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Integration of Thai traditional medicine into physicians' practice part 2: Raising consciousness, the process of integration from physicians' experiences

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Abstract

The main purpose of the study was to gain deeper insight on physicians' experiences in the integration process of Thai traditional medicine (TTM) into their practice. A grounded theory method was used to gain an understanding of the core process from physicians' perspective. A total of 12 participants who were physicians working in seven hospitals under the Ministry of Public Health (MOPH). These hospitals were either successful or unsuccessful to integrate TTM into their services. Data were collected by interviews, observations, and medical record and document review. The hypothesis generated in this study was that to integrate TTM into their practice and current health care systems, health care personnel would address the process of raising consciousness, providing knowledge, and creating good attitude, understanding, and trust about TTM in order to increase awareness among health care personnel. The findings showed that the process of raising consciousness among health care personnel to integrate TTM into their practice was divided into 3 phases including 1) development of the TTM integrated service model 2) dissemination of the information on service model, and 3) implementation of the model. It was found that the processes to persuade health care personnel to accept TTM and integrate it into their practices were 1) communicating, 2) training, and 3) gaining experience.

Keywords: Raising consciousness, Thai traditional medicine, Physician

Introduction

The advancement of modern medicine has led to the decline of the practice of traditional medicine in many countries including Thailand, where modern medicine has become the mainstream health care system and Thai traditional medicine (TTM) has become a branch of non-conventional or alternative medicines [1]. In 1985, approximately 89.67 percent of Thai showed positive attitudes toward herbal medicine and believed in the treatment [2], while 68 percent of people exhibited positive attitudes toward TTM services [3]. In 2001, the Office of National Statistic reported that 14.2 percent of Thai people used TTM [4]. However, the medical personnel showed negative attitudes toward TTM because of lack of trust in its effectiveness [5]. In contrast, physicians and public health administrators had positive attitudes towards the integration of TTM into the health

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care system and believed that the integration would reduce health care cost and the workload in outpatient department, and increase the revenue for the hospital [6]. Thus the Ministry of Public Health (MOPH) has encouraged and supported health facilities in integrating TTM into health care systems [7]. The region in Thailand with the highest availability of TTM services was the Northeastern followed by the Central, the Northern and the Southern regions, respectively [7].

In 2011, based on more recent research evidence, the list of herbal medicinal products recommended for Primary Health Care (PHC) was expanded to include 71 herbal medicinal products for treating 26 groups of symptoms and diseases [8]. The popularity of TTM among modern health practitioner has been low even though the effectiveness of some TTMs has been proven in empirical studies. Majority of physicians were not confident in prescribing herbal medicines because they were not aware of evidence on their effectiveness. Some showed positive attitudes toward the use of herbal medicines because their previous experience with the use of herbal medicines in their patients, their own family members or their personal use [9].

To be successful in the integration of TTM into the mainstream health care, more in-depth analysis on experience of physicians on the use of TTM is needed. Our studies focusing on the integration of TTM into physicians' practice are divided into two parts. This article represents the second part of the studies, emphasizing on the raising consciousness model detailing the process of TTM integration in physicians' practice. The main purpose of the study is to gain deeper insight of physicians' experiences with the successful integration of TTM using the grounded theory approach. This study can be seen as an effort for forming the groundwork for building a model on the process of TTM integration of TTM into practice from physicians' experience. The findings from this study will suggest the crucial elements needed to be present in the intervention for successful integration of TTM.

Methodology

Sample and Setting: The participants in the study were the same 12 physicians as described in the first part of the study. Briefly, they were practicing in seven hospitals located in the Southern part of Thailand under the MOPH with successful/unsuccessful integration of TTM into their practice. The characteristics of participants and their practice setting have been elaborated in the first part of the study. Four were directors of community hospitals with 36 - 58 years old and 11 - 31 years of working experience. Two out of four directors were successful in integrating TTM services into mainstream health care as measured by the fulfillment of the Key Performance Indicators (KPIs) of the MOPH. Eight practicing physicians participated in the study. Five of them were general practitioner, while three were specialists in anesthesia, orthopedic and internal medicine. Two general practitioners worked in the community hospitals where TTM integration was successful. The other six physicians worked in general hospitals or community hospitals not able to satisfy the MOPH's KPIs.

