# THE GENERATIONAL INFLUENCE ON THE ENTREPRENEURIAL SUSTAINABILITY OF TIBB HEALTHCARE PRACTITIONERS IN CAPE TOWN

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## Abstract

Unani-Tibb is a Complementary and Alternative Medicine (CAM) profession formally regulated by the Allied Health Professions Council of South Africa (AHPCSA).

Tibb is a fairly new profession in South Africa, only formally recognised since 2007 resulting in the majority of practitioners being young people from the Millennial generation.

It was observed that Tibb Practitioners are very successful as professionals while working within the confines of the Tibb Medical Centres, but as soon as they venture out into private practices, they seem to be unable to create financially viable entities.

Research was embarked upon to determine what factors impacted directly on the entrepreneurial sustainability of Tibb Healthcare Practitioners. Exploratory qualitative research was used by collecting data through semi-structured interviews. A pilot study was conducted with three participants followed by interviewing 16 respondents. The findings were analysed by means of inductive thematic analysis using NVIVO and SPSS software.

The findings indicate that the majority of Tibb Healthcare Practitioners interviewed are from the Millennial generation, female and working for a big organisation instead of being in private practice.

It is concluded that the generation of the Tibb Healthcare Practitioners plays a huge part in their inability to venture out into and create financially sustainable private practices. The reasons for this are varied, but spirals from the fact that the Millennial Generation need step-by-step instructions on how to become successful in business. This will only happen if they are taught entrepreneurship and business skills while encouraging a paradigm shift from a job seeking mentality to a job creation mentality.

## Introduction and Background

The allied healthcare sector is that part of the healthcare industry consisting of the believers in Complementary and Alternative Medicine (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.

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. 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.

Tibb is a new pioneering profession in South Africa with entrepreneurial growth possibilities that may be used to combat unemployment in the country.

Bolton and Thompson (2003:1) declare that entrepreneurs are at the heart of change in every field of activity. It is

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.

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.

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?

## 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

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.

The research will directly benefit the South African Tibb Association (SATA) and all its members, namely the Tibb Healthcare Practitioners. 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.

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.

## Data Analysis

The data was analysed using content analysis or thematic analysis. A mixed-method approach was undertaken to analyse the results from the interview questions. Firstly, a quantitative analysis involving a content analysis, and basic descriptives were used to analyse the demographics. Thereafter a thematic analysis was used to analyse the qualitative component of the interview. Qualitative analysis of data was deemed appropriate for this analysis as per Alhojailan (2012:10) who considers it the most appropriate method of analysis for any study that seeks to discover using interpretations.

## Demographics

**Title**

**Table 1: Respondents by Title**

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| Valid Dr | 16 | 100.0 | 100.0 | 100.0 |

Table 1 shows that 100% of the respondents hold the title of "Doctor" which is evident to the fact that all respondents are qualified Tibb Practitioners and since it is a diagnostic profession, they are referred to accordingly. This means that all respondents are highly trained professionals holding a minimum of a five-year qualification in the CAM field and as such they should be regarded as practitioners benchmarked to other diagnostic professionals like Homeopaths, Naturopaths etcetera.

They are not seen as on equivalent level with allopathic medical practitioners since the latter are trained much more in-depth and in surgical procedures with a much broader scope of practice,

although the Tibb Practitioners' scope of practice does include minor surgery as a possibility that differentiates them from other CAM Practitioners.

The meaning of "minor surgery" is a grey area with no clear guidelines of what it actually means and it is only assumed as to refer to wet cupping when a scalpel is used to cut the skin before applying the cups during the procedure of cupping.

Tibb Practitioners are known for the procedure of cupping where plastic cups are applied to pressure points on the body to treat different conditions and distinction is made between dry cupping and wet cupping. Dry cupping refers to cups being applied on the skin to stimulate blood flow to the area while also acting as pain relief method. Wet cupping refers to the skin being cut with a scalpel before cups are applied on the area in order to draw out blood and other body fluids. Tibb Practitioners use cupping as a complementary medical procedure to treat various conditions, differentiating them from other practitioners. Minor surgery is not part of the scope of practice of other CAM Practitioners. Tibb Practitioners are differentiated as professionals from their CAM Practitioner peers even in scope of practice, but whether they perceive themselves as such, will be considered in their interview answers.

