Original Research

Assessment of Knowledge, Attitude, and Practice toward Persian Medicine among Medical School Staff

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Abstract

The use of complementary and alternative medicine is increasing throughout the world. Traditional Persian medicine, with a long history, is well known as a branch of complementary and alternative medicine and has a role in the prevention and treatment of diseases. Knowledge, attitude, and practice toward Persian medicine among Medical School staff were assessed in this study because of the importance of education in this field. This cross-sectional study was performed in 2020. As there was no specific questionnaire for assessment of knowledge, attitude, and practice toward Persian medicine, data were collected by a researcher-made questionnaire that was found to be both valid and reliable; the data were then analyzed statistically using SPSS software version 25. One hundred and fifty-three staff members were included in this study. The average score of performance in using treatment modalities in traditional Persian medicine was moderate, but the average score of knowledge about Persian medicine treatment modalities was low. The average score of attitude was positive, and 66.6% of people agreed with participating in the short-term course of traditional Persian medicine. The participants in this study showed moderate performance and a positive attitude towards traditional Persian medicine despite little knowledge of different Persian medicine treatment modalities. Most people expressed a desire to get acquainted with it. Therefore, it is suggested that courses be held to inform the staff about traditional Persian medicine.

Keywords: Persian medicine; Knowledge; Attitude; Practice; Medical school staff

Introduction

Traditional medicine is a complex of all theoretical and practical sciences based on theories, beliefs and indigenous experiences to different cultures which is used for diagnosis, prevention and treatment of physical and mental illnesses. Complementary or alternative medicine is not commonly used in the country's conventional medicine [1]. The World Health Organization has published a strategy for the development of traditional and complementary medicine 2014-2023. This document emphasizes on the importance of traditional and complementary medicine in promoting global health and combating chronic diseases. Governments and health-related non-governmental organizations (NGOs) around the world have been asked to provide traditional and complementary therapies for all according to the guidelines in this document and facilities in the field of research to scientifically evaluate the efficacy and safety of these methods [2,3]. Traditional and complementary medicine are divided

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into different branches; the most well-known of which are Ayurveda, Chinese medicine, homeopathy, chiropractic, and Persian medicine (PM). In this regard, PM is the main medical paradigm of ancient times in Central and West Asia, North Africa, and medieval Europe that is based on the humoral medicine, called Mizaj [4,5]. Whenever the balance of the innate temperament of the body is disturbed, disease occurs. The role of the physician here is to help the patient return to a balanced temperament, which is achieved through lifestyle modification and the use of medication and other therapies [6-8].

The complementary medicine has been accepted as an effective treatment method and the use of complementary and alternative medicine (CAM) has been increasing even in western and industrial countries in recent decades [9-13]. The prevalence of general population use of CAM in the world varies among different countries, and it is estimated 10-76% with the highest rate in East Asian countries [14]. According to a study conducted in Tehran, the annual prevalence of using at least one of complementary medicine methods (especially herbal medicine, which is one of the traditional methods of our society) has been 42.2% that is outstanding in comparison with some other countries (US 38%, UK 26%). In the mentioned study, the way of getting acquainted with complementary medicine methods was mostly through people around and based on personal perceptions [14,15].

Shiraz University of Medical Sciences, with establishment of Research Center for Traditional Medicine and History of Medicine and Department of Persian medicine, specialized research and education in the field of PM in the south of Iran since 2009. Then by setting up the specialized traditional medicine Health Center in 2015, PM was logged in the health care system of Fars province. Moreover, with the compilation of the document for the development of traditional medicine and the approval of the national document for medicinal plants and traditional medicine in 2013, the legal and global progress of PM was started in Iran [16].

Many official staffs of educational or health centers related to health care system do not have specialized information in the field of medicine, but they may be considered by the general population as a source of information and knowledge in the field of medicine or an intermediary in these matters due to their physical propinquity and communication with medical professors and students.

Considering the importance of PM and, on the other hand, the need for proper training of Shiraz Medical School official staff in this field, knowledge, attitude and practice of Shiraz Medical School staff in the field of PM in 2020 was studied. So proper course can be designed if needed.

Methods

This is a descriptive-analytical cross-sectional study that was performed on 153 staffs of Shiraz Medical School in Iran from October 2020 to November 2020. Since a similar study to this was not found, according to the rule of thumb of 5 people per question of questionnaire, the minimum sample size of 140 people was calculated. Due to the conditions of COVID-19 pandemic and the absence of staff at work, we decided to provide the questionnaire to all 320 staffs of Shiraz Medical School, and continue questioning and receiving the questionnaire until getting the desired sample size.

