Research Article

Perceptions of traditional, complementary and alternative medicine among conventional healthcare practitioners in Accra, Ghana: Implications for integrative healthcare

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ABSTRACT

OBJECTIVE: Integrative medicine refers to ongoing efforts to combine the best of conventional and evidence-based complementary therapies. While this effort for collaboration is increasing, traditional complementary and alternative medicine (TM-CAM) remains poorly integrated into the current healthcare system of Ghana. At present, it is not clear if practitioners of mainstream medicine favor integrative medicine. The present study, therefore, sought to explore the perceptions of conventional healthcare professionals on integrative medicine.

METHODS: A qualitative design composed of semi-structured interviews was conducted with 23 conventional healthcare professionals comprising pharmacists, physicians, nurses and dieticians from two quasi-government hospitals in Accra, Ghana.

RESULTS: Participants’ knowledge of TM-CAM was low, and although they perceived alternative medicine as important to current conventional healthcare in Ghana, they expressed anxieties about the potential negative effects of the use of TM-CAM. This paradox was found to account for the low levels of use among these professionals, as well as the low level of recommendation to their patients. The practitioners surveyed recommended that alternative medicine could be integrated into mainstream allopathic healthcare in Ghana through improving knowledge, training as well as addressing concerns of safety and efficacy. These findings are discussed under the themes: the knowledge gap, the paradox of TM-CAM, experience of use and prescription, and guided integration. We did not observe any differences in views among the participants.

CONCLUSION: The conventional healthcare professionals were ready to accept the idea of integrative medicine based on knowledge of widespread use and the potential role of TM-CAM products and practices in improving healthcare delivery in the country. However, to achieve an institutional integration, practitioners’ understanding of TM-CAM must be improved, with specific attention to issues of safety, regulation and evidence-based practice of TM-CAM products and services in Ghana.
Keywords: perceptions; integrative medicine; medicine, traditional; complementary therapies; healthcare qualitative research; Ghana


1 Introduction

Traditional medicine (TM) and complementary and alternative medicine (CAM) are widely used by many populations as part of their primary and traditional healthcare, where spiritual and cultural beliefs are emphasized. Though numerous healing methods are classified as TM-CAM, no simple definition covers all TM-CAM disciplines. TM refers to the diverse practices, which make up the indigenous healthcare traditions of the world[1]. CAM, however, refers to a diverse range of therapeutic practices and systems of healing that are not primarily defined as part of mainstream allopathic medicine[2]. Complementary medicine is used together with standard medical care, whereas alternative medicine is used in place of standard medical care[3]. The term TM is commonly used in developing countries, although CAM and TM are used interchangeably in several other countries as well[4].

The prevalence and types of TM-CAM use has progressively increased over the years in many countries[5] and varies among and within countries as a result of socio-economic and cultural factors[6,7]. Existing literature indicates that the prevalence of CAM use in European countries ranges from 0.3% to 86%[8]. In another review, it was observed that CAM was frequently used by the general population in 15 countries, with a reported prevalence of 9% to 76%[9]. For these countries, including Ghana, high utilization of TM-CAM for primary healthcare needs was explained by ready availability, accessibility and affordability, particularly for people living in rural areas[10–14].

Integrative medicine, however, incorporates aspects of allopathic medicine and evidence-based TM-CAM. These practices have high-quality scientific proof of safety and efficacy, while emphasizing the importance of patient participation in health advancement, disease prevention and health management[15,16]. Although collaboration between TM-CAM and mainstream conventional medicine is increasing, TM-CAM remains poorly integrated into the current healthcare system of Ghana[10,17,18]. There is an uneven distribution of conventional health facilities and professionals in Ghana; many of these resources are located in urban centers of the country, where they receive government support[19]. Yet TM-CAM products and services do not receive such support and are not adequately considered under the national health insurance scheme.

