

# **A study of the factors involved in establishing a successful homoeopathic practice in South Africa**

By

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Degree in Technology: Homoeopathy in the Faculty of Health Sciences at the Durban  
University of Technology.

I, Dominique Michelle Kidd, do hereby declare that this dissertation represents my own  
work in concept and execution.

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**TO MY FAMILY  
WHOM I AM SO PROUD OF**

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“People become really quite remarkable when they start thinking that they can do things. When they believe in themselves they have the first secret of success”

-Norman Vincent Peale

## **ABSTRACT**

### **INTRODUCTION**

Recent homoeopathic graduate studies (Babaletakis, 2006 and Sweidan, 2007) indicate that the majority of qualified Homoeopaths are currently practicing yet are experiencing many difficulties along the way. These setbacks are largely related to financial stresses and the difficulties experienced with regards to maintaining a practice. However, a minority of successful homoeopaths that have managed to overcome these difficulties have been identified.

### **AIM**

This study aimed to identify a minimum of nine successful homoeopaths, and, through an in-depth interview discover their views on success and how they have managed to build up viable practices. The study aimed to identify the factors contributing to the success of these Homoeopathic practices and establish relationships that may have existed between these factors.

### **METHODOLOGY**

This research was conducted in a qualitative manner, following an ethnographic approach, which also guided the method of data analysis. It was thus a descriptive, case study research design. Interviewees/subjects were selected through snowball sampling. Semi-structured in-depth interviews were conducted with each subject, in which the researcher followed an interview guideline. These interviews were recorded and analysed conceptually. All the transcribed interviews were then further organised by using the software programme NVivo 8.0. which allowed for the process of coding.

## **RESULTS**

Common themes as related to success emerged from the data that was collected. Further analysis revealed links between certain factors that had been identified within the themes.

The results reflected that honesty and the ability to listen and understand people, together with perseverance and determination, were qualities that enabled these homoeopaths to achieve success. It was evident that valuing oneself as a practitioner and thus charging accordingly, as well as minimising overheads where possible, all contributed to the viability of the practice. The use of modalities impacted on financial gain and was found to enhance patient numbers. Availability, success of healing and an interactive practitioner - patient relationship was also found to have an effect on patient base stability and size. Burnout was identified as being related to the balance in a practitioner's lifestyle. A high self-esteem coupled with a good support structure, were factors that minimised burnout. Continued professional development was important to these practitioners as evidently one's knowledge was seen to have an impact on confidence, patient numbers and thus overall success as a healer.

## **CONCLUSION**

Success has been attributed to many factors in this study, many of which are interlinked. These findings have provided valuable insight into a successful homoeopathic career

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## **DEFINITION OF TERMS**

### **Abbreviations**

AHPCSA

Allied Health Professions Council of South Africa

BHF

Board of Healthcare funders.

CA

Chartered Accounting

CPD

Continued Professional Development

DIT

Durban Institute of Technology

DUT

Durban University of Technology

EFT

Electronic fund transfer

HSA

Homoeopathic Association of South Africa

KZN

KwaZulu-Natal

MTech

Master of Technology

TWR

Technikon Witwatersrand

UJ

University of Johannesburg

UNISA

University of South Africa

VAT

Value added tax

### **Terms**

Attribution

In social psychology: refers to how individuals explain causes of events, other's behaviour, and their own behaviour.

Classical homoeopathy

A form of homoeopathy that involves extensive questioning of the patient by the practitioner, to determine the single remedy for that patient.

Extrinsic Factors

Relate to the external factors of a job, such as pay, working conditions and hours of work (Sachau, 2007).

## Intrinsic factors

Factors within an individual that impact their motivated behaviour, perseverance and direction (Bergh and Theron, 2003).

## Qualitative Research

A research approach which seeks to discover information from a thorough interaction with the subject interviewed, and from this learn something new that will benefit greater society, and allow for generation of new understandings through insight into the subject matter (Ulin, Robinson, Tolley, 2005).

## Self actualisation

The motive to realise one's full potential

## Self-esteem

A feeling of pride in oneself. The degree to which one values oneself.

## Self-efficacy

Belief in one's own ability to perform a task.

National Senior Certificate with Matriculation Exemption

A legal requirement necessary to study a first degree at a South African University (Matriculation Board, 2005).

Viable

Able to exist successfully (Pearsall, 1998).

## **CHAPTER ONE: INTRODUCTION**

Homoeopathy as a profession was legally re-introduced into South Africa with the re-opening of the register in 1985. The establishment of tertiary courses soon after has resulted in 17 years of homoeopathic graduates from the current Durban University of Technology, and 12 years from the current University of Johannesburg (Winston, 1999).

It has been identified that of these graduates, the majority of them are practicing, yet only a few are able to pursue their homoeopathic practice as their primary career (Babaletakis, 2006). These successful homoeopaths have managed to overcome the difficulties such as financial stresses and low public awareness, identified in graduate studies (Sweidan, 2007). They are maintaining viable homoeopathic practices and may therefore be seen as role-models for newly graduated homoeopaths.

### **1.1 AIM**

This study aimed to identify a minimum of nine successful homoeopaths, and, through an in-depth interview discover their views on success and how they have managed to build up viable practices. It aims to identify the factors contributing to the success of homoeopathic practice and establish any possible relationships that may exist between these factors.

### **1.2 RATIONALE FOR THIS STUDY**

As mentioned, recent homoeopathic graduate studies (Babaletakis, 2006 and Sweidan, 2007) indicate that the majority of qualified homoeopaths that are



currently practicing are experiencing many obstacles along the way to success. At the time that the studies were conducted on Durban Institute of Technology (DIT) and Technikon Witwatersrand (TWR) graduates, 67 percent and 78 percent of them respectively, were currently practicing. The alarming fact, however, is that of those practicing DIT graduates 77,59 percent of them supplemented their income, together with 64 percent of the practicing TWR graduates (Babaletakis, 2006 and Sweidan, 2007).

It was found that the reason for this low number of independently practicing homoeopaths were setbacks largely related to financial burdens. A lack of confidence and experience, as well as the general pressures involved in the maintenance of a practice all took their toll. Other problem areas highlighted included flaws in the education system – courses lacking in practical experience and business skills - as well as a generally low public awareness of Homoeopathy. Those that have established a practice, or attempted to, cited few patient numbers and marketing constraints as hindering factors (Babaletakis, 2006). These issues may prevent recent graduates from going into practice and thus inhibit the growth of the homoeopathic profession.

Most previous research on this topic is of a quantitative style and aims to identify the problems and obstacles associated with a homoeopathic career. There is no known research of a qualitative style that focuses on the positive aspects of South African homoeopathic practice.

### **1.3 BENEFITS OF THIS STUDY**

This study aims to benefit the homoeopathic profession in the following ways:

- By providing positive feedback on the profession as well as guidelines for successful practice, and in so doing motivate recent graduates to pursue a homoeopathic career.
- Assist currently practicing homoeopaths in improving their practice.
- Allow the educational institutions insight into what creates a viable practice and successful practitioner, which may allow them to concentrate on specific areas when interviewing candidates for the courses, as well as for curriculum development.

#### **1.4 LIMITATIONS**

- Only practitioners that were considered successful by their peers were approached for this study.
- Only practitioners that practiced within the areas of Ethekwini and Msunduzi, Ekurhuleni and Tshwane and the City of Cape Town were considered for this study.
- Race group, age and socio-economic standing were not considered in this study.

#### **1.5 RESEARCH OBJECTIVES**

- To define the common personal qualities and attributes of a homoeopath that contributes to their success as a practitioner.
- To highlight the factors affecting the financial aspect of the practice, and the importance the practitioner places on this.
- To determine the relevance of external factors to the success of a practice and how they are managed.

- To discover the meaning of the term “success” relevant to each practitioner, and their measurement of this.

## **1.6 CONCLUSION**

Babaletakis (2006) and Sweidan (2007) reported in their studies, that the majority of practicing Homoeopaths were satisfied with their career choice. Furthermore, they recommended that the reasons that allow for continued practice should be further researched rather than delving deeper into why graduates do not practice.

If commonalities may be found in those practitioners that have been successful in maintaining a practice, they may serve as a guideline, not only for recent graduates but also for the educational institutions.

## **CHAPTER TWO: REVIEW OF RELATED LITERATURE**

### **2.1 INTRODUCTION**

The aim of this study was to identify factors contributing to the establishment of a successful homoeopathic practice, and any possible inter-relationships that may exist. The practitioner as an individual was considered as well as the business aspects of the practice. This literature review will look at homoeopathy as a profession, external and internal factors that can affect success, success as a phenomenon, as well as previous research conducted on homoeopathic graduates.

### **2.2 HOMOEOPATHY AS A PROFESSION**

Homoeopathy is a fairly young profession in South Africa. It was legally re-introduced with the re-opening of the register in 1985. Soon afterward educational courses were established (Winston, 1999). Currently there are two educational institutions that offer the Masters degree course in homoeopathy (M.Tech:Hom); namely the University of Johannesburg (UJ), and the Durban University of Technology (DUT). The handbook from the faculty of homoeopathy (DUT) states that the complete Master's degree requires a minimum of five years of formal study. It also explains that students wishing to apply for the course need a national senior certificate with Matriculation Exemption or an equivalent qualification, with Mathematics and Physical Science or Biology as subject's required on Higher Grade. Applicants go through a selection procedure including an assignment, an interview and written tests to be allowed into the National Diploma Course. Access into the Bachelor's degree is reliant on passing the National Diploma level. Entry into the Master's degree requires a Bachelor of Technology degree in Homoeopathy (DUT, 2011).

### **2.2.1 Professional boards and regulations**

At present the profession is regulated by the Allied Health Professionals Council of South Africa (AHPCSA) which comes under Act no. 63 of 1982. The primary role of this council is to protect the public; regarding their health, and to deal with any complaints of misconduct they may have experienced. The three divisions that constitute the AHPCSA, namely the Council, the professional boards and the administration, also formulate relevant professional policies and deal with practitioner registration and the implementation of general standards (South African Government, 1982).

It is the Homoeopathic Association of South Africa (HSA) which deals directly with the practitioner and forms a link between the profession, the Government, The Department of Health, and the AHPCSA as well as with other bodies that may have an influence. The HSA is largely responsible for continued professional development (CPD) of its members through biennial conferences as well as regular provincial meetings, although there is no formal point system in place (HSA, 2007). A previous South African graduate study indicated that CPD was largely achieved through journal subscriptions and conference attendance, thus indicating that members are benefitting from these opportunities (Babaletakis, 2006).

The Allied Health Professions Act no. 63 of 1982 (South African Government, 1982) specifies that a homoeopathic practitioner can diagnose both mental and physical illnesses and deficiencies in human beings, and subsequently treat, prescribe and dispense medication accordingly, or as a means of disease prevention if necessary.

Limitations in terms of practice include not being able to canvass or tout for patients in any manner. A practitioner may only display a sign at their premises including their name, profession, registered qualifications in abbreviated form, contact details, operating hours, and registration, practice and VAT numbers (South African Government, 1982). These limitations have been noted as a considerable disadvantage to the establishment and expansion of a homoeopathic practice (Babaletakis, 2006).

## **2.3 CAREER SUCCESS AND RELATED FACTORS**

Career success is identified as a multi-factorial term that, although commonly used, has a wide range of definitions. Seibert, Crant and Kramer's (1999:417) is "the positive psychological or work-related outcomes or achievements one accumulates as a result of work experiences". Success is related to performance which in turn relies on a great number of things. Those specific to this study will be discussed further.

### **2.3.1 Intrinsic factors**

Attributes such as personal characteristics, emotions and motivation are identified as intrinsic activators: those factors within the individual that impact their motivated behaviour, perseverance and direction and are grouped together with self-actualization, self-efficacy, expectancy, attribution and goal-setting (Bergh and Theron, 2003).

#### **2.3.1.1 Motivation**

There are many different theories that lend themselves to the explanation of motivation. Herzberg (1974) as quoted in Schultz and Schultz (2006) proposed the motivator-hygiene (two-factor) theory which defines these two sets of activators and how they affect an individual's performance. The motivator needs or intrinsic factors are related to job satisfaction, and are concerned with an individual's work tasks and their resultant reaction to the job. The hygiene needs are linked to job dissatisfaction, and are external factors such as salary, work environment and conditions. Herzberg states that if the hygiene needs are not satisfied there is resultant job dissatisfaction, whereas if they are satisfied this does not mean job satisfaction is achieved but rather just the lack of dissatisfaction. The intrinsic factors are what are ultimately said to influence job satisfaction. This motivator-hygiene theory highlights the need for internal factors (intrinsic motivation), incentives (extrinsic motivation) and the expectancy of success as a source of motivation (Schultz et al., 2006).

Another common theory which aids in explaining employee motivation is the achievement motivation theory. It explains that the desire to achieve a goal is often the driving force and a common characteristic of successful people. A study by McClelland (1961) as quoted in Schultz et al. (2006) highlighted three main traits of people with a high need for achievement, the first being the favouring of a "work environment in which they are able to assume responsibility for solving problems; they tend to take calculated risks and to set moderate, attainable goals; they need continuing recognition and feedback about their progress so that they know how well they are doing." Further studies have recognized that achievement motivation ratings of executives and the financial success of their companies are linked via a positive correlation (Schultz et al., 2006:223).

Similarly the “expectancy theory” is based on the fact that people are motivated by what they expect the outcomes of their actions to result in. This works hand in hand with self-efficacy, as each individual needs to have the belief that they are able to achieve what they set out to do. This theory is comprised of three different categories: expectancy - the belief that the person has in their ability; instrumentality - the belief that their action will lead to a favourable outcome, and valence - the value the person places on the outcome. It is proposed that as long as all these factors are high, the person will be motivated. Another important aspect of this theory explains that performance cannot be achieved without both motivation and ability. Regardless of the level of motivation an individual may possess, it is of just as much importance that they are knowledgeable and skilful in their chosen field (DuBrin, 2004).

An intrinsically motivated person is said to possess passion and energy for their work, as they are not distracted by external forces, but reliant on how they manage themselves. Once negative extrinsic factors come into play, the individual may feel a loss of self with the decrease of intrinsic motivation (DuBrin, 2004).

A study amongst healthcare workers in developing countries identified a few common motivating factors. Amongst them were financial gains, career development, continued learning and education, the availability of resources and due recognition and appreciation. The study concluded that financial rewards did not solely motivate these healthcare workers (Willis-Shattuck, Bidwell, Thomas, Wyness, Blaauw and Ditlopo, 2008).

#### **2.3.1.2 Self-efficacy and confidence**



An individual's self-esteem and sense of self-efficacy - the belief in one's own ability- both impact on the overall confidence of that person. Belief in yourself and what you are capable of will instill a greater sense of confidence (DuBrin, 2004). The social cognitive theory sheds light on this area as it identifies individual self-efficacy as being reliant on knowledge, how one goes about tasks, and the belief other's have in an individual's abilities (Bandura, 1997). One study has looked into the relationship between self-efficacy and career success over a seven year period. Self-efficacy leads to a greater self-esteem, and it was found that the belief an individual had on their occupational ability at the outset of their career positively impacted their earnings and any changes in salary, as well as hierarchical status changes, and career satisfaction (Abele and Spurk, 2009). It is identified as contributing to these achievements through inspiring motivation and focus, as well as allowing the individual to overcome any negative feelings that may hinder their efforts (DuBrin, 2004). It may be said then that the ability and belief one has at the beginning of their career will manifest throughout it. Thus a lack of this confidence can hinder career development.

