

ORIGINAL PAPER

The characteristics, experiences and perceptions of homeopaths in New Zealand: results from a national survey of practitioners



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Background: The popularity of homeopathy is seemingly at odds with the scientific controversy over its effectiveness. Several studies have reported on effectiveness of clinical homeopathy, but few studies have been conducted on practices and perceptions of homeopaths, and none in New Zealand (NZ). To address this gap, this paper reports findings from the first national survey examining the characteristics, perceptions and experiences of NZ-based homeopaths regarding a wide range of issues relating to their role and practice. There were 176 homeopaths in NZ at the time of this survey, who were members of a voluntary register (The New Zealand Council of Homeopaths), homeopaths are not statutorily registered in NZ.

Methods: A 65 question, online survey was sent to homeopathic practitioners via their professional associations. A total of 176 homeopaths were invited to participate. Of these 176, 57 (32%) responded.

Results: The majority of homeopaths were female (93%). Twelve percent were under 45 years and 20% over 55 years. Most (85%) had qualification in homeopathy of diploma or certificate level and most (66%) were engaged in part-time practice. Mean year of experience was 12.6 and mean caseload per month was 25. 90% considered research useful to validate practice, while 88% considered that it impacted on practice, although only 48% had skills to interpret research papers. There was an association between skills to interpret research and its impact on practice ($p = 0.038$). The majority (87%) were in favour of registration, with a statistically significant association between attitudes to registration and age ($p = 0.027$), the older homeopaths being more in favour. Most (68%) were in favour of integration with conventional practitioners and many referred to conventional practitioners (mean referrals per annum to GPs = 57 and midwives = 30). Homeopaths assessed their contribution to New Zealand Ministry of Health objectives as significant, with 77% perceiving that they improved nutrition, 75% increasing physical activity and 63% reducing smoking.

Conclusion: These findings enable greater understanding of the way in which homeopaths practice in New Zealand and how they perceive their role in health care. The

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findings potentially assist communication between homeopaths and other health professionals. There is a need to further investigate homeopaths' practices and perceptions in NZ. *Homeopathy* (2017) **106**, 11–17.

Keywords: Homeopaths; National survey; New Zealand; Practice characteristics; Integrative practice; Referrals; Registration

Introduction: homeopathy in New Zealand

Despite intense ongoing debate about its efficacy and legitimacy for practice,¹ the popularity of homeopathy amongst patients in New Zealand (NZ)^{2,3} highlights the importance of empirically investigating these practitioners and their role within the wider health system.⁴

In the 2006 NZ census, 102 people identified their occupation as a homeopath.⁵ In the 2013 census this figure reduced to 78, representing only 2% of all complementary and alternative medicine (CAM) practitioners in NZ.⁶ The New Zealand Health Survey 2006/2007⁷ reports that one in five people consulted a homeopath or naturopath in the previous twelve months. Data from general practice patients reveal that homeopathy is both popular and, in the view of patients, effective.² A survey on CAM use in a regional NZ cancer centre (n = 97) reports 9% patients utilising homeopathy.⁸

Practices and perceptions of homeopaths internationally

In Australia there is a homeopathy registration board, with no statutory status, which is independent of homeopathic associations and administers federal government competency standards.⁹ The Australian 2006 census showed that 8.4% of CAM practitioners identified themselves as homeopaths (total CAM practitioners = 19,401).¹⁰ In 2007, 6% of the Australian population used homeopathic medicine, and, of those, 48% consulted with a homeopath.¹¹ A systematic review of 20 surveys internationally (12 countries) has identified that 1.5% of populations in those countries utilise homeopathy.¹² In several countries in Europe¹² and in South Africa,¹³ Canada (Ontario),¹⁴ Ghana, Mauritius, Swaziland, Brazil, Chile, Columbia, Costa Rica, Cuba, Ecuador, Mexico, India, Pakistan and Sri Lanka homeopathy has statutory registration. To date, there has been little published data on the characteristics of homeopaths internationally and none in NZ. To help address this gap, this paper provides the first examination of the characteristics, practices and perceptions of homeopaths in NZ.

