



**A NEEDS ANALYSIS OF RELEVANT STAKEHOLDERS ON A SHORT COURSE IN
HOMOEOPATHY FOR PHARMACY FRONT SHOP ASSISTANTS IN THE GREATER
DURBAN AREA**

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DECLARATION

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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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

Signature of student

Date

DEDICATION

The word Rapha means to heal in Hebrew. I believe in a benevolent God who is Jehovah Rapha - the Lord our healer. I dedicate this study to the progression of the healthcare industry worldwide. It is my conviction that there is a bridge needing reinforcement, this bridge connects conventional, alternative and indigenous medical practices. These are all crucial entities in a well-functioning health care system. These vital paradigms of medicine ought to work hand in hand to ensure a necessary continuation of quality and reliable healthcare for all.

“Wherever the art of Medicine is loved, there is also a love of Humanity.”

Hippocrates

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God bless

ABSTRACT

INTRODUCTION: Homoeopathy is a medical system that offers a gentle approach to healing. In the Republic of South Africa, homoeopathic medicines are readily available in most retail pharmacies, hyper-stores, supermarkets and health shops. It is common and expected that in a pharmacy setting, one will find a qualified pharmacist dispensing medicines he/she is highly knowledgeable about, as well as advising customers/patients on the indication, administration and contraindications of these medicines. With this premise in mind, where complementary and alternative medicines are sold, we ideally expect qualified personnel dispensing and advising customers on the use of complementary and alternative medicines also not only conventional medicines. At the time of conducting this study, the knowledge of pharmacy staff was questionable pertaining to the depth of homoeopathic knowledge they possess, as there is limited formal training available on complementary and alternative medicine (CAM) in their curriculum in South Africa. It has been noted that, prior to the development of short courses, a needs analysis should be conducted.

AIM OF THE STUDY: To investigate the needs of pharmacy front shop assistants when dealing with homoeopathic medicines with the prospect of developing a short course.

METHODOLOGY: The research was a qualitative, descriptive, exploratory study. A measurement of views on what homoeopathy is, where pharmacy staff currently attain training on homoeopathy, and perceptions on the need for further training were conducted by means of a semi structured interview guide. Tesch's Eight Step method was utilised for data analysis.

CONCLUSION: The study clearly highlighted that there exists a poor level of knowledge of homoeopathy amongst pharmacy staff in the greater Durban area of KwaZulu-Natal South Africa, at the time of conducting the study. Despite low knowledge levels, the study was able to establish a keen interest amongst pharmacy staff on furthering and advancing their knowledge of homoeopathy to better serve the public and improve the quality of health care offered by pharmacy staff.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS.....	iv
ABSTRACT	v
LIST OF FIGURES	x
LIST OF TABLES	xi
APPENDICES	xii
GLOSSARY OF TERMS	xiii
LIST OF ACRONYMS	xiv
CHAPTER ONE.....	1
INTRODUCTION	1
1.1 BACKGROUND	1
1.2 STATEMENT OF THE PROBLEM.....	2
1.3 MODELLING APPROACHES IN HOMOEOPATHIC TRAINING FOR PHARMACY STAFF	3
1.4 STUDY AIM AND OBJECTIVES.....	4
1.5 RESEARCH METHODOLOGY	4
1.6 QUESTIONNAIRE DEVELOPMENT	5
1.7 STUDY AREA.....	5
1.8 RATIONALE.....	5
1.9 SIGNIFICANCE OF THE STUDY	7
1.10 BENEFITS OF THE STUDY	8
1.11 ASSUMPTIONS.....	9
1.12 LIMITATIONS	9
1.13 OUTLINE OF DISSERTATION	10

1.14 SUMMARY AND CONCLUSION	11
CHAPTER TWO	13
LITERATURE REVIEW	13
2.1 INTRODUCTION	13
2.2 EXISTING GAPS IN LITERATURE	13
2.3 COMPLEMENTARY AND ALTERNATIVE MEDICINE.....	14
2.3.1 Complementary and alternative medicine in South Africa.....	16
2.4 HOMOEOPATHY.....	18
2.4.1 The principles of homoeopathy.....	18
2.4.2 Types of homoeopathy	18
2.4.3 Homoeopathic prescribing	19
2.4.4 Homoeopathic dosage	20
2.4.5 Homoeopathic scales.....	20
2.5 HOMOEOPATHIC EDUCATION IN SOUTH AFRICA	21
2.6 PERCEPTION STUDIES ON COMPLEMENTARY MEDICINE.....	23
2.7 THE NEED FOR TRAINING	27
2.8 THE PHARMACY SETTING.....	28
2.9 OVER THE COUNTER SALES OF HOMOEOPATHY	29
2.10 MISCONCEPTIONS	30
2.11 HOMOEOPATHIC EDUCATION WITHIN PHARMACY SETTINGS.....	31
2.12 THE NEED OF ACCREDITED HOMOEOPATHY TRAINING FOR PHARMACY STAFF	33
2.13 THE NEED FOR QUALITY CUSTOMER SERVICE.....	35
2.14 CONCLUSION	37
CHAPTER THREE	40
RESEARCH METHODOLOGY	40
3.1 INTRODUCTION	40

3.2	QUALITATIVE RESEARCH.....	40
3.2.1	Qualitative descriptive studies	40
3.2.2	Qualitative exploratory study.....	41
3.2.3	Emergent design.....	41
3.3	ADVANTAGES OF A QUALITATIVE SURVEY	42
3.4	RESEARCH DESIGN	42
3.5	INSTRUMENTATION	43
3.6	SEMI STRUCTURED INTERVIEW.....	43
3.6.1	Interview questions	43
3.7	PILOT STUDY	44
3.8	STUDY SETTING	45
3.9	PARTICIPATING PHARMACIES.....	45
3.10	PARTICIPANT SELECTION.....	45
3.11	SAMPLING PROCESS.....	46
3.12	SAMPLE SIZE	46
3.13	INCLUSION CRITERIA.....	47
3.14	PARTICIPANT DEMOGRAPHICS.....	47
3.15	DATA COLLECTION	48
3.16	DATA ANALYSIS.....	48
3.17	RESEARCH INTERGRITY	50
3.18	ETHICS.....	51
3.19	CONCLUSION	51
	CHAPTER FOUR	52
	DISCUSSION OF RESULTS.....	52
4.1	INTRODUCTION	52
4.2	PRIMARY DATA.....	52
4.3	SECONDARY DATA.....	52

4.4	DATA ADMISSIBILITY	52
4.5	DEMOGRAPHICS DISTRIBUTION	55
4.5.1	Gender	55
4.5.2	Ethnicity distribution of the sample group	56
4.5.3	Age distribution	57
4.6	PARTICIPANT RESPONSES TO SECTION A: WHAT IS HOMOEOPATHY	58
4.7	PRESENT KNOWLEDGE	65
4.8	INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY	70
	CHAPTER FIVE	75
	CONCLUSION AND RECCOMENDATIONS	75
5.1	JUSTIFICATION OF OBJECTIVES	75
5.2	REFLECTION	76
5.3	CONCLUSION	78
5.4	RECOMMENDATIONS	79
	REFERENCES	83

LIST OF FIGURES

Figure 2.1: Information sources (Braun <i>et al.</i> 2010).	33
Figure 4.1: Pie chart of gender distribution of sample group	55
Figure 4.2: Graph of racial distribution of the sample group	56
Figure 4.3: Graph of age distribution of the sample group.....	57

LIST OF TABLES

Table 4.1: Major themes and sub-themes	53
Table 4.2: Participant response to Section A Question 1	58
Table 4.3: Participant responses to Section A Question 2.....	61
Table 4.4: Homoeopathic training sources	65
Table 4.5: Responses to Section C Question 1	70
Table 4.6: Responses to Section C Question 2.....	72

APPENDICES

Appendix A: Letter of information

Appendix B: Consent form

Appendix C: Interview Guide

Appendix D: Gatekeeper letter

Appendix E: Ethics clearance certificate

Appendix F: Editing certificate

Appendix G: Transcribed interviews

GLOSSARY OF TERMS

Complementary and Alternative Medicine – Alternative therapies as an addition to mainstream medical/orthodox medicines

Constitution - A homoeopathic term meaning the wholistic make up of person i.e. physical, emotional, spiritual and mental components that make a human being whole.

Front shop assistants – Staff that assists customers first hand in a pharmacy this may include pharmacists, aisle attendants, aisle managers, pharmacy assistants including their employers.

Pharmacy staff – Personnel working within a pharmacy (For the purpose of this study this implies, pharmacy owners, pharmacists, pharmacy assistants, managers and front shop assistants).

LIST OF ACRONYMS

Acronym	Full term
AHPCSA	Allied Health Professional Council of South Africa
CAM	Complementary and Alternative Medicine
CLAMSIT	Concomitants, Location, Aetiology, Modalities, Sensation, Intensity, Time
DUT	Durban University of Technology
GP	General practitioner
HPC	Health professionals council
HSA	Homoeopathic Association of South Africa
IPE	Interprofessional education
KZN	KwaZulu-Natal
MCC	Medical control council
NCCAM	National Center for Complementary and Alternative Medicine
OTC	Over the counter
UK	United Kingdom
UNESCO	United Nations Educational Scientific and Cultural Organisation
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

The widespread growth of alternative medicines has led to an increasing number of homoeopathic medicine sections in many pharmacies (Bormeth 2007). Innocent (2010) states that homoeopathy is becoming recognized as a primary health care choice. The popularity and favourability of homoeopathy is increasing positively in South Africa as more people are familiarizing with it (Macquet 2007). Respondents to perception studies have exhibited a keen interest in learning more and having access to homoeopathy (Paruk 2006; Harripershard 2009; Lamula 2010). Currently in South Africa, homoeopathic medicines are readily available for over the counter sales (OTC) in various retail outlets, such as pharmacies, health shops, retail supermarkets and health spas. Welham (2005) acknowledged that many South Africans use Complementary and Alternative Medicines (CAM) therapies and traditional medicines for disease management. With this in mind, it is imperative that the South African market ought to receive accurate information on these CAM and traditional medicines when accessed in retail outlets.

A qualified homoeopath has the ability to accurately assess patients and prescribe homoeopathic medicines accordingly. In South Africa, homoeopathy is taught at the University of Johannesburg and Durban University of Technology as a five to six year programme and students graduate with a Master's degree in homoeopathy. The Homoeopathic Association of South Africa (HSA) and the Allied Health Professions Council of South Africa (AHPCSA) oversee the curriculum content, training and registration of students as well as registration of qualified practitioners in South Africa (HSA 2011).

With previous perception studies having been conducted, there has not been a study that has solely focused on what the pharmacy staff would prefer to be

included in the development of a short course in homoeopathy. The emphasis of this study is to specifically allow for acquisition of information pertaining to the needs of those in the retail pharmacy setting in the greater Durban area.

Daphne (1997) reported that pharmacists agree that CAM ought to play an active role in the health care industry in South Africa. With this positive attitude having been established, educating conventional medical practitioners on CAM allows for both the orthodox and CAM industries to actively manage health care symbiotically. This study was aimed at propounding matters pertaining to homoeopathic medicine dispensing by pharmacy staff, in terms of the level of practical knowledge of homoeopathy they possess. This includes attributes that pharmacy staff identify with, that would need to be catered for in a short course in homoeopathy specifically modelled for them.

This study purposes to engage in the needs for development of human capital, which is necessary in a world that is constantly evolving and driven by a need to progress and develop for the better. The CAM industry is no exception to improvement and advancement. The contribution to the success of offering training for pharmacy staff in South Africa is not only based on module content, but also contributions by active participation of participants, hence the desire for a needs analysis of the relevant stake holders. By gaining insight into the needs of pharmacy staff pertaining to over the counter homoeopathic sales, it is apparent that teaching and knowledge is not merely bound to just the teaching process. However, it also imparts and incites transformation to better the healthcare industry and bring about positive reform. By inquiring into the needs of relevant stakeholders, we are better able to manage human resources by offering effective training.

1.2 STATEMENT OF THE PROBLEM

There is a need to address the established lack of knowledge in homoeopathy amongst pharmacy and health shop staff in South Africa (de Villiers 2006;

Tatalias 2006). The purpose of this study is a needs analysis of relevant stakeholders, who are the pharmacy staff.

A suitable method to remedy the established poor knowledge levels of homoeopathy is to provide credible standardized training in homoeopathy for those involved in over the counter sales of homoeopathic medicines. This may be achieved by means of a short course in homoeopathy being specifically designed and provided for pharmacy staff, which may also be adopted in the future for health shop staff.

de Villiers (2006) asserts that further studies are needed to specifically address the problem of poor knowledge levels in homoeopathy. It seems fitting to inquire directly from pharmacy staff what concerns they have pertaining to homoeopathy. After such, the HSA and AHPCSA may be in a better position to accurately address their concerns by educating pharmacy staff as per their needs.

1.3 MODELLING APPROACHES IN HOMOEOPATHIC TRAINING FOR PHARMACY STAFF

Gathering relevant information from the focus groups within the pharmaceutical industry is crucial, before a prospective course is simply developed and fostered. It is of benefit to attain contributions from those in the pharmaceutical industry whom this course is meant to target. Through investigation a control of the quality of homoeopathic education for pharmacy staff may be improved on versus mere development of a course by simple speculation. Acquiring the input from pharmacy staff allows the developers of the proposed future course to strategically develop a training manual to sufficiently address pharmacy staff needs and improve on their skills.

1.4 STUDY AIM AND OBJECTIVES

The aim of this study was to determine the viability of the prospect of a short course in homoeopathy amongst pharmacy staff in Durban. This study had the following specific objectives:

- I. To identify homoeopathic knowledge amongst pharmacy staff in the greater Durban area.
- II. To investigate the abilities of pharmacy staff in prescribing homoeopathic medication.
- III. To assess the perceptions and attitudes of pharmacy staff on the implementation of a short course in homoeopathy.

1.5 RESEARCH METHODOLOGY

This study utilised a qualitative research approach to make an inquiry and understand how people make sense of their experiences when dealing with homoeopathy in a pharmacy setting. Qualitative studies are useful in attaining perspectives on the care and treatment offers within a healthcare system. Qualitative research in this study was considered the most appropriate method to gain an in-depth understanding of the participants' experiences and was best able to obtain participants perceptions and personal exposure including experiences (Holloway and Wheeler 2013). Yin (2015) confirms that "qualitative research has the ability to represent the views and perspectives of the participants in a study and not the values, preconceptions, or meanings held by researchers".

Surveys allow for collection of data from a specific population, or a sample group from that population (Robson 1993). A survey was utilized to acquire data as it allowed the information from individuals about themselves, experiences and their understanding of the subject matter to be obtained.

1.6 QUESTIONNAIRE DEVELOPMENT

A questionnaire was developed to address the specific aims and objectives of this study which are discussed in detail in chapter 3 - Research Methodology.

1.7 STUDY AREA

The study was conducted in Westville, La Lucia and Hillcrest in Durban, Kwa-Zulu Natal province of the Republic of South Africa.

1.8 RATIONALE

Mann (2010) observed that pharmacists and their assistants are at a point of first contact with the public. Thus, pharmacists have an increased responsibility towards their customers to have a certain working knowledge of CAM products, especially those sold in their respective pharmacies.

Mann (2010) further established that the results of pharmacists and pharmacy assistants' perceptions of homoeopathy in the greater Johannesburg area reflected a general acceptance and interest in homoeopathy. With an interest in homoeopathy having been established amongst pharmacy professionals the study at hand aims at investigating and inquiring what their attitudes and perceptions are towards the possibility of a short course in homoeopathy being developed and offered for pharmacy staff. The study proposes to establish what the problem areas are in terms of lack of knowledge of homoeopathy. This includes areas where pharmacy staff feel they need assistance to gain better understanding and knowledge of homoeopathy. Their input will be the baseline of the knowledge and skills they may acquire if such a course is later developed and introduced.

It is imperative to acquire adequate knowledge on CAM medicines. This is crucial as more people are opting for alternative therapies, not as a rejection of conventional medicines, but rather people believe they can benefit from the best of both approaches (O'Mathuna 2001).

It is not surprising to find people approaching their local pharmacies for advice and prescriptions on homoeopathic medicines amongst other CAM products hence the need to adequately train staff.

There is a need for conventional and CAM healthcare professionals to work together, so as to manage customer and patient care by supporting them when making decisions on treatment options. To offer expert advice pharmacy staff need to have knowledge of CAM (Williamson 2010).

It is arguably a multidisciplinary team work effort which includes the following councils in South Africa: the AHPCSA, the Health Professions Council (HPCSA), the CAM industry, the Medicines Control Council (Lam *et al.* 2004), the retail pharmaceutical industry and the HSA. This has not been seen previously and this study encourages the implementation of such platforms for collaboration and the improvement of service delivery pertaining to health care treatment options in South Africa. By working together, there can be support for patients to get the best outcomes from their medicines. According to Klocko *et al.* (2012), inter-professional education has positive benefits for health profession students, including effective communication, increased teamwork skills, and better appreciation for the roles of other health professions. To effectively bring about this integration, accredited education is vital. There is a need to establish short courses on CAM modalities for the conventional medical industry to achieve this inter-professional development in South Africa.

This study in particular will benefit the profession of homoeopathy by bringing about more awareness on what homoeopathy is, thus providing a better understanding of it. In turn, this will also allow customers to make well informed decisions before purchasing homoeopathic products after being well informed by appropriately trained pharmacy staff.

1.9 SIGNIFICANCE OF THE STUDY

Owen *et al.* (2001), argue that CAM continues to spread and gain popularity worldwide and this is commendable. There is therefore, a need for South Africa to develop and maintain good standards on providing advice and information on CAM products that are dependable. To achieve this, a dynamic model of educating pharmacy staff on homoeopathy as a CAM modality is necessary.

It is vital for customers to attain the best quality information on CAM medicines including homoeopathy. There is a growing body of evidence that emphasizes the urgent need to get the fundamentals of CAM medicines usage correct. This study has the intention of developing recommendations for course design as reported by pharmacy staff, in order to rectify the deficiencies in knowledge of homoeopathy amongst them.

Tatalias (2006) indicated that the fundamental principles of homoeopathy are being diluted and its essence lost due to a retail driven influence of simply marketing products for profit in the retail industry, rather than a dynamic, unique and effective form of disease management. de Villiers (2006) implied that continuous learning is vital as the CAM industry is constantly evolving with new therapies and medications emerging. Evidence based education improves confidence and encourages the appropriate use of CAM medicines as well as reduces concern about safety. It was further emphasized that it is beneficial for the homoeopathic association to be fully aware of the lack of knowledge in homoeopathy of those in positions of advising and prescribing over the counter homoeopathic medicines. This will enable the homoeopathic association to take measures that regulate and format standardized training that will protect the future of the homoeopathy profession in South Africa.

It is an encouraging confirmation that the majority of participants were eager to receive further training in homoeopathy. With a keen interest being established in homoeopathy, it is beneficial by means of research to ascertain the needs of

pharmacy staff that may be incorporated into future training programmes (de Villiers 2006).

du Plessis (2013) in a study with 200 participants to determine the attitudes of CAM users to homoeopathy in Cape Town, discovered overall there was a positive perception of homoeopathy by respondents, and it was clear that more information on homoeopathy will be welcomed by the CAM users.

Users of CAM may indeed attain more knowledge from trained pharmacy staff if they are suitably trained in homoeopathy. It was further established by du Plessis (2013) that 77.3% of respondents felt it was important for trained homoeopathic practitioners to be available at health stores to adequately address their needs. This may be achieved by training health store and pharmacy staff legitimately.

There is an urge for stakeholders to participate in better service delivery not only for customer satisfaction and human capital development, but also for their own financial growth. This study has been designed to identify how pharmacy staff play an important role in respect of OTC homoeopathic medicines and how best to facilitate the improvement of these roles.

