

How and why patients use acupuncture: an interpretive phenomenological study

Dan Jakes MHealSc (Hons), NDA, MNZRA, BEd (PE);¹ Ray Kirk PhD, MSc, BSc²

¹Acupuncturist and lecturer, New Zealand School of Acupuncture and Traditional Chinese Medicine, Christchurch, New Zealand

²New Zealand Centre for Evidence-based Research into Complementary and Alternative Medicine, School of Health Sciences, University of Canterbury, Christchurch

ABSTRACT

INTRODUCTION: The usual drivers of health care provision, namely efficacy and cost, might be expected to drive down the use of Complementary and Alternative Medicines (CAMs), given the relative paucity of evidence of efficacy for many CAMs. Usage of CAMs remains extensive and little attention has been given to explaining this paradox. This paper explores how patients integrate acupuncture, as a CAMs exemplar, within their personal schemes of health care.

METHODS: An interpretive phenomenological approach underpinned the inquiry, which gathered data from in-depth interviews with 12 participants who had recently consulted acupuncturists. Thematic analysis was conducted using a constant comparison methodology.

FINDINGS: Participants mostly accessed acupuncture for musculoskeletal and pain-related conditions. Usage was often initially motivated by dissatisfaction with conventional health care, perceptions that the source of the problem had not been addressed, and sometimes was due to negative experiences with medical professionals. Previous positive outcomes with acupuncture motivated more extensive use, as did personal health ideologies. Acupuncture was viewed to be appropriate for treating chronic and quality of life health issues, while treatment-associated cost was identified as a barrier to access.

CONCLUSIONS: CAMs usage has been explained variously by 'push' and 'pull' factors; however, this study has shown that reasons for patient use of acupuncture may be complex and change over time. This qualitative study suggests that acupuncture fulfils specific health needs unmet in conventional health care, but also that patients view CAMs treatment as part of a broader and more pluralistic scheme of health care.

KEYWORDS: Acupuncture; alternative medicine; alternative therapies; attitude to health complementary therapies

Introduction

Complementary and Alternative Medicines (CAMs) is an umbrella term used to encompass 'a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine'.¹ The usual drivers of health care provision, namely efficacy and cost, might, given the relative paucity of evidence of efficacy for many CAMs, be expected to drive down its use. However, CAMs use remains extensive² and is most likely increasing.³ In New Zealand, conservative indications are that around a quarter of the adult population visit a CAMs practitioner over a 12-month period.⁴ Research

interest in CAMs has focused on safety and efficacy, while patients' experiences of CAMs and their reasons for using them remain less well understood. This is a particularly salient topic in the New Zealand context where public satisfaction is generally high within the comprehensive and largely publicly funded health system,⁵ and where CAMs are for the most part funded by out-of-pocket payment (OPP) by the user.

Given its heterogeneity, disaggregating CAMs by investigating individual modalities may facilitate a better understanding of the phenomena. Therefore, this study focused specifically on acupuncture, with the aim of better understanding how

and why patients integrate the modality within their personal schemes of health care.

Methods

Methodology

This research was underpinned by an interpretive phenomenological methodology (Heidegger's approach⁶), which was chosen to assist in developing an understanding of participants' lived experiences.

Sampling

Purposive sampling was used to select participants based on the following criteria:

1. adults (18 years and over);
2. had received acupuncture (within the previous 12 months);
3. treatment was from non-medical acupuncturists; and
4. able to communicate clearly in spoken English.

Purposive sampling is a non-random method of sampling where the researcher selects 'information-rich' cases for study in depth.

Participants

Recruitment was carried out by advertising the study in acupuncture clinics and through snowball sampling. Once eligibility had been established, respondents were sent information about the study and informed consent was obtained.

The study was granted ethical approval by the University of Canterbury's Human Ethics Committee (Ref. HEC 2013/47).