Methods to enhance one's self-esteem and to boost self-confidence are often sought out. The use of positive self-talk, projecting a professional image, developing and enhancing one's knowledge, taking risks and focussing on other people and not your own shyness are examples of a few of these methods. It is also stressed that self-esteem rests on both respect for and an understanding of oneself and a sense of competency, together with life experiences. Success and self-esteem are a perpetual cycle of life (DuBrin, 2004).

Another interesting point to emerge from the social cognitive theory is that the expectations one places on an outcome, together with self-efficacy, predict the interests of that person. Interests in turn impact goal-setting, which then shape

the individual's behaviour in order to realize and accomplish achievement (Lent, Brown and Hackett, 2002). Goal setting is identified as providing another source of motivation and acts as an incentive which ideally should improve performance (Bergh and Theron, 2005). It has been found that short-term goals are effective in helping one reach their long-term goals (Sdorow, 1998).

### **2.3.1.3 Personality**

Holland's (1997) theory questions the effect of personality and individual characteristics on job stability and career satisfaction. The basis of the theory is that different personalities favour certain career choices, so in effect, people within similar careers will have similar characteristics. He has classified six personality prototypes - realistic, investigative, artistic, social, enterprising and conventional. Each of these categories is followed by the self-concept and values, potential abilities, and the typical work environments that people falling under each prototype may follow. It is stated that seldom will a person "fit" into one category alone, but usually there will be one that dominates in any combination types. This model can be of use in prediction of career satisfaction, particularly when looking at the fit between personality type and potential career environment. The better the fit between these two factors, the higher the chance of job satisfaction (Swanson and Fouad, 2010).

A similar model that refers to the "five-factor model of personality" identifies categories of neuroticism, extraversion, openness, agreeableness and conscientiousness. A study by Barrick and Mount (1991) discussed in DuBrin (2004) identifies conscientiousness as a major characteristic resulting in effective job performance. With other personality types leading to success in only certain fields, such as extraversion and sales, it was found that

conscientiousness is an indicator of potential success in any field (DuBrin, 2004:61-63).

In addition to different personalities affecting job satisfaction, it also has an impact on performance through motivation and self-confidence (DuBrin, 2004).

#### **2.3.1.4 Role of the practitioner**

Milgrom's theory (2002:243) on patient-practitioner-remedy entanglement identifies the importance of these three aspects in the process of healing through the use of "quantum theoretical metaphors". He has identified that a complementary relationship exists between the homoeopathic medicine and the intention of the practitioner and the patient. The more emphasis that is placed on either one, the greater the vagueness of the other. Milgrom (2002) explains that the act of prescribing the medicine relies on the practitioner completely understanding the case. He identifies this as the moment when practitioner, patient and remedy become entangled.

Similar studies (Boulderstone, 2000; Wichmann, 2001) have shown that patients have reported an improvement in their symptoms prior to receiving their medication. Milgrom (2002:245) explains that the moment patients report feeling well, has occurred together with the moment the practitioner has 'understood' the case and chosen the appropriate medication.

#### **2.3.2 Extrinsic factors**

Extrinsic factors are often more unpredictable than intrinsic which are said to be self-manageable, yet also exert an effect on one's career (Schultz et al., 2006).

The extrinsic factors that will be discussed here are marketing and advertising, financial reward, burnout and job stress, and support structures.

#### **2.3.2.1 Marketing**

A study done through the University of South Africa (UNISA), on the perceptions of medical practitioner's thoughts on advertising and possible implications of restrictions being lifted, goes against what was found in Babaletakis' (2006) study. The study concluded that physicians were aware that marketing limitations were not ideal for both them and the public, but disagreed that a lack of advertising hindered their practice. They felt that the ability to advertise would incur additional costs to them and thus possibly to their patients. The practitioners did not feel that advertising would be of any benefit (Boshoff and Du Plessis, 1992).

A more recent Greek study highlighted that the thoughts of nurses, administration and medical executive on marketing was positive and that it should be utilised by health professionals. Interestingly the doctors were not as convinced as the other two groups on this matter- with similar views of unnecessary cost. The idea of marketing, in this study, is viewed as being more beneficial to the public, in terms of a greater knowledge of what is on offer, and a reduction in fees due to competition, than it is beneficial for the doctor and the practice (Sarafis, Malliarou, Roka, Zyga and Kalokairinou, 2009).

Different forms of advertising relevant to South African homoeopaths was investigated in Babaletakis' (2006) study, however, the importance of it related to practice gains was not discovered.

### **2.3.2.2 Financial reward**

In looking further into financial reward as an extrinsic factor, it is identified as being positively related to a worker's satisfaction (Hamermesh, 2001). A Californian study found that a decent or high pay of doctors and non-medical staff within a hospital resulted in a positive overall patient care and greater performance of the hospital on a financial scale (Brown, Sturman and Simmering, 2003). It is also noted that whether an employee feels that they are being fairly paid, and that their income is worthy of their work, may be more important than the actual amount that is received (Schultz et al., 2006).

DuBrin (2004) explains that financial reward is a controversial topic as a motivating factor in the workplace. Not only are companies or certain jobs different in their approach of payment, but different individuals related differently to financial incentives. Quite clearly, people who attach more importance toward money are more likely to be motivated by this factor. Certain people may reach a level on which they have all that they need - which differs drastically due to individual perception, so the motivating pull of financial reward loses part of its effect. The downside of having money as your motivator is that when one cannot draw a salary, or does not receive any bonuses, disappointment and a decrease in productivity may result (DuBrin, 2004).

A study by Boehm and Lyubomirsky (2008) identified that the happiness and satisfaction of an individual directly influences their success in the workplace. It was also highlighted that the introduction of encouraging affect can lead to general improvement in job productivity. It is also identified that productivity is positively linked to job satisfaction (Schultz et al., 2006). However, this statement is not widely supported, with other studies concluding that job satisfaction can relate to performance only when external factors, which

influence the behaviour of an individual, are removed from the equation (Herman, 1973).

#### **2.3.2.3 Burnout**

It has also been reported that 10 percent of practitioners in Babaletakis' (2006) study on South African homoeopaths, cited "burnout" as the major problem. DuBrin (2004: 159) defines burnout as "a state of exhaustion stemming from long-term stress." A general lack of physical and emotional energy results in a decline in productivity and quality of work (Schultz et al., 2006).

Several factors have been associated with an increased possibility of burnout. A younger age is said to be a disadvantage in this area; as people over forty years of age are less likely to suffer. Single people and those with a lack of social support are also more likely to be affected (Schultz et al., 2006). There is much literature on the "type A" personality when related to burnout as these people are highly dedicated to work, and place extra pressure on their performance, thus are more likely to suffer a fall than those people who are not too concerned with over-achieving. Thus personality is seen to once again affect one's career through ability to cope. Other frequent sources of job stress include a significant change in one's life or career; an under load or overload of work; job insecurity and bad working conditions (DuBrin, 2004). A job involving contact with customers is said to contribute to job stress and burnout (Dormann and Zapf, 2004). A lack of decision making opportunities within one's job, and less influence is also said to be a cause of burnout (Posig and Kickul, 2003).

As much as it is said that business and pleasure should not mix, unfortunately in this area, the stresses of everyday life can have a great impact on one's job stress. Thus it is important to not only identify these stressors but seek means to

cope with them either through emotional support channels, relaxation techniques and a change of behaviour. The positives associated with a good support system include being able to offload any stresses and problems to someone that cares and understands, together with providing the individual with a sense of acceptance, this will help promote emotional stability (DuBrin, 2004).

Despite the personal distress of burnout, it has a negative effect on one's effectiveness on the job. On the other hand, however, it is noted that sufficient stress may prove beneficial for the performance of some people; certain characteristics such as a high self-esteem, patience and commitment can aid in helping an individual cope in stressful work situations (DuBrin, 2004; Schultz, 2006).

The financial burdens, and the above mentioned problems associated with establishing and running a homoeopathic practice have resulted in a fair number of practitioners ceasing to practice (Babaletakis, 2006). Despite this there is a reported high percentage of job satisfaction amongst practicing homoeopaths from DIT (now DUT) and TWR (now UJ) (Babaletakis, 2006; Sweidan, 2007).

## **2.4 PREVIOUS HOMOEOPATHIC GRADUATE RESEARCH**

Little research further investigating the career paths of Homoeopaths has been conducted within South Africa. Most of the studies that have been done fall under the quantitative method or a mix method approach. As a result, the information gathered provides a large factual framework of homoeopathic graduates, but less insight into any reasoning and further understanding.

Studies indicate that Homoeopathy is an effective form of treatment (Verhoogt, 2003) and that the majority of graduated homoeopaths are currently practicing

(Babaletakis, 2006). However, in terms of practice and financial management, the findings were not very positive. Babaletakis (2006) reported that over three quarters of DUT graduates that are currently practicing or have previously practiced had to supplement their income from a source other than homoeopathy. This is quite startling, particularly because the majority of these supplemented incomes were derived from areas within the healthcare industry. This may indicate a current enjoyment for one's profession, yet an inadequate income. Babaletakis (2006), however, was unable to provide information on the reasons why these practitioners supplemented their income, so the above conclusion cannot be drawn from this single result but possibly from another finding from this study - that financial issues are high up on the list of what negatively affects successful practice.

Together with financial issues, the majority of problems affecting practitioners are a lack of confidence and experience. It was also felt that education was a problem, with all practitioners of the opinion that their education lacked clinical experience. They therefore felt unprepared for a career in homoeopathy once having left their tertiary institution (Babaletakis, 2006). These same problems were identified in a study done by Sweidan (2007) on Technikon Witwatersrand Homoeopathic graduates from 1998 to 2004. Chella (2007) discovered that a lack of an internship programme compromised the profession's success. An internship programme is at present implemented at neither DUT nor UJ.

Other factor's highlighted which may play a role in the lack of success of practitioners, is the fact that homoeopathy is relatively new in South Africa, and that there is little awareness of it by other medical professions, poor public awareness and an education lacking practical experience and business skills (Babaletakis, 2006). A study conducted by Maharaj (2005) on the perceptions of general practitioners and pharmacists, in the greater Durban region, towards



homoeopathy concludes that the majority of them feel that homoeopathy is a legitimate form of medicine. A similar perception study done by Sukdev (1997) on medical practitioners, shows that although the majority (77,01 percent) of them recognized complementary therapies as supportive, only a minority (14,59 percent) viewed it as a source of primary health care. Small's (2004) perception study on grade 12 learners identified that the majority (76 percent) of them had never before heard of homoeopathy.

#### **2.4.1 Modalities used in Practice**

A study by Brown (2008) on the clinical methods and treatment procedures of South African homoeopaths identified that a large number of homoeopaths are using other modalities within their homoeopathic practice. Specifically, phytotherapy and naturopathy were used by more than half of the practitioners. Homoeopathy constituted more than half of their practices, but only 16 percent claimed to practice homoeopathy exclusively. Looking at different approaches, this study found that half of the practitioner's practiced little to no classical homoeopathy, with the other half practicing moderate to large amounts in this manner. The reasons as to why these modalities were used, and approaches adopted, were not ascertained from the practitioners.

#### **2.4.2 Positive findings from previous research**

Positive findings from the studies of Babaletakis (2006) and Sweidan (2007) include reports that despite the majority of "higher earning" graduates working abroad, there is a minority of South African based homoeopaths that fit into this category. Both these studies also highlighted the geographical distribution of Homoeopaths throughout South Africa. Babaletakis (2006) identified the largest group of DUT graduates as currently practicing in Kwa Zulu Natal (KZN), with

the second and third most practicing in Gauteng and the Western Cape respectively. The majority (65 percent) of the TWR graduates have remained in Johannesburg, a minority (13,5 percent) have relocated to the Western Cape (Sweidan, 2007).

According to Babaletakis (2006) the majority of the currently practicing homoeopaths included in the study saw more than 20 patients per week, with 30 percent of them seeing less than ten patients per week. Sweidan's (2007) findings differed quite drastically. The majority of practicing Homoeopaths in the study saw less than 10 patients a week, while only seven percent of practitioners only saw enough patients to generate a sustainable income. Both studies, however, identified a minority of practitioners that consulted with 41 to 50 or more patients per week. Babaletakis' (2006) study also discovered that on average, a homoeopathic practice in South Africa will take three years of running until it is viable.

Despite the identified problems, there is a reported high percentage of job satisfaction amongst practicing homoeopaths from DIT and TWR (Babaletakis, 2006 and Sweidan, 2007).

## **2.5 RESEARCHER'S DEFINITION OF A "SUCCESSFUL PRACTITIONER"**

For the purpose of this study it is necessary to define a "successful practitioner". As a primary healthcare physician, each aspect or action within a practice will affect the others whether positively or negatively. A successful practitioner therefore needs to have a balance within the running of his/her practice. They need to be motivated, which stems from many different factors, in order to work efficiently, effectively and excel in the undertaken task (Schultz et al., 2006). This excelling refers to their therapeutic success as a healer, as well as having

the ability to control the financial aspects of the business. If their motivation is well directed, they will in turn have a steady patient base as a result of their therapeutic abilities, and so generate a substantial income.

Judging by previous graduate studies, it is estimated that a successful practitioner will see more than 20 patients per week and generate a sustainable income of greater than R 100 000 per annum. By discovering the views of a select few practitioners and further interpretation of their thoughts on this subject, it would hopefully provide a clearer picture of what success relating to homoeopathy is, and how it can be attained.

It is thus evident that in order to judge a successful practice, all of the above-mentioned factors need to be considered.

## **CHAPTER THREE: METHODOLOGY**

### **3.1 INTRODUCTION**

When considering the objectives of the study - to obtain an in-depth understanding of successful homoeopathic practice - the researcher felt it best to consider options whereby an informal method of data collection would result in data that carried significant meaning. In dealing with busy professionals, their time needed to be considered. It was felt that if interviews were scheduled, data would be more accurately collected, and that only practitioners who were willing to give of their time would participate. Compared to questionnaires, where the rate of responses may often be poor, a one on one interview would allow for the entire pre-defined sample size to be questioned. It was important that the study be qualitative, to differ from all previous South African graduate studies, and to allow for a different understanding of the homoeopathic profession.

### **3.2 STUDY DESIGN DESCRIPTION**

This research was conducted in a qualitative manner, following an ethnographic approach, which also guided the method of data analysis. It was thus a descriptive, case study research design.

A qualitative approach seeks to discover information from a thorough interaction with the subject interviewed, and from this learn something new that will benefit greater society, and allow for generation of new understandings through insight into the subject matter (Ulin, Robinson, Tolley, 2005). The method was selected as it offered more scope than a wide statistical overview of the profession, thus gaining deeper knowledge within the smaller group of experts.

A case study design was used as it allows for investigation and understanding of a particular group - where individuals possess similarities that allow them to be grouped, yet unique particularities and differences may be identified. The aim of the researcher was then to identify common patterns that may occur with these differences and within the data (Welman, Kruger, Mitchell, 2005).

