# Perceptions of Homoeopathy graduates of Durban University of Technology (previously Technikon Natal) with regard to research as a component of the degree.

By

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This mini-dissertation was submitted for examination in partial compliance with the requirements for the Master's Degree in Technology: Homoeopathy, in the Faculty of Health Sciences at the Durban University of Technology.

I, Yamantha Govender, do hereby declare that this dissertation is representative of my own work, both in conception and execution.

Signature of Student Date

APPROVED FOR FINAL SUBMISSION

Signature of Supervisor Date

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M. Tech : Homoeopathy (T.N)

**Dedicated to H.H. Shri Mataji Nirmala Devi**

**“There is only one pure desire, and that is to be one with the Divine, one with the Brahma, one with God. That’s the only pure desire. All other desires are impure. So train your mind gradually to achieve that desire as the main thing. To achieve this you have to keep your Mother pleased, very simple”.**

**Thank you Mother for all your Blessings and Love!**

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## ABSTRACT

### Introduction

Anecdotal evidence suggests that students perceive the research component of the Master's Degree in Technology: Homoeopathy (M.Tech: Homoeopathy) qualification at Durban University of Technology (DUT) in a negative light, and as an unnecessary obstacle to the qualification and the practice of homoeopathy (Naude, 2008). One of the reasons for this negative perception is that in terms of the Homoeopathic programme, the only exit point is upon completion of the Master's Degree. Although relevant status is awarded upon completion of N. Dip: Homoeopathy after the third year of study and B. Tech: Homoeopathy after the fourth year of study, no actual certificates/qualifications are awarded or issued nor can the student register/practice as a Homoeopath (Durban University of Technology, 2009).

The Homoeopathic profession in South Africa is unique as there are very few professional qualifications which prescribe an obligatory Master's level qualification in order to register and practice the respective profession.
Due to the M.Tech: Homoeopathy being the only exit point in the Homoeopathy programme, every registered student must complete a Master's dissertation in order to qualify and ultimately practice Homoeopathy in South Africa, this often results in students conducting research for the wrong reasons, without the genuine academic desire to do so or the maturity and skills required (Naude, 2008).

According to the Education Department of South Africa (2007), the primary purposes of a Master's Degree are to educate and train researchers who can contribute to the development of knowledge at an advanced level, or prepare graduates for advanced and specialised professional employment. A Master's Degree must have a significant research component.

The Education Department of South Africa (2007), states that a Master's Degree may be earned in either of two ways: (1) by completing a single advanced research project, culminating in the production and acceptance of a thesis or dissertation, or (2) by successfully completing a course work programme requiring a high level of theoretical engagement and intellectual independence and a research project, culminating in the acceptance of a dissertation. In the latter case, a minimum of 60 credits at level 9 must be devoted to conducting and reporting research.

According to the Education Department of South Africa (2007), Master's graduates must be able to deal with complex issues both systematically and creatively, make sound judgements using data and information at their disposal and communicate their conclusions clearly to specialist and non-specialist audiences. Graduates must be able to demonstrate self-direction and originality in tackling and solving problems, act autonomously in planning and implementing tasks at a professional or equivalent level, and continue to advance their knowledge, understanding and skills.

**Methodology**

A non-experimental descriptive survey was conducted to determine the perceptions of DUT M.Tech: Homoeopathy graduates with regards to research as a component of the degree. A self-administered questionnaire was distributed and 50 anonymous responses were obtained. Raw data was analysed using descriptive statistics and the relationships between variables tested for correlations.

## Results

27% of practicing graduates felt that research had a direct benefit on their professional development. Graduates said that after completing research they felt more competent and gained more faith in their profession.

34% of graduates thought that research had a direct benefit on their personal development. Graduates felt that on the path of working towards a long term goal they had discovered that they possessed a significant amount of patience and will power.

40% of graduates agreed that research had no contribution to their personal and professional development as a Homoeopath. Although some graduates said they felt a “sense of accomplishment” upon completing research, other graduates argued that the delay in qualifying as a result of research contributed to the loss of income and valuable clinical knowledge.

## Conclusions and Recommendations

The process of research is a multi–factorial problem. One has to look at each individual case in order to gain insight into how to best address respective problem areas in order to improve the process of research and reduce the delays in qualification. Many graduates expressed dissatisfaction at the inconsistent time factor, from conception of the research design, to awaiting both approval of the DUT 186 and finally the marking of the completed work. Some graduates felt that difficulties relating to the quality and quantity of supervision as well as poor patient/ participant compliance were the factors responsible for their delay in qualification. Many graduates reported that the previously limited Homoeopathic research budget left them compromised for scope, diversity and new ideas.

It was recommended that future students insist on formal supervision contracts which clearly define issues such as accessibility and timeframes. It was also recommended that future students consider at least two supervisors, preferably one being an external supervisor with suitable specialist skills concerning the respective research study. Furthermore, it was recommended that future research should be designed around easily accessible target populations.

The M.Tech: Homoeopathy programme is currently undergoing re-curriculation; the new curriculum will be most likely implemented in 2011. A draft curriculum has been designed by academic staff of DUT and University of Johannesburg. The proposed new curriculum aims to addresse issues such as difficulties with research as well as solutions to these difficulties.

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## Definition of Terms

Allied Health Professions Council of South Africa (AHPCSA)

Allied Health Professions Council of South Africa is a statutory council for Natural Health, responsible for the promotion and protection of the health of the population of South Africa and will affect this by regulating and setting standards for the various professions, under act 63 of 1982 (SAQA, 2008).

Curriculum

Appointed course of study (Babaletakis, 2006).

Departmental Research Committee (DRC)

The Department of Homoeopathy Research Committee as of 2007 comprises of all academic staff and meets formally on a frequent basis to approve research topics and draft proposals (Naude, 2009).

Graduate

A holder of an academic degree. In this study refers to a Master's Degree in Technology: Homoeopathy (M.Tech: Hom) from the Durban University of Technology (formerly Technikon Natal and Durban Institute of Technology) (Babaletakis, 2006).

Homoeopathic Association of South Africa (HSA)

The current body representing registered Homoeopaths and Homoeopathic students, and their interests (HSA, 2006).

MBChB

Bachelor of Medicine and Bachelor of Surgery Degree.

M.Tech: Hom (M.Tech: Homoeopathy)

A Master's Degree in Technology in Homoeopathy, which is offered at Durban University of Technology and the University of Johannesburg (Durban University of Technology, 2009).

National Qualifications Framework (NQF)

The National Qualifications Framework is the set of principles and guidelines by which records of learner achievements are registered to enable national recognition of acquired knowledge, thereby ensuring an integrated system that encourages life-long learning (SAQA, 2008).

Qualification

The formal recognition and certification of learning achievement awarded by an accredited institution (Education Department of South Africa, 2007).

South African Qualification Authority (SAQA)

The South African Qualifications Authority is a body of 29 members appointed by the Ministers of Education and Labour. The members are nominated by identified national stakeholders in Education and Training (SAQA, 2006).

# CHAPTER 1

## 1.1 Introduction

Anecdotal evidence suggests that students perceive the research component of the Homoeopathic qualification at Durban University of Technology (DUT) in a negative light, and as an unnecessary obstacle to the qualification and the practice of Homoeopathy (Naude, 2008). One of the reasons for this negative perception is that in terms of Homoeopathic programme, the only exit point is upon completion of the Master's Degree. Although relevant status is awarded upon completion of N. Dip: Homoeopathy after the third year of study and B. Tech: Homoeopathy after the fourth year of study, no actual certificates/qualifications are awarded or issued nor can the student register/practice as a Homoeopath (Durban University of Technology, 2009).

Naude (2008) suggests that the negative perceptions towards research are partially due to the fact that the majority of students who enter the programme do so with the desire to practice Homoeopathy and not with the desire to become researchers or to pursue a career as an academic/researcher. A Master's degree within most other programmes at university level is a post-graduate perusal often made by "academically mature" students with a genuine academic interest/desire; such students are enthused and motivated accordingly, it is such attributes that are often required to keep a research student motivated during the research process. Due to the M.Tech: Homoeopathy being the only exit point in the Homoeopathy programme, every registered student must complete a Master's dissertation in order to qualify and ultimately practice Homoeopathy in South Africa. This often results in students conducting research for the wrong reasons, without the genuine academic desire to do so or the maturity and skills required.

The 2009 Faculty of Health Sciences Rule Book for students states that the minimum time in which a student can complete the entire programme (course work and Master's dissertation) is 5 years (registering once and completing the Master's stage in a single year) and the maximum duration being 8 years i.e. that is 5 years to complete the course work and an additional three registrations for the research component. Although it is possible to complete in the minimum period i.e. five years, this seldom happens. There is anecdotal evidence that the research process plays a key role in preventing qualification within the minimum time period of 5 years (Courage, 2006).

Ross (2008) states that about five years back students would take four to five years, from the time of first registration for the Master's degree, to complete their dissertations. Students would change their research topics between fourth and fifth years, which also increased the time taken to complete research.

Research is a complex process that requires a student to demonstrate a thorough understanding of the basic principles of the research process and follow the guidelines laid down to eventually conduct a research project and complete a mini–dissertation. Many students experience difficulties in this research aspect of the homoeopathic course as it is a substantial deviation from the largely "academic–based" previous years of the curriculum (Ross, 2008).

Due to the structure of the Homoeopathic curriculum which requires at least 5 years worth of tuition, the research component appears to have become neglected in terms of time allocation. Certain allowances have been made during the evolution of the Homoeopathic course which has seen the research project change from a full dissertation to a mini- dissertation in order to better adjust to the time constraints. According to Naude (2008), this process did not have the desired effect and the move to the "mini-dissertation" has not had impact on the quantity of work being produced and the corresponding timeframes required.

Exploring the perceptions of graduates with regard to research as a component of their respective degrees can be very valuable in determining the contribution the research process may have to the graduate's personal and professional development.

Identification of possible problem areas within the academic aspect of Homoeopathic education can facilitate changes and improvement to the curriculum in order to reduce subject failure, minimize delays in qualification and encourage growth of the profession as a whole (Hill, Perry and Stein, 1998).

A Master's degree provides a mastery of a specific field of study. Within the area studied, graduates possess advanced theoretical and practical knowledge, refined skills in analysis and critical thinking, and the ability to solve complex problems and think independently (Australian Qualifications Framework Implementation Handbook, 2002).

According to the Education Department of South Africa (2007), The National Qualifications Framework (NQF) has 10 levels. Higher education qualifications occupy six levels of the NQF, levels 5 to 10. Levels 5-7 are undergraduate and levels 8-10 are postgraduate.

In terms of academic status a graduate of a Master's programme possesses a NQF Level 9 qualification, which is higher than graduates with a professional Bachelor's e.g. MBChB or an Honour's Bachelor degree which has a NQF level 8 qualification (Education Department ofSouth Africa, 2007).

Another advantage of pursuing a Master's degree is having the opportunity to become fully immersed in the subject matter that you are passionate about. This can be an invaluable experience and provide the graduate with a body of work that they can use to market themselves upon completing their respective Master's degrees. In academic terms the Master's is at a higher level and there is a degree of status that accompanies a Master's degree, setting it above that of a Bachelor or Honours which could be an advantage to the graduate.

For some students success at university may not be only about a narrow view of academic achievement but be more about successful development within first stages of a career and adulthood. Social and personal development goals may have considerable salience either competing with or contributing to other areas of development or success. However, in whatever area students seek success their pervasive beliefs about success will affect what they become involved in, the way in which they will go about these activities, and their levels of satisfaction or dissatisfaction they derive (Doring, Bingham and Bramwell- Vial, 2001).

Many students may identify research as one of the factors that contribute to an unsuccessful university life because it is viewed as an obstacle to qualification. In seeking to identify what the retrospective perceptions of research are, it is argued that a better understanding of the contributions that research has on the graduate's personal and professional development can be gained.

### 1.2 Aim of the study

The aim of this descriptive survey is to determine the retrospective perceptions of M.Tech: Homoeopathy graduates, on completion of their Master's dissertation with regard to personal and professional development, as measured by a self administered questionnaire.

## 1.3 Objectives of this study

1. To determine the perceptions of M. Tech: Homoeopathy graduates with regards to the contribution of research towards their professional development.

2. To determine the perceptions of M. Tech: Homoeopathy graduates with regards to the contribution of research towards their personal development.

3. To determine the perceptions of M. Tech: Homoeopathy graduates with regards to additional general perceptions regarding research as a component of the degree.

# CHAPTER 2

## Literature Review

### 2.1 Introduction

The involvement of Technikon Natal in Homoeopathic education was triggered by a positive response to a letter from the South African Associated Health Service Professions Board, enquiring whether Technikon Natal would be interested in offering educational programmes in Homoeopathy. The Board investigated all institutions that reacted positively to the above request and decided on Technikon Natal in November 1985. Many facets were considered in making this choice, amongst others the geographic location of Durban to serve all population groups (School of Homoeopathy Handbook, 1989).

During 1986/87 a group of dedicated individuals spent many hours in deliberation to put together a curriculum that would not only meet the requirements of the Department of National Education, but would compare favourably with the best education currently available in the world. The fact that the curriculum was approved without any complications in December 1987 by the Minister of National Education and has been favourably commented upon by international institutions and leading individuals is proof that the curriculum was to provide a high standard of education (School of Homoeopathy Handbook, 1989).

Approval was granted to Technikon Natal by the Department of Education and Culture in March 1988 to offer the hierarchy of qualifications approved for Homoeopathy. This decision was greeted with great enthusiasm by the South African Associated Health Service Professions Board and the South African Homoeopathic Association but also viewed with optimistic concern as to whether Technikon Natal could, in a period of financial restraint and severely reduced Government funding, meet the needs of a project this size (School of Homoeopathy Handbook, 1989).

The Council of Technikon Natal declared in June 1988 that, provided the Homoeopathic Association of South Africa could guarantee certain basic costs during the period 1989-1995, the Technikon would be prepared to allow a 1989 intake. A tremendous combined effort of the South African Homoeopath Association and Chiropractic Association, co-ordinated by the Technikon, raised enough money in the period March-December 1988 to allow an intake in 1989 (School of Homoeopathy Handbook, 1989).

The design of the Homoeopathic course was originally based on the University's Medical model. The original design of the Homoeopathic curriculum was 5 years and Technikon Natal at that time, only offered a 3 year National Diploma. The Technikon law stated that a student could not be awarded a coursework Master's qualification without conducting research. Therefore the only way that Technikon Natal could accommodate the 5 year Homoeopathic curriculum was to structure it as a Master's Diploma in Homoeopathy and by law the Technikon was compelled to impose a 50% research component. The course was eventually structured as a three year National Diploma, a one year National Higher Diploma, neither of which were awarded and a one year Master's Diploma in Homoeopathy (the only exit point and officially awarded qualification) with a 50% research component. Homoeopathic graduates at the end of 1993 and 1994 were awarded a Master's Diploma in Homoeopathy and only in 1995 Technikon Natal awarded graduates a Master's Degree in Technology: Homoeopathy (Ross, 2009).

Technikon Natal introduced the first formal South African Homoeopathic education programme in 1989. Since its addition to the higher education degree choices offered by Technikon Natal, the course has produced some 10 years worth of Homoeopathic graduates. On average, between 15 and 30 learners graduate from it annually. In April 2002, Technikon Natal merged with ML Sultan to become the Durban Institute of Technology and in 2006 it became Durban University of Technology.

The Homoeopathic qualification has also evolved from a Master's Diploma in Homoeopathy (M.Dip: Hom) to a Master's Degree in Technology: Homoeopathy (M.Tech: Hom) with much emphasis being placed on not only the M.Tech: Homoeopathy component of the programme but also Master's level research, and the course itself has been revised and re-curriculated numerous times (Courage, 2006).

## 2.2 Definition of Research

Brink (Burns and Grove 2005: 2) states that research is the "diligent systematic enquiry to validate and refine existing knowledge and generate new knowledge."

Research is important for any profession. Professionals need knowledge on which to base their practice and scientific knowledge provides a particularly solid foundation. Research should be accepted as an integral part of health care practice, education and management and "research-mindedness" should be fostered in health care professionals from the beginning of their training (Brink, 2006).