Method

CAM practitioners were invited to complete a 65 question, nationwide, on-line questionnaire examining aspects of practice. The questionnaire was developed specifically for this purpose and tested for consistency and clarity

with 10 practitioners. This paper reports on findings for homeopathic practice only.

Ethics approval was granted by the Ministry of Health (MoH) National Ethics Advisory Northern A committee and, for study purposes in Australia, the Human Research Ethics Committee, University of Technology Sydney, Australia.

National sample of CAM practitioners

Our survey employed a convenience sampling method to recruit participants, using the two main registering bodies for CAM practitioners in NZ. Similar sampling methods have been utilised in other surveys of CAM practitioners internationally.^{15–17} The questionnaire was distributed to 1067 CAM practitioners, of which 100 were homeopaths. Affiliated organisations were allotted a specific range of codes to distribute to members (avoiding duplicate responses and ensuring anonymity) and invited to advise members to participate. Homeopaths were recruited through the NZ Council of Homeopaths, a body affiliated to the NZ Natural Health Council.

Survey measures

Age, gender, ethnicity and practice location were included in the demographic data. Average caseloads, professional experience years, highest level of qualification and attitudes to research formed the basis of exploring practitioner characteristics. Integrative medicine and practices were surveyed through questions on attitudes to integration, referral statistics (to and from conventional practices to homeopaths) and methods of referral. Questions on attitudes towards registration (statutory and voluntary) and funding for practice (both Government subsidies and medical insurance) were included.

Analysis

The data were initially imported into STATA[®] software and descriptive analyses conducted using means and standard deviations or frequencies and percentages where applicable. A rank-sum test was used to test association between categorical and binary variables and a chi-square test or Fisher's exact test was used to test the association between two categorical variables, where appropriate. A p-value of <0.05 was set to indicate statistical significance.

Results

Of the 176 homeopaths invited, 57 responded (a 32% response rate). The overall response rate for the survey (for respondents over all modalities) was 31%. The

Table 1 Demographics of participants

Factors	Frequency (percent)
Age (n = 56)	
20–44	7 (12)
45–54	30 (54)
55–64	11 (20)
65+	8 (14)
Gender (n = 54)	
Female	50 (93)
Male	4 (7)
Homeopathic qualification (n = 55)	
Certificate or Diploma	47 (85)
Undergraduate degree or higher	8 (15)
Highest qualification medical science (n = 43)	
Certificate or Diploma	16 (37)
Undergraduate degree or higher	27 (63)

majority of homeopaths were female (93%). Twelve percent were under 45 years and 20% over 55 years. (See Table 1 for participant demographics and educational qualifications.)

Practice characteristics

Most homeopaths (66%) were in part-time practice with mean clinical consultation hours per week being 14 (SD = 9.2) and clinic management hours being 5 (SD = 6.7). Mean years of experience in practice were 12.6 (SD = 7.8). Mean caseloads per month were 25 (SD = 29), with mean consultation lengths being: 94 min (SD = 25) for initial consultations and 47 min (SD = 11) for follow-up consultations.

Research

The findings show that 90% (i.e. 46 out of 51 participants who responded to this question) of the homeopaths perceived that research provided scientific evidence for validating practice, while 88% (i.e. 46 out of 52 participants who responded to this question) of the homeopaths

perceived research as having an impact on their practice (Table 2).

There was an association between those practitioners who considered research to have an impact on their practice and those who considered themselves to possess sufficient skills to interpret research ($p = 0.038$) (Table 2). Thirty-three percent perceived that they had the skill to conduct research and 48% perceived that they had the skills to interpret research (Table 2).

Ninety-four percent reported that they remained updated with research findings (at least partially). The homeopaths report that they determined outcomes of treatment through several methods. Most (92%) homeopaths utilise client reported symptom change, while 75% employ quantifiable measures. Forty-three percent use medical tests (data not shown).

