

A Qualitative Study about View of Traditional and Complementary Medicine among Health Professionals in Malaysia

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Abstract

Background: Traditional and Complementary Medicine (T&CM) becomes a truly global phenomenon. The primary health care recognizes its importance. Number of patients seeking T&CM treatments increased but most of the health professionals is ignorant of the risks and benefits of T&CM because of lack of knowledge. Health professionals' view on T&CM is very important for healthcare. The study was designed to assess the opinion of the health professionals in five selected hospitals in Malaysia on their perception of their practice of T&CM in Malaysia, usage and recommendation of T&CM, knowledge on T&CM, integrating T&CM into Conventional Medicine (CM), and opinion on future medical training in T&CM respectively.

Methods: An in-depth semi-structured face-to-face interview was carried out on ten health professionals from five selected hospitals in this qualitative study.

Results: All the participants used some types of T&CM personally and generally recommended T&CM for treatment in this study. Most of them agreed with the statement that T&CM is popular among the population and thought that people trusted in T&CM and were afraid of CM. All the medical staff believed that T&CM has therapeutic value. Almost all respondents agreed with the statement on an integration of T&CM with CM and most of them agreed for T&CM to be a part of future training for health professionals.

Conclusion: From the interview, it shows that all the participants have experienced in using some types of T&CM in their life for whatever reason they might have. However, a small number of participants have negative idea about T&CM but all the health professionals interviewed believed the therapeutic value of some types of T&CM.

Introduction

The use of Traditional and Complementary Medicine (T&CM) has been increasing all over the world [1-9] including Malaysia. It is widely used as a supplement to conventional or mainstream health care [9] and also it is becoming more popular among consumers and prescribed more by health care professionals [10]. The demand for the T&CM practice and practitioners are increased over the years [11].

Almost all the Asian nations have developed a certain system of medicine based on theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illness [5] including Malaysia. Practice and modalities of T&CM vary widely from one country to another country [4] depending on the culture, understanding and accessibility [12].

There are various types of T&CM practices in Malaysia such as Traditional Malay Medicine which include Malay herbs, Malay massage (*urutMelayu*), cupping (*bekam*); Traditional Chinese Medicine (TCM) which include acupuncture andmoxibustion, Chinese herbs, tuina, qigong; Traditional Indian Medicine which include Ayurveda, Siddha, Unani, Yoga; Homeopathy, Complementary Medicine and Islamic Medicine.

Around two thirds of the population used T&CM in their life time in Malaysia [2,13]. A study showed that the population with cardiovascular risk factors who used T&CM was higher (31.7%) than the general population (25.9%) [14]. Nearly two thirds of breast cancer patients (64%) used T&CM [15]. Siew Mooi Ching et al. (2013) revealed that 62.5% patients who suffered from type-2

diabetes mellitus used T&CM [16]. Most of the patients used T&CM with or without asking their doctors. They believed that the herbal remedies to be as safe and effective [17-18].

Ministry of Health Malaysia continuously supports T&CM and set up T&CM unit in 12 government hospitals [19]. Currently, the 12 hospitals provided both Malay massage and acupuncture, seven hospitals provided traditional Malay postnatal massage, four hospitals provided herbal medicine as adjustment therapy for cancer and two hospitals provided Shirodhara [20].

The number of patients seeking T&CM is now rapidly growing [19,21]. A study conducted in University Kebangsaan Malaysia Medical Center (UKMMC) which is one of the T&CM non-integrated hospitals in Malaysia, has demonstrated that more than two-thirds of the post stroke patients used either acupuncture, massage or alternative Chinese medicine for complementing rehabilitation therapy for stroke recovery [20].

