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Perception of acupuncture among
users and non-users: A qualitative study

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Keywords: Acupuncture practices; Consumer psychology; Focus group study; China;

Hong Kong

Abstract

This study uses qualitative methodology to examine the perception of acupuncture among users and nonusers. Altogether 37 participants, aged 35 or above were interviewed.

Participants' perception of advantages and disadvantages of adopting acupuncture, and their criteria in selecting acupuncturists were collected. Results found that among the user group, acupuncture was perceived as effective, having little side effects, and generating lasting impact. Among nonusers, acupuncture was perceived as lacking clinical base, high risk, and nonstandardized. Nonusers had less confidence in acupuncture than biomedicine. Participants relied on social communication and the practitioner's professional qualifications in choosing acupuncturists. Marketing implications are discussed. (99 words)

Perception of acupuncture among users and non-users: A qualitative study

INTRODUCTION

Hong Kong is a medically pluralistic society. Biomedicine is the mainstream medicine, while other complementary and alternative medicines (CAM) exist alongside. Traditional Chinese medicine (TCM) is the most common form of CAM in Hong Kong. Acupuncture is a form of TCM that has been practiced for over 2500 years (Unshuld, 1985). About 22% of medical treatment in Hong Kong is provided by TCM practitioners (Chinese Medicine Council of Hong Kong, 2013a). There has been a great advancement in the status of TCM in Hong Kong since 1999. A statutory framework has been established to recognize the professional status of TCM practitioners. A registration system for TCM practitioners has been enforced since 2000 (Chinese Medicine Council of Hong Kong, 2013a; 2013c). Under the registration system of the Chinese Medicine Council of Hong Kong, more than 6,500 registered TCM practitioners and more than 2,700 listed TCM practitioners are practicing in Hong Kong (Chinese Medicine Council of Hong Kong, 2013b; 2013c). Some biomedical hospitals under the management of Hospital Authority, a statutory body for managing Hong Kong's public hospitals and their services, provide TCM outpatient services to Hong Kong people (Hospital Authority, 2013). However, traditional Chinese medicine is sometimes treated as a "second-class citizen" in terms of its professional status (Lai, Wong, & Lai, 2013).

Acupuncture is documented as being widely used in managing patients with chronic conditions in Hong Kong and in other countries (Cheuk, Yeung, Chung, & Wong, 2012; Tam, Leung, Li, Zhang, & Li, 2007; Wong & Wong, 2008; Wong, Cheuk, Lee, & Chu, 2013).

Despite the recognition accorded acupuncture in Hong Kong, studies investigating the attitudes toward acupuncture and factors affecting its adoption as medical therapy have treated acupuncture as part of a larger category of complementary and alternative medicine or traditional Chinese medicine. There is no study that focuses on acupuncture alone. There is limited knowledge of how people perceive acupuncture and what underlying factors influence their decision to use acupuncture. The current study is designed to fill this gap.

LITERATURE REVIEW

Attitude toward Acupuncture

Acupuncture has been institutionalized as part of the national health care systems in China, Hong Kong and Taiwan (Chen, Kung, Chen, & Hwang, 2006; Chung, Wong, Woo, Lo, & Griffiths, 2007). Of all complementary and alternative medicines, acupuncture is the most widely known, and is regarded as a useful treatment in the West (Kaptchuk, Goldman, Stone, & Stason, 2000; Perkin, Percy, & Fraser, 1994). In the United States, 14.01 million people received acupuncture treatment in 2007 (Zhang, Lao, Chen, & Ceballos, 2012). Substantial use of acupuncture is also found in Australia (Xue et al., 2008), the UK (MacPherson, Sinclair-Lian, & Thomas, 2006; Ernst & White, 2000), and Norway and Denmark (Hanssen et al., 2005). The trend of acupuncture use in the West is expected to increase.