An ethnographic stance indicates a study in which a group of people are observed and interviewed in their own natural setting, and allows for collection of data from which associations, meanings, and beliefs of the group may be deducted. The core of this approach surrounds active field-work and participation from the subjects. This approach will allow for collection of in depth data, providing “thick description”, and will thus improve the results (Neale, 2009: 242).

### **3.3 SELECTION**

Interviewees/subjects were selected through snowball sampling (Terre Blanche, Durrheim and Painter, 2006). This type of sampling is described by Ulin et al. (2005) as “a technique for locating information by asking others to identify individuals or groups with special understanding of a phenomenon. The investigator asks each participant to suggest others with similar ability to address the issues,” (Ulin et al, 2005:58). Although it introduced bias, it allowed people with knowledge and experience within the field to propose certain candidates.

A composite list was drawn up using practitioners registered with the Homoeopathic Association of South Africa (HSA) in the designated areas included in the study. Five academics within the Homoeopathic department at The Durban University of Technology separately identified practitioners they view as being successful, which according to this study refers to practitioners

that see more than 20 patients per week and earn on average more than R 100 000 per annum. Other practitioners that may not have been on the list were also suggested. The subjects were drawn specifically from Ethekwini and Msunduzi, Ekurhuleni and Tshwane, and the City of Cape Town as these represent the areas of highest density of homoeopaths, as well as to ensure a diverse sample range (Babaletakis, 2006 and Sweidan, 2007). No other restrictions were placed on selection criteria apart from Allied Health Professions Council of South Africa (AHPCSA) registration as a homoeopath. The most common practitioners selected by all the academics were then contacted telephonically. An appointment was scheduled with suitable and willing candidates at a time convenient for them. A minimum of nine practitioners were initially contacted. Evidence suggests that sufficient data is generally collected within six to twelve interviews (Guest, Bunce, Johnson, 2006).

### **3.4 DRAWING UP OF INTERVIEW GUIDELINES**

The process of the data collection involved a semi-structured interview. An interview guideline was drawn up, focussing on general topics that should be covered, as indicated by information gathered from the relevant literature.

It was identified that personal characteristics and emotions affect the motivation of an individual. Motivation in turn is seen as the driving force for the need to achieve (Bergh and Theron, 2003). In looking at the success of these individuals, it was felt that this was a section that needed to be focussed on. It is the unique characteristics that define an individual, and is what is contributing to their success (Bergh and Theron, 2003). The literature pinpointed the specific effects of intrinsic and extrinsic factors to one's motivation and success. The researcher needed to identify these factors as relating to the workplace and the practitioner. The following questions were thus formulated:

- Success is a widely used term. In terms of your career as a homoeopath what does this word mean to you and how would you gauge your success?
- As a practitioner, what motivates you to come to work every day and give of your time and energy?
- What personal attributes or characteristics do you feel have helped assist you in your path as a homoeopath?
- How often do you attend conferences relevant to the profession? Do you feel these are beneficial? Are there any other ways you keep up to date?
- What type of support structure do you have and how does it benefit you?

It was decided that financial reward, patient numbers and advertising would be discussed, as these were found to be amongst the common difficulties experienced amongst practitioners in the study done by Babaletakis (2006), together with the relationship that each held toward the practice.

- How big a part does financial reward play in motivating you as a practitioner?
- Legally advertising is a problem, are there other ways you actively promote your practice? Do you feel that your practice benefits from it?

Previous studies highlighted areas that needed more thorough investigation. The greatest negative impacts on homoeopathic practice that have been identified include burnout, confidence, and financial difficulties. These aspects were discussed and specifically whether they affected the practitioner, how they avoided it and any coping mechanisms they may have used.

- Burnout is often a problem that affects health care practitioners. Are there any special measures you take in order to cope with this if it is a problem for you?
- In what way do you feel confidence affects your practice as a homoeopath? What instills confidence in you?
- What factors do you think affect patient numbers?

The financial aspect, being an important part of any business, needed to be discussed from a range of angles. This is not taught in-depth within the homoeopathic syllabus -as confirmed by Babaletakis' study (2006) - and thus a greater first-hand understanding may be useful for new practitioners.

- If your Homoeopathic practice is not your sole source of income what supplements it and why?
- How involved in the financial aspect of your business are you? How important is this for you?

Not only did the guideline allow for some form of structure, but also ensured that the data relevant to each topic was collected in each interview. This was important for the researcher in the aim of providing rich data (Bowling, 2002). The questions that were devised aimed to provide information on these three broad topics, namely - the personal attributes and qualities of each homoeopath; the financial stability of a practice; external factors relating to success, as well as what meaning the term "success" holds for each practitioner.



### **3.5 DATA COLLECTION**

The choice of the method of data collection is an important one as it determines largely the stance of the study and more importantly the type of data that is collected (Bowling, 2002). A semi-structured interview was used to gather the opinions and views of the interviewee/subject. The personal connection and the time available for discussion were positive factors that promoted the choice of this method.

The interview was conducted in the subject's natural settings, in this case their practices. Each subject was required to give their consent prior to the interview, and following an explanation of how the interview was to proceed. This was recorded on a written form (Appendix A), along with demographic figures relating to categories of age, patient numbers per week, gender, and consecutive years in practice.

The researcher followed the interview guide as discussed above, that contained questions and themes that needed to be focussed on. The data was collected by note taking and by tape-recording the interview (Welman et al, 2005). Questioning differed slightly between interviews, especially where the researcher felt it necessary to allow for elaboration and clarification from the interviewee, specifically areas the interviewee felt strongly about or was knowledgeable on. All subjects had the option of not answering any question, should they have felt it inappropriate. This was explained to each subject before the interview so as to further add to the relaxed atmosphere. However, all subjects were comfortable enough with all the questions to answer them freely. Valuable opinion and insight was gathered in this manner.

A time limit of an hour and a half was set for each interview, specifically to allow the practitioner to include it within their busy schedules. Room was allowed for more interviews to be conducted in the event of inconsistencies within the data.

However, it was noted that the data collected became repetitive, indicating saturation, and the researcher felt satisfied that the situation had been thoroughly explored, hence no additional interviews were conducted (Terre Blanche et al, 2006).

### **3.6 STRENGTHS AND WEAKNESSES OF THE SEMI-STRUCTURED INTERVIEW**

The researcher felt that the process of data collection needed to “fit” the study by allowing for collection of in-depth data. It was noted that in order to benefit completely from the chosen method, both the positives and negatives needed to be known.

#### **Strengths:**

- Allows for a more relaxed, conversational environment in which the subject may be more likely to “open up” and share with the interviewer.
- Clarification of answers can be immediate.
- Deeper issues may be questioned; beliefs, experiences, and emotions may be explored (Bowling, 2002) and (Neale, 2009).
- The process focuses on the perspective of the subject. Thus areas that were not considered by the researcher may still appear (Neale, 2009).

#### **Weaknesses:**

- Collection and analysis of data is time-consuming.
- There is greater room for subjectivity and bias to occur.

- The process is expensive and therefore usually only used with smaller sample groups. Adequate representation of data can be questioned (Bowling, 2002).

The researcher felt that the un-structured interview was positive in terms of the relaxed atmosphere it provided between interviewer and interviewee. Subjects were more than happy to share their insights, and it is possible that if questioning was done over the phone or e-mail, certain topics may not have been covered. In interacting personally with each subject, a greater understanding was gained of their personalities, and the researcher was able to view first-hand the type of practice each person ran. Although observation did not specifically fall under the objectives of this study, it did help to give an all round picture of each subject, and is a positive aspect of the qualitative approach. Essentially this is the appeal of a qualitative study – it is interactive, and naturalistic in nature (Marshall, Rossman, 2006). It was felt that the strengths outweigh the weaknesses.

### **3.7 DATA STORAGE**

All practitioner data remained confidential. Consent forms were kept locked away by the researcher and only allowed to be viewed by the witness and the supervisor. All tapes are kept by the researcher. All data containing names of the subjects are stored in a secure location at DUT for five years, after which it will be destroyed.

### **3.8 DATA ANALYSIS**

The data from each interview was transcribed verbatim and analysed conceptually. In the process of data collection, the researcher was continuously familiarising herself with the data. The repetition of conducting the interview and transcribing it allowed the researcher a greater understanding of what was discussed. Note-making was done throughout the processes of collection and transcription- the first form of organising the information.

All the transcribed interviews were then further organised by the use of the software programme NVivo 8.0. The programme allowed for the process of coding i.e.organising sections of data under common themes. By breaking up the data, it made it easier to work with. Common threads could also then be identified, which further validated the data, through the evidence of these similarities (Bowling, 2002). The data was then revised until a suitable representation of all of the information was accomplished. This information was reviewed by an external figure to further ensure validity.

An objective measure in the form of audiotapes of each interview was available. These were also available for review by an external figure to avoid any form of bias (Bowling, 2002).

The data was interpreted and comparisons were done between interviews, as well as with the supportive literature. From here possible relationships were identified between the common themes that emerged.

### **3.9 CONCLUSION**

A few of the common themes that were discovered through the data analysis included perseverance; a genuine passion for homoeopathy and interest in

people; placing time and importance on patient interaction and education; being involved in the finances but not making it your primary goal; being focussed on the goal of healing, yet at the same looking after yourself and your needs. These and more will be discussed in detail in the following chapters.

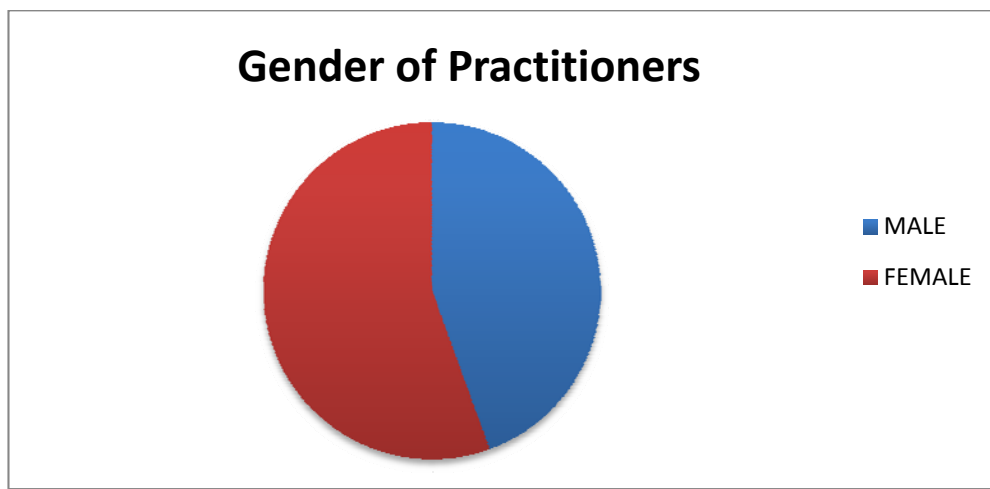
## CHAPTER FOUR: DATA ANALYSIS

### 4.1 INTRODUCTION

This study has, through the process of in-depth interviews, gathered information regarding factors that influence successful homoeopathic practice. Nine practitioners have shared their views on success in terms of what it means to them; how they have actively managed to pursue a viable practice, and how they have dealt with and managed the common problems associated with the establishment of a practice. Common themes and associated factors that have emerged from the data will be discussed.

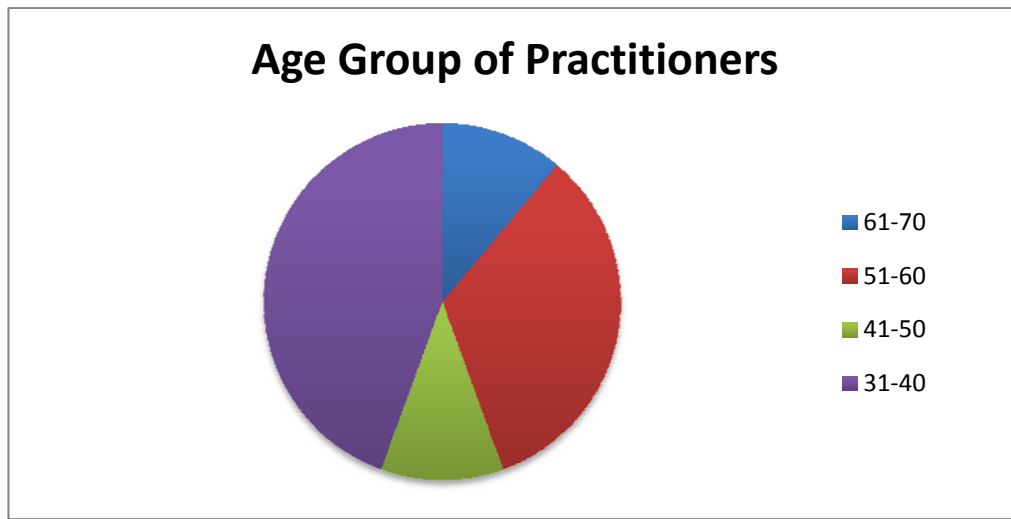
#### Practitioner demographics

Figure 1 – Gender of practitioners



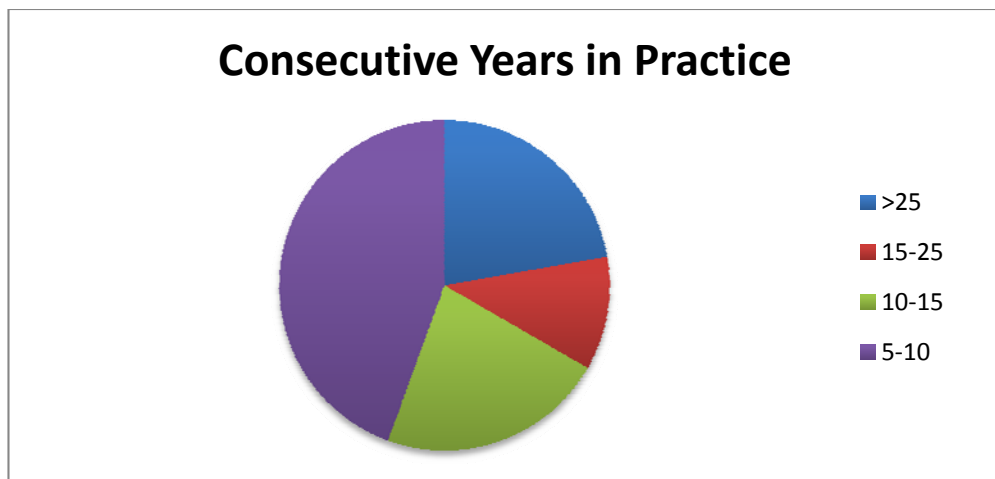
The majority of practitioners (55 percent) were female. This was in keeping with Babaletakis' (2006) finding that there are more females than males in the profession.