**Profession**

**Table 2: Respondents by Profession**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Tibb Practitioner | 12 | 75.0 | 75.0 | 75.0 |
| | Tibb Practitioner and Lecturer | 3 | 18.8 | 18.8 | 93.8 |
| | Tibb Practitioner and Lecturer, Med Doc | 1 | 6.3 | 6.3 | 100.0 |
| | Total | 16 | 100.0 | 100.0 | |

**Figure 1 Pie Chart of Respondents Profession**

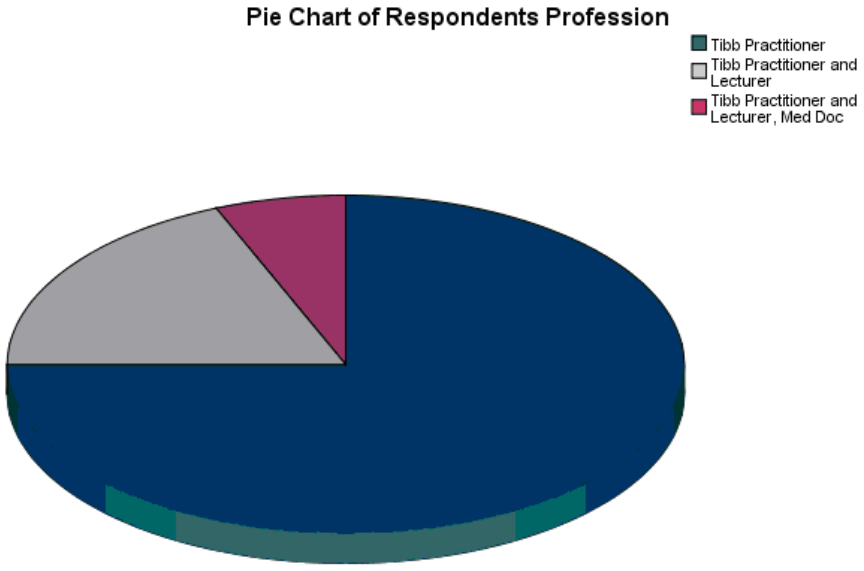


Table 2 and Figure 1 indicate that 100% of the respondents are qualified Tibb Practitioners; the majority (75%) are practicing Tibb Practitioners while the remainder of the respondents (25%) are

all functioning as lecturers. One of these lecturers (6.3%) is both qualified as a Tibb Practitioner as well as a Medical Practitioner. This means that the interview responses are very well balanced giving a practical perspective, an academic perspective as well as an integrative perspective.

**Employment**

**Table 3: Respondents by Employment**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Private Practice | 4 | 25.0 | 25.0 | 25.0 |
| | Large Company (Full-time) | 6 | 37.5 | 37.5 | 62.5 |
| | Large Company (Locum) & University (Student) | 2 | 12.5 | 12.5 | 75 |
| | University (Lecturer) | 4 | 25 | 25 | 100.0 |
| | Total | 16 | 100.0 | 100.0 | |

Table 3 specifies that the majority of respondents (37.5%) are employed by a large organisation while 25% are in private practices, with an additional 25% working at the university as lecturers. The remainder of 12.5% are full-time students at the university in different directions (Allopathic Medicine and Phytotherapy) while working part-time for a large organisation as locum Tibb Practitioners. The employment of respondents definitely affects their responses, since only 25% are responding from an entrepreneurial private practice perspective while the majority are responding from the perspective of an employee.

The minority (12.5%) of respondents respond from the perspective where they decided to continue their studies in different fields due to various reasons, but it stands to reason that they decided that alternatives are more attractive than the profession of Tibb they have been practicing. This mentality seems to be affecting their responses, but is providing valuable information about what needs to change in order to make Tibb as profession more sustainable.

Five of the 16 respondents were asked why they decided to leave practicing Tibb and rather become lecturers or continue their studies in different fields. Their responses varied, but the two respondents that had decided to continue their studies felt that there are certain aspects lacking in the Tibb course that they try to rectify by studying in a different healthcare direction.

Respondent two:

> "Treatment limitations of Tibb Therapy, which requires constant referrals to the day hospital or specialists; I want to be on the other side of that referral letter."

Respondent sixteen:

> "Some things are lacking in the Tibb course: single herbs and compounding medications specifically for individuals, because then you are not dependent on a company to manufacture products for you."

The one respondent also feels that there are too many limitations in the public sector for practicing Tibb and only having two career options available of either working at the Tibb Medical Centres

(TMC) or entering private practice, are too limited since functioning in hospitals are desirable. They do not see a career as Tibb Practitioner to be lucrative enough.

