



Research paper

Student acupuncturists: Career choice and views on traditional Chinese medicine (TCM)

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ABSTRACT

Introduction: New Zealand, like many other Western countries, has experienced an increase in the use of complementary and alternative treatment modalities, such as that of traditional Chinese medicine (TCM) based acupuncture. While there has been an increase in the utilization of TCM-based acupuncture, there has also been an increase in the number of individuals graduating with a degree specializing in acupuncture. Limited research exists that has examined why individuals have chosen to study TCM-based acupuncture. Therefore, the primary aim of this study was to identify reasons why students chose to study acupuncture. A secondary aim was to identify and examine students' views on TCM.

Methods: Fifteen TCM students from the Auckland region of New Zealand who were majoring in either acupuncture or Chinese herbal medicine were interviewed at the institution at which they were studying. An inductive thematic approach was used to analyze the data.

Results: Previous experience of acupuncture and its perceived efficacy were identified as a salient reason for studying TCM. TCM was perceived as providing a holistic approach to health and healing, and was perceived to have fewer side effects compared to conventional medicine.

Conclusions: This study identified factors that influenced both Chinese and non-Chinese individuals to study TCM. Student practitioners believed in the effectiveness of acupuncture and other TCM treatment modalities. Acupuncture was perceived to provide a holistic approach to health and healing, taking into account both physical and emotional states.

1. Introduction

New Zealand has experienced an increase in the use of complementary and alternative medicine (CAM) treatment modalities [1–6]. Previous studies have cited that around one quarter of the adult New Zealand population have consulted a CAM practitioner over a 12-month period [1,7,8]. Research indicates that acupuncture is one of the most recognised and utilised CAM treatment modalities [1,6,9–12]. Acupuncture is a treatment modality that falls within traditional Chinese medicine (TCM) [13,14]. TCM comprises of several treatment modalities, such as acupuncture, Chinese herbal medicine, tuina, moxibustion and cupping [12]. TCM has been practiced in China for over 2000 years and is part of the Chinese healthcare system [15,16].

Acupuncture is the most utilized form of TCM treatment in New Zealand for non-Chinese individuals [12]. National data indicate that there has been an increase in the utilisation of TCM-based acupuncture, as well as an increase in the number of individuals graduating with a degree specializing in acupuncture [1,12,17].

There may be several reasons for an increase in the utilization of TCM-based acupuncture. Firstly, research indicates that acupuncture is predominately sought for pain management purposes, and specifically for conditions that are difficult to treat by conventional medicine [1,11]. In line with this, a New Zealand-based study reported that almost one half of new patients who sought acupuncture treatment over a four-month period at a TCM clinic in Auckland, (the country's most populated city) had consulted another healthcare practitioner, namely a general practitioner prior to seeking acupuncture [6]. This study also reported that acupuncture was predominantly sought for pain management purposes compared to any other condition [6].

Also, in New Zealand, the government funds acupuncture treatment for injury-related conditions through the Accident Compensation Corporation (ACC) based on its efficacy in the management of musculoskeletal pain [18]. As noted in a recent publication [12] non-Chinese individuals who have had an initial successful experience of acupuncture are more likely to seek acupuncture for similar conditions in the future. A growing Asian population, which comprises of 12% of the

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New Zealand population may also account for an increase in the utilization of acupuncture [19].

To date, limited research exists that has examined why individuals have chosen to study TCM. With an increase in the use of TCM-based acupuncture in New Zealand, and an increase in the number of individuals graduating with a formal degree in acupuncture and Chinese herbal medicine, more information is required that examines why individuals have chosen to study TCM. Therefore, the present study had two main aims: firstly, to identify why students choose to study TCM, and secondly, to identify and examine students' views on TCM.

2. Methods

2.1. Participants

Participants were enrolled in the Bachelor of Health Science degree (BHSc) majoring in either acupuncture (a 3-year degree) or Chinese herbal medicine and acupuncture combined (a 4-year degree) at New Zealand College of Chinese Medicine based in Auckland, New Zealand.

2.2. Outcome measure

An interview schedule was developed for the present study by members of the research team. The interview schedule comprised of four main parts. The first section comprised questions that were designed to ascertain why students had chosen to study TCM. The second section contained questions that were designed to examine students' views on TCM. Also examined were students' own use of TCM treatment modalities. Demographic information was also collected, including information about previous employment.

