

## **THE ENTREPRENEURIAL SUSTAINABILITY OF TIBB HEALTHCARE PRACTITIONERS COMPARED TO OTHER COMPLEMENTARY MEDICINE PRACTITIONERS**

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### **Abstract**

The Complementary and Alternative Medicine (CAM) industry is one of the fastest growing industries in the world leading to the perception that everyone involved in this industry will be financially viable and have entrepreneurial sustainable businesses.

The reality is different. Tibb Healthcare Practitioners are very successful practitioners as long as they work within the Tibb Medical Centres, but as soon as they venture into private practices, it seems that they are unable to create sustainable and profitable practices. This is very surprising, since they are formally registered and regulated by the Allied Health Professions Council of South Africa (AHPCSA) and has practice numbers just like medical doctors do.

Medical doctors in South Africa are able to create and sustain financially viable practices so the question arises why Tibb Healthcare Practitioners are struggling to accomplish this. This question is furthermore expanded when speculating whether it is only Tibb Practitioners struggling to create entrepreneurial sustainable private practices or whether other Complementary Medicine Practitioners are having the same difficulties.

When engaging with the general public on the topic of CAM it seems like Homeopathy is the profession associated with the industry. A comparison between Homeopathy and Tibb is therefore necessary.

Exploratory qualitative research was conducted through semi-structured interviews of Tibb Practitioners and the research findings were analysed using inductive thematic analysis.

The findings clearly revealed that Homeopathy training is far superior to the training of other CAM practitioners which also included training in business skills which is clearly lacking in the curricula of the other CAM practitioner training.

The result seems to be that Tibb Healthcare Practitioners feel inferior to medical doctors as well as to Homeopaths leading to them believing that the Tibb profession can be financially viable, yet they are unwilling to take the risk because it seems that they do not believe in themselves and in their own abilities as they do in the profession.

## **Introduction**

Tibb Healthcare Practitioners are Western Herbal Medicine Practitioners formally registered in South Africa with the Allied Health Professions Council of South Africa (AHPCSA) and therefore they have formal practice numbers.

On completion of the five year training programme at the University of the Western Cape (UWC) they do an internship year with the Tibb Medical Centres (TMC) in Cape Town; a division of the Ibn Sina Institute of Tibb. The TMC are funded by a Muslim Zakaat Fund resulting in low-cost, but high quality Tibb healthcare being offered to the public. As a result the Tibb Practitioners in the TMC see up to 2500 patients per month.

In the TMC the Tibb Practitioners are very successful as practitioners, but when they leave to enter private practices it seems like they are unable to build entrepreneurial sustainable entities.

## **The Entrepreneurial Sustainable Context**

### **The External Environment: Unemployment**

Venter, Urban and Rwigema (2011:530) point out that South Africa's unemployment rate is said to be one of the highest in the world and it is currently estimated to be in the region of 25 per cent of the economically-active population. Mohr, Fourie and Associates (2009:79) agree by saying unemployment is arguably the most important and vexing problem facing the South African economy, but it is noted that the increase in unemployment is not unique to South Africa.

Schiller (2008:111) brings in a more personal angle to this problem by mentioning unemployment statistics do not tell the complete story about the human costs of a sluggish economy, because when unemployment persists, job seekers become increasingly frustrated. Mohr *et al.* (2009:79) confirm this by stating the unemployed suffer mental and physical hardship and unemployment poses a serious threat to social and political stability.

Unemployment is a global phenomenon, but is especially affecting the South African economy due to the very high unemployment rate. It has a devastating effect on the economy, but more so in the minds of people, because the end results of unemployment is a generation of defeated individuals without any entrepreneurial drive and motivation to change the world and the socio-economic problems in the country.

The need for entrepreneurial sustainable ventures is thus evident within a global and national environment plagued by the socio-economic crisis of unemployment.

### **The Country: South Africa**

South Africa is a country characterised by rich natural resources, a good physical infrastructure and endless entrepreneurial possibilities. It is a country that captured the attention of the global community due to overcoming the challenge of apartheid and becoming a truly democratic nation in the 1994 elections.

