

***A SURVEY OF PATIENT SATISFACTION OF THE DUT
HOMOEOPATHIC COMMUNITY HEALTH CENTRE (DUT HCHC)***

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

by

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I, Adhiéman Sihle Adandé, declare that this dissertation represents my own
work, both in conception and execution.

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ABSTRACT

Background

Patient satisfaction is a vital area of research concerning the quality of healthcare. Satisfied patients are more likely to benefit from their healthcare, keep their appointments and comply with medical regimes such as proper medication upon given instructions from their healthcare practitioner (Hills and Kitchen, 2007: 243). Herr (2008) conducted a similar study on patient satisfaction at the Homoeopathic Community Health Centre (HCHC) at Durban University of Technology (DUT). Although there has been renovation at the community health since then, more than five years have passed without any evaluation.

Patient satisfaction is a patient-focused indicator of healthcare services. Therefore, evaluating patient satisfaction is a good criterion for analysing the quality and relationship between patients and healthcare practitioners. Therefore, patient dissatisfaction is a significant factor for changing healthcare services or complaints against a healthcare practitioner (Miri, Nejad and Soltani, 2016: 89).

Thus, continuous improvement in healthcare quality is a daily goal for all healthcare services, such as clinics and professionals who work in healthcare. To thrive in a competitive marketplace, it is essential for healthcare organisations and their practitioners to recognise that viewing patients as customers and improving customer satisfaction has direct implications on healthcare quality (Harding and Taylor 2010: 928; Stavins 2006:29). This study evaluated patient's feedback to create a patient satisfaction survey for use at the HCHC at DUT continually.

Aim

The aim of this study was to conduct a patient's satisfaction of the service provided at the DUT HCHC, with the purpose to identify shortfalls/gaps such as to improve every aspect of patient satisfaction, which positively contributes to the overall treatment and service being provided at the DUT HCHC.

Methodology

The sample group of the first 70 patients that consulted at the DUT HCHC between July 2020 and March 2021, that voluntarily participated in this study were included in the study by means of convenience sampling. The use of a self-administered questionnaire to establish patient satisfaction was applied. No names were required and all data has been kept strictly confidential. This information will subsequently be used to improve the quality of the service provided at this facility and increase the degree of patient satisfaction experienced.

Results

In this study there was generally a high degree of satisfaction with the healthcare and services provided. Areas of particularly high satisfaction were, Patient's arrival at the community health centre where they were both promptly and politely greeted, as well as the overall interaction between the student Homoeopath, Administrative staff as well as the Clinician on duty and the patient. Areas that demonstrated lower degree of satisfaction were advertising by media and signage, signage, toilet accessibility for disabled patients and parking.

Conclusion

The feedback from the patient satisfaction survey will subsequently serve to improve the quality of the service provided at the DUT HCHC and increase the degree of patient satisfaction experience.

Keywords: Patient Satisfaction, Homoeopathic, Patient Satisfaction Surveys, Patient, Healthcare Services, Healthcare.

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LIST OF ABBREVIATIONS

DUT Durban University of Technology

HCHC Homoeopathic Community Health Centre

DEDICATION

Firstly, I would like to dedicate this work, to the one above who brought me into this world, God the Almighty. He has been my candle and my fortress who has also seen me through many trials and tribulations. To be more specific, he has carried me through this journey right from its conception all the way to its completion. Without Him this would not have taken place and I pray that He continues to carry me for my future endeavors.

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CHAPTER ONE

Introduction

1.1 Introduction and problem statement

Patient satisfaction is a vital area of research concerning healthcare. It is an essential service that opens up opportunities for refurbishment and redefinition (Miri, Nejad and Soltani, 2016: 89). Satisfied patients are more likely to benefit from their healthcare, keep their appointments and comply with medical regimes such as proper medication administration upon given instructions from their healthcare practitioner. They are also more likely to maintain the relationship with a specific healthcare provider and recommend the healthcare service provider to others (Hekkert et la. 2009: 68; Hills &Kitchen 2007: 243).

Al-Abri and Al-Balushi (2014: 3) opine that over the past 20 years, patient satisfaction surveys have gained ascending recognition as resourceful sources of information for identifying shortfalls and developing an effective action plan for quality improvement in healthcare organisations. Thus, continuous improvement in healthcare quality is a daily target for any healthcare service provider and professionals who work in healthcare. Furthermore, according to Miri, Nejad and Soltani (2016: 89), patient satisfaction is a patient-focused pointer of healthcare services. Consequently, evaluating patient satisfaction is essential for analysing the quality and relationship between patients and healthcare practitioners. Therefore, patient dissatisfaction is a significant factor in changing healthcare services or laying complaints against a healthcare practitioner.

Permissibly, to flourish in a competitive marketplace, it is paramount for healthcare organisations and their practitioners to recognise patients as their clients. It identifies their values and experiences regarding the overall service and treatment (Harding et la. 2010: 928; Stavins 2006: 29). Accordingly, there must be a consistent evaluation of healthcare facilities every five years.

Patient satisfaction is imperative in homoeopathy. According to Witt et la. (2005: 79) and Marian et al. (2008: 1), patients seeking homoeopathic treatment indicated that they had a better outcome and more remarkable improvement in their symptoms than patients on conventional medicine. The patients also showed a higher

satisfaction rating with homoeopathic treatment than traditional treatment because of the perception of homoeopathy as a low-risk therapy with fewer side effects than standard conventional therapy.

Furthermore, Witt et al. (2005: 79) and Marian et al. (2008: 1) stated that the most significant difference between homoeopathic and conventional treatment is the concern between the doctor-patient relationships. Therefore, a possible elucidation is that both patients and physicians in homoeopathy may prioritise a holistic and person-oriented treatment approach directed at influencing the self-healing capacities of patients and the physicians' empathy manifested in detail in the practice of homoeopathic case-taking and consultation. Thus, these shared beliefs may also contribute to better physician-patient communication and patient satisfaction in the homoeopathic setup.

According to Marian et al. (2008: 1) and Raza (2020: 7), patients are seemingly impressed by homoeopathic treatment due to the existence of so-called "effectiveness gaps". It is a chronic condition where conventional therapies are either unavailable, ineffective or ambiguously overrepresented among homoeopathic patients. According to Raza (2020: 7), alternative medicine is gaining more popularity than conventional medicine because it is non-invasive and cost-effective. It benefits homoeopathy and patient satisfaction, hence among alternative therapies, homoeopathy is considered the most accepted and safe form of treatment. It is an integral part of healthcare systems in many countries, including India, Mexico, Pakistan and Sri Lanka. On the other hand, patients are dissatisfied with conventional medicine, as they consider it ineffective and produce severe adverse effects hence their change over to alternative treatments (Raza 2020: 7); Miri, Nejad and Soltani, 2016: 89).

Herr (2008) conducted a similar study on patient satisfaction at the DUT HCHC. Since then, there has been renovation at the community health centre, and more than five years have passed without any evaluation. It is also worth mentioning that since Herr (2008), it is evident that there is recognisable improvement in the advertising of DUT HCHC, the dedicated parking has changed. It is currently right outside the community health centre. In addition, there is disabled parking with a ramp now provided. There are also toilets for physically disabled patients within the

community health centre now. Lastly, other changes made since Herr's 2008 study are an elevator within the community health centre facility, larger consultation rooms, and a comfortable waiting area. The new waiting area allows patients to feel safe and relaxed whilst waiting for the consultation or medication.

It is essential to assess what the different management and administrative changes have had on patient satisfaction. Thus, the justification for this study. As evaluations of medical facilities are vital in that they help keep up the facility's standards. It is also important to recognise or acknowledge the level of patient satisfaction as it allows room for improvement (Bjernaes, Sjetne and Iversen 2016: 2255).

This study intends to assess all changes made after Herr's research and identify what areas of the community health centre may still need attention.

1.2 Aim of the study

This survey aimed to conduct a patient satisfaction study at the DUT HCHC through a self-administered questionnaire.

1.2.1 Objectives:

- ❖ To determine patient satisfaction regarding the service provided by the student homoeopaths at the DUT HCHC.
- ❖ To determine whether the facilities provided have an impact on the service provided at the DUT HCHC.
- ❖ To determine the quality of service provided by the staff assisting at the DUT HCHC.
- ❖ To analyse shortfalls/gaps in terms of the service provided at the DUT HCHC.

1.3 The Rationale for the study

The focus area of this study is to conduct a general evaluation of the overall service provision at DUT HCHC. Although Herr conducted a similar survey on patient satisfaction in 2008, more than five years have passed without any new evaluation.

Additionally, after Herr's study and the renovations of the community health centre in 2017, they have been recognisable improvements and changes. Thus, it is essential to assess the different management and administrative changes on patient satisfaction. Evaluations of medical facilities are vital in that they help to keep up the standards of the facility. It is also important to recognise or acknowledge the level of patient satisfaction as it allows room for improvement (Bjernaes, Sjetne and Iversen, 2016: 2255).

CHAPTER TWO

Review of Related Literature

2.1 Introduction

Patient satisfaction surveys can call attention to the importance of treating patients with dignity and respect. However, there are times that good ratings depend more on patient perceptions than on good medicine. Brant et al. (2017: 214) define patient satisfaction as positive evaluations of distinct dimensions of health care such as “a single clinic visit, treatment throughout an illness episode, a particular care setting or plan”, or the health care system in general (Junewicz and Youngner 2015: 43).

Patient satisfaction originated as a healthcare concept because satisfied patients demonstrate better commitment to and compliance with recommended treatments (Junewicz and Youngner 2015: 43).

Patients' perspective is gaining more attention in research and quality improvement, increasing the need for valid and reliable instruments to measure patient-reported experiences and outcomes (Bjertnaes, Iverson and Garratt, 2016: 2255). According to Shirley, Josephson and Sanders (2016:12), patient satisfaction is a cognitive evaluation and an emotional reaction to medical care strongly influenced by underlying expectations. According to Hills and Kitchen (2007: 243), satisfied patients are likely to react positively to treatment. Subsequently, it leads to a more rewarding experience from their healthcare treatment. Therefore, patient satisfaction is proving to be ultimately crucial as it can make or break the rapport of a healthcare facility.

With relevance to this study- *patient satisfaction* will be referred to as *service satisfaction* (Stepurko, Pavlova and Groot 2016: 1). Therefore, healthcare facilities must be evaluated every five years, as this assists in identifying the values and experiences of the patients in regards to the overall service and the treatment provided to them (Jenkinson, Coulter, Bruster, Richards and Chandola 2002: 335).

In this chapter, the researcher discussed the exploration of the various parts identified to play a role in service satisfaction and those factors unique to Homoeopathy and the South African healthcare system.

2.2 Definition

Quality of service is the outcome and process quality of the service from all previous experiences (Kassim and Abdullah 2010:351). Thus, understanding customer requirements and developing the service based on responsive feedback enhances service satisfaction and trust (Kassim and Abdullah 2010:351).

The term Satisfaction is traceable to the Latin root “SATIS- ENOUGH and FACERE- TO DO”, which means “TO DO ENOUGH” (Pearsall 2016). In the medical context, a patient satisfied with treatment returns when the need arises and has feelings associated with the experience. The patient also speaks favourable terms about the treatment” (McCracken, Klock, Mingay, Ashbury and Sinclair 1997:292). Prakash (2010) opines that patient satisfaction is an attitude. Though it does not ensure that the patient will remain loyal to the doctor or the healthcare centre or clinic, it is still an influential factor. However, patient satisfaction is only an indirect or a proxy indicator of the quality of doctor or healthcare centre performance. Delivery of patient-oriented care requires the provision of care in a particular manner, not just sometimes or usually, but always.

It is an ironic fact - the better you are, the better you must become. Quality should be linear and always ascending. One should strive to provide better care and soar above every patient’s expectation (Poulas, Brodell and Mostow 2008: 263).

According to Riskind, Fossey and Kari (2011:217), patients define service satisfaction in various ways. Thus patient satisfaction is not only the perceived success from treatment but also fulfilment throughout the process. It is clinically significant to assess patient satisfaction with health services relevant to healthcare practitioners (Singh 2018 and Prakash 2010). Patients who are content and satisfied with the services provided are encouraged to refer others, comply with treatment advice and remain with their service provider. Dissatisfied patients are also more likely to take legal action or lay complaints to regulatory bodies and discontinue the service or health facility (Singh 2018; Prakash 2010).

According to Fitzpatrick (1993:85), satisfaction is relatively stable attitudes and values that patients hold concerning their service experience. Additionally,

satisfaction is the degree to which the patient perceives their expectations as being fulfilled or their needs met (Bear and Bowers 1998:50; Hills and Kitchen 2007: 243).

According to Tabesh (2001), satisfaction can also be defined in various aspects, such as the background of people. It is essential to understand where patients are coming from in terms of their experiences and environment. It could determine their perception of satisfaction, such as in low-end healthcare facilities. Most patients prioritise their health instead of the facility's aesthetics or miscellaneous things such as parking or facility signage. Their perception of satisfaction focuses mainly on receiving treatment and being attended by a healthcare practitioner. However, there are certain circumstances and incidences which may occur where patients don't receive the assistance they came in for due: to waiting in long queues, or that the doctor/healthcare practitioner leaves early due to unforeseen responsibilities, or even emergencies that may arise requiring the doctor/healthcare practitioner to go to different healthcare facilities, or that there are insufficient healthcare practitioners/doctors available at that set time of duty.

The affordability of healthcare services is a significant factor in how patients perceive satisfaction. People from lower-income communities are not able to always afford healthcare services due to unemployment. Education also plays a part in patients' expectations regarding healthcare as it empowers patients to make informed decisions about their healthcare.

Patients who attend healthcare facilities in high-end areas focus their perception of satisfaction on the quality of the service, such as friendliness of staff, quality and availability of equipment, the effectiveness of treatment, and duration of waiting time to see healthcare practitioner/doctor. They also tend to be more attentive to the aesthetics of the facility and the miscellaneous things such as visibility of signage, parking or air ventilation, etc. People from a higher income bracket also have the versatility to choose which healthcare facility to attend. They are also in more position to decide not to visit a facility if they are unsatisfied (Prakash 2010; Tabesh 2001).

South Africa is one of the few countries that has made substantial progress in incorporating complementary and alternative medicine within the legal framework for health practitioners. Over the ages, traditional medicine, which over 190 000

traditional health practitioners represent, has kept millions of South Africans well. In South Africa, there are around 3600 registered Allied Healthcare Professionals such as Homoeopathy. In recent years, there has been an invasion of herbal and other health products into the South African market. Thus, it is pivotal to include the opinion of traditional medicine users and healers as there is a linkage between the two in certain ways, such as in treatment and principles. Traditional healers play an important role in their communities and societies. They are well-versed in the ways of the populace. (Gqaleni 2007: 175; Kale 1995: 1182).

2.3 Service Satisfaction

As has been mentioned above, for this study, patient satisfaction is equated with service satisfaction. Herr (2008) conducted a patient satisfaction survey study at the Durban University of Technology Homoeopathic Community Health Centre (DUT HCHC) in 2008, which acts as a training facility for the 5th year Homoeopathic students. Herr found an exceptionally high degree of satisfaction in bookings and greeting (prompt and polite). It refers to the greeting of patients upon arrival at the community health centre. There was also a high degree of satisfaction in toilet access, friendliness/approachability of homoeopathic students, Instructions for medicines, return visits and referral.

There was a particularly low degree of dissatisfaction in areas of advertising (both in media and signage), parking, building appearance and accessibility to disabled patients (Herr 2008). Many of the areas causing dissatisfaction amongst patients were, in fact, structural. This study investigates whether the renovations have addressed these areas of concern raised in this previous study.

Watson (2015) assessed patients' perceptions of the Ukuba Nesibindi Homoeopathic Community Health Centre (UN HCHC), a subsidiary of the DUT HCHC. She concluded that the patients were satisfied with the treatment at this community health centre. Dube (2015) also researched the patient's perception of the consultation at the UN HCHC on Warwick junction in Durban and concluded that the patients were satisfied with the consultative process.

Love (2016) investigated the perceptions of another subsidiary of the HCHC at DUT, the Kenneth Gardens Homoeopathic Community Health Centre (KG HCHC) and concluded that the patients at this community health centre appreciated the “human element”.

Forster (2005) conducted a similar study at the University of Johannesburg Homeopathic Day Clinic. He noted that patient satisfaction with homoeopathy links to the intervention’s affordability, quality of the physical examination, positive provider qualities of friendliness and approachability, and health outcomes related to the treatment. Brak (2016) investigated patient satisfaction at the University of Johannesburg’s Homoeopathy Health Centre. According to the findings, many patients had a favourable experience and would recommend the healthcare to friends or family members.

Additionally, Boissy et al. (2016: 755) conducted a study to examine the impact of experiential relationship-centred physician communication skills training on patient satisfaction and physician experience at the Cleveland Clinic. It is a large multi-speciality academic medical centre in the United States of America (USA). It indicates that satisfaction surveys are vital as they allow the public to express their perceptions, expectations, and outcomes regarding their service. Therefore, many health organisations such as hospitals, clinics, and mental health institutions use service satisfaction (Herr 2008; Whitley et al. 2017: 570).

According to LaPrade (2018), evidence suggests a correlation between the patients’ experience and the quality and safety of healthcare. Thus, it is imperative to note the vital link between quality healthcare and better patient outcomes whilst assessing service satisfaction. Furthermore, a study conducted by Anhang Price et al. (2014: 522) suggested that higher service satisfaction levels were interrelated with adherence to recommended prevention and treatment processes. It also links with improved clinical outcomes, better patient safety within hospitals, and lower healthcare utilisation. Thus, the importance of service satisfaction reports carries significant weight, as they offer insight into the actual quality of healthcare delivered and patient experiences and positive patient outcomes.

Mayston et al. (2017: 183) measured service satisfaction at a mental health service in Ethiopia. They found that patients who feel more involved in their care by

physicians are more likely to be satisfied and, therefore, more likely to adhere to treatment and engage with respect, achieving positive outcomes. Communication that is accurate and includes patient involvement are essential for effective diagnosis and treatment.

Measures of service satisfaction are helpful constituents of quality. For example, dissatisfaction can indicate less than optimal communication, lack of patient involvement, lack engagement with patient preferences, lack of continuity or perceived problems with availability or technical competence (Mayston et al. 2017:183; and Whitley et al. 2017:570).

It is essential to understand that service satisfaction is not the same thing as quality care. There is a recognition of the importance of including service user perspectives in developing and evaluating services in psychiatric settings in high-income countries. Satisfaction is one way of identifying service users' views on the care they received. However, dissatisfaction is associated with adverse outcomes such as lack of service uptake, poor therapeutic alliance, discontinuation of care, a higher number of unmet needs and lower quality of life (Mayston et al. 2017:183).

Watson (2015) assessed the perceptions of patients consulting at the Ukuba Nesibindi Homoeopathic Community Health Centre. It was concluded that the patients were satisfied with the treatment at this community health centre. Dube (2015) then researched the patient's perception of the consultation at the UN HCHC and concluded that the patients were satisfied with the consultative process. Similarly, Love (2016) investigated the perceptions of another DUT HCHC, the KG HCHC, and concluded that the patients at this community health centre appreciated the "human element".

Forster (2005) conducted a similar study at the University of Johannesburg Homeopathic Day Clinic. According to Forster, patient satisfaction with homoeopathy relates to the intervention's affordability, quality of the physical examination, positive provider qualities of friendliness and approachability. It was also linked with health outcomes related to the treatment. Also, in Taiwan, a study at the Jen-Ai International Patient Centre (JAHIPC) in Taichung was conducted.

Wu, Li and Li (2016:114) examined relationships between behavioural intentions and patient satisfaction. They focused on the perceived value, patient trust, experiential quality, and its dimensions.

According to Wu, Li and Li (2016:114), interrelationships between perceived value, experiential quality, and patient satisfaction confirm that experiential quality directly affects perceived value, resulting in patient satisfaction. Furthermore, it states that increased patient satisfaction capability positively impacted medical tourists and behavioural intentions through the mediating role of patient trust resulting from quality (Wu, Li and Li 2016:114). However, researchers must exercise caution in the interpretation of results. It is likely that in settings where there is a perceived or lack of choice of services or a perceived or actual lack of preparedness/willingness of services to change, this perception is likely to influence satisfaction levels. It is important to note that it is vital not to confuse satisfaction with the quality of care, particularly in settings where there was previously no service. Satisfaction might merely reflect having access to a service and meeting low expectations (Mayston et al. 2017:183).

2.4 Factors affecting the reliability and validity of service satisfaction

According to Prakash (2010) and Tabesh (2001), factors that impact patient satisfaction include the quality of service offered at the healthcare centre. Also important is the accessibility of healthcare centres and knowledge of the type of treatment provided. In addition, respondents also said the perceived attitude of the staff at healthcare centres, the ambience of healthcare centres, such as the interior of the setup and the overall reception, play significant roles.

Additional factors that can affect the reliability of patient satisfaction surveys include interest, competence and time spent at healthcare facilities. Equally important are finances, humaneness, and explanations, quality of care, information, wait time and accessibility. Respondents also highlighted physician's personality, fees, listening, thoroughness, physician-patient relationships, physician's competence, communication, symptom improvement, continuity of care, staff courtesy, office practice, expectation fulfilment, compliance, symptom relief, understanding,

confidence in physician, concern, treatment outcome, interaction with physician and staff, access to care, exam thoroughness, and lastly general satisfaction with medical care (Yeomans and Yeomans 2000:3-7).

Ajayi, Olumide and Oyediran (2005: 133) describe patient satisfaction surveys as tools to extrapolate patient views on primary health care. In addition, the promotion of patient satisfaction surveys helps understand the quality of healthcare services and assess the demand for these services in developing countries for numerous reasons (Walton, Glick and MacEntee 2009).

The most successful medical practices recognise that the key to their success is understanding and responding to their patient's needs. They acknowledge that solid financial results often come from better understanding patients' needs and concerns and responding to those concerns. Practices with high service satisfaction are usually highly efficient, have high employee retention and happiness, and generate more revenue than those with lower service satisfaction scores (Riskind, Fossey, and Kari 2011: 217).

Physicians and physician practices aim to deliver care that is both clinically effective and patient-centred. Therefore, it is essential to understand the association between the patient experience and quality health outcomes. Thus, surveys have become a tool to quantify and ascertain consumer/patient experience (Farley et al. 2014: 351). Satisfied patients are more likely to recommend a physician or practice to friends and family and less likely to leave practice for a competitor or file a malpractice claim.

Patient feedback can assist in identifying better ways to market the practice's strengths and address and improve the challenges they know exist. An approach that consistently and continuously measures patient perceptions will be more efficient and effective in daily operations. More importantly, a practice needs to know how it performs through the patients' eyes (Riskind, Fossey and Kari 2011: 217; Kassim and Abdullah 2010:351).

Patient survey results can enhance the efficiency and effectiveness of operations and position the practice for increased profitability (Riskind, Fossey, and Kari 2011: 217). Conclusively, the results of patient surveys play an essential role in determining the value of the healthcare facility. The better service offered, the more the facility can charge for its services (Farley et al., 2014:351; Riskind, Fossey, and Kari, 2011: 217).

2.4.1 Sociodemographic Variables

Patient satisfaction and experiences are various ways to assess the quality of health services, composing an effective indicator to measure the success of healthcare facilities (Kalaja and Myshketa 2016: 48; Danielsen et al.2010: 1). Specific literature suggests that sociodemographic factors serve as the main drivers for patient satisfaction. Thus, it is essential to measure the existing linkages between age, gender, level of education, socioeconomic status and patient satisfaction (Kalaja and Myshketa 2016: 48; Danielsen et al. 2010: 1).

According to Kalaja and Myshketa (2016:48); Hall & Dornan (1990: 811); Sitzia & Wood (1997:1829); Worthington (2005: 41); Ramia et al. (2012); Afzal et al. (2014) and Danielsen et al. (2010: 1), older patients have lower expectations. Thus, they tend to be more satisfied with healthcare services than younger people. In addition, older patients tend to be more appreciative and have fewer expectations than younger patients as they tend to be satisfied with whatever minimal they get, resulting in a higher satisfaction rating (Kalaja and Myshketa 2016:48; Schoenfelder et al. 2011:503; Soliman, Kassam and Ibrahim 2013: 30).

Additionally, Soliman, Kassam and Ibrahim (2013:30) found no significant differences between age and service satisfaction. Danielsen et al. (2010: 1) think that age and ethnicity are more likely related to patient satisfaction. Patients of a younger age group tend to be less satisfied than those of an older age group as they tend to have higher expectations than older patients. People of different ethnic groups have different opinions and views on service satisfaction; thus, ethnicity and service satisfaction is equivocal.

Danielsen et al. (2010: 1) indicate that health status and socioeconomic status are significantly related to patient satisfaction, whereas age and gender are not.

However, the findings of Schoenfelder et al. (2011: 503) differ as they indicate higher satisfaction ratings between men than women. Kalaja and Myshketa (2016: 48) and Jackson, Chamberlin & Kroenke (2010: 609) suggest that gender and service satisfaction are equivocal.

Those with a higher level of education are associated with lower patient satisfaction, as educated patients tend to have a good comprehension of disease and expect better communication with their healthcare providers (Kalaja and Myshketa 2016:48).

Several studies conducted by researchers such as Reid, Hurst and Anderson (2013: 57), Van Uden et al. (2005: 1) and Bjertnaes, Garratt and Botten (2008:65) on patient satisfaction have shown that people who earn low income tend to be more satisfied as they have lower expectations. Moreover, the lower the income level, the higher the evaluation rating on health service satisfaction (Kalaj and Myshketa 2016:48; Danielsen et al. 2010: 1).

