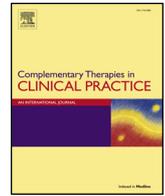




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Integrating acupuncturists in a western hospital: A qualitative study in a hospital in Israel

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1. Introduction

Integrative medicine is becoming mainstream [1]. Within the last quarter of a century, a strong worldwide movement has developed, driving the integration of safe and effective traditional practices and self-care techniques into mainstream health care [2]. Complementary medicine, which has gained popularity in Western countries in recent decades, has been partly integrated into conventional health care systems, including out-patient hospital clinics [3–5]. Acupuncture, one of several forms of traditional Chinese medicine, is one of the most prominent and frequently used complementary medicine modalities offered in those partly integrated settings [3,5,6]. With its own unique theories for treating disease and enhancing health, acupuncture has been in use in China for over two thousand years, along with other modalities such as Chinese herbal medicine, Moxibustion, and Tuina.

The educational and training framework and clinical experience of acupuncture trainees include a variety of elements of both Chinese and Western medicine [7]. However, many countries have not yet developed specific training programs or passed legislation to regulate its study and practice. In many countries, hospital training is not usually available for students, so they tend to see the types of patients commonly encountered in general practice. Moreover, during their careers, many undergraduates will progress to being self-employed practitioners working in private clinics or managing their own practices in the community and will never be exposed to the treatment of in-patients or patients with acute conditions.

However, in recent years, a new educational trend has evolved with orientation of curriculum toward hospital practice. In England, through its collaboration with the Confucius Institute for Chinese Medicine, London South Bank University provides clinical placements with the China's Heilongjiang University of Traditional Chinese Medicine in the student's final year [8]. Australian students practice as interns in a Chinese medicine hospital; the Australian students often report clinical internships in Chinese medicine hospitals as being a valuable learning

experience, as these allow exposure to a wider variety of diseases treated with Chinese medicine [9]. Postgraduate medical education in Korea consists of a one-year internship and a three-year residency program; graduates can choose whether they take the training in a hospital or in a private clinic [10]. The importance of clinical training in the hospital as postgraduate medical education for acupuncturists and moxibustionists has been discussed in Japan too [11].

Clinical experience within Chinese hospitals affords an opportunity to experience a wide variety and typically high volume of clinical conditions, as well as to witness the coexisting operation of a dual medical system, that is, Chinese medicine and Western medicine. However, the learning tends to be passive, whereby students follow doctors around, listening to their diagnoses and treatment recommendations. This is contrasted with the more active learning approach favored in later years of Australian Chinese medicine courses in which students take responsibility for diagnosis and treatment of patients under the supervision of qualified practitioners. Careful thought and collaboration between Western and Chinese medical educational institutions would result in enhanced learning experiences for Western students [12].

In Israel, a few colleges teaching Chinese medicine offer students an internship at a hospital in China, whereas others offer internships in an outpatient college clinic in Israel [13]. Only two hospitals, located in northern Israel Rambam and Bnai Zion Medical Center [14–16], offer interns systematic exposure to patients in various hospital wards.

These initial and short experiences of internships of Chinese medicine practitioners within Western hospitals provide but a short opportunity to prepare for working as an acupuncturist in a western hospital. Consequently, working in unknown grounds obviously presents a challenge to TCM practitioners. That said, only two studies explored the experience of TCM practitioners who work in western hospitals. One article offers phenomenological description of the experience of acupuncturists working in western hospital [17], and a second one that highlights the challenges confronting integrative medicine practitioners

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[18]. Working in hospital setting, must consider special safety issues like infection, blood thinners, and very weak or in critical condition patients. On the other hand it also bring new opportunity for acupuncturists in developing their skills in this profession. Analyzing acupuncturists working characteristics will not only enable to address safety issues, but also to shed light on the best integrative process recommended for new acupuncturists.

But both previously mentioned studies, analyzed interviews with acupuncturists in a single time point. The objective of this study is to explore the experience of acupuncturists around the beginning of their work and at the end of their first year of work in a western hospital, thus focusing on the process itself. Such exploration may inform the field of integrative medicine on the challenges and facilitators of integration in academic hospitals, which are the next frontier of integrative medicine.

