

EVALUATION OF THE FACTORS IMPACTING ENTREPRENEURIAL SUSTAINABILITY OF TIBB HEALTHCARE PRACTITIONERS IN CAPE TOWN

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Abstract

The Complementary and Alternative Medicine (CAM) industry is growing globally and Unani-Tibb as a profession falls within this fraternity by being formally regulated in South Africa by the Allied Health Professions Council of South Africa (AHPCSA).

Tibb Practitioners are formally recognised with practice numbers, but although very successful in their treatment approach within the confines of the Tibb Medical Centres (TMC), lack the ability to venture out into entrepreneurially sustainable private practices; which is problematic since entrepreneurial private practices are the domain of CAM Practitioners due to not being integrated into the public healthcare system. The reasons for this have to be investigated.

The purpose of this study is to evaluate the factors impacting entrepreneurial sustainability of Tibb Practitioners in order to determine which factors can be utilised and effectively implemented so that recommendations may be made to ensure sustainability of the Tibb Practitioners within the TMC and as a successful method into sustainable private practices. The aim of the study is to evaluate the factors that impact on entrepreneurial sustainability of Tibb Healthcare Practitioners in Cape Town.

To accomplish this, exploratory qualitative research was embarked upon by collecting data by means of semi-structured interviews. Self-selection non-probability sampling was used to give the target population of Tibb Practitioners in Cape Town the opportunity to respond and partake in the study. A pilot study with three participants was performed, followed by interviewing 16 respondents. The limitation to the study is seen in that data was collected by writing down responses instead of making use of audio or video. The data was analysed using inductive thematic analysis with the use of NVIVO-10.1 and SPSS-21 software.

The findings indicate Tibb Practitioners are too comfortable within the comfort zone of the TMC resulting in them not seeing themselves as entrepreneurs and thus not acting accordingly. They lack business skills and the entrepreneurial drive to make a success of private practices; confirmed by the literature review. Many factors were identified and evaluated as impacting entrepreneurial sustainability of Tibb Practitioners, resulting in numerous recommendations to various stakeholders to ensure continued existence of Tibb.

Introduction

Tibb Healthcare Practitioners or Unani-Tibb Doctors are Allied Healthcare Professionals registered and monitored by the Allied Health Professions Council of South Africa (AHPCSA) as the eleventh profession alongside Homeopaths, Naturopaths and Chiropractors. This study will look at the entrepreneurial sustainability of Tibb Healthcare Practitioners in Cape Town.

The word *Tibb* is not an acronym, but an Arabic word meaning *medicine* while the Persian word *Unani* means *Greek* according to Bhikha and Abdul Haq (2001:11). Unani-Tibb is therefore a form of medicine sometimes called Greek Medicine, Western Holistic Medicine or Western Herbal Medicine. Tibb originated in 600 B.C. with Hippocrates alongside conventional medicine according to Bhikha and Mohamed (2011:6).

In 1997 Tibb was pioneered in South Africa by the Ibn Sina Institute of Tibb and in 2007 it was formally recognised by the Department of Health as an allied health profession and incorporated for professional registration under the regulation of the AHPCSA.

A Science of Medicine the Art of Care is the motto of the Ibn Sina Institute of Tibb which clearly differentiates the profession. Bhikha (2006:8) states that in contrast with conventional medicine, Tibb treats the illness holistically. The Tibb approach is holistic and therefore it falls in the Complementary and Alternative Medicine (CAM) industry to care for patients as unique individuals, but with scientifically proven concepts, principles and techniques by assisting the body to heal itself. Tibb is a new pioneering profession in South Africa with entrepreneurial growth possibilities that may be used to combat unemployment in the country.

Background to the Problem

Scheepers (2007:237) states that unemployment can be seen as one of the biggest monsters threatening human existence in the twenty first century necessitating drastic, effective and rapid intervention to ensure survival of individuals, families and the human race.

Scheepers (2010:35) in addition offers a solution to the problem, stating:

“Unemployment is currently facing every leader globally and leaders should find a solution to this obstacle instead of theoretically arguing about the semantics of entrepreneurship, because entrepreneurship is a definite resolution for redundancy. Entrepreneurship offers an opportunity for every unemployed individual to create employment for themselves as well as for others.”