Regulation and funding

The majority of homeopaths in our study are in favour of registration of their profession (87% of 47 respondents), with 59% of those favouring statutory registration (Table 3). A statistically significant association was identified between attitudes to registration and practitioner age ($p = 0.027$), with older homeopaths being more in favour of registration (Table 3).

Integrative practice

The majority of homeopaths (68%) agreed that CAM practitioners should integrate with conventional medical care, with 74% favouring integration with general practitioners (GPs) (data not shown).

Reported mean referrals per annum from homeopaths to specific conventional health care providers were as follows: GPs (57 referrals); midwives (30 referrals); specialists (17 referrals); physiotherapists (15 referrals); clinical psychologists (11 referrals); dietitians (9 referrals) and nurses (7

Table 2 The association between homeopathic practitioner characteristics and aspects of research

Practitioner and practice-related characteristics	Using research for validating practice			Research impact on practice		
	Useful (n = 46)	Not useful (n = 5)	p-Value	High/Moderate (n = 46)	Low (n = 6)	p-Value
	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)	
Years of experience	13.2 (7.7)	9.0 (7.5)	0.240	13.1 (7.6)	11.5 (3.7)	0.600
Hours spent on CAM-related training	1.5 (1.1)	1.9 (1.6)	0.403	2.3 (2.1)	1.0 (0.0)	0.141
Hours spent in practice	14.2 (9.5)	11.4 (8.5)	0.632	14.3 (9.6)	8.8 (7.5)	0.213
Average caseload per month (all)	25.5 (29.7)	26.8 (29.1)	0.813	26.8 (30.4)	15.6 (17.1)	0.303
	%	%		%	%	
Age						
20–44	10.4	20.0	0.520	11.7	0.0	0.452
45+	89.6	80.0		76.4	11.7	
Education						
Diploma	52.8	60.0	<0.001	54.3	60.0	0.509
Under-graduate & Post-graduate	100.0	0.0		25.7	40.0	
Sufficient skills to conduct research						
Yes	34.9	20.0	0.504	37.5	16.7	0.318
No	65.1	80.0		62.5	83.3	
Sufficient skills to interpret research						
Yes	51.1	20.0	0.186	51.1	0.0	0.038
No	48.9	80.0		48.9	100.0	

Table 3 The association between homeopathic practitioner characteristics and aspects of regulation and funding

Practitioner characteristics	In favour of registration			In favour of combined government and private funding		
	Yes (n = 41)	No (n = 6)	p-Value	Yes (n = 40)	No (n = 11)	p-Value
	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)	
Years of experience	12.6 (7.7) %	15.3 (4.3) %	0.244	13.8 (7.9) %	8.9 (5.5) %	0.059
Age						
20–44	7.3	40	0.027	10.3	9.1	0.909
>44	92.7	60		89.7	90.9	
Education						
Diploma	69.2	60.0	0.199	60.9	50.0	0.099
Under-graduate & Post-graduate	87.8	12.2		39.1	27.8	

Table 4 The association between practitioner characteristics and referrals made between homeopaths and GPs

Practitioner and practice-related characteristics	Annual number of referrals made to a GP			Annual number of referrals received from a GP		
	0–5 (n = 20)	6 or more (n = 16)	p-Value	0–5 (n = 11)	6 or more (n = 6)	p-Value
	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)	
Years of experience	11.5 (8.2)	16.1 (4.5)	0.059	14.2 (4.1)	17.8 (5.9)	0.190
Average caseload per month (all)	18.4 (15.9) %	45.5 (32.6) %	0.012	24.2 (22.8) %	66.8 (57.8) %	0.131
Age						
20–44	15.8	12.5	0.782	18.2	16.7	0.938
>44	84.2	87.5		81.8	83.3	
Education						
Diploma	86.7	54.5	0.068	50.0	20.0	0.303
Under-graduate	13.3	45.5		50.0	80.0	

referrals) (data not shown.) There was a statistically significant association between average patient caseload per month and referrals to a GP ($p = 0.012$) (see Table 4^a).