1.10 BENEFITS OF THE STUDY

Mann (2010) deduced that indeed pharmacy staff input is crucial to the development of availing training in homoeopathy for them. This is the projectile of this study. It was designed to aid in the development of a relevant and compound short course for pharmacy staff in homoeopathy that specifically targets their needs in the retail industry.

Appropriate training of pharmacy staff will enable them to better employ advice and prescribe on homoeopathic medicines thereby enhancing their service delivery to the public. Tatalias (2006) reiterated that there is a need for a concerted effort to ensure homoeopathy is a part of the training of medically orientated professions.

The information obtained from this study will serve as a valuable bank of what will need to be considered and or incorporated in the implementation of such a short course. The goal/objective of such an enterprise is for the development that will bring or initiate a positive transformation in the health care industry in South Africa.

de Villiers (2006) implied that the availability of further training may improve the depth and range of homoeopathic knowledge amongst pharmacy staff. This will allow pharmacy staff to feel more confident in their position in the pharmacy and add to the identity of pharmacy front shop assistants as knowledgeable about health issues to satisfaction.

1.11 ASSUMPTIONS

It is believed, as an unwarranted claim, that there has been no significant improvement on the poor level of knowledge in homoeopathy by pharmacy and health shop staff in South Africa, revealed in 2006 by de Villiers (2006) and Tatalias (2006) in their respective studies.

1.12 LIMITATIONS

The study was unable to explicitly retest the level of knowledge in homoeopathy of pharmacy staff. This is a supposed limitation, as the questionnaire developed for this particular study primarily focused on perceptions and feelings towards the development of a short course in homoeopathy, and the areas pharmacy staff consider necessary to be incorporated in the short course amongst other knowledge probing inquiries.

The questionnaire utilised was not similar to those utilised by de Villiers (2006) and Tatalias (2006) that fully assessed the level of knowledge of homoeopathy and its contextualization amongst pharmacy and health shop staff respectively.

Prior knowledge of the research study being conducted at the selected pharmacy may have influenced participants to liaise and acquire knowledge on homoeopathy to better answer survey questions.

The respondents to this study are those that were available during the time set for the interview therefore the results obtained in this study are not necessarily a representation of the population as a whole, as well as the fact that the study only took place in Durban.

Conducting interviews on operational sites may have influenced participant's responses, comfortability and demeanor. Some of the participants may have felt nervous as their knowledge levels were questioned. Perhaps time constraints may have influenced their responses as staff may have wanted to be on the floor serving customers or felt intimidated that management may have been monitoring the duration of their interview.

1.13 OUTLINE OF DISSERTATION

Chapter One: Introduction

This chapter gives a general introduction and background of the study which includes the statement of the problem, scope of the study, aim and objectives and significance of the research work amongst other headings.

Chapter Two: Literature Review

This chapter offers comprehensive data from previous scholars on the topic of CAM locally and globally. It also covers homoeopathy and its contextualization in the retail pharmaceutical industry. The expected role of pharmacy staff on dealing with CAM is also elaborated.

Chapter Three: Research Methodology

This chapter begins with the definitions of the research pragmatism utilised which was a qualitative, explorative, descriptive and contextual design (Polit and Beck

2012; Holloway and Wheeler 2013). The chapter reports on the research methodological triangulation which is given in detail in this chapter.

Chapter Four: Discussion of Results.

This chapter is a comprehensive presentation and discussion of the acquired data in a descriptive manner under themes and sub-themes.

Chapter Five: Conclusion and Recommendations.

This chapter provides a general summary based on the results from the previous chapter. It also offers suggestions and recommendations drawn from the study for future studies on the phenomenon and positive reforms of the research problem.

The list of references and appendices follow chapter five.

1.14 SUMMARY AND CONCLUSION

This study attempts to gain in depth knowledge on the contextualization of homoeopathy in a pharmacy setting. The study notes any concerns participants identify with pertaining to homoeopathic knowledge and how best these concerns may be addressed ideally via a short course in homoeopathy. The participants further highlighted and gave suggestions they felt should be included in a short course if it is developed, that would address their needs. Pharmacy staff input is pivotal in addressing the problematic lack of knowledge in homoeopathy amongst pharmacy staff in South Africa.

This study plays a fundamental role in the improvement of homoeopathic knowledge. It will generate and promote the education of pharmacy staff who will be equipped to better serve the general public by gaining compound training in homoeopathy. This study highlighted the specific needs of the relevant stakeholders and gave a guiding framework and foundation of the direction to be taken when considering developing a short course in homoeopathy in future.

Each chapter is an individual entity however some notions overlap between chapters.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The pharmacy profession has evolved from a medicine focused to a patient focused industry (Toklu and Hussain 2013). Many are adopting a more holistic approach, with establishments incorporating different products of CAM therapies. It has thus become imperative for pharmacy staff to be knowledgeable on CAM in order to counsel customers and evaluate the appropriateness of different types of CAM medicines that are on offer for sale in their respective pharmacies. The German government has included information on natural medicines in medical school curricula (Joos *et al.* 2008).

This chapter reviews literature on complementary medicine as a broad subject and then focuses on homoeopathy as a specific modality of complementary medicine. It also reviews the education of a homoeopath within South Africa and the current scope of practice of a qualified homoeopath. The literature review also delves into perception studies on homoeopathy within the general public and health professionals, specific mention will be made of these studies. The literature review further examines the need for equipping pharmacy staff with credible homoeopathic knowledge and the need for evaluating their needs to address their professional welfare.

This current study only focused on pharmacy front shop assistants, pharmacists and their employers collectively termed pharmacy staff.

2.2 EXISTING GAPS IN LITERATURE

Literature on pharmacy front shop assistants has been explored, however, there is little robust data that critically examines the factors that pharmacy staff identify with, that can be addressed in a short course.

There are significant literature sources that provide information of CAM therapies without categorically looking into the deeper aspects of the needs of pharmacy staff in terms of CAM. Consequently, no clear links have so far been previously provided for the development of a short course that addresses pharmacy staff needs by gathering information directly from them.

2.3 COMPLEMENTARY AND ALTERNATIVE MEDICINE

According to the National Center for Complementary and Integrative Health (NCCIH 2008), the use of medical treatments that are not part of mainstream medicine, are referred to as complementary, integrative, or alternative medicine. Complementary medicine may be used together with mainstream medical care as they complement each other. “Complimentary medicine usually involves traditional historic methods of practicing medicine such as reflexology or iridology” (Wahner-Roedler *et al.* 2006).

Over the years, the use of CAM has grown as people look for alternate forms of treatment as noted by various scholars (Dayhew *et al.* 2009; Frass *et al.* 2012). De Schepper (2001) described the reasons why many people are turning away from conventional medicine. The reasons are that modern medicine does not claim to cure chronic disease, but attempts to control the symptoms of disease by using drugs that the patient must take for the rest of their lives. Most of the medications have a risk of side effects and may be harmful or fatal for the patient. Modern medicine can be expensive and tends to be overly reliant on technology. Hence, it is not surprising that both the patient and practitioner will look for alternatives.

Another important consideration in the rise of the use of CAM is an increase in chronic health problems, which may be difficult to treat conventionally. It is in this predicament that alternative therapies are often sought out as either a replacement for the conventional medicine, or as an adjunct to treatment (Kayne 1993). In a study by Frass *et al.* (2012) in German speaking countries, it was

established that chiropractic manipulation, herbal medicine, homoeopathy and massage were the most common therapies utilised by the population.

According to du Plessis (2013), Astin (1998), Ernst (2000), Singh, Raidoo and Harries (2004), some of the reasons why people opt for CAM include:

- To seek a system of healing that is integrative and not just mechanical.
- There is also a growing dissatisfaction with conventional medicine as technology often overtakes humanity.
- Reducing the risk of adverse reactions to conventional medication.
- A growing interest in the holistic approach to lifestyle changes including nutrition and exercise.
- Exposure to different forms of medication expands, so does a person's curiosity in seeking alternative healing.
- An increase in a desire for optimum health.
- The expense of medicine is often a detriment, and cheaper alternative methods are then sought.

Most alternative therapies encourage patients to become more actively involved in their own health care. Patients are educated on how to make better decisions and choices that put their health first.

Haetzman *et al.* (2003) stated that complementary and alternative medicine has become more popular among some western countries. This is shown in the number of countries that utilize CAM in some form, either in the public or private health sector.

Menniti-Ippolito *et al.* (2002) contends that 15.6% of the Italian population (approximately 1 404 000 at the time) used alternative medicine. It was found that homoeopathy was frequently used by participants. The study established that 8.2 % of the population was using homoeopathy and 7.7% of children were being treated homoeopathically.

Montagne (1999) found that a considerable number of people in the United States used alternative medicines together with their prescription medications.

There are nearly 4000 conventional healthcare professionals, who are also practicing complementary medicine in the United Kingdom. Many more conventional healthcare professionals, especially general practitioners, have attended basic training courses and provided limited forms of complementary medicine without official registration (Vickers and Zollman 1999). Knowledge of this pairing of both conventional and CAM therapies remains pivotal in addressing differing factors affecting optimum health care for people, hence educating conventional medicine retailers on CAM medicines is vital. "If both camps, being allopathy and CAM, claim to offer something that the other does not, in the interest of better health care, it would be suggested that there be some form of collaboration between conventional and CAM modalities" (Ghassemi 2005).

2.3.1 Complementary and alternative medicine in South Africa

The integration of conventional and alternative medicine is already seen in the retail industry in South Africa as a lot of pharmacies are now incorporating a variety of alternative therapy products for retail. Bodeker and Chaudhury (2001) emphasized that integration works best when it is based on self-regulation, thus adequately regulating the training of pharmacy staff improves on the standards of practice. It has been suggested by anecdotal evidence that consumers are willing to use integrated medicine. This makes understanding what happens in pharmacies an important area of research.

There are numerous forms of CAM available in South Africa. These modalities fall under The Allied Health Professions Council of South Africa (AHPCSA). The AHPCSA recognizes and regulates the following as complementary medicines that may be practiced in South Africa:

- Homoeopathy.

- Traditional Chinese medicine.
- Ayurveda.
- Naturopathy.
- Unani-Tibb.
- Aromatherapy.
- Phytotherapy.
- Reflexology.
- Therapeutic massage.
- Osteopathy.
- Chiropractic. (AHPCSA 2015).

These modalities are not included in the public health sector in South Africa, but remain primarily in the private sector. This means that complementary medicine is not readily available to the majority of the people and is therefore not as well known. It is for this reason that it is important that anyone dealing with the general public with regards to these modalities is able to correctly and succinctly explain the modes of action of these modalities to their customers. This is why it is imperative that shop front assistants are well versed in complementary medicines, including homoeopathy.

According to Berry (2007), the change in the politics and economic growth in South Africa has resulted in higher incomes. These have allowed consumers greater buying power for CAM products either directly or indirectly hence, improving preventative health awareness by the use of CAM therapies and products. With the widespread use of alternative therapies increasing, it is crucial that those selling alternative therapy medications be highly knowledgeable in alternative products, therefore the need to receive accurate information to educate them from relevant sources.

According to du Plessis (2013), obstacles to growth and success of CAM professions, in particular homoeopathy in South Africa, are misperceptions and incorrect information regarding CAM professions.

2.4 HOMOEOPATHY

Homoeopathy is a unique alternative medical therapy system based on the central theme of “like cures like” (Vickers and Zollman 1999).

Homoeopathic medicines are prepared and produced under specific guidelines according to homoeopharmaceutical practices. This renders the application of homoeopathic medicines to be dependent upon the central principles of homoeopathy. As homoeopathy offers an individualized treatment option, each remedy given should be ideally specific for each patient (Hahnemann 1996).

2.4.1 The principles of homoeopathy

Homoeopathy was founded by Samuel Hahnemann and is based on four main principles viz:

- ‘*Similia similibus curentur*’, the law of similar, simply put as ‘like cures like’. The causative agents of a disease state, when manipulated by molecular dilution i.e. trituration and energized by succusion, the medicinal properties become pronounced to treat the exact or similar disease conditions they produce in a crude state.
- ‘Individualisation’ each patient is unique and thus treatment ought to be specifically personalized for each individual.
- ‘Law of simplex’ only a single remedy should be administered at a time.
- ‘Minimum dose’ the least amount of medicine is adequate enough to achieve a desirable positive medicinal effect (Vithoukias 1986).

2.4.2 Types of homoeopathy

There are two main camps of homoeopathy, namely the classical approach and the clinical approach. Each predilection has its own advantages and disadvantages. Therefore, it is important to understand the different schools as the consultations and the mode of treatment are very different for each group.

Classical homoeopathy involves the consideration of the patient as a whole. The closest remedy that matches the patient's symptoms totality is chosen to stimulate the body to bring about healing (Ross 2009). Clinical homoeopathy is a form of homoeopathy that follows the philosophy to mainstream medicine, whereby a remedy is chosen based on the symptoms of the condition and whether it is acute or chronic, as opposed to a constitutional approach of remedy selection. Clinical Homoeopathy tends to be more suitable to primary health care. With regards to front shop assistants, clinical homoeopathy is more relevant as it focuses primarily on diseases and remedies for that particular condition, whereas classical homoeopathy requires an individual consultation, which is impractical given the time constraints in the retail setting (Couchman 2013).

2.4.3 Homoeopathic prescribing

When doing a homoeopathic prescription, individualization of the patient's complaint is the basis for identification of the appropriate remedy. The following are considered important questions pertaining to the main complaint. It is abbreviated as CLAMSIT (Ross 2009) which is:

- Concomitant - any symptoms occurring together with the main complaint's respective symptoms.
- Location - implies the specific area of the body where the patient is experiencing the main and concomitant complaints.
- Aetiology - the cause or possible inducer of the state of disease the patient is experiencing.
- Modalities - refers to anything that makes the complaint feel better or worse, also known as ameliorations and aggravations.
- Sensation - refers to the specific and particular feelings of the patient pertaining to their complaint. It gives a clear description of the symptoms.
- Intensity - is a measurement/degree of discomfort experienced by the patient.
- Time - refers to the frequency and timing of the complaint.

2.4.4 Homoeopathic dosage

Homoeopathic medication is commonly dispensed as pills, pillules, granules, powders or tablets, which have a lactose base, and, if pharmacy staff are not aware of the nature and different forms of homoeopathic medicines, this may have a negative outcome in situations where customers are sensitive to lactose. The other common form of medicine is a liquid form as a mixture of water and medicinal ethanol known as plussed potency. This can then lead to difficulties with those that are not able to take in alcohol due to health or religious reasons (Ross 2009).

Most homoeopathic medication is manufactured using strict guidelines found in either the German or French Pharmacopoeia. There are different prescribing techniques that are used in homoeopathy and these techniques may influence dosage administration and forms (Botha 2011).

2.4.5 Homoeopathic scales

Homoeopathic remedies are rendered a number and letter/letters to indicate their potency value. For example, the decimal scale, D1 is a low potency and D10 high potency, in the centesimal scale 30CH is a low potency and 200CH is a higher potency. A simplex is a single homoeopathic remedy. A complex is a homoeopathic remedy comprising a combination of remedies.

High potencies are best suited to sensitive persons. If the potency is too high, its action may be deep, inducing a far reaching reaction, which a weakened vital power cannot handle, leading to an aggravation of the complaint. A low potency is prescribed where symptoms are not clearly described, or if there is an absence of characteristic features. With a low potency, susceptibility and reaction may be regarded as low (Ross 2009).

2.4.5.1 *Centesimal scale*

This is the first scale that Hahnemann developed during the early years of homoeopathy. It has a 1:100 dilution ratio (Hahnemann 1996).

Centesimal remedies are versatile; they may be prescribed as pillules, tablets or liquids in high or low potencies for the treatment of both acute and chronic disease. Centesimal remedies can be found in lower potencies in retail stores for self-treatment of simple acute problems. If doses are repeated unnecessarily, centesimal potencies may produce proving symptoms, which are undesirable ill symptoms that the crude form of the medicine induces in healthy individuals (Ross 2009).

2.4.5.2 *Decimal scale*

It has a dilution factor of 1:10. One part of the mother tincture or potency is diluted in 9 parts of a water and or alcohol mixture. Decimal potencies are easy to use and can be dispensed as pillules, tablets or liquids. They can be repeated frequently with little risk of producing proving symptoms as they are low potencies (Ross 2009). For this reason, they are commonly sold by retail outlets for self-treatment of simple acute problems. The Schuessler Tissue Salts fall under the decimal scale.

2.4.5.3 *Quinquagintimillesimal scale*

The Quinquagintimillesimal scale is usually known as fifty-millesimal or Q potency. The production is different and more complex than that used for the centesimal and decimal potencies but fundamentally the dilution ratio is 1:50 000. These higher potencies are only available through a consultation with a qualified homoeopath (Ross 2009).

2.5 HOMOEOPATHIC EDUCATION IN SOUTH AFRICA

Homoeopathy is taught at institutions of Higher Education mainly the Durban University of Technology and University of Johannesburg in the Republic of

South Africa. Students emerge with a Master's degree in homoeopathy (HSA 2012).

The course is conducted over five years and includes subjects such as Anatomy, Physiology, Pathology, Diagnostics, Materia Medica and Practice Management, the course enables the homoeopathic doctor to practice in private practice. The course is very similar to medicine, with the main difference being on the mode of treatment.

In order to be able to legally practice in South Africa, a homoeopath must fulfill the requirements of AHPCSA. A homoeopath is able to set up private practice, be employed and enter into partnership with professions approved by the board with all protocols being observed under AHPCSA guidelines.

One of the stipulations made by AHPCSA is that a homoeopathic doctor may not consult from any retail shop, including pharmacies as stated in Section 9 Performance of professional acts and displays point 2a states:

“A practitioner may not use consulting rooms with a connection or entrance to any premises or part thereof where any business, trade, occupation or profession other than the profession in respect of which he is registered in terms of the Act, is conducted or practiced: Provided that the entrance and corridors of a public building, in which his consulting room is situated, or a connection which may not be used by patients, shall not be regarded as unpermitted connections or thoroughfares” (AHPCSA).

This poses great difficulty for the profession, as a homoeopath may not be found practicing in a pharmacy. This is why it is vital that those who are employed in these retail shops that sell homoeopathic medicine, have a basic understanding of the principles and treatment protocols, as there are no qualified homoeopaths at hand in the pharmacy to consult. However (de Villiers 2006) established that the presence of a homoeopath in a pharmacy did not necessarily improve the level of understanding of homoeopathy by front shop assistants.

The best way to manage the low levels of knowledge would be to directly train front shop assistants appropriately.

2.6 PERCEPTION STUDIES ON COMPLEMENTARY MEDICINE

Several studies internationally have been conducted with regards to healthcare professionals' opinions on CAM. Owen *et al.* (2001) found that offering training accreditation and regulation in CAM and its therapies to doctors in the UK resulted in better services offered to the general public when the question or need for alternative therapies was brought up by the patient.

It is anticipated that pharmacy staff are more likely to be questioned by customers on different forms of CAM with the expectation that they are highly knowledgeable on CAM.

Many nurses and other conventional health care providers are not only using CAM themselves, but see many of their clients using these medicines and therapies. The attitudes to CAM can influence client satisfaction and client use of different therapies. As a result many practitioners of conventional health care are seeking education and information to enhance their knowledge and use of CAM (Haetzman *et al.* 2003). The General Pharmaceutical Council as well as the General Medical Council of the United Kingdom advises that undergraduate pharmacy and medical students should learn about CAM, however, there is no specific guidance to what exactly must be taught and the depth of knowledge required. In a study done at the University of Minnesota School Of Pharmacy in America, it was found that 35% of 569 pharmacy students said they had no opinion on homoeopathy (Hanna *et al.* 2013). This may be a consequence of no formal facilitation of familiarization with homoeopathy in their curriculum.