Data Collection: Grounded theory method was chosen because the study was designed to generate a theoretical model of TTM integration into practice. Data collection methods included interviews, behavioral observations, and hospital charge review as described in the first part of the study. Interview was the main data collection method and others were supplementary and served to gain additional information to saturate and validate codes. The participants were interviewed to ascertain their perceptions about the process of integration TTM in hospitals and how to persuade health care personnel to integrate TTM into their practices with open ended question such as "How do you think about the integration of TTM with modern medicine?", and "How do you feel that you are physician who use TTM as a part of treatment and what about TTM is most meaningful to you?". "From your previous experiences, what were the obstacles for establishing TTM services in your hospital?", "From your previous experiences, how did you overcome those obstacles? and what do you think about those obstacles?", and "Do you think that your effort to integrate TTM with modern medicine would be successful?, What did the relevant partieshave to be done to achieve the goal?" These questions would give the opportunities for physicians to express their thoughts and information on activities in setting up TTM services, the strategies to overcome obstacles. The content of the interview was tape recorded and transcribed verbatim into text for data analysis. Interviews were conducted in the hospitals where the participants worked at the times convenient to them. The interview lasted with an average of 55 - 70 minutes in duration. Mostly, the interviews occurred in a private workplace at the out-patient unit in the hospital.

Data Analysis: Data collection and data analysis were conducted in parallel until the saturation of data was reached. Three types of coding (open, axial and selective coding), constant comparison, theoretical sampling, and memo writing were employed in the process of data analysis through the theoretical sensitivity of the researcher [11]. The process of data analysis and triangulation was the same as those described in the first part of the study.

Results

Raising consciousness model: The result of this study indicated that the major task that the physicians appeared to address was "raising consciousness" in the integration of TTM into their own practice and in hospitals. Consciousness emerged when physicians gathered initial TTM information to form the foundation for an individualized judgment of TTM integration. Consciousness linked between the communication and persuasion of the health care personnel on TTM and the action of TTM integration (Figure 1).

The major part of the studied phenomena was also on the physicians' experiences on communicating and

