

The image is a close-up photograph of several brown, bumpy fruits, likely kiwifruit, hanging from a branch. The fruits are covered in small, raised bumps and have large, clear water droplets clinging to their surfaces. The background is a soft, out-of-focus green and brown, suggesting a natural outdoor setting. In the top right corner, the journal title 'ejom' is printed in a bold, black, sans-serif font, with 'Vol.9. No.6. 2021' in a smaller font directly below it. At the bottom center, the title 'Dilemmas of Practice' is written in a white, sans-serif font.

ejom
Vol.9. No.6. 2021

Dilemmas of Practice

Acupuncturists and the Coronavirus Pandemic: A Survey of UK Acupuncturists in June 2020

Elizabeth Nicholson

ABSTRACT

In the aftermath of the first national lockdown, 251 practitioners participated in an online survey on how they had been affected. The survey was available for completion from 6th June to 7th July 2020. Consisting of both multiple-choice and long-answer questions, the survey gathered information on the financial impact, mental health and emotional responses, health and safety, and planning and concerns for the future. The study generated much valuable data which may assist all acupuncturists if further emergencies arise. It may also assist acupuncture governing bodies as they prepare guidance for other potential future crises.

Keywords: Coronavirus, lockdown, acupuncturists, survey

1. INTRODUCTION

The coronavirus responsible for the global pandemic was first confirmed to be in the UK at the beginning of February 2020. In order to manage the spread of the disease, the UK government implemented a national 'lockdown' which began on 23rd March 2020. New laws were introduced which restricted people from leaving the house and closed all but essential high street businesses. In the health sector, only those defined as key workers, and therefore vital to public health and safety, were allowed to continue working (House of Commons Library, 2020). Acupuncturists were not included in this category and so from 23rd March, acupuncture practices across the UK were closed to patients.

The following research sought to establish how coronavirus and the resulting strict lockdown had affected acupuncturists. The study investigated the initial stages of the crisis, lockdown itself and preparations for the future. It documented, for example, the responses of the practitioners to their clinics closing, measures they took to stay safe and how they managed patient contact. It aimed to explore the emotional and financial effect that lockdown had on them, and to ask about future concerns and preparations as practitioners looked towards reopening their practices.

The pandemic had required health services to reassess systems for the provision of healthcare, and use of telehealth had increased

(Shachar et al, 2020). This study investigated what, if any, alternative provision of care acupuncturists had made throughout this time.

With practices shut, incomes fell, in some cases by 100%. The government provided financial support for self-employed people, called the Self-employment Income Support Scheme. This grant covered up to 80% of average profits up to a maximum of £2,500 a month. But this scheme was not available to everyone so some practitioners might have faced financial hardship. This study investigated the financial effects that the crisis had on the practitioners: how financially well off they were compared to before lockdown, if they were able to access government support, or if there were any financial benefits to lockdown.

According to a recent study with 40,000 participants, by late April, mental health in the UK had deteriorated compared with before the pandemic (Pierce et al, 2020). Therefore, the mental health of acupuncturists was a critical subject to explore: if it was better or worse after lockdown began, and whether there were any correlations between their mental health and other effects of the pandemic.

Acupuncture is not a regulated health profession in the UK, and acupuncturists were not considered key workers. If acupuncture was regulated, it might be that the government would have allowed practitioners to keep practising throughout the first lockdown. In Australia, for example, Chinese medicine is a regulated health profession and considered by the government as allied health, which makes acupuncturists part of the primary care health sector (AACMA, 2020). Acupuncturists are considered to provide an essential health service to the community and therefore were not directly required to stop working, unlike their peers in the UK. The survey sought opinion on whether practitioners in the UK feel acupuncture should be a regulated profession, and if acupuncturists should be considered keyworkers. It also seemed pertinent to ask the practitioners, if they had had the option to continue to practise throughout the initial lockdown, would they have done so.

Searches revealed studies into the effects of lockdown on chiropractors and physiotherapists, but there was no published study focused on acupuncturists.

2. METHOD

The survey comprised 37 questions and was divided into 3 sections: pre-lockdown, lockdown and post-lockdown, which helped participants to focus on a particular moment of time. It featured mainly multiple-choice questions to enable quantifiable summaries of results, and a few long paragraph questions so the participants could qualify their answer, giving individual detail and ensuring responses were not limited.

