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A qualitative exploration of how patients conceptualise their acupuncturists: Technicians, caring professionals, and wise healers

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ABSTRACT

Objectives: To explore how patients conceptualise acupuncturists, the meanings ascribed to the therapeutic relationship and valued therapeutic behaviours.
Design: Qualitative study. Semi-structured face-to-face interviews explored patients' experiences of acupuncture. A diverse sample of 35 participants took part; they had used acupuncture for a variety of predominantly chronic conditions. Inductive thematic analysis was used to identify themes.
Setting: Southern England.
Results: Participants conceptualised acupuncturists in three ways: technician, caring professional, and wise and gifted healer. Each conceptualisation had different implications for patient health. For example, lifestyle advice from a wise healer was seen as inspirational wisdom, while lifestyle advice from a caring professional was seen as evidence of caring. Participants inferred empathy when acupuncturists took a detailed history, took notes during treatment, and provided therapeutic commentaries. Participants inferred knowledge and/or wisdom when acupuncturists made changes to treatments over time, provided explanatory frameworks for their symptoms, and made effective recommendations concerning lifestyle and health behaviours.
Conclusions: The findings provide novel insights into how patients view acupuncturists, suggesting acupuncture-specific models that do not directly map onto conventional models of doctor-patient relationships. Understanding how patients think about their acupuncturist and make sense of clinical interactions could help acupuncturists to hone their therapeutic skills.

1. Introduction

Acupuncture is a form of alternative medicine that originated in China and involves the insertion of fine needles at specific points on the body. It is popular with patients, accepted by many biomedical doctors and is increasingly integrated into conventional public health care systems.[1–6] In the UK acupuncture is available from doctors, physiotherapists, and other statutorily-regulated medical professionals (often in the form of western medical acupuncture) and non-medically qualified acupuncturists (often in the form of traditional Chinese acupuncture). Non-medically qualified acupuncturists have voluntary regulation. Trials and meta-analyses suggest acupuncture has clinically and statistically significant effects in chronic pain conditions, but the difference between true acupuncture and sham acupuncture is often small compared to the difference between acupuncture and usual care.[7–10] This suggests that acupuncture's effects are derived not only from the insertion of needles but also, in large part, from the broader contextual components of this complex intervention and in particular the patient-practitioner relationship.[11–13]

There is good evidence from conventional medical settings that the patient-practitioner interaction is an important and modifiable component of treatment context, which influences health outcomes across diverse interventions and conditions.[14] Particular consultation features that have been shown quantitatively to contribute to better outcomes include positivity, empathy, and patient-centeredness.[15–19] In acupuncture, the evidence is mixed and we do not fully understand what the contextual components of care are and how they shape outcomes. An attentive, warm, and confident practitioner augmented the effects of sham acupuncture in a trial in irritable bowel syndrome[20] but results of similar

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trials in osteoarthritis were mixed.[21,22] Similarly, questionnaire-based studies in which patients rate their acupuncturist's empathy report mixed findings on whether empathy predicts better treatment outcomes.[23,24] Some practitioner characteristics appear to be unrelated to outcomes: across a number of large trials the practitioner's acupuncture qualifications and experience did not modify treatment effects.[25–28] Qualitative methods could offer fresh insights into the fundamental nature of therapeutic relationships in acupuncture which might help provide a theoretical grounding to improve our understanding of how contextual features of acupuncture shape patient outcomes.

Qualitative interview studies have explored patients' experiences of acupuncture, including their perspectives on therapeutic relationships. Findings from these studies can be related to Roter's[29] three prototypes of patient-practitioner relationships: paternalistic, mutualistic, and consumerist (see Table 1). In a longitudinal study of Chinese acupuncture in England, patients valued therapeutic relationships characterised as egalitarian and non-hierarchical,[30] which is similar to the mutualistic prototype described by Roter. Relationships between medical acupuncturists and patients in Germany may be more paternalistic and were described as showing passive consumerism, in which patients assessed the quality of acupuncture treatments but showed little interest in understanding acupuncture or actively making treatment decisions.[31] In England, the private sector facilitated more consumerist relationships than the public sector but acupuncture patients in both sectors were often poorly informed.[32] Compared to usual care settings, clinical trials provided little opportunity for the shared decision-making that characterises mutualistic relationships.[33] Qualitative studies have also described aspects of the therapeutic relationship that are valued by some (but not all) acupuncture patients, including: feeling able to talk to the acupuncturist, taking an active role in treatment, getting an explanation of acupuncture and/or oneself and one's health, being understood and treated as a unique whole person, and feeling cared for.[21,30,32,34–37] Structural features, such as long consultations and short waiting times, are also valued by some patients.[32,37]