Bolton and Thompson (2003:1) confirms this when affirming entrepreneurs are at the heart of change in every field of activity.

Unemployment in South Africa is a major problem and entrepreneurial ventures are encouraged in order to alleviate this problem, but many of these ventures are functioning on low profitability and with a lack of cash flow resulting in the inability to sustain such ventures over the long term. This problem is seen first-hand within the Tibb Medical Centres (TMC) in Cape Town.

There are two TMC in Cape Town serving a dual purpose: firstly it offers effective low cost natural healthcare to the public as part of the social responsibility function of the Ibn Sina Institute of Tibb, and secondly it offers Tibb Practitioners exiting university a controlled internship setting where they can gain practical experience for at least one year before entering private practices. When entering private practices the Tibb Practitioners may name

their practices Tibb Medical Centres as well, very similar to the franchise model, yet without all the obligations that the franchise model requires.

Tibb Medicine is noticeably differentiated from conventional medicine and clearly set apart from the other allied healthcare professions by means of its scope of practice. However, it seems once Tibb Practitioners enter private practices their entrepreneurial endeavours are not as sustainable as the TMC of the Ibn Sina Institute of Tibb.

The leap from working in the TMC as Tibb Practitioners to entering private practices seems to be not only a dive from the safety of a large organisation to the insecurity of a smaller entrepreneurial venture, but also a soar from sustainability to uncertain continuity.

There is a global interest and growth in the CAM industry. Kandler (2009:1) agrees by saying an increasing trend towards non-traditional health practices is emerging internationally. Verkerk (2009:2) confirms this when stating the increasing interest in “East-West” medicine is just one expression of the need for a more holistic approach to healthcare that is also better adapted to the needs of the individual. Referring to alternative therapies, Bhikha and Abdul Haq (2001:14) seconds this when mentioning that health care institutions around the world are increasingly offering these therapies as part of their integrated treatment programmes.

Unani-Tibb is a profession falling within this industry and category of CAM. The CAM industry is not directly incorporated in mainstream public healthcare in South Africa and therefore these practitioners have to enter into private practices to earn a living. Their practices are therefore entrepreneurial in nature and have to be profitable and sustainable to ensure the continued existence of the profession and the survival of the industry.

After studying a five year programme at the School of Natural Medicine of the University of the Western Cape (UWC) the Unani-Tibb Medicine (UTM) graduates normally do an internship year at the TMC of the Ibn Sina Institute of Tibb in Cape Town as well as in the G.F. Jooste Hospital before entering private practices or staying employed within the TMC.

Medical doctors have very profitable and sustainable private practices so the question of why CAM practitioners sometimes struggle to sustain private practices emerges. The question furthermore arises whether this is a normal trend for all CAM practitioners or only relevant to Tibb Practitioners?

The significance of evaluating the factors impacting entrepreneurial sustainability of Tibb Practitioners is therefore worth investigating, since this profession falls within a growing industry and determining why these practitioners struggle to sustain private practices is very relevant research for the twenty first century.

Problem Statement

Tibb Practitioners are trained to become effective natural and holistic practitioners, but often lacking business skills to run effective practices. Tibb falls within the CAM industry which is not directly incorporated in public healthcare and therefore these practitioners have to enter into sustainable and profitable private practices to earn a living due to there not being work available for them in the public healthcare sector.

The purpose of this study is to evaluate the factors impacting entrepreneurial sustainability of Tibb Practitioners in order to determine which factors can be utilised and effectively implemented so that recommendations may be made to management of the Ibn Sina Institute of Tibb as well as to the owners of the Tibb private practices to ensure success of the Tibb Practitioners as well as sustainability of Tibb private practices.

Aim of the Study

The aim of the study is to evaluate the factors that impact on entrepreneurial sustainability of Tibb Healthcare Practitioners in Cape Town.

Objectives of the Study

The four objectives of this study are the following:

- To evaluate the factors impacting entrepreneurial sustainability of Tibb Practitioners in Cape Town;
- To investigate why some Tibb Practitioners own successful private practices while others do not;
- To identify what factors can be utilised to ensure entrepreneurial sustainability of Tibb Practitioners in Cape Town; and
- To provide recommendations on ensuring entrepreneurial sustainability for Tibb Practitioners.