Figure 2 – Age group of practitioners



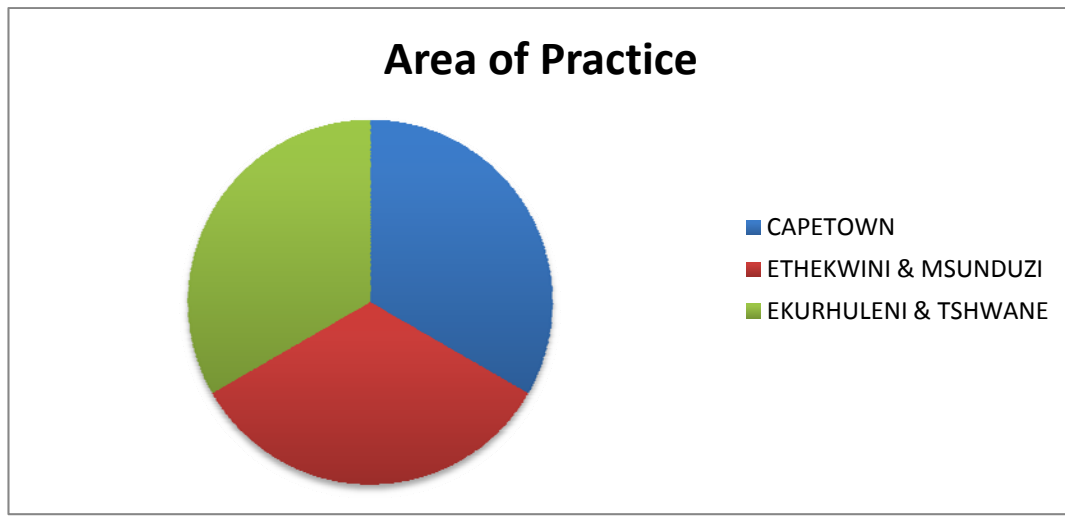
The predominant age group was the bracket 31-40 years (44 percent).

Figure 3 – Consecutive years in practice



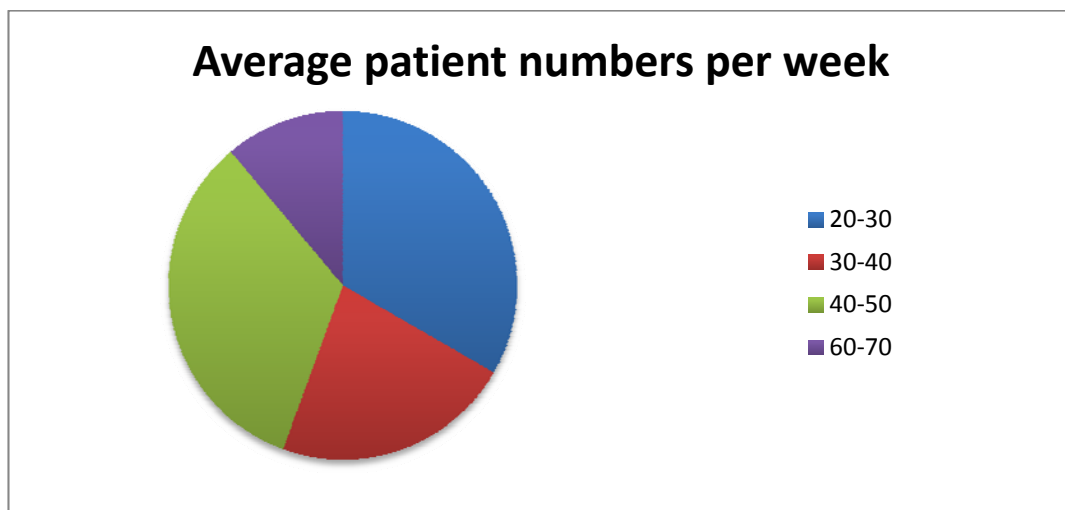
The most common period for years in practice was 5-10 years (44 percent).

Figure 4- Area of practice



Area of practice was equally spread between the nine practitioners. A practitioner practicing in Cape Town is referred to as CT and an assigned number, practitioners from Ethekeini and Msunduzi are referred to as EM and an assigned number and practitioners from Ekurhuleni and Tshwane are referred to as ET and an assigned number.

Figure 5 – Average patient numbers per week





An equal number of practitioners (33 percent) saw between 20 and 30 patients per week and 40 and 50 patients per week, with only one practitioner seeing 60 to 70 patients per week.

## **4.2 SUCCESS**

### **4.2.1 Meaning of Success**

The meaning of the term “success” was explored as relative to each practitioner. This included their measurement of “success” and whether they had achieved this. The common definitions that emerged were the health of their patients and financial security.

#### **4.2.1.1 Health of patients**

The meaning of success was discussed as it pertained to each practitioner. All but one of the practitioners defined success as the health of their patients, patients that return: cured and healthy. This was the main focus for them.

Many of them spoke about this in turn affecting the amount of referrals they will get. “I think that success breeds success and that in order to succeed your patients have to get well.” (CT2)

The meaning of success for one practitioner: “That your patients getting better. And if they’re getting better they are referring more patients to you and they’ll come back to you with follow ups and they’ll probably stay with you forever.” (CT3)

Two practitioners mentioned that an important measure of success for them was whether or not they had an understanding of their patients. “So you feel that that

person has left you, you understand the person and not just their sore throat or whatever it is.” (EM2)

“The more understanding you get of what this patient is about and what their experience is then the better your prescription will be in the end and that then snowballs, that success will bring in dozens of patients. You have to just have one really good case and they immediately start flowing.” (CT2)

#### **4.2.1.2 Financial security**

Having a busy practice and earning a living emerged as the next most common definition. They felt that money was an important and necessary factor for living, as well as being an indicator of whether they were doing the right thing. “And I think also being busy, and then you know; that’s like a confirmation that what you’re doing is helping people, because they’re telling other people, so your practice is growing. But not being too busy, so not being stressed.” (EM2)

“As far as the practice itself goes as a business one needs to see success in terms of it growing so that you can actually earn enough to live on, not have to worry about having a second job which is going to detract from practicing homoeopathy.” (ET1)

#### **4.2.2 Personal attributes**

The personal attributes that each practitioner felt had aided them in their career as a homoeopath was discussed. The common attributes that emerged from the interviews was perseverance and determination, having an understanding of and an interest in people and compassion and honesty.

#### **4.2.2.1 Perseverance and determination**

The characteristics that were the most common between all the subjects were perseverance and determination. Two thirds of the practitioners displayed these characteristics. They spoke about their careers as being hard work, and a constant learning curve – specifically when one has recently started practicing – but that perseverance was particularly important at this stage.

One practitioner mentioned how it took time for him to build up his practice – “I don’t know, I think it’s also time, and *vas-byt* for two years or whatever it takes. And once you’ve helped people they tell other people, they come, hopefully you help them.” (EM2)

“I’m determined, I don’t give up, and I have a high work ethic.” (EM1)

“No. I just knew what I wanted to do. I knew from Standard nine (Grade 11) that I was going to be a homoeopath. And I just had an idea how it was going to work. I had been in other people’s practices and I knew I wasn’t going to work like that.” (ET3)

These qualities came through in terms of persevering in practice, but also being determined in their approach with patients. One practitioner sums it up:” I mean I’ll do whatever I can to help somebody.” (ET3)

#### **4.2.2.2 An understanding and interest in people**

A genuine interest and will to understand people was the next most common characteristic. One believed that being able to understand a person was the key to the healing process: “and that is so true for homoeopathy, the medicines are simply a tool but the people are what it’s about, it’s about understanding their

pain, its understanding their disturbances and understanding how they function. And that's always fascinated me! So I believe, even if you don't get the remedy right if the patient feels they've been understood then they will come back to you because they feel a relief when they feel they've been understood." (CT2)

Being able to relate to people, and have a curiosity about them were factors that practitioners felt were important. "So I actually like people, I find them interesting and fascinating and I like talking to them. But I think being able to connect, because if you're awkward with people, if you don't know how to get conversation going, if you have no sense of humour, if you're grumpy, I think it will affect you, because a big part of the healing process is the person's connection to you. So do they feel that they've been listened to, do they feel that you really care?" (EM2)

#### **4.2.2.3 Compassion and Honesty**

Having a caring attitude, showing compassion toward their patients, and being a good listener were how some of the subject's described themselves. One practitioner felt that her patients appreciated the fact that she followed them up and always returned phone calls. Remembering patient's names and their situations was a characteristic that one practitioner felt her patients respected her for.

Honesty was another attribute that helped these practitioners get where they are today. Honesty with oneself was spoken about, as well as with their patients.

"So as I say, I don't compromise. I am true to me, that's what I want to say. I'll tell you one of the biggest compliments I did get, many years ago, she said Dr, I need some advice and I know that you are going to give me the truth straight

from the shoulder. And that I can say to you, in all my years at work that was the best compliment. Because someone knows that I meant business and I would tell as it is.” (CT1)

“And not to be proud, to think that you’ve got to pretend that you’re the guru, but to let people teach you and let you know where you’ve made a mess, and say ‘shucks I’m sorry, I shouldn’t have given you that remedy’. Just to be honest with people, it’s helpful. And be ready to learn from your patients, and to share your knowledge.” (EM2)

“I’m very direct; I don’t beat around the bush. If I’m unhappy with the way in which you’re dealing with something whether it be on a personal, emotional, mental, physical level, I’ll bring it up.” (ET3)

Having an open mind toward learning new things, and from your patients, as well as receiving support were other factors mentioned.

### **4.3 VIABLE PRACTICE**

#### **4.3.1 Finances**

##### **4.3.1.1 Involvement and Management**

It was found that either the practitioner was completely involved in the financial running of the practice, or they were partially involved in terms of knowing the end figures but not directly in the steps leading up to them. The practitioners who ran their own finances felt that their practices were small enough to manage themselves. It also cut back on cost. They generally had an outside accountant who consolidated the monthly figures.

Those who were only partially involved felt that it was important for them to be separate from the financial aspects, in terms of dealing with the patients’ money,

but to be aware of what the figures were. They all did not enjoy nor have an affinity for the financial aspect of the practice. These practitioners had receptionists and book-keepers that dealt with the day to day cash up and monthly tally.

Most practitioners did not deal with medical aids and accounts as they felt this created more work. Working on a cash only policy was easier and did not allow for bad debts. A large amount of payments were done via electronic fund transfer (EFT).

#### **4.3.1.2 Practice Viability**

All the practitioners felt that their practices were viable – they were making enough money but not an excessive amount. This is how it was expressed by two practitioners:

“Obviously it’s an important thing, we live in a capitalist society, you have bills to pay. But that’s basically it. If I wanted to make money I would have gone and studied CA (Chartered Accounting). Don’t try and think one’s going to make money being a homoeopath.” (ET2)

“I’d like to make more but yes, it’s the nature of the game, not always fair, but yes I can make a nice living.” (CT3)

Positive factors affecting income was explained by some. A few practitioners explained that the best thing for them to do in practice in terms of the finances was to minimise their overheads, either by cutting back on staff or working from home. One practitioner explained that it took a mind shift to see him earning profit; he realized that his practice needed to be run and managed as a business.

One practitioner who was not financially dependent on her practice, but managed it entirely, explained this – “I was never really financially dependent on the practice, so my whole motivation for practicing was because I believe in healing; I wanted to see people getting well. And that takes huge pressure off. I was in a very fortunate position to do that. But the paradox is that as soon as you do start focusing on healing, money also comes.” (CT2) Here it is similarly expressed by another practitioner: “I think one is caring for people, so really try hard to avoid the temptation of making the money the prime goal. Because in a sense if you care for people the money will come, people pick it up, if they sense that you’re just trying to make a buck out of them.” (EM2)

Another practitioner spoke about the benefits of working in a multidisciplinary practice. He felt that cross referrals from within the centre positively affected him in a financial sense. Another practitioner also expressed how setting up his practice with an established chiropractor boosted his patient numbers.

Two practitioners (CT2 and CT1) commented on the importance of a monetary transaction between patient and practitioner:

“I’ve found over the years that those who did pay properly were really helped. Those that tried to do me down didn’t get helped. So it’s an exchange actually so essentially we need to be able to live.”

“And you are running a business and you have to live as well. And then there is the other aspect that the patients need to pay. I run a little clinic out in the squatter camp for free, and it has actually dwindled and one of the reasons I believe is because they don’t have to pay. They don’t regard this as a valuable service because they’re not having to pay.”

Another practitioner highlighted the need for balance:

“But on the other hand, it’s also important that homoeopaths value their services

significantly, and sufficiently. If they don't then the other people won't, then none of the decent interaction is going to take place. I do feel that there are some homoeopaths that do think unfortunately that they should survive on bread and water and it's not going to happen. Also the patients don't respect it, having said that, it's also important for people not to feel used." (ET2)

It was evident that striking a balance between not exploiting one's patients and earning enough money to survive was the key for these practitioners in maintaining a viable practice. This will be further discussed in chapter five.

#### **4.3.1.3 Financial Reward**

The importance of financial reward was also investigated during the course of the interviews. Four practitioners (CT2, EM2, EM3, ET1) explained that financial reward was a motivating factor for them. One explained that it allowed her to see that she was doing something worthwhile: "for me I need some feedback that what I'm doing is worthwhile and when I can see that the practical material, money, is flowing then I know that the practice is ok, that I must be doing some reasonable work. It's really for me, apart from having the money to spend on what I want, it's more than that for me, the money is terribly important to give you a sense of achievement or that there's some value in what you're doing, something concrete that you can say, ok, well I earned R20 000 this month I must be doing something ok."

Another explained that money was needed to pay the bills and keep the practice going, and that it was nice to be rewarded for hard work. The others expressed that although they did not necessarily fixate on it, it was important for their finances to be in order. One practitioner expressed these thoughts: "I think when your objective becomes financial your ethics and morals can get a bit



compromised, you can get yourself into a lot of trouble. Especially in our profession, because there's a lot of grey area.”

#### **4.3.1.4 Alternative Income**

Only one practitioner had an alternative form of income which involved mentoring student homoeopaths. He explained that in terms of finances, although the extra job did help him when he first started out, it was now more for the enjoyment of it, as his practice was his main source of income.

#### **4.3.1.5 Modalities in practice**

There was a mixed response regarding the use of other modalities in one's practice. In terms of prescription, only two (CT2 and ET1) of the practitioners prescribed homoeopathic remedies solely. All of the others prescribed herbs and/or vitamins, supplements, and gave nutritional advice, together with their homoeopathic prescription.

The main reason for the use of alternative treatment methodologies ranged between practitioners. Two thirds of the subjects commented that the main reason they used forms of treatment other than homoeopathy was because it worked and was beneficial to their patient's health. This ensured them more follow up appointments and a steadier patient base. Some agreed that they made extra money if they sold the herbs and supplements themselves, as well as through patients coming back to buy them because they felt it had worked. Three (EM1, EM2 and EM3) practitioners' commented on other modalities being an interest for them and something they enjoyed learning more about.

Two practitioners (ET2 and ET3) made use of diagnostic machines in their consulting rooms. Both felt that they worked effectively, as well as being an objective measure which the patients can see. They felt that patients liked to see the results from the machine, and therefore commented that the use of the machines related to patient demand and need. The one practitioner felt that although it was a useful tool, it did not help him to find the correct remedy, and thus the consultation and other software programmes were important for this.

Three practitioners (CT1, CT2 and ET1) who made no use of machines, and little other prescriptions if any, felt that there was a danger in using these modalities. They felt that one may run the risk of only seeing the superficial problems, and not treat the patient on a deep enough level, or get to the “correct remedy”.

#### **4.3.2 Patient numbers**

The factors that each practitioner felt affected their patient numbers were discussed from both a negative and positive angle. These factors included time management and availability, success and word of mouth, interactive patient-practitioner relationship, active communication and dealing with “quiet times”.