Mohr *et al.* (2009:82) conclude that South Africa is neither a particularly rich nor a particularly poor country and that while the level of economic development is fairly high, the level of social development still leaves much to be desired. In addition Mohr *et al.* (2009:85) say South Africa is a capital-poor country, yet Mohr *et al.* (2009:82) balance this view by stating in the African context South Africa is an economic giant.

South Africa is a country with many challenges like unemployment and poverty. However, the biggest challenge is probably the stated problem of the individual's mindset. Apartheid has been overcome, but the results thereof is still a problem in the mindsets of many, inhibiting the country from solving these challenges due to the constant internal need to still politicise matters instead of finding practical solutions. It is seen in South African government legislation when an attempt is made to solve the inequality of the past by basing current decisions on emotion rather than on strategy.

Herman Mashaba, renowned South African entrepreneur, as quoted by Symanowitz (2013:1) from a Finweek Magazine article confirms this statement by saying the entrepreneurial spirit in South Africa is dying largely because of suffocating labour laws together with uncompetitive minimum wages discouraging businesses from bringing on more workers. Entrepreneurship is discouraged as a result in a country that needs it most. Venter *et al.* (2011:22) agree that without a steady supply of entrepreneurs, South Africa is likely to stagnate and decline economically.

#### **The Industry: Healthcare**

Healthcare is an important industry in the economy of any country and also a growing industry, because as the population grows, the healthcare needs also grow.

KPMG (2012:4) concur that as populations grow, demographics shift and the gap between the rich and the poor become ever-larger, the demand for health services will rise significantly in both the developed and the developing world. Bezuidenhout (2010:11) agrees by saying a study of the health profile of the population will indicate the needs for healthcare.

In South Africa the growing healthcare industry is divided into two main arenas that offer various employment opportunities for medical and healthcare professionals, namely:

- Public Healthcare; and
- Private Healthcare.

The private healthcare arena offers excellent entrepreneurial opportunities for healthcare professionals to enter into private practices and in South Africa most medical practitioners have very sustainable practices leading to doctors becoming very wealthy in private practice.

#### **The Sector: Allied Healthcare**

The allied healthcare sector is that part of the healthcare industry consisting of the believers in CAM and these practitioners have statutory recognition and are professionally regulated by the AHPCSA any of eleven categories, that is:

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

Allied healthcare practitioners are not incorporated in the public healthcare in South Africa and they are consequently compelled to enter private practices which place them in the ideal setting to establish 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 disembodimenting 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.

#### **The Curriculum: Tibb Education**

Tibb Practitioners study a five year programme at the School of Natural Medicine of the UWC, consisting of a three year Bachelor of Science degree in Complementary Health Sciences [B.Sc.(CHS)] followed by a two year Bachelor of Complementary Medicine degree in Unani-Tibb Medicine [BCM(UTM)],

When mentioning CAM in South Africa, Homeopathy seems to be the most prominently associated profession with the industry. This is possibly due to its long history in the country having been introduced to South Africa in the 1820’s and formally recognised and registered since 1982 according to Prinsloo (2010:1-6). Training of Homeopaths in South Africa is also

a five year programme and takes place at the University of Johannesburg or the Durban University of Technology and not at the University of the Western Cape. Training for similar professions like Naturopathy and Phytotherapy, which also falls under the Professional Board of Homeopathy, Naturopathy and Phytotherapy of the AHPCSA, are offered at the UWC.

Comparing the difference in curricula of these professions might provide valuable information about the foundation these professions are built upon.

When comparing the various curricula it is evident that the training of medical practitioners is much more in-depth while extended training is given in understanding the functioning of the various bodily systems and practical clinical hours are being done from the second year already. Homeopathy training is of a very high standard and according to Le Roux (2013:1) the first number of years is exactly the same as the training in medicine. Prinsloo (2010:5) confirms this when stating that Homeopathic practitioners are recognised as a primary contact profession the same as Medical Practitioners. Practical clinical hours in Homeopathy commence in the third year already compared to only in the fifth year of training for Tibb, Naturopathy and Phytotherapy.

It seems that Homeopathic clinical training is of a higher standard than the training of Tibb Practitioners, Naturopaths and Phytotherapists, but all these curricula includes Ethics, Jurisprudence and Practice Management as subject. The difference observed is that according to the University of Johannesburg (2013:223) this subject for Homeopathic training includes business and entrepreneurship skills, but according to the University of the Western Cape (2013:425) theirs do not, which is a clear lack in the entrepreneurial training of Tibb Practitioners.