2.5 Quality Standards for Healthcare Establishments in South African

According to Whittaker et al. (2011: 59), in over 60 years, the assessment of quality in healthcare has evolved into a remarkable and dynamic space of modern science, which plays a pivotal role in patient safety, quality assurance and continuous quality improvement. Improved quality proves to influence both patient and staff satisfaction positively. It thus improves healthcare providers' efficiency and effectiveness in both the public and private sectors, which culminates in more trust in the health system. Likewise, the National Health Department has considered patient perception to be more critical. The more satisfied a patient is, the more likely they will keep attending a healthcare facility which thus can have positive implications on the quality standard.

According to Magobe, Ally & Mogakwa (2019:1) the importance of compliance with quality standards in health establishments is pivotal in influencing the realisation of the National Health Insurance (NHI). As a result, South Africans could benefit from

universal health coverage and a unified health system. Magobe, Ally & Mogakwa (2019:1) have accentuated that compliance with quality standards intends to facilitate effective NHI implementation and reduce child and maternal mortality rates.

As stipulated in the National Core Standards for Health Establishments in the Republic of South Africa, compliance with the quality of standards is vital in ensuring patients' protection from life-threatening situations or diseases (Magobe, Ally & Mogakwa 2019:1). Likewise, compliance with healthcare quality is the framework for quality assurance for healthcare institutions and an admissible expectation in a democratic society. It is also parallel with the department's vision and commitment to delivering quality health services (Molekoi, Msibi & Marshall 2013: 25) and (Magobe, Ally & Mogakwa 2019:1).

According to Franco et al. (2009: 478), Oosthuizen and Van Deventer (2010: 1-2), the implications and importance of complying with the quality healthcare standards is that it parades a distinctive characteristic of a robust health system or the powerhouse in improving healthcare which can minimise morbidity and mortality. In addition, it can reduce errors in inpatient care. It can also prevent legal consequences and enhance healthcare services and providers' quality of effectiveness and efficiency. Lastly, it can have a positive influence on patient outcomes and satisfaction. Furthermore, in the SA NDoH's Quality Improvement Guide Molekoi, Msibi & Marshall (2013: 25), compliance with quality standards in healthcare is perceived as a step towards a strengthened, effective health system that objects to improve health outcomes and ensure a better life for all South Africans (Magobe, Ally & Mogakwa 2019: 1).

Noncompliance with the quality of healthcare standards is undermining the department's vision, generating disregard for human dignity, poor patient satisfaction, and negating the questionable quality of clinical diagnosis and treatment within PHC clinics. Thus, PHC facilities that comply with the quality standards need ongoing enhancements to ensure further improvement for patients in South Africa (Magobe, Ally & Mogakwa 2019: 1).

For those who fail to comply with the quality standards, SA NdoH stipulates prompt and effective enhancements to attain compliance or clinics and healthcare establishments will face gradual punitive measures, such as those implemented in the PHC facilities to facilitate compliance. These include the distribution of policies, strategies, and guidelines such as the NDoH's PHC Supervision Manual (Molekoi, Msibi & Marshall (2013: 25), the National Core Standards for Health Establishments (NCS for HE's) in South Africa, the Policy on Quality in Health Care for South Africa, and supporting policies and guidelines on clinical programmes (Magobe, Ally & Mogakwa 2019: 1) and (Whittaker et al. 2011: 59).

2.6 Homeopathy

2.6.1 Principles & Laws of Homeopathic Philosophy

What is Homoeopathy?

Homoeopathy is one of the most commonly used forms of herbal medicine. It is said to be a system of medicine born in Europe in the last part of the eighteenth century (World Health Organization 2009; and McQueen et al. 2012). According, to World Health Organization (2009), homoeopathy is a term derived from the Greek words (hómoios: meaning similar) and (páthos: meaning suffering disease). It also uses a holistic approach to healing encircled with its tenet that "like cures like" (in Latin: similia similibus curentur).

A German physician named Samuel Christian Hahnemann established it in 1796. This treatment involves preparing the drugs by diluting the raw materials such as mineral, herbal and animal substances in hydro-alcoholic solutions or other excipients. It also includes the potentisation of the product into different grades (World Health Organization 2009). Accordingly, the patient is treated with heavily diluted substances that cause similar effects to the symptoms presented (McQueen et al. 2012).

What is the importance of Homeopathy?

According to the McQueen et la. (2012), homoeopathy has the gentlest and most balanced approach to treating patients. It is seen globally as this form of treatment,

and its medicines have gained excellent recognition. Homoeopathy is extensively used in all WHO Regions. Homoeopathic medicines, mostly non-prescription medicines, is increasing in many parts of the world nowadays. It is widespread in the European region, the African continent, South Asian countries, and North and South American countries. The exact size of the homoeopathic medicines market in economic terms is not well known. However, sales data disclose that homoeopathic medicines represent a substantial part of medical economies (World Health Organization 2009). Despite the growing use of homoeopathic medicines worldwide, it is quite evident that only a few of the WHO Member States regulate these medicines. It is usually taken for granted that the safety of homoeopathic medicines should not be a significant concern as these medicines are often highly diluted when administered.

Since homoeopathic medicines are derived from various materials such as medicinal plants, animal and human materials, pathogens as well as minerals and chemicals and other technical aspects of the production and manufacture of homoeopathic medicines, it is significant for one to be wary that these medications may constitute potential risks to their safety (McQueen et al. 2012).

2.6.2 Homoeopathy in South Africa

According to Manga (2009), it is been mentioned by patients/customers despite their perception of homoeopaths as well trained as they are, they would only consult a homoeopath for certain conditions/diseases and would prefer to speak with a medical doctor. The researcher also stated that these patients/customers are more likely to seek the services of a homoeopath in the future. Despite the researcher's expectations, the choice to perhaps consult a homoeopath in the future, does not seem to be directly related to perceived cost or medical aid care (Manga 2009). Manga (2009) stated as well that there still seems to be much ambiguity in general as to what "homoeopathy" is and what homoeopathic professionals do.

Erwin, Marks & Couchman (2014) stated that Homoeopathy, like other complementary and alternative medicine (CAM) techniques, has been marginalized, but it is beginning to gain recognition as an essential contribution to low-income areas. CAM practitioners more especially Homoeopath's are beginning to establish outreach practices in low-income communities, despite the fact that they

are still not part of the formal public healthcare sector in most countries, and international organizations such as the World Health Organization which have been promoting a plural approach to public health care provision, particularly the use of Homoeopathy (Manga 2009; Erwin, Marks & Couchman 2014).

According to a study conducted at Kenneth Gardens Homoeopathic Community Health Centre (KG HCHC), by Erwin, Marks & Couchman (2014), numerous patients said unequivocally that they believe homeopathy is a valuable and even superior option to allopathic public therapy. While some patients were first sceptical of the medication's efficacy, they soon changed their minds after trying the homoeopathic powder "magic powder" is what the patients referred it to at the KG HCHC, a few of the patients also mentioned that this form of treatment has really assisted with reducing their hypertension levels, thus patients really consider the KG HCHC or rather homoeopathic services to be quite a useful and effective form of therapy/treatment (Erwin, Marks & Couchman 2014).

Homoeopathy became a registered profession in South Africa in 1974. Anyone wishing to operate as a Homoeopathic Practitioner must be registered with the Allied Health Professions Council, which was created under Act 63 of 1982. There are presently over 600 registered Homoeopathic Practitioners in South Africa, with around 50 to 80 new admissions each year across the two recognized Homoeopathic institutions Durban University of Technology (DUT) and the University of Johannesburg (UJ) (Cromarty 2014).

The World Health Organization mentioned in its Journal, according to Prinsloo (2000:2005), Homoeopathy is well adapted for application in rural regions where the infrastructure, equipment, and medicines required for Conventional Medicine are lacking. According to Shaw (2012) and Cromarty (2014), the lower and middle classes now reside in or relocated from rural to urban settings, however their understanding and knowledge of homoeopathy as well as related issues still remains bleak and absent.

It is unknown how many South Africans in rural regions utilize complementary and alternative medicine (CAM) methods such as Homoeopathy other than home remedies. To get a better knowledge of the health behaviours of these inhabitants and to provide better health education and health care, an accurate assessment of

CAM usage in rural areas is required. If CAM usage is widespread and expanding, public health education more particularly homoeopathy as well as initiatives must be taken into account the specific CAM modalities that are being utilized, with the goal of increasing the use of those that are helpful while warning against those that are dangerous (Arcury et al. 2004: S62; Cromarty 2014).

Homoeopathy as a profession is rapidly expanding, according to Whiting et al. (2001: 1360) and Cromarty (2014), with the number of licensed practitioners more than tripling since 1987.

2.6.3 Homoeopathic Training in South Africa

Homoeopathic training in South Africa involves a five-year full-time degree leading to a Master's followed by a one-year internship. There are currently only two tertiary institutions in South Africa that offer master's qualifications in homoeopathy — the University of Johannesburg and the Durban University of Technology. Essentially only full-time training at the comprehensive Master's Degree in Homeopathy is recognised, thus permitting registration as a Homeopathic Doctor (Herr 2008).

Whereas the vast majority of International Homeopathic Schools offer skills-oriented Homeopathic training, South Africa provides professional training at a level required for the practising of Homeopathy as a primary contact health profession per the scope of practice of such a profession as a qualified Homeopath (Herr 2008).

2.6.4 International and National Literature Related to Perceptions towards Homoeopathy

Macquet (2007), Paruk (2006), Maharaj (2005) and Small (2004), undertook a study in South Africa which shows that there is a degree of confusion or misconception of homoeopathy and that there are mixed views on its use and effectiveness among the general population. According to Paruk (2006), there is confusion about understanding homoeopathy and the use of homoeopathic medicines amongst a significant number of the South African public.

According to the Macquet (2007) report, while orthodox medicine is prevalent worldwide. There has undoubtedly been a surge in interest in homoeopathy and

other complementary therapies over the last three decades. Jacobs, Springer and Crothers (2001: 177) have a similar result in the United Kingdom showed rising interest in homoeopathy and other forms of alternative treatment.

According to Ernst (2002: 577), recent findings suggest that homoeopathy is an efficient treatment method, as testified by patients. Similarly, Jacobs, Springer, and Crothers (2001: 177) posit that more individuals have a flourished interest in homoeopathy and other forms of alternative treatment.

Mkhize (2018: 25) posit that the demand for homoeopathy stems from a steady decline in satisfaction with the allopathic treatment offered and numerous side effects; thus, more people are turning to homoeopathy and other forms of alternative therapy.

It has been fascinating to remember that people are searching for opportunities to enhance their quality of living and improve their longevity. In addition, (Mkhize, 2018: 25) has reported that there has been a rapid rise in chronic disorders such as heart disease, cancer, diabetes mellitus, asthma, depression and attention deficit hyperactivity disorder. Thus, this has led to more people depending on allopathic medication to get through the day. However, they are also experiencing the harsh side effects of the treatment. In comparison, many have now started to search for other ways to cure their diseases. The goal is to avoid suffering from the debilitating effects of these lifelong conditions in the hope of eradicating the illness or leading an everyday life. Mkhize (2018: 25) concluded that homoeopathy provides effective care that is non-toxic and harmless to individuals. It treats the condition rather than the symptoms regardless of the root cause and offers a long-term or lasting treatment.

The results of Macquet (2007) and Berman (2001) have shown that a general lack of comprehension and knowledge of these therapies could hinder their use. Surveys suggest that physicians and medical students are mainly involved in complementary and alternative treatments, but lack of awareness remains one of the main obstacles to their practical use (Macquet 2007; Paruk 2006; Maharaj 2005 and Small, 2004). However, lack of information increased interest in learning and knowledge is a common denominator in many South African studies on public understanding of homoeopathy (Macquet 2007; Paruk 2006; Maharaj 2005 and Berman 2001).

Studies conducted locally considered many aspects of homoeopathy in the South African context and provided a platform of information supporting homoeopathy's credibility, viability, and success in South Africa (Herr 2008; Forster 2005; Smillie 2010; and Von Bardeleben 2009). Smillie (2010) conducted a clinical audit of the Ukuba Nesibindi homoeopathic clinic. Ukuba Nesibindi homoeopathic clinic is a satellite clinic of the Durban University of Technology (DUT), Department of Homoeopathy and is situated in a public health setting in Warwick Junction, Durban.

The findings of this audit revealed the overall performance of the clinic since its establishment in 2004. The audit represented a substantial rise in the number of patients at the clinic since 2004. In addition, a significant 60% or more of the patients returned to one or more follow-up appointments (Smillie 2010). Studies on patients' understanding of homoeopathy have demonstrated the relative importance of homoeopathic treatment and patient utilisation of homoeopathy.

Von Bardeleben (2009)'s awareness study of parents of children 3-7 years of age showed that 37.5 per cent of 18 respondents were pursuing homoeopathy as their first choice of care, 37.6 per cent perceived it as a supportive medicine, and 40 per cent viewed it as preventive medicine. The results were similar in the patient satisfaction assessment at two private homoeopathic clinics in South Africa, the Homoeopathic Day Clinic of the Durban University of Technology and Johannesburg Homoeopathy Clinic of the University of Johannesburg (Herr 2008; Forster 2005).

Forster (2005) indicated that the patient's satisfaction with homoeopathy was related to the affordability of the intervention, the consistency of the physical test, the supportive friendliness and approachability of the practitioner and the health effects associated with the treatment. Herr (2008) confirms that the friendliness and usability of the homoeopathic provider have led to a high degree of customer satisfaction.

In addition, a study conducted by Harripershad (2009) and Von Bardeleben (2009) suggested that the bulk of their participants believed in the incorporation of homoeopathy into clinics and hospitals in South Africa. International research illustrates the potential value of homoeopathy as an integrated public healthcare service. Elio et al. (2014: 39) showed a direct relationship between patient treatment

with homoeopathy and the reported improvement of symptoms in various chronic and recurring diseases previously treated with conventional medicines. The study results indicated that 47% of patients found significant improvement or resolution with homoeopathic treatment, with a low 10% of patients seeing no results with treatment. The study findings suggest that the younger the patient's age, the greater the success in treatment outcomes and that more prolonged treatment appeared to yield better results. The research further acknowledged the potential role of homoeopathy, as an integrated public healthcare modality, in ensuring safety and equity in access for patients (Elio et al. 2014: 39).

Research in the Czech Republic has shown that homoeopathy is part of primary health care, despite weak economic circumstances and poor public funding (Krizova and Byma 2014: 277). Therefore, the group of Czech general practitioners (GP's) (approximately 20% of GP's practice in Czech) studied homoeopathy as an alternative method of medical care. However, according to Krizova and Byma (2014: 277), GP's exercise, expertise and attitude towards homoeopathy did not correspond with traditional socio-demographic variables. Instead, the report concluded that experience, practice and attitudes towards homoeopathy were most likely correlated with clinical influences along with lifestyle and individual beliefs and proposed further research into factors predicting the use of homoeopathy by the Czech GP (Krizova and Byma 2014: 277). This study is of particular importance as it promotes the qualitative investigation of homoeopathy to recognise the application of homoeopathy and shows the relative significance of homoeopathy to traditional allopathic practitioners in the Czech Republic. In addition, the global analysis offers comparative knowledge for a comprehensive study of homoeopathic treatment (Krizova and Byma 2014: 277).

A study conducted at the Glasgow Homoeopathic Hospital presents qualitative data on the homoeopathic consultation with principal findings indicating that patients valued the holistic approach taken by homoeopathic doctors at the hospital (Mercer & Reilly 2004: 13). According to patient perception, the research further illustrated aspects of the homoeopathic consultation necessary to patients. The study concluded that the time made available for consultation, the doctor's empathy toward the patient doctor-patient discussions and shared decision making, and ongoing therapeutic doctor-patient relationship were factors of care offered in a

homoeopathic consultation (Mercer & Reilly 2004: 13). The Glasgow Homoeopathic Hospital is an integrated complementary and orthodox National Health Service facility in the United Kingdom.

In a study conducted at this institution around patient perspectives, participants expressed demand for integration of complementary therapy in primary healthcare (Mercer & Reilly 2004: 13). The study also highlighted those participants felt that orthodox practitioners should understand the holistic, “whole-person” approach used in consultations at the GHH (Mercer & Reilly 2004: 13).

2.6.5 The Homoeopathic Community Health Centre at the Durban University of Technology

The Homoeopathic Department of the Durban University of Technology was officially opened in 1988 by Peter and Nola Frazer. Since then, the Homoeopathic Community Health Centre opened in 1992 for consultation and servicing the local community. It forms the basis of the clinical exposure and practical training for students of Homoeopathy, used to consolidate and finalise the skills gained during the previous years of study (Homoeopathic Community Health Centre handbook for the 5th year students, 2018). The DUT Homoeopathic Community Health Centre is at DUT Ritson Campus (1st floor New Community Health Centre Building, Berea Durban, Corner Steve Biko and Ritson Roads). It can provide healthcare services to the approximately 30 400 students attending DUT and residents and workers in the campus areas.

The DUT HCHC underwent a significant renovation in August 2014. The previous study by Herr (2008) highlighted certain aspects that previously detracted from the community health centre’s service delivery. For example, when Herr conducted his research in 2008, the Chiropractic, Somatology and Homoeopathic management and administrative structures were separate, meaning each department had its reception areas. From 2015 to 2017, the Chiropractic, Somatology and Homeopathic reception areas merged into a central reception area.

According to Allied Health Professions recommendations, in July 2017, the Homeopathic Community Health Centre management and administrative structures

demerged to stand on their own and separated from the Chiropractic and Somatology management and administrative structures. As a result, in 2018, the name of the DUT Homoeopathic Clinic changed to DUT Homoeopathic Community Health Centre (DUT HCHC).

During the period of this study, an estimate figure of 367 patients were consulted at the DUT HCHC, between January-December 2019 it should be noted that this was before the covid-19 pandemic take over. In 2020 between February- December an estimate figure of 128 patients were consulted at the DUT HCHC, again it should be noted that this was during the covid-19 pandemic wave. Thus, it should be noted as well that during an interview on 20 August 2021, Brecher (Clinical Director DUT staff), stated that during the covid-19 pandemic, there was a loss of income as a result of a decrease in the economy due to individuals having to work online or from home and some individuals were also retrenched from their places of employment, some other companies had to close down resulting in loss of employment for many South Africans this was done to maintain social distancing to assist with reducing the rate of transmission of the disease.

This also resulted in a decrease of patients attending the DUT HCHC, which was also because people had a fear of leaving their homes and being in public as this disease is highly contagious especially with being in close contact with people, thus there was also a fear in elderly people as at the time they were the ones who were at risk of developing the disease and dying from it easily due to having underlying conditions for e.g., Diabetes Mellitus Type 2.

Additionally when interviewed on 20 August 2021, Brecher (Clinician Director DUT staff) mentioned that, people in fact the whole world were highly aware and very cautious about the covid-19 pandemic, thus this resulted in individuals having to social distance as per accordance to the government regulations and safety measures, as well as having to wear a mask in public, sterilising their hands at every point possible, as well as having to be on lockdown at home so as to isolate from the public to curb the spread of this disease as much as possible.

Whilst being interviewed on 20 August 2021, Brecher (Clinical Director DUT staff) stated that, in March 2020 the president of South Africa, Cyril Ramaphosa, had to put the entire country on level 5 lockdown, which meant no one was permitted to be

out in public not unless they presented a permit allowing them to travel or work so on and forth. On 30 March 2020, all campuses were shut down, hence no students were permitted to be on campus, all the Homoeopathic Community Health Centre's were closed until further notice. On 1 June 2020, only the main Homoeopathic Community Health Centre (DUT HCHC) was opened for consultations, even so there were high sterilisation and safety measures that were put in place to ensure safety of patients and the homoeopathic health centre personnel including student homoeopaths, as per instructions set out by Dr Maharaj/ Dr Couchman.

Whilst being interviewed on 20 August 2021, Brecher (Clinical Director DUT staff) mentioned that, due to the covid-19 pandemic being associated as a high-risk factor disease, the safety measures that were set out for patients and the homoeopathic health centre personnel including student homoeopaths included: pre-screening of covid-19 before the consult, sterile protocols such as hand sanitisation upon entry into the community health centre as well as wearing a mask for both parties during the consult and maintaining social distancing then lastly no physical examinations were performed during the consult.

Again, in accordance to an interview on 20 August 2021, Brecher (Clinical Director DUT staff) had indicated that this also resulted in a low attendance of patients to the community health centre, this however led to some form of compensation as an increased number of security guards, cleaners as well as DUT staff were encouraged to attend the community health centre for free. The community health centre had to operate for free which implemented an incline of patients to the health centre which has greatly assisted towards the data collection of the study.

2.7 Delay on Patient Satisfaction Study due to Covid-19 Disease Pandemic

The advent of the COVID-19 pandemic, according to Nyasulu and Pandya (2020: 1), has had a direct influence on the health system, such as that of patient satisfaction, reducing its functionality as resources to combat the emergency are depleted. Some identified problems include the diversion of health staff, suspension of services, reduced health-seeking behaviour, unavailability of supplies,

degradation in data monitoring, and financial shortages. The ability to offer vital services in such situations relies on the health system's baseline capacity.

There is a need for close collaboration between essential services and COVID-19 teams to identify priorities and restructure essential services to accommodate physical distancing. They should also promote task-shifting at the primary level, optimise the use of mobile/web-based technologies for service delivery/training/monitoring, and involve the private sector and non-health departments to increase management capacity. Strategic actions can help mitigate the pandemic's negative impacts while also avoiding morbidity and death from avoidable illnesses in the community (Nyasulu and Pandya 2020:1; Ataguba 2020:325-328).

Due to Covid-19, it was necessary to change the recruitment process to ensure patient safety, student homoeopaths, and clinical, administrative staff. Potential participants were recruited over the telephone when they booked an appointment. Questionnaires must be completed in the consultation room and then left on the table after completing informed consent when the student homoeopath discussed the case with a clinician. The researcher was required to collect completed questionnaires from the co-supervisor or any available clinical administrative staff upon request once a week or whenever informed.

2.8 Similar Studies on Patient Satisfaction

Several studies have been conducted on patient satisfaction locally and internationally. However, two studies share common similarities to that of this research on patient satisfaction at the Durban University of Technology (DUT) Homoeopathic Community Health Centre (HCHC) and the University of Johannesburg (UJ) Homoeopathy Health Centre (HHC). These studies revealed that most patients had a positive outcome at the DUT HCHC Herr (2008) and a favourable degree of satisfaction at UJ HHC (Brak 2016).

The information gathered in Herr's study provided data on patient satisfaction in key areas of service delivery of the DUT HCHC during 2008, such as administrative and general satisfaction, which includes advertising-signage and media, patient understanding of homoeopathy, bookings, parking, afternoon appointments,

building appearance, toilets-access, greeting-prompt and polite, accessibility to disabled patients, medicine-waiting time, consultation and treatment satisfaction which includes friendliness of student, instructions for medicine, return visit and referral (Herr 2008).

The majority of patients rated their experience of the health centre positively. Factors that reflected the most positively during the study include patient's arrival to the health centre where they were both promptly and politely greeted, as well as in relationship to the approachability/friendliness of the Homoeopathic student, and instructions given on how to take medicine (Herr 2008). Perceptions of Homoeopathy are wide and varied, and 38.4% of the patients in Herr's study mentioned that "Homoeopathy is a natural form of medicine," according to 52.4% of the patient's in Forster's study (Forster 2005). While income proved to be a significant factor, it did not affect satisfaction (Herr 2008).

Areas that revealed a lower degree of satisfaction were advertising both in media and by signage and the accessibility of the health centre for disabled patients (Herr 2008). With that in mind, Herr conducted a patient satisfaction survey study at the DUT HCHC in 2008. After his research, the health centre underwent major renovations in August 2014 in which advertising by media and signage and accessibility of the health centre for disabled patients has improved. However, although subsequent renovations followed in 2014, the health centre still has not been evaluated. Thus, carrying this study through is essential as it will assist in monitoring what the different management and administrative changes may have on patient satisfaction.

Areas of healthcare delivery at the health centre that were identified as problem areas had the following suggestions and improvements made: where advertising and promotion of the health centre on the whole which can have long term positive effects as a community centre and student training centre, availability of morning appointments/consultations, the appearance of the building, access to toilets and accessibility of the health centre to disabled patients and also use of a ten-point rating scale to identify more accurately more minor variations inpatient satisfaction thus enabling a higher degree of accuracy when establishing demographic effects and correlations.

Other suggestions and improvements recommended were a patient satisfaction study to assess the outcome of the measures implemented, hence a study of that sort is concurrently pursued. Lastly, another suggestion recommended is to have more awareness concerning patient improvement while treated at the DUT HCHC and the possible effects and correlations that it may have on patient satisfaction (Herr 2008).

The effects of Brak's (2016) study specify that a prodigious number of patients had a flattering and positive experience at the UJ Homoeopathy Health Centre. Factors that mirrored most positively during the study were: the accessibility, affordability and the booking procedure at the Health Centre, the quality of the physical examination performed, the accuracy of the diagnosis, the attention given to the patient's case, the approachability and friendliness of the senior homoeopathy students in which 95.6% patients signposted a positive experience as this augmented their overall perception, trust and satisfaction at the UJ HHC, the instructions on how to take the prescribed homoeopathic medicine; a high level of satisfaction was also articulated concerning their treatment plan, improvement of their condition in which 79% of patients indicated they had an affirmative influence on their inclusive satisfaction and future referrals (Brak 2016).

The results in Brak's (2016) study also show that patients indicated the following optimistic aspects with respect to the patient's perception and the overall reputation of the UJ Homoeopathy Health Centre: 100% of patients specified they would refer the Health Centre to friends and family, 60.5% had heard of the Health Centre from friends and family.

According to Brak (2016), the areas which showed dissatisfaction as expressed by patients were: waiting time before appointments, explanation of the patients' medical condition or diagnosis and the extent to which patients experienced problems taking the prescribed medication.