Respondent two:

> "I was not comfortable with the fact that my only two options were Tibb Medical Centres or private practice."

The respondents that changed career paths to become full-time lecturers responded by indicating that the monotonous nature of practicing is a factor since they do not feel as if they are reaching their full potential in that environment and needed new knowledge and skills to be in the academic stimulating environment.

Respondent nine:

> "Practicing is monotonous in seeing the same type of conditions daily. I need new things and accumulation of knowledge."

Respondent eleven:

> "I felt I was limited in private practice and never felt fulfilled in private practice. I needed the teaching aspect. I felt limited in that I did not reach my full potential…"

**Gender**

**Table 4: Respondents by Gender**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Male | 2 | 12.5 | 12.5 | 12.5 |
| | Female | 14 | 87.5 | 87.5 | 100.0 |
| | Total | 16 | 100.0 | 100.0 | |

**Figure 2: Pie Chart of Respondents Gender**

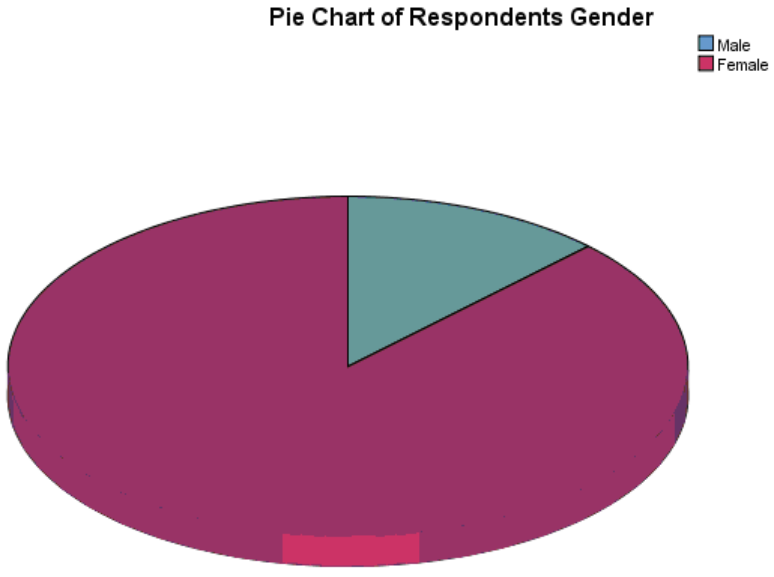


Table 4 and Figure 2 illustrate the distribution of respondents according to gender; the majority of the respondents (87.5%) are female, while the minority (12.5%) are male. The fact that there are more female than male respondents is indicative of the Tibb Profession in South Africa, since there

are more female than male Tibb Practitioners according to the lists of registered practitioners from the AHPCSA (2013:1-2) and SATA (2013:1-9).

The reasons why more females than males are choosing Tibb as a career are highly speculative, but seven of the 16 respondents answer the question of why they decided to become Tibb Practitioners with interesting indications that may provisionally answer this.

A male respondent became a Tibb Practitioner due to religious reasons after doing religious studies, since Tibb is in line with his religion.

Respondent eleven:

> "Religious reasons after doing religious studies; I saw Tibb was in line with it and I wanted to help people accordingly."

A female respondent chose Tibb as a second choice because she was not selected for allopathic medical training.

Respondent two:

> "I did not get into M.B.Ch.B. straight out of matric and took Tibb as the next closest option. I always had an interest in herbs and alternative therapies."

The other respondents chose Tibb due to their interest in healthcare and especially in practicing integrative medicine. Their interest to enter the health field, but not study allopathic medicine is a main reason for being in the field, combined with their desire to be able to help people.

It is highly speculative, but it stands to reason that more females become Tibb Practitioners due to their nurturing nature and wanting to help people holistically, but not necessarily by making use of the more invasive allopathic medical procedures.

**Age**

**Table 5: Respondents by Age**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 18-25 | 3 | 18.8 | 18.8 | 18.8 |
| | 26-35 | 9 | 56.3 | 56.3 | 75.0 |
| | 36-45 | 2 | 12.5 | 12.5 | 87.5 |
| | 45+ | 2 | 12.5 | 12.5 | 100.0 |
| | Total | 16 | 100.0 | 100.0 | |