Currently, there are five different T&CM practices provided such as Traditional Malay massage for chronic pain and post stroke management, acupuncture for chronic pain, anaesthesia and post stroke management, herbal therapy as an adjunct treatment for cancer, Malay postnatal care and Shirodhara (a form of Ayurveda therapy) for insomnia, headache, stress or mental fatigue, anxiety and mild depression [22]. T&CM practices are integrated into the modern healthcare system in some hospitals to achieve a holistic approach towards enhancing health and quality of life in Malaysia [22]. The services provided are mainly traditional Malay massage, acupuncture, and Malay postnatal care. Although there is a positive attitude regarding T&CM [23-24], there is disinclination to recommend to the patients probably because of lack of knowledge [19] and many health professionals had not been exposed to education in T&CM even though they have positive perception about education and training in T&CM [25]. The perception on the health professional's practice of T&CM, knowledge, attitude regarding T&CM and opinion on future medical training are very important for integrating T&CM into conventional medicine.

Therefore, this study was designed to assess the opinion of the health professionals in five selected hospitals in Malaysia on their perception of their practice of T&CM in Malaysia, usage and recommendation of T&CM, knowledge on T&CM, integrating T&CM into Conventional Medicine (CM), and opinion on future medical training in T&CM respectively.

Materials and Methods

A qualitative study was carried out to assess the opinion of the health professionals such as doctors, pharmacists and nurses from five selected hospitals on their practice of T&CM. This study was conducted at University Kebangsaan Malaysia Medical Center (UKMMC), Hospital Putra Jaya (HPJ), Hospital Sultanah Nur Zahirah (HSNZ), Hospital Duchess of Kent (HDOK) and Sarawak General Hospital (SGH) which are all government hospitals in Malaysia. All the studied hospitals provide T&CM service for the patients except UKMMC. The samples for this study were ten health professionals (doctors, pharmacists and nurses) who are currently working in five selected hospitals.

The qualitative study was carried out using in-depth semi-structured face-to-face interviews. A total of ten respondents were

recruited for this study. The questions and answers during the interview were recorded. Those who volunteered to participate in the study were given explanation that their voice would be recorded.

The sampling frame was a list of health professionals who are currently working in the five selected hospitals. Health professionals who has less than one year of working experience, foreigners and health professionals who worked at a T&CM unit were excluded from this study. Overall, three doctors, four pharmacists and three nurses were interviewed from five hospitals, and selection of the same type of medical staff from each hospital was avoided. From each hospital, only two health professionals were interviewed (not two doctors, two pharmacists and two nurses from one hospital). The data obtained were classified into various categories. The interview was done between the period of November 2011 and April 2012.

Data collection procedures

After the participants were selected according to their eligibility, their participation was confirmed for interview by e-mail or phone call and an appointment for a face-to-face in-depth interview was arranged.

Participants were interviewed for approximately 40-60 minutes at a convenient place at their hospitals. At the beginning of the meeting, the interviewers briefly introduced themselves and the purpose of the study, provided definition about T&CM, reviewed the elements of informed consent and asked the participants to sign the informed consent documents. The interviewer wrote down notes and audio-taped the conversations.

Data analysis

The data obtained were sorted into various categories and analyzed manually due to their small sample size. The discussions with the participants were categorized into themes namely: main idea about practicing T&CM among general population, uses and recommendations on T&CM, knowledge about T&CM, integrating T&CM into Conventional Medicine (CM) and opinion about future medical training in T&CM.

Ethical approval

The study has been approved by the Research and Ethics Committee of Faculty of Medicine, UKM Medical Centre (Ethics Committee/IRB Ref. No: UKM 1.5.3.5/244/SPP3 FF-369-2011), the Malaysian National Institute of Health (Ref No: NMRR-11-857-10102), the Ministry of Health Malaysia, and all the five selected hospitals.

Results

A total of ten health professionals were chosen from five selected hospitals. The respondents had given their consent to participate in the study. Two health professionals from each hospital participated. A total of six females and four males were interviewed. Equal number of Malay and non-Malay as well as Muslim and non-Muslim participants were involved in this study. Five of the health professionals were at the age of 40 years or older while the remaining five were younger than 40. The youngest participant was 26 years old and the oldest 58 years old. Eight of the participants were married and two were single. One of the participants is a professor who had a PhD degree. Most of the medical staff interviewed had a bachelor degree.