The staffs of the medical school were included in the study without any age, gender or degree restrictions, provided that they have at least 6 months of work experience. If the staffs agreed they entered the study.

Since no questionnaire was found to assess knowledge, attitude and practice in the field of PM, a researcher-made questionnaire was used in this study. Its validity was assessed and confirmed by members of the Department of Persian medicine and Research Center for Traditional Medicine and History of Medicine. Its reliability was tested by test-retest method on 20 staffs of Shiraz Medical School during two stages with an interval of two weeks in September 2020. The reliability coefficient which was 0.807 was confirmed. This questionnaire consisted of 6 parts and 28 questions; the first part related to demographic information (age, sex, marital status, education, work experience), the second part included two questions related to knowledge of Health preservation management (Tadbir-e-hefz al-sehheh) and the way to get acquainted with it, the third part included 5 questions related to knowledge of therapeutic methods in PM (herbal medicine, wet cupping, phlebotomy, leech therapy and massage therapy), the fourth part included 8 questions related to attitudes toward PM and desire to get acquainted with it, and the fifth part of the questionnaire included 7 questions related to knowledge of PM discipline. The use of therapeutic methods in PM and the service delivery location were measured in sixth and final part of the questionnaire.

For statistical analysis, the collected data were entered into SPSS software version 25. Mean and standard deviation (for quantitative variables) and frequency and frequency percentage (for qualitative variables) were used to describe the information. In addition, in the analytical part of the test, the data normality hypothesis was examined and due to the lack of normality hypothesis, non-parametric hypothesis tests including Mann-Whitney and Kruskal-Wallis were used. In addition, Chi-square test was used to examine the relationships between qualitative variables. In all analyzes, taking into account the confidence interval of 95%, p value equal and less than 0.05 was considered

significant.

The protocol of this research with the code of IR.SUMS.MED.REC.1399.278 was approved by the ethics committee of Shiraz University of Medical Sciences. The objectives of the study were clearly stated for all participants and informed consent was obtained before completing the data collection tool.

Results

Out of 320 staffs working in Shiraz Medical School, among whom the questionnaire was distributed, 156 people returned the questionnaires (48.75% response rate). Two of them who gave incomplete answers and one who had work experience less than 6 months were excluded from the study and finally 153 questionnaires were reviewed.

The mean age of participants was 39.41 years (with a standard deviation of 8.1). Gender, level of education and field of administrative activity of individuals are listed in table 1. The average score of practice of individuals in the use of six different treatment methods in PM was 2.22, which was equivalent to the intermediate practice (Table 2). In fact, out of 153 participants, 140 (91%) had used at least one of the methods. Among 338 usage of PM methods, in 87 (25%) had seen a PM specialist physician and other cases had referred to other people and sources (Figure 1). The most used methods were herbal medicines (86.9%), nutritional recommendations (71.9%) and wet cupping (27.5%), and the least one was phlebotomy (5.9%) (Table 3).

Table 1. Gender, education level, and administrative category of participants

Gender	Frequency	Percentage			
Female	95	62.1			
Male	58	37.9			
Education level			Administrative category	Frequency	Percentage
Less than a diploma	11	7.2	Educational-cultural	42	27.5
Diploma	18	11.8	Administrative-financial	30	19.6
Associate Degree	11	7.2	Health	37	24.2
Bachelor	48	31.4	Services	19	12.4
Master degree	54	35.3	Engineering-technical	8	5.2
PhD	11	7.2	Others	17	11.1
Total	153	100	Total	153	100

Table 2. Mean score of knowledge, attitude, and practice toward Persian medicine

Variable		Mean score	Standard deviation	Outcome
Knowledge	Treatment methods [a]	11.58	3.29	Low
	Field & Science of Persian medicine [b]	12.6	1.4	Appropriate
	Principles of lifestyle[c]	2.22	1.04	Low
Attitude [d]		28.26	6.25	Positive
Practice [e]		2.22	1.20	Intermediate

[a] low 5-12.9, intermediate 13-16.9, appropriate 17-25
[b] low 7-9.79, intermediate 9.8-11.19, appropriate 11.2-14
[c] low 1-2.59, intermediate 2.6-3.39, appropriate 3.4-5
[d] low 8-20.79, intermediate 20.8-27.19, appropriate 27.2-40
[e] low 0-1.99, intermediate 2-3.99, appropriate 4-6