Tibb Practitioners are leaving university qualified to diagnose and treat patients according to a holistic healthcare system, but they do not have the necessary entrepreneurship and business skills to make a success of their practices. In a sector where it is necessary for graduates to enter private practices to make a living, it is essential for them to be trained accordingly in business and entrepreneurship skills in order to ensure their commercial sustainability. Based upon this Tibb curriculum as the foundation of the profession of Tibb, it is suggested that the potential exists for entrepreneurial Tibb practices to be successful, profitable and sustainable within the growing CAM industry, but consideration should be given to improve the curriculum and to include business and entrepreneurship skills.

### **The Research**

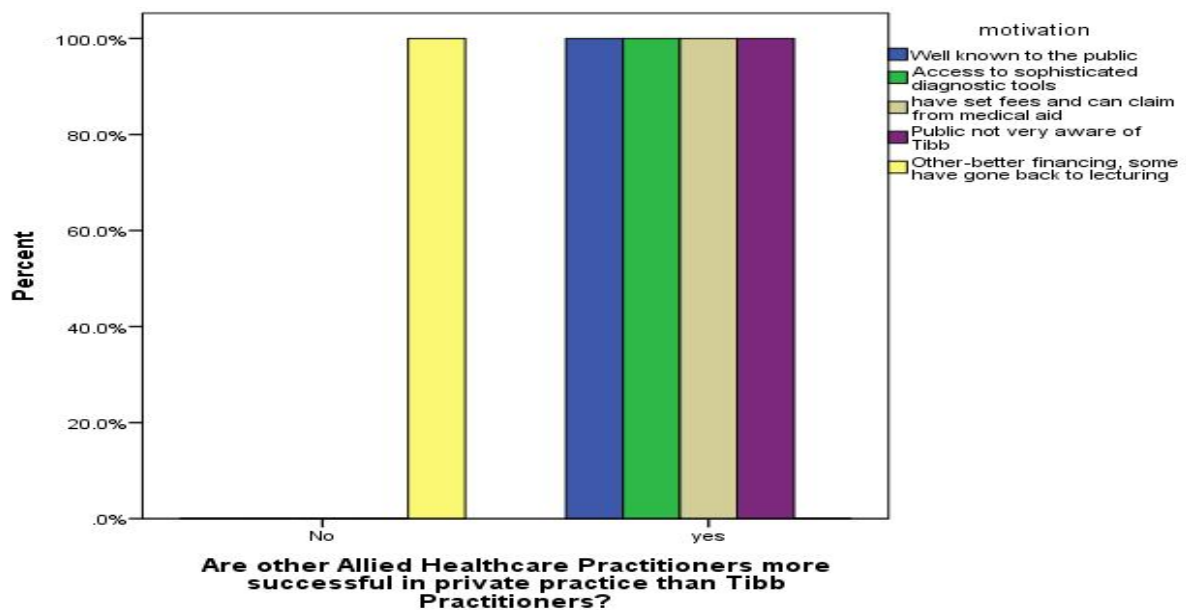
After completion of a pilot study consisting of three participants, the research was conducted. Exploratory qualitative research was embarked upon by collecting data through semi-structured interviews. Self-selection non-probability sampling was used to give the target population of Tibb Practitioners in Cape Town the opportunity to respond and partake in the study. Interviews were done with 16 Tibb Practitioners that made themselves available.

The purpose of this study was 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. The aim of the study was to evaluate the factors that impact on entrepreneurial sustainability of Tibb Healthcare Practitioners in Cape Town. The collected data was analysed using content analysis or thematic analysis. A mixed-method approach was undertaken to analyse the results from the interview questions.

### **The Findings**

The respondents were asked if they think other allied health practitioners like homeopaths, naturopaths, etcetera are more successful than Tibb Practitioners in private practice? The response was an overwhelming yes, especially Homeopaths!



The were also asked if they think Tibb Practitioners can be just as successful in private practice as other allied health practitioners in which instance 75% indicated that they believe they can.