The attitudes of physicians and other medical practitioners towards TM-CAM largely control the extent to which integration between TM-CAM and allopathic medicine can be realized[10]. Yet, many practitioners of allopathic medicine, such as physicians, pharmacists and nurses, know little about TM-CAM and often stigmatize the practices and practitioners[10,20]. Some common tags for TM-CAM, such as “alternative”, “unconventional” and “unproven”, have been described as pejorative and may impede collaborative efforts towards integration[21]. Other reviews have found positive attitudes of nurses, doctors and pharmacists towards TM-CAM, although pharmacists tend to be unaware of the use of these products by their patients[22–26].

Ghana has taken initial steps toward integrating medicinal practices by introducing TM-CAM in some government institutions, but these services are not reimbursed under the national health insurance scheme[27].

At present, it is not clear whether practitioners of mainstream allopathic medicine favor the integration of these two healthcare systems. The attitude of conventional healthcare professionals toward TM-CAM and its consistency with their conceptualization of health and illness will largely determine their preference for the integration of the systems.

The objective of the current study was to explore the knowledge and attitude of healthcare professionals towards TM-CAM and to explore their perception of the integration of aspects of TM-CAM with allopathic care. Information on the attitudes of medical providers towards TM-CAM in Ghana is not readily available. Thus, the findings from this study will provide socio-cultural relevance, with implications for professional training and clinical practice.

2 Methods

2.1 Study design

The study employed a qualitative approach using a semi-structured interview guide. The qualitative study provided a deeper understanding of the knowledge and perception of healthcare providers towards TM-CAM and its integration into mainstream conventional care[28].
2.2 Participants

The respondents were physicians (n=5), pharmacists (n=8), nurses (n=5) and dieters (n=5) recruited from two quasi-government hospitals in the Greater Accra Region of Ghana. The quasi-government hospitals in Ghana are not completely under the direct control of the government health services. They are usually established to serve staff of particular organizations and the general public, though certain services may still be available to the staff only. At the time of data collection, these hospitals did not offer TM-CAM services, thus the responses from the participants are well in line with the objectives of the study. Selective sampling was employed to maximize the variation in socio-demographic characteristics of the study participants, such as gender, age, healthcare profession and number of years in practice. This was to help explore the views of different conventional healthcare practitioners whose practice enabled them to directly interact with patients. After obtaining permission from the hospitals, and with assistance from senior personnel, the researchers identified and contacted participants at their work places and booked appointment on a convenient day, time and place for the interviews. All participants had been practicing for at least six months because the study sought to relate TM-CAM with practice.

2.3 Data collection

This study adopted a qualitative approach for two reasons: (1) to explore the views of conventional healthcare professionals about TM-CAM products and practices in Ghana and (2) to allow the context of TM-CAM products and practices to emerge in relation to integrative care. These objectives require an approach that studies people in their own natural environment, explores their experiences and their interpretation of phenomena around them[29]. A semi-structured interview guide was used to collect information from the study participants between March and April, 2015. This data collection procedure allowed for some degree of uniformity in data, for easy categorization and analysis, while enabling the respondents the freedom to express their views in their own terms. The data collection tool was developed, based on literature, in order to align with the stated objectives of the study[2,6,24–26]. The interview guide comprised 16 open-ended questions, covering areas such as level of knowledge, perceptions and beliefs about TM-CAM, perspective on the integration of TM-CAM into the education and training curricula of healthcare professionals in Ghana, as well as its incorporation into conventional practice. Issues of efficacy, safety and the perceived impact of TM-CAM use on conventional care were also explored. Other areas included the level of personal and professional experience with TM-CAM vis-à-vis practices, understanding and experience of different types of TM-CAM. Additional inquiries were used to obtain further responses and establish clarity. Some of the questions on the guide included: ‘Which TM-CAM do you know about?’; ‘How do you view TM-CAM?’; ‘What is your view about their collaboration with conventional medicine?’ and ‘During your practice, what are some of the TM-CAM discussions you have with your patients?’ The interviews were conducted in private rooms and lasted from 30 to 50 min. The interview continued until the point at which new information was not contributing to the information already obtained, as a result of the repetition in responses by the participants. To ensure privacy and confidentiality of participants and their information, each respondent was anonymized and identified by a unique number which has been used in the presentation of the results. The participants have also been identified with their narratives using PH (1–5), PM (1–8), NS (1–5), and DT (1–5) for physician, pharmacist, nurse and dietician respectively as well the age of the respondent.

