



## Perceptions of traditional health practitioners and radiation oncologists regarding referral of cancer patients in a cooperative practice in KwaZulu-Natal province, South Africa<sup>☆</sup>



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### ABSTRACT

The referral system is an important component of the health care system, exclusively in a cooperative practice. The objective of this study was to explore the perceptions of traditional health practitioners and radiation oncologists regarding referral of cancer patients. The study was conducted in KwaZulu-Natal, South Africa and employed a qualitative explorative descriptive design. Snowball and purposive sampling techniques were utilised to recruit participants from traditional health practitioners and radiation oncologists, respectively. Interviews were conducted in isiZulu for the former and English in the latter. The data was saturated with 28 traditional health practitioners and four radiation oncologists. All the interviews were audio-taped and transcribed verbatim. Interview data from traditional health practitioners was first translated back to English before data analysis.

The traditional health practitioners referred patients to the hospital and not the radiations oncologists and there was no referral from the radiation oncologists. Both parties value cooperative practice but were still wrestling with traditional health practitioners' own locally developed practices of traditional medicine use. Traditional health practitioners were willing to provide evidence of their practices in order to demonstrate their role and practices in cancer treatment. They suggested other strategies to ensure a working relationship and patients' referral.

### 1. Introduction

In 1978, the World Health Organization (WHO) officially promoted traditional medicine (TM) and urged member states to incorporate it to the national health system (WHO, 1978). With prompt referrals, the incorporation could help increase early diagnosis and treatment of a disease (Kayombo et al., 2007). Recently many governments in economically developing countries have embarked on improving health-care service delivery through cooperative practice to ensure that low income people have access to quality healthcare services available within a country (Crisp, 2010; Gates, 2011; Matsoso & Fryatt, 2013; Moosa, Luiz, & Carmichael, 2012). Nonetheless, they have lagged behind with regard to incorporation. For example, South Africa has only been successful in collaboration for the treatment of HIV/AIDS (Gqaleni et al., 2011) and mental illnesses (Sorsdahl, Stein, & Flisher, 2013).

However, significant progress has been made in preparation for collaboration. For example, in support of TM, in 1994 the government

in South Africa urged traditional health practitioners (THPs) to work with allopathic medicine practitioners (AMPs) in order to strengthen the health system of the country by serving the interests of all the inhabitants (Pretorius, 1999). Also, the constitution gives people the right to access the health care service of their choice depending on their beliefs (Republic of South Africa, 1996). The Traditional Healers Act, 22 of 2007 advocates for TM and allopathic medicine (AM) to function in parallel and not integrated (Republic of South Africa, 2008). Also, the Health Professions Council of South Africa (HPCSA) advocates for good practice where there is mutual trust between the patients and the health practitioners (HPCSA, 2008). A previous study on cooperation reported that TM can be made relevant through inclusive parallel system, whereby TM and AM are recognised legally, but exist as two independent sectors, each acknowledging and considering the uniqueness of the other (Pretorius, 1991). If they are to work in parallel, collaboration in the form of referral is necessary (Sorsdahl et al., 2013).

Most studies in the referral of cancer patients are in the

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interdisciplinary system within the conventional health system and have a referral system in place. There is paucity of information with regard to referrals of cancer patients between traditional health practitioners (THPs) and radiation oncologists (ROs). The current study will fulfil this gap. It sought to explore the perceptions of THPs and ROs regarding referral of cancer patients in a cooperative practice in KwaZulu-Natal (KZN).

## 2. Aim of the study

The study was aimed at exploring the perceptions, thoughts and insight of THPs and ROs with respect to the referral of cancer patients in a collaborative practice between THPs and ROs in KZN province.

## 3. Methods

### 3.1. Design

The study employed an exploratory and descriptive qualitative approach to gain an understanding of referral of cancer patients in a collaborative practice between THPs and ROs.

### 3.2. Setting

The study was conducted in KZN, South Africa's second smallest province with a population of 11,074,800 (Statistics South Africa, 2017). The province is organised into 11 districts where 80.9% speak isiZulu, 13.6% English, 2.3% isiXhosa, 1.5% Afrikaans and 1.7% other languages (South Africa KwaZulu-Natal Info, 2016). There are 14 941 active THPs in KZN (Gqaleni, Moodley, Kruger, Ntuli, & McLeod, 2007) distributed across all 11 districts in KZN. Its capital and major cities, Durban and Pietermaritzburg situated approximately 90 km apart, with the tertiary and regional oncology provincial hospitals located in the former and latter cities, respectively. There are seven cancer specialists, radiation oncologists (ROs) placed at the oncology provincial hospitals and providing radiotherapy services.

