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„I think you can achieve quite a lot if all of the staff stands behind it“—A qualitative study about the experience, knowledge and application of complementary therapies and integrative medicine in pediatrics

Dennis Anheyer*,[1], Christine Kern[1], Gustav Dobos, Holger Cramer

Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, Faculty of Medicine, University of Duisburg-Essen, Essen, Germany

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ABSTRACT

Background: In the United States there is an increasing use of complementary and alternative medicine (CAM) as well as integrative medicine (IM) in pediatrics. This study investigates the extent of knowledge and practical application of and attitudes towards the use and integration of CAM/IM therapies in two German pediatric clinics.

Methods: A semi-standardized qualitative interview study was conducted in a rural children's hospital in Bavaria and in a children's clinic in the metropolitan area of Ruhr. Sixteen employees (7 nurses, 9 medical doctors, 68.8% female), who had volunteered through a local contact, were questioned during their shift on CAM/IM therapies. The data collected were analyzed with MAXQDA 12 using a qualitative technique for content analysis (by Mayring).

Results: On average all respondents had little to superficial knowledge about the possibilities or evidence base of the therapies concerned, but did believe that CAM/IM could be an enhancement. In addition, many took interest in learning more about CAM/IM medical options. Nurses desired more practical and theoretical knowledge; while medical doctors focused on standardization and evidence base. All of them agreed that self-care strategies could enhance parental independence when treating symptoms of minor illnesses. They further agreed, that a symbiosis of conventional medicine and CAM/IM has great potential for patients and employees. It was stated that training of staff would be indispensable in order to implement standardized procedures.

Conclusions: There is great potential and interest in CAM/IM among pediatric care employees. Regardless of the challenges, this investigation did find that implementing CAM/IM might be a promising extension to the daily care routine.

1. Introduction

According to the National Center for Complementary and Integrative Health (NCCIH) of the National Institute of Health (NIH) integrative medicine (IM) is defined as “bringing conventional and complementary approaches (CAM) together in a coordinated way.”[1] In the United States CAM/IM therapies are increasingly being integrated into the routine care of pediatrics.[2–4] A survey of 43 accredited pediatric pain training programs showed that CAM/IM procedures were used in 38 of them (86%). In addition, there are a total of 16 university-specific CAM/IM-pediatric programs in the USA.[5] So far, few of such programs have been established in Europe. In 2003, for example, a CAM/IM-pediatric clinic was founded in the Netherlands for the treatment of chronic illnesses, aftercare of oncological diseases and it has become the largest department for pediatric obesity.[6] A number of pediatric departments in Germany and Swizerland (e.g. Gemeinschaftskrankenhaus Herdecke, Germany; Filderklinik, Germany; Kantonspital St. Gallen, Switzerland) integrate anthroposophical and conventional medicine for decades. Apart from those, in German-speaking countries, CAM/IM therapies are practically unavailable in pediatric hospitals; 1) as they are not part of standard procedures and 2) they won't be covered by the statutory health insurance bodies (SHI).[7] Moreover, integrative treatments are seldom included in the departments' treatment guidelines, hence the type of therapy offered relies on the qualifications of the treating medical employee.[8] However, a survey at the University Children's Hospital, University of Zurich, showed considerable demand:

* Corresponding author at: Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, Faculty of Medicine, University of Duisburg-Essen, Am Deimelsberg 34a, 45276, Essen, Germany.
E-mail address: d.anheyer@kliniken-essen-mitte.de (D. Anheyer).
[1] Dennis Anheyer and Christine Kern contributed equally and should be considered shared first authors.

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70% of the parents requested CAM to be integrated, 18% even applied CAM independently during their child's in-patient treatment, almost half of them without disclosing the use to the treating physician.[9] These independent treatments are uncontrolled and often unsupervised, and usually not coordinated with the physician. Challenges can only be met through IM programs, which can only be guaranteed by establishing appropriate programs to ensure the safe and effective application of CAM/IM procedures in pediatrics. This raises the question of why CAM/IM has not been established in German pediatrics. At present, research shows that for many CAM/IM therapies there is a lack of knowledge about indications, suitable protocols and their dosages etc. and this may be the main reason for not yet establishing CAM/IM in Pediatrics.[10] In addition, a lot of CAM/IM procedures are not specifically approved for children, and their use is usually off-label, so that no approval trials can be used in decision-making.[11] Overall there is a lack of existing evidence for the use of CAM/IM methods in pediatrics which is disproportionate to the pronounced use of such methods worldwide.[10,12–16] In the United States of America, numerous surveys show an increasing use of CAM/IM procedures in pediatrics.[18] The 2007 National Health Interview Survey revealed that 12% of all US children had used CAM/IM therapies in the past 12 months at home.[19] The prevalence is estimated at 20%–30% for CAM/IM patients.[18] In Germany, the prevalence of CAM/IM methods used for acute, as well as chronic illnesses, in children is more than 50%.[20] The purpose of this study is to explore and evaluate the possibilities and burdens of implementing CAM/IM into the German pediatric clinical routine by assessing CAM/IM knowledge, application experiences and attitudes in clinical pediatrics.