Significance of the Study

There is a significant interest in natural healthcare in South Africa ever since the Traditional Health Practitioners Act (THP Act) has been gazetted in 2007 in an attempt to incorporate Traditional Healers into the healthcare system in the country. This led many to attempt inclusion under the auspices of Traditional Healthcare due to perceiving the South African Government's invested interest in incorporating Traditional Healing into the healthcare system based on the large number of the population making use of their services.

Tibb Practitioners are already registered with the Allied Health Professions Council of South Africa (AHPCSA) and already have practice numbers issued by the Board of Healthcare Funders of South Africa (BHF), the same organisation which awards practice numbers to medical practitioners. The Tibb profession is controlled with the other CAM professions under the Allied Health Professions Act (AHP Act). It does not seem as if the practice numbers are in actual fact causing higher profitability or more sustainability in the Tibb practices. Practice numbers can therefore not guarantee success in practice.

Tibb Healthcare practices have the potential to be profitable and sustainable entrepreneurial ventures in a growing industry and it is essential to evaluate the impacting factors in order to make the necessary recommendations that will increase sustainability of these practices.

There has been no known study conducted to evaluate the factors impacting entrepreneurial sustainability of Tibb Practitioners in Cape Town. The need for such an investigation is evident since it will directly benefit all Tibb practitioners in making their profession a more attractive option when it comes to making career decisions; especially a career in CAM. The research will therefore also directly benefit the South African Tibb Association (SATA) and all its members.

The study will furthermore benefit the TMC in providing it with valuable recommendations on how to utilise certain factors in order to create entrepreneurial sustainability of their Tibb practitioners.

The study will secondarily benefit all CAM practitioners and tertiary the public making use of CAM practitioners, because once success factors for entrepreneurial sustainability have been identified and utilised, it will result in sustainable practices becoming more readily available all over South Africa. The expected outcome will be more visibility of Tibb Practitioners which will lead to higher public awareness of the profession and consequently directing more people to make use of these CAM practitioners. In return this will benefit the UWC since more CAM students might decide to study further in order to become Tibb Practitioners.

This study will greatly contribute to the knowledge in the field of entrepreneurship, especially regarding the success factors making entrepreneurial ventures successful, profitable and sustainable over the long term. The research is very likely to result in additional investigation within the field of entrepreneurship, but also across disciplines like corporate strategy and strategic management.

Research Methodology

Exploratory qualitative research was embarked upon by collecting data through semi-structured interviews. Self-selection non-probability sampling was used to give the target population of Tibb Practitioners in Cape Town the opportunity to respond and partake in the study. A pilot study with three participants was performed which included a Tibb Practitioner in private practice, a Tibb Practitioner employed by the Ibn Sina Institute of Tibb in a management position and a Therapeutic Reflexologist in private practice. The pilot study was followed by interviewing 16 Tibb Practitioners.

Definition of Entrepreneurial Sustainability

Entrepreneurship

Ahmad, Naqi Khan and Mahmood (2011:1) clearly state that entrepreneurship is a notion not easy to define while the South African Institute of Entrepreneurship (SAIE) (2013:1) says most that was ever heard about entrepreneurship misses the point. These statements make it evident that although it may not be an easy term to define, a definition is crucial since entrepreneurship is at the heart of entrepreneurial sustainability.

Venter, Urban and Rwigema (2011:5) mention the fundamental activity of entrepreneurship is new venture creation which is a process and Venter *et al.* (2011:6) continue the definition by saying entrepreneurs recognise opportunities and then use various means to exploit or develop these opportunities. Schlange (2009:14) confirms this by describing entrepreneurship as a process of realising opportunities by applying a creative approach to resource control.

Mohr, Fourie and Associates (2009:25) second this by declaring entrepreneurs see opportunities and are willing to take risks by producing goods in the expectation that they will be sold. Koe, Sa'ari, Majid and Ismail (2012:199) confirm this defining entrepreneurship as a process in which people recognise opportunities, utilise the opportunities through invention and innovation and eventually gain satisfaction from it.