As much as CAM is growing in popularity, there are still misconceptions as well as ignorance that exist in South Africa on the principles and modes of treatments of CAM, especially homoeopathy.

Numerous studies show that the public still remain ignorant on homoeopathy as a form of treatment. According to the HSA (2012) there has been a general lack of knowledge of what homoeopathy is amongst the population in South Africa.

The problem is perpetuated by the lack of knowledge and misconceptions that are also found within the healthcare workers in South Africa (Daphne 1997; Maharaj 2005; Pillay 2013). As they are unaware or misinformed on homoeopathy, it can be deduced that pharmacy staff may not suggest or recommend homoeopathy as an alternative treatment modality to customers.

Maharaj (2005) found that, 36.2% of 58 respondents being pharmacists and 42,3% of 97 respondents being general practitioners (GP's) perceived that they were not well informed enough to comment on homoeopathy in South Africa.

Braun *et al.* (2010) established that there is a raised need by health product consumers in terms of their expectations of staff working in health stores in providing them with the required information concerning CAM medicines. According to Montagne (1999), the consequent lack of understanding about homoeopathy may be detrimental to the optimal health management of patients by pharmacists as well as to the growth of the homoeopathic and alternative medicine industries in South Africa.

This research builds on two previous epidemiological quantitative research studies that looked at the contextualization of homoeopathy amongst pharmacy front shop assistants in Kwa-Zulu Natal (de Villiers 2006) and amongst health shop workers in Gauteng (Tatalias 2006). de Villiers (2006) concentrated on the perceptions and knowledge of pharmacy front shop assistants on homoeopathy, whereas Tatalias (2006) concentrated on health shop workers. The former is more relevant to this study as it addresses the same core participants. Tatalias (2006) utilised the same questionnaire utilised by de Villiers (2006) and established that most health shop staff out of the 38 participants had some knowledge of homoeopathy and (n=32) 84.2% of the sample group agreed with the need for further education.

This may be attributed to the fact that health shops are generally associated with CAM hence health shop staff would have a better understanding of CAM therapies and medicines.

But this knowledge was questionable as the researcher argued that it was superficial and not actual in depth knowledge of homoeopathy. Tatalias (2006) avers that the understanding of homoeopathy amongst health shop staff is rather limited and more can be done to improve on it by further training.

de Villiers (2006) reported a general low level of knowledge regarding homoeopathy in pharmacy front shop assistants in KwaZulu Natal. It was found that 95.9% of 49 respondents felt they needed further training on the subject of homoeopathy. Further training offers a means of remedying the potentially damaging situation caused by the lack of knowledge of homoeopathy within the pharmacy environment.

The study also suggested that the profession of homoeopathy would need to work alongside those in the medical industry, namely the pharmaceutical sect to ensure the future of homoeopathy. From de Villiers research work, it was ascertained that the perceptions from front shop assistants on the guidelines for a short course in homoeopathic principles and practices would be beneficial so that this course can be developed to the optimum level (de Villiers 2006). The interview guide thus reflected questions in section B around what the training sources were, satisfaction with the training and any deficits in knowledge were noted.

de Villiers (2006) deduced that most participants had misconceptions, such as that homoeopathy is herbalism, and poor knowledge levels on the principles of homoeopathy such as 'Like cures like', the mode of action of homoeopathy and the types of homoeopathic medicines. Knowledge in these aspects was noted as superficial by Tatalias (2006) surely more can be done to deepen their knowledge by adequately training those involved in OTC homoeopathic sales.

Similar research has been conducted in the field of perception studies in homoeopathy amongst various focus groups in South Africa. These studies propounded on a general acceptance and positive attitudes on homoeopathy by participants, the authors however have not fully elucidated the factors that will contribute to the accredited improvement of knowledge of homoeopathy amongst pharmacy and health shop staff. The need for further training was established, but module design input from the focus groups has not been captured. Additional extrapolation is warranted on the direct link between the effects of poor knowledge levels on homoeopathy amongst pharmacy staff and the return on investment.

In a study by Marian *et al.* (2008) in Switzerland, it was found that there was significantly higher overall patient satisfaction with homoeopathy. Patients perceived homoeopathic medicines as low risk with lesser side effects as compared to conventional medicine. The following are statements obtained on homoeopathy by respondents in a study to determine attitudes towards CAM users in Cape Town (du Plessis 2013):

- An effective way of treating people and animals without side effects.
- A natural way to treat any ailment or health concerns that focuses on the problem without creating another.
- A safe and effective modality to treat various health conditions.
- Excellent.
- Is the best I would recommend it for anyone.
- I wish allopathic practitioners i.e. nurses were open and knowledgeable on complementary medicines.

With the positive statements from CAM users, the CAM industry owes its supporters and users the privilege to readily access CAM information from credible well trained sources in pharmacies or health stores.

2.7 THE NEED FOR TRAINING

It has already been established that there is a desire to learn more on homoeopathy from previous studies (de Villiers 2006; Tatalias 2006; Lamula 2010). This research study in particular, sought to assess how pharmacy staff is making use of the information they already possess as well as their confidence in advising customers on homoeopathic medicines they sell over the counter. Such areas were addressed in open ended questions of the interview guide.

The purpose of this was to establish guidelines for the development of a short course in homoeopathy for those dealing with homoeopathic remedies in the retail industry.

According to de Villiers (2006) “further research needs to be conducted in this field in order to come up with appropriate levels of training required for the average pharmacy front shop assistant so as to best serve the customer with regards to accurate and valid information and advice in so doing taking health care to a more complete level.”

de Villiers (2006) interestingly found that one participant was unaware that they sold homoeopathic medicines in their pharmacy. Formally, educating pharmacy staff on OTC homoeopathic medicines will inevitably boost the financial gain of the pharmacy, as staff may previously have not prescribed homoeopathic products and thus lost sales as either they did not know the pharmacy stocked homoeopathic medicines, or had little knowledge to prescribe and advise on OTC homoeopathic medicines.

Though the products of complementary therapies are freely available, the understanding of the philosophy and protocol on how to use these alternative medicines, are often not understood by the over the counter sales person.

There is no further training for these personnel, except for occasional product training done on behalf of a company on their specific product being sold in the respective pharmacy. With homoeopathy being a complex alternative therapy,

with many principles guiding its usage, it is imperative that a needs analysis of relevant stakeholders is conducted so that a short course addressing the deficits in knowledge around homoeopathy can be designed. The main reason for this is that, the public is largely unaware of this alternative therapy, and the front shop assistants are often the first contact that they may have with it. If the information given to the public is then incomplete and inaccurate, it could then have detrimental effects on the profession as a whole.

In future, if a short course on homoeopathy for retailers of homoeopathic medicines is developed and implemented, the course needs to address the specific requirements and needs of the relevant stakeholders, thus the need to inquire directly from those who sell over the counter homoeopathic medicines what their feelings are on a proposed short course in homoeopathy.

2.8 THE PHARMACY SETTING

Anecdotal evidence suggests that pharmacists are the most accessible of all healthcare professionals. They can see more patients than other professions. Pharmacists are available with no appointment needed to offer advice on most aspects of healthcare medicines, including homoeopathy. Over the counter homoeopathic remedies are available without the need for long conventional homoeopathic consultations.

Many pharmacies may stock a range of homoeopathic medicines, which have a wide spectrum of activity and can be used to treat a variety of conditions, based on the symptoms alone without the need to individualise.

It can be deduced that people inquire about homoeopathic advice from a pharmacist, and thus some pharmacists have sought training, in some form, to cater to the needs of customers.

Not only is the person inquiring about medicine, but also advice on health issues. It should be mandatory for pharmacy staff to be well informed about

homoeopathy to advise customers appropriately. The question then arises, where do they acquire this training from and how reliable are the sources?

Homoeopathic remedies are available commercially in low potency for sale to the general public e.g. D6 potency without the need for a prescription from a qualified homoeopath. These homoeopathic remedies are available in hyperstores, supermarkets, pharmacies and health shops in South Africa.

As the cost of health care continues to increase, many people tend to first self-medicate before consulting with a professional. A pharmacist is seen as a readily available health professional as there is no need for a consultation. Thus, people are more prone to ask their pharmacist for medical advice before making an appointment with their doctor. This also includes the sales people in pharmacies as they are seen as part of the same profession. This makes it important for all sales staff in a pharmacy to be well versed, not only in conventional medicine but also on all medication they stock.

This then equates to front shop assistants holding an even more important role as they become health advisors to the general public. As noted by Tatalias (2006) in South Africa, a dilemma exists where an assumption was made that the retail market, which is responsible for a large majority of distribution of homoeopathic medicines, is aware of what homoeopathy is and its subjectivity to its principles. In conclusion, Tatalias (2006) found that pharmacy staff as well as health shop staff had a one on one relationship with users of OTC homoeopathic medicines. A good rapport with customers is only possible if the pharmacy and health shop staff themselves have a good basic understanding of homoeopathy.

2.9 OVER THE COUNTER SALES OF HOMOEOPATHY

Homoeopathy is an alternative medical therapy that continues to gain popularity worldwide. For example, according to the National Centre for Complementary and Alternative Medicine (NCCAM), there was an estimated \$6.4 million in sales of homoeopathic and herbal products in 2012 in the United States. The viability

of complementary medicine is on the increase in South Africa. In a market survey done by the Health Product Association in South Africa R1, 928 billion was spent on natural health products in 2003. The South African market is open to alternative medicine, and that it is a viable retail endeavor. In order to continue this positive trend, it is important that staff dealing with the sale of these products be fully informed on the products (Macquet 2007).

In an email communication on 19 February 2014, Deidre from HPA sent a survey from Health Products Association of South Africa (2011) which revealed that homoeopathy comprised of 17.5% of total turnover in all companies interviewed that sell over the counter CAM products. This indicates a profitable margin overall.

According to sales records from a well-established La Lucia pharmacy in Durban in 2014 they experienced good sales of over the counter homoeopathic medicines. Over a six month period from 2013/10 to 2014/03 sales from the following homoeopathic brands were given as the following by Manager-X when interviewed on 10 September 2014 at pharmacy-x in Durban.

- Pegasus homoeopathic range averages sales totaled 24 products.
- Natura range averaged 504 products.
- Heel range averaged 82 products.

Manager- X via personal communication Other common homoeopathic products in South Africa include, Dr Reckeweg, Fusion Homoeopathics, Boiron, A Vogel and Similisan products.

2.10 MISCONCEPTIONS

There are still some misconceptions that pharmacy front shop assistants may have that may be detrimental to the growth of homoeopathy. According to de Villiers (2006), a common misconception which exists is that anything natural is entirely safe to take for absolutely any condition for anyone. Some people also believe that overdosing or combining allopathic/conventional medicines with

natural medicines is without any risks and totally safe. There will be no aggravation, contra-indication, side-effect or negative consequence because it is a natural medicine, hence the public is comfortable self-medicating. Retailers should not ignore and overlook the importance of furthering their knowledge to better inform the general public on alternative medicines sold in their respective retail outlets and deal with the public's misconceptions, which may potentially have adverse consequences.

The deduced misconception that homoeopathy is natural poses detrimental consequences as most will believe no harm can be done by homoeopathic medicines. Yet on the contrary, if a wrong remedy or potency is chosen, the consequences may lead to an exacerbation of the condition which is termed an aggravation in homoeopathy. It was further noted that, if users are not informed of the possible adverse effects, the chances of them seeking other interventions will be increased. Chances of users continuing with the homoeopathic medicines may be decreased due to their undesirable occurrences due to misinformation concerning homoeopathy (de Villiers 2006).

Some patients may also "pick and mix" between complementary and conventional therapies, claiming that there are certain problems for which their general practitioner has the best approach and others for which a complementary practitioner is more appropriate (Vickers and Zollman 1999).

This leads to confusion as to what treatment option they should follow, and without proper information this could lead to future health problems.

2.11 HOMOEOPATHIC EDUCATION WITHIN PHARMACY SETTINGS

It is important to understand what current training is available for pharmacy front shop assistants in homoeopathic products. Usually this is through a sales representative of the manufacturing company. Depending on the specific orders placed by the pharmacy, the representative will have the responsibility of assisting staff by informing them of the basics and particulars of the product they

ordered or products to be introduced onto the market. When interviewed on 10 September 2014 at pharmacy-x in Durban, Manager-X stated that a session is held to teach the staff on the products, answer any questions, address queries and provide clarity where need be. This may be quite problematic as the pharmacy may be busy and thus these sessions may be prone to disruptions.

The representatives will also, where possible, hand out information such as brochures, pamphlets, flyers, books and whatever else reading materials is available. Other forms of training include product seminars, self-study and through homoeopathic doctors (Tatalias 2006). This form of education enables the staff members to be informed, in an informal manner, without any actual form of testing post teaching to note the amount of information retained and score staff. Though this seems an easier method, this type of teaching is influenced by limited time and an inability to interact. Informal training unfortunately may not achieve the desired outcome in terms of staff retaining information. Being taught under pressure during working hours is also a challenge, especially for part time staff that are paid per hour or commission based staff that are paid per sale. Their focus and attention maybe diverted to actually being on the floor attending to customers rather than listening to the information.

If teaching sessions are not feasible, the next method will involve indirect learning by simply giving the staff pamphlets, booklets, compact discs or any other related material that the staff may go through to gain knowledge on the products. This is then reliant on the person's own motivation for knowledge, and as it is unstructured, there is no forum for questioning (Manager-X interviewed on 10 September 2014 at pharmacy-x in Durban).

These modes of learning cause a problem as the information given is product specific, which usually means not much information is given into the basis of the alternative therapy at large, but rather focuses on particular products usually for sales and marketing purposes.

Participant 3 from this study mentioned that further educating themselves on homoeopathic products was from self-driven desire and interest. Some pharmacy staff will attempt to attain more information to enhance their understanding of homoeopathy and the primary sources used are articles in health publications and the internet. This may either be to improve their general knowledge of homoeopathy for work purposes or for personal interest. Again, this involves a high level of self-motivation from the staff member and thus varies greatly from person to person, hence it cannot be guaranteed that all staff members will be self-driven to learn on their own.

2.12 THE NEED OF ACCREDITED HOMOEOPATHY TRAINING FOR PHARMACY STAFF

In a study conducted in Australia by Braun in 2010 with 1121 participants CAM information sources were identified in Figure 2.1.

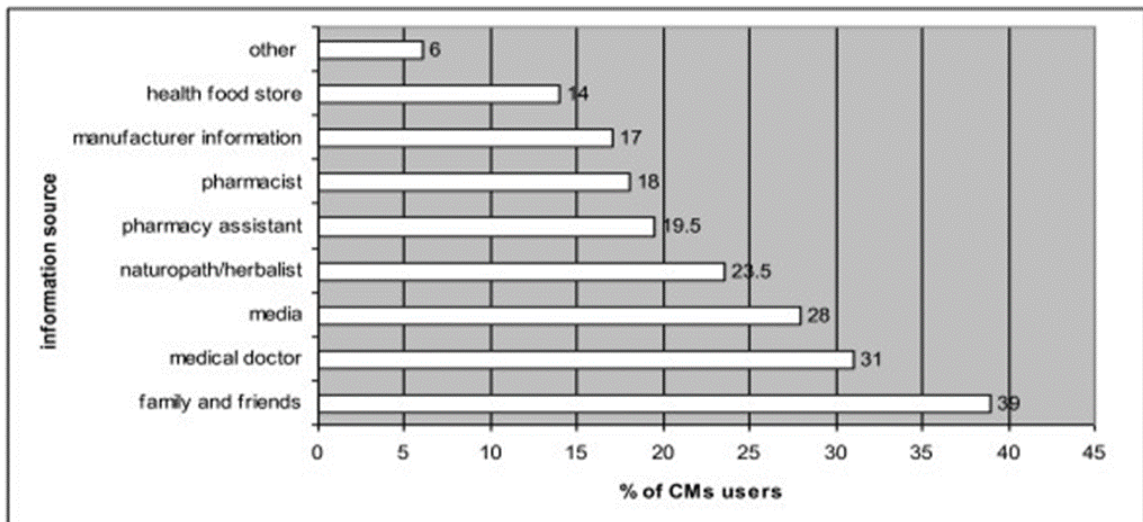


Figure 2.1: Information sources (Braun *et al.* 2010).

As can be seen from Figure 2.1, there is a high percentage of people who rely on pharmacists (18%) and pharmacist assistants (19.5%) on their information regarding CAM. This shows how important it is that these health care workers are fully informed on the intricacies of each CAM product that they sell.

Braun *et al.* (2010) found that CAM and non CAM users indicated that pharmacists should provide safety information about CAM medicines. The participants wanted more detailed product information similar to prescription medicine for CAM products from pharmacy staff. This is an indication of the customers demanding and wanting more from their pharmacists, and this may include any pharmacy staff member they approach, be it a front shop assistant, pharmacist, pharmacist assistants, pharmacy owner or possibly cashiers.

It was further established that customers tend to be “information strong” (well-informed) and “information seeking” (inquisitive), ask critical questions; show a desire to initiate dialogue, fish for more knowledge, seek counselling and in general no longer blindly accept the authority of health care providers (Braun *et al.* 2010). Thus pharmacy staff must be well versed in CAM medicines sold in their pharmacy to keep up with the demands of customers.

Customer satisfaction is based on the quality of service provided by the service provider (Lee *et al.* 2000). Service quality theory predicts that clients will judge that quality is low if performance does not meet their expectations and quality increases as performance exceeds expectations. Service quality significantly impacts on value perceptions as pharmacists present the ability to satisfy stated and implied needs (Kotler and Keller 2009). Anecdotal evidence has revealed that consumers accept an integration of CAM medicines in pharmacies, including more interaction with pharmacy staff.

Many consumers and health care providers continue to use and practice homoeopathy and advocate its safety as well as efficacy despite not having adequate training in homoeopathy. As drug experts, pharmacists are generally expected to be able to counsel the public on how to safely and effectively use medications, and this includes homoeopathic medicines too. However, some pharmacists feel that the homoeopathic system of medicine is based on unscientific theories that lack supporting evidence. Yet, since consumers continue to use homoeopathic products, it is necessary for pharmacists to have a

basic knowledge of homoeopathy and to be able to counsel patients about its general use (Johnson and Boon 2007).

2.13 THE NEED FOR QUALITY CUSTOMER SERVICE

Quality is delivering superior customer value. Total quality includes excellence, efficiency, customer retention, and profitability (Webster 1994). Mele (2007) reiterated this statement by stating that “quality means putting the customer first, always.” Customers tend to be information strong as they research products before making purchases and may challenge pharmacy staff with their inquiries. Customers desire quality service naturally as most retail pharmacies purport on their ability to deliver quality service. Msowoya (2010) states that it makes no sense to promise excellent service before the company staff are ready to provide it. Dependable training allows staff to cater sufficiently to information strong customers and provide quality service.

Bower and Garda (1985 cited in Mele 2007) suggest that the delivery of value consists of the following phases: choose the value, provide the value, and communicate the value. Communicating the value is what this study emphasizes on as retail pharmacies already made a choice to supply OTC homoeopathic medicines and they are already providing the value.

The manner in which the value is communicated is very important. It must be complete credible content delivered in an uncomplicated manner that leaves the customer more knowledgeable and satisfied (Msowoya 2010). In the health care industry patient satisfaction is an important factor in assessing the quality of health services.

Msowoya (2010) states that effective communication is founded on the ability to engage customers in a dialogue that results in greater satisfaction with the brand. Development of simple communications allows for the lay customer to get the best quality of service and so pharmacy staff ought to be equipped with the skills

to effectively communicate with customers in a manner that adds value to the business.

