



## **An Assessment of the Marketing Strategies used by Homeopathic Practitioners in the eThekweni Municipality**

I, Sandile Oswald Gumbi, hereby declare that this mini-dissertation represents my own work both in conception and execution. Any work used that are not my own has been explicitly acknowledged within the texts.

Approved for examination

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## **Dedication**

This work is dedicated to God, the One who chose this course for me. Psalm 32:8 “I will instruct you and teach you in the way you should go”. It is also dedicated to all the homeopaths who have shaped this research.

Dedicated with love to my family.

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## **Abstract**

Homeopathy has been practised in South Africa for over 100 years, but the vast majority of South Africans have never heard of it. Only a small number of South Africans use homeopathy, and it is largely unknown to many South Africans because it is only available through private health care, with only 20% of the population estimated to belong to private healthcare schemes.

There has been no study to examine the utilisation of marketing strategies to promote homeopathy. A recent study at the University of Johannesburg reflected that students were not aware of homeopathy and the reason behind this was because of the lack of promotion and marketing of homeopathy. This research investigates the marketing strategies used by practicing homeopaths in the eThekweni municipality area. The study aimed to determine the marketing strategies used and to evaluate successful application of these marketing strategies for patient acquisition. Furthermore, the study investigated the homeopathic practitioners' attitudes towards the marketing strategies used to market homeopathic services.

Data was gathered using semi-structured in-depth interviews with 12 participants over a period of 45 minutes. The sampling used in this qualitative study was purposive and snowball sampling. The study followed a constructivism paradigm. After the study was completed, the researcher used qualitative thematic data analysis, which enabled the researcher to reach certain findings.

The study results revealed four themes word-of-mouth, aversion to the use of marketing, additional services are the key method of differentiation in the market, and electronic word-of-mouth.

The study made several important recommendations for marketing homeopathic practices, the main one being that training and meetings on marketing should be provided by the Allied Health Professions Council of South Africa (AHPSCSA) to practitioners in order to assist them in understanding what is and is not allowed in marketing.

In conclusion, there was a need to assess the marketing strategies that are used by homeopaths for acquiring new customers, as studies have indicated that the inability to obtain new patients is due to poor awareness of homeopathy, which can lead to the failure in growth of their practices. This research has revealed that there is a lack of understanding of what marketing is and its application in the healthcare space by both the practitioners.

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# Chapter 1: Introduction

## 1.1 Introduction

A homeopathic practitioner is a health care provider who operates a medical practice. A homeopathic practice is mostly known for offering effective health care in consultations (Allied Health Professions Council of South Africa [AHPCSA] 2015). Past studies show that only a small number of South Africans use homeopathy, and it is largely unknown to many South Africans because it is only available through private health care, and only 20% of the population is estimated to belong to private healthcare schemes (Sibiya 2009). Any successful marketing campaign relies heavily on practitioners' attitudes towards marketing (Ruaykijakarn, Suwanmaneepong and Kuhaswonvetch 2018). Practitioners are responsible for creating awareness about the practice services and products. The study may fill in the knowledge gap in healthcare marketing concerning strategies used to acquire new patients and retain them, in this case the homeopathic field.

There has been no study to examine the utilisation of marketing strategies to promote homeopathy (Pillay 2013). A recent study conducted at the University of Johannesburg investigated the awareness of students on the subject of homeopathy. The study showed that students were not aware of homeopathy and the reason behind that was because of the lack of promotion and marketing regarding homeopathy (Jubber 2018).

Majola (2015), Legwete (2019), Pillay (2013), and Jubber (2018) have expressed that the inability of obtaining new patients is due to poor awareness of homeopathy, resulting in the failure to grow their practices. A homeopathic practitioner earns their living by frequently interacting with patients, thus the importance of expanding the patient base. Thus the importance of marketing. Marketing strategies can be used for various reasons, but one of the biggest reason is customer acquisition. There has been no study to research how homeopathic practitioners acquire clients in the eThekweni municipality, and to explore the marketing strategies utilised by them, if any. Thus, there is a need to assess the marketing strategies that are used by homeopaths to acquire new customers .

## **1.2 Problem statement**

Homeopathy has been a treatment modality in South Africa for over 100 years, but is still little known by people staying in Durban and South Africa as a country (Majola 2015). Homeopathic doctors are not frequently utilised by people, which greatly impacts the success of their homeopathic practices (Majola 2015). Legwete (2019) argued that the lack of knowledge about homeopathy among most South Africans illustrates the lack of information available about the services homeopaths offer; this can be remedied through effective marketing strategies. Grover (2016) states that healthcare and complementary alternative medicines practices have been observed to grow all over the world using marketing strategies. Homeopathy is studied in the Durban University of Technology (DUT); as a result, most graduates from DUT open their practices in Durban. For this reason, the study was conducted among practitioners in the eThekweni Municipality. There needed to be an investigation on the strategies used by homeopaths given that the existing literature indicated that there was insufficient information about homeopathy in the general public.

## **1.3 Aim of the study**

To determine the marketing strategies used by homeopathic practitioners in the eThekweni Municipality to attract new patients.

## **1.4 Research objectives**

- To identify the marketing strategies utilised by homeopathic practitioners in the eThekweni Municipality to attract new patients.
- To explore the homeopathic practitioners' attitudes towards marketing used to attract new patients to their practices in the eThekweni Municipality.
- To evaluate the success of the marketing strategies utilised by homeopaths in the eThekweni Municipality to attract new patients.

### **1.4.1 Grand tour question**

What marketing efforts have been most successful in growing your practice? Elaborate.

### **1.4.2 Probing questions**

1. Do you have a marketing strategy ? Can you describe your marketing strategy? How did you come across it (formal education or informal via personal training)?
2. Would you say your consultation approach is different from other homeopaths? How? Clinical or classical?
3. Any additional services that you offer aside from the normal day to day practices?
4. What made you choose this place? Premises of the location, transport accessibility (being close to a main road), exposure (multiple clinics or one clinic).
5. Would you explain what type of consultation method/style you use? Face to face in the consultation room, home visits, and telemedicine.
6. How do you advertise your practice? Media: Internet word-of-mouth, social media, word-of-mouth, radio, referral, and newspaper.
7. How does regulation affect/impact the way you advertise?
8. What are some of the challenges you encounter?
9. What form of payment do you use in your practice? Cash, electronically transferred funds, medical aid.
10. Does your practice use pricing to differentiate itself from other practices? How many patients do you see a month (mean average number)?
11. Does it fluctuate depending on the seasons?
12. Do you believe that marketing is crucial to the success of your business?
13. Have you observed any changes after implementing a marketing strategy.
14. Do you think being trained in marketing would allow your practice to grow? How so?
15. Based on your experience, how successful have your current marketing efforts been in attracting new patients? Observation of changes after implementing a marketing strategy.
16. Do you have an amount of your budget devoted to marketing your practice? If so, would you give a rough percentage?

### **1.5 Delimitations**

The study was limited to the homeopathic practitioners, marketing strategies and attitudes of homeopaths who are situated in eThekweni Municipality.

## **1.6 The assumptions**

- All participants gave their honest perception during the interview.
- Interviewees were open to any form of questions and could be guided by the researcher in real-time.

## **1.7 Overview of the research design**

The research design was descriptive and cross-sectional in nature. The researcher used in-depth interviews to obtain qualitative data. Purposive and snowballing sampling was used to recruit participants from around the eThekweni Municipality. Data collection was conducted by the researcher via interviews and data were analysed through thematic analysis.

## **1.8 Structure of the dissertation**

Chapter 1 covers the research study, purpose and rationale as well as study aims.

Chapter 2 is a review of the literature related to the how the world views complimentary and alternative medicine (CAM), and how it is perceived in South Africa. The chapter also covers marketing in the healthcare and CAM.

Chapter 3 covers the methodologies used in the study.

Chapter 4 presents the results of the study and analysis of the data.

Chapter 5 discusses the results in relation to the literature reviewed.

Chapter 6 presents the conclusion and recommendations.



# Chapter 2: Literature Review

## 2.1 Introduction

This chapter provides a literature review on the topic marketing for homeopathic practitioners. It begins by looking at understanding CAM and its use in the current pandemic. This is followed by the perception of homeopathy Globally and in South Africa. Then the paper looks at literature around marketing, followed by marketing in small and medium enterprises (SMEs), and marketing in healthcare and CAM.

## 2.2 Understanding CAM

A large and growing market of CAM exists in the world (Adams 2014; Sanvisens, Küster and Vila 2020). CAM health care ranges from established and accepted therapies such as chiropractors, acupuncture, osteopathy, and massage therapy, to more alternative therapies such as naturopathy, homeopathy, herbalism, aromatherapy, kinesiology, reiki, and energy healing (Lorenc *et al.* 2009; James *et al.* 2018). Sanvisens, Küster and Vila (2020: 2) argue that CAM embodies philosophies that resonate with patients, moreover it offers patients a form of health care that is empowering, encourages self-responsibility, is holistic, is natural, and is found to be sometimes spiritual in its approach. Sanvisens, Küster and Vila (2020: 5) mentioned that some patients do not use it because they think it is in alignment with their religious belief, but because of results.

Shmueli and Shuval (2006: 1) explained that patients are drawn towards CAM due to their dissatisfaction with the services offered by the mainstream perspective on the healing and therapeutic relationship.

Shmueli and Shuval (2006: 2) state that *in vivo* and *in vitro* research in CAM are helping to explain various aspects of biomedicine and raising questions regarding the “excessive invasiveness” and iatrogenic effects of modern medicine. The authors state that CAM offers patients a non-invasive, holistic treatment which is attractive to the “better educated, richer and residents of urban centers”. Additionally, over the past ten years CAM has grown across

the world (Adams 2014). The use of herbal medications is the most common CAM method of treatment in the USA, the Far East and Europe (Ince, Kaya and İlknur 2020).

### **2.3 Research development in CAM**

There has been an increase in interest in CAM from the population in the western world, either as an alternative to conventional medicine or as a supplement to it (Zorgo, Peters and Mkhitarian 2019: 1). As a result, CAM research has increased, going beyond the controlled efficacy experiments to more practice-based effectiveness trials.

Over the years there have been many studies conducted by scholars that have investigated the efficacy and effectiveness of CAM which can be found in peer reviewed journals which are published on free online libraries such as PubMed, Natural Medicines Comprehensive Database, NCCAM Library, Google scholar, and Research Gate. The sophistication of the scientific research in CAM and its effective trial methods have gained recognition and are being published by non-complementary medical journals such as pharmaceutical journals and many more (Bradbury, Avila and Grace 2020: 11).

Grossman, Bahall, and Edwards (2016 cited in Darling 2017) explain that most patients use CAM to address conditions that are not alleviated by conventional medicine, and to treat adverse effects caused by conventional treatments, and because CAM treatments provide holistic care, create a feeling of wellness, and generate a sense of control. Corp, Jordan and Croft (2018) explain that the potential use of CAM for more 'serious' conditions such as cancer, Alzheimer's and musculoskeletal conditions has led patients to doubt the way that conventional medicine has been dealing with their conditions.

The above mentioned points have motivated scholars to research CAM; as a result there has been many new medicinal studies that conducted in biomedicine, personalised medicines, and understanding the bioactive ingredients in some plants widely used by CAM practitioners (Islam *et al.* 2021; Signer *et al.* 2020).

### **2.4 Relevance of CAM in current pandemic**

In March 2020 the world went on a lockdown as the deadly virus belonging to the coronavirus family was spreading, leading to all healthcare systems searching for solutions. CAM practitioners did not sit by idly but also proposed some methods of control for this disease. These methods included the use of a herbal remedy called *Artemisia annua* which was proposed by the Malagasy government (Mwai 2021). A study was carried out to study the efficacy of *Artemisia annua* for SARS-Cov-2, which found that it was successful in inhibiting SARS-Cov-2 (Zhou *et al.*, 2021). The Cuban government provided each household with vials of a homeopathic complex known as the Prevengho-VIR (Marto, Pita and Labrador 2021: 9).

#### **2.4.1 Homeopathy in a global context**

Homeopathy has been utilised for many conditions across the world. Since 2004, homeopathy has played a role in the world for example; Cuban public health department uses homeopathy against many diseases such as cholera, dengue fever, hepatitis A, leptospirosis, pneumococcal disease, swine flu, and viral conjunctivitis (Bracho and Golden 2016). According to Savera, Dastagiri and Muraleedharan (2020: 164), “Homoeopathy from the time of its inception contributed immensely to public health and epidemics are not the exception. It has a very rich history of combating, curtailing, and treatment of epidemic and pandemic diseases”.

The study of Savera, Dastagiri, and Muraleedharan (2020) on homeopathy revealed the relevancy of homeopathy in the current pandemic, as they explored thousands of cases successfully treated with homeopathy. This is supported by Franco and Okata (2020: 61) who mention that “Homeopathy is based on 3 fundamental principles, used in the preparation of high demand drugs in Primary Health Care and in emergency health situations. It constitutes an inexpensive and easily accessible support. It does not produce adverse effects and its use is applicable to all ages. It can be considered as a new alternative to face COVID-19”.

These are not the only countries that have turned to homeopathy during the pandemic; other countries that have produced research in this topic are Belgium (Devos *et al.* 2021), Brazil (Adler *et al.* 2021), China (To and Fok 2020), and many more countries.

Although homeopathy has gained some popularity globally it does not grant it a warm welcome into the medical scientific world as would be expected, as there are some people

who believe that homeopathy “violates fundamentals laws of nature” and for that reason it should be “subjected to the same regulatory requirements as other drugs for market approval” (Cukaci *et al.* 2020: 232). This shows that there is still some concern with regards to the effectiveness of homeopathy and CAM as a whole. Cukaci *et al.* (2020: 240) argued that there was nothing called alternative/complementary medicine but only one medicine.

On the contrary, a study that was published by the *Journal of Applied Dental and Medical Sciences* on the topic of popularity of homeopathy in India showed that about 88% of participants were aware of homeopathy and about 25% believed that homeopathy was better than any other medicine (Sharma 2020: 111). Additionally, about a 100 million people “totally” depend on homeopathic medicine (Sharma 2020: 112).

In Kenya, homeopathy has proven to be effective in the treatment of malaria, following a study that was done in Ghana in 1996 for homeopathy vs chloroquine (Brands, Berkel and Wambua 2020: 2). The study highlighted that about 25 million people in Kenya are at the risk of contracting malaria and 20% of children’s death is caused by malaria. Having this alternative approach assists with the control, prevention and treatment of malaria (Brands, Berkel and Wambua 2020: 2).

Although the CAM market is growing, which is good, is homeopathy participating in this growth? Before we look at that, it is important to for us to review studies that have been conducted on the perception of the general population of South Africa when it comes to their awareness and understanding of homeopathy.

## **2.5 Awareness, use, perception, and support of homeopathy in South Africa**

As mentioned above, homeopathy is a form of CAM which is widely known to have caused a lot of controversy by its method of healing (Golden 2012: 74). However, homeopathy has managed to survive since it was discovered in the late eighteenth century by Dr. Samuel Hahnemann. Homeopathy is understood to heal the body by promoting the body's natural healing powers (Jütte 2014). Hahnemann believed that his treatment was scientific, and he prescribed remedies under the law of similimum (Jütte 2014).

The AHPCSA is the regulatory body of all CAM therapies in South Africa (AHPCSA 2020). It is responsible for practitioners and provides practitioners with a scope of practice. The AHPCSA has been working towards making homeopathy become an integrated healthcare system that can be accessed by public citizens through government primary care facilities (Majola 2015). If this was achieved it would be a significant development for the homeopathic professional community as it would allow them to service more patients who need such services (Ngobese 2018). Furthermore, it would also be an advantage to the public because the health benefits that homeopathy has to offer would be more widely known and accepted as options for holistic health care (Ngobese 2018).

As can be seen on the Homeopathic Association of South Africa (HSA) website, most homeopathic practitioners are located in metropolitan areas, especially the areas where it is studied, namely, Durban and Johannesburg (HSA 2020). Homeopathy has been taught and regulated in South Africa for over one hundred years but there is not enough information about homeopathy in public places and few people are familiar with it (Majola 2015; Jubber 2019).

Most people that are familiar with homeopathy are around specific homeopathic clinics, people who are full time employed and people who have some sort of university degree (Legwete 2019: 66). This then limits the access to homeopathy because most of the homeopathic practitioners are practising in the urban areas and metropolitan areas while rural areas are left without education regarding alternative healthcare options available (Legwete 2019: 67). Solomon (2014) and Majola (2015), explained that despite some practitioners willingness to be integrated into the public health system, there is no legislative provision. Thus the benefit of homeopathy in under-developed areas (rural areas) is limited.

There might be some change in regards to healthcare distribution across country, with regards to the concentration of practitioners in certain regions. This comes after the National Health Initiative (NHI), has proposed that each practitioner should go through NHI should they wish to open a practice in any place. Although it is unclear how this will affect homeopathic practitioners, it is clear that the government is trying to find ways to distribute healthcare practitioners evenly across the country (Department of Health 2021: 2). In terms of the new regulations published in June 2021, all healthcare practitioners must apply for a certificate that

will enable them to practice. Following this, healthcare practitioners will then be prescribed where and how they may practice (Department of Health 2021: para. 2-3 line 1).

Gaqavu and Mash (2019: 107) evaluated the perception of general practitioners on the NHI in the Eastern Cape and it was concluded that the NHI wants to improve health equity, especially for the poor. But their approach to introducing policies did not find favour with a lot of the practitioners (Gaqavu and Mash 2019: 108). NHI should be encouraged to include practitioners in their policy-making process because if not, they are at risk of chasing practitioners away from South Africa (Gaqavu and Mash 2019: 108) as would be the case with the proposed “Certificate of Need” policy. “This certificate is nothing less than the effective takeover of healthcare practitioners’ practices,” said Henru Krüger, sector head of the Professional Guild at Solidarity in an interview with the BusinessTech news (2021: para. 5 line 1).

With the struggle to bring healthcare to rural areas, homeopathy could bridge the gap due to its cost efficacy and as well as availability of human resources, as highlighted by Scott *et al.* (2017). Scott *et al.* (2017) explained that the integration of such potential health professionals together with solutions for other structural aspects of social determinants of health, may contribute towards a positive impact on health delivery.