Table 3. Practice and knowledge of participants toward treatment methods in Persian medicine (PM)

Treatment methods	Practice (usage)		Reference to PM physician		Knowledge [a]	
	Frequency	Percentage	Frequency	Percentage	Score	Outcome
Lifestyle principles	110	71.9	26	23.6	2.22	Low
Herbal Medicines	133	86.9	25	18.7	2.79	Intermediate
Massage therapy	29	19	10	34.4	2.26	Low
Phlebotomy	9	5.9	2	22.2	1.58	Low
Wet cupping	42	27.5	17	40.4	2.56	Low
Leech therapy	16	10.5	7	34.7	2.38	Low

[a] Low 1-2.59, intermediate 2.6-3.39, appropriate 3.4-5

The average score of attitude towards PM was 28.26 (Table 2), which is equivalent to a positive attitude. 111 people (72.6%) completely or relatively agreed that "PM can be helpful as a complementary method to conventional medicine." (Table 4). 105 participants in the study (68.6%) expressed to desire to become familiar with PM and also the majority of people (66.6%) completely or relatively agreed to participate in a short-term course (less than a week) of PM. On the other hand, in general, 44.5% of the participants in the study agreed (complete or partial success) to participate in the long-term course of PM (one month).

In the section of knowledge and awareness of PM, the questions were divided into three categories. In the section related to the knowledge of PM discipline an average score of 12.6 was obtained, which was equivalent to appropriate knowledge, and about 87% of people were aware of the phrase "PM is based on temperament and treatment is different according to characteristics and conditions of each person " and about 75% of people were aware that "PM is taught academically in medical universities such as Shiraz."

Table 4. Attitude and knowledge toward Persian medicine (PM) among participants according to the questions

Questions	Attitude				
	Completely agree	Relatively agree	Not sure	Relatively opposite	Completely opposed
PM can be helpful as a complementary method to conventional medicine	54	57	28	8	6
PM drugs has no significant side effects	19	37	63	17	17
Other treatment methods in PM (except drugs) do not have significant side effects	9	46	61	29	8
I never recommend PM for any sick or healthy person.	13	28	36	43	33
Due to the significant progress of modern medical science, the use of PM has no place in the prevention and treatment of diseases	11	18	40	39	45
I have no desire to get acquainted with PM	8	24	16	34	71

Table 5. Attitude, practice, and knowledge toward Persian medicine treatment modalities according to demographic factors

Variable	Attitude	P value	Practice	P value	Knowledge (about methods)	P value
Female	29.04±5.19	0.101	2.03± 1.10	0.015	11.11±2.94	0.048
Male	26.93±7.44		2.53±1.31		12.38±3.70	
Less than Diploma	26.27±4.54		2.63±1.29		11.82±3.89	
Diploma	28.44±4.36		2.28±1.80		11.44±3.85	
Associate Degree	29.00±6.91	0.629	2.91±0.83	0.195	11.36±3.66	0.437
Bachelor	28.99±5.95		2.13±1.06		10.95±3.10	
Master degree	27.90±7.05		2.07±1.17		12.11±3.24	
PhD	27.64±6.77		2.18±0.75		12.00±2.68	
Administrative category						
Educational-cultural	29.2±6.93		2.07±1.33		12.07± 3.97	
Administrative-financial	30.33±5.86		2.07±1.05		10.53± 2.60	
Health	25.63±6.01	0.002	2.16±1.14	0.34	11.73± 2.82	0.566
Services	26.16±4.56		2.79±1.27		12.16± 3.37	
Engineering-technical	30.25±6.96		2.00±.76		10.88± 1.64	
Others	29.18±4.43		2.47±1.28		11.65± 3.95	

In the section of knowledge of health preservation management (Tadbir-e-hefz al-sehheh), the average score was 2.22, which is equivalent to low knowledge. The subjects in the study were acquainted with the health preservation management through various sources, the highest frequency of which was related to internet resources (26.6%). In section of knowledge of different treatment methods in PM, the average score was 11.58 which is equivalent to low knowledge (Table 2).