##### **4.3.2.1 Time management and availability**

A number of practitioners spoke about time management, hours of work and general availability as affecting their patient numbers. More than half of the practitioners noted that their ability to be available when their patients needed them as an important factor. “Also I don’t work on Saturdays, so I think I’d see a

lot more people if I worked on Saturdays. And I finish at five so if people can't take off of work then they won't come and see me so that's also a factor." (EM2)

One practitioner noted that being strict on time may have affected him both positively and negatively. "But very strict on the time, I feel that it's a sense of respect, so I hope that my patients feel that I respect them and of course I expect them to respect me. So I never have a whole string of people waiting, although we're booked up always. So they can plan their lives around it, it's important. And my approach may not suit everybody, some people may need three hours, they want you to be more involved, and want to be able to see you every week because you're available, which I won't be. So that might have negatively affected. People may have felt excessively pressurised by my time urgent issues." (ET2)

"Because I have noticed that when you're not available and you say I can only see you tomorrow they just go and see somebody else. So the idea is that you've got to be available, you've got to be flexible and you've got to make allowances, bend over backwards. Also Saturdays and working on weekends it's sometimes a deal breaker. People want to see you on a Saturday, I work every second Saturday." (EM3)

Another interesting point mentioned was that patients like to see that you're busy, so this practitioner made sure to book her patients close together. "People like the perception that you're busy, so it's better to have a busy morning, if you're quiet if you only have two patients make sure they are booked one after the other." (CT3)

#### **4.3.2.2 Success and word of mouth**

The factor that practitioners felt most affected their patient numbers was treating

people successfully and having these people refer others to them. “I’ve been doing it for many years, the proof of the pudding is in the results and if people are getting better they come back to you. Superficial nice sales pitch will only last so long, if you don’t have results you won’t last very long, you may be a flavour of the month for a while and then blow over.” (ET2)

“I don’t think location is the most important, safety is important for the patient and you and your staff. But I think if you’re good at what you do they’ll find you wherever.” (ET3)

“If you are keen and enthused your patients will pick it up. You’ll see two of them and they will tell two more, go see that guy he really loves seeing you. And then it will be a success. It doesn’t really have to be much more than that.” (ET2)

#### **4.3.2.3 Interactive patient-practitioner relationship**

Educating ones patients to be homoeopathically orientated and forming an interactive relationship with them, was what some practitioners felt maintained their patient base. They felt that people benefitted more from an interactive healing process, one in which they were aware of their responsibilities and completely understood what was occurring in their situation, than from an autocratic doctor telling them what to do. It was felt that in educating your patients and explaining what they may experience and what to do in certain situations, the likelihood of them coming back to you, perhaps just for a re-prescription, instead of seeking alternate help, is greater.

“So I think, I hope I have a decent understanding of what the patients need and I’m fulfilling that need. In other words communicating correctly, describing the process appropriately, and prescribing appropriately.” (ET2)

“And that’s another very important thing; it has to be patient centred. That you can offer the patient whatever experience and knowledge you have but it must be the patients, you must be in a partnership with them.” (CT2)

Another practitioner commented on the importance of understanding your patients and what motivates them to make those lifestyle changes. “I think a big chunk of it... people get well because of who you are. They want to please you so they will make the hard dietary changes or they will start exercising. But also being able to read what’s going to work for this patient.” (EM2)

#### **4.3.2.4 Active communication**

A few practitioners spoke about managing one’s patients from a business sense. They stressed that the act of having patients return often relies on their own effort. One of these practitioners often phoned up patients to see how they were doing, which she said often jogged their memory and they would make an appointment. These practitioners agreed that keeping in touch with their patients and making their follow up appointments were very important

“If you’ve seen a patient, phone them the next day or four days later and ask have things changed? That kind of stuff, that’s what shows people that you care. That’s a practice builder, better than anything else, and even if they don’t feel better, even if you haven’t helped them they’ll think ‘*sho* this doctor really cared for me. Where do you find a doctor that phones you?’ That’s a big advantage, even just as a callous practice building exercise, if you do that it will work. And if people phone you, phone them back. It’s respecting people. You have to think ‘what would make me feel cared for and loved?’ And then that’s what you do for your patients.” (EM2)

Other common factors that practitioners felt helped retain their patients were good staff, especially an organised and friendly receptionist that makes patients feel welcome and follows up on appointments. Operating from a shared practice was also said to benefit those practitioners, through cross-referrals.

#### **4.3.2.5 Quiet times**

It was agreed that commonly practices experience quiet times. It was noted that school holidays and the beginning and end of the year are not always particularly busy. One practitioner's feelings sums this up as follows: "You know you always think the grass is greener on the other side and that other people have busy practices, and when its quiet you think I'm useless and nobody wants me and I don't know what I'm doing. Quiet times happen- school holidays, Feb is always bad, busy from July-flu season, December can be dead. And just not taking it personally if it's quiet." (CT3)

#### **4.3.3 Advertising**

Two thirds of the practitioners felt that print advertising was largely unimportant to their practice. It was felt that it was irrelevant to patient expansion and a waste of finances. They also expressed that there was little return for the large costs that most advertisements incur.

Another form of marketing that was used was public speaking, which was done by a number of practitioners. Although it was not felt to be very effective in attracting patients, those who presented talks felt it was the right thing to do when asked, and helped in promoting homoeopathy generally. Talks on homoeopathy were presented at schools, nursery groups, sports clubs and

support groups. One practitioner, however, mentioned that personality affects the ability to speak in public. As a fairly shy homoeopath this practitioner felt that public speaking was not a great means of marketing for him.

Websites were another choice for two practitioners, which they felt was very important in this technological age. Two subjects mentioned written articles as a form of promoting homoeopathy and themselves. One wrote articles for a natural health magazine, and the other in the local newspaper. Both felt that it generated awareness. One practitioner felt that having their name in the telephone directory attracted patients, but mentioned that word of mouth was their best form of marketing.

Some had no need to expand their patient base and therefore opted not to advertise. A few others were very aware of the moral and ethical reasons of adhering to the legislation, which prohibits most forms of advertising.

Practitioners stressed that word of mouth was their greatest means of attracting patients. They felt that advertising may help when starting out in practice to inform the public that a new homoeopath is in the area, but they ultimately felt that word of mouth “advertising” was what essentially enabled their practices to grow. Three of the practitioners expressed their views on this subject: “So I’ve only advertised pro-actively twice and both of them were not successful, I don’t find advertising useful. People will come in and I always say to them so how did you hear about me and they’ll say I was referred by so and so.” (ET3)

“The patients speak for you, you don’t speak for yourself; your patients get you other patients.” (EM1)

“...because homoeopathy is not a run of the mill profession, they (the prospective patients) will ask around.” (EM1)

#### **4.3.4 Conferences and professional development**

Most practitioners attended conferences, more locally than internationally due to time and cost constraints. Their reasons for doing so differed. Three (CT2, EM2 and EM1) of the practitioners' felt that camaraderie and meeting up with other homoeopaths was a great positive.

"It's the camaraderie of getting together with people that are like-minded. It's introducing new ideas and it gets away from the stagnation of sitting in your rooms day after day and churning out the same kind of things. It brings new energy into your practice and you need that all the time when you do this work."

Expanding one's knowledge was also expressed as a positive of conference attendance. One practitioner's thoughts: "if it falls into a good time period then I will attend all of them because you always learn. And you have to always learn, you have to continue updating new information meeting up with other homoeopaths, it's a constant thing. There's no ways you cannot do that." (EM1)

There was a general feeling that attending conferences and continuously updating your knowledge is essential in the field of health. A few practitioners stated that they will only attend those that they feel are relevant and useful to them and the way that they practice, as well as fitting into their schedules.

Group meetings were another popular form of professional development. One practitioner belonged to a proving group that met every three weeks where they learnt the remedies by proving them personally. A few others had meetings where they discussed cases and helped one another, with others phoning other homoeopaths whom they trusted to assist them with any difficult cases.

Two practitioners (EM2 and EM3) felt that they were patient inspired – they would read up more on things that their patients presented with or asked about.



Reading journals and books relevant to homoeopathy and the medical field was another popular form of developing one's knowledge. The interviewees felt that keeping up to date was a very important part of their job.

#### **4.4 PROBLEMS ASSOCIATED WITH A HOMOEOPATHIC CAREER AND HOW THEY ARE MANAGED**

##### **4.4.1 Confidence**

Confidence was a large area of discussion; specifically factors that instilled confidence in each practitioner, and how they were able to overcome any lack of confidence they may have experienced. A number of practitioners explained how there will always be days where their confidence may wane, often because "you're always working at your point of insecurity".

Factors that commonly caused a negative effect on the confidence of these practitioners included patients not improving, quiet times in terms of patient numbers together with negative "self-talk" when this occurs, and a lack of confidence in one's own skills - particularly when starting out in practice.

They conveyed the importance of confidence when dealing with patients, and how it was necessary for them to come across as knowledgeable to their patients, and at the same time be honest in their approach. One practitioner summed it up: "Yes I think it (confidence) does (affect me), obviously it's important to convey a sense of competence and in that competence a sense of confidence to the patient. If you're going to give someone a solution you can't *uum* and *aah* maybe this will kind of sort of help, I hope! You have to convey a component of confidence in what you're prescribing and what you're suggesting to other people, I think it's an important aspect. But I don't think it's all just about confidence, so in a certain sense I think there's a down side to being over

confident and making mistakes related to that, and being weary of the “god” complex which is a common problem in any medical practice. So yes confidence is good and important.” (ET2) As expressed by another practitioner – “First of all you have to believe in what you do, you have to believe in yourself and you have to be knowledgeable, you have to know what you talk about. Don’t talk rubbish because you will get caught out. And if you don’t know that day you don’t know, but then make an effort to be able to talk about what you do, to communicate about homoeopathy. You have to have the experience to get that across to others.” (EM1).

Thus in order to convey confidence the most common topics that were discussed was knowledge, experience and having belief in the power of homoeopathy. The majority of practitioner’s felt that knowing what you’re dealing with, i.e. reading up on a patient’s condition, studying continuously and attending relevant courses, all instilled in them a greater sense of confidence.

They felt that experience was similar to knowledge in that there was an increased sense of confidence in one’s skill, and the prior knowledge of conditions one has treated. Therefore one knows what to generally expect, and what recommendations to make. Experience in terms of dealing with the person sitting in front of you was also discussed – “Most of my life I kind of think I don’t understand homoeopathy I don’t know what I’m doing, but I can usually deal with the person sitting in front of me. So I have the confidence that I can deal with the person. Deal with homoeopathy globally? No. But you know you sit and listen to the person in front of you and work from there. Step by step. Experience definitely helps.” (CT3)

A large topic discussed which affected quite a few areas of practice was the practitioner’s belief in homoeopathy. The knowledge and trust that these practitioners placed in homoeopathy impacted their confidence levels. Some quotes on this topic:

“It’s not really a question of being confident in oneself as much as it is being confident in the process of homoeopathy.” (ET2)

“So there’s a lot of doubt in the beginning which I think is pretty natural. But the actual process of homoeopathy, I’m very confident about that,” (ET1)

“I think it was probably when I started trusting more in the homoeopathic process, understanding that it’s a very sound and solid process so it’s not based on esoteric, *wishy washy* kind of new age principles. It’s got a very solid scientific foundation. And the only way you’re going to have that genuine confidence is to understand the process so that you can believe in it properly not just because it’s a question of faith but because you actually understand the principles and how sound they are.” (ET1)

“It comes a long way, it starts early on. It doesn’t start in your practice, it starts early on in life, you’ve got to believe in what you do and do it well, and you go from there, it grows from there.” (EM1)

One practitioner stressed the importance of supervision in terms of confidence. She felt that when starting out, having someone to call on and supervise you allows your confidence to grow because you won’t doubt yourself as often, and will thus gain better results with patients.

#### **4.4.2 Motivation**

In looking at the different sources of motivation for each practitioner, similar answers emerged. The sources were based on healing success, continued knowledge gathering and training as well as financial reward.

#### **4.4.2.1 Healing**

Healing and positive results in terms of the health of their patients is what motivated these homoeopaths the most.

“The healing, oh it’s the healing. I love people but besides, it’s the healing! It’s the result.” (CT1)

“Those every now and again cases, when you get those patients that you really feel that you’ve helped them, not just with an acute thing, but helped them to get a grip, or get some control in their lives, if they’ve got some chronic disease that has really crippled them, and they’ve become hopeless.” (EM2)

“So I get to do something that’s interesting and it has positive implications and feedback in terms of the health of other people. So that’s what motivates me.” (ET2)

The gratitude that patients expressed, and the “privacy of the reward of the work” was mentioned as the greatest motivating factor by two practitioners (EM2 and CT1).

#### **4.4.2.2 Knowledge and learning**

The constant process of learning new things was a common motivating factor for five of the subjects (CT1, CT3, EM3, ET2 and ET3). They felt that a career in homoeopathy taught them new things every day, in learning from the patient, and in discovering new remedies constantly. One practitioner felt that “it keeps my intellect and my intuition going and you’re constantly growing, you can never be bored you’re always kept at your point of insecurity.”

A genuine interest in the process of homoeopathy was another common factor:

“So I do come in because there are things I’m very interested in, I do really enjoy the more meaty cases with metabolic problems or endocrine, or chronic fatigue, I’m really interested in that.” (EM3)

“Well obviously, I find it interesting; I find the process of homoeopathy interesting. So I feel it’s a creative process so it’s my way of expressing my creativity and its rewarding, at the same time.” (ET2)

“Yah you know I like the content of the patients, I like the kind of figuring out what people are doing and trying to help them identify the mistakes they’re making in their life on every level. So it’s almost like being a detective, coming in, figuring it out.” (ET3)

Being passionate and loving what they do were other motivating factors that were spoken about.

#### **4.4.2.3 Finances**

Three of the practitioners (ET2, ET1 and EM3) spoke about the financial motivation of the practice. All agreed that as their household’s primary source of income they had bills to pay and therefore they needed to earn a living.

“And then of course it’s work and how I make my living so that’s just secondary motivation.”

“I am the sole breadwinner so I need to earn somehow but above all I really enjoy homoeopathy, I’m quite passionate about it.”

Another practitioner commented on the enjoyment of the business aspect for him:

“And I’ve enjoyed perhaps the more business aspect of it, trying to plan how to

make the business more successful, making up different complexes and different herbal combinations, yah so that kind of stuff I enjoy as well, so both of those things.” (EM3)

#### **4.4.3 Burnout**

Two thirds of the practitioners felt that burnout was something that had affected them, or they had come close to experiencing it. A few expressed their feelings that a career in homoeopathy is demanding because of the intense dealings one has with patients. One practitioner pointed out that patients often come to see the homoeopath as a last resort and therefore as the practitioner, one deals with disappointment if they are not healed. “It’s not an easy profession, you’ve got to deal with people’s problems all day and then you get problem people as well.”

Two practitioners (ET2 and EM1) felt that burnout could have been a problem for them because they have been tempted to push themselves too hard, especially when they were booked up for a significant period. They felt that in the beginning years of practice it was quite easy to make oneself available after hours and on weekends, which they felt was dangerous in the long run and therefore most cut back on this.

The inability to say no and go beyond the call of duty affected another practitioner. She mentioned that her staff made sure that she is not taken advantage of in those situations, and that she gets enough rest. Two practitioners (CT1 and CT3) summed up the importance of being aware of burnout and avoiding it: “as soon as I hate the people in front of me then it’s time to take a break”.