Homeopaths reported referring to conventional care for the following reasons: conditions outside their scope of practice (79%); recognition of early warning signs requiring further investigation (77%); medical diagnosis (72%); conditions more suited to other treatments beyond homeopathy (63%) and 62% conditions too severe for homeopathic treatment. Homeopaths used the following methods for referral to conventional care providers: word-of-mouth (65%); referral letter (23%); telephone (12%) and email (9%) (data not shown).

Mean referrals from conventional care providers per annum were: midwives (37); GPs (17); nurses (9); physiotherapists (6); clinical psychologists (5); specialists (2) and dietitians (2). There was a statistically significant association between referrals from midwives to homeopaths and homeopaths' average caseloads per month ($p = 0.009$) (see Table 5).

The following referral methods from conventional medical care were reported by homeopaths: word-of-mouth (58%); telephone (12%); referral letter (7%) and email (2%) (data not shown).

Homeopaths were surveyed on the usefulness of information that could be gained through access to medical records. These responses were broken down to the following: diagnostic tests conducted (67%); immunisation history (67%); medical prescription (67%); medical history (64%); surgical history (63%) and medical diagnosis (61%) (data not shown).

Contribution to national health objectives

Homeopaths self-assessed their contribution to the New Zealand Ministry of Health published public health objectives.¹⁸ The areas of contribution that homeopaths perceived they contributed most to were: improving nutrition (77%); increasing physical activity (75%); reducing smoking (63%); reducing obesity (61%); reducing drug and alcohol dependence (60%) and 53% reducing the incidence and the impact of cardiovascular disease.

Discussion

This is the first in-depth study of homeopathic practice in NZ and, as such, presents some useful findings, both for the practice of homeopathy and for the manner in which homeopathy relates to the wider health-care system in NZ.^{19,20}

^aA subset of the entire sample.

Table 5 The association between practitioner characteristics and referrals made between homeopathic practitioners and midwives

Practitioner and practice-related characteristics	Annual number of referrals made to a midwife			Annual number of referrals received from a midwife		
	0–5 (n = 11)	6 or more (n = 7)	p-Value	0–5 (n = 12)	6 or more (n = 9)	p-Value
	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)	
Years of experience	12.9 (5.7)	15.3 (7.6)	0.433	14.4 (8.5)	15.0 (7.1)	0.696
Average caseload per month (all)	17.0 (8.3)	65.7 (60.2)	0.191	13.8 (8.2)	60.0 (49.2)	0.009
	%	%		%	%	
Age						
20–44	0.0	14.3	0.218	16.7	11.1	0.719
>44	100.0	85.7		83.3	88.9	
Education						
Diploma	75.0	50.0	0.334	75.0	42.9	0.205
Under-graduate	25.0	50.0		25.0	57.1	

Integrative practices by homeopaths

The findings in our study that most homeopaths favour integration with conventional medical care are similar to the attitude of NZ naturopaths and herbalists.²⁰ The openness of NZ homeopaths to working in an integrative environment is mirrored in the US, where two studies have found that homeopaths have been significantly included in integrative centres.²¹

The numbers of referrals from midwives to homeopaths found in this study reflect data from a number of international studies. A survey of Canadian and NZ midwives found that most midwives in NZ (50.7%) and Canada (40%) referred to homeopaths.²² Several other studies internationally report similar results. Studies conducted in Australia,²³ Germany,²⁴ Israel²⁵ and the UK²⁶ all found considerable referrals occur between homeopaths and midwives or obstetric practitioners, often at the request of pregnant women as was evident in a study of referrals between GPs and homeopaths in West Bengal, India.²⁷

Integration of homeopathy into mainstream medicine in Europe shows a mixed picture. A study in the Netherlands found that, while GPs' attitudes to integration of mind–body therapies was seen as 'complementary', homeopathy was considered 'alternative', which could be a barrier to integration.²⁸ In Europe, 40% of patients are treated with homeopathy in integrative oncology centres.²⁹