Kotler explains that internal marketing involves successfully hiring, training and motivating able employees to better serve the customer (Kotler 1994). Pitt *et al.* (1999) advise that if quality service is to be delivered, employees themselves must be convinced that it is worth delivering both to customers and each other. This may be achieved by adequately training pharmacy staff and allowing them to make well informed decisions on homoeopathic medicines. But if staff endure poor quality of service from their colleagues and the organization as a whole, it is likely that their service delivery will suffer in turn and be poor. Therefore, there is a need to tackle the lack of knowledge of homoeopathy from a managerial and organizational position.

Dissatisfaction by customers/patients of CAM portrays negative feelings and represents the industry with perceived unfavourable outcomes. This latter outcome can result in decreased compliance with treatment or management protocols, negative word of mouth as well as more serious problems such as legal action and complaints to regulatory bodies. Anecdotal evidence suggests that in such cases, the likelihood is that the customer will say that homoeopathy does not work, but the fact could be that they were misinformed by pharmacy staff. Incorrect information may also lead to the misuse of homoeopathic medication, resulting in possible adverse effects such as aggravations.

de Villiers (2006) commented that “the public should be made aware of the fact that a trained pharmacist or medical practitioner dispenses allopathic medicines and the same premise needs to be applied to homoeopathic medicines.” This suggests the importance of adequate and appropriate training and education in homoeopathy for all those prescribing homoeopathic medicines or involved in the sales of these products. It is expected that pharmacy staff be knowledgeable concerning CAM medicines and provide information on these medicines.

As customers expect more interactive engagement with pharmacy staff regarding CAM issues, some customers may feel that pharmacists are ill-equipped to counsel them about CAM medicines. Some customers will not refer to pharmacists as an information source, due to their lack of knowledge in homoeopathy. This notion clearly correlates with pharmacists' own discomfort when dealing with CAM queries as they feel they are insufficiently informed about CAM medicines (Chang *et al.* 2000; Brown *et al.* 2005; Kwan *et al.* 2008). Mann (2010) stated that pharmacists have a responsibility towards their customers to better understand alternative medications like homoeopathy including their uses and possible interactions with other chemical based drugs. Mann (2010) also established that very little to no formal training was given during their schooling. This may lead to inaccurate perceptions and a poor understanding of homoeopathy and alternative medicines in general.

According to Peltzer *et al.* (2008), patients should be provided with the relevant information on traditional medicine and CAM to be incorporated into their existing medical regime in order to be more involved in the decision making.

2.14 CONCLUSION

This section reviewed the existing relevant literature on CAM and homoeopathy, as well as models for executing development of further training strategies and customer satisfaction management.

The study aimed at filling the gaps that exist from various schools of thoughts and authors in order to devise pragmatic recommendations that would assist the pharmaceutical industry to identify contributions that may enhance homoeopathy as a CAM entity in the South African retail pharmacy setting and increase returns on investment of OTC homoeopathic medicines.

Good customer satisfaction is achieved when specific customer needs and wants are understood better, well served and completely met. Good quality customer

satisfaction leads to customer retention which consequently improves profitability (Msowoya 2010).

The study focused on the pharmacy staff and not health shop assistants. The reasoning behind this distinction is that pharmacies are more aligned with allopathic/conventional medicine, whereas health shops are aligned to complementary/alternative medicine. It is thus envisioned that more recommendations would be elicited from those working in the pharmacies than in health shops. Once the recommendations have been formulated, these could then be circulated to health shop assistants for their input on the development of a short course in homoeopathy.

As can be seen from the above literature review, complementary medicine, and homoeopathy in particular are still not understood by the majority of people. More needs to be done on informing the public at large on this unique modality. One solution would be to train those that sell over the counter homoeopathic medicine on the core principles and methods of treatment with homoeopathy. As it has already been highlighted that the knowledge of pharmacy and health shop staff on homoeopathy is deficient (de Villiers 2006; Tatalias 2006), there is a need to correct this. The profession needs to find ways to address this lack of knowledge, as these pharmacy front shop assistants are beneficial in exposing more people to homoeopathy as an alternative treatment method.

Fonn *et al.* (2011) argues that Schools of Public Health in South Africa should respond to the many systemic issues that confound improvements in the health of the population, by incorporating a public health approach to the training of all health professionals, enhancing indigenous health systems research capacity, collaboration, advocacy, and networking to strengthen health systems management. These profound sentiments emphasize the importance of collaboration amongst all health care policy makers and health care providers, the CAM industry being one of them.

There is no point in drawing up a short course without consultation with the relevant stakeholders, as they are the ones who have to buy into the course. If their needs are not met, then no matter how good the course is, it will not succeed with the target group.

This research set out to find out what the relevant stakeholders felt would be beneficial in the short course. From this analysis, an outline can be developed to model a short course that will address all their needs and provide information. With this, the pharmacy front shop assistants will then be better equipped to give their customers correct information concerning homoeopathic products, and thereby indirectly broaden the knowledge of homoeopathy amongst the general population.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

It was anticipated that evidence acquired from a study that is qualitative would appropriately suit the aims and objectives of this study. In the healthcare industry qualitative research is an appropriate method of gaining an understanding of pharmacy staff experiences (Posses and Isen 1998). By means of a qualitative design, it provides the ability to obtain participants perceptions and personal exposure including experiences (Holloway and Wheeler 2013).

Upon perusal of literature at the time of conducting the study, it was found that other previous studies conducted in the field of homoeopathy had recommended on establishing further training facilities for pharmacy and health shop staff (de Villiers 2006; Tatalias 2006). However, the participants' contributions had not been isolated on training suggestions, hence this study sought to inquire from the relevant stake holders.

3.2 QUALITATIVE RESEARCH

According to Wyse (2011) qualitative research is primarily an exploratory research. It is used to gain an understanding of underlying reasons, opinions and motivations. Qualitative research provides insights into the problem and helps to develop ideas or hypotheses for further potential research. A qualitative research design is also used to uncover trends in thought and opinions and delve deeper into the problem. As concurred by Creswell (1994) and Patton (1987), a qualitative study is very useful in attaining knowledge and in-depth insight into an area of interest of which little is known, there by answering research questions.

3.2.1 Qualitative descriptive studies

A descriptive study investigates on what is happening currently. "The presentation of data from a qualitative descriptive study involves a straight

forward descriptive summary of the informational contents of the data that is organized in a logical manner. How the data is organized depends on the researcher and how the data were rendered”, (Lambert and Lambert 2012).

Qualitative descriptive study is an approach that is useful when there is a need to gather knowledge regarding events. The events in this study imply the participant’s experiences when prescribing homoeopathic medicines. Who were involved, implying who did the prescribing, advising and what was involved? This is in terms of their level of knowledge of homoeopathy how did they utilize it for prescription and advising purposes. When a straight forward description of a phenomenon is desired qualitative descriptive studies are considered (Lambert and Lambert 2012).

3.2.2 Qualitative exploratory study

An exploratory study aims to ascertain what led to the present situation by means of planned direct or indirect probing. With exploratory research there is diagnosing of situations, screening of alternatives and discovery of new ideas. This study sought to explore the perceptions of the focus group on the development and implementation of a short course in homoeopathy specifically designed for them amongst other investigations. It was established by de Villiers (2006) that there is a lack of knowledge in homoeopathy amongst pharmacy shop front assistants. However, there is limited data on how this lack of knowledge can be addressed accordingly. This exploratory study allowed for better understanding of the needs of pharmacy staff with regards to the phenomenon of lack of knowledge in homoeopathy. Ways of addressing the needs were established by gathering contributions from pharmacy staff themselves.

3.2.3 Emergent design

In qualitative research, an emergent design is when the initial anticipated outline for research conduct cannot be followed through thoroughly leading to some or

all of the anticipated phases of the idealized process not being adhered to. This leads to a shift in the scheduled outline of the research study course. An emergent design permits flexibility during the course of the research study (Morgan 2008). In this study the proposed method of data analysis was the complete Straussian grounded theory method and the use of Nvivo software for data analysis. It was later found in the course of the research process that the formal aspects of grounded theory method could not be employed entirely. Consequently Tesch's eight step method of data analysis was adopted. Further elaboration is under data analysis 3.16.

Nvivo software was previously considered for, confirmation and validation of the theory attained using the grounded theory method Welsh (2002) upon reflection it was found unnecessary for this particular study and later excluded.

3.3 ADVANTAGES OF A QUALITATIVE SURVEY

Surveys are conducted to give a description, exploration and explanation of a given phenomenon (Burton 2007). Qualitative research surveys allow for a well detailed bank of data to be collected. The open ended semi-structured questionnaire utilised provisioned for explicitness and openness of responses from participants. Open ended questions may encourage participants to delve deeper into the phenomena in question and contribute as much detailed information as they can. This gives a platform for new areas to emerge that may not have previously been considered or foreseen as information is gathered. Open ended qualitative surveys also allow for stimulation of the participants individual experiences that is expressed through their viewpoints and emotions (Turner III 2010).

3.4 RESEARCH DESIGN

The study was a qualitative, descriptive, exploratory and contextual research on pharmacy staff knowledge of homoeopathy (Walker 2005). A multi method approach was applicable to the subject matter to better interpret the phenomena.

The distinct methodological traditions of inquiry maximized on the possibility of analytical substantive theory to emerge. According to Creswell (1994) a qualitative study may be defined as a form of inquiry processes to understand a social or human problem. Such a study design gives a detailed report of the informants' views, a whole framework of beliefs and a holistic picture moreover when conducted in a natural setting.

3.5 INSTRUMENTATION

The survey questionnaire was encapsulated into a semi-structured interview guide that was utilised. A measurement of views on the implementation of a short introductory course in homoeopathic principles, with emphasis on simple diagnosis and prescribing was investigated and evaluated.

Participants had a choice of permitting audio recording of themselves or filling out the questionnaire themselves, or have the questionnaire filled in for them by dictation as they answered questions. Any technique the participant felt most comfortable with was implemented.

3.6 SEMI STRUCTURED INTERVIEW

A semi structured interview guide (Appendix C) in the appendices index was utilised with the selected participants. The semi structured interview guide consisted of three sections under the following headings; Section A - What is homoeopathy? Section B - Present knowledge of homoeopathy. Section C - Introduction of a short course in homoeopathy.

3.6.1 Interview questions

The following are the questions participants were asked;

- What is homoeopathy as interpreted by pharmacy staff?
- When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Section A question 1, allowed for the participant to reflect on their experiences and report on them.

- What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Section A question 2, gave the participants an opportunity to reflect on their personal and professional experience with homoeopathy and its sales status.

- With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate, if any?

Section B question 1, this question was meant to examine the participants level of knowledge of homoeopathy and identify the knowledge sources. Participants could comment on any areas pertaining to their homoeopathic knowledge that they identified as inadequate.

- What are your feelings on a short course in homoeopathy for pharmacy staff?

Section C question 1, was a direct probe to assert whether participants felt there was a need for further training in homoeopathy.

- What skills development would you recommend be incorporated into the short course if you agree with the need?

Section C question 2 meant to establish any variables participants wanted to be incorporated into a short course specifically designed for them to further their knowledge in/of homoeopathy.

3.7 PILOT STUDY

A pilot study is conducted to determine the feasibility of the interview guide (Thabane *et al.* 2010). A pilot study was conducted and consisted of three pharmacy front shop assistants in the greater Durban area. Any suggestion or highlighted area indicated by pilot study participants were analysed and considered for any changes necessary that might have needed to be corrected before the main study commenced. In this particular research the pilot study

participants had no suggestions or comments for any changes to the set interview guide (Appendix C). They found it satisfactory and relevant.

3.8 STUDY SETTING

The study took place onsite at various locations within the greater Durban area of Kwa-Zulu Natal province in the Republic of South Africa that were accessible to the researcher. An initial call or meeting was made with the pharmacy owner and/or manager to give a brief description of the potential study. Permission to conduct the study was then established with interested pharmacies. Upon finalization, a selected date and time was then chosen by the respective pharmacy management and/or owner. The research was conducted on a chosen day after fulfilling all protocols.

3.9 PARTICIPATING PHARMACIES

For the purpose of anonymity, the pharmacy names and addresses are not included in this dissertation. Only the areas are to be named and each respective pharmacy is coded via a letter of the alphabet.

Pharmacy A and E are located in Hillcrest Durban KwaZulu Natal.

Pharmacy B, C and D are located in Westville Durban KwaZulu Natal.

Pharmacy F is located in La Lucia Durban KwaZulu Natal.

3.10 PARTICIPANT SELECTION

Participants were selected from the various pharmacies in the greater Durban area where over the counter homoeopathic medication is sold. Managements of the pharmacies were given a gate keeper letter (Appendix D). This letter informed the pharmacy management of the intent to conduct the survey with their pharmacy staff. The gate keeper letter further highlighted a basic summary of the outline of the study. Upon approval, and permission from pharmacy management, including interest in participation of their staff, a letter of

information (Appendix A) was handed to pharmacy management which included the contact details of the researcher, supervisor, co-supervisor and institutional information and accreditation.

3.11 SAMPLING PROCESS

The management of each respective pharmacy identified pharmacy staff in the relevant departments of the pharmacy as potential participants. Convenience sampling technique was made use of. Convenience sampling method is when a researcher uses any subjects that are readily available at the given time to participate in the study (Naude 2012). Subjects are selected on their convenient accessibility. The convenience sample group included pharmacy staff within the vitamin and nutrition departments, over the counter/self-medication dispensary counter and alternative medications department respective to each pharmacy. Patton (2002) perceives a sample selected based on convenience as limited.

Management of the respective pharmacy set the date and time of the interview to be conducted at the pharmacy premises. The identified potential participants were then approached and presented with the gate keeper letter (Appendix D) and letter of information (Appendix A).

Upon interest and verbal approval for participation, the potential participants were given an informed consent form (Appendix B) to fill in and sign to signify their full participation.

According to their availability, pharmacy management determined the number of participants able to participate in the study. Thus, the numbers vary from one pharmacy to the other.

3.12 SAMPLE SIZE

The sample size is usually small in some empirical qualitative pragmatism. The sample size was made up of twelve participants, (n=12). This included pharmacy staff and their employers who served as a representation of the whole population

of assistants and their employers. Evidence suggests that sufficient data is generally collected from six to twelve participants (Guest *et al.* 2006). The participants from each respective pharmacy included employers, full time and part time employees where applicable. Having more than one participant from each pharmacy allowed for a varied representation that was unbiased providing for a clear conclusion to be drawn. The focus group was purposive to acquire relevant information for the study (Yin 2015).

3.13 INCLUSION CRITERIA

The inclusion criteria involved current employment at a pharmacy in the greater Durban area. Participants had to be aged between 18 – 65 years of age and proficient in the English language.

3.14 PARTICIPANT DEMOGRAPHICS

To maintain anonymity, pharmacy participants' ages will not be portrayed in this dissertation. Their ages will be represented in a range.

Range A is 18 – 34 years.

Range B is 35 – 49 years.

Range C is 50 – 65 years.

All ranges A, B and C were represented in the study.

Participants' confirmation of gender, race and age group status was confirmed verbally prior to the commencement of the interview. It was viewed as unnecessary to include these demographical questions in the questionnaire as the study was not focused on comparison of data from differing races, gender or age groups.

3.15 DATA COLLECTION

An interview guide, Appendix C, was employed to acquire data. Data was collected in the English language at a suitable venue, date and time set by the pharmacy management, which was on site so as not to inconvenience participants from daily duties.

Anonymity was paramount thus the researcher simply stated the section and read out the questions and the participants responded to each question accordingly for the recordings. No name or demographic information was given during the interviews.

Participants who wished not to be recorded and preferred to answer by hand writing their responses were allowed to do this and when they completed, the questionnaire was collected. Participants also had a choice of requesting that the answers be hand written for them by the researcher as they dictated responses.

For both audio and hand written data collection, participants were allowed to seek clarification on any question they did not understand or needed clarity. Participants were at will to pass any questions they felt they did not want to answer or deemed irrelevant. Participants were also permitted to add on any other information they wanted to and at will to refuse further participation at any given time without any jurisdiction, penalty and obligation. The interviews were conducted by the researcher and lasted less than 5 minutes the average time being 2 minutes 46 seconds.

3.16 DATA ANALYSIS

The process of data analysis is eclectic, it is based on data reduction and interpretation involving decontextualisation and recontextualisation (Tesch 2013). Tesch's eight-step procedure of data analysis was utilised. This method provided a concrete and structured technique to analyse data in a clear descriptive manner. This form of data analysis offered insight and enhanced better understanding of the data and thus provided a meaningful guide to action.

The procedure of data analysis with coding allows for reduction of information to themes or categories (Tesch 2013). A straight forward descriptive presentation was preferred. Responses were clustered under the according questionnaire heading or theme and sub-themes. Any similar responses though in different words were grouped under one underlying meaning. A summary of data was systemically represented in lists, graphs or tables. In this study data was collected, displayed and distilled. Themes were generated and data presentation maintained as descriptive as possible. Connections pertaining to the responses were noted. Interpretation and description of the data was then done allowing an account and conclusions to be drawn.

Tesch's steps

Step 1) Get a sense of the whole. Read all the transcriptions carefully.

Step 2) Pick one document (i.e. one interview), go through it and ask yourself what is this about.

Step 3) List all topics and cluster together similar topics.

Step 4) List topics and cluster together similar topics.

Step 5) Find the most descriptive wording for the topics and turn them into categories then group topics which show interrelationships to reduce the total list.

Step 6) Make a final decision on the abbreviation for each category and alphabetize these codes.

Step 7) Assemble data material belonging to each category (sub-topic/heading) in one place and perform a preliminary analysis.

Steps 8) If necessary recode existing data (Tesch 2013).

The steps that were incorporated in this study are as follows:

- Interviews (Appendix C) were conducted with consenting participants either by audio recording or hand-written.
- Interviews were read and listened to by the researcher.
- Completed interviews were transcribed by the researcher.
- Transcribed interviews were analysed by the researcher.
- The researcher read the transcript for the second time so as to identify the underlying meaning of participant responses.
- Respective responses were clustered together under the respective section headings, themes or sub-themes.
- After grouping the data falling under the same section headings it was re-analysed.
- An experienced person in the field of qualitative research analysed the steps for data analysis and discussed them with the researcher.

3.17 RESEARCH INTERGRITY

Credibility was ensured by the use of audio taping of the interviews as well as hand writing other interviews where the participants did not want to be recorded. All obtained data was transcribed exactly as it was said or written as a reflection of the respective participants.

Dependability was through the safe keeping of all original collected data for future reference.

Confirmability was achieved by the researcher verbally repeating to the participant exactly what they had mentioned after the interview for affirmation and transparency that they indeed exercised freedom of thought. For transferability, the researcher has given a detailed account of the research processes.

According to Lincoln *et al.* (1985) these points were observed to develop trustworthiness of a qualitative inquiry.

Evidence adherence was maintained by explicitly transcribing the participants' responses in their own actual language/words (Van Manen 1990; Willig 2009).

During the study an unbiased framework was maintained. A researcher should have the ability to ask good questions, listen carefully, be adaptive and flexible to any situation during the research phase and to interpret the responses well. A researcher ought to be unbiased and not have any preconceived ideas (Yin 1994).

3.18 ETHICS

Approval was granted from the Durban University of Technology Institutional Research Ethics Committee (Appendix E). Permission to conduct the study was obtained from pharmacy owners and or managers. All participants and pharmacy management were presented with letter of information and informed consent form and gatekeeper letter, in appendices A, B and D respectively.

The participants were coded to maintain anonymity and confidentiality. Research principles were adhered to thus no coercion. The study maintained respect of persons, beneficence and justice.