“I know I need *Sepia* when I start equating how much time I’m spending with someone opposed to how much I’m earning. Then I know I’m going into a *Sepia* state, which for me is the equivalent of burnout”.

Financial strain weighed heavily on one practitioner as he was the sole bread winner in his house.

More important than what affected their stress levels, was how these practitioners’ managed to cope. All of them expressed different ways of reducing their stress load and balancing their lifestyle. The majority stated that restricting work hours was the most effective way of eradicating excess stress. Some took regular breaks, while others had specific hours of work – “I work five hours a day and that’s it”, another made sure to take weekends off where her patients could be seen by another homoeopath, that way enabling her to switch off and not worry about them.

One practitioner had a scheduled one hour lunch break every day in which he did not take phone calls, read e-mails or see patients. Being strict in this way, he felt that it prevented him from suffering from burnout.

Two practitioners (EM3 and CT2) found that diversifying their practice and incorporating other interests helped them to avoid burnout. One practitioner committed herself to attending international seminars on homoeopathy and cutting down her hours which has resulted in a greater enjoyment of her work. Another practitioner noted that by focusing on other interests within the practice such as nutrition and herbal medicine has helped him – “By having different focuses it keeps you interested and keeps you going”.

Personal hobbies were another large factor that was discussed. One practitioner explained: “I’ve got other things. I’m not focused on one thing (homoeopathy). So that helps me to keep a balance in my life”. Another practitioner felt that it was very important to maintain a balanced life through exercise, a healthy

lifestyle, and making sure “you leave your patients and their issues at work”. Exercise, sport and creative hobbies such as painting and music were some other forms of avoiding burnout.

Although all subjects felt that burnout was, or could have been a problem, they were all aware of what led them to that state, and most importantly how they were able to cope with it and avoid it.

#### **4.4.4 Support structure**

The importance and meaning of a support structure was discussed. Common support systems were found in colleagues, family and staff.

##### **4.4.4.1 Colleagues**

The types of support structures that each practitioner had in place were discussed, as well as their importance to them. The majority spoke about receiving support from colleagues as being very useful in terms of discussing cases and obtaining valuable opinions. Some practitioners attended formal monthly meetings where a group of homoeopaths got together to discuss cases. Others had more informal contact with colleagues when it was needed. All the practitioners that relied on colleagues at times agreed that another homoeopath’s opinion allowed them to see the case from a different angle, and thus possibly identify facts that they had missed.

##### **4.4.4.2 Family**



Family was important to a few of the homoeopaths, who relied on them for “venting and de-briefing” after a long day. These practitioners felt that the support was important, as well as having someone that understood them and encouraged them.

#### **4.4.4.3 Staff**

Having well-trained staff was also mentioned in one’s support structures. They felt that this was important to the business aspect of their practice in terms of keeping everything running smoothly, and also as a source of encouragement.

### **4.5 CONCLUSION**

The data presented in this chapter thus addressed the research objectives stated in chapter one which were:

- To define the common personal qualities and attributes of a homoeopath that contributes to their success as a practitioner.
- To determine the relevance of external factors to the success of a practice and how they are managed.
- To determine the relationship of internal factors to the success of the practitioner.
- To discover the meaning of the term “success” relevant to each practitioner, and their measurement of this.

These common themes that have emerged from the data will allow for discussion related to the literature in the following chapter, where a more in depth analysis will be presented.

## **CHAPTER FIVE: DISCUSSION OF DATA**

### **5.1 INTRODUCTION**

The research objectives, as stated in chapter one, will be further discussed according to each statement, and investigated in this chapter. An in depth analysis will aim to provide the reader with a further understanding of the data identified in chapter four.

### **5.2 QUALITIES AND ATTRIBUTES**

It is apparent that perseverance and determination were the most common attributes which the practitioners felt aided them in their careers as homoeopaths. Establishing a homoeopathic practice can be challenging, as is discussed in Babaletakis' study (2006), where it was noted that the average time taken to establish a viable homoeopathic practice was three consecutive years. The study indicated that if a practitioner perseveres and makes it past the three year mark, they are more likely to continue to practice for an extended period of time. This was further confirmed by one of the subjects interviewed who stated: "I don't know, I think it's also time, and *vasbyt* (hold tight) for two years or whatever it takes." when questioned about factors that enabled him to build up a sufficient patient base.

Therefore perseverance is thought to be a valuable quality for these practitioners as it has allowed many of them to work through what may have been hard times, especially when starting out in practice.

Some practitioners felt that determination was an important quality to have as it relates to knowing what one wants and not allowing anything to get in the way of

their goal. This is evident from what one practitioner said – “I’m determined, I don’t give up, and I have a high work ethic.” Another practitioner further confirmed that determination was a beneficial attribute to have as it allowed her greater confidence through the knowledge that her career was an early decision for her - “I just knew what I wanted to do. I knew from Standard nine (Grade 11) that I was going to be a homoeopath. And I just had an idea how it was going to work.” This can be seen to be related to motivation which will be discussed further on.

As explained in a few other cases, this sense of purpose has made these practitioners determined to continue working despite the many difficulties associated with establishing a homoeopathic practice. Determination may also be seen as an important characteristic when dealing with patients. Some practitioners felt that being determined in their approach to help their patients in any way was a positive factor that enabled them to achieve current success.

The literature of DuBrin (2004) identified conscientiousness as a major indicator of good job performance. The findings from this study do not support this notion as conscientiousness was not identified as a common personality trait amongst these homoeopaths. However, it may be related to a need for achievement as well as order and persistence. This links well with perseverance and determination which have been identified as common characteristics of these practitioners. Thus it may also be seen as a predictor of job performance and act as an explanation for the success of these practitioners (Costa, McCrae, Dye, 1991). Thus the information gathered from these interviews, corresponds with this thought.

Where studies have shown thoroughness and precision to be traits linked to success, this was not apparent in the data analysis. This may not have been discussed due to other characteristics which practitioners felt were more apt for success in the field of homoeopathy. The majority felt that in a homoeopathic

career, having the ability to listen to and understand your patient would hold a greater advantage. This supports Milgrom's (2002) theory of patient-practitioner-remedy entanglement, who together with Boulderstone (2000) and Wichmann (2001), identified that often the point at which the patient claims they are feeling better is at the same time that the practitioner has understood the case. This characteristic of being able to listen and understand, together with having an interest in people is found to have a link to overall success of these subjects. Healing was identified as the leading term synonymous with success, and it was expressed that healing is greatly affected by the practitioner's relationship with the patient, which in turn is fed by their interest in people and the will to understand them. It may be seen from these discussions that the ability to have an interactive relationship, which also relies on honesty – another common trait - with their patients, promoted these practitioner's success as healers.

Honesty may be seen to further contribute to this success as it allows for no hidden agendas between practitioner and patient. A patient may be more likely to respond to a practitioner whom they feel is direct with them and whom they can trust. This is confirmed by one subject - "I'll tell you one of the biggest compliments I did get, many years ago, she said; 'Doctor I need some advice and I know that you are going to give me the truth straight from the shoulder.' And that I can say to you, in all my years at work that was the best compliment. Because someone knows that I meant business and I would tell as it is."

One practitioner, who had a relatively large number of patients per week, had this view- "I'm very direct; I don't beat around the bush. If I'm unhappy with the way in which you're dealing with something whether it be on a personal, emotional, mental, physical level, I'll bring it up." Both these practitioners indicate that honesty is an important part in their relationships with their patients, and thus an important factor in their success.

Compassion was another attribute which the practitioners felt their patients enjoyed. This may be linked to success as a homoeopath, as patients seeking treatment are more likely to benefit from someone that is caring and attentive. This is confirmed by one practitioner - "I think that, people generally say that I come across as a more soft, gentle, mild, caring, kind, considerate person, and I've had feedback from people before that they appreciate that, that I can listen to them and they feel as though they've been heard, they feel the degree of empathy from me." Another practitioner commented that she thought patients returned because "I care, I guess those are the things. I follow up on people and I think people like that."

### **5.3 FINANCIAL ASPECT OF PRACTICE**

#### **5.3.1 Viability and management**

All the practitioners felt that their practices were viable. This was expected as it was a pre-requisite that all subjects were viewed as being successful, as well as seeing on average 20 patients per week which would constitute a viable income. Given that financial difficulty was one of the greatest hurdles experienced in the establishment of a homoeopathic practice (Babaletakis, 2006); it was of interest to see how these particular homoeopaths had managed. Those that chose not to focus on the finances too closely felt that it was beneficial, as it allowed them to concentrate on their main goal of healing. It did not, however, allow them to cut back on overhead costs of paying a book-keeper. One practitioner quotes - "I was never really financially dependent on the practice, so my whole motivation for practicing was because I believe in healing; I wanted to see people getting well. And that takes huge pressure off. I was in a very fortunate position to do that. But the paradox is that as soon as you do start focusing on healing, money also comes"

So one would assume that those practitioners who chose to be involved and were motivated by income, would not be as concerned by the healing. Yet this was not found to be true. Four practitioners stated that income played a role in motivating them, and all but one stated healing as their primary definition for success. This indicates in these cases that being financially involved does not detract from the healing. This is further made evident by two practitioners who both see more than 30 patients a week and stated income as a motivator as well as healing as their definition of success. One of the practitioner's quotes - "I think that success breeds success, and that in order to succeed your patients have to get well." She also feels - "For me I need some feedback that what I'm doing is worthwhile and when I can see that the practical material, money is flowing then I know that the practice is ok, that I must be doing some reasonable work. It's really for me, apart from having the money to spend on what I want, its more than that for me, the money is terribly important to give you a sense of achievement or that there's some value in what you're doing, something concrete that you can say, ok well I earned R20 000 this month I must be doing something ok."

Those practitioners who chose to manage the finances themselves stated that it was important for them to know what was going on within the practice and keep their finances in order. It also minimised their overhead costs. Those who chose to be completely in control, may have minimised their overhead costs but could also run the risk of gathering greater debt – "I found that when I was handling it myself I had too many balls that I was juggling, and people were slipping through the cracks. In other words so and so couldn't pay on the day and I forgot to write it down and then we forgot about it and they never paid, and also it's a different relationship, they should come in and see the doctor for their health problem, and I don't think they should be discussing payment or handing money over to the doctor. I did that to start out with, I was a one man band, but the best thing I did was when I could separate myself to that extent."

In looking at these particular homoeopaths, there was a wide range of opinion on this matter. It is evident that being involved in the financial aspect of the business is a personal matter. Being either in control or not involved in the finances did not affect these practitioners' roles as healers. It was a personal preference, and it is seen that as long as it was managed effectively – either individually or by an accountant, the practice ran smoothly.

### **5.3.2 Financial Reward**

Financial reward has been identified as relating positively to a worker's satisfaction (Hamermesh, 2001), yet more than half of the subject's felt that income and financial reward was not an important part of their career. It may be noted that fairness in pay is often more important than the actual amount received (Schultz et al., 2006), but this did not match up to the findings of this study. One practitioner felt that "I'd like to make more but yes, it's the nature of the game, not always fair, but yes I can make a nice living." Through these interviews it surfaced that although most of the practitioners were not entirely happy with the amount of money they made, they were aware that they had chosen a career which was not particularly high-earning. This is confirmed by one practitioner - "Obviously it's an important thing, we live in a capitalist society, you have bills to pay. But that's basically it. If I wanted to make money I would have gone and studied CA (Chartered Accounting). Don't try and think one's going to make money being a homoeopath." In having an understanding of this, and being motivated largely by the health of their patients, it is clear to see why financial reward does not play that big of a role.

It is evident that most of the practitioners who were motivated by income, were the same practitioners who had complete control over their finances. More than half of the practitioners that cited financial reward as being important to them

were also in complete control of the financial aspect of their practice. This explains that the more involved these practitioners were in the finances, the more results they wished to see in terms of income. This further highlights that a personal preference of being involved in the finances related to a general interest in it, yet it did not seem to affect the overall success of the practice.

Babaletakis' (2006) study highlighted that the majority of homoeopathic practitioners still experienced high levels of job satisfaction despite other difficulties in practice. This is conducive with the study by Boehm and Lyubomirsky (2008) that generally identified that the happiness and satisfaction of an individual directly influenced their success in the workplace. As was found in Babaletakis' (2006) study, and confirmed by these findings; money was neither the chief motivating factor, nor the indication of success for the homoeopaths in the study.

This data collected from the interviews aims to determine what allows a homoeopath to be satisfied with their career as well as to maintain their financial stability. Topics that were discussed included valuing ones services as a homoeopath and therefore not under-charging – which could lead to financial difficulty; as well as minimising overheads where possible. What helped one practitioner was working from home, and thus having minimal costs as well as no staff. Another practitioner felt that working in a multidisciplinary practice created more income through greater patient numbers as a result of cross-referrals. Both scenarios appear to have their merits and seem to be practitioner specific.

It is thus thought that having minimal running costs of one's practice, especially at the outset has contributed to less financial difficulty. These practitioners who had continued to practice also valued the service they provided which ensured that they charged sufficient consult rates.



### **5.3.3 Modalities**

Other factors discussed that contributed to the practitioner's finances were the use of a variety of modalities. It was evident that the majority of these homoeopaths used forms of treatment other than homoeopathic remedies in their practice.

It was interesting to note that the two practitioners who used diagnostic machines were amongst the few that saw more than 40 patients a week. This is explained by one of the practitioners – “It helps the patient more than you. So it's a tool to evaluate clinical information that one can convey to the patient so that they feel in a certain sense that there's an objective analysis with objective reasonable results. They enjoy it; they want to know what they're lacking etc.” Thus it is evident from these cases that the ability to provide their patients with objective results may have enabled these practitioners to maintain a large patient base.

It cannot be assumed that there is a direct correlation, but as explained by one subject on the topic of selling herbs and supplements from her practice: “I make some money out of it and the patient will rather buy it from me if I have it, than from somewhere else.” Another explains that allowing patients to purchase medicine and remedies without having an appointment has benefitted her: “that's income that you get from people who have tried it and it works so they keep coming back, they don't have to see me every time, so it's not a big cost to them, and the medicine is easily available.” All the practitioners who used modalities agreed that they chose to “because it works, and it works well.”

It is clear that these practitioners favoured certain modalities for the positive effect on their patients, but also as a means of income.

## **5.4 EXTERNAL FACTORS AS RELATED TO SUCCESS**

An early study by Herman (1973) confirms the importance of external factors by stating that performance can only be related to job satisfaction when external factors which influence individual behaviour are removed from the equation. In this study, the effect these factors played on the success of these homoeopaths was questioned.

### **5.4.1 Marketing**

The majority of the practitioners felt that advertising was not beneficial to their practice in terms of attracting patients. The AHPCSA Act 62 of 1983, states that a practitioner may not advertise. The only exception includes being able to display a sign at the premises of the practice including the practitioner's name, profession, registered qualification, contact details, hours of consultation, AHPCSA registration number, BHF practice number and VAT registration if applicable (South African Government, 1982). Despite objections by many homoeopaths on these restrictions implemented by the legislation (Babaletakis, 2006), the practitioners included in this study said that it did not have a negative effect on their ability to attract and retain patients. These findings were consistent with a study done by Boshoff and du Plessis (1992) who found that South African general practitioners felt that the inability to advertise did not hinder their practice, but simply incurred unnecessary costs.