**Figure 3: Pie Chart of Respondents Age**

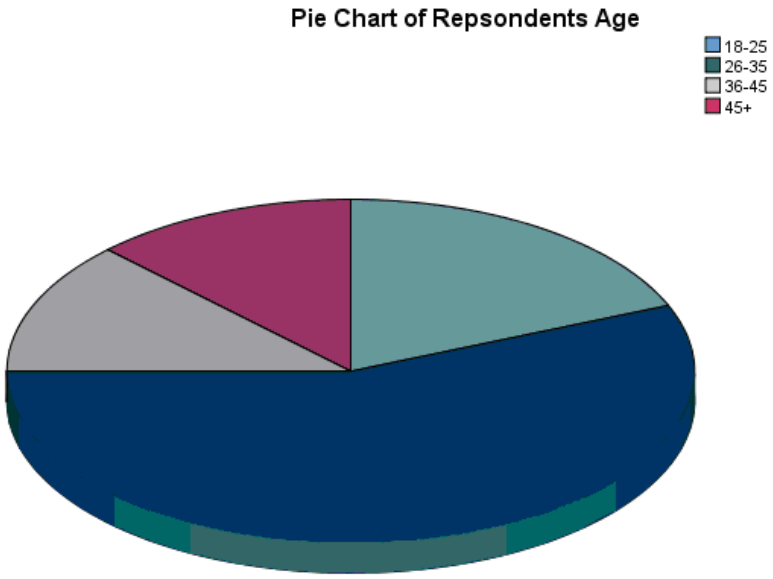


Table 5 and Figure 3 illustrate that the majority of the respondents (75%) are younger than 35 years, while 12.5% of respondents are between the age of 36 and 45 while only 12.5% are 45 years of age or older.

This clearly indicates that according to Strauss and Howe (1991:279-342) the majority of Tibb Practitioners interviewed are from the Millennial Generation (ages up to 31) and the minority from Generation X (ages 30 to 52). This table does not specify whether the respondents in the category of 45 years and older (12.5%) are actually older than 52, which would have put them in the Boom Generation. This correlates with the information indicating that the Millennial Generation is prone to an employee rather than an entrepreneurial mentality which may be a contributing factor of why certain Tibb Practitioners are struggling in private practice; they need clear step-by-step instructions.

**Website**

**Table 6: Respondents' Websites**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 4 | 25.0 | 25.0 | 25.0 |
| | No | 12 | 75.0 | 75.0 | 100.0 |
| | Total | 16 | 100.0 | 100.0 | |

**Figure 4: Pie Chart of Respondents who have a Private Website**

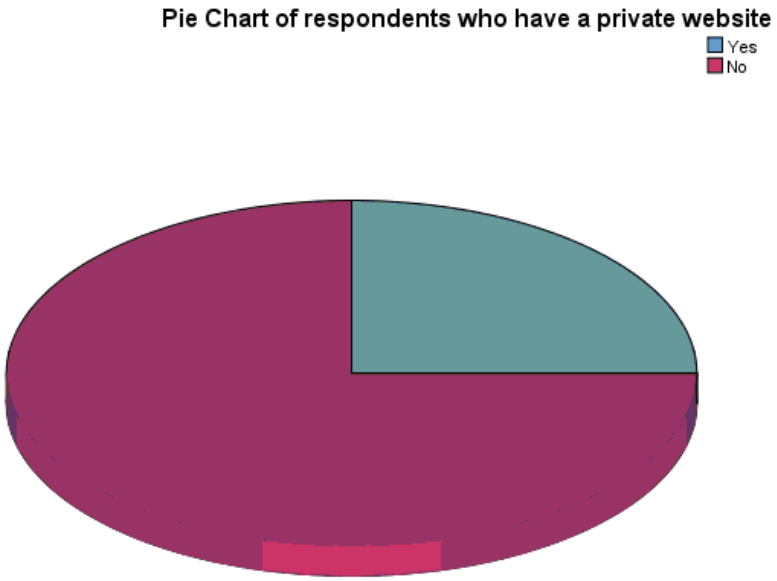


Table 6 and Figure 4 reveal that only 25% of the respondents had their own websites, while 75% of the respondents do not have websites. This is a very surprising fact when considering that Venter, Urban and Rwigema (2011:465) state that in South Africa e-commerce plays a potentially vital role in stimulating growth of new ventures and it is an important driver of global expansion.

The majority of respondents do not have websites and with reference to Table 5 the majority are younger than 35 years of age indicating that they grew up in a technologically advanced era. It is assumed that they are all computer literate since they took Computer Literacy as subject in their first year of study at the University of the Western Cape and therefore they should be aware of the value in having a website to create awareness and use it to grow their private practices. However, there is a lack of involvement in private practice and with reference to Table 3 the majority of respondents are not in private practice to support this claim that having a website is valuable in building their practices.

