Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses?	37.1%	62.9%	100.0%
		% within Are you employed at a Private or a Public hospital?	14.6%	20.8%	17.9%
		% of Total	6.7%	11.3%	17.9%
Total	% within Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses?	45.6%	54.4%	100.0%	
	% within Are you employed at a Private or a Public hospital?	100.0%	100.0%	100.0%	
	% of Total	45.6%	54.4%	100.0%	

Question 30 provided space for respondents to comment. Comments elaborating a “Yes” response were as follows:

PRIVATE SECTOR RESPONDENTS

- * So we can get information and knowledge of this form of treatment;
- * To give nurses a better understanding of the role of homeopathic medicines and remove the barriers surrounding this form of treatment;
- * In services and lectures;
- * Nurses are unsure of homeopathic treatment;
- * Nurses are a link between patients and homeopaths Nurses are able to give patients the informed choice on the benefits of homeopathic treatment;
- * Homeopathy is underrated due to lack of knowledge in the subject therefore improved communication will assist;
- * Sometimes natural medicine would be more effective in certain conditions and in cases where patients are adversely affected by certain pharmaceutical drugs;
- * Team work – homeopaths are part of the multidisciplinary team;
- * Nurses need to become aware of homeopathy as an effective form of healing, which has its place in alternative medical care;
- * It can also probably assist in clinical trial programmes so awareness of homeopathy is promoted;
- * It can become part of education which can be imparted to patients who then also become better informed;
- * In the case of long terms purposes in cases where patients do not recover;
- * To work harmoniously together to provide holistic care;

- * To co-operate and work together in hospitals;
- * To compliment and work together to cure patients;
- * I feel better co-operation is good because patients prefer homeopathic treatment rather than medical;
- * Nurses are a link between homeopaths and patients, nurses can give patients options;
- * Educate nurses about alternative medicine so we can be more aware of it and treat patients holistically;
- * I would like to know about it so that I can give patients the opportunity to make the choice of care;
- * As a nurse when a patient does not respond to treatment alternative medicine can be recommended;
- * There are so many medication these days, a natural way of healing is better;
- * Patients are using it so it would be more beneficial if there is co-operation between homeopaths and nurses for better compliance and giving medication to patients;
- * Better communication gives the nurse a better understanding and more knowledge of the way homeopathic patients should be cared for.

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- * Improved communication and co-operation gives nurses a better understanding on how to treat patients receiving homeopathic treatment;
- * If I am informed of homeopathy maybe I would be confident in explaining to people or patients about homeopathic medicines and how it can be used for certain conditions;

- * To educate patients on alternative treatment to be more aware of treatment and to treat patients holistically;
- * To become more knowledgeable about the therapy and have knowledge about the effectiveness of homeopathy;
- * We need in services;
- * We as nurses can co-operate the two ways and combine certain knowledge so that the patient will be helped;
- * If one type of treatment is used and fails then as a nurse we can try homeopathic treatment;
- * Improved communication between nurses and homeopaths is important because if nurse knew about it, they can also recommend their family members to use homeopaths. Even patients would be interested if they hear it from nurses;
- * I once nursed a patient in a private hospital who was also treated by a homeopath;
- * Co-operation would be beneficial so that nurses can know more about homeopathy as a whole, the series of medication, disease process and cure, how it is administered, the career of homeopathy and its symptomatic effect;
- * Patients are using it so it would be more beneficial if there is co-operation between homeopaths and nurses for better compliance and giving medication to patients;
- * With improved communication nurses can refer patients to homeopaths if necessary.

The researcher categorised the responses comments listed above into broad categories, as illustrated in Figure 4.32. The majority of respondents (52.56%) perceived that improved communication and co-operation between homeopaths and nurses would be beneficial in improving care and offering alternative methods of treatment for patients. 21.79% of respondents perceived that they needed seminars to be informed of the homeopathic profession whilst 15.38% of respondents perceived that visits and internships would be important and assist in improving communication and co-operation between nurses and homeopaths. Crosstabulation Table 4.18 illustrates that respondents in the private sector 61.0% perceived that improved communication would assist in improving care and offering options of treatment to patients and majority of respondents in the public sector (100%) perceived they needed visits and internships to enhance co-operation and communication between nurses and homeopaths.