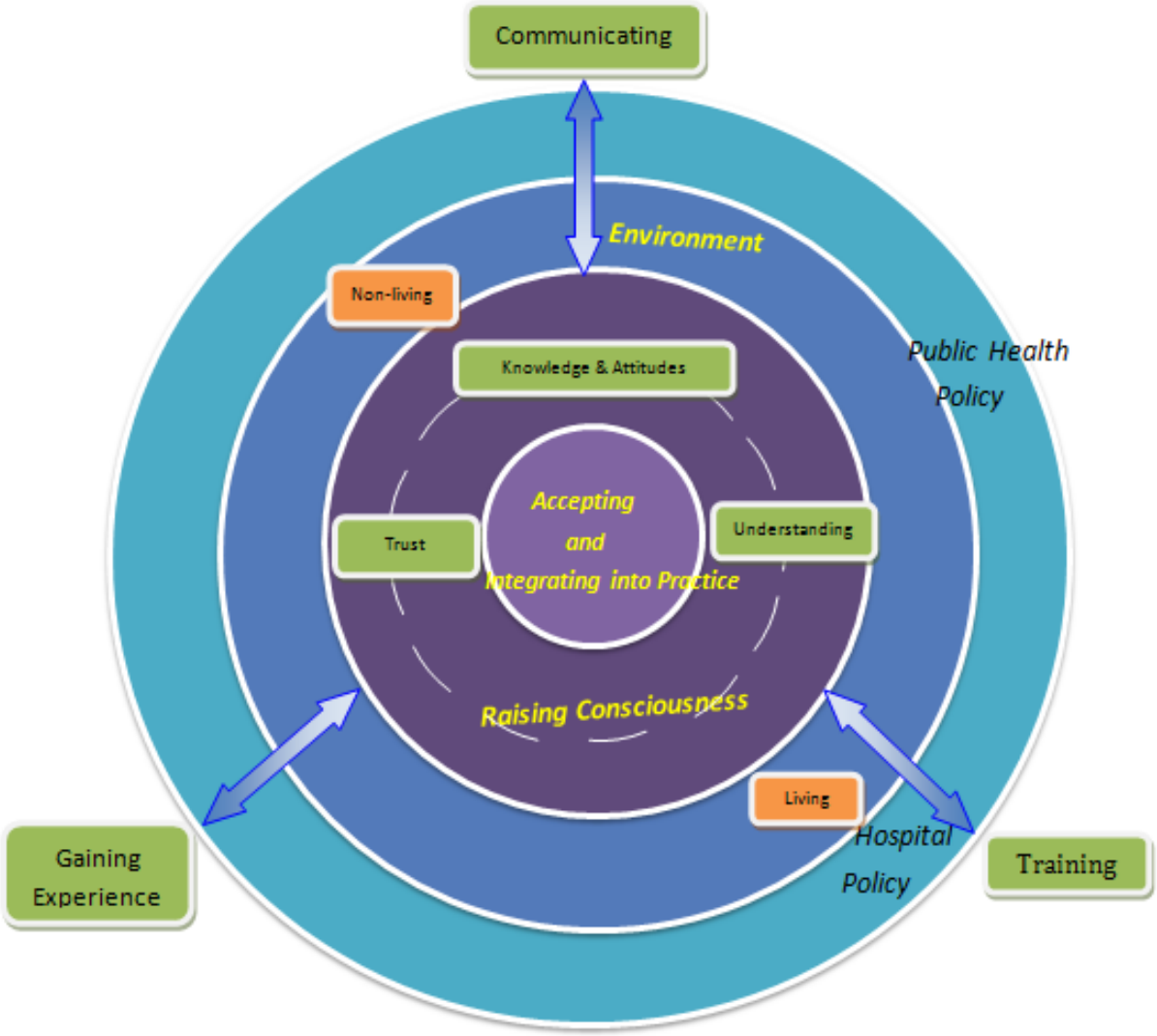

Figure 1 Raising consciousness model: the process of integrating TTM into practice and hospitals from physicians' experiences

persuading health care personnel to integrate TTM into their practices. The major hypothesis from the study was that providing knowledge and creating good attitude, understanding, and trust about TTM is very crucial in order to raise consciousness among health care personnel to integrate TTM into their practice and hospital systems.

The theory entitled "Raising consciousness" was developed from the data on experiences of physicians who integrated TTM into their own practice and hospital systems as well as persuading the other health personnel (physicians, nurses, pharmacists, and multidisciplinary team) to do the same. Physicians used the following strategies to communicate and persuade other health personnel to accept and integrate TTM: 1) communicating, 2) training and 3) gaining experience. After perceiving TTM information from the process of communication and persuasion, health care personnel may recognize TTM benefits, gain knowledge, possess positive attitude, understanding, and trust, leading to its integration into practices. The raising consciousness model in Figure 1 consists of four circles. The first circle (the outermost circle) is hospital policy and the rule, regulation and policy of the MOPH or Thai government that has emphasized the revival and development of TTM and the encouragement of all hospitals in the country to integrate TTM into their current health care systems.

The second circle in Figure 1 is the environment influencing the consciousness of the integration of TTM into ones' practice and hospital system. It consists of living (social) environment and non-living (nonsocial) environment. Living environment is other health care personnel including physicians, nurses, pharmacists, and others who work together as a team. Non-living environment includes budget, space, building, and others that influence TTM integration and consciousness among physicians. It was found that if a hospital did not have

enough budget, spaces, and buildings to support the integration of TTM, it would not succeed in doing so. The relationship between environments and the levels of TTM consciousness was moderated by the levels of knowledge, attitude, understanding, and trust about TTM. The deeper knowledge, positive attitude, understanding, and trust about TTM living environments possess, the more consciousness they can raise in other health personnel. The manipulation of non-living environments such as provision of sufficient budget for training to create positive and trust on TTM would also increase the consciousness among health care personnel in TTM integration.

The third circle is knowledge, attitude, understanding, and trust about TTM, which influence the raising of consciousness on TTM integration among health care personnel. The higher levels of these psychological conditions will increase the consciousness in TTM integration. Knowledge in this study is TTM knowledge gained from formal/informal education or personal experience with TTM. Attitude is a positive or negative evaluation, thinking, feeling, or opinion on TTM. TTM understanding implies abilities and dispositions with respect and acceptance to TTM knowledge, meaning and benefits leading to the support of TTM integration. Trust is a faith, value and confidence in TTM effectiveness or its treatment. High degree of trust on TTM is energizing and creating consciousness on TTM integration.