2.3. Procedure

Participants were recruited through the use of the College's student management system, which contains student records. Purposive sampling was used to recruit participants, with recruitment of participants being based on stage of degree progression. The majority of invitations were sent to senior students (i.e., students who were either in the second year of their three-year degree, or those who were in the final year of their degree). It was deemed that senior students would have more knowledge and practical experience of TCM, as senior students treat patients under supervision in the College's Student Acupuncture Clinic (lining up with the secondary aim of the study).

Also, in the context of New Zealand, in comparison to other Western countries, we have a relatively small population of just under 4.8 million people. At present, there are only two tertiary providers (i.e., private teaching establishments) that teach traditional Chinese medicine. Both institutions have a relatively small number of students enrolled in their TCM programmes. At the time of data collection, 126 students were enrolled at our college. The majority of students (98%) were of Asian descent. Hence, purposive sampling was also used to try and recruit non-Asian students.

To obtain 15 positive responders, a total of 65 email invitations, including a copy of the participant information sheet were emailed to potential participants. Recipients had two weeks to respond. If a reply had not been obtained within this two-week period, one follow up email invitation was resent. Students interested in participating replied via email. Two first year students, five second year students, seven third year students and one fourth year student took part in the present study. Each participant was individually interviewed in a private room at the College by the first author. Each interview varied in length, taking between 15 and 40 min to complete. All interviews were audio-taped for later transcription. Informed written consent was obtained from each participant prior to the commencement of each interview. At the time the interviews were conducted the first author was employed as the College's Research Officer, and had no direct contact with

students (i.e., no teaching or a clinical supervisory role). The second author was employed as a Lecturer and Clinical Supervisor. Ethical approval for this study was obtained from the New Zealand College of Chinese Medicine Ethics committee (Reference number 2014/002).

2.4. Data analysis

All 15 audio-taped interviews were transcribed verbatim by the first author. Transcripts were analyzed using an inductive thematic approach based on Auerbach and Silverstein's [20] approach to thematic analysis. Four main steps were involved in the analysis process. The first step involved reading and re-reading each transcript several times for each question within each of the topic areas. The second step involved identifying repeating ideas between transcripts. This involved identifying text where participants used the same or similar words to convey the same idea. The third step involved coding repeating ideas to create themes and sub-themes. A theme is an organization of repeating ideas that is given a name that communicates what participants are trying to convey [20]. The final step in the analysis process was concerned with verifying the trustworthiness of the findings to reduce individual researcher bias. This step involved members of the research team individually reading the transcripts to verify or disqualify themes [20]. The first author initially analyzed the data and identified themes. The second author individually read the transcripts to ensure that participant quotes matched the categories of themes identified. This involved either verifying or disputing themes. Both authors hold a doctorate. The first author has extensive experience in carrying out qualitative research in the health sciences field.

3. Results

Fifteen students (9 female and 6 male) took part in the present study. Participants were aged between 31 and 50 years of age (40.0 ± 2.0 years). Five participants were born in China and identified as being Chinese. Three participants were born in Taiwan and identified as being Taiwanese. Two participants were born in Korea and identified as being Korean. One participant was born in Vietnam and identified as being Vietnamese. One participant was born in Indonesia and identified as being Indonesian. Three participants were born in New Zealand. Two of these participants identified as being New Zealand European and one identified as being Maori. The twelve students who were born overseas had been residing in New Zealand between 2 and 19 years (11.5 ± 1.5 years).

Data were examined under the two main sections described in the Measures section. A number of themes were identified within these topic areas. The themes for each topic area are provided below with direct quotes to help illustrate participant views.

3.1. Topic: decision to study acupuncture

Six main themes emerged for this topic area that identified and examined why individuals had chosen to study TCM-based acupuncture.

3.2. Theme: own injury or illness

A number of students discussed how their personal experience of acupuncture and other TCM treatment modalities for an injury or illness influenced their decision to study TCM. For example, student 3's first experience of acupuncture was through a back injury. This student was also interested in the medical field (as conveyed in a later theme). Hence, her interest in medicine coupled with her positive experience of acupuncture was an influencing factor in her decision to study TCM. Both student 11 and 15 had an ongoing chronic health condition and decided to have TCM treatment because of limitations they experienced with their conventional Western medicine treatments. As a result of

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