## 2.3 Background of the Master's Degree

Typically, entry into a Master's degree is based on evidence of a capacity to undertake higher degree studies in the proposed field. There is a wide range of entry pathways, varying according to the programme methodology and discipline involved. Predominantly research-based programmes normally have a research pre-requisite whereas predominantly coursework-based programmes may be accessed more broadly. Examples of these pathways are:

- The typical coursework Master's degree programme comprising coursework, project work and research in varying combinations, may be entered from a Bachelor degree, a Bachelor Honours degree or a Graduate Diploma;
- The typical research Master's degree programme comprising at least two- thirds research with a substantial, often externally assessed thesis outcome, entered from a Bachelor Honours degree or Master's Preliminary year, a research – based Graduate Diploma or equivalent research experience;
- A professional coursework Master's Degree programme, which may involve a work- based project, specifically designed for entry on the basis of a relevant qualification and professional experience or extensive relevant professional experience (The Australian Qualification Framework (AQF) Implementation Handbook, 2002).

According to the South African Qualification Authority (SAQA, 2008), there is a dual system of attaining a Master's degree i.e. full thesis or coursework with a research report/mini thesis.

In terms of the coursework, a number of assessment events are administered throughout the year and a variety of assessment instruments are used (for example: tests, essays and project reports). In terms of a full research Master's, assessments are conducted by a supervisor, an internal examiner and an external supervisor.

A Master's graduate should be able to:

- Provide appropriate evidence of advanced knowledge around a specialist body of theoretical and applied topics.
- Demonstrate a high order of skill in analysis, critical evaluation and/or professional application through the planning and execution of project work or a piece of scholarship or research.

- Demonstrate creativity and flexibility in the application of knowledge and skills to new situations, to solve complex problems and to think rigorously and independently.

(Australian Qualifications Framework Implementation Handbook, 2002)

**2.4 Outcomes of the Homoeopathic qualification**

The qualification will equip learners with the relevant knowledge, skills and competencies to medicate and treat patients more effectively to a high standard as well as engage in community upliftment and alternative forms of treatment for illness (SAQA, 2008).

The Critical Outcomes adopted by SAQA are as follows:

1. Identify and solve problems in which responses display that responsible decisions using critical and creative thinking have been made;
2. Work effectively with others as members of a team, group, organisation, community;
3. Organise and manage oneself and one's activities responsibly and effectively;
4. Collect, analyse, organise and critically evaluate information;
5. Communicate effectively using visual, mathematical and/or language skills in the modes of oral and/or written presentation;
6. Use science and technology effectively and critically, showing responsibility towards the environment and health of others;
7. Demonstrate an understanding of the world as a set of related systems by recognising that problem- solving contexts do not exist in isolation (SAQA, 2008).

The contribution of the research process to meeting the above critical outcomes is significant.

The research process typically challenges students with numerous unforeseen obstacles which once identified require corresponding solutions. When confronted with these obstacles, students would have to apply critical and independent thinking in order to be able to solve these problems. During the research process students have to plan and co-ordinate meetings with supervisors, statisticians and participants. They are required to efficiently collect and assemble data in an appropriate format to be analysed by a statistician. As a result of communicating daily with supervisors, librarians and participants, students acquire and develop the necessary communication skills required. Creative writing and computer skills are improved upon completion of the dissertation. In contrast to the coursework stage of the degree where students are led through the learning process by lecturers, the research component demands far more independent thinking and responsibility on the part of the student.

Research students have to interact and integrate with academic and professional members of the community in order to gain crucial information for their research. These social skills can further equip the student with the ability to interact effectively in a professional environment.

Graduates who have completed research are able to design a research project, conduct and write a corresponding report which may facilitate future research. This competence in research skills provides a solid base for graduates by promoting enquiry into lifelong learning which is related to practice, and it contributes to the ongoing development of their respective profession (Lopatto, 2003).

## 2.5 Perception of research within the Homoeopathic programme

Anecdotal evidence suggests that students perceive the research component of the Master's Degree in Technology: Homoeopathy (M.Tech: Homoeopathy) degree in a negative light, and as an unnecessary obstacle to the qualification and the practice of Homoeopathy (Naude, 2008). One of the reasons for this negative perception is that in terms of Homoeopathic education, the only exit point is upon completion of the Master's Degree in Technology: Homoeopathy. Although relevant status is awarded upon completion of N. Dip: Homoeopathy after the third year of study and B. Tech: Homoeopathy after the fourth year of study, no actual certificates are awarded or issued nor can the student be able to register as a Homoeopath (Durban University of Technology, 2008).

In an interview with Naude (2008), he stated that although the perceptions toward research of M.Tech: Homoeopathy students have not been formally determined, anecdotal evidence suggests that generally students perceive research in a negative light. This is partially due to the fact that the majority of students who enter the programme do so with the desire to practice Homoeopathy and not with the desire to become researchers or to pursue a career as an academic/researcher. A Master's degree within most other programmes at university level is a post- graduate perusal often made by "academically mature" students with a genuine academic interest/desire; such students are enthused and motivated accordingly, it is such attributes that are often required to keep a research student motivated during the research process. Due to the M.Tech: Homoeopathy being the only exit point in the Homoeopathy programme, every registered student must complete a Master's dissertation in order to qualify and ultimately practice Homoeopathy in South Africa, this often results in students conducting research for the wrong reasons, without the genuine academic desire to do so or the maturity and skills required.

## 2.6 Challenges to research within the M.Tech: Homoeopathy programme

Due to the structure of the Homoeopathic curriculum which requires at least 5 years worth of formal tuition and clinical work, the research component appears to have become neglected in terms of time allocation. There is further anecdotal evidence that the research process plays a key role in preventing qualification within the minimum time period of 5 years (Courage, 2006).

Certain allowances have been made during the evolution of the Homoeopathic course which has seen the research project change from a full dissertation to a mini- dissertation in order to better adjust to the time constraints. In theory this undertaking aimed to reduce the size and magnitude of the research projects being undertaken in the hope that the respective timeframes would be reduced. In reality however, in the interests of maintaining scientific credibility, clinical research should meet certain minimum requirements in terms of sample size and magnitude, often requiring a considerable amount of time and manpower accordingly. By making the requirements of the research output smaller i.e. a “mini-dissertation” as opposed to a “full dissertation”, one either reduces the size (and external validity) of the study or merely condenses the actual output document. The former results in weak inconclusive studies and the latter has no impact on the timeframes required to conduct the actual study (Naude, 2009).

The 2009 Faculty of Health Sciences Rule Book for students states that if a student fails to obtain the Master’s Diploma or Degree within three years after registering for the (Master’s component- 5$^{th}$ year of the programme) qualification the Senate may refuse to renew the student’s registration or may impose any conditions it deems fit.

According to Ross (2008), about five years back students would take four to five additional years, from the time of first registration for the Master's degree, to complete their dissertations. Students would change their research topics between fourth and fifth years, which also increased the time taken to complete research.

Naude (2008) says that theoretically it is possible for an M.Tech: Homoeopathy student to finish their degree in the minimum period of five years however, in reality this very rarely occurs due to the fact that the fifth year is a very busy period. 50% of the student's time is spent in lectures and the remaining 50% is spent in the DUT Homoeopathic Day Clinic. Students feel an obligation toward their patients and prioritise clinical exposure in order to ensure that they gain maximum clinical experience during this year so as to prepare them for Homoeopathic practice, this leaves little time for research and the planning thereof. Most students embark formally on their research only once they have completed the $5^{th}$ year. As the last outstanding requirement in the temporary absence of an internship or community service, research is seen as an obstacle to qualifying and ultimately practicing Homoeopathy.

Given the above situation the contribution that conducting research has on a Homoeopath's professional development and the value of research as a component of the M.Tech: Homoeopathy is often challenged by students (Naude, 2008).

The majority of students who enter the programme do so with the desire to practice Homoeopathy and not with the desire to become researchers or to pursue a career as an academic/researcher. A Master's degree within most other programmes at university level is a post- graduate perusal often made by "academically mature" students with a genuine academic interest/desire; such students are enthused and motivated accordingly, it is such attributes that are often required to keep a research student motivated during the research process. Usually only academically mature students who obtain a pass rate of 65% or more in their undergraduate degree qualify to enter a Master's programme. Many students experience difficulties in this research aspect of the Homoeopathic course as it a substantial deviation from the largely "academic- based" previous years of the curriculum (Ross, 2008).
As a result of the above, the average Master's student within the programme requires an extraordinary degree of close supervision, tutoring and mentoring by their respective supervisors both in planning and execution of their research. This naturally places a significant additional challenge to completing the research within the prescribed timeframe (Naude, 2009).

An additional challenge stems from the relatively small pool of Homoeopathic research expertise. Currently most research conducted within the Department of Homoeopathy is supervised by internal academic staff. Due to the obligatory Master's research resulting in high volumes of Master's students such staff most likely have the highest supervision workloads within DUT. External supervision although desirable is, not always logistically practical for students, nor is the suitable expertise readily available (Naude, 2009).

The Homoeopathic profession in South Africa is unique as there are very few professional qualifications which prescribe an obligatory Master's level qualification in order to register and practice the respective profession.
Due to the M.Tech: Homoeopathy being the only exit point in the Homoeopathy programme, every registered student must complete a Master's dissertation in order to qualify and ultimately practice Homoeopathy in South Africa, this often results in students conducting research for the wrong reasons, without the genuine academic desire to do so or the maturity and skills required (Naude, 2008).

Besides the Master's Degree in Technology: Chiropractic, the closest comparative course to the Master's Degree in Technology: Homoeopathy, outside DUT, is the Psychology Master's Degree. The curriculum of the Psychology Master's Degree comprises coursework and practical training (one year full time study) as well as a dissertation of limited scope. The degree is awarded on successful completion of the coursework/practical and dissertation (Department of Psychology Honours and Master's Degrees, 2005). Although in order to register and practice as a clinical psychologist one must complete the respective Master's Degree. Students are awarded the Bachelor's Degree at undergraduate level and can exit the programme and work in related fields should they wish to.
Student's graduating with a Bachelor's Degree in Psychology will work in some division of human or social services. Some common job titles in the area include: case management, career counsellor, rehabilitation specialist, psychiatric technician (Career options with a Bachelor's Degree in Psychology, 2008).

The circumstances faced by students within the Homoeopathy programme are clearly unique and the resultant problems warrant further investigation.

## 2.7 Benefits of conducting research in the Homoeopathic field

There is one belief that success should be self- referenced. Success for such people is about surpassing one's own previous standards and therefore, is indicative of improvement. The purpose of attaining this form of success is the increased perception of mastery or competence and the self- satisfaction that derives from this. If a person believes that success is about personal improvement, then it is attainable through deliberate effort to improve. This belief about success is underpinned by a belief that ability is not fixed and can be improved (Doring, Bingham and Bramwell- Vial, 2001).

After conducting research graduates develop and enhance their problem solving skills. They are now able to work and think independently, read scientific literature and gain an appreciation for science. The graduate's benefit by mastering their particular field of study and the practical applications thereof, in addition oral and written communication skills are enhanced (Lopatto, 2003).

Graduates who have completed research are now able to design a research project and conduct, write up and report on future research they may want to conduct. This competence in research skills provides a solid base for graduates by promoting enquiry into lifelong learning which is related to practice, and it contributes to the ongoing development of the Homoeopathic profession.

A well written dissertation can be directly beneficial to homoeopathic science and the profession. It gives students a certain satisfaction in discovering something new. It allows student's to broaden their perspective and to think about designing a research project that is objective and free of bias. This pattern of thinking comes in very useful when a young Homoeopath needs to think as a clinician. In practice a Homoeopath rarely has the time to be reflective of what he is doing. Research forces people to discover something new (Ross, 2008).

Brink (2006) states the following reasons why health care professionals must conduct research:

- Improving health care.
- Establishing scientifically defensible reasons for health care activities.
- Providing evidence of weaknesses and strengths in health care.
- Providing evidence in support of demands for resources in health care services.
- Earning and defending a professional status.
- Providing other health care professionals with an increasing repertoire of scientifically defensible intervention options.
- Finding ways of enhancing the cost- effectiveness of health care activities.
- Providing a basis for standard- setting and quality assurance.

## 2.8 Measures taken to facilitate the research process within the M.Tech: Homoeopathy programme

### 2.8.1 Re - curriculation of the programme

In light of the re- curriculation process at DUT, the department is now aiming to structure research methods more practically. The Homoeopathic department now plans to introduce research and research related skills earlier in the curriculum.

In the proposed new curriculum research skills will be taught from the first year of study. Homoeopathic students will be introduced to research articles from first year. Students will be exposed to the academic language by being encouraged to write referral letters and to journal other medically based articles (Ross, 2008).

### 2.8.2 Administrative improvements undertaken

Faculty Research Committee meetings which review research proposals (sub-committees of the Faculty Research Committee) as of 2006 take place on a weekly basis and this has significantly reduced delays in approval of research proposals. The Departmental Research Committee as of 2007 comprises all academic staff and meets formally on a frequent basis to approve research topics and draft proposals (Naude, 2009). Dissertations can now be marked electronically and students can receive their results quicker. Recent statistics show that students are now completing their dissertations by the end of sixth or early in their seventh year of study (one or possibly two additional registrations after the 5$^{th}$ year). Ross (2008) estimates that in the next few years, the majority of students will complete their dissertations by the end of their sixth year. The Department of Homoeopathy have already introduced "supervisor- student contracts". This contract formalizes the research process and holds both parties liable for work done and for the time taken to complete this work (Ross, 2008).

### 2.9 Postal/ Mail surveying

Advantages are that questionnaires can be completed at respondent's convenience and there is greater assurance of confidentiality than personal inter- action methods. The standardized question format reduces interviewing bias and allows participants to have a widespread geographic distribution (Babbie, 1994; Bailey, 1987; Dillman, 1978; Fowler, 1993).

Disadvantages are the lack of flexibility of questioning techniques and the low response rate. There is no control over quality of responses and as well as no control over date of response. There is an inability to clarify any concerns the respondent may have (Babbie, 1994; Bailey, 1987; Dillman, 1978; Fowler, 1993).

## 2.10 Internet/ Email surveying

Advantages are that answers are already in electronic format. There is a very rapid response rate. The survey format is quick and easy to complete and this method allows participants to have a widespread geographic distribution.

One disadvantage is that not all potential respondents have access to email.

## 2.11 Related Research

Courage (2006) completed a survey on subject failure and delays in qualification of DUT graduates from 1994 to 2004. Her study was to investigate the certain difficulties that the DUT Homoeopathic graduates may have had during their education process. Courage (2006) used a similar sample group as used in this study i.e. DUT Homoeopathic graduates (1994-2004) who were registered with the AHPCSA. The research design and the methodologies of this study are based on the same methodologies and design that Courage (2006) used in her study.

Courage (2006) found that the perceptions of graduates indicated that subject failure plays a significant role in delayed qualification in Master's Degree in Technology in Homoeopathy at Durban Institute of Technology, and that academic failure is a multi-factorial problem. She also suggested that research may also contribute to the delay in qualification.

Two additional studies conducted by Babaletakis (2006) and Broughton (2008), targeted the similar population that was used in this study.

## CHAPTER 3: Methodology

### 3.1 Study Population

All M.Tech: Homoeopathy graduates of DUT from 1994 to year end graduates of 2006 were asked to participate in this survey. This survey was conducted by means of a self- administered questionnaire (see Appendix A).

This research was designed to investigate specifically the perceptions of Homoeopathy graduates on completion of their respective dissertations. The study specifically targeted those graduates who had already been qualified and working for a minimum of two years, in doing so participants were more able to reflect on the role research played in their education.

The population consisted of 160 M.Tech: Homoeopathy graduates from 1994 to 2006; a minimum of 20- 30% was required of the total group in order for statistical analysis to be viable.

#### 3.1.1 Inclusion criteria

- Participants must have graduated with a M.Tech/M.Dip: Homoeopathy qualification from either Natal Technikon, Durban Institute of Technology or Durban University of Technology, between 1994 and the end of 2006.

#### 3.1.2 Exclusion criteria

- M.Tech/ M.Dip: Homoeopathy graduates from the University of Johannesburg.

- Any graduates that could not be traced.