In summary, the patient-practitioner relationship is an important contextual component of health care and acupuncturists might be particularly good at developing positive therapeutic relationships with their patients. However, quantitative studies have reported inconsistent findings and we do not fully understand the ways in which patients experience these relationships. While there is now a body of qualitative literature on patients' experiences of acupuncture, we aimed to extend this literature by contributing a focused analysis of patients' perceptions of their acupuncturist. Our objectives were to identify the meanings that patients ascribe to the therapeutic relationship in acupuncture and acupuncturist's behaviours which patients particularly value. In addressing these, we hoped to provide evidence of the transferability (or not) of previous qualitative findings to other settings, to shed new light on therapeutic relationships in acupuncture, and to identify opportunities to enhance practice both within and possibly beyond acupuncture.

2. Methods

2.1. Data collection and participants

The data for this analysis come from a study that aimed to identify contextual features of acupuncture, from patients' perspectives. Ethical approval was obtained from the host institution's ethics committee (reference: ST/03/92). Two other papers using this data have been published; these papers focused on how patients choose acupuncturists[38] and patients' preconceptions of acupuncture.[39] As reported previously, semi-structured face-to-face interviews (conducted during 2007) explored people's experiences of acupuncture treatment and were conducted by the first author in a location of the participant's choosing (most often their home, occasionally their work place). The topic guide explored the context of acupuncture from patients' perspectives, construed broadly as beginning from before the first treatment and extending throughout patients' experiences of acupuncture. The initial broad question allowed participants to tell their story of acupuncture in their own words ("I'm really interested in finding out why you chose to have acupuncture and what it has been like now that you have tried it. Please could you tell me all about it?"); follow-up questions encouraged them to elaborate on different aspects of acupuncture, including their experiences of their acupuncturist (e.g. "Could you tell me about the person who gives you your acupuncture?"). Interviews lasted from 24 min to 2 h (median = 53 min).

We tried to recruit participants who would give us varied accounts of acupuncture, in order to map a range of contextual components. Six men and 29 women aged between 26 and 86 years (median 53 years) volunteered and gave informed consent to take part in an audio-recorded interview. They had experienced acupuncture treatment for various conditions including hay fever, rheumatoid arthritis, infertility, stress, and wheat intolerance. Participants were recruited from 7 acupuncturists providing traditional Chinese acupuncture in private practices in predominantly suburban areas of Southern England (n = 26) and the University community via a website advert asking for people who had experienced "disappointing, unsuccessful or negative experiences of acupuncture" (n = 9). We were able to recruit participants who had accessed western medical acupuncture in the National Health Service (n = 5) and we obtained heterogeneity in commitment to acupuncture: one participant had only experienced a single acupuncture treatment while one had been attending acupuncture on a regular basis for 25 years. Some participants described multiple experiences of having acupuncture and these were explored in the interviews. We started data analysis on completing the first interview; subsequent interviews and analysis proceeded iteratively. We stopped recruiting when categories and themes were well-developed in relation to our initial research question, new interviews added little fresh material and it was felt that new insights would only be generated by considerably expanding the sampling frame (e.g. to a distant geographical area).[40,41]

2.2. Data analysis

Interviews were transcribed verbatim and identifying details were disguised, e.g. real names were replaced with pseudonyms. We have previously described in detail our epistemology (critical realist) and analytic approach.[39] In brief, we began by using techniques from framework analysis[42] to organise patients' talk into five domains of contextual features: themselves in relation to acupuncture, acupuncture consultations and treatments, their acupuncturist, their relationship with their acupuncturist, and the physical and institutional setting of acupuncture.[14,43] The findings reported below emerged from an inductive thematic analysis[44,45] of patients' talk about their acupuncturist. First, open-coding was used wherein short verbal labels were generated by FLB to describe the content and meaning of speech segments; second, constant comparison was used wherein FLB compared codes across and within individuals to identify similarities, differences, and patterns; finally, a narrative rendering was produced by the authors in collaboration, describing major themes that repeated throughout the data and encompassing the range of perspectives expressed in the interviews. Anonymised quotes presented below have been selected for typicality and eloquence in illustrating a particular analytic point.