Consciousness raising on TTM integration: The result of the study suggested that consciousness raising (Figure 1) was a process that the TTM accepting physician used to raise TTM awareness among the others, leading them to utilize TTM in their practice. Improving TTM knowledge, attitudes, understanding, and trust in order to raise health personnel's awareness on the TTM integration must be a part of the MOPH policy, hospital policy, and the functional roles of environments, as well as the goal of three processes of TTM socialization--communicating, training, and gaining experience on TTM (Figure 1).

From the interview, communicating included presenting, meeting, sharing, and distributing TTM information on available TTM treatment, benefits and efficacy. The training or coaching was the strategies to educate health care personnel on TTM knowledge and skills. The health personnel recruited for training were those whose major responsibility was related to TTM integration such as physicians, nurses, and TTM providers. Training could be in-house training or external training. Hand on or direct experience with TTM treatment was influential in changing ones' perspective about TTM. Gaining experience was direct or indirect exposure of health care personnel to TTM. Direct experience was personal experiences with TTM services such as Thai massage and herbal medicine and becoming acquaint to it. Gaining indirect experience was learning various aspects of TTM from others, not the hand on experience. Gaining good experience on TTM treatment created positive attitudes and trust in TTM leading to acceptance and change of perspectives, which in turn raised the consciousness among physicians in the integration of TTM into their practices and hospitals.

The participants suggested that efforts to raise consciousness among health care personnel on TTM should be carried out continuously. Individual health personnel showed a different rate of TTM acceptance and perspective change on TTM integration. Some accepted and changed their perspective rather quick (early adopters), but some may take much longer (late adopters). Therefore, the inner circle of the model in Figure 1 (consciousness) is drawn with a broken line implying that one's consciousness level can be inflated or shrunk overtime depending on the presence of communication and training in one's environment, and the opportunities to gain experience on TTM. The circle with broken line is enlarged as a result of knowledge acquisition, understanding, and trust on TTM. When TTM consciousness is high, communication, training, and provision of opportunities for TTM experience can be kept at a minimum level to maintain TTM integration. In contrast, when the circle with broken line is constricted implying the lower levels of knowledge, attitude, understanding, and trust on TTM, it is important for TTM pro-physicians to take full fledge action to socialize the others by communicating, training, and providing opportunity for gaining experience.

Three Phases of TTM Integration: Data analysis revealed that process of consciousness raising on TTM integration was divided into 3 phases; 1) development of TTM integrated service model 2) dissemination, and 3) implementation (Figure 2).

Development of TTM integrated service model phase: The result showed that the first phase was the period of time starting from the implementation of the MOPH policy on TTM in the hospitals. The MOPH had played an important role in the revival and development of TTM, supporting its use in health promotion and integrating TTM into the National Health Service systems and generating TTM-related rules for hospitals. Reviving and Developing of TTM (setting up the personnel and setting up the infrastructure) was the major code during data analysis. At this phase, the acceptance of TTM among some physicians was emerged if they recognized the limitation of modern medicine and possessed TTM knowledge, positive attitude, understanding, and trust about TTM.

The physicians' decision to integrate TTM into practice was also influenced by hospital policy. TTM-pro physicians had to raise other health personnel's consciousness and convinced them to accept TTM and support TTM integration. The first phase was characterized by the setup of the TTM integrated service model, the corresponding infrastructure, and the recruitment of personnel.

Dissemination phase: The next phase began when the accepting physicians integrated TTM into their own practices. They communicated and persuaded the other health care personnel to become knowledgeable and use TTM.