## 3.2 The design and development of the questionnaire

This study was designed as a descriptive, qualitative - quantitative survey applying a self – administered questionnaire as the method of data collection. In this type of study no new groups were created, as in this case the group being surveyed were DUT M.Tech: Homoeopathic graduates. More specifically the survey was a cross sectional design, which is a portrait of the group at one point in time. In most cross sectional surveys the study population is representative of the group being studied (Fink, 1995). In the case of this research project, the population was small enough for all members to be included in the study.
As no similar study in this field has been conducted a new questionnaire had to be designed based on a number of related sources.

The questionnaire applied consisted of 5 parts all of which had to be completed by each participant:

- Part A comprised demographic data.
- Part B comprised educational data.
- Part C comprised data around the research process.
- Part D comprised data around the outcomes of research.

A focus group was convened to review the questionnaire prior to the study commencing.

### 3.3 Focus group

A focus group comprising potential participants was convened in order to evaluate the documents and obtain feedback and comments thereon. Focus groups are generally used in planning, marketing, or evaluation, in order to improve some specific product or service (Conducting A Focus Group, 2002).
It was recommended that a focus group be done to determine face validity as this questionnaire was constructed by the researcher and had not been used before.

#### 3.3.1 Purpose of a Focus group

The following points were considered:

- Did the questionnaire provide the required data?
- Were certain questions redundant or misleading?
- Were the questions appropriate for the group being targeted?
- Was the data gained statistically viable?
- Were the procedures standardized?
- How consistent was the information obtained by the survey?
- How accurate was the information obtained by the survey?

(Adaptation from Fink and Kosecoff, 1985 on purpose of a pilot study)

The questionnaire was constructed and distributed to 5 individuals for their comments and input on clarity, understandability and possible ambiguity of these questions. They were also asked to comment on the length of time it took to complete the questionnaire as well as suggestions for the improvements to the documents (see Appendix C). After the assessment was completed, the suggestions were correlated and reviewed; appropriate changes were then made to the questionnaire.

### 3.3.2 Focus group participants

A group of 5 people completed the questionnaire. The group consisted of:

- Two members of DUT Homoeopathic Department lecturing staff;
- One DUT qualified Homoeopath;
- Two DUT qualified Chiropractors.

Within these 5 participants, one was fluent in, but not first language English.

This group was selected because of the similarity to the respondents who would eventually complete the survey as regards to education level, age and possible language barriers (Fink and Kosecoff 1985).

## 3.4 Data collection

### 3.4.1 Obtaining a list of potential participants

A list of M.Tech: Homoeopathy graduate's names from 1994 to 2006 was obtained from the DUT Faculty of Health Sciences office. Lists of Homoeopathic practitioners contact details were then obtained from the Allied Health Professionals Council of South Africa, Homoeopathic Association of South Africa and from the HOD of the Homoeopathic Department at DUT. The above lists were then cross- referenced against lists presented in the research dissertations of Courage (2006) and Babaletakis (2006).

### 3.4.2 Telephonic contact and confirmation of address

All graduates were first contacted by telephone, to introduce them to the researcher and the proposed research study.

The graduate's contact details were then confirmed as well as their willingness to participate in the study. Initial contact was also necessary to establish the manner in which they would prefer to receive and return the questionnaire i.e. via email or post. All participants regardless of the preferred manner of delivery received an information letter and the questionnaire itself; those that preferred delivery by post were also sent a self – addressed return envelope.

It was anticipated that a number of graduates may have been abroad during the time that this research was conducted. Every effort was made to establish contact with these graduates either telephonically or via email. Any graduate that could not be traced was automatically excluded from the survey.

### 3.4.3 Methods of data distribution and collection

All responses were received by an independent party. The independent party was Mrs Segarani Naidoo; the Faculty of Health Sciences Subject Librarian - Alan Pittendrigh Library - DUT. The reason for this was to protect the identity of the respondents from the researcher and research supervisor but simultaneously allow the researcher to know who had not responded so that they could be reminded to do so accordingly. It was of the researcher's opinion that potentially the information offered by the respondents could have been of a sensitive nature and thus anonymity status would be desirable, an independent third party with no connection to the respondent was thus chosen to receive responses.

The names on the questionnaires were ticked off against a list of graduates so that a list of non – respondents could be determined each of which would be sent reminders accordingly. Thereafter the names were deleted from the questionnaires and then forwarded to the researcher for data capturing.

Methods of data distribution and collection were one of the following:

- Post
- Email

Replies returned via post were sent to the following address:

**Postal address:** Faculty of Health Sciences Subject Librarian
Mrs. S. Naidoo
Alan Pittendrigh Library
Steve Biko Campus
Durban University of Technology

P.O. Box 1334
Durban
4000

Responses that were returned via email were sent to the following address**:** naidoose@dut.ac.za
(see Appendix D)

As answers were confidential, once the names had been deleted from the questionnaires they were stored in a locked filing cabinet in the custody of the researcher. Only the researcher and the research supervisor had access to the files. In the case of emailed replies, the email was printed and then deleted, with no traceable address or name appearing on the printed copy. The hard copy was then stored in the locked filing cabinet.

### 3.4.4 Response time

The researcher allowed for a two-week time lapse, for a response to be received. After which the participants were contacted again by telephone to confirm that they had received the questionnaire and to remind them to complete and return the document. A further four – week grace period was allowed for the return of the questionnaires, after which time the non complying candidates were excluded from the study.
The researcher then considered the data capture completed and then proceed with data analysis.

### 3.4.5 Role of the information letter

To ensure compliance of the participants, it was imperative to thoroughly inform the M.Tech: Homoeopathic graduates of the proposed research and to emphasize the importance of the information. Much care was taken in the presentation of the questionnaire to make the graduates aware that none of the information would be used against the respondent. The information letter also clearly stated the intention of the study and also explained the measures which were taken to ensure the confidentiality of the responses. Participants were also informed that by completing the questionnaire they inferred consent to participate in this study. The researcher hoped the content of the information letter would have encouraged truthful responses from participants (see Appendix B).

### 3.5 Statistical assessment of questionnaire

A descriptive analysis of the data was conducted using frequency tables reporting counts and percentages for categorical variables, and summary statistics such as mean, standard deviation and range for quantitative variables.

Perceptions were scored using the following questions: C1.4, C1.5, C1.7, D1.1, D1.3 and D1.4 respectively (see Appendix A). The scoring of the D section questions was reversed so that the higher the score the more positive the perception. Individual question scores were added together to form a total score which represented the perceptions of the participants; the higher the score the more positive the perceptions. Each score could range from a minimum of 5 to a maximum of 19. The relationship between perception scores and age was assessed using Pearson's correlation analysis. Comparison of mean perceptions scores and major events (yes or no) as well as between other dichotomous variables was achieved using Student's independent t-tests. The relationship between perception score and time taken to complete the research component was assessed using Spearman's non parametric rank correlation analysis since time taken was not normally distributed.

### 3.6 Flow chart of processes

The questionnaire was drawn up

↓

Focus group conducted on the questionnaire

↓

Adjustments made to the questionnaire

↓

Names/contact details of M.Tech: Homoeopathic graduates obtained

↓

Participants contacted by email or telephonically to confirm:

a) willingness to participate in study and

b) method by which the survey was to be delivered to the participant

↓

The questionnaire was sent out

↓

A two-week time lapse was allowed for return of the questionnaires

↓

Graduates who had not returned the questionnaires were contacted and reminded to return questionnaires

↓

A further four-weeks was allowed to lapse for further response

↓

Data collection was completed

↓

Data was analysed

↓

Statistics were completed

↓

Final write up of study

# CHAPTER 4: Results

## 4.1 Introduction

Following the methodology described in Chapter 3, the study produced raw data in the form of completed questionnaires. These were obtained by following a convenience sampling method. M.Tech: Homoeopathic graduates from 1994 to 2006 were approached with a view to completing the questionnaire.

The specific objectives of the analysis were as follows:

(1) To describe the demographic characteristics of the individuals sampled.

(2) To determine the perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their professional development.

(3) To determine the perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their personal development.

(4) To determine the perceptions of M.Tech: Homoeopathy graduates with regards to additional general perceptions regarding research as a component of the degree.

(5) Assess the relationship between perceptions and age.

(6) Assess the relationship between perceptions and major events.

(7) Assess the relationship between perceptions and other factors.

SPSS version 15.0 (SPSS Inc., Chicago, Illinois, USA) was used to analyse the data. A p value $<0.05$ was considered as statistically significant.

## 4.2 Overview of Results Chapter

### 4.2.1 Descriptive data

#### 4.2.1.1 Demographics:

Demographic variables such as gender, ethnic group, marital status and language are presented in tabular or graphical format with frequency counts and percentages shown, while age is summarized using the mean, standard deviation and range.

#### 4.2.1.2 Objective 1: To determine the perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their professional development.

Perceptions are tabulated in frequency tables showing counts and percentages of responses to the selected questions.

#### 4.2.1.3 Objective 2: To determine the perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their personal development.

Perceptions are tabulated in a frequency table showing counts and percentages of responses to the specific question.

#### 4.2.1.4 Objective 3: To determine the perceptions of M.Tech: Homoeopathy graduates with regards to additional general perceptions regarding research as a component of the degree.

Perceptions are tabulated in frequency tables and bar charts showing counts and percentages of responses to the selected questions.

#### 4.2.1.5 Objective 4: To assess the relationship between perceptions and age.

Perceptions were scored and expressed as a quantitative score as described in the methodology section. Pearson's correlation analysis and a scatterplot are used to assess the relationship between perceptions score and age.

#### 4.2.1.6 Objective 5: To assess the relationship between perceptions and major events

Student's independent t-tests are used to compare mean perceptions score between those who experienced any of the listed major events and those who did not.

#### 4.2.1.7 Objective 6: To assess the relationship between perceptions and other factors.

Other identified factors which could have influenced perceptions were type of research project, number of supervisors, time taken to complete the research, previous research experience and whether they were currently practicing. Perceptions scores were compared against these variables using ANOVA tests, Spearman's correlation and t-tests.

## 4.3 Abbreviations

Respondent = was a participant in the current study, i.e. one of the 50 individuals satisfying the inclusion criteria and who completed the questionnaire and whose data was used in the analysis.

n=sample size.

$p<0.05$ means the p value (or probability that the null hypothesis was correct) is less than 0.05 (or 5%). This is the level of statistical significance used, i.e. if the probability is less than 5% then the null hypothesis was rejected;

Similarly if $p>0.05$ means that the probability is greater than 5% thus we do not reject the null hypothesis.

r = is Pearson's correlation coefficient. r ranges from -1 to +1 with values closer to +1 indicating strong positive correlations and values closer to -1 indicating strong negative correlations. Values closer to 0 mean lack of correlation.

rho = Spearman's rank correlation coefficient. Interpreted the same way as r.

## 4.4 Descriptive statistics

### 4.4.1 Demographics:

There were 50 participants in the study. Their gender breakdown is shown in Table 4.1. The majority of respondents were female (70%).

**Table 4.1: Gender of participants**

| | | Frequency | Percent |
|---|---|---|---|
| Valid | Male | 15 | 30.0 |
| | Female | 35 | 70.0 |
| | Total | 50 | 100.0 |

In terms of ethnic group, the vast majority of the sample was white (74%), while 24% were Indian and 2% Asian. This is shown in Figure 4.1.

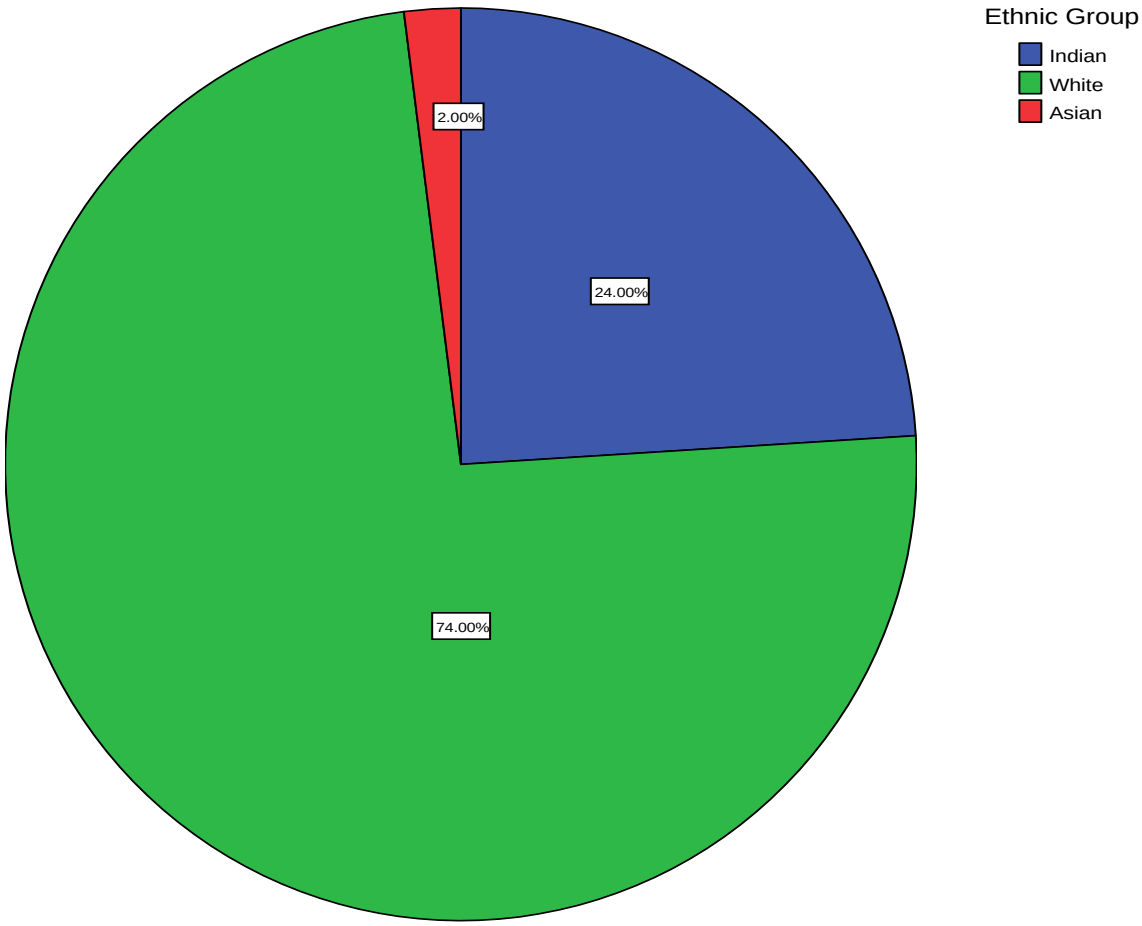


**Figure 4.1: Pie chart of Ethnic groups of respondents**

The average age of respondents was 35.4 years with a standard deviation of 6.8 years and a range from 25 to 58 years (Table 4.2).

**Table 4.2: Age of respondents (n=48)**

| | |
|---|---|
| N | |
| Mean | 35.38 |
| Std. Deviation | 6.781 |
| Minimum | 25 |
| Maximum | 58 |

Table 4.3 shows that the majority of respondents were married (74%) while 24% were single and 2% divorced.

**Table 4.3: Marital status of respondents**

| | | Frequency | Percent |
|---|---|---|---|
| Valid | Single | 12 | 24.0 |
| | Married | 37 | 74.0 |
| | Divorced | 1 | 2.0 |
| | Total | 50 | 100.0 |

Figure 4.2 shows that 84% of respondents had English as their first language, and 55% had Afrikaans as their second language. Only one respondent had an “Other” first language which was German, while of the 42 respondents who had a second language, 9 participants listed “Other”. These consisted of French, Hindi, Flemish, German, Greek, Gujerati, and Romanian.

