

## ORIGINAL PAPER

# Some intrapersonal qualities of SA homeopaths who have established successful private practices



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**Purpose:** The purpose of the study was to explore the experiences of homeopaths who have established successful private practices in South Africa (SA) with the aim of identifying some of their intrapersonal qualities which may have contributed to their establishing a successful practice.

**Method:** This was a qualitative phenomenological research design using in-depth interviews with homeopaths running successful private practices across 5 provinces in SA, which were digitally recorded. Of these, 18 were transcribed and analysed using a descriptive coding approach and strategies for phenomenological analysis. Themes and supporting categories are identified and described.

**Findings:** Homeopaths experiences suggest that they are authentic, self-aware, self-reflective and proactive. They experienced a need for self-care and support and further found that their integrity, positive attitude, self-discipline and passion, contributed to their success in practice.

**Conclusion:** The intrapersonal qualities can be roughly divided between those that generate inner-support and those which aid homeopaths attain their goal of establishing a practice and are therefore crucial aspects of success generation. *Homeopathy* (2015) 104, 182–189.

**Keywords:** Intrapersonal; Success; Homeopathic private practice

## Background and research problem

In South Africa (SA) homeopathy is a complementary form of medicine within the healthcare system. The professional scope of practice as outlined in the Allied Health Professions Act, 1982<sup>1</sup> states that registered homeopaths may diagnose, treat or prevent physical and mental disease or deficiencies in humans and provide or prescribe treatment in accordance with, and based on, homeopathic principles.

In the African National Congress (ANC) policy<sup>2</sup>; the National Health Plan of 1994, the government stated that the role of complementary health practitioners had to be recognised and mechanisms for their integration into the National Health System (NHS), investigated. This however has not been implemented to date. A possible explanation for this is that Homeopathy is a relatively small profession in SA with approximately 556 homeopaths registered with the Allied Health Professions Council of South Africa (AHPCSA).<sup>3</sup> Of these, approximately 78% are White, 13% Indian/Asian and only 9% are Black.<sup>4</sup> This is in sharp contrast with the population demographics of the country which according to the 2011 census states that 79.5% of SA population are Black; 9% White; 9% Coloured and 2.5% Indian/Asian.<sup>5</sup>

Regardless of Homeopathy having a recognised status under the law, the profession is still challenged at times

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by a lack of knowledge, prejudice and marginalisation by some sources in mainstream medicine.<sup>6</sup> However not all medical doctors in SA feel antagonistic towards homeopathy. Selli<sup>7</sup> for example, found that 70% of the medical practitioners in her study indicated that complementary medicine should play a role in the SA health care system and that homeopathy and acupuncture had the greatest roles to play.

The training for Homeopathy is a medico-scientific, five year Master's Degree programme offered at two tertiary institutions; the University of Johannesburg (UJ) and Durban University of Technology (DUT).<sup>8</sup> Due to the research component or sometimes failure, according the heads of departments for Homeopathy at UJ and DUT; Razlog<sup>9</sup> and Ross<sup>10</sup> respectively, most students take six years, but not uncommonly in excess of seven years, before graduating<sup>11</sup> which has considerable time and cost implications for them. As professional opportunities for graduates are severely limited,<sup>12</sup> upon graduation, homeopaths must set themselves up in private practice which has additional time and cost implications. Research shows that many homeopaths struggle to establish viable private practices<sup>11,12</sup> although this is not a problem reserved only for homeopaths, as the 5 year survival rate for small business that provide a service, is estimated at 47.6%.<sup>13</sup> Unfortunately theoretical and research generated knowledge on the phenomena underlying the establishment of successful homeopathic private practices anywhere in the world and specifically in SA, is very limited. There is also no specific information on the intrapersonal qualities which may assist homeopaths become successful in practices.

## Purpose

The purpose of the article was to explore SA homeopaths' experiences of establishing their practices and identify and describe common intrapersonal qualities underpinning success in private practice.

## Research method

A qualitative phenomenological research design was used. According to Creswell<sup>14</sup> a qualitative research design is used where there is a paucity of research or theory concerning a specific phenomenon or where a problem needs to be explored and a complex, detailed understanding of the phenomenon is required.<sup>15</sup>

The sampling method was purposive. Potential participants were identified through leads generated from homeopathic industry and members of the Homeopathic Association of SA (HSA), as well as through snowball sampling. Identified potential participants were contacted telephonically and by email and if they met the inclusion criteria, were invited to participate in the study. The minimum inclusion criteria included the following:

- Be registered as a homeopathic practitioner with the Allied Health Profession Council of South Africa.
- Be in full time private practice.

- Derive 95% of income from private practice with a positive cash flow for a minimum of one year.
- See a minimum of 20 patients a week.
- Have a professed sense of satisfaction derived from being in private practice.

Participants were sourced from provinces in SA namely: Gauteng, Free State, Western Cape, Eastern Cape and Kwa-zulu Natal. An initial pilot study was undertaken and data was collected, using face to face interviews. Interviews were in-depth, open ended and the question posed to participants was: "Tell me about your experiences in establishing your practice." All interactions were digitally recorded and took place until data saturation was reached. Data was analysed from the transcripts using strategies described by Rapley<sup>16</sup> and Creswell<sup>15</sup> for phenomenological analysis as well as a descriptive coding approach.<sup>17</sup> Field notes and observations were compiled to enrich the data collected. On completion of the interviews, the researcher left a notebook for participants to record any additional reflections and a prepaid self-addressed envelope. The participants were requested to post the notebook back, or email additional information directly to the researcher. Two notebooks were returned and no emails were received.

## Trustworthiness

Strategies to increase rigour and trustworthiness in qualitative research include increasing the credibility, transferability, dependability and confirmability of the study.<sup>18,15</sup>

To ensure credibility, the researcher spent sufficient time with participants within the context of private practices in order to identify emerging patterns. The study's data revealed remarkable consistency in the findings from homeopaths in different types of practice and in different areas of the country. According to Yin<sup>19</sup> consistency in the findings across multiple sites with diverse conditions, increases support for the study's credibility.

Reflexivity refers to the assessment by the researcher, on the possible influence her background or attitudes may have on the research process requiring the researcher to analyse herself within the context of the research.<sup>18,15</sup> This was achieved by keeping a field journal and recording observations, feelings, impressions, and self-reflection after each interview. This was an important step, especially for a phenomenological study, where the researcher must consciously set aside, (epoche and bracket) personal ideas and experiences.<sup>20</sup>

Triangulation of information from interviews, field journal, observations and the two diaries returned by participants, were used to confirm the data.

Transferability describes the applicability of the study's results to other similar contexts. This is enhanced by providing sufficient detail and description and by supporting findings with direct quotes from participants. This enables readers to decide for themselves whether or not the results are transferrable to their own specific contexts.<sup>15,21</sup>

To increase the dependability of the findings member checking took the form of four telephonic member

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