### **2.5.1 Perception of homeopathy in South Africa**

A study conducted by Small (2004) aimed to determine the knowledge of homeopathy among Grade 12 learners in the Durban metropolitan area, South Africa. The results were unfavourable, as the data gathered indicated that 76% of the respondents had never heard of homeopathy before, although more than 80% of those respondents showed an interest in learning more about homeopathy.

An interesting trend is noted in the veterinary profession. Studies conducted in the past in KwaZulu-Natal showed that there had been an increase of 60.3% in the use of homeopathy by vets (Turner 2005) compared to Wortmann (1997) where only 26% of veterinarians had used homeopathy.

Another study was conducted to determine the perception that exists among pregnant women regarding the use of homeopathy during pregnancy (Paruk 2006). The results illustrated a

great lack of knowledge about homeopathy treatment during pregnancy (Paruk 2006). The author concluded that if homeopathy was more publicly known, it would be used as a treatment in the future. Therefore, it has been observed that there is an absence of knowledge about homeopathy in South Africa.

Interestingly, a survey of third-year medical students at the University of Cape Town and the University of KwaZulu-Natal, revealed that most of them had heard of homeopathy (Thorvaldsen 2007). The majority of the students mentioned that they had heard of homeopathy and were interested in learning more about homeopathy, and they also indicated that it is important for a medical doctor to know about the complementary forms of treatment. According to Thorvaldsen (2007), improved communication between homeopathic and conventional medical practitioners is important. This will not only be beneficial to conventional medical practitioners but also to the patients that they can recommend complementary alternative medicine to.

According to Naicker (2008) there is an urgent need for homeopathic doctors to function as family doctors and be the first choice of therapy should any illness arise. This need arises from two points:

- Homeopathy is much safer and has no side effects compared to conventional medicines, and
- Children respond well to homeopathic medicines because they have a strong vital force (Naicker 2008).

Solomon's (2014) study revealed that there is limited knowledge in general when it comes to homeopathy. It is this lack of knowledge and understanding that has led to scepticism and misunderstanding of homeopathy healthcare professionals. Thus there is limited interaction and cooperation between practitioners (medical practitioners and homeopathic practitioners) (Solomon 2014). The way that people perceive any CAM therapy is based on the information that they receive about it (Joseph *et al.* 2019).

Overall, perception studies about homeopathy show the possibility for homeopathy to grow. For example, Love (2016) conducted a survey at the DUT Kenneth Gardens Clinic and found that patients trusted the homeopathic service provider and the health outcomes. The year before that, Khumalo's (2015) research at the DUT Redhill Homeopathic Clinic indicated

satisfaction and a growing understanding of homeopathic treatment. A study conducted at the University of Johannesburg (UJ) Homeopathy Health Centre found that accessibility and affordability of care were ranked highly, together with overall positive experiences with the treatment plans (Brak 2016 ).

Jubber (2019) found that that people are willing to use homeopathy if they understand and are educated about it, which is where marketing may play a big role. Therefore, as marketing can play a role in raising awareness about homeopathy, it is important to review what marketing is.

## **2.6 What is marketing?**

“More marketing should be done to create more awareness about what homeopathy is and where it can be accessed” (Jubber 2018: 63). This not a new statement; most of the researchers who conducted perception studies from the year 1999 to 2020 mentioned in their recommendation that homeopathy should be marketed more, as a way to increase awareness of homeopathy. This research aimed to look at the marketing strategies utilised by homeopathic practitioners. In this section marketing will be discussed from the healthcare perspective as well as the CAM perspective.

According to the American Marketing Association (Pekala 2013), marketing is defined as: “An organizational function and set of processes for creating, communicating, and delivering value to customers and for managing relationships in ways that benefit the organization and its stakeholders.” This means that the customer is thoroughly educated about the services they are provided with, hence they opt for those services due to the level of understanding they possess about the service (Morgan 2013).

Marketing is further understood in the marketing mix (MM) context Constantinides (2006: 408 cited in Lim 2021) identified 12 controllable marketing elements that, properly managed, would result in a "profitable business operation". According to Cant (2010: 164 cited in Lim 2021), the MM is a combination of marketing decisions designed to influence customers to buy the enterprise's products or services. The MM has been around for a very long time, and it has continued to be used because of its efficiency in retaining and acquiring customers. The MM elements are usually categorised in four areas (Meffert, Burmann and Kirchgeorg 2012;



Kotler *et al.* 2014): product, price, promotion and place (distribution) – commonly known as the four Ps.

Before discussing the four Ps we should understand the benefits and drawbacks that have been identified with the MM. These are well summarised by Fakeideas (2008 cited in Thabit and Raewf 2018):

- The MM does not consider customer behaviour but is internally oriented.
- The MM regards customers as passive; it does not allow interaction and cannot capture relationships.
- The MM is void of theoretical content; it works primarily as a simplistic device focusing the attention of management.
- The MM does not offer help for personification of marketing activities.
- The unique elements of services marketing are not taken into consideration by MM.
- The product is declared in the singular but most organisations do not sell the product only.
- Marketers sell the lines of product or trademarks, all interconnected in the consumer's vision.
- The building of relationship which has been the major goal of marketing or the experiences that are bought by consumers are not mentioned by MM.
- The concept of the MM has implied marketers as the major element.

### **2.6.1 Concept of marketing**

A key element to understanding marketing is the notion of the marketing concept which refers to the idea of fulfilling customer personal needs and wants and delivering the desired satisfactions better than competitors (Kehinde *et al.* 2016: 5). The marketing concept can further be understood as simply responding to customers' stated desires and obvious needs. Customer-driven companies research customers deeply to learn about their desires, gather new product ideas, and test product improvements (for example Facebook, Amazon, Apple, and Google). Such customer-driven marketing usually works well when a clear need exists and when customers know what they want (Kehinde *et al.* 2016: 5).

The components of marketing concept (Kehinde, *et al.* 2016: 5) are as follows:

- a. Satisfaction of customers: The customer is the centre point of the organisation. The organisation must aim at developing those products and services, which will lead to the satisfaction of customers.
- b. Integrated marketing: it comprises of the functional unit in an organisation such as the production, finance, human resource, marketing should be integrated to satisfying the needs and desires of the customers.
- c. Profitable sales volume: Marketing is tagged successful if only it can maximise profit in sales volume and a long-term customer satisfaction.

In the following section we look at exploring the four Ps in marketing, as summarised in Table 2.1.

### 2.6.2 Exploring the four Ps of MM

Table 2.1: Four Ps of the marketing mix (Jefkins 1998: 10)

Price	Place	Promotion	Product
Pricing policy	Channels:	Advertising	Product research
Regional differentials	- Retailers	Public Relations	Marketing research
Discounts	- Wholesalers	Branding	Product design
Commissions	- Multiples	Positioning	Product range
Retail mark-up	- Direct sales	Sales promotion	Packaging
Wholesale mark-up	- Overseas distributors	Competitions	Warranties
Impact of VAT	- Direct export	Premiums	After-sales care
Test marketing	- Sales to government	Pack offers	Branding
Impact of offers	- Sales to multination's	Direct marketing	New product planning
Impact of discounts	- Sales to trading blocks	Merchandising	
		Sales force effort	
	Physical distributions:	Sales force support	
	- Supplies	Telesales	
	- Stocks	Sales Literature	
	- Handling	Mailers and flyers	
	- Storage	Education literature	
	- Transportation	Tech. Spec. literature	
	- Warehousing		

The first P, 'product' refers to the goods or services offered to the public (Al Badi 2018); Kotler (2013) mentions that this might be the oldest concept. This includes non-durable products, durable products, non-tangible and tangible, ideas and services (Kotler et al. 2014). Additionally, Al Badi (2018) explained that 'product' is anything which can be presented to a market for acquisition, consideration, and use that may fulfil desires or needs (Kotler *et al.* 2014). Therefore, when launching a service/product, it is significant that the service pack has a customer's viewpoint (Kushwaha and Agrawal 2015). The product makes up the first element of the marketing mix and affects the other three elements of the mix due to its nature and attributes (Al Badi 2018).

The second P, 'place', is related to distribution. Goods are produced to be sold to customers; they have to be made ready for the customers at a suitable place. Due to the advancement in technology, the concept of place, which required an actual physical place is no longer a fixed path for businesses. There are various means by which customers can obtain services due to the profusion of technology, growing mobility, and proliferation of health and social care providers (e.g., remote consultation, prescription, and monitoring via the internet of things, wearable smart devices connected to patient records). As a result, patients have easier access to the services they require (Thabit and Raewf 2018). The overall MM can result in dynamic modelling based on customer feedback for improving a product (Thabit and Raewf 2018).

The third P, 'promotion', is one of the strongest elements in the MM. Sales promotion actions are publicity, public relations, fairs and demonstrations (Genchev and Todorova 2017). It is the marketing manager who decides the level of marketing budget for promotion. Promotional actions are mainly meant to complement personal selling, advertising and publicity (Thabit and Raewf 2018). Promotion helps the trader and sales force to show the product to the customers in an effective manner and encourage them to purchase. Promotion depends on many mixtures of its components which are used to realise the organisation's marketing objectives. Advertising is a strong element of the promotion mix (Thabit and Raewf 2018). The main purpose of the advertising is to make and evolve the image of a product in the market zone. It is one of the most significant tools of competition. Promotion mix determines the positioning of the product in the target market. It should be considered as an expense and hence added to the cost of a product (Tsai *et al.* 2017).

The fourth P is 'price'. The second most significant element in the MM is the price, which is the value charged for any product or service (Sudari *et al.* 2019). Fixing a product's price is a difficult job. The marketers have to know that while fixing the price, so many factors like the need of a product, cost involved, consumer's ability to pay, government restrictions, prices charged by competitors for comparable products, can control this process. In fact, pricing is a very critical decision zone as it has its impact on the need for the product and also on the profitability of the organisation (Thabit and Raewf 2018).

In the case of the healthcare industry, price refers the amount the target customers must pay to healthcare providers to receive health-related and social services (Thabit and Raewf 2018:104). The pricing element impacts not only what healthcare providers can earn from health and social care solutions, but also how patients perceive the quality and value of those solutions. Healthcare providers can offer cost-effective solutions (e.g., reducing redundancy by consolidating the expertise and solutions of others), thus making their services more appealing to patients (and/or payers such as governments, insurance companies etc.).

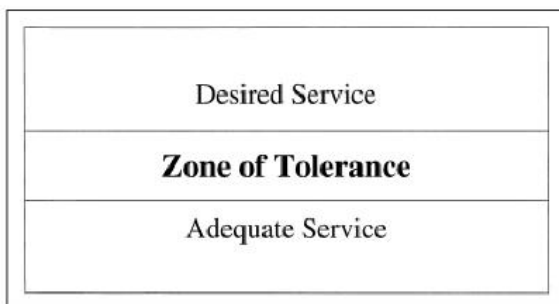
## **2.7 Marketing in healthcare**

Corbin, Kelley and Schwartz (2001) noted that healthcare is in a tight market economy, which means that marketing is an essential part of the financial survival of physicians and healthcare organisations. "The value of marketing is to create public awareness and build customer satisfaction and retention...." (Corbin, Kelley and Schwartz (2001).

Corbin, Kelley and Schwartz (2001) state that the major principles of marketing in healthcare services have remained the same which validates why it is important for this study to be done since there are no studies that have refuted the principles presented by these authors.

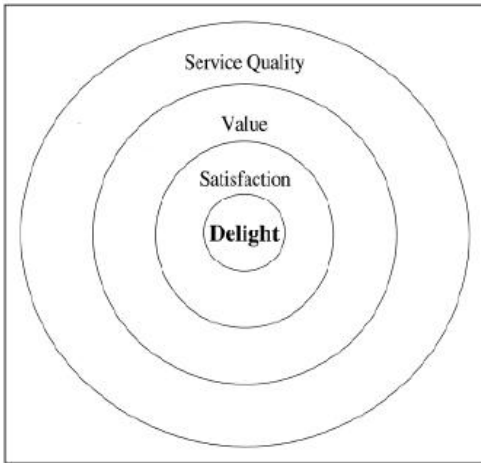
According to Corbin, Kelley and Schwartz (2001) , services versus commodities is the first major principle of marketing. The authors state that patients' perceptions, evaluation, and satisfaction with the doctor's waiting room played a fundamental role in whether or not they would come back. Apart from the waiting room, patients were also concerned with waiting times, politeness of the clerks, and the manner and appearance of the nurse or practitioner.

The second major principle of marketing identified by Corbin, Kelley and Schwartz (2001) was service quality. According to Corbin, Kelley and Schwartz (2001), patients were no longer only attracted by clinical outcomes, but also sought additional support services, such as trustworthiness, responsiveness, reassurance, empathy, and tangibles. As seen in the following section, these principles also apply to the marketing of CAM. Corbin, Kelley and Schwartz (2001) regarded this principle of "extreme importance", and developed what is understood to be a zone of tolerance associated with the various aspects of the service provided. This is illustrated by Figure 2.1. According to Kelly (2000), a practitioner should always strive to provide desired services and at least be above adequate services, which is within an established zone of tolerance. In addition, the zone of tolerance has been cited as being important in both service management and customer behaviour literature.



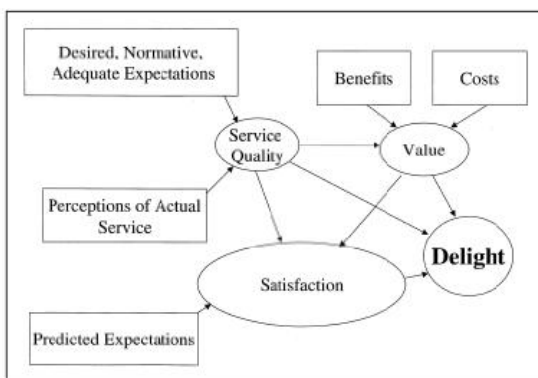
**Figure 2.1: Zone of tolerance (Berry *et al.* cited Corbin, Kelley and Schwartz 2001)**

Thirdly, marketing outcomes is a major principle. Corbin, Kelley and Schwartz (2001) indicated that as the competition for patients was increasing, it was imperative for practitioners to provide high quality healthcare services to patients. This is illustrated by Figure 2.2 which shows the combination of the first two principles to present a delightful experience for patients.



**Figure 2.2: Customer service appreciation (Corbin, Kelley and Schwartz 2001)**

In general, practitioners should start from the outside of the circle and progress inwards. When practitioners achieve the value circle and satisfaction phases, patients are happy with paying the practitioner Corbin, Kelley and Schwartz (2001) . Furthermore, when practitioners strive to provide their patients with a delightful experience as shown in Figure 2.3, they achieve customer loyalty, which is what leads to word-of-mouth communication and repeat purchases. However, not all practitioners provide this experience. According to Corbin, Kelley and Schwartz (2001) , this was likely due to the ignorance as well as lack of understanding on the part of physician and healthcare providers, and they were only now beginning to realise this. There are many factors that contribute to patients having a delightful experience and these are shown below in Figure 2.3.



**Figure 2.3: The relationship between service quality, value, satisfaction and delight (Corbin, Kelley and Schwartz 2001)**

According to Corbin, Kelley and Schwartz (2001) , healthcare organisations and private practitioners lagged behind in every aspect of service marketing. This study was conducted some time ago, hence further investigation may need to be conducted to build onto Kelly's

finding or to refute them all together. Corbin, Kelley and Schwartz (2001) suggests disease branding; for example, a practice named after a disease they specialise in. An example of this is the Lenmed eThekweni Hospital and Heart Centre, Capital Heart Centre, and Ingefleur Fertility Homeopath. Private practice may find this challenging, as AHPCSA and Health Professionals Council of South Africa (HPCSA) have legislation on naming practices (AHPCSA 2020, HPCSA 2020).

Patients and customers are the focus of the fifth principle. Corbin, Kelley and Schwartz (2001) defined individuals who “shop around” for the best deals as customers. The author found that customers were more inclined to question the decisions of the practitioners providing them with services and often seek validations from other practitioners. They also held different expectations for the type of “relationship they desire than individuals who see themselves as patients” (Corbin, Kelley and Schwartz 2001). The long-term, intimate relationships formed between patients and their physicians far surpass the relationships developed in most instances between service providers and customers in other service industries. Creating a strong relationship is the key to moving from unadorned service quality directly to customer satisfaction.

The sixth principle is patient participation. The physician-patient relationship that is built on shared intimacy and trust is unusually strong compared to relationships between other types of service providers and their patients. Because of the nature of clinical services, patients are fundamental participants in their care and, consequently, play an important role in determining healthcare service outcomes. Studies show that when a service relationship is positive, it promotes loyalty, cooperation, and participation between the service provider and the individual or organisation.

The seventh principle is patient loyalty. Loyalty as defined by Lain, Steiber, and Edge (2000) as “a response on the part of a customer when a company fully delivers on and often exceeds its promise to the customer. It becomes a state of mind such that the loyal customer does not entertain alternatives”.

Healthcare providers over the past years have failed to build rapport with patients and long-term relationships, even though their patients share with them their deepest thoughts and fears that are only meant for someone they trust. This has been seen as an obstacle to

creating loyal patients and building meaningful relationships with them. As more healthcare providers lose the loyalty of their patients, fewer patients return to the same physician because they go out to find a physician they can trust. As a result, physicians should focus on fostering and developing relationships with patients, and providing meaningful interpersonal interactions along with a satisfactory clinical outcome can form intense feelings of loyalty among patients.

The next principle is patient defection, which is defined as not returning to a particular healthcare provider. Practitioners who experience this usually go through a major financial loss. Few private practices have sought to measure patient retention or loyalty and this is where they go wrong. Zero defection can boost profits by almost 100% by retaining an additional 5% of patients (Reichheld and Sasser 1990 cited in Corbin, Kelley and Schwartz 2001). Thus, healthcare providers have an opportunity to achieve and maintain competitive advantage through managing and reducing patient defection.

Service recovery is the second last major principle. In this aspect, the healthcare provider attempts to recover from an error. Mistakes happen in every field and industry, including clinical errors, misdiagnosis, and incorrect prescriptions. Consequently, healthcare providers must develop service recovery plans that will rectify the mistake and help the dissatisfied patient. Among these costs are monetary costs, time costs, psychological costs, and opportunity costs. It is likely that patients will mentally tally up the costs they have incurred as a result of service failures, and then use these total costs to help determine whether they have suffered a fair level of service recovery.

