

***PATIENT PERCEPTION SURVEY – DURBAN
UNIVERSITY OF TECHNOLOGY HOMOEOPATHIC DAY
CLINIC.***

Mini-dissertation in partial compliance with the requirements for the Masters Degree in Technology: Homoeopathy, in the Department of Homoeopathy at the Durban University of Technology.

by

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I, Benjamin Jamie Herr, declare that this dissertation represents my own work, both in conception and execution.

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ABSTRACT

Within healthcare, patient satisfaction is a combination of need, expectation and the experience of care being provided. Patient satisfaction is an intermediate outcome, and is an important measure of the quality of the overall care provided. Healthcare which does not satisfy the patient is usually less effective, because less satisfied patients tend not to comply with instructions, they take longer to follow up with appointments and they have a poor understanding of their medical condition (Wilkin, Hallam and Dogget, 1994; Al-Assaf, 1998).

The provision of overall quality healthcare for patients is a key motivation for many service providers. Therefore, determining the level of patient satisfaction forms a very important part of managing and fulfilling the patients' healthcare needs (Smith, 2001a). Furthermore, surveys of patient satisfaction form an essential role in assessing public opinion of the service provided. Thus, the evaluation of the service provided by a clinic can be reflected in the degree of satisfaction perceived by individuals receiving the services as elicited by a patient perception survey.

This study assess patient's perception of the service provided at the Homoeopathic Day Clinic (HDC) at the Durban University of Technology (DUT). The use of a self-administered questionnaire to establish patient satisfaction was applied. No names were required and all data has been kept strictly confidential. This information will subsequently be used to improve the quality of the service offered at this facility and increase the degree of patient satisfaction experienced.

The sample group of the first 100 patients that consulted the HDC at the DUT between July and November 2007 that voluntarily participated in this study were included in the study by means of convenience sampling.

In this study there is generally a high degree of satisfaction with the healthcare and services provided. Areas of particularly high satisfaction are related to patients' arrival to the clinic where they were both promptly and politely greeted, as well as in relationship to the approachability/friendliness of the Homoeopathic student, and the instructions given on how to take the medicine. Areas that revealed lower degrees of satisfaction are advertising, both in media and by signage, as well as the accessibility of the clinic for disabled patients.

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LIST OF ABBREVIATIONS

HDC - Homoeopathic Day Clinic

DUT - Durban University of Technology

Dedication

I dedicate this work to my Lord Jesus Christ, The Father & Holy Spirit. He has been a lamp to my feet and a light to my path along this road thus far, and may He continue to be it for the road ahead.

I would also like to dedicate this work to my mother, who has poured herself into my life to enable me to get this far, and has been a continual source of direction.

Acknowledgements

I would like to thank God, for enabling me with the necessary strength, skill and support to be able to successfully overcome all the challenges that have been a part of this road.

I would like to thank my mother for everything that she has contributed to enable me to complete this work, without her it would not have happened.

I would like to thank my brother for his outstanding contribution in helping and advising me to shape this thesis into its end product. To whom I am in great debt for his help.

I would like to thank Dr David Naude for his time and effort that he put into supervising my research and directing me along the way. As well as in his continual effort to try and facilitate everything to be as streamlined as possible.

I would like to thank Dr Ashley Ross for his contribution to the field of Homoeopathy and the sacrifices made in the continual endeavour to build and establish our profession as he has facilitated my studies as the Head of the Department.

I would like to thank Dr Izel Botha, Dr Ingrid Couchman, Dr Anton De Waard, Dr Corné Hall, Dr Russell Hopkins, Dr Madu Maharaj, Dr Richard Steele, Mrs Gillian Clarke, Mrs Brecher, Mrs Gugu Mkhwanazi, for their contribution in the running of the Homoeopathy department and ultimately in my education toward becoming a Homoeopathic Doctor.

I would also like to thank all my fellow students, which enriched my time spent studying as we shared in the tears and joys of the challenges faced together.

I would also like to extend a special thanks to Vuyani Mayela at interlibrary loans who went to great lengths to help me in getting the necessary materials for my research.

Chapter 1

Introduction

1.1 Introduction and problem statement

Within healthcare, patient satisfaction is a combination of need, expectation and the experience of care. Patient satisfaction is an intermediate outcome, and may reflect the standard of service the patient received at a healthcare facility. Healthcare which does not satisfy the patient is usually less effective, because less satisfied patients tend not to comply with instructions, they take longer to follow up with appointments and they have a poor understanding of their medical condition (Wilkin, Hallam and Dogget, 1994; Al-Assaf, 1998).

Many service providers are motivated towards providing quality care for their patients. Therefore, determining the level of patient satisfaction forms a very important part of managing and fulfilling the patients' healthcare needs (Smith, 2001a). Moreover, surveys of patient satisfaction form an essential role in assessing public opinion of the service provided. Thus, the evaluation of the service provided by a clinic can be reflected in the degree of satisfaction perceived by individuals receiving the services as elicited by a patient perception survey.

The aim of this study was to assess patient's perception of the service provided at the Homoeopathic Day Clinic (HDC) at the Durban University of Technology (DUT), with the intent to identify areas of service delivery that may require upgrading, such as to improve every aspect of patient satisfaction, which contributes to the overall positive outcome of treatment given as mentioned above. The use of a self-administered questionnaire to establish patient

satisfaction was applied. No names were required and all data has been kept strictly confidential.

Participants that fulfil all the inclusion criteria were recruited through the Homoeopathic Day Clinic. The first 100 questionnaires were used in the study acquired during the period June - November 2007.

The data obtained is evaluated and analysed using Statistica 7.0 (StatSoft. Inc. OK, USA.) statistical software. The descriptive procedures used include tables, graphs and charts including means, modes, averages, proportions and percentages. Each question was evaluated on their own merit as to the degree of satisfaction attained in that aspect of service provided, and was addressed appropriately. A positive response gained a higher score. The possible influence that demographics had on service satisfaction was considered and statistical relationships were evaluated. Measures of association between variables were done by Chi square and Spearman Rank Order Correlations.

1.3 Aims of the study

The aim of this survey was to evaluate the perception of the services provided by Homoeopathic Day Clinic at the Durban University of Technology by measuring the degree of patient satisfaction of these services through the use of a self administered questionnaire.

Objectives:

- To determine patient's perceptions of the service provided by the HDC at DUT.
- To demonstrate the quality of service provided by the HDC at DUT.
- To identify shortfalls or inadequacies in the service provided by the HDC at DUT.

1.4 Rationale for the study

1. The HDC represents the DUT which is a leading University of Technology in South Africa and thus it is of utmost importance that the highest possible standards are achieved here.
2. The information gathered will enable the HDC to formally assess the quality of healthcare provided to its' patients.
3. Areas of service that may require refining/improvement can be brought to the Clinic's attention and then dealt with appropriately.
4. The study will provide a means for patients to give valuable feedback about their experience of the HDC at DUT.

1.5 Limitations of the this study

For the purpose of this study, the researcher assumes that all the information provided by the participants in the questionnaires are an accurate reflection of their experience at the clinic. There are various factors that may influence their responses. These are discussed in greater detail in 4.1.2.

Chapter 2

Review of related literature

2.1 Introduction

Patient satisfaction is of fundamental importance as a measure of the quality of care. Moreover, it gives critical information on the provider's success at meeting those customer values and expectations which are matters on which the patient is the ultimate authority (Van den Heever, 1998).

The evaluation of patient satisfaction plays an important part in managing a healthcare facility effectively (Smith, 2001b). Patient satisfaction can be a representation of the standard of service the patient received, information that is indispensable when assessing the quality of a healthcare facility (Al-Assaf, 1998). Satisfaction being considered a part of quality care as well as in the outcome of patient improvement, has long been established, and without it there cannot be the delivery of good healthcare (Yeomans, 2000).

In this chapter the exploration of the various parts that have been identified to play a role in patient satisfaction will be discussed, as well as those factors unique to Homoeopathy and the South African healthcare system.

2.2 Definition

Patient satisfaction is described by various authors in terms of the expectation, perception, and the experience of the patient (Asadi-Lari, *et al.* 2004, Hordacre, *et al.* 2005). The satisfaction of the patient can be attributed to the provision of

those services that are expected, needed as well as desired. Each of these can be satisfied to different degrees, affecting the overall satisfaction of the patient. Satisfaction is a dynamic trait and changes as the patient's medical condition or expectations change, even though the care being provided may have remained constant (Goldstein, *et al.* 2000).

2.3 Why measure patient satisfaction?

In addition to the above mentioned, satisfaction surveys have been employed by hospital systems for many years, to measure patient perceptions of care, service and amenities. However, much of the early research in this field failed to clearly define the construct. Most researchers agree that satisfaction is a multidimensional construct consisting of: i) patient perception regarding the level of staff interpersonal skill and technical competence; ii) patient access to, and the availability and outcome of, care and services; and iii) continuity of care. Satisfaction levels do not always equate to quality of care, as they are moderated by a combination of interpersonal factors, current and former experiences, expectations, and personal and societal values. Regardless, theories proposed in patient-satisfaction research suggest that there are direct relationships between satisfaction, expectations and outcomes (Hordacre, *et al.* 2005).

Patient surveys provide a rapid, cost-effective way of obtaining public perception data. And despite possible difficulties in the implementation of changes that need to take place, it is considered important to continue satisfaction research with the goal of encouraging the development of action plans for improvement of care, services and amenities (Hordacre, *et al.* 2005).

South Africa has a relatively well-structured healthcare system, designed to provide healthcare for all South Africans. Although the South African government is committed to provide quality healthcare to the community (South African

Yearbook, 2003), the public health sector is repeatedly being accused of inefficiency and poor service as patients are becoming more aware of their rights, as stated in the Patient's Rights Charter (Smith, 2001b). Generally, South Africans have a high level of dissatisfaction with regards to healthcare services, as demonstrated in both the public and private sectors (South African Health and Demographic Survey, 1998).

Satisfaction with healthcare has implications beyond contributing to the patient's individual sense of wellbeing, as satisfied patients are more inclined to comply with medical advice (Parhiscar and Rosenfeld, 2002). Further, healthcare facilities with higher levels of patient satisfaction also have higher ratings of quality from healthcare workers, therefore, it would seem that increases in levels of patient satisfaction will be beneficial to staff as well as patients (Hordacre, *et al.* 2005).

2.4 Factors affecting the reliability of patient satisfaction surveys

Williams (1994) suggested that patients tended to express dissatisfaction only when they experienced something negative, while Carr-Hill (1992) reported that there may be a response bias in favour of satisfaction. Further, the wording of survey items may also obscure identification of areas of dissatisfaction, as patients appear to be less likely to agree with an item stating that an unfavourable event has occurred than to disagree that a favourable event has (Cohen, *et al.* 1996). Satisfaction with overall care is likely to obscure dissatisfaction with specific areas of care or services (Hordacre, *et al.* 2005). These are a few of the factors that need to be taken into consideration when formulating the questionnaire, as well as in the evaluation of the results on completion of the study.

Other factors that have an influence on patient satisfaction include:

The ease of making appointments as well as the availability of appointments. The time and cost the patient has to endure to access the healthcare facility. Staff attitudes towards patients and interpersonal interaction, such as compassion and empathy toward the patient. Assurance given by the doctor that everything possible is being done. Quality and appropriateness of diagnostic procedures. The quality of the equipment used on the patient. The manner in which the staff perform the diagnostic procedures. Quality of information the patient receives on what to do and expect in their medical condition. The effectiveness and final outcome of treatment or care and the safety of medicines used (Schnieder, *et al.* 1994, Al-Asaf, 1998, Smith, 2000a).

2.4.1 Sociodemographic variables

Sociodemographic variables are related to the interpretation of the patients' experience, of the healthcare received (Hughes, 1991). They do however, only account for a small amount of variance in satisfaction (Coulter, *et al.* 1994).

Age: Studies have shown that older people tend to be more satisfied with medical care than younger people (Coulter, *et al.* 1994; Grogan, *et al.* 2000). (The study by Coulter, *et al.* 1994 was conducted in five sites in the USA and one in Canada. The study by Grogan, *et al.* 2000 was conducted in the North of England, the Midlands, and Scotland.)

Gender: Hughes (1991) argues that most studies reveal no relation between gender and satisfaction. However contradicting reports from Coulter, Hays and Danielson (1994) show satisfaction being higher in men. While satisfaction is revealed to be higher in women according to Sawyer and Kassak (1993). (The study by Hughes 1991 was conducted in the USA, as was the study by Sawyer and Kassak

1993.)

Race: Satisfaction differences between whites and blacks remain inconclusive (Hughes, 1991); Coulter, Hays and Danielson (1994) however, are of the opinion that satisfaction is higher in whites.

Education: Hughes (1991) states that satisfaction difference between people of different levels of education remains inconclusive.

Income: Hughes (1991) cites several studies indicating that "poor people have poorer health, receive poorer healthcare, have less continuous relations with doctors, and have harder times getting appointments. They are also treated differently from privately insured patients to some degree. Consequently, they tend to be less satisfied." Sawyer and Kassak (1993) supported this proposition. In line with this thought, Coulter, Hays and Danielson (1994) are of the opinion that more satisfied patients are of a higher income group.

2.5 The South African standards for Healthcare

Standards set out by the Department of Health of South Africa (2000) with regard to norms and standards for health clinics:

CONSULTATION

Communities will be consulted about the level and quality of public services they receive and where possible will be given a choice about the services offered.

SERVICE STANDARDS

Citizens would know the level and quality of public service they are to receive and know what to expect.