To reach acupuncturists, the survey was shared on six different acupuncture Facebook groups. This included groups reaching acupuncturists worldwide, so it was requested that only those practising in the UK should answer. A week after the survey was live, the British Acupuncture Council (BACc) included it in the weekly members' newsletter, with a link to completing the survey.

The survey was altered after 133 respondents, to include 3 questions as suggested by Mark Bovey, researcher for the British Acupuncture Council. At this stage, demographic questions of age, sex and years practising, were also added. It had become clear that the survey was reaching a large number of people and therefore it was interesting to see if it was a representative sample. The survey was available for completion from 6th June 2020 for four weeks, ending just before the easing of lockdown regulations at the beginning of July.

3. RESULTS

The survey generated 254 responses. Three of these were blank, possibly an error of the author or proofreader, and therefore not included in the results. Due to additional questions being added to the survey once it was live, some results are based on fewer responses; the number of respondents for each question is included throughout the results so it is evident where this has been the case. The following results are presented in accordance with the sections of the survey: pre-lockdown, lockdown, post-lockdown and demographics.

3.1 Pre-lockdown

3.1.1 Safety measures

Once coronavirus had reached the UK, but before lockdown, 150/251 (59.8%) respondents introduced their own extra safety measures. These 150 were asked to describe briefly what these safety measures were, but 154 answered the question. The answers were summarised and tallied to show frequency of mentions (the full table is Appendix 2).

By far the most common safety measure, mentioned 112 times, was increased cleaning – disinfecting all surfaces, couch, chairs, door handles, etc, anything the patient might have touched. This was done in between patients and at the beginning and end of the day. Alongside this, all soft furnishings and linen

were removed from rooms, leaving only wipeable surfaces. Exceptionally careful cleaning took place too; one practitioner mentioned putting pens in a sterilising cabinet at the end of the day, another used an ozone generator to deep clean the clinic.

Levels of hand hygiene increased, with practitioners washing or sanitising their own hands more, mentioned 49 times, and asking the patient to wash or sanitise their hands on arrival, mentioned 71 times.

Practitioners made changes to the running of the clinics too. 30 mentioned ringing patients to screen them for symptoms beforehand, cancelling their appointments and waving the cancellation fee if symptoms were present. Alterations were made to scheduling in order for patients not to cross paths, and magazines were removed from waiting rooms. There were four mentions of checking temperatures with a forehead thermometer on arrival. Only 26/154 respondents mentioned wearing masks or other PPE.

Changes to the treatment itself were also mentioned, but only by 13 practitioners. The most common change was trying to maintain physical distance throughout the treatment and adjusting choice of points accordingly. Two referred to not holding the patient's hand whilst taking their pulse and one said they stopped providing cosmetic acupuncture.

The 150 who did implement their own safety measures were asked if they received any patient feedback, but 161 people answered thus reducing the accuracy of the information. 71.4% (115/161), an overwhelming majority, found patient feedback to be mostly positive, 11.2% (18/161) neutral and 1.2% (2/161) mostly negative. 16.2% (26/161) didn't get any patient feedback.

3.1.2 Closing of practices

62.2% (156/251) of the practitioners closed their practices before the official lockdown instruction was given; the remaining 37.8% (95/251) kept their practices open until the final day. Those who closed early were asked to detail how much earlier they closed – the median number of days was seven.

3.2 Lockdown

3.2.1 Patient-practitioner contact

Figure 1 shows that by far the majority of the practitioners contacted at least some of their patients to explain why their practice was closing. Only 3.6% (9/251) made no contact at all.

And the majority, 94.4%, (237/251) were still in contact with their patients. Of these, 52.2% (131/251) were encouraging this contact and 45.8% (115/251) were not encouraging it but are allowing it. Only 2% (5/251) were trying to minimise contact.

Figure 1: Did the practitioner contact their patients?