Below are ways in which healthcare providers could implement service recovery are explored;

- Break the silence: Providers should encourage patients to inform them if a failure occurs. Patient complaints should be viewed as opportunities to make improvements within a practice. Practitioners can use this as a way to receive constructive criticism, allowing them to make necessary changes.
- Anticipate the need for recovery: Once information has been collected from the patient, it is prudent to use it. Service providers tend to overlook this phase. By using this information, practitioners can correct existing service failures and prevent future failures in the future.
- Train and empower employees: The first person that patients usually have interactions with is the practitioner's staff, or clerks, who are often underpaid because they lack



training or certificates for their roles. In the event of a service failure, front-line employees who have been trained in service recovery will reduce the time between failure and recovery, diminish consumer dissatisfaction, and decrease the likelihood of patient defection.

Moods is the last major principle. Patients generally do not look forward to going to the doctor, and most patients are unimpressed with the prospect of healthcare services. Evaluations are significantly impacted by moods. Fredrickson (2001) study on mood and behaviour, although it was done decades ago, still holds relevance today as it revealed that when individuals are in a positive mood, they tend to formulate more positive evaluations of situations and events. The implications of this are significant for healthcare professionals. During a healthcare service encounter, patients are seldom in good spirits. A patient in a less-than-positive mood is more likely to evaluate healthcare encounters critically than a patient in a more positive mood. By proactively addressing this issue, healthcare professionals may be able to increase patient satisfaction and loyalty.

Marketing is no longer simply advertising but also patient satisfaction with services offered by the practitioner (Corbin, Kelley and Schwartz 2001). As patients are now able to educate themselves, it is the practitioner's responsibility to satisfy their needs in the overall experience. The practitioner must adapt to the patient's behaviour and offer services that meet the needs of the patient. Service marketing is the final step in building customer loyalty. In conclusion, service marketing is an essential new concept in the healthcare marketplace and holds great importance for the current and future providers of healthcare.

## **2.8 Marketing in CAM**

Marketing in CAM is not so different from mainstream marketing, but it does have elements that make it very distinctive. There have been no researchers that have argued against the concept of CAM marketing as presented by Dodds, Bulmer and Murphy (2014), and it is for this reason that this section has largely been influenced by their writing. Below we discuss four of the fundamental elements that are used in marketing CAM (Dodds, Bulmer and Murphy 2014):

- quality of care,
- treatment efficiency,

- spiritual value, and
- natural (ethics).

### **2.8.1 Quality of care**

The first key patient value component that arose from the findings was the quality of care. The study reflected that CAM healthcare revolves primarily around the practitioner and client relationship. Therefore, quality of care determines the relationship of the practitioner and client. Furthermore, the quality of care has been divided into subcategories of partnership, empowering approach, practitioner knowledge and expertise, support and manner, and lastly co-learning and education that is imparted to the patient during a consultation.

Dodds, Bulmer and Murphy (2014) found that CAM patients had a preference for a partnership type of practice style, which involves collaboration and cooperation. Patients found this to be empowering. As Gale (2008 cited in Dodds, Bulmer and Murphy 2014) points out that “CAM consumers are seeking more equitable practitioner-patient relationships and patient empowerment is an integral part of that”. It was noted by Dodds, Bulmer and Murphy (2014) that personal empowerment plays a key role in health, and CAM practitioners tend to emphasise empowerment more than conventional practitioners. Foley and Steel (2017: 24) found that aspects of the CAM therapeutic relationship were associated with empowerment, which shaped the healing experience as well as contributed to beneficial health outcomes. In addition, patients mentioned that their practitioner's knowledge and expertise were important, as well as patient relationships. In comparison with mainstream medicine, where competence in terms of skill, knowledge, and expertise is valued, CAM patients place great value on relationships (Liu, *et al.* 2006 cited in Dodds, Bulmer and Murphy 2014).

#### **2.8.1.1 Educational and co-learning**

Not only is the practitioners' knowledge critical, but also the ability and willingness to disseminate that knowledge. Patients often described their consultations as educational and this motivated patients to manage their health (Bann, Sirois, and Walsh 2010: 746). Because of this, many CAM patients built personal knowledge and shared it with their practitioners. The patients emphasised co-learning, a concept coined by McColl-Kennedy *et al.* (2019).

According to McColl-Kennedy *et al.* (2012: 378), co-learning involves actively seeking and sharing information.

Participating in co-learning can also mean providing detailed information about oneself to the practitioner, taking the information and personalising it, and being open to learning from the practitioner in the CAM context (McColl-Kennedy *et al.* 2012). Furthermore, it is important to the patient that practitioners share their knowledge with, listen to, and learn about them (McColl-Kennedy *et al.* 2012).

### **2.8.1.2 Supportive, empathetic and caring manner**

From the above, it can be noted that self-responsibility is achieved, but patients also value support and care. Practitioners who are supportive, empathetic, and caring seemed to encourage continuity and treatment compliance. Some patients reported that they did not want to continue to work with practitioners who lack empathy or do not care (Miskelly 2006), but this does not detract from the fact that they were satisfied with their partnership with practitioners who only offered that option (Foley and Steel 2017: 24).

### **2.8.1.3 Congruence (integrity and authenticity)**

CAM practitioners who are congruent are seen as being authentic and trustworthy. Trust comes from a belief in the practitioner's integrity and authenticity. Additionally, congruence involves transparency, since the practitioner is perceived as doing what is best for the patient. Dodds, Bulmer and Murphy (2014) concluded by saying that congruence in the CAM setting is an essential practice.

## **2.8.2 Treatment efficiency**

A second patient value component was treatment efficiency. CAM consumers evaluated their CAM health care in four ways.

### **2.8.2.1 Treatment results and time frames**

The time periods for the results varied from immediate (results experienced during the first session) to two years (chronic condition resolved to a manageable level). The chronically ill understood that long-term management would be required and others experienced gradual results, while others experienced immediate results (usually pain relief). “Time efficiency within CAM services is considered critical when evaluating the length of time it takes to experience any health benefits” (Dodds, Bulmer and Murphy 2014). Telling patients when they should expect to get better seemed to encourage the ongoing use of CAM (Bishop *et al.* 2011).

### **2.8.2.2 Treatment ease of use and customisation**

Ease of use of prescribed remedies (herbal and homeopathic) and implementation of dietary changes and exercise rehabilitation prescriptions was considered important to the patients. Dodds *et al.* (2014) argued that the value of CAM patients' health care can only be realised during its use, and this includes treatment compliance and ease of use outside of the CAM clinic. Dodds, Bulmer and Murphy (2014) believed that the key factor that facilitated compliance was the CAM practitioner customising the treatment.

### **2.8.2.3 Access and waiting times**

“Be different from our fellow allopathic colleagues and arrive early for your patients, never let a patient wait for you,” Shange, Professional Personal Development (2020).

In terms of appointment waiting times and access, CAM health care services were perceived as relatively efficient. Several participants described experiences when their CAM practitioner went out of their way to accommodate them if there was an urgent need or provided a phone consultation if there was no availability (Dodds, Bulmer and Murphy 2014).

### **2.8.2.4 Consultation and treatment time and value for money**

Most felt that their money was worth the treatment that they were receiving. Patients commented that although CAM health care was expensive, they were prepared to pay, as long as they gained positive results from the treatment. Bishop *et al.* (2011) also support this

notion, concluding that acupuncture consumers were ready to pay for an effective treatment and judged their experiences based on results.

### **2.8.3 Spiritual value**

CAM health services are valued for their spiritual value by patients. As described by Dossey (2003) and Hungelmann *et al.* (1996 cited in Dodds, Bulmer and Murphy 2014), participants' experiences of CAM enabled them to feel connected to themselves, to a god, or to a spiritual or energy force, which enabled them to heal.

### **2.8.4 Natural (ethics)**

CAM was deemed natural by all participants. Patients of CAM saw natural products as having higher value because they believed that they were better for their bodies. The natural nature of CAM practices made sense to many participants.

These four elements have not been contested in the last eight years, and these are what most of the CAM marketing strategies are formulated around. Each element can be used alone or in combination to attract new customers or retain existing clients. In the next section, the paper will review the concepts of marketing strategies in both healthcare and CAM with a focus on two marketing strategies.

## **2.9 Concepts of marketing strategies in healthcare and CAM**

Marketing in healthcare and CAM is defined as the application of marketing strategies and tactics to the “broad, heterogeneous, and complex field of health” (Crie and Chebat 2013). The application of a defined marketing strategy is crucial in the healthcare and CAM marketing departments, as it permits private hospitals to achieve marketing objectives in a target market (Katsikeas *et al.* 2016). Marketing strategy can be further understood as “an organization’s integrated pattern of decisions that specify its crucial choices concerning products, markets, marketing activities and marketing resources in the creation, communication and/or delivery of products that offer value to customers in exchanges with the organization and thereby enables the organization to achieve specific objectives.” (Morgan *et al.* 2019).

Among the various marketing strategies used by CAM and healthcare, the two that stand out are relationship marketing and social marketing strategies (Sathana, Velnampy and Rajumesh 2018). In addition, service marketing was highlighted by Kelly *et al.* (2000) to be very important in healthcare marketing. This subsection will be exploring the three marketing strategies.

A relationship marketing strategy is an interactive marketing strategy that leverages alliances and customer response capabilities (Yan and Chew 2011; Wilson and Stokes 2004). Nowadays, having a positive image of organisations and creating a positive relationship with customers, wholesalers, retailers, and all other related organisations and persons is a key factor for success (Wilson and Stokes 2004). According to Grönroos (2017), the organisation has to design a relationship marketing strategy based on customer relationships, which includes identifying customers' needs and wants, and their changing expectations. According to Payne, Ballantyne and Christopher (2005), relationship marketing strategies are essential to an organisation's survival and success.

The current trend of shifting towards value in the healthcare service industry leaves little room for the previous old-fashioned top-bottom approach in the marketing process (Zhang and Kiziukiewicz 2017). Mainstream marketing-oriented relationships shift the efforts of healthcare service providers in different ways. According to Astuti and Nagase (2016), relationship marketing in the healthcare industry has changed from a focus on individuals to longer term relationships among patients, physicians, and healthcare organisations. In a business-to-business (B2B) scenario, the perpetual interaction among parties represents the opportunity to convert a purchaser into a loyal customer, transforming separate companies or even competitors into long-term win-win partners.

Furthermore, Grover (2016: 139) noted that proper application of marketing principles is integral to a healthcare setting's success. The role of marketing is to “optimize the cost of services, expand the scale of operations, raise awareness of health issues, and change the attitudes of service providers” (Grover 2016: 139).

Healthcare providers should pay more attention to relationship marketing strategies in order to establish and maintain these relationships. In contrast to other industries, the healthcare industry has given less attention to this marketing process (Weiss 2010).

Relationship marketing and social marketing both work towards building a community and working with the community. In social marketing, the goal is to develop and integrate marketing concepts with other approaches to influence the behaviour of individuals and communities for the greater good of society.

In the context of health, social marketing aims to increase healthy behaviours in a community by using proven marketing techniques used to promote commercial products. According to Andreasen (1995), social marketing is “the application of proven concepts and techniques drawn from the commercial sector for promoting changes in various socially relevant behaviour such as drug use, smoking, and sexual behaviour”.

Social marketing is a “process that applies marketing principles and techniques to create, communicate and deliver value in order to influence target audience behaviours that benefit society (public health, safety, the environment, and communities) as well as the target audience” (Kotler, Lee, and Rothschild 2006, cited in Kotler and Lee 2008).

Social marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programme that are effective, efficient, equitable and sustainable (Kassirer *et al.* 2019).

The goal of social marketing is to influence individual and organisational behaviour and policies. A number of public health and health care domains have found it effective on a population level. New media and new technologies such as smartphones create an environment in which patients and health care providers interact—at any time and in any place. Choosing the right context, channels, and messages that will motivate people to pay attention and use the health information are among the forms of health communication.

Health care providers have substantial information about their patients (target audience knowledge), have the ability to deliver messages such as improved diet or smoking cessation

that are specific to patients' needs (implementation), and can assess outcomes of message delivery in subsequent visits (assessing effectiveness). This information allows practitioners to design campaigns focused at addressing specific diseases for specific groups. Moreover, these steps can be applied by any healthcare provider for any organisation.

In service marketing, the goal is to show off a business's intangible benefits and offerings to drive end-customer value. A service can be stand-alone or complementary to a tangible product. In the CAM and healthcare industries, service marketing refers to the business of non-physical intangibles, hence its significance. Service marketing has been studied and practised according to six main characteristics:

- **Intangibility:** Services are intangible and cannot be touched, handled, smelt, or tasted (physical senses). This is because services themselves are activities. Services can, however, be experienced. Services also give consumers a certain level of satisfaction.
- **Perishability:** A service's consumption must occur simultaneously with its production. Unlike tangible goods, a service cannot be stored. The delivery and time of service are perishable. After a service has been rendered to the requesting customer, this particular service irreversibly disappears as soon as it has been consumed by the customer.
- **Inseparability:** Commodities can be sold at a later date, but services cannot. When a doctor provides services to his/her patient, both the producer and the consumer of the service need to be present at the same time. For service delivery to take place, the provider must be able to quickly produce and provide the service to the requesting customer. Therefore, the service provider, the service itself, and the service consumer are all interdependent.
- **Simultaneity:** Services are generated and consumed simultaneously. Upon request (delivery), the specific service must be created immediately from scratch. Therefore the production and consumption of services are always simultaneous.
- **Variability:** Each service is unique. Services lack homogeneity. For example, a doctor treats two patients with similar ailments on the same day. The level of satisfaction in the minds of these patients after the treatment will never be the same. The difference is caused by factors such as the mood of the doctor, the fatigue level of the doctor, and the way the service is perceived by the individual patient. There will be a difference in the service even if the same doctor treats the same patient on two different occasions. This is because the moods of the doctor and the patient do not remain the same on



both occasions. No two units of service are identical even if they are generated by the same person. Factors like quality control and standardisation, which can be very successfully implemented in the case of production of tangible goods, cannot be applied in the case of services. Services always vary with each other.

- Ownership: No ownership is created in the case of services, because once the service has been offered between the doctor and patient it can not be redone. At the time of creating a service or delivering a service, the service provider does not own the service, nor does the service receiver. After the consumption, the consumer has only the experience but the service itself will have become non-existent. The doctor only owns the physical infrastructure necessary to create the service. A service cannot be owned by anybody because it is basically an intangible product.

The practitioners' ability to practice service marketing is not based on their understanding of the concept or theories of service marketing, but more or less based on the application of the six characteristics of service marketing. Practitioners who advertise their services are practising service marketing which involves the six characteristics of what defines service marketing.

## **2.10 Success of a marketing strategy**

The outcomes of a marketing strategy determines whether the marketing strategy has been successful or not. Mansoor (2019) states that marketing has nine purposes for any business, however, only seven will be examined in this paper, as they encompass the two that have been excluded.

### **1. A marketing strategy as an effective way of engaging with customers**

Engaging customers is essential for businesses. A marketing strategy is a way to keep the conversation going. Promoting your products is not the same as engaging customers. Mansoor (2019: para. 2 Line 1-2) explains that "Engaging involves furnishing your customers with relevant information about your products and your business as well. It's all about creating fresh content". A marketing strategy could be about educating customers about what they do not know in an interesting and time worthy manner. In recent years, businesses have been seen to use Podcasts, YouTube, Instagram, and TikTok to engage with their customers in all sorts of fun and creative ways.

## 2. Marketing strategy for building and maintaining the business reputation

Businesses provide valuable information to customers in relation to the first purpose. As a result, they are able to maintain existing relationships and establish new ones. According to Campbell (2021), the growth and life span of a business is positively correlated to a business's reputation. A business's reputation can increase brand equity, provide new opportunities/collaborations, and lower future marketing costs especially if it becomes successful in serving the number of people it wants to serve quickly. "Your business's reputation is built when it effectively meets the expectations of its customers" (Mansoor 2019). Newlands (2017) mentions that businesses that meet customer expectations become respected members of the community, and this leads to business success, thus allowing customers to be proud to be associated with the business.

## 3. Marketing strategy can build a relationship between a business and its customers

As seen above in marketing in CAM and healthcare, one of the purposes of a marketing strategy could be to build relationships of trust and understanding between businesses and customers. To achieve this, businesses can do marketing research in segments which could be based on demographics, psychographics, and consumer behaviour, and based on that offer information that can assist customers. Segmentation helps the business meet the needs of its customers and thus gain their trust. Commercial activities are more effective when there is trust and understanding between the business and its customers.

## 4. Marketing strategy as a form of communication channel used to inform customers and provide business insight.

Marketing strategy allows businesses to educate customers about the services the business is offering. It creates brand awareness and makes the business stand out. Sometimes, it can be used to inform customers of discounts, specials, events and workshops. Not only does a marketing strategy work for customers but also for the business as well. It allows businesses to understand their target audience and market properly. According to the QuickBooks blog (anon n.d para.1 Line 1), "A business insight combines data and analysis to find meaning in and increase understanding of a situation, resulting in some competitive advantage for your business". This provides more than low-level understanding of an issue, providing deeper insight into major mechanics related to a particular business. As a result, businesses can now direct specific messages to specific target audiences with increased success rates.

## 5. Marketing strategy can be geared towards increasing sales and demand

Rizzo (2021) mentions that having a marketing strategy can allow people who are offering services to be booked more frequently, because marketing can increase demand especially when done 'right'. Once a service has been advertised, it is already on the radar and this increases the chances of selling it. Customers may want to try new services and will be triggered to book an appointment. As a result, when they are happy with the services they become brand ambassadors thus increasing revenue and demand at the same time.

## 6. Marketing strategies can be designed to remind customers of a business

"It's not your customer's job to remember to do business with you. It's YOUR JOB to remind them" (MirrorMePR 2020). Marketing strategies can allow businesses to stay relevant by informing customers of the services they are offering to tackle some of the latest issues. An example of this is seen in section 2.4. Business owners should let customers know how they are tackling the latest issues, thus reminding them that they are still in business and relevant. This allows businesses to be at the top of the customers' minds regarding that specific service that they offer. This is based on the premise of marketing to retain the present customers.

## 7. Marketing helps the management team to make informed decisions

Every business is faced with the challenge of the marketing mix; services to offer, pricing, and distribution. Mansoor (2019) calls this a "complex and tedious process" which determines a business's survival. When businesses, especially SME's start up, they should focus on marketing, as this will give them a better understanding of the marketing mix elements, in terms of how much to price, where or what distribution modes to use, and what services customers respond more to.