Past studies have examined general attitudes toward acupuncture mainly from three groups: medical students, medical professionals, and the general public. The following sections summarize the findings for each of these three groups. Acupuncture was well

known among medical students in many countries such as Canada (Baugniet, Boon, & Ostbye, 2000), Pakistan (Majeed, Mahmud, Khwaja, Mansoor, & Khimani, 2007), Singapore (Yeo et al., 2005), UK (Perkin et al., 1994; Furnham & McGill, 2003), and the United States (Chez, Jonas, & Crawford, 2001). Medical students in the UK generally held a positive attitude toward acupuncture (Perkin et al., 1994) and believed in the efficacy of the treatment (Donald, Mackereth, & Tobin, 2010). The majority of Turkish medical students were familiar with acupuncture, and believed it to be an effective treatment (Akan et al., 2012). Nearly 50% of Israeli medical students supported the use of acupuncture and would consider referring their future patients for acupuncture (Shani-Gershoni, Freud, Press, & Peleg, 2008). However, the viewpoints of medical students in the United States were more divergent. Specifically, 28% of the students considered the effect of acupuncture as placebo, whereas 37% of them thought acupuncture was efficacious in curing ailments (Chez et al., 2001).

The second group of studies was conducted among healthcare professionals, including doctors and acupuncture clinicians. In a UK study, all hospital doctors in the survey had heard about acupuncture and nearly 95% of them said they knew the principles (Perkin et al., 1994). A more recent study showed that 92.6% of the members of acupuncture associations in the UK agreed that traditional acupuncture was useful for treating patients (Shao, Borthwick, Lewith, & Hopwood, 2005). Norwegian physicians held positive attitudes toward acupuncture and a significant increase in personal use of acupuncture was observed (Ytrehus, Norheim, Emaus, & Fønnebø, 2010). Furthermore, half of the doctors in Netherlands considered acupuncture effective for patients with chronic pain (Knipschild, Kleijnen, & Riet, 1990). In addition, a quarter of the Dutch doctors believed

that acupuncture would be helpful in treating asthma and smoking addiction (Knipschild et al., 1990).

The final group of studies was conducted among the general public. A random sampling survey taken in Norway revealed that 19% of people who suffered from musculoskeletal pain had tried acupuncture treatment (Norheim & Fønnebo, 2000). Of those acupuncture users, 66% benefited from the treatment and 56% felt that doctors should recommend it to migraine patients. However, 7% of them reported adverse effects after the treatment. In Taiwan, 23% of the general public in 2002 had used acupuncture within the past 7 years (Chen et al., 2006). Musculoskeletal and neurologic disorders were the major symptoms prompting people to seek out acupuncture treatment. Similar findings were also recorded in the general public in the United States (Burke, Upchurch, Dye, & Chyu, 2006). Kemper and her colleagues (2000) surveyed pediatric pain patients as well as their families and found that most parents considered acupuncture helpful as they could see the health of their children improve.

Factors influencing the attitude toward and use of acupuncture

Past studies have shed some insights on the factors influencing attitude toward and use of acupuncture. Clinical or personal exposure to acupuncture treatment is a major determinant. For example, Norwegian and American physicians with personal experience in acupuncture treatment tended to hold a more positive attitude (Norheim & Fønnebo, 1998; Chatterji et al, 2007). Parents viewed acupuncture positively if those in their social circles had experience with it (Highfield, Barnes, Spellman, & Saper, 2008; Mano & Davies, 2009). Shani-Gershoni and her colleagues (2008) found that Israeli medical

students had more positive attitudes to the introduction of acupuncture into hospitals because of their clinical exposure. In addition to exposure to acupuncture, Norwegian doctors also mentioned lack of effect in conventional medicine as a factor for personal acupuncture treatment or patient referral.

Various factors are taken into account when parents decide whether to allow their children to undergo acupuncture treatment. The most frequently cited concern was a fear of needles (Mano & Davies, 2009; Highfield et al., 2008; Kemper et al., 2000). Parents' anxiety about needles can limit the use of acupuncture on their children. Another factor is biological efficiency. For example, some parents suggested that the perceived ineffectiveness of acupuncture and the lack of research on acupuncture in young people may prevent them from allowing their children to undergo acupuncture (Mano & Davies, 2009). Some parents reported that the smell of moxa burning (Kemper et al., 2000), painful sensations (Shyu, Tsai, & Tsai, 2010), and financial barriers (Shyu et al., 2010) would affect their decision.