### 3.3. Population and sampling technique

The target populations comprised two groups, namely the THPs and ROs in KZN. The THPs are those who treated patients with cancer and were registered as traditional healers with a traditional healer's organization. The ROs were those placed at the public oncology hospitals and were registered as radiation oncologists with HPCSA. Snowball and purposive sampling methods were employed to select 28 THPs and four ROs' interviewees, respectively. Participants were selected until the sample data was saturated. The THPs interviewed were from uThukela, Amajuba, uMkhanyakude, iLembe, uMzinyathi districts and uMgungundlovu districts.

### 3.4. Data collection tool and procedure

In depth and focus group interviews using semi-structured interview questions were utilised to collect data from the THPs participants. The in depth interviews were employed to collect data from THPs who were identified as individuals while the focus group interviews were conducted with THPs who were identified as a group of two to five. The information was collected in isiZulu. In each session of the interview, data was collected from the interviewee or interviewees and analysed until data saturation. Data was collected at the THPs' leisure time when they were relaxed so that they can provide sufficient information without any rush.

The interviews of THPs from the various selected districts, continued in this manner for all THPs interviewed until there was no new information coming forth. After interviewing 25 THPs, three THPs following those did not provide any new ideas, thoughts and opinions

about referral of cancer patients in a cooperative practice between THPs and ROs in the treatment of patients with cancer.

Semi-structured face-to-face interviews were preferred for interviewing the ROs because they could not avail themselves as groups during their leisure time. All participants were asked the same main question "How are cancer patients referred between THPs and ROs in cancer treatment? What are the opinions and thoughts of THPs and ROs about referral of cancer patients between them? What are thoughts of THPs and ROs about referral in a cooperative practice between them? Those questions were followed by probes to generate an in-depth understanding of participants' perceptions regarding the phenomenon under study.

The interviews were conducted in isiZulu (a local language) and English for the THPs and ROs, respectively. They were then audio-recorded, with the permission of participants. The interviews for the THPs were constructed in English then translated into isiZulu by the researcher as an isiZulu speaking individual. The supervisor, also with isiZulu as her mother tongue, checked the appropriateness of the translated interviews. The interview data collected in isiZulu were then translated back to English before data analysis. The interview data from both participants were then later transcribed verbatim in English. The interviews were conducted at a place and time convenient to the participant and the duration was between 45 and 60 min. The THPs were interviewed at their homes or place of work while the ROs were interviewed at work. Only one researcher collected the interview data from the participants. Data collection took place between September and December 2015.

### 3.5. Data analysis

Data was analysed concurrently with data collection using thematic content analysis techniques to search for important themes and patterns in the data. Content analysis allows for interpretation of textual data through the process of coding and identification of themes (Hsieh & Shannon, 2005). In the current study one researcher collected data, coded and identified themes. The supervisor checked, discussed and corrected any discrepancies during the analysis. Both the researcher and the supervisor discussed the themes and sub-themes to ensure that the participants' word was faithfully represented. They also discussed data to ensure that data interpretation was correct. The data was managed manually to support the findings. In so doing, the researcher did not use any software for data analysis but coded the data manually to develop themes.

Data analysis was executed by repeatedly reading all data, line by line in order to obtain data immersion. The researcher generated codes from the data and sorted them into categories and subcategories based on the level of abstractness and how the codes were related and linked. Through comparison of the similarities and differences between the categories and subcategories, relationships were identified.

### 3.6. Rigour

To ensure trustworthiness in the study, excerpts and direct quotes from the data were used to support the themes that emerged from the data. The supervisor was invited to review the data scripts. The researcher and the supervisor discussed data to ensure correct interpretation of data generated, and concurred on the identified categories and themes.

### 3.7. Ethical consideration

The Institutional Research and Ethics Committee and Durban University of Technology approved the study with ethical clearance reference number REC 1/15. The authorities of KZN Department of Health and eThekweni Municipality District of Health gave permission to access the hospitals and the districts of KZN. The hospitals'

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