Prior to the interview management identified an area in the pharmacy to be utilized during the interview. The interview involved the researcher and the participant only to ensure privacy and comfortability. Other co-workers were informed by management of the on-going interview and were called upon to the designated interview area when their turn came.

3.19 CONCLUSION

This chapter gives information on the research methodology and proceedings as conducted during the course of the study undertakings. Information obtained will be given in chapter four (results and discussion of results) with recommendations and a conclusion in chapter five respectively.

CHAPTER FOUR

DISCUSSION OF RESULTS

4.1 INTRODUCTION

This chapter will examine the results obtained from this study. It will also include a discussion of the results in perspective of the objectives stated in chapter one.

Completed semi-structured interviews were conducted and captured. This chapter contains a representation of the acquired data post data analysis

4.2 PRIMARY DATA

Primary data was collected via a semi-structured interview guide. This information was gathered by audio recordings, hand written, or dictated according to the participant's choice of data collection method.

4.3 SECONDARY DATA

This consisted of literature from a range of sources which included journals, research dissertations, books, interviews, tutorials, lecture notes and the internet.

4.4 DATA ADMISSIBILITY

Five pharmacies agreed to participate out of ten approached. A maximum of three and a minimum of one participant were offered by participating pharmacies depending on availability of eligible participants. Four participants identified by management declined participation. Participants totaled twelve which were one pharmacy owner, two aisle managers, two qualified pharmacists, two pharmacy assistants and five front shop assistants, participated in the research.

Table 4.1: Major themes and sub-themes

THEME	HEADING
Theme 1	What is homoeopathy?
Sub-theme 1.1	Considerations when prescribing homoeopathic medicines
Sub-theme 1.2	Unsure of prior prescription considerations
Theme 2	Advantages and disadvantages of homoeopathy in retail stores
Sub-theme 2.1	Financial validity of homoeopathic products sold in pharmacies
Sub-theme 2.2	Efficacy of homoeopathic products
Sub-theme 2.3	Usage of homoeopathic products
Sub-theme 2.4	Unsure
Theme 3	Acquired homoeopathic knowledge

	sources
Sub-theme 3.1	Training sources
Sub-theme 3.2	Self-taught
Sub-theme 3.3	Content with training sources
Sub-theme 3.4	Unsure
Sub-theme 3.5	Opinions on training
Theme 4	The need for receiving homoeopathic training
Sub-theme 4.1	Positive interest in a short course
Sub-theme 4.2	Indifference towards a short course
Theme 5	Expectations and suggestions
Sub-theme 5.1	Suggestions on course material
Sub-theme 5.2	Unspecified contributions
Sub-theme 5.3	Unsure of contributions

Theme 6	Other thoughts on homoeopathy

The results from this study are presented under the themes and sub-themes that were derived upon data analysis. The five themes are presented in table 4.1, related direct quotes are provided to support the relevant results.

4.5 DEMOGRAPHICS DISTRIBUTION

The following figure and graphs are a representation of the demographics of the sample group in this study.

4.5.1 Gender

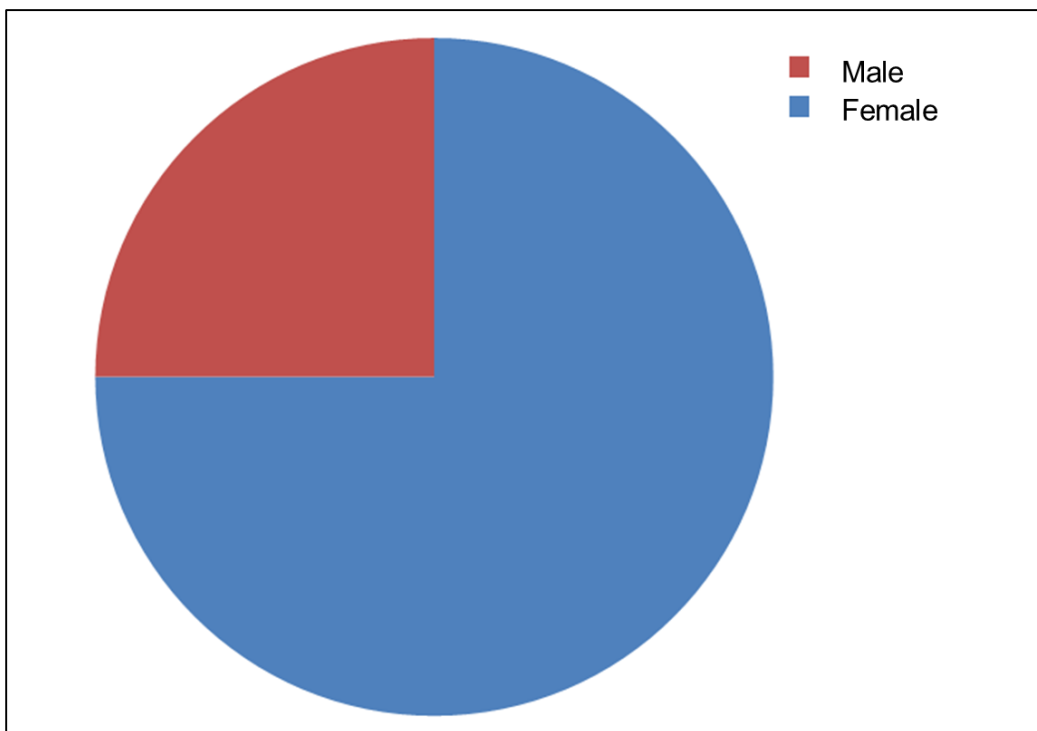


Figure 4.1: Pie chart of gender distribution of sample group

Male participants = 3

Female participants = 9

As seen in Figure 4.1 both female and male genders were represented in the sample group. Of the 12 participants 3 were male = 25% and female participants were 9 = 75%.

4.5.2 Ethnicity distribution of the sample group

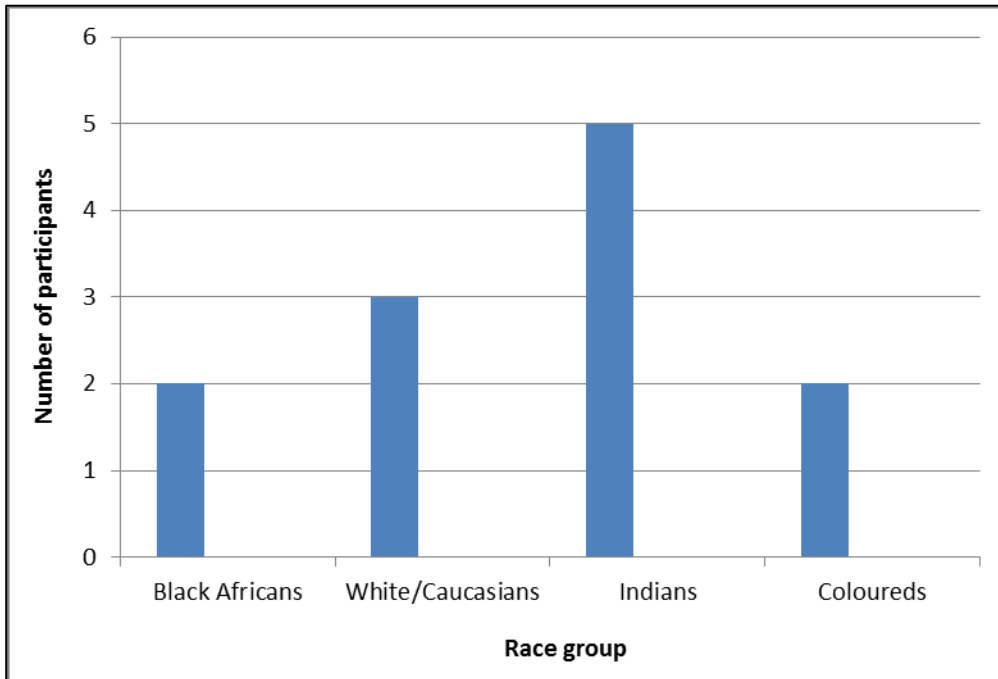


Figure 4.2: Graph of racial distribution of the sample group

The sample group included 2 Black Africans, 3 White/Caucasians, 5 Indians and 2 Coloureds as seen in Figure 4.2.

4.5.3 Age distribution

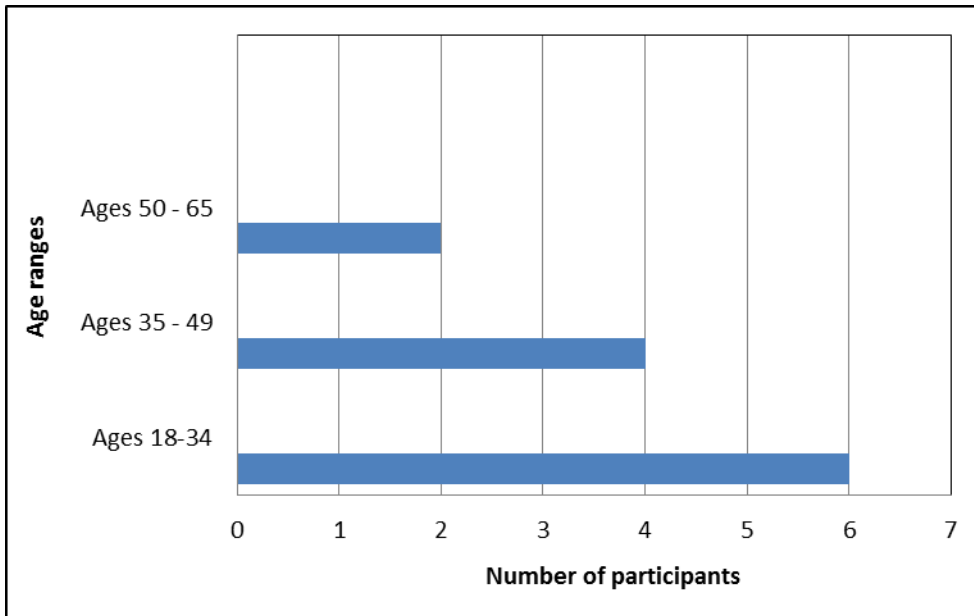


Figure 4.3: Graph of age distribution of the sample group

Range A: 18 – 34 years had $n=6$ participants this was 50% of the population.

Range B: 35 – 49 years had $n=4$ participants this was 33.3% of the total population.

Range C: 50 – 65 years had $n=2$ participants this was 16.7% of the total population.

All age ranges were represented in this study as seen on Figure4.3.

4.6 PARTICIPANT RESPONSES TO SECTION A: WHAT IS HOMOEOPATHY

Table 4.2: Participant response to Section A Question 1

PARTICIPANT RESPONSES	FREQUENCY OF PARTICIPANT RESPONSES
Sub-theme 1.1	Considerations when prescribing homoeopathic medicines
Customer/patient history	2
Patient/customer needs	1
Complete aspect of the customer i.e. symptoms	1
Medication	4
Safety	1
Pregnancy	2
Age of patient	1
What the problem is i.e. complaint	4
Allergies	2
Stress	1

Customers ought to know exactly what they want because I don't prescribe homoeopathic medicines (No knowledge)	1
Sub-theme 1.2	Unsure of prior prescription considerations
I do not know	1
Knowledge of what to ask is dependent on information and skills acquired from training	1

From the data collected in Table 4.2 Participants' responses to Section A question 1, it clearly show that most pharmacy staff inquired about the generals prior to prescribing any medication. This included any current medications, pregnancy, and allergies etc. which are the recommended questions that should be noted. On the other hand, the questions pertinent for the determination of a homoeopathic medicine, namely CLAMSIT, were not known. In a pharmacy and health shop setting, clinical homoeopathy is more suitable and accepted. A quick clinical inquiry into the main complaint using CLAMSIT may enable one to make a well informed decision on the appropriate choice of remedy.

In a pharmacy setting, the time to prescribe classically may be challenging, however using CLAMSIT refined for pharmacy settings may make homoeopathic medicine prescribing much easier and quicker. In a short course, it is recommended that a shorter format maybe formulated to acquire CLAMSIT particulars to better select the most appropriate remedy in a pharmacy and or health shop setting.

Participant 7- 'I believe that I lack knowledge enough to make informed suggestions to patients regarding the use of homoeopathic medications.'

Due to lack of knowledge regarding interaction of homoeopathic medication with conventional medication especially in patients with chronic conditions, I am reluctant to suggest the use of such homoeopathic products in people on medication (acute/chronic).'

This statement proves that there exists a lack of knowledge in homoeopathy by pharmacy staff. This intensifies the need to address the poor knowledge levels. Certainly more can be done to further educate pharmacy staff on considerations regarding over the counter homoeopathic medicine, especially when considering conventional medicine interactions with CAM medicines. This is also paramount as some participants relied on the customers to state exactly what they required as they had no knowledge of how to advise and manage customers who required homoeopathic medicine.

Participant 1 – *'I do not actually sell homoeopathic products myself its only when a customer knows what exactly they want and if we have it we will sell it to them only if they specifically ask for it.'*

This indicates that health professionals are not well informed and thus lack knowledge and adequate exposure in terms of homoeopathic training. The above statement from participant 1 poses a risk as pharmacy staff rely on customers to actually self-prescribe and simply inform them of what they want, rather than an interaction and speculation to assess the most appropriate medicine. In such a scenario, the pharmacy staff member may not be able to offer any advice and/or information as they are not knowledgeable and expect the customer to be better self-informed. This implies that the pharmacy staff can simply pick the product off the shelf and offer no information on it.

Other participants just did not have anything to say and in such a situation a customer is left with inadequate advice and/or assistance.

Participant 10 – *'I don't know.'*

de Villiers (2006) commented that the public ought to be made aware of the fact that a trained pharmacist or medical practitioner dispenses allopathic medicines and the same premise needs to be applied to homoeopathic medicines.

Suggesting the importance of adequate and appropriate training and education in homoeopathy for all those prescribing homoeopathic medicines or involved in the sales of these products.

Question 2.What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Theme 2: Advantages and disadvantages of homoeopathy in retail stores. The following are responses to section A question 2.

Table 4.3: Participant responses to Section A Question 2

PARTICIPANT RESPONSES	FREQUENCY OF PARTICIPANT RESPONSES
Sub-theme 2.1	Financial validity of homoeopathic products sold in pharmacies
Profitable	1
Fairly profitable	1
Extremely profitable	1
Expensive	2
Sells well	1

Sub-theme 2.2	Efficacy of homoeopathic products
Effective	3
Very effective	2
Effective if you believe in it	2
Effective in some conditions	1
Sub-theme 2.3	Usage of homoeopathic products
Easily used	3
Very easily used	1
Easily used if you explain well	1
Easily used for people on other medication	1
Sub-theme 2.4	Unsure
Don't know	2
Theme 6	Other thoughts on homoeopathy

Safe	2
Increasing in popularity	2
More research needed	1
Good	1
Better	2

From Table 4.3 in summary 6 participants agreed to profitability (sells well and expensive were denoted as implying profitability). 5 participants agreed to it being easily used and Effective 10 participants agreed to its effectiveness.

Two participants mentioned that it is gaining popularity and this may positively affect its profitability as more people purchase homoeopathic products.

Participant 9 – *‘ It’s extremely profitable, it’s actually over-priced, uuh it’s extremely effective and it’s very very easily used, extremely effective.’*

This data suggests that pharmacy staff acknowledge that homoeopathic medicines are effective, easily used and profitable. This may indicate that indeed, pharmacy staff plays a corner-stone role in the progression of the homoeopathic profession as a whole, as they ascertain to its effectiveness, good compliance and financial profitability. This being so, it may be anticipated that the interest in a short course in homoeopathy may be well received by pharmacy staff as it may have a financial benefit on their business.

Based on a business perspective and assumption, the researcher speculates knowledgeable staff will boost sales of homoeopathic medicines and thus bring in more revenue into the pharmacy. Participant 1 indicated they await the customer to know what they want and request it, as the participant has limited knowledge

on CAM products, the participant did not suggest CAM products and could potentially lose sales by lack of knowledge on CAM products that were stocked in their respective pharmacy.

An attending pharmacy staff member may be viewed as a promoter of CAM, giving sound advice and assisting the customers to the best of their interests and needs. Sound advice and information given to the customer pertaining to homeopathic medicines, will leave the customer satisfied and confident in the efficiency and competency of the pharmacy staff. This will also allow the customers to comply with treatment instructions and advice, remain with their service provider and refer others by word of mouth (Lee 2013). This is influenced by their trust in knowledgeable pharmacy staff and this trust is best achieved where the customer feels the pharmacy staff possessed satisfactory knowledge of homeopathic products.

Participant 3 – *‘It is easily used, if the customer, if you explain it properly to the customer and also homeopathic stuff is working on the cause of the problem and its helping the body heal itself it’s not like over the counter medication that’s just treating symptoms so it’s actually better and it’s safer.’*

In terms of usage, most participants felt homeopathic medications are relatively easy to use. This may be due to the package inserts with administration instructions, but despite this, pharmacy staff should be aware of dosage forms and administrations. This is important when it comes to acute and chronic situations. In acute states, homeopathic medicines may be given hourly.

In chronic cases only a few doses may be administered. Dosage forms may differ for patients, for example patients who cannot take homeopathic medicines in a tablet form, or those who are lactose intolerant (Ross 2009). If pharmacy staff are not well trained in different dosage forms, they may not be aware of appropriate administration forms. Administration techniques may affect the absorption and assimilation of medicinal properties.

Other participants found homoeopathic medications to be effective in some conditions, whilst others felt they are effective in all conditions and required more information to understand the mode of action and other drug interactions.

Participant 6 – *‘Effective in certain conditions but further studies should be done of these products.’*

This response indicates that the participant had some knowledge as to incidences where homoeopathic medicine is well indicated and where it may not be.

Participant 10 – *‘I don’t know much about homoeopathic you know but I know it’s safe to use yeah that’s all I know.’*

This statement emphasizes the need to educate pharmacy staff as the misconception still exists that anything homoeopathic is completely safe. Despite not knowing anything about the medicine itself, staff members may simply prescribe anything because it is safe.

Other participants could not comment much as they did not have adequate information from experience as they were reluctant on prescribing OTC homoeopathic remedies.

4.7 PRESENT KNOWLEDGE

Question 1.With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Theme 3: Acquired homoeopathic knowledge sources. The following are responses to section B question 1.

Table 4.4: Homoeopathic training sources

PARTICIPANT RESPONSES	FREQUENCY OF PARTICIPANT
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	RESPONSES
Sub-theme 3.1	Training sources
Product representatives	8
Company presentation	1
Studied homoeopathy/ homoeopaths	1
Reading	1
In the pharmacy	1
Internet	1
Experience	1
Product info inserts	1
Sub-theme 3.2	Self-taught
Self-motivated	1
Sub-theme 3.3	Content with training
Happy with training	1
Sub-theme 3.4	Unsure

Not sure of inadequacy	1
I don't know	1
Sub-theme 3.5	Opinions on training
No real homoeopathy is taught nowadays it is diluted with phytopathic (participant meant phytotherapeutic) information	1
Not much limited education	1
More information is needed from clinical trials and case studies	2

***Participant 1** – ‘I have not obtained much knowledge about it just a few basics from product information inserts, companies, etc. I think better compound knowledge like information from clinical trials is needed to validate it.’*

From Table 4.4 shows that most participants highlighted that their knowledge is obtained from product representatives. The danger of this method of educating pharmacy staff is that, the information they get is product specific only and encompasses the action of the particular product only, and not the principles of homoeopathy. This method may also be biased as product representatives may potentially exaggerate how potent or superior their products are to push sales and thus pharmacy staff may over look other good products from different companies.

