Patient management experiences of individuals attending a homoeopathic community health centre

By

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I, Mhlongo Bukiwe Nothando Princess do declare that this dissertation is representative of my own work, both in conception and execution

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Abstract

Background

Durban University of Technology (DUT) set up a homeopathic satellite centre in cooperation with Lifeline Ukuba Nesibindi Homeopathic Community Health Centre (UNHCHC) in 2004. UNHCHC is a centre for teaching students doing their Bachelor's and Master's degree in Technology in Homoeopathy. UNHCHC offers free primary services to patients by homeopathic students and is situated less than a kilometer away from DUT.

Patient management at this facility involves the following: maintenance or improvement of health via the prevention, diagnosis and treatment of disease, illness, injury, and other physical and mental impairments. It also includes communication, empathy, examination, evaluation, prognosis, and intervention. This encompasses the interaction, from intake to discharge, between the patient and UNHCHC. Patient experience includes the range of interactions that patients have with the health care system, including their care through health plans, and from doctors, nurses and staff, physician practices, and other healthcare facilities. Hence it was vital that the experiences of patients attending this homeopathic community health centre be evaluated.

The study that was conducted by Dube (2015) analyzing patients' perceptions of their first homeopathic consultation at the UNHCHC, respondents determined that the homeopathic consultation was rather different from what they were accustomed to. The difference that was noted by respondents included friendliness, professionalism, deep, thorough attentive case taking and physical examinations. In contrast, Ndlovu (2015) found that patients were dissatisfied with service delivery offered in public hospitals around iLembe Municipality in KwaZulu-Natal.

This research was conducted to determine and compare differences in patient management in allopathic versus homeopathic consultations, including how patients were treated in each.

Methodology

An adaptation of a quantitative, descriptive, cross-sectional analysis was used to guide the study. A questionnaire with both closed- and open-ended questions was used to obtain data from 100 consenting participants. The participants must have had a consultation with a homeopath before answering the questionnaire. Participants attending UNHCHC for the first time had to wait until after a consultation in order to participate, while those arriving for follow

up visits were able to participate before or after consultation. The data were encoded and entered by the researcher onto an Excel spreadsheet, and then imported into Excel® XP™ 2016 and SPSS® v25 for Windows™ for analysis.

Results

Data from this study indicate that there was a significant level of satisfaction with the following areas of homeopathic consultation: time management, consultation and level of hygiene. Patients also perceived homeopathic medicine as safer, with less side-effects and more easily available than allopathic medication. The data also showed a high level of dissatisfaction with services rendered by public hospitals and clinics compared to those rendered by UNHCHC. The majority (91%) of patients said that given the option, they would consult with homeopaths, and would like homeopathy to be integrated into the public health sector. Of the participants, 81% said they would like homeopathy to be integrated into the public healthcare sector as this would help alleviate the pressure faced by this sector, especially regarding the shortage of doctors.

Dedication

Philippians 4:13: “I can do all things through Christ who strengthens me”. I have never known someone who forgives and guides a person as you, Lord. In accordance with your will, I am able to do all the things you have intended for me.

Mom and Dad, when you did not understand what homoeopathy was and I explained it to you, you trusted me as you always do. Without your support, prayers, constant reassurance and motivation, I would have walked away when the going got tough. I love you A.N.D. and X.B. (Siwe) Mhlongo. Mom, you have been more than a mother and more of a friend to me. Daddy dearest, thank you, Pillar, as you always say ‘Amaphupho ayafezeka’. This is for you parents.

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Granny, salukaz’sam you are the reason I chose being a doctor. I couldn’t bear seeing you always in pain. With my qualifications, you’ve got yourself a one-in-all doctor laMabika.

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To UNHCHC patients for helping me by participating in this study, I thank you.

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Definition of terms

Allied Health Professions Council of South Africa: A statutory council for natural health, responsible for the promotion and protection of the health of the population of South Africa, effecting this by regulating and setting standards for the profession of homoeopath, under Act 63 of 1982 (AHPCSA 2012).

Allopathy (conventional/ western medicine)*:* Conventional medicine that if used produces different effects from the one that is produced by a disease (William and Shiel 2017).

Complementary and alternative medicine: Complementary medicine refers to medicine that one can use in conjunction with conventional medicine, while alternative medicine is used alone or as a replacement for conventional medicine (William and Shiel 2017).

Holistic approach: An approach characterized by the treatment of the whole person; with emphasis on the importance on the whole and the interdependence of its parts; and where the mental and emotional aspects of a patient's health are taken into account along with physical symptoms (Huljev and Pandak 2016).

Homoeopathy: An alternative medicine that if used produces the same effects as those produced by a disease, based on principles of "like cures like" (British Homoeopathic Association 2018).

Primary healthcare: A term used for the activity of a healthcare provider who acts as a first point of consultation for all patients. It is the first point of contact/level of health care offered in a healthcare system (Department of Health 2016).

Simillimum: The single remedy which best matches the symptoms of the patient (Das 2016).

World Health Organization: A United Nations agency to coordinate international health activities and to help governments improve health services (Duignan *et al.* 2020)

List of abbreviations

CAM	Complementary and alternative medicine
DUT	Durban University of Technology
PHC	Primary health care
AHPCSA	Allied Health Professions Council of South Africa
GP	General practitioner.
PHCS	Public health care services
UNHCHC	Ukuba Nesibindi Homoeopathic Community Health Centre
KZN	KwaZulu-Natal
WHO	World Health Organization
UNICEF	United Nations International Children's Emergency Fund

CHAPTER 1: INTRODUCTION

1.1. Introduction and background

South Africa has a dual healthcare system, with both private and public healthcare providers (Van Rensburg 2014). Private health services are expensive, while public health services are free or offered at insignificant costs, resulting in public health services being under-resourced and overburdened. The public hospitals being overburdened has led to patients being dissatisfied with service delivery (Ndlovu 2015). However, there is an alternative approach to patient management, and that is homoeopathy. This is an area that is considered by the researcher to be vital as no documented scientific research on patientperceptions comparing the two approaches. This analysis was carried out to see what the variations are between homoeopathic and allopathic consultations. One of the goals of this research was to determine whether patients wished for homoeopathy to be incorporated into public health care system within the country South Africa.

Complementary and alternative medicine (CAM) is widely used throughout South Africa, and homoeopathy is a natural approach that is used by more than 200 million people globally to deal with both acute and chronic conditions (Dhanraj 2018). According to the World Health Organization (WHO), homoeopathy is still the fastest growing and the second largest system of medicine in the world; it has also found its place in the South African medical system (Relton *et al.* 2017). However, homoeopathy is not available under the public health care sector, despite its popularity. Hence, in this study, one of the objectives was to ascertain patients' perceptions of whether homoeopathy should be provided in the public health system or not.

An adaptation of a quantitative, descriptive, cross-sectional research design was used to guide the analysis. The study took place at the Ukuba Nesibindi Homoeopathic Community Health centre (UNHCHC), whereby 100 consenting patients were given a questionnaire to complete. The data were collected and encoded to SPSS® v25 for Windows™ and Excel® XP™ 2016 for analysis.

2.2. Objectives

The objectives of this study were as follows:

1. To determine patient management experiences on consultation of patients attending Ukuba Nesibindi Homoeopathic Community Health Centre.

2. To determine patient management experiences on consultation; of patients attending public allopathic care.

3. To compare homoeopathic service delivery with allopathic care service.

4. To determine factors that affect patients' decisions in choosing between homoeopathic and allopathic healthcare.

5. To determine a patient's opinions of whether homoeopathic care should be provided by the public healthcare sector.

3.3. Problem statement

The WHO (2013) states that complementary medicine is recognized and half of the population of industrialized countries frequently use complementary medicine. Dube (2015) and Watson (2015) both determined that there was a high level of satisfaction with service and the homoeopathic consultation at the Ukuba Nesibindi Homoeopathic community health centre (UNHCHC). Whilst Homoeopathy is recognized by many countries, in South Africa homoeopathy remains in the private sector and is not incorporated and used by the public healthcare sector. Having studies that determine whether the public would prefer to have homoeopathy incorporated into the public sector or not is worth looking into. This is more importantly because the healthcare system in South Africa is under a lot of strain and pressure and costly. There is no better time to be looking at incorporating homoeopathy into public sector than now, with the pandemic like COVID 19. The researcher purports that if homoeopathy was incorporated in the public sector, it would definitely relief the burden that public facilities are facing, and it would also be saving government a lot of money by using alternative natural holistic approach that would treat an individual as a whole. Currently we don’t have scientific studies that advocate the inclusion of homoeopathy as a result of public perceptions of patients of homoeopathic and allopathic consultations only. Furthermore, the study aimed to see whether patients wanted homoeopathy to be included in public health care, given that homoeopathy is frequently utilized by patients (WHO2010) but not yet incorporated into the public sector.

Although South Africa is well known for having a progressive constitution with strong protection of human rights and of the rights of all its citizens to access quality healthcare delivery (Republic of South Africa 1996:13), challenges in delivery of quality health care still exist. Challenges facing the healthcare system in South Africa that are covered in this article are as follows: unequal distribution of resources, management and leadership crisis, increased disease

burden, pull and push factors and slow progress in restructuring the healthcare system, including strategies adopted by government to improve the quality of healthcare delivery.

4.4. The aim of the study

This descriptive quantitative study aimed to determine the management experiences of individuals attending a homoeopathic community health centre, in comparison with the management experiences of patients who have attended and still attend allopathic healthcare practices.

5.5. Delimitations of the study

The study had 100 participants aged 18 years and above, who had consulted with the UNHCHC of the Durban University of Technology (DUT). According to the 2017 UNHCHC statistics, 977 consultations took place. Considering a one-sample case with a power of 0.80, a level of significance of 0.05, and an effect of 0.25 (which is regarded as small), the sample size was set at 100 (Faul *et al. 2017*).

6.6. Research design overview

A quantitative, descriptive, cross-sectional, purposive style of analysis was used to conduct the study. One hundred participants were given questionnaires in either isiZulu or English to answer within a minimum of 15 minutes. The participants included those coming for follow-up visits, and new patients were also eligible to participate after consulting with a homoeopath.

7.7. Structure of the study

This dissertation is divided into six chapters as outlined below.

Chapter 1 covers the introduction of the study and brief background information related to the topic, aim, and methodology used for this study. It provides an overall summary of the study.

Chapter 2 is a literature overview that covers primary health care (PHC) and CAM, and a brief comparison between homoeopathy and allopathy in terms of how the consultations are conducted. The role of UNHCHC and studies that have been conducted there by students are described, as is the question of the integration of homoeopathy into allopathy.

Chapter 3 covers the research design, the setting in which the study was done, the sampling

process concerning the recruitment of participants, and inclusion and exclusion criteria. The process of data collection and analysis, pre-testing of a questionnaire, and ethical considerations are discussed.

Chapter 4 provides an overview of the results, which includes the patient demographics, and patients' perceptions of UNHCHC administration, consultation, and treatment satisfaction. It also outlines the patients' perceptions of public clinics/hospital administration, consultation and treatment satisfaction, and of whether homoeopathy should be integrated into the public health sector or not, together with reasons to support their choices.

Chapter 5 provides a discussion of the results which were presented in Chapter 4.

Chapter 6 outlines recommendations that emerged from the data on the participants' perceptions, and recommendations for further research

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

Homoeopathy is a holistic system of medicine that incorporates not only the physical being but also the mental and emotional states. The homoeopathic medical system was founded by a German physician, Dr. Samuel Hahnemann (Vithoulkas 1998). Homoeopathy is holistic, natural, and individual, and treatment is based on curing a patient with the disease, not the disease itself. Allopathy is germ theory, where treatment is based on identifying disease agents and killing them, non-specific to patients and mainly chemically based (Lotha, Rogers and Young 2017). Conventional medicine treats disease symptoms by attempting to suppress them, unlike homoeopathy which aims to reverse any suppression that may be present to free the patient's vital energies so that healing may occur (Dhanraj 2018).

2.2. Primary health care in South Africa

Primary health care (PHC) is defined as the first line of healthcare services that a patient receives, which includes the treatment of illness through regular medical visits, referral to more specialized care if necessary, and prevention of diseases by health education of patients, families, and communities (Department of Health 2016). South Africa includes public and private healthcare sectors.

Public healthcare services (PHCS) are defined as protecting the safety and improving the health of communities through education, policymaking, and research for disease and injury prevention (Maillacheruvu and McDuff 2014). In most countries nurses, family doctors or general practitioners (GPs) make up the PHCS team (Muhammad Ali and Wajidi 2013). The PHCS in South Africa is based on principles advocated by the WHO. The White Paper on the Transformation of the Public Service states that the delivery of healthcare should be guided by the principles contained in the framework of Batho Pele, a Sotho term meaning "People First" (Khosa and Du Toit 2011).

2.2.1. The Batho Pele principles

The Department of Public Service and Administration is an initiative that was first introduced by the administration of the late former President Nelson Mandela on 1 October 1997, for the better delivery of goods and services to the public (Khosa and Du Toit 2011).

The principles are as follows:

- All stakeholders should be consulted on the nature, quantity, and quality of services to be provided, to determine the needs and expectations of the end-users.
- Service standards must be upheld, and citizens should be told what level and quality of public services they will receive so that they are aware of what to expect.
- Citizens should be treated with courtesy and consideration, with tools, measurements, and systems in place to affect customer care – customer care units and staff.
- All citizens should have equal access to the services to which they are entitled. For example, indigenous languages and sign languages should be included, and service charters displayed, with improved service delivery to physically, socially, and culturally disadvantaged persons (including infrastructure). Signage must be clear and helpful and all frontline staff should wear nametags.
- The mandate states that all citizens should be given full, accurate information about the public services they are entitled to receive.
- Openness and transparency must be upheld, with all citizens being told how departments are run.
- Redress – servicing departments should establish a mechanism for recording any public dissatisfaction, for example, a toll-free number, suggestion boxes, and customer satisfaction questionnaires. Each unit must have a complaints handling system in place and staff must be trained to handle complaints fast and efficiently.
- Public services should be provided economically and efficiently to give citizens the best possible value for money.

2.3. A brief comparison of homoeopathy and allopathy

2.3.1. Consultation

The American College of Obstetricians and Gynecologists (2016) defines consultation as the act of seeking medical assistance from a healthcare professional, for therapeutic interventions and other services that may be beneficial to the patient. Lindquist, Tracy and Snyder (2018) define listening as an effective and dynamic mechanism of communication, that is an essential component of the doctor-patient relationship. Thus, a medical consultation can be seen as one of the most therapeutic techniques available to healthcare professionals, and includes taking

the patient's history, clinical examination, diagnosis, and a decision on how to proceed, for example giving advice, and/or requests for additional tests and treatment (Balogh, Miller and Ball 2015).

Over the years the consultation has improved and evolved as a key tool for general practice. Many factors have led to a modification of the consultation's structure, quality, and length. In the 1950s sessions were very short, with 5 minutes being allocated to each person. Currently, the longest consultation time is 10 minutes (Tidy 2014).

The longer consultations are associated with high levels of satisfaction, and better health outcomes (Royal College of General Practitioners Curriculum 2016). It is not so much about the time healthcare personnel spend with a patient, but rather how that time is used to understand the main complaint, building the doctor-patient relationship to understand the patient well (Royal College of General Practitioners Curriculum 2016). Although the consultation time can be prolonged, time spent in the consultation can be used more wisely (Tidy 2014).

2.3.1.1. Allopathic consultation

Allopathic case taking focuses on finding the main complaint and treating that complaint/symptom, not considering the whole person when diagnosing and prescribing a medication (Russbach 1996). Allopathic case taking includes patient history, clinical examination, diagnosis, the decision on how to proceed (such as advice, a request for additional tests such as X-rays or laboratory tests), treatment, and referral to higher or lower care, depending on the case (Balogh, Miller and Ball 2015).

Patient history is usually short, and the focus is on the main complaint; hence the diagnosis will be symptomatic (Balogh, Miller and Ball 2015). This method can sometimes lead to misdiagnosis, due to the lack of complete patient history. Based on the seriousness of the case, additional tests may be required to confirm a diagnosis and determine the proper approach concerning treatment. The treatment may be a once-off prescription or repeated care for chronic cases, where the medication will be palliative.

Johnson (2017) says that as the demand for PHC services increases worldwide, consultation time has been increasingly pressurized. Lemon and Smith (2014) state that the consultation length with a GP ranges between 5.7 and 8.5 minutes. Moreover, they also noted that patients' satisfaction is greatly affected by the time a patient spends with a GP. The consultation with a GP is fast and the aim is to provide immediate relief (Lemon and Smith 2014).

2.3.1.2. Homoeopathic consultation

When a patient decides to seek help from a homoeopathic practitioner, the most important component of the consultation process and treatment is the actual case taking (Jonathan and Prousky 2018). Sankaran (1996:209) said that good case taking includes “a faithful recording of the image of the suffering of each patient in such a way that the indications of the similimum arise from it" and recording "the main complaint, current symptomatology, past medical history, personal history, and family history, together with the unusual findings of the medical examination and a review of the previous treatments and their outcomes".

Sankaran (1996:209) further emphasizes the importance of being keenly attentive and alert, allowing the patient to talk about their ailments without interruption and asking prompting questions. Being attentive is the foundation of excellent medical technique, and paying attention involves focusing on details and on the entire individual, which could explain the beneficial impact that patients experience during the homoeopathic assessment (Dube 2015). In the study carried out by Dube (2015) the patients said that they felt better after consultation, even before the medication was taken; they reported that they felt ‘lighter’. This concurs with the studies of Lindquist, Tracy, and Snyder (2018) and Pendleton *et al.* (2013), which showed that communication is the most vital component of case taking.

Questions about the patient’s lifestyle, dietary habits and preferences, disposition, personality, stress levels, sleeping practices, and general health history assist the doctor to create an image of the true character of a patient. This image is then harmonized with their complaints, signs and symptoms to suggest a particular type and strength of homoeopathic medication prescription. The first consultation could proceed for as long as up to an hour as a guideline, with the shortest follow-up appointment being up to 30 minutes in duration. This differs depending on the practitioner and the community concerned (British Homoeopathic Association 2018).

