



**Patients' experience of their first Homoeopathic consultation
at Cato Ridge Homoeopathic Community Health Centre,
KwaZulu-Natal, South Africa**

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of Technology in Homeopathy in the Faculty of Health Sciences at the Durban
University of Technology

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Declaration

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work is entirely my own and not of any other person unless explicitly acknowledged (including citation of published and unpublished sources).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

Signature of student

Approved for final submission

Dr. I Couchman (Supervisor)

M Tech: Homeopathy

Dedication

This study is dedicated to my Lord and savior. Thank you Lord for giving me the strength and wisdom. Thank you, Lord, for granting me the serenity to accept the things I cannot change and the courage to change the things I can.

I dedicate this study to the Lushaba , Khumalo and Nyawose families. Thank you for your love and support.

Lastly, I would like to dedicate this study to my little princess, Sphephelo Nomonde Nyawose and to Nothando Mhlongo my Buhlebonke. Thank you, my love, for your love and support.

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Abstract

Brief background

Cato Ridge Homoeopathic Community Health Centre (CRHCHC) is situated at Cato Ridge, under the uMgungundlovu District-Mkhambathini municipality (Mkhizwana village). It is a multi-disciplinary health care center consisting of specialties from the Durban University of Technology-Faculty of Health Sciences, namely: Nursing, Chiropractic, and Homoeopathy. These specialties provide comprehensive primary health care services which include screening tests for HIV, Diabetes, and Pregnancy, etc. They also offer referral letters to clinics/hospitals for all conditions beyond their scope of practice, management of minor/acute conditions, prescription of chronic medication, comprehensive homoeopathy and chiropractic treatment as well as patient management.

The centre operates only on Wednesdays from 9h00 to 15h00 . CRHCHC was established in 2016 by Durban University of Technology (DUT), to help the Mkhizwana village community with a nearby community health centre where they will receive medical attention. This community centre is unique in that it is in a rural area and there are no nearby healthcare facilities. The closest healthcare facility is RK Khan, located 60 Km away from Mkhizwana village. Since this centre was recently opened, a survey on patient experience is important to assess the centre from the community's perspective.

Aim of the study

The study aimed to determine the experiences of patients after their first Homoeopathic consultation and their satisfaction with service delivery at CRHCHC.

Methodology

A quantitative, descriptive, cross-sectional study design was used to guide the study. 100 consenting patients were selected randomly and given a questionnaire. The Data was analysed using Microsoft office Excel 2019 and SPSS version 25 software.

Results

The result showed a high degree of satisfaction on homoeopathic consultation. The majority of the participants were satisfied with the homoeopathic consultation which includes medication, information and advice, length of consultation, love and care shown by the homoeopathy students. Furthermore, the majority of the participants were satisfied with the manner in which the homoeopathic students conduct themselves as well as their professionalism. However, the majority of the participants highlighted that there is a need for a proper clinic and for the centre to operate every day rather than just one day a week.

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List of acronyms

Acronym	Full name
CRHCHC	Cato Ridge Homoeopathic Community Health Centre
DUT	Durban University of Technology
NHS	National Health Services
UK	United Kingdom
HIV	Human Immunodeficiency Virus

Chapter 1: Orientation to the study

1.1 Background to the study

Homoeopathy is based on the law that a substance, when taken by a healthy individual, is competent in creating a specific cluster of symptoms, the same remedy can cure those symptoms in a potentised form (Thomas and Ramakrishnan 2016).

Griffith (2012) states that Homoeopathy perceives life in three parts; mind, body and spirit, which are dependent on each other. Disturbances of the vital force result into certain signs and symptoms. Homoeopathy is concerned with treating the whole person rather than the illness alone. The selected homoeopathic remedy is based on all the symptoms of the patient including physical, mental and emotional states as well as past history and family history. Homoeopathic remedies stimulate the body's immune system and offer a long-lasting cure rather than giving temporary relief (PAITAL *et al.* 2019).

The Homoeopathic consultation lasts about one to one-and-a-half hours and the patient discusses their current medical condition, in addition to past medical history as well as other related aspects of their lives which brings the understanding of their crucial constraint and what might have changed it (Dube 2015). The nature of the consultation contributes to the quality of clinical care; professional sympathy progresses understanding, fulfilment, and compliance with treatment, while solid communication abilities and longer, more in-depth, customized consultation may advance great clinical results (Foley and Steel 2017).

The study aimed to determine the patients' experiences after their first Homoeopathic consultation and their fulfilment with service delivery at Cato Ridge Homoeopathic Community Health Centre and to assess patients' information about Homoeopathy as this has not been done before at this centre. The study aims to offer assistance in the improvement of Homoeopathic consultations for future patients who will be visiting the centre and the service delivery offered by the centre.

1.2 Problem statement

Homoeopathy is relatively a new profession that is not well known in rural areas therefore, it is important to ascertain the experiences of patients that visit CRHCHC with regards to the consultation that is different from the normal medical consultation, and as well as the services

they receive. CRHCHC is quite a unique setting and it has not been explored at all since no study has been done at this Centre. This study is, therefore, aiming to determine if any appropriate changes can be made to enhance patients' experience at CRHCHC.

1.3 Aim of the study

The study aims to determine the experiences of patients after their first homoeopathic consultation and their satisfaction with service delivery at CRHCHC.

1.4 Research question

What are the experiences of patients regarding their first consultation at CRHCHC?

1.5 Objectives

1. To determine the patients' experiences of the service provided by the CRHCHC.
2. To determine the patients' experiences on Homoeopathic consultation.
3. To determine the quality of service provided by the CRHCHC.
4. To identify shortfalls or inadequacies in the service provided by the CRHCHC.

1.6 Significance of the study

Surveys of patient fulfilment form a fundamental part in evaluating open conclusions of the service given (Herr 2008). Understanding satisfaction could be a combination of requirements and expectations. The well-being care which does not satisfy the patient is more often than not less viable (Picard 2014). Subsequently, the importance of the consideration is to evaluate patients' perceptions of the services provided at CRHCHC to distinguish areas that require advancement and upgrading for the CRHCHC to function successfully. Furthermore, the extensive statistics gathered from returning patients may also probably be used to refine and regulate the academic training of homoeopathic students at DUT. This will enhance their service delivery to patients, as mentioned by Dube (2015).

1.7 Structure of the study

This dissertation was divided into six chapters. Chapter one presented an overview of the study covering aspects such as the background of the study, aim, and objectives of the study.

Chapter 2 presented an overview of the homoeopathy, the introduction, and the review of homoeopathic consultation in general.

Chapter 3 described the research design and methodology by detailing the quantitative research design that is to be adopted in this study. This will include an explanation of the study site, study population, sampling process, and data analysis procedure.

Chapter 4 presented the results on the perceptions of returning patients regarding their experience on homoeopathic consultation, and service delivery.

Chapter 5 provided a discussion regarding returning patients' experience in Homoeopathic consultation and service delivery.

Chapter 6 formed the final chapter and provided conclusions drawn from the study. It suggested recommendations for the continuous improvement of service delivery at CRHCHC.

1.8 Conclusion

Gray (2000) states that Homoeopathic medicine works by boosting the human body's ability to heal itself. Homoeopathy aims to reverse the suppression and restore health by boosting the vital energy for healing (Trivieri and American Holistic Medical 2001). In Homoeopathy, illness is understood as an internal disturbance that manifests in each person in a uniquely characteristic way. Subsequently, the process of the consultation can be restorative on its own since (Dube 2015).

According to Rise and Steinsbekk (2008), patients experienced that homoeopathy consultation had comprehensive questioning, involved longer consultations and was more interactive.

The current study was aimed to determine patients' experiences on Homoeopathic consultation at CRHCHC. From the result obtained, the majority of the participants were satisfied by the homoeopathic consultation.

Chapter 2 Literature review

2.1 Introduction

Homoeopathy began in the 1800s as a highly systematic medicine through Samuel Hahnemann. Other incredible minds of the past proposed ideas of the Homoeopathic principle, such as Hippocrates, Galen, Aristotle, and Paracelsus, but it was Hahnemann that was the primary to methodically record and develop the logical Homeopathic medical system (Aversa et al. 2016).

Homoeopathy is the system of medicine that is based upon and applies the Law of Similars. The Law of Similars states that any substance, which can deliver side effects in a healthy human being, can cure those symptoms in a sick individual (Vithoulkas 2002). Homoeopathy is a holistic approach to medicine that focuses on the person in totality. Totality includes the symptoms of a patient, pathology, trauma, individual tendencies and inherited tendencies (Van Wyk, Van Oudtshoorn and Gericke 2009)

Homeopathic medicine works by boosting the human body's ability to heal itself. Homoeopathy aims to reverse the suppression and restore health by boosting the vital energy for healing (Trivieri and American Holistic Medical 2001).

Homoeopathy uses healing substances that are highly diluted in such a way that they do not cause side effects like conventional pharmaceuticals, which can suppress symptoms that can later re-occur (DeSchepper 2001). In Homoeopathy, illness is understood as an internal disturbance that manifests in each person in a uniquely characteristic way (Aversa *et al.* 2016)

2.2 The homoeopathic consultation

Pendleton (2013) describes the consultation as the primary act of medicine to be understood by all medical practitioners. This boosts the physician-patient relationship.

Over the years, the consultation has improved and evolved as a key tool for general practice. There are many factors that have modified the consultation's structure, quality, and length. In the 1950s, patients did not book consultations and they were queuing to see the doctor. Sessions were very short as a the doctor was required to see more patients within a short interval of time (Tidy 2014).

(Lindquist 2018) defines listening as the most effective and dynamic mechanism of communication that requires an intentional effort to attend to the verbal and non-verbal cues of the patient. Listening is an essential component of the doctor-patient relationship and is considered one of the most therapeutic techniques among healthcare professionals.

Although the consultation gap can be strengthened, the way time is spent in the consultation can be improved (Tidy 2014). Social life, mental symptoms and behavioral symptoms were not linked with the main complaint back then ("Ask The Doctor" 2010).

Bagot (2018) states that homoeopathic consultation looks the same in pattern as any other medical consultation. The distinctive stages of the consultation are seen by the disclosure of symptoms that are not as important for the conclusion but more important to homoeopathic medicine.

Pritchard (2016) states that finding the foremost reasonable homeopathic cure depends upon picking up a total understanding of the entire person. This implies that the homoeopath must take note of the physical, mental and emotional levels of each individual.

Each medicine is for an individual as Homoeopathy treats the individual instead of the disease. The consultation starts by taking the patients full history in their own words (Pritchard 2016).

Pritchard (2016) states that homoeopaths focus more on particular questions to get what makes symptoms superior or more regrettable by asking the following:

- Do the symptoms change dependent upon the time of day or the season?
- Does showering with cold or warm water make it much better or worse??
- Does standing, sitting or lying down alter anything?
- When an individual presents with a migraine, is the pain on one side of the head or both, etc.

In a well-taken homoeopathic case, the physician has cured almost half of the patients' symptoms (Prasad 2007). The average homoeopathic consultation lasts about an hour to an hour-and-a-half. Homoeopathic consultation begins from the time the homoeopathic practitioner meets and greets the patient (DeSchepper 2001).

The Homoeopathic practitioner may then allow the patient to ask questions before case taking to avoid interruptions (Dube 2015). During the Homoeopathic consultation, the patients explain

their complaint while the practitioner tries to maintain control over the direction and process of the consultation (Nell 2004). The connection between a practitioner and a patient is a key component of the consultation (Eyles 2012).

2.3 The psychological benefit of consultation

2.3.1 Healing through Case- taking

Nelson (2012) states that Emotions are the basic units of communication. They are a form of energy and the nature of energy is movement, therefore when the emotions are affected, disturbance in some organs may occur and that might cause an imbalance in the homeostasis of the human body.

The Agency for Healthcare Research and Quality (2011) states that effective communication between patients and their healthcare practitioners is important and possible even when time is limited. Talking can be a healing method in the sense that it can speed recovery. Talking about bad health is good medicine for the ill and it helps to promote health and may also lead to better physical health if the conversation between clinician and patient helps to identify the diagnosis (Street et al. 2009).

DeLaney (2010) states that talking allows one to make connections between current symptoms and past medical history one may not be aware of. These links can be valuable insight during the healing process.

Vithoulkas (1998) states that the purpose of the Homoeopathic consultation is to get the totality of symptoms of a patient on all three levels: the body, the mind, and the spirit. Homoeopathy relies on mental/ emotional symptoms thus if the patient does not honestly say how they are feeling emotionally this can be an obstacle to cure (Roberts 2005).

Practitioners have described that Homoeopathic consultations can be difficult as most of the patients are used to the general medical consultation, but the process of narrative exploration seems to assist the patient in engaging with Homoeopathic principles (Eyles 2012).

2.3.2 Healing through touching

Singh and Leder (2012) state that touch is one of the most important senses out of the five senses. He further explains that the role of touch is even supported by biblical scriptures as a mode of healing.

After the Homoeopathic case-taking, the Homoeopathic practitioner performs a physical exam of the patient. In a medical examination, touch is described as palpation for abnormalities (Singh and Leder 2012). This provides vital information about a patient (Offre 2010). Touching the patient during the physical examination can directly show care, compassion, and comfort to the patient. It also boosts patient trust and helps in the healing process (Singh and Leder 2012).

2.4 Homoeopathy in primary and public health

Complementary medicine is used by half the population of the developed countries. There has been a policy matter entailing the integration of complementary medicine into the national health services by the western governments. This issue has been long addressed in many developing countries (Bodeker 2001), not yet in South Africa

Since 1995, homeopathy has been authoritatively recognized in Europe as a system of medicine or a therapeutic specialty (Cavaco, Arslan and Şar 2017).

Mansoor Ali (2012) states that Internationally, among several countries, namely: India, France, UK, Poland, Romania, Luxembourg, Netherlands, Armenia and Lithuania; homoeopathy is part of the primary health care system. In Europe, homoeopathy is regarded as useful in the health care field and it is legally recognised with homoeopathically prepared products. In some European countries, namely: Netherlands, Finland, Germany, Estonia and Denmark medically trained homoeopaths can practice. In most of the European Union member state countries, medical doctors are not allowed to practice homoeopathy. Those states are Austria, Belgium, Cyprus, France, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Portugal, Slovakia, and Spain. (Mansoor. Ali.2012).

In South Africa, homoeopathy is not incorporated in public health and only available in private sectors. Natural health centre (2010) states that a registered homoeopath in South Africa is legally considered to be a primary health care practitioner. Furthermore, by law, anyone practicing homeopathy in South Africa must be registered with the Allied Health Professions Council of South Africa (AHPCSA).

Few hospitals in Austria sometimes prescribe homoeopathic remedies in acute cases (Mansoor Ali 2012). In the UK, several National Health Services (NHS) insurance providers offer homoeopathy in their service, but not all. Most of the hospitals are funded financially by the

NHS (NHS choices: homoeopathy 2013). In India, homoeopathy is regarded as the third-largest public health care provider (Prasad 2007).

2.5 Cato Ridge Homoeopathic Community Health Centre (CRHCHC)

CRHCHC is situated at Cato Ridge-Mkhizwana village. The area is profoundly rural with a high level of unemployment(Farming to alleviate poverty Suggested Tips by Food and Trees for Africa 2017).

KwaMkhizwana region is situated in the West sub-district, in Ward 2, which is one of the six wards within the western sub-district and is the portion of PHC zone 1. The zone is arranged midway between Durban and Pietermaritzburg and comprises of seven tribal zones: Mlahlanja, Umqeku, Qhodela, Imbubu, Dangwini, and Amapofu (Khambule 2016). The total number of households at KwaMkhizwana is 629 and the estimated population is 8 000 and is growing rapidly (Geographic Information System 2011).