Participant 5 - *‘Ja (yeah) I did obtain knowledge like the reps they come they train us like every Monday they came here remind us of what the homoeopathy is’* for section c question 1 the participant went further to mention *“yeah there is some of it like I said they coming here training us but they more specific to the product that is selling very fast some of them they just don’t train.’*

Participant 3 - *‘ok most of the time the reps normally train us but what I also do I normally google it if I am not sure about a product because not everything we get trained on mainly like Natura, like with Heel range I have to google it.’*

Participant 3 obtained information from the internet on homoeopathy. This reveals a desire to know more. It may also be assumed that staff may also obtain knowledge from product inserts, as stated by participant 1, or any sources they can find and make use of, as stated by participant 2 if ever they feel compelled to. Yet on the other hand, staff may not educate themselves and simply avoid homoeopathic prescribing as they are not familiar or confident enough with homoeopathic medicines.

Participant 7- *‘Having a B pharmacy degree, I received only one presentation by a single company on homoeopathic medication. That was not information enough to sustain me for a lifetime of patient interactions.’*

Participant 1 – *‘I do not actually sell homoeopathic products myself its only when a customer knows what exactly they want and if we have it we will sell it to them only if they specifically ask for it.’*

It can be deduced that the participants indirectly allowed the customers to educate them on the remedy and its use. As they had no knowledge of the product, they were unable to advise or prescribe homoeopathic medicines. It becomes the responsibility of the customer to obtain all the knowledge they can

about their condition and the medication they require and request for it. This is not an ideal circumstance.

Customers will approach pharmacies for assistance on medicines and will expect appropriate assistance and, if it is left to the customer to self-prescribe, how sure can one be that the customer is adequately knowledgeable and making the best decision? Hence a well-informed staff member is the best qualified custodian of the customer's health by offering apt advice and making a well suited prescription.

Participant 4 – *'I've just learnt from going to training here at pharmacy B inadequate areas, I'm not too sure.'*

The pharmacy also provided in house training on product information. Experience also increased the knowledge levels.

Participant 12 – *'We have a lot of training and yeah training and the experience of working in the department, all the companies the different companies.'*

Participant 3 in a post interview reflection stated that in the respective pharmacy's branches in the Gauteng province of South Africa they had a qualified Homoeopath in store who addressed any customers requiring homoeopathic medicine (Participant 3 2015). This signifies that they identified their staff's lack of knowledge and therefore implemented a solution to their predicament by employing a qualified homoeopath to cater to the needs of their customers. Though this seems logical and appropriate, it is however possess a challenge for the homoeopath. According to AHPCSA a homoeopath may not practice from another business premises. In actual fact the homoeopath may not consult as a homoeopath but only advise customers thus their employment by the pharmacy is as an over qualified front shop assistant. The challenge of lack of knowledge can be overcome if pharmacy staff are knowledgeable about homoeopathic products.

4.8 INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

The following are responses to section C question 1.

Table 4.5: Responses to Section C Question 1

PARTICIPANT RESPONSES	FREQUENCY OF PARTICIPANT RESPONSES
Sub-theme 4.1	Positive interest in a short course
Positive perception	11 participants
Sub-theme 4.2	Indifference towards a short course
Indifferent depends on credentials of who is teaching it	1
Staff should not be forced to attend/participate in the course	1

From Table 4.5; 11 participants showed full keenness in the implementation of a short course in homoeopathy for pharmacy staff.

Participant 9 – *‘It depends on whose giving it, where they were trained and how they were trained.’*

Participant 1 - *‘Education is good there is no harm but I wouldn’t force my staff to attend it will be their own personal choice.’*

From Table 4.5 One participant was positive and indicated that further knowledge would indeed be a good opportunity, but noted as a pharmacy owner at present,

the participant would not force staff members to participate it would be of their own choice.

Another participant also felt it's a good opportunity but the need for training was dependent on who was offering it this suggests that pharmacy staff want to be eligibly trained by accredited institutions that will offer sound and relevant information. As indicated by other participants they knew they had limited knowledge and were highly interested in a short course.

Participant 2 – *'I would say Ok, I feel quite strong about it, reason being, we have to learn, it's good to learn if you don't know. So if it's offered it would be a good thing.'*

Participant 7 – *'I believe that this would be beneficial.'*

Participant 8 – *'It will be a good idea to be more knowledgeable.'*

Participant 11 – *'Yeah I would be interested in it because most people are going via homoeopathic medication.'*

Participant 12 – *'Yes definitely they we all need more training.'*

The responses of the participants are the core of the study. Their interest shown and positivity are a clear and good indication that pharmacy staff are willing to indeed better serve their customers.

This proves that staff members acknowledge their responsibility towards customers and the importance of satisfactory customer service. The obligation of pharmacy staff is to do no harm, hence the advice they give customers should ideally be correct. Pharmacy staff have a duty to well inform their customers and uphold their needs for quality and well informed services. The interest of pharmacy staff in partaking in a short course in homoeopathy is indeed pleasing. A gap has existed in the retail healthcare industry with low/poor levels of knowledge of alternative therapies and the misconception of different alternative

therapy forms for example homoeopathy may be confused for herbal/phytotherapy.

This positivity in interest in a short course in homoeopathy for pharmacy staff indicates that they acknowledge their deficits and inadequacies and are willing to remedy their weaknesses. Once pharmacy staff are well educated in homoeopathy by means of a short course they will be equipped with the tools to adequately serve their customers.

Question 2 What skills development would you recommend be incorporated into the short course if you agree with the need?

The following are responses to section C question 2.

Table 4.6: Responses to Section C Question 2

PARTICIPANT RESPONSES	FREQUENCY OF PARTICIPANT RESPONSES
Sub-theme 5.1	Suggestions on course material
Background knowledge	1
How it started	1
More information on all products	1
What is homoeopathy	2
Mode of action	2

Side effects	2
Interactions	2
Special groups administration	1
Evidence based/scientific knowledge	2
Tissue salts	1
Simplexes	1
Homoeopathic things	1
How homoeopathic medicines are manufactured	1
How homoeopathy works	1
Where it comes from	1
Sub-theme 5.2	Unspecified contributions
Not just basics	1
Nothing specific	1
Basics	2

Sub-theme 5.3	Unsure of contributions
Unsure of need	1
I don't know hence I cannot comment on what needs to be incorporated	2

Participant 1 – *‘I am uncertain of the need and also do not know much about homoeopathy so I can't say what exactly is vital and must be included but the basics I guess, what it is and how it works and scientific research behind it as with most medicines.’*

Participant 2 – *‘When it comes to homoeopathy, I can't really say I don't know much about it so I can't really say what to add on it if I am familiar with it I can add on and fill in the gaps but it's a bit hard to just recommend something worthy.’*

The statements from Table 4.6 prove that with limited information it is challenging to make an informed decision and hence they could not comment.

Participants highlighted areas of weakness and those they felt needed to be included in a short course. Other participants highlighted their areas of interest being the fundamentals of homoeopathy, its history, its proven effectiveness as per clinical trials etc., whilst others could not fully comment as they were unaware of any fundamentals of homoeopathy to be specifically included and they summed it up as anything and everything, never the less they seemed willing to learn any areas that would be included in the short course.

CHAPTER FIVE

CONCLUSION AND RECCOMENDATIONS

5.1 JUSTIFICATION OF OBJECTIVES

Below is a set of points elaborately explaining the objectives of the study that were carried out:

1. Identification of homoeopathic knowledge amongst pharmacy staff in the greater Durban area and investigating the abilities of pharmacy staff in prescribing homoeopathic medications was achieved by **section A question 1, When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?** Responses to this question indicated the knowledge that participants possessed and how they utilised when prescribing homoeopathic medicines. **Section A question 2 - what is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)** The more knowledgeable the participants were the higher the incidences of prescribing homoeopathic medicines and advising customers on it. **Section B question 1- With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?** This gave information on the methods and facilitators of training pharmacy staff that were utilised.
2. Assessing the perceptions and attitudes of pharmacy staff on the implementation of a short course in homoeopathy. This was achieved by **section C questions 1 and 2. What are your feelings on a short course in homoeopathy for pharmacy staff?** Data gathered from the responses was crucial in establishing the attitudes of pharmacy staff on the possibility of receiving training.

Question 2 - what skills development would you recommend be incorporated into the short course if you agree with the need? This probed the participants to reflect on their homoeopathic knowledge, identify areas of weakness and suggest on course components they would like to be incorporated in the course material.

5.2 REFLECTION

I believe that as health practitioners we need to be fully knowledgeable to better serve the public. Considering the codes of ethics that pharmacists have, there is an obligation for pharmacy staff to be trained on all types of drugs sold in pharmacies these codes urge pharmacists to act with professionalism and integrity so as not to exploit the vulnerability or lack of knowledge of consumers. Pharmacy staff are encouraged to provide accurate and impartial information to ensure that there is no misleading or making false claims which are questionable. These codes and ethos may be well achieved if proper training is rendered to pharmacy staff on CAM therapies and their medicines (Terrie 2014).

With the widespread use of alternative therapies, it is imperative that those selling alternative therapy medications be highly knowledgeable in alternative products. This may be achieved by credible education. The information should come from relevant sources, being the Homoeopathic Association and homoeopathic teaching institutions in South Africa. The CAM industry ought to play a pivotal role in dealing with the dilemma of homoeopathic medicines being sold in stores with inadequately trained personnel.

The sale of over the counter homoeopathic products should be industry driven, not customer needs driven. This means those selling over the counter homoeopathic medicines should be well versed in the various products they offer as opposed to not being knowledgeable and relying on the customer to know what they want as earlier noted from the response of participant 1.

Eleven participants in the sample group agreed with the need to receive further training whilst one participant was unsure of the need but felt further education is good. This is a positive indication of a keen interest in the implementation of a short course in homoeopathy. From the results of the participants in this study it was noted that pharmacy staff is interested in learning about homoeopathy from both a professional and personal view. It signifies that pharmacy staff have their customers' interests at heart to better serve them by enhancing their level of knowledge of homoeopathy. This also further strengthens their respective mission statements to be the leading pharmacists and service providers that offer the very best care for their customers.

The interest shown is an indication of the willingness of the conventional medical industry to bridge the gap and better understand and integrate alternative medicines. As CAM gains more popularity in South Africa it becomes imperative for all entities offering CAM products to be highly knowledgeable to better serve the public professionally. With the suggestions given by the participants in the greater Durban area, groundwork can begin in formally planning and developing a short course in homoeopathy for pharmacy and health shop staff that suits the needs of the studied focus group.

According to du Plessis (2013), obstacles to growth and success of CAM professions, in particular homoeopathy, are misperceptions and incorrect information regarding CAM professions. This study in particular will benefit the homoeopathy profession by bringing about awareness of the importance of appropriate and adequate legitimate education. Training pharmacy staff accordingly will allow customers to make well informed decisions before purchasing homoeopathic products with the assistance and input of well-trained pharmacy staff members.

According to Peltzer *et al.* (2008), patients should be provided with relevant information on traditional medicine as well as CAM products in order to be more

involved in the decision making. Pharmacy staff has an important role to play in achieving this.

Braun *et al.* (2010) established that there is a raised need by health product consumers in terms of their expectations of staff working in health stores in providing them with the required information. Hence it is highly important that the accurate channels of educating pharmacy and health shop staff be implemented by establishing a short course specifically designed for the retail industry of CAM medicines. A short course will allow the general public access to accurate and highly informative assistance when need be from well-trained pharmacy and health shop staff.

Pharmacists educate patients about the use of drugs and illness prevention while providing them medication and conferring with physicians about medication issues. Educating pharmacy staff on referral protocols to qualified homoeopaths may be crucial to the progression of the homoeopathic industry and improve on its professionalism.

Homoeopathy has increasingly produced multiple controversies regarding the plausibility, effectiveness and safety of homoeopathic remedies. Regardless, there are clients who require pharmacist's advice about their usage indications and effectiveness. As specialists in the field of medication, pharmacists must have basic notions about the principles on which homoeopathic remedies are based on. The ethical role of the pharmacist is to give accurate, impartial information regarding homoeopathy. This also guarantees pharmacy staff a clean reputation as competent authorities in the pharmaceutical field (Calina *et al.* 2014).

5.3 CONCLUSION

In conclusion of the study it is noted that by sufficiently training pharmacy staff on CAM medicines we can effectively manage their relations with customers. Through acquiring appropriate training the CAM industry may gain confidence

knowing their products are well managed and information on them well disseminated by trained pharmacy professionals. The HSA has the responsibility to ensure relevant information is disseminated via short courses to retail professionals.

Great strides must be taken by both the pharmaceutical and CAM industries towards the manner in which healthcare consultants may support patients in getting the best possible outcomes from their medicines. The fusion of incorporating CAM products as primary healthcare options coupled with retailing CAM medicines in pharmacies, the process of appropriately training staff and adequately informing the public via well trained staff is a vital complex necessary for a well-functioning highly organised healthcare system. As anticipated by Singh *et al.* (2004) it is hoped that studies like these will indeed bridge the divide between homoeopathy and allopathy to provide a more holistic healthcare option, which will be in the best interest of the patient.

5.4 RECOMMENDATIONS

It is suggested based on this study to have course material that will address these considerations as reported by participants in the greater Durban area sampled:

- What is homoeopathy?
A clear and true definition of what exactly homoeopathy is. This will enlighten pharmacy staff and eradicate common misconceptions such as homoeopathy is the same as herbalism.
- How was homoeopathy developed?
This will give history on the development and growth of homoeopathy over the years.
- Principles of homoeopathy.
The pillars of homoeopathy that make it a unique medical system.
- Homoeopharmaceuticals.
How homoeopathic medicines are prepared.

- Mode of action of homoeopathic medicines.
The pharmacological effects of homoeopathic medicines.
- Homoeopathic prescribing.
Considerations for prescribing homoeopathic medicines.
- Homoeopathic provings and aggravations (side effects and contraindications).
- The undesirable effects of homoeopathic medicines.
- Common conditions with homoeopathy as a first line treatment.
- Common ailments that can easily be managed with homoeopathic medicines.
- Combining homoeopathic medicines with conventional drugs.
- Understanding the possible contraindications of using homoeopathic medicines and conventional medicines.
- Confidence in homoeopathic prescribing within a pharmacy setting.
- Methods of dealing with various customer scenarios and addressing their needs to satisfaction.
- Time management with customers within a busy pharmacy setting.
- Getting the most medical information from customers in a limited time.
- Common retail homoeopathic products.
- Information on common OTC homoeopathic medicines and their indications.
- Pregnancy and homoeopathy.
- Homoeopathy for infants and toddlers.
- Geriatrics and homoeopathy.
- Chronic conditions and homoeopathy.
- Acute conditions and homoeopathy.
- CAM therapeutics in South Africa.
- Scientific evidence based homoeopathic research.

From the data analysis the study was able to gather the perceptions of twelve participants from varying pharmacies in the greater Durban area. This serves as a small representation of the larger pharmacy fraternity. It would be good to

conduct further studies that will focus on larger representations of the population in various areas of the country to acquire a true representation of the entire collective focus group. It would also be beneficial to conduct similar studies with health shop staff in future. With the interest shown in the participation of pharmacy staff in learning homoeopathy, further studies may be done with sample groups in different provinces of South Africa to get a wide-spread view.

According to Akyol *et al.* (2011) the underlining importance is course design. It is critical to ensure a course that caters to the needs of the relevant stakeholders is well developed to meet their needs. The approach to developing the short introductory course in homoeopathy should rather follow clinical homoeopathy as it is quick and easy to use in a primary healthcare setting. An easy to use guide book may be developed that is handy and can be reflected on later as a point of reference for pharmacy staff.

It would be beneficial to conduct further research on how company representatives teach pharmacy staff on homoeopathic products, what exactly they are teaching to analytically scrutinize the content. In the event that a short course is developed, it would be of interest to make it as short and as easy as possible in reflection of how pharmacy staff are trained by reps.

According to Ritz (2011) the practice of holistic education requires that educators know students do not come to institutions in learning bubbles, but they bring their hopes, their personal and family problems, their feelings of belonging, and shortcomings to the classrooms. They are not to be perceived solely as students but rather as whole individuals.

When students are perceived as whole individuals, students provide opportunities to create educational experiences that are more than just intellectual but also incorporate emotional and social aspects. This too may be an approach to be considered when implementing a short course in homoeopathy to enhance the positivity of the course. As seen through this study, by gathering data from the relevant stakeholders it allows them the privilege to partake in their

own prospective short course design. As stated by WHO and UNESCO, to enable concerted and collective global action, a needs-based approach is a strategy that allows for any given system to first assess the needs of its community and then develop and adapt the supporting educational system accordingly (Anderson *et al.* 2009). Health care demands are incredibly diverse and complex. It can be noted from anecdotal evidence that as CAM interest increases globally so must pharmacy education adapt to the growing trend and adequately educate its personnel.

REFERENCES

AHPCSA. 2015. *ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA GUIDELINES FOR GOOD PRACTICE Section 9. Point 2a*. Available: www.ahpcsa.co.za (Accessed 12 Nov 2015).

Akyol, Z., Vaughan, N. and Garrison, D. R. 2011. The impact of course duration on the development of a community of inquiry. *Interactive Learning Environments*, 19(3): 231–246.

Anderson, C., Bates, I., Beck, D., Brock, T., Futter, B., Mercer, H., Rouse, M., Whitmarsh, S., Wuliji, T. and Yonemura, A. 2009. The WHO UNESCO FIP Pharmacy Education Taskforce *Hum Resour Health*, 7: 45.

Astin, J. A. 1998. Why patients use Alternative Medicine: results of a national study. *JAMA*, 279 (19): 1548-1553.

Berry, B. 2007. *The South African Market for Natural Health Supplements*. Canada:

Bodeker, G. and Chaudhury, R. R. 2001. Lessons on integration from the developing world's experience/commentary. *British Medical Journal*, 322 (7279): 164.

Botha, I. 2011. Homoeopharmaceuticals. Lecture notes distributed in the department of Homoeopathy, Durban University of Technology.

Bormeth, A. 2007. *Assisting the patient who uses homoeopathic medicines*.

Braun, L., Tiralongo, E., Wilkinson, J. M., Spitzer, O., Bailey, M., Poole, S. and Dooley, M. 2010. Perceptions, use and attitudes of pharmacy customers on complementary medicines and pharmacy practice. . *BMC Complementary and Alternative Medicine*, 10 (1): 38.

Brown, C., M, Barner, J., C and Shah, S. 2005. Community pharmacists' actions when patients use complementary and alternative therapies with medications. *Journal of the American Pharmacists Association*, 45 (1): 41-47.

Burton, L. 2007. *Survey Research: Choice of Instrument, Sample*. John Hopkins BLOOMBERG School of Public Health:

Calina, D. C., Docea, A. O., Bogdan, M., Bubulica, M. V. and Chiu, L. 2014. The Pharmacists and Homoeopathy. *Current health sciences journal*, 40 (1): 57.

Chang, Z. G., Kennedy, D. T., Holdford, D. A. and Small, R. E. 2000. Pharmacists' knowledge and attitudes toward herbal medicine. *Annals of Pharmacotherapy*, 34 (6): 710-715.

Couchman, I. 2013. *Homoeopathic prescribing: CLAMSIT*. Lecture notes distributed in the department of Homoeopathy, Durban University of Technology.

Creswell, J. W. 1994. *Research design*. 2nd ed. London: Sage Publications.

Daphne, A. 1997. The Perception of Pharmacists Regarding the Role of Complementary Medicine in the Context of Health Care in South Africa. M.Tech, Technikon Natal.

Dayhew, M., Wilkinson, J.M., Simpson, M.D. 2009. Complementary and alternative medicine and the search for knowledge by conventional health care practitioners. *Contemp Nurse*, 33(1), 41-49.