Therefore, when a business chooses an objective of a marketing strategy they are able to evaluate whether the strategy was successful or not and from there choose what is the best step for their business. In the following section we look at customer acquisition, as there is no business without customers.

### **2.11 Concepts of customer acquisition**

Customer acquisition is crucial for new businesses, when expanding into new territories and introducing services, and where repeated purchases of services are infrequent (Ang and Buttle 2006). Moreover, every product and service goes through various stages once it has been introduced to a market. By understanding the product/service life cycle, businesses can easily work on strategies to improve their services. Although each stage of the cycle presents its own problems and opportunity, it simultaneously allows businesses to establish appropriate strategies. Typically, during the introductory stage marketing strategies emphasise customer acquisition (Vijayalakshmi 2021; Garg 2015).

Several strategies can be pursued, such as rapid skimming, which is an effective way to launch a new service at a high price and with a high promotional offer. This strategy is sensible when a large part of the market is unaware of the service. Conversely, slow skimming involves launching a high-priced product with limited promotional activity, which is an effective strategy when the market is small, and buyers are willing to pay a high price (Kotler *et al.* 2014; Garg 2015).

Customer acquisition is not limited to the introductory stage of a products or services life cycle. When a service is established, an organisation may pursue customer acquisition through other strategies such as differentiation. Differentiation is the act of designing a set of meaningful differences to distinguish the company's offerings from competitors' offerings (Kannan n.d).

Firstly, services differentiation; for health care services this is where services delivered determine the success of the business. Secondly, personnel differentiation; businesses can gain strong competitive advantage through having better trained people. Better-trained personnel exhibit six characteristics: courtesy, competence, credibility, communication, reliability, and responsiveness. Thirdly, image differentiation; buyers respond differently to businesses and brand images. Identity and image need to be distinguished (Quizlet, n.d).

Markets with growth potential require an overall marketing strategy that involves growing the market size rather than growing their customer base. This is evident in businesses for which acquiring new customers is essential to survival. These types of businesses include private practices, private hospitals, and MBA programmes (Ang and Buttle 2006). Sargeant, West, and Ford (2001) proposed a 7-stage approach that has been used to understand the development of a customer acquisition campaign:

- Set campaign objectives (such as target response rate, numbers of new customers recruited acquisition cost per new customer, average new customer value).
- Segment and profile prospects.
- Targeting - tailoring the communication message, channel, and offer for the selected audience.
- Select cost-effective media.
- Communicate the offer.
- Fulfilment.
- Response analysis.

## **2.12 Business owners' attitudes towards marketing**

In 2019, micro, small and medium-sized businesses had no more than 250 employees, small businesses had 10-50 employees, and medium enterprises had 250 employees. Micro companies, such as personal services companies, have a turnover ceiling of R5 million (De Wet 2019). Because homeopathic practitioners have few employees and have a low turnover rate, it can be deduced that they are microenterprises. Studies have revealed that the way big enterprises approach marketing is different from SMEs as most of the time big enterprises have marketing departments that are operated by different leaders, while this might not be the case with SMEs (Lekhanya 2014).

Marketing and the coordination of marketing activities are influenced by the attitude of SME leaders (Hooley *et al.*, 2005 cited in Ruaykijakarn, Suwanmaneepong, and Kuhaswonvetch, 2018); their attitude determines the marketing function, supporting the idea that marketing is an important business component (Durkin *et al.*, 2013 cited in Ruaykijakarn, Suwanmaneepong and Kuhaswonvetch 2018). In addition, it has been shown that management capabilities have a direct influence on marketing capabilities (Faryabi 2018).

SME leaders can either have a favourable attitude towards marketing or an unfavourable attitude, which has distinct outcomes (Seline *et al.* 2015). In addition, it can be utilised as a measuring dimension, where a positive attitude gives rise to marketing innovation, which can be understood as the adaptation and implementation of new marketing strategies (Faryabi 2018). A negative attitude held by a SME leader towards marketing can lead to the rejection of marketing innovation leading to the decline of any marketing development (Ruaykijakarn,

Suwanmaneepong and Kuhaswonvetch 2018). In addition, SME leaders who do not practice marketing have fear of it because they think it is unethical and immoral. This is relevant as studies have shown that perception of marketing in some quarters around the world is now considered as “evil”. This leads to SME leaders excluding the possibility of marketing. The fear of unethical marketing has also caused governments to be very restrictive in ways which companies can market themselves, which has put off many who may be interested in marketing.

### **2.12.1 Owner-managers’ perceptions of marketing**

In this section we look at the owner-managers’ perception of marketing and how self-branding model in SMEs might be hard to practice appropriately (Table 2.2 Resnick 2016).

**Table 2.2: The features and issues of the SMEs “4Ps” self-branding model (Resnick et al. 2016)**

Personal branding	Perseverance	Practice	(Co)Production
<p>Main features</p> <p>A control mechanism</p> <p>Tight personal, possessive ownership</p> <p>Interdependency of the owner and the company</p> <p>A personal owner-manager identity for the business</p>	<p>Main features</p> <p>Networking over a long period of time</p> <p>Long-term relationships developed with customers and suppliers</p> <p>New customers obtained from personal recommendation</p>	<p>Main Features</p> <p>Day-to-day tasks are preferred to planning</p> <p>Engaged with customers in solving their problems</p> <p>Strong relationships with customers and suppliers</p>	<p>Main features</p> <p>Goods and services are co- produced with customers</p> <p>Owner-manager brings specialist knowledge and expertise</p> <p>Co-production may solve some resource problems for both parties</p> <p>Brings mutual benefits</p> <p>Potential issues</p> <p>Co-production may result in both organisations having resource constraints</p> <p>Needs a good working relationship to be successful</p> <p>Ad hoc formation of temporary organisations and collaborations</p>
<p>Potential issues</p> <p>Growth may bring problems</p> <p>Personal branding may not be present in medium sized businesses as the influence of the owner-manager diminishes with size of the organisation</p> <p>Process of forming a personal brand is unclear</p> <p>Seen as similar to personal selling</p> <p>Can formal marketing extend to personal branding?</p> <p>Potential brand conflict between own-manager and company</p> <p>Obtaining visibility in a competitive “attention economy”</p>	<p>Potential issues</p> <p>Pressure on owner-manager to be “the marketing”</p> <p>Maintaining the reputation of the business</p> <p>Unwilling to delegate this activity</p> <p>Lack of resources to maintain the effort over a long time</p> <p>Growth may bring problems</p> <p>Successors may not be able to replicate the same relationships and gain the same benefits</p>	<p>Potential issues</p> <p>Marketing planning is not understood or done</p> <p>Marketing emerges from interactions with customers and the outside world</p> <p>Marketing theory is not understood or applied</p> <p>Strategy and marketing is basic, emergent, unplanned, uncontrolled and chaotic</p>	<p>Potential issues</p> <p>Co-production may result in both organisations having resource constraints</p> <p>Needs a good working relationship to be successful</p> <p>Ad hoc formation of temporary organisations and collaborations</p>

The attitude of the leader of a business towards marketing determines the extent to which the business can participate in marketing as reflected in Table 2.2. The owner-managers themselves may be obstacles to marketing since a review of the wider literature reveals that the level of engagement of an owner-manager has with marketing often determines whether the business will implement any kind of marketing strategy (Dobbs and Hamilton 2007). Furthermore, the marketing activities of the business is “influenced by the personality of the owner-manager” (Kaszás *et al.* 2016) and that the personality of the SME is connected to the owner-manager (Morrish *et al.*, 2010 cited in Resnick *et al.* 2016). When a manager is able to engage in marketing without any controversial thought, they are able to interact with customers on a day to day basis making sure that they build a strong relationship as reflected in Table 2.2 under Practice. The opposite is true, when especially when the manager fails to understand marketing, it becomes an obstacle as marketing theories and planning are not practiced properly (Resnick *et al.* 2016).

## 2.13 Marketing in SMEs

Gruber (2004) said that a marketing strategy is a key success factor for new and small companies. An SME marketing strategy is based on the owner's decisions or activities in terms of adapting basic marketing principles. This includes using networks and developing innovative marketing techniques (Gilmore 2011). A marketing strategy for an SME is different from that of a big company. Miles *et al.* (2015) proposed a marketing strategy for SMEs that combined four elements: adapting to marketing textbooks, network marketing, competency marketing, and innovative marketing.

In a small business, the marketing function cuts across the entire company, affecting every aspect of its operation from finance and production to hiring and purchasing as well as the company's ultimate success. As the global business environment becomes more turbulent and competition becomes more intense, small business owners must understand the importance of developing creative marketing strategies; their success and survival depend on it. A marketing plan is not just for mega-corporations competing in international markets. Although they may be small in size and cannot match their larger rivals' marketing budgets, entrepreneurial companies are not powerless when it comes to developing effective marketing strategies (Zimmerer and Scarborough 2002: 180).

According to Stoke (2000 cited in Carter and Jones-Evans 2000: 355), it is not surprising that research has identified marketing management as a key internal function which influences survival. Marketing represents a key management discipline which makes the difference between the survival and failure of small firms. There has been a tendency among both marketing theorists and small business owners to associate marketing with large, rather than small organisations. Marketing theory was developed from studies of large corporations and most textbooks still reflect these origins in the concepts and case studies which they present. Even owners/managers, as small firms, seem to give marketing a low priority compared to the other functions of their business, often regarding marketing as something that larger firms do (Stokes 2000 cited in Carter and Jones-Evans, 2000: 354). Carter and Jones-Evans (2000: 354) articulate that marketing is crucial to the survival and development of small firms. They state that marketing is particularly important for smaller organisations because:



- It facilitates a vital interface between a small firm and an uncertain, fast-changing external environment; and
- It is a key internal management skill which makes the difference between surviving and failing.

Marketing has been considered less important by SMEs but a study conducted by Lekhanya (2014) showed that managers who have been running a small business for a more than three to five years understand that marketing is an important element of their business which has to be prioritised like any other aspect of their business, and a lack of marketing might mean no new customer acquisition.

## **2.14 Conclusion**

As indicated by the literature, there is a need to investigate the marketing strategies used by homeopathic practitioners to attract new patients. There is a lack of literature that explores marketing in the healthcare sector in South Africa, and how practitioners perceive marketing. Although the need for medicine and practitioners is undeniable, a question that might arise is: are people aware of the services or availability of independent practitioners who are offering medical services? The literature also shows the existence of a relationship between the marketing practices used and the attitudes of the management, therefore an understanding of the attitudes of managers is necessary to develop an understanding of which marketing practices are successful. Lastly, the understanding of the purpose of marketing was explored; marketing is a communication tool between consumers and suppliers.

## **Chapter 3: Methods and Materials**

### **3.1 Introduction**

This chapter provides a description of the research paradigm, philosophy, and methodology utilised in this study. In addition, it expands on the research setting of the study, population sample and sampling method as well as the recruitment process. Lastly it will discuss the data collection, analysis and management methods.

### **3.2 Research paradigm and design**

Research philosophies differ regarding the goals of research and the way to achieve these goals. Thus the choice of techniques depends on the researcher's willingness to accept the assumptions underlying each set of tools.

The current research study was carried out in real life situations and not in an experimental situation, and being qualitative in nature the naturalistic approach was applied. Constructivism philosophical paradigm is an approach that asserts that people construct their own understanding and knowledge of the world through experiencing things and reflecting on those experiences.

This paradigm seeks to understand the phenomenon under study from the point of view of the participants using in-depth interviews. Also, the researcher constructs meanings from the phenomena under study. The researcher then evaluates what is said in order to ascertain the real facts.

Constructivists assert that reality is subjective because it is from the individual perspectives of participants engaged in the study and is thus multiple or varied. The aim of the current study was to investigate the attitude that homeopathic practitioners have towards marketing.

Furthermore, the study was grounded in the constructivism philosophical paradigm because this paradigm begins with an open-ended inquiry using research questions. Tentative or valid conclusions are then constructed from the findings (Adom, Yeboah and Ankrah 2016).

This study used a qualitative design which allowed the researcher to collect open-ended data in order to explore participants' thoughts, feelings and beliefs about the research topic, as qualitative methods enable the description, exploration and explanation of the phenomena being studied (DeJonckheere and Vaughn 2019). Thus, a qualitative research approach can help to identify the gaps that cannot otherwise be identified by survey-based research or questionnaire based research methods (DeJonckheere and Vaughn 2019).

### **3.3 Research setting**

The study was conducted at the eThekweni Municipality area located in Durban, South Africa. The researcher interviewed available homeopathic practitioners who were practising in the eThekweni Municipality area.

### **3.4 Population of the study**

The study population consisted of all registered homeopathic practitioners, practising homeopathy in the eThekweni Municipality area that met the inclusion criteria, as stipulated below:

#### **3.4.1 Inclusion criteria**

- Participants must have been practising for more than 3 years,
- Participants must have their practices located within the eThekweni municipality district,
- Participants must be registered with the AHPCSA, and
- Participants must be willing to participate.

### **3.5 Sampling**

The researcher utilised the purposive sampling method for this study. Purposive sampling is a non-random sampling method that involves precise selection by the researcher of participants to include in the study (Marshall *et al.* 2013). Three practitioners were selected via purposive sampling, whereafter snowball sampling was used. Snowball sampling is a method that works by means of a referral chain that allows existing study participants to refer the researcher to future participants (Marshall *et al.* 2013). Palinkas *et al.* (2015: 45) further define snowballing

method as sampling people who know people that generally have similar characteristics who, in turn know people, also with similar characteristics. Purposive and snowballing sampling can be used together (Patton 2001 cited in Palinkas *et al.* 2015). Furthermore, purposive and snowball sampling methods will be used due to both the limited number of homeopathic practitioners in the area (eThekweni District) who have been in practice for more than 3 years and their availability during the period of interviewing (Mnchunu 2019). These sampling methods allowed the researcher to gather rich information from the participants. The final sample consisted of 12 homeopathic practitioners.

### **3.6 Recruitment and interview procedure**

The researcher approached homeopaths in the eThekweni district via email asking them to participate in the study, and included a letter of information (Appendix B) which explained the purpose of the study and inclusion criteria. When participants who met the inclusion criteria accepted to part take in the study, the researcher asked for referrals as part of the snowballing sampling method. Thereafter, the researcher requested an appointment when the proposed participants would be available for the interview. The researcher then conducted the interview at a time convenient for the practitioner. The interviews took a maximum of 45 mins, and were recorded in order to accurately preserve the participants words. The interviews were later transcribed. The data was coded, which was followed by data analysis using thematic analysis as explained below. Anonymity of the participants was preserved at all times.

### **3.7 Pilot study**

Lowe (2019: 117) defines a pilot study as an attempt to test a research design. As the author explains, the purpose of a pilot study “is not to answer specific research questions but to prevent researchers from launching a large-scale study without adequate knowledge of the methods proposed”. A pilot study intends to test and refine aspects of the final study (Polit and Beck 2017). After conducting a pilot interview, the researcher modified the interview questions based on comments from pilot participants. In addition, this exercise allowed the researcher to estimate the time required for each interview.

A pilot study was conducted with five qualified homeopathic practitioners and two marketing experts to assess if the interviews were covering the four Ps of marketing. The pilot study participants were not included in the main study.

### **3.8 Data collection**

The researcher used in-depth, semi-structured interviews and interviews were conducted in English. The researcher will undertake the interviews with an assistance of an interview guide (Appendix C). This type of interview style was chosen because of its flexibility with the use of probes to extend information in areas of interest to the study (Mnchunu 2019: 42). It is also descriptive and interpretive in nature (Creswell 2014).

Turner (2010) explained that semi-structured interviews are very good in gathering information about current and previous experiences, intentions, feelings, thoughts and opinions, knowledge, and around making meaning towards particular events. The interview guide included clear and understandable questions, open-ended questions, and probing questions to allow the research to reach data saturation (Mnchunu 2019: 43).

Due to the Covid-19 pandemic, the interviews took place virtually to avoid the spread of the virus. During the interview the participants were informed that the meeting would be recorded and consent was acquired (again). The virtual meetings took place within the Zoom platform and Microsoft teams, depending on the preference of the applicant.

### **3.9 Data management**

Data collected was stored in a way which ensured that participant confidentiality was maintained throughout the study. Participants' personal information was not to be recorded in any of the interviews, field notes or audio recordings. Participants were assigned an anonymous identification code (P1-P12) as soon as they agreed to be interviewed and signed the informed consent document. A record of each participant's name and assigned code was kept by the researcher and stored on a computer in a file separate from the data collected in order to maintain participant confidentiality.

The researcher used both a flash drive to store interview notes and the cloud (OneDrive) for the recorded interviews. After five years the flash drives will be reformatted and recordings deleted from the cloud as per DUT data management guidelines. The information will be accessible only to the researcher and supervisors. For security purposes, the information was encrypted with a password.

### **3.10 Data analysis**

The data gathered was analysed using the thematic analysis method. According to Terry *et al.* (2017), thematic analysis is a widely used tool for analysing qualitative data, since qualitative research aims to provide an in-depth, socio-contextual, detailed description, and interpretation of topics. The systematic analysis process included coding, examining the meaning, and provision of the description of the social reality through the creation of themes (Terry *et al.* 2017).

The application of qualitative content and thematic analysis is suitable for the researcher who wants to employ a lower level of inference interpretations, rather than a more abstract interpretation (Vaismoradi *et al.* 2016). They focus on the implicit meaning of data and there are four phases to take into consideration during any qualitative content and thematic analysis, namely (Vaismoradi *et al.* 2016):

- Initialisation- the researcher reads the transcripts and highlights meaningful units, coding and looking for abstracts in participants' accounts, then writing reflective notes.
- Construction- the researcher classifies, compares, labels, defines, and describes the themes reflected by the data.
- Rectification- the researcher relates the themes to established knowledge.
- Finalisation- the researcher develops storylines by linking content themes to the literature related to the study.

Terry *et al.* (2017) distinguish between two levels of themes: semantic and latent. Semantic themes "...within the explicit or surface meanings of the data and the analyst is not looking for anything beyond what a participant has said or what has been written". The analysis in this research identified themes at the semantic level and was representative of much learning and teaching work. In contrast, the latent level looks beyond what has been said and "...starts to

identify or examine the underlying ideas, assumptions, and conceptualisations – and ideologies – that are theorised as shaping or informing the semantic content of the data”.