CRHCHC is a multi-disciplinary health care centre consisting of specialties from the Durban University of Technology:Faculty of Health Sciences, namely: Nursing, Chiropractic, and Homoeopathy. These specialties provide comprehensive primary health care services which include screening tests for HIV, Diabetes, and Pregnancy, etc. They also offer referral letters to hospitals for all conditions beyond their scope of practice. The centre operates on Wednesdays from 9h00 -15h00 (Taylor 2017).

CRHCHC is a new centre and it is unique, therefore a patient satisfaction survey had to be done, as the patient satisfaction is not directly observed and the surveys on patient satisfaction are used as a measuring instrument.

Watson (2015) conducted a quantitative, descriptive study on patients' perceptions at Ukuba Nesibindi Homoeopathic Community Health Centre, as the centre was not explored before, and patients showed great satisfaction with the services delivered to them.

2.6 Conclusion

Patient care is the most important in any health centre. It is the driving force. The clinic has been operating for 4 years and a survey on the experiences of the patients is vital to assess the benefits and the deficits of the centre.

Chapter 3: Research Methodology

3.1 Introduction

This chapter shows the systematic process of collecting, interpreting and analysing data to increase one's understanding and to resolve the problem or a question that initiated the study which is: what are the experiences of patients regarding their first consultation at CRHCHC?

3.2 Research design

According to De Vos, Fouche and Delport (2011), a research design focuses on the final product and all the steps in the process of achieving a certain goal. Polit and Beck (2012) together with De Vos, Fouche and Delport (2011) describe the research design as an overall plan for addressing the research question. A quantitative, descriptive, cross-sectional study design was used to guide the study.

Denscombe (2003) describes a quantitative study design as a study involving the use and analysis of numerical data using statistical techniques. Furthermore, the quantitative study asks and answers questions of who, what, when, where, how much, how many and how. The purpose of using a quantitative study design is that the analysis provides a solid foundation for description and the interpretations, and findings are based on measured quantities rather than impressions and can be checked by others for reference. This quantitative, descriptive study aimed to determine patients' experiences of their first homoeopathic consultation at Cato Ridge homoeopathic community health centre.

3.3 The setting of the study

The study was conducted at the Cato Ridge Homoeopathic Community Health Centre (CRHCHC) which is about one hour and 30 minutes from the City of Durban (Taylor 2017). CRHCHC is at Mkhizwana village in the Mkhambathini municipality that is under uMgungundlovu District. The centre services at CRHCHC are run by master's degree homoeopathy students together with masters degree chiropractic students under the supervision of a qualified and registered homoeopath and chiropractor, and qualified nurses. The centre runs every Wednesday from 9:00 -15:00. The homoeopathic consultations at CRHCHC last about 45 minutes.

3.4 Study population

The study population consisted of patients attending CRHCHC who met the required inclusion criteria.

3.5 Inclusion criteria

- Participants were 18 years and older
- Participants were willing to participate in the study
- Participants were conversant in English or isiZulu
- Participants were attending or attended CRHCHC
- Participants were community members at Mkhizwana Village

3.6 Exclusion criteria

- Participants were not DUT students
- Participants were not a staff member of the CRHCHC

3.7 Sampling and size process

The number of patients that visited CRHCHC in 2018 was 579 in total (Ngobese-Ngubane 2019). The sample size was determined in consultation with the statistician given the total number of patients who consulted at CRHCHC in 2018. Two months was the time stipulated for data collection by the researcher according to the plan of research activities. The student did anticipate the interference of data collection as the clinic was only operating 1 day a week. Statistically, 88 participants were selected but to gain a broader overview 100 participants were selected randomly and given a consent form for participating in the study (Matthews 2019).

3.8 Data collection and research procedure

Permission was asked from Homoeopathy head of department, a community leader at Mkhizwana village, as well deputy dean of Faculty of health sciences at the Durban University of Technology. When the patients were seated at the reception and waiting for medication at

CRHCHC, the researcher introduced himself and the study; including informing the participants of the process, the duration, the potential risks and their choice to voluntarily participate or exit the study at any time they wished..

The participants were fully informed about the study. They were then given the information letter (Appendixes B1 and B2) and the opportunity to ask questions about the study. The participant signed the consent form (Appendixes C1 and C2) on agreeing to participate in the study. On both the information letter and consent form, there was information about participants not being forced to participate in the study and that there is no remuneration for taking part in the study. The researcher was available to assist all with the challenges of interpreting the questions.

The maximum time for the completion of the questionnaire was 20 minutes. The new patients only completed the questionnaire whilst waiting in the reception for their medication after consultation. Patients who were follow-ups were able to complete the questionnaire before or after the consultation.

Upon completion of the questionnaire, the researcher thanked the participant for their participation in the study. Participants were informed that they will be welcomed for further treatment at the CRHCHC should they need to. The researcher provided collection boxes at the reception area for depositing the completed questionnaires in order to maintain confidentiality.

3.9 Data analysis.

The information gathered was analysed using Microsoft office Excel® version 2019 for data analysis software for graphs presentation and SPSS® version 25 software for frequencies.

3.10 Ethical consideration

Permission for this study was granted by the Institutional Research Ethics Committee (IREC) of the Faculty of Health Sciences, DUT (Appendix E). Letters of permission were sent to the Homoeopathy HOD, Mkhizwana village community leader, Deputy Dean of Faculty of Health Sciences and permission was granted by all relevant stakeholders (Appendix A). Information Letters were given to all potential participants and only consenting patients were included in the study after signing the consent form (Appendices C1 and C2). Participants were free to withdraw at any time and there was no coercion. All data collected from participants

was handled with care. Only the supervisor and the researcher have access to the data collected. Participant's particulars were not mentioned in public, all data was coded in numbers and password protected. The data collected will be stored in a safe place with the department of homoeopathy and will be destroyed appropriately after 5 years.

Chapter 4: Results.

4.1 Introduction

Following the methodology described in Chapter 3, the study produced raw data in the form of completed data sheets (Appendices E1 and E2). This chapter presents the outcome of the data gathering process; reports the results and discusses the findings obtained.

The specific objectives of the analysis were as follows: To determine the patients' experiences on their first homoeopathic consultation and their satisfaction regarding the service offered at CRHCHC

The following information was recorded:

- Gender
- Age
- Population group
- Home Language
- Marital status
- Occupational status
- Area
- Highest education
- General health status
- Homoeopathy
- CRHCHC
- Homoeopathic consultation

4.2 Overview of the results

The results will be conveyed in four sections, related to:

- Demographics
- Homoeopathy
- The Cato Ridge Homoeopathic health centre
- The Homoeopathic consultation.

4.3 Demographics

4.3.1 Gender

Table 4-1: Gender distribution of respondents

Male	22
Female	78
Total	100

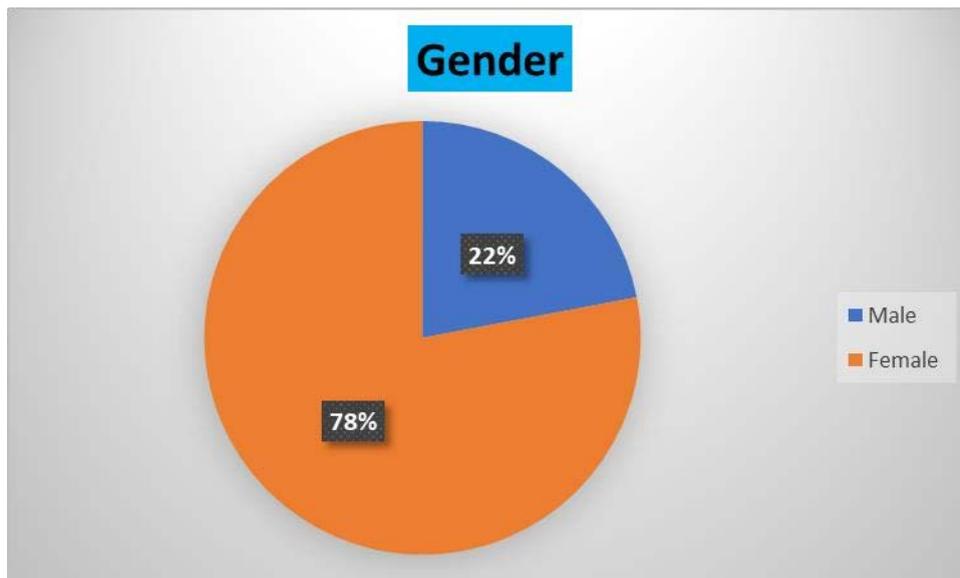


Figure 4.1: Gender distribution of respondents

Table 4.1 and Figure 4.1 reflect the total number of male respondents versus female respondents. The results show that most respondents were females (78%) compared to males (22%)

4.3.2 Age

Table 4-2: Age group distribution of respondents

18-20	11
21-25	20
26-33	17
34-40	08
41 and over	44
Total	100

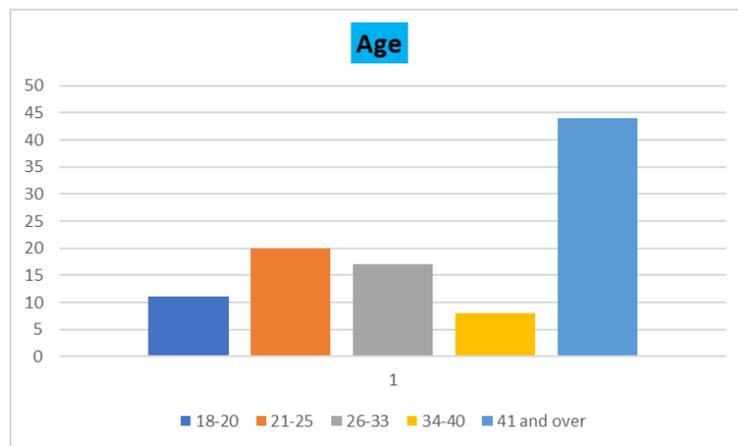


Figure 4-1: Age group distribution of respondents

Table 4.2 and Figure 4.2 reflect the age distribution of respondents. The results show that most of the respondents were 41 years and above (44%) followed by those 21-25 years of age (20%).

4.3.3 Population group

Table 4-3: Population group distribution of respondents

African	100
Indian/Asian	00
White	00
Coloured	00
Other	00
Total	100

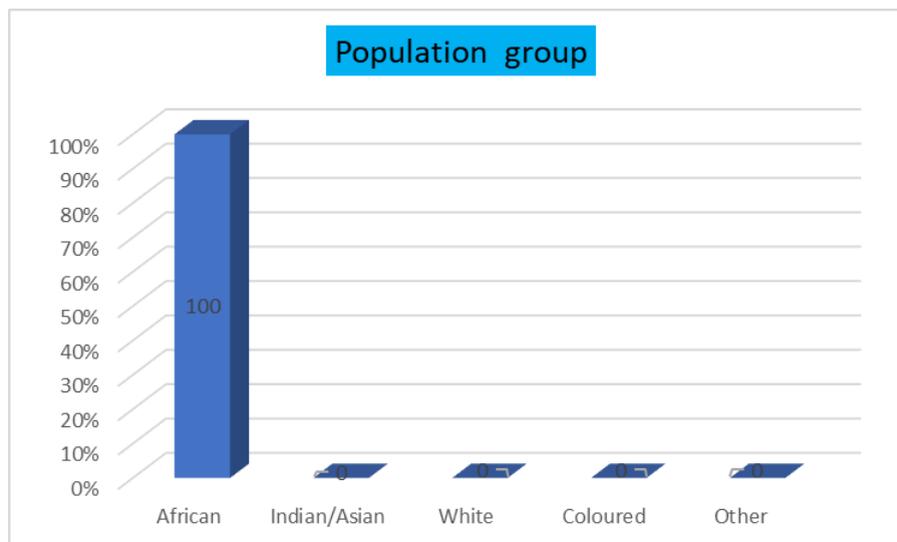


Figure 4-2: Population group distribution of respondents

Table 4.3 and Figure 4.3 show that 100% of the respondents were African.

4.3.4 Home language

Table 4-4: Home language distribution of respondents

IsiZulu	97
English	00
Afrikaans	00
Tshivenda	00
Sepedi	00
Sesotho	00
siSwati	00
IsiXhosa	03
Xitsonga	00
Setswana	00
IsiNdebele	00
Other	00
Total	100

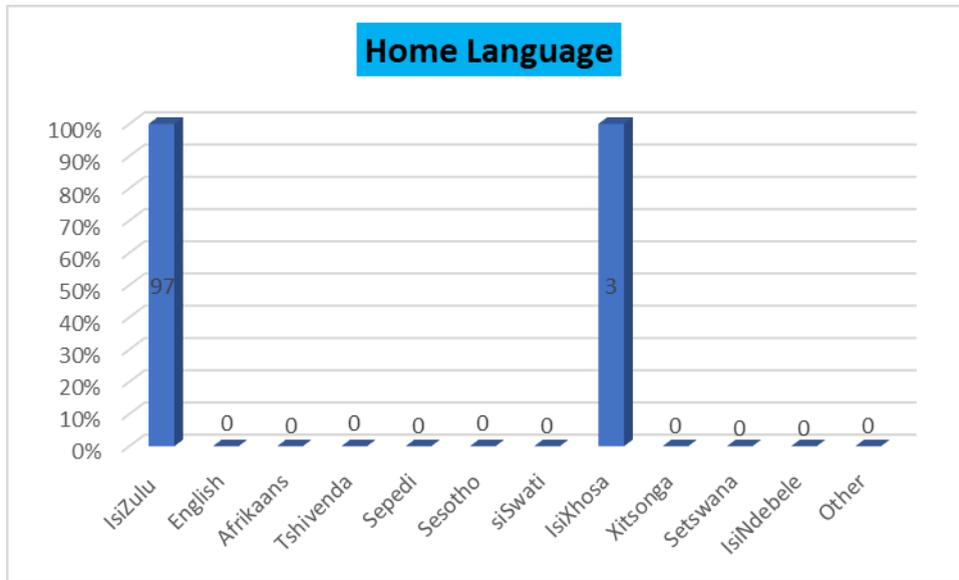


Figure 4-3: Home language distribution of respondents

Table 4.4 and Figure 4.4 show that 97% of the respondents' home language was isiZulu and 3% isiXhosa.