Data collection

In keeping with the methodology, in-depth narrative interviews were used to facilitate a deep conversational dialogue. Interviews were conducted both face-to-face and with the use of Voice Over Internet Protocol (VOIP) (see Table 1). All interviews were audio-recorded using a digital dictaphone.

WHAT GAP THIS FILLS

What we already know: Despite the technological developments and achievements that conventional health care has reached, CAMs use has continued to grow both internationally and in New Zealand and is largely consumer driven.

What this study adds: Patients' reasons for using CAMs are complex and relate both to unmet needs, as well as personal health beliefs. CAMs may fulfil specific health care needs and represent an appropriate referral option, particularly where research has demonstrated specific CAMs modalities to be clinically effective.

Table 1. Study participants

Participant	Age/sex	Ethnicity	Interview medium
1	38/F	NZ European	Face-to-face
2	41/F	Māori	Face-to-face
3	38/F	Australian	Voice Over Internet Protocol (VOIP)
4	38/F	Irish	Face-to-face
5	38/F	NZ European	Face-to-face
6	51/F	NZ European	Face-to-face
7	31/F	American	VOIP
8	30/F	NZ European	VOIP
9	55/M	NZ Chinese	Face-to-face
10	68/F	NZ European	Face-to-face
11	26/F	NZ European	VOIP
12	46/M	NZ European	Face-to-face

Data analysis

Interview transcripts were uploaded to the Dedoose mixed methods research application⁷ and analysis was carried out using a constant comparative approach. Meaningful segments of text were highlighted and assigned *a posteriori* codes, which were modified and added to as data were gathered.

Findings

Participants had used acupuncture to treat a fairly diverse range of conditions, although musculo-skeletal and pain-related problems were the most common. Two overarching themes emerged in relation to patients' reasons for use: unmet needs in conventional health care and satisfaction with acupuncture.

Unmet needs

Participants had all used acupuncture initially due to conventional treatment not meeting specific needs. This theme encompassed three main subthemes:

- medical treatment perceived as ineffective;
- medical treatment perceived as treating symptoms superficially; and
- negative experiences with medical professionals.

Medical treatment perceived as ineffective

Lack of success with conventional medicine was a common reason for participants considering alternative approaches. Frequently, acupuncture was used in an analgesic capacity, as a second line intervention when drugs had failed to provide relief and when friends and family had suggested its use. Some participants also indicated that their general practitioner (GP) had recommended acupuncture as a therapeutic option and, occasionally, patients indicated they had received specific referrals. With respect to participant attributes, the two men in the study referred only to ineffective medical treatment as a source of dissatisfaction with conventional care and did not identify with the other subthemes relating to unmet need.

Treating symptoms superficially

Several participants felt that their medical practitioners had failed to address the 'root' of their problems, particularly when their problem was treated symptomatically. Such views often also foreshadowed expression of scepticism towards what was perceived as the injudicious prescription of pharmaceuticals, or concerns about the adverse effects of taking medication.

Tramadol is what she gave me... yeah they're just very strong and I was taking about six of them a day and I just really didn't want to be taking such strong drugs so regularly for a long period of time... just to be covering the pain and not actually [to] be fixing it. (#11; Female, 26 years)

Negative experiences with medical professionals

Dissatisfaction with conventional care sometimes stemmed from feeling rushed, not listened to,

dismissed, or disempowered during consultations with doctors.

I got pretty frustrated with my doctor who wasn't very supportive... who basically thought I was being a bit of a basket case [crazy] and was just saying, 'oh it'll just take a few years, just go with it, don't get stressed out'... but I wanted to be a bit more proactive. (#5; Female, 38 years)

Several interviewees felt that these types of negative experience were partly a product of structural factors within the health system. In particular, routine appointments were not thought to provide adequate time for their GP to reach satisfactory treatment plans with patients.