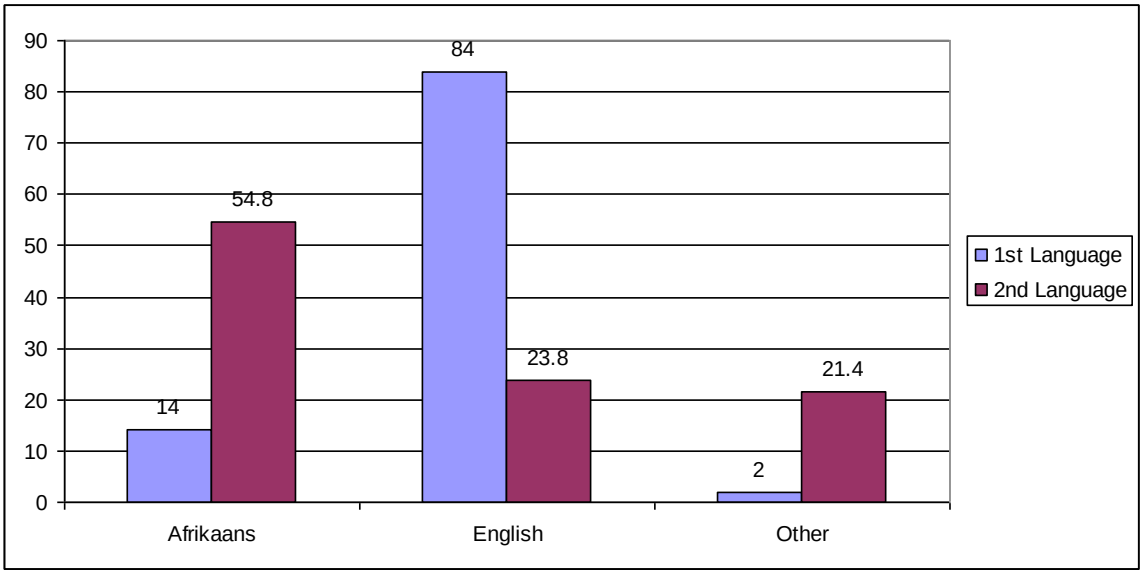


**Figure 4.2: Bar chart of first and second language**

### 4.4.2 Objective 1: To determine the perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their professional development.

Table 4.4 shows that 82% of respondents were currently practicing Homoeopathy.

**Table 4.4: "Are you currently practicing Homoeopathy either full time or part time?"**

| | | Frequency | Percent |
|---|---|---|---|
| Valid | Yes | 41 | 82.0 |
| | No | 9 | 18.0 |
| | Total | 50 | 100.0 |

Of those not practicing Homoeopathy, the majority (44.4%) thought their research conferred no benefit to their professional development while 22.2% thought it gave them a direct benefit.

**Table 4.5: "If you are not practicing Homoeopathy, what effect has the completion of your research had on your professional development (n=9)**

| | | Frequency | Percent |
|---|---|---|---|
| Valid | Direct benefit | 2 | 22.2 |
| | Indirect benefit | 3 | 33.3 |
| | No benefit | 4 | 44.4 |
| | Total | 9 | 100.0 |

Of those who were practicing currently, 46.3% thought their research had no direct benefit on their professional development (Table 4.6). Thus the percentages were very similar for those who were and were not practicing Homoeopathy.

**Table 4.6: "If you are practicing Homoeopathy, what effect has the completion of your research had on your professional development" (n=41)**

| | | Frequency | Percent |
|---|---|---|---|
| Valid | Direct benefit | 11 | 26.8 |
| | Indirect benefit | 11 | 26.8 |
| | No benefit | 19 | 46.3 |
| | Total | 41 | 100.0 |

### 4.4.3 Objective 2: To determine the perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their personal development.

Thirty-four percent of participants thought that research had a direct benefit on their personal development and a further 34% also thought that research had no benefit on their personal development (Table 4.7). Only 6% of the respondents thought there was a negative benefit.

**Table 4.7: "What effect has the completion of your research had on your personal development"**

| | | Frequency | Percent |
|---|---|---|---|
| Valid | Direct benefit | 17 | 34.0 |
| | Indirect benefit | 13 | 26.0 |
| | No benefit | 17 | 34.0 |
| | Negative benefit | 3 | 6.0 |
| | Total | 50 | 100.0 |

### 4.4.4 Objective 3: To determine the perceptions of M.Tech: Homoeopathy graduates with regards to additional general perceptions regarding research as a component of the degree.

Figure 4.3 shows that most respondents thought the quality of the supervision they received was adequate (44%) while 28% thought it was excellent.

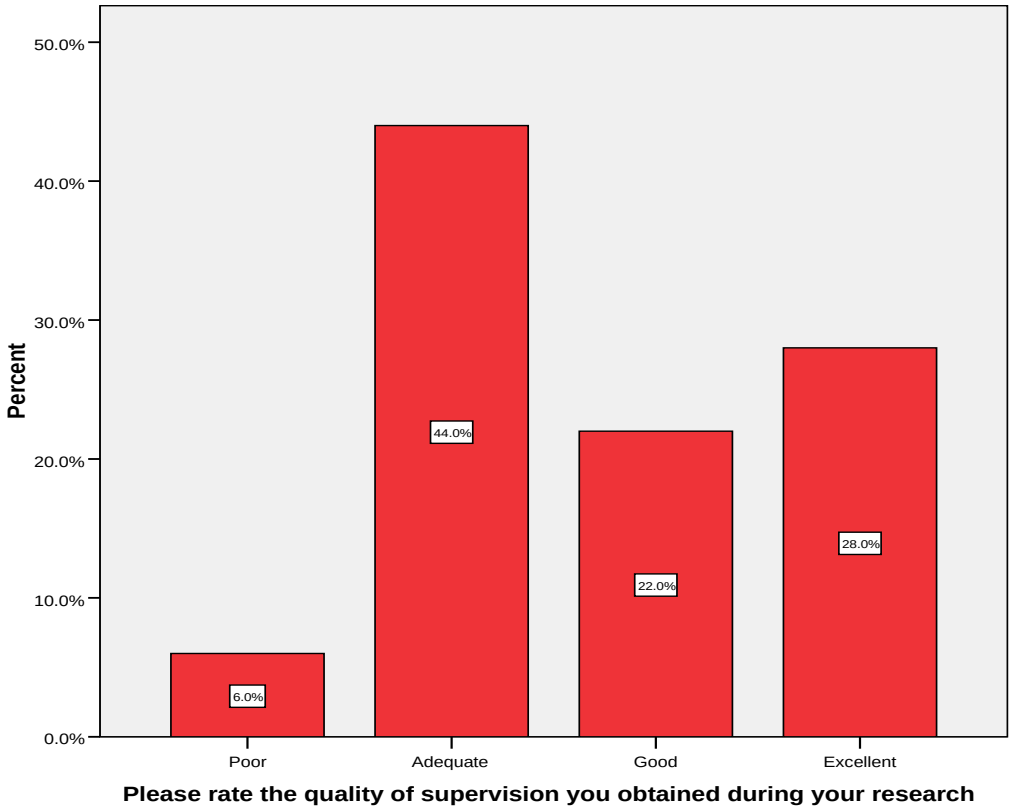


**Figure 4.3: Bar chart of responses to question C1.4 (n=50)**

The general experience of the research process was mostly rated as poor (38%), with 34% rating it as adequate, 26% good and only 2% as excellent (Figure 4.4).

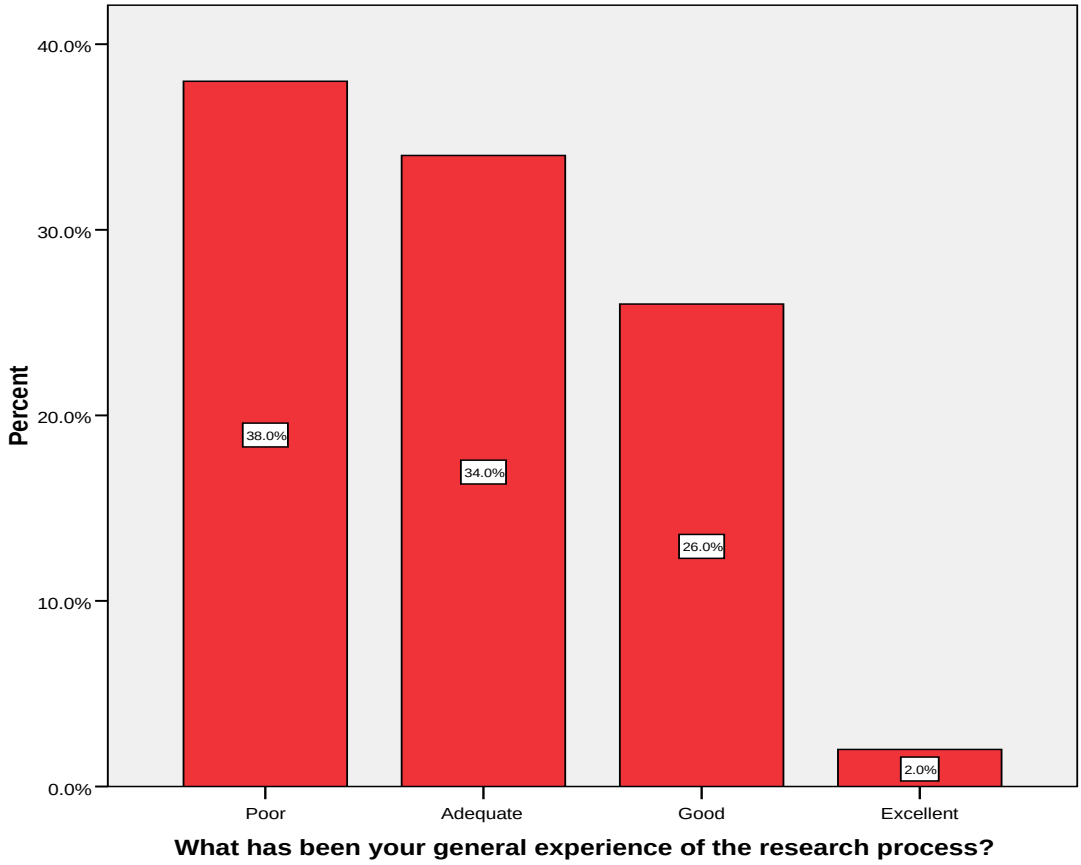


**Figure 4.4: Bar chart of responses to question C1.5 (n=50)**

Forty-two percent thought that the research administration process was poor, 34% adequate and 24% good, as shown in Figure 4.5.

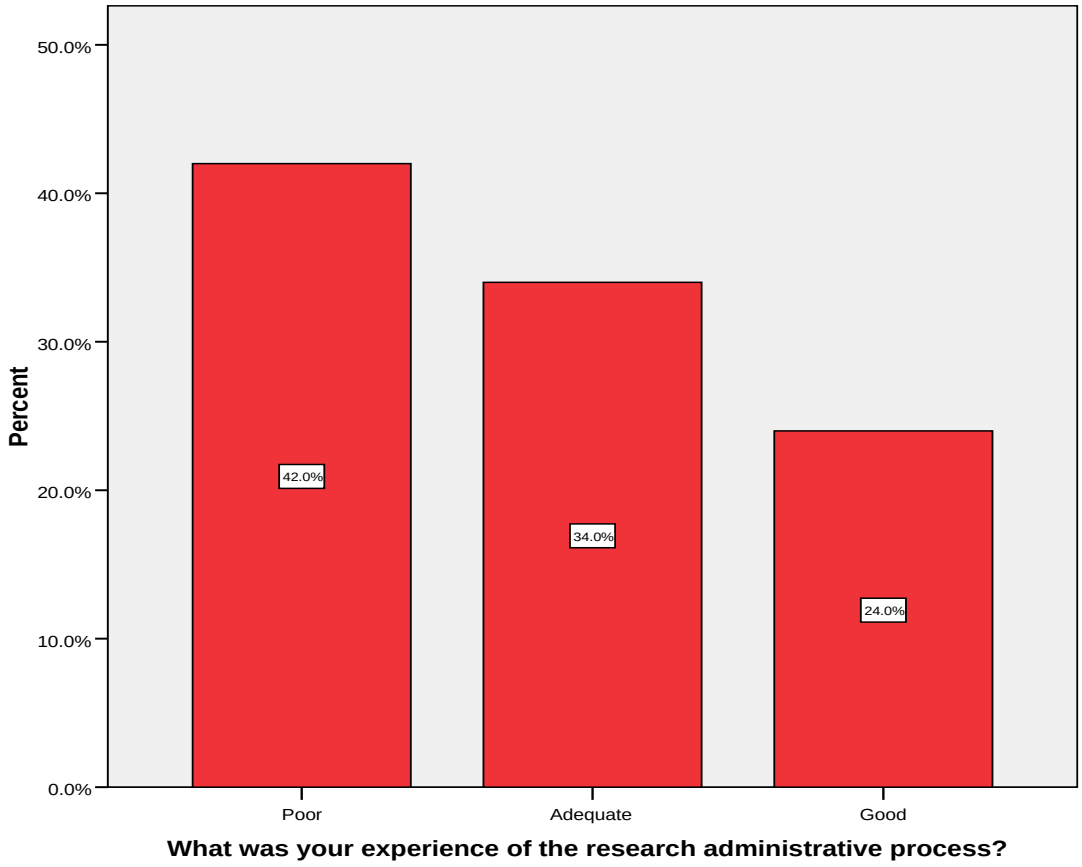


**Figure 4.5: Bar chart of responses to question C1.7 (n=50)**

## 4.5 Correlational Analysis

### 4.5.1 Objective 1: To assess the relationship between perceptions and age.

Perceptions were scored by adding up scores of 5 selected perception questions. The higher the score, the more positive the perceptions. Perception scores ranged from 8 to 18 out of 19 possible points. The mean score was 12.1 and the standard deviation was 2.5.

There was no correlation between age and perception score ($r=0.052$, $p=0.723$). Figure 4.6 shows that there was a random scatter of points at the various ages, and no apparent pattern was discernable. Thus age did not influence perceptions.

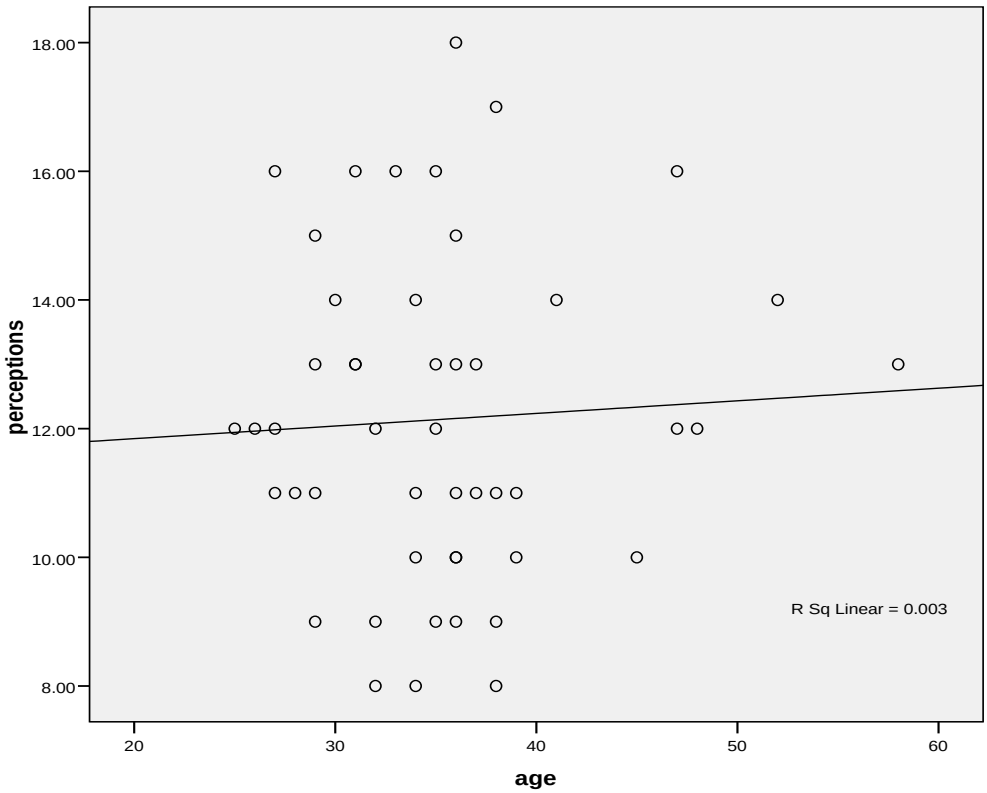


**Figure 4.6: Scatter plot of age by perceptions score (n=48)**

### 4.5.2 Objective 2: To assess the relationship between perceptions and major events.

Table 4.8 shows that there was no significant differences between perceptions scores in those who had and who had not experienced the listed major events. This may be due to the small sample sizes of those who had experienced each major event. Generally those who had experienced a major event had lower mean perception scores than those who had not, except in the case of childbirth and depression.