2. Methodology

The study was conducted at the Bnai Zion Medical Center, an academic public hospital in Haifa, Israel, in which a complementary medicine service was launched in 2010 [19]. Within this service, patients are being referred by the medical staff to complementary medicine practitioners according to predefined indications such as pain, anxiety, nausea and insomnia [20]. Treatments, which include reflexology, acupuncture, tai chi, qi gong, hypnosis and guided imagery, are provided free of charge in the hospital departments of Cardiology, Urology, General & Pediatric Surgery, Surgery preparation room (Holding room), Labor & Delivery rooms, IVF, Maxillofacial Surgery, Pain management service, Rehabilitation, Hematology, Internal Medicine, Oncology, Gastroenterology, and at the Post Anesthesia Care Unit.

We conducted semi-structured in-depth interviews with all of the seven acupuncture practitioners working in the hospital – six men and one woman. The interviewer was the first author (Z.A.) a PhD clinical and medical psychologist, who is a complementary medicine member thus, obviously had previous acquaintance with the interviewees. The interviews were conducted between March 2014 and May 2018 each one took 35–60 min. We choose to interview the acupuncturists at two points in time so as to attain a broader picture of the impact of their working experience in the hospital. The first interview was conducted between the first two to five months of the practitioner's work in the hospital; the second interview was conducted about a year later. The practitioners' ages ranged between 33 and 45. All had at least four years of formal acupuncture studies and at least five years' experience as independent practitioners before starting to work at Bnai Zion. Some have had additional training in Chinese medicine and other complementary medicine treatment modalities such as Shiatsu, Tuina, Japanese medicine and NLP (Neuro-Linguistic-Programming). All of them work in their own private clinic or in a public community clinic as complementary medicine practitioners.

After obtaining their consent, participants were asked open questions. We asked the interviewees to compare their work at the hospital with that in their private clinic and inquired about the impact of their hospital work on their work in the private clinic – e.g. what, if any, were their difficulties and what advice would they offer to a new practitioner?

Interviews were digitally recorded and then transcribed verbatim. We assured participant confidentiality by omitting their names and the departments of the hospital where they are employed. All names are pseudonyms, and some details on the participants and the departments have been altered to protect their anonymity. Interview transcripts were analyzed by two of the authors (Z.A. and Y.K.) using Atlas.ti v8 textual analysis software for systematic coding and inductive analysis.

Application of acupuncture in hospitalized patients was ethically approved as a study by the Helsinki committee of the participating hospital according to the Code of Ethics of the World Medical Association (Declaration of Helsinki), No. 0041-09-BZN. Interviewing

the acupuncturists themselves did not require Helsinki committee approval, as they are staff members. Their participating in the interviews reflects their consent approval.

3. Findings

Three major themes regarding the acupuncturists work at the hospital evolved from the interviews: the first is the striking difference between their work in the hospital and the work they are accustomed to in the private clinic; the second topic concerns the contribution of their hospital work experience to their practice and to their professionalism as acupuncturists; the third, topic focuses on the difficulties they face during their work in the hospital.

3.1. “Apart from the needles, nothing is the same”

The interviewees emphasized the striking differences between the work in a private clinic and the work in the hospital. “Apart from the needles, nothing is the same,” Niv said in his interview. Ben explained, “From a therapeutic point of view, it is sometimes necessary to change the therapeutic strategies, to shift to completely different treatments, yes, that's the challenge and the difficulty.” Unlike the private clinic, hospital care focuses on the treatment of people with acute and often fluctuating clinical conditions by medical and nursing teams from diverse specialties who often utilize sophisticated pharmacological and invasive interventions [21].

Work at the hospital allows acupuncturists to experience treating patients in acute situations. They see their treatment mainly as symptomatic in nature, limited to specific outcomes, short and intensive. In addition, the work at the hospital allows the acupuncturists to treat patients with complex diseases who also receive various medications. Sometimes the treatment is administered to patients during invasive interventions in which the practitioner is required to come up with a different treatment strategy that suits the situation. Another very important aspect the acupuncturists cited was their experience of working with, or alongside, other professionals such as physicians, nurses and other complementary medicine practitioners. This professional interface promotes cross-fertilization of knowledge, and establishes the foundations for integration.

3.1.1. Patients in acute conditions

Hospitals are acute settings, which provide acute care: Acupuncturists in hospitals meet patients in acute conditions, patients suffering from conditions that they do not encounter in the private clinic.

The difference (between the hospital and the private clinic) is essential, because people come here in a very acute, sometimes life-threatening, condition where they feel they cannot remain in the community or be without medical supervision. (Ben 2)

People here come at the height of their illness. Many times, they come to me (to the private clinic) either before it reaches a peak or after they have undergone stabilization in hospitals. By then they have reached more of a remission stage. (Ben 1)

3.1.2. Intensive and short-term treatment

The treatment in the hospital is short-term and can be much more intensive than in the private clinic, where treatments are provided on the long term, and are built as a process aimed at improving the patient's condition over time.