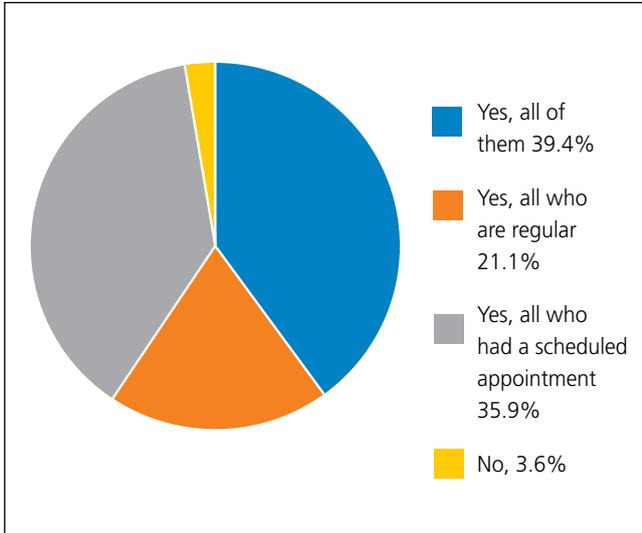


Figure 2: Reasons why patients contacted practitioners

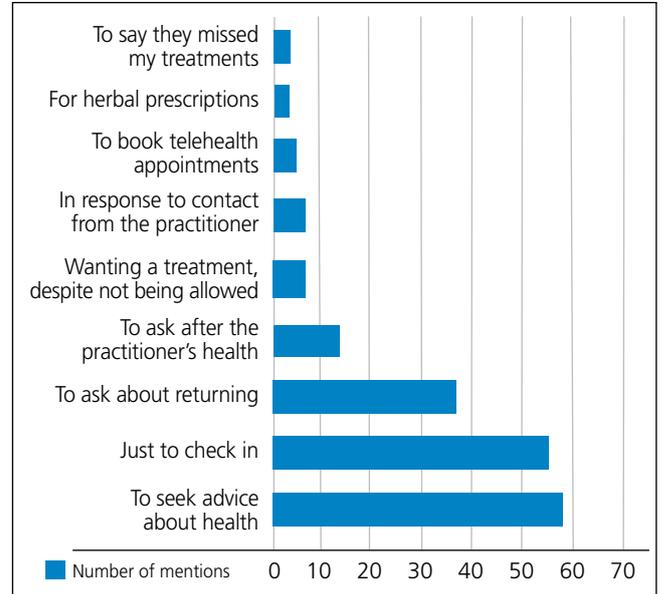
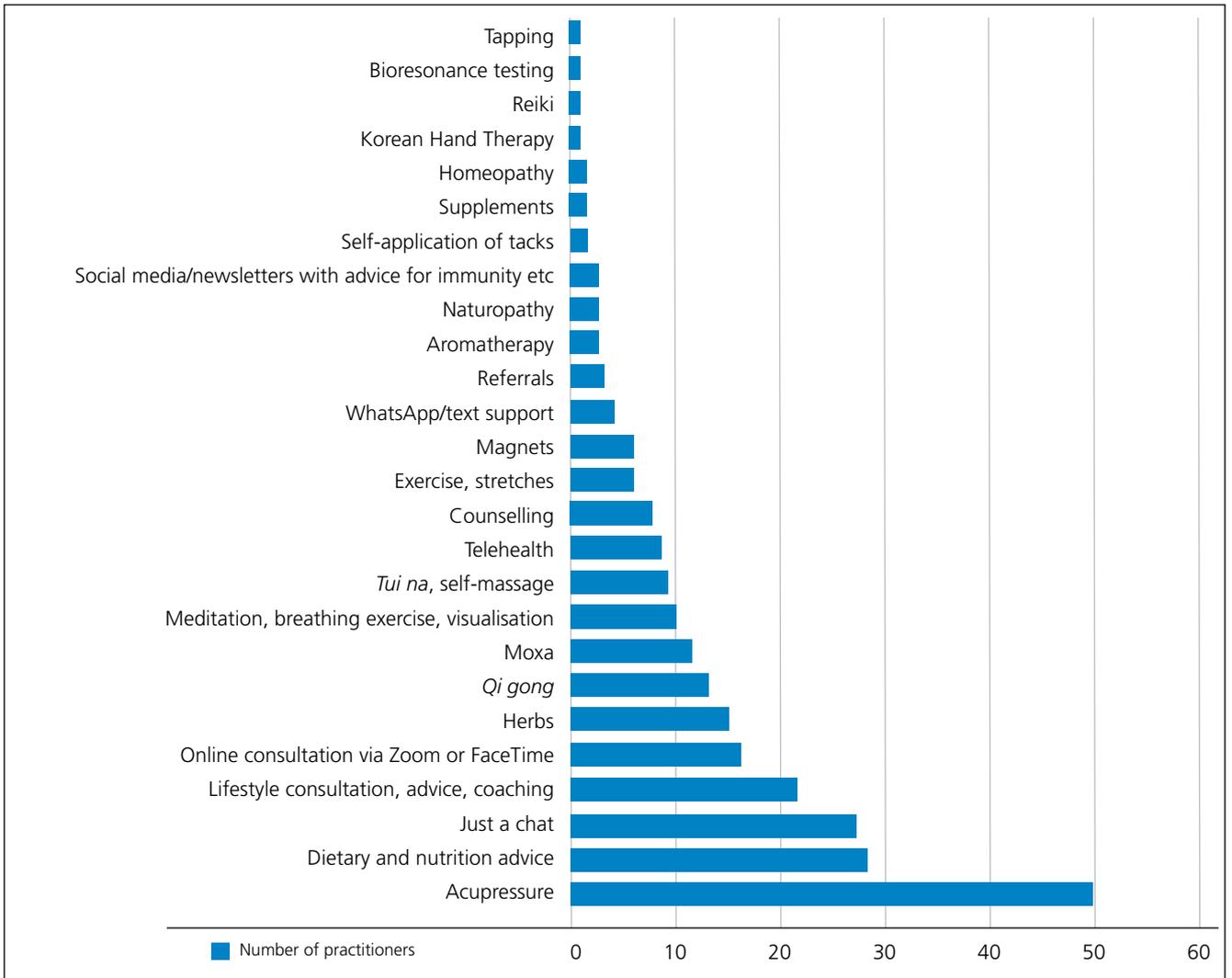