Figure 432 Reasons for improving communication

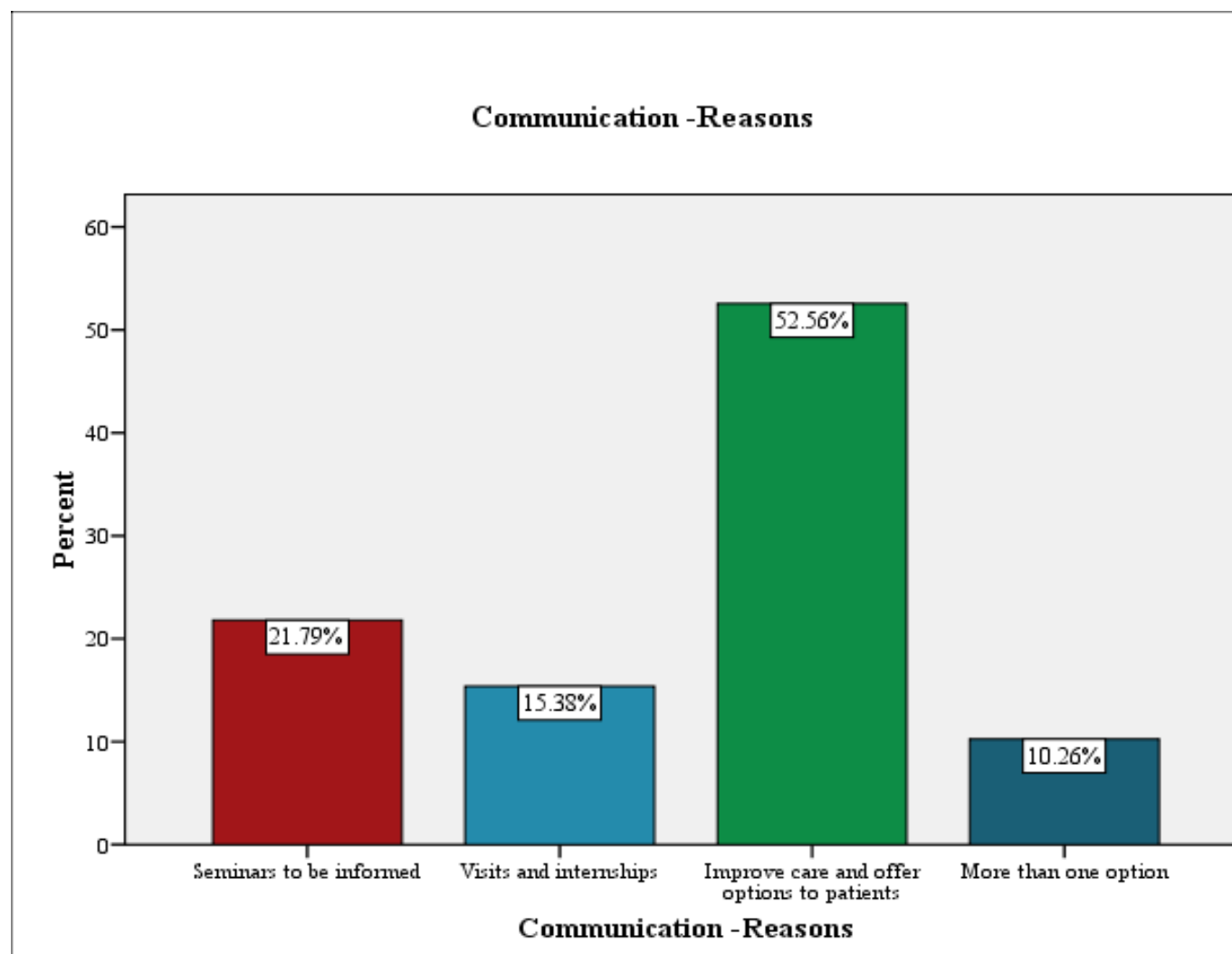


Table 4.18 Crosstabulation Public versus Private

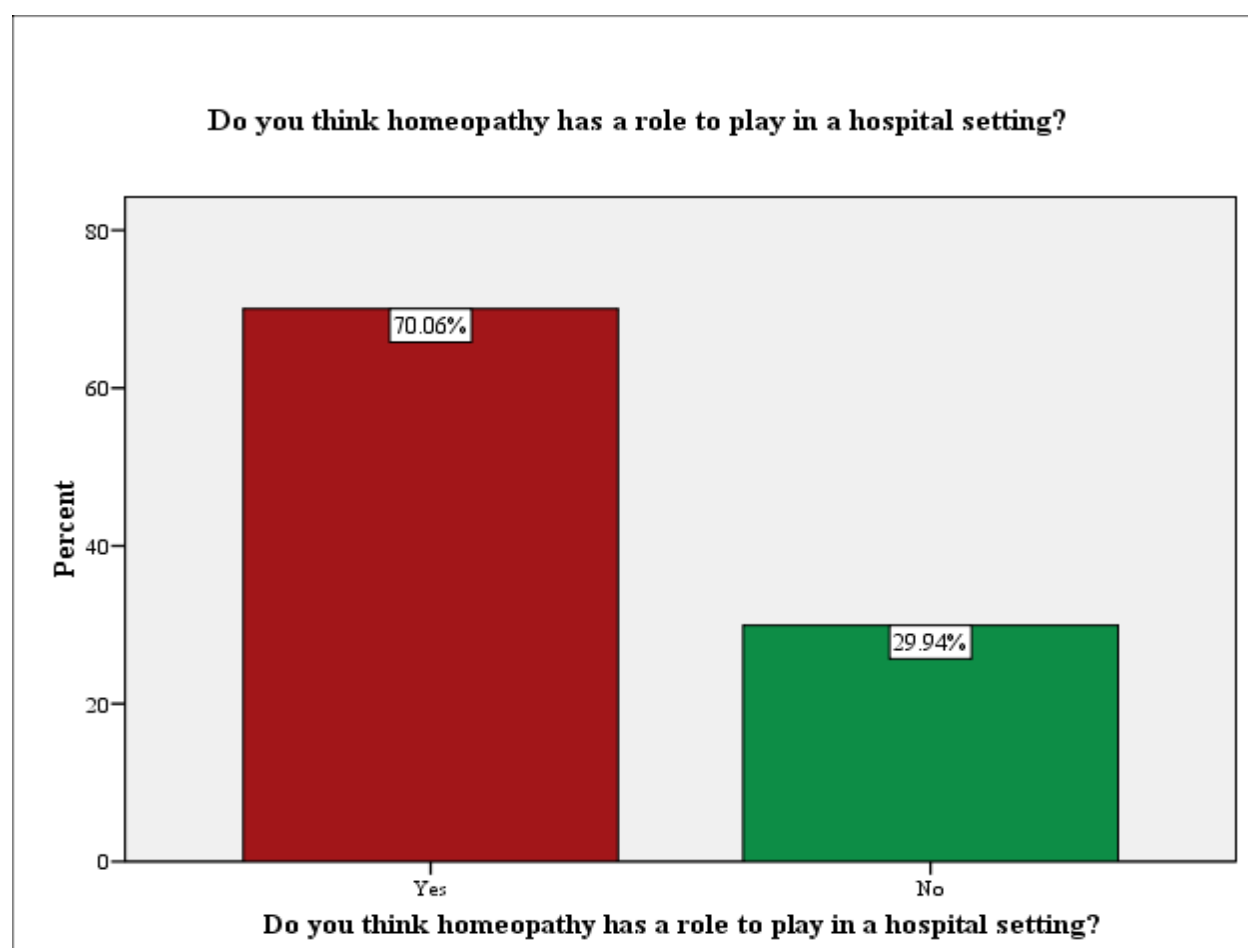
Communication -Reasons * Are you employed at a Private or a Public hospital? Crosstabulation

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
Communication -Reasons	Seminars to be informed	% within Communication -Reasons	41.2%	58.8%	100.0%
		% within Are you employed at a Private or a Public hospital?	17.9%	25.6%	21.8%
		% of Total	9.0%	12.8%	21.8%
	Visits and internships	% within Communication -Reasons	100.0%		100.0%
		% within Are you employed at a Private or a Public hospital?	30.8%		15.4%
		% of Total	15.4%		15.4%
	Improve care and offer options to patients	% within Communication -Reasons	39.0%	61.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	41.0%	64.1%	52.6%
		% of Total	20.5%	32.1%	52.6%
	More than one option	% within Communication -Reasons	50.0%	50.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	10.3%	10.3%	10.3%
		% of Total	5.1%	5.1%	10.3%
Total		% within Communication -Reasons	50.0%	50.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%

4.5.10 Question 31 – The role of homeopathy in a hospital setting

Question 31 was an open question with no check boxes, although respondents were asked to respond with a “Yes” or “No”. Figure 4.33 illustrates that the majority of respondents (70.06%) perceived that homeopathy does have a role to play in a hospital setting. Only 29.94% of respondents perceived that homeopathy does not have a role to play in a hospital setting.

Figure 4 33 Role of homeopathy in a hospital setting



PRIVATE SECTOR RESPONDENTS

- * I feel that knowledge has shown that homeopathy can be effective in treating patients with HIV and AIDS. If this is so then homeopaths should work together with the medical field;
- * Patients that have been using homeopathy have found that there is some improvement in their condition;
- * Homeopathy can play a psychological role in a hospital setting and homeopathic medication can treat patients who are mentally ill;
- * I feel that homeopaths are part of the multidisciplinary health team;

- * Homeopaths have a role to play as an alternative measure if all else fails especially in allergies;
- * Homeopathy is an alternative form of treatment where the outcome is the same – wellbeing of the patient;
- * Homeopathy has a big role to play in alternative treatment or as part of discharge health education example patients with asthma can be given homeopathic medication on discharge;
- * Homeopathy has a role to play in a hospital setting. Patients are aware of alternative medicine available to them, homeopathy in a hospital setting would allow patients to access a homeopath and ensure greater accessibility and better service;
- * Homeopathy can be used in a hospital setting because people in large numbers seek help outside the medical field;
- * Homeopathy can be used as a treatment plan for common illness, chronic illness, diabetes and hypertension;
- * It can be used in a hospital setting alternative remedies can be given as a second option to patients;
- * It can treat depression and psychological conditions;
- * Homeopathy can be useful in treating chronic conditions;
- * Homeopathy has a role to play in a hospital setting. A general doctor and a homeopath can learn from each other example learning of medications and remedies;
- * Homeopathy has a role to play in a hospital setting, maybe people who have minor ailments like rashes and colds could be advised to use these creams

instead of steroid creams and instead of taking tablets use herbal mixtures for minor colds;

- * Homeopathy can assist patients with better understanding of their conditions;
- * Can be used to treat children with allergies and hyperactivity;
- * Homeopathy can play an important role in a hospital setting, patients can be treated holistically;
- * Homeopathy is an alternative form of medicine dealing with natural remedies;
- * Homeopathy involves the mind, body and spirit;
- * I feel that we should become aware of homeopathy as an effective healing form which has its place in alternative medical care. We need clinical trial programmes and education for patients to be better informed;
- * Nurses and homeopaths can work together to provide holistic care;
- * It can be used in a hospital setting alternative remedies can be given as a second option to patients;
- * Better communication gives the nurse a better understanding and more knowledge of the way homeopathic patients should be cared for
- * It has less toxic effects on the liver and kidney;
- * Homeopathy is natural medicine and most effective in cases where patients are affected by drugs.