ACCESS

All citizens have equal access to the services to which they are entitled.

COURTESY

Citizens should be treated with courtesy and consideration.

INFORMATION

Citizens should be given full accurate information about the public service they are entitled to receive.

OPENNESS & TRANSPARENCY

Citizens should be told how national and provisional departments are run, how much they cost and who is in charge.

REDRESS

If the promised standard of service is not delivered they should be offered an apology, an explanation and an effective remedy, when complaints are made, citizens should receive a sympathetic positive response.

VALUE FOR MONEY

Public services should be provided economically and efficiently in order to give citizens and communities the best possible value for money.

Implications for health staff

In line with these principles the local health services for a community will provide:

- services with a high standard of professional ethics
- a missions statement for service delivery
- services which are measured with performance indicators displayed, so community can understand the level of achievement
- services which are in partnership with or complement other sectors e.g. the private sector and non-government organisations and community based organisations
- services which are customer friendly and confidential
- opportunities for community consultation

- types of outreach which can reach to all communities and to families in greatest need
- easily accessible and effective ways of dealing with complaints or suggestions for improvement
- current information on services available and hours of service, staff changes of movements and extra activities such as health days (The Primary Healthcare Package for South Africa – a set of norms and standards, 2000).

2.6 Homoeopathy

2.6.1 Principles of Homoeopathy

Dr. Samuel Hahnemann (1755-1843) was the founder of the Homoeopathic medical system, which began in the 18th century. There were other great minds of the past that suggested notions of the Homoeopathic principle, such as Hippocrates, Galen, Aristotle and Paracelsus, but it was Hahnemann that was the first to systematically record and develop the scientific Homoeopathic medical system. Homoeopathy is a system of medicine that is based upon and applies the Law of Similars. The Law of Similars states that any substance, which can produce symptoms in a healthy human being, can cure those similar symptoms in a sick person (Vithoulkas, 1998). The word homoeopathy is derived from two Greek words, *homoios*, meaning like or similar, and *pathos*, meaning suffering. Placed together in “homoeopathy” they indicate “like suffering” which aptly summarises the fundamental scientific theory upon which the Homoeopathic medical system is founded.

Homoeopathy, being a science, employs the rational and careful observation and documentation of the patient as whole – being, all those things that the patient, family, friends and the physician notices are not normal – both subjective and

objective. This totality of symptoms are collected and used to select the correct medicine for the patient, based on the Law of Similars.

The second law of Homoeopathy is that of the Infinitesimal Dose. This law is understood in line with the Arndt-Schultz Law. Which states *"weak stimuli slightly accelerate the vital activity, middle – strong stimuli raise it, strong ones suppress it and very strong ones halt it"* (Bastide and Lagache, 1998). It is the preparation of Homoeopathic medicine in line with the Infinitesimal Dose that the term potentisation is applied. Potentisation is the serial dilution and succussion of a medicine, such as to increase the medicinal and curative action (in stimulating the biological system to heal) of the medicine and reduce any toxic effects. (One should note that the Law of the Infinitesimal Dose only maintains its strength when applied upon the first Law of Similars.)

2.6.2 Homoeopathy in South Africa

"Over homoeopathy's two hundred year history, its reputation and stature have grown both nationally and internationally. In keeping with the increased demand for healthcare and the provision of competent homoeopathic practitioners, formalised homoeopathic education has become a priority.

In South Africa, formalised homoeopathic educational standards are closely aligned with those of medicine, and are recognised as an education of excellence, internationally. Homoeopathy is a legally recognised profession and is becoming an increasingly important part of South African healthcare provision. Homoeopathic physicians are registered with a statutory body, the Allied Health Professions Council, and their activities are closely monitored by a professional board (Homoeopathic training, 2007). Homoeopathy is a medical approach that respects the wisdom of the body.

It is an approach that uses medicines that stimulate the body's own immune- and defence systems to initiate the healing process. It is an approach that is widely recognised to be safe, and it is an approach that can be potentially very effective in treating the new types of diseases that are afflicting us now, and will afflict us in the 21st Century. As a primary-contact practitioner, a homeopath manages all aspects of patient healthcare, diagnosis, treatment and management, including referral and communication with other healthcare professions and institutions (Homoeopathic training, 2007).” (Durban University of Technology, 2007).

2.6.3 Homoeopathic Training in South Africa

The Durban University of Technology (DUT) and the University of Johannesburg (UJ) and are the only tertiary institutions in South Africa offering a five-year undergraduate course in homoeopathy.

The first three years of the course consists primarily of all the medical science subjects. Anatomy, physiology, pathology, pharmacology and diagnostics are the major subjects covered. In the third year, the focus on the principles and practice of homoeopathy progressing in the latter years becomes paramount, until the final year where the supervised experience takes place in the institutions' homoeopathy clinics (University of Johannesburg, 2007).

The five-year course culminates in a Masters degree in Technology: Homoeopathy. A one-year internship must also be completed after the fifth year as determined by the Allied Health Professions Council of South Africa (AHPCSA) (University of Johannesburg, 2007).

2.6.4 Attitudes towards Homoeopathy in South Africa

Forster (2005) found that patients consulting the TWR Clinic lacked knowledge

and understanding of Homoeopathy, as did Wolf (2000) with reference to black patients consulting a homoeopathic practice in Gauteng, South Africa. Despite this, there is rapid growth in the use of complementary medicine in South Africa (Cornell, *et al.* 2001). Caldis, McLeod and Smith (2001) demonstrates that the demand that consumers have for homoeopathic medicine is growing in South Africa; sales in homoeopathic medicine have grown by 168% from 1996 up to 1999. Homoeopathy is also gaining popularity amongst patients who consult general practitioners. Homoeopathy was found by Selli (2003) to be the complementary medicine most patients enquired about at their general practitioner. Along with this, general practitioners are also becoming more accepting of complementary therapies, such as Homoeopathy. According to Selli (2003), 69.4% of medical practitioners agreed that complementary medicine should have a role to play in the South African healthcare system.

2.6.5 The Homoeopathic Day Clinic at the Durban University of Technology

The Homoeopathic Department of Natal Technikon (now DUT) was officially opened in 1988 by Peter and Nola Frazer. The HDC opened in 1992 for consultation and has been servicing the local community since then. It forms the basis of the clinical exposure and practical training for students of Homoeopathy, used to consolidate and finalise the skills gained during the previous years of study (Homoeopathic Day Clinic handbook for 5th year students, 2007).

The Clinic is located on the Mansfield Campus of DUT in the Berea area of Durban, South Africa. Situated above a Chiropractic Clinic, and in proximity to other Healthcare service providers of the Faculty of Health Sciences. It is in a position to provide healthcare services to the approximately 20 000 students attending DUT, as well as the residents and workers in the areas surrounding the campus.

The costs to consult the HDC at the DUT are listed below: (medicines are additional, with an approximate average cost of R35-R50 for medicines).

Standard rates:	1 st Consultation R50.00
	Follow-up consultation R25.00
Special pensioner/students/scholar rates:	1 st Consultation R30.00
	Follow-up consultation R15.00
Infant/newborn rates:	1 st Consultation R20.00
	Follow-up consultation R10.00

The number of patients consulting the HDC at the DUT for 2007 was 397 new patients and 717 follow up patients. The Table below shows the monthly figures.

Patient numbers per month for Homoeopathic Day Clinic

MONTH	NEW PATIENT	FOLLOW UP	TOTAL PATIENTS
January/February	36	41	77
March	50	91	141
April	46	70	116
May	59	111	170
June	40	59	99
July	30	54	84
Aug	46	114	160
Sept	43	73	116
Oct	22	53	75
Nov	25	51	76
TOTAL	397	717	1114

The aims of the HDC at the DUT are three fold:

- 1. To provide primary contact and a health-care teaching facility that offers high quality Homoeopathic care to the public, and provide students with a broad spectrum of clinical experience.*
- 2. To provide a patient base for research projects, and*

3. *To provide a base for students to obtain further clinical experience in terms of their statutory responsibilities.*

The objectives of the clinic are:

1. *To maintain a highly qualified clinical staff.*
2. *To operate teaching clinics which attract a wide range of referrals from health-care providers and from the general public.*
3. *To co-operate with other health-care institutions, to encourage the exchange of information and ideas with respect to providing comprehensive care to patients.*
4. *To utilize clinical teaching methods that are consistent with current thinking and experience in education, and*
5. *To act as a data gathering center and to provide facilities and resources for research.*

The objectives are achieved through a wide range of clinical experiences. These involve the rewarding interaction of students, patients and clinicians. Students are practicing under both the supervision and the registration of their clinician, and therefore are directly responsible to him/her (Homoeopathic Day Clinic handbook for 5th year students, 2007).

2.7 Studies evaluating patient satisfaction

Two similar studies to this research, on patient satisfaction at the Technikon Witwatersrand (TWR) Homoeopathy Clinic and Durban Institute of Technology (DIT) Chiropractic Day Clinic revealed that most patients had a positive experience at the Homoeopathic Clinic (Forster, 2005) and a high degree of satisfaction at the Chiropractic Day Clinic (Thoresen, 2006).

The information that was gathered in Forster's study provided data on patient

satisfaction, the rate of recovery, reactions to medication, patients' healthcare utilisation as well as the patients' view of homoeopathy, which assisted in the identification of problem areas of service delivery at the TWR Homoeopathic Clinic. The results also demonstrate strong areas of healthcare delivery (Forster, 2005).

The majority of patients rated their experience of the clinic positively. Some of the factors that led to a favourable response included the affordability of the clinic, the quality of the physical exam, the friendliness and approachability of the senior homoeopathy students as well as the high level of satisfaction of patients regarding their treatment plan. An additional positive observation was that a total 64.6% of respondents noted an improvement in their condition. Interestingly, 11% of the respondents did not know whether their condition changed (Forster, 2005).

Some patients expressed dissatisfaction with the accessibility of the clinic, the accuracy of diagnosis, the explanation of their medical condition and the explanation of the homoeopathic case-taking procedure. The occurrence of adverse reactions experienced on the medication was also found to be considerable (13.3%), this however did not have an effect on the patients' level of satisfaction with their treatment plans (Forster, 2005).

Areas of healthcare delivery at the clinic that were identified as problem areas had the following suggestions and improvements made: increase patient education on aspects of homoeopathy and their diagnosed medical condition, as well as certain aspects of service delivery and clinical skills of homoeopathy students (Forster, 2005).

The method used by Forster was a telephonic interview with a questionnaire as a basis. The questionnaire had fourteen structured questions with multiple rating lists and a five-point opinion scale used to collect the necessary information. 100

patients were selected from a sample group of 200 patients that consulted TWR Homoeopathic Clinic between February 2004 and May 2004.

The shortcomings of Forster's study were that for some of the questions the respondents didn't know how to answer and chose the "don't know" option. The interviewer could have conducted a more extensive pilot study, in order to identify problems with the structure of questions. As well as a more comprehensively piloted survey, which may have provided better responses in certain areas of the study (Forster, 2005).

Recommendations made by Forster included the need for patient education in homoeopathy, covering; what homoeopathy is, the case taking procedure, the method of action utilised by homoeopathic medicines to cure patients and the possible effect the homoeopathic medication might have on their condition. Homoeopathic aggravations need to be explained and differentiated from adverse reactions to medications. Emphasising the need for Homoeopathy students to take more time to explain these concepts of homoeopathy to patients as well as their treatment plan and medical condition. Other areas needing improvement were students physical examination and diagnostics skills, accessibility of the clinic, by providing additional signage, and the safety of patients, by having more visible security measures (Forster, 2005).

The results of Thoresen's study indicate that patients which attended the DIT Chiropractic Day Clinic experienced a high degree of satisfaction with the care they received. Patients were considerably satisfied with the communication skills' of the interns (Thoresen, 2006).

Shortcomings in Thoresen's study were found in the questionnaire and it was recommended that the questionnaire could be further refined. This due to the fact that the internal reliability of the finance scale and communication subscale were not satisfactory. Even though the finance scale reliability could be explained by

the uncertainty that participants had about their medical aid benefits given by their medical aid providers. It was also noted that there could be other factors that were not assessed in Thoresen's research that could have played a part in this result, as this was reflected in the variation in the dependant variables that were not explained to a large extent by the predictors. Therefore demonstrating a poor fit of the models (Thoresen, 2006).

Thoresen's study highlighted the effect that the cost of care has on finance satisfaction ratings, between both the public and the DIT clinic, as well as internally between fifth and sixth year interns (Thoresen, 2006).

Recommendations made by Thoresen included:

- A follow-up study on non-respondents in order to determine if dissatisfaction was a contributing factor in the failure to return their questionnaire.
- The consideration of different methods of data collection (i.e. interviews, telephonic, self-administered (unsupervised), electronically self administered) in order to allow for information triangulation.
- The review of the questions in the questionnaire with regards to low alpha coefficients should be considered to help improve reliability in a South African context.
- A similar study to investigate the satisfaction of patients involved in other research programmes at the DIT clinic (Thoresen, 2006).

2.8 Methods of evaluating patient satisfaction

A survey is a method used to gather information from a specified target group. Surveys are generally used to measure the prevalence of attitudes, beliefs and behaviour (Weisberg, *et al.* 1996). The data collection process may take one of three forms, i.e. face-to-face interviewing, telephone interviewing, or self-report questionnaires (Weisberg, *et al.* 1996).