Figure 3: Services provided by practitioners during lockdown



The number of patients who had contacted each practitioner ranged from 1 to 100, the modal average being 10. However only 182 of the 236 answers could be included in this sum, due to some answers being unquantifiable, for example because they were given in percentages or word form (for example 'a few').

As shown in figure 2, the three most common reasons why patients contacted their practitioner during this time were to check in, to talk and seek advice about health and to ask when the practitioner would be returning to work in order to make an appointment.

139/251 (55.4%) of practitioners said they had serious concerns about patients they were no longer able to treat. The 139 were asked if they had been in contact with this particular patient(s), 90.6% (126/139) said yes, they had, and 9.4% (13/139) said no, they had not.

Just over half of the practitioners, 51.6%, (129/250) were offering an alternative service to their patients, for example counselling or dietary advice via the phone or Zoom. 48.4% (121/250) offered no such service. The 125 who did, provided information of the kind of service they offered, detailed in figure 3 above.

3.2.2 Finance

Perhaps unsurprisingly, the majority of respondents, 87.5%, (105/120) had their finances negatively affected by the lockdown.

10.8% (13/120) had felt no effect and just 1.7% (2/120) said it had affected their finances positively.

Figure 4 shows how many practitioners were able to access financial support from the government; fortunately, over half (160/250) were able to.

Roughly a quarter (64/248) of the practitioners had to supplement their income with other work. When asked for brief details, the answers could be divided into four categories: upping hours of current part-time job, searching