The findings from this study highlighted that forms of active advertising that were pursued, were done more for the creation of general awareness of homoeopathy. In these cases it took the form of public speaking. Written articles were viewed as the most successful when looking to boost patient numbers.

These findings may be as a result of the nature of homoeopathy. As explained by one practitioner – “You can advertise as much as you want, maybe someone will pick up a paper and come to you because you’re in the area, but because homoeopathy is not a run of the mill profession, they will ask around, and then your success or whatever they like about you will, the word of mouth will spread.” Thus word of mouth has played a great part in the success of these individuals. This feeling is confirmed by another subject – “Mine (advertising) was always word of mouth. People are blind to print now, there’s too much out there; if you do good work you’ll get your name out there.”

It is evident that creating public awareness was important to these practitioners, but their practice was not affected by advertising in any form. Clearly, being successful as a healer has resulted in word of mouth referrals which has in turn boosted these practitioner’s patient numbers, and thus positively affected their income and overall success.

#### **5.4.2 Burnout**

Burnout was a problem that had affected these practitioners at some stage, and this was consistent with the literature that attributes a greater likelihood of burnout in people who have contact with customers (Dormann and Zapf, 2004), as well as those with a type “A” personality (DuBrin, 2004) which is likely for someone who runs a successful practice. Other factors that were expressed by practitioners included the temptation to work longer hours. This may be as a result of being in private practice; the longer hours one works, the more patients one can see, and thus the more money can be made. However, the ability to avoid this type of precursor to burnout was more important to these practitioners. This is confirmed by two practitioners – “Even though I am working

from home I have the times that I work and I'm very rigid although there are exceptions. I'm not sitting in my office 24 hours a day, and that makes a difference, because you can." The other practitioner stated - "So that has been a problem- for the people who come work with me and for myself because I can never find any way to reduce the load, the only way I have done it now is to reduce my hours. I'm making a conscious effort."

Having a balanced lifestyle was expressed by these practitioners as a factor that allowed them to be more effective in their job. Therefore having other interests besides homoeopathy was found to be beneficial to these practitioners in terms of avoiding burnout, as was stated by a practitioner – "I've got other things, I like my work in the township, I like being with my kids, I like riding my bike, so I'm not focused on one thing. I've got too many, sometimes too diverse, but that's just the way I'm made and that's what keeps me fulfilled. I could never be the type of person that all they talk about is homoeopathy. So that helps me to keep a balance in my life." Another subject expressed a similar thought – "And the other thing that I think is important is to leave your patients and their issues at work. And exercise! And healthy living! And good balance in life as with all other components."

Literature states that a high sense of self-esteem as well as commitment and being patient in ones job can aid an individual in coping with stress. It may be assumed that these practitioners' ability to cope with burnout is as a result of high self-esteem. This will be further discussed when related to confidence and its effect on success. Patience and commitment may be associated with persistence, which has been identified as a common personality trait amongst these practitioners. This is thus consistent with the literature of Schultz et al. (2006). It is evident in these cases that stress, although present, has not caused any of these practitioners to abandon their practices. This may be explained by

the theory that sufficient stress levels are beneficial for the performance of some individuals (DuBrin, 2004).

The lack of a support structure has been identified as having a negative effect on an individual's ability to cope with stress (Schultz et al., 2006). It may then be assumed that someone that has a good support structure is less likely to suffer from burnout. This may further explain these practitioners' ability to cope with and avoid burnout, as all of them had some type of support, whether on a professional or personal level. Well trained staff, were indicated as being vital to the smooth running of a practice, as well as playing a part in the reduction of stress levels. It was also evident that family and spouses played an important part by offering support and an understanding ear.

The practitioners highlighted the importance of self-awareness regarding burnout as well as undergoing the necessary steps to correct it, and to incorporate more balance into their career through activities relevant to each of them. As explained by a practitioner – “At one stage the burnout was so bad for me I considered giving up, but then I thought well what am I going to do? So I committed myself to going to international conferences as a stimulus to what I'm doing and then to cut down on the hours. And it's been very successful; I'm enjoying my work much more.”

This is what has allowed these practitioners to avoid falling under the 10 percent of practitioners that have cited burnout as a major problem associated with establishing a practice (Babaletakis, 2006).

#### **5.4.3 Continued Professional Development**

The act of keeping up to date and educated on new developments within the health field was very important to all of the practitioners. The methods that were

used differed between all of the practitioners. A previous graduate study (Babaletakis, 2006) indicated that journal subscriptions and conference attendance were amongst the most popular forms of continued professional development (CPD). In these cases, most practitioners attended conferences, but were selective which ones they chose, as they needed to correspond to their interests and schedules. It was understood that a practitioner would only spend time and money on a seminar or conference which would benefit their practice. It was found that the most common informal manner of learning was attending group meetings with other homoeopaths, where cases and problems were discussed.

Interestingly, knowledge was discussed as the factor most related to confidence and confidence-boosting. Therefore it is evident that a link between CPD, the will to learn, and confidence may exist. There was no direct correlation apparent from these interviews. This may have occurred because a sense of inadequate confidence is not something that continuously affects the experienced practitioner. This was confirmed by one subject - "Over the years you do develop more confidence in your skills and the fact that ok, this is something I can treat, I can help you here and here, also you come across more confident when you can tell people look I've treated this before." Five of the nine practitioners, however, mentioned that gaining knowledge, through reading, seminar attendance and experience is what has helped boost their confidence, and continues to do so on the occasional unsure day.

#### **5.4.4 Patient Numbers**

The maintenance of a steady patient base is important for financial stability. Thus factors that these practitioners felt affected patient numbers were discussed. Babaletakis' study (2006) elaborated on patient management in

terms of a sufficient, sustainable base. It was shown that some previously practicing homoeopaths had managed to consult with over 50 patients per week but then ceased to practice. Babaletakis (2006) assumed that burnout may have resulted in this. Therefore it may be understood that a patient base needs to be sufficient to generate a sustainable income, yet small enough to avoid causing practitioner burnout.

An equal number of practitioners saw between 20 and 30, and 40 and 50 patients each week. An interesting point was that two of the three practitioners that saw 20 to 30 patients per week practiced in The City of Cape Town. There was less uniformity in the other sections, as one practitioner from each area saw between 40 and 50 patients in a week. Both practitioners seeing a middle range of 30 to 40 patients per week, practiced in the Ethekwini and Msunduzi area. The practitioner who saw the most patients per week (on average 60 - 70 patients) practiced in the Ekurhuleni and Tshwane area. Due to the wide range of data, it cannot be assumed that patient numbers are affected by practice location.

Besides the practical aspect of being available for their patients, the factors that these practitioners felt largely affected their patient numbers were of a more personal nature. Most of the subjects explained that the ability to relate to their patients and have an interactive relationship and educate them correctly were factors they felt helped them to retain their patients. One subject expressed it quite simply - "... I think I hope I have a decent understanding of what the patients need and I'm fulfilling that need. In other words communicating correctly, describing the process appropriately, and prescribing appropriately." It may be assumed from the practitioner's statements that his personality may have impacted on the way he interacts with his patients and therefore the growth of his patient base. This may be confirmed by the findings of this study as the practitioner quoted above consulted 60 to 70 patients per week. Furthermore,

two of the practitioners who saw the least amount of patients did not discuss the need to have an interactive relationship with their patient, nor educate them. One of these practitioners believed in a more strict approach – “so I’ve got patients who go see other practitioners, and say if they’ve just started with the acupuncturist I’ll say why don’t you carry on with them, give it x amount of time and if you’re not better then come and see me. If you stop the acupuncture now then I’ll see you, but let’s not do two together otherwise we don’t know where we’re going.” The inability to be flexible with his patients may have resulted in lower patient numbers. On the contrary, those practitioners who openly discussed their need to educate and inform their patients, as well as the importance of an interactive relationship for them were amongst the five practitioners who saw the most patients of the group.

Healing was felt to be the second most important factor that affected patient numbers - “Success breeds success” as explained by one practitioner. This theme is concluded well by the thoughts of one practitioner who sees up to 70 patients a week: “I’ve been doing it for many years, the proof of the pudding is in the results and if people are getting better they come back to you. Superficial nice sales pitch will only last so long, if you don’t have results you won’t last very long, you may be a flavour of the month for a while and then blow over.”

## **5.5 INTERNAL FACTORS AS RELATED TO SUCCESS**

### **5.5.1 Confidence**

Much of the literature indicates that confidence, and more specifically self-esteem and self-efficacy play a large role in an individual’s career (DuBrin, 2004). As previously discovered in Babaletakis’ (2006) study, a lack of confidence was found to be a problem that prevented many practitioners from



pursuing a career in homoeopathy. From this finding it is assumed that confidence does affect the success of a homoeopath. These practitioners' feelings coincided with this idea as many of them expressed the importance of "convey(ing) a sense of competence and in that competence a sense of confidence when dealing with a patient." Many of the practitioners felt that confidence in isolation was not effective but needed to be paired with an understanding and knowledge of what they were doing. As expressed by one practitioner – "A lot of things can build up your confidence. First of all you have to believe in what you do, you have to believe in yourself and you have to be knowledgeable, you have to know what you talk about. Don't talk rubbish because you will get caught out. "

Confidence is a trait that one practitioner described as stemming from childhood - "It comes along way, it starts early on. It doesn't start in your practice, it starts early on in life, you've got to believe in what you do and do it well, and you go from there, it grows from there." Therefore it may be argued that confidence is not something that can be taught but is inherent. This may be the case but in terms of confidence as related to their careers, many of the other practitioners felt that although building confidence was a personal journey, it was something that could be built up. This is confirmed by one practitioner – "Yes, I mean when I started out in practice I think I was 23, and very much wet behind the ears, again not having a huge amount of confidence in my own skills. And yah over the years you do develop more confidence in your skills and the fact that ok this is something I can treat, I can help you here and here, also you come across more confident when you can tell people look I've treated this before."

The main finding that these practitioners felt affected their confidence levels was knowledge. This is consistent with the social cognitive theory that links individual self-efficacy – the belief one has in their abilities – as being reliant on knowledge, how one goes about tasks, and the belief others have in their ability

(Bandura, 1997). Although there was no direct evidence of a correlation between CPD and confidence, more than half of the practitioners felt that knowledge in any form was what they could attribute their confidence to. One practitioner sums up this feeling: “So there’s a lot of doubt in the beginning which I think is pretty natural. But the actual process of homoeopathy, I’m very confident about that, as far as whether I can actually get to the remedy for the person, it’s something that I can only deal with, and the only way I can overcome any lack of confidence in this area is just to keep applying myself in terms of studies.”

As explained by another practitioner – “you never finish learning. It’s (homoeopathy) so exciting.” It is clear that in order for these practitioners to have furthered themselves in terms of confidence and ability, the process of learning needed to be continuous. Thus experience will have also played a part, as confirmed by a practitioner - “But as far as understanding a person, that’s something I’ve got a lot of experience in. And that instills the confidence. What you actually have to do is you’ve got to get the patient to have confidence in you. But it’s also pure experience.” Continuous learning therefore relates to the idea of being open to new ideas, which was identified as a personality trait in a few of the practitioners.

Passion and a belief in homoeopathy were other factors that have been highlighted as impacting the success of these individuals. Knowledge is also linked to this area, as having a greater understanding of the process is more likely to promote belief in it. This is confirmed by one practitioner – “you have to believe in what you do and that it actually does serve a purpose, and that actually comes across more than anything else. If you’re quite unsure about homoeopathy, then people pick that up.” Another practitioner sums it well: “It’s not really a question of being confident in oneself as much as it is being confident in the process of homoeopathy.”

Evidently confidence affects the success of these individuals as their patients were attracted to someone who was able to help them. This was more likely to be someone that was knowledgeable on what they were dealing with. It is clear that knowledge and passion has thus influenced the manner in which most of these practitioners deal with their patients and thus whether they were able to help them.

### **5.5.2 Motivation**

The theme of knowledge and learning is carried over as a motivating factor for these practitioners. It was noted that second to healing, the constant process of learning new things is what motivated the majority of the subjects. The desire to learn and gain new knowledge can therefore be assumed as a common factor related to the success of these individuals. It is motivating their actions to heal people, which is in turn inspiring the process of further learning, thus is seen as the perpetuating action of the cycle of learning, motivation and healing.

Ultimately the health of their patients is what inspired most of the practitioners to come into work each day. This is an example of an intrinsic motivator, and according to Herzberg's theory (1974), intrinsic factors are related to job satisfaction. As there is a high-percentage of South African homoeopaths that experience job satisfaction, this indicates the presence of intrinsic factors, and possibly a lack of extrinsic factors as evident through complaints of financial difficulty (Babaletakis, 2006). This further explains the findings in this study which indicate that finances, which are considered extrinsic motivating factors, exert little impact on the job satisfaction of these homoeopaths. Only three of the practitioners discussed finances as a motivating factor, with only one of them

considering it his primary motivation. This was confirmed by a study that concluded that financial rewards did not solely motivate healthcare workers (Willis-Shattuck et al, 2008).

It is evident that knowledge enabled these practitioners to carry out their duty of healing, which continued to motivate them each day. These findings are conducive with the expectancy theory (DuBrin, 2004), which explains that performance cannot be achieved without both motivation and ability.

## **5.6 INDIVIDUAL MEANING OF THE TERM “SUCCESS”**

Interestingly, the two main topics which defined the term success for these practitioners was firstly the success of their patients, followed by financial stability. Although the majority of the practitioners have not identified financial gain as a motivating factor, nor relative to their job satisfaction; most of them felt that earning a living was important for them. It was evident that financial security also acted as a confirmation of their success as a healer. Therefore it may be assumed that these practitioners view these two topics as having a positive relationship. This is confirmed by one practitioner – “for me I need some feedback that what I’m doing is worthwhile and when I can see that the practical material, money is flowing then I know that the practice is ok, that I must be doing some reasonable work.” Another practitioner has a similar view – “I mean success can also be wealth and all that, but if your patients are satisfied and keep coming back that all comes with it.”

Seven of the practitioners felt that they had achieved their definition of success, with most of them indicating that the likelihood of them being able to continue to practice without being successful would be low. The other two practitioners explained that for them “success” was a work in progress, which they felt they

had achieved most days. As explained by one practitioner - “It probably means being fulfilled in what you do, so seeing people get well and seeing them coming back again, having good interaction with your patient. So you feel that that person has left you, you understand the person and not just their sore throat or whatever it is. And I think also being busy, then you know, that’s like a confirmation that what you’re doing is helping people, because they’re telling other people, so your practice is growing.”

## **5.7 CONCLUSION**

In analysing the data, certain links between the different themes have emerged. These links are not generally applicable but provide further insight and understanding into the phenomena that has been discussed. They are:

- The extent that a practitioner is involved in the financial aspect of the business directly influences the importance that they place on financial gains.
- The use of modalities positively affects patient numbers.
- Having interests other than homoeopathy, maintaining a balanced lifestyle, having a high self-esteem as well as a support structure all relate to a decreased chance of suffering from burnout.
- Knowledge and experience has a positive effect on confidence which will positively affect patient numbers.
- The ability to heal, and the health of their patients directly influences the stability of a practitioner’s patient base.
- Knowledge has a positive effect on ones belief in the process of homoeopathy which positively affects a practitioner’s ability to heal and therefore their overall success.