PUBLIC SECTOR RESPONDENTS

- * Homeopathy can be used in a hospital setting. There are conditions that are better understood by homeopaths than nurses;

- * In a hospital some illnesses need to be treated homeopathically;
- * Patients do use alternative medicines and nurses should be aware of the type of medication available, side effects and benefits of homeopathy;
- * They should form part of the multidisciplinary team;
- * Nurses and homeopaths can integrate their services;
- * Maybe homeopaths can come up with a cure for Aids;
- * If one type of treatment is used and fails then as a nurse we can try a homeopaths treatment;
- * Homeopaths can work with doctors so at times patients will be helped and treated in more than one way;
- * Homeopathy can assist in hospitals to treat certain illnesses;
- * As a nurse I need to get more information about homeopathy. In a hospital it may create a difference in health care;
- * Patients do use other sources of treatment like homeopathy whether we like it or not therefore nurses should know of it so as we are able to come up with better ways of combining the two;
- * Also doctors and nurses will be more knowledgeable;
- * If normal medicine does not heal you other medicine can;
- * Homeopathy can be used in a hospital setting because some patients have a strong belief in herbal treatment and natural medications and in traditional healers;
- * I believe some patients diseases lie in their mind which requires referrals to psychologists so they can be healed by homeopathy.

The above comments were categorised further into broad categories which is illustrated by Figure 4.34. A large majority of respondents (82.61%) said that the role of homeopathy in a hospital setting could be to offer other treatment options to patients and to work in conjunction with other healthcare professionals to ensure best treatment to patients as indicated from their responses. 6.52% of respondents perceived that homeopathy will be a more economical form of treatment whilst 10.87% agreed with both options. Crosstabulation Table 4.19 illustrates that most respondents in the private sector 100% perceived that homeopathy is a more economical form of treatment. Respondents in the public sector 60% perceived homeopathy can be useful in a hospital setting in offering alternative treatment options to patients as well as it being a more economical form of treatment.

Figure 4.34 Describe the role of homeopathy in a hospital setting

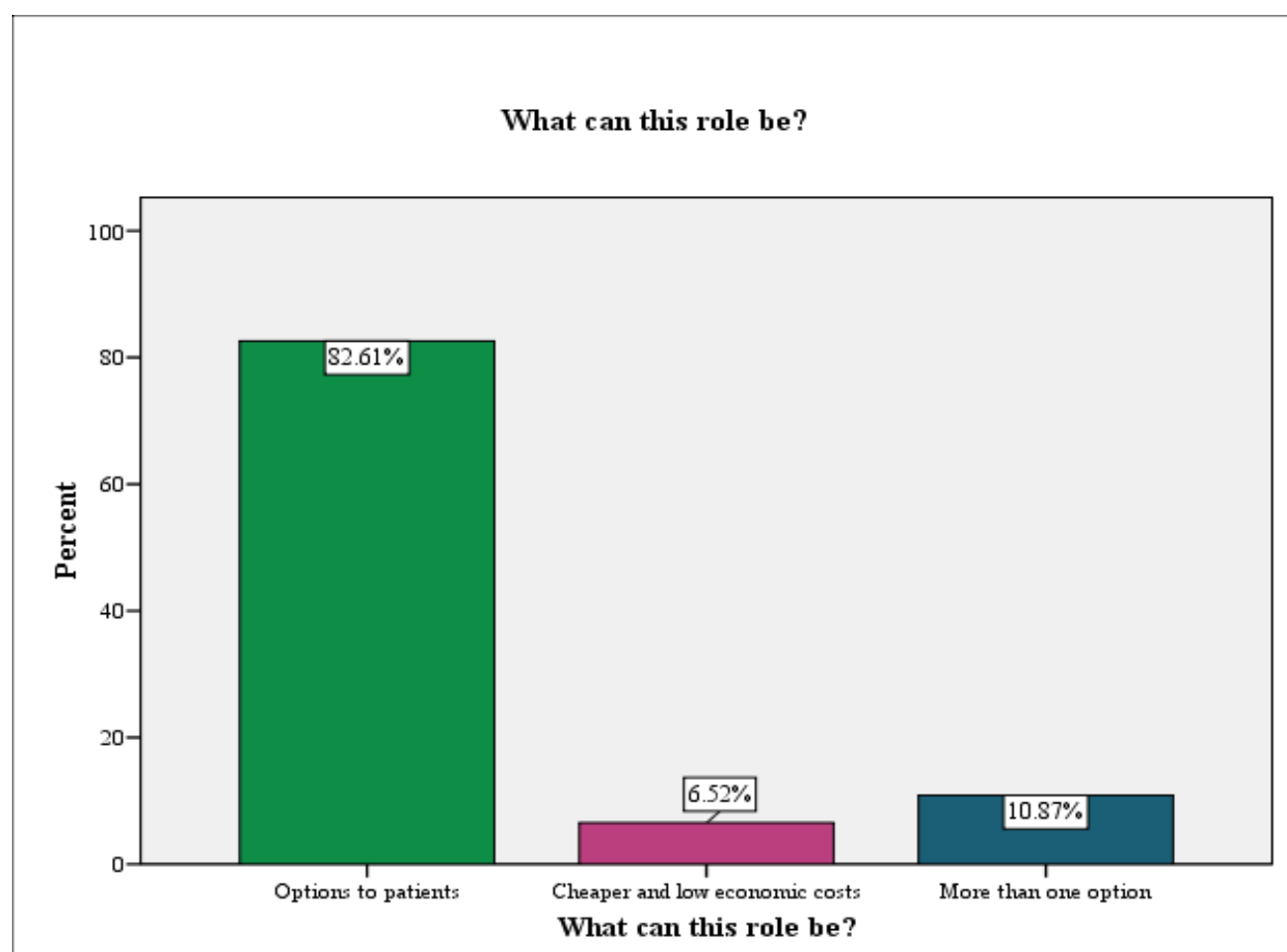


Table 4.19 Crosstabulation Public versus Private

What can this role be? * Are you employed at a Private or a Public hospital? Crosstabulation

			Are you employed at a Private or a Public hospital?		Total
			Public	Private	
What can this role be?	Options to patients	% within What can this role be?	42.1%	57.9%	100.0%
		% within Are you employed at a Private or a Public hospital?	84.2%	81.5%	82.6%
		% of Total	34.8%	47.8%	82.6%
	Cheaper and low economic costs	% within What can this role be?		100.0%	100.0%
		% within Are you employed at a Private or a Public hospital?		11.1%	6.5%
		% of Total		6.5%	6.5%
	More than one option	% within What can this role be?	60.0%	40.0%	100.0%
		% within Are you employed at a Private or a Public hospital?	15.8%	7.4%	10.9%
		% of Total	6.5%	4.3%	10.9%
Total	% within What can this role be?	41.3%	58.7%	100.0%	
	% within Are you employed at a Private or a Public hospital?	100.0%	100.0%	100.0%	
	% of Total	41.3%	58.7%	100.0%	

4.6 Hypothesis Tests

4.6.1 Hypothesis 1: The association between nurses working in different wards and their overall perceptions of homeopathy

H₀: There is no difference amongst nurses working in different wards regarding their perceptions of homeopathy.

H_a: There is a difference amongst nurses working in different wards regarding their perceptions of homeopathy.