A pilot study was conducted involving one physician, two pharmacists and two nurses to assess the validity and appropriateness of the interview guide for the study. The pilot study allowed some aspects of the TM-CAM to be included in the main study guide following questions from the participants.

2.4 Data analysis

All interviews were digitally recorded in English and transcribed verbatim. A thematic analysis was employed in order to identify the themes emerging from the responses of participants, based on a manually generated coding frame[30]. In coding the transcripts, the phases used to create meaningful patterns were: familiarization with data, generation of initial codes, searching for themes among codes, reviewing themes, defining and naming the themes identified.

2.5 Ethical considerations

Permission to conduct this study was obtained from the heads of departments of the participating institutions. All participants gave informed written consent before the commencement of the interviews. All the participants also approved the audio recording of the interviews a priori.

3 Results

3.1 Characteristics of participants

Twenty three interviews were conducted among five physicians, eight pharmacists, five nurses and five dieters. The ages of the respondents ranged from 25 years to 58 years with the majority between the ages 25 and 34 (Table 1). There were more females than males and all of them were Ghanaian. The majority of participants were Christian and the rest were Muslim. The mean number of years of practice was 11.43 years. Some of the
respondents had a Bachelor’s degree in their respective professions and others had been awarded post-graduate degrees (Table 1).

### 3.2 Themes

The thematic analysis showed the following themes: the knowledge gap, the paradox of TM/CAM, experience of use and prescription and guided integration, which are further examined below.

#### 3.2.1 The knowledge gap

This theme addressed the knowledge level of the informants with regard to TM/CAM. The self-reported level of knowledge was generally low across all professions. Apart from indigenous herbal medicine and in some cases acupuncture, participants had merely heard of other TM-CAM practices.

*I don’t know so much about these alternative medicines but at least I know they are mostly the herbal preparations. I know about acupuncture yeah, the other ones I don’t really know; I have heard a few other ones but I don’t know much about them.* (PM6, 38)

*Ok. As far as I know, I know that they are other forms of treatment apart from the normal conventional form of treatment so it will involve the herbal medicines, the acupuncture, chiropractic therapies and all those things, any other thing apart from the normal conventional system. Homeopathy too. Yea I have heard about them a lot but honestly I don’t know what they entail.* (PM1, 25)

While most participants had no formal training in TM-CAM, the pharmacists were introduced to some herbal medicines during their training.

*In school I did pharmacognosy at least that gave me some knowledge about herbal medicine.* (PM5, 26)

*I would say that your project is very interesting because even we as conventional health professionals have very scanty knowledge about CAM, but it is very important we get to know about these therapies.* (PM2, 48)

### Table 1 Characteristics of participants

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Gender</th>
<th>Age (year)</th>
<th>Years of practice</th>
<th>Qualification</th>
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<tbody>
<tr>
<td>PH1</td>
<td>F</td>
<td>35</td>
<td>8</td>
<td>MBChB, MGCP, MWACP</td>
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<tr>
<td>PH2</td>
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<td>32</td>
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<td>PH3</td>
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<td>MBChB, MGCP, MWACP</td>
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<td>PH4</td>
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<td>50</td>
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<td>MBBS, MPH</td>
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<td>PM1</td>
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<td>25</td>
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<td>Bsc</td>
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<td>PM2</td>
<td>M</td>
<td>48</td>
<td>23</td>
<td>Msc</td>
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<td>PM3</td>
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<td>Bsc</td>
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<td>Bsc</td>
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<td>M</td>
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<td>Bsc, MPH</td>
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<td>F</td>
<td>58</td>
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Mean = 37.21  Mean = 11.43

PH: physician; PM: pharmacist; NS: nurse; DT: dietician; M: male; F: female; Bsc: Bachelor of Science; MBChB: Bachelor of Medicine; MBBS: Bachelor of Medicine and Bachelor of Surgery; MGCP: member, Ghana College of Physicians; MWACP: member, West African College of Physicians; MPH: Master of Public Health; Msc: Master of Science; MPhil: Master of Philosophy; PhD: Doctor of Philosophy.
Their source of TM-CAM information was mainly through the media (radio or television advertisements) and from their patients.

