



Review article

Patient perceptions of clinical care in complementary medicine: A systematic review of the consultation experience

Hope Foley^{a,*}, Amie Steel^{a,b}^a Endeavour College of Natural Health, 2/269 Wickham St., Fortitude Valley, QLD, 4006, Australia^b Australian Research Centre in Complementary and Integrative Medicine, Faculty of Health, University of Technology Sydney, 15 Broadway, Ultimo, NSW, 2007, Australia

ARTICLE INFO

Article history:

Received 11 August 2016

Received in revised form 20 September 2016

Accepted 21 September 2016

Keywords:

Person-centred medicine

Health behaviour

Holism

Patient-practitioner relationship

ABSTRACT

Objective: This review aims to describe the prevalence of empathy, empowerment and patient-centred clinical care experienced by patients in complementary medicine (CM) consultations.

Methods: A systematic review was undertaken of original research exploring patient perceptions of CM clinical care. Ten databases were searched: Alt HealthWatch, AMED, CINAHL Plus, MEDLINE Complete, Cochrane Library, PubMed, Proquest Medical Collection, PsycInfo, Social Sciences Citation Index and Psychology Collection. Studies were included which reported patient perceptions of consultation with CM practitioners and were excluded where experimental methods controlled the nature of consultation processes.

Results: Findings of included studies ($n=34$) were categorised under the *a priori* themes of empathy, empowerment and patient-centred care. This produced a substantial pool of qualitative data detailing patient-reported experiences which consistently confirmed occurrence of these themes in CM consultation. Quantitative data was correlative, yet was insufficient to definitively describe prevalence of such experiences.

Conclusion: While it is evident that CM consultations provide a patient experience of empathy, empowerment and patient-centredness, further research is warranted to quantify this experience before it can be defined as characteristic of CM clinical care.

Practice implications: This review draws attention to the potential role of CM as a resource for patients' psychosocial health needs.

© 2016 Elsevier Ireland Ltd. All rights reserved.

Contents

1.	Introduction and background	213
2.	Methodology	213
2.1.	Search strategies & inclusion criteria	213
2.2.	Study selection & data extraction process	213
3.	Results	214
3.1.	Critical appraisal	214
3.2.	Study characteristics	215
3.3.	Characterising experiences of empathy, empowerment and patient-centred care	215
3.3.1.	Empathy	219
3.3.2.	The CM consultation as an empowering experience	220
3.3.3.	Patient-centred care	220
4.	Discussion and conclusion	221
4.1.	Discussion	221
4.2.	Conclusion	221
4.3.	Practice implications	222

* Corresponding at: c/o Office of Research, Endeavour College of Natural Health, 2/269 Wickham St., Fortitude Valley, QLD, 2006, Australia.
E-mail addresses: 234782@eweb.endeavour.edu.au, hfhholistichealth@gmail.com (H. Foley).

Conflicts of interest	222
Contributions	222
Funding	222
Acknowledgements	222
References	222

1. Introduction and background

Complementary medicine (CM) comprises an extensive and varied body of health-care professions generally considered separate to conventional medicine [1]. Commonly accessed CM professions include naturopathy, herbal medicine, acupuncture, homeopathy, chiropractic and massage [2,3]. CM use amongst the general population has been identified as both prevalent and consistently increasing on an international level [4,5], including patients with chronic health conditions [6,7]. It has also been asserted that the integration of CM consultations alongside the provision of conventional primary health-care services can enhance the quality and comprehensiveness of clinical care [8,9]. In light of these patterns alongside the rising global burden of disease attributed to chronic conditions [10], it is worthwhile considering the role CM practitioners and the clinical care they provide may play in delivery of contemporary health-care services [11].

The process of the clinical consultation is integral to the provision of health-care, with the relationship between patient and practitioner having a demonstrable impact on patients' health and psychosocial outcomes [12,13]. The nature of the consultation contributes to the quality of clinical care; practitioner empathy improves patient satisfaction and compliance with treatment [14], while strong communication skills and longer, more in-depth, personalised consultations may promote favourable clinical outcomes [15,16]. In line with these understandings of the clinical influence of patient-practitioner interactions, there has emerged a recognition of the importance of clinical care processes that allow active patient participation [17].