The use of a questionnaire is usually applied in a survey as the research instrument. All participants are asked the same questions in the same format and are required to provide a response in a predetermined form from various options, i.e. by marking off from lists of possible responses. The type of question used is an important factor, as this has the ability to impact on the resultant information obtained. Questions used should be simple, straightforward and easy to understand. Questions should also be written specifically for the target group being interviewed, and need to be structured with the purposes of the survey in mind (Weisberg, *et al.* 1996).

Sitzia (1999) found in his study that 64% of patient satisfaction studies' data were collected by self-report questionnaires, 28% by structured interview or face-to-face questions, and by unstructured or semi-structured interview 5%. 3% did not state the method of data collection, illustrating that the use of self-report questionnaires is by far the most popular method used in satisfaction studies, despite its limitations.

The use of self-report questionnaires involves the handing out of questionnaires to respondents to fill out. When using this method, questionnaires may be distributed in one of the following ways: (1) they can be mailed or delivered to homes or the workplace; (2) people can be approached in public and asked to complete questionnaires on the spot; (3) people assembled in groups (i.e. the group of patients, however approached individually) can be approached and asked to fill out the questionnaire, was done in this study (Weisberg, *et al.* 1996).

Face-to-face interviewing was once considered to be the best way of obtaining high quality data. The problem with this form of data collection is that the success of the survey is in the hands of the interviewer(s). Data collection and interpretation is entirely dependant on the skills and abilities of the interviewer(s) who ask the questions and record the responses (Weisberg, *et al.* 1996). Face-

to-face surveys also have a tendency to be expensive and somewhat time consuming. However, response rates achieved via this method tend to be better than those obtained by other methods of data collection. Mail surveys are usually faster and cheaper, but there are generally poorer response rates. Telephone surveys are now more commonly used because they are fast, cheap, and they can easily be supervised and accurately recorded. Even though telephone surveys are cheap there is, however, still the possibility of interviewer bias. Therefore, self-administered questionnaires may still be the cheapest way to conduct a survey. Consequently, this method was selected for the proposed study.

2.9 Developing a questionnaire

“No survey can achieve success without a well-designed questionnaire. Unfortunately, questionnaire design has no theoretical base to guide the marketing researcher in developing a flawless questionnaire. All the researcher has to guide him/her is a lengthy list of do's and don'ts born out of the experience of other researchers past and present. Hence, questionnaire design is more of an art than a science” (Crawford, 1997).

Crawford suggested that if one were to give six different people the same task and the same hypotheses, one would result with six different questionnaires that differ widely in their choice of questions and line of questioning (Crawford, 1997).

Some points that are to be considered according to Crawford, when developing a questionnaire:

1. A well-designed questionnaire should meet the research objectives. This may seem obvious, but many research surveys omit important aspects due to inadequate preparatory work, and do not adequately probe particular issues due to poor understanding. To a certain degree some of this is

inevitable. Every survey is bound to leave some questions unanswered and provide a need for further research but the objective of good questionnaire design is to 'minimise' these problems.

2. It should obtain the most complete and accurate information possible. The questionnaire designer needs to ensure that respondents fully understand the questions and are not likely to refuse to answer, lie to the interviewer or try to conceal their attitudes. A good questionnaire is organised and worded to encourage respondents to provide accurate, unbiased and complete information.

3. A well-designed questionnaire should make it easy for respondents to give the necessary information and for the interviewer to record the answer, and it should be arranged so that sound analysis and interpretation are possible.

4. It would keep the interview brief and to the point and be so arranged that the respondent(s) remain interested throughout the interview (Crawford, 1997).

2.9.1 Piloting the questionnaire

Even after the researcher has developed the questionnaire along the suggested lines, the draft questionnaire is a product that has evolved from only one or two minds. Only when it has actually been used in interviews and with respondents, will it be possible to say whether or not it is going to achieve the desired results. For this reason it is necessary to pre-test the questionnaire before its use in the actual survey, in order to identify any mistakes that may need correcting (Crawford, 1997).

Pre-testing a questionnaire is done so that one can establish whether the questions are worded correctly to achieve the desired results; whether the

questions are placed in the best possible order; whether the questions are able to be understood by all the various groups of people that will be accessed in the survey; whether there is a need for the addition or removal of questions; whether the instructions given are sufficient and without ambiguity (Crawford, 1997).

Usually there are a small number of respondents that are chosen for the piloting of the questionnaire. The sample group selected for the pilot survey should be representative of the type of respondents that are going to be interviewed in the actual survey. Once the questionnaire has been subjected to a thorough pilot test, the final product will have evolved from its original draft (Crawford, 1997).

2.9.2 Focus group

A focus group is basically a method that is used to reach potential participants for feedback and comments. Focus groups are generally used in planning, marketing, or evaluation, in order to improve some specific product or service (Conducting A Focus Group, 2002). It generally consists of approximately 6- 10 individuals that participate in the discussion of the issue concerned, and give feedback and comments.

There appears to be marked differences among survey researchers in the degree to which they rely on focus groups to inform questionnaire design, they tend to use focus groups rather sporadically (Willis 2004).

2.10 Conclusion

As a healthcare provider the HDC at the DUT is motivated to provide quality healthcare and services for the patients consulting this facility. Being a Homoeopathic Clinic, the approach to healthcare and services are somewhat different to 'conventional' medicine. The assessment of patient satisfaction

experienced by patients consulting the clinic – while being exposed to a different approach to treatment – is important in the context of evaluating Homoeopathy's role in healthcare services within the greater context of healthcare. Establishing a comparison to the only other healthcare facility of its type in South Africa (Forster's (2005) study) also draws great value in identifying consistency in the specific aspects of services rendered from a Homoeopathic Clinic in South Africa and not just the experience of either clinic individually.

The use of self-administered questionnaires in this study was based on the identification of the numerous positive citations in the reviewed literature, revealing its ability to limit interviewer bias, its cost effectiveness and reproducibility. In addition to this it is – in the researcher's opinion – the least obtrusive method available when considering that one is interviewing sick people.

Chapter 3

Methodology

3.1 Introduction

This chapter deals with the methodology utilized in this study and the collection of data. It includes the discussion of the statistical analysis.

3.2 Study design

3.2.1 Sample

The sample group of the first 100 patients that consulted the HDC at the DUT between July and November 2007 that voluntarily participated in this study were included in the study by means of convenience sampling. A figure of 100 patients was chosen based on the number of new patients that would potentially pass through the clinic between July and November 2007, with due consideration for those not wishing to complete the questionnaire, also bearing in mind the need for a sufficiently large sample group to enable an appropriate reflection of the perception of patients consulting the HDC at the DUT.

3.2.2 Selection procedure

Potential participants were recruited through the Homoeopathic Day Clinic before or after their consultation. (Questionnaire was completed after their consultation.) The researcher or the consulting student notified the patient of the survey being conducted upon completion of their consultation, and the questionnaire was made available to them. The Clinic Administration staff also informed patients of

the survey. If they agreed to be involved in the study, the questionnaire was issued to them for their completion. Once completed, the questionnaires were posted by the participant into a sealed box in the reception area. The questionnaires were retrieved by the researcher alone and data subsequently captured.

3.2.4 Advertising

Notices were posted on the walls of the waiting room to notify patients of the study, should none of the various parties involved get to speaking to a potential participant.

3.2.5 Participation Criteria

Inclusion Criteria:

Participants had to have been a patient at the Homoeopathic Day Clinic of the Durban University of Technology.

Participants had to be over the age of 18 years old. This age group was chosen as it enabled the researcher to be sure of the accuracy of the data collected. The use of a parent or guardian's perception gives rise to a discrepancy of the perspective given in the ages between approximately 12 – 18 years of age therefore this group was excluded.

Participants had to be literate in English. (Provision was made for a questionnaire in isiZulu, should the need arise. There were however no requests for an isiZulu questionnaire, bearing in mind that all consultations are conducted in English).

All that was required of the participant was approximately 10 minutes of their time to complete the questionnaire.

An introductory page (appendix A) was included in the questionnaire (Appendix B), informing participants about the study and the inclusion criteria. It was also state that by completing the questionnaire they are acknowledging voluntary participation in the study.

3.3 Data collection and questionnaire administration

The study was conducted at the Homoeopathic Day Clinic at the Durban University of Technology between July and November 2007.

3.3.1 Questionnaire administration

The questionnaires were given to patients either in the waiting rooms of the Homoeopathic Day Clinic or in the consultation rooms. They were subsequently completed after their consultation either in the waiting room or at home and then posted into the sealed box in the waiting room or in the foyer.

3.3.2 Data collection and analysis

Patients completed self-administered questionnaires focusing on:

- Demographics (question 1).
- The patients' understanding and experience of Homoeopathy, and their other healthcare providers (question 2).
- Administration and general satisfaction (question 3).
- The consultation and treatment satisfaction (questions 4, 5 & 6).

The first 100 returned questionnaires were used. The data collected from the questionnaires was subsequently captured and analysed. All information collected in this study is anonymous and thereby maintaining the confidentiality of the patients.

3.3.2.1 Statistical package used

Statistica 7.0 (StatSoft. Inc. OK, USA.) was used to analyse the data.

3.3.2.2 Descriptive analysis and analytical statistics

This study is a descriptive statistical study. Once the data was captured it was analysed using means, modes, averages, frequencies and percentages for each question. Spearman Rank Order Correlations are used to assess the relationship between variables, and the Chi squared test of association is used to measure for statistical significant associations between the variables. A p value of <0.05 was considered statistically significant. The data is subsequently described using means, modes, averages, frequencies and percentages. In addition various methods including tables, column and pie charts were used to present the data.

3.3.3 Ethical considerations

Patient anonymity was maintained as there was no requirement for names or any other personal information to be supplied by the respondent on the questionnaires. All information collected in this study was kept strictly confidential. The study was approved by the Faculty of Health Sciences Research Ethics Committee of the Durban University of Technology.

3.4 Development of the questionnaire

3.4.1 Introduction

For the purposes of this survey, a self-administered questionnaire was adapted from Forster's (2005) study. The adaptation took place from the basis of Foster's (2005) questionnaire and alterations to the questionnaire were made in order to

address several issues not covered as well as considering recommendations made by Forster which included the need to provide additional signage (Forster, 2005). For example, Forster (2005) asked “is Technikon Witwatersrand Homoeopathy Clinic easily accessible?” and this was re-worded as “is the Homoeopathic Day Clinic at the Durban University of Technology easy to find/is clearly sign-posted?” As well as “is the Homoeopathic Day Clinic at the Durban University of Technology located in a convenient area?” However, in Forster’s (2005) study there were no questions relating to advertising and consequently these were added for the present study. For example, this study has specifically included the question “are the Homoeopathic Day Clinic’s services at the Durban University of Technology suitably advertised by the media?”

The shortcomings of Forster’s suggested that the interviewer could have conducted a more extensive pilot study, in order to identify problems with the structure of questions. As well as a more comprehensively piloted survey, which may have provided better responses in certain areas of the study (Forster, 2005). For this reason the questionnaire went through two piloting studies before the final questionnaire was accepted as explained below.

The questionnaire is composed of 4 sections:

- Demographics (question 1).
- Patient and Homoeopathy (question 2).
- Administration and general satisfaction (question 3).
- Consultation and treatment satisfaction (questions 4, 5 & 6).

3.4.2 Primary pilot study

An initial pilot study feedback from all 4th and 5th year Homoeopathy students was conducted to consider the questions being asked (n=15 returned). They were requested to give feedback on any ambiguities, confusion, on the general layout of the questionnaire and on possible questions omitted. The appropriate changes were made. For example, the options under home language were

Afrikaans, English, Zulu and “other”. This was changed to include all 11 official languages and “other”. The following question was suggested and was added to the questionnaire – “Would you refer other people to the Homoeopathic Day Clinic at Durban University of Technology?”

3.4.3 Secondary pilot study

A secondary pilot study was conducted using 10 questionnaires. It was issued to 10 patients of the Homoeopathic Day Clinic at the Durban University of Technology. They were requested to give feedback on any ambiguities or confusion and on the general layout of the questionnaire. The questionnaire was then changed to eliminate any of the difficulties raised by these volunteers. No alterations or corrections were requested. The final questionnaire is attached (see Appendix 1).

Each question in the questionnaire covers an aspect of the service provided. They are evaluated on their own merit as to the degree of satisfaction attained in that aspect of service provided, and are addressed appropriately. A positive response gains a lower score in the 5 point rating scale.

3.5 Data analysis

The data obtained was evaluated and analysed using Statistica 7.0 (StatSoft. Inc. OK, USA.) statistical software. The descriptive procedures used include tables, graphs and charts including means, modes, averages, proportions and percentages. Each question was evaluated on their own merit as to the degree of satisfaction attained in that aspect of service provided, and is addressed appropriately. A positive response gained a lower score. The possible influence that demographics has on service satisfaction was considered and statistical relationships are evaluated. Measures of association between variables are done by Chi square and Spearman Rank Order Correlations.

3.5.1 Associations between various factors and patient satisfaction

The following associations were analysed:

1. Demographics and satisfaction.
2. Gender, age, population group, education and income were evaluated in regard to each question in every section of the questionnaire by means of Chi square analysis.
3. Correlations were evaluated between sex, age, population group, religion, home language, occupational status, highest level of education, yearly income and general health status, and the mean, mode and average of questions 3 and 4 separately and together by Spearman rank-order correlations.

Chapter 4

Results

4.1 Statistical results

4.1.1 Introduction

This chapter contains the results obtained in the statistical analysis of the patient satisfaction questionnaire. The descriptive procedures used include tables, graphs and charts and include but are not limited to means, proportions and percentages.