Figure 4: Practitioners able to access government financial support

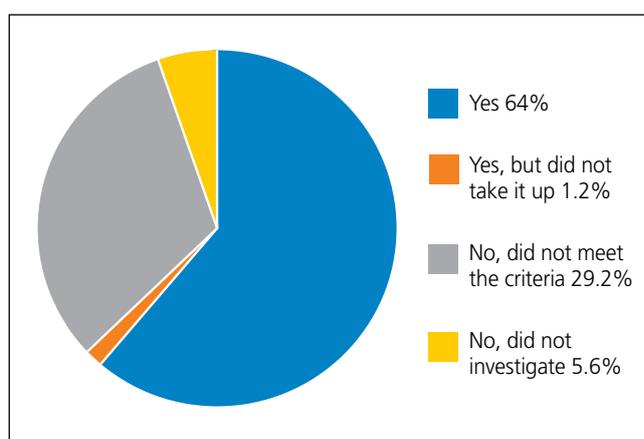


Table 1: Financial Effects of Lockdown – Themes

| Negative | |
|--------------------------------|---|
| Financial loss | 'Devastating financial effects' '100% loss of income' 'Big outlay of money to get equipment and supplies to be Covid secure' 'My clinic is in red numbers' 'Had to live off savings that I put aside for retirement' 'Have used all savings/inheritance. Have absolutely nothing left' |
| Loss of financial independence | 'I dislike not being able to be financially independent' 'Taken independence away' 'Solely reliant on partner's income' |
| Government support unfair | 'I slipped through the cracks of all the government schemes' |
| Future uncertainty | 'It's destroyed my business so will be like starting from scratch again.' |
| Positive | |
| Government support helpful | Government support helpful 'Government assistance has been excellent – timely, easy to access and fair/generous' 'Government support has been a lifeline' 'HMRC SEISS scheme has been very efficiently implemented... financially I've been well supported' |
| Opportunity for reflection | 'It's focused me on how much we actually need... nice in a weird way' |

for an entirely new job, returning to an old job such as re-registering as a nurse, or making use of another skill to earn money such as painting pet portraits.

When asked if they would like to comment on the financial effects of the lockdown, positive or negative, 194 chose to comment, summarised in table 1.

3.2.3 Mental health

The practitioners were asked to describe their mental health at the time of the survey compared to before lockdown. For the majority it was positive; 70% (85/120) found their mental health the same as, or better, than pre-lockdown.

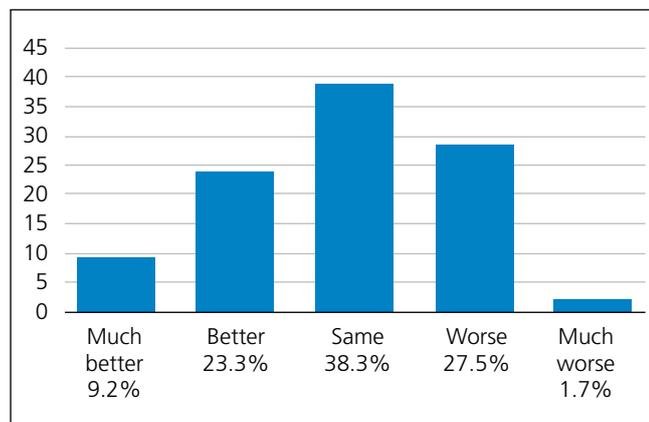
32.5% (39/120) found their mental health to be better, or much better, than before lockdown. A slightly smaller percentage, 29.2% (35/120) found their mental health to be worse, or much worse, and 38.3% (46/120) reported that theirs was the same as it had been before lockdown.

When asked if they would like to comment on the emotional effects of the lockdown, positive or negative, 212 chose to expand. The themes are summarised in table 2, and due to answers mentioning professional life as well as personal, the table has been divided into those two categories. Many negative emotions ran through these answers, 'stress' 'anxiety' 'anger and frustration' 'fear' 'isolation' 'depression' and 'grief'.

Table 2: Emotional Effects of Lockdown – Themes

| PERSONAL | |
|-----------------------------------|---|
| Negative | |
| Emotional instability | 'Have oscillated between being ok and really not' 'Good and bad days' 'Emotional roller-coaster' 'Very up and down' |
| Missing family and friends | 'I have missed my grandchildren greatly' |
| Positive | |
| Reconnecting with nature | 'Loving the time spending it in nature and my garden' 'I have created a vegetable garden that makes me proud and happy, and been for great walks!' |
| More family time | 'Been good to concentrate on family' 'Focused family time with children has been wonderful and a blessing' |
| Personal growth and healing | 'Found time for deep healing that I wouldn't have had otherwise' 'A chance to work through some emotional issues' 'I have had the time and mental space to focus on myself – exercise, healing' |
| PROFESSIONAL | |
| Negative | |
| Loss of purpose and sense of self | 'Extreme grief and loss of sense of self as defined by me being an acupuncturist' 'Lack of focus and purpose' 'Loss of status in the home – from self-employed businesswoman to household dogsbody' 'Feel worthless not being able to treat my patients' |
| Anxiety about future practice | 'Quite scared to get back into practice, all the changes that have turned the job into something I don't recognise' 'Will I ever get my practice up and running again?' 'Worried about my earnings in the next year' |
| Positive | |
| Time off work | 'Longest and best holiday I've ever had!' 'Permission to rest' |
| Reflection on practice | 'It's actually been a good experience for me to allow me to regroup and find some direction' 'I realised I have been working too hard, doing too many hours' 'I'm feeling happy that I can take a bit of time to reflect and "start again" without any shame or guilt in having closed my practice' |
| Professional development | 'Focusing on study and research' 'I've been able to study... I chose to nerd out during lockdown and I am pleased I did!' |