The goal of thematic analysis is to identify themes, i.e. patterns in the data that are important or interesting, and use these themes to address the research questions or say something about an issue.

### **3.11 Trustworthiness**

Strategies employed by a researcher are crucial to ensuring trustworthiness of the data collected and the subsequent theory generated (Ngobese 2018). Lincoln and Guba (1985) suggest four criteria for developing the trustworthiness of a qualitative inquiry. To ensure trustworthiness in this study, the criteria below were used.

#### **3.11.1 Dependability**

The data will be maintained through safe keeping of raw data of each interview for future reference.

#### **3.11.2 Credibility**

The researcher discussed the findings of the pilot study as well as the results of the actual study with the supervisors. The researcher used field notes and an audio recorder to collect data, the data were transcribed, and the researcher ensured that the transcribed notes were a true reflection of the participants' experiences.

#### **3.11.3 Confirmability**

Following the transcription of the recorded interviews. Software was used that automatically transcribed all that was said by the participants during the interview. Voice recordings were obtained to reflect the participants' voice and accurate responses (Graneheim and Lundman 2004).

### **3.11.4 Transferability**

To facilitate transferability the researcher provided a clear and distinct description of the context, selection of participants, data collection and the process of data analysis.

### **3.12 Ethics**

Three basic ethical principles were adhered to at all times: respect for persons, beneficence, and justice. Respect for persons refers to respecting their autonomy and that if they have reduced autonomy, respect that they are entitled to protection.

Beneficence refers to doing no harm and to considering the potential benefits and/or risks that the individual may encounter because of this research. The researcher sought ways to maximise any possible benefits that the research may embody for research participants while still upholding the principle of justice. Of utmost importance was the maintenance of the safety, confidentiality, and anonymity of all the participants, both in the data analysis and discussion and dissemination of findings.

Written informed consent was acquired from all the participants through email and before the meetings (informed consent form attached in Appendix A), as well as verbal consent before the interviews commenced. Permission to conduct the study was acquired from the Durban University of Technology Ethics Committee. The study commenced on ethics approval from Institutional Research Ethics Committee (Research ethical Clearance number IREC 179/21)

### **3.13 Conclusion**

This chapter outlined the structure of the study in terms of the methods to be used for the data collection and data analysis. The selected methods were purposive and snowball sampling, as the result of the availability of respondents during the research. The data was collected by means of semi-structured interviews virtually. The research methods selected were deemed to be appropriate as they enabled the aim and objectives of the study to be fulfilled.



# Chapter 4: Results

## 4.1 Introduction

This chapter outlines the results of qualitative data collection obtained from in-depth semi-structured interviews with homeopathic practitioners based on the research questions. The aim of this research was to determine the marketing strategies used by homeopathic practitioners in the eThekweni Municipality to attract new patients. The objectives were to identify the marketing strategies used by homeopathic practitioners, perception of practitioners around marketing and whether marketing works to attract new patients and retain the old. The research questions acted as the foundation of the interview guide.

## 4.2 Sample size

### 4.2.1 Sample realisation

Twelve interviews were conducted over a period of two weeks. All twelve interviews were in-depth virtual interviews. Interviews were conducted on homeopathic practitioners during their breaks at their private practices. The data saturation point was reached after the ninth interview and the researcher went on to conduct three more interviews for confirmation of the data saturation.

### 4.2.2 Demographic data

The demographic data is summarised in Table 4.1.

**Table 4.1: Demographic data**

Participant ID	Years in private practice
P1	10
P2	14+
P3	22
P4	16
P5	13
P6	7

P7	4
P8	3
P9	3
P10	3
P11	18
P12	40+

### 4.3 Thematic analysis

The data was analysed using a thematic analysis process, with four major themes emerging. Descriptive coding was applied in order to derive the themes.

Every major theme consisted of numerous codes reflecting various ideas that arose during each interview. Table 4.2 shows the main themes and subthemes as presented in the thematic tables in Appendix H.

**Table 4.2: Major themes and subthemes**

Major themes	Subthemes
Word-of-mouth is more effective	<ul style="list-style-type: none"> <li>- Brand loyalty</li> <li>- Referral</li> <li>- Doing a great job.</li> </ul>
Aversion to the use of marketing	<ul style="list-style-type: none"> <li>- Misconception of marketing</li> <li>- Fear of being penalised by the council</li> <li>- Crucial for business success</li> </ul>
Additional services are they key method of differentiation in the market	<ul style="list-style-type: none"> <li>- Upskilling with better diagnostic methods</li> <li>- Addition of treatment modalities</li> <li>- Partial specialisation</li> </ul>
Electronic word-of-mouth	<ul style="list-style-type: none"> <li>- Social media presence</li> <li>- Google business and website</li> </ul>

### 4.4 Presentation of the findings

#### 4.4.1 Theme 1: Word-of-mouth is more effective

Word-of-mouth is understood to be the passing of information from person-to-person. Participants said they were able to sustain their practice by treating patients better. All practitioners that participated in the study mentioned word-of-mouth as a factor in the success of their practices.

#### 4.4.1.1 Brand loyalty

Participants indicated that patients who heard about their services from others were more likely to become long-term clients, especially if it was someone they trusted like a family member or friend, thus strengthening brand loyalty.

*When I was beginning I used to workshops with a non-profit but that did not work. It is more word-of-mouth. Word-of-mouth did very well. -P1*

*Word-of-mouth works for me especially when I am meeting people. People ask what I do and end up explaining myself and through that process I get patients.-P11*

*I think it is much better when patient is told by another patient because they automatically trust you. I do not even have to explain what homeopathy is, because they already know from their friend or family.-P7*

*... when I brought the PR person I did see the benefit, but it was more word-of-mouth, because whenever I saw a patient and they received the service, they would then go on to tell other people about me. That's how I got many of my patients, those patients became long-term patients of mine ...-P10*

A participant explained that word-of-mouth works well when the practitioner and the patient understand the need for each other.

*It's probably 90% is word-of-mouth. And also mentioning, the fact that you know, word-of-mouth seems to be the one working more because you have to be good at what you do, therefore, people will eventually talk about you to, to people around them. So that's an appeal and it's a little bit sort of philosophical in the sense but it is that and also the kind of people that I can offer help to come see me and I need everybody to come through my doors just because or I don't feel like yeah, I don't feel I need to go find people necessarily because they I will attract the people and as we need each other. -P3*

Furthermore, one participant talked about what leads to word-of-mouth and how it has led to long-lasting relationships between her and her patients.

*So if patients get better, they will tell their friends, if they feel cared for, they feel like you know what you're doing and they actually better then they refer the friends and the family. You know, so a mother brings one child, and then that time is better. She'll bring the other child because of the good results she's been getting. I have a busy practice with a lot of long-term patients, really long-term patients. Most have been as me for about 15 years. Many have been with me, you know, then I see them, and their children, and then their children start coming to me, and, you know, it's like, the whole family history, starts building that way. It was word-of-mouth after success treatment. And that ended up seeing a lot more kids from their school, indirectly from the talk, you know, it was actually the successful cases that inspired the mothers to tell the other mothers and then I saw a lot of other kids, so just indirect, so I suppose you have to be patient for that indirect, you know, follow through... -P2*

A participant mentioned that word-of-mouth is important, but there are also other factors to consider.

*...other way to greatly market is the word-of-mouth and comes from success factors. So it pushes it determines a lot of new patients who come to one from but that can also be very slow process because sometimes somebody will be very happy with your work and they'll say to a friend You must go and see this homeopaths of that time your path and can take them a year or six months before they come and see you so they can be a time lag because they consider and they think well I wonder if it'll work. What is this homeo ? obviously it might help them if they go and search for you and they find a website and you know see that you are and I think the nice thing about a website it can show them who they dealing with. -P4*

#### **4.4.1.2 Referral**

A referral occurs when a person or potential patient is directed to a doctor by a patient. Several participants reported that referrals were one of the ways their practices stayed in business.

*Referral from the people around me, do it for free for me.-P9*

*For it has always been through patients referring each other. Even now, since I am working part-time, I see most patients that have been referred to me by other patients. -P10*

Three participants placed their practices in multidisciplinary healthcare centres, where they received cross-referrals from their colleagues. Cross-referrals are strategic agreements, whether formal or informal, between companies serving like markets to trade their clients' contact information to each other for marketing their complimentary services.

*...cross referral, mostly with the chiropractic physicians. And then, and then I moved, just moved house and to West because I wasn't driven one side and then move to a school and then I stuck. I didn't need the inter-referrals to the matter anymore, was about eight years after us qualified and just moved in with a chiropractor. ...So no, definitely don't want to market now. In fact, I even tell the chiropractors no don't send anyone.... -P2*

*I had enough exposure, I have been in multidisciplinary practices and co-joined practices, so I get cross- and inter-referrals. -P11*

In one participant's case, she self-generated referrals through her other business when she saw that a person needed clinical assistance.

*...My Yoga page is the one that has really gained me traffic. It acts as a referral source.-P5*

#### **4.4.1.3 Doing a great job**

The participants presented this subtheme under the word-of-mouth category. As a result, they equated practice success to doing an outstanding job and being able to treat patients better than anyone else. Under this subtheme, participants were asked to share what efforts they have made to grow their practice.

Participants mentioned that getting better at what you do and being able to diagnose a patient and treat a patient was a key factor.

#### **4.4.2 Theme 2: Aversion to use marketing**

Many participants were surprised by the question "Do you have a marketing strategy?" and did not know how to respond. It took them some time to respond, as they attempted to formulate their answer properly. The following subthemes emerged as a result.

#### 4.4.2.1 Misconceptions around marketing

If not all, most practitioners before opening a practice start with the questions: “Where can I open my practice?”

“Where are my services most needed and are there any way I could offer my services better? How long should I see each patient?”

“How much should I charge? Do I take medical aid, cash, or both?”

“What is the best way to let people know where I am located once I open my practice?”

These four questions form part of the MM discussed in Chapter 2. At the end of the practitioners' decision process lies a marketing strategy, although practitioners in this study had varying thoughts around what marketing is.

Most participants were a little held back by the idea of marketing and would not utter the word marketing without a slight hesitation in their voices, and some began their answers by denying that they use marketing then further contradicted themselves as seen below.

*I don't, to be honest, I've not done marketing campaigns at any stage but I've done various elements of marketing one might say, I'll tell you what those are. I had LinkedIn account so some people can find me via LinkedIn. I have a website so that's the way that some people can find me.-P3*

*No I do not have a marketing strategy. mainly word-of-mouth. My efforts in growing my practice have been successful, this is just based on me educating people around me, my family and friends about homeopathy and bring awareness about homeopathy. I used to see very few patients but now I am able to see more... I do not advertise per se, but I do have Facebook from time to time to educate and bring awareness about homeopathy,...- P7*

*Not per se. If it is within the legal limits yes, I do have it...Word-of-mouth is my marketing strategy, especially since I am still starting my practice. -P9*

The participant below denied that marketing can be financially rewarding, but at the end of their statement mentioned that, when applied effectively and consistently, it can be a profitable endeavour.

*Marketing is not really successful in terms of monetary value but then it works when you are building a reputation. Then you are able to get more patients. -P1*

While some participants denied having marketing strategies, they were registered with marketing platforms and used them.

*I would say no, because most of my patients are through word-of-mouth. I do have a Facebook page, but I do not have time to manage it. It's hard producing content. There are few people who actually look for homeopaths so that is why less people Google them or check for homeopaths on Facebook.-P6*

Due to some participants' discomfort with marketing, two participants did not actively contribute to their practice marketing strategy.

*I have a social media presence and website. It's probably something to do with my generation, I am not comfortable with marketing myself. Writing articles and newsletters helps with getting patients. This has led them to call me first before other homeopaths since they see that I am an expert. -P11*

*I suppose the I mean, you know, it's hard to differentiate marketing and just doing your job well, you know, just doing my job well, when the case of those people, and the result is that they stay with you for a long time. I'm not someone that goes and advertises myself. I did when I was doing the workshops, in a sense, but I'm not I'm not really somebody who is feeling I need to be trained in marketing so that I can go out and market myself however, I can see the value of marketing. -P2*

#### **4.4.2.2 Fear of being penalised by the council**

The majority of practitioners interviewed felt that the regulations surrounding marketing were a bit too strict, and this made being involved in marketing more difficult. During a pre-meeting for the interviews, participants asked if they would be anonymous, which indicated they had some concerns about the topic.

*Because AHPCSA, is against marketing. I think that most of the people do not read the entire AHPCSA, guideline, so they can end up making mistakes and stepping on the toes of*

*AHPCSA. So to avoid that I do not market, although I do know to market myself very well. ... problematic, our council regulations are very oppressive and difficult to justify. -P7*

According to one participant, if they were not afraid of the council, they would have spent more on marketing.

*If I had spent more money on my social media presence I could have taken far more advantage of that, Facebook marketing. You have this doubt in the back of your mind, that will you get in trouble with council, this reduces your appetite for marketing. -P11*

*Absolutely way too tight rules, we understand that you have to put rules, but this is just way too much. For example practitioners who have more money would be able to aggressively advertise and market themselves, which means more patients for them, but what council is doing is too much. We are not even allowed to put out a poster. Sometimes patients miss the small sign (name plate), and look around but cannot find you because of how small your doctors plate is. -P9*

*Council is quite strict, because I cannot advertise myself...-P5*

Despite the fact that participants had never had any conflicts with the council, participants saw fit to maintain the current status quo, even when they disagreed with the regulations proposed by the council.

*There is a fear around marketing especially about the council breathing down my neck. I have not had any issues with the council. -P8*

*I think that it is about the laws around marketing that stop me from marketing. -P7*

Participants perceived that council was not on their side, and this is just one of the areas where it is apparent.

*Allied is not on our favour, we pay them every year but they are not in our favour. But the best way to market ourselves is to provide the best services, and when marketing on social media, you should be very careful because one mistake and Allied will sort you out. -P10*



#### 4.4.2.3 Crucial for success of business

As part of the interview participants were asked if marketing was crucial for the success of their practices and whether they thought that marketing was important as a taught subject and these were their responses.

*Yes it very crucial. I know we have not marketed like Shoprite, but the best way to market ourselves is to provide the best services, and when marketing on social media, you should be very careful because one mistake and Allied will sort you out. But when you are a good doctor, you should not be advertising yourself, your job will do that for you. Because people will wonder why is this doctor advertising themselves, and you've never seen a successful doctor who sees patients put themselves in a billboard. I would suggest that when you are still starting up, put a social media page up in a professional manner and just announce that you just opened a practice, then you will be posting educational things, for example on Monday you can post about female reproductive system, then so on. Educate people.-P10*

*Definitely yes, some techniques would be great. We need them. -P5*

*Yes, and I think being on interviews is also a good future marketing strategy that can be used, where you are seen by 20 guests and you just speak honestly. -P4*

*The few marketing strategies that I have used does add value to my business. I do think being trained could make a huge difference especially if it is within the council regulation. I do think that if I am taught how to market it would be much better and it would really make a difference because marketing plays a crucial role in growing practice. -P8*

Although marketing is crucial to a practice's success, participants said they were unable to track every patient and know where and how they first heard about them.

*I'm pretty sure that it has helped. But because I do not track patients to ask them where did they find me, then I am not able to see. But I have seen changes. Patients can see your name on the street and quickly recognise that this is the doctor from Facebook. -P9*

In spite of negative or no marketing results, some participants still maintained that marketing is crucial.

*Not really, it has not benefited me, but I think it's because I have not put enough effort in it. I am not good at it, if only I got someone else to do it for me it would have been different. And when you seem busy enough, you let it go. Yes of course, I think people should be trained in marketing, they should be given templates and training so that they do not have the anxiety, so that they know what to do and start doing it the right way. -P11*

*I would say no, because most of my patients are through word-of-mouth. Marketing training should be given. Because what you learn in Small business is just ridiculous and far too short. There should be better education about how to claim from medical aids and marketing as well. At the moment I have not seen any results from my marketing in Facebook. -P6*

#### **4.4.3 Theme 3: Additional services as a method of differentiation in the market**

Participants were asked if they offer additional services, and 66.7% mentioned that they offered some kind of additional service to their patients. Differentiation is a method of marketing used by business owners to make themselves appear different from other service providers. The theme is brought about by the subthemes of participants upskilling themselves clinically, and introducing 'partial' specialisation.

##### **4.4.3.1 Upskilling with better diagnostic methods**

An number of participants had enrolled in courses and training that allowed them to offer additional services to their patients whether it was to provide better healthcare or better diagnoses.

*I had to learn more about ultrasound, and x-rays in-depth. So I would send patients to the clinic but the clinic would fail to see something which is there, so now I learned it was important for me to be able to see beyond the clinics. So I have done courses in ultrasound, but for x-rays I have done seminars, just so that I can understand it more. I once bought the machine ultrasound, but it died. It is too expensive, and I now use a sonologist. It helped a lot with fibroids and gallstones.-P1*

*Thing that is quite beneficial in upskilling and being confident just in dealing with patients, because patients feeling comfortable and confident in your presence is essential. So if they feel like you don't fall, or you don't have experience or confidence, they're not going to come back.*

*You know, so for me, it was also never about getting lots and lots of new patients, it was actually about maintaining patients.-P2*

*When I treat patients I do homeopathy and biopuncture. I also offer gene test, but this is for diagnostic, lifestyle and nutrition wise. Then it helps because I am also put on the website of people who offer DNA Analysis testing. Also FNB offers this option to their clients for people who want to do DNA Analysis.-P9*

#### **4.4.3.2 Treatment modalities**

Participants reported taking additional courses, which gave them an extra edge in the market. Their goal was to make the patient experience as complete as possible, especially for patients suffering from musculoskeletal conditions. The majority of participants took a course in biopuncture in order to administer injectables.

*I do offer additional services such as massage, biopuncture and more. And they have attracted new patients, but homeopathy is what really attracts people. -P7*

*I've studied extensively and then I am a professional astrologer. Astrology and psychology helped me again to understand patients... I am also very good at diagnostic, and that is why most patients love me. I am able to diagnose patients that have went to allopathic doctors but could not get a diagnosis... Additionally I have done Anthroposophical medicine, Pharmacology, Homotoxicology, Biopuncture, Isotherapy with the antigen/antibody relationship. -P12*

It is interesting that one participant, instead of using services as a method of differentiation, used cost as a way to differentiate themselves from the others.