4.1.2 Limitations

Prior to reporting the results obtain in this study, the key limitations of the study should be noted. Factors that are able to affect the outcome of the results should be taken into consideration when analysing and interpreting the results.

4.1.2.1 The ceiling effect (High undifferentiated levels of satisfaction)

The ceiling effect is a statistical phenomenon resulting from clustered responses at the top of the possible range. As the scores approach their maximum value data is lost when it is eventually reaches its highest possible result. When trying to detect small but important differences which can result from various factors, high satisfaction among all subjects, although good, can be of little statistical value. A possible solution to this problem is to develop questions that are more difficult which could in turn reduce the frequency of responses which score a maximum value. Alternatively, one may increase the number of possible answers

from a 5-scale rating system to a 10-scale rating system to achieve a finer degree of satisfaction. A good example of this would be in the evaluation of scholars in mathematics. Should the questions asked be too easy, many will score 100% for the paper. From the results one would conclude that the students have excellent knowledge of mathematics. However, if one were to set a more challenging paper, one could see that perhaps far fewer students scored 100% thereby giving a better representation of how many students have an excellent knowledge in mathematics and how many do not (Thoresen, 2006).

4.1.2.2 The Hawthorne effect

The Hawthorne effect was noted in a study conducted at the Hawthorne Plant of the Western Electric Company in Cicero, Illinois (1927-1932) showing an increase in productivity that was possibly attributed to the workers being pleased with being the focus of a research study (Draper, 2005).

One definition given to describe the Hawthorne effect is:

“An experimental effect in the direction expected but not for the reason expected; i.e. a significant positive effect that turns out to have no causal basis in the theoretical motivation for the intervention, but is apparently due to the effect on the participants of knowing themselves to be studied in connection with the outcomes measured” (Draper, 2005).

4.1.2.3 Sample bias

Convenience sampling was the method used in this study, which means the sample group is made up largely from participants that were available at the time the study was being conducted. It is presently unknown if this sample represents the larger regional or national population.

4.2 Descriptive analysis

4.2.1 Response rate

All data reported is based on the number of people that responded appropriately to that question.

4.2.2 Demographics

4.2.2.1 Gender

The majority of the respondents were female (Figure 4.1).

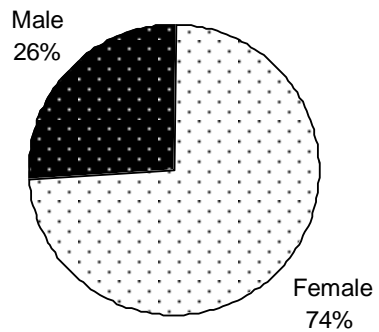


Figure 4.1 Gender. (n=99)*

* Please note that any value below the sample group of 100 was due to a missing variable(s) for that question.

4.2.2.2 Age

The mean age group of respondents was between 25 – 39 years old with few individuals the in 64 years and above category (Figure 4.2).

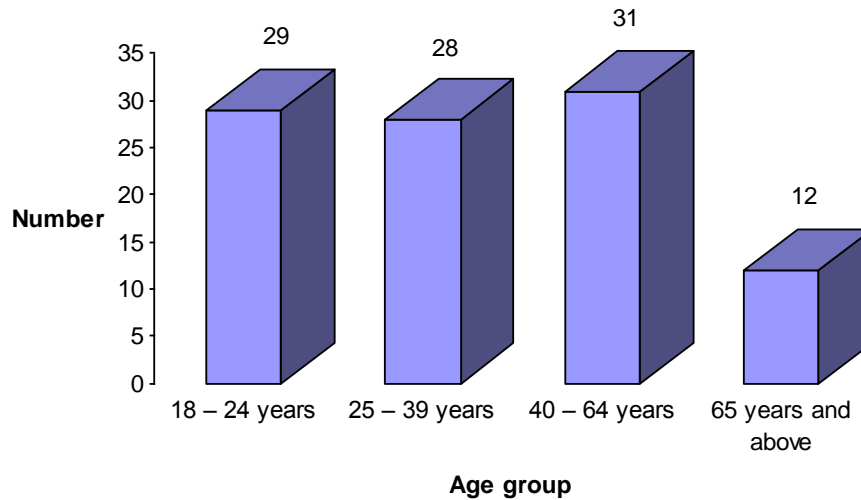


Figure 4.2 Age. (n=100)

4.2.2.3 Population Group

The majority of respondents are white, with Indian/Asian and African making up the bulk of rest of the respondents (Figure 4.3).

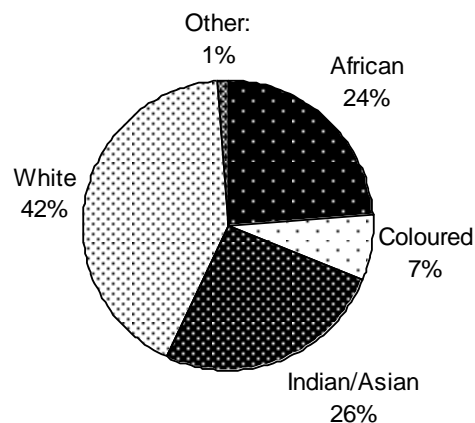


Figure 4.3 Population Group. (n=100)

4.2.2.4 Religion

Christians made up the majority of respondent by a significant margin. There are no Buddhist or Jewish respondents (Figure 4.4).

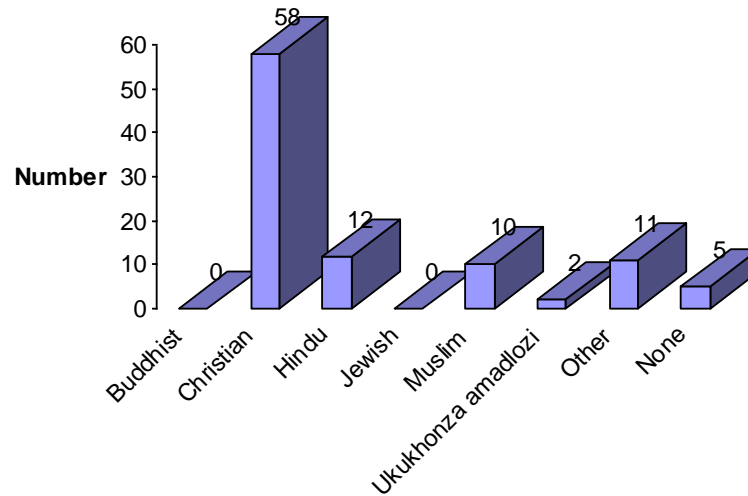


Figure 4.4 Religion. (n=98)*

4.2.2.5 Home Language

English holds the majority for home language, with isiZulu being the second most prominent (Figure 4.5).

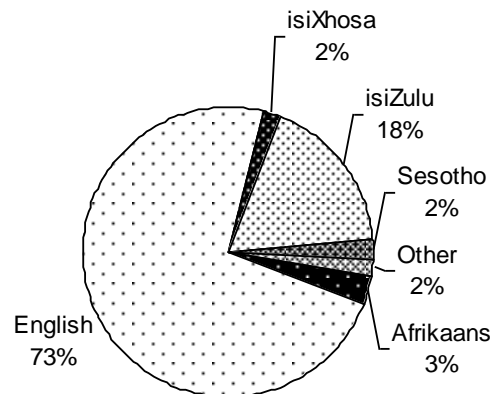


Figure 4.5 Home Language. (n=96)*

4.2.2.6 Occupational Status

The majority of patients were students, with full time employees and retired respondents being second and third respectively (Figure 4.6).

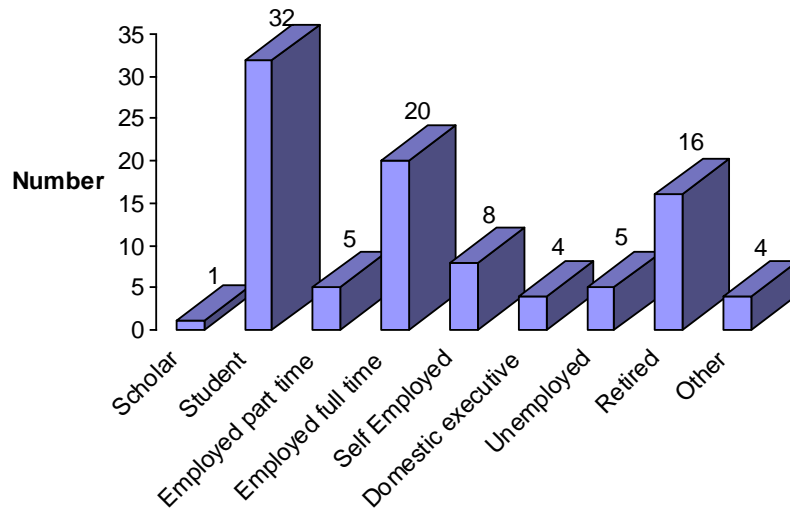


Figure 4.6 Occupational Status. (n=96)*

4.2.2.7 Highest level of education

The majority of respondents held a matriculation as the highest level of education (Figure 4.7).

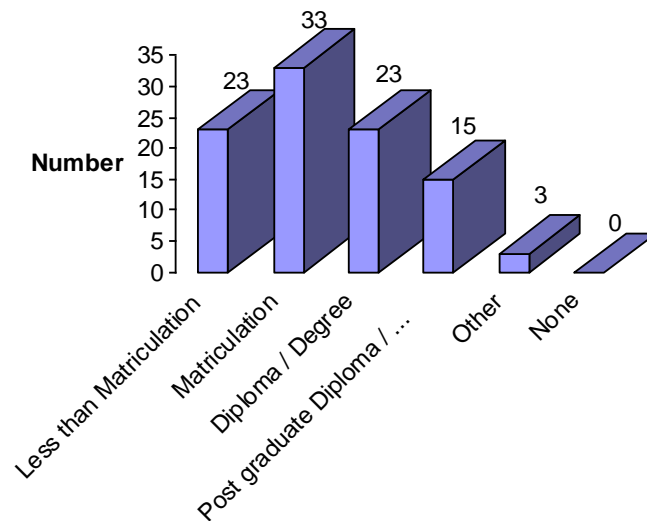


Figure 4.7 Highest level of education. (n=97)*

4.2.2.8 Yearly income

The yearly income of most of the responds was less than R40 000 (Figure 4.8).

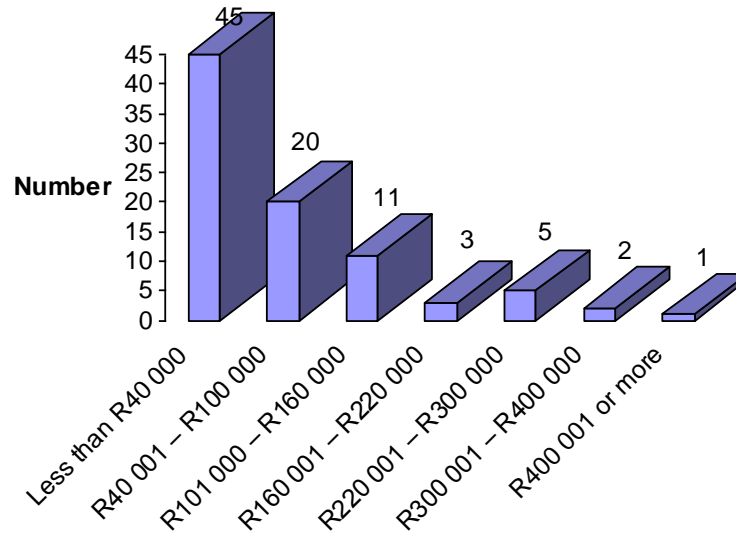


Figure 4.8 Yearly income (overall income of household). (n=87)*

4.2.2.9 General Health Status

The majority of respondents considered themselves in good health generally, with only reasonable health being the runner up (Figure 4.9).

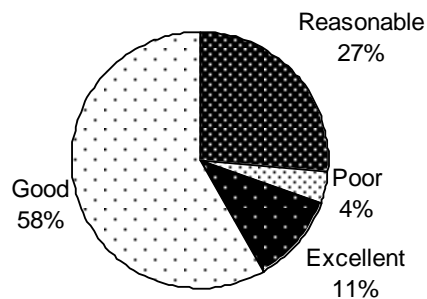


Figure 4.9 General Health Status. (n=98)*

4.2.3 Patient and Homoeopathy

4.2.3.1 Patients' reason(s) for consulting the Homoeopathic Day Clinic at the Durban University of Technology.

Table 4.1 shows the various reasons and their proportions (in percentage) for which patients chose to come and visit the Homoeopathic Day Clinic at the Durban University of Technology for their current condition. For this question respondents were permitted to select more than one answer should they have felt necessary.

The majority of respondents selected "The medicine is natural and safe", closely followed by the statement "I believe in homoeopathy as a medicine."

Question: **Why did you choose to visit a homoeopathic clinic for your condition?**

	Responses = 205 (n=100)	Percent
The medicine is natural and safe.	46	46%
I believe in homoeopathy as a medicine.	43	43%
I heard positive things about homoeopathy.	39	39%
I just wanted to give homoeopathic medicine a try.	20	20%
I wish to use Homoeopathy in addition to Allopathic (modern) Medicine.	14	14%
Homoeopathic medicine is affordable.	13	13%
Allopathic medicine did not work for me.	10	10%
Other.	8	8%
Homoeopathy was my last resort.	7	7%
I was too sensitive to Allopathic (modern) medicine.	5	5%

Table 4.1 Patients' reason(s) for consulting the Homoeopathic Day Clinic at the Durban University of Technology.