Among the various treatment methods in PM, the highest knowledge was related to herbal medicines with a score of 2.79 (Table 3). The differences between the variables of attitude, practice and knowledge towards PM treatment methods were examined based on demographic factors (gender, education and field of administrative activity). According to table 5, the mean score of knowledge and also the mean score of practice of men are significantly higher compared to women in the study. Also, the staffs of the adminis-
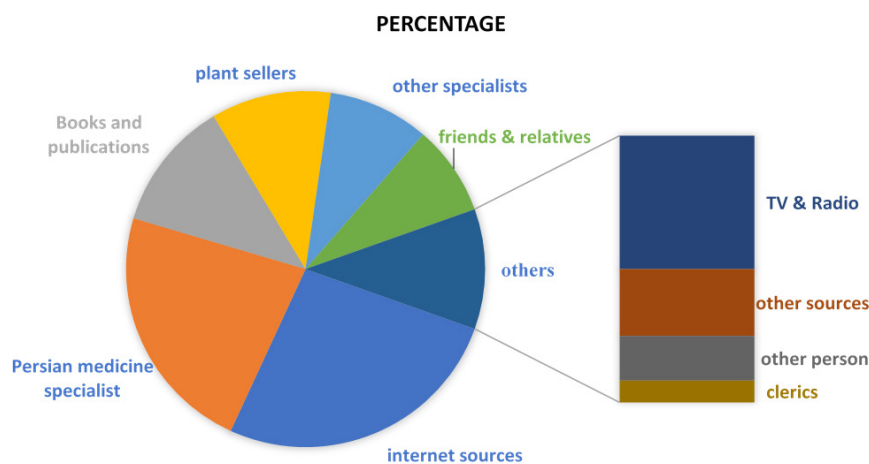
Figure 1. Information sources about Persian medicine health preservation management

trative-financial subgroup had the highest mean score of attitude and the health subgroup had the lowest score (p = 0.002).

Discussion

The results of this study showed that the practice of staffs in the use of different treatment methods in PM is generally intermediate. The majority of participants in the present study used at least one of the PM treatment methods, of which the largest portion was herbal medicines and the least used method was phlebotomy. Also, in this study, it was found that the majority of people had referred to individuals and sources other than PM specialist physicians for treatment. This low rate of referrals to PM physicians increases the need for knowledge and behavior modification in the use of PM treatments.

In the study of Zafar Ghandi et al., which investigated the knowledge, attitude and behaviors towards PM among health centers in Tehran in 2010, 69% of people used at least one method of PM, most of which were herbal medicine and the least used method was phlebotomy. Plant seller has been the most reference for obtaining PM services [17]. Also, Lotfi et al. in a study on the general population of Kashan in 2014, found that more than 73% of people have experienced complementary and traditional medicine methods, most of which were herbal medicine, and most people based on the recommendations of others who had used these methods and about half of the people without a doctor or traditional medicine specialist had used complementary and traditional medicine methods [18]. The results of these two studies are in line with the results of the present study. So according to these results, the need for informing about the basic and scientific use of traditional medicine treatment methods should be considered.

In one study, the use of CAM in diabetic patients referred to diabetes clinics in Sari was evaluated and their attitudes and satisfaction were assessed. The results of this study showed the high prevalence of usage of uncommon methods in diabetic patients and its relationship with the duration of treatment and diabetes. Most of the referrals were to non-physicians and the use of herbs had the highest percentage among the methods used [19].

Also it was found that in general, the people in the study have a positive attitude towards PM and the majority of people agreed with the use of PM as a complementary medicine, but opposed to use as the main method. This result is consistent with the results of many previous studies in this field, including the study of Ghorbanzadeh et al. on medical students in Mashhad, in which it was observed that most students had a positive attitude towards PM [20]. In the study of Rabbani Khorasgani et al., nursing students of Teh-

ran universities generally had a positive attitude towards learning and using PM and the majority of them agreed with its use as a complementary method [21]. Also in the study by Hui Xie et al. in China, most of the students in the study expressed a positive attitude towards complementary medicine [22]. According to study in Gonabad University of Medical Sciences, medical students had poor attitudes toward complementary medicine [23]. This can be related to one-dimensional education.

In general, the majority of those present in the present study had interest in learning PM and agreed to participate in a short PM course (less than a week). In similar studies, people had desire to learn and become familiar with complementary and traditional medicine, including the study of Davati and colleagues on medical students in Tehran universities, among whom the desire to learn traditional medicine was significant [24]. Also, in the study of Rabbani Khorasgani et al., it was shown that in general, nursing students of Tehran universities had a positive attitude towards learning traditional medicine [21]. In the Hui Xie study in China, most students also had a desire to include complementary medicine courses in the educational curriculum or to become more familiar with complementary medicine [22]. In one study in Iran, psychologists had insufficient knowledge and moderate attitude toward CAM. Most of them reported the need for CAM educational [25].