A review of the literature indicates that most of the studies conducted on acupuncture are quantitative in nature. There is a lack of qualitative study on the underlying perceptions and beliefs about acupuncture among users and nonusers. Besides the types of disease most effectively treated by acupuncture, there is a lack of study of the factors considered in adopting acupuncture as therapy, and in selecting an acupuncturist.

METHODOLOGY

With the aim of generating meaningful and testable research hypotheses, the following research questions are posed:

RQ 1. How do users and non-users perceive the benefits of acupuncture as a medical treatment?

RQ 2. What factors attract users to try acupuncture and what barriers prevent non-users trying acupuncture?

RQ 3. What are the factors involved in choosing an acupuncturist?

The current study employed an interpretivist approach using a qualitative methodology (Neuman, 2003). We adopt a qualitative approach because, first, perceptions of acupuncture are very much context and age-/sex-group specific. Use of qualitative techniques concentrating on understanding and interpretation are more appropriate than quantitative techniques concentrating on description and explanation. Second, a qualitative approach was used because little is known about how consumers in Hong Kong perceive acupuncture treatment. Furthermore, it is likely that the variables influencing the adoption of acupuncture are complex and interwoven. Therefore coding standardized data and controlling for extraneous factors may limit the possibility of obtaining new insight into the understanding of what draws people to or repels them from acupuncture.

Data collection and analysis

Focus group sessions were adopted as the preferred method of enquiry (Silverman, 2005). Using purposive sampling, 37 Chinese adults aged 35 or older, who had visited any Western or traditional Chinese medicine practitioner in the previous six months, were divided into four focus groups. Two groups consisted of members who had never used acupuncture (referred to as non-user groups) while the other two groups consisted of

members who had used acupuncture (referred to as user groups). Twelve participants were males and 25 were females. Participants were recruited through the social network of the authors. About two-thirds of the participants were engaged in managerial, executive or clerical work while the remaining one third of the participants were manual workers. Two of the three authors acted as moderators in the focus groups. Written consent was obtained from the participants before the sessions. The focus group sessions took from 55 minutes to 77 minutes for each group. The study was conducted in Cantonese (the Chinese dialect spoken in Hong Kong) in February and March 2013.

Bearing in mind that the accepted guideline for focus groups is that there should be fewer than 12 topics (Stewart & Shamdasani, 1990), a protocol of seven to eight carefully worded open-ended questions was used in the sessions (Appendix 1). The order of topics was not rigidly adhered to, and the sequence was adjusted according to the flow of the discussion.

The moderator made an audio recording of each session and a research assistant later transcribed it in Chinese. Selected quotes were translated into English by the authors. Marshall and Rossman's (1999) comparison analysis method was used throughout the analysis to link data by constantly comparing and contrasting statements (Strauss, 1987). The full transcripts were read through once without imposing any themes. The transcripts were read through again and notes were made of possible emerging themes. Data were then compared to the themes. Data were removed once they were coded under a certain theme. This process of reading and coding the data and refining the themes was continued until no further data remained to be coded and the list of themes had stabilized.

RESULTS

Six themes about acupuncture treatment were derived from the four focus group interviews. These include the perceived benefits, reasons for using acupuncture as a treatment, satisfaction with treatment, barriers to using acupuncture and determinants of choosing an acupuncturist.

Perceived benefits of acupuncture

Acupuncture was perceived as having two types of benefits. The majority of acupuncture users considered that acupuncture was effective, in particular for pain control. Some participants commented that acupuncture could treat chronic headache, back pain, pain with unidentifiable cause, insomnia, and endocrine disorders. A few participants believed that their pain was relieved promptly after the acupuncture treatment, and some others mentioned that their pain was cured permanently. Many participants pointed out that acupuncture was particularly effective for those who had suffered a stroke. A participant recalled his friend's experience:

“My friend suffered a stroke and her condition was bad. She could not converse clearly and had difficulty to ambulate on her own. She had begun to receive acupuncture after discharge from the hospital. Since then, she has been receiving acupuncture treatment every week. She gradually recovered. She now sleeps and eats well, and she can walk slowly by herself.”