When viewing awareness of the profession, the majority of respondents agree that other Allied Healthcare Practitioners are more successful in private practice than Tibb Practitioners, although they believe that Tibb Practitioners can be just as successful. It seems that the general assumption is that Homeopaths are more successful than Tibb Practitioners, but not necessarily other Allied Healthcare Practitioners like Naturopaths or Phytotherapists.

The main reasons for this are that Homeopaths are better known in the public, they have a wide range of diagnostic tools that make treatment highly effective, the practitioners have set fees resulting in access to medical aid which always ensure patient visits.

This is evident in the responses from various respondents all indicating that other Allied Healthcare Practices like Homeopathy is better known by the public resulting in a higher level of entrepreneurial sustainability of those practices.

Respondent one:

“Allopathic medicine in South Africa is well-known and longer in South Africa than Tibb; people know allopathics is better and works (according to their perception).”

Respondent fourteen:

“Nobody knows what Unani Medicine is; people know of Therapeutic Reflexology, Homeopathy etcetera, but not Tibb,”

Respondent fifteen:

“Despite having gained experience working at the Tibb clinic and being fortunate to have an internship unlike other modalities, having a practice in Homeopathy would be more sustainable due to the fact that people can identify to the area of practice and often mistake Tibb Practitioners to be Homeopaths. People are ignorant and lack basic understanding of the methods and treatment associated with Tibb compared to that of Homeopathy as they are aware what is offered, what treatment entails and what is required of them in order for treatment to be successful. Therefore, I would say a Homeopathy practice is far more sustainable than that of a Tibb practice.”

The fact that Tibb is not well known is contributing to the lack of success of Tibb Practitioners in private practice; therefore increasing awareness of Tibb will improve the sustainability of Tibb private practices as well as the credibility of the profession.

Tibb stands a good chance of becoming sustainable in the future as awareness increases, as in the instance of Homeopathy, but then Tibb Practitioners need to take responsibility to raise awareness, initially by having websites and spiralling from there, but they fail to do this due to certain barriers to sustainable Tibb practices.

### **Inferiority**

Tibb not being integrated in the public healthcare sector is seen as a big limitation by all Tibb Practitioners, because this result in limited employment opportunities.

Respondent two:

“Tibb Practitioners need a place in primary healthcare facilities like day hospitals and community clinics. Medical doctors need to be educated (during their studies) and made aware of the Tibb Practitioner’s place in treatment programmes. There needs to be more respect and communication among medical doctors and Tibb Practitioners.”

This limitation is evident for CAM practitioners in general and not only to Tibb Practitioners, but this seems to be a general excuse for not being successful in private practice. The limitation of not being part of the public healthcare system is once again the perception of

Tibb Practitioners thinking from a mentality of seeking employment instead of from an entrepreneurial paradigm.

This limitation may be easily overcome if Tibb Practitioners realise they should stop passively waiting for the government to change the public healthcare system in order for them to obtain jobs, but instead they should think like entrepreneurs and how they can actively overcome this obstacle.

Respondent fourteen:

“Tibb Practitioners are basically unemployable; not only Tibb, but other CAM Practitioners too, although they are more well-known. People in government and medical aids do not know about CAM. Lot of Tibb doctors see themselves as inferior.”

Respondent fourteen mentioned a very important finding during the research process; many Tibb Practitioners perceive themselves to be inferior. It seems like they see themselves as inferior to medical practitioners due to not having similar training and to a lesser extent they even see themselves as inferior to other Allied Health Practitioners, especially Homeopaths due to their belief that Homeopaths are more successful.

This feeling of inferiority is believed to also stem from the fact that Tibb is not incorporated into the public healthcare system in South Africa and therefore the Tibb Practitioners perceive that the public see them as inferior to other practitioners.

This matter is taken even a step further by the response of a Tibb Practitioner.

Respondent eleven:

“A factor of entrepreneurial sustainability in private practice is the individual self with the accompanying passion and belief in their medicine.”

A person's beliefs direct any action taken or not taken. If Tibb Practitioners do not believe in their form of medicine, how can they expect anybody else to buy into it? It is necessary to believe in a product before effectively being able to sell it.

Respondent nine summarises it effectively:

“Passion: if you are passionate about something, you will make it work. How badly do you want to make it work? This is a new area you can capitalise on that. Your passion drives it. Other people are attracted to you enjoying yourself.”