Dube (2015) noted that emotions are difficult to share in the African community. This is one aspect that the homoeopathy sector needs to be aware of when seeing African patients. The person may not be intentionally not answering personal questions – but rather there is a cultural difference here that must be considered.

2.3.2. Approach and principles of homeopathy and allopathy

2.3.2.1. Allopathic approach and principles

Germ theory is usually the main focus when dealing with diseases, meaning that an ailment is caused by microorganisms. Lotha, Rogers and Young (2017) define germ theory as a theory that believes that a disease is caused by an invasion of microorganisms into the body, that is visible microscopically. This theory was developed by Louis Pasteur, Joseph Lister and Robert Koch in the 1860s.

Allopathic medicine is considered a reductionist system, which is derived primarily from biological and physical science (Sanghavi *et al.* 2011). Reductionism's basic principle is that by breaking down (or "reducing") complex biological or medicinal events into small/many components, one is much most likely to understand a specific cause and to find a treatment (Lundberg 2011).

The allopathic view/approach is from the outside to the inside. The physical and chemical aspects of a human body are studied in reductionist law. Reductionist law focuses on treating symptoms rather than treating a person as a whole (Lawrence 2020). The prescription is based on the disease, and at killing the microorganism rather than focusing on treating a person as a whole; the symptoms are treated (Chitindingu, George and Gow 2014).

2.3.2.2. Homoeopathic approach and principles

Homoeopathy is an all-natural type of medicine used by more than 200 million people worldwide to treat acute and chronic conditions (Singh and Devda 2018). The approach is holistic, meaning that illness is regarded as caused by the imbalances in the body; therefore, when treating the patient, they consider treating them as a ‘whole’ rather than treating affected areas (New Zealand Qualifications Authority 2015).

Hering’s law is the law used by homoeopathy when treating an individual. The first law believes that healing is from the innermost parts to the outermost parts of an individual; the ailment will be shifted from the most important body parts (such as lungs) to the least important parts (such as skin) (Calabrese 2012). The second law states that symptoms appear and disappear in the opposite order to which they emerged (Calabrese 2012). The third law states that the healing starts from the upper to the lower body parts (Calabrese 2012).

Homoeopathic principles are outlined below.

i. Law of similar or like cures like

The basic principle is ‘like cures like', in other words, a material taken in a small amount will cure the same signs it causes if taken in considerable quantities (British Homeopathic

Association 2018). It applies the same mechanism to the body. The substance that can make a healthy person sick can be used to treat symptoms that are similar to that, that were produced by a healthy person, curing 'like with like' not with opposite (Ministry of Solidarityand Health 2016).

ii. Principle of individualization.

The holistic nature of homoeopathy treats each person as unique and their body, mind, soul, and emotional states are all considered when managing and eliminating the illness. Considering all these elements, a homoeopath will select the most fitting remedy, based on theparticular signs and symptoms of the individual and the personalized level of health and fitnessto activate their therapeutic capacity for restoration (British Homeopathic Association 2018).

iii. Principle of infinitesimal dose and principle of potentization.

This is the use of the smallest dose possible to produce a stimulatory effect; the smallest dose is achieved through serial dilution and succussion (Vithoulkas 1998).

2.3.3. The advantages and disadvantages of each regimen

2.3.3.1. Allopathy

Advantages include the following:

- Effective and fast-acting and thus useful in acute ailments and emergencies (Flambeau 2017).
- Surgery and other specialized procedures if required (Flambeau 2017).
- Use of chronic palliative medication for chronic diseases (Flambeau 2017).
- A well-recognized and well-established regimen (Van Rooyen *et al.* 2015).
- Research is constantly performed on new treatments and techniques (Van Rooyen *et al.* 2015).

Disadvantages include the following:

- The medication and surgeries or other modes of treatment and diagnosis (such as tests) can be very costly (Chitindingu, George and Gow 2014).
- Not always effective, especially in terms of those patients with chronic disorders (Chitindingu, George and Gow 2014).
- Not personal, focused on the disease rather than the person; however, not all people present with the same symptoms (Flambeau 2017).
- The allopathic medication causes side effects (O'Neill 2018).

2.3.3.2. Homoeopathy

Advantages include the following:

- The main goal of a physician is to help the patient regain a balance between the mind, body, and soul. finding the root of the problem helps to treat not only the physical but also the mind and soul (Regoli 2016). By using natural medicines, the body's natural healing mechanism is enhanced, and the immune system is strengthened (Gower 2017).
- Homoeopathy can work as a sole, primary alternative therapy (Regoli 2016). There are remedies and adjunctives like tinctures that help with conditions such as diabetes, arthritis, and hypertension, and patients report that the treatment works wonderfully for them.
- The medication has little or no side effects since no external harmful chemicals are introduced into the body (O'Neill 2018).
- It is affordable, therefore making it easy for everyone to have access to homoeopathy (Buzescu 2011).

Disadvantages include the following:

- Natural or alternative medicine is not always based on research, but on anecdotal evidence, so it is difficult to prove to the scientific community that naturopathic remedies are nothing more than a placebo (O'Neill 2018).
- Some patients can experience an aggravation of their condition when starting a remedy (Buzescu 2011), meaning that they may first feel worse before they start feeling better (Ostermeyer 2018). It is a good sign of resonance of the remedy with your body (Buzescu 2011), but not every patient understands this context. It is not a quick fix, meaning the 'patient has to be patient' as the treatment takes time to work, depending on the severity and the length of time that the patient has had their ailment for (Regoli 2016).

2.4. Homoeopathy in South Africa

The Allied Health Professions Council of South Africa (AHPCSA) is the only regulatory body for South African homoeopaths, as mandated by the Department of Health's Allied Health Professions Act 63 of 1982 (AHPCSA 2012). As much as homoeopathy is recognized by the Department of Health and endorsed by law, homoeopathy is still not included in the services provided by the public health sector. There is also a Homoeopathic Association of South Africa,

which homoeopaths can register voluntarily (whereas membership of AHPCSA is a statutory requirement).

According to the Allied Health Professions Act 63 of 1982, homoeopaths' scope of practice includes diagnosing and treating any ailments and prescribing and dispensing homoeopathic medication (AHPCSA 2012). In South Africa, homoeopaths are trained practitioners and are also recognized as primary care providers (AHPCSA 2012).

2.5. Ukuba Nesibindi Homoeopathic Community Health Centre

According to UNHCHC statistics, there has been a great increase in the number of consultations over the years, growing from only 69 patients seen on inception in 2004 to over 1470 patients in 2019.

To facilitate higher standards of health care, as well as in teaching and learning, the UNHCHC was established as the first of its kind among the homoeopathic satellite centres in the greater Durban region. In alliance with Lifeline, the main objective of this busy community centre was to introduce an alternative, cost-effective, safe and gentle form of treatment to improve the lives of the people in the area, as well as to provide homoeopathic students with a fundamental practical foundation and a clinical environment in which to apply their theoretical knowledge (Dube 2015). The UNHCHC is not the only public health facility that can be used by patients around Warwick Junction, there is also the Lancers Community Health Clinic located at Lancers Road, not far from the UNHCHC.

In this facility the appointments occur in various ways: some patients pre-book appointments, some are walk-ins, and some are referred to the centre by Lifeline. The UNHCHC shares a receptionist with Lifeline, who does all the bookings for patients at the centre. The homoeopathic consultations at UNHCHC last for approximately 45 minutes.

2.6. Other studies done on UNHCHC regarding patient's perception on homoeopathic service delivery.

Watson (2015) conducted a quantitative, descriptive survey to determine patients' perceptions of the services provided at UNHCHC and to determine their response to the homoeopathic treatment received. It showed that patients were impressed with the professionalism displayed by the student practitioners and the clinician in charge or on duty.

Dube (2015) conducted a quantitative, descriptive study to determine the perceptions of patients after their first homoeopathic consultation, their satisfaction with service delivery at UNHCHC, and their knowledge about homoeopathy. It found that patients once again were very satisfied with UNHCHC service delivery, but 54% of the patients did not know anything about homoeopathy before their consultation and the study.

2.7. Limitations in healthcare systems and patients' satisfaction with service delivery

The latest analysis carried out in 2015 by Expatica (2020) showed that South Africa has less than one doctor available for every 1000 residents and is still dealing with a shortage of doctors in the public health service. Most qualified healthcare personnel choose to work in the private sector, meaning the public sector continues to struggle with staff shortages (Expatica 2020). If there is a lack of healthcare personnel, this will directly affect the service delivery. The patients will not receive as much care as they would if there were enough doctors – or not too many patients.

Ndlovu's (2015) study of public sector service delivery in hospitals in Durban showed that there is a weak, non-significant, negative linear relationship between the services offered at those provincial hospitals compared with the expectations of patients admitted to those hospitals during the study period. The researcher concurs that patient satisfaction with service delivery should be a vital measure of performance for any healthcare facility.

2.8. Integration of complementary and alternative medicine (CAM) into public health care

South Africa is one of the few countries which has made great progress concerning the incorporation of CAM into the health practitioners' legislative framework, as it was previously not recognized at all (Gqaleni *et al.* 2007). In 2002 legislation declared CAM to be on par with conventional medicine (Gqaleni *et al.* 2007).

The 62nd WHO World Health Assembly in May 2009 adopted a resolution on homoeopathy and other therapies for CAM (Rossi et al. 2010). It was observed that many countries have made strides in integrating traditional medicine as well as CAM into their national health systems (NHS). Furthermore, several member states have made progress in legalizing CAM by implementing the traditional medicine policy of the WHO of 2002–2005 (Rossi et al. 2010). In support of the WHO and UNICEF, the Alma Ata Declaration requested that the worldwide community promote the inclusion of scientifically authentic traditional medicine and complementary medicine in the NHS (Rossi et al. 2010).

Given that over 90% of Black Africans use CAM (Reardon, George and Jimmyns 2011), sometimes even before or simultaneously to being treated by a medical doctor, it is imperative for medical students to be taught about CAM therapy before they start engaging with patients. Chitindingu, George and Gow's (2014) study of universities in KwaZulu-Natal (KZN) showed that little was taught to medical students about homoeopathy while in medical school.

2.9. Conclusion

It is important to ascertain the perceptions of patients treated by both methodological approaches, namely allopathy, and homoeopathy, to determine whether there are any unique variances. Both approaches play fundamental roles in a patient's life, and both have their advantages and disadvantages; also, both systems have a role to play in the health of patients.

Each person is unique in various ways and therefore the way in which different physicians deal with a patient may not be the same. Patients should be exposed to all kinds of therapies that are legislated through the doctor's referrals, as required by the patient's body at the time, because "the physician's high and only mission is to restore the sick to health, to cure, as it is termed" (Hahnemann 1921).

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

This chapter demonstrates the methodological procedure for collecting, decoding, and evaluating information to improve one's knowledge and understanding, to assist in addressing the issue that led to this research on the patient management experiences of individuals attending a homoeopathic community health centre.

3.2. Research design

This study utilized a quantitative, descriptive, cross-sectional style of analysis. The purpose of using a quantitative analytical style is to provide a strong basis for data, and the interpretation and findings are not opinions but are dependent on the quantities arrived at and can be checked for credibility by others (Denscombe 2014).

3.3. Setting of the study

The study was conducted at UNHCHC in the Warwick Junction area in the Lifeline building in Durban central, KZN. UNHCHC is a satellite centre where patients consult free and due to it location, it is the most visited homoeopathic satellite centre. DUT homoeopathic statistics showed that UNHCHC is one of the major satellite centres, the researcher chose it so that it can cover the majority of DUT homoeopathic patients. The researcher was always under the supervision of a qualified and registered homoeopath. Furthermore UNHCHC statistics show that over the past 17 years the centre has been the fastest growing in terms of the patients numbers as reflected by the table of patient numbers, also this is on the satellite centres that attracts more patients that has had both public sector experience and homoeopathic management and were the perfect respondents as they have had the experience compared to all other centres. More than 10 research studies had reflected the exponential growth of the patients attending this centre.

3.4. Study population

The study population comprised patients attending UNHCHC, who met the inclusion criteria. There were over 1470 patients that had consultations at UNHCHC in 2019.

3.5. Pre-testing of the questionnaire/pilot study

A pre-test refers to the experimental administration of an instrument to detect any potential flaws. When using a questionnaire as a tool for collecting information it is essential to determine whether the questions and instructions are clear to respondents and whether they know what is required of them. This is called pre-testing of the questionnaire (Polit and Beck 2012).

A pre-test was conducted at DUT before the commencement of the study, in which two homoeopathic practitioners, two patients from the DUT Community Healthcare Centre (one new, and one follow-up), and six students (two third years, two fourth years, and two fifth years). This pilot study was aimed to help the researcher know whether the participants would be able to understand the questions asked in the questionnaire, or if the questions needed clarification so that changes could be made before distribution. These respondents were not included in the main study and were chosen randomly to maintain validity.

3.6. Sampling process

Sampling is a process of selecting cases that represent the whole population so that conclusions can be drawn about the population (Polit and Beck 2012). The researcher used a purposeful sampling technique, which takes into account the understanding of the population and the aim of the research, and the criteria for inclusion and exclusion (Norman and Lincoln 2011).

3.6.1. Sample size calculation

According to the 2017 UNHCHC statistics, 977 consultations took place. Considering a one-sample case with a power 0.80, a level of significance of 0.05 and an effect of 0.25 (which is regarded as small), the sample size was 100 (Faul *et al. 2017*).

3.7. Recruitment process

While patients were seated at the reception area and waiting for their consultation at UNHCHC, the researcher gave a brief description of what the study was about, letting them know about the duration, process, and risks involved with the study. In this way the researcher was able to reach out to patients to participate; participants who were keen to do so were given information letters and consent forms that were collected immediately by the researcher after being completed.

The inclusion criteria were as follows:

- Only patients who had attended both UNHCHC and allopathic (public health care) consultations.
- Aged 18 years and above.

The exclusion criteria were as follows:

- Persons who worked for Lifeline and UNHCHC.
- Those who were registered as students in homoeopathy and chiropractic departments.
- Younger than 18 years.

3.8. Data collection process

3.8.1. Research tool: Questionnaire

The questionnaire was designed in a way that all participants would understand the questions. A pilot study was carried out and the questionnaire was well understood. The research tool which was a questionnaire was adapted from that used by Watson (2015), and the questionnaire comprised both open- and closed-ended questions.

3.8.2. The research procedure

While patients were seated in the waiting area of UNHCHC, before their consultation or dispensing of medication, the researcher introduced herself and the study; including informing them about the process, the duration, and their choice to participate voluntarily or exit the study at any time should they wish to.

Those interested in participating were given information letters, either in isiZulu or English (Appendix A1 or A2). The participants had an opportunity to ask questions about the study as the researcher was available at the centre.

The participants signed the consent form (Appendix B1 or B2) upon agreeing to take part in the study, which was also available in isiZulu or English. Participants were aware that there would be no remuneration for taking part in the study.

The researcher was available to assist participants who might have challenges reading or interpreting the questions in the language of the participant's choice (English or isiZulu). The researcher used a questionnaire as the data collection tool (Appendix D1 or D2).

The minimum time required for completion of the questionnaire was 15 minutes. If a patient was a new patient to the centre, they were only able to complete the questionnaire after their

consultation, while waiting for their medication. Patients who were attending follow-up consultations were able to complete the questionnaire before or after their consultation.

On completion of the questionnaire, the participants placed the questionnaires in a box to maintain confidentiality. The researcher then thanked the participants for their participation in the study.

3.9. Data analysis

After data collection, the data were encoded and entered into an Excel spreadsheet by the researcher. The data were then imported into SPSS® v25 for Windows™ and Excel® XP™ 2016 for Windows. The data analysis was conducted by descriptive statistics using frequency tables (Foley 2018). Correlation analysis was performed using non-parametric tests to determine whether there was any significant association between the factors being assessed according to the responses (Foley 2018).

3.10. Ethical considerations

Before the commencement of the study, written permission to conduct the study was requested and obtained from all relevant stakeholders: Head of Department (Appendix E2), Centre Director (Appendix E1), and Faculty of Health Sciences Community Executive Dean (Appendix E3). Permission to carry out the study was then granted by all relevant stakeholders after full approval and permission were received from the Institutional Research Ethics Committee (IREC) of the Faculty of Health Sciences at DUT (Appendix C).

All data collected from participants were handled with the strictest confidence. Only the supervisors and the researcher had access to the participants' questionnaires. All data was coded in numbers. The data collected was stored in a safe place at the Department of Homoeopathy and will be destroyed after appropriately 5 years as per DUT regulations. At all times three fundamental ethical principles, those of respect for persons, beneficence, and justice, were adhered to. Maintaining the safety and confidentiality of all participants during both the data analysis and the discussion and dissemination of findings was of paramount importance (Polit and Beck 2012).

Anonymity was assured in this study by not disclosing the names of the participants on the questionnaires and research reports and by separating the written consent from the questionnaire. There were no personal details on the questionnaire, meaning the researcher did not know who answered each of the questionnaires. In this study confidentiality was

maintained by keeping the data that were collected confidential and by not disclosing the identities of the subjects when reporting or publishing the study. A box was provided for participants to insert their completed questionnaires, to ensure anonymity and confidentiality. The inclusion and exclusion criteria were used during recruitment, to prevent biases in the results.

CHAPTER 4: PRESENTATION OF RESULTS

4.1. Introduction

In line with the methodology in Chapter 3, the researcher collected raw data by using questionnaires. The data were obtained from 100 consenting participants who attended consultations at UNHCHC, of whom 36 were new patients and 64 were follow-ups. New patients were only able to participate after their first consultation, while waiting for their medication, whereas follow-up patients participated either before or after their consultation, depending on how busy the centre was. On most days the centre was busy, so the follow-up patients kept themselves busy by answering the questionnaires while waiting for their consultations.

The researcher encoded the results into Windows 10 Excel, and the data were then imported into SPSS® version 25.0 for Windows™ and Excel® XP™ 2016 for analysis. The data analysis was conducted by descriptive statistics using frequency tables (Foley 2018). Correlation analysis was performed using non-parametric tests to determine whether there was any significant association between the factors reported in the questionnaire according to responses (Foley 2018).