Integration of homeopathy into mainstream health care may seem fraught with difficulty, given the seeming incompatibility between the fundamental tenets of the systems,^{1,30} but it appears from our findings and other evidence that types of integration, especially referrals between conventional practitioners and homeopaths, exist and appear to be continuing to occur. Certainly statutory regulation of homeopaths in NZ, such as is the case with their counterparts in South Africa,¹³ may benefit the integration of homeopathy into mainstream health care, as it has for osteopaths and chiropractors in Australia.³¹

Registration and regulation

While self-regulation for homeopaths in NZ exists and appears to be successful in maintaining educational and practice standards,³² many homeopaths in our study were in favour of statutory registration. Raising educational standards (undergraduate and post-graduate levels), devel-

oping research capacity and other programmes to increase the cohesiveness of the profession³³ were considered important to statutory regulation by homeopaths in Ontario.³⁴ Opposition to statutory registration in NZ from conventional practitioners is reflected in several other countries, including Canada,³⁵ UK,³⁶ Australia and India.³⁷ Italy has made some steps in regulating homeopathy by allowing regional health authorities to support some integrative clinics through the public health system, including homeopathic clinics.³⁸

Research

The value that NZ homeopaths place on research is seemingly contradictory when homeopathy's evidence-based value faces sustained criticism from sectors of medicine.^{23,37,39,40} The findings in this study indicate that homeopaths in NZ could be receptive to calls for them to become more engaged with research.^{41,42} Considerations of clinical meaning and scientific explanations (outside those generated by randomised controlled trials) could comprise the types of scientific papers that homeopaths access and utilise in practice²⁴ and could be the subject of a useful study. A minority of NZ homeopaths gain their information for practice from peer-reviewed journal papers, consistent with a study in Germany that found that most homeopaths utilise books and seminars for continuing homeopathic professional education.⁴³ A Canadian study of homeopaths reported that research has not traditionally been part of the homeopathic education curriculum, resulting in skills for interpreting or conducting research amongst homeopaths being limited.³³

Whilst NZ homeopaths perceive research as having value and impact in their practice, reliance on more traditional homeopathic methods of assessing client change as a result of treatment, such as client reported symptom change, appears to be favoured. This is reflected in findings in other studies,^{24,44–46} although in Britain there have been some moves towards homeopaths using measurable patient reported outcomes.⁴⁷

Contribution to national health objectives

Homeopaths in our study reported their self-assessed contribution to national health objectives is primarily focused on nutrition and reducing obesity, along with

reducing smoking, alcohol and drug dependence. It is postulated that homeopathy could be effective for treating the mental/emotional aspects of obesity.⁴⁸ A systematic review of the effectiveness of CAM therapies in obesity included two studies using homeopathy; one that showed no significant effect and one showing a significant effect.⁴⁹ A comprehensive database search failed to find any evidence for the efficacy of homeopathy in substance addiction.

Limitations of the study

The questionnaire response rate of 31% is possibly a result of its electronic nature,⁵⁰ although homeopaths' response rate was marginally better (32%). Workforce studies of this kind typically have similar response rates.⁵¹ This probably has led to several datasets within the study having a lack of statistically significant associations.

Conclusion

This study is the first survey of homeopaths undertaken in NZ. The comprehensive nature of this survey provides valuable information for homeopaths, homeopathic practitioner organisations and educators in NZ. It also provides information that assists other health professionals to gain an understanding of how homeopaths practice, and their perception of important issues such as integration and registration. There is a need for more in-depth research into the nature of homeopaths' attitudes to research and registration, and homeopaths' integration and referral practices, and how these might relate to homeopathic education in NZ. Such investigation is required to provide a greater understanding of the current and potential role of homeopaths in delivery of health care in NZ.

Conflict of interest

The authors declare that they have no competing interests.

Authors' contributions

PC designed the study and data collection, led data analysis for this manuscript and led paper writing.

JA contributed to the design of the study and provided input to the analysis and the paper writing.

RV contributed to the design, conducted the data collection and provided input to the paper writing.

JD contributed to the design, conducted the data collection and manuscript writing.

DS contributed to the design of the study and provided input to the analysis and the paper writing.

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