Basically I hear about these products through their publicity on the airwaves. Sometimes being a health professional I get people who seek my opinion about herbal and alternative medicines. They want to know whether they are good because people have recommended to them but they ask me what I think about them but I also get the information through the patients. (PM4, 41)

3.2.2 The paradox of TM-CAM

Here, the views of participants about the role of TM-CAM were explored. Participants had varied opinions about the role of TM-CAM in allopathic care, but they agreed that TM-CAM had both positive and negative effects on conventional medicine. Positively, TM-CAM was understood to serve as an alternative form of patient care and to augment the challenges associated with allopathic care.

(Long pause). I don’t think it will be negative. They are actually supporting us a lot. For example, the HIV patient I spoke about, the herbs may simply be taken as food supplements. But, whatever negative impact, it will be because we have neglected this area. If we will take it seriously, monitor closely, train practitioners and ensure proper collaboration with conventional care, then there wouldn’t be a problem. (DT4, 43)

…….some pressure will be taken off conventional medicine with the introduction of such alternative medicine. (NS3, 37)

Independent of these positive roles for TM-CAM, participants also reported some of the negative aspects to TM-CAM in healthcare delivery in Ghana. For instance, TM-CAM was perceived to be the major cause of delay in formal help-seeking behavior among patients with conditions that demand prompt attention. This often led to complications, which were mostly avoidable. Participants generally agreed that patients who came in with multiple organ damage, such as kidney and liver problems, were usually long-term users of TM-CAM, particularly herbal preparations. TM-CAM also promoted non-adherence to prescribed conventional medical therapy.

CAM will obviously augment our effort considering the difficulty with health professionals and health facilities in Ghana. But as I said, those concerns about safety should be addressed. But as it stands now, it is promoting noncompliance and delay in seeking formal healthcare and people report to our facilities with all sorts of preventable complications. (PH3, 39)

If patients, especially those suffering from chronic conditions, present to us with any complication, we normally find out if they use any alternative medicine and they usually reveal that they are using herbs or were at a prayer camp or fetish priest. (PH2, 32)

3.2.3 Experience of use and prescription

This theme examined participants’ experience of using TM-CAM. Generally, TM-CAM was infrequently used among the healthcare professionals. Participants cited their own lack of knowledge and their perception that TM-CAM approaches were inadequately supported by science as the major barriers to their personal and professional use of TM-CAM.

Personally (long pause), I have not gone for any of those. I don’t know when maybe I was a kid or no! I have not because like I told you I don’t know what goes into their preparation and some of them have not been tested scientifically especially in our country here. (DT4, 43)

I will absolutely not recommend them to any of my patients because I know very little about any of them. (PH2, 32)

Clearly, the participants’ lack of confidence in the use of TM-CAM products and services extended to their unwillingness to recommend them to their patients. It appeared that adequate knowledge of TM-CAM’s efficacy might change this pattern. TM-CAM is unpopular among these healthcare professionals because they did not know much about it. Some however, were liberal and would not discourage a patient who wanted to use such products. In some cases the issue was about safety more than efficacy.

If my patients want it I won’t stop them, but as I said, I can’t recommend it myself because I don’t know much. How safe or effective it is I don’t know. (NS2, 34)

A few participants, however, indicated that they were using TM-CAM and would recommend it to their patients. Such attitudes were observed to stem from personal use and perceived benefits at some point in their lives. These practitioners recommended TM-CAM, if they were convinced that the method was safe and efficacious.

Oh yes! I will gladly recommend traditional medicine or CAM especially the ones I have benefited from particularly the herbal product. (NS3, 37)

If it has a clinical basis and there’s a proven cure or improvement in patient’s condition, why not? We have this Ayurveda medicine from …. (Name withheld). It’s for new born babies and children. I have recommended it in the management of griping and colic pain in babies and children and I think it really works better than the other conventional medicines for gas and colic in babies. (PH6, 38)

3.2.4 Guided integration

This theme examined the participants’ views on integrating TM-CAM into conventional health care systems in Ghana. Participants were welcoming and supportive of the call for the incorporation of TM-CAM into conventional medical care, but stressed the importance of improving knowledge, training, and
addressing concerns of safety and efficacy. Participants admitted that conventional medicine did not have the solution to all our healthcare needs. Some countries are hard-pressed for resources to provide healthcare that is affordable, accessible and available to all. Thus, it was deemed necessary that alternative forms were considered to augment the mainstream practice. However, to be able to accept integration, participants demonstrated many concerns that needed to be addressed.