4.2.3.2 Patients' previous experience with a Homoeopathic practitioner

The majority of respondents 63 (63.6%), had visited a Homoeopathic practitioner before, while 36 (36.4%) had never consulted with a Homoeopathic practitioner previously (n=99).

4.2.3.3 Patients' understanding of Homoeopathy

Table 4.2 demonstrated the patients understanding of what Homoeopathy is and/or how it works. For this question respondents were permitted to select more than one answer should they have felt necessary.

The majority of patients described Homoeopathy as a natural form of medicine, with a close number of responses for describing Homoeopathy as a type of medicine that stimulates the body to heal itself.

Question: **How would you describe Homoeopathy?**

	Responses = 141 (n=99)*	Percent
Homoeopathy is a natural form of medicine.	38	38.4%
Homoeopathy stimulates the body to heal itself.	36	36.4%
Homoeopathy is an holistic medical treatment.	28	28.3%
Homoeopathy acts according to the law of similars.	24	24.2%
Homoeopathy uses herbs as medicines.	10	10.1%
Don't know.	3	3.0%
Other.	2	2.0%

Table 4.2 Patients' understanding of Homoeopathy

4.2.3.4 Means by which patients' heard about the Homoeopathy Day Clinic at the Durban University of Technology

Table 4.3 illustrates the various means by which patients came to hear of the Homoeopathy Day Clinic at the Durban University of Technology.

The majority of patients were referred by a friend or family member.

Question: **How did you hear about the Homoeopathy Day Clinic at the Durban University of Technology (DUT)?**

	Responses (n=96)*	Percent
A friend or family member.	48	50.0%
Other.	17	17.7%
I saw the clinic.	9	9.4%
I saw an advert in a local paper.	7	7.3%
I was referred to it by a health professional.	5	5.2%
I was referred to it by a Chiropractor.	5	5.2%
A pamphlet.	5	5.2%
I saw it on the DUT website.	0	0.0%
A blood pressure drive.	0	0.0%

Table 4.3 Means by which patients' heard about the Homoeopathy Day Clinic at the Durban University of Technology

4.2.3.5 Medical aid

The majority of patients consulting the clinic did not have medical aid for their consultation (80%), and only 20% of patients did have medical aid. (n=100)

4.2.3.6 Other healthcare professionals consulted

Table 4.4 shows the various healthcare professionals consulted by patients of the Homoeopathic Day Clinic at the Durban University of Technology. For this question respondents were permitted to select more than one answer.

By a large margin the majority of patients also consulted with a GP Medical Doctor (medical practitioner). It is also notable that there is a statistically significant relationship with income and the various healthcare professionals consulted.

Question: **Which other healthcare professionals do you normally consult?**

	Responses = 209 (n=99)*	Percent
GP Medical Doctor.	70	70.7%
Pharmacist.	32	32.3%
Chiropractor.	25	25.3%
Specialist Medical Doctor.	16	16.2%
Massage therapist.	10	10.1%
Reflexologist.	9	9.1%
Aroma therapist.	7	7.1%
Physiotherapist.	7	7.1%
Other.	7	7.1%
Traditional African healer.	6	6.1%
Acupuncturist.	5	5.1%
Ayer Vedic healer.	4	4.0%
None.	4	4.0%
Naturopath.	2	2.0%
Osteopath.	2	2.0%
Unani Tibb Practitioner.	1	1.0%
Traditional Chinese Doctor.	0	0.0%

Table 4.4 Other healthcare professionals consulted

4.2.4 Administrative and general satisfaction responses

The following section deals with the satisfaction responses given to a particular statement relating to the Homoeopathic Day Clinic at the Durban University of Technology in terms of administrative and general satisfaction.

4.2.4.1 Statement: The Homoeopathic Day Clinic at the Durban University of Technology suitably advertises by the media the services offered to the public. Considering the p values for gender (0.483), age (0.229), population group

(0.077), education (0.199) and income (0.228) we can see no significant relationship with regards to the spread of answers given in this question resulting in a moderate degree of satisfaction.

	Responses (n=88)*	Percent
1 - Strongly agree	8	9.1%
2 - Agree	24	27.3%
3 - Neither agree nor disagree	23	26.1%
4 - Disagree	20	22.7%
5 - Strongly disagree	13	14.8%
	Median	3
	Mode	2
	Average	2.7

Table 4.5 Advertising – media.

4.2.4.2 Statement: The Homoeopathic Day Clinic at the Durban University of Technology suitably advertises by signage the services offered to the public. Considering the p values for gender (0.476), age (0.401), population group (0.055), education (0.252) and income (0.252) we can see no significant relationship with regards to the spread of answers given in this question resulting in a moderate degree of satisfaction.

	Responses (n=86)*	Percent
1 - Strongly agree	8	9.3%
2 - Agree	24	27.9%
3 - Neither agree nor disagree	29	33.7%
4 - Disagree	15	17.4%
5 - Strongly disagree	10	11.6%
	Median	3
	Mode	3
	Average	2.5

Table 4.6 Advertising – signage.

4.2.4.3 Statement: Making a telephonic booking and/or acquiring telephonic information is a simple and efficient task.

This question shows a very high degree of satisfaction with 46 respondents strongly agreeing with this statement.

	Responses (n=95)*	Percent
1 - Strongly agree	46	48.4%
2 - Agree	34	35.8%
3 - Neither agree nor disagree	10	10.5%
4 - Disagree	3	3.2%
5 - Strongly disagree	2	2.1%
	Median	1
	Mode	1
	Average	1.660

Table 4.7 Bookings – efficiency.

4.2.4.4 Statement: When making a telephonic booking and/or acquiring telephonic information you were dealt with in a friendly and helpful way.

This question shows a very high degree of satisfaction. There are however 3 respondents that were not satisfied and strongly disagreed with this statement.

	Responses (n=97)*	Percent
1 - Strongly agree	58	59.8%
2 - Agree	31	32.0%
3 - Neither agree nor disagree	4	4.1%
4 - Disagree	1	1.0%
5 - Strongly disagree	3	3.1%
	Median	1
	Mode	1
	Average	1.510

Table 4.8 Bookings – friendly.

4.2.4.5 Statement: The Homoeopathic Day Clinic at the Durban University of Technology was easy to find/is clearly sign posted.

This question shows a very high degree of satisfaction.

	Responses (n=91)*	Percent
1 - Strongly agree	39	42.9%
2 - Agree	35	38.5%
3 - Neither agree nor disagree	8	8.8%
4 - Disagree	6	6.6%
5 - Strongly disagree	3	3.3%
	Median	2
	Mode	1
	Average	1.720

Table 4.9 Signage.

4.2.4.6 Statement: The Homoeopathic Day Clinic at the Durban University of Technology is located in a convenient area.

This question shows a high degree of satisfaction.

	Responses (n=92)*	Percent
1 - Strongly agree	31	33.7%
2 - Agree	37	40.2%
3 - Neither agree nor disagree	10	10.9%
4 - Disagree	11	12.0%
5 - Strongly disagree	3	3.3%
	Median	2
	Mode	2
	Average	1.940

Table 4.10 Location.

4.2.4.7 Statement: The Homoeopathic Day Clinic at the Durban University of Technology has suitable parking.

This question shows a moderate degree of satisfaction. There are however 7 respondents that were not satisfied and strongly disagreed with this statement.

	Responses (n=92)*	Percent
1 - Strongly agree	19	20.7%
2 - Agree	38	41.3%
3 - Neither agree nor disagree	11	12.0%
4 - Disagree	17	18.5%
5 - Strongly disagree	7	7.6%
	Median	2
	Mode	2
	Average	2.310

Table 4.11 Parking.

4.2.4.8 Statement: Waiting time to get an appointment was reasonable.

This question shows a high degree of satisfaction.

	Responses (n=93)*	Percent
1 - Strongly agree	39	41.9%
2 - Agree	48	51.6%
3 - Neither agree nor disagree	5	5.4%
4 - Disagree	1	1.1%
5 - Strongly disagree	0	0.0%
	Median	2
	Mode	2
	Average	1.540

Table 4.12 Waiting time.

4.2.4.9 Statement: The availability of afternoon appointments only is sufficiently convenient to meet your needs.

This question shows a high degree of satisfaction.

	Responses (n=97)*	Percent
1 - Strongly agree	30	30.9%
2 - Agree	41	42.3%
3 - Neither agree nor disagree	12	12.4%
4 - Disagree	9	9.3%
5 - Strongly disagree	5	5.2%
	Median	2
	Mode	2
	Average	2.090

Table 4.13 Afternoon appointments.

4.2.4.10 Statement: The outside appearance & entrance(s) give a professional impression.

This question shows a moderate degree of satisfaction.

	Responses (n=96)*	Percent
1 - Strongly agree	16	16.7%
2 - Agree	42	43.8%
3 - Neither agree nor disagree	23	24.0%
4 - Disagree	10	10.4%
5 - Strongly disagree	5	5.2%
	Median	2
	Mode	2
	Average	2.340

Table 4.14 Building appearance.

4.2.4.11 Statement: When arriving for your appointment, you were attended to promptly.

This question shows a very high degree of satisfaction.

	Responses (n=96)*	Percent
1 - Strongly agree	52	54.2%
2 - Agree	40	41.7%
3 - Neither agree nor disagree	2	2.1%
4 - Disagree	1	1.0%
5 - Strongly disagree	1	1.0%
	Median	1
	Mode	1
	Average	1.470

Table 4.15 Greeting – prompt.

4.2.4.12 Statement: When arriving for your appointment, you were attended to politely.

This question shows a very high degree of satisfaction.

	Responses (n=100)	Percent
1 - Strongly agree	63	63.0%
2 - Agree	30	30.0%
3 - Neither agree nor disagree	5	5.0%
4 - Disagree	2	2.0%
5 - Strongly disagree	0	0.0%
	Median	1
	Mode	1
	Average	1.460

Table 4.16 Greeting – polite.

4.2.4.13 Statement: The waiting rooms are well maintained and professional.
 This question shows a very high degree of satisfaction.

	Responses (n=97)*	Percent
1 - Strongly agree	52	53.6%
2 - Agree	39	40.2%
3 - Neither agree nor disagree	5	5.2%
4 - Disagree	0	0.0%
5 - Strongly disagree	1	1.0%
	Median	1
	Mode	1
	Average	1.500

Table 4.17 Professional waiting rooms.

4.2.4.14 Statement: The toilets are well maintained and professional.
 This question shows a high degree of satisfaction.

	Responses (n=92)*	Percent
1 - Strongly agree	27	29.3%
2 - Agree	37	40.2%
3 - Neither agree nor disagree	24	26.1%
4 - Disagree	1	1.1%
5 - Strongly disagree	2	2.2%
	Median	2
	Mode	2
	Average	1.889

Table 4.18 Toilets - appearance.

4.2.4.15 Statement: Access to toilets is easy.

This question shows a high degree of satisfaction.

	Responses (n=93)*	Percent
1 - Strongly agree	23	24.7%
2 - Agree	37	39.8%
3 - Neither agree nor disagree	21	22.6%
4 - Disagree	7	7.5%
5 - Strongly disagree	5	5.4%
	Median	2
	Mode	2
	Average	2.130

Table 4.19 Toilets – access.

4.2.4.16 Statement: The Clinic is suitably accessible to disabled patients.

This question shows a moderate degree of satisfaction.

	Responses (n=96)*	Percent
1 - Strongly agree	17	17.7%
2 - Agree	28	29.2%
3 - Neither agree nor disagree	26	27.1%
4 - Disagree	15	15.6%
5 - Strongly disagree	10	10.4%
	Median	3
	Mode	2
	Average	2.610

Table 4.20 Accessibility to disable patients.

4.2.4.17 Statement: The consulting rooms are well maintained and professional.
This question shows a very high degree of satisfaction.

	Responses (n=95)*	Percent
1 - Strongly agree	46	48.4%
2 - Agree	43	45.3%
3 - Neither agree nor disagree	5	5.3%
4 - Disagree	0	0.0%
5 - Strongly disagree	1	1.1%
	Median	1
	Mode	1
	Average	1.520

Table 4.21 Consulting rooms

4.2.4.18 Statement: When awaiting your medicine your waiting time was reasonable.

This question shows a high degree of satisfaction.

	Responses (n=94)*	Percent
1 - Strongly agree	26	27.7%
2 - Agree	46	48.9%
3 - Neither agree nor disagree	9	9.6%
4 - Disagree	10	10.6%
5 - Strongly disagree	3	3.2%
	Median	2
	Mode	2
	Average	2.000

Table 4.22 Medicine – waiting time.

4.2.4.19 Statement: The Homoeopathic Day Clinic at the Durban University of Technology has an affordable pricing structure.

This question shows a very high degree of satisfaction.

	Responses (n=98)*	Percent
1 - Strongly agree	51	52.0%
2 - Agree	40	40.8%
3 - Neither agree nor disagree	6	6.1%
4 - Disagree	1	1.0%
5 - Strongly disagree	0	0.0%
	Median	1
	Mode	1
	Average	1.530

Table 4.23 Cost

4.2.4.20 Statement: Medicines are dispensed in a professional manner. I.e. suitable packaging and labelling.

This question shows a very high degree of satisfaction.

	Responses (n=96)*	Percent
1 - Strongly agree	48	50.0%
2 - Agree	41	42.7%
3 - Neither agree nor disagree	6	6.3%
4 - Disagree	1	1.0%
5 - Strongly disagree	0	0.0%
	Median	1
	Mode	1
	Average	1.520

Table 4.24 Medicine – packaging.