This lack of belief in Tibb in turn affects and decreases the entrepreneurial spirit to the extent that it no longer exists; as evident in the lack of enthusiasm in getting what they want and know they should be doing to obtain it. They know they need to create awareness, but the majority of practitioners do not even have websites. The lack of belief also affects the Tibb modality and the recognition thereof. They state plenty of times that Homeopathy is better



known and that the medications are too expensive and that there is a lack of recognition of Tibb as modality, but despite these they are not doing anything proactively about it.

Kotler and Keller (2009:211) define the attempt to alter beliefs about a brand as psychological repositioning. It is suggested that Tibb Practitioners need to experience psychological repositioning about their brand; Tibb. They will continually feel incompetent and lack confidence in their medication and treatment methods while constantly feel inferior to other CAM and allopathic practitioners, until they change their beliefs about Tibb and its effectiveness.

It is proposed that when Tibb Practitioners change their beliefs, many other limitations will also be conquered since they will function from a level of confidence that may lead to active involvement in the solutions instead of passively waiting for things to change.

Believing in Tibb as a product and profession will lead to the development of an entrepreneurial mentality that will ultimately contribute to the entrepreneurial sustainability of Tibb private practices. This can only occur once Tibb Practitioners take responsibility for their profession.

### **Mindset**

The attempt was made to determine the mindset of Tibb Practitioners by asking them seven unprepared closed-ended questions during the interviews and not only to record their verbal yes or no responses, but also their unconscious eye movements.

The interpretation depended on basic eye movements in reference to Neuro-Linguistic Programming (NLP) according to Bartkowiak (2012:451) that it is possible to determine whether the respondents were speaking from their own experiences or from their imagined experiences by watching their eye movements accompanying their verbal responses. Based on this, when their eyes moved to the left they were constructing images rather than recalling them from their own experiences. Furthermore, if they looked up, they focused on what they saw (visual); when they looked to the side, they focused on what they heard (auditory); and when they looked down they focused on what they felt and did (kinaesthetic) (Table 1).

**Table 1: The eye movements are:**

|                               |                         |                            |
|-------------------------------|-------------------------|----------------------------|
| Vc (Visual Constructed)       |                         | Vr (Visual Recalled)       |
| Ac (Auditory Constructed)     | Centre<br>(Visualising) | Ar (Auditory Recalled)     |
| Kc (Kinaesthetic Constructed) |                         | Kr (Kinaesthetic Recalled) |

This quantitative aspect of the interviews intended to determine the mindset of respondents; the verbal responses signifying the conscious mindset while the accompanying eye movements signify the unconscious mindset.

**Table 2: Verbal Responses and NLP Eye Movements**

| Question   | Verbal Responses<br>n (%) |              | Frequent NLP Eye Movements<br>(%) |      |      |      |      |      |      |
|--|---------------------------|--------------|-----------------------------------|------|------|------|------|------|------|
|  | Yes                       | No           | Vc                                | Ac   | Kc   | Ctr  | Vr   | Ar   | Kr   |
| (1) Do you think Tibb Practitioners can be successful in private practice?   | 13<br>(81.2%)             | 3<br>(18.8%) | 0                                 | 12.5 | 18.8 | 12.5 | 18.8 | 12.5 | 25   |
| (2) Do you think Tibb Practitioners can make a living in private practice?   | 12<br>(75%)               | 4<br>(25%)   | 18.8                              | 18.8 | 18.8 | 6.3  | 25   | 0    | 12.5 |
| (3) Do you think Tibb private practices are financially sustainable (viable) in the long-term?   | 10<br>(62.5%)             | 6<br>(37.5%) | 12.5                              | 12.5 | 12.5 | 0    | 25   | 18.8 | 18.8 |
| (4) Have you ever considered opening a private practice?   | 15<br>(93.8%)             | 1<br>(6.2%)  | 12.5                              | 18.8 | 12.5 | 25   | 18.8 | 6.3  | 6.3  |
| (5) Do you think Allied Healthcare is a sustainable industry in South Africa?  | 12<br>(75%)               | 4<br>(25%)   | 6.3                               | 25   | 6.3  | 18.8 | 18.8 | 12.5 | 12.5 |
| (6) Do you think Tibb Practitioners can be just as successful in private practice as other allied health practitioners?  | 12<br>(75%)               | 4<br>(25%)   | 6.3                               | 18.8 | 31.3 | 6.3  | 18.8 | 0    | 18.8 |
| (7) Do you think Tibb Practitioners will be more successful being employed by a larger organisation like the Ibn Sina Institute of Tibb instead of entering private practices? | 11<br>(68.8%)             | 5<br>(31.3%) | 25                                | 18.8 | 12.5 | 6.3  | 18.8 | 0    | 18.8 |