Formal training of conventional healthcare professionals in TM-CAM was reported as an important issue, which should inform any attempt towards integration. The relevance of such training would be mainly for counseling purposes, because their patients are using TM-CAM with increasing frequency.

It is very necessary that we are well knowledgeable about these alternative products. Because we are in Ghana and most of our people resort to them before conventional, especially in the rural areas, they resort to that one first, if it does not work before they come to the hospital for the conventional medication. So you as a health worker you should have knowledge about these medications and their effects thus when the patient comes and you observe anything you may be able to advise them especially on herbal drug. (PH5, 26)

It is very essential that we get to know a lot about the CAM. One thing I must say is that it's gaining more popularity because people think they want to get back to nature with this idea that everything natural is safe. So people would like to get back to such therapies, you know; so as a pharmacist it is very important for me to know about it because day in and day out patients will come to me asking about these therapies and I should be in a very good position to explain it to them whether or not it's very advisable to get such therapies. (PM1, 25)

I think it's very important for me to know more about the alternative remedies because most of the time we have clients who may be using them. So if they come to me for conventional medicines, I should know what they have been using and see if there are any possible interactions with them. I should also know so that we can also study whether these CAM processes actually really work or whether they have an effect on conventional medicine usage because it's been used. (PH2, 48)

Other important issues that were expected to affect integration were efficacy and safety concerns. A common wish among participants was for the better documentation of the efficacy and safety of the TM-CAM remedies. The safety concerns were raised by all the respondents, with particular emphasis on herbal medicine, because participants knew very little about the other remedies.

Safety is an issue which we have to look at because conventional medicine has been tested and tried over the years but not all alternative therapies have these safety profiles so proponents of these practices must take steps to ensure client safety. Every medicine must be chosen based on safety and efficacy and CAM is no exception. (PH5, 30)

The safety is a big problem because most of the people who do CAM may not have the knowledge especially those who handle the herbal medicine. You see them selling in cars and they may not have the knowledge as to handle the products effectively so it may not be safe for everyone and it is also a matter of research and study for us to know. (PM2, 48)

A third issue that was stressed as important in guiding integration of TM-CAM and conventional practice was regulatory issues. Participants were unsure of the current regulations in the country. Even though they were aware of the existence of statutory bodies to help streamline and regulate TM-CAM practice in Ghana, they felt that such bodies should be working more efficiently. Participants would gladly accept integration if regulations were optimized. This move would ensure greater confidence in TM-CAM procedures and enable conventional medicine practitioners to endorse certain TM-CAM practices and refer to their practitioners.

I know there is a traditional medicine council, I think they have to be more vigilant, take a survey of all people practicing alternative medicine, survey their offices and access them very well, give license to regulate because, everybody can set up a herbal hospital at any point in time, whether they are really licensed to set up so they should license them. Be checking on their practices properly within the year, every year they are supposed to re-license themselves. (PH6, 38)

Closely linked to concerns over regulation was the qualification and expertise of the TM-CAM practitioners. The participants were concerned about the education and training of TM-CAM practitioners particularly in light of the call for incorporation of CAM into mainstream medical practice. There were comments about the Bachelor of Science in herbal medicine, which began in 2001, and was offered by the Kwame Nkrumah University of Science and Technology, Ghana. The participants stated such graduates should be part of the conventional clinical setting so that patients would have an option to choose from conventional or TM-CAM practices and practitioners.