4.2. Overview of the results

The results are conveyed in four sections, as follows:

1. Demographics/personal information.
2. Patients' perceptions on administration, consultation, and treatment satisfaction at UNHCHC (Ukuba).
3. Patients' perceptions on administration, consultation, and treatment satisfaction at public clinics/hospitals.
4. Patients' perceptions of their use of homoeopathy in the future.

4.2.1. Demographics

Table 4.1: Gender distribution

	Frequency	%
Male	14	14.0
Female	86	86.0
Total	100	

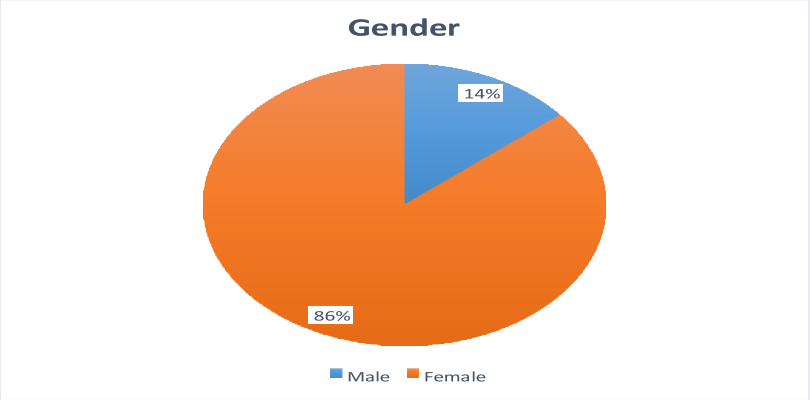

Figure 4.1: Gender distribution.

Table 4.1 and Figure 4.1 of gender distribution shows that the majority of participants were female (86%), with 14% being male.

Table 4.2: Age distribution

Age (years)	Frequency	%
18–30	21	21%
31–40	23	23%
41–50	21	21%
51+	35	35%
Total	100	

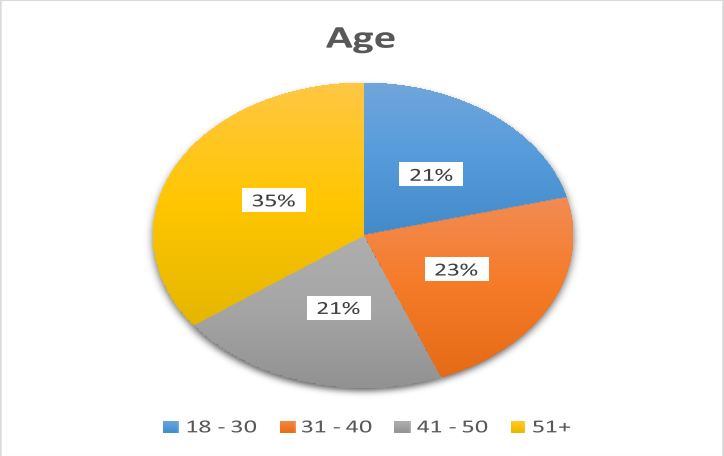

Figure 4.2: Age distribution.

Table 4.2 and Figure 4.2 depict the age distribution, which shows that the majority of participants (35%) were aged 51 years and above, followed by those between the ages of 31–40 years (23%), then 21% of participants were between the ages of 18–21 years and 41–50 years.

Table 4.3: Race distribution

	Frequency	%
African	97	97%
Indian	3	3%
Total	100	

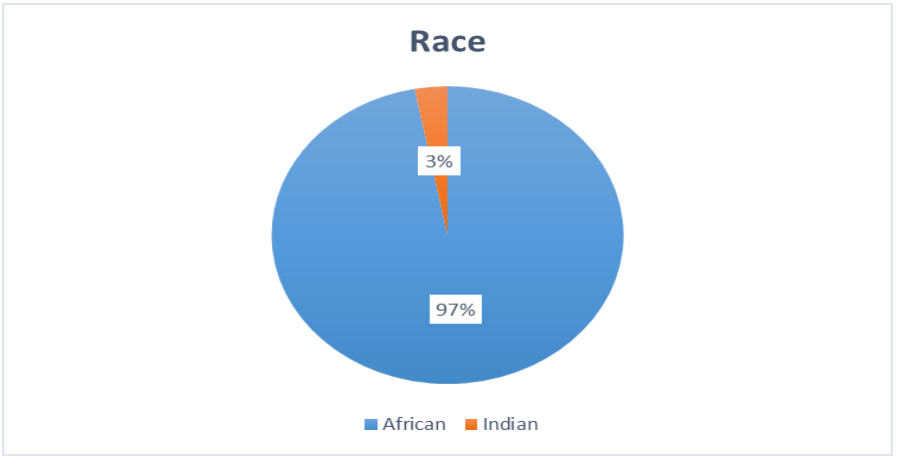

Figure 4.3: Race distribution.

In terms of race distribution, Table 4.3 and Figure 4.3 show that 97% of the participants were African, and 3% were Indian.

Table 4.4: Home language

	Frequency	%
English	6	6%
IsiXhosa	8	8%
IsiZulu	85	85%
Sesotho	1	1%
Total	100	

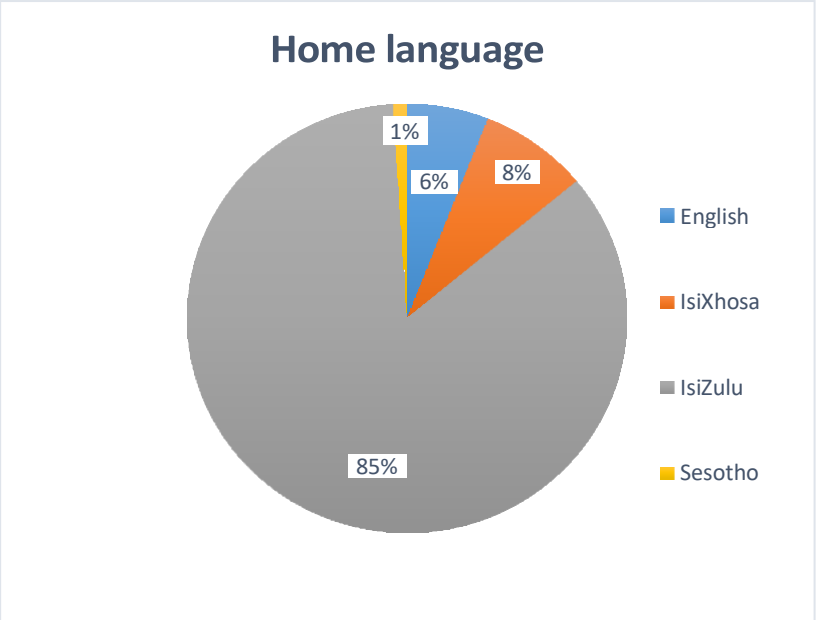

Figure 4.4: Home language.

In terms of home language, Table 4.4 and Figure 4.4 show that most participants' home language was isiZulu (85%), followed isiXhosa (8%), then English (6%) and for Sesotho (1%).

Table 4.5: Marital status

	Frequency	%
Single	64	64%
Married	25	25%
Divorced	5	5%

Separated	2	2%
Widowed	4	4%
Total	100	

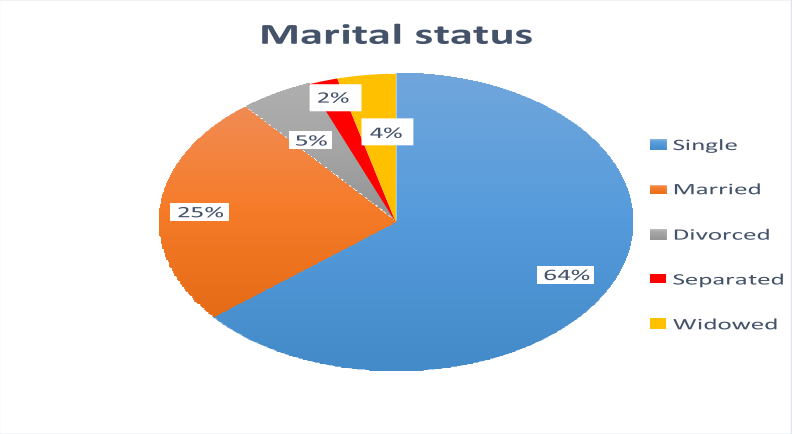

Figure 4.5: Marital status.

Table 4.5 and Figure 4.5 on marital status show that the majority of participants were single (64%), followed by those who were married (25%), while 5% were divorced, 4% were widowed and 2% were separated.

Table 4.6: Level of study

	Frequency	**%**
No schooling	9	9%
< Grade 12	43	43%
Matric	33	33%
Diploma / degree	13	13%
Honours/ Masters/PhD	2	2%
Total	100	

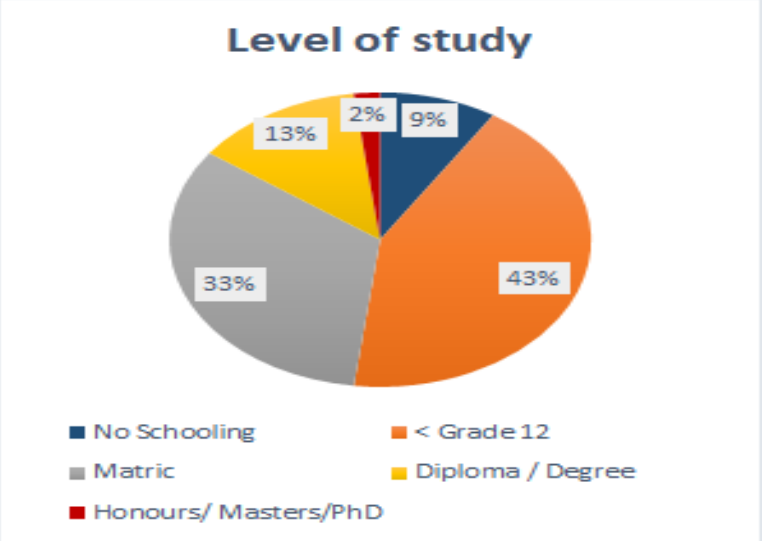

Figure 4.6: Level of study.

Table 4.6 and Figure 4.6 show that the majority of participants were educated at various levels of study, as only 9% had no schooling. The majority (43%) had less than Grade 12 education, while 33% had matric, 13% had obtained a diploma/degree and 2% had either an Honour's, Master's or PhD degree.

Table 4.7: Occupation

	Frequency	%
Student	6	6%
Part-time employed	13	13%
Full-time employed	9	9%
Self-employed	16	16%
Unemployed	32	32%
Retired/pensioner	21	21%
Other	3	3%
Total	100	

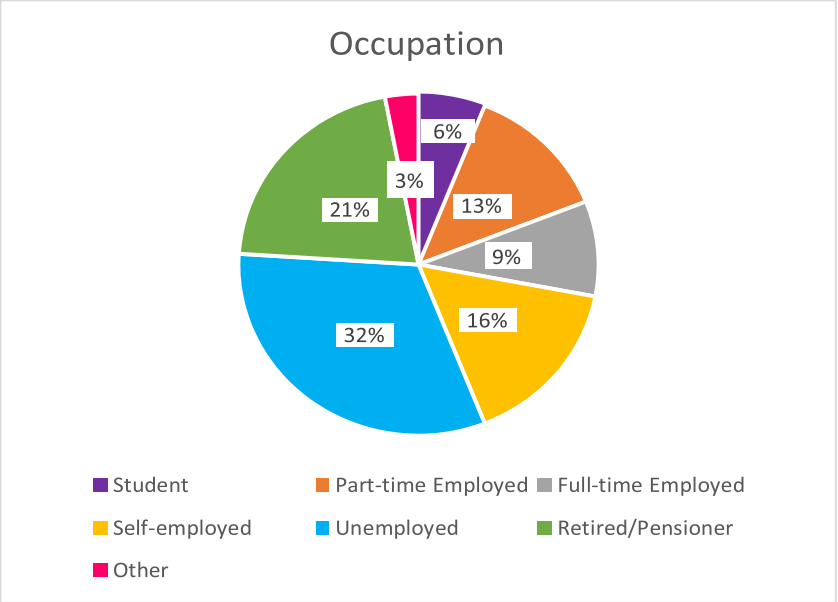

Figure 4.7: Occupation.

Table 4.7 and Figure 4.7 on occupation show that the majority of participants were unemployed (32%), followed by pensioners or retirees (21%), with 16% self-employed, and 13% part-time workers. Only 9% were employed full time, while 6% were students and the remaining 3% were doing other things.

Table 4.8: Number of times visited UNHCHC

	Frequency	%
Never	36	36%
Once	24	24%
Twice	6	6%
3 times	5	5%
4 times	6	6%
>5 times	23	23%
Total	100	

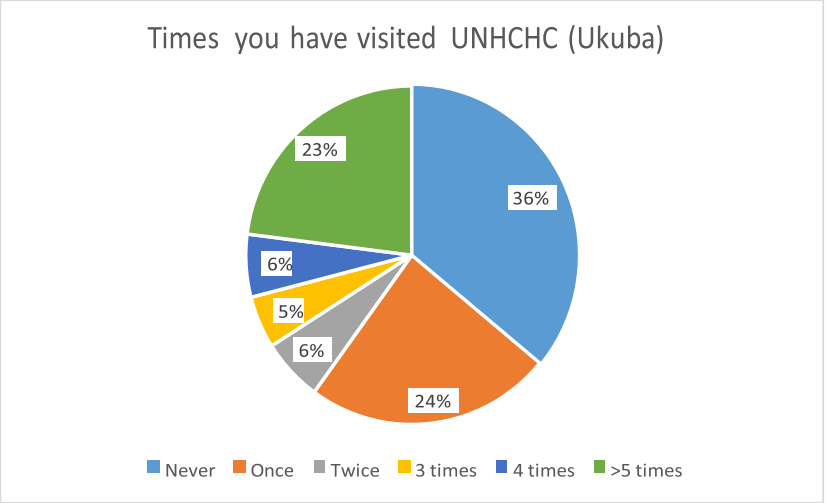

Figure 4.8: Number of times that participants had visited UNHCHC.

Table 4.8 and Figure 4.8 on UNHCHC visitations show that majority of participants were attending follow-up consultations, as 36% of them had visited four times prior to their participation, followed by those who had previously visited Ukuba only once (24%), and those who had visited Ukuba more than five times (23%). The same number of patients came for their second visit as those who had never had a consultation there before (6%), while 5% had visited Ukuba three times before the day of data collection.

Table 4.9: Number of times participants had visited public clinics/hospitals

	Frequency	**%**
Once	12	12%
Twice	4	4%
3 times	5	5%
4 times	4	4%
>5 times	75	75%
Total	100	

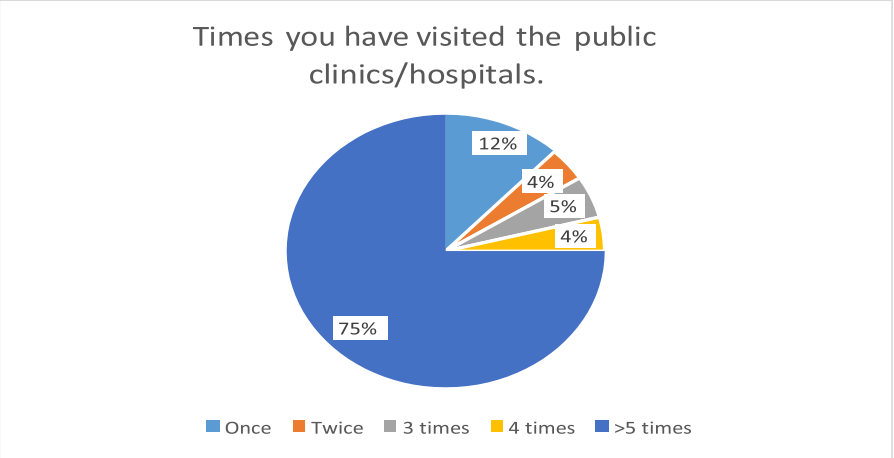

Figure 4.9: The number of times participants had visited public clinics/hospitals.

Table 4.9 and Figure 4.9 on visits to public clinics/hospitals show that the majority of participants had visited either public clinics/hospitals more than five times (75%), followed by those who had only visited once (12%), while 5% of them had visited three times, 4% had visited twice and the remaining 4% had visited four times.

4.3. Patients' perceptions on UNHCHC (Ukuba) Service delivery

Table 4.10: UNHCHC time management

	Waiting time before the consultation	**Consultation time management**	**On arrival, time taken before being helped**	**Medication waiting time**
Very satisfactory	61%	77%	77%	56%
Satisfactory	36%	19%	23%	39%
Neutral	3%	3%	0	5%
Dissatisfactory	0	1%	0	0
Very dissatisfactory	0	0	0	0

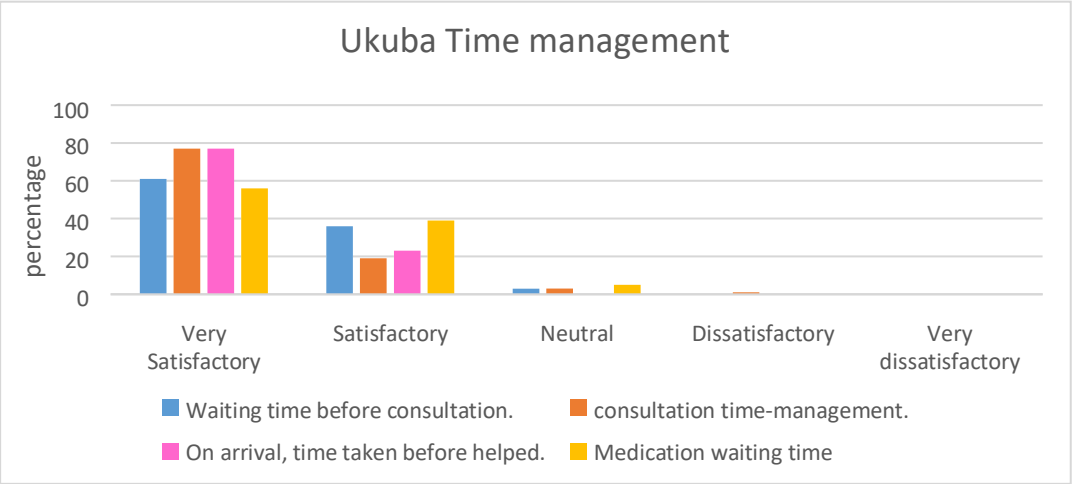

Figure 4.10: Time management at UNHCHC.