4.2.5 Consultation and treatment satisfaction responses

The following section deals with the satisfaction responses given to a particular statement relating to the Homoeopathic Day Clinic at the Durban University of Technology in terms of the consultation.

4.2.5.1 Statement: Your overall impression of the healthcare given.

This question shows a very high degree of satisfaction.

	Responses (n=93)*	Percent
1 – Very good	64	68.8%
2 – Good	28	30.1%
3 – Fair	1	1.1%
4 – Poor	0	0.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.230

Table 4.25 Overall impression.

4.2.5.2 Statement: The quality of the physical examination performed.

This question shows a very high degree of satisfaction.

	Responses (n=98)*	Percent
1 – Very good	68	69.4%
2 – Good	29	29.6%
3 – Fair	1	1.0%
4 – Poor	0	0.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.290

Table 4.26 Physical examination.

4.2.5.3 Statement: The explanation of your condition/diagnosis by the homoeopathy student.

This question shows a very high degree of satisfaction.

	Responses (n=98)*	Percent
1 – Very good	60	61.2%
2 – Good	31	31.6%
3 – Fair	5	5.1%
4 – Poor	2	2.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.450

Table 4.27 Explanation of condition.

4.2.5.4 Statement: The attention given to your case by the homoeopathy student.

This question shows a very high degree of satisfaction.

	Responses (n=98)*	Percent
1 – Very good	76	77.6%
2 – Good	21	21.4%
3 – Fair	1	1.0%
4 – Poor	0	0.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.210

Table 4.28 Attention given.

4.2.5.5 Statement: The confidence of the homoeopathic student.

This question shows a very high degree of satisfaction.

	Responses (n=96)*	Percent
1 – Very good	69	71.9%
2 – Good	25	26.0%
3 – Fair	2	2.1%
4 – Poor	0	0.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.250

Table 4.29 Confidence of student.

4.2.5.6 Statement: The approachability/friendliness of your homoeopathy student.

This question shows a very high degree of satisfaction.

	Responses (n=99)*	Percent
1 – Very good	84	84.8%
2 – Good	13	13.1%
3 – Fair	2	2.0%
4 – Poor	0	0.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.160

Table 4.30 Friendliness of student.

4.2.5.7 Statement: The punctuality of the homoeopathic student.

This question shows a very high degree of satisfaction.

	Responses (n=96)*	Percent
1 – Very good	70	72.9%
2 – Good	23	24.0%
3 – Fair	3	3.1%
4 – Poor	0	0.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.250

Table 4.31 Punctuality of student.

4.2.5.8 Statement: The explanation of the homoeopathic case taking procedure.

This question shows a very high degree of satisfaction.

	Responses (n=96)*	Percent
1 – Very good	60	62.5%
2 – Good	30	31.3%
3 – Fair	5	5.2%
4 – Poor	1	1.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.390

Table 4.32 Explanation.

4.2.5.9 Statement: The time spent in consultation with the person you saw.

This question shows a very high degree of satisfaction.

	Responses (n=96)*	Percent
1 – Very good	66	68.8%
2 – Good	29	30.2%
3 – Fair	1	1.0%
4 – Poor	0	0.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.270

Table 4.33 Time spent.

4.2.5.10 Statement: The appearance of the homoeopathy student. E.g. They were professionally dressed.

This question shows a very high degree of satisfaction.

	Responses (n=98)*	Percent
1 – Very good	75	76.5%
2 – Good	21	21.4%
3 – Fair	1	1.0%
4 – Poor	1	1.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.240

Table 4.34 Appearance of student.

4.2.5.11 Statement: Instructions given to you on how to take the homoeopathic medicine.

This question shows a very high degree of satisfaction.

	Responses (n=89)*	Percent
1 – Very good	60	67.4%
2 – Good	27	30.3%
3 – Fair	1	1.1%
4 – Poor	0	0.0%
5 – Very poor	0	0.0%
	Median	1
	Mode	1
	Average	1.182

Table 4.35 Instructions given.

4.2.5.12 Statement: Will you visit the Homoeopathic Day Clinic at Durban University of Technology again?

	Responses (n=99)*	Percent
Yes	96	97.0%
Unsure	3	3.0%
No	0	0.0%

Table 4.36 Return visit.

4.2.5.13 Statement: Would you refer other people to the Homoeopathic Day Clinic at Durban University of Technology?

	Responses (n=98)*	Percent
Yes	96	98.0%
Unsure	2	2.0%
No	0	0.0%

Table 4.37 Referral.

4.2.5.14 Other comments or suggestions: (n= 47)*

There were 47 comments or suggestions given by patients that consulted with the Homoeopathic Day Clinic at the Durban University of Technology (see appendix C).

4.3 Statistical analysis

4.3.1 Factors effecting responses

Appendix D demonstrates the Chi-square analysis with p-value for each question and their possible answer. Significant values of $p < 0.05$ are highlighted in bold font. (For most of the questions in question 2 there can be more than one answer selected, therefore each possible answer is displayed by an additional digit for that question. For example, question 2.1 answer number 4 (2.1.4) revealed a significant relationship to age). Education proved to be a significant factor in satisfaction responses. While income proved to be a significant factor in the section relating to patient and Homoeopathy (i.e. question 2), it did not in the satisfaction sections of the questionnaire. Population group had no influence on satisfaction at all.

4.3.2 Correlation between demographics and satisfaction

Table 4.39 presents a summary of the Spearman rank-order correlations between the median, mode or average of question 3 (administration and general satisfaction responses) with the effects outlined (i.e. questions pertaining to administrative and general satisfaction responses).

Occupation shows a marked correlation to the overall satisfaction of question 3, while age reveals a lesser degree of correlation to the same.

Spearman Rank Order Correlations (r-values). Marked bold correlations are significant at $p < 0.050$			
Question 3 (administration and general satisfaction responses)			
Effect	r-values		
	median	mode	average
1.1 Sex	0.046	0.047	0.113
1.2 Age	-0.234	-0.169	-0.284
1.3 Population Group:	-0.032	-0.083	0.044
1.4 Religion:	0.117	0.054	0.124
1.5 Home Language:	-0.071	-0.061	-0.130
1.6 Occupational Status:	-0.333	-0.283	-0.391
1.7 Highest Education level:	0.191	0.135	0.212
1.8 Yearly income: (overall income of your household)	-0.017	-0.062	0.011
1.9 General Health Status:	-0.129	-0.116	-0.132

Table 4.39 Correlations between the median, mode or average of Question 3 with the effects outlined.

Table 4.40 demonstrates a summary of the Spearman rank-order correlations between the median, mode or average of question 4 (consultation and treatment satisfaction responses) with the effects outlined (i.e. questions pertaining to the consultation and related satisfaction responses). There are no marked correlations with question 4.

Spearman Rank Order Correlations MD pairwise deleted Marked correlations are significant at $p < 0.050$			
Question 4 (consultation and treatment satisfaction responses)			
Effect	r-values		
	median	mode	average
1.1 Sex	0.055	0.020	0.074
1.2 Age	-0.046	0.003	-0.129
1.3 Population Group:	0.003	-0.018	0.006
1.4 Religion:	0.038	-0.032	-0.001
1.5 Home Language:	0.045	0.039	0.042
1.6 Occupational Status:	-0.083	-0.101	-0.230
1.7 Highest Education level:	0.108	0.089	0.110
1.8 Yearly income: (overall income of your household)	0.090	0.012	0.090
1.9 General Health Status:	-0.062	-0.131	-0.051

Table 4.40 Correlations between the median, mode or average of Question 4 with the effects outlined.

Table 4.41 demonstrates a summary of the Spearman rank-order correlations between the median, mode or average of question 3 & 4 with the effects outlined. Occupation shows a marked correlation to the overall satisfaction levels, while age reveals a lesser degree of correlation to the same.

Spearman Rank Order Correlations MD pairwise deleted Marked correlations are significant at $p < 0.050$			
Questions 3 & 4			
Effect	r-values		
	median	mode	average
1.1 Sex	0.074	-0.003	0.118
1.2 Age	-0.226	-0.18	-0.281
1.3 Population Group:	-0.033	-0.069	0.027
1.4 Religion:	0.059	-0.047	0.123
1.5 Home Language:	-0.064	-0.029	-0.104
1.6 Occupational Status:	-0.354	-0.275	-0.400
1.7 Highest Education level:	0.110	0.084	0.217
1.8 Yearly income: (overall income of your household)	-0.106	-0.033	0.046
1.9 General Health Status:	-0.096	-0.117	-0.128

Table 4.41 Correlations between the median, mode or average of Question 3 & 4 with the effects outlined.

4.4 Summary

In this study there is generally a high degree of satisfaction with the healthcare and services provided. Areas of particularly high satisfaction are related to patients' arrival to the clinic where they were both promptly and politely greeted, as well as in relationship to the approachability/friendliness of the Homoeopathic student, and in the instructions given on how to take the medicine. Areas that revealed lower degrees of satisfaction are advertising, both in media and by signage, as well as the accessibility of the clinic for disabled patients.

Chapter 5

Discussion of results

This study was designed to assess patient satisfaction in key areas of service delivery of the Homoeopathic Day Clinic at the Durban University of Technology.

5.1 Patient and Homoeopathy

5.1.1 Patients reason(s) for consulting the Homoeopathic Day Clinic (HDC) at the Durban University of Technology (DUT).

The majority of patients' reason for consulting the HDC at the DUT was that "the medicine is natural and safe" (n=46, 46.0%). In comparison to Forster where the most common reason for respondents to consult the Technikon Witwatersrand (TWR) Homoeopathy Clinic was because they tried out homoeopathy as a therapy (34.1 %). While only 20 (20.0%) patients of the HDC at the DUT response was because "I just wanted to give Homoeopathic medicine a try."

Patients' second most frequently selected choice was "I believe in Homoeopathy as a medicine" (n=43, 43.0%), while only 13.4% of patients at the TWR Homoeopathic Clinic stated that the reason they made use of the clinic was because they believe in homoeopathic medicine (Forster, 2005).

Closely following the above two responses was "I heard positive things about Homoeopathy" (n=39, 39.0%). This statement received a high response rate of 30.5% from patients at the TWR Homoeopathic Clinic (Forster, 2005).

5.1.2 Patients' understanding of Homoeopathy

Perceptions of Homoeopathy are wide and varied, this study showed that most patients stated that "Homoeopathy is a natural form of medicine" (n=38, 38.4%), this being in line with Forster's study which also had the majority of patients describing Homoeopathy as such (52.4%). There was also a number of patients (n=24, 24.2%) that stated that "Homoeopathy acts according to the law of similars," which is the true founding principle of Homoeopathy as expounded in the 2.6.1. This is quite interesting as Forster identified in his study that patient education on Homoeopathy was a problem area as there was a general ignorance with regard to Homoeopathy and how it works/methods used. (It must also be noted that Forster did not include Homoeopathy students in his study, but this study did not exclude them.) This could be as a result of most patients (50%) being referred by friends or family members who may have good knowledge about Homoeopathy. Or the explanations given by the student to the patient could have contributed, as the satisfaction responses relating to communication was high (4.2.4.3, 4.2.4.4, 4.2.4.6).

5.1.3 Means by which patients' heard about the HDC at the DUT

By far the most referrals came from a friend or family member (n=48, 50.0%). This shows to some extent that previous patients treated by the HDC at the DUT were satisfied enough with their treatment to refer others to the clinic. This was also the case with Forster's study, as a total of 61% of patients were heard about the TWR Homoeopathic Clinic by the same means. This also demonstrates the necessity for this study, as it is primarily through patient satisfaction and treatment that the clinic and Homoeopathy are being advertised through the community and not so much from the other means of advertising – However bearing in mind the responses given by patients to point 5.2.1.

5.1.4 Medical aid and pricing structure

Only a small number of patients (20%) consulting the HDC at the DUT had medical aid cover for their consultation. By a large margin the majority of patients did not have any medical aid cover (80%). When considered in light of Table 4.23 there was only 1 (1%) patient that disagreed that the HDC at the DUT has an affordable pricing structure, while 91 (92.8%) either agreed or strongly agreed with the statement. This contributes toward the need for the services provided by the HDC at the DUT to be made known to the community at large, and for more people to become aware of the services available as it is considered by most patients to be an affordable healthcare service.

5.1.5 Other healthcare professionals consulted

Those patients that did not consult with any other diagnostically trained healthcare professionals (n=17, 17%), only sought the HDC at the DUT for diagnostic advice. This illustrates the role that the Homoeopathic profession plays in the healthcare needs of those under its' care as primary contact physicians.

5.2 Administrative and general satisfaction responses

5.2.1 Advertising - media

As discussed above the primary means by which the HDC at the DUT is advertised is by word of mouth, but the results for satisfaction with advertising in the media showed that 33 (37.5%) patients either disagreed or strongly disagreed that the clinic suitably advertises by this means, with 23 (26.1%) patients stating neutrality. This illustrates the need for advertising in the media to be a continuous consideration in the workings of the clinic, otherwise the lack of

use of the facilities provided could ultimately lead to the clinic no longer being a viable proposition, this arising only from a lack of awareness of services rendered and not relating to poor service in any degree.

5.2.2 Advertising – signage

The other significant form of advertising – considering a campus of some twenty two thousand students (Frequently asked questions, 2008), and commuters of a busy road (Mansfield Road) – is signage. The study shows that 25 (29.0%) of patients stated that they either disagreed or strongly disagreed that the clinic suitably advertises by this means, with 29 (33.7%) patients stating neutrality. This contributing to the point discussed in 5.2.1.