## Table 4.8: Comparison of mean perceptions score between major events

| | | perceptions | p value |
|---|---|---|---|
| | | Mean | |
| Alcoholism | Yes | . | |
| | No | 12.14 | |
| Birth of a child | Yes | 13.00 | 0.627 |
| | No | 12.10 | |
| Abuse | Yes | . | |
| | No | 12.14 | |
| Chronic Health Problems | Yes | 9.00 | 0.211 |
| | No | 12.20 | |
| Death of a family member | Yes | 11.50 | 0.717 |
| | No | 12.17 | |
| Divorce / Separation | Yes | 12.00 | 0.956 |
| | No | 12.14 | |
| Drug abuse | Yes | . | |
| | No | 12.14 | |
| Violence | Yes | . | |
| | No | 12.14 | |
| Immigration | Yes | . | |
| | No | 12.14 | |
| Loss of parent(s) employment | Yes | . | |
| | No | 12.14 | |
| Major illness | Yes | . | |
| | No | 12.14 | |
| Major vehicle / Household accident | Yes | . | |
| | No | 12.14 | |
| Marriage | Yes | 10.40 | 0.104 |
| | No | 12.33 | |
| Depression | Yes | 14.00 | 0.461 |
| | No | 12.10 | |
| Suicide | Yes | . | |
| | No | 12.14 | |
| Other | Yes | 12.00 | 0.897 |
| | No | 12.16 | |
| Not applicable | Yes | 12.35 | 0.321 |
| | No | 11.54 | |

### 4.5.3 Objective 3: To assess the relationship between perceptions and other factors.

#### 4.5.3.1 Types of research

Table 4.9 shows that there was a slight trend showing that those who did proving research had the most negative attitudes, while those who did clinical or surveys had the most positive attitudes. However, the overall difference between the 5 means was not statistically significant (p=0.139) (Table 4.10). Thus type of research did not significantly affect perceptions.

**Table 4.9: Mean perception score by type of research**

| What type of research did you conduct as part of your M.Tech: Homoeopathy qualification? | Mean | N | Std. Deviation |
|---|---|---|---|
| Clinical | 12.8571 | 21 | 2.43487 |
| Survey | 12.4286 | 7 | 2.99205 |
| Proving | 8.5000 | 2 | .70711 |
| Laboratory based | 11.7500 | 16 | 2.35230 |
| Other | 11.2500 | 4 | 1.89297 |
| Total | 12.1400 | 50 | 2.51534 |

**Table 4.10: ANOVA test of mean perception score between types of research categories**

Perceptions

| | Sum of Squares | df | Mean Square | F | p value |
|---|---|---|---|---|---|
| Between Groups | 43.484 | 4 | 10.871 | 1.835 | 0.139 |
| Within Groups | 266.536 | 45 | 5.923 | | |
| Total | 310.020 | 49 | | | |

### 4.5.3.2 How many supervisors:

Table 4.11 suggests that those with 3 supervisors had more positive perceptions than those with 1 or 2. There was no statistically significant difference between the three means, though (p=0.408) (Table 4.12).

**Table 4.11: Mean perception score by number of supervisors**

Perceptions

| How many supervisors/co supervisors were appointed to your research project? | Mean | N | Std. Deviation |
|---|---|---|---|
| 1 | 12.0500 | 20 | 2.56443 |
| 2 | 12.0357 | 28 | 2.50159 |
| 3 | 14.5000 | 2 | 2.12132 |
| Total | 12.1400 | 50 | 2.51534 |

**Table 4.12: ANOVA test of mean perception score between number of supervisor categories**

Perceptions

| | Sum of Squares | df | Mean Square | F | p value |
|---|---|---|---|---|---|
| Between Groups | 11.606 | 2 | 5.803 | .914 | 0.408 |
| Within Groups | 298.414 | 47 | 6.349 | | |
| Total | 310.020 | 49 | | | |

#### 4.5.3.3 Time taken to complete research:

Total time taken for research was assessed by adding together the results for C1.8, C1.9 and C1.10 (Appendix A). The median time taken was 13 months, with a range from 8 to 18 months.

Spearman's correlation analysis revealed that there was a statistically significant negative correlation between time taken to complete research and the perceptions of the research (rho = -0.423, p=0.003). Figure 4.7 shows that generally the higher the perception score, the shorter the time taken to complete the research.

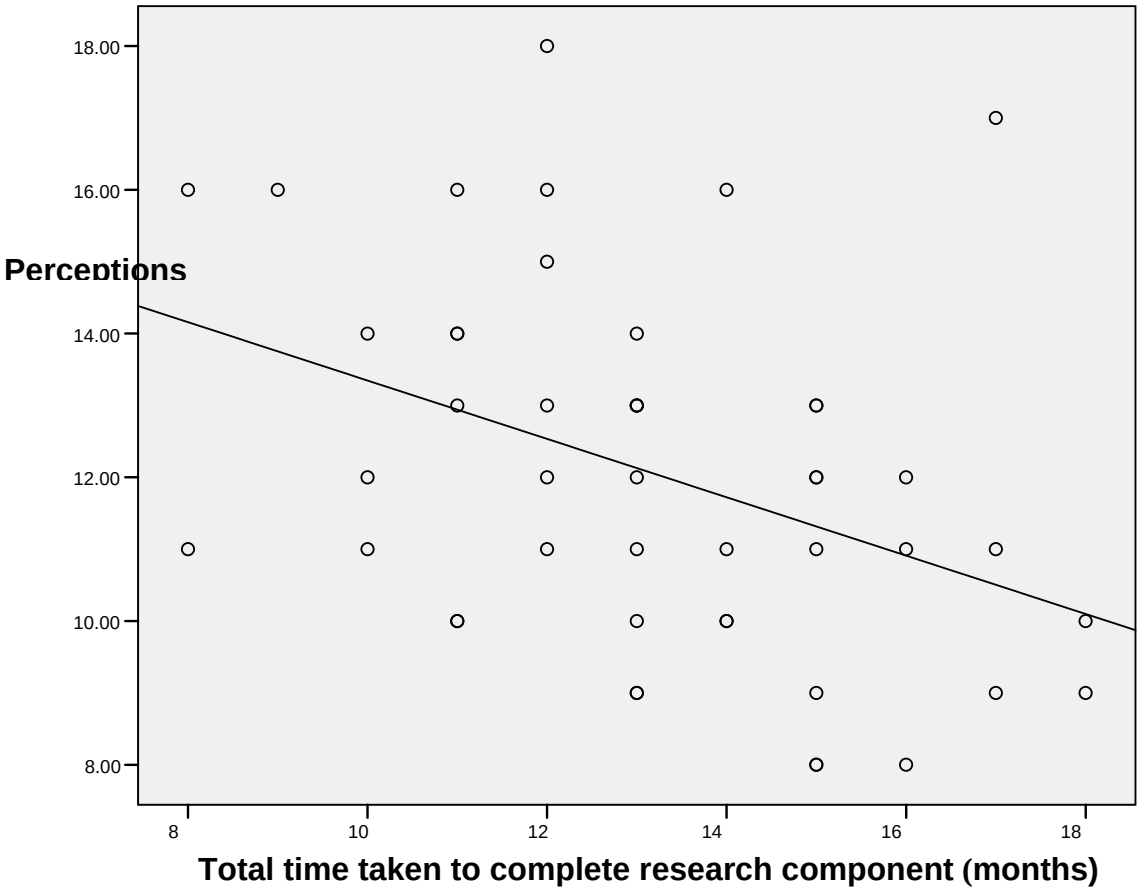


**Figure 4.7: Scatter plot of perceptions score by total time taken to complete research component**

### 4.5.3.4 Previous research experience:

Only one participant had previous research experience, so the difference in means was not statistically significant (p=0.396).

**Table 4.13: Mean perception score by previous research**

| | Had you completed research at a tertiary level prior to the M.Tech: Homoeopathy degree? | N | Mean | Std. Deviation | Std. Error Mean | p value |
|---|---|---|---|---|---|---|
| perceptions | Yes | 1 | 10.0000 | . | . | 0.396 |
| | No | 49 | 12.1837 | 2.52218 | .36031 | |

### 4.5.3.5 Currently practicing:

Those who were not currently practicing had slightly lower mean perception scores than those who were practicing but the difference was not statistically significant (p=0.447).

**Table 4.14: Mean perception score by currently practicing**

| | Are you currently practicing homoeopathy either full time or part time? | N | Mean | Std. Deviation | Std. Error Mean | p value |
|---|---|---|---|---|---|---|
| perceptions | Yes | 41 | 12.2683 | 2.62702 | .41027 | 0.447 |
| | No | 9 | 11.5556 | 1.94365 | .64788 | |

Further discussion with regard to the qualitative data obtained from this study will be presented in Chapter 5.

## CHAPTER 5: Discussion

### Introduction

In this chapter, the following aspects relating to research will be discussed and how it affects M.Tech: Homoeopathy graduates in their personal and professional development. The aspects to be discussed are:

(1) The demographic characteristics of the individuals sampled.

(2) The perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their professional development.

(3) The perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their personal development.

(4) The perceptions of M.Tech: Homoeopathy graduates with regards to additional general perceptions regarding research as a component of the degree.

(5) Any correlations between perceptions and age.

(6) Any correlations between perceptions and major events.

(7) Any correlations between perceptions and other factors.

## 5.1 The respondents

The population group that the research aimed to target comprised of all the M.Tech: Homoeopathy graduates from 1994 to 2006 (160 listed).
A list of M.Tech: Homoeopathy graduate's names from 1994 to 2006 were obtained from the DUT Faculty of Health Sciences office. Lists of Homoeopathic practitioners contact details were obtained from the Allied Health Professionals Council of South Africa, Homoeopathic Association of South Africa and from the HOD of the Homoeopathic Department at DUT. The above lists were cross – referenced against lists presented in the research dissertations of Courage (2006) and Babaletakis (2006).

Of the 160 graduates, 13 graduates were unwilling to participate in this study as they were busy with other activities. 97 graduates were emailed, of which only 36 (37%) responded, this was in part due to outdated email addresses as 17 emails were returned with error messages. Of the 50 graduates contacted by Fastmail, 14 completed questionnaires were returned, a 28% response rate. The total sample group was 50 responses and the total response rate was 34%. A minimum of 20 – 30% response rate was required of the total sample group in order for the statistical analysis to be viable. This study achieved a 34% response rate and therefore this sample size is more than adequate to assume the data is valid and representative of the respective DUT Homoeopathic graduates. Possible reasons for not achieving a maximum response may be due to errors within the contact lists received, such as incorrectly typed email addresses, change of address of graduates or a lack of interest to participate in this survey.

In contrast to other studies conducted, with similar target populations, this research had a relatively low response rate. Babaletakis (2006) had a population group of 134 graduates, of which 87 responded, the response rate obtained was 64%. Courage (2006) had a population group of 134 graduates, of which 70 responded, the response rate obtained was 52%.
Broughton (2008) however had a population group of 464 registered Homoeopaths, of which 68 responded, the response rate obtained was 15%.

A possible explanation for this low response rate may be because Broughton's (2008) research had a much larger target population i.e. all registered homoeopaths in South Africa, than previous research.

## 5.2 Demographics

This section analyses information gained from all the respondents. The profile includes: gender, ethnicity, age, marital status, first and second languages).

### 5.2.1 Gender

It has been seen among the Homoeopathic community that there is a greater proportion of female Homoeopaths in South Africa and worldwide (Babaletakis, 2006).
Of the samples achieved by Babaletakis (2006) and Courage (2006), 66% and 65% were females respectively. Traditionally it has been seen over the years that the Homoeopathic course attracts more female students than male students (Courage 2006). The impact of this trend is reflected in the demographic sample obtained from this study. The response rate in this research was 35 (70%) female graduates and 15 (30%) male graduates (Table 4.1).

However this is in contrast to the results achieved by Broughton (2008) whose sample comprised almost equal proportions of males and females. This result could have been due to her large target population (all registered homoeopaths in South Africa) this population comprises graduates of various programmes and institutions other that DUT.

### 5.2.2 Age/Maturity

Age (in years) or maturity can play a major role in the process of conducting research. The mature learner adapts more rapidly to the study environment as well as to the pressures of a heavy or challenging academic workload (Ditcher and Tetley, 1999).

In this study the average age of respondents was 35 years. The youngest respondent was 25 years old and the eldest respondent was 58 years old (Table 4.2).
In contrast, Broughton (2008) stated that half of the respondents of the total sample group were over the age of 55 years, making up 43%. The next large sample group making up 34% were between the ages of 26 – 35 years.
Both Babaletakis (2006) and Courage (2006) stated that almost half of the respondents of their total sample were between the ages of 31 and 35 years respectively.

### 5.2.3 Ethnic group

The analysis of the ethnic composition of the sample of respondents showed that the white and Indian groups dominate, comprising 74% and 24% of the total respectively (Figure 4.1).

These figures may reflect the fact that during the last 10 years, the students who have applied for this course have largely been derived from these two groups and Black students, in particular, have been in the minority (Courage, 2006). Currently however, there has been a substantial shift in the paradigm and there has been a noteworthy increase in the intake of Black students (Courage, 2006).

In the study done by Courage (2006) the majority of graduates were White, comprising of 63% and the next largest group was Indian comprising of 31%. Babaletakis (2006) had the majority group comprising of White, 87% and the

Indian group being 11%. Broughton (2008) had the majority group comprising of white, 81% and the Indian group at 6%.
Ethnicity is a valuable tool in assessing how the different ethnic groups view Homoeopathy as a future career path for the next generation of Homoeopaths and these influences warrant further investigation.

### 5.2.4 Marital status

The analysis of the marital status of the sample group showed that 12 (24%) were single, 37 (74%) were married and only 1 (2%) was divorced (Table 4.3).

### 5.2.5 Languages spoken

Figure 4.2 showed that 84% of respondents had English as their first language and 55% had Afrikaans as their second language. This was an expected result as the DUT programme is run in English and would thus attract English speakers. Only one respondent had an “other” first language which was German, while of the 42 respondents who had a second language, 9 respondents listed “other.” These consisted of French, Hindi, Flemish, German, Greek, Gujerati and Romanian.

## 5.3 Perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their professional development.

### 5.3.1 Perceptions of practicing Homoeopathic graduates

On analysis of the sample group it showed that 82% of the respondents were currently practicing Homoeopathy (Table 4.4).
In contrast, 65% of the sample obtained by Courage (2006) was currently practicing Homoeopathy.

*Direct Benefits:* 27% of the graduates said that research had a direct benefit on their professional development (Table 4.6).

Many of the graduates said that after completing research they felt more competent and gained more “direct faith” in their profession. Many graduates reported that enhanced clinical knowledge, polished social skills and better remedy knowledge were all direct benefits of completing research.

One graduate said that many patients had been referred to her as a result of her research and she had been able to assist them more effectively as a result of her experiences during her research.

*Indirect Benefits:* 27% of graduates said that research had an indirect benefit on their professional development (Table 4.6). Many graduates listed “enhanced problem solving ability,” “learned to work independently and under pressure,” and “time management and self discipline” as some of the indirect benefits that they gained on completing research and that contributed to their professional development.

Other graduates said that they indirectly benefited by gaining an understanding of the importance of research in the progression of the profession and about how not to treat patients. Most graduates agreed that the most important indirect benefit was the feeling of achieving something great. This feeling can boost a practitioner’s confidence and make them feel more competent and self–assured when dealing with patients. Doring, Bingham and Bramwel–Vial (2001), said that success is about surpassing one’s own previous standards and therefore is indicative of improvement. The purpose of attaining success is the increased perception of mastery or competence and the self–satisfaction that derives from this (Doring, Bingham and Bramwel–Vial, 2001).