According to Statistics South Africa (2010:110-112) households with access to the internet increased from 7.2% in 2007 to 11.1% in 2009 and mobile cellular subscriptions per capita increased 364% from 2001 to 2007. The Central Intelligence Agency (2013:13-14) mentions that in 2009 there were 4.42 million internet users in South Africa and 4.761 million internet hosts in 2012. Statistics South Africa (2012:101) furthermore declares that 35.2% of households in South Africa have access to the internet of which 2 356 921 people access the internet from their cellular phones.

In a technologically advanced era with a growing internet and mobile cellular population, it is very surprising that 75% of Tibb Practitioners are not making use of this valuable resource in order to build an online presence and grow their entrepreneurial ventures accordingly.

Respondent fourteen who is in private practice confirmed this:

> "I redesigned my website, because I get more enquiries from the website than through printed media. Website and word of mouth is better than print media."

Given this fact that there is this need to have a website in order to increase awareness, but also use it as a legal way of advertising not restricted by the regulations of the AHPCSA, it should be determined why Tibb Practitioners are not embracing it.

There is a level of passivity in all the respondents that were interviewed. They know what the problems are, but they just accept it instead of challenging it by being entrepreneurial and try to creatively and innovatively overcome it. This is seen in that most respondents indicated there needs to be an increase in awareness, yet they do not act innovatively by creating websites to accomplish this, as seen in the following response:

Respondent thirteen:

> "Go into the community, even voluntarily, to be seen by the public."

However, respondent 13 does not have a website to create public awareness.

Respondent fifteen explains the reason for this:

> "Doctors at the Tibb Medical Centres lack the necessary skills and knowledge relating to running and managing of a sustainable practice."

The reason for the passivity may be due to the fact that they are faced with too many limitations or perhaps they feel overwhelmed leading to a sense of helplessness and inability (due to lack of skills) to deal with it accordingly. Despite the fact that Tibb Practitioners are aware of the need to advertise and raise awareness, they are stuck or entrapped; not only by limiting factors, but also by the fact that the Tibb Institute itself buffers the limitations and take the strain off practitioners to think entrepreneurial.

The Tibb Institute fosters employees and gives them a safety net from which all of the limitations of being a Tibb Practitioner are buffered, with the effect that they do not see themselves as entrepreneurs. It seems like the Tibb Practitioners are entrapped; they are not looking actively to promote despite the recognised need to.

This points to the legal limitations enforced on them from the AHPCSA not to advertise, but also shows how the TMC protect them from having to think of ways around this advertising itself; for example, using a website. Acar and Acar (2012:685) align with this by stating that innovativeness is a key capability which provides competitive advantage in the healthcare sector as well as in many other industries. Zimmerer, Scarborough and Wilson (2009:43) agree that successful entrepreneurs come up with ideas and then find ways to make them work to solve a problem or to fill a need.

## Generation

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, especially since many of them are from the Millennial Generation specifically in need of these abilities.

Friedman (2013:11) indicates that his generation had it easy and had to *find* a job, but more than ever his kids will have to *invent* a job. This is a very relevant statement especially for Tibb Practitioners needing to establish sustainable practices in order to create work for themselves.

Strauss and Howe (1991:279-342) list various generations accordingly:

- The GI Generation, born between 1901 and 1924;
- The Silent Generation, born between 1925 and 1942;
- The Boom Generation, born between 1943 and 1960;
- The Thirteenth Generation or Generation X, born between 1961 and 1981; and

- The Millennial Generation, born between 1982 and 2003.

Waters (2013:1) mentions that it is safe to say everyone in the current society, referring to Generation Y, has become so lazy and has so little work ethic that they are just going by life waiting for a handout to fall out of the sky to solve all their problems. McCarron (2012:3) clarifies that Generation Y is also called the Millennial Generation. Scheid (2012:1) confirms that today's worker does not want to work a full eight hour day, but expects high pay and lots of perks.

Zimmerer *et al.* (2009:19) disagree with this point of view by mentioning that although members of Generation X are more likely than other age groups to launch businesses, even the Millennial Generation show high levels of interest in entrepreneurship.

The possibility therefore exists that the reason for the low drive for entrepreneurship might be linked to generational influence. Wolter (2007:126) states that if you want to persevere in the face of challenges and achieve your goals, you must remain committed to succeeding no matter what the circumstances. This leads to the question of whether the present generation is actually committed to succeeding and if so, why not by using the obvious solution of entrepreneurship to overcome unemployment instead of continuing seeking employment?