Table 4.10 and Figure 4.10 show that overall, there was a high level of satisfaction with time management experienced at UNHCHC. Regarding the waiting time before consultation: the majority (61%) were very satisfied, 36% were satisfied and 3% were neutral. In terms of time taken before getting help, the majority (77%) were very satisfied and 23% were satisfied. In terms of consultation time management, the majority of 77% were very satisfied, with 19% satisfied, 3% neutral and 1% unsatisfied. Regarding waiting time for medication, the majority (56%) were very satisfied, while 39% were satisfied and 5% were neutral.

Table 4.11: Satisfaction with UNHCHC case taking

	Satisfaction with care received	**Attention given to your case**	**Staff politeness**	**Privacy and comfortability**	**Diagnosis explanation**	**Advice given**
Very Satisfactory	87%	84%	85%	82%	71%	61%
Satisfactory	13%	14%	15%	16%	25%	34%
Neutral	0	2%	0	1%	2%	5%
Dissatisfactory	0	0	0	1%	2%	0

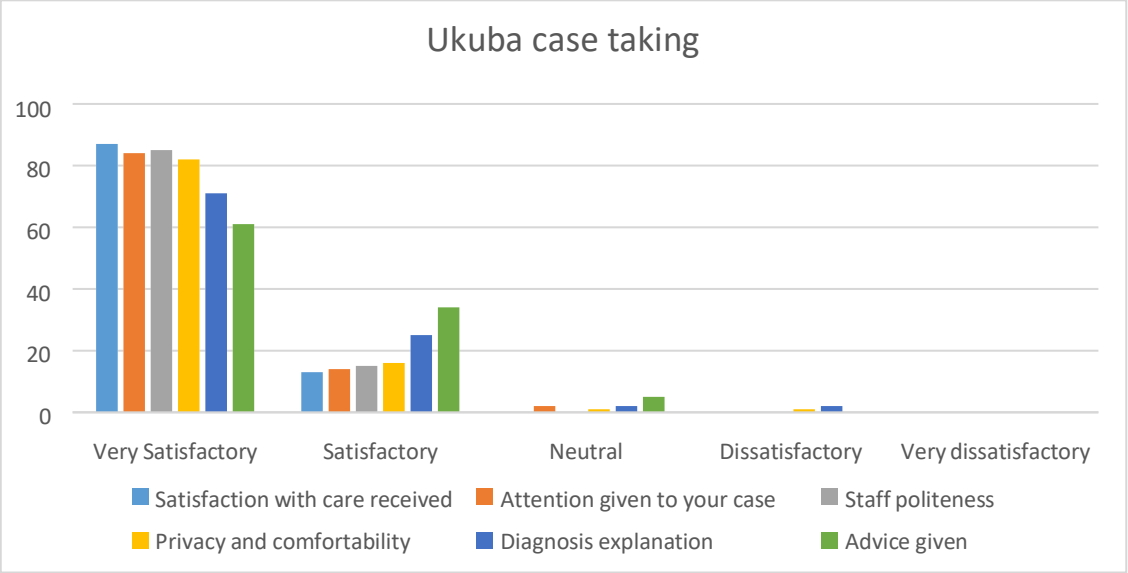

Figure 4.11: Satisfaction with UNHCHC case taking.

Table 4.11 and Figure 4.11 show overall high satisfaction with the care received at Ukuba. In terms of satisfaction with overall care received, the majority (87%) were very satisfied and 13% were satisfied. The majority (84%) were very satisfied with the care given to their case, while 14% were satisfied and 2% were neutral. In terms of the politeness of staff, 85% of participants were very satisfied and 15% were satisfied. In terms of privacy and comfortability, the majority (82%) were very satisfied, and 16% were satisfied, while 1% was neutral and 1% unsatisfied. Regarding the explanation of their diagnosis, 71% were very satisfied and 25% were satisfied, while 2% were neutral and 2% unsatisfied. When it came to the advice given, 61% were very satisfied, 34% were satisfied and 5% were neutral.

Table 4.12: Satisfaction with physical examinations carried out at UNHCHC

	Quality	Staff skills	Professionalism
Very Satisfactory	77%	67%	59%
Satisfactory	20%	30%	37%
Neutral	2%	3%	4%
Dissatisfactory	0	0	0
Very dissatisfactory	1%	0	0

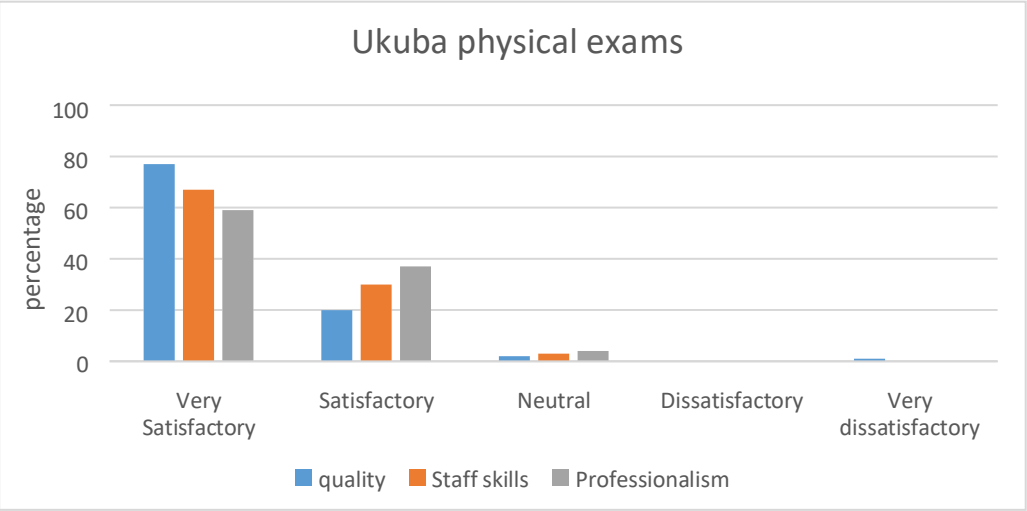

Figure 4.12: Satisfaction with physical examinations carried out at UNHCHC.

Table 4.12 and Figure 4.12 show that there were high levels of satisfaction with the physical examinations carried out at UNHCHC: 77% of participants were very satisfied with the quality of their examinations, 20% were satisfied, 2% neutral and only 1% was very dissatisfied. Regarding the staff's skills, 67% were very satisfied, 30% satisfied and 3% neutral. The level of professionalism was found to be very satisfying by 59% of participants, satisfying by 37% and neutral by 4%.

Table 4.13. Perceptions of the manners of UNHCHC staff

	Confidence	Politeness	Care	Openness	Manners
Very satisfactory	72%	85%	70%	74%	74%
Satisfactory	26%	15%	26%	23%	21%
Neutral	2%	0	4%	1%	3%
Dissatisfactory	0	0	0	2%	1%
Very dissatisfactory	0	0	0	0	1%

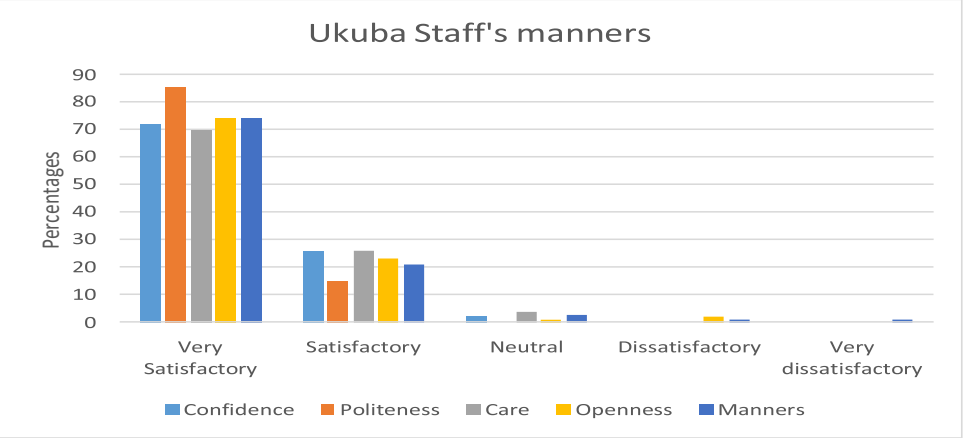

Figure 4.13. Perceptions of the manners of UNHCHC staff.

Table 4.13 and Figure 4.13 show high levels of satisfaction with the manners and behaviour of UNHCHC staff overall. The majority (72%) found the staff's confidence to be very satisfactory, while 26% found it satisfactory and 2% were neutral. Staff politeness was found to be very satisfactory by 85% and satisfactory by 15%. The care which they received was regarded as very satisfactory by 70% and satisfactory by 26%, while 4% were neutral. Staff openness was regarded as very satisfactory by 74% of participants and satisfactory by 23%, while 1% was neutral and 2% were unsatisfied. Staff manners were regarded as very satisfactory by 74% and satisfactory by 21%, while 3% were neutral, and an 1% each found them unsatisfactory and very unsatisfactory.

Table 4.14: Hygiene at UNHCHC

	Facility front entrance	**Facility hygiene**	**Waiting area professionalism and status**	**Toilet hygiene**	**Doctor's room tidiness and professionalism**
Very satisfactory	60%	65%	57%	61%	76%
Satisfactory	37%	32%	39%	29%	22%
Neutral	2%	1%	3%	10%	1%
Dissatisfactory	0	2%	0	0	1%
Very dissatisfactory	1%	0%	1%	0	0

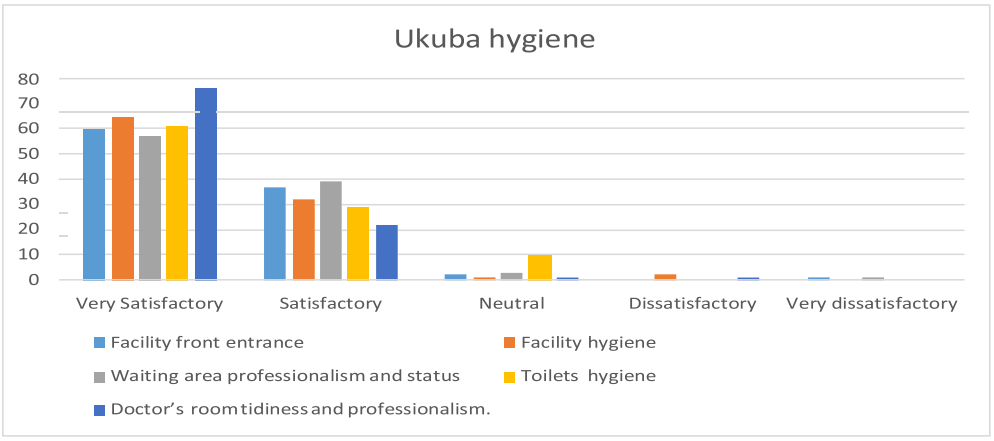

Figure 4.14: Hygiene at UNHCHC.

Table 4.14 and Figure 4.14 show a high level of satisfaction overall with hygiene at UNHCHC. The facility front entrance (hygiene and representation) was found to be very satisfactory by 60% and satisfactory by 37%, while 2% were neutral and 1% found it very unsatisfactory. Sixty-five per cent were very satisfied with the facility hygiene, while 32% were satisfied, 1% was neutral and 2% were unsatisfied. Of participants 61% were very satisfied with the hygiene of the toilets, while 29% were satisfied and 10% were neutral. In terms of waiting area professionalism and status, 57% were very satisfied, 39% were satisfied and 3% were neutral. The majority of participants were very satisfied (76%) with the tidiness and professionalism of the doctor's room, while 22% were satisfied, 1% was neutral and 1% was unsatisfied.

4.4: Patients' perceptions on public clinics/hospitals service delivery.

Table 4.15: Time management at public clinics and hospitals

	Waiting time before the consultation	Consultation time management	On arrival, time taken before being helped	Waiting time for medication
Very satisfactory	20%	23%	23%	18%
Satisfactory	16%	20%	10%	16%
Neutral	8%	18%	13%	14%
Dissatisfactory	25%	23%	32%	18%
Very dissatisfactory	31%	16%	22%	34%

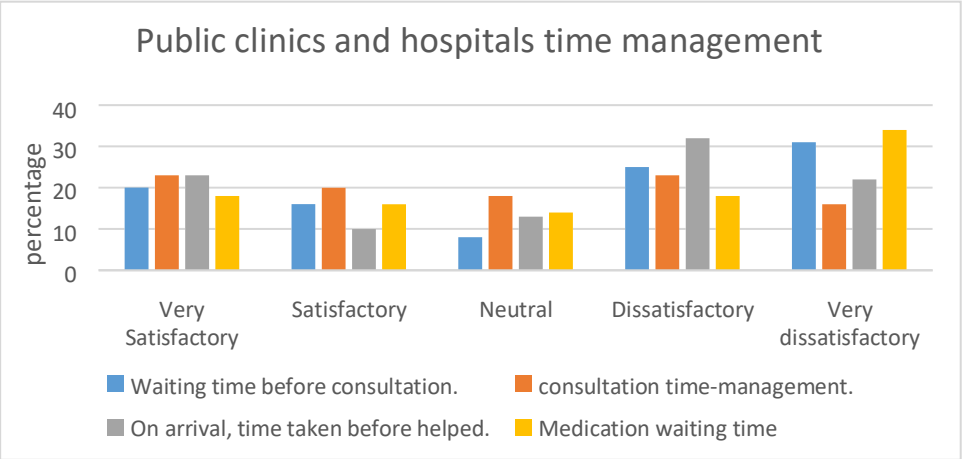

Figure 4.15: Time management at public clinics and hospitals.

Table 4.15 and Figure 4.15 show that 20% of participants were very satisfied with the waiting time before consultation, while 16% were satisfied, 8% neutral, 25% unsatisfied and 31% very unsatisfied. In terms of time taken to receive help on arrival, the majority (32%) of participants were unsatisfied, while 23% were very satisfied, 22% very unsatisfied, 13% neutral, and 10% satisfied. Consultation time management was very satisfying to 23%, with the same percentage being unsatisfied, while 20% were satisfied, 18% neutral and 16% very dissatisfied. The majority of participants were very dissatisfied (34%) with the waiting time for medication, followed by equal percentages (18%) being very satisfied and dissatisfied, while 16% were satisfied and 14% were neutral.

Table 4.16: Case taking at public clinics and hospitals

	Satisfaction with care received	Attention given to your case	Staff politeness	Privacy and comfortability	Diagnosis explanation	Advice given
Very satisfactory	23%	21%	20%	29%	22%	25%
Satisfactory	21%	24%	19%	32%	30%	35%
Neutral	12%	16%	18%	14%	20%	19%
Dissatisfactory	25%	24%	29%	14%	16%	12%
Very dissatisfactory	19%	15%	14%	11%	12%	9%

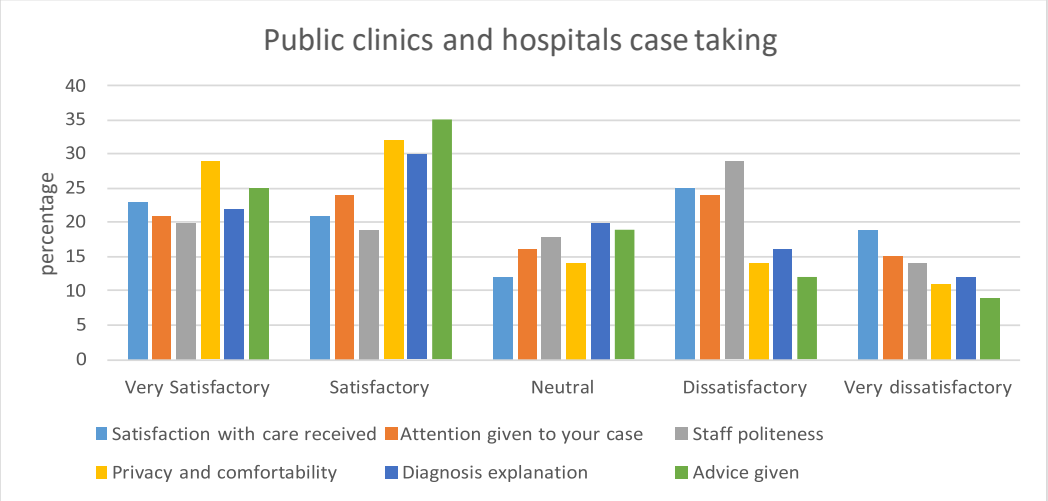

Figure 4.16: Case taking at public clinics and hospitals.

Table 4.16 and Figure 4.16 shows the levels of satisfaction with care received: the majority were dissatisfied (25%), followed by those who were very satisfied (23%), with 21% satisfied, 19% very dissatisfied and 12% neutral. In terms of attention given to their cases, the percentage of satisfied participants (24%) was equal to those who were unsatisfied, while 21% were very satisfied, 16% neutral and 15% very dissatisfied.

The majority of 32% were satisfied with the privacy and comfortability at public clinics and hospitals, followed by 29% who were satisfied, 14% neutral, 14% unsatisfied and 11% very unsatisfied. The majority of 30% were satisfied with the diagnosis and explanation, followed by 22% being very satisfied, 20% neutral, 16% unsatisfied and 12% very unsatisfied. The majority of 35% of participants were satisfied with the advice given, followed by 25% being very satisfied, 19% neutral, 12% unsatisfied and 9% very unsatisfied.