4.3.5 Marital status

Table 4-5: Marital status distribution of respondents

Never married	63
Married	27
Widowed	10
Divorced	0
Total	100

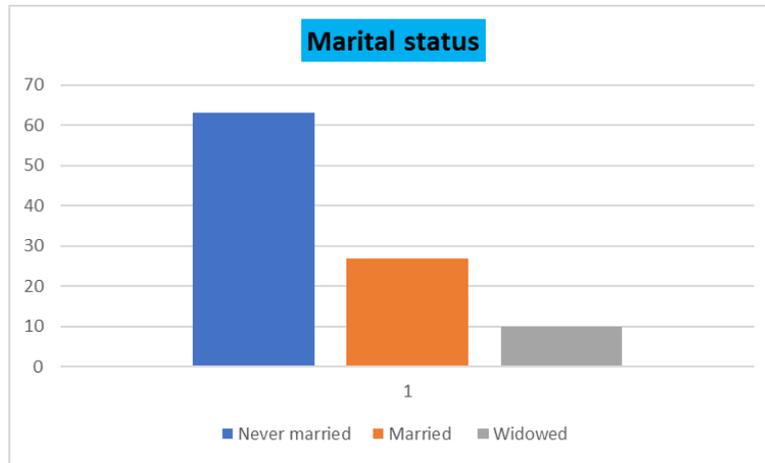


Figure 4-4: Marital status distribution of respondents

Table 4.5 and Figure 4.5 show that 63% of respondents were never married, 27% married, 10% widowed

4.3.6 Occupational status

Table 4-6: Occupational status distribution of respondents

Unemployed	16
Scholar	03
Student	09
Employed part-time	04
Employed full-time	07
Self-employed	38
Retired/Pensioner	23
Total	100

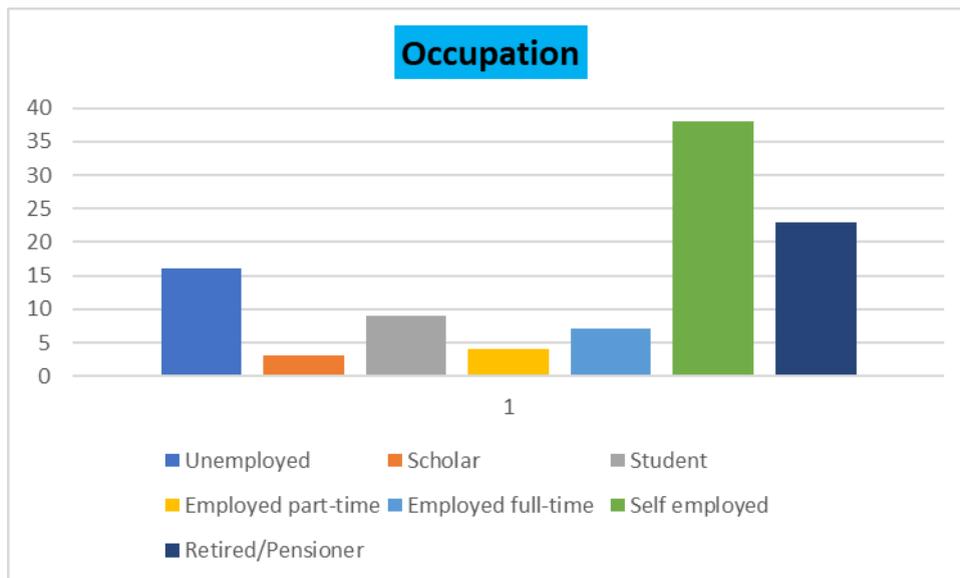


Figure 4-5: Occupational status distribution of respondents

Table 4.6 and Figure 4.6 show that only 38% of respondents were self-employed, 23% of respondents were pensioners. The rest were 19% of unemployed, 9% of students, 7% of employed full time, 4% of employed part-time, 3% of scholars.

4.3.7 Education

Table 4-7: Education distribution of respondents

Less than matric	50
Matric	32
Postgraduate	02
Diploma /Degree	02
No schooling	14
Total	100

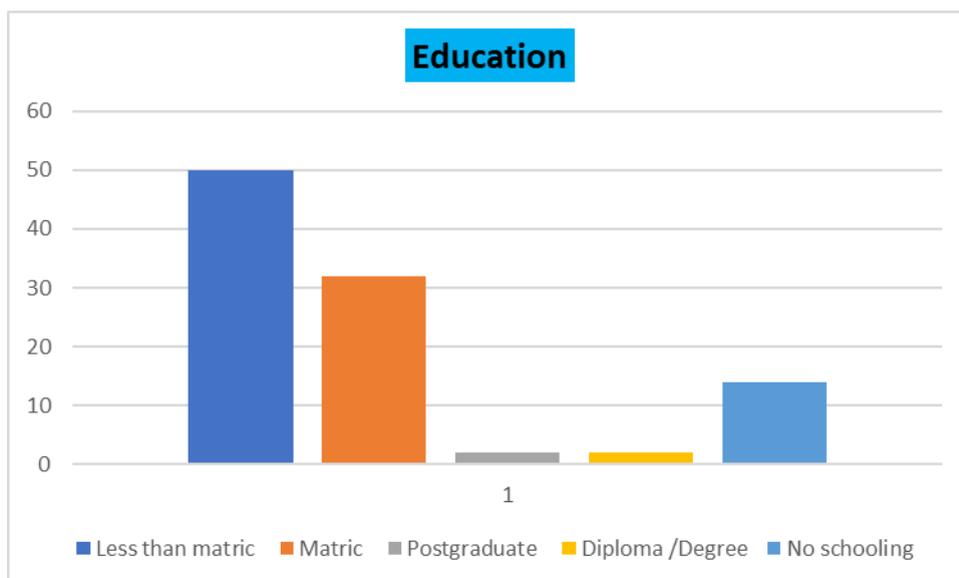


Figure 4-6: Education distribution of respondents

Table 4.7 and Figure 4.7 show that 50% of participants are less than matric, 32% had matric, 14% of respondents had no educational background, an equal percentage of respondents had a post-graduate degree and diploma or degree (2%).

4.3.8 General health status

Table 4-8: General health status distribution of respondents

Excellent	26
Good	33
Reasonable	12
Poor	29
Total	100



Figure 4-7: General health status distribution of respondents

Table 4.8 and Figure 4.8 shows that 33% of respondents had good health, 29% poor health, 26% excellent health, and 12% reasonable health.

4.4 Homoeopathy

4.4.1 Knowledge about Homoeopathy

Table 4-9: Knowledge about Homoeopathy

yes	55
No	45
Total	100

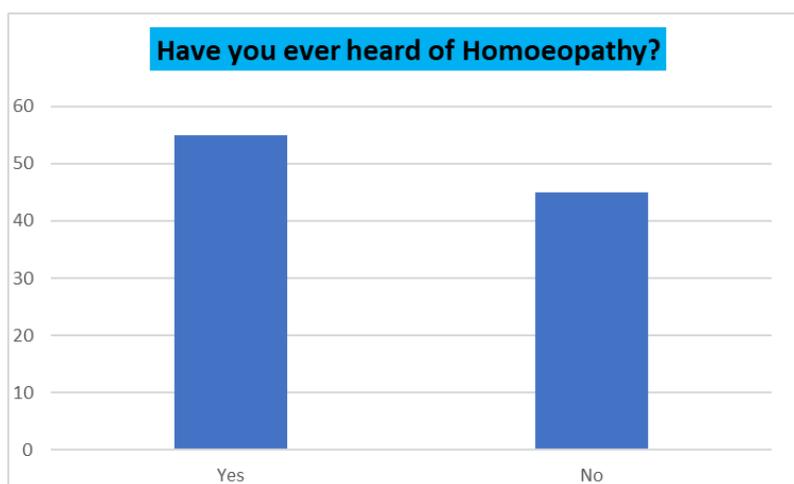


Figure 4-8: Knowledge about Homoeopathy

Table 4.9 and Figure 4.9 shows that 45% of respondents had never heard of Homoeopathy and 55% had heard of Homoeopathy.

4.4.2 Previous consultation with a Homoeopathic practitioner

Table 4-10: Previous consultation with a Homoeopathic practitioner

Yes	48
No	52
Total	100

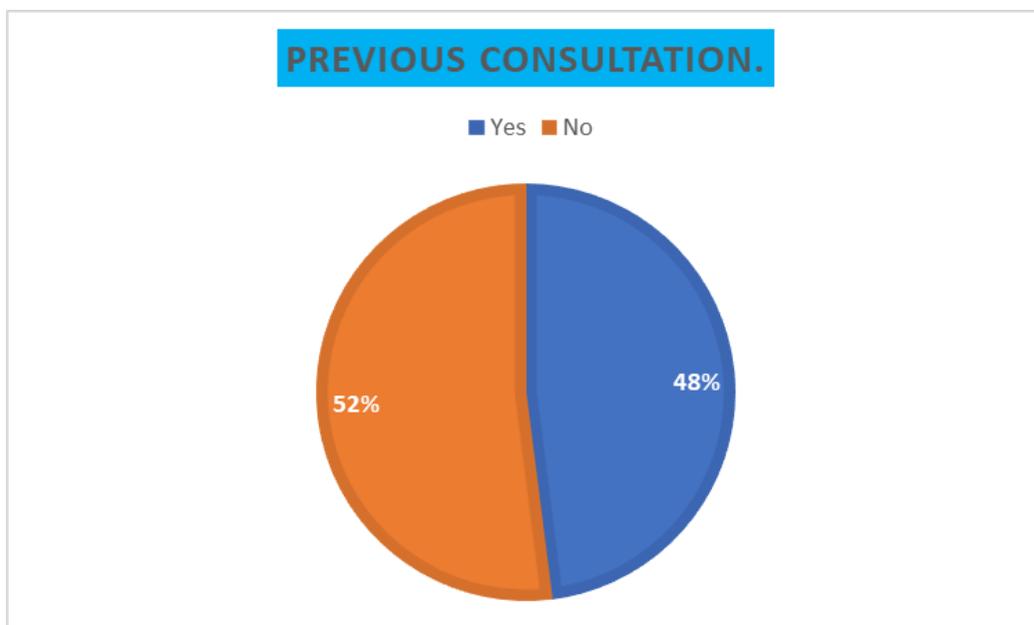


Figure 4-9: Previous consultation with a Homoeopathic practitioner

Table 4.10 and Figure 4.10 shows that 52% of respondents had never consulted with a Homoeopathic practitioner before and 48% had consulted with a Homoeopathic practitioner before.

4.4.3 Source of knowledge about Homoeopathy

Table 4-11: Source of knowledge about the CRHCHC

Saw clinic	35
Refer	02
Friend	24
Pamphlet	03
Bp drive	0
Colleague	25
Other	11
Total	100

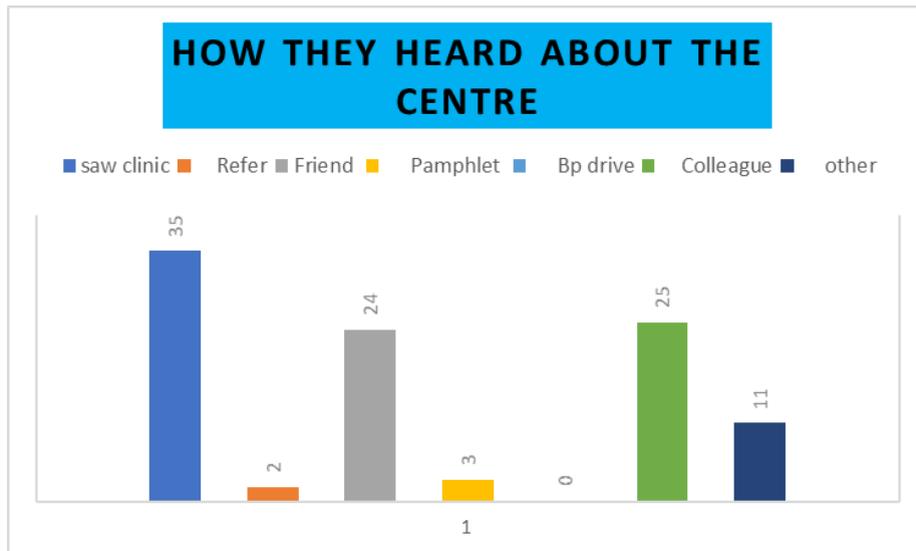


Figure 4-10: Source of knowledge about the CRHCHC

Table 4.11 and Figure 4.11 show that most of the respondents that visit CRHCHC saw the centre 35%, followed by those that were referred by colleagues 25%, referred by a friend 24%, pamphlet 3%, referred by a health professional 2% and none were referred through Bp drive 0%.

4.5 Cato Ridge Homoeopathic Community Health Centre(CRHCHC)

4.5.1 Location of the CRHCHC

Table 4-12:: Location of the centre

	Clinic easy to find	Convenient location	Professional impression
Strongly agree	55	56	58
Agree	41	42	39
Neither	01	01	00
Disagree	03	01	01
Strongly disagree	00	00	02
Total	100	100	100

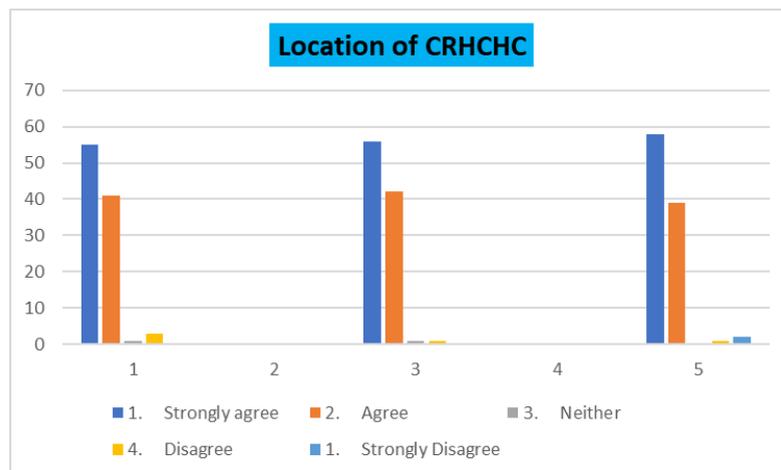


Figure 4-11:: Location of the centre

Tables 4.12 and Figure 4.12 show a very high degree of satisfaction amongst respondents that the CRHCHC was easy to find, convenient and the outside appearance and entrance gave a professional impression.

4.5.2 Welcoming at the CRHCHC

Table 4-13: Welcoming at CRHCHC

	Attended to promptly	Friendly
Strongly agree	67	69
Agree	28	30
Neither	00	01
Disagree	04	00
Strongly disagree	01	00
Total	100	100

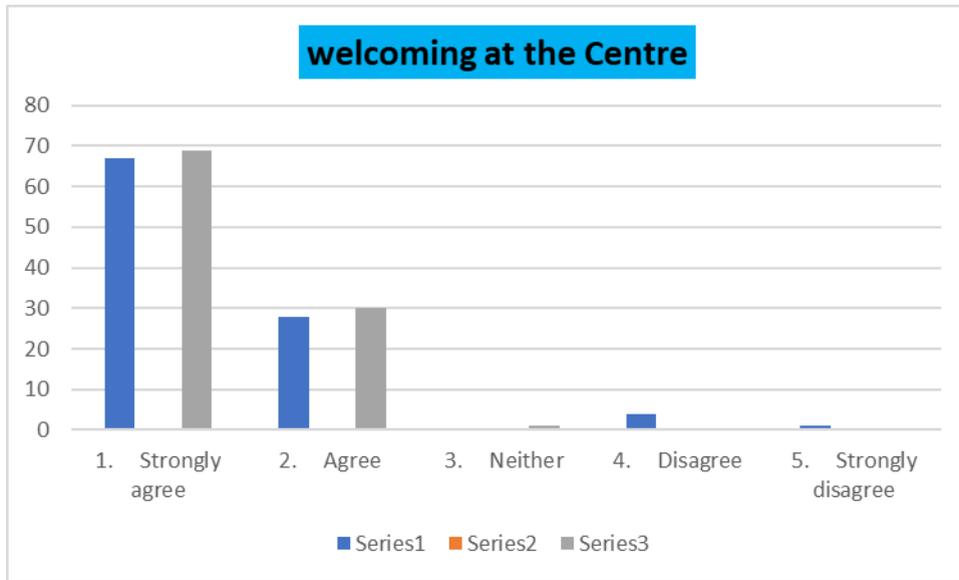


Figure 4-12: Welcoming at CRHCHC

Table 4.13 and Figure 4.13 show a very high degree of satisfaction amongst the respondents regarding being attended to promptly and in a friendly manner.