*I do not offer any additional services, but I do charge less than the normal rates. I do not use any medical aid, I take cash only and my patients are fine with it. I use price as way to differentiate myself from practitioners around me. -P8*

#### **4.4.3.3 Partial specialisation**

Despite the fact that they still utilised homeopathic practices, participants emphasised that specialisation was necessary to differentiate themselves from their counterparts. Here are some of the ways that participants differentiated themselves:

*...It's more classical, but also, it's more kind of in-depth conversation for our own insights. It involves what I call what I would call psychological, emotional, spiritual, insight... it's very much in my approach, conversation and making connection, linking connecting the dots in somebody's self, connecting to the body, the mind, the spirit, and their environment...-P3*

*It helps to create a niche in homeopathy, my special area is fertility, acupuncture and nutrition.-P11*

*I think I've always felt a feeling that we attract our patients by actually describing lifestyle changes describing naturopathic things, things I can do with diet, things I can do with at home activities. Yes. Because we can't explain classical homeopathy to patients you know. They only really understand once they've had a few consultations.-P4*

Despite the fact that specialisation might creep up on a practitioner in an unexpected way, some participants argued against it.

*I mean, I didn't go out to specialise in paediatrics, it just happened that way ... So having to limit yourself with this idea of specialising doesn't. It's not really a good idea in terms of philosophy, but also in terms of marketing, because you actually want to get the whole family through the history... you know you don't want to specialise in terms of an organ system. You don't want to say, you know, I don't know, gastric homeopathy. That doesn't make sense and homeopathy, homeopathic philosophy, because homeopathic philosophy is that you're one system and you don't want to specialise really, and in conditions either like a specialist and whatever, add kids or whatever, because same thing. You're always looking at the whole person.- P2*

*What happened to me was that I treated an infertility case successfully, then people start coming asking me to treat infertility. Just like that it becomes something that people would think I specialise in, but that is not the case with me. P1*

*Aside from biopuncture, there is no such thing known as a clinical or classical homeopaths, there is just a homeopath.- P6*

#### 4.4.4 Theme 4: Electronic word-of-mouth (eWOM)

Electronic word-of-mouth also known as internet word-of-mouth looks at everything online, and this theme is prevalent among practitioners as they are part of the digital world. By having a presence on social media and being visible through Google, these subthemes can be achieved.

##### 4.4.4.1 Social media presence

All the participants mentioned that they have social media, and that their presence would sometimes assist them in getting new patients, but sometime that would not be the case.

*I do have Facebook from time to time to educate and bring awareness about homeopathy, since I am a homeopath, and I also share my experience, which is success stories and from that I do get patients, for example, there was a mother who saw my post about eczema and she wanted to bring his son and I saw him, and she called a few days later and said that her son eczema had got better. So I do see some patients from Facebook, but I do not pay for it. There are free ways of getting know, for example Facebook and Instagram they are all free. - P7*

*I do have a Facebook page, but I do not have time to manage it. It's hard producing content. - P6*

*So now I produce quite a lot of copy content to repost content or produce some of my own content mainly on Facebook as well as on Facebook I have a page for my practice and I've found that also does drive you know, patients becoming aware of me on that on that Facebook pages are linked to my website and I've also got a you know, Google page as well as well as a Facebook page. -P4*

*Social media is one of the things, Facebook page since I started, I post about homeopathy, I also do promote my business page on Facebook every once in a while. It's just showing people that I'm here if they ever need a homeopath. I also have my Instagram account linked to my Facebook. -P9*

*I have been doing social media marketing, I just post education posts about homeopathy and yoga. Instagram and Facebook. I did try to do print media (paper) and there was no response at all. Social media is way better. Facebook and Instagram, I have been able to get patients. -P5*

*I'll tell you what those are. I had a LinkedIn account so some people can find me via LinkedIn. Yes. I have a website so that's the way that some people can find me.-P3*

*...Also, I got other patients from a lady who posted my post on Facebook, when I just started out. I did not even know the lady but she used to study at DUT, but she forwarded my post to a Facebook group known as the Ladies house, and that is where I also got a lot more patients ... I have appeared in the DUT paper, for a few times, and I always make sure that people are aware what type of doctor I am which is a homeopath, so that they do not mistaken it. This is really important ...-P10*

#### **4.4.4.2 Google Business and website**

Using Google Business, practitioners can get free internet word-of-mouth, which occurs when an existing patient reviews a practitioner's services after seeing them. On the other hand, websites can also be used to spread word-of-mouth since practitioners can include sections like “what patients say” or “reviews”.

*I also pay for google business account...Most of my patients say that they find me on google maps of close doctors. -P8*

*I do have a website. Google business as well. But no posters and pamphlets. -P9  
...website and that I think is about turning 70 Rand per month. And so that's and I mean I've met one or two patients at least two probably more than one person I'm thinking in particular with came via the website and that whole family is now being part of my practice... I would say 80% of appointments are made on that website after hours...-P2*

*...Facebook pages are linked to my website and I've also got a you know, Google page as well as well as a Facebook page...I think the nice thing about a website it can show them who they dealing with... articles on my website..-P4*

#### **4.5 Results presentation summary**

In summary, this chapter has thematically presented the results of the participants' marketing strategies, participants' perception around marketing and whether marketing works for attracting new patients and retaining the old. Overall, the study showed that about 17% of the participants could identify marketing strategies that they used, while 83% denied having a marketing strategy despite employing marketing elements in their daily practice management. Participants' reactions to the interviews were reflected in the themes and subthemes shown above. The results of the analysis are discussed in Chapter 5.

# Chapter 5: Discussion

## 5.1 Introduction

This chapter aimed to discuss, explore the meaning of the themes, and interpret the research results in line with the existing literature. However, there was a limited source of related literature since there is a lack of studies on the marketing strategies utilised by homeopathic practitioners. Practitioners' marketing strategies and perception around marketing is a field that has not been studied before. This chapter discusses the four major themes that emerged in Chapter 4. In Table 5.1 the objectives of the study have been paired with the themes that address them.

**Table 5.1: Study objectives relationship to the major themes**

Study objectives	Major themes	Subthemes
To identify the marketing strategies utilised by homeopathic practitioners and evaluate the success of those marketing strategies utilised to attract new patients in the eThekweni Municipality.	Word-of-mouth is more effective	<ul style="list-style-type: none"> <li>- Brand loyalty</li> <li>- Referral</li> <li>- Doing a great job.</li> </ul>
	Electronic word-of-mouth	<ul style="list-style-type: none"> <li>- Social media presence</li> <li>- Google Business and website</li> </ul>
	Additional services are they key method of differentiation in the market	<ul style="list-style-type: none"> <li>- Upskilling with better diagnostic methods</li> <li>- Addition of Treatment modalities</li> <li>- Partial specialisation</li> </ul>
To explore the Homeopathic practitioners' attitudes towards marketing used to attract new patients in the eThekweni Municipality.	Aversion to the use of marketing	<ul style="list-style-type: none"> <li>- Misconception of marketing</li> <li>- Fear of being penalised by the council</li> <li>- Crucial for business success</li> </ul>

## 5.2 Demographics

Years in practice suggested two things: participants who had been in practice longer, did not see the reason to do active marketing but were more concerned about maintaining existing clients' portfolios, and the vice versa is true; newly established (three years in practice) saw a need to actively market their practice to gain new patients. Secondly, participants who had



more experience already knew what marketing strategies work for them and utilised those instead of hopping from one to the other. The mean number of years in practice for participants was 9.25 years (Table 4.1).

### **5.3 Word-of-mouth is more effective**

“Participants described that they communicated their experiences of the homeopathic clinic with friends and family and most had recommended or been recommended to visit the homeopathic clinic. Many of the participants in the study explained that they had sought healthcare from the homeopathic clinic after hearing about how the treatment had worked for their friends and family.” Love (2016: 42)

All practitioners that participated in the study mentioned word-of-mouth as a factor in the success of their practices. The data suggests that word-of-mouth was the most effective marketing strategy utilised by the participants and the most successful strategy at acquiring new patients. Although some participants failed to recognise word-or-mouth as marketing, scholars (for example Wang *et al.* 2016; Dost *et al.* 2019) have argued that word-of-mouth should be considered as being part of the marketing mix. According to Petrescu *et al.* (2018) and Ruvio *et al.* (2020) word-of-mouth messages are undeniable, and sometimes are more effective than traditional marketing strategies. Word-of-mouth is a person-to-person communication tool, between a communicator and a receiver, who perceives the information received about service as non-commercial (Huete-Alcocer 2017: 1).

Word-of-mouth usually occurs between friends and family; for this reason, potential customers generally trust other consumers more than service providers (Nieto *et al.* 2014; Huete-Alcocer 2017: 2; Lin *et al.* 2021; Paley, Tully, and Sharma 2019). This was also revealed in the study as participants mentioned that patients who were referred by other patients were more likely to trust the practitioner and increase brand loyalty. Gordon (2021 para.1 line 1) defined brand loyalty as a special attachment to a service. Gordon (2021: para. 3 Line 1) continuous to explain that it “usually operates in highly competitive markets”. The author goes on to explain that brand loyalty is created through customer service and mentions that it is created through several ways: staying on top of trends, always ensuring quality, listening to customers, meeting customer anticipation in services, understanding and supporting customers, being authentic and consistent, and caring about the customers. These methods were expressed in

the literature review as a marketing strategy in healthcare, and data suggests that participants have been utilising them.

In addition, the participants emphasised that it was about doing a great job that led to receiving more referrals and clients. The data also suggests that participants were using different methods of referrals including:

- Inter-specialty referral- a term for referral by one practitioner to his or her counterpart in another specialty for a second opinion or management of a patient whose medical problems are outside of the referring consultant’s area of practice (Anon 2012 para. 1 Line 1).
- Cross referral- the patient is advised to see another practitioner and the referring practitioner accepts no further responsibility for the patient.
- Collateral referral- practitioner retains overall responsibility but sends the patient for the care of a specific problem.
- Split referral- under the condition of a multi-specialist clinic, the responsibility is divided between practitioners.
- Self-referral, this happens when a practitioner offers different services and they can refer the patient to themselves.

The results of the study revealed that all methods of referrals were experienced, as participants would receive patients from chiropractors who were in the same multi-specialised clinical setting, they also received referrals from general practitioners. In addition, physicians were receiving referrals from other patients who were satisfied with the services offered by the practitioner. This is the most common form of referral, Zadro, O’Keeffe and Maher (2018: 1) refer to this as evidence-based marketing. This can be seen as an advantage of word-of-mouth since there is verifiable credibility compared to electronic word-of-mouth where people can remain anonymous or create fake accounts. Table 5.2 shows the differences between plain word-of-mouth and electronic word-of-mouth.

**Table 5.2: Difference between WOM and eWOM**

	WOM	EWOM
Credibility	The receiver of the information knows the communicator (positive influence on credibility)	Anonymity between the communicator and the receiver of the information (negative influence on credibility)

Privacy	The conversation is private, interpersonal (via dialogues), and conducted in real-time	The shared information is not private and, because it is written down, can sometimes be viewed by anyone and at any time
Diffusion speed	Messages spread slowly. Users must be present when the information is being shared	Messages are conveyed more quickly between users and, via the Internet, can be conveyed at any time
Accessibility	Less accessible	Easily accessible

Source: Huete-Alcocer (2017: 3)

As mentioned above as well as in the literature review, the only way a practitioner can get referrals and brand loyalty is through delivering outstanding services (Delight).

Data suggest that although participants were satisfied with the results of word-of-mouth marketing, they did not have a planned marketing strategy, it occurred naturally. This reveals that they are not able to fully access it, thus missing out on the advantages of having a referral marketing plan. On the contrary, scholars (Sun, Foscht, and Eisingerich 2021: 2) have argued that word-of-mouth does not only occur because of services delivered but also through customer education which increases customer participation, enhances customer loyalty, trust, relationship depth, purchase intention, purchase frequency (Sun, Foscht, and Eisingerich 2021: 2). The more patients know about services the more they trust these and the more they buy them. As a result, they share it with their friends and loved ones. Data from the current study suggests that participants were engaging in educating their patients about homeopathy and health in general, therefore at this point, it cannot be decided whether the word-of-mouth was occurring naturally or whether it was following what studies have understood about word-of-mouth.

#### **5.4 Electronic word-of-mouth**

Electronic word-of-mouth (eWOM) as a strategy has gained popularity over the past few years as the fourth industrial revolution has taken place. Private practices are businesses which need consumers to survive, without consumers they are not able to remain in business for long. In this section, eWOM is discussed as one of the strategies identified to be utilised by practitioners.

Consumers increasingly use online tools (for example social media, blogs) to share their opinions about the products and services they consume and to research the companies that sell them. These tools are significantly changing everyday life and the relationship between customers and businesses (Huete-Alcocer 2017: 1).

The rapid growth of online communication through social media, websites, blogs, has increased academic interest in electronic word-of-mouth (eWOM) (Hussain *et al.* 2017; Yang 2017). eWOM refers to the informal communication across the internet aimed at consumers and linked with the usability or key properties of a service, or the brand behind them. Hennig-Thurau *et al.* (2004: 39) describe eWOM as “any positive or negative statement made by potential, actual, or former customers about a product or business, which is made available to a multitude of people and institutions via the internet”.

The benefit of this tool is the fact that every single consumer can be involved, as anyone can share an experience online and post a review of the service for other users to read (Huete-Alcocer, 2017). As social media and digital channels expand, the power of eWOM has also increased exponentially, now having a worldwide influence. eWOM messages are shared rapidly between users across the internet and come in the form of online notifications, reviews, opinions, and recommendations. These sources offer information for current, past, and future consumers of a product or service. Businesses also benefit from eWOM, as this allows for easier identification of the customer. In most cases, eWOM is considered to be a trustworthy and robust source of information (Septiari 2018). Consumer outlooks, opinions, purchasing decisions, and post-use reviews can all be impacted by eWOM evaluation ( Al-Debei, Akroush, and Ashouri, 2015).

Participants mentioned that the ability to have a social presence has assisted in bringing awareness about homeopathy as well as about their respective practices. This was aided by patients sharing their own success stories from having received treatment from homeopathic practitioners. Participants explained that sometimes they would take the initiative to post about the success stories that they had, this came from a place of achievement that they had personally felt they had attained, not because they were boasting, but because they were doing a good job, thus they ended up seeing more patients.

Data suggests that participants were involved in several social media platforms the most mentioned being a Facebook page, followed by Instagram, and LinkedIn. One participant mentioned that it was free marketing. Social media marketing has been recognised as a cost-effective method of advertising since customers do the heavy lifting (Septiari, 2018). Although that might be the case, the data analysis identified that participants were having a difficult time managing their social media pages.

Data analysis suggests two phenomena namely, eWOM and content creation. eWOM is mainly generated by patients that had previously visited the practitioner which does not require the practitioner to initiate the process. Content creation, on the other hand, requires the practitioner to actively produce content for their audience. The benefits of eWOM are that it builds trustworthiness for the brand, at the same time building a social media community (Du Plessis 2017: 1).

Participants explained that eWOM allows every patient to have a voice, and provides them with the ability to share their experiences related to the service with people who are socially and geographically diverse (Zhang and Huang, 2018). This theory is supported by Ahmad, Rahman, and Khan (2017), who defined this theory as e-satisfaction. E-satisfaction occurs when services exceed customers' expectation. Participants indicated that some of their patients were e-satisfied.

The struggle to generate/create content highlighted by the participants is also known as social media content marketing and was first known as 'advertorial' which meant advertisements through articles in a newspaper, magazine, or a website offering information about a service (Vinerean 2017).

In most cases, brands pay marketers, graphic design teams, and videographers to produce articles, blogs, videos, and marketers employ this method to share information about a service with their target consumers. The data shows that some participants were hiring public relations personnel to assist them but could not sustain it and had to seek alternative methods. Some participants opted to do it themselves which led to a failure of the application of the strategy, while others were somewhat successful. The concept of success in marketing is based on a marketing strategy fulfilling its objective. As it was highlighted in the literature review, marketing strategies are employed for different reasons and that is what each

marketing strategy should be evaluated against. This very same argument requires practitioners to have an initial goal before employing any marketing strategy. In most cases, social media content marketing usually serves the purpose of informing the customers about services, reminding the customers that the business is still around, building an online community, building trust, understanding customers better, and increasing demand and sales (Mansoor 2019).

Participants were actively involved in writing blogs and articles for magazines and their own social media pages. They explained that were more focused on enriching the audience with knowledge about alternative methods of health; one participant mentioned that they would write about holistic health in general, and only reference one or two homeopathic remedies. This supports what was mentioned by Dobbs and Kelly (2000), and McColl-Kennedy *et al.* (2012) in the literature review, that marketing in healthcare and CAM means that practitioners have to take some time to educate patients and introduce a co-learning environment. This was the case with participants in this study, as they were actively co-learning and educating patients in a one-on-one basis during clinical consultations as well as on their social media platforms.



**Figure 5.1: Social media platforms (Collins 2021)**

Although social media content marketing (SMCM) can have its advantages, the results depend on a lot of variables, for example, SMCM begins by selecting the appropriate media, to allow SMCM to be aimed at a particular group of people. An example of this in this study was one participant who mentioned that people who use Facebook and Instagram are mainly the younger generations. It is common to all online content marketing that there is an educational component, and there is a need to present this content in an interesting way across the internet, which reduces the cognitive ability needed from the audience (Al-Gawasawneh and Al-Adamat 2020: 1702). The nature of SMCM presents a challenge because practitioners need to constantly produce content, not just content but in a creative and easy-to-understand way. Data suggests that participants were not able to do this long-

term. This placed participants at a disadvantage because they indirectly limit the availability of information about homeopathy and its benefit, “Limited public awareness of homeopathy influenced participant perception of the homeopathic clinic. Participants in the study reflected that their lack of knowledge and recognition of homeopathy as a medical modality had negatively affected the perceived legitimacy and trust of the treatment” Love (2016: 41). The data supports that this is something that can be controlled by the practitioner and is also mentioned in the literature review chapter.

In this paper, content marketing perception was reviewed with reference to many scholars (Al-Gawasawneh and Al-Adamat 2020; Vinerean 2017; Xiao *et al.*, 2019; Du Plessis 2017) and all indicated that eWOM and SMCM work better than traditional advertisements which are seen as less effective when compared with online content marketing.