5.2.3 Bookings

Bookings showed a very high degree of satisfaction with 80 (84.2%) patients either agreeing or strongly agreeing that making a telephonic booking was simple and efficient. And 89 (91.8%) patients with regard to the friendliness of the booking process.

5.2.4 Parking

Parking proved to be somewhat of an area of dissatisfaction, with 24 (26.1%) patients either disagreed or strongly disagreed that the clinic has suitable parking. This is of concern as most people need to commute to some degree to get to healthcare providers and without suitable parking, this can be a significant deterrent.

5.2.5 Afternoon appointments

With a high degree of satisfaction overall, 71 (73.2%) patients either strongly agreed or agreed that afternoon appointments were sufficient to meet their needs

It should be noted that 14 (14.5%) patients either disagreed or strongly disagreed with this statement, which is quite a significant number considering the sample size. Possible consideration for a morning consultation once a week could be made to accommodate those patients for whom it would be more suitable.

5.2.6 Building appearance

The appearance of a building, though not being the most important factor in relation to service provided is of relevance to overall patient perception of service delivery. With 15 (15.6%) patients either disagreeing or strongly disagreeing that the outside appearance & entrance(s) give a professional impression, and 23 (24%) neither agreeing nor disagreeing. This demonstrating a significant degree of dissatisfaction and should be considered in future planning as decisions are made in this regard.

5.2.7 Greeting – prompt and polite

Greeting of patients upon arrival is the initial personal contact made between patient and clinic. It is of great value to note that greetings are both prompt and polite and that patients are attended to without delay. Both of these questions pertaining to greeting received the highest degree of satisfaction in this section with an average score of 1.465, and a total of 58.6% strongly agreeing that they were both promptly and politely greeted.

5.2.8 Toilets – access

Although the overall satisfaction of access to toilets appears high, it should be noted that 12 (12.9%) patients either disagreed or strongly disagreed that the access to the toilets was easy, as well as 21 (22.6%) patients neither agreeing nor disagreeing. This could have related to their reason for consultation, but it should none the less be noted for due consideration within the context of a clinic.

5.2.9 Accessibility to disabled patients

Access to the services offered need to be available to all who could benefit from the services provided. With 25 (26.0%) patients either disagreeing or strongly disagreeing that the clinic is suitably accessible to disabled patients, and 26 (27.1%) stating neutrality, there is a strong implication that disabled patients would not be able to benefit from the services provided by the clinic. As it is the aim of the HDC at the DUT to offer high quality care to the public (Homoeopathic Day Clinic handbook for 5th year students, 2007) – including disabled patients – would mean that necessary measures be put in place to accommodate those concerned.

5.2.10 Medicine – waiting time

With an overall high satisfaction in patients awaiting their medicine, it should be noted that 13 (13.8%) patients either disagreed or strongly disagreed that their waiting time was reasonable. Every prescription is custom made for each patient and therefore can result in differing durations of time before completion. As the HDC at the DUT is a teaching facility the process of determining the appropriate medication is somewhat slower than it would be in private practice, including the process of dispensing as it is done by students. The various protocols that are in place to ensure clinical standards are maintained do tend to slow the process down. If there is an extended waiting time due to the prescription itself, this should be explained to the patient. If however there are other factors delaying the receipt of medicine, these should to be addressed.

5.3 Consultation and treatment satisfaction responses

5.3.1 Friendliness of student

Patient doctor interaction is a significant part of the Homoeopathic consultation, with essential information coming from the patient in the context of a trusting relationship. With this question scoring the highest degree of satisfaction, 84 (84.8%) patients stating that the approachability/friendliness of the student was very good, and an average score of 1.160. Thus demonstrating an excellent environment within which the Homoeopathic consultation can take place.

5.3.2 Instructions for medicine

Patients were very satisfied with the instructions given on how to take their homoeopathic medicine. With 88 (97.4%) stating that the instructions were either good or very good and an average score of 1.182. This being an important factor, as Homoeopathic posology is quite different from allopathic medicine, with which most patients are more familiar.

5.3.3 Return visit and referral

Probably the most significant factor in overall good service is the reflection of a patient's desire to return and/or refer a service to others. An average of 97.5% of patients stated that they would both return (n= 96) for future consultation and refer (n= 96) our services to other people.

5.4 Statistical analysis

As can be seen in appendix D, the effect of income on the section pertaining to patients' understanding and experience of Homoeopathy, and their other

healthcare providers was significant. The significant effect was found only in question 2.6 pertaining to other healthcare providers consulted, and showed that the higher income group tended to consult with more healthcare providers than did those of the lower income groups.

Hughes (1991) states that satisfaction difference between people of different levels of education remains inconclusive. In this study it was found however, that education had a significant effect on the satisfaction average of question 3 showing that the less educated patient was more satisfied. The average for questions 3 and 4 together were affected by education, showing the same as the above.

The following question within question 3 was specifically effected by education;

- The Homoeopathic Day Clinic at Durban University of Technology is easy to find/clearly sign posted. The higher the level of education the lesser the degree of satisfaction with this question, with the exception of those with less than a matriculation who were also less satisfied.

Age shows a significant negative correlation with the median and average of question 3, and the median and average of questions 3 and 4 together. In other words the younger patient was more satisfied in general. This is however, the opposite to what was found in previous studies, which revealed that older people tend to be more satisfied with medical care than younger people (Coulter *et al.*, 1994; Grogan *et al.*, 2000). Thoresen's (2006) study showed that age had no significant effect on patient satisfaction, except for finance, where older people (< 46 years old) were slightly more dissatisfaction than younger people (= or > 46 years old).

Gender as an effect on satisfaction was agued by Hughes (1991) to reveal no relation between gender and satisfaction. However contradicting reports from Coulter, Hays and Danielson (1994) show satisfaction being higher in men. While

satisfaction is revealed to be higher in women according to Sawyer and Kassak (1993). This study did not show any effect from gender, supporting Hughes argument. Thoresen (2006) found that men were more satisfied with the financial aspects of their consultation than women.

Satisfaction differences between whites and blacks remain inconclusive (Hughes, 1991); Coulter, Hays and Danielson (1994) however, are of the opinion that satisfaction is higher in whites. This study showed no effect of race in satisfaction results, once again supporting Hughes.

Hughes (1991) cites several studies indicating that "poor people have poorer health, receive poorer healthcare, have less continuous relations with doctors, and have harder times getting appointments. They are also treated differently from privately insured patients to some degree. Consequently, they tend to be less satisfied." Sawyer and Kassak (1993) supported this proposition. In line with this thought, Coulter, Hays and Danielson (1994) are of the opinion that more satisfied patients are of a higher income group. While this study showed that there was no effect from income, and that there was a very high level of service delivered to all ranges of the income group. In addition even patients that are unemployed and pensioners agreed on the whole that the services offered are affordable.

Occupational status was however significant and negatively related correlation to the mean, mode, and average satisfaction rating of question 3, and questions 3 and 4 together. However there is a correlation only to the average of question 4 alone. This showing that the further down the occupational status table the lower the degree of satisfaction (see appendix B, question 1.6).

Chapter 6

Conclusions and recommendations

6.1 Conclusions

This study focussed on patient satisfaction with regard to various aspects of service delivery from the Homoeopathic Clinic at the Durban University of Technology. In this study there is generally a high degree of satisfaction with the services provided. Areas that demonstrated particularly high satisfaction are related to patients' arrival to the clinic where they were both promptly and politely greeted, as well as in relationship to the approachability/friendliness of the Homoeopathic student, and in the instructions given on how to take the medicine. Areas that revealed lower degrees of satisfaction are advertising, both in media and by signage, as well as the accessibility of the clinic for disabled patients.

In the various areas of patient satisfaction, levels of satisfaction have revealed differing opinions based on demographics. Thus illustrating the need for demographically related changes (i.e. improvements) to be addressed for the respective groups involved, if one is to provide each and every patient with better service in every aspect of service delivery. This being a challenging task, but none the less, needing to be considered as changes are made. Example

6.2 Recommendations

Advertising is a common theme running through various points in this study. The need to consider strategic advertising and promotion of the clinic on the whole is of utmost importance for its long term continuation as a community clinic and

student training centre.

Afternoon consultation times were suitable for most patients. However in the attempt to improve service delivery possible consideration for a morning consultation once a week could be made to accommodate those patients for whom it would be more suitable.

The appearance of the building, access to toilets and accessibility of the clinic to disable patients are by no means small matters to address. Yet in future planning and consideration these require the appropriate recognition, as steps are taken to continually improve our services to the public.

Due to the high level of satisfaction attained, future studies could benefit from the use of a ten point rating scale to more accurately identify smaller variations in patient satisfaction, thus enabling a higher degree of accuracy when establishing demographic effects and correlations. Also, the use of a larger sample size over a longer time period to establish the accuracy of the sample group as a representative population.

Once the above recommendations have been considered and measures taken to address them, a further patient satisfaction study should be done to assess the outcome of the measures implemented.

Future studies could also be done in relation to patient improvement while treated by HDC at the DUT and the possible effects and/or correlations that it may have on patient satisfaction.

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APPENDIX A

Patient perception survey – Durban University of Technology Homoeopathic Day Clinic.

PARTICIPANT INFORMATION

Dear Participant

Thank you for taking the time to participate in this study.

This questionnaire forms part of the research project required for the completion of my masters Degree in Homoeopathy at the Durban University of Technology.

Title of research:

Patient perception survey – Durban University of Technology Homoeopathic Day Clinic.

What is required of the participant?

- All that is required is about 10 minutes of your time to answer the attached questionnaire.
- Please answer all questions honestly and to the best of your knowledge.
- You are not obliged to answer this questionnaire.
- Please only complete this questionnaire once.

Inclusion Criteria:

- You must be a patient at the Homoeopathic Day Clinic of the Durban University of Technology.
- You must be over the age of 18 years old.
- You must be literate in English or Zulu.
- You must not have completed THIS questionnaire before.

Confidentiality:

We would like to assure you that the information you offer is **STRICTLY CONFIDENTIAL**. No names are required and thereby you will remain anonymous. Should you choose to or choose not to fill in the questionnaire it will in no way act against you in the health care provided by the Homoeopathic Day Clinic at the Durban University of Technology.

By completing this questionnaire you are acknowledging that you are voluntarily participating in this survey.

Please note that on completion of this study the results will be available for your viewing from the reception staff as well as from our Library. Should you have any questions or comments please do not hesitate to contact myself or the supervisor listed below.

Your time and involvement will be greatly appreciated.

Name of supervisor:

Dr D. F. Naude
M. Tech: Hom
Tel: 031 204 2514

Name of research student:

Benjamin Herr
Tel: 083 258 3728

QUESTIONNAIRE

Please answer by making a cross (X) in the appropriate box in each category. (Please mark ONLY one unless stated otherwise.)

EXAMPLE:

X	Answer 1
	Answer 2

1.1 Sex

.1	Male
.2	Female

1.2 Age:

.1	18 – 24 years
.2	25 – 39 years
.3	40 – 64 years
.4	65 years and above

1.3 Population Group:

.1	African
.2	Coloured
.3	Indian/Asian
.4	White
.5	Other:

1.4 Religion:

.1	Buddhist
.2	Christian
.3	Hindu
.4	Jewish
.5	Muslim
.6	Ukukhonza amadlozi
.7	Other
.8	None

1.5 Home Language:

.1	Afrikaans
.2	English
.3	isiNdebele
.4	isiXhosa
.5	isiZulu
.6	Sepedi
.7	Sesotho
.8	Setswana
.9	siSwati
.10	Tshivenda
.11	Xitsonga
.12	Other

1.6 Occupational Status:

.1	Scholar
.2	Student
.3	Employed part time
.4	Employed full time
.5	Self Employed
.6	Domestic executive
.7	Unemployed
.8	Retired
.9	Other

1.7 Highest Education level:

.1	Less than Matriculation
.2	Matriculation
.3	Diploma / Degree
.4	Post graduate Diploma / Degree
.5	Other
.6	None

1.8 Yearly income: (overall income of your household)

.1	Less than R40 000
.2	R40 001 – R100 000
.3	R101 000 – R160 000
.4	R160 001 – R220 000
.5	R220 001 – R300 000
.6	R300 001 – R400 000
.7	R400 001 or more

1.9 General Health Status:

.1	Excellent
.2	Good
.3	Reasonable
.4	Poor

2.1 Why did you choose to visit a homoeopathic clinic for your condition? (You may mark more than one.)

.1	I just wanted to give homoeopathic medicine a try
.2	I heard positive things about homoeopathy
.3	I believe in homoeopathy as a medicine
.4	The medicine is natural and safe
.5	Homoeopathy was my last resort
.6	I was too sensitive to Allopathic (modern) medicine
.7	Allopathic medicine did not work for me
.8	Homoeopathic medicine is affordable
.9	I wish to use Homoeopathy in addition to Allopathic (modern) Medicine
.10	Other. Please specify in space below.

2.2 Is this your first visit to a Homoeopathic practitioner?

.1	Yes
.2	No

2.3 How would you describe Homoeopathy?

.1	Homoeopathy is a natural form of medicine
.2	Homoeopathy stimulates the body to heal itself
.3	Homoeopathy is an holistic medical treatment
.4	Homoeopathy uses herbs as medicines
.5	Homoeopathy acts according to the law of similars
.6	Don't know
.7	Other. Please specify in space below.