Table 4.20 Hypothesis Test 1

Perception Factors vs Ward the nurse currently works in	p-value	Pearson's r
How would you describe your knowledge of homeopathy?	0.139	-0.101
Do you feel adequately informed about homeopathy?	0.961	0.001
Opinion that homeopathy is - Energy medicine	-	-
Opinion that homeopathy is - Herbal medicine	-	-
Opinion that homeopathy is - Natural medicine	-	-
Opinion that homeopathy is - Placebo	-	-
Opinion that homeopathy is - Alternative medicine	-	-
View of homeopathy - Uncomfortable with it but it is effective for some patients	-	-
View of homeopathy - Excellent mode of treatment	-	-
View of homeopathy - Not informed enough to comment	-	-

Conclusion:

It is noted that only the first 2 factors yielded values as the other factors were constant.

Since the p-values are more than 0.05, the null hypothesis is accepted.

Hence, there is no difference amongst respondents working in different wards regarding their perceptions of homeopathy for the first two factors.

The correlation values are close to zero. This indicates little or no relationship between the variables; that is, between perception and which ward respondents worked in.

4.6.2 Hypothesis 2: The perception of nurses regarding the legitimacy of homeopathy as a form of health care

H₀: The perception of nurses is that homeopathy is not a legitimate form of health care.

H_a: The perception of nurses is that homeopathy is a legitimate form of health care.

Table 4.21 Hypothesis Test 2

Factors	p-value	Pearson's r
Is homeopathy a legitimate form of healthcare? * Are you employed at a Private or a Public hospital?	0.037	-0.181
Is homeopathy a legitimate form of healthcare? * Are you a staff nurse or professional nurse?	0.031	-0.186
Validation or evidence that would improve the acceptability of homeopathy - Theoretical scientific basis * Are you employed at a Private or a Public hospital?	-	-
Validation or evidence that would improve the acceptability of homeopathy - Theoretical scientific basis * Are you a staff nurse or professional nurse?	-	-
Validation or evidence that would improve the acceptability of homeopathy - Clinical trials * Are you employed at a Private or a Public hospital?	-	-
Validation or evidence that would improve the acceptability of homeopathy - Clinical trials * Are you a staff nurse or professional nurse?	-	-
Validation or evidence that would improve the acceptability of homeopathy - Colleagues experience * Are you employed at a Private or a Public hospital?	-	-
Validation or evidence that would improve the acceptability of homeopathy - Colleagues experience * Are you a staff nurse or professional nurse?	-	-
Validation or evidence that would improve the acceptability of homeopathy - Personal experience * Are you employed at a Private or a Public hospital?	-	-

Conclusion:

It is noted that only the first 2 factors yielded values as the other factors were constant.

Since the p-values are less than 0.05, the null hypothesis is rejected.

Hence, the perception of respondents is that homeopathy is a legitimate form of health care. It did not matter where respondents were employed or what their registration type was.

The correlation values are close to zero. This indicates little or no relationship between the variables.

4.6.3 Hypothesis 3: The association between the age group of nurses and their overall perception of homeopathy

H₀: There is no difference between age groups of nurses and overall perceptions of homeopathy.

H_a: There is a difference between age groups of nurses and overall perceptions of homeopathy.

Table 4.22 Hypothesis Test 3

Perception Factors vs Age group of the nurses	p-value	Pearson's r
How would you describe your knowledge of homeopathy?	0.793	-0.016
Do you feel adequately informed about homeopathy?	0.718	-0.020
Opinion that homeopathy is - Energy medicine	-	-
Opinion that homeopathy is - Herbal medicine	-	-
Opinion that homeopathy is - Natural medicine	-	-
Opinion that homeopathy is - Placebo	-	-
Opinion that homeopathy is - Alternative medicine	-	-
View of homeopathy - Uncomfortable with it but it is effective for some patients	-	-
View of homeopathy - Excellent mode of treatment	-	-
View of homeopathy - Not informed enough to comment	-	-

Conclusion:

It is noted that only the first 2 factors yielded values as the other factors were constant.

Since the p-values are more than 0.05, the null hypothesis is accepted.

Hence, there is no difference between the age groups of respondents and overall perceptions of homeopathy for the first two factors.

The correlation values are close to zero. This indicates little or no relationship between the variables; that is, between the perception factor and the respondents' age group.

4.6.4 Hypothesis 4: The association between the different ethnic backgrounds of nurses and their overall perception of homeopathy

H₀: There is no difference between ethnic backgrounds of nurses and overall perceptions of homeopathy.

H_a: There is a difference between ethnic backgrounds of nurses and overall perceptions of homeopathy.

Table 4.23 Hypothesis Test 4

Perception Factors vs Ethnic background	p-value	Pearson's r
How would you describe your knowledge of homeopathy?	0.000	0.346
Do you feel adequately informed about homeopathy?	0.149	-0.162
Opinion that homeopathy is - Energy medicine	-	-
Opinion that homeopathy is - Herbal medicine	-	-
Opinion that homeopathy is - Natural medicine	-	-
Opinion that homeopathy is - Placebo	-	-
Opinion that homeopathy is - Alternative medicine	-	-
View of homeopathy - Uncomfortable with it but it is effective for some patients	-	-
View of homeopathy - Excellent mode of treatment	-	-
View of homeopathy - Not informed enough to comment	-	-

Conclusion:

It is noted that only the first 2 factors yielded values as the other factors were constant.

Since the p-value for “knowledge” versus ethnic background is less than 0.05, the null hypothesis is rejected. Hence, respondents from

different ethnic backgrounds differ from one another regarding their knowledge of homeopathy.

Since the p-value for “adequately informed” versus ethnic background is greater than 0.05, the null hypothesis is accepted. Hence, there is no difference between respondents from different ethnic backgrounds and their adequacy of being informed about homeopathy.

There is a moderate correlation value between the variables for perception factor (for knowledge) and the ethnic background.

4.6.5 Hypothesis 5: The association between the duration of practice of nurses and their perception of the skills of homeopaths

H₀: There is no relationship between the duration of practice of nurses and overall perceptions of homeopathy.

H_a: There is a relationship between the duration of practice of nurses and overall perceptions of homeopathy.

Table 4.24 Hypothesis Test 5

Perception Factors vs Duration of practice	p-value	Pearson's r
How would you describe your knowledge of homeopathy?	0.006	0.143
Do you feel adequately informed about homeopathy?	0.435	-0.019
Opinion that homeopathy is - Energy medicine	-	-
Opinion that homeopathy is - Herbal medicine	-	-
Opinion that homeopathy is - Natural medicine	-	-
Opinion that homeopathy is - Placebo	-	-
Opinion that homeopathy is - Alternative medicine	-	-
View of homeopathy - Uncomfortable with it but it is effective for some patients	-	-
View of homeopathy - Excellent mode of treatment	-	-
View of homeopathy - Not informed enough to comment	-	-

Conclusion:

It is noted that only the first 2 factors yielded values as the other factors were constant.

Since the p-values for knowledge of homeopathy are less than 0.05, the null hypothesis is rejected. Hence, there is a relationship between the duration of practice of respondents and their knowledge of homeopathy.

Since the p-values for being adequately informed about homeopathy are more than 0.05, the null hypothesis is accepted. Hence, there is no difference between the respondents' duration of practice and being adequately informed about homeopathy.

The correlation values are close to zero. This indicates little or no relationship between the variables; that is, between the perception factor and the number of years the respondents have been nurses.

4.6.6 Hypothesis 6: The association between staff nurses abd professional nurses and their perception of homeopathy

H₀: There is no difference between staff nurses abd professional nurses and overall perceptions of homeopathy.

H_a: There is a difference between staff nurses abd professional nurses and overall perceptions of homeopathy.