Bolton and Thompson (2003:1) on the other hand pronounce that entrepreneurs are at the heart of change in every field of activity. SAIE (2013:1) believes entrepreneurship is all

about taking giant leaps into the unknown while taking the entrepreneur from a comfort zone into uncharted territory.

These are all good, but divergent definitions in their own right. These definitions do not provide a workable definition for this study and it is thus necessary to craft such a definition. The recommendation is made for it to be formulated by combining these various definitions into a practical definition of entrepreneurship.

Entrepreneurship is therefore defined as a process, often at the centre of change, whereby an entrepreneur makes use of personal skills, talent and savvy to recognise and realise opportunities by taking calculated risks while often moving from a place of comfort into unfamiliar territory in order to develop creative products and services as well as sustainable new ventures while effectively obtaining and managing resources with the purpose of making a profit.

Sustainability

Sustainability is a word usually associated with environmental aspects and Verkerk (2009:4) validates this in his very effective definition of sustainability:

“Sustainability has been defined in many different ways, in different contexts. Most definitions refer in one way or another to those approaches that provide the best outcomes for the human and natural environments both now and into the indefinite future. Sustainability relates to the continuity of social, environmental, economic and institutional aspects of human society, as well as to all aspects of the non-human environment.”

Branson (2011:1) confirms this definition by saying he uses the word “sustainable” to describe ways of supplying energy that will remain productive over time and protect ecological diversity. Kotler and Keller (2009:679) bring yet another perspective on sustainability by seeing it as the importance of meeting humanity’s needs without harming future generations.

Firer, Ross, Westerfield, and Jordan (2008:100) describe sustainability from a managerial finance perspective when defining a sustainable growth rate as the maximum growth rate a firm can achieve without external equity financing while maintaining a constant debt/equity ratio. This is an important aspect due to making it clear from a financial perspective that sustainability has to do with profitability over an extended period of time.

Hough, Thompson, Stickland, Gamble, Human, Makin, and Braxton (2008:180) summarise and define it perfectly by saying the concept of sustainability in a business context means the achievement of balanced and integrated social, economic and environmental performance, referred to as the “triple bottom line”.

Commercial Sustainability is therefore defined from a business perspective as the creation of continuous business growth and profitability to meet present and future needs by effectively using available resources in such a way as to generate maximum performance and integrative equilibrium of the triple bottom line, namely social, economic and environmental factors to ensure business survival and continued existence.

Entrepreneurial Sustainability

Entrepreneurial sustainability can be defined by simply combining the definitions of entrepreneurship and sustainability, but it is necessary to rather look at it as a new concept instead of looking at it just as a combination of two separate terms or definitions.

Dean and McMullen (2007:58) offer a very compact definition by defining sustainable entrepreneurship as the process of discovering, evaluating, and exploiting economic opportunities that are present in market failures which detract from sustainability, including those that are environmentally relevant.

This definition does not define entrepreneurial sustainability as practically as what is needed within this study and by looking at these various definitions, the following effective definition is suggested.

Entrepreneurial sustainability is the continued existence and survival of entrepreneurial ventures by identifying business opportunities to innovatively exploit for profit within ethical boundaries to create employment while improving the quality of social, economic and environmental factors in the lives of the entrepreneur, the workforce, the family, the larger community and ultimately for the future generations.

Entrepreneurial sustainability within the Allied Healthcare Sector

The allied healthcare sector is that part of the healthcare industry consisting of the believers in CAM and these practitioners professionally register with the AHPCSA offering them statutory recognition as well as formal practice numbers from the Board of Healthcare Funders (BHF) and these eleven professions regulated by the AHPCSA under the Allied Health Professions Act (AHP Act) can be listed as follows:

- Ayurvedic Practitioners;
- Chinese Medicine Practitioners;
- Chiropractors;
- Homeopaths;
- Naturopaths;
- Osteopaths;
- Phytotherapists;
- Therapeutic Aromatherapists;
- Therapeutic Massage Therapists;
- Therapeutic Reflexologists; and
- Unani-Tibb Practitioners.