In Ghana here anybody at all can sit in his room and call himself a herbalist. Since there is some formal education in herbal medicine, the professionals will use scientific products that have been tested. So I think the trained herbalists should be placed in our clinics so that patients will have a choice. (NS2, 34)

The graduate training for herbalists is a very good idea.
When they graduate, they should be placed in our clinics. They are well trained and they will help modernize CAM. (DT3, 48)

...Every hospital at least the regional or district hospitals for now should have medical herbalists attached to their facilities so they can handle issues of CAM. (PH2, 48)

4 Discussion

The interest in and utilization of TM-CAM has increased in recent years. This study explored the perceptions of healthcare providers—physicians, pharmacists, nurses and dieticians—on integrative healthcare.

The results of the present study indicated that participants evaluated their knowledge of TM-CAM as low. Although TM-CAM practice includes many therapeutic approaches, participants were primarily aware of herbal medicine and had a paucity of information about other non-indigenous TM-CAM. This is consistent with previous studies among healthcare professional and students, where reports indicated that conventional health workers had little or no knowledge of TM-CAM. This observation is attributed to the academic training programs of healthcare professionals, which usually did not emphasize TM-CAM in their curricula. Consistent with a previous study, although TM-CAM information was largely obtained from the media and through interactions with patients, participants were willing and ready to learn about TM-CAM, particularly those they perceived to be safe and effective. This desire to improve knowledge has implications for healthcare. This is an indication of their preparedness to accept the much-discussed integration of TM-CAM into mainstream practice. Generally, knowledge about a particular subject is predictive of interest, attitude and positive behavior towards it. This has been reported in Saudi Arabia, and TM-CAM has consequences for integrative care in that setting.

These attitudes have been reported to vary among physicians, nurses and pharmacists; however, similar to other studies, no differences were observed in the views expressed by healthcare professionals in the present study.

Additionally, when the knowledge of TM-CAM is promoted, healthcare practitioners can better counsel their patients appropriately on TM-CAM use, misuse, abuse and possible adverse interactions that could occur with the concomitant use of conventional and TM-CAM products and practices. However, in interpreting this result it is acknowledged that the self-reported level of knowledge is only perceived. Thus, it may be necessary for the actual level of knowledge to be determined using a properly standardized and validated knowledge assessment tool.

In line with other studies, the integration of conventional and TM-CAM in healthcare received favorable responses, with evidence suggesting that integrating the two recognized healthcare systems would enhance care delivery in Ghana. Even though there is a global desire for the modernization and eventual integration of TM-CAM into mainstream practice, the integration process in Ghana has not been optimal. In Ghana, the TM-CAM healthcare systems exist parallel with conventional medicine. However, the latter receives state support and funding and has become the official medical model with developed infrastructures and human resources. Despite this shortfall, some level of integration exists at the consumer level, with anticipation towards a full institutional integration. In closing this gap, the participants advocated for oversight of TM-CAM practices, as well as for issues of efficacy and safety of TM-CAM to be addressed.

Similar to conventional medical practice, participants desired that TM-CAM practitioners were properly educated, well trained and professionally regulated. Having greater confidence in the robustness of practitioners’ training and regulatory procedures will enable conventional practitioners have greater confidence in endorsing certain TM-CAM practices and referring to TM-CAM practitioners. The Ghana Health Service recognizes the role of TM-CAM practices and practitioners in the healthcare sector and has led to the establishment of a Traditional and Alternate Medicines Directorate (TAMD) to organize, train and regulate the professional practice of TM-CAM. The efforts to achieve integrative care in Ghana depend partly on the mandate by the TAMD to regulate TM-CAM practitioners and to ensure that TM-CAM products are safe, efficacious and of good quality.

This study acknowledges the following limitations: first, the results from the study will not allow for generalization because a qualitative approach was adopted. It is suggested that in future, a study be conducted to investigate the perception of a larger number of conventional healthcare professionals with regards to the practice of TM-CAM and its integration into the formal healthcare system. Second, the participants were based in more affluent areas, where demand for TM-CAM may generally be different from more deprived areas.

5 Conclusion

The conventional healthcare professionals accept the idea of integrative medicine. However, to achieve an institutional integration, the knowledgebase of these practitioners in TM-CAM must be improved, while addressing issues of safety, regulation and evidence-based
practice in TM-CAM products and services in Ghana.

6 Acknowledgements

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7 Conflict of interest

None declared.

REFERENCES