Table 4.17: Physical examinations at public clinics and hospitals

	Quality	Staff skills	Professionalism
Very satisfactory	22%	27%	23%
Satisfactory	30%	26%	23%
Neutral	14%	27%	30%
Dissatisfactory	22%	14%	16%
Very dissatisfactory	12%	6%	8%

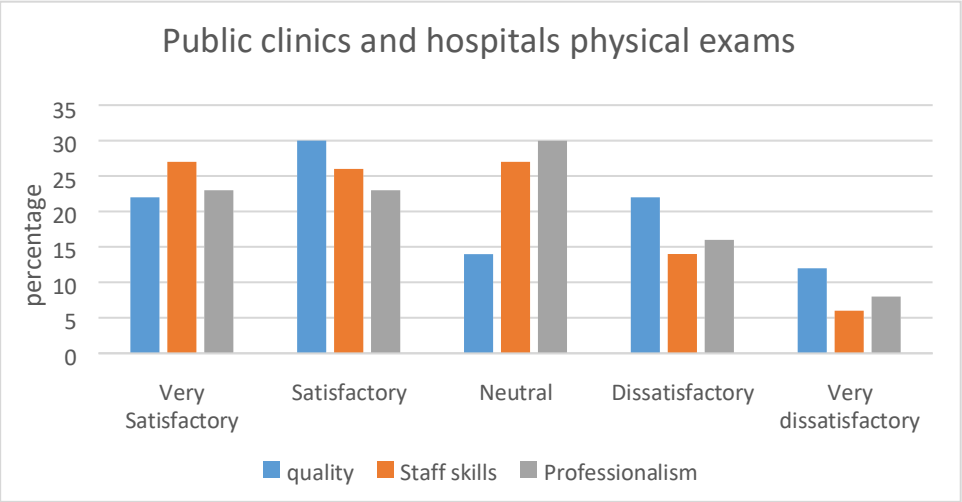

Figure 4.17: Physical examinations at public clinics and hospitals.

Table 4.17 and Figure 4.17 show that the majority (30%) of participants were satisfied with the quality of the physical examinations, followed by 22% who were very satisfied and 22% who were unsatisfied, with 14% neutral and 12% very unsatisfied. Staff skills were regarded as very satisfactory by 27%, with the same percentage being neutral, satisfactory by 26%, unsatisfactory by 14% and very unsatisfactory by 6%. The majority (30%) of participants were neutral in terms of the professionalism they witnessed, while 23% were very satisfied, another 23% were satisfied, 16% were dissatisfied and 8% very dissatisfied.

Table 4.18: Manners of staff at public clinics and hospitals

	Confidence	Politeness	Care	Openness	Manners
Very Satisfactory	22%	20%	21%	22%	25%
Satisfactory	30%	19%	21%	21%	21%
Neutral	18%	18%	16%	21%	15%
Dissatisfactory	15%	29%	28%	24%	26%
Very dissatisfactory	15%	14%	14%	12%%	13%

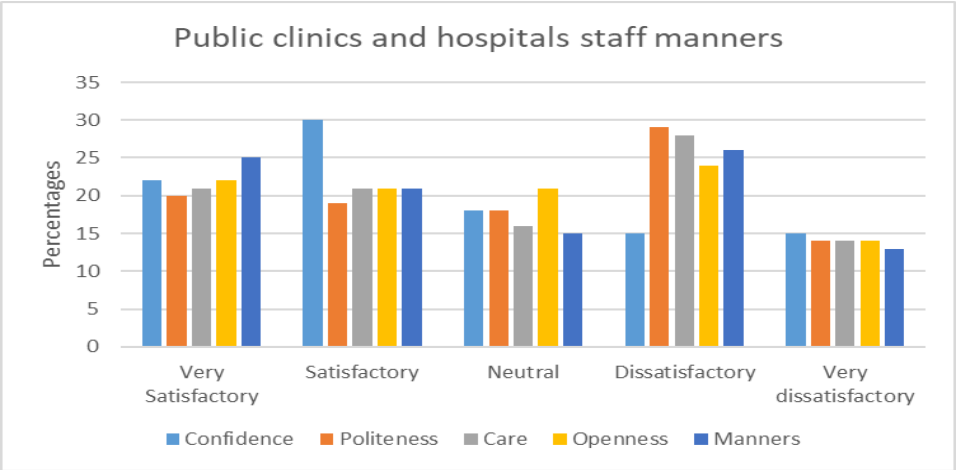

Figure 4.18: Manners of staff at public clinics and hospitals.

Table 4.18 and Figure 4.18 show that the majority (30%) of participants were satisfied with the staff's confidence, while 22% were satisfied, 18% neutral, 15% dissatisfied and another 15% very dissatisfied. The majority (29%) were dissatisfied with the staff's politeness, followed by 20% who were very satisfied, 19% satisfied, 18% neutral, and 14% very dissatisfied. Regarding the staff's care, the majority (28%) were dissatisfied, while 21% were very satisfied, 21% satisfied, 16% neutral and 14% very dissatisfied. The majority of 24% were dissatisfied in terms of openness, followed by 21% who were satisfied, 21% neutral, and 12% very dissatisfied. The majority of participants (26%) were dissatisfied with the staff's manners, followed by 25% who were very satisfied, 21% who were satisfied, 15% neutral and 13% very dissatisfied.

Table 4.19: Hygiene at public clinics and hospitals

	Facility front entrance	**Facility hygiene**	**Waiting area professionalism and status**	**Toilets hygiene**	**Doctor's room tidiness and professionalism**
Very satisfactory	30%	20%	22%	20%	33%
Satisfactory	25%	34%	26%	30%	34%
Neutral	25%	19%	20%	17%	18%
Dissatisfactory	13%	19%	22%	16%	11%
Very dissatisfactory	7%	8%	10%	17%	4%

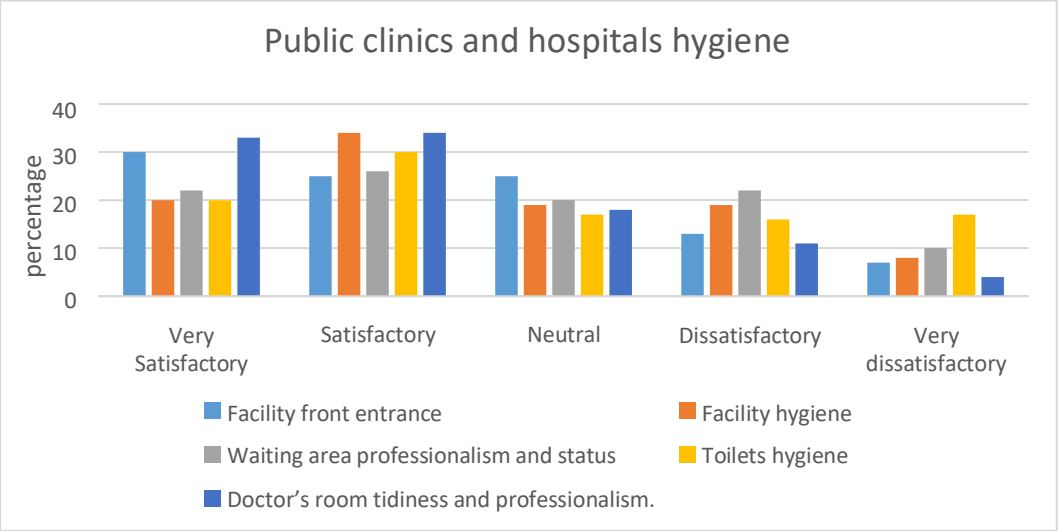

Figure 4.19: Hygiene at public clinics and hospitals.

Table 4.19 and Figure 4.19 show overall satisfaction with the levels of hygiene at public clinics and hospitals. The majority (30%) of participants were very satisfied with the facility's front entrance, followed by 25% who were satisfied and 25% who were neutral, with 13% dissatisfied and 7% very dissatisfied. Facility hygiene was satisfactory to the majority (34%), very satisfactory to 20%, neutral to 19%, dissatisfactory to 19%, and very dissatisfactory to 8%. Toilet hygiene was satisfactory to the majority (30%), followed by 20% who found it very satisfactory, 17% who were neutral, 17% who found it very dissatisfactory and 16% dissatisfactory.

The majority of participants (26%) were satisfied with the professionalism and status of the waiting area, while 22% were very satisfied, 22% dissatisfied, 20% neutral and 10% very dissatisfied. The majority of 34% were satisfied with doctor's room tidiness and professionalism, followed by 33% who were very satisfied, 18% neutral, 11% dissatisfied and 4% very dissatisfied.

4.5 : Patients' perceptions of their use of homoeopathy in the future

Table 4.20: Given the option, would you choose homoeopathy or allopathy?

	Frequency	%
Homoeopathy	91	91%
Allopathy	4	4%
Both	5	5%
Total	100	

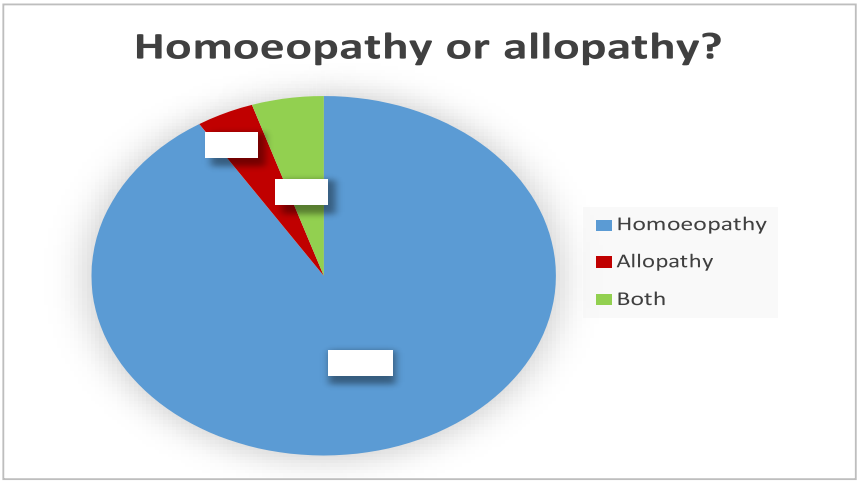

Figure 4.20: Given the option, would you choose homoeopathy or allopathy?

Table 4.20 and Figure 4.20 show that the majority (91%) of participants said that they would choose homoeopathy in future, followed by both homoeopathy and allopathy (5%), and lastly allopathy (4%).

The researcher asked the participants to state reasons in support of their choices, which are shown in Table 4.22.

Table 4.21: Would you like to see homoeopathy integrated into the public health sector?

	Frequency	%
Yes	81	81%
No	18	18%
Yes and No	1	1%
Total	100	

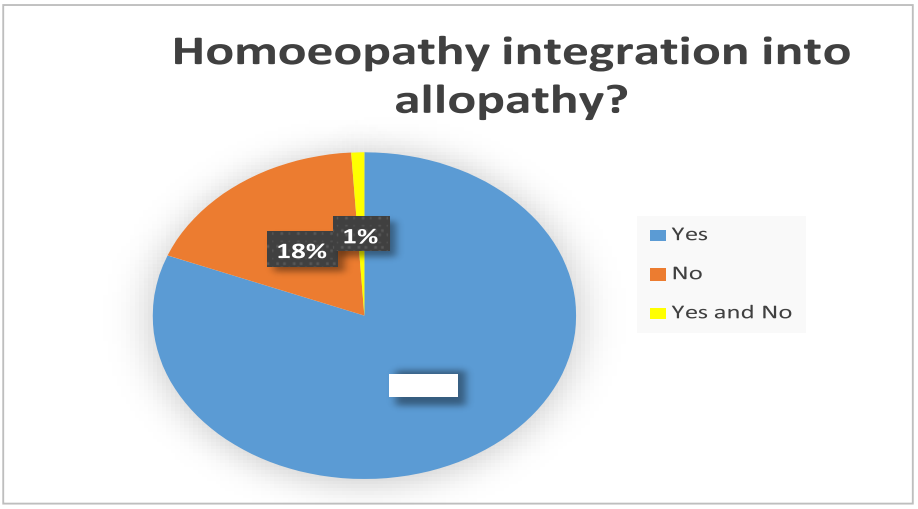

Figure 4.21: Would you like to see homoeopathy integrated into the public health sector?

Table 4.21 and Figure 4.21 indicate responses as to whether the participants would like to see homoeopathy integrated into the public health sector. The majority of the participants (81%) said that they would like to see homoeopathy integrated into allopathy/an orthodox regimen, followed by 18% who did not want homoeopathy to be integrated, with 1% saying both yes and no.

Table 4.22: Reasons which participants gave for their responses in Table 4.20 and Table 4.21

Patient No.	Given the option, would you choose homoeopathy or allopathy, and why?	Would you like to see homoeopathy integrated into the public health sector, and why?
01	Homoeopathy, because they are respectful and we don't wait for too long.	Yes, if they won't change to be like them, but if they will change then – no.
02	Homoeopathy, I like being treated well as I do to others.	No, you will adapt to their habits. You treat us as human not patients and respect us as your elders.
03	Homoeopathy, everything is fast and you are patient.	No, you will end up being lazy as them and think it's a good thing, doing like them.
04	Homoeopathy, they care for their patients.	Yes, that would be of great help to us.
05	Homoeopathy. They are caring, patient with open-ended questions. I feel better after talking to them only, without medication.	No. They will not care for us if they are working under the government, they will not be as empathetic.
06	Homoeopathy, they are gentle and caring for us.	Yes, because you are very hardworking here, you don't waste time.
07	Homoeopathy. Works fast, caring, welcoming and we can talk freely.	Yes, so that they can treat us as well as they do here.
08	Homoeopathy. They are well-mannered, and talking heals. I felt welcomed, with no fear to express my feelings and sickness.	No, because you might change and become like them if you working with them, and not in a good way.
09	Homoeopathy. They are caring and gentle with us. When you are waiting, you know exactly what you are waiting for.	No. The setting is different, allopaths seem like they've lost their conscience, and homoeopaths are respectful.
10	Allopathy. Because the clinic in our home is not good.	Yes, because what you are doing is evident, and you talk with manners to us.
11	Allopathy, there aren't many people in clinics as compared to hospitals. You can get the help you need well.	No. The clinics are near us, sometimes we don't have money to go to hospitals, and we can walk to clinics.
12	Homoeopathy, they are patient with taking care of patients and they are taught the skills.	Yes, because of the gentleness and care they have to share with lots of people.
13	Homoeopathy. Respectful, we don't wait for too long. They are patient and ask thorough questions. Medication is also different.	No. you will change and do things like them.
14	Both, because they are caring and their medication is of top-range.	Yes, I would like very much for them to be in hospitals.

15	Both, the way the staff cares and being gentle towards us is satisfying.	Yes, they are caring, gentle and give us sensible explanations.
16	Homoeopathy, they care about a person's well-being.	Yes, they are patient.
17	Homoeopathy. They are very humble. and they give you all the information you need.	Yes, because we need doctors like them in public hospitals.
18	Homoeopathy. Good service, very caring and accommodating and now they are bringing their services to us. The medication is working and plenty.	No, working alone is good for their moral compass.
19	Homoeopathy. The staff is well-organized, kind and they are dedicated to their job.	Yes, because of the way they treat their patients. They are good at what they are doing.
20	Homoeopathy. I have found it to be more professional and well-caring compared to public hospitals and clinics. The staff personnel is very humane and well mannered.	Yes. They could teach their fellow practitioners how to deal with other human beings. When one is sick, they tend to feel vulnerable.
21	Both, because they are both helpful in different ways.	Yes, because you are as good as them.
22	Homoeopathy, they are very quick and understanding.	Yes. Very understanding.
23	Homoeopathy, they give us enough time.	Yes. Care is all we need, and you provide it and you understand us.
24	Homoeopathy. Welcoming, loving, feel free when talking to them. It's like talking to your own children.	Yes. You are very caring, respectful and patient.
25	Homoeopathy. Respectful and caring.	No. The way you carry yourself is different, yours is in a good way.
26	Homoeopathy, they help a lot of people. Good service, and when you not better, they try their best and give you another medication.	No. Good services, communication, and medications are better with you. Sometimes with the government, you are told to go buy medication at the pharmacy and some of us don't have money.
27	Homoeopathy, I was free to talk about everything that concerned my health. The doctor was friendly and open.	Yes because they know how to deal with patients, and they made me feel better before they gave me any medication, I'm happy.
28	Homoeopathy, because of the professionalism and attention they give to patients.	No. Because hospitals are densely populated, it's better for other patients to come to homoeopaths, to release workload.

29	Homoeopathy. The services are professional and quick. The doctors ask lots of questions to get the right information.	Yes. The level of care for patients and attention given would increase.
30	Homoeopathy. They are nice people.	No, I would like homoeopathic clinics alone.
31	Homoeopathy. We are very satisfied with the medication we get here, it works 100%.	Yes, because we get medication that we don't we get in allopaths. Toilets are clean also.
32	Homoeopathy. The medication is different, it's natural herbs.	Yes, so that they can provide hospitals with natural herbs that are without side-effects.
33	Homoeopathy. They are patient, and they allow you to explain your ailment. The medication is also different from the one in allopaths, it's herbal and top of the range.	Yes, so that they can work together.
34	Homoeopathy. You are full of love and your medication is highly ranked, I feel safe here.	Yes, I would like to see you succeed and get to work under public hospitals.
35	Homoeopathy, you are loving and respectful.	Yes. So that I would be helped as you do here.
36	Homoeopathy, because it goes deeper than a medication we get from allopath, and it is without side-effects. Homoeopathy deals with the root of the problem.	Yes, therefore patients can be able to choose the kind of medication that would work most for them.
37	Homoeopathy, because they attend to your care immediately, and they are very friendly and professional.	Yes, because I think they can improve the way patients are treated and they would make our lives easy, in terms of waiting in long queues and being treated badly.
38	Homoeopathy, because you don't wait for too long to consult. It is fast and clean. The doctor is the one that explains how I have to take the medication.	Yes, for the same reasons I have mentioned.
39	Homoeopathy, the doctors are very patient and we don't wait for too long.	Yes, because they are very welcoming, gentle, helpful and neat.
40	Both	Yes. Very patient with their patients.
41	Homoeopathy. Gentle and patient, they also give us medication.	No, I would like for you to have/turn this clinic into your own hospital.
42	Homoeopathy. Good attention and treatment.	Yes, they can do everything they do better.
43	Homoeopathy. It is very helpful.	Yes, so that they can learn good things from you.
44	Homoeopathy. Provide medication that helps.	Yes, because of politeness.

