

## Abstract

### **Interprofessional collaboration among complementary, integrative medicine and conventional healthcare providers**

**Charles University, Faculty of Pharmacy in Hradec Králové, Department of Social and Clinical Pharmacy**

**Student:** Tereza Ječná

**Tutor:** PharmDr. Jitka Pokladníková, PhD.

**Introduction:** There is an increase in popularity of use of complementary and alternative medicine (CAM) worldwide. Interprofessional collaboration (IPC) is important in order to assure safe and effective chronic disease prevention and treatment. The aim of the thesis is to describe IPC between complementary and conventional health care providers in the Czech Republic and identify potential barriers of IPC.

**Methods:** A pilot cross-sectional survey of members of professional organisations using a self-administrated electronic questionnaire was conducted in the Czech Republic in 2021. Descriptive statistics were used using Excel. Between group differences were analyzed using Pearson chi-square tests and Fisher's exact tests for categorical variables, and ANOVA tests and t-tests for continuous variables using SPSS.

**Results:** A total of 48 respondents completed the questionnaire (response rate of 3,66%). The average respondent was characterized as a female (89,6%) in middle age (57,4%) with a university education (56,3%) other than healthcare (72,8%) with an average length of therapeutic practice of 9.7 years (SD: 9,6; range: 1-40 years), lived in urban area (47,9%) with a household income of 40,001 - 50,000 CZK (29,2%). Some form of IPC was reported by 91.7% of respondents. Most often, the CAM provider referred their clients to a physician (60,4%). Older CAM providers (51 years) with a longer length of therapeutic practice (14,2 years) and healthcare education were more often recommended by physicians than younger (43,2 years) with shorter length (6,2 years) and other than healthcare education ( $P$  value < 0.05). Barriers in IPC were perceived by 91.6% of respondents with the most commonly reported barriers being poor information about CAM (64,6%), lack of trust in CAM (60,4 %), and non-acceptance of CAM by health care professionals (56,3%).

**Conclusion:** Although the IPC of CAM providers with doctors, pharmacists, physiotherapists, masseurs and other CAM therapists was described, barriers in IPC possibly hindering their collaboration were also identified. To eliminate these barriers is necessary to introduce uniform regulation of CAM and improve interprofessional education between health professionals and CAM providers. In further research, a larger number of respondents needs to be enrolled in the study to obtain a more representative sample of the study population, it will also be beneficial to map this topic from the point of view of health professionals and identify facilitators in IPC along with barriers.