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P4.012

Relationship between patient satisfaction with medical doctor and the use of Korean Medicine in Korea

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Purpose: This study aimed to address the relationship between outpatient satisfaction with their medical doctor (MD) and the use of Korean Medicine (KM) in Korea.

Methods: We used the data from the 2011 Korea Health Panel; a national, cross-sectional survey on health care utilization for outpatients. Total 9,753 outpatients’ responses including 1,946 KM outpatients’ were analyzed. Andersen Behavior Model was applied and Multiple logistic regressions were used to evaluate five satisfaction indicators to MD (patient’s trust to MD, MD’s attentive listening, MD’s enough explanation, MD’s consultation time, MD’s respect to patient) and the overall satisfaction to MD.

Results: Patients’ overall unsatisfaction with MD was associated with their use of KM (OR=0.87) and the patients who unsatisfied with MD’s consultation time used KM more (OR=0.82). However, all other satisfaction indicators did not affect the KM use. When the need factor is not controlled, patient who satisfied with MD’s attentive listening used KM more (OR=1.23)

Conclusion: This study supported previous research result that patients did not use complementary and alternative medicine due to their distrust to the conventional medicine and MD. Patients intended to use KM when they felt the consultation time and the MD’s respect to patient were not sufficient.

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Exploring cultural clashes to taught material among Nutrition and Dietetic Students in the UK using grounded theory

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Purpose: Concepts of nutrition and diet are influenced by beliefs in underlying medical systems. This results in dietary practices of many individuals within a certain culture reflecting elements of the medical system, for example TCM in Central Asia and Ayurveda in South Asia. Communities from ethnic minority backgrounds in the UK often follow a diet similar to that of their cultural heritage. This study sought to ascertain the extent that Nutrition and Dietetics students from ethnic minority backgrounds experienced cultural clashes between taught material and culturally held beliefs on nutrition. Cultural clashes highlighted will inform on integrative nutrition approaches and on appropriate methods of delivering lifestyle advice in diverse communities.

Methods: All students in their final year of study of degree programmes in Nutrition and Dietetics in London, UK, were invited to complete an online questionnaire on cultural background and contrasts in nutrition principles. Responses were analysed using descriptive and inferential statistics. Respondents who had indicated that they experienced significant cultural clashes were then invited for interview. Interviews were transcribed immediately after each interview and analysis and modification of the interview schedule were continued in line with grounded theory.

Results: Results from the study provide insight into conflicting information on healthy diet that may be encountered by those from ethnic minority backgrounds, or those receiving treatment from practitioners of integrative medicine. A better understanding of these issues will also inform delivery of lifestyle interventions in ethnically diverse communities.

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Overlapping marginalities: statutory regulation of traditional acupuncturists in North America and the English-language controversy

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Purpose: To investigate and analyse sociocultural issues underpinning various North American jurisdictions’ handling of English language requirements for regulated practitioners of traditional East Asian acupuncture (TEAA).

Methods: A variety of documents (including government regulations and policies, regulatory bodies’ meeting minutes, court documents, media reports and social media materials) were inductively analysed to thematic saturation, alongside field notes from court proceedings and transcripts of (20+) key informant interviews.

Results: Across North American jurisdictions where TEAA practitioners are governed under statutory regulation, English language fluency requirements have been handled diversely. Some jurisdictions place no language-related limitations on licensed practitioners, providing multilingual examinations and permitting patient records to be kept in languages other than English. Other jurisdictions require use of English in all registration examinations and patient records. Yet elsewhere, professional usage of East Asian languages and lack