The other benefit mentioned was little side effects on patients. Side effects such as fatigue and loss of appetite were common after taking biomedicine for more than half among participants in the acupuncture user groups. However, they did not experience these side effects when having acupuncture treatment. A handful of participants also

pointed out that acupuncture was good at treating those ailments that could not be treated by biomedicine.

Reasons for using acupuncture as a treatment

There were various reasons motivating the participants to adopt acupuncture as a therapy. The most common reason was their perceived needs. Their perceived needs were often related to their physical ailment, in particular in relation to pain:

“I sprained my leg when I was young, and I still feel pain now. Therefore I went to have acupuncture.”

Acupuncture was attempted for their physical suffering because the participants perceived it to be the best approach to treatment. However, acupuncture was not perceived efficacious for all physical sufferings; pain, joint and bone problems were perceived as the strong areas for acupuncture.

Acupuncture was often used as a last resort for treatment. In many cases, participants had tried other remedies before such as biomedicine, physiotherapy, chiropractic, and bone-setting. However, the failure to experience improvement from these remedies motivated them to seek acupuncture:

“I had a serious bone pain in my leg after the birth of my younger son. It felt so painful that I could hardly walk. I went to bone-setter first, but it could not help. Later my friend recommended me to try acupuncture, and it really worked! I recovered 60 or 70 percent just from the first treatment... Biomedicine and Chinese medicine cannot help me, so I can only try acupuncture.”

Media reports of successful acupuncture treatments also offered hope to the participants and motivated them to seek acupuncture for treatment:

“Sometimes I see reports in newspapers and magazines about successful acupuncture. This motivates me to try.”

Advice and referrals were also remarkable in motivating participants to seek acupuncture for treatment, with recommendations from friends being most commonly experienced among participants. Referrals from physiotherapists and TCM practitioners also motivated them to seek acupuncture advice:

“Recommendations from those who are trustworthy are important [for me to try acupuncture]. If no trustworthy people recommend it, or if I cannot recognize any actual successful cases, I will not believe [in acupuncture]. However, once you can see successful cases [of acupuncture treatment] among your friends and relatives, that their pain can be greatly relieved, then it serves as a good reference and motivation for me.”

Satisfaction with treatment

Suffering from physical pain was the most common motivation for participants when seeking acupuncture treatment. These pain problems included joint and bone pain, such as lower back pain, neck pain, and knee pain, as well as muscle pain. Other participants attempted acupuncture for sciatica and nerve pain. Insomnia was another common physical complaint that motivated participants to seek acupuncture. The majority of the participants were satisfied with acupuncture in providing alleviation for their physical suffering:

“When I was still young, my nose had a problem and I always had to blow my nose. It was really embarrassing. Later a friend told me that I may have sinusitis and so he took me to a doctor [acupuncturist]. I tried [acupuncture treatment] twice only and recovered. This is really an amazing experience.”

Participants’ belief and trust in the treatment as well as the acupuncturist were significant in providing them with treatment satisfaction. A minority of the participants commented that although they were unclear about the efficacy of acupuncture in their physical sufferings, they still believed in acupuncture and the acupuncturist for providing treatment for their physical suffering:

“You have to believe in the doctor [acupuncturist]. If you trust him, his treatment will be good. If you don’t believe in him, then the efficacy will not be that high... Just like my nephew... Maybe because of the doctor’s outfit, or because of the environment of his clinic, my nephew did not want to see him... The doctor knew [my nephew did not trust him] too, so he did not have much patience in treating him. Indeed, my nephew failed to experience any improvement, because he did not believe in the doctor.”

Barriers to using acupuncture

Although there were many motivations for participants to seek acupuncture for treatment, and their experiences of it were generally good, still a number of participants had never tried acupuncture for their health and they did not feel motivated to use acupuncture. A few participants mentioned that their TCM practitioners had recommended acupuncture for their condition. However, they did not receive any recommendation from others about acupuncture practice.

Although all participants experienced different physical ailments to a certain extent, their low perceived need of acupuncture treatment discouraged them from seeking it:

“I feel pain in my leg. However, the pain is not serious and I can still bear the pain. Therefore I do not think I have the need to receive acupuncture. I may try if the pain is very serious, but the situation is not that bad now, so I do not think about it.”