The in-depth interview carried out consisted of seven domains that described the practice of T&CM among health professionals in Malaysia, namely 1) opinion on popularity of using T&CM among the population 2) opinion on reasons for using T&CM 3) practice of T&CM 4) prescribing or recommending T&CM, T&CM practitioners and reason for recommending it 5) knowledge of T&CM 6) opinion about whether T&CM can be integrated with CM, and 7) opinion on T&CM being a part of future training for medical students.

Opinion on popularity of using T&CM among the population

Most participants 9) agreed with the statement that T&CM is popular among the population in Malaysia. One respondent does not want his patients to use T&CM although he agreed that T&CM is popular.

“It is very popular among the population”. (Malay, 52, pharmacist, married, master’s degree)

“It is quite popular especially among the rural population as well as in Sandakan”. (Indian, 34, doctor, married, master’s degree)

“I think T&CM is quite popular. Generally people would use T&CM when CM fails. Some people in Sarawak before trying CM would prefer to use T&CM. I think they do not take tablets or capsules but use a natural way of taking whole herbs. Sometimes they cook whole herbs”. (Chinese, 30, pharmacist, married, bachelor’s degree)

“It is popular among the population. But I am against the use of T&CM for patients”. (Malay, 52 years, specialist, married, PhD)

Opinion on reasons for using traditional and complementary medicine

Most participants thought that people trusted in T&CM and were afraid of CM.

“People don’t need to see the doctor. People consider that there is no side effect. They don’t know the side effect of T&CM until they get sick”. (Malay, 52 years, pharmacist, married, master’s degree)

“Many people are scared of using CM. They believed that CM is harmful to the health and has many side effects. I support the use of T&CM in combination with CM. I think traditional medicine is useful for minor illnesses”. (Chinese, male, 29, pharmacist, unmarried, bachelor’s degree)

“People believed that T&CM is good for chronic diseases. Sometimes CM doesn’t work. In Terengganu many people believed in Islamic medicine as well”. (Malay, female, 58, nurse, married, diploma)

“People believed in T&CM. Sometimes when conventional medicine does not work, people seek help from T&CM. Maybe it is the last choice by using T&CM. Actually many people believed in T&CM and it is effective because it works”. (Malay, female, 32, pharmacist, married, bachelor’s degree)

“Effect would be better than taking just CM. A lot of people are concerned with side effect of CM. People think that natural things are safer”. (Chinese, female, 37, pharmacist, married, bachelor’s degree)

Some participants believed that T&CM is easily available and cheaper than CM.

“Easy access, it is easily available. People don’t need to see the doctor. It is cheap”. (Malay, 52, pharmacist, married, master’s degree)

“It is widely and easily available. It is also cheaper than CM. No need to see the doctors”. (Chinese, female, 26, pharmacist, unmarried, bachelor’s degree)

“It is easily available. People are afraid to go to the Conventional Medical Hospital especially when some procedures need to be done such as CT-scan, blood test, etc”. (Malay, male, 53, doctor, married, PhD)

Practice of traditional and complementary medicine

All the participants used some types of T&CM personally.

