



Integrating Shiatsu into the National Health Service

A PhD research study 1999-2003

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Research Question:

- what is the impact of delivering shiatsu in an inner-city general practice?

Research Outcomes:

- impact - any changes that the GPs, patients and practitioner researcher associated with the shiatsu clinic
- development of *methodology*
- *limitations* of the study
- *future research*
- *consultation rates
- *prescription rates

Study Participants & Location

- patients: 10 referred from any GP or nurse in the practice team
- practice team: 4 GPs, 2 nurses & attached district nurses, midwives & health visitors
- shiatsu practitioner: also research fellow so referred to as “practitioner researcher“
- general practice: inner-city practice in Sheffield with 3800 patients, urban deprivation & high unemployment

Study design

- improve access to health - 10 patients were offered 6 hour long shiatsu treatments in consecutive weeks
- the treatments were free-of-charge



Methods:

- practitioner research using predominantly qualitative methods
- Cunningham's (1998) Interactive Holistic Research (IHR) which includes action research
- qualitative findings - Interpretative Phenomenological Analysis (Smith, 1995)
- quantitative data - social sciences statistics package

Data Capture - Patients

- 3 semi-structured interviews; before, after and post-intervention (2-month follow-up interview with external researcher) ascertaining experiences and satisfaction
- characteristics of patients attending the clinic
- changes in their health and consultation rates
- experiences and satisfaction of patients, staff and the shiatsu practitioner involved in the clinic
- weekly journal



Data Capture - GPs:

- referral form - reason for referral and hoped-for outcome
- yellow card - kept in patients' notes for perceived impact on patient and personal comments to assist them in interviews
- semi-structured interviews with external researcher after end of clinic

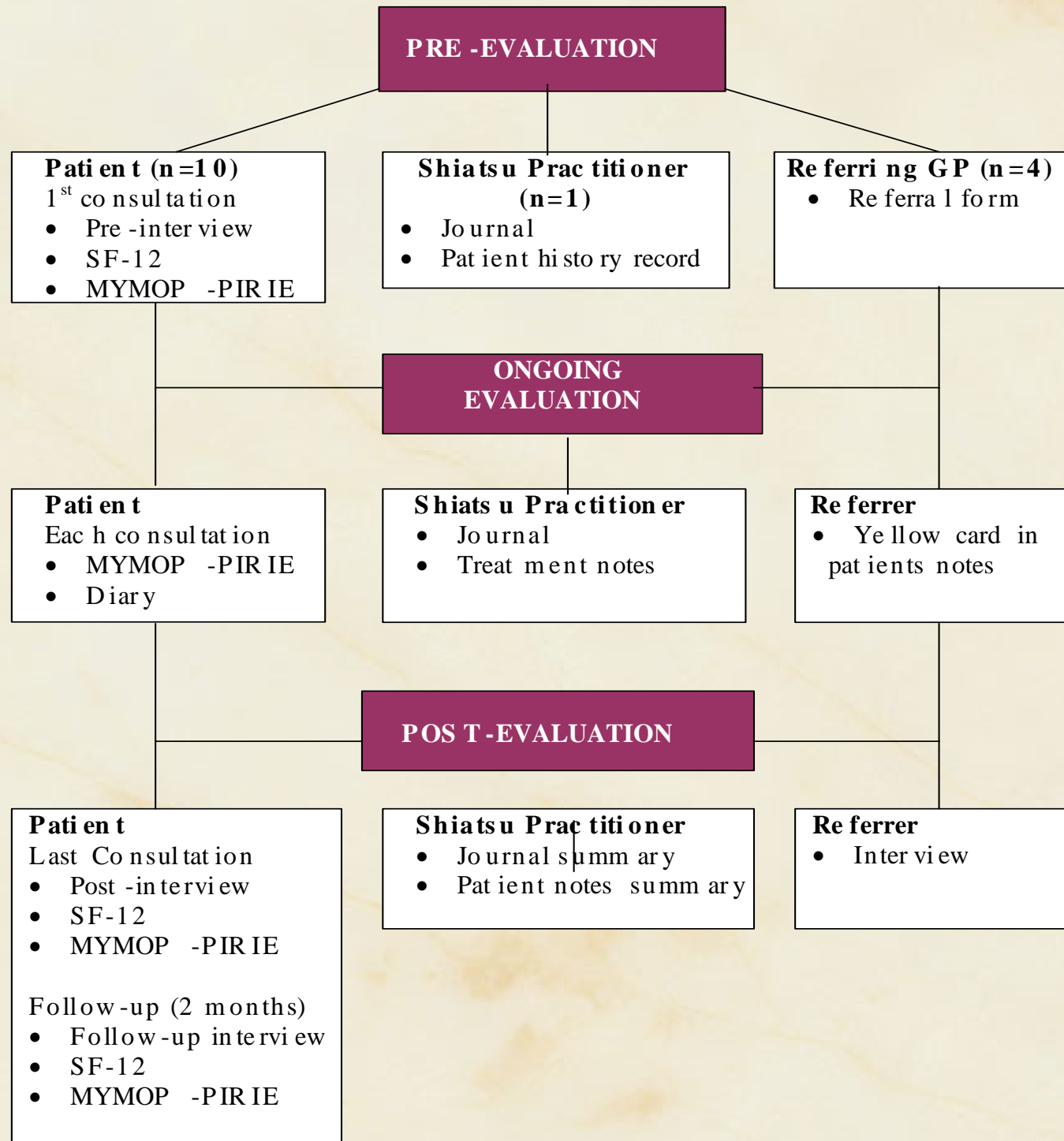
Data capture - Practitioner Researcher:


- weekly reflective diary
- weekly clinic notes

Quantitative Evaluation Tools

- 2 previously validated quantitative tools were used to pilot use in a general practice setting
- SF-12 (Ware et al 1995) and the MYMOP2 (Paterson 1996)
- **used to provide patients with a formal way of assessing any change in their symptoms and perceived quality of life**
- findings were **triangulated** with the patients' interview comments and the clinical views from the referring GP and shiatsu practitioner

Figure 1. Evaluation procedure





Results

Viability of the shiatsu clinic

- viable and beneficial
- practice manager - room and space
- GPs - referred suitable patients
- reception staff - organised the appointments
- patients - 9/10 attended all of their 6 treatments (1 patient missed 1 treatment) and all completed the research material

Results

Impact on the General Practice

- consultations significantly reduced in duration and frequency - halved, maintained at 2-month follow-up
- consultations more positive
- fewer prescriptions for medication
- saved practice resources, greater options for care, increased confidence in referrals, enhanced practice reputation and encouraged a holistic approach to health
- benefits of complementary and orthodox practitioners working together eg. professional development and enhanced patient care

Results - Patients 1

Impact

- all were female, white and aged 27 to 63
- a complex mix of chronic physical and psychological/emotional symptoms, “frequent attenders”
- less pain, digestive disorders, stress, depression, anger and anxiety - less medication & fewer prescriptions
- more energy, immunity, relaxation and support
- a cycle of improvement: patients reassessed health and adopted new behaviours to prevent and treat symptoms

Results - Patients 2

Attribution of health changes

- all described at least one main improvement in their health they associated with having shiatsu
- study encouraged alternative explanations
- patients' attributions were triangulated with GPs' interview data - they were also asked to think of reasons other than shiatsu that may have contributed to the patients' improvements. The GPs were not aware of the patients' comments, but seemed to support them.



Results

Impact on the Practitioner Researcher

- challenge of working with a new patient group
- challenge of working in a new setting
- benefit of receiving detailed evaluation from the patients and GPs & feedback from Administration Team

Conclusion

- this study has achieved its aim of increasing the research base for complementary medicine, specifically shiatsu, in primary care, practitioner action research & research tools
- via an in-depth qualitative analysis of a single general practice
- a shiatsu clinic can be delivered within existing National Health Service structures
- the shiatsu clinic beneficially impacted on the general practice, its staff, patients and practitioner-researcher
- these results have important implications for the future design, delivery and evaluation of a shiatsu or other complementary medicine clinic in the NHS

Recommendations for Future Research 1

- **The effect of shiatsu on GP-patient consultations** - less often, shorter appointments and fewer prescriptions and why? Extra time given, the individual approach and/or the emphasis on empowerment.
- **GP referral patterns for complementary medicine** - over-representation of female patients, develop the knowledge on male and females' health-seeking behaviour and GPs referral patterns. Initiate changes in work practices. Larger sample - age and ethnic mix.
- **The benefits of delivering shiatsu in the general practice** - assess the current claims that an in-house shiatsu clinic can be cost effective, enhance patient safety, increase a general practice's reputation and assist GPs' working practices.

Recommendations for Future Research 2

- **Patients' symptom presentation** - replicated on a larger scale with greater numbers of patients and general practices, also association between reports of health and actual experience
- **Clinical effectiveness** - musculo-skeletal symptoms (shoulder and lower back pain); also increased energy, immunity and reduced sleeping and digestive disorders (bloating, nausea and vomiting); psychological/emotional symptoms (depression, stress, anxiety and anger)
- **Patients' fear of the unknown in medical treatments**
- **Methodology** - Perceptions, objective data and social networks - help inform treatment programmes, compare different treatment programmes and shiatsu