2.4 How did you hear about the Homoeopathy Day Clinic at the Durban University of Technology (DUT)?

.1	I saw the clinic
.2	I was referred to it by a health professional
.3	I was referred to it by a Chiropractor
.4	A friend or family member
.5	A pamphlet
.6	I saw an advert in a local paper
.7	I saw it on the DUT website
.8	A blood pressure drive
.9	Other. Please specify in space below.

2.5 Do you have medical aid cover for this consultation?

.1	Yes
.2	No

2.6 Which other health care professionals do you normally consult? (You may mark more than one.)

.1	Acupuncturist
.2	Aroma therapist
.3	Ayer Vedic healer
.4	Chiropractor
.5	GP Medical Doctor
.6	Massage therapist
.7	Naturopath
.8	Osteopath
.9	Pharmacist
.10	Physiotherapist
<i>CONTINUE ON PAGE 5...</i>	

.11	Reflexologist
.12	Specialist Medical Doctor
.13	Traditional African healer
.14	Traditional Chinese Doctor
.15	Unani Tibb Practitioner
.16	None
.17	Other. Please specify in space below.

3. Please give your view on the following statements.
Please answer by making a cross (X) in the appropriate box for each question. (Please mark ONLY one block)

THE HOMOEOPATHIC DAY CLINIC AT THE DURBAN UNIVERSITY OF TECHNOLOGY...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
3.1 Suitably advertises by the media the services offered to the public.	1	2	3	4	5
3.2 Suitably advertises by signage the services offered to the public.					
3.3 Making a telephonic booking and/or acquiring telephonic information is a simple and efficient task.					
3.4 When making a telephonic booking and/or acquiring telephonic information you were dealt with in a friendly and helpful way.					
3.5 Was easy to find/is clearly sign posted.					
3.6 Is located in a convenient area.					
3.7 Has suitable parking.					
3.8 Waiting time to get an appointment was reasonable.					
3.9 The availability of afternoon appointments only is sufficiently convenient to meet your needs.					
3.10 The outside appearance & entrance(s) give a professional impression.					

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
3.11 When arriving for your appointment, you where attended to promptly.	1	2	3	4	5
3.12 When arriving for your appointment, you where attended to politely.					
3.13 The waiting rooms are well maintained and professional.					
3.14 The toilets are well maintained and professional.					
3.15 Access to toilets is easy.					
3.16 The Clinic is suitably accessible to disabled patients.					
3.17 The consulting rooms are well maintained and professional.					
3.18 When awaiting your medicine your waiting time was reasonable.					
3.19 Has an affordable pricing structure.					
3.20 Medicines are dispensed in a professional manner. i.e. suitable packaging and labeling.					

4. HOW DO YOU GRADE THE FOLLOWING AT THE HOMOEOPATHIC DAY CLINIC AT THE DURBAN UNIVERSITY OF TECHNOLOGY, USING THE SCALE PROVIDED?

Please answer by making a cross (X) in the appropriate box for each question. (Please mark ONLY one block)

	Very good	Good	Fair	Poor	Very poor
4.1 Your overall impression of the healthcare given.	1	2	3	4	5
4.2 The quality of the physical examination performed.					
4.3 The explanation of your condition/diagnosis by the homoeopathy student.					
4.4 The attention given to your case by the homoeopathy student.					
4.5 The confidence of the homoeopathic student.					

APPENDIX C – Other comments

Very happy with everyone involved with clinic - and with all treatment received.
I was very happy, Tammy is excellent.
The Homoeopathy students are very good at what they're doing I have only praises for them. Please continue with your good work.
Soft music would be something to add to the reception room - to change the mood.
English was not a strong point of the person answering the phone! Could have been better!
This is the best clinic I ever met in Durban. They care about people's life. They helped people's disease to be healed. I ask this Institution to continue helping people because their medication is different from other medication and it helps. I don't wish my mom to go somewhere else except this clinic.
Homoeopathy students are friendly and approachable.
The medication is very good, and our doctors are very friendly. They must keep it up. It will be very nice if there is a discount for people who come more often.
More community outreach programmes to make more awareness of Homoeopathy, especially to the African population. Dash has a crucial roll to play in terms of advertising the clinic and cause and they should be assisted in every manner by the department to accomplish their plan of action.
I am so sorry that I discovered such suitable services so late in life, but better late than never.
I've been coming here for 10 years, can I get preference? :)
Extremely impressed with the staff and their ability to assist me with my problem. Received professional treatment at all times.
Keep up the good work! You provide an affordable service to those of us who don't earn much, and I for one, am very grateful!
My student seems to be on the right track following on from last year, for my asthma.
Printer was broken - no label on bottle.

Keep up the good work. And attending to patients all the time. I am grateful.
The only complaint I have is this: I have to wait a while when the medication is dispensed. Is there something that can be done to speed this up? Or maybe you can tell patients to come back in an hour or 30 minutes to pick up medication?
Very impressed overall. Service very good and friendly. Medicine affordable and not complicated.
Very impressed with the time the student spent with me and her interpretation and help.
The clinic has to be advertised better - you have great doctors and very ambitious students! The service is excellent - keep it up!
I feel strongly that the clinic weighs negatively against the perception and running of this clinic. The interaction with and efficiency of secretaries are less than pleasant and at times aggressive.
Exceptional attention was given, went away feeling really good about the attention given, thank you!!!
I strongly support the good service provided by the clinic. I suggest that right after consultation medicine be provided to help fasten the healing process.
More exposure to Homoeopathy is needed via telling other people that it works one the root of the problem or ailment is pin pointed. Also by (Text unreadable)
I am a perfect patient, that's why I have a perfect therapist.
I like my Homoeopathic student. The treatment seems to help gradually.
90%
Why are the treatments only given for 3 days?
Passages are very dark, need more light.
I could not answer the question 3.3 and 3.4 because I could not list through and Telkom was less than helpful. (See answer now). Access to the Homeo Dept for disabled people is appalling. Someone in a wheelchair or on crutches will have a problem to get there. The only time I see an advert for Homeo Dept is if a clinic for a particular ailment is advertised in the Berea Mail.

<p>I felt like this could probably work better for my sister. Having tried everything.</p>
<p>Good service, tries to get as much information as possible from patients.</p>
<p>1. Once building operations are over, I am sure parking will be better organised. 2. I have not personally needed to utilise toilets, but presume from the general condition of the Clinic that standards are very good.</p>
<p>Both my children (3 + 8 yrs) are treated Homoeopathically (since birth). The fact that neither even have a G.P. nor paediatrician says a huge amount for what I think of this method of treatment and the services offered by Durban University of Technology.</p>
<p>I think it is wonderful - serving the public the way you do. You should advertise to get bigger response.</p>
<p>Please keep up the good work you are helping us all.</p>
<p>The students are very helpful and always try to help get you well again. Keep up the good work. Thanks</p>
<p>These guys are great!</p>
<p>I would like to thank the DUT for able to open such a helpful and professional clinic and I hope it help the over-crowded public hospitals and it will bring new ideas in medical treatment. It will be much better if the Homoeopathic Day Clinic is suitably advertised by the media.</p>
<p>The Clinic offers a good affordable service, however this has to be communicated to the public at large. There are many people who could be benefiting from the clinics services however they are just not aware of it. Advertising needs not be expensive - I suggest speaking to someone from a community paper to do a sponsored editorial - get your suppliers to sponsor i.e. Natural medicine suppliers, suppliers for examination tables etc. Ensure the editorial contains testimonials from satisfied patients.</p>
<p>It would be nice if provision be made for those patients who are physically disabled and have difficulty getting up the stairs to the Homoeopathic Day Clinic. Thanks you!!!</p>
<p>The lack of parking is the main reason people can't make use of the clinic. I</p>

have not been able to come when I wanted to as my husband cites the deplorable parking situation. Otherwise, the clinic is a wonderful service and we are very impressed. A few years ago, we brought my granddaughter here, extremely ill, and after one treatment she miraculously recovered! Thank you.

I would prefer to see same student each time especially when one come two or three times within a two week period.

The appointment was both professional and pleasant and will hopefully lead to a solution for my medical condition, which allopathic medicine has been unable to achieve.

Will you please give them more accessories just like to check sugar. Nebulizer medicine and give more information about chronic diseases and how is danger if you are not consulting the doctors in order to treat. Told them keep shut about patients disease because other are feel embarrassed about health.

Parking area where security guard is (boom) is small. It is not easy to manoeuvre the car to get out.

I wish you could at least have x-ray scanned. I'm saying that because I suffer from severe headache (migraine) so that I could see what happening in my brain or all of my inside. And massage at least of an hour or 30 minutes. Thank you so much.

APPENDIX D – Summary statistics for chi-square analyses

Question	Population				
	Gender	Age	group	Education	Income
2.1.1	0.120	0.789	0.469	0.827	0.752
2.1.2	0.355	0.126	0.076	0.443	0.863
2.1.3	0.365	0.181	0.318	0.205	0.733
2.1.4	0.590	0.008	0.502	0.039	0.093
2.1.5	0.457	0.728	0.210	0.648	0.889
2.1.6	0.173	0.756	0.647	0.355	0.505
2.1.7	0.048	0.884	0.605	0.356	0.665
2.1.8	0.693	0.090	0.547	0.934	0.646
2.1.9	0.659	0.626	0.008	0.371	0.219
2.1.10	0.933	0.602	0.727	0.091	0.170
2.2	0.260	1.000	1.000	1.000	1.000
2.3.1	0.537	0.824	0.203	0.300	0.861
2.3.2	0.297	0.347	0.339	0.999	0.173
2.3.3	0.066	0.181	0.759	0.152	0.688
2.3.4	0.073	0.504	0.164	0.382	0.804
2.3.5	0.712	0.677	0.359	0.818	0.404
2.3.6	0.296	0.391	0.826	0.885	0.410
2.3.7	0.443	0.155	0.727	0.714	0.810
2.4	0.394	0.075	0.326	0.699	0.597
2.5	0.886	1.000	1.000	1.000	1.000
2.6.1	0.173	0.825	0.122	0.189	0.003
2.6.2	0.457	0.013	0.409	0.421	0.003
2.6.3	0.944	0.135	0.819	0.717	0.000
2.6.4	0.413	0.354	0.073	0.158	0.285
2.6.5	0.353	1.000	1.000	1.000	1.000
2.6.6	0.220	0.200	0.223	0.270	0.027
2.6.7	0.443	0.673	0.589	0.886	0.977

2.6.8	0.443	0.155	0.861	0.233	0.883
2.6.9	0.098	0.086	0.268	0.640	0.304
2.6.10	0.457	0.070	0.457	0.430	0.003
2.6.11	0.062	0.032	0.182	0.426	0.029
2.6.12	0.901	0.203	0.690	0.490	0.056
2.6.13	0.175	0.829	0.014	0.977	0.757
2.6.14		1.000	1.000	1.000	1.000
2.6.15	0.551	0.523	0.579	0.641	0.775
2.6.16	0.273	0.471	0.538	0.094	0.984
2.6.17	0.457	0.276	0.002	0.147	0.009
3 Median	0.736	0.800	0.457	0.359	0.962
3 Mode	0.653	0.069	0.647	0.112	0.780
3 Average	0.345	0.062	0.179	0.003	0.853
3.1	0.483	0.229	0.077	0.199	0.228
3.2	0.476	0.401	0.055	0.252	0.252
3.3	0.807	0.670	0.660	0.836	0.234
3.4	0.601	0.085	0.530	0.995	0.245
3.5	0.867	0.370	0.165	0.047	0.579
3.6	0.584	0.378	0.470	0.089	0.205
3.7	0.125	0.454	0.221	0.481	0.816
3.8	0.754	0.564	0.541	0.741	0.889
3.9	0.249	0.235	0.208	0.529	0.512
3.10	0.046	0.140	0.534	0.083	0.676
3.11	0.475	0.496	0.183	0.111	0.148
3.12	0.645	0.217	0.063	0.340	0.764
3.13	0.525	0.337	0.107	0.245	0.528
3.14	0.312	0.192	0.279	0.136	0.152
3.15	0.997	0.015	0.310	0.046	0.188
3.16	0.059	0.780	0.645	0.083	0.160
3.17	0.746	0.682	0.092	0.170	0.468
3.18	0.025	0.180	0.958	0.040	0.494

3.19	0.710	0.595	0.282	0.569	0.893
3.20	0.972	0.620	0.070	0.194	0.606
4 Median	0.796	0.800	0.329	0.309	0.085
4 Mode	0.890	0.808	0.321	0.392	0.638
4 Average	0.494	0.372	0.570	0.429	0.166
4.1	0.862	0.384	0.471	0.420	0.090
4.2	0.122	0.817	0.382	0.732	0.648
4.3	0.765	0.189	0.309	0.734	0.099
4.4	0.996	0.836	0.104	0.832	0.340
4.5	0.568	0.845	0.077	0.290	0.343
4.6	0.828	0.736	0.110	0.592	0.914
4.7	0.560	0.974	0.461	0.841	0.043
4.8	0.570	0.402	0.165	0.437	0.137
4.9	0.343	0.392	0.187	0.352	0.275
4.10	0.875	0.837	0.199	0.548	0.498
4.11	0.316	0.918	0.183	0.868	0.037
3 & 4 Median	0.593	0.285	0.602	0.378	0.248
3 & 4 Mode	0.982	0.495	0.734	0.526	0.109
3 & 4 Average	0.424	0.020	0.565	0.004	0.122
5	0.592	0.056	0.066	0.033	0.877
6	0.258	0.172	0.727	0.006	0.810
7	0.971	0.506	0.248	0.534	0.648