45	Homoeopathy. They are caring and gentle, clean, loving, fast and gives us the medication.	Yes. They are respectful, patient and loving.
46	Homoeopathy. They are patient and gentle.	Yes because they work fast and you can see that they love their job and their patients.
47	Homoeopathy. They are patient and they listen to their patients and do thorough examinations.	Yes. It would be of help to many people, as they are so caring towards people.
48	Homoeopathy. I love that they treating people so well and they are patient.	Yes, because they are patient and they know how to treat others, in a good way.
49	Homoeopathy. They are patient, you can ask them anything and they explain it well.	Yes. We need them, as they are very dedicated and helpful, they have time to care.
50	Homoeopathy. They are caring, and the way they explain everything to us is satisfying.	Yes. So that things can change, and be more organized.
51	Homoeopathy. They are fast, caring, respectful and they give us medication.	Yes, so that they can continue being caring, fast, and being respectful in hospitals.
52	Homoeopathy. They using natural herbs as medicines.	Yes, we need their medication and the high care they provided us with here.
53	Homoeopathy. They are welcoming and you feel free, can be able to explain your ailment easily and with no anger, as they are caring.	Yes, maybe there can be changes seeing that they are patient and loving towards patients.
54	Homoeopathy. Much more attention is paid to patients and, they are very professional.	Yes. They do great work for their patients, they are fast and friendly.
55	Homoeopathy. It's professional and the doctor listens to you, you have time to express how you are feeling.	Yes. It will help a lot of people, because in other public hospitals and clinics, instead of listening to your case they give you treatment for what you never came for.
56	Homoeopathy. They are the best in everything.	Yes. For efficient services.
57	Allopathy. They do their job very well and they take time to help their patients.	Yes, because they do a very well job.
58	Homoeopathy, because of the care we get.	Yes. Homoeopathy is needed in hospitals.
59	Homoeopathy. Care for us and ask everything about my problem. Very clean, and you get hope that you going to be fine/get well.	Yes. Maybe things would change, as in public, we don't get much time. Maybe you would bring much more than they offer us.
60	Homoeopathy. They are focused and not paying attention to their phones/other things. They are patient and talks well to us.	No. You will be like them, as they don't have time or respect for my privacy. They just shout out everything in open.

61	Homoeopathy. The medication does not have side-effects.	No. you would change.
62	Homoeopathy, because of their friendliness and they are humble, they also patient with us.	Yes, because there is a shortage of doctors while there is a large number of sick people.
63	Homoeopathy. They are respectful and caring. I am very satisfied with the care I receive here.	Yes. We would like to see them in every public hospital and clinic. God bless you.
64	Homoeopathy. They are patient and caring.	Yes. Doctors care and are patient with us.
65	Homoeopathy, they are very patient while listening to us. Their medication doesn't have side-effects.	Yes, because most public hospitals would learn a lot from them.
66	Both. In hospitals, you get helped quickly, while in clinics you wait for too long to get help.	Yes. To help the patients quickly.
67	Homoeopathy. They are so caring and always smiling.	Yes, because they know how to treat people.
68	Homoeopathy, they are really great in terms of assistance. They really care for their patients, which is what everyone in the helping field should do.	Yes, to spread out the good service. But I did not know about them, they should get the word spread out to people.
69	Homoeopathy. The way they work is not the same as in public clinics and hospitals.	Yes, so that public clinics and hospitals can improve their services and respect.
70	Homoeopathy, because they are caring. During examinations, I didn't feel uncomfortable, as the doctor was very gentle with me.	Yes, because they care for their patients. You don't wait for long to get help. The staff is humble and respectful. You feel free to tell them about your complaints/ailments.
71	Homoeopathy. They are patient, and they take their time when asking us questions, making sure they ask us everything relevant.	No. You will not be as patient and giving us much medication as you do here.
72	Homoeopathy. They are very welcoming and caring.	No, you will not give us this expensive medication we get here. You get there and be like them.
73	Homoeopathy. Fast, loving and caring.	Yes. They are loving and caring.
74	Homoeopathy. The staff is friendly and you get all the help that you need. And, you get better medication, personal information is kept safe.	Yes, everyone can get the help and respect they need. It would also save the waiting time, and get all the privacy you need.
75	Allopathy. They take good care of you.	Yes, they care too much.

76	Homoeopathy. They treat their patients well and allow them to say everything bothering them. In public services, they aren't patient with their patients, you ask yourself every time you go to them if they won't shout at you.	Yes, so that they can teach allopaths how they should treat their patients.
77	Homoeopathy because they have time to care for us, and they do thorough examinations.	Yes. They ask you what brings you to them, not asking what sickness I have and examine.
78	Allopathy. They are caring.	Yes, I would like that.
79	Homoeopathy because I have been here for a very short time, yet within 3 weeks I could see the change after taking their medication.	Yes, I would be very happy as there is a great difference in life. It did not them a long time to find the root of my sickness.
80	Homoeopathy, because of their good service, love, and patience.	Yes because we do need people like you in public clinics and hospitals.
81	Homoeopathy. The staff is so caring, friendly and allows patients to talk about what's bothering them. They are professional and they work hard.	Yes, because in some areas they don't know about homoeopathy. Some of the medication we get here we don't get in clinics, instead, we must buy them.
82	Homoeopathy because they care and are attentive. They spend time with the patient until they have everything they need to help.	Yes, they make patients' lives easier and faster, especially for old, sick and helpless patients.
83	Homoeopathy. They are good and caring.	Yes. They are patient, loving and free-spirited. We don't wait for long. They are neat.
84	Both. Homoeopathy does general checkups very well and they are caring. But we still have to go to allopathy for pension and for medication.	Yes. Medication is very different and rare to find. I would like for the staff to be permanent and not change every year.
85	Homoeopathy, because they give attention to every single detail and they are determined to know what happened before rushing to help you. Their service is the best if I can say.	Yes, maybe allopaths can learn how to conduct their consultation because it is of no use to be treated without knowing what's wrong with me. They give us advice on healthy living/caring for ourselves.
86	Homoeopathy, as their services are satisfying and timely. The proper help is also given as required.	Yes. I believe that homoeopathy can complete the missing gap that allopathy doesn't completely offer. They can work together in conjunction to improve the services provided to the community at large.
87	Homoeopathy. They are caring, respectful and welcoming.	Yes, I would love that.
88	Homoeopath. You get help early/quickly.	Yes. It is clean and you get help fast.

89	Homoeopathy. The staff has tender care, loving, patient and respectful. You can open up to them without fear. I feel welcomed.	Yes. The medication I get here is completely different from the one we get in public clinics. And I like to feel important and loved, as here.
90	Homoeopathy. Their service delivery is very quick, and they listen to patients. They give us medication in the right satisfactory way.	Yes. It will help government facilities towards the population. It might also help with early service delivery.
91	Homoeopathy. They offer good services, I said everything freely as the doctor asked everything.	Yes, we would be very happy, as long as you don't change and be like them.
92	Homoeopathy. They are very patient and they treat us very well.	No, because the workers of public clinics and hospitals are not patient.
93	Homoeopathy. They are using natural medication that is very helpful, and we finish quickly. The staff is respectful and loving.	Yes, because the tablets also sometimes destroy our liver and kidneys while the natural medication is helpful.
94	Homoeopathy. You are able to confide about everything to them and leave feeling free-spirited and well emotionally.	Yes. They are respectful, caring and attentive.
95	Homoeopathy, they are caring, they treat us as humans, not patients. Respectful and humble.	Yes, so that we can get the same services.
96	Homoeopathy. They are helpful.	Yes, they are of great help in our lives.
97	Homoeopathy. They are taking care of us.	Yes, you are taking good care of us.
98	Homoeopathy, they take all their time asking us questions about our health. They give us medication that covers all, not lots of tablets.	Yes, because they care for us a lot, they don't scold us and discourage us. They treat us with smiles.
99	Homoeopathy. They made us feel very welcomed from the beginning to the end. The service was very good, the doctor allowed me to talk about everything wrong with me, without rushing for time.	Yes. Maybe there would be a change.
100	Homoeopathy. The service that I got here today was one of the kind, I've never been treated this way before. I liked it very much.	Yes. So that we can always get the best of everything.

CHAPTER 5: DISCUSSION OF THE RESULTS

5.1 : Introduction

This chapter discusses and interprets the findings reported in Chapter 4, that was obtained from the respondents through answering the questionnaires (Appendix D1 and D2).

5.2 : Overview of the discussion of the results

The discussion of results is based on the following objectives:

1. To determine the patient management experiences during a consultation, of patients attending UNHCHC.
2. To determine patient management experiences during consultation; of patients attending public allopathic care.
3. To compare homoeopathic service delivery with allopathic care service delivery in terms of responses to a patient perceptions questionnaire.
4. To determine factors that affect patients' decision to choose between homoeopathic and allopathic health care.
5. To determine patients' opinions of whether homoeopathic care should be provided by the public healthcare sector.

Before coming to these objectives, I first provide an overview of the findings in terms of the demographics of the respondents. I then discuss the patients' perceptions of satisfaction with administration, consultation, and treatment at UNHCHC (Ukuba), and public hospitals/clinics. This is followed by outcomes of a comparison of homoeopathic service delivery with allopathic care service delivery in terms of responses to the patient perceptions questionnaire. Last to be discussed is whether the respondents think that homoeopathic care should be provided by the public healthcare sector, with reasons for their choices.

5.3. Demographics

5.3.1. Gender

Figure 4.1 shows that the majority of respondents (86%) were female, with 14% males. This study concurs with the findings of previous studies by Smillie (2010), Watson and Dube (2015), and Ngobese (2018), who also noted that the highest (up to 91.7%) proportion of attendees at the facility were females. According to the Durban Census, there are more women than men (51% compared to 49%) in the area (Tran 2018).

Suraj and Singh (2011) determined that female students were more health-conscious and consulted mostly with doctors. Men were more interested in exercise and physical work as a means of keeping healthy. This is following a national study of general practice in Australia in 2013-14, which found that women visited a GP on average seven times a year, compared to under five times per year for males, (Hailes 2016). Pramlall (2016) also noted this trend of more females attending public healthcare clinics than males.

5.3.2. Age

The majority of respondents were elderly, with most (35%) aged 51 years and above. In middle-aged and older populations, chronic illnesses account for the majority of healthcare use and expenses (Sauver *et al.* 2013). As the population ages, more people will experience several chronic illnesses (Sauver *et al.* 2013). Primary care practitioners can best deal with the chronic conditions of patients such as diabetes, high blood pressure, and arthritis, by planning frequent visits and routine tests (Tran 2018).

The UNHCHC operates during the following working hours: 8-12 AM on Mondays, Wednesdays, and Fridays, and 12-4 PM on Tuesdays and Thursdays. Most working people and students cannot afford to take time off to visit the centre as much as they would like to. However, most of the elders are either pensioners or retrenched or have stopped working because of illness or disability and hence have the opportunity to attend the centre (Sauver *et al.* 2013).

5.3.3. Race

Figure 4.3 shows that only two races were represented in this study: African (97%) and Indians (3%). The results are in alignment with those of the 2016 KZN Census, which showed that 88% of the population were African, and 1.4% were Indian (KwaZulu-Natal Provincial Government 2017). The latest Durban Census that was conducted in 2014/15 showed that 73.8% of the population were African and 16.6% were Indian (Frith 2015), which is why most respondents who visited Ukuba were of the African race. This also concurs with Dube's (2015) study carried out at UNHCHC, which also had a majority (94%) of African respondents. The researcher also noted that UNHCHC is located in a market area, which is at the centre of the town and is filled with taxi ranks that are used mostly used by members of the African population.

5.3.4. Home language

Most respondents' home language was isiZulu (85%), followed by isiXhosa (8%). In Durban, 62.8% of the population are Zulu speaking, while 26.7% speak English, 3.9% Xhosa, and 0.9% Sesotho. The latest Durban Census is in line with this, showing that the majority of the population were Zulu speaking (Frith 2015). This also concurs with Dube's (2015) at UNHCHC where the majority (80%) were Zulu speaking, and that still seems to be a case at this facility.

5.3.5. Marital status

The majority of respondents were single (64%), with 25% who were married. According to Smillie (2010), most patients who visited Ukuba were single (47%) followed by those who were married (35%). The percentage increased to 64% of single respondents when Dube (2015) was conducting her study, which concurs with this study's finding.

Dube (2015) stated that one of the reasons that there is a high level of unmarried people of black ethnicity is because of the costs that they pay to wed. According to Zulu custom a male has to pay a *Lobola* (dowry) of 11 cows to his spouse's family. Given the fact that the unemployment rate is high, and most respondents of this study did not complete matric, it becomes a challenge to afford a *Lobola* (which is considered appropriate for a traditional wedding), let alone a white wedding.

5.3.6. Level of study

Most respondents were literate and had varying levels of education. Only 9% of the respondents in this study had no schooling. The majority (43%) had less than Grade 12 education but were able to read and answer their questionnaires. The apartheid political and social system in South Africa during the era of white minority rule enforced racial discriminationagainst non-whites, focused on skin colour. This existed from 1948 until the early 1990s (Dickson 1991). Under apartheid, the government forced everyone to register her or his race and further restricted where 'non-whites' could live and work.

While white schooling was compulsory and expanding, black education was sorely neglected (Van der Berg 2007). Underfunding and urban influx led to gravely insufficient schooling facilities, teachers, and educational materials as well as student absenteeism or non-enrolment. The public schools that replaced the mission schools were funded via a tax paid by black South Africans, and the monies raised were inadequate to maintain the schools properly (Van der Berg 2007). This means that under the apartheid government policy of Bantu Education, many black children – who are now elders – had no access to free education, and hence most of them did not finish matric (Frisoli 2016). Ndimande (2015) says that while the curriculum has changed positively, there are still issues that need to be resolved, such as continuing inequality. Schools that have mostly black students are still under-resourced, leading to limitations in the education provided.

5.3.7. Occupation

The majority of respondents were unemployed (32%), and only 9% were employed on a full-time basis. The unemployment rate in South Africa is one of the highest on the globe, measured continuously at above 20%. The historical factor which plays a major role in the high levels of unemployment is the fact that during apartheid state policy was used to remove black people from the city and restrict them from obtaining capabilities or attaining professions of high status (Ranchhod 2019).

5.3.8. Number of times Ukuba had been visited

The results show that 64% of respondents in this current study had attended UNHCHC more than three times for homoeopathic consultations. This is a good proportion because it means they had more than one experience of attending this facility and would be able to compare it

with public clinics and hospitals. The researcher purports that this is a good percentage upon which to base the conclusion that this population has had more exposure to homoeopathy than not.

Furthermore, the researcher purports that the reason that most of the respondents were follow-up cases was that they were satisfied with the service delivery at UNHCHC. The results of this study showed that the respondents were satisfied with the service delivery at UNHCHC, and this concurs with the finding of the study by Dube (2015), where respondents showed great satisfaction with their visits to UNHCHC.

UNHCHC offers free homoeopathic primary health services at Warwick Junction, in the Lifeline building. This area is home to mainly disadvantaged people with poor living conditions (Immedia 2019). The facility has shown an increase in consultation numbers, from 64 consultations at inception in 2004 to more than 9070 consultations to date.

The researcher purports that a facility such as this, offering free services might have an impact on the recognition of and attendance for homoeopathy. Macquet's (2007) study on the perceptions and awareness of the Homoeopathic Day Clinic among DUT students showed that there was little knowledge about homoeopathy, and hence students did not consult the clinic much. However, looking at the results of this study and UNHCHCH statistics, it appears that homoeopathy is becoming more and more recognized.

5.3.9. Number of times participants had visited public hospitals/clinics.

The results regarding respondents' visits to public clinics/hospitals showed that the majority had visited either public clinics or hospitals more than five times (75%). Most (45%) of the respondents were aged 51 years and above, which is the age range at which many people suffer from chronic diseases (Sauver *et al.* 2013) which require monthly medication. This might be a factor involved in the frequent visitations. Primary care practitioners can best deal with chronic conditions of patients such as diabetes, high blood pressure and arthritis by planning frequent visits and routine tests (Tran 2018).

5.4. Patients' perceptions of satisfaction with administration, consultation and treatment at UNHCHC (Ukuba) and at public hospitals/clinics

The first two objectives of this study were to assess patients' perceptions of satisfaction with administration, consultation and treatment at UNHCHC (Ukuba) and at public hospitals/clinics. The findings are organized under the related objective/theme.

5.4.1. Objective 1: Patient management experiences of UNHCHC consultation

The respondents said that they liked consulting with homeopaths as they felt free and welcomed. They noted that the staff was friendly, so they were able to talk about anything and to do so freely, not fearing that the doctor might shout at them or say that they have many ailments, as the doctors were attentive throughout the case taking.

The researcher also noted that the manners of the staff had an impact on respondents' satisfaction with their UNHCHC consultation. Respondents said that the staff was accommodating, respectful, polite and humble, professional, understanding, loving, caring, gentle, patient, fast, and dedicated, and that they did not have to wait for a long time for their consultation or to receive medication.

Some interesting aspects emerged from the responses to the questionnaire, and these corroborate Dube's (2015) finding – that emotions are difficult to share in the African community. This is one aspect that the homoeopathy sector needs to be aware of when seeing African patients. The person may not be intentionally not answering personal questions – but rather there is a cultural difference here that must be considered.

5.4.2. Objective 2: Patient management experiences of public clinics/hospitals consultation

The respondents were mostly satisfied with almost all components that fell under the case taking (consultation) category for this study. There was a small percentage difference between satisfaction and dissatisfaction. However, the results on overall care received were skewed to the dissatisfaction side, as the majority (25%) were dissatisfied. Johnson (2017) says that as the demand for PHC services increases worldwide, consultation time has been increasingly pressurized. Shorter consultation times have been connected to poorer patient results (Johnson 2017).