The areas determined to be challenging and require suggested development in healthcare delivery at the UJ HHC include patients understanding of homoeopathy, the availability of the Health Centre and the elucidation of the patients' medical condition or diagnosis. Others are the description of the homoeopathic case-taking procedure, the user-friendliness of the prescribed homoeopathic medication, as well

as education of the community on homoeopathy as a primary healthcare service and on homoeopathic aggravations to avoid confusion with adverse reactions (Brak 2016).

There was a recommendation that there should be an extension of the study duration to allow student homoeopaths to be more experienced and confident in the future. It also has been suggested that other future studies be inclusive of UJ's other Health Facilities. Another recommendation is in future studies. The questionnaire should be piloted more expansively to detect underlying issues with the structure of the current questions. If the pilot study is more comprehensive, it could yield more accurate results in certain areas of future results. For example, in future studies, an explanation of the differences between adverse reaction and aggravation, or a question based on their understanding of the differences, could reflect the results. It has also been advised that provision be made to accommodate other languages such as Setswana, IsiZulu, IsiXhosa, etc., to have a fair representation of all the patients attending the UJ HHC. Lastly, it has been suggested that the time frame between the consultation and interview be shortened to avoid patients forgetting what they felt at the time (Brak 2016).

2.9 Various modes of evaluating patient satisfaction

According to Weisberg, Krosnick and Bowen (1996), a survey gathers a specified target group information. Surveys measure the prevalence of attitudes, beliefs and behaviour (Weisberg, Krosnick and Bowen 1996). There are three different forms in which data collection can take place, which is i.e. self-report questionnaires, face-to-face interviewing and telephone interviewing (Weisberg, Krosnick and Bowen 1996).

According to Al-Abri and Al-Balushi (2014: 3), a patient's evaluation of care is a practical tool to provide an opportunity for improvement and enhancement of strategic decision making. It helps to reduce cost, meet patient's expectations, frame strategies for effective management, monitor healthcare performance of health plans and provide benchmarking across the healthcare institutions. According to Al-Abri and Al-Balushi (2014: 3), patient satisfaction reflects patient's involvement in decision making and their role as partners in improving the quality of

healthcare services. Thus surveys are an essential tool in allowing patients to input in the improvement of healthcare services.

A study conducted by Sitzia (1999: 319) showed that self-report questionnaires are the most popular method used in satisfaction studies, despite its limitations. According to the findings conducted by Sitzia (1999: 319), in 65% of patient satisfaction studies, data were collected by self-report questionnaires, 30% by structured interview or face-to-face questions as well as 5% by unstructured or semi-structured, and 3-5% did not state the method of data collection (Sitzia 1999: 319).

Quintana et al. (2006:102) stated that different methods could complete questionnaires: self-reporting, face-to-face interviewing, phone interviewing, or a computer which has become a common trend. The self-reporting method requires that the questionnaire is given to the patient at a specific point, either personally, by mail, or through the Internet. Although the Internet has become a systematic way of providing and completing questionnaires, it is still uncommon or used by a very homogeneous and different group of people from the general population in many countries. Moreover, mailing was a systematic method of delivering questionnaires to selected individuals (Quintana et al. 2006: 102). Therefore, a significant problem and source of bias were patients who did not complete the questionnaire. Researchers typically sent reminders after the first mailing up to two or three to minimise the number of missing people. They also contacted participants by phone who did not encourage them to answer the questionnaire (Quintana et al. 2006:102).

According to Weisberg, Krosnick and Bowen (1996), questionnaires are usually applied in a survey as the research instrument. Hence all the participants are asked the same questions in the same format and are required to respond in a predominated manner from various options (such as marking off from lists of possible responses). The type of questions used is an essential factor, as this can influence the resultant information obtained. Thus questions used should be simple, straightforward and easy to comprehend. Additionally, questions should also be written specifically for the target group being interviewed and need to be structured with the purpose of the survey (Weisberg, Krosnick and Bowen 1996).

The use of self-report questionnaires involves the handing out of questionnaires to respondents to fill out. This method is considered the cheapest way to conduct a survey (Weisberg, Krosnick and Bowen 1996). On the other hand, face-to-face interviews were supposed to be the best way of obtaining high-quality data. However, it tends to be expensive and time-consuming, but the response is high, whereas mail surveys were said to be faster and cheaper, but the response rate is poor (Weisberg, Krosnick and Bowen 1996). Moreover, telephonic surveys are now commonly used as they are fast, cheap and efficiently supervised; however, there is a possibility of interviewer bias (Weisberg, Krosnick and Bowen 1996). According to Quintana et al. (2006:102), the internet has become a fast, simple, and relatively cheap survey method. However, there is a high possibility of participants' lack of accessibility to Wi-Fi or data connectivity.

2.10 Development of the questionnaire

For this survey, a self-administered questionnaire was adapted from Herr's (2008) study after permission was granted to use it. See (APPENDIX F&G). Therefore, this questionnaire has been used successfully in research, and it does not require further piloting. In addition, minor alterations have been made to the original questionnaire (Herr's Questionnaire) to include more demographic information and a section on clinical, administrative staff as this was not previously studied.

The questionnaire is composed of 4 sections which include:

1. Demographics.
2. Administration and general satisfaction. It includes questions on the new facilities that have been added to the new clinic (e.g., elevator, ramp)
3. Consultation and treatment satisfaction – A question on community health centre staff has been included.
4. Compliments and complaints.

Some questions have open-ended questions to allow patients to expand and explain their answers.

2.11 Conclusion

As a healthcare provider at the DUT HCHC, I am positively encouraged to provide quality healthcare and services for the patients consulting this facility. Since it is a Homoeopathic Health Centre, healthcare and services vary from conventional or allopathic medicine. Therefore, the evaluation and assessment of patient satisfaction experienced by patients consulting the health centre- whilst exposed to a different approach to treatment and care- is pivotal in evaluating Homoeopathy's role in healthcare services. In addition, it helps to establish a comparison to the only other healthcare facility of its type in South Africa. Studies by Herr (2008) and Brak (2016) also draw immense value in identifying consistency in the specific aspects of services rendered from a Homoeopathic Health Centre in South Africa and not just the experience of either health centre individually.

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

CHAPTER THREE

Methodology

3.1 Introduction

This chapter deals with the methodology utilised in this study and the collection of data. In addition, it includes the discussion of statistical analysis.

3.2 Study Design

3.2.1 Sample

The sample group of the first 70 willing patients who consulted at the DUT HCHC between July 2020 and March 2021, who voluntarily participated in this study were included in the study by convenience sampling. This was derived from the fact that since 370 patients were consulted in the previous year, 10% of that previous population will be adequate ($370 \text{ patient number of previous year} \times 10/100$ at 5% margin and 95% confidential) so thus a sample size of 60 patients is appropriately sufficient. The participants were selected/ recruited utilising Randomised Sampling with a first-come basis until the sample size was reached. A figure of 60 participants was selected to enable an appropriate reflection of the perception of patients consulting at the DUT HCHC.

3.2.2 Selection Procedure

Due to covid-19 being amidst, it was necessary to change the recruitment process to ensure patient safety, student homoeopaths, and clinical, administrative staff. Potential participants were recruited over the telephone when they booked an appointment. The letter of information (See APPENDIX A&B) was given to potential participants during a consultation, and questionnaires (See APPENDIX F&G) were required to be completed in the consultation room and then left on the table after completion with informed consent (See APPENDIX C&D) when the student homoeopath discussed a case with a clinician. The researcher was required to collect completed questionnaires from the co-supervisor or any available clinical administrative staff upon request once a week or whenever informed.

Additionally, this resulted in the data collection process being longer than the intended period as participants were afraid of attending the community health centre due to the risk of contracting covid-19. As a result, patients from the other satellite clinics could attend the community health centre for free to increase the data collection process and the sample population for the study. The community health centre experienced some dry periods during the study due to the community health centre having to close down from time to time because of some founded cases of covid-19 during that time.

3.2.3 Study Site and Population

3.2.3.1 Setting

The study took place at the DUT Homoeopathic Community Health Centre at DUT Ritson Campus (1st floor New Clinic Building, Berea Durban, Corner Steve Biko and Ritso Road, KwaZulu-Natal, South Africa). The researcher obtained permission from the Head of Department and the Head Clinician of the clinic. (See APPENDIX H&I). After that, the researcher was then able to conduct a survey to obtain the relevant data for the study. Questionnaires were not permitted to leave the health centre as they were required to be completed on the relevant study site.

3.2.3.2 Study Population

The study population included patients attending the DUT Homoeopathic Community Health Centre who met the required inclusion criteria, as stipulated below:

3.2.3.3 Inclusion Criteria

- Participants had to be patients coming for consultation (new/follow-up patients) at the DUT HCHC.
- Participants had to be literate in English. (Provision was made for an isiZulu questionnaire- see APPENDIX G, isiZulu letter of information-see APPENDIX B and isiZulu informed consent-see APPENDIX D should the need arise.

The participants had to be over the age of 18 years old. It enabled the researcher to ensure the accuracy of the data collected. Using a parent or guardian's perception gives rise to a discrepancy in the perspective between ages 12-18 years of age. All required of participants was around 10 minutes of their time to complete the questionnaire.

3.2.4 Advertising

Advertisements (See APPENDIX E) were meant to be posted on the walls of the reception area and around certain areas of DUT to notify patients of the study, as permission was to be obtained from the Director of Research and Postgraduate Support (See APPENDIX J) to paste adverts on the notice boards. Unfortunately, due to specific covid-19 changes were made to assure the safety of participants, potential participants were informed over the telephone about the study when they made an appointment.

3.3 Data Collection and Questionnaire Administration

The study was conducted at the Homoeopathic Community Health Centre at the Durban University of Technology between July 2020 and March 2021.

3.3.1 Questionnaire Administration

The questionnaires were given to patients in the waiting room as they went in for a consultation at the Homoeopathic Community Health Centre. They were subsequently completed after their consultation in the consultation room, whilst the student homoeopath discussed the case with the clinician in the clinician room. Participants left the completed questionnaire on the consultation table and the informed consent, which the researcher then collected during the week for capturing and returned for safekeeping in a file at the health centre.

3.3.2 Data Collection and Analysis

Patients completed self-administered questionnaires focusing on:

- Demographics and patients' understanding and experience of Homoeopathy and their other healthcare providers (question 1).
- Administration and general satisfaction (question 2)

- Consultation and treatment satisfaction (question 3, 4 & 5).
- Compliments and complaints (question 6 & 7).

The first 70 returned questionnaires were used. The data collected from the questionnaires was subsequently captured and analysed. All information collected in this study is anonymous and thereby maintaining the confidentiality of the participants.

3.3.2.1 Statistical Package Utilised

SPSS version 25.0 for Windows was used to analyse the data.

3.3.2.2 Patient Statistical Profile and Analytical Statistics

This study is a patient statistical profile study that includes means and standard deviations, where applicable frequencies are represented in tables and graphs (Fisher and Marshall 2009:93-97). Once data was captured, it was analysed using means, modes, averages, frequencies and percentages for each question.

Wilcoxon Signed Ranks Test is a non-parametric test used to assess, whether the average value is significantly different from a value of 3 (the central score). This is applied to Likert scale questions. It is also used in the comparison of the distributions of two variables, (Meek, Ozgur and Dunning 2007:10). The Binomial Test, measures whether a significant proportion of respondents select one of a possible two responses, (Wagner-Menghin 2005). Conclusively, the One Sample t-test, assesses whether a mean score is significantly different from a scalar value, (Abdi 2007: 131). A p value of <0.05 was considered statistically significant. The data is subsequently described using means, modes, averages, frequencies and percentages. In addition, various methods including tables, columns and pie charts were used to present the data.

3.3.3 Ethical Considerations

Patient anonymity was maintained as there were no requirements for names or other personal information to be supplied by the participants on the questionnaires. Furthermore, all data collected in this study was kept strictly confidential. The Faculty approved this study of the Health Sciences Research Ethics Committee of the Durban University of Technology.

3.4 Development of the Questionnaire

For this survey, a self-administered questionnaire was adapted from Herr's (2008) study; after permission was granted to use it, see (APPENDIX F & G). Consequently, this method was selected for the research. Therefore, this questionnaire has been used successfully in research, and it does not require further piloting. Minor alterations have been made to the original questionnaire (Herr's Questionnaire) to include more demographic information and a section on clinical, administrative staff as this was not previously studied.

The questionnaire is composed of 4 sections which include:

1. Demographics.
2. Administration and general satisfaction. This includes questions on the new facilities that have been added to the new clinic (e.g. elevator, ramp)
3. Consultation and treatment satisfaction – A question on community health centre staff has been included.
4. Compliments and complaints.

Some questions have open-ended questions to allow patients to expand and explain their answers.

3.5 Data Analysis

The data obtained were evaluated and analysed using SSPS version 25.0 for Windows. The descriptive procedures used include tables, graphs and charts including means, modes, averages, proportions and percentages. Each question was evaluated on merit as to the degree of satisfaction attained in that aspect of service provided and addressed appropriately. A positive response gained a lower score. The possible influence that demographics has on service satisfaction was considered, and statistical relationships were evaluated. Measures of association between variables are done by Wilcoxon Signed Ranks Test and Regression Analysis.

3.5.1 Association between various factors and patient satisfaction

The following associations were analysed:

1. Demographics and Satisfaction.
2. Gender, age, population group, education and income were evaluated regarding each question in every section of the questionnaire using Regression analysis.
3. Correlations were evaluated between sex, age, population group, religion, home language, occupational status, highest level of education, yearly income and general health status, and the mean, mode and average of questions 3, 4 and 5 separately and together Wilcoxon Signed Ranks Test.

CHAPTER FOUR

Results

4.1 Statistical Results

4.1.1 Introduction

The findings of the statistical analysis of the patient satisfaction questionnaire are presented in this chapter. Tables, graphs, and charts are among the descriptive processes employed, which include but are not limited to means, proportions, and percentages.

4.1.2 Limitations

The study's significant limitations should be mentioned before presenting the findings. In addition, when analysing and interpreting the data, factors that can influence the outcome should be taken into account.

4.1.3 Sample Bias

The technique utilized in this study was convenience sampling, which indicates that the sample group mainly consisted of individuals who were accessible. Therefore, it's unclear if this sample is representative of the greater regional or national population.

4.2 Patient Statistical Profile

4.2.1 Response Rate

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

4.2.2 Demographics

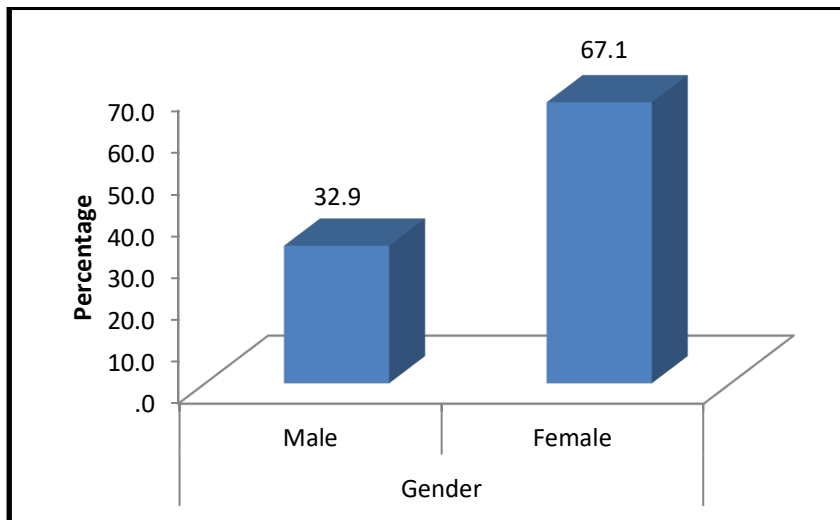


Figure 4.1 Gender (n=70)

Figure 4.1 indicates that the majority of the respondents were female at 67.1%.

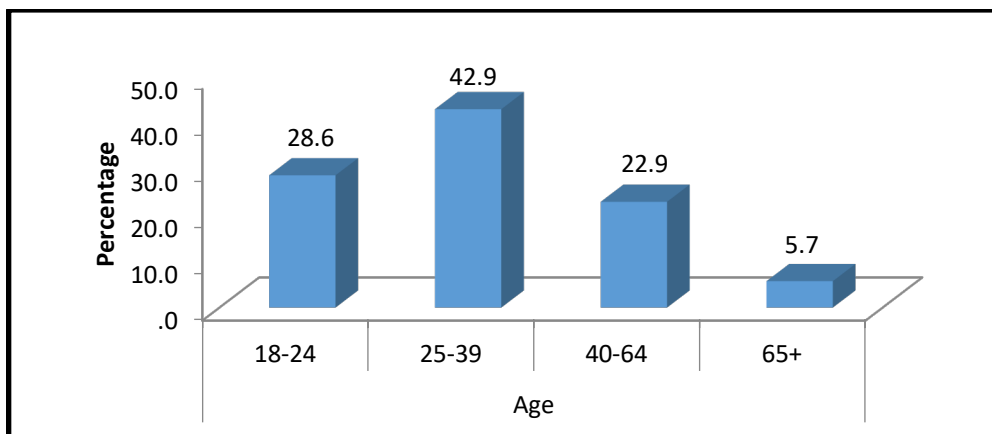


Figure 4.2 Age (n=70)

In Figure 4.2, the mean age group of the respondents was between 25 and 39 years old, represented by 42.9% of the participants.

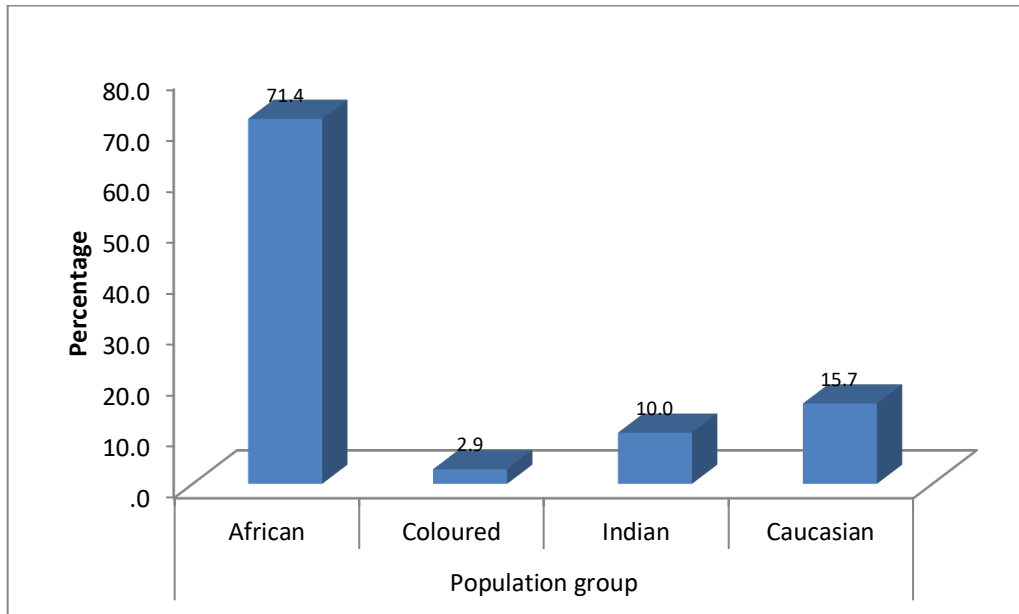


Figure 4.3 Population Group (n=70)

Most of the respondents were majority Africans at 71.4%, with Caucasians at 15.7% being the runner up. Figure 4.3

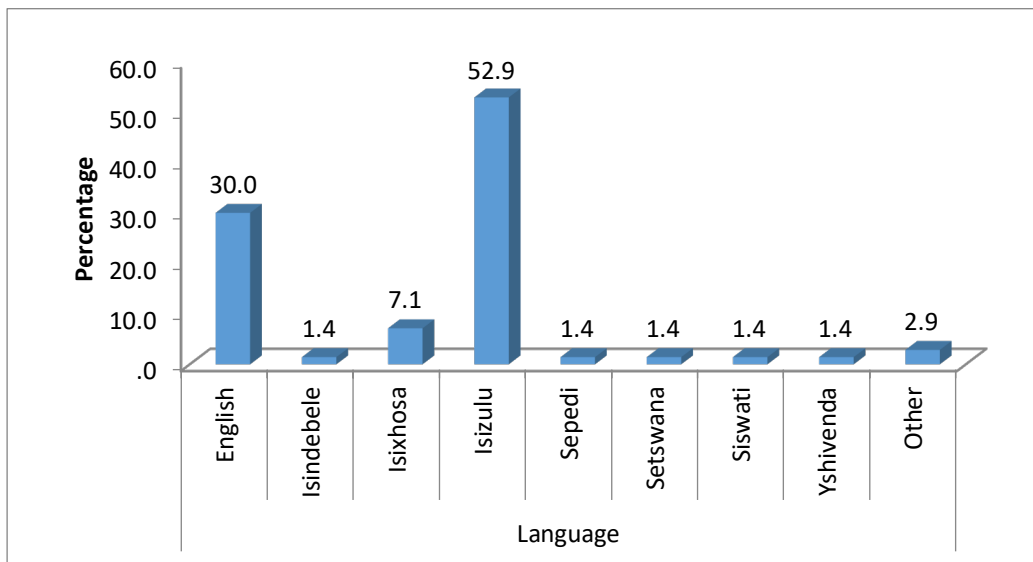


Figure 4.4 Home Language (n=70)

Figure 4.4 shows that the IsiZulu home language speakers made up a large sum Of the participants at 52.9%, followed by English speakers at 30.0%.

Category	Frequency	Percent
Scholar	2	2.9%
Student	29	41.4%
Employed full time	16	22.9%
Self-employed	8	11.4%
Domestic executive	1	1.4%
Unemployed	8	11.4%
Retired	4	5.7%
Other	1	1.4%
Total	69	98.6%

Table 4.1 Occupational Status (n=69) *

Table 4.1 indicates that most respondents were students standing at 41.4%, followed by full-time employment at 22.9%, while the self-employed and unemployed comprised 11.4%.

Health Status	Frequency	Percent
Excellent	14	20.0%
Good	36	51.4%
Reasonable	16	22.9%
Poor	3	4.3%
Total	69	98.6%

Table 4.2 General Health Status (n=69) *

Table 4.2 shows that the general health status of the participants was pretty good, standing at a cumulative percentage of 71.4%, with those in excellent health status at 20.0% in the same group.

4.2.3 Patients and Homoeopathy

Patient's reason(s) for consulting the Durban University of Technology Homoeopathic Community Health Centre

Figure 4.7 indicates the different reasons and percentages for which patients chose to come and visit the Durban University of Technology Homoeopathic Community Health Centre for their current condition(s). For this question, participants could select more than one answer had they deemed it necessary.

The majority of the participants selected “I believe in homoeopathy as a medicine” at 51.4%, closely followed by the statement “I heard positive things about homoeopathy” at 42.9%, thirdly followed by the statement “The medicine is natural and safe” at and lastly followed by the statement “I just wanted to give homoeopathic medicine a try” at 21.4%

Question: **Why did you choose to visit a homoeopathic community health centre for your condition?**

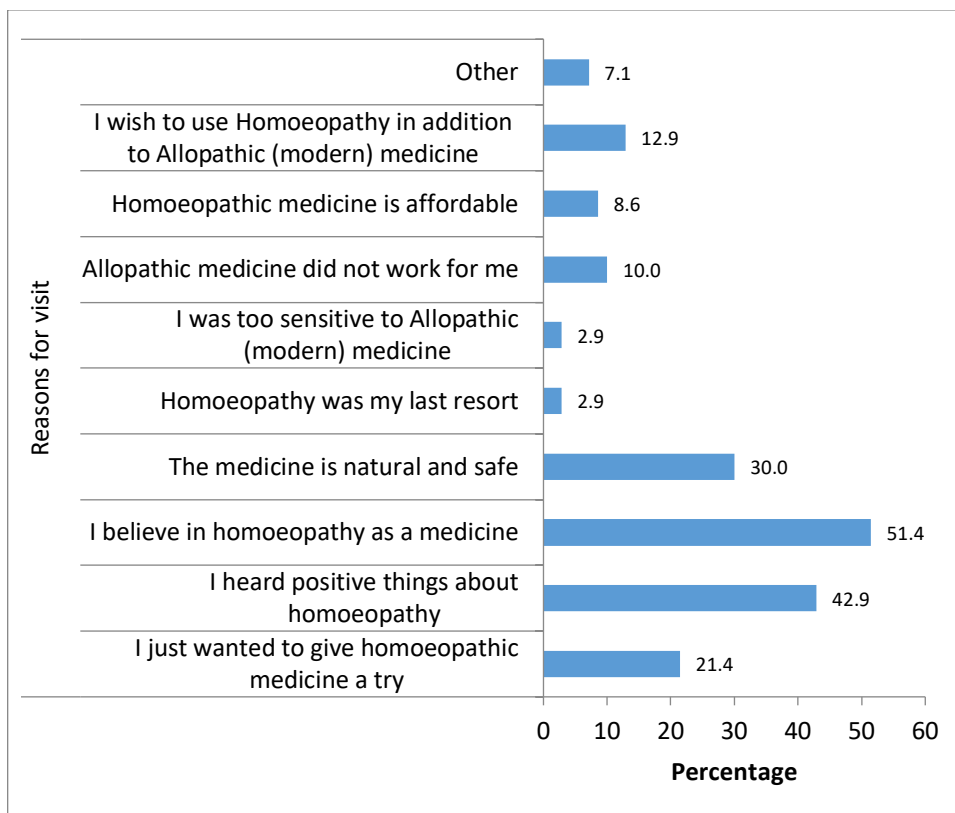


Figure 4.5 Patients reason(s) for visiting the Durban University of Technology Homeopathic Community Health Centre.

4.2.3.1 Patients previous experience with a Homoeopathic Practitioner

Table 4.3 indicates the patients experience with a Homoeopathic practitioner and their percentage at the Durban University of Technology Homoeopathic Community Health Centre. For this question, participants had to select whether they had visited the Community Health Centre or not.