At home (in the private clinic), a patient with metastatic bone cancer will come to me to help him treat cancer or pain, and we will go through a process together. And here my job is different ... My approach at my private clinic is to handle most of the cases once a week. This is the classic approach prevalent in Chinese medicine,

once a week, no more. If it's an acute case, like after a car accident or a crazy allergic reaction, then I can administer treatments two or three times a week, and then I go back to once a week. Here I can treat (a patient) twice a day, (even) three times a day. (Niv 1)

The acupuncturists work in the hospital under pressure of time because additional medical procedures need to take place and are often more urgent. Accordingly, acupuncturists may be required to shorten their treatment or modify it to allow concomitant western care (move needles from venous catheter access sight etc.).

Well, obviously the contact with the patients here is completely different ... There's much faster work here. There's no time for intensive questioning. When I meet a patient for the first time (in my private clinic), the treatment usually takes two hours, which involves long and comprehensive anamnesis which includes mental-spiritual aspects and all sorts of other things ... Here (in the hospital) it is often a brief verbal assessment (where and how much is it painful), traditional pulse diagnosis, and needles. It is quite different. (Or 1)

Acupuncture (in the hospital) is also different. The methods of acupuncture are sometimes different ... Actually, working with the needles is a little different (in the private clinic), because I can allow myself a certain amount of time to manipulate the needles, which here (in the hospital) I may not have the time to do. (Agam 1)

This reality of acute patient care and the limitations of a short treatment duration lead acupuncturists to alter the goals of the treatment, the course of the treatment, and the practitioner's state of mind that determines the treatment.

It's another state of mind ... you're very, very focused on the treatment ... but in the clinic you probably have more space; there is the space for thinking ... here everything is more agile, faster, and target oriented. (Ben 2)

I need to be precise about the treatment and about what I can achieve in a short time. If at home (the private clinic) I see a patient for sometimes ten treatments or more, chronic things, here (in the hospital) I have to be more precise in what I want to accomplish. If at home, I think about healing, here I think about relieving pain or delirium. The goals are more defined. (Ben 1)

(In the private clinic) I go deeper into the diagnosis ... and I can understand where the origin of his dissonance is in the body. It is opposed to an acute complaint that takes place here (in the hospital) which, in most cases, I choose to relate to. (Dagan 2)

3.1.3. Focusing on symptoms

Due to certain factors, among them the patients' acute condition, the constraints of a short-term treatment, and the lack of a deep familiarity with the patient, the treatment is defined as "symptom therapy" for the purpose of relieving the patient's distress as much as possible.

Treatment is very much here and now. I mainly focus on people's symptoms ... anxiety ... pain and other concerns. I also relate to the constitution (Chinese total framework) of a person according to Chinese medicine theory (energetic tendencies that determine health and disease), (focusing) on a major diagnosis according to syndrome categorization of Chinese medicine; but mainly I focus on the symptoms. In my (private) clinic, patients usually do not come for one treatment; I will treat them between 5 and 15 times on average. This is the main difference. (Dagan 1)

In addition, people who come to pre-determined elective treatment have already decided to treat their problem with Western medicine, and in this situation, too, the acupuncturists do not treat the problem, or the root of the problem, but only the associated symptoms.

When a person comes to the hospital and is hospitalized, he has already made the decision (to be treated in the hospital). The medical staff has made a decision that they are going to deal with this problem. So, I need to take care of his experience and his symptoms. (Niv 1)

I refer there (in the private clinic) much more to the root cause ... according to the stems and branches of Chinese medicine theory [22]. In my mind, there is healing or long-term change. Here (in the hospital) there is a symptomatic goal that is important to the patient in order to benefit him as much as possible. (Ben 1)

The symptoms are partly caused by the patients' illnesses and partly by the interventions and medications administered to patients, especially those with complex diseases.

Some of the patients take many drugs, sometimes with adverse side effects that we treat. At home (in the private clinic), patients take chronic medications and they are accustomed to them. (Ben 2)

3.1.4. Only needles

One of the first tasks of the acupuncturists, as soon as they started working in the hospital, was to change their work technique because of the limitations imposed on treatment methods. While in the private clinic, they can use a variety of treatment methods, such as cupping, Chinese medicinal herbs, electro-acupuncture and Moxibustion, in the hospital they are required to use needle acupuncture only. The reason for limiting herbs and Moxibustion use is primarily one of safety due to potentially adverse drug-herb interactions and fire precautions, respectively.