Everybody's a lot busier nowadays and I think GPs are on a pretty tight schedule for appointments as well... they don't have time to actually look at you as a whole person. (#6; Female, 51 years)

Satisfaction with acupuncture

This theme was composed of three main subthemes, which to some extent corresponded with the push factors previously identified. The emergent subthemes were:

- relief from symptoms;
- close relationships and empowerment; and
- health beliefs.

Relief from symptoms

Perceived effectiveness was clearly important for all participants continuing to access acupuncture, particularly because the OPP cost of treatment was identified as a barrier to access. Those who had had good results with acupuncture subsequently came to consider it as a therapeutic option more readily and often for a broader range of complaints.

Straight [after acupuncture] I felt good... the pain felt better, when I got off the table... I felt better... [The next time I injured my shoulder] I went back to acupuncture. (#9; Male, 55 years)

Besides perceived effectiveness, other factors emerged as equally important reasons for ongoing

use. These included close patient-practitioner relationships and health beliefs.

Close relationships and empowerment

Many participants felt it was important that their practitioner understood them as a whole person and attached significant value to close, or 'horizontal' patient-practitioner relationships:

She just seemed to understand where I was in life. She just seemed to get me. And she seemed to get me from a sort of, you know, from a mental perspective... definitely from a spiritual perspective. (#3; Female, 38 years)

It became evident that this type of relationship—and the components of the therapeutic encounter instrumental in building this relationship—played an important part in the perception that treatment was holistic and individualised. Short routine appointments were a source of dissatisfaction in primary care, and conversely, the perceived thoroughness of acupuncture consultations was appreciated.

We spend an hour talking about me and anything that I could think of that was wrong with me... she took on board [understood] you know, a lot of what was going on, rather than just the specific complaint that I was asking [about]. (#8; Female, 30 years)

As a corollary of in-depth consultations and close relationships, the explanations about health and illness and self-care strategies offered by practitioners gave many participants a sense of reassurance and empowerment by virtue of allowing them to be more proactive in managing their own health.

[My acupuncturist] definitely gave me tools... to make positive change in my life and ... that gave me a genuine interest in wanting to know more and wanting to learn more. (#2; Female, 41 years)

She talks a lot about... finding the time to nurture and rest and replenish and that really makes sense in terms of trying to have a baby... She just is really good at explaining things so I really understand what's going on and gives me some options [for self-care]. (#1; Female, 38 years)

Health beliefs

The underlying philosophy of Traditional Chinese Medicine (in particular, vitalistic and holistic ontologies of health) were widely perceived to be congruent with participants' personal health beliefs. Most notably, definitions of 'health' were conflated with those of 'wellbeing'—a multifaceted state encompassing mental, emotional and spiritual elements, as distinct from the absence of disease. With respect to health care, this translated to an emphasis placed on preventive health strategies. One participant also stated that Chinese medicine was philosophically congruent with Māoritanga (Māori culture, practices and beliefs) and approaches to healing, making reference to specific Chinese medicine terminology.

[I think that] Pacifica/Māori people are quite sensitive to acupuncture... we have a word in Māori [which] is called Wairua... [wai is] water or 'the Energy' [referring to Qi or Chi, often translated as 'energy' and considered the activating principle of living things in Chinese medicine and philosophy], and... rua being 'the Two'... [referring to Yin and Yang, considered to be the complementary forces that interact in all natural phenomena]... While it's different languages and different cultures, [there are] many parallels. (#2; Female, 41 years)

Those who emphasised personal definitions of health/wellbeing also tended to emphasise the subjective changes in health that they attributed to their acupuncture treatment, such as more 'balanced' emotions, reduced pain, or increased energy and vitality, also implying that biomedical treatment could not have effected such changes.

I felt actually, you know, much more balanced... it was an interesting kind of journey [experience]. Just within one week of like those three treatments. Like, how different I could feel, on an emotional... level (#7; Female, 31 years)

My circulation has changed. My hands are not so cold and my feet are not so cold... all of these things have changed... Before acupuncture I was getting up at 9.30 or 10 and I'd wake up and I'm tired... just wanna go back to sleep, and now I'm waking up at 7.30 and I'm ready to go. And I'm like 'wow this is great. [Treatment has] given me loads of energy'...