A majority of participants, at 54.3%, had visited a Homoeopathic practitioner before, whilst 42.9% had never previously consulted with a Homoeopathic practitioner (n=68) *.

Question: **Is this your first visit to a Homoeopathic Practitioner?**

	Frequency	Percent
Valid Yes	30	42.9
No	38	54.3
Total	68	97.1
Missing System	2	2.9
Total	70	100.0

Table 4.3 Patients previous experience with a Homoeopathic Practitioner?

4.2.3.3 Means by which patients heard about the Durban University of Technology Homoeopathic Community Health Centre.

Figure 4.6 below illustrates the various ways participants came to hear about the Homoeopathic Community Health Centre (HCHC) at the Durban University of Technology (DUT).

Most of the participants were referred to the community health centre by a family member or friend (42.9%). It was followed by those who heard about the community health centre by other means (15.7%). In contrast, those referred to the community health centre by a health professional stood at 14.3%.

Question: **How did you hear about the HCHC at the DUT?**

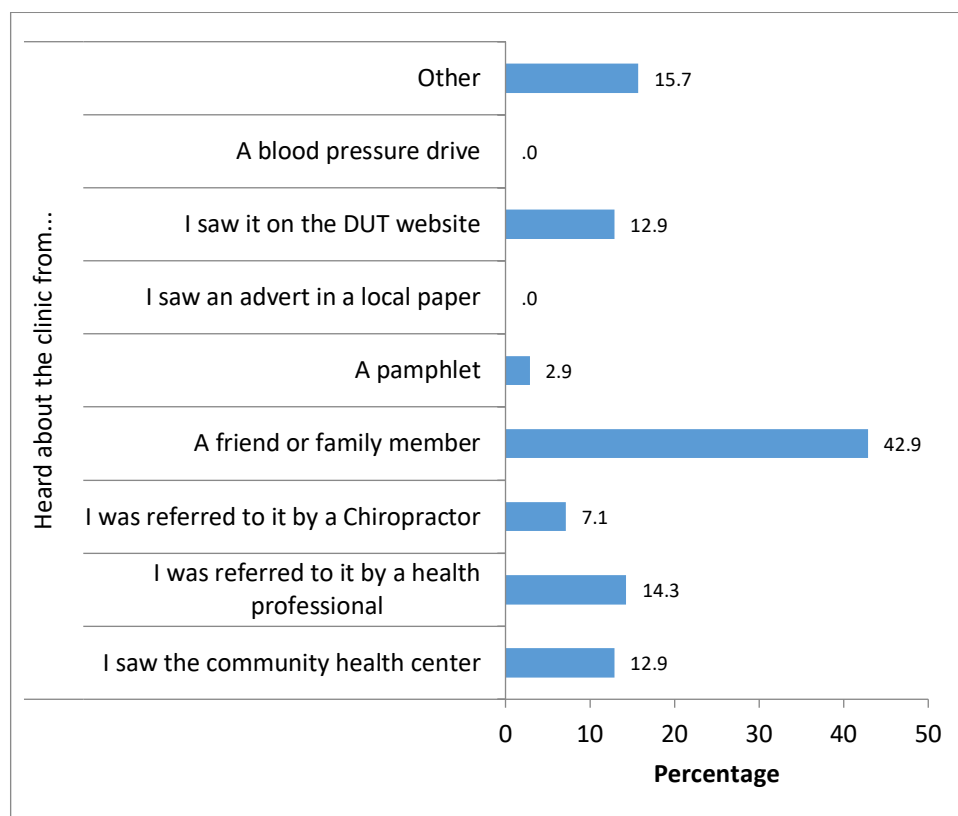


Figure 4.6 Means by which patients heard about the DUT HCHC (n=70)

4.2.3.4 Other HealthCare Professionals Consulted

Figure 4.7 below depicts the different healthcare professionals consulted by the participants of the HCHC at the DUT. For this question, participants could select more than one response.

Many patients also consulted with a GP Medical Doctor (medical practitioner) represented at 57.1%, with those participants consulting a Chiropractor at 27.1% and a pharmacist at 25.7%, being second and third, respectively.

Question: **Which other healthcare professional do you usually consult?**

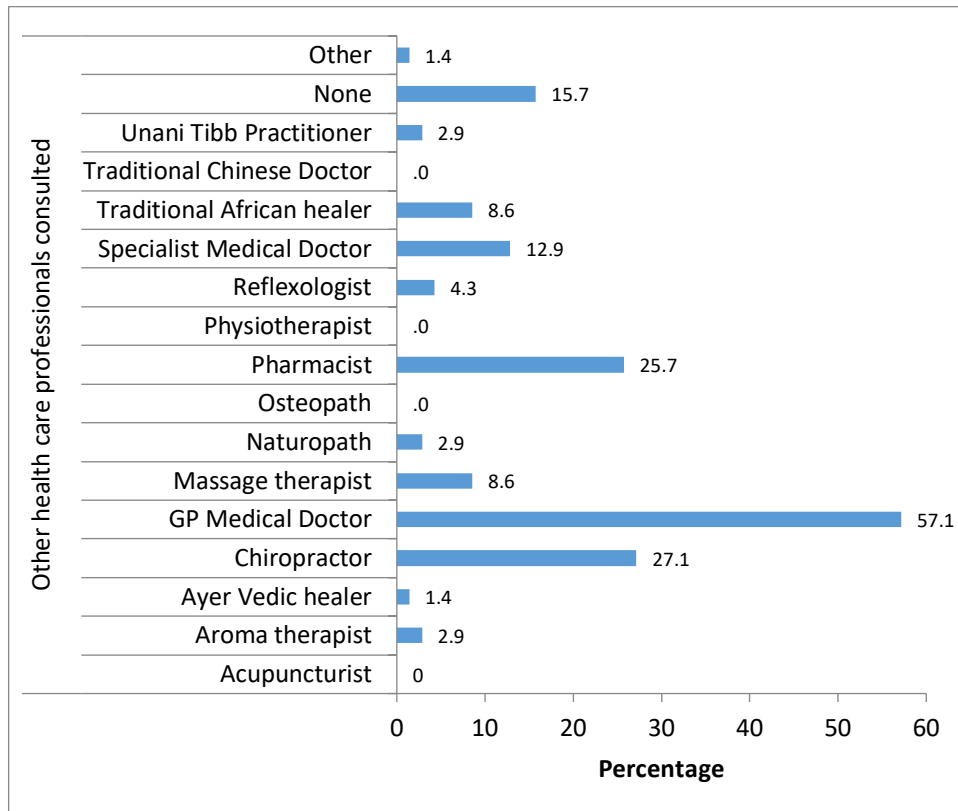


Figure 4.7 Other Health Care Professionals Consulted (n=70)

4.2.4 Patient Satisfaction: Facilities and Services

The following section covers the satisfaction responses given to a particular statement relating to the Homoeopathic Community Health Centre at the Durban University of Technology regarding the facilities and services.

The questionnaire for questions 2-5 is scaled or coded as 1= Strongly Agree to 5=Strongly Disagree, 1=Very Good to 5=Very Poor. However, as per statistical analysis, all Likert Scale questions-questions 2-5 have been reverse coded as 1=Strongly Disagree to 5=Strongly Agree, 1=Very Poor to 5=Very Good. Hence a high score implies agreement or good, whereas a low score implies disagreement or poor. Universally this is the conventional way to score such scales and much easier to interpret and report results.

4.2.4.1 Below is the list of factors interrogated in the survey, which were general in approach.

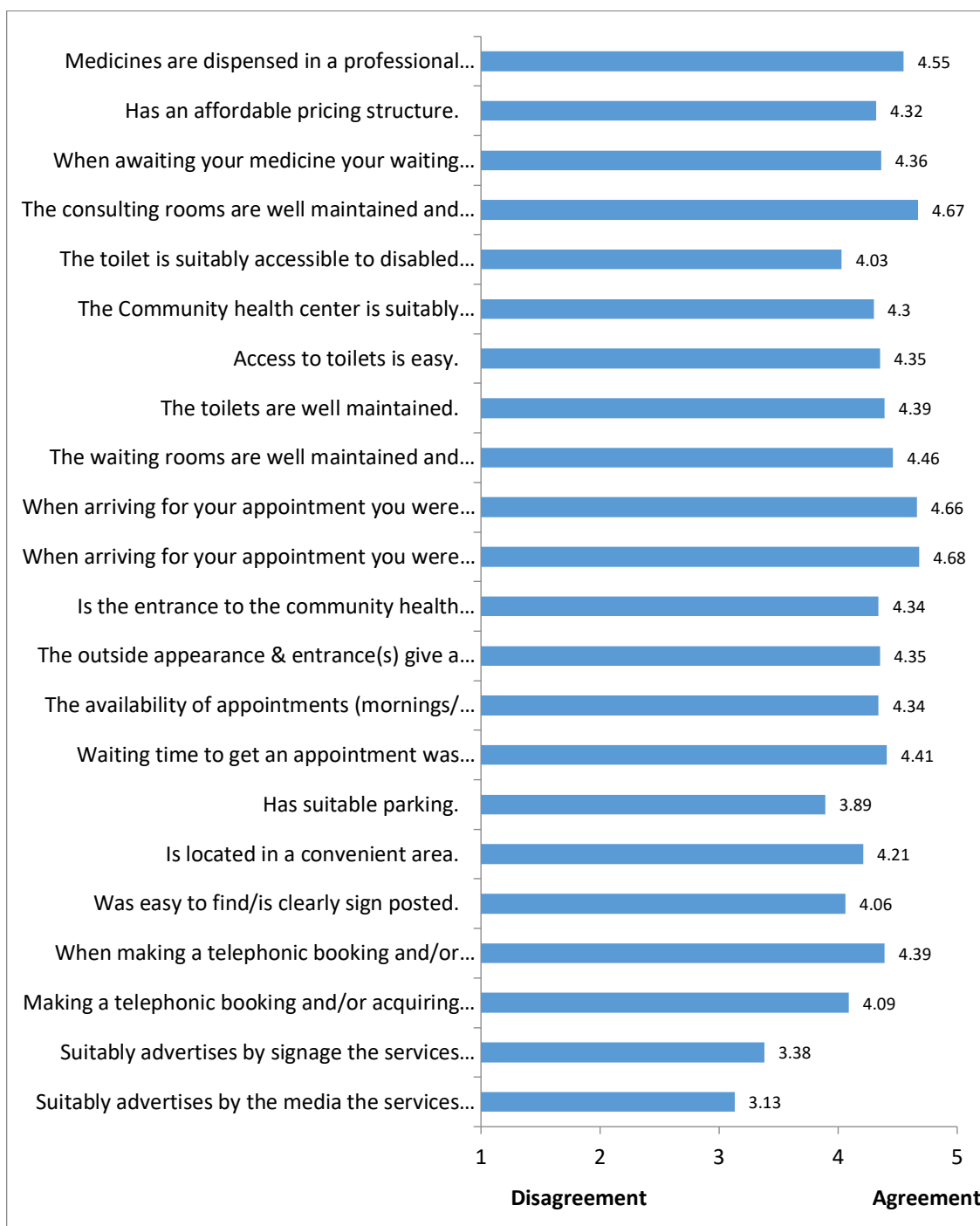


Figure 4.8 Facilities and Services Statistical Summary

In Figure 4.8, the mean value of all 22 factors put together is $M = 4.38$, above average. It suggests that the facilities and services both rates are significantly higher than the average.

Table 4.4.a below, indicates that there is significant agreement that the above facilities are suitable to the public at $M=4.30$, $p<.0005$. Furthermore, it signifies that the facilities rate is significantly higher than the average value of 3 (1=Strongly Disagree, 5=Strongly Agree).

Additionally, it points out that facilities such as you were attended to politely when arriving for an appointment. When arriving for an appointment, you were treated to promptly rated significantly higher than most facilities at $M=4.66$ and $M=4.68$, at $p<.0005$, respectively.

Lastly, even though suitable parking under facilities signifies that it is in significant agreement at $M=3.89$, $p<.0005$. It still is rated lower than most of the facilities stated above.

A. Patient Satisfaction Survey Results: Facilities Only

	Questions	Mean Value	Reference
1	The toilet is suitably accessible to disabled patients.	4.03	Table 4.24
2	The community health centre is suitably accessible to disabled patients.	4.3	Table 4.23
3	Access to toilets is easy	4.35	Table 4.22
4	When arriving for your appointment, you were attended to politely.	4.66	Table 4.19
5	When arriving for an appointment you were attended to promptly.	4.68	Table 4.18
6	The availability of appointments (mornings/afternoons) is sufficiently convenient for your needs.	4.34	Table 4.15
7	Waiting time to get an appointment was reasonable.	4.41	Table 4.14
8	Has suitable parking.	3.89	Table 4.13
9	It s located in a convenient area.	4.21	Table 4.12
10	It was easy to find/is sign posted.	4.06	Table 4.11
11	When making a telephonic booking and/or acquiring telephonic information, you were dealt with in a friendly and helpful way.	4.39	Table 4.10
	Overall Mean Value for Facilities	4.30	

Table 4.4.a Mean Value For All Facilities ONLY

	Patient Satisfaction: General Facilities vs Facilities for the Disabled	Component	
		Fac-Gen	Fac-Dis
General Facilities (Fac-Gen)	The waiting rooms are well maintained and professional.	.755	
	Was easy to find/is clearly sign posted.	.733	
	The consulting rooms are well maintained and professional.	.706	
	Access to toilets is easy	.665	
	The toilets are well maintained.	.636	.371
Facilities for the Disabled (Fac-Dis)	The Community health centre is suitably accessible to disabled patients.		.964
	Are the entrances to the community health centre and consultation room suitable for disabled patients		.810
	The toilet is suitably accessible to disabled patients.		.728

Table 4.4.b General and Disabled Participants.

	N	Mean
Fac_Gen	68	4.38
Fac-Dis	68	4.24

Table 4.4.c Mean Values of the General Facilities vs Facilities for the Disabled.

There is significant agreement that the facilities for both general and disabled participants are suitable at $M=4.38$, $p<.0005$ and $M=4.24$, $p<.0005$, respectively. Thus, it signifies that both facilities for both general and disabled participants rate significantly higher than the mean average value.

Table 4.5 below, indicates that there is significant agreement that the above services are suitable to the public at $M=4.19$, $p<.0005$. It suggests that the service rate is significantly higher than the average value of 3 (1=Strongly Disagree 5= Strongly Agree).

However, it also shows there is neither significant agreement nor significant disagreement that the community health centre services are suitably advertised in the media, $M=3.13$, $p<.0005$. Even though services offered to the public are suitably advertised by signage is rated lower than most of the services provided, it still indicates significant agreement at $M=3.38$, $p=.016$.

B. Patient Satisfaction Survey Results: Services Only

	Questions	Mean Value	Reference
1	Medicines are dispensed professionally, i.e., suitable packaging and labelling.	4.55	Table 4.28
2	Has an affordable pricing structure?	4.32	Table 4.27
3	When awaiting your medicine, your waiting time was reasonable.	4.36	Table 4.26
4	The consulting rooms are well maintained and professional.	4.67	Table 4.25
5	The toilets are well maintained.	4.39	Table 4.21
6	The waiting rooms are well maintained and professional.	4.46	Table 4.20
7	Are the entrances to the community health centre and consultation room suitable for disabled patients?	4.34	Table 4.17
8	The outside appearance & entrance(s) give a professional impression.	4.35	Table 4.16
9	Making a telephonic booking and/or acquiring telephonic information is a simple and efficient task.	4.09	Table 4.9
10	Suitably advertises by signage the services offered to the public.	3.38	Table 4.8
11	Suitably advertises by the media the services offered to the public.	3.13	Table 4.7
	Overall Mean Value for Services	4.19	

Table 4.5 Mean Value For Services ONLY

The following section deals with the service satisfaction responses given to a specific statement relating to the Homoeopathic Community Health Centre at the Durban University of Technology in terms of the consultation.

Below indicates the percentages in regards to the consultation services offered at DUT HCHC.

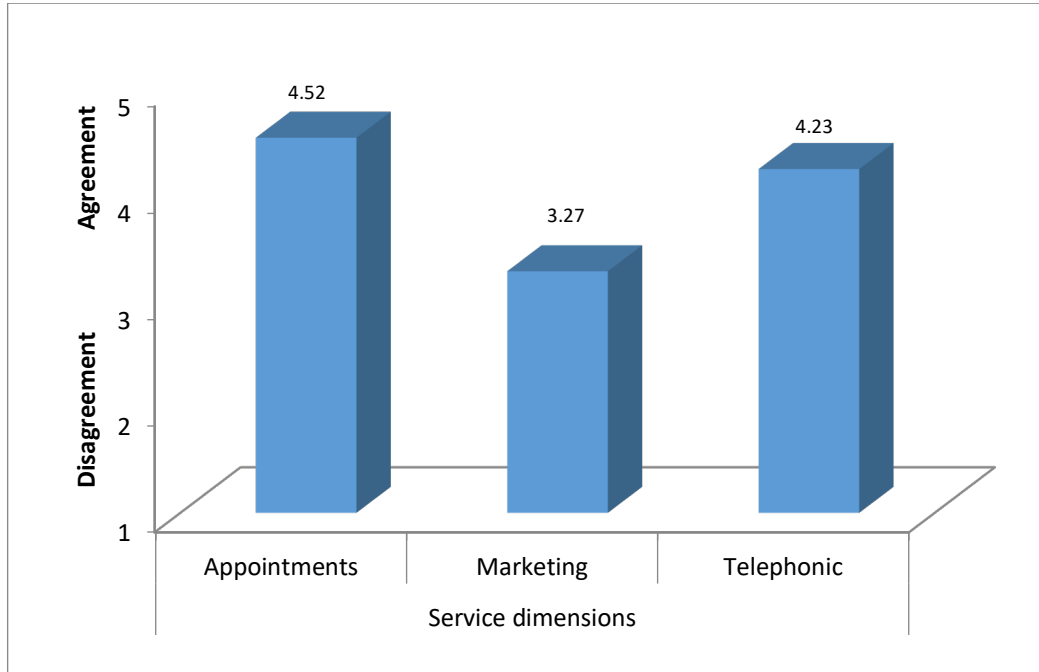


Figure 4.9 Consultation Services.

	N	Mean
Serv_Appt	68	4.52
Serv_Mark	69	3.27
Serv_Tel	68	4.23

Table 4.6 Mean Values for Consultation Services

There is significant agreement that the appointment and telephonic services are suitable at $M=4.52$, $p<.0005$ and $M=4.23$, $p<.005$. Thus, it suggests that both services for an appointment and telephonic actions are significantly higher than the mean average value — neither significant agreement nor significant disagreement that marketing is suitable at $M=3.27$, $p<.0005$.

4.2.4.2 Statement: The Homoeopathic Community Health Centre at the Durban University of Technology suitably advertises by the media the services offered to the public. This question shows that there is neither significant agreement nor disagreement at 28.6% of participants that the community health centre services are suitably advertised in the media. **(Table 4.7)**

Patient Choice	Responses (n=67) *	Percent
1. Strongly Disagree	7	10.0%
2. Disagree	14	20.0%
3. Neither Agree or Disagree	20	28.6%
4. Agree	15	21.4%
5. Strongly Agree	11	15.7%
	Median	3
	Mode	3
	Mean Average	3.13

Table 4.7 Advertising - Media

4.2.4.3 Statement: The Homoeopathic Community Health Centre at the Durban University of Technology suitably advertises the services offered to the public by signage. This question shows significant agreement at 37.1% participants, closely followed by 21.4% participants that the services provided to the public are suitably advertised by signage. **(Table 4.8)**

Patient Choice	Responses (n=68) *	Percent
1.Strongly Disagree	6	8.6%
2.Disagree	10	14.3%
3.Neither Agree or Disagree	15	21.4%
4.Agree	26	37.1%
5.Strongly Agree	11	15.7%
	Median	3
	Mode	4
	Mean Average	3.38

Table 4.8 Advertising – Signage

4.2.4.4 Statement: Making a telephonic booking and acquiring telephonic information is a simple and efficient task. This question shows a high degree of satisfaction, with 41.4% of participants strongly agreeing, seconded by 34.3% of participants agreeing with the statement. **(Table 4.9)**

Patient Choice	Responses (n=68) *	Percent
1.Strongly Disagree	1	1.4%
2.Disagree	6	8.6%
3.Neither Agree or Disagree	8	11.4%
4.Agree	24	34.3%
5.Strongly Agree	29	41.4%
	Median	3
	Mode	5
	Mean Average	4.09

Table 4.9 Booking-Efficiency

4.2.4.5 Statement: When making a telephonic booking and acquiring telephonic information, you were dealt with in a friendly and helpful way. This question indicates a significantly high degree of satisfaction as 51.4% of participants strongly agree with this statement. **(Table 4.10)**

Patient choice	Responses (n=67) *	Percent
Strongly Disagree	1	1.4
Disagree	7	10
Agree	23	32.9
Strongly Agree	36	51.4
	Median	3
	Mode	4
	Mean Average	4.39

Table 4.10 Booking - Friendly

4.2.4.6 Statement: The Homoeopathic Community Health Centre at the Durban University of Technology was easy to find/is sign posted. This question indicates that 48.6% of participants agree with the statement showing a high degree of satisfaction. However, 7.1% of participants both disagree and neither disagree nor agree with the above statement. **(Table 4.11)**

Patient choice	Responses (n=67) *	Percent
1. Strongly Disagree	1	1.4%
2. Disagree	5	7.1%
3. Neither Agree nor Disagree	5	7.1%
4. Agree	34	48.6%
5. Strongly Agree	22	31.4%
	Median	3
	Mode	4
	Mean Average	4.06

Table 4.11 Signage

4.2.4.7 Statement: The Homoeopathic Community Health Centre at the Durban University of Technology is convenient. This question reveals a significantly high agreement with the above statement as 50.0% of participants agree. **(Table 4.12)**

Patient choice	Responses (n=67) *	Percent
1. Disagree	2	2.9%
2. Neither Agree nor Disagree	6	8.6%
3. Agree	35	50.0%
4. Strongly Agree	24	34.3%
	Median	3
	Mode	3
	Mean Average	4.21

Table 4.12 DUT HCHC Location

4.2.4.8 *Statement:* The Homoeopathic Community Health Centre at the Durban University of Technology has suitable parking. This question shows a high degree of satisfaction, with 34.3% of participants agreeing with the statement, closely followed by 30.0% of participants strongly agreeing with the above statement. **(Table 4.13)**

Patient choice	Responses (n=65) *	Percent
1. Disagree	8	11.4%
2. Neither Agree nor Disagree	12	17.1%
3. Agree	24	34.3%
4. Strongly agree	21	30%
	Median	3
	Mode	3
	Mean Average	3.89

Table 4.13 Parking

4.2.4.9 Statement: Waiting time to get an appointment was reasonable. This question shows that 52.9% of participants strongly agree with the statement showing a significant high degree of satisfaction, closely followed by 37.1% of participants agreeing to show a high degree of satisfaction. **(Table 4.14)**

Patient choice	Responses (n=68) *	Percent
1. Strongly Disagree	1	1.4%
2. Disagree	2	2.9%
3. Neither Agree nor Disagree	2	2.9%
4. Agree	26	37.1%
5. Strongly Agree	37	52.9%
	Median	3
	Mode	5
	Mean Average	4.41

Table 4.14 Appointment – Waiting Time

4.2.4.10 Statement: The availability of appointments (mornings/afternoons) is sufficiently convenient to meet your needs. This question reveals a high degree of satisfaction, with 47.1% of participants agreeing with the statement, tightly followed by those who strongly agree at 42.9%, showing a significantly high level of satisfaction. **(Table 4.15)**

Patient choice	Responses (n=68) *	Percent
1. Strongly Disagree	2	2.9%
2. Disagree	3	4.3%
3. Agree	33	47.1%
4. Strongly agree	30	42.9%
	Median	3
	Mode	3
	Mean Average	4.34

Table 4.15 Choice of Appointments - Mornings/Afternoons

4.2.4.11 Statement: The outside appearance & entrance (s) give a professional impression. This question indicates that most participants strongly agree with the above statement at 50.0%, showing a very high degree of satisfaction. However, 2.9% of participants strongly disagree with the above statement. **(Table 4.16)**

Patient choice	Responses (n=68) *	Percent
1. Strongly Disagree	2	2.9%
2. Neither Agree nor Disagree	5	7.1%
3. Agree	26	37.1%
4. Strongly Agree	35	50.0%
	Median	3
	Mode	4
	Mean Average	4.35

Table 4.16 Impression of Outside Appearance & Entrances

4.2.4.11 Statement: Are the entrances to the community health centre and consultation room suitable for disabled patients. This question reveals that most of the participants strongly agree with the above statement at 47.1%, which shows a high degree of satisfaction. **(Table 4.17)**

Patient choice	Responses (n=67) *	Percent
1. Disagree	1	1.4%
2. Neither Agree nor Disagree	8	11.4%
3. Agree	25	35.7%
4. Strongly agree	33	47.1%
	Median	3
	Mode	4
	Mean Average	4.34

Table 4.17 Entrance and Consultation Room Suitability- Disabled Patients

4.2.4.12 Statement: were attended to promptly during your appointment? This question indicates that 65.7% of participants strongly agree with the above statement, seconded by 31.4% of participants who agree with the statement, which signifies a very high degree of satisfaction. **(Table 4.18)**

Patient choice	Responses (n=68) *	Percent
1. Agree	22	31.4%
2. Strongly Agree	46	65.7%
	Median	3
	Mode	2
	Mean Average	4.68

Table 4.18 Greeting - Prompt

4.2.4.13 Statement: Were you attended to politely. This question depicts that 65.7% of participants strongly agree with the above statement, which signifies a very high degree of satisfaction. **(Table 4.19)**

Patient choice	Responses (n=68) *	Percent
1. Neither Agree	1	1.4%
2. Agree	21	30.0%
3. Strongly Agree	46	65.7%
	Median	3
	Mode	3
	Mean Average	4.66

Table 4.19 Greeting - Polite

4.2.4.14 Statement: The waiting rooms are well maintained and professional. This question indicates that 52.9% of participants strongly agree with the statement, which shows a very high degree of satisfaction. It also shows that 1.4% of participants disagree and 5.7% neither agree nor disagree with the statement.

