



CAM practitioners in integrative practice in New South Wales, Australia: A descriptive study

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Summary

Objectives: The aim of this study was to examine the role of complementary and alternative medical (CAM) practitioners in integrative practices where general practitioners (GPs) and CAM practitioners were co-located.

Design: This study used grounded theory, a qualitative methodology from the interpretive paradigm.

Setting: A total of 23 integrative practitioners (10 general practitioners and 13 naturopaths) were interviewed. The informants were drawn from 16 integrative practices and one non-integrative general medical practice.

Results: In 11 out of 16 integrative practices the CAM practitioners yielded their primary contact role to the GPs. CAM practitioners were restricted to expanding the range of treatment options available to patients. However, the role of the CAM practitioners was influenced by the level of CAM training the GP(s) in the practice had undertaken. The more CAM training the GPs had undertaken, the more CAM practitioners were enlisted as diagnosticians as well as treatment providers.

Conclusion: CAM practitioners in integrative practices had an accessory role to the GPs in the practice, deferring diagnosis and assessment activities to the GPs. However, where GPs had significant training in CAM, the CAM practitioner's role included both treatment and diagnostic activities.

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Introduction

Models of primary health care that combine Western and complementary medicine include integrative practices

where Western medical doctors and complementary and alternative medicine (CAM) practitioners share practice space.^{1,2} Such practices provide an opportunity to examine the extent to which an integrated or co-management approach to health care has evolved.

Naturopaths in Australia receive a generalist training in CAM which usually involves 4 years of private college or university training in biomedical sciences, Western herbal medicine, nutrition, and either homoeopathy, counselling or massage therapies.³ They could be regarded as the 'general

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practitioners' of CAM. Naturopaths are entitled to practice as primary contact practitioners, that is, first contact practitioners who have the knowledge and skills to assess patients, to provide on-going treatment for all aspects of a patient's health care and/or to direct patients for appropriate care.⁴⁻⁶ Most naturopaths establish independent practices, either alone or with other CAM practitioners. A few establish practice with general practitioners (GPs).⁷ The aim of this study was to examine the role of CAM practitioners in integrative practices where GPs and CAM practitioners were co-located.

Methodology

This research used a qualitative approach that generates data in the form of transcribed interview texts. The results of the study are presented using a form consistent with the methodology known as Grounded Theory.⁸ In this case meaning is sought directly from the data, and insights are developed from the patterns that emerge from the data.^{9,10} In a grounded methodology the research data is presumed to contain social patterns that 'emerge' through iterative reading and comparison. A 'constant comparison' is applied that focuses on the essential elements of 'time, place and people'.¹¹ It implies that the physical contexts of the participants in the study provide an important analytic contribution to the possible data set. In this research we use a 'constant comparative' analytic technique in conjunction with purposive theoretical sampling.⁹ Data, in the form of interview transcripts, were coded and analysed simultaneously so that specific incidents, concepts and theories were examined in relation to each other. At the same time the participant group was expanded from a selection of co-located practitioners. In this sense there is no random selection; rather, the participants are selected on the basis of their ability to contribute experience to the phenomenon being examined. In this study, a shared concept of mutual behaviour and values is critiqued through the participation of health professionals who are co-located, and where the different locations afford an opportunity to examine essential areas of conceptual difference and commonality. The model that has emerged from this research provides a means of interpreting the interactions and activity of co-located CAM and medical practitioners. From initial interviews a working definition of the role of CAM practitioners was developed using the participants' own descriptions. The research team then critiqued the data using perspectives developed from previous literature and knowledge of the field to formulate and test the initial participants' descriptions of their CAM roles. Subsequent interviews focused on the clarification of CAM roles and redefinition of the emerging theory.

The on-line telephone directory, <http://www.yellowpages.com.au>, the most comprehensive directory where both doctors and naturopaths advertise, was used to locate practices in New South Wales (NSW) where naturopaths and GPs shared the same premises. The study was limited to NSW as demographic studies showed that more naturopaths practice in NSW than in any other state.^{7,12} Only 19 such practices were found representing 0.14% of listed medical practices and 16.9% of listed naturopathic practices in NSW. A letter was sent inviting

practitioners to participate and this was followed with a phone call. Practitioners represented a range of practice styles (urban/country, diverse socio-economic regions, and number of practitioners). Two practitioners did not respond to follow-up phone messages. All other invited practitioners agreed to participate in the research. In total, 13 naturopaths and 10 GPs were interviewed from 16 integrative practices and one non-integrative Western medical practice.

All interviews were audio-taped with the informants' consent and transcripts of the interviews forwarded to the informants for verification. All interviews were conducted by the same researcher. Initially responses were sought from practitioners about their choice of integrative practice, the profile of the practice and their contribution to it, integrative practitioners' training, and referral patterns. Interviews were continued until redundancy of information or theoretical saturation occurred.⁹ Further informants were selected according to their likely contribution to the refinement or expansion of the concepts and theory that were being developed. Theoretical saturation occurred after a further four 1 h conversational interviews were conducted.

Validity was established by a continual process of checking, questioning, and theoretically interpreting at every step of the research from design to reporting. Cross-checks were imposed on the informants' stories. One method was triangulation, in this case checking concepts emerging from the interview data with descriptions of integrative medicine in primary care practices in the UK^{13,14} and Australia.¹⁵ Checks were also made with clinic advertising material and unsolicited data such as comments written on returned transcripts. Three elements of analysis guided the development of the grounded theory. Firstly, concepts were derived from the data, then categories were described within each concept, and finally generalised relationships between concepts and categories were developed.¹⁶

Results

GPs' perceptions of the role of CAM practitioners in integrative practice

Seven of the 10 GPs in the study considered themselves the key providers of health care, responsible for directing and monitoring the health care of the patients in the practice. Deficiencies in training of naturopaths were identified by six GPs as potentially limiting naturopaths' ability to recognise disease and consequently to know when to refer patients for Western medical treatment.

'I have spent years under the supervision of other doctors seeing a lot of people. So if somebody walks in I can tell you if they're sick or not... And what I've always had a problem with in naturopathy is not the courses—the course content is fantastic—it's the clinic. What we really need is a big, centrally based naturopathy hospital and clinic, where people can work under supervision and just see lots and lots of people.' (GP 2)

The GPs in the study referred patients to CAM practitioners to provide a broader range of treatment options than would have been available in non-integrative prac-

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