#### **5.4.1 Google Business and website**

There is no doubt that most things are transitioning to the digital world; since the onset of the pandemic there has been an increase in screen time by 50-70 percent (Pandya and Lodha 2021). Digital technology has become an extension of human beings. Digital technology refers to the use of electronic devices to store, generate or process data; facilitates communication and virtual interactions on social media platforms using the internet (Vizcaino *et al.* 2020) and Google seems to be in the driving seat. Google is the largest search engine in the world, where people go to find almost anything, and has been no.1 ever since it was established in 1998 (Majeed 2019: para. 2 line 1-3).

The data suggests that all participants were registered with Google Business, so all participants were visible on google maps and were able to receive reviews from patients. Google Business has many advantages, similar to SMCM and more (e.g., reach and visibility). Visibility is one of the biggest advantages of Google Business since people usually use Google to search to find services that they need and verify the services. Practitioners who can apply search engine optimisation (SEO) are more likely to be rank high (be seen first) on the results page. This can be recognised in the literature review under marketing mix elements – product, place, price, and promotion. Practitioners can provide information about the services they offer (product), how much their services cost as well as where they can be found (place/distribution) and due to SEO be able to promote their businesses. According to Google,

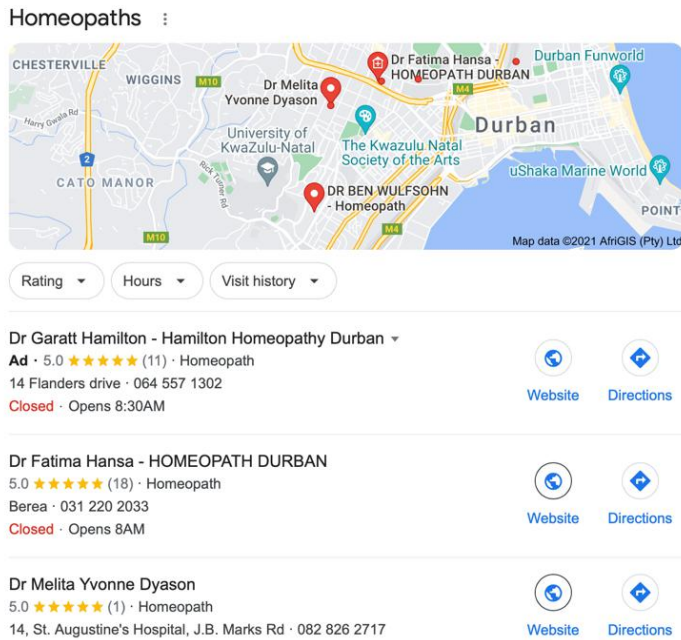
SEO is the practice of including content on your site that has the potential to improve your site's visibility to search engines and their users – in other words, it can help your site show up more often in relevant searches (Anon n.d para. 3 line 1-3).

Google Business accounts act as a digital business that practitioners can solely operate from, given that they use telemedicine as their consultation style, and it can be rewarding for practitioners who want to start to move towards being technologically adventurous.

Visibility and reach as part of a promotion in MM can be summarised by positioning in marketing. The literature review (Tsai *et al.* 2017) suggested that positioning is a marketing promotion that can be used by practitioners and the data from this study agrees with this argument. Mageplaza editors (2022) explain positioning in marketing as a strategic process that involves creating an identity/image of the brand or product within the target customers' minds. They further explained that positioning in marketing is predominantly determined by hard criteria (e.g., quality of service) and relationship-building factors (e.g., personal contact). Quality of service was also highlighted in the section of CAM marketing and personal contact under relationship marketing. Data suggest that participants were able to position themselves as professionals who can offer quality services to their patients and also build sustainable relationships (relationship marketing), even though participants were not entirely aware of this, which was discussed in the above section.

Google Business allows practitioners to be easily identified on google maps, an example of which is shown in Figure 5.2.





**Figure 5.2: Homeopaths in Durban (Google Maps 2021)**

Practitioners can receive a review from patients in the form of a star rating for the quality of care, and this can act as a good credibility system but also it can cause hesitation if the practitioner has lower ratings (Anon 2021: para 81. Line 1-3). Additionally, reviews allow practitioners to break the silence (patience defection), as it allows patients a platform to inform them if a failure occurs. Thus, patient complaints should be viewed as opportunities to make improvements within a practice. Practitioners can use this as a way to receive constructive criticism, allowing them to make necessary changes, as was indicated in the literature review. Additionally, patients who are not allowed the chance to complain are usually the ones who pursue a lawsuit, so this allows them that opportunity while making homeopathy better.

Yakowicz (2021: para 9 line 1-3 ) agrees with what was highlighted in the literature review by Mansoor (2021), that marketing helps practitioners gain customers' perspective, which can be seen below. The picture reveals that customers are satisfied with Dr. Hansa's pricing (marketing mix element) (Figure 5.3).



**zaakira cassim**

3 reviews

★★★★★ 2 weeks ago **NEW**

Cannot recommend dr fathima hansa more! So sweet and loving to deal with. Prices are reasonable and her products go a really long way! Her colic beads and teething beads specifically are the absolute best! Never have issues with my kids ... [More](#)

Like

**Response from the owner** 2 weeks ago

So happy to have helped your little ones!

**Figure 5.3: Customer reviews (Google Business maps 2021)**

As stated by Astuti and Nagase (2016), relationship marketing in the healthcare industry has changed from a focus on the individual to longer term relationships among patients, physicians, and healthcare organisations. Data confirms that the use of relationship marketing yields long-term customers for physicians. In addition, offering quality care services can also be used as a marketing strategy (promotion-positioning) (Dobbs and Kelley 2000; McColl-Kennedy *et al.* 2012).

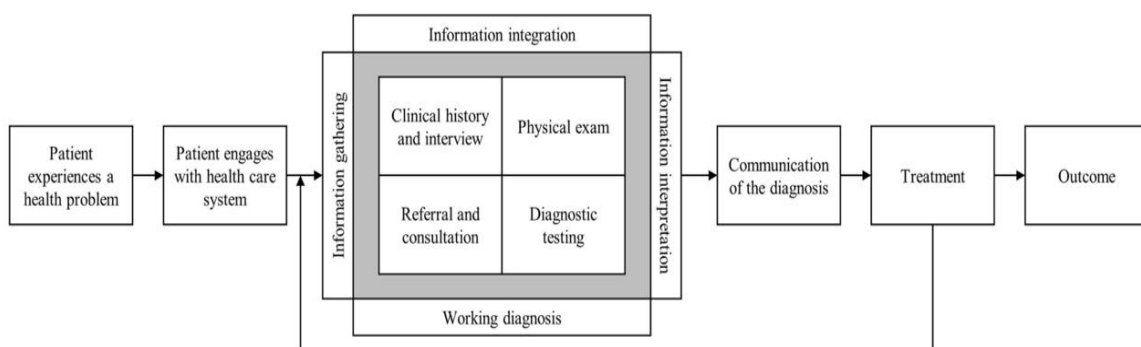
The types of positioning also include differentiation which is what sets practitioners apart from the rest of other practitioners. This is discussed below on offering additional services as a key method of differentiation.

## **5.5 Additional services as a method of differentiation in the market**

Data suggested that about 66.7% of participants offered additional services. Differentiation is a method of marketing used by business owners to make themselves appear different from other service providers. Spacey (2017 para 1 line 1-3) defined service differentiation as designing and delivering to a unique and valuable characteristic relative to other services in the market. According to Frederinkisen (2021) and Jenkin (2021), there are many ways in which businesses can differentiate themselves from others in the market, such as added services, customer experience, expertise, niche appeal.

### **5.5.1 Upskilling with better diagnostic methods**

Practitioners are required to keep up to date with the diagnostics methods and advancements taking place every day. They can do this through courses and workshops and as a result get CPD points. Diagnostics skills are an essential part of any physician's career, as this allows them to diagnose a patient with a disease or not. According to Heitzmann *et al.* (2019: 4) diagnosis is a process of goal-oriented collection and integration of case-specific information to reduce uncertainty in regard to medical or educational decisions. Each diagnosis requires the practitioners to have the professional knowledge necessary to identify the disease. Scholars (Fischer *et al.* 2014; Heitzmann *et al.* 2019) have argued that there is a four-step process that leads to each diagnosis: generating hypotheses, generating evidence, evaluating evidence, and drawing conclusions. Generating hypotheses is a step where the practitioner uses the collected information to hypothesise possible differential diagnoses, expressed in 'insecurity'. This is followed by step two of generating evidence, this is obtained through more questioning, and doing some tests (e.g., x-ray, MRI, and ultrasound). The third step is to evaluate the evidence. Once the practitioner has the evidence they should be able to evaluate what a fractured bone looks like, what fibroids look like, and what does an increased level of androgens mean in a female. The last step is when the practitioner is certain that the patient has a particular disease through the rejection of differential diagnosis and acceptance of one diagnosis. Figure 5.4 looks at the diagnostic process.



**Figure 5.4: Diagnostic process (Balogh and Miller 2015 cited in Mirbabaie, Stieglitz and Frick 2021: 695)**

Participants mentioned that it was important to be able to know that they were not falling back in terms of diagnostics. Additionally, there has been an increase in the utilisation of diagnostic tools, including tools like iridology and gene testing. Data suggests that participants continuously want to provide the best services to patients. One participant who uses gene testing, mentioned that it allows him to be able to work with the patients' diet and lifestyle. This concept was highlighted in health marketing in the literature review (Ng and Luk 2019).

### 5.5.2 Addition of treatment modalities

Data suggests that participants who took additional courses had an extra edge in the market. This was aimed at offering holistic care to patients, especially the elderly. As a result, the majority of participants had taken a course in biopuncture to administer injectables.

Biopuncture uses very low doses of a therapeutic solution injected at the point of pain or injury. Some of the conditions it can help treat are chronic or acute injuries, sports injuries, migraine headaches, stress injuries, tension headaches, injuries from repetitive motions or poor ergonomic positions, asthma or hay fever conditions, intestinal problems, bronchitis, and eczema (Savarion 2019).

Biopuncture differs from traditional medicine because it uses micro-injections to trigger a healing response and reduce pain. Biopuncture is an excellent treatment for pain management. Some patients can experience relief in a single session, while others may take multiple sessions, and here we see the argument that was presented by Corbin, Kelley and Schwartz (2001). Corbin, Kelley and Schwartz (2001) described treatment results and time frames, and practitioners who can relieve patients from pain are more likely to retain customers and acquire new customers.

Data suggest that treatment modalities assisted participants to add more value to patients. Furthermore, as mentioned by Bishop *et al.* (2011) in the literature review, having modalities such as biopuncture, acupuncture, gene analysis, iridology, phytotherapy, and herbs justify the can cost of consultation while bettering the lives of the patients.

In addition, it should be noted that added services act as a method of segmentation. This allows practitioners to attract a particular kind of patient depending on the needs of the patient. As mentioned before, biopuncture can be very useful for people who are in sports, and the elderly, and iridology is useful for people who seek a holistic approach to health. It was interesting that one participant did not use service differentiation but used pricing as a method of differentiation.

### 5.5.3 Partial specialisation

The ideology of specialisation in homeopathy is a controversial topic. This is something that has been recognised by participants as suggested by the data.

It is central to the practice and success of homeopathy that the practitioner finds a remedy that mirrors the symptoms of the patient as closely as possible to bring about a positive change in the disease, and finally cure (Schmacke, Müller, and Stamer 2014). Ernst (2016 cited in Meldrum 2021: 26) argued that there were different ways of arriving at the simillimum:

- Classical homeopathy strictly adheres to Hahnemann's principles and teachings. Using this system, every patient is prescribed only one remedy at a time. The physician then waits and watches, to evaluate how the remedy influences the body and how the patient reacts. During a classical case taking the practitioner asks deeply personal questions related to all levels to gain an understanding on a deeper level, more than a practitioner would do in mainstream medicine. Practitioners take their time to understand their patients and build a strong bond. Advantages of classical case taking means that a practitioner can express empathy, support, and understanding to the patient. However, this can be time-consuming, as it can go from an hour to an hour and a half, depending on the practitioner.
- Clinical homeopathy may make use of one or more remedies at a time. Complexes are commonly used in over-the-counter homeopathic medicines. Treatment is then based on guiding symptoms and a diagnosis, instead of unique and rare symptoms from the patient. Clinical case taking is applied in clinical settings where practitioners spend 15-30 minutes with a patient then prescribes a remedy. This type of consultation style does not allow a practitioner to develop any bond, or express empathy, although some practitioners can do so.
- Complex homeopathy makes use of several remedies combined into a single prescription to treat the most common symptoms of a given condition. Complex case taking also commonly happens in clinical settings or practice settings, practitioners may be unsure of the remedy picture and therefore combine remedies that are indicated in the patient.

When participants were asked if they were classical or clinical in their case taking, most argued that they were both since they were what the patient wanted them to be. This is

supported by the founder of Homeopathy Dr. Hahnemann who states in his Organon of Medicine, Aphorism 1, that “The physician’s high and only mission is to restore the sick to health, to cure, as it is termed.” (Hahnemann 2015 cited in Meldrum 2021:26). Although this may differ from specialisation it begins with the consultation style, as this determines the mode of case taking, diagnosis, and treatment method.

Data suggests that participants want to treat patients holistically as the philosophy of homeopathy states. They mentioned that it can be difficult to choose between clinical and classical because some cases need to be tackled from a psychological, mental, and emotional perspective and some from a clinical basis, especially acute cases. For example, cases of infertility require classical case taking, to understand the root cause of the dis-ease. The holistic approach agrees with the literature review; Foley and Steel (2017) state that practitioners who are supportive, empathic, understanding, and caring are more likely to retain patients and promote treatment continuity. In addition, it was revealed that patients do not want to work with practitioners who lack empathy, thus classical homeopathy or homeopathy, in general, is perceived by patients to be natural and ethical. Homeopathy is understood to be safe and does not have side effects and participants also expressed that they can work spiritually with their patients, and this factor was also recognised as part of marketing in CAM by Dobbs (2000).

The data also suggests that specialised participants (niched-focused) were able to attract more customers. The practitioner explained that there is a need for specialisation in homeopathy. Like in any field specialisation has advantages. Tiwari and Heese (2009) explained that specialisation has been proven to lead to cost reductions due to economies of scale and increased user valuations because of higher perceived service quality. In addition, the specialisation of a facility makes it more attractive to patients, and can lead to a decrease in healthcare delivery costs. Data agrees with this premise, as most participants mentioned they gained traction once they treated a few cases successfully. One participant mentioned that this happened with the covid-19 as well, once she treated a few patients, people assumed that she was a specialist in the area. This reduces the cost of patients seeking self-care or visiting different doctors for treatment rather than one specialist.

Data suggests that participants were split around the idea of specialisation; although some saw it as necessary, others mentioned that it happens to them unexpectedly. Whether or not

they agree to it, it happens. Furthermore, practitioners are not allowed by AHPCSA (2020) to name themselves as a specialist. Practitioners do find ways to mention that they specialise in certain areas (e.g., dermatology, weight loss, infertility, and more) and normally they will have it on their websites. Our literature suggests that when practitioners can name their practices using their specialisation they are able to get more patients, although it becomes a fine line between breaking the rules and introducing oneself as a practitioner with a special interest. Corbin, Kelley and Schwartz (2001) called this disease branding, and Prof. O'Connor (2020), who is a psychologist, says that it is just "marketing genius".

All this leads to better quality services, which scholars believe to lead to word-of-mouth marketing, as highlighted by the literature review. In the next section we look at word-of-mouth, and how participants understood it and its importance.

## **5.6 Aversion to the use of marketing**

Participants appear to have an aversion to marketing. The data revealed that this is due to the misconception around what marketing is and fear of being penalised by the council.

### **5.6.1 Misconceptions around marketing**

Data revealed that participants had a unfavourable attitude towards marketing. The majority of participants denied having a marketing strategy or being involved in any kind of marketing, although there were traces of marketing elements in their practices. There is a lack of marketing engagement from participants and this confirms the arguments that were presented by Ruaykijakarn, Suwanmaneepong, and Kuhaswonvetch (2018). Ruaykijakarn, Suwanmaneepong and Kuhaswonvetch (2018) mention that the rejection of marketing results in the decline of marketing innovation. Although this may be true, the origination of this problem varies. The study reflects that there is a lack of knowledge surrounding what marketing constitutes marketing. According to Kehinde *et al.* (2016: 5), marketing emphasises that achieving organisational goals depends on knowing the personal needs and wants of customers and delivering the desired satisfactions better than competitors. The idea of marketing in healthcare is different to other industry practitioners because they are not allowed to advertise offering cures to ailments, but are only allowed to make known what services they offer.

Data also suggest that some participants thought that marketing takes a lot of money and that maybe if they had more money they would have taken advantage of platforms available to them. Surprisingly, marketing has never been cheaper than it is now, given the advancement in technology. Lekhanya's (2014) study indicated that the lack of understanding and knowledge of marketing has made SME marketing activities more costly. People can now make their podcast on Spotify, Apple podcast, and many more for free, post videos on YouTube, and publish educational content on Instagram and Facebook without paying any money. If we revisit the definition of marketing in healthcare we can be reminded that “..The value of marketing is to create public awareness and build customer satisfaction and retention....” Corbin, Kelley and Schwartz (2001). Chatterjee and Kar's (2020) study revealed that SME owners were not utilising social media marketing to the fullest potential due to a lack of understanding and the idea that it was expensive. Data suggested that participants also did not have time to market, which is a concern also expressed by Chatterjee and Kar (2020), that managers might not have the time to do marketing activities. This then becomes an expensive route since they need to hire external help.

Some participants felt that it was difficult to differentiate marketing from doing a great job, but as seen above, marketing is not an act of going out to do something, but doing a great job. This concept of doing a great job has been highlighted as the biggest marketing tool in the healthcare and CAM space. CAM practitioners are admired for offering quality care to their patients.

One participant stated: “I am not comfortable with marketing myself.”- P2. This shows that the some participants were not comfortable with advertising themselves, and some others were not familiar with marketing and marketing platforms so were unable to engage with these properly. The next section discusses the fears of participants as indicated by the results.