Participants’ lack of confidence in TCM discouraged them to adopt acupuncture. Many participants perceived acupuncture treatment as lacking scientific basis and clinical evidence. In particular, they had the impression that acupuncture practice lacks international research to support its efficacy. They perceived that unlike biomedicine, acupuncture treatment was perceived to be weak in providing clinical evidence.

Therefore, the efficacy of acupuncture still remained unknown to them:

“I know acupuncture has a long history. However, there seems to be no concrete and international research [about acupuncture]. You know, the physical structure of everyone can be different. If there is no research, how can you ensure everyone has the same acupuncture points?”

Participants often felt doubtful about the qualifications of the acupuncturist. Lack of qualified acupuncturist accreditation was a significant concern for them. Queries related to acupuncturists' qualifications were often raised during the interviews, such as whether they are eligible to practice acupuncture, and who can practice acupuncture in Hong Kong. Almost all the participants had the impression that acupuncture was not institutionalized and standardized in Hong Kong. Some participants even expressed suspicion of physiotherapists providing acupuncture treatment. As they were unsure if the practice was under the governance and monitoring of regulations, therefore, these doubts and worries discouraged them from using acupuncture:

“I am not sure about the qualifications of acupuncturists. I just know there are some registered TCM practitioners, but can they perform acupuncture as well? I am not sure. Also, do they need to take professional examinations? I am not sure too...I am not sure if Hong Kong has a registered system for acupuncturists, like the system used in Western medicine.”

Lack of positive experiences among their friends in using acupuncture served as a barrier as well. Quite a number of the participants commented that none of their friends could get cured, or at least obtain a prolonged alleviation from their condition, by using acupuncture:

“I cannot see that my friend has any improvement after receiving acupuncture. He often goes to receive acupuncture, several times a month. However, his situation is almost the same. He always feels tired... Maybe he gets a bit better just after the treatment, but the treatment cannot give him a cure... Therefore, I would rather seek Western medicine.”

Because of their lack of confidence in acupuncture practice, several kinds of fear were prevalent among the participants. The most significant was fear of pain induced by the practice:

“I am afraid of pain. The needles are stuck in your skin, so I think acupuncture should be very painful. Therefore I dare not to try.”

Another type of fear was related to lack of knowledge of acupuncture. Uncertainty of the effects of and reactions to acupuncture treatment was a notable concern of the participants. More than half of the participants commented that they did not know what the appropriate response to and feeling of the treatment should be like:

“I am more familiar with Western medicine and I know what to expect. I can never know what the appropriate response and feeling of a good acupuncture treatment should feel like. It may lead to serious consequences but I do not have that knowledge.”

Some types of fear were closely related to lack of confidence in the general practice of acupuncturists. The hygiene of the needles used in the acupuncture treatment, for example, attracted a lot of concern and debate among the participants. Worries about the hygiene of the needles and the possibility of getting infectious diseases through the needles prevented them from using acupuncture:

“I am not sure if the needles used in acupuncture are hygienic enough. I know the needles [syringes] used in Western medicine are used once only. However, my impression is that the needles used in acupuncture will be reused many times. Also, newspapers reported that receiving acupuncture can transmit diseases. I have low back pain and have been thinking of trying [acupuncture]; however, I finally gave up because I am afraid of being infected through the treatment.”

More than half of the participants perceived acupuncture as an invasive procedure. Risk could arise from the practice if the acupuncturist was not experienced enough. Knowledge about the possible risk of acupuncture, such as pneumothorax and paralysis, was mainly obtained from mass media.

Finally, participants' trust in biomedicine and their habit of seeking biomedicine for treatment discouraged them from attempting a non-biomedicine approach for treatment.

The common perception of biomedicine as providing quick efficacy and TCM slow efficacy further discouraged them from attempting acupuncture.

“I trust Western medicine more. I rarely go to see Chinese medicine practitioners, and dare not try acupuncture. I don’t have any confidence in Chinese medicine [TCM]. I would rather see Western medicine doctors when I am ill. Western medicine doctors have been to schools and are registered. My impression of Chinese medicine is that [its knowledge is] transmitted from father to son... Also, Western medicine is quick [in its efficacy]. It is quick [to see the effect] after having shots and medications.”

