



Trailblazing healthcare: Institutionalizing and integrating complementary medicine

Barbara F. Sharf^{a,*}, Patricia Geist Martin^b, Kevin-Khristián Cosgriff-Hernández^a, Julia Moore^b

^a Department of Communication, Texas A&M University, College Station, USA

^b School of Communication, San Diego State University, San Diego, USA

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ABSTRACT

Objectives: This study examines three integrative health centers to understand their (1) historical development, organizational goals, and modalities, (2) the processes and challenges of integrating complementary and allopathic medicine, while encouraging staff collaboration, and (3) how each center becomes institutionalized within their community.

Methods: We focus on three organizational case studies that reflect varying forms of integrative health care practices in three U.S. cities. Participant-observation and in-depth interviews with center directors were analyzed qualitatively.

Results: Important patterns found within the three cases are (1) the critical role of visionary biomedical practitioners who bridge complementary and allopathic practices, (2) communicating integration internally through team interaction, and (3) communicating integration externally through spatial location, naming, and community outreach.

Conclusion: IM centers continue to blaze new trails toward mainstream access and acceptance by gathering evidence for IM, encouraging team collaboration within organizational contexts, constructing organizational identity, and negotiating insurance reimbursements.

Practice implications: IM is not the enactment of specific modalities, but rather a philosophy of healing. Though scheduling conflicts, skepticism, and insurance coverage may be obstacles toward IM, collaboration among specialists and with patients should be the ultimate goal.

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1. Introduction

Complementary medicine, a classification for therapies that are different from and viewed as harmonious with conventional or allopathic biomedicine, is being assimilated and institutionalized in a variety of settings. Increasingly, the term *integrative medicine* (IM) is preferred to indicate “a combination of biomedicine and [complementary modalities] for which there is evidence of safety and effectiveness” [1] employed for the betterment of those receiving treatment. A related term is holistic medicine, which refers to a wholeness of mind, body, and spirit, in contrast with the tendency toward reductive specialization in biomedicine. In some settings, “medicine” is supplanted with alternative words such as “health,” “healing,” and “well being,” connoting an emphasis on prevention and wellness. This study reports an initial formative effort to examine organizational

processes enacted as complementary practices shift from a position in societal margins toward mainstream acceptance, including interfacing with conventional medicine, and the role of communication in these processes. Such movement requires the ability to create new pathways, literal and symbolic, and forms of organization; in effect, to blaze trails through unfamiliar, sometimes inhospitable, terrains.

Many reference Engel's [2] biopsychosocial model of health care as a precursor to the contemporary IM movement. The philosophy of IM centers on practitioners assisting people's innate healing abilities through an array of modalities to overall wellness, in addition to treating and preventing disease [3]. According to the 2007 National Health Survey, 38 percent of adults and 12 percent of children have used some form of non-allopathic health care [4]. Patients often seek out health solutions on their own, [5] by adding complementary methods to doctor-prescribed allopathic treatments.

Mainstream medicine is beginning to take note of the shift in patients' attitudes and actions, as well as the effectiveness of IM [3]. Holistic practices address the need for patient involvement by emphasizing partnerships, in turn, impacting healing [3,6–12]. Mainstream practitioners have begun to accept complementary modalities as legitimate and cost-effective [13], and a new

* Corresponding author at: Department of Communication, MS 4234, Texas A&M University, College Station, TX 77843-4234, USA. Tel.: +1 979 690 1378; fax: +1 979 845 6594.

E-mail address: bsharf@tamu.edu (B.F. Sharf).

generation of physicians refer patients to complementary providers [14,15]. IM centers are opening around the U.S. [3,16,17] to address the changing landscape of patients' needs.

This paper describes variations and commonalities among three integrative health centers in terms of objectives, practices, internal organization, and outreach with the communities in which each is embedded. Specifically, we seek to address the following research questions:

- RQ1: How do selected centers of integrative health care and education function in terms of historical development, organizational goals, and practice components?
 RQ2: In what ways has integration of services and expertise occurred (or not) among the various complementary and biomedical practitioners within each center?
 RQ3: How has each center attempted to become institutionalized within its respective community, including interfacing with conventional medical entities?