- Personal characteristics, specifically the ability to listen and understand, having an interest in people, as well as being honest affect a practitioner's ability to have an interactive relationship with their patient.
- Having interactive patient practitioner relationships will positively affect a practitioner's patient base and thus their overall success.

In analysing this data, it is evident that factors relating to success are not isolated entities. It is clear that certain core factors have had a great influence on the overall success of these individuals and their practices. These will be highlighted in the following chapter.

## **CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS**

### **6.1 CONCLUSION**

This chapter will define what differentiates the subjects included in this study from homoeopaths looked at in previous studies, where great difficulties were experienced when practicing; and concludes by looking at common factors that have contributed to their success.

It is evident that personal characteristics and attributes have impacted greatly on the success of these individuals. It has directed the manner in which they have interacted with patients and this has had a positive effect on their patient base. Honesty, the ability to listen and understand people, perseverance and determination are all qualities that have enabled these homoeopaths to achieve success. Confidence is seen as an important aspect of practice but needs to be supported by knowledge, and is thus a component that can be built on. The will and motivation that one has to learn is seen as a quality which has a great impact on all areas of a successful practice. Passion and a solid belief in homoeopathy were found to be essential attributes for these successful healers.

In addressing the financial side of a homoeopathic practice, it was seen that personal involvement in the finances did not affect the success of the business, but it did have an impact on the importance of financial reward to the practitioner. It was evident that valuing oneself as a practitioner and thus charging accordingly, as well as minimising overheads where possible, all contributed to the viability of the practice. The use of other modalities impacted on financial gain, as well as enhancing patient numbers.

Of the external factors related to practice, advertising was found to have no impact on homoeopathic private practice. Burnout was identified as being

related to the balance in a practitioner's lifestyle. A high self-esteem coupled with a good support structure, were factors that minimised burnout. Continued professional development was important to these practitioners as evidently one's knowledge was seen to impact on confidence, patient numbers, and thus overall success as a healer.

Patient numbers were felt to be largely related to availability, success of healing and an interactive practitioner-patient relationship. The physical location of the practice within South Africa did not seem to affect practitioner's patient numbers in this study.

Through personal understandings of the term "success", these practitioners expressed primarily the health of their patients, together with financial stability and being fulfilled by what they do on a day to day basis as their definition of "success".

Success has been attributed to many factors in this study, which all seem to be linked at some stage. None of the practitioners exhibited nor experienced the same situations, but all of them, in being true to themselves had achieved their definition of success. Although this was not a specific goal for most of them, it is a testament of their character, which essentially is what has enabled them to reach this level.

## **6.2 RECOMMENDATIONS**

### **6.2.1 General Recommendations**

1. It is recommended that if a study of a similar nature is to be done, that a pilot study be conducted at the outset. Ideally this will involve a group discussion between the subjects. This may allow for the identification of themes which the



subjects feel are important to be highlighted. These main points may then be elaborated on in the individual interviews.

2. Due to the personal nature of the qualitative interview, it is felt that if two researchers worked together on a similar study, it may create more fair results, thus eliminating individual bias.

### **6.2.2 Recommendations for future similar research**

1. Useful insight has been provided into successful homoeopathic practice. In-depth information and analysis of the reasons for ceased or unsuccessful practice will provide complementary findings to this study. Thus it is recommended that a qualitative study be conducted on unsuccessful practices/practitioners that have ceased practicing and their reasons for doing so.

2. The use of modalities was found to have a positive impact on the success of a practice. Many of the practitioners' felt that this was largely due to patient demand and satisfaction as a result of the use of certain modalities and diagnostic machines. Thus a study looking into the use of modalities in homoeopathic practice from both a practitioner and patient perspective will provide useful insight into this area of practice.

3. This study has only addressed successful practice from the practitioners' perspectives. Much of the patients' perspective was taken from the practitioners' thoughts and the assumptions of the researcher. Thus a study on the perspectives of these practitioners' patients on success and its related factors in the homoeopathic practice will provide complementary findings to this study.

### **6.2.3 Recommendations for educators and professional bodies**

1. It is evident that personality and confidence play a large role in the success of these practitioners. The use of more personality tests prior to acceptance into the tertiary courses may be of an advantage to the profession.
2. Having currently practicing homoeopaths visit the tertiary institutions and lecture students, may better prepare them through providing them with perspective on the reality of practice.
3. Gaining knowledge and conference attendance was seen as an extremely important factor related to success. It is recommended that a formal CPD (Continued Professional Development) system be implemented that will encourage and promote continued learning within the profession.
4. As explained in 6.2.2, the use of modalities within homoeopathic practice is common and is seen to have an impact on success. Thus exposing students to other modalities and methods of healing may benefit them in practice.

## REFERENCES

Abele, A. E., Spurk, D. 2009. The longitudinal impact of self-efficacy and career goals on objective and subjective career success. *Journal of Vocational Behavior*, 74 (1):53-62.

Babaletakis, F.N. 2006. *A Retrospective Survey of Post-Graduate Career Paths of Technology (DIT-formerly Technikon Natal) Homoeopathic Graduates from 1994 to 2004*. Master's Degree in Technology:Hom. Durban Institute of Technology.

Bandura, A. 1997. *Self-efficacy: the exercise of control*. New York: Freeman.

Barrick, M.R., Mount, M. K. 1991. The Big five Personality Dimensions and Job performance: A meta-analysis. *Personnel Psychology*, 44(1):1-26.

Bergh,Z.C., Theron,A.L. 2003. *Psychology in the Work Context*.2<sup>nd</sup> ed. Cape Town:Oxford University Press.

Boehm,J., Lyubomirsky, S. 2008. Does Happiness promote career success. *Journal of Career Assessment*, 16:101-116.

Boshoff, C., Du Plessis, P. J. 1992. Advertising and the Medical Profession: an exploratory study. *Journal of Industrial Psychology*, 18(3): 13-17.

Boulderstone, J. 2000. The Next Step? *Homoeopath*, 77:16-17.

Bowling, A. 2002. *Research Methods in health. Investigating health and health services*. 2<sup>nd</sup> ed. Buckingham: Open University Press.

Brown, L. 2008. An investigation of clinical methods, treatment procedures and treatment outcomes of homoeopathic practitioners in South Africa. M.Tech:Hom, The University of Johannesburg.

Brown, M., Sturman, M., Simmering, M. 2003. Compensation policy and organizational performance: The efficiency, operational, and financial implications of pay levels and pay structure. *Academy of Management Journal*. 46: 752-762.

Chella, L. 2007. *A Retrospective survey of perceptions and opinions of M.Tech: Homoeopathy graduates around the role and scope of homoeopathic internship, in terms of the current legislation*. Master's Degree in Technology:Hom. Durban Institute of Technology.

Costa, P.T., McCrae, R.R., Dye, D.A. 1991. Facet Scales for agreeableness and conscientiousness: a revision of the NEO Personality Inventory. *Personality and Individual Differences*,12(8):887-898.

Dormann, C., Zapf, D. 2004. Customer-related social stressors and burnout. *Journal of Occupational Health and Psychology*, 9:61-82.

DuBrin, A. J. 2004. *Applying Psychology: Individual and organizational effectiveness 6<sup>th</sup> ed.* New Jersey: Pearson Prentice Hall.

DUT. 2011. *Faculty of Health Science. Department of Homoeopathy. Handbook for 2011.* Durban:DUT.

Guest, G., Bunce, A., Johnson, L. 2006. How many interviews are enough? An experiment with data saturation and variability. *Field Methods*,18(1):59-82.

Hamermesh, D.S. 2001. The changing distribution of job satisfaction. *The Journal of Human Resources*, 36(1):1-30.

Herman, J.B. 1973. Are situational contingencies limiting job attitude- job performance relationships? *Organizational Behavior and Human Performance*, 10(2):208-224.

Holland, J.L. 1997. *Making vocational choices: A theory of vocational personalities and work environments* .3<sup>rd</sup> ed. Florida: Psychological Assessment Resources.

HSA, Homoeopathic Association of South Africa, Home page [online]. 2007. Available from: <http://www.hsa.org.za/index.php> [Accessed 23 July 2009]

Lent, R.W., Brown, S. D., Hackett, G., Brown, D (ed.). 2002. *Social cognitive career theory. Career choice and development*.4<sup>th</sup> ed. San Francisco: Jossey-Bass.

Maharaj, D. 2005. *A survey to determine the perceptions of general practitioners and pharmacists in the greater Durban region towards Homoeopathy*. Master's Degree in Technology: Hom. Durban Institute of Technology.

Marshall, C., Rossman, G. B. 2006. *Designing qualitative research*. California: SAGE publications.

Matriculation Board- frequently asked questions [online]. 2005. Available from: <http://www.hesa-enrol.ac.za/mb/faq.html> [Accessed 10 March 2011].

Milgrom, L. R. 2002. Patient-practitioner-remedy entanglement. Part 1: a qualitative, non-local metaphor for homoeopathy based on quantum theory. *Homeopathy*, 91: 239-248.

Neale, J. (ed.) 2009. *Research methods for Health and Social care*. New York: Palgrave Macmillan.

Pearsall, J. (ed.) 1998. *The new Oxford dictionary of English*. Oxford: Clarendon Press.

Posig, M., Kickul, J. 2003. Extending our understanding of Burnout: Test of an integrated model in nonservice occupations. *Journal of Occupational Health Psychology*, 8(1): 3-19.

Sachau, D.A. 2007. Resurrecting the motivation-hygiene theory: Herzberg and the positive psychology movement. *Human Resource Development Review*, 6:377-393.

Sarafis, P., Malliarou, M., Roka, B., Zyga, S., Kalokairinou, A. 2009. Health executives' perceptions on marketing in health services. An empirical study in 9 hospitals of Attica. *Health Science Journal*, 3(2):115-129.

Schultz,D., Schultz,S.E. 2006. *Psychology and Work today 9th ed.* Upper Saddle River :Pearson Education.

Sdorow,L.M. 1998. *Psychology. 4<sup>th</sup> ed.* New York: McGraw-Hill.

Seibert, S. E., Crant, M.J., Kraimer, M.L. 1999. Proactive personality and career success. *Journal of Applied Psychology, 84:* 417.

Small, D. 2004. *The Perceptions Of Homoeopathy Amongst grade 12 Learners In Durban, South Africa.* Master's Degree in Technology:Hom. Durban Institute of Technology.

South African Government. Allied Health Professions Act 63 of 1982 [online]. 1982.

Availablefrom: [http://www.ahpcsa.co.za/pdf\\_files/legislation/the\\_act/the%20Allied%20Health%20Professions%20Act%2063%20of%201982%20as%20amended.pdf](http://www.ahpcsa.co.za/pdf_files/legislation/the_act/the%20Allied%20Health%20Professions%20Act%2063%20of%201982%20as%20amended.pdf). [Accessed 24 August 2009]

Sukdev, R. 1997. *The perception of medical practitioners with regards to Complementary medicine in health care in South Africa.* Master's Degree in Technology:Hom. Durban Institute of Technology.



Swanson, J.L., Fouad, N.A. 2010. *Career Theory and Practice*. 2<sup>nd</sup> ed. California: SAGE publications.

Sweidan, M.J. 2007. *A Retrospective Survey of post-graduate career paths of Technikon Witwatersrand (TWR) Homoeopathic graduates from 1998 to 2004*. Master's Degree in Technology: Hom. Durban University of Technology.

Terre Blanche, M., Durrheim, K., Painter, D. 2006. *Research in practice*. Cape Town: UCT Press.

Ulin, P. R., Robinson, E. T., Tolley, E. E. 2005. *Qualitative Methods in Public Health*. San Francisco: Jossey-Bass.

Verhoogt, M.B. 2003. *A Clinical Audit of Registered Homoeopathic Practitioners in KwaZulu-Natal*. Master's Degree in Technology: Hom. Durban Institute of Technology.

Welman, C., Kruger, F., Mitchell, B. 2005. *Research Methodology*. 3<sup>rd</sup> ed. Cape Town: Oxford University Press Cape Town.

Wichmann, J. 2001. Defining a different tradition for homeopathy. *Homeopathic Links*, 14:202-203.

Willis-Shattuck, M., Bidwell, P., Thomas, S., Wyness, L., Blaauw, D., Ditlopo, P. 2008. Motivation and retention of health workers in developing countries: a systematic review. *BMC Health Services Research*.8. [Accessed from [www.biomedcentral.com/1472-6963/8/247](http://www.biomedcentral.com/1472-6963/8/247) on 21/01/2011].

Winston,J. 1999. *The Faces of Homoeopathy*. Tawa, New Zealand: Great Auk Publishing.

## **APPENDIX A**

### **Letter of Information and Consent**

**Title of the Research Study:** A qualitative study determining the factors involved with establishing a successful homoeopathic practice in South Africa.

**Principle Investigator/s:** Dominique Kidd

**Co-Investigator/s:** Dr Izel Botha

**Brief Introduction and Purpose of the Study:** Homoeopathy as a career in South Africa has been explored from a quantitative but not a qualitative perspective before. This study aims to gather more in-depth information on the realities of homoeopathic practice and specifically the factors that affect its success. Broad reasons have been stated for the lack of success with homoeopathic practice, yet the positive success stories have not yet been documented. This study aims to do this.

**Outline of the Procedures:** One in-depth interview will be conducted between the researcher and the subject. The venue will be confirmed with each subject beforehand but will be a place of their choice where they will feel most comfortable. The interview will be recorded for purposes of data collection. The researcher will also write down notes during the interview. A time limit of an hour and a half will be set for the convenience of the practitioner.

**Risks or Discomforts to the Subject:** If the subject does not feel comfortable with a question at any time during the interview he/she is free to decline answering it.

**Benefits:** subjects will not benefit directly from the study. It may lead toward development within the Homoeopathic profession which can indirectly benefit the practitioner at a later stage, however, there is no guarantee of this.

**Remuneration:** subjects will not be remunerated for partaking in the study.

**Confidentiality:** The researcher ensures your confidentiality at all times. No names will be used in the write-up of this study, instead numbers will be assigned to each subject. Provinces and areas will be mentioned. Recorded data will be stored confidentially at DUT and be destroyed within 5 years.

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

Dominique Kidd (083 662 1380) or Dr Izel Botha (031 373 2514)

**Statement of Agreement to Participate in the Research Study:**

(I,.....subject's full name, ID number....., have read this document in its entirety and understand its contents. Where I have had any questions or queries, these have been explained to me by .....to my satisfaction. Furthermore, I fully understand that I may withdraw from this study at any stage without any adverse consequences and my future health care will not be compromised. I, therefore, voluntarily agree to participate in this study.

Subject's name (print) .....

Subject's signature:..... Date:.....

Researcher's name (print): .....

Researcher's signature:.....Date:.....

Witness name (print) signature: .....

Witness signature: .....Date:.....

Supervisor's name (print):.....

Supervisor's signature: .....Date:.....

Please fill in the following:

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**Demographic Information** Please tick

Age : 20-30 ( ) 31-40( ) 41-50( ) 51-60( ) 61-70( )

Gender: Male( ) Female( )

Consecutive years in practice: 0-5( ) 5-10( ) 10-15( ) 15-25( )  
>25( )

Average patient numbers per week: 20-30 ( ) 60-70 ( )  
30-40 ( ) 70-80 ( )  
40-50 ( ) >80 ( )  
50-60 ( )

Thank you for your time.

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