Table 4.25 Hypothesis Test 6

Perception Factors vs Level	p-value	Pearson's r
How would you describe your knowledge of homeopathy?	0.025	0.128
Do you feel adequately informed about homeopathy?	0.816	0.017
Opinion that homeopathy is - Energy medicine	-	-
Opinion that homeopathy is - Herbal medicine	-	-
Opinion that homeopathy is - Natural medicine	-	-
Opinion that homeopathy is - Placebo	-	-
Opinion that homeopathy is - Alternative medicine	-	-
View of homeopathy - Uncomfortable with it but it is effective for some patients	-	-
View of homeopathy - Excellent mode of treatment	-	-
View of homeopathy - Not informed enough to comment	-	-

Conclusion:

It is noted that only the first 2 factors yielded values as the other factors were constant.

Since the p-value for knowledge of homeopathy is less than 0.05, the null hypothesis is rejected. Hence, there is a difference between staff and professional nurse respondents and knowledge of homeopathy

Since the p-value for being adequately informed about homeopathy is more than 0.05, the null hypothesis is accepted. Hence, there is no difference between staff and professional nurse respondents and being adequately informed about homeopathy.

The correlation values are close to zero. This indicates little or no relationship between the variables; that is, between the perception factor and whether respondents are staff nurse or professional nurses.

4.6.7 Hypothesis 7: The association between nurses working in public and private wards and their overall perception of homeopathy

H_0 : There is no difference between nurses working in public and private hospitals and overall perceptions of homeopathy.

H_a : There is a difference between nurses working in public and private hospitals and overall perceptions of homeopathy.

Table 4.26 Hypothesis Test 7

Perception Factors vs Public or Private	p-value	Pearson's r
How would you describe your knowledge of homeopathy?	0.000	0.361
Do you feel adequately informed about homeopathy?	0.007	-0.191
Opinion that homeopathy is - Energy medicine	-	-
Opinion that homeopathy is - Herbal medicine	-	-
Opinion that homeopathy is - Natural medicine	-	-
Opinion that homeopathy is - Placebo	-	-
Opinion that homeopathy is - Alternative medicine	-	-
View of homeopathy - Uncomfortable with it but it is effective for some patients	-	-
View of homeopathy - Excellent mode of treatment	-	-
View of homeopathy - Not informed enough to comment	-	-

Conclusion:

It is noted that only the first 2 factors yielded values as the other factors were constant.

Since the p-values are less than 0.05, the null hypothesis is rejected. Hence, there is a difference between respondents employed in the public hospitals and the respondents employed in the private hospitals and the overall perceptions of homeopathy.

The correlation values for knowledge are at best moderate. There is a relationship but it is not definitive. The r value for homeopathy is close to zero. This indicates little or no relationship between the variables; that is, between respondents working in public and private hospitals and overall perceptions of homeopathy.

CHAPTER 5

DISCUSSION

Primary data based on answers to a questionnaire (Appendix E) was collected and analysed and comments and concluding discussions are therefore based on the results obtained as recorded in Chapter 4.

Obtaining the sample for this study was not straight forward. One major group of private hospitals chose not to participate. Although there was not a blanket non-participation by any state sector hospitals, participation was idiosyncratic in that it depended on whether the hospital manager agreed to participate or not. Therefore, the results obtained by this study are representative of the participating hospitals only, and generalisation of the results and conclusions regarding the perception of private and public sector nurses regarding homeopathy can only be extremely tentative.

The non-rigorous sampling method also weakens the generalisation of the results and conclusions regarding the perception of staff nurses and professional nurses regarding homeopathy.

5.1 General information

5.1.1 Gender

Out of the total population, 94% of respondents were female and only 6% were male (Table 4.1). The notable gender split of the respondents may be due to the fact of the long tradition of women studying nursing. This finding is in keeping with the gender ratio of nurses in KwaZulu Natal (95% to 5%), and South Africa (94% to 6%) (The South African Nursing Council, 2006), and various other countries e.g. Belgium (96,5% to 3,5%), Finland (93% to 7%), and Norway (93% to 7%). However, it differs from Malta (60% to 40%) and Spain (80% to 20%) (European Nurse Directors Association, n.d.).

5.1.2 Age

Most respondents were between the ages of 26-36 years and 36-45 years (Figure 4.2). This relates to the duration of practice of respondents. Many respondents have practised for 6-10 years and 11-15 years (Figure 4.5). The least number of respondents were between the age group 56-65 years, this could be due to retirement of nurses in this age period.

5.1.3 Ethnicity

Respondents were subdivided with regards to ethnic composition as follows: Indian 49%, Black 40%, White 5.5%, Coloured 5% and Chinese 0.5% (Table 4.2).

Crosstabulation Table 4.3 reflects that 73.5% of Indian respondents were employed in the private hospitals and 26.5% of Indian respondents were employed in the public hospitals. This result could be due to the fact that the majority of private hospitals which participated were located in areas with high Indian populations i.e. Chatsworth, Mount Edgecombe and Phoenix. The second largest ethnic group was Black, of which 75% were employed in public hospitals and 25% in private hospitals

5.1.4 Employment in a public or a private hospital

Of the total number of respondents, 46.5% were employed in a public hospital and 53.5% were employed in a private hospital (Figure 4.7).

5.1.5 Are you a staff nurse or professional nurse?

Of the total number of respondents 55% were professional nurses and 45% were staff nurses (Table 4.4).

5.2 Knowledge of homeopathy

5.2.1 Knowledge of homeopathy

19% of the total number of respondents had never heard of homeopathy and only 10.5% indicated that they were quite familiar with the homeopathy (Table 4.5).

Crosstabulation Table 4.6 indicates that, of those respondents who had never heard of it, 71.1% were in the public sector and 28.9% in the private sector.

The variation in response rates could be due to the fact that respondents in the private sector are more exposed to homeopathy and hence have a higher level of knowledge of homeopathy as revealed by their responses. Most of these respondents stated that they had heard of homeopathy via lectures and seminars and some had even attended courses on homeopathy. Some patients in the private sector had made respondents aware of their homeopathic treatment. Of those respondents who answered that they were quite familiar with it, 14.3% were in the public sector and 85.7% in the private sector. This finding is similar to that arising from Maharajh's study (2005) of perceptions of GP's and pharmacists of homeopathy. That study found that more pharmacists knew of homeopathy compared to GP's. Her explanation was that this could be due to the fact that most pharmacies stock homeopathic medications, hence increased exposure to homeopathy resulted in those professionals becoming more aware of the homeopathy.

5.2.2 Is homeopathy recognised by law in South Africa?

The majority of respondents (56.5%) perceived that South African law recognises homeopathy. Only a small percentage (6.5%) of respondents perceived that homeopathy is not legally recognised and 37.0% of respondents answered that they were unsure (Figure 4.11).

Crosstabulation Table 4.7 suggests that 61.1% of respondents employed in the private sector perceived that South African law does recognise homeopathy compared to only 38.9% of respondents in the public sector. This is consistent with the findings regarding knowledge of homeopathy outlined above (5.2.1).

5.2.3 Training of homeopaths

With regards to training of homeopaths, perceptions between respondents in the private and public sectors varied in a predictable fashion. The category with the most respondents from the private sector was 4 years (68.8%), and from public sector respondents was 1 and 2 years (55.6%) (Table 4.9). This finding is consistent with the findings regarding knowledge of homeopathy outlined above (5.2.1).

5.2.4 Awareness of facilities and clinics that provide homeopathic training opportunities for homeopathic studies

Only 16.5% of the total number of respondents knew of the facilities that offer homeopathic training and a large percentage 83.5% were unaware of the facilities and clinics. It is interesting to note that although private sector respondents have a much better knowledge of homeopathy in general, and of the institutions that offer training (80% of respondents, see Figure 4.14), very few of them knew of the clinic facilities.