Table 1: Socio-demographic characteristics of the participants (n=10).

| Variables | Number of Participants | Percentage (%) |
|-------------------------|------------------------|----------------|
| Hospitals | | |
| UKMMC | 2 | 20.0 |
| HPJ | 2 | 20.0 |
| HSNZ | 2 | 20.0 |
| HDOK | 2 | 20.0 |
| SGH | 2 | 20.0 |
| Age (year) | | |
| <40 | 5 | 50.0 |
| ≥40 | 5 | 50.0 |
| Gender | | |
| Male | 4 | 40.0 |
| Female | 6 | 60.0 |
| Ethnicity | | |
| Malay | 5 | 50.0 |
| Non-Malay | 5 | 50.0 |
| Religion | | |
| Islam | 5 | 50.0 |
| Non-Islam | 5 | 50.0 |
| Career | | |
| Doctor | 3 | 30.0 |
| Pharmacist | 4 | 40.0 |
| Nurse | 3 | 30.0 |
| Years of Working | | |
| ≤10 | 4 | 40.0 |
| >10 | 6 | 60.0 |
| Marital Status | | |
| Married | 8 | 80.0 |
| Unmarried | 2 | 20.0 |
| Education Level | | |
| Diploma | 1 | 10.0 |
| Degree | 6 | 60.0 |
| Master/PhD | 3 | 30.0 |
| Income (RM) | | |
| Low (<4,000) | 4 | 40.0 |
| High (≥4,000) | 6 | 60.0 |

"I am using herbs for myself to control my blood sugar and high blood pressure. I am using 'misaikucing' and it is very good". (Malay, male, 55, doctor, married, bachelor's degree)

"One day when I woke up, I could not move my neck. After using a few needles I felt the pain was gone very quickly. I had undergone Chinese massage after acupuncture. From that time, whenever I have back pain or neck pain or very bad posture I go for acupuncture". (Chinese, male, 29, pharmacist unmarried, bachelor's degree)

"I used T&CM such as acupuncture, traditional massage, Malay postnatal care, herbal medicine, homeopathy and Islamic medicine. I used acupuncture when I had very terrible pain and I could not open my mouth. After using acupuncture I saw a good result, and then I automatically continue using it". (Malay, female, 58, nurse, married, diploma)

"I used T&CM especially for postnatal care. I believed in T&CM. I have used massage and herbal medicine for my back pain and headache. Even T&CM is good for fracture of bone. My sister had two fractures in her bones. The shape of her arms was very bad. My parents brought her to a 'bomoh' for treatment. After 2-3 months later her hand recovered. She now can carry heavy things like a normal person". (Malay, female, 32, pharmacist, married, bachelor's degree)

Prescribing or recommending T&CM, T&CM practitioners and reason for recommending it

Most of the respondents generally recommended T&CM for treatment, but since pharmacists and nurses do not have the right to prescribe, they have not prescribed T&CM to their patients. Some respondents do not even know there are some T&CM practitioners in their hospitals.

"I recommend certain T&CM products such as ginger, garlic pills and lemongrass because I know of their health benefits. I know that lemongrass and some other herbs are good for toothache so I recommend them to others". (Malay, male, 55, doctor, married, bachelor's degree)

"Since I am a pharmacist, I have not recommended it to the patients but I recommend acupuncture to my friends. I am aware of herbal medicine's side effect. I have recommended T&CM to my friends when they did not get well from their illnesses after using CM for a long time". (Chinese, female, 26, pharmacist, unmarried, bachelor's degree)

"I recommended acupuncture to my father when he got neck pain and traditional Malay massage to my mother when she had lower back pain. I have recommended traditional treatment to my patients and colleagues for lower back pain because of my experience and belief". (Chinese, male, 29, pharmacist unmarried, bachelor's degree)

"I cannot prescribe T&CM but I have advised some patients to use T&CM through a doctor. Many post-stroke patients got good result from adopting T&CM. It depends on the patients' health condition". (Bidayuh, female, 40, nurse, married, diploma)

Half of the health professionals referred their patients or family members to T&CM practitioners, but some of them did not even know where and whom to refer to.