(Table 4.20)

Patient choice	Responses (n=68) *	Percent
1. Disagree	1	1.4%
2. Neutral	4	5.7%
3. Agree	26	37.1%
4. Strongly agree	37	52.9%
	Median	3
	Mode	4
	Mean Average	4.46

Table 4.20 Waiting Rooms - Well Maintained and Professional

4.2.4.15 Statement: The toilets are well maintained. This question shows a significantly high degree of satisfaction, with 47.1% strongly followed closely by those participants, with 38.6% agreeing with the statement. **(Table 4.21)**

Patient choice	Responses (n=67) *	Percent
1. Neither Agree nor Disagree	7	10.0%
2. Agree	27	38.6%
3. Strongly Agree	33	47.1%
	Median	3
	Mode	3
	Mean Average	4.39

Table 4.21 Toilets - Appearance

4.2.4.16 Statement: Access to the toilets is easy. This question shows a very high degree of satisfaction as 45.7% of participants strongly agree with the above statement. **(Table 4.22)**

Patient choice	Responses (n=65) *	Percent
1. Disagree	2	2.9%
2. Neither Agree nor Disagree	5	7.1%
3. Agree	26	37.1%
4. Strongly Agree	32	45.7%
	Median	3
	Mode	4
	Mean Average	4.35

Table 4.22 Toilets – Access

4.2.4.17 Statement: The Community Health Centre is suitably accessible to disabled patients. This question shows that 41.4% of participants strongly agree, followed by 40.0% of participants agreeing with the above statement. It shows a high degree of satisfaction. **(Table 4.23)**

Patient choice	Responses (n=66) *	Percent
1. Neither Agree nor Disagree	9	12.9%
2. Agree	28	40.0%
3. Strongly Agree	29	41.4%
	Median	3
	Mode	3
	Mean Average	4.3

Table 4.23 DUT HCHC Accessibility - Disabled Patients

4.2.4.18 *Statement:* The toilet is suitably accessible to disabled patients. This question illustrates that 35.7% of participants strongly agree with the statement, showing a high degree of satisfaction. Although 21.4% of participants neither agree nor agree with the statement, 2.9% of participants disagree with the statement. **(Table 4.24)**

Patient choice	Responses (n=64) *	Percent
1. Strongly Disagree	2	2.9%
2. Disagree	1	1.4%
3. Neither Agree nor Disagree	15	21.4%
4. Agree	21	30.0%
5. Strongly Agree	25	35.7%
	Median	3
	Mode	5
	Mean Average	4.03

Table 4.24 Toilet Accessibility - Disabled Patients

4.2.4.19 *Statement:* The consulting rooms are well maintained and professional. This question illustrates a high degree of satisfaction, with 64.3% of participants strongly agreeing with the above statement. **(Table 4.25)**

Patient choice	Responses (n=66) *	Percent
1. Neither Agree nor Disagree	1	1.4%
2. Agree	20	28.6%
3. Strongly Agree	45	64.3%
	Median	3
	Mode	3
	Mean Average	4.67

Table 4.25 Consulting Rooms - Maintained and Professional

4.2.4.20 *Statement:* When awaiting your medicine, your waiting time was reasonable. This question reveals a significantly high degree of satisfaction as 50.0% of participants strongly agree with the above statement. **(Table 4.26)**

Patient choice	Responses (n=66) *	Percent
1. Strongly Disagree	1	1.4%
2. Disagree	2	2.9%
3. Neither Agree nor Disagree	4	5.7%
4. Agree	24	34.3%
5. Strongly Agree	35	50%
	Median	3
	Mode	5
	Mean Average	4.36

Table 4.26 Medicines – Waiting Time

4.2.4.21 *Statement:* Has an affordable pricing structure. This question shows that 47.1% of participants strongly agree, closely followed by 40.0% of participants agreeing with the above statement, which offers a high degree of satisfaction. **(Table 4.27)**

Patient choice	Responses (n=68) *	Percent
1. Strongly Disagree	1	1.4%
2. Neither Agree nor Disagree	4	5.7%
3. Agree	33	47.1%
4. Strongly Agree	28	40.0%
	Median	3
	Mode	4
	Mean Average	4.32

Table 4.27 Pricing Structure

4.2.4.22 Statement: Medicines are dispensed professionally, i.e., suitable packaging and labelling. This question illustrates a significantly high degree of satisfaction as 55.7% of participants strongly agree with the above statement.

(Table 4.28)

Patient choice	Responses (n=66) *	Percent
1. Neither Agree nor Disagree	3	4.3%
2. Agree	24	34.3%
3. Strongly Agree	39	55.7%
	Median	3
	Mode	3
	Mean Average	4.55

Table 4.28 Medicine-Packaging

4.2.5 Patient Satisfaction: Interaction between student Homoeopath and the patient

Below indicates a summary regarding the interaction between the student homoeopath and the patient during the consultation.

Coding: 1 = very poor to 5 = very good

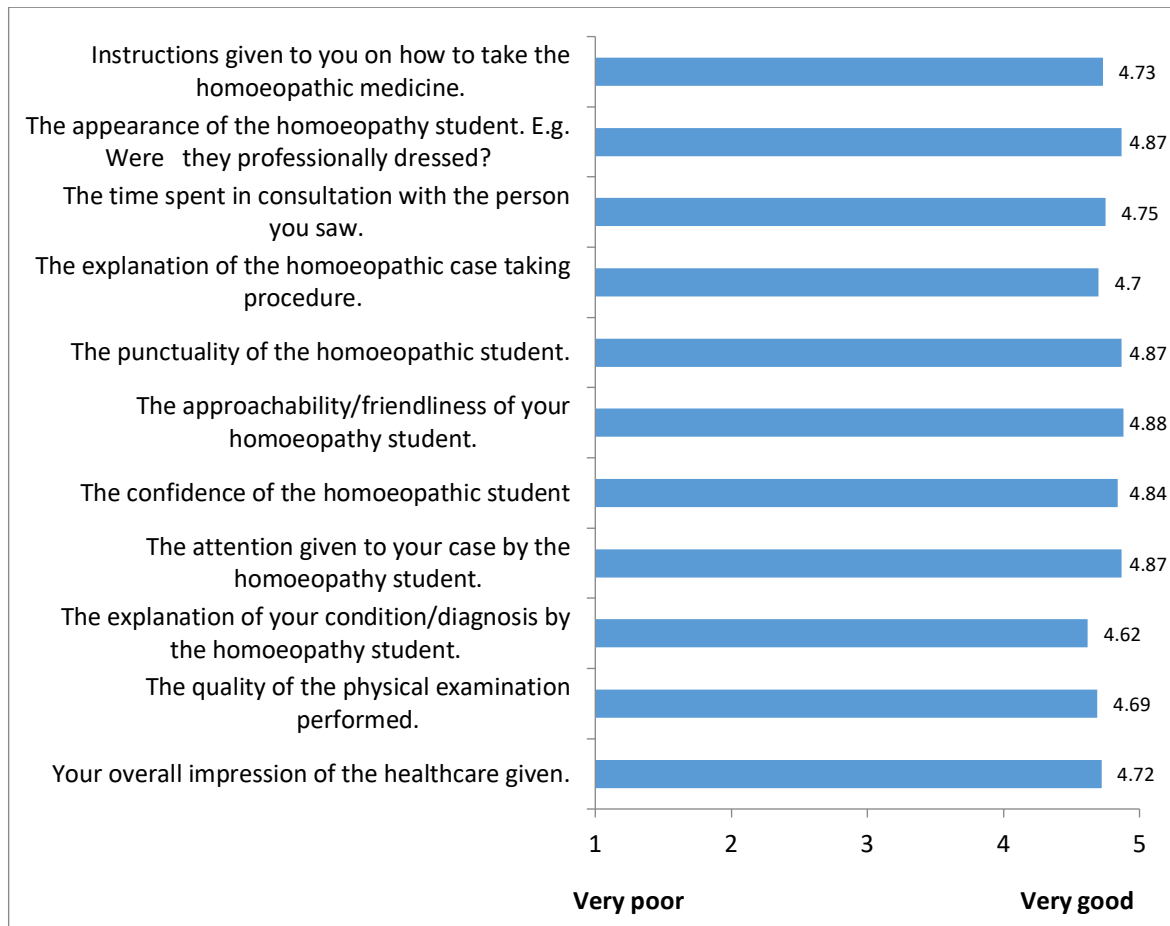


Figure 4.10 Interaction between student Homoeopath and the patient

Figure 4.10 indicates the mean value of these 11 items are at $M = 4.79$ at $p < .0005$, which is more than the mean average where student appearance $M = 4.87$, punctuality $M = 4.87$, student approachability/friendliness $M = 4.88$, student confidence $M = 4.84$ and attention given $M = 4.87$ rate above 4.80 at $p < .0005$.

		Factor	
Patient Satisfaction: Student Treatment vs Student Professionalism		TREAT	PROF
Stud. Treat	Cronbach's alpha	.813	.853
	The explanation of your condition/diagnosis by the homoeopathy student.	.835	
	The attention given to your case by the homoeopathy student.	.686	
	The quality of the physical examination performed.	.674	
	Your overall impression of the healthcare given.	.659	
	The confidence of the homoeopathic student	.552	
	The approachability/friendliness of your homoeopathy student.	.482	
Stud. Prof	The appearance of the homoeopathy student E.g., Were they professionally dressed?		.920
	The time spent in consultation with the person you saw.		.776
	The punctuality of the homoeopathic student		.745

Table 4.29.a Shows the Factor Loadings and Cronbach's Alpha Measures.

Factor analysis with Promax rotation is applied to explore the structure of these 11 items. During the analysis process, items 3.8 and 3.11 were dropped because they did not load high enough onto any factor. A KMO (Kaiser-Meyer-Olkin) measure of sampling adequacy value of .743 and a significant Bartlett's test result indicate that factor extraction was successful and reliable.

Two factors (Student Treatment vs Student Professionalism) were extracted that account for 52.97% of the variance in the data. Rotation converged in 3 iterations. Each factor is tested for reliability using Cronbach's alpha. An alpha value $>.7$ indicates the internal consistency and reliability of a single composite measure formed by averaging the items in each factor.

	N	Mean
Stud. Treat	69	4.7604
Stud. Prof	68	4.8284

Table 4.29.b Mean Values of Student General vs Student Professionalism

Table **4.29.b** indicates that there is significant agreement that student treatment and professionalism are significantly high, giving mean values $M= 4.76$ and $M= 4.82$ at $p<.0005$, respectively.

Both are rated as significantly better than fair.

4.2.5.1 Statement: Your overall impression of the healthcare given by the student homoeopath. This question shows a significantly high degree of satisfaction at a 71.4% response concerning the above statement. (**Table 4.30**)

Patient choice	Responses (n=69) *	Percent
1-Very Poor	0	0.0%
2-Poor	0	0.0%
3-Fair	0	0.0%
4-Good	19	27.1%
5-Very Good	50	71.4%
	Median	3
	Mode	5
	Mean Average	4.72

Table 4.30 Overall impression – student Homoeopath

4.2.5.2 Statement: The quality of the physical examination performed. This question shows a very high degree of satisfaction as at a 70.0% response in relation with above statement. **(Table 4.31)**

Patient choice	Responses (n=68) *	Percent
1-Very Poor	0	0.0%
2-Poor	0	0.0%
3-Fair	2	2.9%
4-Good	17	24.3%
5-Very Good	49	70.0%
	Median	3
	Mode	5
	Mean Average	4.69

Table 4.31 Physical Examination

4.2.5.3 Statement: The explanation of your condition/diagnosis by the student homoeopath. This question illustrates a significantly high degree of satisfaction with a 70.0% response in regards to the statement. **(Table 4.32)**

Patient choice	Responses (n=68) *	Percent
1. Very Poor	0	0%
2. Poor	0	0%
3. Fair	7	10%
4. Good	12	17.1%
5. Very Good	49	70.0%
	Median	3
	Mode	5
	Mean Average	4.62

Table 4.32 Explanation of condition/diagnosis by student Homoeopath

4.2.5.4 Statement: The attention given to your case by the student homoeopath. This question reveals a very high degree of satisfaction as at 85.7% response in regards to the statement. **(Table 4.33)**

Patient choice	Responses (n=68) *	Percent
1. Very Poor	0	0.0%
2. Poor	0	0.0%
3. Fair	1	1.4%
4. Good	7	10.0%
5. Very Good	60	85.7%
	Median	3
	Mode	5
	Mean Average	4.87

Table 4.33 Attention given by student Homoeopath

4.2.5.5 Statement: The confidence of the student homoeopath. This question shows that 84.3% participants are significantly highly satisfied with above statement, which suggests a very high degree of satisfaction. **(Table 4.34)**

Patient choice	Responses (n=68) *	Percent
1. Very Poor	0	0.0%
2. Poor	0	0.0%
3. Fair	2	2.9%
4. Good	7	10.0%
5. Very Good	59	84.3%
	Median	3
	Mode	5
	Mean Average	4.84

Table 4.34 Confidence of the student Homoeopath

4.2.5.6 Statement: The approachability/friendliness of your student homoeopath. This question indicates a significantly high degree of satisfaction with 84.3% participants being highly satisfied. **(Table 4.35)**

Patient choice	Responses (n=67) *	Percent
1. Very Poor	0	0%
2. Poor	0	0%
3. Fair	0	0%
4. Good	8	11.4%
5. Very Good	59	84.3%
	Median	3
	Mode	5
	Mean Average	4.88

Table 4.35 Approachability/friendliness by student Homoeopath

4.2.5.7 Statement: The punctuality of the student homoeopath. This question indicates again a very high degree of satisfaction as 84.3% participants were highly satisfied with above statement. **(Table 4.36)**

Patient choice	Responses (n=68) *	Percent
1. Very Poor	0	0%
2. Poor	0	0%
3. Fair	0	0%
4. Good	9	12.9%
5. Very Good	59	84.3%
	Median	3
	Mode	5
	Mean Average	4.87

Table 4.36 Punctuality of the student Homoeopath

4.2.5.8 Statement: The explanation of the homoeopathic case taking procedure. This question reveals a moderate degree of satisfaction as 68.6% participants are satisfied with the above statement. **(Table 4.37)**

Patient choice	Responses (n=66) *	Percent
1. Very Poor	0	0%
2. Poor	0	0%
3. Fair	2	2.9%
4. Good	16	22.9%
5. Very Good	48	68.6%
	Median	3
	Mode	5
	Mean Average	4.7

Table 4.37 Explanation of the homoeopathic case-taking procedure

4.2.5.9 Statement: The time spent in consultation with the person you saw. This question shows a significantly high degree of satisfaction as 74.3% participants are highly satisfied with the above statement. **(Table 4.38)**

Patient choice	Responses (n=68) *	Percent
1. Very Poor	0	0%
2. Poor	0	0%
3. Fair	1	1.4%
4. Good	15	21.4%
5. Very Good	52	74.3%
	Median	3
	Mode	5
	Mean Average	4.75

Table 4.38 Time spent in consultation with student Homoeopath

4.2.5.10 Statement: The appearance of the student homoeopath E.g., Were they professionally dressed. This question indicates a very high degree of satisfaction as 85.7% participants were highly satisfied with the above statement. **(Table 4.39)**

Patient choice	Responses (n=68) *	Percent
1. Very Poor	0	0%
2. Poor	0	0%
3. Fair	1	1.4%
4. Good	7	10.0%
5. Very Good	60	85.7%
	Median	3
	Mode	5
	Mean Average	4.87

Table 4.39 Appearance of the student homoeopath- Professionalism

4.2.5.11 *Statement:* Instructions given to you on how to take the homoeopathic medicine. This question shows 70.0% of participants were delighted with the above statement, which signifies a very high degree of satisfaction. **(Table 4.40)**

Patient choice	Responses (n=67) *	Percent
1. Very Poor	0	0%
2. Poor	0	0%
3. Fair	0	0%
4. Good	18	25.7%
5. Very Good	49	70.0%
	Median	3
	Mode	5
	Mean Average	4.73

Table 4.40 Instructions given on how to take the Homoeopathic medicine

4.2.6 Patient Satisfaction: Interaction between the Administrative staff and the patient

Below is a summary in regards to interaction between Administrative staff and patients.

Coding: 1 = very poor to 5 = very good

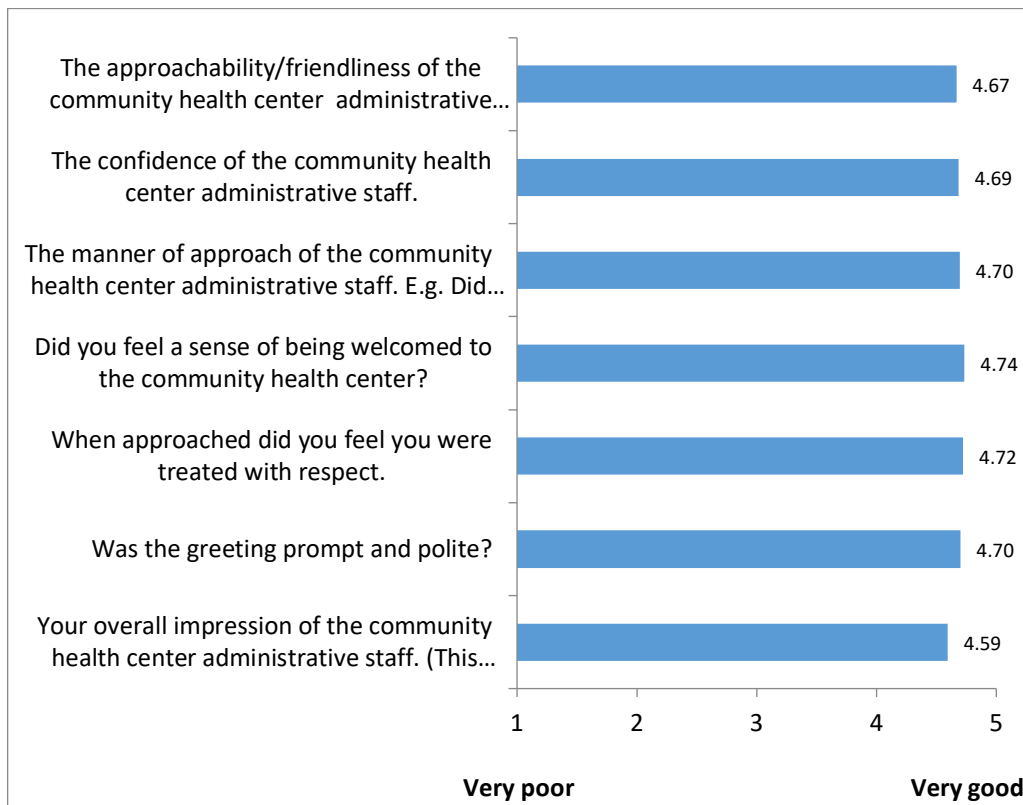


Figure 4.11 Interaction between Administrative staff and the patient.

Figure 4.11 indicates that the Administrative staff are rated significantly higher than the average mean value resulting in an $M=4.68$, $p<.0005$, where the sense of being welcomed to community health centre $M=4.74$ and feeling of being treated with respect when approached $M=4.72$ respectively, rate above $M=4.70$ at $p<.0005$.

	Factor
Patient Satisfaction: Administrative Staff	ADMIN
The approachability/friendliness of the community health centre administrative staff	.914
Your overall impression of the community health centre administrative staff. (This (includes receptionist/lab technician.)	.887
The manner of approach of the community health centre administrative staff. E.g., Did they carry themselves professionally?	.868
Was the greeting prompt and polite?	.800
The confidence of the community health centre administrative staff.	.778
When approached, did you feel you were treated with respect?	.670
Did you feel a sense of being welcomed to the community health centre?	.660

Table 4.41.a Displays the Factor Loading of Administrative Staff.

Factor analysis with Promax rotation is applied to explore the structure of these seven items. A KMO (Kaiser-Meyer-Olkin) measure of sampling adequacy value of .893 and a significant Bartlett's test result indicate that factor extraction was successful and reliable.

A single factor has extracted those accounts for 64.39% of the variance in the data. Rotation converged in 5 iterations. Each factor is tested for reliability using Cronbach's alpha. An alpha value $>.925$ indicates the internal consistency and reliability of a single composite measure formed by averaging the items in the factor.

	N	Mean
ADMIN	69	4.68

Table 4.41.b Shows the Overall Mean Value of Administrative Staff.

4.2.6.1 Statement: The community health centre administrative staff (which includes receptionist/, lab technician). This question shows a very high degree of satisfaction, as 95.7% of participants are highly satisfied with the above statement. **(Table 4. 42)**

Patient choice	Responses (n=69) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	2	2.9%
4-Good	24	34.3%
5-Very Good	43	61.4%
	Median	3
	Mode	5
	Mean Average	4.59

Table 4.42 Overall impression of the DUT HCHC administrative staff (includes receptionist/lab technician)

4.2.6.2 Statement: Was the greeting prompt and polite? This question shows a high degree of satisfaction, as 95.7% of participants are significantly satisfied with the above statement. **(Table 4.43)**

Patient choice	Responses (n=67) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0%
4-Good	20	28.6%
5-Very Good	47	67.1%
	Median	3
	Mode	5
	Mean Average	4.70

Table 4.43 Greeting – Polite and Prompt

4.2.6.3 Statement: When approached, did you feel you were treated with respect. This question shows that 97.2% of participants are highly satisfied with the above statement, which signifies a very high degree of satisfaction. **(Table 4.44)**

Patient choice	Responses (n=69) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	1	1.4%
4-Good	17	24.3%
5-Very Good	51	72.9%
	Median	3
	Mode	5
	Mean Average	4.72

Table 4.44 Treated with Respect

4.2.6.4 Statement: Did you feel a sense of being welcomed to the community health centre? This question reveals a significantly high degree of satisfaction as an overall of 97.1% participants were highly satisfied with the above statement. **(Table 4.45)**

Patient choice	Responses (n=68) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0%
4-Good	18	25.7%
5-Very Good	50	71.4%
	Median	3
	Mode	5
	Mean Average	4.74

Table 4.45 Feeling welcomed by the administrative staff

4.2.6.5 Statement: The manner of approach of the community health centre administrative staff, E.g., Did they carry themselves professionally? This question again also reveals a significantly high degree of satisfaction, with an overall of 94.3% participants being very satisfied. **(Table 4.46)**

Patient choice	Responses (n=69) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	3	4.3%
4-Good	15	21.4%
5-Very Good	51	72.9%
	Median	3
	Mode	5
	Mean Average	4.70

Table 4.46 Professionalism of DUT HCHC administrative staff

4.2.6.6 Statement: The confidence of the community health centre administrative staff. This question indicates a significantly high degree of satisfaction, with an overall of 94.2% of participants being delighted with the above statement. **(Table 4.47)**

Patient choice	Responses (n=67) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	1	1.4%
4-Good	19	27.1%
5-Very Good	47	67.1%
	Median	3
	Mode	5
	Mean Average	4.69

Table 4.47 Confidence of the DUT HCHC Administrative staff

4.2.6.7 Statement: The approachability/friendliness of the community health centre administrative staff. This question shows a very high degree of satisfaction as 85.7 % of participants are satisfied with the above statement. **(Table 4.48)**

Patient choice	Responses (n=63) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	3	4.3%
4-Good	15	21.4%
5-Very Good	45	64.3%
	Median	3
	Mode	5
	Mean Average	4.67

Table 4.48 Approachability/friendliness of DUT HCHC Administrative staff

4.2.7 Patient Satisfaction: Interaction between Clinical staff and the patient

Below is a summary in regards to interaction between clinical staff and patient

Coding: 1 = very poor to 5 = very good

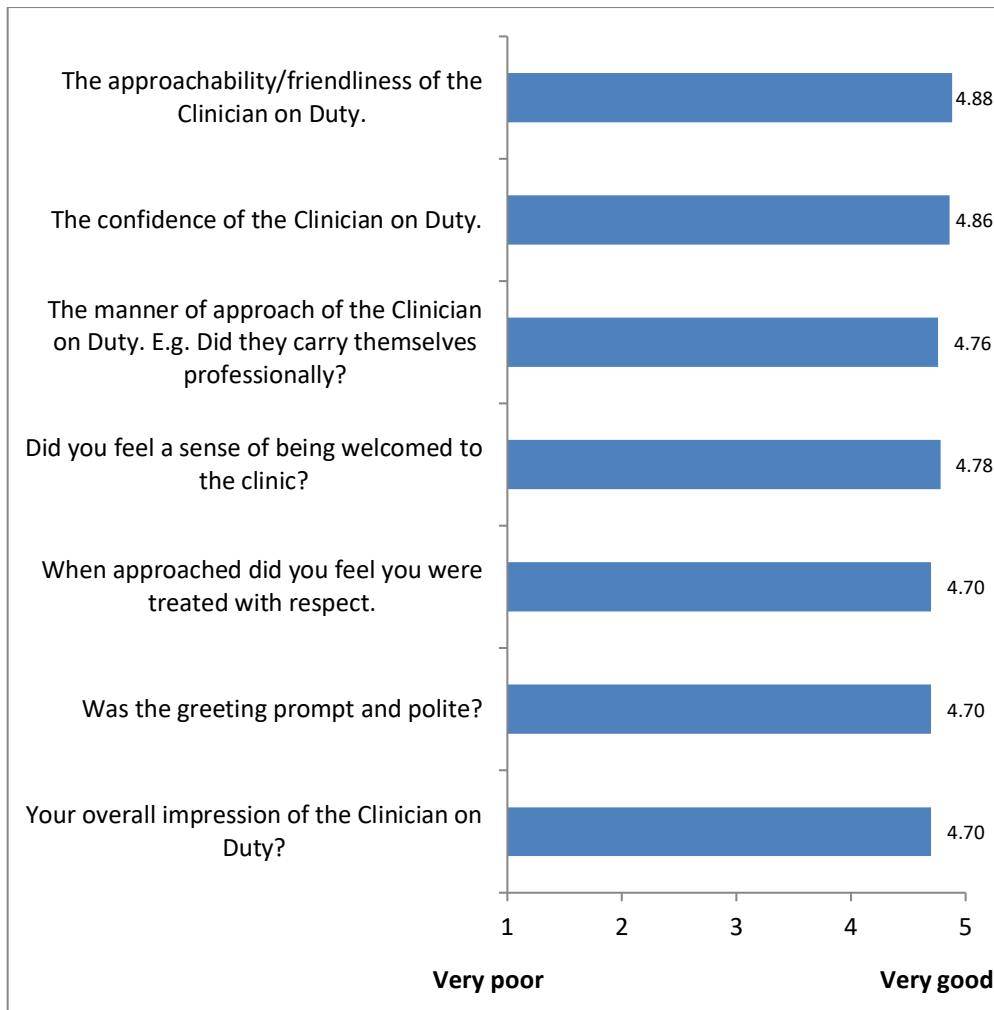


Figure 4.12 Interaction between clinical staff and patient.