As a result, allied healthcare practitioners are professionally recognised in South Africa just like medical practitioners registered with the Health Professions Council of South Africa (HPCSA), although this might not be the overall public perception.

The biggest difference between the medical and allied health practitioners as a result of this is employment opportunities. Conventional medical practitioners usually have a choice whether to enter public or private healthcare and whether to find employment or go into private practices.

In South Africa allied health practitioners usually function within private practices since the allied health sector does not offer employment opportunities within the mainline public healthcare industry, mainly because of the following two reasons:

- There are not enough Allied Healthcare Practitioners to justify their incorporation into the public healthcare sector. According to Bhikha (2013:1) there are about 300 000 conventionally trained medical practitioners in South Africa compared to just under 3000 Allied Health Practitioners; and
- There are guidelines prohibiting medical practitioners from working with allied healthcare practitioners, thus making it impossible for allied healthcare practitioners to work within the public healthcare industry. Hirst (2013:1) made it clear that these guidelines do not come from the AHPCSA, but from the HPCSA. The HPCSA *Guidelines for Good Practice in the Health Care Professions* clearly states in rule 8A that a practitioner, registered under the Health Professions Act (HP Act), shall not share his or her rooms with a person or entity not registered in terms of that Act (HPCSA, 2008:12). Hoho (2013:1) explained that it is seen as unethical for practitioners registered with the HPCSA to share rooms with other practitioners not registered with the HP Act (including practitioners registered with the AHPCSA) since it helps to avoid touting and practitioners referring patients to other persons or entities; to share rooms practitioners must be registered with the HPCSA only.

Allied healthcare practitioners are consequently compelled to enter private practices, but that places them in the ideal setting to establish sustainable entrepreneurial ventures.

Venter *et al.* (2011:22) call entrepreneurial ventures that were created because entrepreneurs did not have any other choice, survivalist enterprises.

In the allied health sector in South Africa many practitioners might have this exact mindset and that can be one of the reasons many private practices in this sector is not sustainable and profitable. It is crucial to determine whether the allied health sector is actually a viable sector within which to establish entrepreneurial ventures or whether these private practices are in actual fact just survivalist enterprises or whether it has the potential to become sustainable entrepreneurial ventures. The CAM sector is a globally growing and multi-million dollar industry due to the worldwide need to live healthy and use more natural and organic products, including natural medication.

Verkerk (2009:8) declares that while Eastern and other traditions have always tended to abide by whole body and holistic principles, these approaches have been accepted mainly within the CAM world and have yet to receive sufficient acceptance by the mainstream medical community. Bhikha and Abdul Haq (2001:13) agree that scientific western medicine tends to reduce human bodies to discrete parts disembodied them to study what causes illness in them and that most so-called “alternative” medical approaches try to see the body as a whole, existing in a greater social and environmental whole and focusing on the processes that maintain health for whole systems.

In the global and South African context where unemployment is a huge socio-economic challenge characterised by affecting people in all dimensions including their emotional and psychological spheres, the growing need for allied healthcare is evident in that these primary healthcare practitioners will holistically take a patient’s whole being into consideration during consultations. They will include the emotional, social, physical, spiritual and even financial dimensions when examining and treating them.

Verkerk (2009:3) mentions that successful holistic healthcare systems that survived include Ayurveda, Unani, Tibetan, Traditional Chinese Medicine and a multitude of diverse healthcare traditions still existent in Japan, South-East Asia, Southern Africa, South America and elsewhere. This includes Tibb and Unani-Tibb is thus ideally situated within the context of the growing allied healthcare sector with the prospect of creating successful and sustainable entrepreneurial private practices.

Impacting Factors of Entrepreneurial Sustainability

The literature review indicated two sets of factors impacting on entrepreneurial sustainability; that is general factors and specific factors. The latter consists of private practice factors and impediment factors.

General Factors

Venter *et al.* (2011:61) proclaim that entrepreneurs seek promising ideas and forge them into profitable ventures. Mullins (2006:14) concur by saying it takes healthy doses of motivation, persistence, tolerance of ambiguity and more to be a successful entrepreneur within the entrepreneurial life cycle portrayed in Figure 1:



Figure 1: Entrepreneurial Life Cycle (Mullins, 2006:14).