All respondents answered the unprepared closed-ended questions with a simple yes or no answer which was recorded along with their eye movements (Table 2), scored based on the NLP eye movements (Table 1). The scale is used to measure whether responses are constructed from their imagined experiences or recalled from their own experience.

### **Conscious Mindset**

Based on their verbal answers, it can be said that the majority of respondents believe that Tibb Practitioners can be successful in private practice (81.2%) and that the practices can be financially viable in the long term (62.5%). They also indicate that they believe that allied

healthcare is a sustainable industry in South Africa and it is widely believed that Tibb Practitioners can be equally successful in private practice as other allied health practitioners (75%). The majority of respondents indicate that they have considered opening a private practice (93.8%), however, 68.8% believe that they will be more successful being employed by a larger organisation as Tibb Practitioners instead of entering into private practices. This is surprising since the majority of respondents do believe that Tibb Practitioners can be successful in private practices.

The majority of the respondents (75%) do not have websites, indicating that even though they believe in the viability of Tibb private practices, they are not willing to take the next step by risking putting their beliefs into action. This is in line with the opinion of Shane (2013:1) when stating that despite the relatively large number of Americans who want to be in business for themselves and believe it feasible in the near future, a few would-be entrepreneurs actually take the initiative, because of being faced with obstacles and due to fear for personal failure which include a fear for bankruptcy and fear of irregular income. This mindset can be directly related to South Africans in general and Tibb Practitioners specifically.

The assumption is made that this mindset of restraint based upon the fear of leaving their comfort zone is leading to professional mediocrity and the lack of initiative to actively overcome the obstacles preventing them from pursuing successful and sustainable private practices by creating an online presence for themselves and increased awareness for their profession.

Tibb Practitioners may feel that there are just too many factors of resistance preventing them from entering successful private practices, resulting in them surrendering even before endeavouring to pursue success.