*No Benefits:* 46% of M.Tech: Homoeopathy graduates who are currently practicing said that research had no benefit on their professional development (Table 4.6). The majority of graduates were unified in their belief that research had very little to do with the skills and knowledge required for the vocation of practicing Homoeopathy. The graduates felt that the period of time when they were preoccupied with research, much of their important knowledge and practical experience gained from their 5 years of study of Homoeopathy and medicine was lost (i.e. research diverted energy and attention away from the importance of Homoeopathy). This result is most likely reflective of the cases where non-patient based research was conducted and where research took more than a year to complete. Another reason for this viewpoint could be due to the fact that no internship programme has being in place for over 10 years. Graduates who conducted non-patient based research would have had no opportunity to refine their medical skills and knowledge. However, in the case of clinical studies and provings where graduates had to work predominately with patients, clinical skills and Homoeopathic knowledge is most likely to have improved.

### 5.3.2 Perceptions of non–practicing Homoeopathic graduates

On analysis of the sample group it showed that 18% of the respondents were not practicing Homoeopathy (Table 4.4).

*Direct Benefits:* In this category 22% of the graduates felt that research had a direct benefit on their professional development (Table 4.5).
This is supported by the following comment made by a respondent: “It was hugely beneficial for me to have walked away from Tech with a greater understanding of all aspects of the research field. Clinical studies guide technology and thus product development. Qualitative research guides marketers about many aspects of consumer and buyer behaviour and perceptions about products and brands. And the ability to think like a researcher and discriminate appropriately assists commercial decisions which must often be made based on secondary data. These skills have been of great benefit to me in my current career as a Marketing Manager.”

*Indirect Benefits:* 33% of the respondents said that research had an indirect benefit on their professional development (Table 4.5).
One respondent said that although they were not able to sustain a career in Homoeopathy, research enhanced their curriculum vitae and thus enabled her to get a job in the pharmaceutical industry. Other respondents said that they had gained an understanding of how to read a research paper as well as how statistics are useful to prove the point you are trying to make.

*No Benefits:* 44% of respondents said that research had no benefit on their professional development (Table 4.5). This is supported by the following comment: I have studied another qualification of which I received no credit for from my Homoeopathy qualification.

My current occupation is not directly related to Homoeopathy and therefore has had no benefit from it, other than perhaps an understanding of people (which can benefit any occupation) which studying Homoeopathy possible provides." Many graduates may be not be aware of the fact that in terms of academic status a graduate of a Master's programme possesses a National Qualifications Framework Level 9 qualification, which is higher than graduates with a professional Bachelors who only possess a Level 8 qualification (South Africa, 2007). So a Master's degree graduate will always have some academic advantage over graduates with lower level qualifications.

## 5.4 Perceptions of M.Tech: Homoeopathy graduates with regards to the contribution of research towards their personal development

34% of graduates thought that research had a direct benefit on their personal development and a further 34% also thought that research had no benefit on their personal development (Table 4.7). Only 6% of the respondents thought that there was a negative benefit.

*Direct Benefits:* The direct benefits of research on graduate's personal development mentioned were: "enhanced problem solving and critical thinking skills," "computer skills improvement," "self discipline and lots of patience." Many graduates felt that they had gained an understanding of how to structure and compile a research project and work in harmony with other professionals in the medical field toward a common goal as well as gaining a basic knowledge of statistics.

One respondent who now supervises research at DUT said that the knowledge gained from their experience of research, has helped them to gain an understanding of how this research process is a daunting and unpleasant experience for many students and the graduate now endeavours to help students by always trying to be available when questions arise.

Two respondents discovered they each possessed a hidden passion for research. One of them mentioned that her research methodology was a qualitative method which employed a survey questionnaire as a measurement tool. When the graduate completed their dissertation they subsequently moved into a career in marketing and had been involved with large scale market research projects, which have used qualitative research methods extensively. The other graduate however, expressed a wish that there was more institutional and departmental support for the process as well as better/more opportunities for capacity development. Another respondent stated that they learned how to deal with patients with addictions. They learned about the power of accountability, the patients were accountable for cigarettes smoked as they were made to write on a score sheet when they smoked and the emotions felt when smoking.

*Indirect Benefits:* On the path of working towards a long term goal, many people discover qualities within themselves that they never previously thought they had. Many respondents listed "perseverance," "will power," "patience," "self–motivation," "self–discipline and overcoming obstacles" as indirect contributions to their personal development. Two respondents stated that once they had completed their research they felt a "sense of accomplishment" because they had gained a Master's degree which they believed holds more prestige than just a degree. One respondent said that they felt that the

research process very stressful and midway through had decided not to practice Homoeopathy. The respondent said that they were tempted to quit but felt glad once they completed research and achieved their degree because they now had something to show for their hard work.
Many graduates mentioned that they gained an insight into the scientific world and how to go about writing a scientific research dissertation. One respondent stated that they learned how to use tinctures in the patients who had a susceptibility to organisms that were sensitive to *in vitro* trials.

*No Benefit:* In response to this question 34% of graduates stated that their research was done merely as a formal step to complete their degree and they also felt good to know that they had completed their dissertation. Although the graduates felt that the process was at times challenging, the research had no major impact on their personal development. One respondent felt that research was the most difficult time of their life up to this point. Another respondent mentioned that to do research, they needed discipline and perseverance. This respondent felt that they already possessed these qualities so they did not develop them.

All the graduates who chose this option felt that research put their lives on hold. They as a group felt that due to the inability to predict the time frame of the research process (such as poor availability of people and the breakdown in technology), they could not look to enter the job market, nor make any plans with their personal lives. Graduates felt that being relatively intelligent they felt “in control” whilst conducting the coursework component of the degree. In the midst of the research process however, graduates felt that their fate was determined by forces beyond their control. The research also made them more irritable and bitter due to the difficult encounters with non–compliant participants and the tediousness of research itself. They stated that they learned very little except for a lot of patience. The graduates felt that research hindered their creativity as they felt the framework was very limiting.

## 5.5 Perceptions of M.Tech: Homoeopathy graduates with regards to additional general perceptions regarding research as a component of the degree

### 5.5.1 Quality of supervision

Most of the respondents thought the quality of supervision they received was adequate (44%) while 28% thought it was excellent. 22% of the respondents thought the quality of supervision they received was good and only 6% thought it was poor (Figure 4.3).

When asked to elaborate further about their quality of supervision, the majority of respondents mentioned that access to supervisors was a big problem. Many respondents commented that while one supervisor was excellent and provided hours of valuable time at their convenience, the other supervisor was never available for appointments thereby causing delays in research. One respondent stated that a few Homoeopathic practitioners should be paid by the faculty to supervise student research full time so that their research is not delayed due to supervisors/ practitioners being too busy. The fact that all graduates of the Homoeopathic programme are obliged to conduct Master's research results in the Department having an unusually high number of research students as compared to other programmes within DUT. The majority of research is supervised internally by academic staff (6 staff members) resulting in high volumes of research supervision in addition to other lecturing requirements (Naude, 2009). This situation is most likely the reason for some of the negative perceptions around internal research supervision. From the graduate's responses to this question there emerged a clear pattern. The researcher found that the respondents felt they were better supported and received superior supervision from external supervisors than internal supervisors.

The above statement is supported by the following comment: “I experienced a superior quality of supervision from the University of KZN (where I was conducting my research) in comparison to my Homoeopathic department supervisor. There is more specialisation in the research field at the university. I think that a Homoeopath is not formally trained in research and therefore should not be the only supervisor.” Some respondents mentioned that where one supervisor marked quickly, the other was very slow. They felt the slowness and inaccessibility of the supervisor caused additional delays to research.

In contrast to the above, another respondent said: “It must be terribly difficult to supervise someone who essentially has no clue what they are doing. The supervisor spends more time educating individual students about the research process than actually “supervising.” This wastes a lot of time for both students and supervisors. Research should not be a self – study course.”

A few respondents said that accessibility to supervisors was good as both were staff of the Department. They felt the supervisors assisted them generously with their time and expertise. The supervisors were very knowledgeable about the type of research projects the graduate’s were undertaking. This group of graduates felt that their supervisors were of no hindrance to their research process.

### 5.5.2 General experience of research process

The general research process was mostly rated as poor (38%), with 34% rating it as adequate, 26% good and only 2% as excellent (Figure 4.4).

The consensus among respondents who graduated in 1994 till 2000 was that there was poor motivation and it was a struggle to get through the research process. These graduates mentioned that there was not enough specialised support and encouragement, and at that time the process was continuously delayed especially at the Research Committee level. This subsequently led to a feeling of 'not being taken seriously." The graduates said there was an attitude of needing to do research just for a pass, rather than to conduct research that would be useful to the profession. They said there was an understanding amongst them that the more useful your research was, the more of a struggle it would be, so the tendency developed to keep it very simple and therefore often meaningless. Many graduates expressed the wish that they could have practiced Homoeopathy in the year of conducting research.

Unfortunately the response rate from graduates who have been in practice for about 2-4 years was very poor i.e. would have conducted research between 2001-2006. Therefore the feedback for this question is severely lacking the opinions of which would describe relatively more recent experiences of the research process i.e. 2001-2006, these experiences may be significantly different to those predating this period.

Some respondents felt that poor patient compliance and time delays within the Department made it difficult to keep the momentum of the research project going. These respondents said that while doing research, the thought of being in practice seemed very far away, especially since research is done at an "undergraduate" level where the students are very inexperienced in the real world and exhausted after several years of intense study.

Other respondents stated that they enjoyed doing a literature review, compiling the information and gained valuable experience of research during this process. These respondents felt they had gained experience in the laboratory and practical experience dealing with research in this manner.

Many respondents said that there was insufficient teaching of research methodology and research techniques prior to starting the research project. The respondents felt that they were not educated appropriately about statistical analysis, how to evaluate other research and there was insufficient funding to actually perform any sort of meaningful research. One respondent commented that their general experience of research was time consuming with lots of red tape and very little gained by the student. They felt that research had no bearing on their ability to practice Homoeopathy and should have no reflection on whether they qualified as a practitioner or not.

### 5.5.3 Experience of the research administration process

On analysis it was seen that 42% of respondents thought that the research administration process was poor, 34% adequate and 24% good (Figure 4.5).

One of the graduates, who thought that the research administration process was poor, stated the following: “The time delays between handing in papers and getting feedback are frustrating. There was little or poor communication from the Department, so it was difficult to know where my paperwork was in the system.”

Many respondents echoed the response of the above graduate. They cited loss of paperwork, inconsistencies in marking of research, long waits for feedback from supervisors, poor statistical analysis and delays in getting research passed as examples of poor administrative processes.

Respondents said that they were only informed of decisions when they asked and the answers given were not always satisfactory. These respondents felt that the time wasted on waiting for various stages of approval and marking of research caused delays in terms of loss of income, repayment of loans and delayed qualification.

Other graduates however, stated that the supervisors were very speedy in helping them, they worked consistently; the lab research help was fabulously organised and the statistical department was efficient. These graduates felt the whole administrative process painless.

### 5.6 Factors expediting the research process

On analysis the researcher observed that the majority of respondents listed 3 factors that expedited their research process.
These factors were:

1.) An internal supervisor who was accessible, helpful and responded within a short period of time.
2.) An external supervisor who was regularly available and a quick marker.
3.) Patients who were located in a “fixed” position i.e. where the researcher could go to them at any time and they would be available.

The following comments by graduates supported the above observation: “I selected a methodology which allowed me to determine the speed of the process. Survey methods are much easier to control as the researcher is able to actively pursue respondents within a given time frame” and “my university supervisor who saw me as a priority and was always quick with corrections” and “choosing to work at a children’s home meant that the patients were in one place and available and I did not need to rely on compliance and patients returning or coming to an appointment as I went to them” and “ my internal supervisor was very fast and efficient in marking and corrections.”

Many respondents felt that they already possessed qualities such as self – discipline, determination, perseverance and self motivation which expedited their research. A few respondents mentioned that an excellent statistician was the factor that expedited their research.

### 5.7 Factors hindering the research process

The common factors that hindered most respondents can be summarised as follows:

a.) Difficulty in obtaining journal articles and other much needed reference material which then took days to weeks to arrive through interlibrary loans.
b.) Participant (sample) recruitment and compliance needed for completion of research was difficult and slow.
c.) Access to computers and printers were very difficult when graduates did not have personal computers.
d.) Inability to find viable research topics due to there being too few options.

Some respondents said that budget constraints and poor statistical work hindered their research process while other respondents said that slow responses from their supervisors as well as supervisors who were situated away from Durban caused delays.

One respondent mentioned that getting the survey translated into isiZulu as per suggestion was time consuming and turned out to be a waste of time in the end because the Zulu principals of the school used by the respondent preferred their learners to complete the survey in English.

Another respondent said that marking took longer than 3 months despite DUT rules. This respondent said that no action was taken by the department against the examiner who took an extra–ordinarily long time to mark, despite attempts made by the respondent to expedite it.

## 5.8 Skills obtained/enhanced during research

Many respondents mentioned the ability to source and interpret data, reference correctly and use of computer as skills that they obtained as a result of completing the research process.

Graduates, who had chosen to conduct clinical trials for their research, said that they noticed an improvement in their case taking, clinical and diagnostic skills i.e. in the diagnosis of the condition covered in their respective research and in monitoring the process of the condition.

Those graduate's who had conducted laboratory based research, said they gained knowledge of the correct use of a micropipette as well as other laboratory skills and an understanding of an electrons orbit around an atom.

Many respondents stated that they had learned the value of patience and the importance of it when dealing with patients. Three respondents said they had gained the knowledge on how to write up a research thesis.

Few respondents felt that they had not gained any specific skills. They stated that in terms of their Homoeopathic development no skills were enhanced either.

## 5.9 Lessons learned from the research process

All respondents agreed that to have patience when dealing with supervisors, patients and committees, was the most common lesson learned by all of them. Many respondents said that the only lesson they had learned as a result of undergoing the research process at DUT, was that the research they conducted had very little impact on them, outside of allowing them to fulfil their degree requirements.

Some graduates mentioned the qualities of determination and courage to be successful, humility to accept mistakes and change and gratitude to those people who helped, assisted and questioned them for that is how they grew.

A few graduates commented that an important lesson for them was the realisation that the process of obtaining a Master's degree is self–driven and that it depends at least 90% on the student as far as how it will be completed, the quality of the project, etc. Those graduates who admitted to being motivated felt they completed their research in a much shorter time and with less hassle that those graduates who admitted to boredom and procrastination.

Those graduates who completed laboratory work learned to take note of details and photograph everything as it helped not to have to repeat the experiment because the photographs did not come out.

One respondent said that they learned to encourage patients to take medication correctly as well as how difficult it was to take a case history with a language barrier and to have used an interpreter who did not ask the questions in the same way as the respondent would have.

Another respondent mentioned that in life in order to get where they wanted to be, they had to be subjected to other people's rules, regulations and red tape and yet this did not bring them recognition or acknowledgement. They learned, as a result of going through the research process, that recognition comes from hard work, dedication, courage in the face of adversity and the knowledge and faith that this too shall pass.

A respondent said that the first lesson they learned was that as a student, planning and goal orientation was of utmost importance.
The second lesson was that more clinical trials are necessary regarding Homoeopathic treatments for various disorders as the allopathic medical faculty practices and respects evidence – based medicine.

## 5.10 Correlational Analysis

### 5.10.1 Objective 1: To assess the relationship between perceptions and age.

There was no correlation between age and perception score (Figure 4.6). Thus age did not influence perceptions. The average age of respondents was 35 years. The youngest respondent was 25 years old and the eldest respondent was 58 years old. The perceptions of graduates with regard to research as a component of the degree were the same irrespective of age. Many graduates echoed similar experiences that they had while undergoing the research process and these experiences were not age dependant. Further the age of the graduate does not suggest the time when they conducted research as students within the programme exist within a very wide age range.

### 5.10.2 Objective 2: To assess the relationship between perceptions and major events.

On analysis there was no significant difference between perceptions scores in those who had and who had not experienced the listed major events (Table 4.8). This may be due to the small sample sizes of those graduates who had experienced each major event. Generally those graduates who had experienced a major event had lower mean perception scores than those who had not, except in the case of childbirth and depression.