Figure 4.12 depicts that the mean value of the clinicians is significantly higher than the fair mean value resulting in an $M=4.78$, $p<.0005$. The approachability/friendliness and confidence of the Clinician on Duty, $M=4.88$ and $M=4.86$ at $p<.0005$ rated above $M=4.80$.

Patient Satisfaction: Clinician General vs Clinician Professionalism	Factor	
	GEN	PROF
Was the greeting prompt and polite?	.877	
When approached did you feel you were treated with respect.	.865	
Your overall impression of the Clinician on Duty?	.865	
Did you feel a sense of being welcomed to the clinic?	.838	
The confidence of the Clinician on Duty.		.987
The approachability/friendliness of the Clinician on Duty.		.763
The manner of approach of the Clinician on Duty. E.g., Did they carry themselves professionally?	.350	.501

Table 4.49.a Reveals the Factor Loading of the Clinician.

Factor analysis with Promax rotation is applied to explore the structure of these seven items. A KMO (Kaiser-Meyer-Olkin) measure of sampling adequacy value of .802 and a significant Bartlett's test result indicate that factor extraction was successful and reliable.

Two factors (Clinician General Vs Clinician Professionalism) were extracted that account for 73.57% of the variance in the data. Rotation converged in 3 iterations. Each factor is tested for reliability using Cronbach's alpha. An alpha value >.932 for Clinician General and an alpha value >.829 for Clinician Professionalism indicates a single composite measure's internal consistency and reliability formed by averaging the items in each factor.

	N	Mean
Clin. Gen	51	4.73
Clin. Prof	50	4.83

Table 4.49.b Mean Values of Clinician General vs Clinician Professionalism.

Table **4.49.b** indicates that there is significant agreement that clinician general and clinician professionalism are significantly high, giving mean values M= 4.73 and M= 4.83 at $p < .0005$, respectively. Both are rated as significantly better than fair.

4.2.7.1 Statement: The overall impression of the Clinician on duty. This question shows a high degree of satisfaction with an overall of 71.4% participants being satisfied with the above statement. (**Table 4.50**)

Patient choice	Responses (n=50) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0%
4-Good	15	21.4%
5-Very Good	35	50.0%
	Median	3
	Mode	5
	Mean Average	4.70

Table 4.50 Overall impression of the Clinician on duty

4.2.7.2 Statement: Was the greeting prompt and polite? This question shows a high degree of satisfaction as an overall of 71.4% participants are satisfied with the above statement. **(Table 4.51)**

Patient choice	Responses (n=50) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0%
4-Good	15	21.4%
5-Very Good	35	50%
	Median	3
	Mode	5
	Mean Average	4.70

Table 4.51 Greeting – Polite and Prompt

4.2.7.3 Statement: When approached, did you feel you were treated with respect. This question shows a high degree of satisfaction concerning the above statement, with 71.4% of participants being satisfied. **(Table 4.52)**

Patient choice	Responses (n=50) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0.0%
4-Good	15	21.4%
5-Very Good	35	50%
	Median	3
	Mode	5
	Mean Average	4.70

Table 4.52 Treated with Respect

4.2.7.4 Statement: Did you feel a sense of being welcomed to the community health centre? This question reveals a high degree of satisfaction, with 71.4% of participants satisfied with the statement. **(Table 4.53)**

Patient choice	Responses (n=50) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0%
4-Good	11	15.7%
5-Very Good	39	55.7%
	Median	3
	Mode	5
	Mean Average	4.78

Table 4.53 Feeling welcomed by the Clinician on duty

4.2.7.5 Statement: The manner of the Clinician's approach on duty, E.g., Did they carry themselves professionally? Again, this question also reveals a high degree of satisfaction, with 71.4% of participants satisfied the above statement. **(Table 4.54)**

Patient choice	Responses (n=50) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0%
4-Good	12	17.1%
5-Very Good	38	54.3%
	Median	3
	Mode	5
	Mean Average	4.76

Table 4.54 Professionalism of the Clinician on duty

4.2.7.6 Statement: The confidence of the Clinician on duty. This question indicates a high degree of satisfaction, with 70.0% of participants satisfied with the above statement. **(Table 4.55)**

Patient choice	Responses (n=49) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0%
4-Good	7	10.0%
5-Very Good	42	60.0%
	Median	3
	Mode	5
	Mean Average	4.86

Table 4.55 Confidence of the Clinician on duty

4.2.7.7 Statement: The approachability/friendliness of the Clinician on duty. This question shows a high degree of satisfaction as an overall of 71.5% participants are satisfied with the above statement. **(Table 4.56)**

Patient choice	Responses (n=50) *	Percent
1-Very Poor	0	0%
2-Poor	0	0%
3-Fair	0	0%
4-Good	6	8.6%
5-Very Good	44	62.9%
	Median	3
	Mode	5
	Mean Average	4.88

Table 4.56 Approachability/friendliness of the Clinician on duty

4.2.8 Patient Satisfaction: General Comments

6. Will you visit the Homoeopathic Community Health Centre at the Durban University of Technology again?

Patient Choice	Frequency	Percent
Yes	64	91.4%
No	1	1.4%
Unsure	1	1.4%
Total	66	94.3%

Table 4.57.a Repeat Visit by the Participants

Table **4.57.a** indicates that 91.4% of participants admitted that they would revisit the DUT HCHC.

Will you refer others to the Homoeopathic Community Health Centre at the Durban University of Technology?

Concerning REFERRALS, these are comments or suggestions the participants offered:	Summary of comments
"Definitely would."	Positive
"Don't know what to expect."	Unclear
"I always have and always will refer people to this health centre."	Positive
"I believe in homeopathic medicine and the consultation was well conducted so I would definitely refer other people here."	Positive
"I came to see a specific student, if this student is still there-yes if she is not -no"	Unclear
"I can visit again and also refer others."	Positive
"I have referred other people here and they were glad I did. The experience is good."	Positive
"I received excellent attention."	Positive
"I was given more time and attention than a usual visit to a homeopath."	Positive
"I will be coming back for check-up on my progress."	Positive
"I will surely recommend others."	Positive
"I will visit again because I need to do another check-up and I would refer other people because the service was good."	Positive
"I would and do refer plenty people to the clinic, however, if they do come, I don't know."	Positive
"I would refer others homoeopathy really works."	Positive
"I would refer others to the clinic, I'm trying an on-going treatment."	Positive
"I would refer people to the community healthcare because I was treated with the utmost respect and politeness."	Positive
"I would surely refer other people to the health centre."	Positive
"It was an overall good experience."	Positive
"Nakanjani ngizobuya ngoba ngiyasizakala."	Positive
"Ngingagqugquzela abanye ngoba nigbone kumina ukusizakala nangothnado engilubonile ukuthi nemunye asizakale."	Positive
"The idea of trying something else either than western medicine and the treatment."	N/A
"Yes, I will refer many of my people and colleagues."	Positive
"Yes, I will visit again because of the good service I got."	Positive
"Yes, affordable and helpful. Easily accessible."	Positive
"Yes, highly likely to refer."	Positive

Table 4.57.b Referral of Others to DUT HCHC

Table **4.57.b** shows that 64.3% of participants (meaning 45/70) were 88.9% positive that they would refer their family members, friends and other people, whilst the remaining responses were unclear.

In Table 4.58 below, 65.7% of participants gave suggestions and comments. Of that 35.7%, were negative comments, and 66.6% were positive comments.

GENERAL Comments from the participants	Summary of comments
"Everything has been great".	Positive
"From the securities up until the stuff, everyone is very kind, friendly and welcoming. I have no regrets about attending DUT Homeopathic. I received the best attention and was treated very well. Thank you."	Positive
"I love the doctors at homoeopathy course. I had a sick child that Dr Ngobese helped. She was accommodating, and she did help us. Thank you, doctor, very much."	Positive
"It was very nice visiting here. Everything was perfect, hopefully, to come back soon."	Positive
"Mina ngokwami ukubona kuhle kakhulu odokotela basiphtha kahle kakhulu nabobonke abasebenzi basamukela ngendlela enhle kakhulu kuyangijabulisa kakhulu ukufika kule clinic."	Positive
"Satisfied."	Positive
"Okwamanje ngisanelisekile.Sengahti nabanye abantu bangaluthola loluthando engilitholie."	Positive
"Safe, supportive environment."	Positive
"Service was excellent."	Positive
"Sijabule kakhulu ngosizo lodokotela banomusa nesineke. Balela zonke izinkinga zethu. Siyabonga kakhulu."	Positive
"Thank you for your great hospitality."	Positive
"The case taking was well conducted, and I love coming to the DUT community health centre as I am always given ample time to describe my symptoms thoroughly without the feeling of being. In addition, the rooms are well maintained and immaculate."	Positive
"The clinic is so useful, and the students are professional. I find it very helpful."	Positive
"The students are well and professionally dressed. The time we wait for medication is too long. The clinic should operate on weekends."	Positive & Negative
"Consultation seems too long or perhaps I am used to western medicine where 15 minutes is generally regarded as being enough. An examination is based on what you tell the clinician, no evaluation or perhaps due to covid some examination methods had to be curbed??? for example blood pressure eyes or oral exam! The student did not introduce herself, waited almost 30 minutes for medication."	Negative
"I would like to see advert and signs along the road, advertising this community centre, most of the people do not know this centre."	Negative
"Is it possible to be seen by the same person for consultation all the time because it's draining to go over your case with different people repeatedly? We develop trust with the people who first consult us, and to have to try and build it again with someone else isn't so great. Some of the medicine is too little. It doesn't do much or enough to take care of the problem."	Negative
"Before I got to the clinic, I made several calls in an attempt to make an appointment telephonically. My calls were not answered, so I decided to just go to the clinic. Please ensure that calls are answered."	Negative
"Some staff members talk very loudly in the corridors during clinic times, and patients get a bit disorientated as the loud voices make think there is something wrong."	Negative
"The clinic is badly advertised. It would help to have cards with info and phone numbers to be passed out, pamphlets at libraries etc. It is underutilised and often empty. It should be busy all day to justify the space and talks on homoeopathy nursing homes libraries. It is an excellent service. Bussing older adults from nursing homes can easily be arranged. Awareness is key, and the clinic is willing to be more utilised."	Negative

Table 4.58 General Comments from the Participants

CHAPTER FIVE

Discussion of Results

This study was designed to assess patient satisfaction in key service delivery areas of the Durban University of Technology Homoeopathic Community Health Centre.

Limitations of Study

For this study, the researcher assumes that participants' questionnaires accurately reflected their experience at the health centre. Various factors may have influenced their responses. These factors/limitations are as follows:

- Limited population group- using a sample that might not represent all the population groups as its probability sampling
- The questionnaire had to be responded to within the community health centre. It was not permitted for participants to leave with the questionnaire. E.g., Case evaluation as the patient is under scrutiny.
- Limited scaling range in the questionnaire.
- There was limited exposure to certain facilities- poor or incomplete answering of the questionnaire.

5.1 Demographics

5.1.1 Gender

The majority of the respondents were female at 67.1% (n=70), whereas the majority of patients as according to Herr (2008), were female at 74% (n=99). This shows that gender during both periods of the studies, respectively, in 2020 and 2008, received a high response rate following the statement. The possible reason could be that the female gender is more aware and self-conscious of their overall well-being in which they are more willing to take action into dealing with their health challenges (reference). However, when compared to the male gender in both studies, respectively, in 2020 at 32.9% (n=70) and in Herr's (2008) study at 26% (n=99), it received a lower response rating per the statement.

5.1.2 Age

The mean age group of the respondents was between 25 and 39 years old, represented at 42.9% (n=70) of the participants. According to Herr (2008), the mean age group was also between 25 and 39 at 28% (n= 100). Even though both studies indicate the same mean age group as being rated the highest, the current research suggests a higher response rating than Herr's results at a 14.9% difference. Interestingly Herr's (2008) study indicates that the highest-rated age group to pay a visit at the Durban University of Technology Homoeopathic Community Health Centre was between 40 and 64 years old at 31% (n=100) as compared to the current study represented at 22.9% (n=70). It could mean that individuals from 25 years old and above are more conscious and in tune with their health needs, thus taking the initiative for their well-being (Burns 2018).

5.1.3 Population Group

Most of the respondents were majority Africans at 71.4%, vaguely followed by Caucasians at 15.7% (n=70). In comparison to Herr's (2008) study, Caucasians were a majority represented at 42%, respectively, followed by Indians/Asians at 26% and Africans at 24% (n=100). Typically, this could be that during 2008, the population at DUT was predominantly Caucasian and not many individuals were aware of Homoeopathy then. However, in the current study, the Africans were rated the highest as compared to the Caucasians. Therefore, it could be that the DUT population is predominantly African, and most individuals now have a better knowledge of Homoeopathy.

5.1.4 Home Language

IsiZulu speakers made up a large sum of the participants at 52.9%, closely followed by English speakers at 30.0% (n=70). However, very interestingly, in comparison to Herr's (2008) study, it was vice-versa. The English speakers accounted for the home language at 73%, seconded by IsiZulu speakers at 18% (n=96) *. This shows that during 2008 the population at DUT was predominantly English which strongly suggests that this racial group was more knowledgeable about Homoeopathy. Hence, they frequently made use of its services and treatment. On the other hand, currently, the population attending the university is predominantly African, which

suggests that this racial group is also now educated and aware of the use of the services and the treatment of Homoeopathy.

5.1.5 Occupational Status

The majority respondents were students standing at 41.4%, with full-time employees being the runner up at 22.9%. The self-employed and unemployed each comprised 11.4% of the participants (n=69) *. Very similarly in Herr's (2008) study, the students comprised a majority of the respondents at 32%, followed by the full-time employees at 20% and retired respondents at 16% being second and third respectively (n=96) *. This indicates there was a slightly higher response rating in the current study in regards to students and full-time employment respectively with a 9.4% difference for students and a 2.9% difference for full-time employees. This could be that because students pay zero to minimal fees accompanied with their student card to attend the DUT HCHC, thus making it easier for them to attend the health centre, hence the majority response. Like-wise in regards to full-time employees, it could be that it is much easier for DUT staff to attend the health centre as it may possibly be free to minimal fees provided, they produce their staff card at the DUT HCHC. Hence the second highest rating response.

5.1.6 General Health Status

The general health status of the participants was pretty good, standing at a cumulative percentage of 71.4%, with those in excellent health status at 20.0% and those in good health at 51.4% respectively in the same group (n=69) *. In comparison to Herr's (2008) study and quite similar to the current study, a majority of the respondents considered themselves to be in good health, generally standing at 58%. Those with good health follow this at 27% and those with excellent health standing at 11%, being second and third respectively (n=98)*.

5.2 Patients and Homoeopathy

5.2.1 Patient's reason(s) for consulting the Durban University of Technology (DUT) Homoeopathic Community Health Centre (HCHC)

There may be various reasons for patients attending a Homoeopathic centre or facility, the reason that has been evident in several studies is "Homoeopathy is a natural and safe form of medicine" which according to Herr (2008), 46% of the

participants in Herr's study confirm with the statement in which it was a majority reason for his study, the same statement was also concurred by Forster (2005) with 52.4% of the patients affirming it in Forster's study.

Even though the reason stated above in accordance with this study was not considered a major reason for patients to attend the DUT HCHC, it is still considered one of the subsequent reasons why patients attended the health centre (n=70, 30.0%). On the other hand, the majority of patients' reasons for attending the DUT HCHC were "I believe in Homoeopathy as a medicine" at 51.4%. Whilst the most common reason for patients attending the Technikons Witwatersrand (TWR) Homoeopathy Clinic was because "they tried out Homoeopathy as a therapy", standing at 34.1% (Forster 2005).

Patients closely followed by the statement "I heard positive things about homoeopathy" at 42.9%, meanwhile in Herr's study, a slightly lower rating response at 39% was received (Herr 2008). The patients at TWR Homoeopathy Clinic responded with an even lower rating response of 30.5% compared to this study and Herr's study (Forster 2005). The least rated response compared to the statements above is "I just wanted to give homoeopathic medicine a try" at 21.4%, whereas the rating response in Herr's study is at 20%, which is not too far off from the above (Herr 2008).

5.2.2 Means by which patients heard about the Homoeopathic Community Health Centre (HCHC) at the Durban University of Technology (DUT)

It is quite evident that most referrals came from family members and friends, represented by 42.9%, which shows that previous patients treated are confident and satisfied enough to refer others to the health centre.

It was also similar in Herr's study, where 50.0% of patients mentioned they were also referred to the clinic via family members or friends. Likewise with Forster's study where a sum of 61% of patients said they were also referred to the TWR Homoeopathic Clinic by the same means (Herr 2008; Forster 2005).

This study is necessary as it is mainly through patient satisfaction & treatment that the health centre and Homoeopathy are being advertised through the community

and not so much by other means of advertising which is very similar to Herr's study. Nonetheless, bear in mind the responses given by patients to point 5.3.1.

5.2.3 Other HealthCare Professionals Consulted

In this study, most participants consulted with a GP Medical Doctor (medical practitioner), standing at 57.1% (n=70). In Herr's analysis, there is a significant similarity with this study regarding those who consulted a GP Medical Doctor represented at 70.7% (n=99) *even though it is slightly higher. It may seem insignificant. However, a few participants, 8.6%, said they also had consulted a Traditional African Healer. According to Herr's study, 6.1% of participants also mentioned they had consulted a Traditional African Healer (Herr 2008). Quite funnily, in both this study and Herr's study, 0.0% of participants said they had consulted a Traditional Chinese Doctor. Interestingly there was also 17% of participants did not consult with other diagnostically trained medical practitioners, illustrating or suggesting a need for the Homoeopathic Profession as primary contact physicians (Herr 2008).

5.3 Patient Satisfaction: Facilities and Services

Impact of Facilities on service provided

NB: In the previous study conducted by Herr (2008), some facilities were not readily available or put in place during the study period. These facilities include Toilet suitably accessible to disabled patients, DUT HCHC appropriately accessible to disabled patients, Availability of morning appointments. These facilities had an impact on patient satisfaction; however, they did not affect the service provided. The other facilities included in this study and Herr's analysis include toilet accessibility and being greeted politely and promptly upon appointment. Herr also mentioned the availability of mornings (excluded in Herr's study) and afternoon appointments, Waiting time for the appointment, Parking, DUT HCHC located in a convenient area, Was easy to find/ signposted, and Booking dealt with in a friendly and helpful way. All these facilities have impacted patient satisfaction; however, they have not affected the service provided.

5.3.1 Advertising -Media

It has been quite apparent that advertising the Homoeopathic community health centre via media and signage has been an issue, as revealed in some studies. According to Herr (2008), there has been a lower degree of satisfaction. However, with a mean value of 3.13, the results of this study show that there is neither significant agreement nor significant disagreement that the services of the community health centre are suitably advertised in the media. This is evident as 29.9% (n=67) * participants neither agreed nor disagreed that services are suitably advertised via media. With that in mind, it is clear that Herr (2008) faced the same challenge as this study regarding the above statement, however with a slightly higher response rating that showed 37.5% of participants neither agreeing nor disagreeing that the services are suitably advertised via media. Thus, this strongly suggests that there needs to be an increase in awareness of advertising via media for homoeopathic health centres.

5.3.2 Advertising-Signage

According to the results, advertising via signage had significant agreement even though it was rated lower than most services, with a mean value of 3.38. This is evident as 38.2% of participants agreed that the services are suitably advertised via signage. However, even though certain participants agreed it still has a low rating compared to the other services, 22.1% participants neither agree nor disagree with the above statement. In comparison to Herr's study, only 27.9% of participants agreed. However, 33.7% neither agreed nor disagreed with the above statement (Herr 2008). It shows that the results for both studies were inconclusive for this particular statement or question. Thus, it is essential to increase awareness for this particular service, influencing satisfaction either positively or negatively.

5.3.3 Bookings

This section showed a high degree of satisfaction in terms of study, with 41.4% of participants strongly agreeing and 34.3% agreeing that making a telephonic booking was an efficient and straightforward task. This was also confirmed by Herr's study, with a rating of 84.2% of participants either agreed or strongly agreed with the above statement. Therefore, even though the results had a higher rating, it indicated a good response, thus showing positive satisfaction (Herr 2008). Additionally,

regarding the friendliness of the booking process, this study showed a significantly high degree of satisfaction, with 51.4% of participants strongly agreeing and 32.9% of participants agreeing with the statement. This is also similar to Herr's study, as 91.8% of participants agreed or strongly agreed with the statement. Thus, again even though the results had a higher response rating, it showed positive satisfaction regarding this statement (Herr 2008). Overall, this signifies a positive outcome for this particular section.

5.3.4 Signage

It showed a significantly high degree of satisfaction as 80.0% (n=67) * participants either agreed or strongly agreed about the community health centre being easy to find and sign posted. Yet, at the same time, 5 (7.1%) participants both disagreed and neither agreed nor disagreed with the above statement. Similarly, according to Herr (2008), there was a high degree of satisfaction as 88.4% of participants either agreed or strongly agreed with the above statement. This, however, does not have a particular effect on patient satisfaction.

5.3.5 Location

This particular section showed a very high degree of satisfaction as 84.3% (n=67) * participants either agreed or strongly agreed about the DUT HCHC being located in a convenient area. In Herr's study, there was also a high degree of satisfaction as 73.9% of participants agreed or strongly agreed with the statement (Herr 2008). It indicates a positive outcome in regards to patient satisfaction.

5.3.6 Parking

Parking proved to have a positive outcome or response as 64.3% (n=65) * participants either agreed or strongly agreed; however, only 11.4% disagreed that the DUT HCHC has suitable parking. Whereas in Herr's study, parking proved to be somewhat an issue as 26.1% of participants disagreed or strongly disagreed. However, there was a moderate degree of satisfaction as 62.0% of participants agreed or strongly agreed that the community health centre had suitable parking (Herr 2008). It suggests that parking plays an essential factor in a health facility as it can affect patient satisfaction.

5.3.7 Appointment-Waiting Time

Waiting time to get an appointment showed a high degree of satisfaction as 80.0% of participants agreed or strongly agreed. However, 2 (2.9%) participants disagreed and neither agreed nor disagreed with the above statement. Herr's study showed a significantly high degree of satisfaction as 92.5% of participants either agreed or strongly agreed with the statement. However, Brak (2016) revealed that this question had a low response rating, thus signifying a low degree of satisfaction. Nevertheless, this still represents a positive outcome regarding patient satisfaction, even with the low rating in Brak's study.

5.3.8 Choice of Appointments-Mornings/Afternoons

This study showed there was a significantly high degree of satisfaction regarding the availability of appointments (mornings/afternoons), as 90.0% of participants either agreed or strongly agreed with the above statement. In comparison to Herr's study showed, there was a significantly high degree of satisfaction with 73.2% of participants either agreeing or strongly agreeing, yet at the same time, 14.5% of participants either disagreed or strongly disagreed in terms of availability of afternoon appointments (Herr 2008). Thus, morning appointments were recommended and had to be considered, which was included in this study. It suggests a positive response concerning patient satisfaction.

5.3.9 Impression of Outside Appearance & Entrance

There was a very high degree of satisfaction, indicating that the outside appearance and entrance (s) gives a professional impression as 87.1% of participants either agreed or strongly agreed, with 2 (2.9%) participants strongly disagreeing and the other 5 (7.1%) participants neither agreeing nor disagreeing with this statement. On the other hand, there was a significant degree of dissatisfaction in Herr's study, as 15.6% participants either disagreed or strongly disagreed and 24% participants neither agreed nor disagreed with this statement (Herr 2008). During the period of Herr's study, the renovations conducted at the DUT HCHC in 2014 had not taken place as hence perhaps the low degree of the appearance of the building and entrance(s).

5.3.10 Entrance and Consultation Room- Disabled Patients

This study shows a very high degree of satisfaction as 82.8% agreed or strongly agreed that the entrance and consultation rooms are suitable for disabled patients. Yet, also 11.4% of participants neither agreed nor disagreed with this statement. Unfortunately, there is no evidence of this information in the previous study because this facility was rarely available during Herr's analysis.

5.3.11 Greeting-Prompt and Polite

The first human contact made between a patient and a clinic is when they are greeted upon arrival. It is quite important to notice that welcomes are both prompt and polite and that patients are attended to as soon as possible. Both these questions about greeting received the highest degree of satisfaction (greeting-promptly) as 97.1% of participants either agreed or strongly agreed and (greeting-politely) as 95.7% participants either agreed or strongly agreed with the statement. Similarly, there was a significantly high degree of satisfaction in Herr's study. Both these questions about greeting had a high rating with an overall of 58.6% participants who either agreed or strongly agreed that they were both promptly and politely greeted (Herr 2008). It suggests a positive outcome concerning patient satisfaction.