**Figure 1: The Factors influencing the success and sustainability of Tibb Practitioners in private practice**

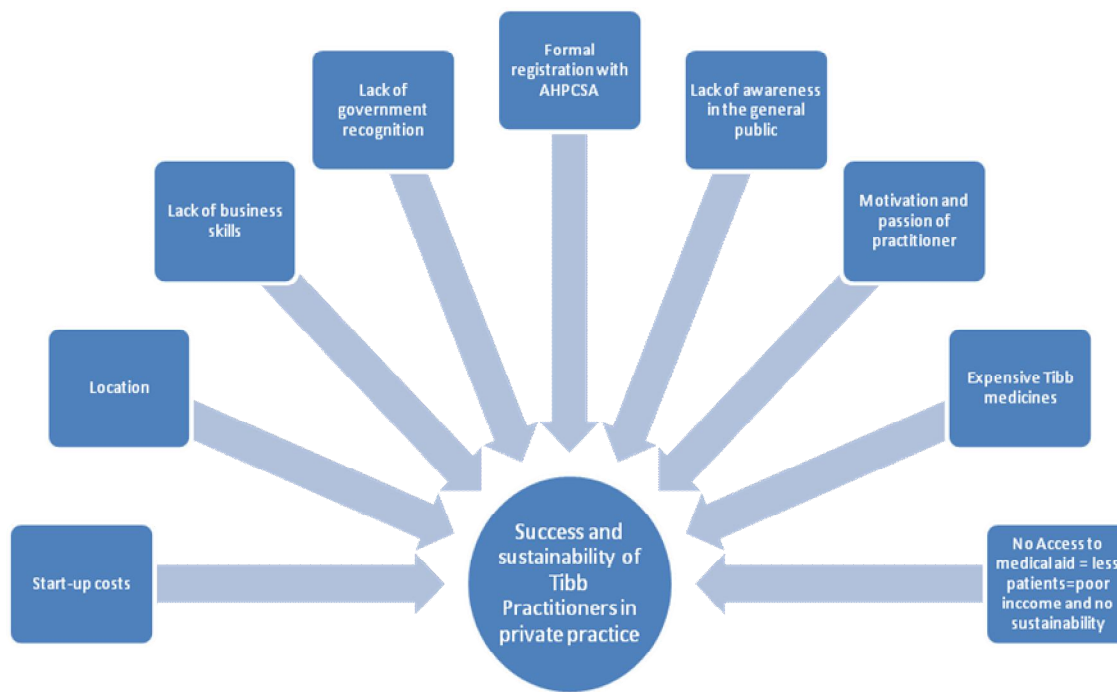


Figure 1 summarises numerous factors respondents mentioned as pertinent to the success and sustainability of Tibb Practitioners in private practice.

The majority of respondents highlight location, costs and competition as major contributors, but it is clear that many lack the business skills required to sustain a business. The main concern is not being recognised as a medical profession by government's public healthcare system resulting in not having access to benefits like allopathic practitioners, who have superior access to medical aid claim payouts. It seems that Tibb Practitioners believe consciously that they can be successful, but are hesitant to take the chance of venturing into private practices due to certain limitations. The question arises whether they unconsciously believe in the possibility of success.

### **Unconscious Mindset**

In an attempt to determine the unconscious mindset of respondents, their eye movements that accompanied their verbal responses on the unprepared closed-ended questions were recorded.

The significance between the respondents' answers and their accompanied NLP eye movements were determined through various statistical testing.

A Chi-Square test of independence determines if there is an association between the age of the respondents, their profession and whether or not they have a website. This test compares the proportion of cases occurring within each category with the values that would be expected if there is no association between the two variables being measured. There is no association

found between age and having a website ( $\chi^2=1.5$  df=3 p=0.7 (p>0.05)), as well as between profession and having a website ( $\chi^2=0.9$  df=3 p=0.8 (p>0.05)).

Furthermore, all assumptions for the Analysis of Variance (ANOVA) have not been met, but ANOVA is robust and even though the assumptions have been violated, the test is pretty elastic in handling these slight deviations to give accurate output. Underlying assumptions are present since the data is not ratio or interval level data and does not meet these requirements and therefore it is normally distributed. Homogeneity of variance test has been assumed and a normality plot was roughly met.

No statistical significance is found between:

- The responses and the accompanying eye movements;
- Age and the yes/no answers;
- Age and eye movement;
- Age and having a website;
- Profession and having a website; and
- Having a website and eye movement.

It has to be concluded that the attempt to tap into the respondents' unconscious mindsets by determining their NLP eye movement as they answered affirmatively or negatively on the various questions, was unsuccessful. It is not possible to positively establish that the researcher achieved tapping into the respondents' unconscious mindsets and bias is also at play since the researcher is the only person that recorded the eye movements and the researcher is also not an expert on Neuro-linguistic programming. The NLP eye movements can therefore not be used as evidence for determining the respondents' unconscious mindset.

What is unambiguous from the responses is that respondents answered the closed-ended questions and while doing so, either looked to the left or to the right indicating their answers are both constructed from their imagined experiences as well as recalled from their own experiences. This is not surprising, since a number of respondents' responses are founded in their experience as practitioners in private practice, while others' responses are founded in their experience as employees in the TMC or the UWC.

### **Recommendations**

It is evident from the research that Tibb Practitioners see themselves as inferior to other practitioners resulting in some of them losing confidence in their profession. The result of this lack of confidence and to an extent the lack of competence is that Tibb Practitioners have the mindset of employees without the drive to act entrepreneurial and develop sustainable private practices.

To overcome this, certain recommendations have been made to the UWC and to Tibb Practitioners.

The recommendations for the UWC are:

- Adjust the Tibb curriculum to include more in-depth training in understanding body functions (Anatomy, Physiology and Pathology) in order for Tibb Practitioners to become more skilled in their clinical understanding of how the body functions to be more effective in finding the root cause of conditions;
- Adjust the Tibb curriculum to include more practical clinical hours in order for students to gain more confidence and competence in dealing with patients; and
- Include a subject in the curriculum on Practice Management which includes business, marketing and entrepreneurship skills in order to create a graduate with an entrepreneurial mindset ready to leave university with the intention of creating work instead of having a mentality of having to find a job.