2. Methodology

2.1. Design, data gathering and analysis

Through a combination of participatory observations and semi-structured interviews in three health centers that use complementary practices, we sought to understand the processes of trailblazing and institutionalization. Each center was selected because of its geographic accessibility to the research team and its unique organizational structure, location, cultural surroundings, developmental stage, and degree of integration with conventional medicine. Initial contacts with center directors via and/or phone calls were made by the co-principal investigators to introduce our project. These contacts were followed with visits to the centers to discuss and gain cooperation toward in-depth investigation. In all instances, institutional approval was granted; some actual names of centers and people are used at participants' explicit request. Data collection included interactions with all center directors and some staff, as time and opportunity allowed. In one case, two authors attended yoga and reiki classes. In another case, three authors attended a four-day observational visit organized by the center including presentations by administrators and clinicians in numerous modalities. Investigators spent between 8 and 32 h gathering data at each center.

Some conversations were audio-recorded and written field notes were maintained to document participatory observations. The goal of data gathering was to understand the narrative of each of the three centers, in terms of its evolution, mission, components, and internal and external communication. The combined thematic/narrative analysis [18] emanated from each investigator separately reading through transcripts of all interviews and field notes, followed by a conjoint discussion by the research team in terms of what was learned about forms of integration, with special attention to the metaphorical language used by participants in describing their centers.

2.2. Center descriptions: history, goals, and practice/educational components

2.2.1. Brazos Healing Center (BHC)

BHC, located in College Station, TX, celebrated its first year in operation in spring, 2011. The two co-founders, Lisa and Filipa, both hold credentials in yoga and reiki. They manage the Center, jointly making decisions related to educational offerings, staff employment, and community outreach. The organization's mission is to provide a central place to (1) access complementary therapies and holistic health consulting, (2) learn about enhancing

personal development, and (3) exchange ideas for balancing and strengthening the mind-body-spirit connection.

Services provided at BHC include energy and massage therapies, yoga, pilates, tai chi, and holistic nursing consultations. They have struggled with an initial identity of yoga studio, but stress that there is much more. BHC has worked to create "an atmosphere for change" in the community. BHC focuses on prevention as well as healing, and strives to help "people feel empowered to make themselves feel better." The Center does not refer to its patrons as patients, but rather as "clients" because, according to Filipa, "clients just feels better or maybe more equal, working-on-it-together kind of thing." She describes their clientele as "sophisticated" but says there is no one particular demographic targeted. The evolution of BHC is described by Lisa as an "organic unfolding." Declares Filipa: "I think the sky is the limit in what we can do."

2.2.2. Center for Well-Being (CWB)

CWB, located in a large Californian city, has been in operation for 14 years. Carol Silver, M.D., co-founder and Medical Director, leads the team of 17 providers who take a "whole-person approach" providing a "healing experience that bridges the gap between conventional allopathic medicine and alternative and complementary therapies." At CWB, practitioners work as a team "in a healthcare continuum that emphasizes prevention, education, and lifestyle management." CWB is open to the public and encourages the use of medical insurance to cover a majority of their services, including family medicine, naturopathic medicine, neurotransmitter restoration, oriental medicine and acupuncture, chiropractic, massage therapy, transformational counseling, podiatry, health screenings and lab testing, bio-identical hormone therapy, weight management, and skin rejuvenation.

CWB's website describes its vision as "providing integrative medicine that emphasizes the patient-provider partnership and encourages patients to take an active role in their healthcare." Dr. Silver is a conventionally trained primary care physician who visualizes a bigger, interconnected picture. Establishing CWB in this location in 1997, she brought on an acupuncturist and a chiropractor right away and from the beginning "started accumulating a team, sort of envisioning this integrated model, still evolving myself." It was important "to find a cover that wasn't too far out there" where patients who were more familiar with a medical model would be willing to try other therapies. The challenge CWB faces on a regular basis is collaborating across the different modalities so that the clinical group brings together all perspectives of the patient. Dr. Silver states, "The integrated work that we have been trying to do here [means that] the client's voice shows up equally to the provider's."

2.2.3. Integrative Medicine Program (IMP)

IMP, started in 1998, is the largest, most established of the three organizations. It is located within the University of Texas MD Anderson Cancer Center, an academic tertiary cancer hospital in Houston. IMP's integrative services include meditation, music therapy, nutrition, acupuncture, massage, expressive arts, yoga and other movement-based therapies, and more, which are available to patients, caregivers, and family members.

The educational component of IMP distributes "evidence-based information on complementary and alternative therapies to help patients and health care professionals decide how best to integrate such therapies into [their] care." IMP's monthly lecture series, journal club, and research presentations seek to enhance discussion of clinically proven IM research within the hospital. The group also works with other local institutions to incorporate IM education as part of medical school training.

A crucial organizational development has been the appointment of medical oncologist, Richard Lee, MD, as IMP's Medical

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