I've always had really sore shoulders... that's almost gone now as well. (#8; Female, 30 years)

Notwithstanding holistic and vitalistic health beliefs, all participants had quite pragmatic views about the appropriateness of different treatment approaches; whereas acute and serious illnesses universally were thought to require biomedical intervention, acupuncture and other CAMs were thought to often be appropriate choices for chronic, quality-of-life and mental/emotional health issues.

If I get squished on the road [run over by a car], there's no way I can put myself back together.... But once I'm stitched up and all the bits are joined up again I can then help my body to heal with nutrition, and the acupuncture. (#10; Female, 68 years)

Discussion

The purpose of Heideggerian phenomenology, as Smythe and colleagues note, is 'not to provide answers, for that shuts down and closes thinking. It is rather to invite readers to make their own journey'.⁸ This research thus invites readers to consider more deeply what purpose CAMs fulfil for patients, and why its usage may be so extensive, despite the ever-increasing imperative for evidence-based practice in health care.

Whereas extant research has often tended to generalise patients' motivations as a binary of push (i.e. disenchantment with medicine) or pull factors (attraction to 'CAMs ideologies'), this study demonstrated that patients' motivations may be complex, change over time and include both push and pull factors. By and large, participants were not particularly 'disenchanted' with biomedicine. Nor did they have any particular explicit attraction to CAMs—at least when initially accessing acupuncture. Indeed, several participants conceded that they did not fully understand the distinction between 'conventional' and 'complementary' medicine.

Although the small scale of this study does not allow generalisability, it is likely that participants are reasonably typical in terms of the types of conditions for which they sought acupunct

puncture, with previous studies finding musculoskeletal, pain-related, psychological and gynaecological conditions the most common complaints presenting in acupuncturists' offices.^{9,10} It is unremarkable that patients would seek alternatives when conventional medicine has not provided satisfaction. While there is evidence of effectiveness for acupuncture treating some pain-related conditions, such as migraine and tension headaches,^{11,12} it should be noted that CAMs usage and perceived clinical effectiveness are not necessarily coterminous.¹³ There may also be other drivers for access that are as, or more, significant. It may be for some patients that treatment (i.e. of symptoms) does not always constitute a satisfactory form of redress and it has been noted previously that patients' 'wish for a prescription is secondary to the wish of being cared for'.¹⁴ It is significant that participants spoke sometimes of feeling rushed and disempowered in conventional health care settings, and conversely gratified by the time, reassurance and self-care strategies offered by their acupuncturists.

Strengths

The current study provides an exploration of the perceptions of acupuncture users and is, as far as the authors are aware, the first attempt to provide such an account from a New Zealand perspective. Established research procedures and an approach congruent with the aims of the project have been used and the findings provide a more in-depth understanding of patients' motivations for accessing CAMs.

Limitations

CAMs are heterogeneous in many ways, not least in terms of their clinical credibility in the biomedical community and among patients. There is also considerable variation in how different styles of acupuncture are practised. Therefore, the findings may have limited transferability to other CAMs. The recruitment methods used also expose the study to the risk of volunteer bias and the application of purposive sampling, with a relatively small number of interviewees, mean that findings from this research may not be generalisable.

Final comments

This paper has shown concordance with previous studies in that patients' reasons for acupuncture use may be multifarious and change over time.¹⁵ It has demonstrated congruence with previous research showing that rather than relinquishing conventional medicine, patients are redefining its place within a broader and more pluralistic scheme of health care that incorporates CAMs.¹⁶ While effectiveness is important for patients considering their therapeutic options, so too is the need to feel listened to, understood, and empowered. When these needs are unmet in conventional health care settings, patients may seek to have them met by CAMs.

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COMPETING INTERESTS

None declared.