I have to change a lot of techniques ... a lot. I bring all the Chinese medicine capabilities to my (private) clinic; here (in the hospital) I focus mainly on acupuncture. The capabilities of Chinese medicine are also through touch and cupping, medicinal herbs, electro-acupuncture, moxa (Moxibustion) by heating. Here I focus only on acupuncture. (Ben 1)

I work a lot with Moxa (Moxibustion) in the (private) clinic ... I teach it. This is a tool I work with. I like it very much, am very attached to it. But (in the hospital) this is forbidden. You cannot set a fire here, and we do not have a device that can simulate a moxa effect (Moxibustion), since the device is not approved by the health regulatory bodies in Israel. (Agam 1)

3.1.5. The need to change the location of the needle

In addition to the restriction to work with needles alone, the acupuncturists have to get accustomed to restrictions on the needles' location because of the patients' position, bandages and body areas where needles cannot be inserted due to surgery or other medical treatments. These limitations dictate the need for a change in the treatment strategy.

Sometimes a change has to be made. Sometimes you have to be flexible. It could be due to all sorts of reasons. It may be because patients have been sitting in the waiting room with these clothes; how cold they feel. You have to cover them or not cover them and then the choice of points will be made accordingly. (Avi 2)

It happens quite a lot; whether it's all kinds of bandages that are put exactly on the acupuncture point. Even on the area where I diagnose a pulse. Okay? And no way I can take the bandage off. If it is because ... people here have all kinds of infections ... I need to look for alternative points ... (Ben 1)

If the patient has an infusion connected to a particular body area, I cannot put a needle there, but there is always an alternative. There is always another way to treat ... That's what's good; we can always

be flexible ... if a leg is broken, I cannot treat him in one leg, so I weigh what points to target in his hands. (Dagan 1)

There is a change in the treatment ... and I use only the upper part of the body ... and all the lower part (during angiography) is actually under the control of the doctors and nurses ... and it is covered, the legs are covered. As if all the ... preparation and layout is completely different (from that in the private clinic). So, I built a protocol that actually fits what is available to me, and that works great. (Gil 2)

3.1.6. "This brings us all out of the loneliness of the profession"

Working together with other healthcare professionals constitutes a marked distinction between working in the hospital and in the private clinic. Teamwork enables them (the acupuncturists) to work in cooperation with other professionals, to gain practical knowledge, to discuss professional issues and consult with one another.

The medical language here ... the conversation between me and the doctors and the nurses requires me to know more and more information ... to know whether the treatment is appropriate for the specific patient. Considering all the parameters ... of the treatment itself. (Ben 1)

Expanding our knowledge in the field of conventional medicine ... It takes us all out of the loneliness of the profession. (Avi 1)

The great differences they are exposed to in their work in the hospital, as opposed to their studies and their work in private clinics, raise difficulties, but also contribute to their professional work.

3.2. The contribution

Acupuncturists who work in a hospital acquire practical knowledge, which they can later use throughout the care of patients in the community or in private clinics. The experience of working in the hospital wards treating patients in acute and complex situations expands their knowledge in Western medicine and contributes to a deeper understanding of medical problems and the effects of certain drugs. The acupuncturists noted that the work in the hospital expanded their knowledge base, both biomedical knowledge and knowledge of Chinese medicine and integrated medicine.

I think all my great teachers - and I had the privilege of studying with many great teachers, all of whom specialized in Chinese medicine and know Chinese medicine well - never encountered what I encountered here. Even in the most extreme cases, a person comes to your clinic in a fairly calm situation. He does not come after a surgeon has opened his stomach, or with a very high level of inflammation, even close to death, or with acute complications of cancer. (Niv 1)

And this is learning at several levels. Understanding the drugs and how my treatment adjoins them, complements them, strengthens them, and improves the functioning of the drug or the healing ability of the body. (Avi 2)

It expanded my knowledge, especially in Western medicine, but also in Chinese medicine. I consult with the people here about things I have in the clinic, hear their opinions. (Or 1)

Along with the broadening of knowledge in general, the work of each acupuncturist in a particular department led to his specialization in the specific treatment area that is common in the ward in which he works.