### 5.10.3 Objective 3: To assess the relationship between perceptions and other factors.

#### 5.10.3.1 Type of research

On analysis of the sample group it revealed a slight trend that those who did proving research had the most negative attitudes, while those who did clinical or surveys had the highest attitudes (Table 4.9). Thus type of research did not significantly affect perceptions. According to Naude (2009) although each type of research has its own merits and challenges certain types/forms of research tend to be completed sooner, particularly those with no/few ethical implications which are approved quicker and those involving laboratory based work in which the researcher is not reliant on patient compliance. It is possible that the student conducting the proving encountered difficulties with obtaining ethical approval of their respective studies which would have delayed commencing the study. Provings may also pose a number of challenges such as obtaining and verifying the source material as well as arranging the suitable manufacture thereof. Additional challenges include sourcing and managing provers as well as supporting them during the proving process. The high volume of qualitative data produced in such studies requires considerable effort to extract and process accordingly all of which is done manually (without statistical software). Although the research is patient based and involves some clinical work due to the provers being “healthy” it can be argued that the clinical component is dissimilar to the practice environment.

A typical clinical trial would mimic the practice environment and would provide the most additional clinical experience for students most likely negating the concern over loss of experience whilst completing research and this additional patient exposure may have contributed to the positive attitude expressed, however delays are often experienced at the recruitment stage and are often compounded by poor patient compliance.

Laboratory and *in vitro* based studies may provide the researcher with more control over the research process thus allowing completion in a short time period but they provide no patient based exposure.

Surveys too seem to be easily implemented and allow the researcher a degree of control, if significant challenges are experienced these are usually related to obtaining a viable sample size, the process offers no additional clinical experience though.

**5.10.3.2 How many supervisors:**

When graduates were measured regarding their opinion on their number of supervisors, those graduates with 3 supervisors had more positive perceptions than those with 1 or 2 (Table 4.11).
When students have many supervisors there is always 1 available when the student runs into difficulty. This supervisor can offer immediate guidance to the student thereby reducing some of the students stress. Those graduates that only had 1 supervisor complained that the supervisor was always unavailable to help them and this led to delays in research and unnecessary stress.
Although the study revealed that those with three supervisors had more positive experiences, one could argue that having three supervisors could also delay the student in that each draft submitted would have to be reviewed by three different parties.

#### 5.10.3.3 Time taken to complete research:

Total time taken for research was assessed by adding together the results for C1.8, C1.9 and C1.10 (Appendix A). The median time taken was 13 months, with a range from 8 to 18 months.

Spearman's correlation analysis revealed that there was a statistically significant negative correlation between time taken to complete research and the perceptions of the research. The analysis showed that generally the higher the perception score, the shorter the time taken to complete the research (Figure 4.7).

Graduates felt that the delay caused by research led to loss of income and precious clinical and Homoeopathic knowledge. One could assume that those who finished sooner either encountered less difficulties or delays or were able to overcome such challenges successfully and thus prevent them from significantly delaying the process, thus their general experience of the research process would have been more positive.

## 5.11 Summary

The process of research is a multi–factorial problem. One has to look at each individual case in order to gain insight into how to best address respective problem areas in order to improve the process of research and reduce the delays in qualification.

40% of graduates agreed that research had no contribution to their personal and professional development as a Homoeopath. Although some graduates said they felt a “sense of accomplishment” upon completing research, other graduates argued that the delay in qualifying as a result of research contributed to the loss of income and valuable clinical knowledge.

The M.Tech: Homoeopathy programme is currently undergoing re-curriculation, the new curriculum will be most likely implemented in 2011. A draft curriculum has been designed by academic staff of DUT and University of Johannesburg. The proposed new curriculum addresses issues such as difficulties with research and the major changes proposed being:

- In first year of study students will be required to acquire knowledge and skills related to effective use of referencing techniques and identification of reliable source materials (Durban University of Technology, 2008).

- Second year students will be required to acquire the skills relevant to evaluating the quality and content of academic literature with the aim to synthesise and present conclusions in an academically appropriate format (Durban University of Technology, 2008).

- Third year students will be required to critically evaluate related academic literature in terms of research design, methodology and conclusions (Durban University of Technology, 2008).

- Fourth year students will be required to critically evaluate related literature and formulate a proposal for research in a homoeopathically related field (Durban University of Technology, 2008).

- Fifth year students will be required to conduct Master's level research in a homoeopathically related field and present it in an academically appropriate format (Durban University of Technology, 2008).

These outcomes which were discussed on a smaller scale in the literature review will definitely correct many of the deficiencies in the research component of the Homoeopathic programme as core research skills will be formally established from the first year of study as opposed to the fourth year of study which will more suitably prepare students for the research process.

It was identified that one of the major challenges of the coursework masters is that it attracts only half the funding of a full masters degree (Naidoo, 2009). The Department of Postgraduate Services and Support has of 2008 allocated R10 000 to each student within which to conduct research. With this money students have to pay for all the equipment and services that they require to conduct research (Naidoo, 2009). The viability and sustainability of the project was assessed before the budget was finalised and it was decided that a budget of R10 000 was more than adequate to allow a student to conduct meaningful research in order to meet the requirements of a coursework masters (Naidoo, 2009).

Naidoo stated that the Department was in the process of finalising a rule which states that a student must complete their coursework masters within two years after first registering for it as repeated registrations for research by students depletes the university's funds.

As mentioned before, as of 2005, the Faculty Research Committee (FRC) formulated a sub-committee which has been designated the task of reviewing coursework master's proposals on a weekly basis and this has significantly increased the pace at which proposals are reviewed (Naude, 2008).

For a significant period of time the research budget for the coursework Master's research was limited to R3000.00. The budget for Homoeopathic research is pivotally important as it allows the researcher more freedom to choose more meaningful and diverse research topics. However, due to the limited budget of R3000, students felt compromised for scope, diversity and new ideas. As of 2008 the maximum budget was increased to R10 000.

## CHAPTER 6: Conclusion and Recommendations

### 6.1 Conclusion:

The major concerns expressed by participants with regard to research as a component of the degree included:

- The inconsistent time factor – from conception of the research design, to awaiting both approval of the DUT 186 and finally the marking of the completed work.

As previously stated in this study's literature review, according to the 2008 Faculty of Health Sciences Rule book, students now have three years to complete their Master's degree after registering for the qualification. The implications of this rule is that students now have a time frame within which they have to complete their research or the Senate may refuse to renew the student's registration.
As also previously stated in the literature review the Department of Homoeopathy has introduced weekly department and faculty research meetings. This ensures that processing of research proposals goes quicker. Dissertations can now be marked electronically and students can thus receive their results quicker and with minimal delays.

- Difficulties relating to the quality and quantity of supervision.

Most graduates felt that their supervision was the factor responsible for their delay in qualification.
As mentioned in the literature review, the Department of Homoeopathy has already introduced "supervisor–student contracts." This contract formalises the research process and holds both parties liable for work done and for the time taken to complete this work.

DUT has recently significantly increased the fee payable to external supervisors, such fees now more suitably compensate external supervisors for their time. It is anticipated that this will encourage more external supervision reducing the exclusive demand for internal supervision (Naude, 2009).

- The lack of patient compliance.

Research relies so heavily on the competency and availability of patients/participants and their lack of presence and / or assistance whether it is unintentional or otherwise, places a significant stress on research progress.
According to graduates who participated in this study, those graduates who went to their patients in children's homes and clinics, experienced a 100% compliance when compared to those graduates who had to wait for their patients to come to them. By law a Homoeopathic research student must be accompanied by DUT staff member if he/she wishes to consult with patients off campus, this is practically not always possible making off campus clinical research difficult.

- The limitations of the research budget.

The budget for Homoeopathic research is pivotally important, but with its burgeoning limitations to the research design annually, students feel compromised for scope, diversity and new ideas.
In 2008 DUT introduced post–graduate awards of up to R10 000 that can be used to conduct research. This award now allows students to conduct more diverse research that was previously considered too expensive.

## 6.2 Recommendations for future studies:

- Steps to ensure an increased response rate in future studies should be taken; as in three previous studies conducted (Babaletakis ,2006); (Courage, 2006) and (Broughton, 2008) locating and contacting members of the target population (registered Homoeopaths) was met with difficulty due to poor record keeping/outdated databases of the contact details of each registered Homoeopath. It is recommended that the AHPCSA actively pursue the updating of the register. It is a legal requirement that all students must be registered with the AHPCSA from their first year of study and throughout the course of their studies.

- Students who had not as yet completed their research were not considered graduates and so fell outside the inclusion criteria of this study. It may be significant to investigate the problems that these students are currently experiencing as they are going through the research process.

- No data was collected from graduates who dropped out of the course. It is recommended that this population be investigated in the future.

- It is recommended that a comparative study be done between Chiropractic graduates and Homoeopathic graduates with regard to research as a component of the degree.

- An institutional survey should be done to investigate how the perceptions of Homoeopathic graduates compare to graduates from other faculties/departments with regard to research as a component of their respective degrees.

- An inter–institutional comparison between Homoeopathy graduates at University of Johannesburg and DUT should be done to investigate their individual perceptions of research as a component of the degree.

## 6.3 Recommendations for improving the research process:

- At least two supervisors should be assigned to each research project, preferably one being an external supervisor.

- Efforts to increase and encourage external supervision should be implemented, and external supervision skills workshops should be provided for suitable candidates.

- Where possible studies should be designed around easily accessible target populations.

- Formal supervision contracts should be entered into by students and respective supervisors which clearly define issues such as accessibility and timeframes.

**References:**


Australian Qualification Framework (AQF) Implementation Handbook. [Online]. 2002. 3rd edition.
Available from:
http://www.aqf.edu.au/bmdguide.htm
[accessed 12 December 2006]

Babbie, E. 1994. *The Practice of Social Research.* 7th edition. Belmont, CA: Wadesworth.

Babaletakis, F.N. 2006. *A Retrospective Survey of Post- Graduate Career Paths of Durban Institute of Technology (DIT- Formerly Technikon Natal Homoeopathic Graduates from 1994 to 2004.* M.Tech: Homoeopathy dissertation, DUT, Durban.

Bailey, K.D. 1987. *Methods of Social Research.* 3rd edition. New York: Free Press.

Brink, H. 2006. *Fundamentals of Research Methodology for Health Care Professionals.* 2nd edition. South Africa: Juta and Co. (Pty) Ltd.

Broughton, T.C. 2008. *A survey to determine the perception of registered homoeopaths in South Africa toward the availability of over the counter (OTC) homoeopathic medicines.* M.Tech: Homoeopathy dissertation, DUT, Durban.

Burns, N & Grove, S.K. 2005. *The Practice of Nursing Research.* 5th edition. Philadelphia: Elsevier.

Career Options with a Bachelor's Degree in Psychology. [Online]. 2005. Available from: http: // psychology.about.com/od/careersinpsychology/a/careersbach.htm [accessed 2 November 2008]

Conducting a Focus Group. [Online]. 2002. Available from: http://www.cse.lehigh.edu/-glennb/mm/FocucGroup.htm [accessed 16 October 2008]

Courage, M. 2006. *A Perceptional Study to Investigate Subject Failure as an Academic Reason for Delayed Qualification in Master's Degree in Technology: Homoeopathy at Durban Institute of Technology.* M.Tech: Homoeopathy dissertation, DUT, Durban.

Department of Psychology Honours and Master's Degrees. [Online]. 2005. Available from: https://sol.unisa.ac.za/quals/dowloads/p/psy.pdf. [accessed 19 October 2008]

Dillman, D.A. 1978. *Mail and Telephone Surveys.* New York: Wiley.

Ditcher, A. and Tetley, J. 1999. Factors influencing university student's academic success: What do students and academics think?
Available from:
http://www.herdsa.org.au/branches/vic/cornerstones/pdf/Ditcher.PDF
[accessed 22 December 2008]

Doring, A; Bingham, B; and Bramwell- Vial, A. [Online]. 2001. Commencing student's beliefs about success at university.
Available from:
http.//www.herdsa.org.au/wp-content/uploads/conference/2001/Papers/Doring_Bingham.pdf
[accessed 23 December 2008]

Durban University of Technology. 2008. Homoeopathic Recurriculation notes. DUT. South Africa.

Durban University of Technology. 2009. *Faculty of Health Sciences Rule Book for the Department of Homoeopathy.* Durban. South Africa.

Education Department of South Africa. 2007. *The Higher Education Qualifications Framework HIGHER EDUCATION ACT, 1997* (Act No. 101 of 1997). Government Gazette no. 30353: 5 October

Fink, A. 1995. *How to Design Surveys.* California: Sage Publications.

Fink, A. and Kosecoff, J. 1985. *How to Conduct a Survey; a Step- by- Step Guide.* California: Sage Publications.

Fowler, F.J. 1993. *Survey and Research Methods.* Beverly Hills: Sage Publications.

Hill, N.T; Perry, S.E. and Stein, D.M. 1998. *Issues in Accounting Education.* 13(1): 65-79.

Lopatto, D. 2003. The essential features of undergraduate research. *Research Quarterly, 24,*
*139-142*

Naidoo, R. 2009. Interviewed by Y. Govender. Director's office, Durban, 18 February. 13:30.

Naude, D.F. Senior Lecturer of Department of Homoeopathy. 2008. *Personal Communication to Govender, Y.* Durban University of Technology.14 April 2008.

Naude, D.F. Senior Lecturer of Department of Homoeopathy.2009. *Personal Communication to Govender, Y.* Durban University of Technology.
18 February 2009.

Ross, A. Head of Department of Homoeopathy. 2008. *Personal Communication to Govender, Y.* Durban University of Technology. 18 February 2008.

Ross, A. Head of Department of Homoeopathy. 2009. *Personal Communication to Govender, Y.* Durban University of Technology.
3 March 2009.

SAQA. 2008. *The National Qualifications Framework: An Overview.* South Africa: SAQA

South African Qualification Authority (SAQA). [Online]. 2008
Available from:
http:// reggs.saqa.org.za/viewQualification.php?id=21747
[accessed 12 February 2008]

Technikon Natal. 1989. *School of Health Sciences Homoeopathy Handbook.* Durban. South Africa.