Crosstabulation Table 4.11 reflects the finding that of those who answered “Yes”, 93.9% were respondents in the private sector and 6.1% were respondents in the public sector. This is consistent with the findings regarding knowledge of homeopathy outlined above (5.2.1).

Macquet (2007) conducted a study amongst students of the Durban University of Technology regarding their perception of homeopathy and their awareness of the Homeopathic Day Clinic on the campus. He found that the respondents knowledge of homeopathy was low (only 37.49% had even heard of homeopathy, compared to 56.5% in this study), but the awareness of the Homeopathic Day Clinic was reasonable at 29.14%, considering the low general knowledge of homeopathy. Both his study and this study point to the need for the training institutions (Durban University of Technology and University of Johannesburg) to make more of an effort to publicise these

facilities. If respondents were more aware of the existence of such facilities, they could refer patients to them.

5.3 Awareness of homeopathy

5.3.1 First became aware of homeopathy

The majority of respondents in the private sector first became aware via the media (61.4%), through lectures (100%), via a colleague (63.2%), via seminars and through personal contact with homeopaths (60%). In the public sector most respondents knew of homeopathy via other means for example via family or friends (Figure 4.16).

5.3.2 Adequately informed of homeopathy

Of the total number of respondents only 10.55% perceived that they were adequately informed of homeopathy and 89.45% perceived that they were not adequately informed of homeopathy (Figure 4.19). This relates to others studies done in the context of South Africa. Maharajh (2005) found that a large percentage of pharmacists (36, 2%) and GP's (42, 3%) perceived that they were not informed enough to comment. Sukdev (1997) found that of the GP's and pharmacists that did not incorporate complementary medicine into their practices, the majority (52,48%) indicated that it was because they lacked the relevant knowledge of complementary medicine. This indicates that

health professionals in general feel that they are not adequately informed or lack knowledge of, exposure to and training in homeopathy.

5.3.3 Would you like to know more of homeopathy?

A large percentage of the total number of respondents 88.94% would like to know more about homeopathy. Only a small percentage of respondents 11.06% stated that they would not like to know more about homeopathy (Figure 4.20).

5.3.4 What would you like to know of homeopathy?

The options that were given by respondents with regards to what they would like to know of the homeopathic profession were divided into 3 categories (Figure 4.21):

- 1) Treatment of medical conditions and ailments;
- 2) Improvement of quality of life of patients holistically;
- 3) Treatment of medical conditions and improving quality of life.

Crosstabulation Table 4.13 reflects that the majority of respondents (73.5%) in the private sector felt that they would like to know how homeopathy can be useful in treating a variety of medical conditions. From the comments obtained respondents felt that they needed to know how homeopathy can be used as an alternative form of therapy in a hospital setting, in treating patients psychologically with chronic mental illnesses and about the benefits of

homeopathy in the treatment of chronic medical conditions such as diabetes mellitus, hypertension, and arthritis. It was evident that respondents in the private sector showed much interest and wanted to be educated on the usage of homeopathy as a treatment plan for common illness, chronic illness, diabetes and hypertension. Most respondents from the public sector (52.5%) wanted to know how homeopathy can improve quality of life of patients holistically and of the use of homeopathy as a therapy in chronic conditions. Both groups of respondents added that they wanted to know about the career of homeopathy, duration of the course, medication and training institutions. In a study conducted by Thorvaldsen (2007) on the perceptions of 3rd year medical students towards homeopathy, 92% of respondents felt that it is important for a medical doctor to know about alternative forms of treatment. This is indicative that professionals want to know the role of homeopathy as an alternative form of treatment.

5.4 Perception of homeopathy

5.4.1 Legitimacy of homeopathy

A large percentage of the total respondents (84.53%) perceived homeopathy to be a legitimate form of health care whilst a small percentage of 15.47% perceived homeopathy to be not a legitimate form of healthcare (Figure 4.23).

Crosstabulation between the private and public sectors Table 4.14 revealed that more respondents in the private sector (60.1%) felt that homeopathy is

legitimate as compared to 39.9% in the public sector. This may be due to the fact that respondents in the private sector are more educated about the legality of homeopathy. Respondents in this sector felt it is legitimate because training is provided by an accredited college and the South African parliament recognises homeopathy as a legitimate form of complementary medicine.

5.4.2 Scientific basis

The largest group of respondents to this question (50%) were unsure regarding the scientific basis of homeopathy. Nevertheless, a large group (43.94%) of respondents said that homeopathy does have a scientific basis, and only 6.06% disagreed (Figure 4.24). This compares to Maharajh's study (2005) where 29.72% of respondents were unsure, and 22.59% said that it did have a scientific basis.

5.4.3 Description of homeopathy

Most respondents in the public sector perceive that homeopathy is a form of placebo (64%) and most of those in the private sector perceive homeopathy to be natural medicine (59%). Figure 4.25 indicates that respondents in the private hospitals perceive homeopathy to be herbal medicine (52%), natural medicine (59%) and alternative medicine (55%). Respondents in the public hospitals perceive homeopathy to be herbal medicine (48%), energy medicine (58%) and the largest group perceive homeopathy to be placebo (64%).

5.4.4 Validation or evidence that would prove the acceptability of homeopathy

Figure 4.26 indicates that most respondents in private hospitals perceived that their personal experience (including being treated by a homeopath) would increase the acceptability of homeopathy. Most respondents in public hospitals perceived that their colleagues experience and scientifically factual information and proven results would improve the acceptability of homeopathy.

5.4.5 Procedures performed by a homeopath

The majority of respondents from both groups perceived that homeopaths took detailed case histories with their patients and checked vital signs.

Crosstabulation Table 4.15 indicates that most respondents in the private sector perceive that homeopaths perform the following physical examinations with their patients: cardiovascular, respiratory, neurological, orthopaedic and gastrointestinal. This suggests that respondents in the private sector are more aware of the training requirements and procedures performed by a homeopath. It also reflects that respondents in the private sector feel that homeopaths have the relevant training or skills to conduct these procedures. It is interesting to note that respondents in the private sector also perceive homeopaths to conduct reflexology and acupuncture therapies with their patients. This is not the case in reality. In the public sector the majority of

respondents felt that homeopaths conduct gastrointestinal examinations (49%) and orthopaedic examination (47%) with their patients.

5.4.6 Conditions treated by a homeopath

The perceptions of respondents regarding what homeopaths can treat varied. Respondents in general felt that homeopathy is effective in treating chronic conditions.

Crosstabulation Table 4.16 indicates that respondents working in public hospitals felt that homeopathy is most useful in treating surgical conditions and cancer. Respondents employed in private hospitals perceived that homeopathy is useful in treating skin problems, sinusitis, rheumatoid arthritis, influenza, colds, insomnia, appendicitis, and asthma. Additional written responses from the private sector were that homeopathy can be useful in treating other ailments such as malnutrition, osteoporosis, diarrhoea, vomiting, dehydration, gastrointestinal conditions, eczema, gallstones, yellow fever, pleurisy, tonsillitis, pregnancy ailments and bedwetting (Question 28(b)).

5.4.7 Benefit of communication between nurses and homeopaths

Generally, communication between nurses and homeopaths was perceived to be non-existent. 79.49% of respondents felt that improved communication and co-operation with homeopaths and nurses would be beneficial. 17.95% of the

respondents felt that they were unsure in this regard whilst only a small percentage (2.56%) said it would not be beneficial (Figure 4.31). Most respondents have never been in contact with homeopaths. Others have had contact via a patient or by social contact. Some respondents have heard of homeopathy from patients that were in their care.