Factors in selecting an acupuncturist

Participants identified word of mouth, professional license, other patients’ experiences, acupuncturists’ experience of practice, and educational background as the main factors in selecting an acupuncturist.

Word of mouth is the most commonly mentioned determinant among participants. If their friends had a good treatment experience, they would be more confident with the acupuncturist. The importance of word of mouth in selecting an acupuncturist was demonstrated by an interesting observation during the interviews: The participants in one group hung on immediately after the interview to share the name and contacts of an acupuncturist who had cured a patient with stroke. One participant commented on how the reputation of an acupuncturist was important to her:

“If my friends said there was significant improvement after their acupuncture treatment, then that indicates the acupuncturist is trustworthy. I would have confidence in him/her.”

Other users’ experience in acupuncture was another commonly mentioned determinant. Not unexpectedly, if the acupuncturist could help to relieve patients’ physical and emotional pain, participants would be more motivated to choose that acupuncturist. It was a waste of time and money for the participants if the acupuncturist was not the “right” therapist to treat their symptoms.

Professional license was the second most frequently mentioned determinant.

Acupuncturists who had passed acupuncture examinations are perceived as professionals. Although many participants did not fully understand the professional qualification of an acupuncturist, they remarked that obtaining a professional license was a basic requirement for being an acupuncturist. Some participants preferred the acupuncturist to own a certificate indicating specialization in acupuncture, rather than a general training in TCM. As a participant in a non-user group indicated:

“If I receive acupuncture treatment, I will definitely find someone who is a specialist. If no one introduces me, I will definitely see a doctor who has professional certificates in acupuncture. I have more confidence in doctors who are acupuncture specialists rather than the doctors who claim that they know various treatment techniques.”

The clinical experience of an acupuncturist was also important for participants in selecting an acupuncturist. Lack of confidence in freshly graduated acupuncturists was prevalent; for most participants, an acupuncturist would need years of clinical experience before they could trust him or her. When participants were asked about how many years of practice could be considered as “experienced” to them, a participant in a non-user group commented:

“At least ten years, because the acupuncturist will need to penetrate my skin with needles. If he or she stimulates the wrong acupressure points, it may cause harmful effects on my body. I won’t select acupuncturists without much clinical experience.”

The educational background of an acupuncturist was also important, participants believed. Acupuncturists who graduated from registered universities, majoring in acupuncture, are more credible. All participants cast doubts on hereditary secret acupuncture treatment formulas passed from mentors to mentees.

Other factors, including acupuncturists’ institutional affiliation, gender, and age were identified. Acupuncturists who are practicing in and affiliated to universities with TCM

schools were perceived as more credible and reputable than private TCM practitioners. Female participants also preferred to select female acupuncturists, though gender issue was not demonstrated as an important determinant for male participants. Acupuncturists who are too young or too old were considered undesirable to them.

DISCUSSION AND MARKETING IMPLICATIONS

Based on the focus group study, we have the following four observations. Firstly, acupuncture was perceived as an effective treatment for specific symptoms including pain management and stroke. It was perceived to be efficient, with permanent results, and without side effects. Despite the perceived benefits, many participants would only consider acupuncture as an alternatives or even a last resort when the symptoms were not sufficiently cured by using biomedicine. Lack of confidence in acupuncture was the main reason for not choosing it as the first choice of treatment. Insufficient trust in acupuncture was generated mainly from unfamiliarity with the acupuncture practice, especially the registration of qualified acupuncturists, as well as the perceived lack of stringent rules and regulations governing the practice. The finding has the implication that to market acupuncture in Hong Kong, there is a need to design consumer educational campaigns about the accreditation systems of TCM as well as the registration systems of acupuncturists. There should be a web site resource that consumers can refer to when checking the qualifications of individual practitioners. The regulatory body should take a proactive role in cracking down on unqualified acupuncture practitioners. Promoting the recognition of certified practitioners should be an important element in the education campaign to build consumers' trust in the system. Promotional materials in various media

platforms and formats such as leaflets or broadcast materials should be designed to help answer questions most frequently raised by the public on qualifications of practitioners. For example, the public should be informed whether an acupuncturist qualified in mainland China can assume practice in Hong Kong.