Figure 5: Practitioners' mental health compared to before lockdown (%)



How practitioners defined their mental health (at time of survey compared to before lockdown) was compared with whether they were negatively affected financially. As figure 6 illustrates, as one might expect the more their finances were negatively affected, the worse they reported their mental health to be.

The mental health of practitioners was also compared with whether they offered an alternative service to their patients throughout lockdown. As figure 7 shows, there was no particular correlation between the two.

Asked if they would like to comment on any other effects of the lockdown, positive or negative, 130 practitioners added further comments, summarised in table 3.

3.3 Post-lockdown

3.3.1 Returning to work

Most of the practitioners, 62.2% (156/251), were planning to open their practice as soon as the BAcC and government allow it; 12.4% (31/251) were not; the remaining quarter (64/251) were not yet sure. Figure 8 shows that only 36.8% (92/250) of the

Figure 6: Mental health of practitioners compared with number financially affected



practitioners were planning to work the same number of hours as they did before lockdown started.

Roughly half, 47.2% (118/250), would change their hours, but of these, just 4% (10/250) were planning to increase them – the rest (108/250) were going to reduce them. 16% (40/250) were not sure.

Figure 7: Mental health of practitioners compared with number who offered an alternative service

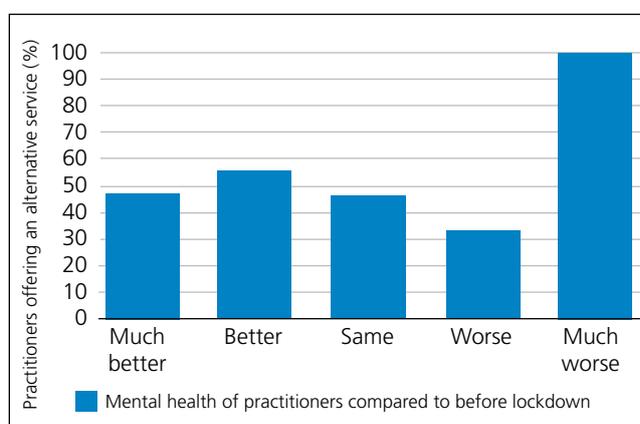


Table 3: Other Effects of Lockdown – Themes

| Negative | |
|----------------------------|--|
| Lack of guidance | 'Angry at no clear guidance' 'It's been utterly exhausting working out what is and isn't ok' |
| Positive | |
| Reflection/reassessment | 'Given me time to re-evaluate my work life balance' |
| Environmental benefits | 'Such an amazing effect on the air, the birds and general encouragement for nature' 'I love seeing nature recover from pollution' |
| Community spirit increased | 'Neighbours and people in the street interacting with you. Community spirit helping others in need' 'I've never felt so connected to other practitioners' |
| Change in values | 'Had an effect on my values, namely valuing other people and our relationships more' |

Figure 8: Would practitioners practise for the same number of hours?