Most Tibb Practitioners in South Africa are from the Millennial Generation with a smaller number from Generation X and minimal from the Boom Generation, so it is necessary to understand the Millennial Generation to determine whether the generation has an impact on the entrepreneurial sustainability of their private.

Keeling (2003:31) states that while members of Generation X could be described as independent and survival oriented, Millennials may be described as sheltered and team oriented with seven distinguishing traits, such as:

- Special;
- Sheltered;
- Confident;
- Team Oriented;
- Achieving;
- Pressured; and
- Conventional.

These characteristics do not make the Millennial Generation bad or ineffective, just different from the previous generations.

Keeling (2003:34) furthermore mentions that because Millennial students are accustomed to being spoon fed information, they may expect a prescriptive advising style. This may be exactly why such a small percentage of people from the Millennial Generation are entering entrepreneurial activities, because they expect to be prescribed clearly what to do instead of taking the initiative and pioneering new ventures and they are more interested in working in a team than entering entrepreneurial ventures where they have to solely take the lead and responsibility. They may also feel more sheltered and safe being employed by a larger organisation instead of entering entrepreneurial ventures.

Zimmerer *et al.* (2009:19) agree with this by mentioning that many young people from the Millennial Generation are fulfilling their dreams since young entrepreneur camps were established around the country teaching them how to launch and run a business.

It is evident that a paradigm shift is required, especially for the Millennial Generation, to move away from a job seeking mentality to an employment creation mindset in order to overcome the unemployment crisis as well as for Tibb Practitioners to create sustainable private practices in South Africa. For that to transpire, the Tibb Practitioners will have to be taught business and entrepreneurship skills and given clear direction and guidance on how to launch and successfully run a commercially sustainable private practice.

# Recommendations

Recommendations were made to the Tibb Medical Centres as well as to the Tibb Practitioners in an attempt to overcome this lack of entrepreneurship amongst them.

**Tibb Medical Centres (TMC)**

The TMC are creating employees instead of entrepreneurs and therefore the recommendations for this division of the Ibn Sina Institute of Tibb are:

- Use the internship year to allow newly qualified Tibb Practitioners to gain as much practical and clinical experience as possible in order to gain confidence in how they deal with patients, how they diagnose and treat effectively while a senior practitioner is available to coach and mentor them in the process;
- Create a paradigm shift in the minds of the Tibb Practitioners by making them realise they are entrepreneurs within the TMC and not only employees and they should take the responsibility to act accordingly;
- Encourage Tibb Practitioners to market themselves on the radio and to take part in various awareness campaigns where they can not only tell the community about Tibb, but at the same time market themselves as practitioners in order to build their own practices. This should be done while keeping legal restrictions in mind;
- Badi and Badi (2006:113) mention that a multidiscipline team approach needs to be encouraged. This can be done effectively within the TMC by involving different practitioners from the Allied Health community like Homeopaths, Chiropractors, Phytotherapists etcetera, thus developing group practices; and
- Stop employing Tibb Practitioners and in the process buffer them from the reality by putting them in a comfort zone instead of encouraging them to venture into private practices. This can be done by implementing an intrapreneurship approach where Tibb Practitioners that completed their internship year are not employed full-time at a full salary by the TMC, but instead they are employed at a basic salary only and given the opportunity to build their own practices at the same time by making use of the facilities in the TMC. For such an intrapreneurship approach to work, it will be necessary for each Tibb Practitioner to bring unique skills to the TMC differentiating themselves as practitioners from the rest of the team, but at the same time the TMC must be mature enough to not be threatened by practitioners using their facilities to also build their own practices and clientele.

**Tibb Practitioners**

Various recommendations for Tibb Practitioners were given, but it centres on the fact that they need to take responsibility for their own profession and their own futures.

It is recommended that Tibb Practitioners step out of their comfort zone which the Millennial Generation got accustomed to and take the initiative to become more innovative and creative instead of waiting around as if the world owes them something.

Tibb Practitioners need to realise that in the CAM industry they cannot afford to have an employee mentality, but instead they should act entrepreneurial by firstly building an online presence for themselves and secondly to find innovative ways to market themselves while pioneering entrepreneurial sustainability in their industry.

## Conclusion

The conclusion is made that Tibb Healthcare Practitioners can be successful both as practitioners and as practitioners in private practices if they overcome the negatives of their generation and focus on the positive attributes of their generation.

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