The paradigm of patient-centred care (PCC) is derived from the person-centred therapy of psychologist Carl Rogers [17] and has been largely embraced by the global health and medical community as a movement toward improved clinical care [18,19]. PCC is a systemic "whole-person" approach accounting for all aspects of the individual's needs, values, environment and available resources; it promotes active patient participation through education and shared decision-making [20]; it involves a patient-practitioner relationship founded in partnership and communication; and it promotes sustainable health generation in a manner applicable to the individual's circumstances [19]. PCC is generally valued and sought-after by patients [21,22].

The cornerstone of PCC is a patient-practitioner relationship characterised by practitioner empathy and patient empowerment [9]. Empathy is a complex sequential process involving emotive, moral, cognitive and behavioural aspects [23]. It implicates both ability and motivation in the practitioner to identify, consider and understand patients' emotions, experiences and perspectives, requiring a level of emotional engagement in order to authentically reflect this understanding back to the patient [23]. Empowerment denotes an ability to act or choose, which in the context of clinical care is defined as enablement of patients to take an active role in their health-care [24]. This may be seen as a transference of power from practitioner to patient, often through patient education, resulting in greater patient self-efficacy [24].

Previous research has reported that patients expect empathic, empowering, patient-centred care from CM practitioners [25] and seek CM services specifically for clinical care of this nature [26].

While it has been suggested that CM clinical practice is particularly patient-centred in its approach [26–28], this statement must be supported by appropriate evidence. As such, this systematic review examines the currently available evidence exploring the perceptions of patients regarding their experience of CM practitioners' clinical approach during consultations.

2. Methodology

A protocol was developed and implemented using the *Preferred reporting items for systematic review and meta-analysis* protocols (PRISMA-P) 2015 statement [29]. The protocol was drafted by HF and reviewed and revised by AS.

2.1. Search strategies & inclusion criteria

The following databases were searched: CINAHL (EBSCOhost), MEDLINE Complete (EBSCOhost), PubMed (US National Library of Medicine), Cochrane Library (Wiley Online Library), ProQuest Medical Collection (ProQuest), AMED (EBSCOhost), Alt Health-Watch (EBSCOhost), Social Sciences Citation Index (Web of Science), PsycInfo (EBSCOhost) and Psychology Collection (Gale Cengage). A variety of terms were used to cover two main focal points of the review: the patient experience of empathy, empowerment or patient-centred care and the CM clinical setting. MeSH terms and key words on related papers were explored to guide the process of selecting search terms. Search terms were drafted by HF while AS assessed and contributed to the selection. The list of terms used was as follows: empathy, compassion, empowerment, enablement, patient-centred, person-centred, patient-focused, patient-practitioner relationship, clinical care, consultation, complementary medicine, alternative medicine, complementary therapies, alternative therapies, naturopathy, herbalist, homeopathy, acupuncture and massage. See Table 1. for full search protocol details.

During selection, all study designs constituting original research published between January 2005 and March 2016 were considered. This date range was selected in order to assess current and recent trends in CM clinical care. There was no exclusion based on language. Inclusion criteria covered studies whereby participants were patients who had consulted with a CM practitioner in a naturalistic (non-experimental) clinical setting. Studies were included when outcomes involved some assessment of patient perception of empathy, empowerment, patient-centred care or related categories.

2.2. Study selection & data extraction process

After removal of duplicates, the initial pool of results was screened (by HF) by title and abstract and citations were excluded as ineligible for the following reasons: unrelated to CM or to the specified CM professions, unrelated to clinical care, data were not taken from patient's perspectives, outcomes were unrelated to themes of empathy, empowerment and patient-centred care, interventions were deliberately patient-centred, or the article did not present original research. The remaining papers were screened by full-text and again during data extraction, culminating in a final selection of studies found to meet the full inclusion criteria with at

Download English Version:

<https://daneshyari.com/en/article/5681976>

Download Persian Version:

<https://daneshyari.com/article/5681976>

[Daneshyari.com](https://daneshyari.com)