I think I gained confidence in the catheterization room ... and how to work there. And I understand much more today about blood vessels and catheterization; much more, especially with Western knowledge. In this way, I grew and developed. (Or 2)

The work at the hospital contributes to the acupuncturists' work in the private clinic. Ben talked about the impact of work at the hospital on increasing his focus on the treatment. Dagan described a more thorough examination of laboratory tests, and Agam explained that his familiarity with physicians and with medical bureaucracy improves his ability to support patients in finding their way through the medical system.

I think it influences focusing. Here the treatment requires very, very high focusing, and I saw that it slowly helped me to focus ... I mean, in the thought process. It accompanies me to the clinic, and it helps me to separate the wheat from the chaff (Ben 1).

In the private clinic, I now refer more to laboratory tests; I refer more to the patient's type of surgery, things like that. ... Yes. I used to do it in the past, but now I feel that I attach more importance to biomedical information. (Dagan 1)

Practical knowledge and experience contribute to self-confidence in treatment, even when treating patients with complex diseases who receive a variety of medications.

Working in the hospital and being exposed to its complexity, influenced who and what I am, as whole lot more stable person. That is a very, very big gift. I mean, this is something very, very strong in the hospital, which I cannot possibly get in the private clinic. (Avi 2)

I have more confidence. Today a patient will come to my clinic and say that he underwent a specific medical procedure ... throw some thirty medical terms in the air, and I will not be rattled by it. I know how to deal with it ... In school, they taught us all the time not to treat cancer patients, and not to treat someone in an acute medical condition. It protects you until you feel enough confidence ... Today, I do not get excited about it. I have seen everything here. (Niv 2).

I want to go back to my school in the United States as a lecturer ... I have no doubt about it at all ... I want to spearhead the profession. So, it goes through here (the hospital) ... I'm getting a framework here where I can develop and grow. ... I get tools for research, and who knows, maybe one day I will go do a Ph.D. I have such thoughts. (Or 2)

3.3. The difficulties

Along with the contribution of their work at the hospital, the acupuncturists also noted the need to cope with difficulties they encountered there. For one, they occupy a new and unfamiliar professional status. They do not belong to the medical or nursing professions, and are currently seen as practitioners who only treat symptoms rather than cure diseases. They are the ones who need to adjust themselves, their language and their treatments to the Western medical treatment methods, which are dominant in the hospital. They have to prove themselves and their [Chinese] treatment method, which is actually limited by the hospital.

In the private clinic, I am independent. I do not have a team, I do what I see fit ... I do not ask anyone and do not share with anyone. Here [in the hospital] everything goes through some kind, ah, some form of teamwork. (Niv 2)

There, in the clinic, I am alone; I am master of time, place, and equipment; everything is known and accessible. The space is clear and well known. Here, I am always next to a bed and someone comes in, and someone comes and checks and goes in and out, and a doctor or a nurse arrives, sometimes students, or others. (Ben 2)

The acupuncturists in the hospital departments, with a completely different medical philosophy and treatment method, may feel marginal compared to the medical staff.

Our contribution is often being questioned. ... We feel that they put a magnifying glass on us. A magnifying glass means you say something, create something ... and it's always questioned ... [and that's] because we are not doctors, M.D.s ... there is no recognition, no recognition. (Agam 1)

They are required to deal with the skepticism of the staff members about their treatment method. The medical staff may doubt the efficacy of Chinese acupuncture treatment. Some physicians and nurses express skeptical attitudes, especially in the beginning of the complementary medicine service.

Here, people are skeptical; it can be doctors or nurses. I mean, I come and I represent some kind of profession that they have certain [pre-conceived] notions about, and they may continue to think the same thoughts. These thoughts may change. (Avi 2)

The interviewed acupuncturists felt that even when staff members see the effect of their treatments on patients, they are not interested in understanding the treatment method itself.

Usually, they (doctors and nurses) do not show much interest, at least in my department; they do not ask exactly what I do; they know it works, they see it works, but they do not very much relate to the process itself; what happens during the treatment and how the treatment works (Dagan 2)

Overall, the acupuncturists felt they were being tested and needed to prove themselves and the treatment they bring into the hospital.

I feel that I have a lot of responsibility going into the department and showing that my medicine, or what I do, is useful in this spectrum of serious illnesses. And to open new boundaries and show the team that I have value, which can be of use to them ... I feel like some kind of a representative of a domain beyond myself. (Ben 1)

The acupuncturists need also to cope with medical language and terms in the hospital, which are different from the Chinese medicine language. So, the acupuncturists need to adjust themselves to the medical language.