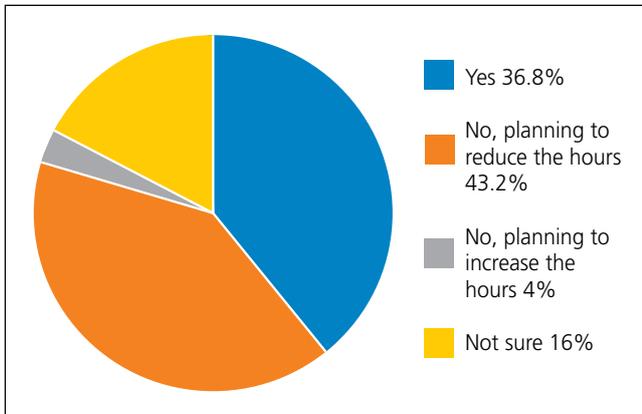
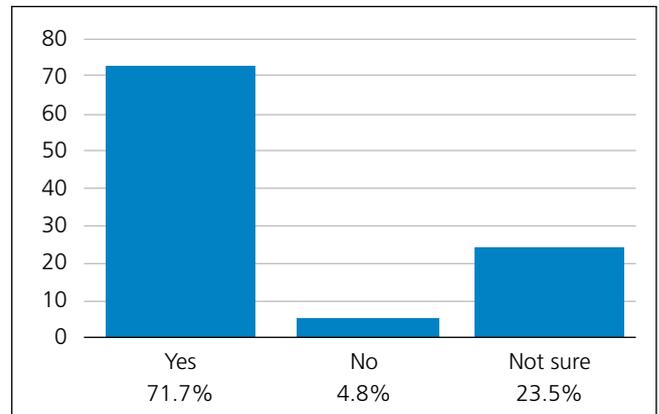


Figure 9: No. of acupuncturists in favour of regulation (%)



Just under half of practitioners, 49.8% (125/251), had safety concerns about returning to work, 38.2% (96/251) did not have any safety concerns and 12% (30/251) were not sure. Those with safety concerns were asked for brief details of their concerns, summarised in table 4.

Just over a half of practitioners, 51.6% (129/250) were planning on implementing their own PPE safety strategies as well as following the British Acupuncture Council’s guidance. 35.6% (89/250) would follow solely the BACC’s advice and the remaining 12.8% (32/250) were still unsure.

3.3.2 Regulation

As figure 9 shows, the majority of the practitioners would be in favour of acupuncture becoming a regulated profession.

The survey went on to ask how the practitioners would classify acupuncturists as professionals. A drop-down menu was given with a list of possible categories, but only one could be selected. Table 5 shows the categories and how many responses each received. ‘Healthcare professional’ was chosen most often, by 139 of the 250 (55.6%) who answered.

Table 5: How practitioners classify acupuncturists as professionals

| Professional Category | Total | Percentage % |
|--|-------|--------------|
| Healthcare professional | 139 | 55.6 |
| Traditional and complementary medical professional | 88 | 35.2 |
| Medical practitioner | 13 | 5.2 |
| Complementary therapist | 7 | 2.8 |
| Other | 3 | 1.2 |

Table 4: Practitioner Safety Concerns about Returning to Practice – Themes

| | |
|--|---|
| Worry about properly complying with safety standards | ‘I am worried about complying properly with requirements and the possibility of being a source of an outbreak’ ‘Making sure the treatment couch, blankets, pillows are dealt with correctly’ |
| Way of practising will change | ‘A lot of concerns as the nature of acupuncture practice requires close one-to-one contact. Especially when tuina/massage is needed’ ‘My entire way of practising will have to change if I am wearing a face mask’ ‘Don’t see how I’ll feel for points through gloves’ |
| Worry about the vulnerable, patients and family becoming ill, or becoming ill themselves | ‘Cohabit with my parents, both shielding with asthma and kidney disease’ ‘My clinic is in my home, so I worry about risk to my family’ ‘Scared of unknowingly passing on the virus to patients’ ‘I will put everything in place that I can, but I think there’s always a concern of “have I done enough?”’ |
| Lack of control over all safety aspects | ‘Based within a GP surgery so lack control over general health and safety outside my room’ ‘Other people’s respect of hygiene guidelines’ |

A long-answer question followed giving the option for clarification if 'other' had been their answer. Six comments were given, including that it was hard to answer due to being a closed question, or that the matter of regulation in the acupuncture profession was too complex a discussion to answer without more space to expand. One practitioner wrote, 'we should just be called Acupuncturists'.

The majority of the practitioners, 59% (148/251), thought that acupuncturists in the UK should be considered to be key workers. 13.9% (35/251) thought they should not and 27.1% (68/251) were not sure.

3.3.3 Working through the pandemic

Almost half the practitioners, 45.4% (114/251) would have carried on working during the pandemic, had this been an option for them. But of these, over half (63/114) would have treated urgent patients only. 33.1% (83/251) of practitioners would not have continued to treat at all, and 21.5% (54/251) were unsure. Details in figure 10, the two blue sections representing those who would have carried on working:

All respondents were given an opportunity to expand on their answer, 117 choosing to. The themes that ran through are summarised in table 6.