De Schepper, L. 2001. *Hahnemann revisited*. Sant Fe, USA: Full of Life Publications.

de Villiers, L. 2006. A prospective epidemiological pilot study to investigate the level of knowledge on homoeopathy and its contextualization in pharmacy front shop assistants in the KwaZulu-Natal area. M.Tech., Durban University of Technology.

du Plessis, S. 2013. A Survey to Determine the Attitudes Towards Complementary and Alternative Medicine by Users in Cape Town. M.Tech, University of Johannesburg.

Ernst, E. 2000. The role of complementary and alternative medicine. *British Medical Journal*, 321 (7269): 1133.

Frass, M., Strassl, R. P., Friehs, H., Mullner, M., Kundi, M. and Kaye, A. D. 2012. Use and acceptance of complementary and alternative medicine among the general population and medical personnel: a systematic review. *The Ochsner Journal*, 12 (1): 45-46.

Ghassemi, J. 2005. Finding the Evidence in CAM: a Student's Perspective. *Evidence Based Complementary and Alternative Medicine*, 2 (3): 395-397.

Haetzman, M., Elliott, A. M., Smith, B. H., Hannaford, P. and Chambers, W. 2003. Chronic pain and the use of conventional and alternative therapy. *Family Practice*, 20 (2): 147–154.

Hahnemann, S. 1996. *Organon of the medical art. Edited and annotated by Wenda Brewster O' Reilly*: California: Birdcage Books. .

Hanna, L. A., Hall, M. and McKibbin, K. 2013. Pharmacy students' knowledge, attitudes, and use of complementary and alternative medicines. . *Currents in Pharmacy Teaching and Learning*, 5 (6): 518-525.

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

Health Products Association of South Africa. 2011.TMS Research, HPA Marketing Survey Results (in conjunction with IMS Health

Holloway, I. and Wheeler, S. 2013. *Qualitative research in nursing and healthcare*. . West Sussex, UK: John Wiley & Sons Ltd.

HSA. 2011. *Homoeopathic Training*. Available: www.hsa.org.za (Accessed 10 May 2015).

HSA. 2012. *Homoeopathy: Education and training* (online). Available: www.hsa.org.za (Accessed 10 Nov 2014).

Innocent, M. 2010. *Why people are choosing homoeopathy as their primary health care?* Available: <http://www.ezinearticles.com/?Why-More-People-Are-Choosing-Homoeopathy-As-Primary-Health-Care.php> (Accessed 10 Jun 2014).

Johnson, T. and Boon, H. 2007. Where does homoeopathy fit in pharmacy practice? *American Journal of Pharmaceutical Education*, 71 (1)

Joos S, Musselmann B, Miksch A, Rosemann T, and Szecsenyi J. 2008. The role of complementary and alternative medicine (CAM) in Germany - a focus group study of GPs. *BMC Health Services Research*,8(1) 1

Kayne, L. 1993. *Top 5 reasons we visit the pharmacist.* Available: <http://www.britishhomeopathic.org/bha-charity/how-we-can-help/articles/top-5-reasons-we-visit-the-pharmacist/> (Accessed 10 Nov 2015).

Klocko, D. J., Krumwiede, K. H., Olivares-Urueta, M. and Williamson, J. W. 2012. Development, implementation, and short-term effectiveness of an interprofessional education course in a school of health professions. *Journal of Allied Health*, 41 (1): 14–20.

Kotler, P. 1994. *Marketing management, analysis, planning, implementation, and control*, Philip Kotler. New Jersey: Prentice-Hall, Inc.

Kotler, P. and Keller, K. L. 2009. *Marketing management*. 13th ed. Upper Saddle River: Pearson Education Inc.

Kwan, D., Boon, H. S., Hirschhorn, K., Welsh, S., Jurgens, T., Eccott, L., Heschuk, S., Griener, G. G. and Cohen-Kohler, J. C. 2008. Exploring consumer and pharmacist views on the professional role of the pharmacist with respect to natural health products: a study of focus groups. *BMC Complementary and Alternative Medicine*, 8 (1): 40.

Lam, C. W., James, J. T., McCluskey, R. and Hunter, R. L. 2004. Pulmonary toxicity of single-wall carbon nanotubes in mice 7 and 90 days after intratracheal instillation. *Toxicological sciences*, 77 (1): 126-134.

Lambert, V. and Lambert, C. 2012. Qualitative Descriptive Research: An Acceptable Design. *Pacific Rim International Journal of Nursing Research*, 16 (4): 255-256.

Lamula, S. B. 2010. The perception of homoeopathy amongst African adults resident in Mnambithi municipality (KwaZulu Natal). M.Tech, Durban University of Technology.

Lee, H., Lee, Y. and Yoo, D. 2000. The determinants of perceived service quality and its relationship with satisfaction. *Journal of services marketing*, 14 (3): 217-231.

Lee, S. H. 2013. Major Moderators Influencing the Relationships of Service Quality, Customer Satisfaction and Customer Loyalty. *Asian Social Science*, 9 (2): 1.

Lincoln, G., Lincoln, Y. S. and Guba, E. G. 1985. *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

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

Maharaj, D. 2005. A survey to determine the perceptions of general practitioners and pharmacists in the greater Durban region towards homoeopathy. Durban University of Technology.

Mann, T. 2010. A Survey to Establish Perceptions of Homoeopathy Among Pharmacists and Pharmacists' Assistants in Greater Johannesburg. M.Tech, University of Johannesburg.

Marian, F., Joost, K., Saini, K., von Ammon, K., Thurneysen, A. and Busato, A. 2008. Patient satisfaction and side effects in primary care: an observational study comparing homoeopathy and conventional medicine. *BMC Complementary and Alternative Medicine*, 8 (1): 1.

Mele, C. 2007. The synergic relationship between TQM and marketing in creating customer value Managing Service Quality. *An International Journal*, 17 (3): 240-258.

Menniti-Ippolito, F., Gargiulo, L., Bologna, E., Forcella, E. and Raschetti, R. 2002. The Use of Unconventional Medicine in Italy: a Nation-wide Survey. *European Journal of Clinical Pharmacology*, 58 (1): 61-64.

Montagne, M. 1999. Alternative Therapies-Myths and Realities of Alternative Therapies-Pharmacists should remember that smallpox vaccination once

seemed bizarre, and willow bark was the grandparent of. *US Pharmacist*, 24 (12): 56-67.

Morgan, D. 2008. *Emergent design*. Thousand Oaks, CA: Sage.

Msowoya, R. E. M. 2010. Factors contributing to poor quality marketing in Malawi - A case study of TNM Mobile Company. MBA, Management College of Southern Africa (MANCOSA).

Naude, D. 2012. *Research methodology*. Lecture notes Department of Homoeopathy. Durban: Durban University of Technology.

NCCIH. 2008. *Complementary, Alternative, or Integrative Health: What's In a Name?* Available: <https://nccih.nih.gov/health/integrative-health> (Accessed

O'Mathuna, D. 2001. The best of both approaches: The role of science in complementary and alternative medicine. *EMBO reports*, 2 (12): 1054-1057.

Owen, D. K., Lewith, G., Stephens, C. R. and Bryden, H. 2001. Can doctors respond to patients' increasing interest in complementary and alternative medicine?/Commentary. *British Medical Journal*, 322 (7279): 154.

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

Patton, M. Q. 1987. *How to use qualitative methods in evaluation (No. 4)*. 2nd ed. London: Sage Publications.

Patton, M. Q. 2002. *Qualitative Research and Evaluation Methods*. 3rd ed. Thousand Oaks, California: Sage Publications.

Peltzer, K., Friend-du Preez, N., Ramlagan, S. and Fomundam, H. 2008. Use of traditional complementary and alternative medicine for HIV patients in KwaZulu-Natal, South Africa. *BMC Public Health*, 8 (1): 1.

Pillay, S. 2013. A study on the knowledge, attitudes and perceptions of primary healthcare nurses in the eThekweni municipality district with regards to the inclusion of homoeopathy in the primary healthcare. M.Tech, Durban University of Technology.

Pitt, M., Bruwer, J., Nel, D. and Berthon, J. 1999. A Frame work for Research in Internal Marketing and the Study of Service Quality: Some Propositions Management Research News/. *Management Research News*, 22 (7): 1-11.

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

Posses, M. R. and Isen, A. M. 1998. Qualitative Research in Medicine and Health Care. *Journal of General Internal Medicine*, 13 (1): 32-38.

Ritz, A. A. 2011. The Educational Value of Short-Term Study Abroad Programs as Course Components. *Journal of Teaching in Travel & Tourism*, 11 (2): 164-178.

Robson, C. 1993. *Real World Research. A Resource for Social Scientists and Practitioner Researchers*. Oxford: Blackwell Publishers.

Ross, A., H. 2009. *Principles of Homoeopathy*. Homoeopathy Philosophy lecture notes. Durban: Homoeopathy Department Durban University of Technology.

Singh, V., Raidoo, D. M. and Harries, C. S. 2004. The prevalence, patterns of usage and people's attitudes towards complementary and alternative medicine (CAM) amongst the Indian community in Chatsworth, South Africa. *BMC Complementary and Alternative Medicine*, 4 (1): 1.

Tatalias, J. A. 2006. A prospective, epidemiological pilot study to investigate the level of knowledge of homoeopathy and its contextualization in health shops in the Gauteng area. M.Tech, Durban University of Technology.

Terrie, C. Y. 2014. *Homoeopathic Medicine: The Role of the Pharmacist*. Available:

<http://www.pharmacytimes.com/publications/issue/2014/february2014/homeopathic-medicine-the-role-of-the-pharmacist> (Accessed 24 Nov 2015).

Tesch, R. 2013. *Qualitative Research: Analysis Types and Software Tools*. NY: Routledge.

Thabane, L., Ma, J., Chu, R., Cheng, J., Ismaila, A., Rios, I., P, Robson, R., Thabane, M., Giangregorio, L. and Goldsmith, C., H 2010. A tutorial on pilot studies: the what, why and how *BMC Complement Altern Med*, 10 (1): 1.

Toklu, H. Z. and Hussain, A. 2013. The changing face of pharmacy practice and the need for a new model of pharmacy education. *Journal of Young Pharmacists*, 5(2): 38–40.

Turner III, D.W. 2010. Qualitative interview design: A practical guide for novice investigators. *The qualitative report*, 15 (3): 754.

Van Manen, M. 1990. *Researching lived experience: Human science for an action sensitive pedagogy*. Albany: Suny Press.

Vickers, A. and Zollman, C. 1999. ABC of Complementary medicine Homoeopathy. *British Medical Journal*, 319 (7217): 1115-1118.

Vithoukias, G. 1986. *The Science of Homoeopathy*. London: Thorson's Publishers.

Wahner-Roedler, D. L., Vincent, A., Ekin, P. L., Loehier, L. L., Cha, S. S. and Bauer, B. A. 2006. Physicians' attitudes toward complementary and alternative medicine and their knowledge of specific therapies: a survey at an academic medical centre. *Evidence-Based Complementary and Alternative Medicine*, 3 (4): 495-501.

Walker, W. 2005. The Strengths and weaknesses of research designs involving quantitative measures. *Journal of Research in Nursing*, 10 (5): 571-582.

Webster, F. E. 1994. *Market-Driven Management using the new marketing concept to create a customer-oriented company* New York: John Wiley & Sons.

Welham, J. 2005. *CAM Safety: we knew it all along*. Available: www.hpasa.co.za (Accessed 23 Feb 2015).

Welsh, E. 2002. Dealing with data: Using NVivo in the qualitative data analysis process. In: Proceedings of *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*.

Williamson, E. 2010. Should pharmacists of the future be taught about CAM. *The Pharmaceutical Journal*, 284 (459)

Willig, C. 2009. *Qualitative psychology: A practical guide to research methods*. Los Angeles: Sage.

Wyse, E. S. 2011. *What is the Difference between Qualitative Research and Quantitative Research?* Available: <http://www.snapsurveys.com/blog/what-is-the-difference-between-qualitative-research-and-quantitative-research/> (Accessed 23 Nov 2015).

Yin, R. K. 1994. Evaluation: A singular craft. *New Directions for Program Evaluation*, 1994 (61): 71-84.

Yin, R. K. 2015. *Qualitative Research from Start to Finish*. New York: Guilford Publications.

APPENDICES

APPENDIX A: LETTER OF INFORMATION



LETTER OF INFORMATION

Title of the Research Study:

“A needs analysis of relevant stakeholders on a short course in Homoeopathy for pharmacy front shop assistants in the greater Durban area.”

Principal Investigator/s/researcher: (Nokhuthula Hloniphani Mavela B-Tech Hom)

Co-Investigator/s/supervisor/s: (Dr Ingrid Couchman M-Tech Hom, Dr Kira Erwin Dr.PhD: Socio)

Brief Introduction and Purpose of the Study:

- To gain insight into the areas where the participant feels there is a general lack of knowledge of homoeopathy.
- To identify areas that needs to be addressed concerning homoeopathy training in pharmacies.
- To assess the attitudes and feelings of the participants towards implementation of a homoeopathy training short course introduction.

Outline of the Procedures: One-on-one semi structured interview that will take place at/on the location of the pharmacy, the approximate duration of the on-site interview will be 20-35 minutes.

The interview will be a semi structured thus questions will be asked that will need your response and these will be recorded using a voice recorder but the name of the participant and all personal information will not be included in any recordings thus confidentiality will be maintained even so in transcription.

N/B: Please note that the semi-structured interviews maybe recorded using a voice recorder for quality and authenticity purposes, but at no instance will the identity of the participant be revealed to maintain confidentiality.

Your participation in this study will consist of an interview lasting approximately one hour.

You will be asked a series of questions concerning your knowledge of homoeopathy and its relevance in a pharmacy setting and which areas you feel need to be addressed pertaining to over the counter sales of homoeopathic medicines. You are not required to answer the questions. You may pass on any question that makes you feel uncomfortable. At any time you may notify the researcher that you would like to stop the interview and your participation in the study

The value of your participation is of great benefit as it will contribute information to better service the general public and improve homoeopathic knowledge,

A summary of the research will be available to the participant upon request at the end of the study.

Risks or Discomforts to the Participant: there are no dangers to participating in this study at all.

Benefits:

- To identify significant components that could help in development of a future introductory short course in homoeopathy.
- To improve pharmacy service delivery concerning over the counter homoeopathic medicines and information relating to customer advice
- To better understand the needs of pharmacy staff when it comes to homoeopathic training

Reason/s why the Participant May Be Withdrawn from the Study:

- You may at any instance ask questions or raise any concerns relating to the study
- You have the right to withdraw from the study at any time. Please be aware that information you may have given prior to your withdrawal including recordings will be destroyed and omitted out of the study. There is no penalty for withdrawal from the study or implications as it is voluntary participation.
- If at any instance you feel uncomfortable with the voice recorder you may ask that it be switched off and it will not be used.
- If there are any other concerns post the interview you may kindly get in touch with the researcher and raise them.

Remuneration: There will be no monetary or other materials remuneration by the researcher for participation in this study. It is strictly voluntary.

Costs of the Study: There is no cost implication for the participants.

Confidentiality: The interview will be a semi structured thus questions will be asked that will need your response and these will be recorded using a voice recorder but the name of the participant and all personal information will not be included in any recordings thus confidentiality will be maintained even so in transcription.

Research-related Injury: Due to the nature of the research there are no for-see-able injuries or any related injuries.

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

Researcher information

Miss Nokhuthula Hloniphani Mavela

Master's in Technology 6th year student

Department of Homoeopathy

Durban University of Technology

Mavelanh2@gmail.com

0789025326

Supervisor information

Dr Ingrid Couchman

Lecturer and research supervisor

Department of homoeopathy

Durban university of Technology

ingridc@dut.ac.za

0722332458

Department information

Department of Homoeopathy

Faculty of Health Sciences

Durban University of Technology

0313732514

You are free to contact the researcher at any time via email mavelanh2@gmail.com or telephonically as well as the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population e.g. isiZulu.

APPENDIX B: CONSENT FORM



CONSENT FORM

Statement of Agreement to participate in the Research Study: I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,

I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.

I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.

In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.

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

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

I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature / Right Thumbprint

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

Full Name of Researcher Date Signature

Full Name of Witness (If applicable) Date Signature

Full Name of Legal Guardian (If applicable) Date Signature

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level - use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. wrong date or spelling mistake a new document has to be completed. The incomplete original document has to be kept in the participant file and not thrown away and copies thereof must be issued to the participant.

References

Department of Health. 2004. Ethics in Health Research: Principles, Structures and Processes <http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>

Department of Health. 2006. South African Good Clinical Practice Guidelines. 2nd Ed. Available at: http://www.nhrec.org.za/?page_id=14

APPENDIX C: INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?
2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?
2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Appendix D: GATEKEEPER PERMISSION LETTER

TO WHOM IT MAY CONCERN

Dear Sir/Madam

This serves to confirm that Miss Nokhuthula Hloniphani Mavela student number 20923890 is a registered Master's student in the department of Homoeopathy at the Durban University of Technology in Durban South Africa.

We kindly request your assistance by allowing her to conduct her research work titled "A needs analysis of relevant stakeholders on a short course in Homoeopathy for pharmacy front shop assistants in the greater Durban area."

The study will entail the participation of pharmacy staff members and their employers. This will include 1 manager, 1 part time employee and 1 full time employee from each branch. A short semi-structured interview will be conducted the approximated duration of the interview will be 20-35 minutes or may be less than the estimated time. The interviews will be conducted on site so as to not inconvenience participants during the pharmacy operating hours. The study aims at identifying the need of implementing a short course that specifically targets pharmacy shop front assistants by equipping them with sound knowledge of homoeopathy to better service the general public.

Your assistance and acceptance of the study to be conducted with participation from your store is greatly appreciated.

For any further information required do not hesitate to contact me.

Yours Sincerely

Dr Ingrid Couchman

Lecturer

Head Clinician Kenneth Gardens Community Clinic

Department of Homoeopathy

Durban University of Technology

ingridc@dut.ac.za

Nokhuthula Hloniphani Mavela

Master's degree student 20923890

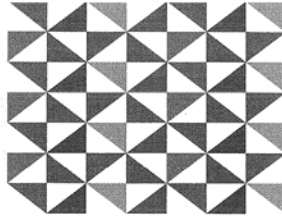
Department of Homoeopathy

Durban University of Technology

Cell: 0742435174

mavelanh2@gmail.com

APPENDIX E: ETHICS CLEARANCE LETTER



Institutional Research Ethics Committee
Faculty of Health Sciences
Room MS 49, Mansfield School Site
Gate 8, Ritson Campus
Durban University of Technology
P O Box 1334, Durban, South Africa, 4001
Tel: 031 373 2900
Fax: 031 373 2407
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

12 January 2015

IREC Reference Number: **REC 74/14**

Ms N H Mavela
Room 403C
Corlo Court
18 Heswall Road
Berea

Dear Ms Mavela

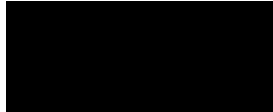
A needs analysis of relevant stakeholders on a short course in Homoeopathy for pharmacy front shop assistants in the greater Durban area

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Please note that you may now proceed with research on the proposed project.

Kindly ensure that participants used for the pilot study are not part of the main study.

Yours Sincerely,



Prof J K Adam
Chairperson: IREC

APPENDIX F: EDITING CERTIFICATE

VINCENT NDORO VERA. Ph.D.

P.O.BOX 74184
Lynnwood Ridge
Lynnwood
Pretoria, 0040
Mobile Phone: +2773-153-4556
Email: ndorovera@yahoo.com

EDITING CERTIFICATE

Re: Nokhuthula Hloniphani Mavela

**A needs analysis of relevant stakeholders on a short course in
Homoeopathy for pharmacy front shop assistants in the greater Durban
area**

This serves to confirm that this dissertation has been edited for clarity and language. As a freelance editor specialising in proofreading and editing academic documents, my professional experience includes;

CEO of VNV Education Management and Motivational Consultants.