Crosstabulation Table 4.17 suggests that 52.9% of respondents in the private sector and 47.1% of respondents in the public sector felt that there is a need for communication and co-operation between nurses and homeopaths. This is similar to the trend in other studies. Maharajh (2005) concluded that GP's and pharmacists know very little detail about homeopathy and homeopathic training, and it can be assumed that this lack of knowledge is a possible reason for the poor communication and co-operation that currently exists between practitioners and homeopaths. The study conducted by Thorvaldsen (2007) stated that 89% of medical students said that it is important for there to be improved communication between homeopaths and allopaths. It is evident from this study and other studies conducted that communication between health professionals needs to be improved for the future of homeopathy and for the benefit of patients.

This study found that the level of co-operation between nurses and homeopaths was poor. Possible reasons for lack of communication and co-operation could possibly be: lack of education, little understanding between the two professionals and limited knowledge that nurses have of homeopathy

and about the skills of homeopaths. This results in many misconceptions regarding homeopathy.

5.4.8 Reasons for improved communication and co-operation

The following reasons were given as to why and how communication and co-operation could be improved:

- 1) Education - Respondents should be given seminars to be informed of homeopathy;
- 2) Integration of homeopathy and nursing - Visits to clinics and internships would increase awareness of homeopathy;
- 3) Better patient management - To improve care and to offer various treatment options to patients.

A large percentage of respondents (52.56%) felt that improved communication and co-operation between homeopaths and nurses would be beneficial in improving care and offering alternative methods of treatment to patients (Figure 4.32). This indicates the need for professional relationships between nurses and homeopaths to be established. Respondents in both sectors indicated that they require more visits and internships from homeopaths and would like to make visits to the homeopathic clinic to enhance co-operation and communication between the two professionals.

Respondents also felt that they could become a link between homeopaths and patients, can give patients options to treatment and both groups can

collaborate to provide holistic care. Better communication gives nurses a better understanding and more knowledge of the way homeopathic patients should be cared for. Many require lectures to increase knowledge, understanding and uses of homeopathy and want to be educated by workshops and courses. They also felt that improved communication between nurses and homeopaths is important because if nurses know of homeopathy they can also recommend it as an alternative method of treatment. The fundamental benefit of improved communication would be that respondents can refer patients to homeopaths if necessary to ensure better patient care and treatment. Consideration must be given in this regard to organising workshops and seminars in order to consummate knowledge and understanding of homeopathy in the future.

5.4.9 Does homeopathy have a role to play in a hospital setting?

The majority of respondents (70.06%) felt that homeopathy does have a role to play in a hospital setting. Only 29.94% of respondents felt that homeopathy had no role to play in a hospital setting (Figure 4.33). This indicates that many respondents perceive that integrated medicine is needed in a hospital setting.

5.4.10 The role of homeopathy in a hospital setting

The role homeopathy has to play in a hospital setting was divided into three categories:

- 1) Offer alternative treatment options to patients;

- 2) Homeopathy is a more economical form of treatment;
- 3) Homeopathy can be used as an alternative treatment and as an economical form of treatment.

82.61% of respondents said that the role of homeopathy in a hospital setting could be to offer alternative options to patients in the form of treatment.

(Figure 4.34). Other reasons were that homeopathy has a role to play in a hospital setting as homeopathy in a hospital setting would allow patients to access a homeopath efficiently to ensure greater accessibility and better service. Respondents in both sectors felt that alternative remedies can be given as a second option to patients, physicians and homeopaths can learn from each other by means of complementing medications and remedies to ensure optimal benefit of the patient. Patients can also be treated holistically in hospitals with homeopathy and homeopathy can assist in treating certain illnesses. Respondents also felt that homeopathy can be used in a hospital setting because some patients have a strong belief in herbal treatment, natural medications and in traditional healers. Some respondents stated that it is also a more economical form of healthcare. It is evident from this study that the respondents perceive homeopathy to be a suitable alternative, an effective form of healthcare in providing better patient management.

5.5 Critique of this study

20 hospitals were originally selected with an ideal sample size of 400. Only 11 hospitals participated with a total of 200 respondents. Therefore, as stated at

the beginning of this chapter, the results do not reflect the total picture of nurses in the eThekweni region.

The major difficulty experienced in conducting this study was obtaining permission from the hospitals selected. This was due to the fact that a whole group of private hospitals did not allow research to be conducted by order of management. In the public sector the reason was either that the hospital was inundated with research studies at the time and could not allow any further studies to be conducted or the managers were too busy to respond within the researcher's timeframe. This created a problem as the researcher was restricted to fewer hospitals.

Another major difficulty was getting an appointment to meet the nursing managers due to their hectic timeframes, annual leave etc. The researcher had to contact the hospitals on several occasions to confirm an appointment.

The difficulty experienced in the public hospitals was that nurses working in public hospitals have hectic working schedules and have a higher patient demand than nurses in the private sector hence they could not fill in the questionnaires within the required timeframe.

It would be easier to conduct similar research on all registered nurses working in medical centres, clinics and retirement homes because of better availability.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusions

The results of this survey provided data on nurses employed in public and private hospitals in the eThekweni region respectively. Their general knowledge of homeopathy, perceptions of homeopathy, views on communication with homeopaths and perceptions of the role of homeopathy in a hospital setting were assessed. The results are representative of the participating hospitals only, and generalisation of the results and conclusions regarding the perception of private and public sector nurses regarding homeopathy can only be extremely tentative.

The main aim of the study was to determine whether nurses are knowledgeable of homeopathy as a form of treatment and to assess a need for an educational programme on homeopathy for nurses.

Key findings from the study are as follows:

- The majority of respondents in both the public and private sectors “know something about” homeopathy (89.5% - Table 4.5), with more private sector respondents (68.2%) stating this than public sector respondents (31.8%) (Table 4.6);

- The majority of respondents (89.45% - Figure 4.19) perceive they are not adequately informed regarding homeopathy. Of those who said they are adequately informed, 81% are employed in private hospitals, and 19% in public hospitals;
- The majority of the respondents (88.94% - Figure 4.20) stated that they would like to know more about homeopathy.
- The majority of respondents (79.49% - Figure 4.31) said improved communication and co-operation with homoeopaths and nurses would be beneficial.
- The majority of respondents (70.06% - Figure 4.33) perceived that homeopathy does have a role to play in a hospital setting.

Therefore, the following can be concluded:

- The existence of homeopathy is reasonably well known amongst the respondents. Private sector respondents were more familiar with homeopathy than were public sector respondents;
- The degree of knowledge is limited;
- There is a willingness and openness to learn more about homeopathy, and to co-operate with homoeopaths.

Naturally arising from these conclusions is a recommendation that a programme of communication and education be developed which can deepen the knowledge of homeopathy amongst nurses, and which can form a bridge toward practical co-operation and collaboration between homoeopaths and nurses in the future.

6.2 Recommendations

The current study only represents a small portion of data that needs to be documented to ensure that homeopathy makes a vital contribution to the health care system of South Africa.

The following recommendations are made:

- a) This study was limited to the eThekweni region. A larger study would be appropriate in order to obtain a wider perspective and a broader understanding of nurses. It is recommended that surveys be conducted in other areas of South Africa. It will be viable to see the differences of opinions of nurses across the different provinces of South Africa.
- b) Further studies should aim to include all registered staff nurses and professional nurses in eThekweni, including medical centres, clinics, private practice and retirement homes.
- c) Survey all levels of nursing staff at participating hospitals (staff nurses, professional nurses, registered nurses, and matrons), not just staff nurses and professional nurses.
- d) A more detailed survey of one hospital could be conducted, including all wards and all levels of nursing staff (staff nurses, professional nurses, registered nurses, and matrons).
- e) In a survey of multiple hospitals, compare the perceptions of nursing staff between comparable wards e.g. paediatric, and in that way

determine if there is one type of ward which tends to have knowledgeable staff.