### **5.6.2 Fear to be penalised by the Council**

According to results, participants perceived that the AHPCSA is against marketing, but why would it have an entire section dedicated to it? The AHPCSA understands that private practice is a business and therefore it can have a marketing strategy like other organisations. But because allied health professionals involve caring for the lives of people they should not tout or canvass for patients. The fear of participants is justified given that AHPCSA sends a



newsletter to practitioners with the number of people who have been penalised for not following the marketing rules. There is a thin line between marketing and canvassing or touting in healthcare. It can be really difficult for practitioners to work with it, they have to tread carefully.

Participants mentioned that they did not feel comfortable marketing themselves, which is accurate according to the AHPCSA Section 5: Guidelines for making professional services known. Practitioners are not allowed to self-promote; AHPCSA (2015: 14) states that “Practitioners are bound by the convention that they should refrain from self-promotion since patients (and their families) experiencing health concerns are particularly vulnerable to persuasive emotive advertising and publicity.” This makes sense, considering that vulnerable patients are easily misled. But this is not the purpose of marketing in healthcare or CAM. AHPCSA (2015: 15) also mentions that “Practitioners are required to give patients comprehensive professional advice and guidance on healthcare and/or alternative treatments and allow second opinions where appropriate”. Should a patient seek information about a practitioner's services, practitioners should not withhold information, as patients have the right to know about health options available to them. A practitioner is allowed to make his or her services known or permit, sanction, or acquiesce to such notice or publication: Provided that the notice or publication is not unprofessional, untruthful, deceptive, or misleading or causes consumers unwarranted anxiety that they may be suffering from any health condition (AHPCSA 2015: 16).

The MM, under promotion, contains different types of marketing strategies, including: comparative advertising, direct advertising, personal selling, public relations, branding, positioning, competitions, premiums, pack offers, sales literature, mailers, flyers, and education literature. Comparative advertising, pack offers, and personal selling have been considered unethical and unprofessional by the AHPCSA (2019: 16). Practitioners are not allowed to compare themselves to other practitioners, they are not allowed to offer free packages to patients as a method to attract patients. The AHPCSA (2019) gave an example for this which was “...offering free Wi-Fi at the waiting room”. Personal selling is also not permitted. The AHPCSA (2019) uses two terms in the guideline which confuses most practitioners:

- Canvassing is conducted by a practitioner which draws attention, either verbally or employing printed or electronic media, to one's personal qualities, superior knowledge, quality of service, professional guarantees, or best practice.
- Touting involves drawing attention to one's professional goods or services by offering guarantees or benefits that fall outside one's scope of practice.

Participants mentioned that they could have invested more into marketing if the AHPCSA was not as strict as it is. The AHPCSA does not limit practitioners from spending any amount to market themselves, this is highlighted in section 5; there is no limitation on the size or number of times a notice may be published (AHPCSA 2015:115).

Data suggested that council marketing rules were very “tight” and participants had a hard time engaging in marketing. The lack of knowledge of what marketing is from the council point of view worsened their stance on marketing activities. According to the HPCSA, practitioners were not allowed to advertise, but because of how the economy developed and the fight for the attention of customers increased, the HPCSA and AHPCSA saw fit to permit advertising. Even though marketing is permitted, there is still a lot of practitioners who are charged with inappropriate advertising, which leaves a huge question of what is permitted advertising?

Participants have not challenged the Council to ask for a clearer guideline when it comes to marketing and this means that most will continue not to advertise because of the fear, and those who do advertise have to be careful at all times to not “overdo it”.

The AHPCSA and HPCSA (2019) have also recognised the importance of marketing in business, as before, it wasn't permitted, but over time they allowed it after practitioners complained. Data suggest that participants are willing to learn and be trained in marketing strategies, as long as they are within the legal parameters of their governing bodies. Among other things, Ncube (2016) contends that businesses need to survive in order to be sustainable. In the next section, we discuss what has enabled participants' practices to survive.

## **5.7 Conclusion**

This chapter discussed the results of the study regarding marketing strategies utilised by homeopathic participants to attract new patients which were: additional services and electronic word-of-mouth, and explored participants' attitudes towards marketing used to attract new patients. This research offered a deeper view of homeopathic practitioners' experiences, perceptions, and recommendations. To end this research study, the next chapter summarises details of the aims, objectives, results, conclusions, and discussion.

# Chapter 6: Conclusions and Recommendations

## 6.1 Introduction

The study aimed to determine the marketing strategies used by homeopathic practitioners in the eThekweni Municipality, who were study participants, to attract new patients. This study is unique since there has been no previous study on the perceptions of homeopathic practitioners regarding marketing, or explored the marketing strategies employed and identifying successful marketing strategies.

The study included 12 homeopathic practitioners who were practicing in eThekweni Municipality at the time of the study. The in-depth semi-structured interviews occurred between the 6th of October 2021 and 22nd October 2021. They all occurred virtually from Zoom and WhatsApp and were recorded, transcribed, then coded using thematic analysis. This was chosen because the research design of study was qualitative, explorative in nature.

## 6.2 Conclusions

Overall, the study showed that participants do not understand what a marketing strategy is. For instance, only 17% of the participants could identify marketing strategies that they used, while 83% denied having a marketing strategy despite employing marketing elements in their daily practice management. Additionally, participants had a negative attitude towards marketing, which was caused by fear and a lack of understanding of marketing. As a result, they lacked understanding, knowledge, and utilisation of marketing, resulting in a lack of awareness, mistrust, and understanding of homeopathy by the public in general.

Interestingly all the participants were confused by the AHPCSA guideline section 5, which was caused by the terms 'canvassing' and 'touting' which contradict what could be understood as marketing from a practitioner's point of view. Consequently, the AHPCSA should clarify what types of marketing are allowed and what are not. That would alleviate the practitioner's confusion. Additionally, the study found that most of the lack of marketing was due to a fear of being penalised. Rather than propose a policy change, participants have opted not to market.

The study identified three effective marketing strategies for acquiring new patients: 1. Added services, 2. eWOM, and 3. Word-of-mouth. Word-of-mouth benefited the majority of the participants, but those without added services were less successful in getting new clients. Additionally, when comparing eWOM against plain word-of-mouth, participants who had both were more at an advantage, and those who only had word-of-mouth were less exposed to more new clients. Quality of service appears to be directly related to word-of-mouth. The more satisfied patients are, the more word-of-mouth there is. The best marketing strategy is to do a great job, explained one participant.

It is important to understand that marketing does not take away the quality of service delivery and is not intended to trick people. It serves to help the business reach its financial goals and also to increase awareness of homeopathy. In the majority of studies done in South Africa about homeopathy, marketing homeopathy is indicated as a necessity, and in this study, we explored the marketing strategies utilised by homeopaths, the attitudes of participants towards marketing, as well as the success of those strategies.

### **6.3 Limitations**

For a qualitative study the sample size was adequate as it allowed for rich description and narrative. A quantitative study is recommended to capture larger amounts of data that can have statistical significance.

The study was limited to homeopathic practitioners only.

There was limited background or previous research on this subject. However, this study can serve as a foundation for future research on this subject and form a frame of reference for comparative studies.

### **6.4 Recommendations**

Recommendations for marketing homeopathic practices that arise from this study are:

- For practitioners to understand what is and is not allowed in marketing, the AHPCSA must offer meetings and training in this area. In addition, practitioners should ask the

AHPCSA to explain what they do not understand under the marketing section, instead of disregarding it completely. Practitioners should be able to communicate their grievances with the governing body without fear.

- Practitioners can implement many marketing strategies under the marketing mix that are within their capability, such as social media content creation.
- The second category of recommendation is for further research models such as:
  - An investigation of the responsibility of interns in the awareness of homeopathy. Since there has been an introduction of the homeopathic internship what is their understanding of marketing and its utilisation for homeopathy?
  - A study on what healthcare practitioners know about marketing. It would be interesting to see how many people within the industry are familiar with marketing.
  - A study on the benefits of continuing professional development for healthcare practitioners. Practitioners mentioned that upskilling themselves is part of the method of differentiation.
  - It would be interesting to see a study conducted on one element of the marketing mix.

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# Appendices

## Appendix A: CONSENT



### CONSENT

**Full Title of the Study:** An assessment of the marketing strategies used by Homeopathic Practitioners in the eThekweni Municipality.

**Names of Researcher:** Sandile O. Gumbi

**Statement of Agreement to Participate in the Research Study:**

- I hereby confirm that I have been informed by the researcher , Sandile Gumbi, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number 179/21,
- ☑ 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.

_____	_____	_____	_____	
<b>Full Name of Participant Thumbprint</b>	<b>Date</b>	<b>Time</b>	<b>Signature /</b>	<b>Right</b>

I, Sandile O. Gumbi the above participant has been fully herewith confirm that informed about the nature, conduct and risks of the above study.

Sandile Oswald Gumbi

_____	_____	_____
<b>Full Name of Researcher</b>	<b>Date</b>	<b>Signature</b>

_____	_____	_____
<b>Full Name of Witness (If applicable)</b>	<b>Date</b>	<b>Signature</b>

_____	_____	_____
<b>Full Name of Legal Guardian (If applicable)</b>	<b>Date</b>	<b>Signature</b>

## Appendix B: LETTER OF INFORMATION



### LETTER OF INFORMATION

#### Good Day

Thank you for taking time to talk for this interview. This letter explains what the study is about and how to take part in it.

#### Title of the Research Study:

An assessment of the marketing strategies used by Homeopathic Practitioners in the eThekweni Municipality

**Principal Investigator/s/researcher:** Mr. Sandile Oswald Gumbi, BSc: Hom

**Co-Investigator/s/supervisor/s:** Dr. Corné Hall, B.Sc; M.Tech Hom

Dr. Andrew Ronald Kamwendo PhD Management Sciences- Marketing

#### Brief Introduction and Purpose of the Study:

A homeopathic practitioner is a health care provider who operates a medical practice. Homeopathic practices are known to offer health care services efficiently and effectively to patients. Although homeopathy has been in South Africa for more than a decade, only a small number of South Africans use homeopathy. Studies have postulated that this may be due to the lack of knowledge of homeopathy on the public side. There have been no studies conducted to examine the marketing strategies used to promote homeopathy. This study will fill in the knowledge gap in healthcare marketing, used to acquire new patients and retain them, in this case, the homeopathic field.

**Outline of the Procedures:** The study will contain a minimum of 12 participants. Would you agree to participate by answering a few questions during an in-depth semi-structured interview? You will only have to spend 45 minutes on the interview. We will schedule the interview for a time and place that works for you. The meeting will be recorded for transcription. Participation in the study is voluntary, and you are free to withdraw at anytime, without giving any reason. Only my supervisors and I will have access to the interview information to ensure the strictest confidentiality. You will be kept anonymous and your responses will only be used for research purposes.

Furthermore, due to the Covid-19 pandemic, the interviews will now take place virtually to avoid the spread of the virus. During the interview the you will be informed that the meeting is being recorded and consent will be acquired (again). The virtual meetings will be taking place within the Zoom platform and Microsoft teams, depending on your preference.

**Risks or Discomforts to the Participant:** You will not experience any discomfort or risk during this research. There will be no painful procedures performed during this research.

**Explain to the participant the reasons he/she may be withdraw from the Study:** You will not be compelled to participate, and they are free to withdraw at any time with no explanation required. Feel free to end our conversation whenever you feel uncomfortable. Any information you give me will remain confidential with regard to your identity. The information you have given me will only be accessible to me and my supervisors.

**Benefits:** The expected output is tremendous change in the marketing strategies of Homeopathic practitioners and executing new methods that are beneficial, effective for sustaining profitable and healthy practices. The

dissertation will be available in DUT Library and available online via the repository. Potential article in accredited journal.

**Remuneration:** There will be no payment for participating in this study.

**Costs of the Study:** You do not need to pay anything if you are taking part in the study.

**Confidentiality:** Should you agree to participate, you will remain anonymous, no names will be used or any personal information that may reveal your identity during the interview. All the information acquired during the study will be kept strictly confidential. Your information will not be available to anyone except me and the research supervisors. When I write up the results of this study, there will be no mention of names.

**Results:** The results of the research will be available in the dissertation, and will be accessible to participants after the examination of the dissertation, I will send the the link to the research, to everyone that participated in the research.

**Research-related Injury:** The study shall not cause any injuries to you as there will be no medication or medical procedure administered to you; the study will be verbal interviewing.

**Storage of all electronic and hard copies including tape recordings:** A USB and Cloud (Onedrive) are to be used to store the information, after which the flash drives will be formatted and the recordings deleted from the cloud. The information will be accessible to me and my supervisors. For security purposes, the information will be encrypted with a password. We will keep the information for five years before it is deleted permanently.

**Persons to contact in the Event of Any Problems or Queries:** Please contact the researcher; Sandile Gumbi (cell no. 0671565502), Supervisor Dr C Hall (tel. No. 031 373 2483/2514), Co-supervisor Dr A R Kamwendo (cell no. 0814257750) or the Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support Dr L Linganiso on 031 373 2577 or [researchdirector@dut.ac.za](mailto:researchdirector@dut.ac.za).

## Appendix B.a: EMAIL



**SUBJECT LINE:** Invitation to participate in a study: An assessment of the marketing strategies used by Homeopathic Practitioners in the eThekweni Municipality.

**Good Day Dr.**

I hope this email finds you well and safe. My name is Sandile Gumbi, a fellow master's student in Homeopathy at the Durban University of Technology, I am interested in inviting you to take part in a study titled: An assessment of the marketing strategies used by Homeopathic Practitioners in the eThekweni Municipality.

**About the study:**

Homeopathic practices are known to offer health care services efficiently and effectively to patients. Although, homeopathy has been in South Africa for over two hundred years a minority of South Africans are aware of homeopathy and its benefits. Studies have postulated that this may be due to the lack of knowledge of homeopathy on the public side. There has been no studies conducted in South Africa to examine the marketing strategies used to promote homeopathy. This study will fill in the knowledge gap in healthcare marketing, used to acquire new patients and retain them, in this case, the homeopathic field.

I have attached the letter of information if you would like to know more about the study. Should you wish to participate please respond to this email and I will send a consent form and we can discuss the best date and time for you to have the virtual interview.

Your participation in the study is mostly appreciated.

Thank you

Kind regards,  
Sandile Gumbi (cell no. 0671565502)  
BHSC Homeopathy (Student no.: 21609818)  
Alternative email: 21609818@dut4life.ac.za  
Supervisor Dr C Hall (Tel. no. 031 373 2483/2514)

The Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support Dr L Linganiso on 031 373 2577 or [researchdirector@dut.ac.za](mailto:researchdirector@dut.ac.za)



## Appendix C: Interview Guide

### Interview Pre-amble:

Hello, my name is Sandile. I am conducting a study that is interested in hearing about marketing strategies used by registered homeopathic practitioners in the eThekweni Municipality. I have a series of general questions that I would like to ask you and your personal experiences and opinions are of most importance to me. Our interview is not a formal interview it will be like a conversation. Do you have any questions before we begin?

### Grand tour question

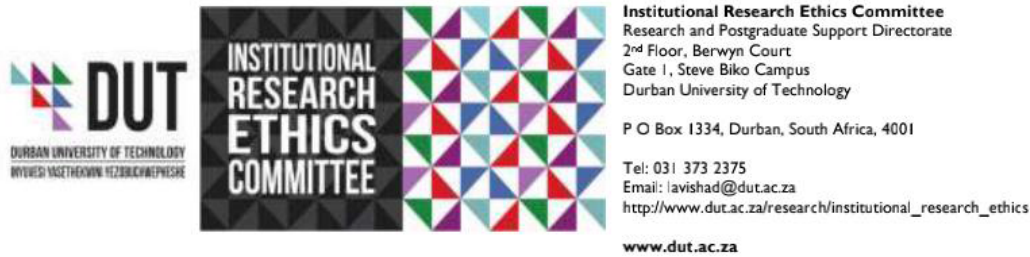
How long have you been in practice?

What marketing efforts have been most successful in growing your practice? Elaborate

Questions	Probes
1. Do you have a marketing strategy ?	Can you describe your marketing strategy? How did you come across it (formal education or informal via personal training)?
2. Would you say your consultation approach is different from other Homeopaths? How?	How? Clinical or classical Any additional services that you offer aside from the normal day to day practices?
3. What made you choose this place?	Premises of the location, transport accessibility (Road being close to the practice) exposure (multiple clinics or one clinic)
4. Would you explain what type of consultation method/style do you use?	Face to face in the consultation room, home visits, and telemedicine
5. How do you advertise your practice?	Media: Internet word of mouth, social media, word of mouth, radio, referral, and newspaper How does regulation affect/impact the way you advertise? What are some of the challenges you encounter?
6. What form of payment do you use in your practice?	Cash (Electronically transferred funds), Medical aid
7. Does your practice use pricing to differentiate itself from other practices?	How many patients do you see a month (Mean average number)? Does it fluctuate depending on the seasons?
8. Do you believe that marketing is a crucial to the success of your business?	Have you observed any changes after implementing a marketing strategies.
9. Do you think being trained in marketing would allow your practice to grow?	How so?
10. Based on your experience, how successful have your current marketing efforts been in attracting new patients?	Observation of changes after implementing a marketing strategy
11. Do you have an amount of your budget devoted to marketing your practice?	If so, would you give a rough percentage

I have reached the end of my questions, thank you for taking the time to answer the questions. Is there anything you would like to ask me?

## Appendix D: Institutional Research Ethics Committee approval letter



21 September 2021

Mr S O Gumbi  
P.O. Box 1092  
KwaDukuza  
4450

Dear Mr Gumbi

**An assessment of the marketing strategies used by Homeopathic Practitioners in the eThekweni Municipality.**

**Ethics Clearance Number: 179/21**

The Institutional Research Ethics Committee acknowledges receipt of your final data collection tool for review.

We are pleased to inform you that the data collection tool has been approved. Kindly ensure that participants used for the pilot study are not part of the main study.

Please note that **FULL APPROVAL** is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

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

Yours Sincerely,

Prof J K Adam  
Appendix E: Editing certificate.



## **DR RICHARD STEELE**

BA HDE MTech(Hom)

### **HOMEOPATH**

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## **EDITING CERTIFICATE**

**Re: Sandile Oswald Gumbi**

**Master's dissertation: An Assessment of the Marketing Strategies used by Homeopathic Practitioners in the eThekweni Municipality**

I confirm that I have edited this dissertation and the references for clarity, language and layout. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homoeopathy at Technikon Natal in 1999 (now the Durban University of Technology). I was a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology for 13 years and supervised many master's degree dissertations during that period.

Dr Richard Steele

**01 April 2022**

*per email*