Physicians often interrupt patients while telling they are telling them [the doctors] their complaints, stopping them from sharing all of their health issues (Lemon and Smith 2014). Some respondents said that they sometimes do not express all of their grievances because the nurse or doctor is in a rush and impatient. This could also be because the caregiver is trying to work as quickly as possible to try and finish dealing with everyone who is at the facility and in need of their services.

5.5. Comparisons of homoeopathic service delivery with allopathic care service delivery in terms of responses to the patient perceptions questionnaire

5.5.1. Objective 3: comparison of homoeopathic with allopathic service delivery

5.5.1.1. Time management

The respondents said that they were highly satisfied with UNHCHC time management, from the waiting time before consultation, to the time management during case taking throughout to when they are waiting for medication. Concerning public clinics and hospitals, the majority of respondents were dissatisfied with the time management from when they arrive to when they are waiting for medication.

The UNHCHC results concur with Dube's (2015) study, as 74% of respondents were satisfied with consultation time management. Democratic Alliance (2018) stated that most patients (78%) spend two or fewer hours in the queue before being seen by the doctor and seeing the doctor for less than 1 hour. 2015 figures from Expatica's (2020) study showed that the countryhad less than one doctor available for every 1000 residents. Most qualified healthcare personnel choose to work in the private sector, meaning the public sector continues to strugglewith staff shortage (Expatica 2020), hence dissatisfaction related to public healthcare service delivery.

5.5.1.2. Case taking

The majority of respondents were very satisfied with UNHCHC case taking, the researcher noted that they were mostly satisfied with the care they received (87%). The respondents were satisfied with half of the components (privacy and comfortability, diagnosis explanation and advice given) of case taking, and dissatisfied with the other half of case taking components (care received, attention given to the case, and staff politeness).

Homoeopathic consultation is holistic, meaning that when the case is taken not only physicals/ main complain will be investigated. The case taking also tap into the emotional/mental sphere (Vithoulkas 1998). Homoeopathic case taking lasts about an hour if it is a new patient and about 30 minutes for follow-up. The results showing great satisfaction with UNHCHC time management concurs with the Royal College of General Practitioners Curriculum's (2016) study that, the longer consultations are associated with high levels of satisfaction, thus better health outcomes.

Russbach (1996) says that the patient history is usually short and the focus is on the main complaint, hence the diagnosis will be symptomatic. Lemon and Smith (2014) state that the consultation length with a GP ranges between 5.7 to 8.5 minutes. Russbach (1996) and Royal College of General Practitioners Curriculum (2016) said that longer consultations are associated with high levels of satisfaction. This study's results showed a 50:50 satisfaction and dissatisfaction range, as 23% of respondents were dissatisfied with the other 23% of respondents being very satisfied.

5.5.1.3. Physical examinations

UNHCHC physical examinations were very satisfactory to the majority of respondents, and when compared to public clinics and hospitals, the respondents were also satisfied.

Routine physical examination starts from head to toe, measuring vital signs namely heart rate, temperature, respiratory rate, blood pressure, and many more (Hooper 2017). Respondents said that the nurses do not normally do such extensive physical examinations as done at UNHCHC, part of the reason for that might be due to being short-staffed as noted by (Haskins *et. al.* 2016). The high level of diseases and chronic diseases usually lead to hospitals, clinics, and GPs being busy trying to care for everyone, making it hard to give as much time to care for one person that much knowing you still have many to treat.

5.5.1.4. Staff manners

The respondents were very satisfied with the UNHCHC staff's manners, with a high level of satisfaction on politeness (85%). However, the majority of participants were dissatisfied with the public clinics and hospital staff's manners, with only confidence being very satisfying (30%). The results concur with Ngobese's (2018) study, as respondents also reported that they were not happy with how they were treated in public healthcare, and it seems like that is still the case.

5.5.1.5. Hygiene

The respondents were very satisfied with both UNHCHC and public clinics and hospitals' hygiene, from the entrance to the facility itself, the doctor's room, and toilets. The reason the department of health emphasizes good hygiene is that hospitals and clinics are full of opportunistic and infectious microorganisms. Without clean water, decent bathrooms, and proper hygiene, it is almost impossible for medical employees to provide quality care (Andersen 2018).

When employees are unable to maintain hygiene in their workplace, equipment, and personal then patients are placed in unnecessary danger (Masoo 2019). The researcher believes that hygiene boosts the patient's feeling of being in good hands, a healthcare facility should be clean and representable so that patients can see that they are in good hands and the doctors know what they are doing.

5.5.2. Objective 4: Factors that affect patients in deciding between homoeopathic and allopathic health care

Table 4.20 and Figure 4.20 show that the majority (91%) of respondents chose homoeopathy, followed by both homoeopathy and allopathy (5%). The majority of respondents said that they would choose homoeopathy over allopathy and this was probably associated and affected by the service provided. The respondents preferred how they were treated at UNHCHC and were dissatisfied with the nurses' manners in public clinics and hospitals.

The case taking for both regimens was different, and respondents were satisfied with the case taking of UNHCHC, whereas with allopathic case taking, they were satisfied with only half of the components and dissatisfied with the other half. The results also showed that the alternative and complementary medication was vastly different from conventional medication, they mentioned that the medication from homoeopaths was of few or no side effects and was very effective. This concurs with (Khumalo 2015) study, that the majority of respondents preferred CAM treatment because of its effectiveness and the fact that it is safe to use.

5.6. Did the participants think that homoeopathic care be provided by the public healthcare sector, and if so or if not, why?

5.6.1. Objective 5: Should homoeopathic care be provided by the public healthcare sector?

The majority (81%) of respondents said that they would like to see homoeopathy integrated into the allopathy/orthodox regimen, while 18% said that they did not want homoeopathy to be integrated (while 1 said both yes and no). Important to note here is that most of the comments stating why they did not want homoeopathy to be integrated were because they felt that the allopathic system would harm what they saw as the positive benefits of the homoeopathy service. Each of the respondents' reasons for their choice is listed in Table 4.22.

The respondents felt that if homoeopathy and allopathy were working together, it would help decrease the load faced by public health care. As 2015 figures from Expatica's (2020) study showed, South Africa is still dealing with staff shortages, and the assistance of homeopathic doctors could help alleviate the load. The respondents further stated that if both regimes were working hand-in-hand, they would learn a lot from each other, for example regarding manners, how to hold consultations, and so on.

These findings concur with those of Khumalo's (2015) study, where respondents said that they would like homoeopathy to be available in public health care

Those who said that they did not want homoeopathy to be integrated into public health care also said that if homeopathy was to integrate, they would not receive the medication they currently get from homoeopathy. They further said that the pleasant manners of the homoeopaths would change, and they would not care for them as well as they caring for them now in terms of case taking.

5.7. Conclusion

The study was done to determine individual's experiences regarding homoeopathic and allopathic consultations, and respondents did say that the way consultations are conducted is different. The respondents had good experiences with regards to consultations on both professions, however, there was a small percentage of respondents who were dissatisfied with some aspects of consultation with allopathic consultations.

The researcher noted that no study has been carried to ascertain if homoeopathy into South African public health care. However, the majority (81%) of respondents said they would like the incorporation of homoeopathy into the public health sector and for it to be a success.

The researcher believes that both regimens play an important role in a patient's health and that it would be beneficial for patients to be able to access both conventional and alternative care, as the healthcare team sees fit – working together for the benefit of the patient.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1. Findings in relation to research objectives

This descriptive quantitative study aimed to determine the patient management experiences of individuals attending a homoeopathic community health centre, compared to the management experiences of patients who have attended and still attend allopathic healthcare practices. The results showed that there was indeed a difference between the respondents' experiences of the homoeopathic and allopathic approaches. The experiences of patients with allopathic practices were mostly dissatisfying, while with homoeopathy they were most satisfying. These differences were just not based on the medication received, but also on the respondents' experiences of the consultations.

A summary of the results and conclusions is provided below, by showing how the objectives and aims of the study were met.

6.1.1. To determine patient management experiences of consultations at Ukuba Nesibindi Homoeopathic Community Health Centre

Respondents were generally very satisfied with how the consultations (87%) are conducted at UNHCHC. The study helped to highlight the benefits of homoeopathy consultations; they mentioned that they were given enough time to express their ailments without feeling rushed, and the respondents liked how the homoeopathic student doctors were professional (manners), and that they were quick to help the patients.

6.1.2. To determine patient management experiences of consultations of patients attending public allopathic care

Respondents were generally dissatisfied with public allopathic care and also dissatisfied with the consultation in general (25%). The majority (26%) of respondents were dissatisfied and pointed out that they were not respected (lack of manners) when consulting in public clinics/hospitals.

6.1.3. To compare homoeopathic service delivery with allopathic care service delivery

In terms of management experiences of patients attending these facilities, based on respondents' experiences, they were satisfied with UNHCHC service delivery and not satisfied

with services received at allopathic healthcare practices. The determinants of their satisfaction were based on how they were treated in each regimen, and the manners of the healthcare personnel seemed to have played a huge role in respondents' preferences and views.

6.1.4. To determine (i) factors that affect patients' decisions in choosing between homoeopathic and allopathic care, and (ii) to ascertain patients' opinions of whether homoeopathic care should be provided by the public healthcare system

The Royal College of General Practitioners Curriculum (2016) mentioned that the consultation length is associated with patient satisfaction. This study concurs as the majority of respondents were dissatisfied with the waiting time, they experienced in public health facilities. The time management, consultation, and staff manners were vastly different between the two different approaches. Respondents preferred consulting with UNHCHC, and hence the majority (81%) supported the integration of homoeopathy into public health.

6.2. Relevance of the study and limitations

The research was relevant because it offered insight into homoeopathic consultation, so it can be concluded that it was worthwhile. Patients appreciate the time and attention provided to their cases, despite the fact that homoeopathy consultations are lengthy. When working with and for the public, it is important to assess the degree of satisfaction with service delivery from time to time, and the researcher can confidently state that UNHCHC patients are still pleased with the services provided by this center based on the responses of participants.

During data collection, the researcher noticed that respondents had a lot to say about this study, but the study's quantitative nature restricted respondents' ability to express their views. As a result, the researcher proposes that a similar study be conducted, but this time as a qualitative study.

6.3. Recommendations

Based on the data which emerged from this study, the following recommendations are made:

- That the number of consultation rooms at Ukuba be increased. During data collection, the researcher noticed that most patients were kept waiting for a consultation because of a lack of rooms, rather than a lack of doctors.

- There should preferably be more than one clinician present so that the case discussions can take place faster. Length of time spent waiting for their medication was an issue, and an extra clinician would accelerate the rate of dispensing medication.
- If possible, Ukuba should be opened for the whole day, not just for certain hours. The centre could be a site for internships, allowing patients to have their consultations at any time they need, and not limited to the current restricted times.

6.4. Further research

In terms of further research in this area, the researcher recommends the following:

- Another Similar study can be conducted but as a qualitative study.
- A study must be done on medication differences between homoeopathy versus allopathic treatment.

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Appendices

Appendix A1: letter of information (English)

Title of the Research: Patient management experiences of individuals attending a homoeopathic community health centre.

Principal Investigator/s/researcher: Miss N. Mhlongo, B Tech: Homoeopathy

Co-Investigator/s/supervisor/s: Dr J.C. Ngobese-Ngubane, M. Tech: Homoeopathy. Dr I Couchman, M. Tech: Homoeopathy.

Brief Introduction and Purpose of the Study: Homoeopathy in South Africa is legally recognized as a primary healthcare profession. The professionals are regulated by a statutory body; the Allied Health Professional Council of South Africa. Homoeopathy is not part of the public healthcare sector; local research has shown that homoeopathy is a valuable form of medicine in the public healthcare and research has been done to find out what the patients think about this form of medicine. We are doing a research study on patients at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC). The reason for this study is to explore the Patient management experiences of patients attending a homoeopathic community health centre as compared to allopathic/ public healthcare services.

Outline of the Procedures: The researcher asks that you take part in a research by dedicating about 15 minutes, for a completion of a questionnaire. The completion of the questionnaire will take place at this facility whilst you are still waiting in the reception. The questionnaire is available in Zulu/ English depending on the language of your preference. The questionnaire explores your experience with regards to your management between these healthcare service providers. You will be assisted by the researcher should you be facing challenges or cannot read clearly. Your responses will be anonymous, no personal identification on the questionnaire is required.

Risks or Discomforts to the Participant: There are no risks involved when participating in this study.

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

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

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

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

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

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

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

Please contact the researcher Mhlongo Nothando (cell no. 076 506 5012), my supervisor Dr. J.C. Ngobese-Ngubane (tel no. 0313732484) or the Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support, Prof C E Napier on 031 373 2577 or carinn@dut.ac.za.

Indikimba A2: Incwadi yokuzibandakanya (IsiZulu)

Isihloko socwaningo: Imibono noluvo ngendlela abaphatheka ngayo abantu abahambela lomtholampilo uma kuqhathaniswa nemitholampilo yomphakathi kahulumeni.

Umcwaningi omkhulu: Nkz. B.N.P. Mhlongo, B Tech: Homoeopathy

Umhloli omkhulu nesekela mhloli: Dkt. J.C. Ngobese-Ngubane, M. Tech: Homoeopathy. Dkt. I Couchman, M. Tech: Homoeopathy

Isingeniso kaye nenjongo yalolucwaningo: IHomoeopathy eNigizimu Afrika igunyaziwe futhi isemthethweni ukuba ilaphe ibhekelene nezindingongqangi zempilo zeziguli. Lendlela yokwelapha ngemvelo ilawulwa futhi ingaphansi kwemigomo nemiyalelo yemigudu ngokwe Allied Health Professional Council of South Africa. IHomoeopathy izimele ayikakabi ngaphansi kohla lwezokulapha lukahulumeni; Ucwaningo lwasendaweni luyatshengisa ukuthi lubalulekile kakhulu futhi lunenzuzo enkulu kwezokuhlenga impilo. Ucwanigo selukelenziwa ukuba luthole ukuthi Ingabe iziguli nomphakathi ucabangani ngaloluhlobo lwezempilo. Isizathu sokwenza lolucwaningo ukuba sithole ngokubanzi ukuba iziguli zakulomtholampilio Ukuba Nesibindi Homoeopathic Community Health Centre ithini imibono yazo ngendlela ezisizwa ngayo, neziphathwa ngayo ngemibono nemicabango yazo mayelana nalomtholampilo uma uqhathanisa nezempilo zikahulumeni.

Indlela uhlelo oluzohamba ngayo: Sicela imizuzu engu 15 yokubaugcwalise uhla lwemibuzo yocwaningo. Uhla lwemibuzo uzoluphendula khona emtholampilo uma usalinde ukubonwa, noma usulinde imithi yakho. Loluhla lwemibuzo yocwaningo luyokwenziwa khona kulomtholampilo ngesikhathi usalindile endaweni yokulindela. Loluhla lwemibuzo yocwaningo luyobakhona ngeSiNgisi noma ngeSiZulu kuyoya ngokuthi wena ukhetha luphi ulwimi. Loluhla lwemibuzo yocwaningo luyobelubhekisisa ukuthi wena unemibono mini ngendlela ophatheka ngayo uma uqhathanisa lezizindlela zombili. Lapho kudingeka khona uyosizwa umcwaningi ukuba ugwalise uhla. Uma ungaboni kahle noma ungakwazi ukufuda kahle uyobe esekusiza. Izimpendulo zakho azikuyukwaziwa ukuthi zisuka kuwe, ngenxa yokuthi imininingwane yokukwazisa ayidingeki kuloluhla lwemibuzo yocwaningo.

Inzuzo: ulwazi oluyotholakala kulolucwaningo emveni kemibuzo mpendulo luyosiza ekuphuculeni indlela iziguli ezinakekelwa ngayo kulomtholampilo.

Izizathu zokushiya Ucwaningo kothe wazibandakanya: Uvumelekile ukuphuma ocwaningweni noma inini ngaphandle kwesijeziso**.** Umcwaningi angakumisa kulolucwaningo uma ebona ukuthi kungcono ukwenza njalo ukusiza wena. Zonke iziguli ezizibandakanyayo zingakhetha ukuyeka nanoma inini naphakathi kwemibuzo mpendulo, futhi lokho akunamiphumela emimbi eyovelela lowo okhetha ukuyeka.

Inkokhelo: ayikho inkokhelo etholwa ilowo okhetha ukuzibandakanya kulolucwaningo.

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

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

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

Bantu ongaxhumana nabo uma Kukhona ofuna ukukubuza noma uma kubanenkinga:

Uyacelwa ukuba uthinte umcwaningi: Nothando Mhlongo (cell no. 0765065012), umhloli omkhulu Dkt. Ngobese-Ngubane (inombolo yocingo 0313732484.) no Dkt. Couchman (tel no. 0313732482) noma the Institutional Research Ethics administrator kulenombolo 031 373 2375. Izikhalazo zingabikelwa u Director: Research and Postgraduate Support, Prof C E Napier on 031 373 2577 or carinn@dut.ac.za.

Appendix B1: Consent form (English)

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mhlongo Nothando, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: IREC 200/18,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.

- I may, at any stage, without prejudice, withdraw my consent and participation in the study.

- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

- I understand that significant new findings developed during the course of this research which may

  relate to my participation will be made available to me.

Full Name of Participant	**Date**	**Time**	**Signature / Right Thumbprint**

I, Mhlongo Nothando herewith confirm that the above participant has been fully

informed about the nature, conduct and risks of the above study.

Full Name of Researcher	**Date**	**Signature**
Full Name of Witness (If applicable)	**Date**	**Signature**
Full name of legal guardian (if applicable)	**Date**	**Signature**

Indikimba B2: Isivumelwano (IsiZulu)

Isivumelwano sokuba yinxenye yocwaningo

- Nginesiqiniseko sokuthi umcwaningi uNothando Mhlongo ungazisile ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo – Research Ethic Clearance Number: IREC 200/18,

- Ngitholile, ngafunda futhi ngaqonda ulwazi olubhalwe ngaphezulu oluchaza kabanzi ngalolucwaningo.