5.3.12 Waiting Room-Well maintained and Professional

Although it may not seem vital and may not affect satisfaction, it is essential that a waiting room is well maintained and looks professional, as this can make a patient feel welcomed and cared for in a certain way. Therefore, this question received a very high degree of satisfaction as 90.0% of participants agreed or strongly agreed that the waiting room was well maintained and professional. Thus, it illustrates a positive response in regards to patient satisfaction.

5.3.13 Toilets-Well Maintained

Maintenance of a toilet is vital as it reflects on cleanliness and hygiene of a facility especially a health facility. This particular section showed a very high degree of satisfaction as 85.7% participants either agreed or strongly agreed, yet 10.0% participants expressed neutrality in regards to the statement. This suggests that

some sort of improvement needs to be considered in this regard, however it still indicates a positive outcome in regards to patient satisfaction.

5.3.14 Toilets- Access

Although the general satisfaction with access to toilets appears to be good as 82.8%, 2 (2.9%) participants disagreed that access to toilets was simple, with 5 (7.1%) participants neither approved nor disapproved. Similarly, Herr's study also showed a high degree of satisfaction as 64.5% of participants either approved or strongly approved. However, 12 (12.9%) participants either disagreed or strongly disagreed as well as 21 (22.6%) participants expressed neutrality that the toilets were easily accessible (Herr 2008). It might have been connected to their purpose for consultation, but it should be recorded for future consideration in the context of a community health centre. Nonetheless, this still shows a positive outcome in regards to patient satisfaction.

5.3.15 DUT HCHC Accessibility-Disabled Patients

Access to the services offered needs to be available to all who could benefit from the services provided. Hence 81.4% of participants either agreed or strongly agreed, yet 12.9% of participants expressed neutrality towards this statement. Thus, it still shows a positive outcome regarding patient satisfaction. However, some consideration needs to be included to make improvements in this area. In comparison to Herr's study, there was a low degree of satisfaction as 25 (26.0%) participants either disagreed or strongly disagreed, and 26 (27.1%) participants showed neutrality towards this statement (Herr 2008). Thus, even since Herr's study, improvements have been made. However, more work still needs to be done.

5.3.16 Toilet Accessibility-Disabled Patients

As mentioned above, access to services to all is vital, so all can benefit it is likewise with accessibility to toilet for disabled people. Thus, 65.7% of participants either agreed or strongly disagreed. However, 21.4% of participants expressed neutrality in regards to the statement. Thus, even though there is a high degree of satisfaction, there is still some uncertainty regarding the statement. It could perhaps be in the context that some participants did not enter the toilet during their consultation during this study, thus making it irrelevant.

5.3.17 Consulting Rooms-Well Maintained and Professional

As mentioned above, maintenance of any facility is essential to a community health centre, thus likewise for consultation rooms. This question received a 92.9% positive response where participants either agreed or strongly agreed with the statement. It indicates a positive reaction concerning patient satisfaction.

5.3.18 Medicines-Waiting Time

Despite generally high satisfaction among patients awaiting their medicine, 84.3% of participants either agreeing or strongly agreeing, 4.3% of participants either disagreed or strongly disagreed, and 5.7% of participants expressed neutrality that their waiting period was fair. Similarly, there was an overall high degree of satisfaction in Herr's study. However, with that in mind, 13 (13.8%) participants either disagreed or strongly disagreed that their waiting time was reasonable (Herr 2008). Since each prescription is tailored to the individual patient, it takes to complete it can vary. As the DUT HCHC is a teaching institution, determining the right drug and the process of dispensing as students do it is a little slower than it would be in private practice. The multiple protocols in place to guarantee that clinical standards are met tend to slow down the process. The patient should be informed whether there will be an additional wait time due to the prescription. On the other hand, other problems should be addressed if there is a delay in medicine delivery.

5.3.19 Pricing Structure

This question shows a very high degree of satisfaction as 87.1% of participants either agreed or strongly agreed, yet 1.4% of participants strongly disagreed, or 5.7% of participants neither agreed nor disagreed that the DUT HCHC has an affordable pricing structure. Nonetheless, it still signifies a positive response in regards to patient satisfaction.

5.3.20 Medicines-Packaging

With an overall high degree of satisfaction in participants with the medicine packaging as 90.0% of participants either agreed or strongly agreed, yet 4.3% participants expressed neutrality with medicines packaged suitably. Thus, it still indicates a positive outcome in regards to patient satisfaction.

5.4 Patient Satisfaction: Interaction between the student Homoeopath and the patient

5.4.1 Overall Impression- Student Homoeopath

Many have said that the first impression of anything between human contacts counts the most as it tends to stick in one's mind. However, the overall impression of healthcare given is also very vital, this question indicated a very high degree of satisfaction as 71.4% of participants stated very good and 27.1% of participants said good, giving an overall rating of 98.5% (n=69) * positive responses in regards to the overall impression of the healthcare provided.

Herr's study also indicated a significantly high degree of satisfaction as 98.9% (n=93) * participants stated either good or very good concerning the statement (Herr 2008). Thus, it depicts a positive outcome regarding patient satisfaction.

5.4.2 Physical Examination- Student Homoeopath

It is essential to maintain the quality of anything, especially when it involves dealing with individuals. Thus the quality of the physical examination performed is pivotal as patients can use that to gauge the level of satisfaction and the skill of a health practitioner. This question showed a very high degree of satisfaction as 94.3% (n=68) * participants stated either good or excellent responses regarding the statement. Herr's study also rated a significantly high degree of satisfaction as 89.0% (n=98) * participants said either good or very good concerning the quality of the physical examination performed (Herr 2008). Brak's study also illustrated a high degree of satisfaction as 95.6% of participants signified a positive response (Brak 2016). It indicates a good response concerning patient satisfaction.

5.4.3 Explanation of condition/diagnosis-Student Homoeopath

The diagnosis or condition must be explained as thoroughly as possible so that the patient understands what is going on in their body. It will help them prepare themselves mentally and emotionally to deal with what is happening to them. Thus, this question indicated a significantly high degree of satisfaction as 87.1% of participants stated either good or very good responses. However, 7 (10.0%) (n=68) * participants indicated a fair response in terms of the statement. Whilst Herr's study also revealed a very high degree of satisfaction as 92.8% of participants stated

either good or very good responses, yet 5.1% participants indicated a fair response and 2.0% (n=98) * participants revealed a poor response in regards to the statement. Brak (2016) stated that there was a low response rating in regards to this statement. Even though the poor and fair responses indicated, this still shows a good response regarding patient satisfaction.

5.4.4 Attention given by Student Homoeopath

Participants were very satisfied with the attention given by the student Homoeopath as 95.7% of participants indicated either good or very good responses. Similarly, Brak (2016) also indicated almost the same rating as 95.6% of participants expressed a positive experience regarding this statement. Finally, Herr's study also indicated a significantly high degree of satisfaction as 99.0% of participants stated either good or very good responses regarding the statement. Therefore, it signifies an excellent outcome to patient satisfaction.

5.4.5 Confidence-Student Homoeopath

Confidence of an individual is vital, especially when dealing with a profession, particularly when dealing with patients, as this can affect their satisfaction level. Thus, a student Homoeopath needs to be confident when dealing with a patient to trust that the student knows what they are doing. This question revealed a very high degree of satisfaction as 94.3% (n=68) * participants indicated either good or very good responses concerning the statement. Similarly, Herr (2008) also rated a very high degree of satisfaction as 97.9% (n=96) * participants indicated either good or very good responses regarding the statement. It illustrates an excellent response to patient satisfaction.

5.4.6 Approachability/Friendliness-Student Homoeopath

Patient-doctor contact is an essential element of the Homoeopathic consultation, with crucial information from the patient in a trustworthy relationship. With this in mind, this question showed a very high degree of satisfaction as 95.7% of participants stated either good or very good responses. Interestingly, there were no negative responses at all. Similarly, Brak (2016) also indicated almost the same rating as 95.6% participants depicted a positive experience regarding the statement. It was also evident in Herr's study as 97.9% of participants indicated either good or

very good responses, signifying a very high degree of satisfaction (Herr 2008). Thus, it demonstrates an excellent outcome in terms of patient satisfaction.

5.4.7 Punctuality-Student Homoeopath

Punctuality is essential, especially when dealing with patients or any client, as it reflects professionalism. This question revealed a significantly high degree of satisfaction as 97.2% of participants signified either good or very good responses. Interestingly, there were no negative responses regarding this statement. Herr (2008) revealed a very high degree of satisfaction, as 96.9% of participants stated either good or very good responses in terms of punctuality of the student Homoeopath. It shows a positive outcome in regards to patient satisfaction.

5.4.8 Explanation of Homoeopathic Case-Student Homoeopath

This question revealed a very high degree of satisfaction as 91.5% of participants stated either good or very good responses concerning the statement. Similarly, Herr's study also revealed a very high degree of satisfaction as 93.8% of participants indicated either good or very good responses. Yet, it also revealed that 5.2% of participants had a fair response and 1.0% of participants with a poor response concerning the statement. According to Brak (2016), this question indicated a low degree of satisfaction. Even so, this still indicates a great outcome in regards to patient satisfaction.

5.4.9 Time spent in consultation-Student Homoeopath

This question showed a very high degree of satisfaction with an overall response of 95.7% of participants that stated either good or very good responses in terms of the statement. Herr's study also revealed similar results as 99.0% of participants indicated either good or very good responses regarding the statement (Herr 2008). Again, this signifies a great response in regards to patient satisfaction.

5.4.10 Appearance/Professionalism-Student Homoeopath

This question showed an overall response where 95.7% of participants indicated either good or very good responses, which shows a significantly high degree of satisfaction regarding the statement. Similarly, there was a significantly high degree of satisfaction as 97.9% of participants indicated either good or very good responses concerning the statement. Again, this demonstrates an excellent outcome concerning patient satisfaction.

5.4.11 Instructions on Homoeopathic Medicine-Student Homoeopath

Patients were highly satisfied with the instructions given on how to take their Homoeopathic medicine, as there was an overall response where 95.7% of participants stated either good or very good responses. Herr's study also closely shared similar results as 97.4% of participants indicated either good or very good responses (Herr 2008). Brak's study also revealed a high degree of satisfaction as 79% of participants expressed a positive experience regarding the statement (Brak 2016). It again also demonstrated a positive outcome concerning patient satisfaction.

5.5 Patient Satisfaction: Interaction between the administrative staff and the patient

Most of the responses have an overall significantly high degree of satisfaction, which signifies a positive outcome regarding patients. The student Homoeopath is a significant component of this study as the student Homoeopaths are the ones who deal with the patients the most. Then the administrative staff are regarded as a subsidiary as they deal with the patients minimally. They mainly assist students with the administration of patients and the DUT HCHC.

The other questions under this section which are not similar to that of the interaction between the student Homoeopath and the patient, such as: Was greeted politely and promptly, When approached felt was treated with respect, Did you feel a sense of being welcomed to the community health centre, Manner of the approach of the administrative staff (Carry themselves professionally). Overall, these questions showed a significantly high degree of satisfaction, which signifies a great response concerning patient satisfaction.

5.6 Patient Satisfaction: Interaction between the Clinician and the patient

As seen in the above with **5.4** with the interaction between the student homoeopath and the patient such as in: *5.4.1 The overall impression of healthcare given, 5.4.5 Confidence of Student Homoeopath and 5.4.6 Approachability/Friendliness of Student Homoeopath*. These questions concerning those with that of interaction between the Clinician and the patient. They all had an overall high degree of satisfaction, which signifies a positive outcome regarding the patient. The student Homoeopath is a major component of this study as the student Homoeopaths are the ones who deal with the patients the most. Then the Clinician is regarded as a subsidiary as they deal with the patients minimally, as they mainly supervise/oversee students with the clinical proceedings of case taking and paperwork concerning the consultation with the patient.

The other questions under this section which are not similar to that of the interaction between the student Homoeopath and the patient, such as: Was greeted politely and promptly, When approached felt was treated with respect, Did you feel a sense of being welcomed to the community health centre, Manner of the approach of the Clinician on Duty (Carry themselves professionally). Overall, these questions showed a high degree of satisfaction, which signifies a positive response concerning patient satisfaction.

5.7 General Patient Satisfaction

5.7.1 Return Visit and Referral

The desire of a patient to return and refer service to others is perhaps the most critical component in overall good service. For example, an overall of 91.4% of patients said they would return for future consultations (n=66) * and 88.9% of participants mentioned they would refer our services to others such as family members, friends and others to the DUT HCHC. Whereas, in Herr's study, an overall of 97.5% participants (n=96) * stated that they both return for future consultations and refer the services to other people (Herr 2008). Interestingly in Brak's study, 100% of participants mentioned referring family members and friends to the UJ HHC (Brak 2016).

5.7.2 General Patient Comments

It showed that 66.6% of participants had positive comments, and 35.7% had negative comments out of the 65.7% of participants who gave comments and suggestions. Thus, it indicates a good outcome regarding patient satisfaction.

CHAPTER SIX

Conclusion and Recommendations

6.1 Conclusion

The Durban University of Technology (DUT) Homoeopathic Community Health Centre (HCHC) was the subject of this study, which looked at patient satisfaction with various service delivery areas. Based on the above study's findings, it can be concluded that there is continuous improvement happening at the DUT HCHC, and this needs to continue happening. Nevertheless, there is a high level of satisfaction with the services provided in this study. Patient's arrival at the community health centre, where they were both promptly and politely greeted. The overall interaction between the student Homoeopath, Administrative staff, the Clinician on duty, and the patient were all areas where patients expressed a significant amount of satisfaction. Areas that demonstrated lower satisfaction were advertising by media and signage, signage, toilet accessibility for disabled patients, and parking.

With all the attributes verified and followed up from the previous study conducted by Herr (2008), this study shows the demographics changing per the regional demographics around campus and the city.

6.2 Recommendations

Advertising is a prevalent subject that runs throughout this research. The necessity of considering effective advertising and marketing of the clinic as a whole for its long-term survival as a community health centre and student training centre cannot be overstated. With the changing wave of how individuals respond to advertising and marketing of services, it is recommended that the council association/department review the use of social media platforms as a means of communication in the future.

Signage (was a community health centre easy to find/ clearly sign posted), parking, and toilet accessibility for disabled patients are not trivial issues. However, when measures are taken to improve our public services constantly, these must be recognized in future planning and consideration.

Due to the high level of satisfaction attained in this study, future research might benefit from using a ten-point rating scale to more reliably identify minor differences in patient satisfaction, allowing for greater precision when establishing demographic effects and correlations. Additionally, a larger sample size over a longer period helps establish the sample group's accuracy as a representative population.

Levels of satisfaction in many categories of patient satisfaction have indicated varied perspectives based on demographics. As a result, if one wants to give every patient better care in every element of service delivery, demographically relevant adjustments (improvements) must be addressed for the different groups concerned. It is a difficult process but one that must be considered when changes are implemented. Covid-19 has thrown the world into a tailspin concerning the health sector. But, they say, hindsight is a great teacher. Our patient demographics would have benefitted from a more inclusive database if we had cast our net wider in collecting data. Little or no data reflected traditional medicine patients or even traditional medicine practitioners, as an example. It is recommended on this point is that our marketing material should go further into areas we traditionally do not go to attract more people into the DUT HCHC.

Considering that there is a growing awareness and understanding about homoeopathy amongst the students (Daphne 1997; Small 2004; Paruk 2006; Macquet 2007 and Lamula 2010), stated that there is a need to expand our base through other means. Educational programmes about the use of homoeopathy at the community level become important through some form of outreach projects as was done at Cato Ridge Homoeopathic Community Health Centre (CR HCHC), Ukuba Nesibindi Homoeopathic Community Health Centre (UN HCHC), and Kenneth Gardens Homoeopathic Community Health Centre (KG HCHC). These projects will bring many people who would otherwise go to the traditional doctors as more than 87% (Nxumalo et la. 2011:14).

Of South Africa's African majority still visits a traditional healer at some point in their lives. An example of this is that during the earlier stages of the Covid-19 in 2020, *umhlonyane* (*Artemisia Afra*) gained popularity as an herb that could heal lung infections. Fortunately, some homoeopaths could use this opportunity to prescribe *Artemisia Afra* to their patients and make it more accessible to many more people

with proper dosages. However, as many remedies are available from the traditional doctors/healers, the concern is usually raised about dosage and consistency in the quality of that particular remedy.

The Artemisia Afra example suggests that the DUT HCHC can attract more people and educate more people, even from rural areas, if the approach becomes more inclusive. In this way, people will start understanding what homoeopathy can offer to solve their health problems.

The facilities at the DUT HCHC seemed to have improved a great deal over the years after the 2014 renovations. Therefore, there is slight improvement necessary at this point to increase patient satisfaction. However, regarding service, specifically when looking at marketing, more could be done regarding 6.1 and 6.2 above. In addition, outreach projects can help a lot, as suggested in the sections above, and social media can also assist a lot to spread the word as the story of Artemisia did during the early days of Covid-19 in 2020.

The DUT HCHC can do a focused campaign online or on local radio stations where they can be invited to speak on many diseases to highlight the importance of the homoeopathic approach to their approach. This will go a long way to understand what homoeopathy is versus the allopathic approach to disease treatment.

After the following recommendations have been reviewed and actions made to address them, a follow-up patient satisfaction survey should be conducted to evaluate the actions taken.

Future research might focus on patient improvement while receiving treatment at the DUT HCHC and the probable impacts and correlations on patient satisfaction.

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APPENDICES

APPENDIX A - Letter Of Information (English)



Appendix A: Information letter for participants (English)

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

LETTER OF INFORMATION

Dear Participant

Thank you for agreeing to participate in this study.

Title of the Research Study: A survey of patient satisfaction of the DUT Homoeopathic Community Health Centre.

Principal Investigator/s/researcher: Miss Adhieman Sihle Adande (BTech: Homeopathy).

Co-Investigator/s/supervisor/s: Dr Ingrid Couchman (Supervisor) MTech:Hom

Dr Shraddha Brijnath (Co-supervisor) MTech: Hom.

Brief Introduction and Purpose of the Study:

The measurement of patient satisfaction is an essential part of healthcare services, in terms of service quality and healthcare system responsiveness. Patient Satisfaction is very important as if patients are happy they are then more likely to continue using healthcare services, comply with medical treatment, maintain the relationship with a specific healthcare provider and recommend the healthcare to others.

The study aims to assess all changes that were made after Herr's research and, to identify what areas of the community health centre may still need to be addressed.

Outline of the Procedures:

You have willingly volunteered as one of the 70 participants to take part in a patient survey at the DUT Homoeopathic Community Health Centre to assist in determining the level of satisfaction of the patients attending the community health centre. You will be informed about the study before hand by the researcher when you come in for a normal consultation at the clinic at the reception area while you wait for the student to take you in for your consultation. Once you agree to take part in the study you will then be given a letter of information & consent form, thereafter once you have signed consent you will also be given the questionnaire in which you can complete while you wait for your medicine, either in the waiting area or reception area and this will only take 10 minutes of your time. The recruiting of participants and the questionnaire will be conducted after the participant has completed their consultation and the responses will be anonymous. Once you have completed the questionnaire you will need to post it in the sealed box that will be at the

reception area there will also be a sealed box for the informed consent so there will be two separate sealed boxes at the reception area one will be for the informed consent and one will be for the questionnaire- the questionnaire cannot leave the community health centre it must be completed on the study site. The first part of the questionnaire has generic questions followed by specific questions to get a better understanding of the patient's experience of the facility, student consultants, community health centre administrator staff and clinician on duty as well as the patient's satisfaction level of the overall service provided.

Non-participation: You are not forced to participate in this study. Participation in this study is voluntarily. If you don't participate in this study it will not affect the service offered to you by the HCHC.

Risks or Discomforts to the Participant: There are no foreseeable risks or discomforts to you as a participant in this study.

Benefits: You will be provided with copies of the research outputs which will be available at the DUT Homoeopathic Community Health Centre, namely publications and the dissertation which will be available at the DUT library for reading purposes.

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

The reason a participant may be withdrawn from the study is if they don't meet the requirements of the inclusion criterion of the study.

Remuneration: There is no remuneration for participating in this study.

Costs of the Study: You will not be expected to cover any costs towards the study.

Confidentiality: Your participation in this study is voluntary. Information collected during this study will remain confidential and will only be used for the purpose of the study. Your personal details will not be collected or recorded in any manner.

Research-related Injury: There are no injuries that you may be exposed to during the course of the study.

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

Please contact the researcher Miss Adhieman Adande: 084 661 4220/ Email at: adhieman_a@yahoo.com

Supervisor Dr Ingrid Couchman: 031 373 2482/ 082 925 6796/ Email at: ingridc@dut.ac.za

Co-supervisor Dr Shraddha Brijnath: 031 373 3002/ 060 427 2018/ Email at: shraddhab@dut.ac.za

The Institutional Research Ethics administrator: - 031-373 2900. Complaints can be reported to the DVC: TIP F. Otieno on 031-3732382 or dvctip@dut.ac.za.

APPENDIX B - Letter Of Information (IsiZulu)



Isithasiselo A: incwadi yemininingwane yomhlanganyeli (IsiZulu)

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

INCWADI YEMINININGWANE

Mhlanganyeli Othandekayo

Uyabongwa ngokuvuma ukuba yingxenywe yalolu cwaningo.

Isihloko Socwaningo: Ucwangingo ngokwaneliseka kweziguli zaseDUT Homoeopathic Community Health Centre.

Umcwangingi Omkhulu: Nkz Adhieman Sihle Adande (BTech: Homeopathy).

Abanye abacwangingi: Dkt Ingrid Couchman (Umeluleki) MTech:Hom

Dkt Shraddha Brijnath (Umeluleki olekelelayo) MTech: Hom.

Isingeniso nenhloso yocwangingo:

Ukukalwa noma ukubhekwa kokwaneliseka kweziguli yingxenywe ebalulekile nefunekayo ezikhungweni zezempilo ukuze kutholakale usizo oluseqophelweni eliphezulu kanye nokuthuthukisa izindlela zokusiza. Ukwaneliseka kweziguli kubaluleke kakhulu ngoba uma iziguli zijabule, ayakhula amathuba okuthi ziqhubeke zisebenzise amasevisi ezempilo, balandele izindlela zokulashwa, babe nobudlelwane obuhle nonompilo baphinde bagqugquzele nabanye ukuthi beze bazothola usizo lokunakekelwa kwempilo.

Inhloso yalolu cwaningo wukubhekisisa lonke ushintsho olwenziwa emva kocwangingo lwe Hrr nokubheka ukuthi yiziphi ezinye izinto ezidinga ukubhekisiswa esikhungweni somphakathi sezempilo.

.

Ukuvezwa kwezinqubo:

Uzivumele ukuba yivolontiya kubahlanganyeli abayi 70 abazoba yingxenywe yenhlobo yeziguli eDUT Homoeopathic Community Health Centre ukusiza ukunquma ukwaneliseka kweziguli ngokuya esikhungweni somphakathi sezempilo. Uzokwaziswa wumcwangingi ngocwangingo ngaphambi kokuthi ube yingxenywe yalo uma uza emtholampilo endaweni yokwamukela abantu ngalesi sikhathi ulinde umfundi ukuba akuthathe uye kothola usizo. Uma uvuma ukuba yingxenywe yocwangingo uzobe usunikwa incwadi yemininingwane kanye nefomu lesivumelwano, emva kokusayina isivumelwano uzobe usunikwa iphepha olunohlelo lwemibuzo okumele uligcwalise ngesikhathi ulinde imishanguzo yakho, kungaba yisendaweni yokulinda noma yokwamukela abantu, loku kuzothatha imizuzu eyi 10 kuphela yesikhathi sakho.

Ukuheha abahlanganyeli nohlelo lwemibuzo kuzokwenziwa emva kokuthi abahlanganyeli beqede ukusizwa nezimpendulo okuzoba yimfihlo kungavezwa amagama abo. Uma usuqedile ukuphendula uhlelo lwemibuzo

APPENDIX C - Informed Consent (English)



Appendix B: Consent form for participants (English) INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

CONSENT

Statement of Agreement to Participate in the Research Study:

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

Full Name of Participant **Date** **Time** **Signature**

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

Full Name of Researcher **Date** **Signature**

APPENDIX D - Informed Consent (IsiZulu)



Isithasiselo B: Ifomu lesivumelwano lomhlanganyeli (IsiZulu) INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

ISIVUMELWANO

Isitatimende Sesivumelwano Sokuba Yingxenye Yocwaningo:

- Ngियाqinisekisa ukuthi umcwaningi ungazisile, _____ (Igama lomcwaningi), ngobunjalo, yimigomo, yinzuzo kanye nobungozi balolu cwano – Inombolo Yemvume Yenkambo Yocwaningo: _____,
- Sengiyitholile, ngayifunda futhi ngayiqondisisa imininingwane ebhalwe ngenhla (Incwadi yomhlanganyeli yemininingwane) ephathelene nocwaningo.
- Ngियाqonda ukuthi imiphumela yalolu cwano, okubalwa, imininingwane ephathelene nesiqu sami okubalwa ubulili, iminyaka, usuku lokuzwalwa, iziqalo zama/zegama kanye nesifo enginaso, igama lami lizoba yimfihlo uma sekubhalwa umbiko wocwaningo.
- Ngokubuka izidingo zocwaningo, Ngiyavuma ukuthi imininingwane ezoqoqwa kulolu cwano ingacubungulwa ohlelweni lwekhompyutha oluzokwenziwa wumcwaningi.
- Ngingakwazi ukuyeka ukuba yingxenye yocwaningo kunoma ngabe yisiphi isigaba socwaningo ngaphandle kobunzima obuthize.
- Ngibe nesikhathi esanele sokubuza imibuzo nokuzivumela ngokwami ukuthi ngikulungele ukuba yingxenye yocwaningo.
- Ngियाqonda ukuthi uma kunolwazi olusha oluthuthukile olungaba khona ngesikhathi kwenziwa lolu cwano oluphathelene nami ngizokwazi ukuthi ngiluthole.