I try to explain things in “their language.” For example, they called me to treat someone because they thought the problem was mental. In Chinese medicine, the liver and the heart are related to a mental state. But I cannot say [to them] that I am nourishing the blood of the heart. I need to say that I've diagnosed some mental influence and will try to balance the mental and physical components. This suits their language. I will not say that I will change his blood “stagnation” or weakness, which are Chinese medical terms. I might explain that the weakness is in the immune system, and the treatment's aim is to strengthen it. (Niv 1)

So, the language and terms should be mutual, coming from both my and their professional world. If I use only their language, I miss the integration goal (Or 1).

4. Discussion

The objective of the study was to explore how working in a Western hospital influences the professional experience of acupuncturists. Such understanding can help prepare future acupuncture “hospitalists” in providing care to inpatients. Our qualitative analysis revealed both the marked difference between the private clinic and the hospital setting they encountered, and the contribution of working in the hospital, as well as its difficulties.

Hospitalized patients are in an acute medical condition and invasive procedures are carried out on them; consequently, the acupuncturists are often exposed to patients' life-threatening conditions, and even death. Therefore, in order to prevent emotional ‘flooding’ or even the

perception of professional failure or burnout in the face of terminally ill patients, we recommend preparing the acupuncturists mentally for such events before entry into the medical system.

For safety reasons, many aspects of traditional Chinese medicine cannot be applied in the hospital setting (burning moxa, using herbs etc.), and only acupuncture is allowed. These limitations can also be conceived as leverage for expanding and specializing acupuncture techniques in order to provide more efficient treatment for patients [21].

In addition, the treatment focuses on tactics rather than strategy, on “branches” rather on “roots”. Since in most cases treatments are singular occurrences, it is necessary to shape them differently, by focusing on the patient's acute physical and mental symptoms. The acupuncturists are required to adapt their treatment to medications such as blood thinners and to consider infection control. Therefore, acupuncturists must be familiar with a variety of acupuncture techniques and be flexible with regard to their treatment. The acupuncturists learn the effect of invasive procedures on the meridians, and acupuncture treatment must be adapted not only to the disease but also to the medical procedure as is customary in this specific hospital.

Working with the medical staff requires the acupuncturists to learn the dominant biomedical language of hospitals. In order to understand and to be understood, acupuncturists must master the prevalent lingo and learn to “translate” traditional Chinese medicine concepts into biomedical language. In addition, the therapist is required to study and integrate the digital interface of electronic medical records of the hospital, to increase the visibility of acupuncture treatments as well as adhere to standard hospital documentation procedures.

On a personal level, the acupuncturists initially reported a sense of inferiority at the beginning of their work in the hospital, and said they sometimes felt unnecessary, and underappreciated. During that initial adjustment period, there is room for professional support both from other complementary medicine personnel and from the department's medical staff, until the newcomers develop a sense of confidence and empowerment. As the process stabilizes, acupuncturists report a sense of personal and professional growth; they see the hospital as a primary contributor to their expanding professional knowledge and development.

This study has some limitations: It was conducted in one hospital in Israel and included only seven respondents. The first interview was open and paved the way to specific questions ultimately resulting in semi-structured interviews. In addition, although we constructed the study in the form of interviews conducted several months after the start of their work, and subsequent interviews held about a year later, we did not find marked differences between the first and second interviews, except in the sphere of professional self-image. Interviewing the participants a couple of years later might reveal other influences, both on themselves personally and on the integration process as a whole. Future studies might include acupuncturists in other hospitals and countries, so as to overcome special internal administrating system of this specific hospital, and discover cultural differences; using questionnaires focusing on the present study themes might also enable quantitative research on barriers and facilitators of integration.

In conclusion, this study emphasizes that hospitals serve as a leverage point for integration. In order to integrate Chinese medicine practitioners into the hospital setting, there is a need to choose acupuncturists who possess a wide range of treatment skills and high interpersonal abilities. At the same time, the host hospital must create a support system for emotional coping, especially in the case of patients' end-of-life situations. In order to contribute to the acupuncturists' successful integration, there is room to seriously consider the themes raised in this study.

The personal benefit to the acupuncturists is well reflected in the following citation: “I feel/mutual enrichment along all interactions ... Being exposed to life-threatening medical situations has improved my worldview and I feel more grateful for the small things in my life. Who I

am as a person and a CAM therapist has turned into something more spiritual, whole and stable. This is a very, very great gift, which I would have never gotten solely in my private clinic".

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ctcp.2019.07.004>.

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