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A preliminary study of complementary and alternative medicine (CAM) practitioners in Singapore

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KEYWORDS
Complementary medicine;
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Summary
Objectives: To investigate the profile and health attitudes of complementary and alternative medicine (CAM) practitioners in Singapore.
Design and setting: A descriptive survey with convenience and snowball sampling were used. An anonymous self-administered survey was sent to 130 practitioners found in publicly accessible online practitioner registers, groups, and directories practicing CAM modalities from April 2010 to October 2010.
Main outcome measures: Participants' demographics, business structure, and attitudes towards health, CAM and orthodox medicine (OM).
Results: Response rate was 32%. The data suggest that the typical CAM practitioner in Singapore is a middle-aged female who specialises in more than one CAM modality. Almost half (45%) of the participants possessed a degree and massage is the most commonly practiced modality. Participants practiced an average of 2—3 therapies and group-practice size ranged from 2 to 15 practitioners. Most participants (69%) experienced a radical change in job type to become a CAM practitioner and their previous employment suggests a slightly middle-class profile. The cost and duration of initial consultation and treatment ranged from SG$20 to SG$345 and 30—120 min, respectively. The most common source of CAM information was seminars/lectures/workshops (76%). Communication and referral between CAM and orthodox medicine practitioners are high (>70%). Participants perceived CAM to be more suitable for disease prevention than treatment of serious medical conditions.
Conclusions: This study provides important base-line data that will help future researchers explore further Singaporean CAM practitioners' business aspirations, and attitudes towards regulation and integration with OM.

Introduction

Complementary and alternative medicine (CAM) is defined as 'group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine'.[1,2] In Singapore, the general

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population use CAM primarily for health maintenance and minor conditions while patient groups (e.g. breast cancer, paediatric cancer, asthma, and Parkinson's disease patients) use CAM to relieve disease symptoms, boost the immune system and complement orthodox medicine (OM) treatments.[3–5] Traditional medical systems such as traditional Chinese medicine (TCM), Jamu and Ayurveda are reported to be the most popular with most users self-medicating rather than consulted with a CAM practitioner; CAM is also perceived to be effective for its desired purpose.[6,7]

The rapid growth of CAM has generated much interest from OM practitioners and the government. OM practitioners' attitude towards CAM is reported to be generally positive except for the concern for potential herb—drug interactions.[8–11] OM practitioners highlighted the need to include more CAM components into OM training so they can better counsel their patients on CAM use.[12–14]

Currently, CAM practitioners in Singapore do not need to register with the Singapore Ministry of Health in order to practice. However, TCM practitioners who wish to practice TCM and acupuncture must register with the TCM Practitioners Board (TCMPB) and possess valid practice certificates. Successful practitioners will also be allowed to provide tuina (a form of Chinese manipulative therapy often used in conjunction with acupuncture) as complementary outpatient treatment in hospitals and nursing homes.[15] Massage therapists who wish to work in a massage establishment must register with the Singapore Police Force, possess professional industry qualifications, and pass an annual sexually transmitted disease medical screening.[16] Chiropractic is the only CAM modality in Singapore whose practitioners have taken the initiative to form the Chiropractic Association (Singapore) and implement self-regulation as a move towards state recognition.[17] For CAM products such as Chinese herbal medicines, other traditional medicines and health supplements, approval must be sought from the Health Sciences Authority before these products can be sold in Singapore.[18]

More studies have been conducted on the prevalence and attitudes towards CAM from the perspective of users and OM practitioners compared to studies that focused on CAM practitioners. In Singapore, no study has yet been conducted on the profile and health attitudes of CAM practitioners. Studies in this area are important because OM practitioners may need to interact more frequently with CAM practitioners in view of the increasing prevalence and growth of CAMs as part of the private health care system. Thus, this study aims to explore this area and answer the following questions:

(1) What is the demographical and business profile of CAM practitioners in Singapore?
(2) What are their general beliefs and attitudes towards healthcare, CAM, and OM?

Methods

Study design and settings

This study employed a descriptive study design to capture the characteristics such as CAM practitioners' demographics, business structure, and attitudes towards health, CAM and OM. Convenience and snowball sampling methods were used. Sampling consisted of CAM practitioners found in publicly accessible online practitioner registers, groups, and directories practicing modalities defined as CAM by the National Centre for Complementary and Alternative Medicine (NCCAM).[1]

Measurements

A comprehensive questionnaire informed by a review of the literature was designed to capture the profile and health attitudes of CAM practitioners in Singapore. Six main areas were explored: demographics; business structure and operation; CAM practice questions; communication and referral; and views about CAM and OM. The questionnaire contained 29 questions in 8 pages and was expected to take about 15 min to complete. Only structured questions were used and they could be answered by either checking the appropriate option(s), or directly entering the response(s) into the fields. The last question used a modified CAM Health Belief Questionnaire (CHBQ)[19] that contains the original 10 statements with 10 additional statements on CAM regulation and training. Each statement used the same 7-point response scale, with higher scores corresponding to stronger agreement with the statement. A total score of 70 was taken as a 'neutral' response. The questionnaire was piloted with five Singaporean CAM practitioners and no modifications were needed.

Data collection

Ethical approval for the study was granted by Charles Sturt University's Ethics in Human Research Committee before piloting and data collection. All participants received the self-administered questionnaire with a cover page stating that their participation was voluntary and anonymous. By deciding to participate and answer the questionnaire, participants have granted the researcher their consent of participation. Participants can choose to answer the questionnaire in softcopy or hardcopy to increase the response rate. Completed questionnaires were returned by email, fax or normal post. Both softcopy and hardcopy questionnaires contained the same questions and data entry was carried out in the same format to ensure continuity of the data and prevent any methodological-based errors. No names or other identifying information was collected during the survey conducted from April 2010 to October 2010.

Data analysis

All data were analysed using descriptive statistics due to the low number (42) of responses. For questions where participants provided a range but a specific figure was required (such as 'Age'), the mid-point of the range was used. For questions where the recommended number of choices was exceeded (such as choosing 6 'Reasons for practicing CAM' instead of the recommended 3 main reasons), all choices were included in the final data analysis to reflect the full range of responses. Statements 8—13 and 20 of the modified