- f) Hospital managers should also be surveyed.
- g) Survey nursing students to assess their perceptions of homeopathy and their interest in studying homeopathy and incorporating it formally in their practice now and later.
- h) Education programmes for nurses need to be formulated in order to clear up any misconceptions regarding homeopathy. Seminars and lectures should be offered by homoeopaths in both private and public hospitals in order to further educate nurses of homeopathy. This could lead to an improvement of communication and co-operation.
- i) Include a question in the questionnaire asking directly whether respondents would consider formal study of homeopathy (e.g. a short course).
- j) Include questions in future questionnaires asking if nurses already incorporate in their practice any alternative measures of treatment such as homeopathy, reflexology, touch therapy etc.
- k) Include a question in future questionnaires asking respondents to list any courses of study or training outside of their formal training they have undergone regarding alternative modalities such as homeopathy, reflexology, touch therapy etc.
- l) Use other methods of data collection – for example, interviews.
- m) With regards to the practical methodology, nursing managers should be targeted directly since they are in charge of the nursing staff in the

respective hospitals and hospital managers can then be made aware of the study by the nursing managers.

- n) The researcher found that collection of the questionnaires timeously was difficult. Enlisting the help of unit managers to ensure prompt collection is recommended for the future.

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A Questionnaire to determine the perceptions of nurses towards homeopathy in the greater eThekwinini region.

The questionnaire used in this study was adapted from questionnaires used by Small (1998), Hunter (2004) and Maharajh (2005).

Please tick the box which applies to you or most adequately reflects your perceptions.

PART ONE: GENERAL

1. Gender

Male	
Female	

2. Which age group are you in?

<25	
26-35	
36-45	
46-55	
56-65	

3. Ethnicity

Black	
Coloured	
Indian	
White	
Chinese	
Other (please specify)	

4. Home language

Afrikaans	
English	
isiNdebele	
isiXhosa	
isiZulu	
Sepedi	
Setswana	
siSwati	
Tshivenda	
Xitsonga	
Sesotho	
Other (please specify)	

5. How many years have you practised as a nurse?

Less than 5	
6-10	
11-15	
16-20	
21-30	
More than 30	

6. State your exact Qualification

7. Are you working in a private or public hospital?

Public	
Private	

8. Are you a staff or professional nurse?

Staff	
Professional	

9. Which ward are you currently working in?

Paediatric ward	
Medical ward	
Surgical ward	
Gynaecology ward	
Orthopaedics ward	
Outpatient ward	

PART TWO: KNOWLEDGE OF HOMEOPATHY

10. How would you describe your knowledge of homeopathy?

Never heard of it	
heard of it only	
Know something about it	
Quite familiar with it	

Comments: _____

11. Is homeopathy recognised by law in South Africa? Tick 1 option only.

Yes	
No	
Unsure	

Comments:_____

12. How long does it take to train as a homeopath? Tick 1 option only.

1 year	
2 years	
3 years	
4 years	
5 years	

Comments:_____

13. What level of education is required to practise as a homeopath? Tick 1 option only.

None	
Diploma	
Degree	
Honours	
Masters	
PhD	

Comments:_____

14. Are you aware of any institutions that offer homeopathy training in South Africa?

Yes	
No	

If so, name them:

15. Are you aware of the facilities or clinics that provide training opportunities for homeopathic studies?

Yes	
No	

If so, name

them: _____

PART THREE: AWARENESS OF HOMEOPATHY

16. Please specify how you first became aware of homeopathy?

Media (radio, television, newspaper)	
Scientific publication	
Through a lecturer (please specify during which course this was)	
Through a colleague	
Through a patient	
As a patient	
Through promotional material from a homeopath	
Through personal contact with a homeopath (letter, telephone conversation)	
Lecture/seminar	
Other (please specify)	

17(a). Have you ever had contact with a homeopath?

Yes	
No	

17(b). If Yes, how did this come about?

Via another professional	
Via a patient	
As a patient	
Via social contact	
Other (please specify)	

18. Do you feel adequately informed about homeopathy?

Yes	
No	

Please

specify _____

19. Would you like to know more about homeopathy?

Yes	
No	

20. If you have answered YES to 19 above, what would you like to know about homeopathy in order to gain a better understanding of the homeopathic profession? If you have answered NO to 19 why would you not like to know more about homeopathy?

21. How would you like to be informed about homeopathy?

By research publications	
By the media/press	
By an informative lecture/seminar	
By a printed information package	
By personal contact by a local homeopath	

PART FOUR: PERCEPTION OF HOMEOPATHY

22. Do you consider homeopathy to be a legitimate form of healthcare?

Yes	
No	

If yes/no why

23. Do you think homeopathy has any scientific basis? Please tick 1 option only.

Yes	
No	
Unsure	

Comments: _____

24. Which of the following do you consider homeopathy to be? More than one option can be ticked.

Energy medicine	
Herbal medicine	
Natural medicine	
Placebo	
Alternative medicine	
Other (please specify)	

Comments: _____

25. What kind of validation or evidence would improve the acceptability of homeopathy?

More than one option can be ticked.

Theoretical scientific basis	
Clinical trials	
Colleagues experience	
Personal experience	

Comments: _____

26. What kind of procedures do you expect a homeopath to perform on his/her patient?

Check vital signs	
Cardiovascular examination	
Respiratory examination	
Neurological examination	
Orthopaedic examination	
Gastrointestinal examination	
Reflexology	
Acupuncture	
Surgery	
Take a case history	
Other (please specify)	

27. Do homeopaths require laboratory tests?

Yes	
No	
Unsure	

Comments: _____

28(a). From the conditions listed before which do you think homeopathic treatment could be useful in treating? Can tick more than one option.

Condition	Yes	No	As an adjunct	Sole treatment
Asthma				
Appendicitis				
Allergies				
Cancer				
Cystitis				
Depression				
Diabetes				
Gynaecological conditions e.g dysmenorrhea, menopause				
Headaches				
Hypertension				
Insomnia				
Inflammatory Disease eg I.B.S				

Influenza and colds				
Low back pain				
Surgery				
Parkinsons Disease				
Rheumatoid Arthritis				
Sinusitis				
Skin problems				
Systemic infections eg meningitis				

(b) Do you think there is anything else other than the conditions in 28a that a homeopath can treat?

Please

state: _____

29. Which of the following best reflects your views on homeopathy?

I am uncomfortable with it but it is effective for some patients	
Is in an excellent mode of treatment	
Is quackery but does more harm than good	
I am not informed enough to comment	

30. Do you think it would be beneficial to improve communication and co-operation between homeopaths and nurses?

Yes	
No	
Unsure	

If Yes WHY and HOW and if NO why not?

31. Do you think homeopathy has a role to play in a hospital setting? YES/NO
Describe what this role can be?

**LIST OF PRIVATE AND PUBLIC HOSPITALS THAT
PARTICIPATED :**

PRIVATE HOSPITALS

LIFE CHATSMED GARDEN HOSPITAL

LIFE CROMPTON HOSPITAL

LIFE MOUNT EDGECOMBE HOSPITAL

CITY HOSPITAL

DAYANAND GARDEN HOSPITAL

PUBLIC HOSPITALS

ST AIDANS HOSPITAL

R.K KHANS HOSPITAL

MAHATHMA GANDHI HOSPITAL

WENTWORTH HOSPITAL

CLAIRWOOD HOSPITAL

F.O.S.A HOSPITAL