4.6 The homoeopathic consultation

4.6.1 Impact of the Homoeopathic consultation

Table 4-14: Impact of the Homoeopathic consultation

	Impact on wellbeing	Impact on emotions	Impact on physical	Impact on the main complaint
No impact	11	10	09	08
Very negative	01	01	03	03
Neutral	06	10	03	07
positive	41	47	39	47
Very positive	41	32	46	35
Total	100	100	100	100

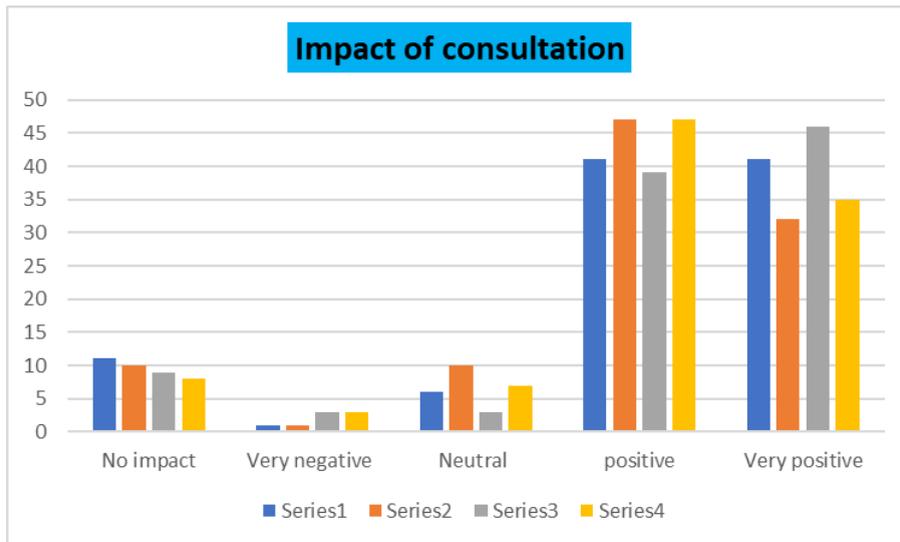


Figure 4-13: Impact of the Homoeopathic consultation

Table 4.14 and Figure 4.14 indicate that most of the respondents perceived a positive impact after the Homoeopathic consultation.

4.6.2 Time spent in the Homoeopathic consultation

Table 4-15: Time spent in the Homoeopathic consultation

Too much	28
Too little	05
Right	67
Total	100

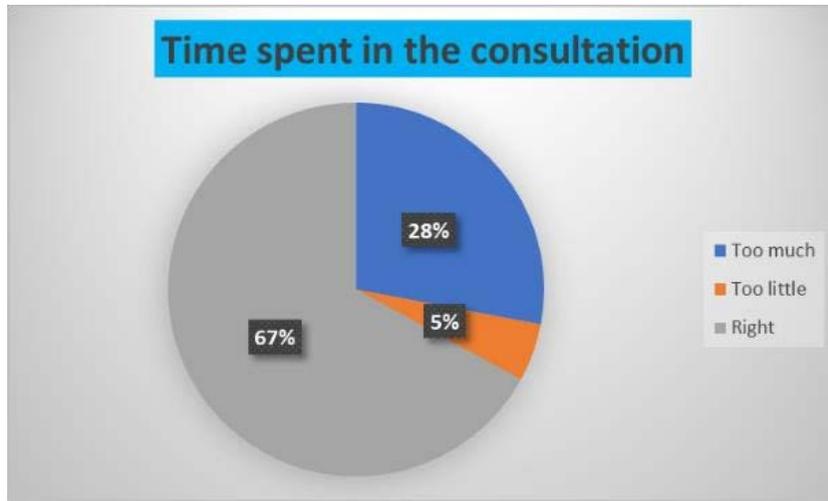


Figure 4-14: Time spent in the Homoeopathic consultation

Table 4.15 and Figure 4.15 show that 67% of respondents thought that the time spent with them during the Homoeopathic consultation was the right amount of time, 28% felt the time spent with them was too much and 5% felt that there was too little time that was spent with them in the consultation.

4.6.3 Amount of trust in the Homoeopathic student during the consultation

Table 4-16: Amount of trust in the Homoeopathic student during the consultation

Too much	64
Too little	05
Right	31
Total	100

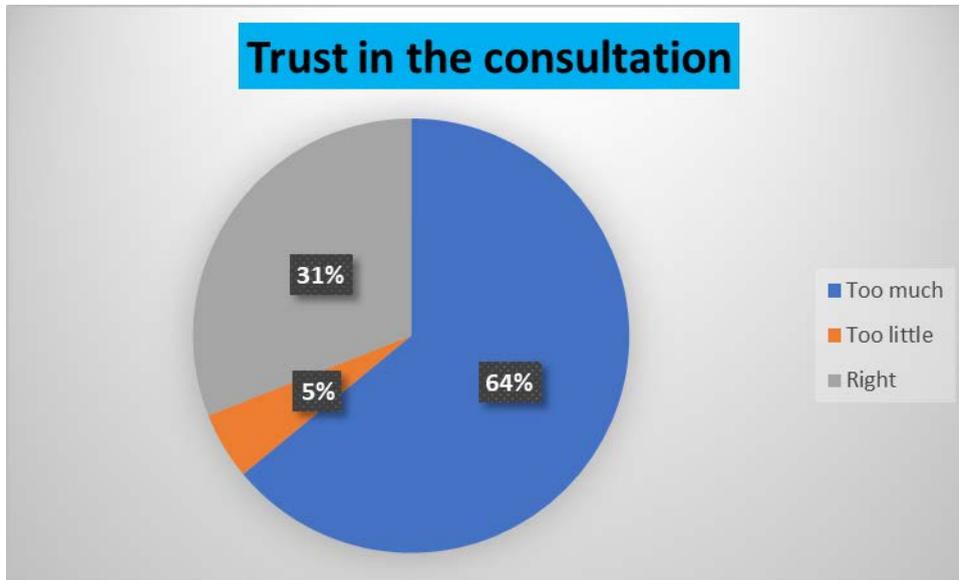


Figure 4-15: Amount of trust in the Homoeopathic student during the consultation

Table 4.16 and Figure 4.16 show that 64% of respondents had too much trust in the Homoeopathy student during the Homoeopathic consultation, 31% the right amount of trust and 5% had too little trust.

4.6.4 Explanation of medical condition

Table 4-17: Explanation of medical condition

Very helpful	72
Moderately helpful	23
Slightly helpful	04
Not at helpful at all	01
Total	100

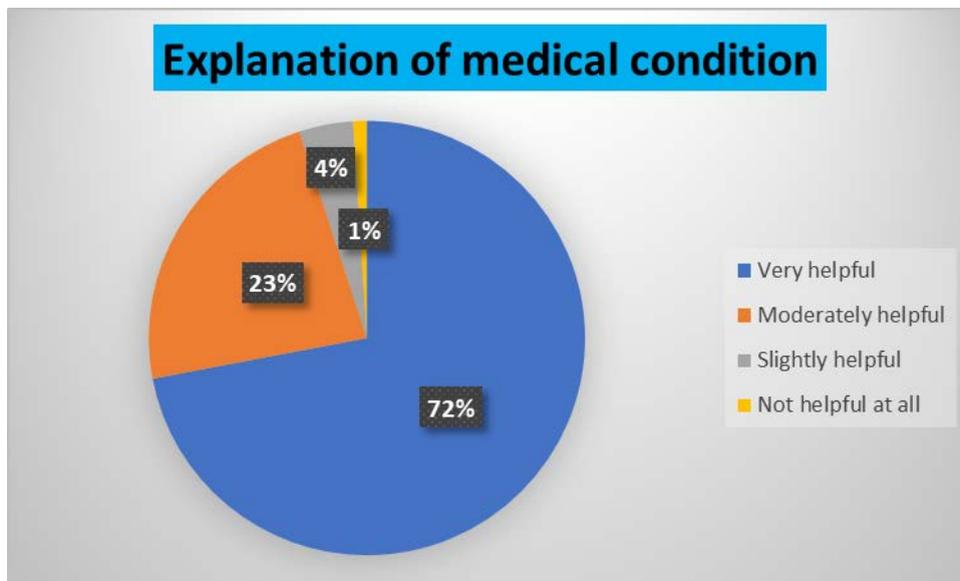


Figure 4-16: Explanation of medical condition

Table 4.17 and Figure 4.17 show 72% of respondents that perceived a very helpful explanation of their medical condition, 23% moderately helpful, 4% slightly helpful and 1% not helpful at all.

4.6.5 Homoeopathy students' listening during case- taking

Table 4-18: Students' listening during case- taking

Extremely well	51
Very well	43
Moderately well	5
Not at all	01
Total	100

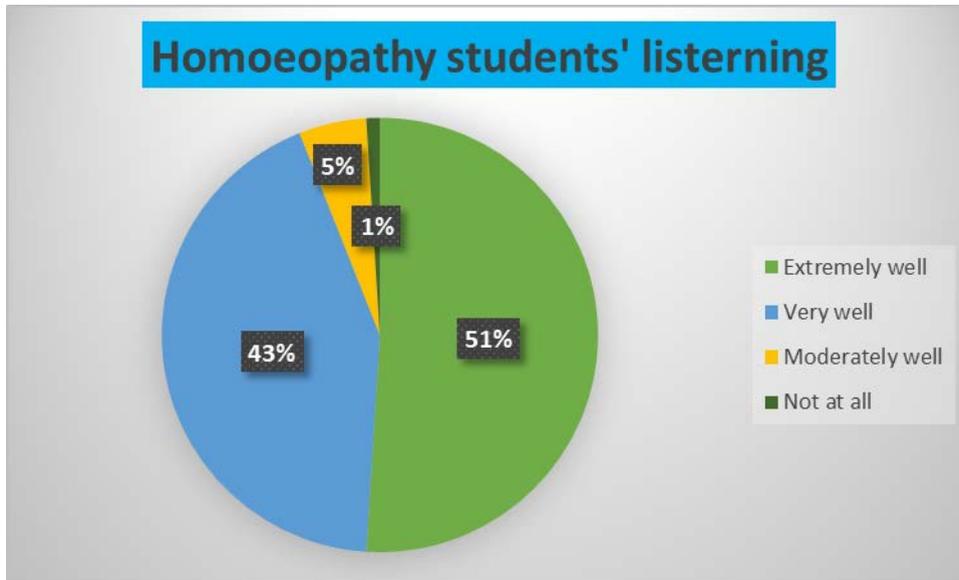


Figure 4-17: Students' listening during case- taking

Table 4.18 and Figure 4.18 show that 51% of respondents felt the students listened extremely well, 43% listened very well, 5% moderately well, 1% not at all.

4.6.6 Consultation satisfactory

Table 4-19: Consultation satisfactory

Extremely satisfied	66
Moderately satisfied	31
Neither	02
Moderately dissatisfied	01
Extremely dissatisfied	00
Total	100

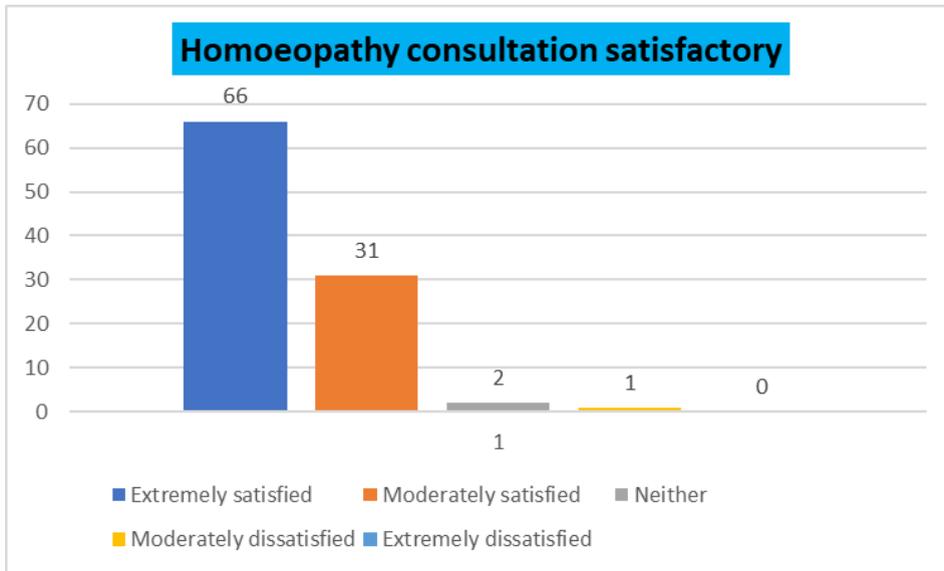


Figure 4-18: Consultation satisfactory

Table 4.19 and Figure 4.19 show that 66% of respondents were extremely satisfied with the homoeopathy consultation, 31% were moderately satisfied, 1% moderately dissatisfied and none were extremely dissatisfied 0%.

4.6.7 How easy was it talking to the homoeopathy student?

Table 4-20: Easy talking to the student

Very easy	45
Easy	49
Not easy	04
Difficult	02
Very difficult	00
Total	100

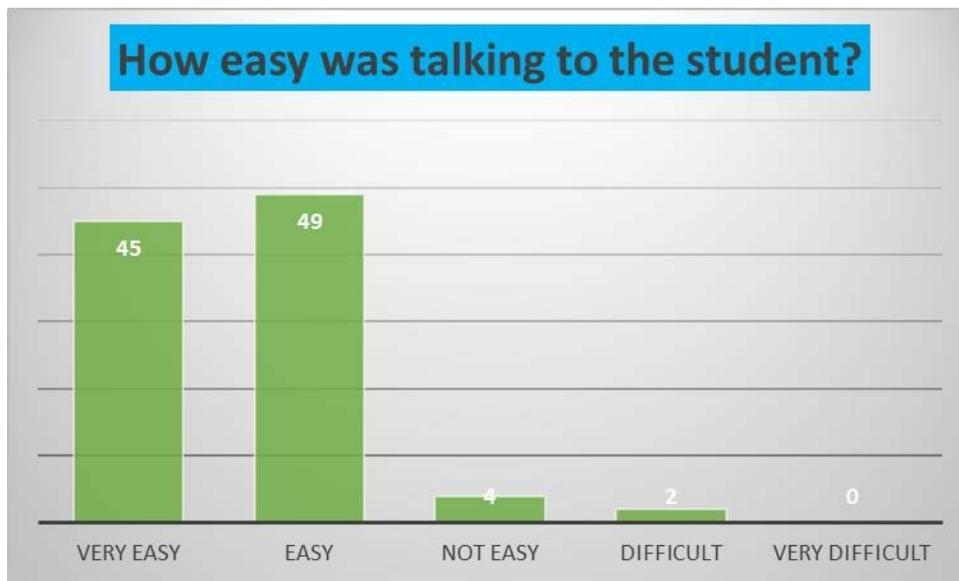


Figure 4-19: Easy talking to the student

Table 4.20 and Figure 4.20 show 49% of respondents felt that it was easy talking with the homoeopathy students, 45% felt it was very easy talking with the student, 4% not easy, 2% found it difficult talking to the students and none felt it was very difficult talking with the student.

4.6.8 Were homoeopathy students Professional during the consultation?

Table 4-21: Students' Professionalism

Extremely professional	50
Professional	49
Not professional enough	01
Not at all professional	00
Total	100

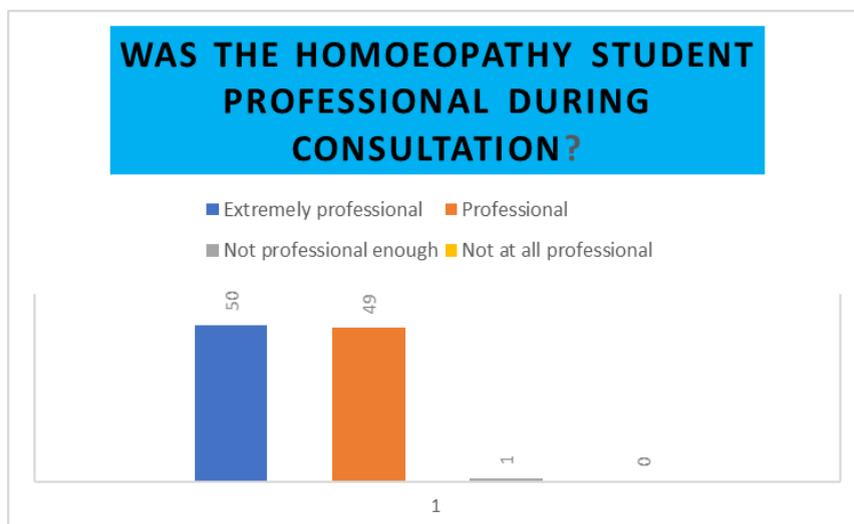


Figure 4-20: Students' Professionalism

Table 4.21 and Figure 4.21 show that 50% of the respondents perceived extreme professionalism from the homoeopathy students during the consultation, 49% were professional, 1% not professional enough, 0% not at all professional.