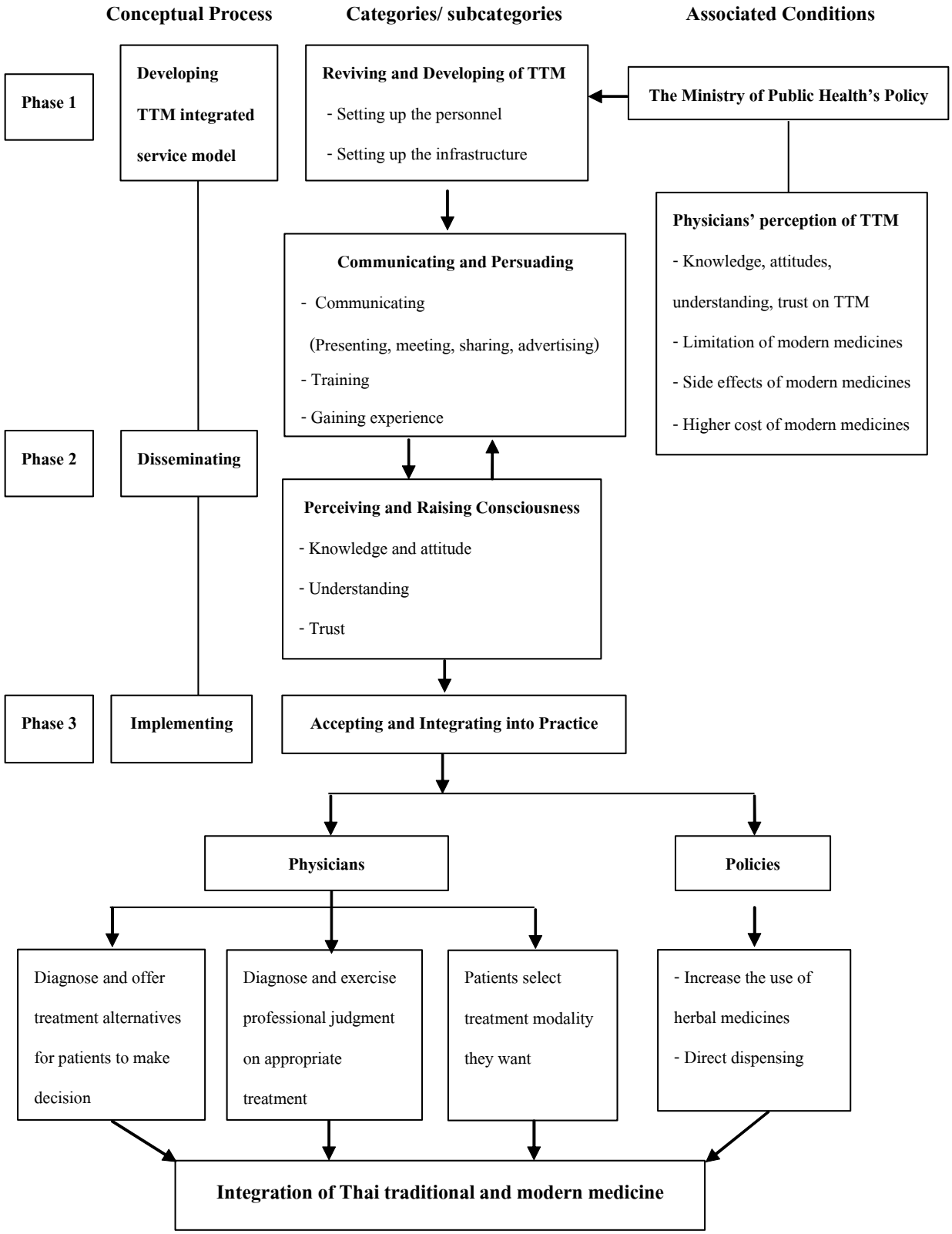

Figure 2 Process for TTM integration into practice and hospitals: summary of conceptual process, categories/subcategories and associated conditions of the model

The communication and persuasion effort was an ongoing basis to maintain the consciousness level of TTM integration. The cycle of communicating and persuading to perceive and raise the consciousness of TTM integration was repeated overtime. Communicating and persuading consisted of 1) communicating (presenting, meeting, sharing, and distributing), 2) training or coaching, and 3) gaining experience.

Perceiving and raising consciousness was one of the major codes emerged in this phase during data analysis. It was the activities that TTM accepting physicians conduct to influence the perception and awareness of TTM among health personnel. The activities aimed to improve knowledge, attitude, understanding, and trust about TTM. They must be conducted as a ongoing basis until the goal was achieved, i.e., the change of knowledge, attitude, understanding, and trust about TTM, leading to the integration of TTM as part of the treatment and current practice. The levels of knowledge, attitude, understanding, and trust about TTM among health personnel depended on hospital policy on TTM and environment of the practice.

Implementation phase: The final phase occurred when the consciousness among health personnel was raised, and they incorporated TTM in their own practice and convinced others to do so. Accepting and integrating into practice was the major code in this phase that emerged during the analysis of data. It is the outcome of consciousness raising and successful TTM socialization i.e., health personnel having an increased knowledge, positive attitude, understanding and trust on TTM. The study also identified three patterns of TTM integration. First, physicians diagnosed and explained to the patients their symptoms before offering treatment alternatives (TTM or modern medicine) for the patients to make decision. Second, physicians diagnosed and explained to the patients their symptoms and then exercise professional judgment on the appropriate treatment (TTM or modern medicine). Lastly, patients were the sole decision makers on the choices of treatment (TTM or modern medicine) when they seek care from health institutions.