Successful entrepreneurship and the creation of sustainable entrepreneurial ventures are possible when certain general factors are adhered to. Venter *et al.* (2011:47-68, 520) list broad categories in which these general factors can be classified into, such as:

- Entrepreneurial Capital;
- Entrepreneurial Intelligence;
- Entrepreneurial Behaviour;
- Entrepreneurial Creativity and Innovation;

- Entrepreneurial Risks; and
- Social Entrepreneurship.

These categories include many general factors contributing and inhibiting the success and business sustainability of entrepreneurial ventures, such as:

- Acquiring Business Skills;
- Growth and Profitability;
- Entrepreneurial Orientation, consisting of autonomy, innovativeness, risk-taking, pro-activeness and competitive aggressiveness;
- Create a Competitive Advantage;
- Personality Variables;
- Psychological Factors; and
- Passion for a Profession or Industry (De V Maasdorp and Van Vuuren, 1998:714; Venter *et al.*, 2011:505-506; Stephenson, 2009:1; Ayala Calvo and Manzano Garcia, 2010:267; Ekore and Okekeocha, 2012:515).

Dewi and Dhewanto (2012:57-58) mention four more general key success factors relating to Islamic Family Business that might be of special interest to the Ibn Sina Institute of Tibb operating as an Islamic business, as:

- Honesty and Ethics;
- Charity (Almsgiving, Zakat, Infaq);
- Good Intention; and
- Positive Thinking on Conflicts.

These factors are seen as general since they directly influence the success or failure related to entrepreneurial ventures of any kind regardless of the industry the business operates within.

Specific Factors

Adhering to the general factors lay a good foundation for any entrepreneurial venture to succeed, but there are specific factors related to various industries and professions to be additionally adhered to for success to be ensured in a specific industry. The specific factors can be seen as the framework of success built upon the foundation of the general success factors.

Tibb Practitioners need more than just the general factors to ensure entrepreneurial sustainability, because Tibb practices fall within the Healthcare Industry and the Allied Health Sector which means their private practices fall under a specific set of laws and regulations prohibiting certain business activities like advertising.

Silbiger (2004:34) mentions advertising as one of the promotional efforts business entities use to pull buyers to a store or to push the distribution channel to stock and sell. Schiller (2008:541) agrees by classifying advertising as the most prominent form of non-price competition used by imperfectly competitive firms to enhance their own product's image and thereby increasing the size of its captive market. Mohr *et al.* (2009:263) confirm the use of advertising to create product awareness and loyalty to well-known brands.

It is evident that advertising is an important factor to create awareness and to attract clients to an entrepreneurial venture, but according to rule 1A of the *Guidelines for Good Practice* any Allied Healthcare Practitioner is prohibited from advertising (AHPCSA, 2013:2). This does

not only affect Tibb Practitioners, but all the professions regulated by the AHPCSA and during the research stage it should be determined whether this affects other allied health professions the same as it affects Tibb practices.

Medical Practitioners also function within the Healthcare Industry, but according to rule 3(1) of the *Guidelines for Good Practice in the Health Care Professions* they are allowed to advertise their services in a professional manner (HPCSA, 2008:9).

This is totally contradictory to the guidelines for good practice of the AHPCSA and therefore disadvantages any allied healthcare practice compared to conventional medical practices in South Africa, but also positions it very differently to entrepreneurial ventures from other industries that are not limited by such legislation.

Entrepreneurial creativity and innovation is therefore required to make these allied health practices commercially sustainable and profitable without breaking the law and for that to occur, there are certain specific success factors practitioners should adhere to which can be classified as private practice factors and impediment factors.

Private Practice Factors

Avery (2013:1-2) mentions specific factors pertaining to the success in private practice that can directly be applied to Tibb private practices, such as:

- Working part-time instead of full-time while building up a private practice on the side;
- Growing the practitioner's profile and level of activity in order to establish a more sustainable practice;
- Resilience;
- Self-Discipline;
- Focus;
- Maintaining a good reputation;
- Growing a vital network while building strong relationships with providers and clients;
- Remain visible by attending networking events;
- Build-up a referral system; and
- Network within your own profession as well.