**APPENDIX A**

# THIS PAGE WILL BE DETACHED BY THE THIRD PARTY BEFORE SUBMISSION TO RESEARCHER AND HER SUPERVISOR.

**PLEASE PRINT NEATLY SO THAT NONE OF THE INFORMATION IS DISCARDED AS A RESULT OF ILLEGIBILTY.**

**THANK YOU KINDLY FOR ALL YOUR EFFORT AND TIME.**

**FIRST NAMES:**_____

**SURNAME:**_____

# Part A: Demographic Data

**Please answer the following questions by marking the appropriate box with a cross (X)**

**1 Gender**

| | |
|---|---|
| 1. Male | |
| 2. Female | |

**2 Ethnic Group (for statistical purposes)**

| | |
|---|---|
| 1. Black | |
| 2. Indian | |
| 3. White | |
| 4. Asian | |
| 5. Coloured | |
| 5. Other | |

**3 Date of birth**

| |
|---|
| |

**4 Current Marital Status**

| | |
|---|---|
| 1. Single | |
| 2. Married | |
| 3. Divorced | |
| 4. Widowed | |

**5.1 First Language**

| | |
|---|---|
| 1. Afrikaans | |
| 2. English | |
| 3. isiNdebele | |
| 4. isiSwati | |
| 5. XiTsonga | |
| 6. seTswana | |
| 7. TshiVenda | |
| 8. isiXhosa | |
| 9. isiZulu | |
| 10. Sepedi | |
| 11. SeSotho | |
| 12. Other (please specify below) | |
| _____ | |

**5.2 Second Language**

| | |
|---|---|
| 1. Afrikaans | |
| 2. English | |
| 3. isiNdebele | |
| 4. isiSwati | |
| 5. XiTsonga | |
| 6. seTswana | |
| 7. TshiVenda | |
| 8. isiXhosa | |
| 9. isiZulu | |
| 10. Sepedi | |
| 11. SeSotho | |
| 12. Other (please specify below) | |
| _____ | |

## Part B: Education Records

**1.1 In what year did you first register as a first year homoeopathic student at DIT/ Technikon Natal for the Homoeopathic programme?**

_____

**1.2 Age at the time of first registration at DIT/ Technikon Natal:**

| |
|---|
| |

**1.3 What was the calendar year when your fifth year was completed?**

| |
|---|
| |

**1.4 What was the calendar year when you completed your research?**

| |
|---|
| |

**1.5 What was the calendar year when you qualified?**

| |
|---|
| |

**1.6 Prior to the M.Tech: Homoeopathy degree, had you obtained any other form of tertiary qualification?**

*Please tick the appropriate block.*

| | |
|---|---|
| Yes | |
| No | |

**1.7 Had you completed research at a tertiary level prior to the M.Tech: Homoeopathy degree?**

*Please tick the appropriate block.*

| | |
|---|---|
| Yes | |
| No | |

## Part C: Research Process

**1.1 What type of research did you conduct as part of your M.Tech: Homoeopathy qualification?**

*Please tick the appropriate block.*

| | |
|---|---|
| Clinical | |
| Survey | |
| Proving | |
| Laboratory based | |
| Other | |

*If 'other' was selected please elaborate:*

| |
|---|
| |
| |
| |
| |

**1.2 How many supervisors/co supervisors were appointed to your research project?**

*Please tick the appropriate block(s)*

| | |
|---|---|
| One | |
| Two | |
| Three | |
| More than three | |

**1.3 Were your supervisor(s) internal (DUT staff) or external (non-DUT staff)**

*Please tick the appropriate block(s)*

| | Internal | External |
|---|---|---|
| Supervisor 1 main | | |
| Supervisor 2 co | | |
| Supervisor 3 co | | |
| Supervisor 4 co | | |

**1.4 Please rate the quality of supervision you obtained during your research**

*Please tick the appropriate block(s)*

| | |
|---|---|
| Poor | |
| Adequate | |
| Good | |
| Excellent | |

*Please elaborate further on your supervision experience*

| |
|---|
| |
| |
| |
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| |

**1.5 What has been your general experience of the research process?**
*Please tick appropriate block.*

| | |
|---|---|
| Poor | |
| Adequate | |
| Good | |
| Excellent | |

*Please elaborate:*

| |
|---|
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**1.6 Major psychosocial events that may have caused a delay in your research process:**

*Please tick the appropriate blocks.*

| | |
|---|---|
| Alcoholism | |
| Birth of a child | |
| Abuse | |
| Chronic health problems | |
| Death of a family member | |
| Divorce/ Separation | |
| Drug abuse | |
| Violence | |
| Immigration | |
| Loss of parent(s) employment | |
| Major illness | |
| Major vehicle/ household accident | |
| Marriage | |
| Depression | |
| Suicide | |
| Other (please specify if possible): | |
| Not applicable | |

**1.7 What was your experience of the research administrative process?**
*Please tick appropriate block.*

| | |
|---|---|
| Poor | |
| Adequate | |
| Good | |
| Excellent | |

*Please elaborate:*

| |
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| |

**1.8 Please state how long it took for your DUT186/G186 (research proposal) to gain final approval at Faculty level?**
*Please tick appropriate block.*

| | |
|---|---|
| < 1 month | |
| 1-2 months | |
| 2-3 months | |
| 3-4 months | |
| >4 months | |

**If it took > 4 months, please specify how long:**

**_____ months**

**1.9 Please state how long it took to conduct the research itself.**
*Please tick appropriate block.*

| | |
|---|---|
| 2-3 months | |
| 3-4 months | |
| 4-5 months | |
| 5-6 months | |
| 6-7 months | |
| >7months | |

**1.10 Please state how much time was required from writing up the dissertation to produce the final dissertation for examination.**

*Please tick appropriate block.*

| | |
|---|---|
| 2-3 months | |
| 3-4 months | |
| 4-5 months | |
| 5-6 months | |
| 6-8 months | |
| >7months | |

**1.11 What factors (if any) expedited your research process?**

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**1.12 What factors (if any) hindered your research process?**

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## Part D: Outcomes of Research

**1.1 What effect has the completion of your research had on your PERSONAL development?**

*Please tick the appropriate block.*

| | |
|---|---|
| Direct benefit | |
| Indirect benefit | |
| No benefit | |
| Negative benefit | |

*For each category selected, please elaborate accordingly:*

| |
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**1.2 Are you currently practicing homoeopathy either full time or part time?**

*Please tick the appropriate block.*

| | |
|---|---|
| Yes | |
| No | |

**If No, please answer question 1.3 and proceed to question 1.5.**
**If Yes, please answer question 1.4 and proceed to question 1.5**

**1.3 If you are NOT practicing homoeopathy, what effect has the completion of your research had on your GENERAL PROFESSIONAL development?**

*Please tick the appropriate block.*

| | |
|---|---|
| Direct benefit | |
| Indirect benefit | |
| No benefit | |

*Please elaborate*

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**1.4 If you have/are practicing homoeopathy, what effect has the completion of your research had on your PROFESSIONAL development as a HOMOEOPATH?**

*Please tick the appropriate block.*

| | |
|---|---|
| Direct benefit | |
| Indirect benefit | |
| No benefit | |

*Please elaborate:*

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**1.5 Please specify any specific skills you obtained or that were enhanced during the research process.**

*Please elaborate:*

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**1.6 What, if any important lessons did you learn as a result of going through the research process?**

*Please elaborate:*

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## APPENDIX B

# INFORMATION LETTER

75 Gadwal Road
Merebank
Durban
4052

Dear Homoeopathic Graduate

I am currently conducting research for my M Tech: Homoeopathy Degree and would greatly appreciate your participation in this project. The title of the research is: ***Perceptions of Homoeopathy graduates of Durban University of Technology (previously Technikon Natal) with regard to research as a component of the degree.***

My research objective is to investigate the various opinions of M. Tech Homoeopathy graduates on the benefits of research. I have chosen to investigate those M. Tech Homoeopathy graduates who graduated more than 2 years ago. My aim in carrying out this research is to gain comprehensive knowledge from the Homoeopathic graduates as to whether their experience of the research process has in any way enhanced or hindered their personal and professional development. In light of the recurriculation process that is currently taking place at DUT, the opinions of these Homoeopathic graduates would be invaluable.

Your participation in this study would be invaluable in obtaining a realistic view of the personal and professional development of doing the research project. Participation in this study has no potential risks, as your anonymity will be maintained at all costs and your answers will be used for statistical data. Your questionnaire will not be returned directly to the researcher/ research supervisor, instead it will be received by an independent person. Your name and contact details will be deleted before your completed questionnaire is forwarded to the researcher.

I humbly encourage you to respond honestly and objectively as possible. Your comments will be valuable in improving the research process of future Homoeopathic students.

There are no direct benefits to the participants of this research. The completed questionnaire needs to be returned via the self addressed envelop supplied or emailed to: **naidoose@dut.ac.za**
Please make the subject of the email: Yamantha Govender.
Do not hesitate to contact me should you require any further information regarding the research study.

I thank you kindly for your participation in this research study. Please note that by completing the questionnaire you infer consent to participate in this study.

Yours sincerely

Yamantha Govender

RESEARCH STUDENT
(031) 468 1037
0828779940

Dr D.F. Naude M.Tech:Hom
M.Tech: Hom (TN)
SUPERVISOR
(031) 373 2514

## APPENDIX C

# PILOT ASSESSMENT FORM

***Perceptions of Homoeopathy graduates of Durban University of Technology (previously Technikon Natal) with regard to research as a component of the degree.***

Once you have completed the questionnaire you are required to fill out the following assessment form. Comments can also be written on the questionnaire itself. All gathered information will be useful to is to ensure that the intended results of the survey are achieved

**Please answer and elaborate on the following:**

1. Time taken to complete the questionnaire?

_____

2. Do you feel the time taken to complete the questionnaire was too long?

_____
_____
_____
_____

3. Is the presentation and layout of the questionnaire appropriate?

_____
_____
_____
_____
_____

4. Were the instructions easy to follow?

_____
_____
_____
_____
_____
_____

5. Were the questions clear?

_____
_____
_____
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_____

6. Did they follow a logical sequence?

_____
_____
_____
_____
_____

7. Were any questions irrelevant?

_____
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8. Additional comments

_____
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_____
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Thank you for your cooperation

Yours Sincerely

| | |
|---|---|
| _____ | _____ |
| Yamantha Govender | Dr D. Naude M.Tech:Hom(TN) |
| Research Student | Supervisor |

## APPENDIX D

## LETTER OF PERMISSION

Dear Sir/Madam

I agree to act as an independent third party in the collection of completed questionnaires.
I would however prefer the completed questionnaires to be e-mailed or posted to me.

**E-mail**: naidoose@dut.ac.za

**Postal address**:

Mrs Segarani Naidoo
Alan Pittendrigh Library
Steve Biko Campus
Durban University of Technology
P. O. Box 1334
Durban
4000

Yours Faithfully

_____

Mrs Segarani Naidoo

**Date:** 26 February 2008

## APPENDIX E

# List of DUT Graduates and Year of Qualification

| Surname | First Names | Year |
|---|---|---|
| Aleotti | Claudia | 1998 |
| Alexander | Karen | 1994 |
| Babaletakis | Fotini | 2006 |
| Balding | Tamara Jane | 2002 |
| Barklie(Taggart) | Tanya Sharon | 1999 |
| Basson | Jo-Anne | 2002 |
| Bland | Colleen Margret | 1997 |
| Bloch | Michael | 2003 |
| Bolling | Birgit | 1998 |
| Bondonno | Roberto Carlo | 1996 |
| Botha | Izel | 2006 |
| Botha | Okker Roelof | 2002 |
| Brammer | Ronel | 1995 |
| Brandsch | Helga Michaela | 1997 |
| Bresler | Saun Christian | 1994 |
| Bruni | Rouen | 2001 |
| Budree | Rohan Sewdayal | 2004 |
| Carey | Angela Moira | 2000 |
| Cason | Angela | 2003 |
| Christie | Natalie Nowell | 1995 |
| Clark | Lindy Jane | 2002 |
| Couchman | Ingrid Marcelline Stephanie | 2001 |
| Courage | Michelle | 2006 |
| Cross | Andrew Peter | 1997 |
| Curnow(Haggman) | Janine Margaret | ** |
| Daphne | Antoinette | 1998 |
| Davies | Troy Murray | 2002 |
| Dawson | Nicole | 2000 |
| De La Rouviere | Alexandra Mary | 1997 |
| De Smidt | Johannes Willem | 2001 |
| De Waard | Anton Hans | 1996 |
| Dhanraj | Pravith | 2001 |
| Dlamini | Nomyhandazo | 2004 |
| Domleo | Sinden Jane | 2003 |
| Dos Ramos | Antoinette | 1999 |
| Dos Ramos | Maureen | 2001 |
| Dummer | Karen | 2003 |
| Eatwell | Allen Rowan | 2004 |
| Ebrhim | Shera | 2004 |
| Eldridge | Julia Katherine | 2000 |
| Erasmus | Fourie | 2005 |
| Farrow | Gregory Allan | 1998 |
| Ferrucci | Loretta | 1995 |
| Freese | Lorette Elfriede | 1997 |
| Giles | Lance Ferneaux | 1995 |
| Gillespie(Standage) | Nerena Beatrice | 1994 |
| Govender | Nervashnee | 2004 |

| | | |
|---|---|---|
| Hagen | Siobhan Sarah Casey | 1996 |
| Hall | Cornelia Maria | 1999 |
| Harris | Bronwyn Claire | 2003 |
| Harris | Matthew Gregory | 2001 |
| Hellberg(Kotze) | Nicolette Liesel | 2001 |
| Hillermann | Roland Manfred | 1997 |
| Himlok | Karen | 2002 |
| Hoffman | Delia | 2006 |
| Hofmeyr | Dorita | 2005 |
| Hopkins | Crofton Russell | 1998 |
| Invernizzi | Jonathan Rai | 2003 |
| Ismail | Shaida | 2004 |
| Joseph | Jeanine Dorothy | 1994 |
| Kaufmann | Holton James | 1998 |
| Kell | Colette Melissa | 2004 |
| Kent | Kerry | 2006 |
| Kerschbaumer | Werner | 2004 |
| Kirtland | Karen Andrea | 1995 |
| La Grange | Colin David | 1999 |
| Langford | Samantha Jane | 2002 |
| Lutchman-Maharaj | Sapna | 2005 |
| Lee | Monique | 1998 |
| Leong | Sao Lai | 2002 |
| Lever | Yvette | 1998 |
| Lilley | Dorian Lejan | 1998 |
| Lockyear | Heather | 2004 |
| Louw | Natasha | 2004 |
| Louw | Lisa | 2003 |
| Lyell | Daphne | 2005 |
| Mabuza | Mbuso | 2003 |
| Macquet | Maurel Louise | 2004 |
| Maharaj | Ashnie | 2005 |
| Maharaj | Dheepa | 2006 |
| Maharaj | Madhueshwaree | 2000 |
| Main | SL | 2005 |
| Makris | Georgina Anne | 1994 |
| Malan | Jonannes Francois | 2003 |
| Madel | Fritz Johan | 1999 |
| Mcdavid | Gillies Malcome | 1994 |
| Mcteer(Frances) | Taryn | 2004 |
| Middleborough | JB | 2005 |
| Mistry | Raakhee Gunvant | 1999 |
| Moolla | Farhana | 1995 |
| Morris | Catherine Anne | 2003 |
| Mostert | Anna Johanna | 2003 |
| Mostert | Ronell | 1999 |
| Motara | Farhad Essop | 2004 |
| Moyal | Orley | 2002 |
| Moys | Estelle Renee | 1999 |
| Muller(De Freitas) | Nadine Avril | 1997 |
| Naude | David Francis | 2001 |
| Naude | Wayne Stuart | 1997 |
| Nell | Nicholas | 2004 |

| | | |
|---|---|---|
| Neumann | Jacqueline Watson | 1998 |
| Naidoo | Dean | 2005 |
| Nienaber | Silvana | 2005 |
| Nijland | G | 2006 |
| Opperman | Celia | 1998 |
| Paruk | Fatima | 2006 |
| Pautz | Joanne Elizabeth | 1999 |
| Peckman | Allen | 1996 |
| Pillay | Annette | 2003 |
| Pillay | Bhavani | 1994 |
| Pillay | Danny | 1996 |
| Pollack(Gray) | Jacqueline | 1998 |
| Poolman | Emmerentia Christina | 1994 |
| Porter | Lindi | 1997 |
| Power | Sean Michael | 2000 |
| Puterman | David Joel | 1994 |
| Rademan | Wim Marius | 1998 |
| Ramlachan | Shavashni | 2003 |
| Randeree | Aziza Muhammed | 2000 |
| Reader | Hayley | 2002 |
| Reid | Kim Louise | 2002 |
| Rielly | Patricia Isabel | 2003 |
| Ronander | Garnet Edgar | 2001 |
| Ross | Ashley Hilton Adrian | 1998 |
| Sarawan | Shanie mohanlall | ** |
| Saul | Wayne | 2006 |
| Schultz | Myron | 1994 |
| Sengpiehl(Stranski) | Monika | 1995 |
| Sewsunker | Olica | 2001 |
| Singh | Shamanie | 2005 |
| Singh | Varuna | 2000 |
| Singh | Veeran Ramesh | 2005 |
| Small | Lorna | 2005 |
| Small | Deidre | 2005 |
| Smith(Nee Smith) | Liesl | 2005 |
| Smolders | Henriette | 2001 |
| Spitz | Brigitte Henriette | 1995 |
| Steele | Richard | 2000 |
| Storey | Robert | 2000 |
| Stubbs | Claire | 2002 |
| Sukdev | Reena | 1998 |
| Swan | Carla | 2003 |
| Tak | Eugene Lawerence | 2001 |
| Taylor | Grant Cavil | 2000 |
| Thomson | Bruce | 2004 |
| Tsolakis | Natalie | 1995 |
| Turner | Taryn | 2006 |
| Vaithilingam | Heshma | 2006 |
| Van Der Hulst | Nicolette | 2003 |
| Van Niekerk | Karin | 2000 |
| Van Schalkwyk | Christiaal Johannes | 1999 |
| Verhoogt | Mariaan | 2003 |
| Vosloo | Chiquita Louise | 2002 |

| | | |
|---|---|---|
| Vosloo | Werner | 2001 |
| Webb | Kathleen Ann | 1998 |
| Webster | Heather | 2003 |
| White | Keryn Elizabeth | 1995 |
| Williams | Dillon Christopher | 2003 |
| Wright | Craig Douglas | 2000 |
| Wulfsohn | TO | 2006 |

** Year of qualification unknown.