Secondly, participants including users and nonusers were constantly benchmarking the acupuncture practice against biomedicine practices. Issues that participants compared include request for clinical evidence, research-informed practices, and the division of labor between general practices and specialty practices (i.e., between a TCM doctor and a specialized acupuncturist). This shows how the consumers perceive acupuncture in the context of the biomedicine practices. The findings suggest that in promoting acupuncture in a biomedicine-dominated society, consumers' trust is more likely to be gained if the practice of acupuncture is packaged to highly resemble the biomedicine practices.

Thirdly, as indicated in Lai et al. (2013), trust in acupuncture was built largely on the reputation of individual practitioners. The use of word of mouth in the social context was considered important in selecting a particular practitioner. Participants also believed that a "match" between the practitioner and the patient was important. This indicates that acupuncture practices may have a long way to go in developing the public perception of standardization and confidence.

Fourthly, the study reviewed the power of the media in framing the risk perception of acupuncture. One or two malpractice cases in acupuncture widely reported in the local newspapers were able to generate a lasting negative impression of acupuncture among the interviewees. Users and nonusers demonstrated significant difference in response to the media reporting. Nonusers found the news reporting extremely impactful and such

incidents reinforced their perception that acupuncture was risky. However, users were less concerned about such reporting. They considered such incidents rare and were not bothered by them a lot. They reported that similar malpractice also occurred in biomedicine. It is uncertain whether the setting up of a statutory body for handling medical malpractice in acupuncture or TCM will be able to rebuild trust in the future.

LIMITATIONS AND FURTHER STUDIES

There are two limitations of the present study. First of all, the current study adopted convenience sampling in that participants were recruited through personal networks. The findings cannot be generalized to the population. Second, the interviewees in the user groups had a diverse span of user experience. Some interviewees used acupuncture in recent years. Some user experiences dated back decades, to when acupuncture was not regulated. The difference between the time periods of the acupuncture experience may have an impact on the results. Further study can examine public attitudes toward acupuncture using sampling surveys. Content analysis can be used to examine how acupuncture has been reported in the traditional news and non-news media.

CONCLUSION

A qualitative study was conducted on perception of and attitudes toward acupuncture among users and nonusers in Hong Kong. Results found that users and nonusers differed significantly in their perceptions of the efficacy and side effects of acupuncture, attitudes toward TCM and biomedicine in general, and their responses to media reporting of malpractice of acupuncture. Among nonusers, acupuncture was perceived as lacking

clinical base, high risk, and relying heavily on the expertise of medical practitioners. Among the user group, acupuncture was perceived as effective, with little side effects, and generating lasting impact. Both users and nonusers perceived that acupuncture was useful in treating pain and joints or muscle-related problems. In choosing acupuncture practitioners, participants relied on factors including social communication, the practitioners' age, and professional qualifications.

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Appendix 1. English translation of the questions used

User groups:

- Q1. What do you think are the advantages of acupuncture?
- Q2. What do you think are the disadvantages of acupuncture?
- Q3. What illness do you think acupuncture is the most suitable treatment for?
- Q4. What are the health reasons that caused you to receive acupuncture treatment last time? How long was the treatment? Are you satisfied with the treatment?
- Q5. What are the reasons you try acupuncture treatment?
- Q6. When you decide to receive acupuncture treatment, what factors do you consider in choosing an acupuncturist (e.g., acupuncturist's educational background, gender and affiliation)?

Non-user groups:

- Q1 to Q3. Same as above.
- Q4. Did anyone suggest that you receive acupuncture treatment?
- Q5. What are the reasons you do not try acupuncture treatment?
- Q6. If you receive acupuncture treatment, how frequent should be the treatment? How long before you expect to see a significant effect?
- Q7. If you decide to receive acupuncture treatment, what factors do you consider in choosing an acupuncturist (e.g., acupuncturist's educational background, gender and affiliation)?