Discussion and Conclusion

The theory, Raising Consciousness, was the substantive theory derived from the study. Raising consciousness is a process of psychosocial interaction between a person and his/her environment particularly the group to which ones belong. TTM accepting physicians needed much effort, time, and use a variety of strategies for increasing awareness, knowledge, understanding, and belief in TTM among others. The process was divided into 3 phases; 1) development of TTM integrated service model 2) dissemination, and 3) implementation. Strategies for raising consciousness on TTM integration included 1) communicating such as presenting, meeting, sharing, and advertising, 2) training, and 3) directly and indirectly gaining experience on TTM.

The central feature of the theory developed in the study is "Raising Consciousness" with acceptance, perspective change and TTM integration in practice as outcomes of the effort to increase awareness. Although none of the reviewed literature specifically identified raising consciousness as the central feature of accepting and changing perspective, Clark does allude to this idea about "transformative learning theory" stating that the process of "perspective transformation" has three dimensions: psychological (changes in understanding of the self), convictional (revision of belief systems), and behavioral (changes in lifestyle) [12]. Transformative learning is the expansion of consciousness through the transformation of basic worldview and specific capacities of the self. It is facilitated through consciously directed processes such as appreciatively accessing and receiving the symbolic contents of the unconscious and critically analyzing underlying premises. This notion is consistent to the findings of the present study. Raising consciousness is a process that TTM accepting physicians employ to transform psychological and convictional dimensions of change by targeting knowledge, attitudes, understanding, and trust in TTM. The behavioral transformation or accepting and integrating TTM into practice follows the change in the first two dimensions.

The result of this study clearly indicates the crucial role of physicians as "a change agent". The "kick off" for TTM integration in a hospital starts from one or few committed leaders, not necessarily an administrator(s). In order to expedite the TTM integration on national scale, the "trigger point" would be the development of a critical number of change agents along with the policies supporting TTM prescribing. First, early exposure of TTM value among medical students is very crucial as mentioned in the first study. Successful socialization in medical schools would also produce graduates who themselves are "change agents" for TTM integration in their future workplace.

The model derived in the study posits communicating, training and gaining experience as the strategies for raising consciousness employed by change agents "within" the organization. It is possible that different hospitals have a different level of TTM integration even though they all employ same strategies. "Change agents" should learn from each other the success and failure of their attempt. Network of them would serve as a forum for communicating, training and gaining experience on effective strategies for raising consciousness. This kind of knowledge is not available from most of the training courses on TTM because they tend to focus on clinical use of TTM, and less on "changing strategies". MOPH should support the establishment of such network.

Role models and opinion leaders on TTM are often mentioned as motivating factors for physician to pay attention in TTM. Their work or success stories should be distributed in the form that is accessible to target group. Production of various media targeting on raising consciousness will be very helpful in the process of TTM integration. MOPH should produce and supply media on relevant information to members in the forum that is suitable for use in raising consciousness such as 10 min length PowerPoint slides on solid evidence for effectiveness of selected treatment based on TTM or the clip on specialists who deny TTM but later witness its

effectiveness and become "converted". The media should be varied in length content and design to fit the approaches for raising consciousness, e.g., the presentation slides for formal meeting in administrative boards should be less than 10 min length. Finally, close monitoring of implementation of TTM related policy is very important because policy implementation sets the stage for real movement in TTM integration.

This grounded theory study provides insight on physicians' experience on TTM integration. However, many issues still left unanswered and need further research. For policy-related questions, What are the characteristics of effective policies in foster TTM integration?, What are the side effects of the present policies?, What should be done at the policy level to increase TTM use in private sector? and Is it cost-effective to implement a particular policy? For environment-related questions, What are the most influential elements in environment for TTM integration?, How could we change that environment? Are there any differences in the most influential aspects of environment in the hospitals with different context such as location, size, or affiliation? For psychological states-related questions, What are the characteristics of effective intervention to increase knowledge and develop positive attitudes, understandings and trust in TTM?, What are the effects of peer who approve or disapprove TTM? How long do the intervention last in its effects?, and What are the most cost effective interventions? The future studies on these unanswered questions could provide valuable information for inventing the effective measures for TTM integration.

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