"I refer patients to T&CM doctors for massage, Malay postnatal care and Islamic medicine as well, but not herbal treatments. Because, I know herbal medicine better than others". (Malay, 52, pharmacist, married, master's degree)

"I personally don't know of any qualified T&CM practitioner". (Chinese, female, 26, pharmacist, unmarried, bachelor's degree)

"We don't have contacts with T&CM doctors. So, I cannot refer cases to T&CM doctors. Actually, patients have asked us to refer them to T&CM and some of my patients have also asked me to recommend T&CM for them. T&CM people here did not publicize their service. That is why many doctors do not refer to them". (Indian, male, 34, doctor, married, master's degree)

"I do not know where the T&CM practitioners are available. I think there is no T&CM doctor. I think patients should go for both, not only CM but also T&CM. I read many cases of cancer patients going to T&CM doctors for T&CM treatments only but the treatments only delayed the progression of their diseases". (Chinese, male, 29, unmarried, bachelor's degree)

Knowledge of traditional and complementary medicine

All the health professionals believed that T&CM has therapeutic value. Most of them believed so because of their personal experience. Some of them believed in it because they have read some articles about it.

"I believed that T&CM has therapeutic value. I can say that from my own practice. I am a doctor and I have a colleague who is also a doctor but I do not ask him to use herbal medicine. It is difficult for me to convince the doctor about the use of herbs". (Malay, male, 55, doctor, married, bachelor's degree)

"I personally believed that T&CM has therapeutic value because I have tried some herbs and seen good results. I also believed that if there is no therapeutic value, why people have used it for so long since thousands and hundreds of years ago until now. If there were no therapeutic value in them, by now it would have been extinct". (Chinese, female, 26, pharmacist, unmarried, bachelor's degree)

"Actually I have been suffering from Trigeminal Neuralgia on the left side of my face since 2004. I went to every clinic to find a cure. My pain recurred for 2 years. A doctor gave me CM and also advised me to use T&CM. I used only acupuncture for more than 20 cycles already. I really have seen good result. The pain was relieved after using acupuncture. There was no more acute pain as before". (Malay, female, 58, nurse, married, diploma)

"I believed T&CM has therapeutic value. I have read a lot of articles and watched TV channels about T&CM. I have interviewed a patient who had numbness and used painkiller but it didn't work. Finally, she used a T&CM treatment then she had very good result. She now works like normal people". (Malay, female, 32, pharmacist, married, bachelor's degree)

Opinion on integration of T&CM into conventional medicine

Everybody agreed with the statement on integration of T&CM with CM except two health professionals who worked in a non-integrated hospital (UKMMC). Since they considered UKMMC as a teaching hospital, it should not be integrated unless it was an evidence-based modality. However, they accepted having a T&CM unit in other hospitals.

"Why not? T&CM has been developed from experience that led to a certain conclusion on its effectiveness. The only advantage of CM is that

it has properly and systematically been proven through real evidence. There are thousands of people, who refused conventional medicine, seem to have benefited from T&CM. It means there is evidence". (Indian, male, 34, doctor, married, master's degree)

"I think T&CM can be integrated with CM. I think T&CM has additional benefits and synergistic effect for some medical conditions." (Chinese, female, 37, pharmacist, married, bachelor's degree)

"Yes, according to my experience. We have to combine CM and T&CM because CM gives immediate effects. T&CM effects are slow but the result lasts a long time. Both of them have their own benefits. Nowadays, many doctors in Terengganu advise their patients to use T&CM. The Ministry of Health has to set up a T&CM unit in every hospital in Malaysia." (Malay, female, 58, nurse, married, diploma)

"I think T&CM can be integrated with CM. Some T&CM treatments have evidence. So, whichever that has evidence should be integrated with CM. If it is evidence-based, it can be integrated with CM even in a teaching hospital. There should be a T&CM unit or T&CM practitioners in CM hospitals." (Malay, female, 52, pharmacist, married, master's degree)

Opinion on T&CM being a part of future training for medical students

Most respondents agreed for T&CM to be a part of future training for health professionals. However, some of them wanted it to be optional for the students. Only one respondent did not agree with this statement.