Hartwell-Walker (2011:1-4) lists ten more tips for successful private practices that can also be seen as additional specific success factors:

- Go into private practice with a clear vision of its challenges as well as its rewards;
- Create a speciality for yourself by getting the training you need to be the local expert;
- Embrace the business end of the business;
- Take the time for some business training;
- Deal with your own issues around money;
- Invest in yourself with both money and time;
- Remember: Location, Location, Location;
- Accept that your time is not really your own and in the beginning it may be necessary to make yourself available when there is client demand;
- Perfect your paperwork; and
- Develop a marketing plan and revisit it every few months.

There are challenges in creating profitable and sustainable Tibb private practices, but when considering these specific private practice success factors, it gives valuable and practical guidelines to follow in order to achieve entrepreneurial success. Private practices are unique entrepreneurial ventures and putting these private practice factors into place, are necessary to ensure entrepreneurial success within the healthcare industry.

Impediment Factors

Impediment factors are those specific factors that need to be overcome in order to ensure commercially sustainable entrepreneurial ventures. Rohn (2013:1) mentions that enterprising people are not lazy, but are skilled enough, confident enough, creative enough and disciplined enough to seize opportunities that present themselves regardless of the economy while being creative and have the courage to be creative. Certain obstacles or impediment factors need to be overcome in order to have the courage to be creative.

Ekore and Okekeocha (2012:515-524) conducted a study to determine why university graduates are reluctant to choose entrepreneurship as a career even when it is an attractive alternative to unemployment and it was found that psychological factors like the fear of entrepreneurship inhibit their courage. It was found that the fear of entrepreneurship reduces when the belief of being able and capable to succeed in entrepreneurship emerges.

The two main impediment factors to overcome are therefore fear and perception. An entrepreneur needs to overcome the fear of entrepreneurship along with the fear of failure and success. Furthermore the fear of uncertainty and the fear of change need to be overcome. Goodman (2013:1) mentions going from dream to decision by doing what you fear in small doses in an attempt to build confidence. As people deal with their fears, it will not only assist them in growing into becoming entrepreneurs and overcoming their reluctance to enter the field of entrepreneurship, but it also builds their confidence.

As the confidence of entrepreneurs grows, their perception will change as their belief in themselves and in their ability emerges while limiting their fear of dealing with the consequences. Tibb Practitioners need to overcome their fears and inhibitions while changing their perceptions of entering the arena of entrepreneurship in order to create sustainable private practices.

Research Findings

The collected data was analysed using inductive thematic analysis with the use of NVIVO-10.1 and SPSS-21 software. The research findings confirmed the literature review.

To evaluate the factors impacting entrepreneurial sustainability of Tibb Practitioners in Cape Town is the first research objective. These factors are divided into TMC factors and private practice factors.

TMC factors are identified as:

- Job security and satisfaction;
- TMC have everything already set up;
- Subsidy from Zakaat fund;
- Competition and cost;
- Lack of skills and fear;
- Costs of private practitioners; Number of practitioners; and

- Lack of mentorship.

Private practice factors are identified as:

- Start-up costs and maintaining business;
- Location;
- Marketing and lack of business skills;
- Lack of awareness;
- Lack of formal recognition and costs of Tibb Medicine;
- Competition with allopathic practitioners; and
- Different treatments; Medicines are often discontinued.

The second research objective is to investigate why some Tibb Practitioners own successful private practices while others do not. The factors distinguishing successful from unsuccessful Tibb Practitioners are identified as follows:

- Location;
- Personality of practitioners;
- Skills and experience;
- Type and culture of patient;
- Funding; and
- Good marketing skills, awareness and good patient treatment.

The third research objective is to identify what factors can be utilised to ensure entrepreneurial sustainability of Tibb Practitioners in Cape Town and are identified as:

- Professional registration;
- Skills development: Marketing and business skills;
- Inclusion into primary healthcare sector and public health;
- Affordability of Tibb medicine;
- Increase awareness through community education;
- Lower marketing restrictions and improve referral system; and
- Tibb Practitioners feel inferior to allopathic practitioners.

The fourth research objective is to provide recommendations on ensuring entrepreneurial sustainability for Tibb Practitioners.