4.6.9 Feeling after the Homoeopathic consultation

Table 4-22: Feeling after the consultation

No change	05
Better	84
Worse	11
Other	00
Total	100

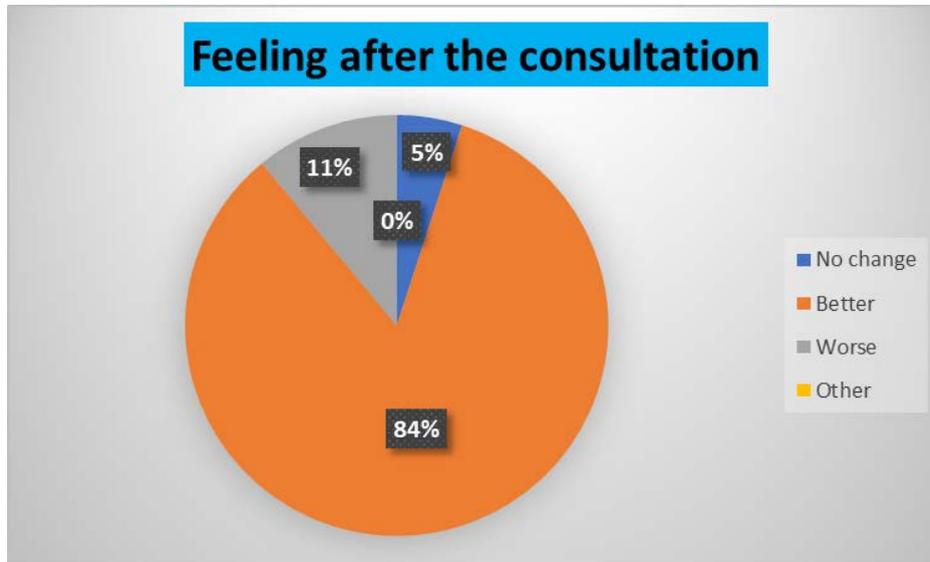


Figure 4-21: Feeling after the consultation

Table 4.22 and Figure 4.22 show that 84% of respondents felt better after the homoeopathic consultation, 11% felt worse, 5% no change and 0% other.

4.6.10 Homoeopathy student practitioner's manner

Table 4-23: Student practitioner's manner during the Homoeopathic consultation

	Communication	Empathy	Questions encouraged
Very good	43	59	68
Good	48	37	25
Fair	09	04	05
Poor	00	00	02
Total	100	100	100

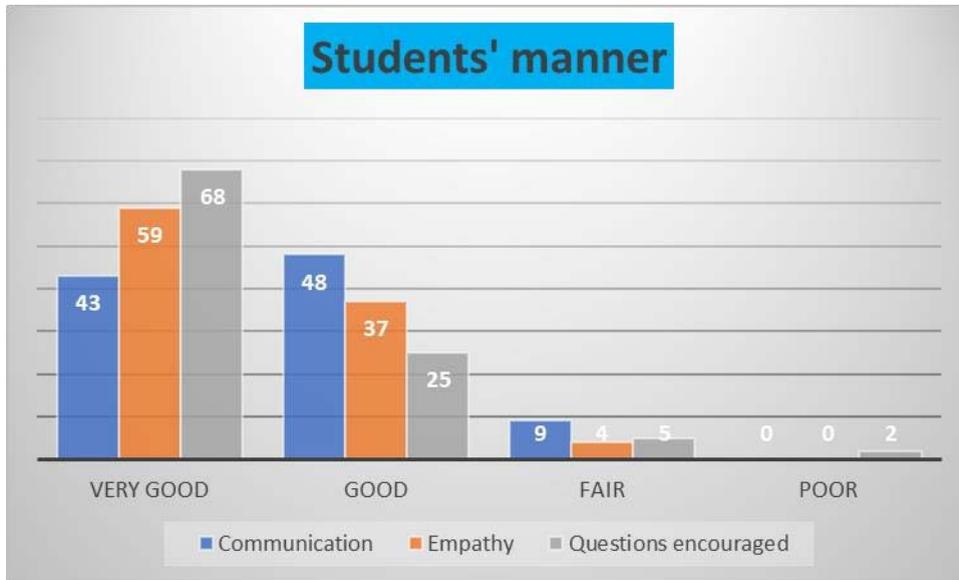


Figure 4-22: Student practitioners' manner during the Homoeopathic consultation

Table 4.23 and Figure 4.23 show a very high level of satisfaction regarding the student practitioners' manner during the Homoeopathic consultation

4.6.11 Information and advice to the patient

Table 4-24: Information and advice

	Information	Advice
Too much	55	54
Right	41	40
Too little	01	01
None	03	05
Total	100	100

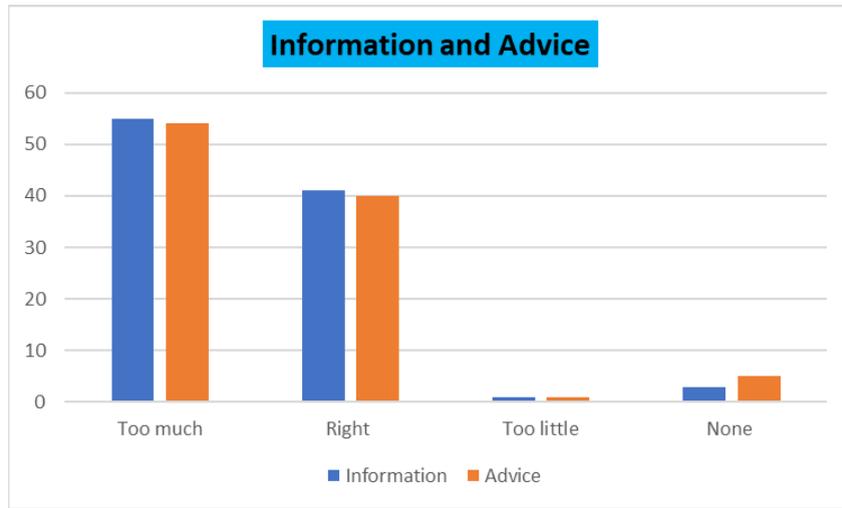


Figure 4-23: Information and advice

Table 4.24 and Figure 4.24 show that most of the respondents had too much information given to them and there were high responses from respondents that got the right amount of advice.

4.6.12 Repeat visit to the CRHCHC and referrals to the CRHCHC

Table 4-25: Repeat visit and referrals to CRHCHC

	Repeat visit	Referrals
Yes	97	98
No	03	02
Unsure	00	00
Total	100	100

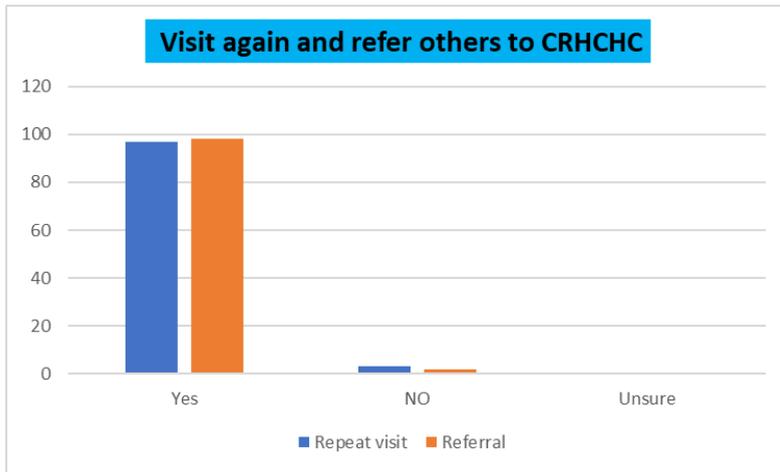


Figure 4-24: Repeat visit and referrals to CRHCHC

Table 4.25 and Figure 4.25 show that 97% of respondents would visit again and 98% of the respondents would refer others to the CRHCHC.

4.6.13 Homoeopathic consultation versus orthodox

Table 4-26: Repeat visit and referrals to CRHCHC

Very different	72
Moderately different	06
Slightly different	08
Not at all different	14
Total	100

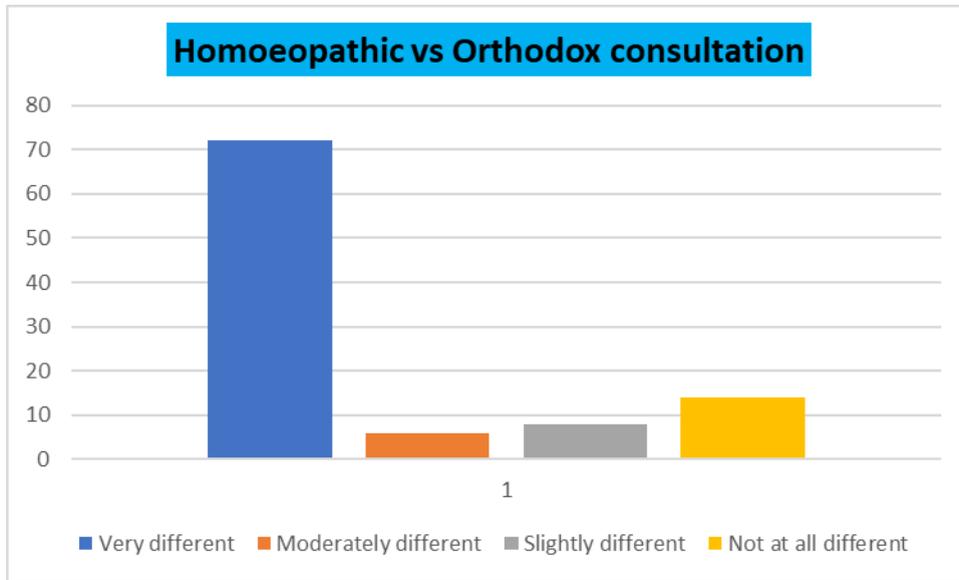


Figure 4-25: Repeat visit and referrals to CRHCHC

Table 4.26 and Figure 4.26 show that the majority of respondents felt that the Homoeopathic consultation was very different compared to the other consultations they had with Orthodox practitioners.

Table 4-27: Compared to the other doctors you have consulted, how is this Homoeopathic consultation different?

Patient number	Comments on how homoeopathic consultation is different
01	No comment
02	I walk when I come it is close and when I get here the stuff is working and helping us
03	It is close here and they have sympathy
04	I am always happy when I am here. Ever since this place started operating I am happy with the way they do things and it helps the community a lot.

05	They spend enough time to know you and your complaint, and where you do not understand, they give you a chance to ask questions.
06	No comment.
07	I feel better ever since I started attending here.
08	I feel welcomed here.
09	No comment.
10	They give medication here unlike other places.
11	No comment.
12	They explore deeply about your condition.
13	No comment.
14	No comment.
15	No comment.
16	Here they welcome you and at the same time, you get seen by the doctor.
17	They have care and sympathy.
18	No comment.

19	No comment.
20	I am happy that they spent time with me.
21	Your service is so good, you have cared for us.
22	No comment.
23	They help us a lot concerning our health status.We wish you could come every day.
24	No comment.
25	Your medication is different and they have cared for us.
26	I am happy with the service I got here
27	No comment.
28	I wish you that you can have your own clinic here in the area, you help us a lot.
29	No comment.
30	Your pills are different
31	When I am taking your pills I do not get exhausted.
32	They have cared a lot.

33	They have care here and love for us as their patients.
34	They have care here and they see us quickly especially us as older people.
35	No comment.
36	They encourage me to eat healthy here in this clinic
37	Where I started attending they failed to diagnose me but here they manage to diagnose my condition
38	Here we do not get injections and we need injections.
39	No comment.
40	No comment.
41	No comment.
42	Here they care a lot about our health, you work fast and with a smile on your faces.
43	I always feel welcomed here and good care
44	No comment.
45	Here they give us advice about our health and I am happy about this place.

46	Here they handle us nicely and with care, they tell us more about our conditions.
47	They care a lot about us and they handle us with care
48	We get medication here and we get free from the sicknesses we had
49	My health status started to improve since I started attending here
50	No comment.
51	Here they take care of us a lot, they give us advice especially us as older people
52	No comment.
53	There is no difference, you have a good service delivery
54	Here the consultation time is long and that makes me happy.
55	No comment.
56	Here they ask you a lot about you, even things you did not come for, which is good because I got help.
57	No comment.
58	Here we get all the medication we need.
59	They care a lot about us here.

60	Your medication here have no adverse effect
61	They have care and sympathy for us.
62	No comment.
63	No comment.
64	They care a lot about us here in this clinic.
65	No comment.
66	No comment.
67	No comment.
68	No comment.
69	No comment.
70	This clinic is close to us and we get the medication we need.
71	Here we get medication.
72	They have good service delivery here in this clinic.
73	They give us medication.
74	They give us the right amount of medication we need.

75	No comment.
76	No comment.
77	I am happy with the way you treat us my children please do not change, continue helping us
78	No comment.
79	No comment.
80	No comment.
81	They care a lot about our health.
82	No comment.
83	No comment.
84	No comment.
85	Here they show us love and care.
86	No comment.
87	No comment.
88	No comment.
89	Here they are friendly and care about us

90	No comment.
91	Here there are no vaccinations for our children and we wish they were available
92	No comment.
93	No comment.
94	We are happy with the way they see us here, please do not change your behaviour
95	They see us fast and we do not have to queue for long hours
96	No comment.
97	They spend time with us trying to understand our conditions
98	We get seen quickly here
99	No comment.
100	No comment.

Table 4-28: Comments (if there are any other comments regarding your experience with the Homoeopathic consultation)

Patient number	General comments
01	We need the clinic to operate every day.
02	We need a clinic to be here every day so we can get help anytime.
03	We need the clinic to operates every day and different machines to do other check-ups that are not done here.
04	This is the best clinic I have ever visited and the students care about us, they greet us and smile when they see us, we get help fast and we always feel welcomed. I wish they can behave like this and not change.
05	It so nice to be seen by a homoeopath, when we arrive they welcome us nicely and they ask me how do I feel, which the best thing I do not get in other clinics, I wish this clinic can operate every day.
06	No comment.
07	We wish that we can have a clinic in this area, not just a mobile clinic and operates every day.
08	We wish to have a clinic, not just the community hall that we get seen in now.
09	Everything is good about this clinic

10	We wish this clinic can operate every day and we wish that they can bring injections.
11	No comment.
12	We wish to have a standstill clinic, not a mobile clinic and we wish that they continue with their love and care for us.
13	I have no comment.
14	No comment.
15	Good work and I wish they can continue like this.
16	I do not have much to say, I am happy with the service delivery.
17	I wish that there can be more people who prepare medication fast.
18	No comment.
19	Their work here is very good.
20	I wish that there could be more doctors and more doctors' rooms.
21	No comment.
22	No comment.
23	We wish that you can come here every day, your presence makes a huge difference in our health.

24	I have no comment everything is good.
25	I wish that they can do blood tests e.g. HIV testing before we go too far places
26	We need a standstill clinic that will give us help every day.
27	No comment.
28	I wish that they can include more health services all over Mkhizwana area
29	No comment.
30	I love the Homoeopathic pills
31	No comment.
32	I wish that you can continue with your love and care, and continue like that. We would be happy to get injections.
33	No comment
34	No comment.
35	I have no comment.
36	I wish that there can be more doctors.
37	Everything is good, I am happy with everything.