"I think it would be good if T&CM can be part of future training for medical students because they should have an exposure to T&CM and know about T&CM." (Malay, female, 32, pharmacist, married, bachelor's degree)

"I think T&CM should be part of future training for medical students as well as for health professionals. I also want to learn about T&CM that relates to acupuncture, massaging and herbal medicine if I have the opportunity." (Bidayah, female, 40, nurse, married, diploma)
"They should be given a freedom to choose whether or not they want to learn T&CM. I don't think everyone trust T&CM especially among the medical students because for them the whole idea is to become a doctor in a Conventional Medical hospital", (Chinese, female, 26, pharmacist, unmarried, bachelor's degree)

In summary, majority of the respondents agreed that T&CM is popular among the population in Malaysia. The survey of opinion on the reasons for using T&CM suggested that most of the health professionals believed that "people use T&CM because they are afraid of side effects of CM and also their easy access".

From the interview, it shows that all the participants have experienced in using some types of T&CM in their life. About half of the health professionals have recommended T&CM to their patients or family members in their life. However, a small number of participants have negative idea about T&CM but all the health professionals interviewed believed that some types of T&CM have therapeutic value.

Apparently everybody agreed on an integration of T&CM with CM, while some of the health professionals believed that T&CM should be part of future medical training. However, some of them

wanted to give a freedom of choice to health professionals whether they want it or not. There was only one health professional who disagreed on the integration of the two disciplines but yet he agreed for T&CM to be part of future training for pharmacy student only.

Discussion

A cross-sectional qualitative study was carried out in five selected hospitals in West and East Malaysia. A total of six females and four males were interviewed for the study. Five of the health professionals were at the age of 40 years or older while the remaining five were younger than 40 years old. Most of them believed that T&CM was popular among health professionals in Malaysia.

In our study, all the participants used some types of T&CM personally and most of the respondents recommended T&CM for treatment. Another study in Riyadh region, Saudi Arabia showed that nearly half of the pharmacists sometimes used herbal medicine [26]. In a study in the U.S., more than 80% of the nurse practitioners recommended complementary alternative treatments to their patients [27]. A study showed that most primary care clinicians recommended CAM to patients [28].

The survey of opinion on the reasons for using T&CM suggested that most of the health professionals believed that "people use T&CM because they are afraid of side effects of CM and also their easy access". A study said that more than half of the elderly people believed that CAM is more effective than CM in Malaysia [29]. Most cancer patients in China used Traditional Chinese Medicine (TCM) to improve immune function [30].

From the interview, it shows that all the participants have experienced in using some types of T&CM in their life for whatever reason they might have. In our study, about half of the health professionals have recommended T&CM to their patients or family members in their life. In a study in China, more than half of the physicians had been practicing T&CM for less than ten years [30]. The majority of physicians (87.5%) had used some form of TCM for themselves. Nearly two thirds (60%) had used three or more TCM therapies [30].

A small number of health professionals have negative idea about T&CM, but all the health professionals interviewed believed that some types of T&CM have therapeutic values. A study showed that about 57% percent of physicians indicated that Chinese Herbal Medicine (CHM) was useful in curing or treating cancer or prolonging life [30]. Another study indicated that Conventional Medical Doctors have positive attitudes towards TCM in Hong Kong [31]. A study indicated that more than two thirds of Kentucky Ambulatory Network (KAN) clinicians expressed interest in continuing education about CAM [28].

Conclusion

In our study, majority of the health care professionals agreed that T&CM is popular among the population in Malaysia. Everybody apparently agreed on the integration of T&CM with CM, while some of the health professionals believed that T&CM should be part of future medical training. However, some of them wanted to give a freedom of choice to health professionals whether they want it or not. There was only one respondent who disagreed on the integration of the two disciplines but yet he agreed for T&CM to be part of future

training for pharmacy students only. From this study, we found that some components of T&CM should be part of a future curriculum for medical students. Future research should be more focused on how to effectively integrate T&CM into the mainstream medicine in Malaysia.

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