- Ngiyazi ukuthi imiphumela yalolucwaningo, ebandakanya imininingwane yami, ubulili, iminyaka, kanye nobuhlanga angeke kuvezwe kwimiphumela yalolocwaningo.

- Ngokubheka izinto ezidingwa yilolucwaningo, ngiyavuma ukuthi ulwazi oluzotholakala umakwenziwa lolucwaningo lucubungulwe ngengqondomshini ngumcwaningi.

- Ngingayeka ukubayinxenye yalolucwaningo noma inini, ngingasavumi ukubayinxenye.

- Ngilitholile ithuba elanele lokubuza imibuzo futhi ngilungele ukuba yinxenye yalolucwaningo.

- Ngiyaqonda ukuthi ulwazi olusha oluzotholakala ngizonikezwa ngokuba ngibeyinxenye yalolucwaningo.

Igama	**usuku**	**isikhathi**	**uphawu lwesivumelwano**

Mina uNothando Mhlongo ngiyaqinisekisa ukuthi ngiludlulsile ulwazi olugcwele ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo.

Igama lomcwaningi	**usuku**	**uphawu lwesivumelwano**

Igama lofakazi	**usuku**	**uphawu lwesivumelwano**

Appendix C: IREC Approval.

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

10 May 2019

Ms B N P Mhlongo
P.O Box
Mbazwana
3974

Dear Ms Mhlongo

Patient management experiences of patients attending a homoeopathic community health centre

I am pleased to inform you that Full Approval has been granted to your proposal.

The Proposal has been allocated the following Ethical Clearance number **IREC 200/18**. Please use this number in all communication with this office.

Approval has been granted for a period of **ONE YEAR**, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J K Adam
Chairperson: IREC

Appendix D1: Perceptions toward homoeopathy questionnaire: English

Title of the research: Patient management experiences of patients attending a homoeopathic community health centre.

Code Number (To be filled by a researcher)	

Please answer by placing an 'X' in the appropriate box

SECTION A: PERSONAL INFORMATION

1. Gender:

Male	
Female	

2. Age (in years):

18-30	
31- 40	
41-50	
51 +	

3. Race (For statistical purposes only):

African	
Coloured	
Indian	

White	
Other (specify)	

4. Home language?

Afrikaans	
English	
IsiNdebele	
IsiXhosa	
IsiZulu	
Sepedi	
Sesotho	
Setswana	
Sign language	
SiSwati	
Tshivenda	
Xitsonga	
Other (specify)	

5. Marital status?

Single	
Married	
Divorced	

Separated	
Widowed	

6. Level of study?

No schooling	
Less than Grade 12	
Matric	
Diploma/ Degree	
Master's, PhD, Honor's etc.	

7. Occupation?

Student	
Part-time employment	
Full-time employment	
Self- employment	
Unemployed	
Retired/ Pensioner	
Other (Specify)	

8. How many TIMES have you attended UNHCHC (UKUBA)?

Never	
Once	
Twice	
3 times	
4 times	
5 times +	

9. How many TIMES have you attended public clinics/ hospitals?

Once	
Twice	
3 times	
4 times	
5 times +	

SECTION B: PARTICIPANTS PERCEPTIONS REGARDING CLINICAL ADMINISTRATION

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

Ukuba Nesibindi Homoeopathic Community Health Centre(UNHCHC).

	Very satisfying ☺☺	**Satisfying** ☺	**Neutral** 😐	**Unsatisfying** ☹	**Very unsatisfying** ☹☹
Satisfaction with the care you received at **UNHCHC** the last time you consulted with them?					
How did you feel about the time that you had to wait for your appointment?					
How was the consultation time management of the facility?					
How did the front entrance of the centre look?					
How was the hygiene of the facility?					
When arriving to your appointment, were you helped					

quickly and satisfied with care?					
On arrival for your appointment, was the staff polite?					
Was the waiting area well-kept and professional?					
Were the toilets clean and well-kept?					
How was the accessibility of the toilet?					
How was the doctor's room, in terms of tidiness and professionalism?					
How was the privacy and comfortability in the doctor's rooms?					
When waiting for your medication, how did you feel about the waiting time?					

ALLOPATHY (PUBLIC HOSPITAL/CLINICS)

	Very satisfying ☺☺	**Satisfying** ☺	**Neutral** 😐	**Unsatisfying** ☹	**Very unsatisfying** ☹☹
Satisfied with the care you received from: **PUBLIC HOSPITAL/CLINICS** the last time you consulted with them?					
How did you feel about the time that you had to wait for your appointment?					
How was the consultation time management of the facility?					
How did the front entrance of the centre look?					
How was the hygiene of the facility?					
When arriving at your appointment, were you helped					

quickly and satisfied with care?					
On arrival for your appointment, was the staff polite?					
Was the waiting area well-kept and professional?					
The toilets are well kept and well-kept.					
Were the toilets clean and professional?					
How was the accessibility of the toilet?					
How was the doctor's room, in terms of tidiness and professionalism?					
How was the privacy and comfortability in the doctor's rooms?					
When waiting for your medication, how did you feel about the waiting time?					

SECTION C: CONSULTATION AND TREATMENT SATISFACTION:

(This section will measure what you think about the consultations you have had. Your feelings about the healthcare given)

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

Ukuba Nesibindi Homoeopathic Community Health Centre.

	Very satisfying ☺☺	**Satisfying** ☺	**Neutral** 😐	**Unsatisfying** ☹	**Very unsatisfying** ☹☹
How was the quality of the physical exam?					
How were the skill of the facility staff?					
How was the attention given to your case?					
How did you feel about the explanation given, in relation to your condition/diagnosis?					
How was the facility staff's confidence?					
How was the facility staff's care?					
How was the staff's openness?					

How were the manners of the facility staff?					
The way the facility staff was, was it organized and professional?					
How did you find the information given to you, in terms of understanding the advice given?					

ALLOPATHY (PUBLIC HOSPITAL/CLINICS)

	Very satisfying ☺☺	**Satisfying** ☺	**Neutral** 😐	**Unsatisfying** ☹	**Very unsatisfying** ☹☹
How was the quality of the physical exam?					
How were the skill of the facility staff?					
How was the attention given to your case?					
How did you feel about the explanation given, in relation to your condition/diagnosis?					
How was the facility staff's confidence?					
How was the facility staff's care?					
How was the staff's openness?					
How were the manners of the facility staff?					
The way the facility staff was, was it					

organized and professional?					
How did you find the information given to you, in terms of understanding the advices given?					

SECTION D: PERCEPTIONS ON HOMOEOPATHY IN THE FUTURE

1. If given the option, which would you choose- Homoeopathy or Allopathy (public hospitals/clinics) and why?

2. Would you like to see Homoeopathy integrated into the public health sector (hospitals and clinics) and why?

THANK YOU FOR PARTICIPATING IN THIS STUDY

Appendix D2: Isizulu Questionnaire

Indikimba D2: UHLA LWEMIBUZO YOCWANINGO

Isihloko socwaningo: Imibono noluvo ngendlela abaphatheka ngayo abantu abahambela lomtholampilo uma kuqhathaniswa nemitholampilo yomphakathi kahulumeni.

IKhodi (Kuzogcwaliswa umcwaningi)	

Uyacelwa ukuba ubeke uphawu **X** ebhokisini elifanelekile

INGXENYE A: IMININGWANE NGAWE

1. Ubulili:

Owesilisa	
Owesifazane	

2. ubudala (iminyaka):

18-30	
31-40	
41-50	
50+	

3. Ubuhlanga (okwezibalo kuphela):

Nginsundu	
Ngingumkhaladi	
NNginguMndiya	
Ngimhlophe	
Olunye uhlanga (chaza)	

4. Ulimi lokuzalwa olukhulumayo?

IsiBhunu	
IsiNgisi	
IsiNdebele	
IsiXhosa	
IsiZulu	
Sepedi	
Sesotho	
Setswana	
Ukhuluma ngezandla	
SiSwati	
Tshivenda	
Xitsonga	
Olunye ulimi (chaza)	

5. Isimo sezomshado?

Angishadile	
Ngishadile	
Sehlukanisile	
Asihlali Ndawonye	
Umfelokazi/umfelwa	

6. Imfundo ephakeme onayo?

Angifundile	
Ingaphansi kukamatikuletsheni	
Umatikuletsheni	
Iziqu zeDiploma/ ezeDegree	
Iziqu ze Master's/ eze PhD/ ezeHonours njalonjalo.	

7. Isimo sokusebenza?

Ngisewumfundi	
Ngiyasebenza ngokugcwele	
Ngisebenza okwesikhashana	
Ngiyazisebenza	
Angisebenzi	

Ngihola impesheni/upoyinandi.	
Omunye (imuphi?)	

8. Zinganki IZIKHATHI uhambela lomtholampilo UNHCHC (Ukuba)?

Angikaze ngize	
Kanye	
Kabili	
Kathathu	
Kane	
Kasihlanu nangaphezulu +	

9. Zingaki IZIKHATHI uhambela IMITHOLAMPILO NOMA IZIBHEDLELA ZIKAHULUMENI ZOMPHAKATHI?

Kanye	
Kabili	
Kathathu	
Kane	
Kasihlanu nangaphezulu +	

INGXENYE B: LESISIGABA SIZOKALA IMICABANGO YAKHO MAYELANA NGENDLELA EZISEBENZA NGAYO LEZIZIKHUNGO EZIMBILI

<u>Uyacelwa ukuba ufunde imibuzo bese ubeke uphawu lapho kufanelekile khona kuleyo mpendulo ovumelana nayo.</u>

<u>Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC).</u>

	Kuyagculisa ngempela ☺☺	**Kuyagculisa** ☺	**Anginambono** 😐	**Akugculisi** ☹	**Akugculisi ngempela** ☹☹
Ubugculiseke kanjani ngosizo owaluthola kulesisikhungo ngenkathi ugcina ukuzobonwa e **UNHCHC**?					
Wazizwa kanjani ngesikhathi owasilinda ngaphambi kokubonwa?					
Ingabe izikhathi zokubonwa kulesisikhungo ziyagculisa, futhi ziyazibhekelela izidingo zakho?					
Ingabe indawo yokungena ibukeka					

isezingeni elemukelekayo neligculisayo ngokomsebenzi?					
Sasinjani isimo senhlanzeko kulesisikhungo?					
Ngenkathi ufika ukuzobonwa wasizwa ngokushesha futhi wagculiseka ngempatho yabo?					
Ngenkathi ufika ukuzobonwa abasebenzi balesisikhungo, yayinjani intobeko nesineke abakunika kona?					
Mayelana nesimo sendawo yokulindela , ingabe yayikhona impucuzeko esezingeni eliphakeme?					

Izindlu zangasese ziphucuzekile futhi zihlanzekile?					
Ukuya ezindlini zangasese kulula?					
Amagumbi odokotela asezingeni eliphakeme futhi ahlanzekile?					
Kungabe amagumbi odokotela akhoselekile kahle ukuxoxisana ngezinto eziyimfihlo, nokungemele ziziwe ngabanye?					
Kungabe Isikhathi sokulindela imithi sanele kahle?					

IZIBHEDLELA NEMITHOLAMPILO KAHULUMENI

	Kuyagculisa ngempela ☺☺	**Kuyagculisa** ☺	**Anginambono** 😐	**Akugculisi** ☹	**Akugculisi ngempela** ☹☹
Ubugculiseke kanjani ngosizo owaluthola kulesisikhungo ngenkathi ugcina ukuzobonwa ezibhedlela nasemitholampilo kaHulumeni?					
Wazizwa kanjani ngesikhathi owasilinda ngaphambi kokubonwa?					
Ingabe izikhathi zokubonwa kulesisikhungo ziyagculisa, futhi ziyazibhekelela izidingo zakho?					
Ingabe indawo yokungena ibukeka isezingeni elemukelekayo neligculisayo ngokomsebenzi.					

Sasinjani isimo senhlanzeko kulesisikhungo?					
Ngenkathi ufika ukuzobonwa wasizwa ngokushesha futhi wagculiseka ngempatho yabo?					
Ngenkathi ufika ukuzobonwa abasebenzi balesisikhungo, yayinjani intobeko nesineke abakunika kona?					
Mayelana nesimo sendawo yokulindela , ingabe yayikhona impucuzeko esezingeni eliphakeme?					
Izindlu zangasese ziphucuzekile futhi zihlanzekile?					
Ukuya ezindlini zangasese kulula?					
Amagumbi odokotela					

asezingeni eliphakeme futhi ahlanzekile?					
Kungabe amagumbi odokotela akhoselekile kahle ukuxoxisana ngezinto eziyimfihlo, nokungemele ziziwe ngabanye?					
Kungabe Isikhathi sokulindela imithi sanele kahle?					

INGXENYE C: UKUGCULISEKA NGENDLELA YOKUKUBONWA NOKUHLENGWA:

(Lesisigaba sizokala imicabango yakho mayelana ngendlela obonwe ngayo nangemizwa yakho ngohlengo olutholile)

<u>Uyacelwa ukuba ufunde imibuzo bese ubeke uphawu lapho kufanelekile khona kuleyo mpendulo ovumelana nayo.</u>

Ukuba Nesibindi Homoeopathic Community Health Centre.

	Kuyagculisa ngempela ☺☺	**Kuyagculisa** ☺	**Anginambono** 😐	**Akugculisi** ☹	**Akugculisi ngempela** ☹☹
Lalinjan iqophelo lezinga lokuhlolwa komzimba wonke?					
Lalinjani izinga lekhono lodokotela?					
Sasinjani isineke nenkathalo onikwe yona?					
Kungabe incazelo mayelana nesifo noma isigulo sakho yayenele yini?					
Lingakanini ithemba onalo					

ngabasebenzi bakulesisikhungo?					
Kungakanani ukunakekelwa okutholayo kubasebenzi bakulesisikhungo?					
Injani imfudumalo oyitholayo kubasebenzi bakulesisikhungo?					
Kungabe ikhona inhlonipho ngendlela yokuziphatha kwabasebenzi bakulesisikhungo?					
Kungabe injani indlela lesisikhungo esihleleke ngayo?					
Ingabe Imininingwane neziyalo ozinikwayo kuyalandeleka futhi kuyagculisa?					

IZIBHEDLELA NEMITHOLAMPILO KAHULUMENI

	Kuyagculisa ngempela ☺☺	**Kuyagculisa** ☺	**Anginambono** 😐	**Akugculisi** ☹	**Akugculisi ngempela** ☹☹
Lalinjan iqophelo lezinga lokuhlolwa komzimba wonke?					
Lalinjani izinga lekhono lodokotela?					
Sasinjani isineke nenkathalo onikwe yona?					
Kungabe incazelo mayelana nesifo noma isigulo sakho yayenele yini?					
Lingakanini ithemba onalo ngabasebenzi bakulesisikhungo?					
Kungakanani ukunakekelwa okutholayo kubasebenzi bakulesisikhungo?					

Injani imfudumalo oyitholayo kubasebenzi bakulesisikhungo?					
Kungabe ikhona inhlonipho ngendlela yokuziphatha kwabasebenzi bakulesisikhungo?					
Kungabe injani indlela lesisikhungo esihleleke ngayo?					
Ingabe Imininingwane neziyalo ozinikwayo kuyalandeleka futhi kuyagculisa?					

INGXENYE D: IMIBONO NGE HOMEOEPATHY ESIKHATHINI ESIZAYO

1. Uma ngabe kuthiwa ketha, ungathethani phakathi kwe- Homoeopathy ne Allopathy (izibhedlela zikahulumeni/imitholampilo) futhi uyikhethelani/isizathu yini?

2. Ungathanda ukuthi I Homoeopathy ibe khona ngaphansi kukahulumeni (ezibhedlela nasemtholampilo), futhi ngaziphi izizathu?

NGIYABONGA NGESIKHATHI SAKHO UKUZIBANDAKANYA

KULOLUCWANINGO

Appendix E1: Permission letter from the clinic director

DUT DURBAN UNIVERSITY OF TECHNOLOGY

Appendix E1: Gatekeeper permission

08-03-2019

Clinic Director/ Head Clinician (UNHCHC)
Department of Homeopathy
Durban University of Technology
Durban

Request for Permission to Conduct Research

Dear Dr J. Ngobese - Ngubane

My name is Nothando Mhlongo, an M.Tech: Homeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is based on Patient management experiences of patients attending a homoeopathic community health centre.

I am hereby seeking your consent to conduct my research at the Ukuba Nesibindi Community Health Centre.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 0765065012 or at Nothandomhlongo1996@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Nothando Mhlongo
Durban University of Technology

Approved

/2019

Appendix E2: Permission letter from the Head of Department

DUT DURBAN UNIVERSITY OF TECHNOLOGY

Appendix E2: Gatekeeper permission

08-03-2019

Head of Department
Department of Homeopathy
Durban University of Technology
Durban

Request for Permission to Conduct Research

Dear Dr M Maharaj

My name is Nothando Mhlongo, an M.Tech: Homeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is Patient management experiences of patients attending a homoeopathic community health centre.

I am hereby seeking your consent to conduct my research at the Ukuba Nesibindi Community Health Centre.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 0765065012 or at Nothandomhlongo1996@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Nothando Mhlongo
Durban University of Technology

8/3/19
DR. M. MAHARAJ.

Appendix E3: Permission letter from the Deputy Dean

DUT DURBAN UNIVERSITY OF TECHNOLOGY

Appendix E3: Gatekeeper permission

08-03-2019

Deputy Dean-
Faculty Community Engagement Projects
Department of Homeopathy
Durban University of Technology
Durban

Request for Permission to Conduct Research

Dear Prof. Ross

My name is Nothando Mhlongo, an M.Tech: Homeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is Patient management experiences of patients attending a homoeopathic community health centre.

I am hereby seeking your consent to conduct my research at the Ukuba Nesibindi Community Health Centre.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 0765065012 or at Nothandomhlongo1996@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Nothando Mhlongo
Durban University of Technology