38	We need a clinic so we can get treated.
39	We wish to get all health services like, get all our chronic medication, get all the vaccines for our children here in this clinic
40	We need a standstill clinic that will operate daily.
41	We need a clinic because this is the tribal court and we wish that you can be around the whole week, get all the medications and also get more translators as sometimes there are homoeopathy students that speak English only and that difficult for us.
42	No comment.
43	I wish you can come here every day, not on Wednesday only.
44	No comment.
45	I wish that you can have the 2 months of family planning injections.
46	We wish to have a big clinic even when I am dead I want it to be here and help my neighbours.
47	We need a machine that checks our blood, especially HIV and as HIV surfers we need a lot of attention.
48	No comment.
49	I wish this clinic can operate daily because it helps a lot.

50	We need a standstill clinic in this area.
51	Everything is running smoothly.
52	I have no comment.
53	You help us a lot but what we need is a clinic in this area.
54	We need a clinic that will operate every day and more doctors.
55	We need more numbers of doctors as there is a lot of people in the area. I also need to like to see a lot of people visiting the area and we need more medication. I want to see the clinic operating every day since we are far from the clinics.
56	Homoeopathic consultation must also provide consultation for us that have issues in our homes.
57	We need medication for children and operates every day.
58	We would like to have all the equipment to check Blood sugar levels and HIV.
59	I would be happy to see X-ray machines here.
60	They use natural remedies and a holistic approach
61	We need all the vaccinations, medication for HIV patients, we need cleaners so that the clinic will be clean, we would like to be informed when the clinic is not operating.

62	The people in this area speak IsiZulu and most of the Homoeopathy students speak English and that a problem for us as we do not understand what they are saying sometimes. we wish you could bring people to translate for us.
63	We need more doctors.
64	We would like to have machines that check our blood.
65	I would be happy if we can get food while we are waiting to be seen.
66	We need vaccinations for our children.
67	No comment.
68	No comment.
69	I would like to thank that we get the clinic close to our homes.
70	We would like to get all the medication, vaccines for our children, they do not shout at us and they have care.
71	They have care, I wish they can carry on with their patience
72	I would like to see the clinic operating every day
73	I wish the clinic can operating every day
74	No comment.

75	My wish is to have a clinic in the area that operates daily so we can be seen anytime.
76	I wish you could come every day.
77	No comment.
78	I wish that can be more of you so that everything will be fast.
79	These children have care thank you.
80	No comment.
81	No comment.
82	No comment.
83	They are good at what they are doing.
84	No comment.
85	We wish that you can teach isiZulu to those who cannot speak it so that we can communicate easily.
86	No comment.
87	No comment
88	No comment

89	No comment
90	No comment
91	No comment
92	We wish to have the clinic every day
93	I have no comment
94	No comment
95	No comment
96	No comment
97	No comment
98	No comment
99	You treat us well please do not stop with your good behaviour
100	No comment

Chapter 5: Discussion

5.1 Introduction

The results of the statistical analysis from the questionnaire Appendix E1 and E2 from Chapter 4 are discussed further in this chapter.

5.2 Overview

The outline of the chapter is as follows:

- Demographics
- Homoeopathy
- Cato Ridge Homoeopathic Community Health Centre (CRHCHC)
- Homoeopathic consultation.

5.3 Demographics

5.3.1 Gender

As shown in table 4.1 the majority of the respondents were females (78%) and the remaining 22% of participants were males. It appears that gender distribution is skewed towards the female population and matches the findings of Dube (2015) and Watson (2015) who found that there is a high percentage of females that visit community health centres. Furthermore, Pramlall (2016) noted that it is a common thing to find in public clinics and health centres that most patients are females.

Suraj (2012) conducted a study in North Indian students where it was found that most of the female students in the inner city were more conscious about their health compared to the male students. Furthermore, the study found that even though male students were involved in physical activities and exercise, more female students visited the clinics and it was mostly about hygiene issues. The study concluded that female patients are more concerned about health than males.

Rothman and Salovey (1997) conducted a study and noted that male patients are unwilling and hesitant when it comes to health issues. Furthermore, Courtenay (2000) concluded that males

tend to ignore their health issues due to the social constructions that a male is stronger than a female, and he should nurse the female and take care of his family.

A conclusion can be drawn from this study that females are more cautious about their health issues than males.

5.3.2 Age

As shown in table 4.2, most of the respondents were 41 years and above (44%) followed by those 21-25 years of age (20%). This showed a gap between the younger generation and the older generation. Findings of Dube (2015) revealed that older people seek medical help more compared to the younger generation.

Additionally, the low percentage of young patients could be due to the fact that young people do not have as many issues concerning their health as compared to older people (Dube 2015). According to the International Health Racquet and Sports club Association (2006), the health of an individual declines with an increase in age and that explains the high percentage of older people seeking medical help.

It can be concluded that most of the people that seek medical attention are the older generation due to the decline in their health and the fact that they have many illnesses due to aging.

5.3.3 Population group

The results in Figure 4.3 show that all respondents were African (100%). The results match with those of Ngobese (2018), Dube (2015), and Watson (2015) that the majority of people in KZN that visit clinics are African. However, Herr (2008) study that was conducted at Durban University of Technology Homoeopathic day clinic revealed that the majority of the patients that visit this clinic were white people. This difference can be attributed to the fact that CRHCHC is located in a rural area where the majority of people are African and DUT Homoeopathic day clinic is located in the city where there is a majority of caucasian people.

5.3.4 Home Language

The results in Figure 4.4 and Table 4.4 show that 97% of the respondent's home language is isiZulu, followed by 3% of IsiXhosa. According to the South African population census 2001 (Lehohla 2004), the KZN populations' main home language is mostly isiZulu (80.9%) followed by English (13.6%) and isiXhosa (2.3%) and this can be the reason behind the result obtained in this study.

5.3.5 Marital status

The result in figure 4.5 shows that the majority of the respondents were never married (63%) and (27%) married,(10%) widowed and (0%) divorced. Dube (2015) states that African culture is one of the reasons behind the high percentage of unmarried people due to the customary expectations of both families. It is very difficult for a couple to get married as there is an amount well- known as *Lobola* of about 11 cows that is paid by the male to his in-laws. The couples who cannot afford the Lobola usually never get married as getting married in court is not fully recognised by the African families. This is also supported by the Smillie (2010) study which found that the majority of the people in the KZN communities were unmarried followed by the married people and the least number were widowed and divorced people.

5.3.6 Occupational status

The result in Table 4.6 and Figure 4.6 show that only 38% of respondents were self-employed, 23% of respondents were pensioners. The rest were 19% of unemployed, 9% were students, 7% were employed full time, 4% were employed part-time, 3% were scholars. (Farming to alleviate poverty Suggested Tips by Food and Trees for Africa 2017) states that the population of Cato Ridge (Mkhizwana village) is profoundly a rural area with a high level of unemployment and self-employed people.

5.3.7 Education

The result in Table 4.7 and Figure 4.7 show that 50% of participants have qualifications less than matric, 32% had matric, 14% of respondents had no educational background, an equal percentage of respondents had a post-graduate degree and diploma or degree (2%). This study shows the opposite result as the study of Herr (2008) in which he found that the majority of the participants had matric and less number had no matric. The Herr study was conducted at DUT Homoeopathic Day Clinic.

Apartheid policies deliberately sought to perpetuate the indignities of poverty by disempowering citizens and undermining their potential for advancement by denying access to quality education, for example. Through a rigorously implemented policy of segregation, people were classified as white, black, Indian or colored, influencing their access to socio-political, economic and education (Maila and Ross 2018). The apartheid era ended, however, and sparked improvements in education, and the doors were opened to all South Africans, regardless of race, for equal opportunities. According to the 2001 South African Statistical Population Census (Lehohla 2004), 19.8% of the population had grade 12, 6.9% tertiary and 21.9% had no schooling.

Majola (2016) states that the causes of this drop in matric performance may include rapid urbanization that leads to migration skills; good teachers concentrate in urban areas, leaving poor students exposed to "low-impact" teaching due to the ability gap. It can be concluded that there is a high number of people without matric in rural areas and also a high number of people with matric in urban areas as the study of Herr(2008) that was conducted in the city of Durban shows there was a high number of people with matric.

5.3.8 Health status

The results in Table 4.8 and Figure 4.8 show that the majority of respondents had good health status. Furthermore, health education could be obtained through the media (television and radio), as suggested by Express Health Care (2011), which reports that more youth between the ages of 18-24 and 25-34 use the Internet to check for health information and that young people usually educate older people to be aware of their health.

5.4 Homoeopathy

5.4.1 Have you ever heard of Homoeopathy?

The results in table 4.9 and figure 4.9 show that 45% of respondents had never heard of Homoeopathy and 55% had heard of Homoeopathy. According to Dube (2015), the explanation for this outcome could be that homoeopathy in South Africa is still recent and has not been formally included within the healthcare sector.

South Africa's population is dominated by Africans, and about 80% of the African people consult with traditional healers who are believed to be a bridge between the worlds of the living and the dead, and who have always paid the greatest attention to this method of healing, even with the expansion of modern medicine (World Health Organization 2001).

From a South African viewpoint, and contrary to Khumalo's (2015) report that there was a high understanding of homeopathy among the population, the results in this study suggest that the majority of participants had a vague and weak understanding of homoeopathy

5.4.2 Have you ever consulted with a Homoeopath before?

The results in Table 4.10 and Figure 4.10 show that 52% of respondents had never consulted with a Homoeopathic practitioner before and 48% had consulted with a Homoeopathic practitioner before. Dube(2015) states that this might be because the majority of Africans meet with traditional healers and because homoeopathy is new the people have less knowledge of it.

Prinsloo's research (2011) confirmed that homoeopathy was the world's fastest-growing medical model. The understanding of homoeopathy is increasing, and there is a growing demand to learn more about homoeopathy, according to Prinsloo (2011).

5.4.3 Source of knowledge about Homoeopathy

Prinsloo's study (2011) revealed that homoeopathy has been the world's fastest developing medical modality. The awareness of homoeopathy is changing, and there is a growing demand to learn more about homoeopathy, according to Prinsloo (2011)

From a South African viewpoint, and contrary to Khumalo's (2015) report that there was a high understanding of homeopathy among the population, the results in this study suggest that the majority of participants had a vague and weak understanding of homeopathy.

The differences between Khumalo (2015) and the current study could be due to the racial composition of the participants, as Khumalo(2015) study had more Indian population while the current study participants are black African. The participants in this study were all Africans by race, as seen in Table 4.3. Although Khumalo (2015) revealed that there was relatively high awareness of homeopathy among the Indian population, she admits that African participants had low knowledge of homoeopathy

Love (2016) recognizes that social networks have promoted awareness and positive attitudes towards homoeopathy, and have played an integral role in correcting misconceptions about homoeopathic medicine. Likewise, other research (Deri 2002; Devillanova 2005) noted the insightful role and significance of social networks in the use of health care. As such, the use of social networks within societies to promote the use of homoeopathic services may be an important component of the South African growth of homoeopathic information and services.

5.4.4 Have you ever consulted with a Homoeopath before?

Results show that 52 percent of respondents had never previously seen a homoeopathic practitioner. This might be because most Africans meet with traditional healers and because homoeopathy is new, people have less understanding of it.

This is in line with Macquet's (2007) study on the perceptions and awareness of Homoeopathic Day Clinic among DUT students, which revealed poor knowledge of homoeopathy among tertiary students and further stated that the African population group needs to be targeted in homoeopathy marketing since it is the largest ethnic group in South Africa. The result in this current study shows that homoeopathy is now more recognised and people are getting to know it.

5.4.5 How did you get to know about CRHCHC?

The results show that most of the respondents that attended the CRHCHC saw the clinic and others were referred by friends and family members, while some were referred by the community leader. The majority of the participants saw the centre as the building in use is a tribal court, where they also get proof of residence, community announcements, and meetings.

5.5 Cato Ridge Homoeopathic Community Health Centre(CRHCHC)

5.5.1 Location of the CRHCHC

The results show that more than 50 percent of the respondents were satisfied with the clinic being easy to find, convenient and offering a professional impression. This is in line with Watson (2014) study on patients' welfare and experiences at Ukuba Nesibindi HomoeopathyCommunity Health Centre. The high degree of satisfaction from the participants could be the fact that they walk to the centre as it is close to their homes.

5.5.2 Welcoming at the CRHCHC

The result showed a very high degree of satisfaction amongst the respondents regarding being attended to promptly and in a friendly manner by the Homoeopathy students. According to Dube (2015), this may be due to the interaction (meeting and greeting) between the patient and the practicing Homoeopathy student. The warm welcome may allow a patient to speak openly, thus promoting health.

This is in line with the study conducted by the Friedwald Center for Rehabilitation and Nursing (2011), which found that recovery takes more than medication for a patient and that patients who have friendly and warm relationships with their physicians recover in a shorter period.

5.6 The Homoeopathic Consultation

5.6.1 Impact of the Homoeopathic consultation

The results show that the majority of patients that attend CRHCHC had a positive outcome concerning the effects of homoeopathic consultation. Dube (2015) states that the explanation for this could be that the African race has been taught to be discreet and not to show itself, and this can lead to stress-related illnesses, and concentrating on patients during the consultation will encourage a patient to open up and talk, which can lead to better health. This concurs with the study of Andreoli, Zanolin and Bellavite (2018) that showed that the effects of Homoeopathy were viewed as good in most patients.

Nell (2004) states that effective communication is important and includes listening and understanding the patient, and transmitting that understanding back to the patient. Nell (2004) further notes that encouraging patients to express themselves will lead to better health.

Talking allows people to express their thoughts and feelings, to be conscious and make positive changes, according to Street et al. (2009). According to Platt and Keating (2007), good doctor-patient communication has the potential to help control the emotions of patients, promote the interpretation of medical information and better identify the needs, opinions, and expectations of patients.

5.6.2 Time spent in the Homoeopathic consultation

The results show that 65% of respondents considered that the time spent with them was the right amount, which could be an explanation for increasing the number of patients attending the

clinic and providing patients with undivided attention to recognize their symptoms according to Dube (2015).

Bhanu (2010) noted that perceived patient satisfaction is affected not only by the relationship between the doctor and the patient but also by consultation time. He suggested that the amount of time that the patient spends in the waiting area will decide the patient satisfaction outcome. If it is too long, then the patient may never return. Although few participants indicated unsatisfactory about the waiting time and consultation time, the majority of the participants in this current study showed great satisfaction with the consultation time and waiting time.

5.6.3 Amount of trust in the Homoeopathic student during the consultation

Mascarenhas et al. (2006) state that trust is fundamental to all human relationships and, in the sense of a vulnerability environment such as clinical consultation, can be viewed as the individual's confidence that the practitioner will care for their best interests (Peabody 2015). As an aspect of the doctor-patient relationship, trust derives from the patient's assumption that the doctor is their friend and is their partner (Ridd 2009).

The results show that more than 60% of the respondents trusted the Homoeopathic student practitioner during the consultation. According to Calnan and Rowe (2004), trust also allows patients to share important medical information and has a significant indirect influence on health outcomes.

According to Fiscella *et al.* (2004) variety of organizational and personal factors such as patient-centred approaches to treatment promote the establishment of a trusting doctor-patient relationship.

5.6.4 Explanation of medical condition

The result in Table 4.17 shows that 72% of respondents perceived a very helpful explanation of their medical condition by the homoeopathic students. This result shows that the Homoeopathic students and patients understood each other well during the consultation. A study conducted by Dubach and von Rechenberg (1977) showed that half of the patients complained that they had little knowledge of the medical explanation of their disease, the main reason being that the doctors used medical terms which they did not understand.