The recommendations for the Tibb Practitioners are to build their confidence in their own abilities and in their profession. If they feel that they lack certain skills, they should actively pursue additional training to gain the skills and then innovatively and creatively implement it in order to build entrepreneurial sustainable private practices. They should begin to see themselves as qualified professionals within their scope of practice and overcome inferiority.

### **Conclusion**

It is believed that Tibb Practitioners are ideally positioned to be pioneering entrepreneurs in a rapidly growing industry in South Africa. Tibb Practitioners believe they can be just as successful in private practices as other allied health practitioners like Homeopaths, but they lack the drive and skills to become as successful. They have the potential to develop entrepreneurial sustainable private practices, but in order to accomplish this, they have to overcome their inferiority complex as well as their employee mentality and begin to think and act as entrepreneurs.

### **Bibliography**

- Bartkowiak, J. (2012) NLP in qualitative research. International Journal of Market Research, 54(4), pp. 451-453, Business Source Premier, EBSCOhost, viewed 27 February 2013.
- Bezuidenhout, M.C. (2010) External Factors Influencing Health Service Management. In: Booyens, S.W. (ed.) (2010) Health Services Management. Third Edition. Cape Town: Juta.
- Bhikha, R. and Abdul Haq, H.M. (2001) Tibb: Traditional Roots of Medicine in Modern Routes to Health. Second Edition. Roodepoort: Mountain of Light South Africa.
- Kotler, P. & Keller, K.L. (2009) Marketing Management. 13th ed. Upper Saddle River, NJ : Pearson Education.
- KPMG (2012) Care in a Changing World: Challenges and Opportunities for Sustainable Healthcare [online]. Sweden: KPMG International. Available from: <http://www.kpmg.com/Global/en/IssuesAndInstights/ArticlesPublications/care-in-a-changing-world/Documents/challenges-opportunities-sustainable-healthcare.pdf> [Accessed 6 February 2013].

Le Roux, Y. (2013) ([dryleroux@vodamail.co.za](mailto:dryleroux@vodamail.co.za)), 4<sup>th</sup> April. Navraag. e-Mail to C.A. Scheepers ([info@christoscheepers.com](mailto:info@christoscheepers.com)).

Mohr, P., Fourie, L. and Associates. (2009) Economics for South African students. 4th edition. Pretoria : Van Schaik.

Prinsloo, J.P. (2010) The Origins and Development of Homeopathy and Education in South Africa [online]. Available from: [http://www.biocura.co.za/history\\_homeopathic\\_education\\_in\\_south\\_africa.html](http://www.biocura.co.za/history_homeopathic_education_in_south_africa.html) [Accessed 20 April 2013].

Schiller, B.R. (2008) The Economy Today. 11th edition. New York : McGraw-Hill/Irwin.

Symanowitz, C. (2013) Is SA Labour Law killing Entrepreneurship? [online]. Available from: <http://www.mbaconnect.net/ViewBlog.aspx?ID=556> [Accessed 5 February 2013].

Univeristy of Johannesburg (2013) Prospectus of the Faculty of Health Sciences [online]. Available from: <http://www.uj.ac.za> [Accessed 20 February 2013].

University of the Western Cape (2012) Prospectus of the Faculty of Community and Health Sciences [online]. Available from: <http://www.uwc.ac.za> [Accessed 20 February 2013].

Venter, R., Urban, B. and Rwigema, H. (2011) Entrepreneurship: Theory in Practice. 4<sup>th</sup> Impression. Cape Town: Oxford University Press.

Verkerk, R. (2009) Can the failing Western Medical Paradigm be shifted using the Principle of Sustainability? Australian College of Nutritional Medicine (ACNEM) Journal [online], October. Available from: [http://anh-europe.org/files/091001-SustainableHealthcare\\_ACNEM\\_final.pdf](http://anh-europe.org/files/091001-SustainableHealthcare_ACNEM_final.pdf) [Accessed 6 February 2013].