Igama eliphelele lomhlanganyeli

Usuku

Isikhathi

Isignesha

Mina, _____ (igama lomcwaningi) ngiyaqinisekisa ukuthi umhlanganyeli ongenhla waziswe ngokuphelele mayelana ngobunjalo, yimigomo kanye nobungozi bocwaningo.

Igama eliphelele lomcwaningi

Usuku

Isignesha



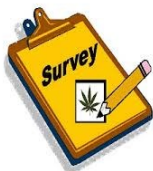
**ARE YOU A PATIENT
ATTENDING THE DUT
HOMOEOPATHIC
COMMUNITY HEALTH
CENTRE?**

**ARE YOU INTERESTED IN PARTICIPATING
IN A PATIENT SATISFACTION SURVEY?**

If you are between the ages of **18 - 65** years, you could qualify to participate in a research study conducted

**@DUT-Homoeopathic
Community Health Centre.**

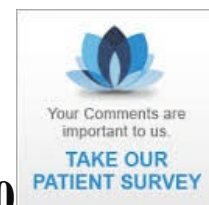
For more information please contact:



Miss Adhieman Adande- **0846614220**

OR

Clinic reception: **031 373 2041**



APPENDIX F - Questionnaire (English)

A survey of patient satisfaction of the DUT Homoeopathic Community Health Center.

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

EXAMPLE:

1	ANSWER 1	X
2	ANSWER 2	

1.1 Gender

1.	MALE	
2.	FEMALE	

1.2 Age

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

1.3 Population Group

1.	AFRICAN	
2.	COLOURED	
3.	INDIAN	
4.	ASIAN	
5.	CAUCASIAN	
6.	OTHER	

If other, please specify _____

1.4 Home Language

1.	AFRIKAANS	
2.	ENGLISH	
3.	ISINDEBELE	
4.	ISIXHOSA	
5.	ISIZULU	
6.	SEPEDI	
7.	SESOTHO	
8.	SETSWANA	
9.	SISWATI	
10.	TSHIVENDA	
11.	XITSONGA	
12.	OTHER	

If other, please specify _____

1.5 OCCUPATIONAL STATUS

1.	SCHOLAR	
2.	STUDENT	
3.	EMPLOYED PART TIME	
4.	EMPLOYED FULL TIME	
5.	SELF EMPLOYED	
6.	DOMESTIC EXECUTIVE	
7.	UNEMPLOYED	
8.	RETIRED	
9.	OTHER	

If other, please specify _____

1.6 GENERAL HEALTH STATUS

1.	EXCELLENT	
2.	GOOD	
3.	REASONABLE	
4.	POOR	

1.7 Why did you choose to visit a homoeopathic community health center for your condition? (You may mark more than one.)

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

1.8 Is this your first visit to a Homoeopathic practitioner?

1.	Yes	
2.	No	

1.9 How did you hear about the Homoeopathic Community Health Center at the Durban University of Technology (DUT)?

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

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

1.	Acupuncturist	
2.	Aroma therapist	
3.	Ayer Vedic healer	
4.	Chiropractor	
5.	GP Medical Doctor	
6.	Massage therapist	
7.	Naturopath	
8.	Osteopath	
9.	Pharmacist	
10.	Physiotherapist	
11.	Reflexologist	
12.	Specialist Medical Doctor	
13.	Traditional African healer	
14.	Traditional Chinese Doctor	
15.	Unani Tibb Practitioner	
16.	None	
17.	Other. Please specify in space below.	

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

THE HOMOEOPATHIC COMMUNITY HEALTH CENTER AT THE DURBAN UNIVERSITY OF TECHNOLOGY:

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
	1	2	3	4	5
2.1 Suitably advertises by the media the services offered to the public.					
2.2 Suitably advertises by signage the services offered to the public.					
2.3 Making a telephonic booking and/or acquiring telephonic information is a simple and efficient task.					
2.4 When making a telephonic booking and/or acquiring telephonic information you were dealt with in a friendly and helpful way.					
2.5 Was easy to find/is clearly sign posted.					
2.6 Is located in a convenient area.					
2.7 Has suitable parking.					
2.8 Waiting time to get an appointment was reasonable.					
2.9 The availability of appointments (mornings/ afternoons) is sufficiently convenient to meet your needs.					
2.10 The outside appearance & entrance(s) give a professional impression.					
2.11 Is the entrance to the community health center and consultation room suitable for disabled patients					
2.12 When arriving for your appointment you were attended to promptly.					
2.13 When arriving for your appointment you were attended to politely.					
2.14 The waiting rooms are well maintained and professional.					
2.15 The toilets are well maintained.					
2.16 Access to toilets is easy.					
2.17 The Community health center is suitably accessible to disabled patients.					
2.18 The toilet is suitably accessible to disabled patients.					
2.19 The consulting rooms are well maintained and professional.					
2.20 When awaiting your medicine your waiting time was reasonable.					
2.21 Has an affordable pricing structure.					
2.22 Medicines are dispensed in a professional manner, i.e. suitable packaging and labelling.					

3. HOW DO YOU GRADE THE FOLLOWING AT THE HOMOEOPATHIC COMMUNITY HEALTH CENTER AT THE DURBAN UNIVERSITY OF TECHNOLOGY, USING THE SCALE PROVIDED? Please answer by making a cross (X) in the appropriate box for each question. (Please mark ONLY one block)

	Very Good	Good	Fair	Poor	Very Poor
	1	2	3	4	5
3.1 Your overall impression of the healthcare given.					
3.2 The quality of the physical examination performed.					
3.3 The explanation of your condition/diagnosis by the homoeopathy student.					
3.4 The attention given to your case by the homoeopathy student.					
3.5 The confidence of the homoeopathic student					
3.6 The approachability/friendliness of your homoeopathy student.					
3.7 The punctuality of the homoeopathic student.					
3.8 The explanation of the homoeopathic case taking procedure.					
3.9 The time spent in consultation with the person you saw.					

3.10 The appearance of the homoeopathy student. E.g. Were they professionally dressed?					
3.11 Instructions given to you on how to take the homoeopathic medicine.					

4. HOW DO YOU GRADE THE FOLLOWING AT THE HOMOEOPATHIC COMMUNITY HEALTH CENTER AT THE DURBAN UNIVERSITY OF TECHNOLOGY, USING THE SCALE PROVIDED? Please answer by making a cross (X) in the appropriate box for each question. (Please mark ONLY one block)

	Very Good	Good	Fair	Poor	Very Poor
	1	2	3	4	5
4.1 Your overall impression of the community health center administrative staff. (This (includes receptionist/ lab technician.)					
4.2 Was the greeting prompt and polite?					
4.3 When approached did you feel you were treated with respect.					
4.4 Did you feel a sense of being welcomed to the community health center?					
4.5 The manner of approach of the community health center administrative staff. E.g. Did they carry themselves professionally?					
4.6 The confidence of the community health center administrative staff.					
4.7 The approachability/friendliness of the community health center administrative staff.					

5. DID YOU MEET THE CLINICIAN ON DUTY? IF YES PLEASE CONTINUE WITH THE FOLLOWING QUESTION (if no skip to the next question). Please answer by making a cross (X) in the appropriate box for each question. (Please mark ONLY one block)

	Very Good	Good	Fair	Poor	Very Poor
	1	2	3	4	5
5.1 Your overall impression of the Clinician on Duty?					
5.2 Was the greeting prompt and polite?					
5.3 When approached did you feel you were treated with respect.					
5.4 Did you feel a sense of being welcomed to the clinic?					
5.5 The manner of approach of the Clinician on Duty. E.g. Did they carry themselves professionally?					
5.6 The confidence of the Clinician on Duty.					
5.7 The approachability/friendliness of the Clinician on Duty.					

6. Will you visit the Homoeopathic Community Health Center at Durban University of Technology again?

1.	Yes	
2.	No	
3.	Unsure	
4.	Please can you explain your answer in the space below? E.g. Would you refer other people to the community health center?	

7. If there are any other comments or suggestions you would like to add please do so in the space provided below.

Thank you for Participating.

APPENDIX G - Questionnaire (IsiZulu)

Ucwaningo mayelana nokwaneliseka kweziguli zaseDUT Homoeopathic Community Health Center.

Ucelwa ukuba uphendule ngokufaka isiphambano (X) endaweni efanele. (ucelwa ukuba ukhethe impendulo eyodwa KUPHELA ngaphandle makushiwo okuhlukile.)

ISIBONELO:

1	IMPENDULO 1	X
2	IMPENDULO 2	

1.1 Ubulili

1.	OWESILISA	
2.	OWESIFAZANE	

1.2 Iminyaka

1.	18 – 24 iminyaka	
2.	25 – 39 iminyaka	
3.	40 – 64 iminyaka	
4.	65 iminyaka nangaphezulu	

1.3 Iqembu lobuhlanga

1.	UMUNTU OMNYAMA	
2.	IKHALADI	
3.	INDIYA	
4.	I-ASIAN	
5.	UMUNTU OMHLOPHE	
6.	ELINYE	

Uma kungelinye, libalule _____

1.4 Ulimi lwasekhaya

1.	ISIBHUNU	
2.	ISINGISI	
3.	ISINDEBELE	
4.	ISIXHOSA	
5.	ISIZULU	
6.	SEPEDI	
7.	SESOTHO	
8.	SETSWANA	
9.	SISWATI	
10.	TSHIVENDA	
11.	XITSONGA	
12.	OLUNYE	

Uma kungolunye, lubalule _____

1.5 UMSEBENZI OWENZAYO

1.	ISAZI	
2.	UMFUNDI	
3.	USEBENZA NGEZIKHATHI EZIKHETHEKILE	
4.	USEBENZA NGOKUPHELELE	
5.	UYAZISEBENZA	

6.	ISISEBENZI SASEKHAYA	
7.	AWUSEBENZI	
8.	USUWATHATHA UMHLALAPHANSI	
9.	OKUNYE	

Uma kungokuhlukile, kubalule _____

1.6 ISIMO SEMPILO

1.	SIHLE KAKHULU	
2.	SIHLE	
3.	SINGCONYWANA	
4.	ASIGCULISI	

1.7 Kungani uqoke ukuhambela ihomeopathy community health center ngokugula kwakho? (Ungakhetha okungaphezulu kokukodwa.)

1.	Ngangifuna ukuzama imishanguzo ye homeopathy	
2.	Ngezwa izinto ezinhle ngehomoopathy	
3.	Ngiyakholelwa kwihomeopathy njengomshanguzo	
4.	Lo mshanguzo owemvelo futhi uphephile	
5.	Ihomeopathy kwaba yindawo yokucina	
6.	Imishanguzo yesimanje e- Allopathic ibingangiphathi kahle	
7.	Imishanguzo e-Allopathic ayingisebenzelanga	
8.	Amanani emishanguzo eHomeopathic abiza kahle kulula ukuyithenga	
9.	Ngifisa ukusebenzisa iHomeopathy ukwengeza kule mishanguzo yesimanje e-Allopathic	
10.	Okunye ungakubalula esikhaleni esingezansi	

1.8 Ngabe okokuqala uzobona ongoti be-homeopathy?

1.	Yebo	
2.	cha	

1.9 Wezwa kanjani nge Homeopathic Community Health Center eDurban University of Technology (DUT)?

1.	Ngayibona endaweni yomphakathi yezempilo	
2.	Ngayalelwa wuchwepheshe wezempilo	
3.	Ngayalelwa yiChiropractor	
4.	Umgani noma ilunga lomndeni	
5.	Ngayibona ebukwini elincanyana	
6.	Ngabona isikhangiso ephephandabeni lomphakathi	
7.	Kwiwebhusayithi yaseDUT	
8.	Yizinga lokushaya kwegazi	
9.	Okunye. Kubalule esikhaleni esingezansi.	

1.10 Ngabe yimuphi uchwepheshe wokunakekelwa kwezempilo ojwayele ukuya kuye? (ungakhetha okungaphezulu kokukodwa.)

1.	i-Acupuncturist	
2.	i-Aroma therapist	
3.	i-Ayer Vedic healer	
4.	iChiropractor	
5.	iGP Medical Doctor	
6.	iMassage therapist	
7.	iNaturopath	
8.	i-Osteopath	
9.	iPharmacist	
10.	iPhysiotherapist	

11.	iReflexologist	
12.	UDokotela owungoti	
13.	Umlaphi wezendabuko/ wesintu	
14.	Udokotela wezendabuko waseChina	
15.	Unani Tibb Practitioner	
16.	Akekho	
17.	Okuhlukile. Balula ukuthi yikuphi esikhaleni esingezansi.	

2. Ucelwa ukuba unike umbono wakho kulezi zititimende ezilandelayo. Ucelwa ukuba uphendule ngokwenza isiphambano (X) endaweni efanele embuzweni ngamunye. (Ucelwa ukuba ukhethe ebhokisini elilodwa)
IHMOMOEOPATHIC COMMUNITY HEALTH CENTER EDURBAN UNIVERSITY OF TECHNOLOGY:

	Ukuvuma kakhulu	Ukuvuma	Ukungavumi nokungaphiki	Ukuphika	Ukuphika kakhulu
	1	2	3	4	5
2.1 Ikhangisa ngokwanele izinto abakwazi ukuzenzela umphakathi ngezinkundla zokuxhumana.					
2.2 Ikhangisa ngokwanele izinto abakwazi ukuzenzela umphakathi ngezimpawu ezisezithombeni.					
2.3 Kulula futhi kuyakusebenzela ukushaya ucingo uma udinga ukubhukha noma usizo ngolwazi oluthile					
2.4 Yakusiza ngendlela efanelekile mhlazane ushaya ucingo ubhukha noma kukhona ulwazi oludingayo					
2.5 Kwakulula ukubona izimpawu noma izithombe abazibekile.					
2.6 Ngabe isendaweni okulula ukufinyelela kuyo.					
2.7 Inendawo yokupaka ekahle					
2.8 Isikhathi sokulinda asiside kakhulu.					
2.9 Ukuvuleleka kwezikhathi zokubonana (ekuseni/ntambama) ziyakwazi ukuhlangabezana nezidingo zakho.					
2.10 Ukubukeka kwendawo ngaphandle nalapho kungenwa khona kwenza kubukeke kuyindawo ehlelekile.					
2.11 Ngabe indawo yokungena nendawo yokuhlangana iyahlangabezana nezidingo zabantu abaphila nokukhubazeka					
2.12 Kade ufika ngesikhathi ozobonana yakho wanikwa usizo oludingayo ngokushesha.					
2.13 Kade ufika ngesikhathi eninqume ukubonana ngaso wanikwa usizo ngentobeko/ ngokuzithoba.					
2.14 Izindawo zokulinda zigcinwe kahle futhi zihlelekile.					
2.15 Izindlu ezincane zihlanzwa ngendlela efanele.					
2.16 Kulula ukungenna endlini encane.					
2.17 Indawo yomphakathi yezempilo kulula ukuthi nabantu abaphila nokukhubazeka bangakwazi ukuyisebenzisa noma ukufinyelela kuyo.					
2.18 Abantu abaphila nokukhubazeka bayakwazi ukungena kalula endlini encane.					
2.19 Amagumbi ekuhlanganelwa kuwo agcinwe ngendlela efanele futhi ngokuhleleka.					
2.20 Kade usulinde imithi/imishanguzo yakho, isikhathi owasilinda asiside kakhulu.					
2.21 Uhlelo lwamanani alubizi kakhulu.					
2.22 Imithi ifakwa ngendlela efanele, i.e. ifakwe emaphaketheni afanele futhi yabhalwa kahle imiyalelo yokuthi isetshenziswa kanjani					

3. UZIKALA KANJANI LEZINTO EZILANDELAYO EHOMOEOPATHIC COMMUNITY HEALTH CENTER EDURBAN UNIVERSITY OF TECHNOLOGY, USEBENZISA ISIKALI OSINIKIWE? Ucelwa ukuba uphendule ngokwenza isiphambano (X) endaweni efanele ebhokisini lomubuzo ngamunye. (Ngicela ukhethe ibhokisi elilodwa KUPHELA)

	Kuhle kakhulu	kuhle	kumapha kathi	kubi	Kubi kakhulu
	1	2	3	4	5
3.1 Ukubona kwakho ngokunakekelwa ngokwezempilo okutholakalayo.					
3.2 Ngabe ukuhlolwa okwenziwa komzimba wakho kwakunjani.					
3.3 Umfundi wehomeopathy wakuchazela kahle ngesimo sempilo yakho nesifo onaso.					
3.4 Umfundi wehomeopathy wasinaka ngendlela efanele isimo sakho.					
3.5 Ukuzithemba komfundi wehomeopathy					
3.6 Kuxoxeka kakalula nangokukhululeka nomfundi wehomeopathy.					
3.7 Ukugcina isikhathi komfundi wehomeopathy.					
3.8 Incazelo ngenqubo yesimo sehomeopathy.					
3.9 Isikhathi owasihlala nowayekusiza.					
3.10 Ukubukeka kwabafundi behomeopathy. Isb. Ngabe babegqoke ngendlela efanelekile ekhombisa ukuhleleka?					
3.11 Imiyalelo owayinikwa ukuthi isetshenziswa kanjani imishanguzo ehomoeopathic.					

4. *UZIKALA KANJANI LEZINTO EZILANDELAYO EHOMOEOPATHIC COMMUNITY HEALTH CENTER EDURBAN UNIVERSITY OF TECHNOLOGY, USEBENZISA ISIKALI OSINIKEZIWE? Ucelwa ukuba uphendule ngokwenza isiphambano (X)ebhokisini elifanele lombuzo ngamuye. (ucelwa ukuba ukhethe ibhokisi elilodwa KUPHELA)*

	Kuhle kakhulu	Kuhle	Kumaph akathi	kubi	Kubi kakhulu
	1	2	3	4	5
4.1 Ngokucabanga kwakho ngabasebenzi abaphethe noma abakhona endaweni yomphakathi yezempilo jikelele (okubalwa kubo umamukeli wabantu noma weziguli/ nochwepheshe waselebhu).					
4.2 Ngabe indlela yokubingelela yayinesizotha nokuthobeka futhi yenzeka ngesikhathi esifanele?					
4.3 Ngesikhathi uxoxiswa ngabe wazizwa uphethwe ngenhlonipho.					
4.4 Wazizwa wamukelekile endaweni yomphakathi yezempilo?					
4.5 Indlela abasebenzi abaphethe ezindaweni ezithile abakuphatha ngayo noma abaqala ukukuxoxisa ngayo endaweni yomphakathi yezempilo. Isb. Ngabe baziphatha ngendlela efanele enobuchwepheshe?					
4.6 Ukuzithemba kwabasebenzi abaphethe endaweni yezempilo yomphakathi.					

4.7 Kuxoxeka kalula nangokukhululeka nabasebenzi abaphathe endaweni yomphakathi yezempilo.					
--	--	--	--	--	--

5. NGABE WAHLANGANA NOMUNTU OWUMSEBENZI/ UMSIZI UMA IMPENDULO KUWUYEBO UCELWA UKUBA UQHUBEKE NOKUPHENDULA IMIBUZO ELANDELAYO (Uma impendulo kuwuCha ungaqhubekela emubuzweni olandelayo). Ucelwa ukuba uphendule ngokwenza isiphambano (X) endaweni afanele, emubuzweni ngamunye (ucelwa ukuba uphendule ebhokisini elilodwa)

	Kuhle kakhulu	Kuhle	kumapha kathi	Kubi	kubi kakhulu
	1	2	3	4	5
5.1 Indlela owamubona eyiyo umsebenzi owakusiza?					
5.2 Ngabe indlela yokubingelela yayikhuthaza futhi inesizotha?					
5.3 Uma kukhulunywa nawe wazizwa uphethwe ngendlela enenhlonipho.					
5.4 Wazizwa wamukelekile kumsebenzi/ kumsizi?					
5.5 Indlela msebenzi aqala ngayo inkulumo. Isb. Ngabe waziphatha ngobuqotho?					
5.6 Ithemba owaba nalo kumsebenzi owayesebenza					
5.7 Ukuxoxiseka komsebenzi owayesebenza					

6. Ngabe usazophinda uvakashele i iHomoeopathic Community Health Center eDurban University of Technology?

1.	Yebo	
2.	Cha	
3.	Anginasiqiniseko	
4.	Ngicela uchaze kabanzi ngempendulo yakho esikhaleni esingezansi, Isb. ungabagqugquzela noma ubatshela abanye ngendawo yomphakathi yezempilo?	

7. Uma kukhona okungeziwe ofisa ukukusho noma unesiphakamiso, ungabhala kulesi sikhala esingezansi.

Uyabongwa kakhulu ngokuthi ube ngumhlanganyeli.

**APPENDIX H – Permission Application Letter to Use DUT HCHC - HOD
Homoeopathy Department**



**Appendix H: Permission Application Letter to use Homoeopathic Community Health
Centre (HCHC)
HOD: Homoeopathy Department**

P O Box 19945
Pietermaritzburg
3213

Faculty of Health Sciences
Department of Homoeopathy
Head of Department
P.O. BOX 1334
Durban
4000

Dear Dr Maharaj,

**Permission Application Letter to use the Homoeopathic Community Health Centre
(HCHC)**

Thank you for reading this letter. My name is Miss Adhieman Adande (20821934). I am currently registered for M. Tech. Homoeopathy, and I am requesting to conduct my research study at the Homoeopathic Community Health Centre (HCHC). A survey of patient satisfaction at the DUT Homoeopathic Community Health Centre.

Outline of the Procedures: The questionnaire will be completed in the waiting area or reception area at the Durban University of Technology (DUT), Homoeopathic Community Health Centre (HCHC). The duration of the study will be completed once the requirement for data collection has been met. Participants will be requested to complete the consent form before they may participate in the study. On consenting to participate, participants will be given the letter of information, as well as the questionnaire before they are taken into their consultation by the consulting-student.

The patients who will take part in this study are requested to complete the questionnaire after their consultation whilst waiting for their medicines, which will require about 10

minutes of their time. Once the participants have completed the questionnaire they are requested to post it in the sealed box that will be available at the reception area.

Yours sincerely.

Miss Adhieman Adande (20821934) – Researcher: 0846614220
(adhieman_a@yahoo.com)

Dr. I.Couchman (Supervisor) – 031 373 2482 (ingridc@dut.ac.za)

Dr. S.Brijnath (Co-supervisor) - 031 373 3002 (shraddhab@dut.ac.za)

APPENDIX I – Permission Application Letter to Use DUT HCHC – Homoeopathic Clinic Director & coordinator



**Appendix I: Permission Application Letter to use Homoeopathic Community Health Centre (HCHC)
Homoeopathic Clinic Director & Coordinator:**

P O Box 19945
Pietermaritzburg
3213

Faculty of Health Sciences
Clinic Director and Coordinator of Homoeopathic Community Health Centre
P.O. BOX 1334
Durban
4000

Dear Dr Ngobese & Dr Korporaal

Permission Application Letter to use the Homoeopathic Community Health Centre (HCHC)

Thank you for reading this letter. My name is Miss Adhieman Adande (20821934). I am currently registered for M. Tech. Homoeopathy and I am requesting to conduct my research study at the Homoeopathic Community Health Centre (HCHC). A survey of patient satisfaction at the DUT Homoeopathic Community Health Centre.

Outline of the Procedures: The questionnaire will be completed in the waiting area or reception area at the Durban University of Technology (DUT), Homoeopathic Community Health Centre (HCHC). The duration of the study will be completed once the requirement for data collection has been met. Participants will be requested to complete the consent form before they may participate in the study. On consenting to participate, participants will be given the letter of information, as well as the questionnaire before they are taken into their consultation by the consulting-student.

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minutes of their time. Once the participants have completed the questionnaire they are requested to post it in the sealed box that will be available at the reception area.

Yours sincerely.

Miss Adhieman Adande (20821934) – Researcher: 0846614220
(adhieman_a@yahoo.com)

Dr. I.Couchman (Supervisor) – 031 373 2482 (ingridc@dut.ac.za)

Dr. S.Brijnath (Co-supervisor) - 031 373 3002 (shraddhab@dut.ac.za)

**APPENDIX J – Permission Application Letter to Use DUT HCHC – Director:
Research and Postgraduate Support**



**Appendix J: Permission Application Letter to use Homoeopathic Community
Health Centre (HCHC)
Director: Research and Postgraduate Support**

Faculty of Health Sciences
Department of Homoeopathy
P.O. Box 1334
Durban
4000

Dear Professor, Moyo

Permission Application Letter to use the DUT facility and staff

Thank you for reading this letter. My name is Miss Adhieman Adande (20821934). I am currently registered for M. Tech. Homoeopathy, and I am requesting to conduct my research study at the Homoeopathic Community Health Centre (HCHC). A survey of patient satisfaction of the DUT Homoeopathic Community Health Centre.

Outline of the Procedures: The questionnaire will be completed in the waiting area or reception area at the Durban University of Technology (DUT), Homoeopathic Community Health Centre (HCHC). The duration of the study will be completed once the requirement for data collection has been met. On consenting to participate, participants will be given the letter of information, as well as the questionnaire before they are taken into their consultation by the consulting-student.

The patients who will part-take in this study are requested to complete the questionnaire after their consultation whilst waiting for their medicines, which will require about 10

minutes of their time. Once the participants have completed the questionnaire, they are requested to post it in the sealed box that will be available at the reception area.

Yours sincerely.

Miss Adhieman Adande (20821934) – Researcher: 0846614220
(adhieman_a@yahoo.com)

Dr. I.Couchman (Supervisor) – 031 373 2482 (ingridc@dut.ac.za)

Dr. S.Brijnath (Co-supervisor) - 031 373 3002 (shraddhab@dut.ac.za)