5.6.5 Homoeopathy student Listening during case taking

Result in Table 4.17 show that more than 70% of participants perceived a very helpful explanation of their medical condition by the Homoeopathy students. This could be that the homoeopathy students and the participants understood each other well during the case-taking as seen in table 4.4 that over 90% of the participants' home language is isiZulu and most of the Homoeopathy students speak isiZulu.

5.6.6 Homoeopathy consultation satisfactory

The result shows that over 60% of the participants were satisfied with homoeopathic consultation. This could be because patients were given time to discuss their symptoms while the Homoeopathy practitioner was listening carefully (Dube 2015).

Holistic approach and individual care, patients find such consultations encouraging, helping them to know more about their own wellbeing (Shaw, Thompson and Sharp 2006).

5.6.7 The professionalism of Homoeopathy students

The result shows that over 50% of participants perceived extreme professionalism from the homoeopathic student practitioners. This could be because of the clinic jackets worn by the Homoeopathy student practitioners and their appearance can help to identify them as doctors and patients tend to trust them (Dube 2015).

Medical protection (2017) states that professionalism includes confidentiality, integrity, trust, fairness, and compassion. Medical protection (2017) further explains that a patient's trust in a doctor is no longer assumed; it is accomplished through a show of appropriate professional qualities: competence, probity, honesty, etc.

5.6.8 Feeling after the Homoeopathic consultation

The result shows that 84% of participants felt better after the homoeopathic consultation. This concurs with a study of Watson (2015) where he found that the majority had improved, with 93% believing that their general overall well-being was either significantly better or better after receiving treatment.

5.6.9 Homoeopathy student practitioners' manner

The result shows a very high degree of satisfaction (68%) concerning the homoeopathy students manner during the consultation. This could be because of the friendliness and warm welcome of patients. Furthermore, Ngobese(2018) states that homoeopathy students' professional appearance, timeliness, effective communication, and their focus during the consultation were factors contributing to the high degree of satisfaction regarding the homoeopathic students' manner.

5.6.10 Information and advice to the patient

The result shows that the majority of the patients had a satisfactory experience regarding the information and advice given by a homoeopathic student practitioner. The reason for this could be the length of the homoeopathic consultation as the practitioner spends time exploring the patient's main complaint.

According to the American Medical Association (AMA) Code of Medical Ethics, patients have the right to know their medical status, past and present, and to be free of any doubts about their conditions. Occasionally, situations occur in which a patient encounters significant medical problems that may have been the result of the physician's mistake or judgment. In such cases, the practitioner is ethically required to inform the patient of all the information necessary to ensure that they understand what has happened to them (Davis 2017).

5.6.11 Repeat visit and referrals to the CRHCHC

The result shows that 97% of respondents would visit again, and 98% would refer others to the CRHCHC. This could be because the centre is close to their homes, they don't pay for transport and medication is free.

Good communication between a practitioner and the patient, together with consultation yields satisfactory results and the patient is likely to visit again (Bhanu 2010).

5.6.12 Homoeopathic consultation versus orthodox

The result shows that the majority of the patients felt that homoeopathy consultation is very different from orthodox or allopathic consultation which could be due to the length of the consultation in homeopathy as it is long and deep compared to orthodox consultation.

Trivieri (2001) noted that orthodox medicinal products relieve the symptoms of the disease by trying to suppress them whereas in homeopathy the focus is to bring the cure to the person as a whole. The reason for these results could be the structure and the way the homoeopathic case is taken.

5.7 Comments

5.7.1 Comments on how homoeopathy consultation is different.

Participants stated that homoeopathy consultation was different. Participants further said that homoeopathy consultation differs with the orthodox by the way the consultation is handled. They said homeopathic students had sympathy, are friendly, spent time with the patient trying to know more about their medical condition and they even ask about other complaints you have which is something they have never before experienced and they enjoy it. Furthermore, they said homoeopathic student practitioners showed care and love to the people and they wish they could remain like this and never change.

Patients further stated that in a homoeopathic consultation they get more medication which makes them happy as they usually get nothing when they visit public clinics and sometimes they are not seen by the doctors or nurses.

Chapter 6: Conclusion and Recommendations

6.1 Conclusion

This study aimed to investigate patients' experiences of their first homoeopathic consultation and service delivery at Cato Ridge Homoeopathic Community Health Centre. The objectives were to identify shortfalls or inadequacies in the service provided by the CRHCHC, and to determine the patients' experiences on Homoeopathic consultation.

CRHCHC is located in a very poor area that reflects the quality of life of those who live in the region. This indicates the need for complementary medicine as primary health care, particularly for those with little or no income as stated by Smillie (2010).

Since CRHCHC was established the number of patients that visit the centre is increasing every year. The increase in numbers may mean that patients are satisfied with the service delivered by this centre.

The study result showed a high degree of satisfaction concerning the homoeopathic consultation and service delivery at CRHCHC. However patients suggested that the centre should operate the whole week and they need a clinic, not just a mobile clinic, as they sometimes find that there are medical emergencies but they do not have a nearby medical facility to help them.

According to the result of the study, patients' seemed to know what was homoeopathy, yet most of them have not visited a homoeopath before. The patients were satisfied with the homoeopathic consultation and they felt comfortable during the consultation. This study highlighted that the length of consultation plays a major role in patients' satisfaction as in this study patients showed great satisfaction with the length of the homoeopathic consultation time, which is 1 hour or an hour and a half.

6.2 Recommendations

6.2.1 Recommendations to enhance the service delivery and homoeopathic consultation at CRHCHC

The following is recommended in order to improve service delivery and homoeopathic consultation at CRHCHC

- The centre should operate more than once a week as there is no other clinic close to the people of Mkhizwana village and CRHCHC is the only medical facility that assists them.
- There is a need to increase the number of consultation rooms as the number of patients is growing and to prevent patients from waiting for a long time.
- There is a need to increase the number of clinicians so that students can have a faster discussion of the cases and also to avoid patients waiting for their medication and others waiting for their case to be taken.
- Patients who attend the clinic are isiZulu and isiXhosa speaking patients, and most of them are not fluent in English, preferably an isiZulu interpreter is required. That will allow patients to freely express themselves without any obstacles.

Once the above guidelines have been taken into account and measures taken to resolve them, a further review of patient satisfaction should be carried out to determine the outcome of the measures implemented.

6.2.2 Further research

- Another study similar may be carried out but as a qualitative study
- More studies should be conducted at CRHCHC to determine patients' perception of homoeopathy

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Appendixes

7.1 Appendix A: Gate keepers' permission to conduct the study



2264 Fast
Track east
Mayville
4091

14 /10/2019

Request for Permission to Conduct Research

Dear Head Clinician/ Clinic Director/ Deputy Dean/community leader

My name is Mzwandile Nyawose a Masters Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation is Patients' experience of their first homoeopathic consultation at Cato Ridge Homoeopathic Community Health Centre in KwaZulu-Natal province, South Africa. It a quantitative study that involve a survey questionnaire as a research tool, this will be administered to voluntary participants.

I am hereby seeking your consent to do the perception study under the clinician on duty

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

If you require any further information, please do not hesitate to contact me 0787595176, and mzwandilelushaba1@gmail.com]. Thank you for your time and consideration in this matter.

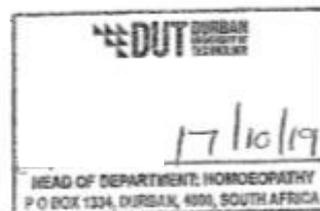
Yours sincerely,

Mzwandile Lushaba
Durban University of Technology

Head Clinician/Clinic Director

Deputy Dean

Community leader



7.2 Appendix B1: Information letter (English)



LETTER OF INFORMATION

Title of the Research Study: Patients' experience of their first consultation at Cato Ridge Homoeopathic Health Care Centre (CRHHCC), Kwa-Zulu Natal, South Africa

Principal Investigator/s/researcher: Mzwandile Nyawose, B. Tech Hom

Co-Investigator/s/supervisor/s: Dr. Ingrid Couchman: M. Tech Hom

Brief Introduction and Purpose of the Study: The aim of the study is to explore and patients' perceptions towards their first homoeopathic consultation at the CRHCHC.

Outline of the Procedures: Data collection will take place at the CRHCHC after the consultation whilst you are waiting for medication. You are requested to complete the questions on the paper that will be given to you and this may take 20-30 minutes. Please put it to a completed questionnaire in a box that is provided. No treatment will be used in this study.

Risks or Discomforts to the Participant: There is no risk to complete a questionnaire which will take about 20-30 minutes you, if you don't take part in this study, you will still get the normal patient care from Cato Ridge Homoeopathic Health Centre.

Benefits: The information that will be provided by you will be used to improve the consultation for future patients that will come and visit CRHCHC

Reason/s why the Participant May Be Withdrawn from the Study: You can withdraw from the study at any time you like without any form of penalty.

Remuneration: There is no payment for participation in the study if you do take part you do it voluntarily.

Costs of the Study: You will not be expected to pay any money for the study.

Confidentiality: Please don't write down your personal information on the questionnaire e.g. name and contact details.

Research-related Injury: There is no form of injury or discomfort on participation in the study.

Persons to Contact in the Event of Any Problems or Queries

Dr. I. Couchman (Supervisor) - Telephone no: 031 373 2482

Mr. M.E Nyawose (Researcher) - Telephone no: 0787595176

The Institutional Research Ethics Administrator on 031 373 2375.

Complaints can be reported to the Director: Research and Postgraduate Support, Prof S. Moyo on 031 373 2028 or kevend@dut.ac.za

7.3 Appendix B2: Information letter (IsiZulu)



INCWADI YOKUZIBANDAKANYA

Isihloko socwango: Imibono noluvo ngendlela abaphatheka ngayo kanye nokubonwa ngayo abantu abahambela lesikhungo I- Cato Ridge Homoeopathic Health Centre (CRHCHC) Kwa-Zulu Natal, South Africa

Umcwangingi omkhulu: Mnu. M.E. Nyawose, B Tech: Homeopathy

Umhloli omkhulu nesekele mhloli: Dkt. I. Couchman, M. Tech: Homoeopathy.

Isingeniso kaye nenjongo yalolucwano: inhloso yalocwano ukuthola kabanzi imibono yeziguli ezivakashela I-CRHCHC mayelana nokubonwa kwazo ngokokuqala kulesikhungo.

Indlela uhlelo oluzohamba ngayo: Sicela imizuzu engu 20 yokuba ugcalise uhla lwemibuzo yocwano. Loluhla lwemibuzo yocwano luyokwenziwa khona kulomtholampilo ngesikhathi usalindile endaweni yokulindela imishanguzo. Sicela Ukuba ufake uhla lwemibuzo yakho uma usuphothulile ukuligcalisa, kwibhosi olinekeziwe.

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

Izizathu zokushiya Ucwano kothe wazibandakanya: Uvumelekile ukuphuma ocwano noma inini ngaphandle kwesijeziso.

Inkokhelo: Ayikho Inkokhelo etholwa yilowo ozibandakanyayo kulolucwano

Izindleko zalolucwano: Akukho zindleko okulindeleke ukuba uzikhokhe kulolucwano

Imfihlo: Siyacela ukuba ungadaluli noma ubhale igama lakho neminingwane yakho ephepheni lemibuzo. Uhlaka olungawasebenzisi amagama liyosetshenziswa ukubona iphepha lakho

Ubungozi ngenxa yocwano: Ngenxa yendlela yalolucwano Abukho ubungozi obulindelekile nakulimala okulindelekile ngenxa yokuzibandakanya. Akukho kokhelo eyokhishwa kulabo abakhala ngesimo esinjalo.

Bantu ongaxhumana nabo uma Kukhona ofuna ukukubuza noma uma kubanenkinga:

Uyacelwa ukuba uthinte umcwangingi: Mzwandile Nyawose (cell no. 0787595176), umhloli omkhulu Dkt. Couchman (tel no. 0313732482) noma I Institutional Research Ethics administrator kulenombolo 031 373 2375. Izikhalazo zingabikelwa u Director: Research and Postgraduate Support, Prof S Moyo on 031 373 2028 or kevend@dut.ac.za.

7.4 Appendix C1: consent form (English)



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mzwandile Nyawose about the nature, conduct, benefits, and risks of this study - Research Ethics Clearance Number: **134/19**
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials, and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature/RightThumbprint
---------------------------------	-------------	-------------	----------------------------------

I, Mzwandile Nyawose here with confirming that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher	Date	Signature
--------------------------------	-------------	------------------

Full Name of Witness (If applicable)	Date	Signature
---	-------------	------------------

Full Name of Legal Guardian (If applicable)	Date	Signature
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7.5 Appendix C2: Consent form (IsiZulu)



ISIVUMELWANO

Isivumelwano sokuba yinxenye yocwaningo

- Nginesiqiniseko sokuthi umcwaningi uMzwandile Nyawose ungazisile ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo – Research Ethic Clearance Number: **134/19**
- Ngitholile, ngafunda futhi ngaqonda ulwazi olubhalwe ngaphezulu oluchaza kabanzi ngalolucwaningo.
- Ngiyazi ukuthi imiphumela yalolucwaningo, ebandakanya imininingwane yami, ubulili, iminyaka, kanye nobuhlanga angeke kuvezwe kwimiphumela yalolucwaningo.
- Ngokubheka izinto ezidingwa yilolucwaningo, ngiyavuma ukuthi ulwazi oluzotholakala umakwenziwa lolucwaningo lucubungulwe ngengqondomshini ngumcwaningi.
- Ngingayeka ukubayinxenye yalolucwaningo noma inini, ngingasavumi ukubayinxenye.
- Ngilitholile ithuba elanele lokubuza imibuzo futhi ngilungele ukuba yinxenye yalolucwaningo.
- Ngiyaqonda ukuthi ulwazi olusha oluzotholakala ngizonikezwa ngokuba ngibeyinxenye yalolucwaningo.

Igama	usuku	isikhathi	uphawu lwesivumelwano
-------	-------	-----------	-----------------------

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

Igama lomcwaningi	usuku	uphawu lwesivumelwano
-------------------	-------	-----------------------

Igama lofakazi	usuku	uphawu lwesivumelwan
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7.6 Appendix D: IREC Ethics approval letter



30 October 2019

Mr M E Nyawose
2264 Fast Track East
Mayville
4091

Dear Mr Nyawose

Patients' experience of their first consultation at C: Community Health centre in KwaZulu-Natal province, South Africa
Ethical Clearance number IREC 134/19

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

In addition, the IREC acknowledges receipt of your gatekeeper permission.

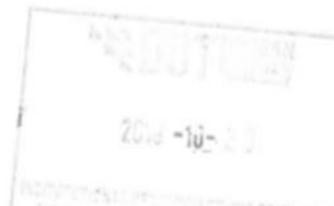
Please note that FULL APPROVAL is granted to your research project for data collection.

Any adverse events [serious or minor] which occur in connection with the research must be reported to the IREC according to the Institutional Research Ethics Committee Operating Procedures (SOP's).

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

Yours Sincerely,

Professor J K Adam
Chairperson: IREC



7.7 Appendix E1: Questionnaire(English)

Code number (to be filled by
Researcher)

QUESTIONNAIRE IN ENGLISH.

SECTION A: DEMOGRAPHICS

Please mark with a **tick**(✓) in the appropriate box.