Professor, North West University, Mafikeng campus: Peace Studies and International Relations.

Deputy Vice Chancellor and Vice Principal (Administration) University of Venda.
November 1993 – December 1998.

Deputy Registrar Academic – University of Fort Hare, Alice 1992-1993.

Project Director - South Africa Higher Education Project (SAHEP) Aurora Associates.
Washington, DC (1988-1991).

Associate Professor, Political Science Department, University of District of Columbia,
Washington, DC (1976-1987).

Prof Vincent Ndoro Vera
9 February 2016
electronic

APPENDIX G: TRANSCRIBED INTERVIEWS

TRANSCRIBED DATA

INTERVIEW 1

Data collection method – hand written; Place – Pharmacy A; Location – Hillcrest DBN KZN; Date – 10/03/2015; Time – 1.30pm; Age - Range C; Ethnicity – Caucasian/White; Gender – Male; Position – Pharmacy owner.

APPENDIX C

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Participant 1 – *'I do not actually sell homoeopathic products myself its only when a customer knows what exactly they want and if we have it we will sell it to them only if they specifically ask for it.'*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Participant 1 – *'It is fair and not highly profitable but it is gaining popularity and more customers are asking for it especially reputable popular brands. We also get some homoeopathic products from overseas and some customers believe it works effectively.'*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Participant 1 – *‘I have not obtained much knowledge about it just a few basics from product information inserts, companies, etc. I think better compound knowledge like information from clinical trials is needed to validate it.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff

Participant 1 - *‘Education is good there is no harm but I wouldn’t force my staff to attend it will be their own personal choice.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Participant 1 – *‘I am uncertain of the need and also do not know much about homoeopathy so I can’t say what exactly is vital and must be included but the basics I guess, what it is and how it works and scientific research behind it as with most medicines.’*

INTERVIEW 2

Data collection method – recorded; Place - Pharmacy A; Location - Hillcrest DBN KZN; Date – 10/03/2015; Time – 1:40pm; Age - range C; Ethnicity – Indian; Gender – Male; Position – Pharmacist Assistant.

APPENDIX C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Researcher – *‘When selling homoeopathic medicine to customers, what are the fundamental aspects that you evaluate before selling them a specific product?’*

Participant 2 – *‘That depends on how much we know about the product and in our line of work, we are not here to sell homoeopathy we are here to do the other medication, basically prescribed medication normally what happens is if we keep a product we obviously train on a product and based on the training if it makes sense, then we will sell it.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Researcher – *‘Question number 2, what is your experience of homoeopathic medication? Is it profitable, effective and easily used?’*

Participant 2 - *‘In terms of profitable, I noticed it’s quite expensive especially the good stuff but we do have a few things and most of it is actually imported from overseas so automatically if you are looking at cost it’s going to be expensive, like that. Effective, yes it will be effective, we do have people that believe in it and*

they go down that way, and if you believe in it then it will work, yes and easily used, it's becoming more popular now.'

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Researcher – 'From section B, with regards to your present knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?'

Participant 2 – '*In terms of obtaining knowledge, for one we actually read, and what we are taught via reps. Sometimes we ask for case studies because that obviously is proof that it works so that's where we put our knowledge into and based on the case studies, if we feel strongly about the product that its working, then we would recommend it.'*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher – '*Section C question 1. What are your feelings on a short course in homoeopathy for assistance?'*

Participant 2 – '*I would say Ok, I feel quite strong about it, reason being, we have to learn, it's good to learn if you don't know. So if it's offered it would be a good thing.'*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher – '*What skills development would recommend being incorporated into the short course if you agree with the need?'*

Participant 2 – *‘When it comes to homoeopathy, I can’t really say I don’t know much about it so I can’t really say what to add on it if I am familiar with it I can add on and fill in the gaps but it’s a bit hard to just recommend something worthy.’*

Researcher – *‘Thank you very much sir.’*

INTERVIEW 3

Data collection method – recorded; Place – Pharmacy B; Location – Westville DBN KZN; Date – 19/03/2015; Time – 10:20am; Age – Range B; Ethnicity – Mixed/Coloured; Gender – Female; Position – Vitamins and minerals Aisle manager.

APPENDIX C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Participant 3 – *‘Okay, can you just say that in the easier sentence for me, if there is a customer.’*

Researcher – *‘And they ask you about wanting to buy a homoeopathic product, what are the things you would think of first, before giving them that homoeopathic product.’*

Participant 3 – *‘What I normally just ask them, what are the symptoms, what is the problem and then I would recommend something homoeopathic.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Researcher – *‘Okay, what is your overall experience of homoeopathic medication, do you think it’s profitable, is it effective, easily used.’*

Participant 3 – *‘It is easily used, if the customer, if you explain it properly to the customer and also homoeopathic stuff is working on the cause of the problem and its helping the body heal itself it’s not like over the counter medication that’s just treating symptoms so it’s actually better and it’s safer.’*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Researcher – *‘With regards to your knowledge of homoeopathy, how you obtained this knowledge and which areas do you feel are inadequate?’*

Participant 3 – *‘Okay, most of the times, the reps normally train us and but what I also do, I normally google it. If I’m not sure about a product because not everything we get trained on. Mainly like Natura like with HEEL range I’ll have to google it.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher – *‘What are your feelings for a short course in homoeopathy, for pharmacy assistance?’*

Participant 3 – *‘Like, meaning that I must go for training.’*

Researcher – *‘No, but how do you feel about it? Do you think it’s a good thing, do you think it’s a bad thing, and is it necessary?’*

Participant 3 – *‘It’s better than most of the - like even about vitamins and minerals because most of them are made in a lab.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher – *‘Question 2, what skills development would you recommend to be incorporated into the short courses if you agree with the need like any things you feel needs to be taught to people about homoeopathy for those working in the pharmacy.’*

Participant 3 – *‘Like what-chu (what do you) mean?’*

Researcher – *‘Like do you think they need to be taught about what homoeopathy is in the beginning overall? Do they need to be taught about the products there are selling?’*

Participant 3 – *‘No I think they need to be taught about what it is because a lot of like even like staff don’t know what it is. They just know the basics, like this is going to help with this, like for example rescue, they don’t really know like where is it from and what’s it all about and they still need to get taught and trained.’*

Researcher – *‘Okay thank you very much, that’s the end of the interview.’*

INTERVIEW 4

Data collection method – recorded; Place – Pharmacy B; Location – Westville DBN KZN; Date – 19/03/2015; Time – 10:30am; Age – Range A; Ethnicity – Caucasian/White; Gender – Female; Position – Front shop assistant.

APPENDIX C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Researcher – *‘When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?’*

Participant 4 – *‘What they needs are.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Researcher – *‘What is your overall experience of homoeopathic medication, is it profitable, effective, is it easily used?’*

Participant 4 – *‘Yes it is easily used, I think its way better than prescribed medication so I think it’s a way better way to go.’*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Researcher – *‘With regards to your knowledge of homoeopathy, how you obtained this knowledge and which areas do you feel are inadequate?’*

Participant 4 – *‘I’ve just learnt from going to training here at Pharmacy B, inadequate areas, I’m not too sure.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher – ‘What are your feelings of a short course in homoeopathy for pharmacy assistance?’

Participant 4 – *‘I agree with that I think that would be great.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher – ‘What skills development would you recommend be incorporated into the short course if you agree with the need?’

Participant 4 – ‘Either than homoeopathic?’

Researcher – ‘About homoeopathy, would you be interested in learning the history of homoeopathy and how it started off and how the medications are made?’

Participant 4 – *‘Umh, think it would be good to have that background knowledge when prescribing to, or advising to customers, I think it would be good to have that background knowledge of how it all started.’*

Researcher – ‘Anything else you would like to say?’

Participant 4 – ‘Nope.’

Researcher – ‘Thank you very much.’

INTERVIEW 5

Data collection method – recorded; Place – Pharmacy C; Location – Westville DBN KZN; Date -19/03/2015; Time – 11:00am; Age – Range A; Ethnicity – Black African; Gender – Female; Position – Front shop assistant.

APPENDIX C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Researcher – *‘When selling homoeopathic products to customers, what are the fundamental aspects you evaluate, before selling them a specific product?’*

Participant 5 – *‘You asking me this? Please say again.’*

Researcher - *‘When selling homoeopathic medicine to the customers, what are the fundamental aspects that you evaluate before selling them the products?’*

Participant 5 – *‘I don’t understand the question.’*

Researcher - *‘Okay, well I’m just asking, before someone asks you about a product when they come before you sell it to them are there any things you think about asking them or telling them before giving the product?’*

Participant 5 - *‘Some of the products, I do ask them, like the one for stress, if they asking I am asking what kind of stress there are, as you can see they are different types of things for stresses, so that’s what I’m asking them.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Researcher - *'What is your overall experience of homoeopathic medication, is it profitable, is it effective, is it easily used, and is there anything you can comment about the medicine itself?'*

Participant 5 - *'Ja (Yeah), it is very effective, selling very well that's the thing I can just recommend to the customers because it's very effective.'*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Researcher - *'With regards to your present knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate?'*

Participant 5 - *'Ja (Yeah), I did obtain knowledge, like the reps they come here train us like every Monday they came here remind us of what it is what the homoeopaths is.'*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher - *'What are your feelings of a short course on homoeopathy for pharmacy assistants?'*

Participant 5 – *'If it was where? Yeah I was gonna like it. Yes'*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher – *'What skills development would you recommend, to be incorporated into the course if you agree with the need, are there any specific things that you feel need to be taught or included in the course or anything if you are doing the course you would like to know more about?'*

Participant 5 – *‘Yeah there is some of it Like I said, they are coming here, they train us, but they are more specific to the product that is selling very fast, some of them they just don’t tell you.’*

Researcher – *‘Okay, so you would like to learn about all the products to understand what homoeopathy is?’*

Participant 5 – *‘Yes.’*

Researcher – *‘Thank you very much, that’s the end of the interview.’*

INTERVIEW 6

Data collection method - Hand written; Place – Pharmacy C; Location – Westville DBN KZN; Date – 19/03/2015; Time – 11:40am; Age – Range A; Ethnicity – Indian; Gender – Female; Position - Qualified pharmacist.

APPENDIX C

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Participant 6 – *‘Allergies, medication, history, pregnancy.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Participant 6 – *‘Effective in certain conditions but further studies should be done of these products.’*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Participant 6 – *‘Most of my knowledge is obtained by pharmaceutical reps.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Participant 6 – *‘I think this would be beneficial as a large number of patients prefer homoeopathic medication.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Participant 6 – *‘Assistants should be equipped with knowledge on moa (mode of action), side effects, interactions etc.’*

INTERVIEW 7

Data collection method - Hand written; Place – Pharmacy C; Location – Westville DBN KZN; Date – 19/03/2015; Time – 11:55am; Age – Range A; Ethnicity – Indian; Position Qualified pharmacist.

APPENDIX C

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Participant 7- *'Patient medication, history, allergies, age of patient, pregnancy status.'*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Participant 7- *'I believe that I lack knowledge enough to make informed suggestions to patients regarding the use of homoeopathic medications. Due to lack of knowledge regarding interaction of homoeopathic medication with conventional medication (especially in patients with chronic conditions, I am reluctant to suggest the use of such homoeopathic products in people on medication (acute/chronic).'*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Participant 7- *'Having a B pharmacy degree, I received only one presentation by a single company on homoeopathic medication. That was not information enough to sustain me for a lifetime of patient interactions.'*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Participant 7 – *'I believe that this would be beneficial.'*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Participant 7 –

- 1) *'The proper MOA (mechanism of action) of medication must be explained.'*
- 2) *'Drug interactions must be outlined.'*
- 3) *'Use in special groups (geriatrics, pediatrics, pregnant woman) must be fully explained.'*
- 4) *'Side effects.'*

INTERVIEW 8

Data collection method – hand written by dictation; Place – Pharmacy D; Location – Westville DBN KZN; Date – 19/03/2015; Time – 12:10pm; Age – Range B; Ethnicity – Indian; Position – Pharmacist assistant.

APPENDIX C

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Researcher – *‘When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?’*

Participant 8 – *‘What is wrong and what they are suffering from.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Researcher – *‘What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)’*

Participant 8 – *‘Yes it is good and effective.’*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Participant 8 – *‘Reps training.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher – *‘What are your feelings on a short course in homoeopathy for pharmacy staff?’*

Participant 8 – *‘It will be a good idea to be more knowledgeable.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher – *‘What skills development would you recommend be incorporated into the short course if you agree with the need?’*

Participant 8 – *‘More evidence based knowledge with clinical trials.’*

INTERVIEW 9

Data collection method – recorded; Place – Pharmacy E; Location – Hillcrest DBN KZN; Date – 23/03/2015; Time – 11:40am; Age – Range C; Ethnicity – Caucasian/White; Position - Pharmacist assistant.

APPENDIX C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Researcher – ‘When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?’

Participant 9 - ‘A complete aspect of the customer and their problems.’

2. ‘What is your overall experience of homoeopathic medication (is it profitable, effective and easily used)?’

Researcher – ‘*What is your overall experience of homoeopathic medication, is it profitable, is it effective, easily used?*’

Participant 9 – ‘*It’s extremely profitable, it’s actually over-priced, uuh it’s extremely effective and it’s very very very easily used, extremely effective.*’

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Researcher - ‘*With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?*’

Participant 9 – *‘My knowledge of homoeopathy comes from the fact that I started studying it 40 years ago and the old men who actually treated my family became my teachers. Which areas do I feel are inadequate? I believe nowadays they are not teaching the true homeo hom uum homoeopathic principles. They are throwing in too many phytopathic (phytotherapeutic) preparations and staging them as homoeopathy which they are not.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher – *‘What are your feelings on a short course in homoeopathy for pharmacy assistants/ staff?’*

Participant 9 – *‘It depends on whose giving it, where they were trained and how they were trained.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher - *‘What skills development would you recommend be incorporated into the short course if you agree with the need for one being established?’*

Participant 9 – *‘You know honestly and truthfully, this can go on for ages, I remember years ago, someone came to me and they had tick bite fever and my teachers taught me what to use for that and this person had been down the tech, Durban tech to have her tick bite fever treated and she was told, no no no no they could not do that, she would have to go to the doctor, what utter bull! Truly.’*

Researcher – *‘So would you agree with the need that for pharmacy staff as they do stock some homoeopathic products and tissue salts would need training?’*

Participant 9 – *‘Well it depends, specifically in tissue salts because that’s where it all starts and honestly and truthfully you are going to need it, if you are only*

going to sell uum instead of simplexes, if you are only going to sell mixtures than what is there is adequate but if you are going to sell simplexes then you are going to need extra training.'

Researcher – *'Thank you very much ma'am.'*

INTERVIEW 10

Data collection method – recorded; Place – Pharmacy F; Location – La Lucia DBN KZN; Date – 24/03/2015; Time – 10:35am; Age – Range A; Ethnicity – Black African; Position – Front shop assistant.

APPENDIX C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Researcher – *‘When selling homoeopathic products to customers what are the fundamental aspects you evaluate before selling them a specific product?’*

Participant 10 – *‘I don’t know.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Researcher - *‘What is your overall experience of homoeopathic medication, is it profitable, effective and easily used?’*

Participant 10 – *‘I don’t know much about homoeopathic you know but I know it’s safe to use. That’s all I know.’*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Researcher – *‘With regards to your present knowledge of homoeopathy how did you obtain this knowledge and which are do you feel are inadequate?’*

Participant 10 – *‘No, I don’t know.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher - *‘What are your feelings on a short course in homoeopathy for pharmacy assistants?’*

Participant 10 – *‘What are my feelings?’*

Researcher – *‘Umh what do you think about it, if there was a short course in homoeopathy for pharmacy assistants like yourself do you think it’s a good thing or bad thing, any feelings?’*

Participant 10 – *‘I think it’s a good thing.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher – *‘What skills development would you recommend be incorporated into the short course if you agree with the need for one being established? As you said you think it’s a good thing, so if you had to study a basic course in homoeopathy are there any things you would personally like to learn or be included in the course?’*

Participant 10 – *‘I would like to learn more about homoeopathic things.’*

Researcher – *‘Okay, thank you so much.’*

INTERVIEW 11

Data collection method – recorded; Place – Pharmacy E; Location – La Lucia DBN KZN; Date – 24/03/2015; Time – 10:25am; Age – Range A; Ethnicity – Indian; Gender – Male; Position – Front shop assistant.

APPENDIX C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Researcher - *‘When selling homoeopathic products to customers what are the fundamental aspects you evaluate before selling them a specific product?’*

Participant 11 – *‘If they are on any medication whether it is safe.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Researcher – *‘What is your overall experience of homoeopathic medication is it profitable, effective and easily used?’*

Participant 11 – *‘Yes.it is’*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Researcher –*‘With regards to your present knowledge of homoeopathy how did you obtain this knowledge and which areas do you feel are inadequate?’*

Participant 11 – *‘Mmh oh yea training, a lot of training with the reps.’*

Researcher – *‘And are there any areas you feel might be inadequate or are you happy with the training?’*

Participant 11 – *‘No, I am happy with the training.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher – *‘What are your feelings on a short course in homoeopathy for pharmacy assistants? If there was a short course just to learn the basics of homoeopathy, would you be interested or do you think there’s a need for it?’*

Participant 11 – *‘Ja (Yeah) I would be interested in it because most people are going via homoeopathic medication.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher – *‘What skills development would you recommend be incorporated into the short course if you agree with the need like Any specific things you think should be included in this course or what you would like to learn?’*

Participant 11 – *‘I would like to learn more about how they make the medication.’*

Researcher - *‘Okay thank you so much.’*

INTERVIEW 12

Data collection method – recorded; Place – Pharmacy F; Location – La Lucia DBN KZN; Date – 24/03/2015; Time – 10:45am; Age – Range B; Ethnicity – Mixed/Coloured; Gender – Female; Position – Vitamins and minerals aisle manager.

APPENDIX C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY

1. When selling homoeopathic medicines to customers, what are the fundamental aspects you evaluate before selling them a specific product?

Researcher – *‘When selling homoeopathic products to customers what are the fundamental aspects you evaluate before selling them a specific product?’*

Participant 12 – *‘Well, if there are on any medication, that’s the first thing and just to identify the problem.’*

2. What is your overall experience of homoeopathic medication (is it profitable, effective and easily used?)

Researcher – *‘What is your overall experience of homoeopathic medication, is it profitable, effective, easily used, any comment?’*

Participant 12 – *‘Umh, it’s effective and easily used especially for people that are on medication and things, it’s one of the only stuff we can recommend.’*

SECTION B: PRESENT KNOWLEDGE

1. With regards to your knowledge of homoeopathy, how did you obtain this knowledge and which areas do you feel are inadequate if any?

Researcher – *‘With regards to your present knowledge of homoeopathy, how did you obtain this knowledge and which are do you feel are inadequate?’*

Participant 12 – *‘We have a lot of training and ja (yeah) training and the experience of working in the department.’*

Researcher – *‘Where do you receive your training from?’*

Participant 12 – *‘The companies, all the different companies.’*

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

1. What are your feelings on a short course in homoeopathy for pharmacy staff?

Researcher – *‘What are your feelings on a short course in homoeopathy for pharmacy assistants? Would you agree with the need?’*

Participant 12 – *‘Yes definitely they, we all need more training.’*

2. What skills development would you recommend be incorporated into the short course if you agree with the need?

Researcher – *‘What skills development would you recommend be incorporated into the short course if you agree with the need any specific areas you feel need to be taught or what you would like to learn if you had to attend a short course?’*

Participant 12 – *‘I think overall, basic and overall homoeopathy, nothing specific.’*