The knowledge of health preservation management (Tadbir-e-hefz al-sehheh) was generally weak in the study and the highest knowledge acquisition was through online sources and then the highest to the lowest sources, respectively, was PM specialist, books and publications, plant seller, other specialist, friends and relatives and television and radio. In the study of Zafarghandi et al. conducted among the clients of health centers in Tehran in 2010, the knowledge of PM was not generally good and the most used method for knowledge acquisition was relatives and family [17]. It was not consistent with the results of the present study, which can be due to the growth and development of Internet resources in recent years as one of the reasons. Also, this difference in the two studies can be related to the difference in the studied samples. In other words, in our study, samples were selected from the community of university staffs. These staffs deal with the Internet and various sites because of their job nature and are expected to have more skills in searching Internet resources.

The knowledge of PM discipline was "appropriate or high" on average in the study, and the majority of people were aware that PM is based on temperament medicine and that PM is taught academically in medical universities such as Shiraz. This can confirm that the Department of PM of Shiraz Medical University has

been successful in introducing itself to the staffs working in this center. In 2014, in a study by Ghorbanzadeh et al., Which investigated the knowledge and attitudes of medical students in Mashhad about PM, the majority of them were aware of the basic principles of PM [20]. It was consistent with the present study.

Knowledge of treatment methods in PM was "poor" on average in the study. Among these methods, the highest knowledge was related to herbal medicines and the least was related to phlebotomy. In the study of Adib Haj Bagheri et al., which was conducted in 2012 on the health care staffs of Kashan University of Medical Sciences, it was shown that people have a low level of knowledge of various treatments methods in traditional and complementary medicine [26] that was consistent with present study. In a 2014 study on medical students in Ghana, the majority of students had little knowledge of CAM, and herbal medicine was the most well-known method [27], the results of which was consistent with the present study.

In this study, it was found that demographic factors (gender, level of education) have no significant relationship with people's attitudes toward PM, but men had a higher level of knowledge and better performance than women [27]. Actually we enrolled the staffs from less than diploma literacy to PhD degree to the study because we experienced that the staffs of the medical schools, regardless of the level of education, have been consulted in order to know the best physicians by general population. In a study of medical students in Turkey, Selim Kilic and colleagues also found that men were more aware of complementary medicine treatment methods than women [28]. However, in the study of Davati et al., Which evaluated the knowledge and attitude of medical students in Tehran, no relationship was observed between the level of knowledge and demographic variables such as gender and educational level [24].This difference in the results of the present study with the study of Davati et al. can be due to the difference between the sampling and the study population, the lower population ratio of men than women in the present study and also the difference in method. Also in this study it was found that people in different administrative categories have different attitudes towards PM. The staffs of the administrative-financial subgroup had the most positive attitude and the health subgroup had the most negative attitude towards PM. The health care group may have received previous one-sided training due to their greater connection with the field of treatment and health and have a bias towards PM.

There were some limitations in this study. First, the response rate (48%) was low, which could be due to the lack of direct access to all staff of Shiraz Medical School to fill out a face-to-face questionnaire due to the special conditions of the COVID-19 pandemic and telecommuting of staffs. Also, the predominance of women and the high level of education of the people in this study have caused a heterogeneity in the results. It is suggested that this study be done in a multi-center manner with a larger sample size. It is also suggested that after holding training PM courses for staffs, the knowledge, attitude and practice of staffs be re-examined and evaluated.

In conclusion the staff of Shiraz Medical School, despite their little knowledge of PM treatment methods, have an intermediate practice in using these methods, and in most cases they referred to people other than PM specialists. Their knowledge of Health preservation management (Tadbir-e-hefz al-sehheh) was weak and they had referred to sources other than PM specialists to get acquainted with it, but at the same time they have a positive attitude towards PM and have interest in getting acquainted with it. This shows the need to raise awareness about the principled and scientific use of PM treatments. Therefore, it is suggested that special training courses be held to acquaint the staffs of medical schools in PM topics, especially in the field of Health preservation management, preferably as a short one-week course. All in all, it seems that it is possible to consider staffs of medical universities and medical schools as ambassadors to promote academic PM in Iran.

Conflict of Interests

Authors state no conflict of interest.

Acknowledgments

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