1. Gender

Male	1	
Female	2	

2. Age

18-20	1	
21-25	2	
26-33	3	
34-40	4	
41 and older	5	

3. Population group

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

4. Home language

IsiZulu	1	
English	2	
Afrikaans	3	
Tshivenda	4	
Sepedi	5	
Sesotho	6	
siSwati	7	
IsiXhosa	8	
Xitsonga	9	

Setswana	10	
IsiNdebele	11	
Other: please specify	12	

5. Marital status

Never married	1	
Married	2	
Divorced	3	
Widowed	4	
Separated	5	

6. Occupational status

Unemployed	1	
Scholar	2	
Student	3	
Employed part time	4	
Employed full time	5	
Self employed	6	
Retired/pensioner	7	
Other, please specify	8	

7. Highest education

Less than Matric	1	
Matric	2	
Post graduate	3	
Diploma/Degree	4	
No schooling	5	

8. General health status

Excellent	1	
Good	2	
Reasonable	3	
Poor	4	

SECTION B: PARTICIPANTS' PERCEPTION ABOUT HOMOEOPATHY AND CATO RIDGE HOMOEOPATHIC COMMUNITY HEALTH CENTER

1. Have you ever heard of homoeopathy?

Yes	1	
No	2	

2. Have you ever consulted with a homoeopath before?

Yes	1	
No	2	

3. **Cato Ridge homoeopathic community health centre (CRHCHC)**

3.1 How did you get to know about Cato Ridge homoeopathic community health centre (CRHCHC)?

I saw the clinic	1	
I was referred to it by a health professional	2	
A friend or a family member	3	
A pamphlet	4	
A blood pressure drive	5	
A colleague	6	
Other. Please specify	7	

3.2 Location

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	1	2	3	4	5
A. Was the clinic easy to find?					
B. The location is in a convenient area.					
C. The outside appearance and entrance give a professional impression.					

3.3 Welcoming

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
	1	2	3	4	5
A. When arriving for your appointment you were attended to promptly.					
B. When arriving for your appointment students were welcoming and friendly.					

SECTION C: PARTICIPANTS' PERCEPTION ABOUT THE HOMOEOPATHY CONSULTATION

1. PLEASE ANSWER BY MAKING A TICK (✓) IN THE APPROPRIATE BOX FOR EACH QUESTION. (Please mark **ONLY** one box)

	No impact	Very negative impact	neutral	Positive impact	Very positive impact
	1	2	3	4	5
A. What impact did the consultation have on your well-being?					
B. What impact did the consultation have on your mind and emotions?					
C. What impact did the consultation have on your physical body?					
D. What impact did the consultation have on your main complaint?					

2. During the consultation, how was the time spent with you? (Please **tick**)

Too much time	1.	
Too little time	2.	
About the right amount of time	3.	

3. How much trust did you have in the Homoeopathic student during the consultation? (Please **tick**)

Too much trust	1.	
Too little trust	2.	
About the right amount of trust	3.	

4. How helpful was the Homoeopathic consultation in explaining your medical condition? (Please **tick**)

Very helpful	1.	
Moderately helpful	2.	
Slightly helpful	3.	
Not helpful at all	4.	

5. How well did the Homoeopathic student taking your case listen to you? (Please **tick**)

Extremely well	1.	
Very well	2.	
Moderate well	3.	
Not at all	4.	

6. How satisfied are you with the Homoeopathic consultation? (Please **tick**)

Extremely satisfied	1.	
Moderately satisfied	2.	
Neither satisfied nor dissatisfied	3.	
Moderately dissatisfied	4.	
Extremely dissatisfied	5.	

7. How easy was it to talk to the Homoeopathy student about your medical condition(s) during consultation? (Please **tick**)

Very easy	1.	
Easy	2.	
Not so easy	3.	
Difficult	4.	
Very difficult	5.	

8. How professional was the Homoeopathy student during the consultation? (Please **tick**)

Extremely professional	1.	
Professional	2.	
Not professional enough	3.	
Not at all professional	4.	

9. How do you feel after talking with a Homoeopathic student? (Please **tick**)

There is no change	1.	
I feel better	2.	
I feel worse	3.	
Other, specify	4.	

10. How was the communication during the consultation? (Please **tick**)

Very good	1.	
Good	2.	
Fair	3.	
Poor	4.	
Very poor	5.	

11. During the consultation how much empathy was shown? (Please **tick**)

Too much empathy	1.	
About the right empathy	2.	
Too little empathy	3.	
No empathy at all	4.	

12. How encouraged were you to ask questions during consultation? (Please **tick**)

Very encouraged	1.	
Moderately encouraged	2.	
Slightly encouraged	3.	
Not at all encouraged	4.	

13. How much information was given in the language you understand regarding your condition (s) during the consultation? (Please **tick**)

Too much information	1.	
About the right amount of information	2.	
Too little information	3.	
No information	4.	

14. How much of advice were you given regarding your conditions (s) during consultation? (Please **tick**)

Too much advice	1.	
About the right amount of advice	2.	
Too little advice	3.	
No advice at all	4.	

15. Will you visit the Cato Ridge Homoeopathic community health centre again? (Please **tick**)

Yes	1.	
No	2.	
Unsure	3.	

16. Would you refer other people to the Cato Ridge Homoeopathic community health center? (Please **tick**)

Yes	1.	
No	2.	
Unsure	3.	

17. Compared to the other doctors you have consulted, how is this Homoeopathic consultation different? (Please **tick**)

Very different	1.	
Moderately different	2.	
Slightly different	3.	
Not at all different	4.	
Please comment:		

18. Comments (if there are any other comments regarding your experience with the Homoeopathic consultation. Please do so in the space provided.

THANK YOU

7.8 Appendix E2: Questionnaire(IsiZulu)

UHLA LWEMIBUZO YOCWANINGO- ISIZULU

IKHODI (KUGCWALISA UMCWANINGI)

INDIKIMBA A- ULWAZI OLUYISISEKELO

Uyacelwa ukuba ubeke **uphawu** noma **umaka** kuleyo mpendulo esebhokisini okuyiyona yona efanelekile noma leyo oyikhethayo. ✓

Ubulili

Owesilisa	1.	
Owesifazane	2.	

1. Ubudala/ iminyaka yakho

Iminyaka engu18 kuya ku20	1.	
Iminyaka engu21 kuya ku25	2.	
Iminyaka engu26 kuya ku33	3.	
Iminyaka engu34 kuya ku40	4.	
Iminyaka engu41 nanga phezulu	5.	

2. Ubuhlanga

Onsundu	1.	
Oyikhaladi noma ilawu	2.	
Owasendiya/ noma eEshiya	3.	
Umhlophe	4.	
Okunye, cacisa:	5.	

3. Ulwimi lwasekhaya

IsiZulu	1.	
IsiNgisi	2.	
IsiBhunu	3.	
IsiNdebele	4.	
IsiXhosa	5.	
SePedi	6.	
SeSotho	7.	
SeTwana	8.	
SiSwati	9.	
Tsivenda	10.	
XiTsonga	11.	
Okunye, cacisa	12.	

4. Isimo sezomshado

Awukaze ushade	1	
Ushadile	2	
Udivosile	3	
Washonelwa	4	
Wehlukanisile	5	

5. Isimo sezokusebenza

Ungumfundi webanga elingaphansi kweNyuvesi	1.	
Umfundi waseNyuvesi	2.	
Uqashwe ingxenye yosuku	3.	
Uqashwe ngokuphelele	4.	
Uyazisebenza	5.	
Awusebenzi	6.	
Usuwathatha umhlala phansi/uhola impesheni	7.	
Okunye	8.	

6. Imfundo ephakeme onayo

Ingaphansi kukamatikuletsheni	1.	
Umatikuletsheni	2.	
Iziqu zeDiploma/iziqu zeDegree	3.	
Iziqu emveni kokugogodela idiploma/idegree	4.	
Awuyanga esikoleni	5.	

7. Isimo sezempilo

Sihle kakhulu	1.	
Sihle	2.	
Siyagculisa	3.	
Simbi	4.	

INDIKIMBA B

ULWAZI NGE HOMOEOPATHY KANYE NE CATO RIDGE HOMOEOPATHIC COMMUNITY HEALTH CENTER.

1. Usuke wezwa ngeHomoeopathy?

Yebo	1.	
Cha	2.	

2. Ingabe usuke wabonana nodokotela we Homoeopathy ngaphambilini?

Yebo	1.	
Cha	2.	

3. **Mavelana ne Cato Ridge Homoeopathic Community Health Center**

3.1 Waze kanjani ngalomtholampilo weHomoeopathy womphakathi I-Cato Ridge Homoeopathic Community Health Center?

Ngawubona lomtholampilo	1.	
Ngathunyelwa kuwona ngumhlengi wempilo	2.	
Ngomngani noma ilunga lomndeni	3.	
Ngesiqeshana sephepha / ipamphlet	4.	
Ngohlolo lweblood pressure drive noma iblood pressure drive	5.	
Ngomlingani	6.	
Okunye. Uyacelwa ukuba uchaze	7.	

3.2 Indawo yalomtholampilo

	Ngiyavuma kakhulu	Ngiyavuma	Angivumi futhi angiphiki	Ngiyaphika	Ngiyaphika kakhulu
	1	2	3	4	5
Ngabe kubelula ukuwuthola futhi kunophawu oluphanyekiwe					
Lisendaweni esobala futhi engilungele.					
Ingaphandle lalomtholampilo nalapho ungenela khona kuyabukeka kanti kunikeza isithunzi sendawo esezingeni eliphakeme.					

3.3 Ukwamukelwa

	Ngiyavuma kakhulu	Ngiyavuma	Angivumi futhi angiphiki	Ngiyaphika	Ngiyaphika kakhulu
	1	2	3	4	5
Ngesikhathi ufikela ukuzobonwa wanakwa ngokushesha.					
Ngesikhathi ufikela ukuzobonwa abafundi bakwamukela ngemfudumal					

o nangezandla ezivulekile.					
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INDIKIMBA C

**UMBONO WAKHO MAYELANA NOKUBONWA NJENGESIGULI E-CATO RIDGE
HOMOEOPATHIC COMMUNITY HEALTH_CENTER**

1. Ingabe isiphi isigaba ongalinganisela kuso salokhu okulandelayo e Cato Ridge homoeopathic community Health Center *(Uyacelwa Ukuba ubeke umaka ebhokisini elilodwa kumbuzo ngamunye)*

	Awukho Umthelelo	Umthelelo omubi kakhulu	Ngiphakathi nendawo	Umthelelo omuhle	Umthelelo omuhle kakhulu
	1	2	3	4	5
Lukhona yini ushintsho olwenzekile ngokubonwa kwakho mayelana nesimo sakho sempilo?					
Lukhona yini ushintsho olwenzekile ngokubonwa kwakho mayelana nesimo sakho somqondo nomphefumulo ?					
Lukhona yini ushintsho olwenzekile ngokubonwa kwakho mayelana nesimo sakho senyama noma somzimba?					
Lukhona yini ushintsho olwenzekile ngokubonwa kwakho					

mayelana nesesifo Sakho esikhulu esikuhluphayo ?					
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2. Ngesikhathi ubonwa, besinjani isikhathi esichithwe nawe? (**Uyacelwa ukuba ubeke umaka**)

Isikhathi eside kakhulu	1.	
Isikhathi esincane kakhulu	2.	
Isikhathi esilingene kahle	3.	

3. Ubunethemba elingakanani kumfundi we-Homoeopathy ngenkathi ekubona? (**Uyacelwa ukuba ubeke umaka**)

Ithemba elikhulu kakhulu	1.	
Ithemba elincane kakhulu	2.	
Ithemba elikahle	3.	

4. Ingabe indlela obonwe ngayo yezeHomoeopathy ibenosizo olungakanani ekukuchazeleni ngesifo sakho? (**Uyacelwa ukuba ubeke umaka**)

Ibewusizo kakhulu	1	
Ibewusizo olungatheni	2	
Ibewusizo oluncane nje	3	
Ayibanganasizo nhlobo	4	

5. Ingabe umfundi obekucubungula ngemibuzo yesifo sakho ukulalele kangakanani? (**Uyacelwa ukuba ubeke umaka**)

Ulalele kahle kakhulu	1	
Ulalele kahle	2	
Ulalele ngokuphakathi	3	
Akalalelanga nhlobo	4	

6. Ugculiseke kangakanani ngosizo olunikiwe ngenkathi ubonwa ezeHomoeopathy? (**Uyacelwa ukuba ubeke umaka**)

Ngigculisekile kahle kakhulu ngokumangalisayo	1	
Ngigculisekile kahle	2	
Ngiphakathi nendawo	3	
Angigculisekile kahle	4	

Angigculisekile kahle kakhulu ngokumangalisayo	5	
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7. Ingabe bekulula kangakanani ukukhulumisana nomfundi owenza iHomoeopathy ngesifo noma ngezifo zakho ngenkathi ubonwa? **(Uyacelwa ukuba ubeke umaka)**

Bekulula kakhulu	1	
Bekulula	2	
Bekungekho lula	3	
Bekunzima	4	
Bekunzima kakhulu	5	

8. Ingabe ubenezinga eliphakeme lokusebenza nokwenza izinto ngendlela eseqophelweni elingakanani umfundi owenza iHomoeopathy ngenkathi ubonwa? **(Uyacelwa ukuba ubeke umaka)**

Elihle kakhulu	1	
Elihle	2	
Elingelihle ngokwenele	3	
Elingelihle neze	4	

9. Uzizwa unjani emveni kokubonwa umfundi owenza ihomoeopathy? **(uyacelwa ukuba ubeke umaka/ uphawu)**

Akukho mehluko	1.	
Ngizizwa ngingcono	2.	
Ngizizwa ngidlulele kulokhu engifike ngiyikho	3.	
Okunye, cacisa	4.	

10. Bekunjani ukuxoxisana ngenkathi ubonwa? **(uyacelwa ukuba ubeke umaka/ uphawu)**

bekukuhle kakhulu	1.	
Bekukuhle	2.	
Bekungcono	3.	
Bekukubi	4.	
Bekukubi kakhulu	5.	

11. Ngenkathi ubonwa belukhona uzwelo olutshengisiwe? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Uzwelo olukhulu kakhulu	1.	
Uzwelo olukahle	2.	
Uzwelo elincane kakhulu	3.	
Uzwelo belungekho	4.	

12. Ngabe ukhuthazeleke kangakanani ukubuza imibuzo ngenkathi ubonwa? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Ngikhuthazeke kakhulu	1.	
Ngikhuzakeke ngokungatheni	2.	
Ngikhuthazeke kancane nje	3.	
Angikhuthazekanga neze	4.	

13. Ngabe lungakanani ulwazi othe walinikwa ngolimi oliqondayo mayelana ngesifo/ ngezifo zakho ngenkathi ubonwa? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Ulwazi oluningi	1.	
Ulwazi olukahle	2.	
Ulwazi oluncane kakhulu	3.	
Angitholanga lwazi	4.	

14. Ngabe kungakanani ukuyalwa othe wakuthola mayelana nesifo / ngezifo zakho ngenkathi ubonwa? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Ukuyalwa okuningi	1.	
Ukuyalwa okukahle	2.	
Ukuyalwa okuncane kakhulu	3.	
Angitholanga kuyalwa	4.	

15. Ingabe uyobuyele uwuhambela lomtholampilo i-Cato Ridge Homoeopathic Community Health Centre? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Yebo	1.	
Cha	2.	
Anginaso isiqiniseko	3.	

16. Ingabe ungabayalela abanye abantu ukuba beze kulomtholampilo Cato Ridge Homoeopathic Community Health Centre? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Yebo	1	
Cha	2.	
Anginaso isiqiniseko	3	

17. Uma uqhathanisa indlela yokubonwa ngabanye oDokodela/ kwezinye izindawo, ihluke ngani indlela obonwa ngayo kulomtholampilo we-Homoeopathy? (uyacelwa ukuba ubeke **umaka/ uphawu**)

Ihluke kakhulu	1.	
Ihluke ngokuphakathi	2.	
Ihluke kakhudlwana	3.	
Ayehlukile nhlobo	4.	
Yisho umbono wakho:		

18. Imibono yakho (uma ngabe kukhona okunye onesifiso sokukunyezela mayelana nendlela obonwe ngayo ka-Homoeopathy uyacelwa ukuba wenzenjalo kulesisikhala esingezansi osinikiwe)

.....*Ngiyabonga*.....