Ensuring entrepreneurial sustainability has been identified with factors increasing viability of the Tibb profession, factors increasing viability of private practice and factors needing to change in South Africa.

Factors increasing viability of the Tibb profession are identified as:

- Increase skill training;
- Increase awareness to groups other than Muslims;
- Quality of education;
- Participate in public health sector including inclusion in medical aid; and
- Increase communication and marketing in academic medical institutions to attract more Tibb students.

Factors increasing viability of Tibb private practices are identified as:

- Improve education and skills training;

- Access to medical aid and affordability of Tibb medicine;
- Increase awareness through marketing;
- Include therapy training that does not require medication; and
- Location; sharing practice with colleagues.

What needs to change to make Tibb Practitioners achieve entrepreneurial sustainability in South Africa is identified as:

- Cooperation with government, AHPCSA and SATA;
- Costs of running a private practice;
- Inclusion in National Health Insurance and medical aid to attract more patients;
- Awareness and education about Tibb; and
- Support at TMC; Change public's mindset; broadening treatments.

Recommendations

These identified factors on how to ensure entrepreneurial sustainability of Tibb Practitioners in South Africa culminated in various recommendations which was the fourth research objective being achieved.

Recommendations were made to the Allied Health Professions Council of South Africa to lower advertising restrictions and to the University of the Western Cape to improve the Tibb curriculum to include business and entrepreneurship skills. The recommendation to the Tibb Medical Centres is to stop creating employees, but rather encourage Tibb Practitioners to act entrepreneurial by considering the implementation of an intrapreneurship model instead of employment of practitioners.

Recommendations for Tibb Practitioners are varied, but centres around the fact that they need to take responsibility for their own profession and their own futures and thus are:

- Become more creative and innovate in marketing and business skills;
- Become more skilled in clinical expertise;
- Actively find training opportunities to expand knowledge about clinical modalities, but also to increase business and marketing skills;
- Create opportunities to promote themselves;
- Take the initiative to approach hospitals to innovatively create opportunities where they can work in public health on a local level;
- Take the initiative to submit claims to medical aids in order for them to see the demand for the services of Tibb Practitioners;
- Realise that medical aid payout will only occur with time, but even that is not ensured, because changes are occurring and more healthcare practitioners are expecting patients or clients to pay them directly and then claim back from their own medical aids afterwards. By not using this as a constant excuse for their failure in private practice, Tibb Practitioners may in actual fact be able to think more innovatively about solutions instead of being trapped in a mould of self-pity and despair;
- Joubert (2012:72-73) mentions that in order to achieve goals, there should be motivation, the right attitude, effectiveness, clarity of goals and an over-arching goal. This is very good advice for every Tibb Practitioner to take responsibility to motivate them which will lead to a good attitude and effectiveness as a practitioner ensuring patients will come back and thus they will build up clientele. Set goals as practitioner and attempt to reach them one at a time, but all goals have to subject to the over-arching goal of living out the purpose of a Tibb Practitioner; and

- Shift focus away from an employee mentality towards an entrepreneurial mentality. Tibb Practitioners sometimes struggle with the fact that they need to charge patients money for their services, but they should realise that they are entrepreneurs and should understand that their practices are also their business and their means of income. It is suggested that they see themselves as Social Entrepreneurs which is perfectly described by Zimmerer, Scarborough and Wilson (2009:25-26) when it is stated that social entrepreneurs use their skills not only to create profitable business ventures, but also to achieve social and environmental goals for the common good and their businesses often have a triple bottom line that encompasses economic, social and environmental objectives. This change in mindset will make Tibb Practitioners realise that they are good enough and have the necessary competence and belief in their ability and in their profession and products to actually charge for their services, because it is not only about them, but about a bigger goal of making a difference in a whole community.

Conclusion

It is concluded that based on the evaluation of the factors impacting entrepreneurial sustainability of Tibb Practitioners in Cape Town, it is possible for them to develop commercially sustainable private practice, but to accomplish this certain aspects need to change, as it was recommended.

Tibb Practitioners can be successful, but for that to occur, they cannot just be doctors, they need to be entrepreneurs as well.

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