2. Methods

The study was conducted in accordance to the qualitative empirical methods and quality criteria.[21] The semi-structured interview was individually constructed, therefore adapted according to the perspectives of the interpretivist paradigm.

2.1. Study design

The study was designed as a dual centered, qualitative interview study. Prior to respondent recruitment, the research protocol was approved by the Ethics Committee of the University of Duisburg-Essen, Germany. The study was conducted in November 2016 at the Pediatric Department of the Elisabeth Hospital, Essen (metropolitan area of Ruhr), Germany and the Children's Hospital St. Marien, Landshut (rural Bavaria), Germany. It was analyzed at the Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, University of Duisburg-Essen, Essen, Germany.

2.2. Sampling

Maximum variation sampling was used to generate a heterogeneous sample of respondents of different ages and sexes, divided into nurses and doctors.[22] Sample size was determined to be between 10–25 employees of the participating children's clinics. The respondents were informed about the study by a contact at each clinic.

2.3. Interviews

All interviews were conducted within the 6 month time span scheduled for the data collection. All respondents were interviewed during their shift. The semi-structured interviews were conducted to provide an outline of the current status, application, knowledge and experiences of CAM/IM therapies, to illustrate the employees' opinions about discussed therapies and to review possibilities of implementation. All interviews were performed by a female sociologist (CK) who was well-qualified in social science and qualitative empirical methods.

2.4. Interview guide

A semi-structured interview guide was developed by the research group (CK, DA, HC). The final version had 9 core questions and 14 optional open questions that covered sociodemographic information (age, gender and occupation) as well as questions relating to the topics:

1 knowledge of CAM/IM
2 opinion of CAM/IM
3 involvement with CAM/IM

In the guide CAM/IM was queried as "naturopathy and complementary medicine". The reason for this is, that "traditional" German medicine is referred to as "naturopathy" (German: Naturheilkunde) and the two terms are often used interchangeably. Additional open-ended questions, on each of the topics above, were included for further elaboration. The semi-structured interview guide can be found below as "supplement".

2.5. Data analysis

The study analysis was performed using Philipp Mayring's qualitative content analysis. Results were raised using the summarizing content analysis. The contents were generalized and transformed by means of abstraction and reduction levels. All interviews were performed in German and audio-recorded (Olympus linear PCM recorder LS-11). Afterwards the audio-records were professionally transcribed verbatim and then anonymized. The original interview transcripts were coded by two researchers (CK, DA) independently by using MAXQDA Analytics pro 12 software (Version 12.3.3, VERBI). The resulting codes were cross-checked, discussed and then summarized to minor and major themes by both researchers. Afterwards the codes were paraphrased using the qualitative content analysis technique.[23] To ensure qualitative research criteria were met, all coding was embedded with coding rules, therefore all data was carefully and comparably interpreted. Respective respondent quotes were identified using the respondent's interview file number and the number of the paragraph in which the quote appeared. Selected quotes were then translated into English for publication purposes.

3. Results

3.1. Sample characteristics

The final study sample consisted of 16 respondents (11 female and 5 male) aged 21–50 years (Table 1). Appointments were arranged if the volunteer was German-speaking and either a nurse or a doctor at the respective pediatric clinic. No respondent refused to participate nor withdraw for any reason. Eleven respondents were female, 7 out of 11 were nurses and 4 were medical doctors. All 5 participating men were medical doctors. The interviews, which lasted 15–25 minutes, were conducted in different quiet rooms and only the interviewer and interviewee were present. There was no established relationship between

Table 1
Demographics.

Age	Female	Male	In total
21-30	7	0	7
31-40	2	4	6
41-50	2	1	3
In total	11	5	16
Occupation			
Nurse	7	0	7
Doctor	4	5	9
In total	11	5	16