3.4 Demographics

These questions were added late to the survey and only reached 120 of participants. 83.2% (99/119) of respondents were female, 16% (19/119) male and 0.8% (1/119) who preferred not to say. Figure 11 shows the age range of the practitioners. The largest age group by far, 57.6% (68/118), being 45-60-year-olds, and the smallest 18-30-year-olds with just 1 practitioner.

Figure 10: If allowed, would acupuncturists have carried on practising throughout lockdown?

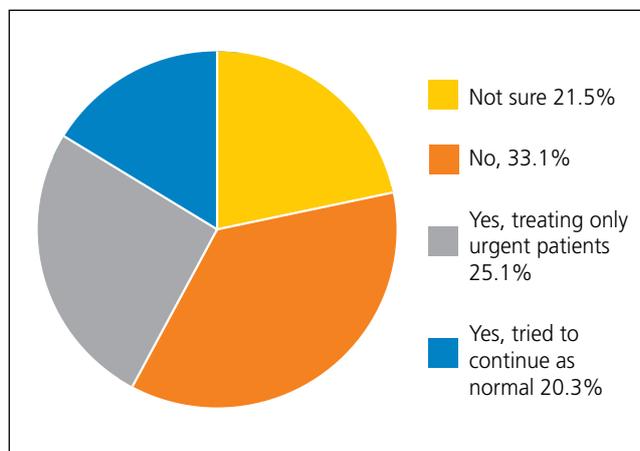


Figure 11: Age of practitioners

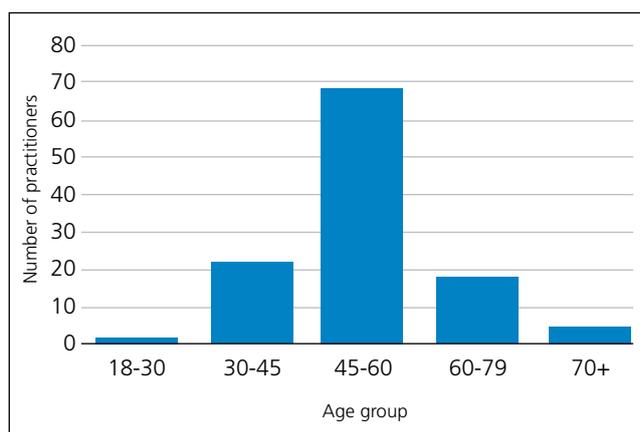
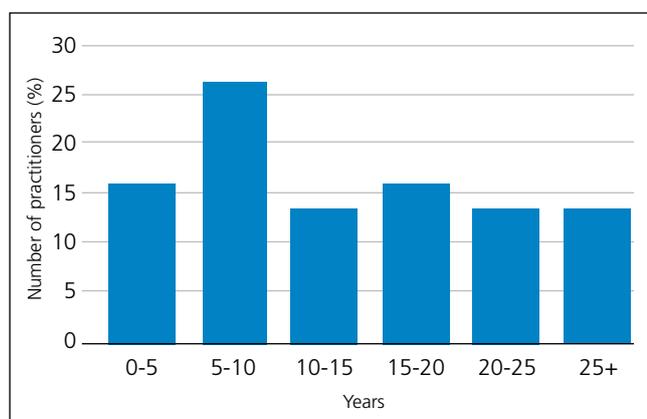


Table 6: Comments on Working through Lockdown – Themes

| | |
|---------------------------|--|
| Yes, but not as normal | 'Maybe not as normal, but with added pre-screening, extra hygiene, distancing in place' 'I would only have continued to see patients under the age of 70' |
| NHS | 'Could have helped improve symptoms and speed up recovery therefore releasing NHS beds quicker' 'This was a massive opportunity for acupuncturists to relieve pressure on the NHS' 'We should be fully integrated into the healthcare system' |
| Term 'urgent' problematic | 'Deciding what is urgent is so subjective' 'Acupuncture is not ever an urgent treatment in my opinion. Urgent to me means life threatening!' 'I would have to change the definition of urgent. They are not about to be admitted to hospital, but their mental health is suffering' |
| Too risky | 'It would have been irresponsible to treat patients who could have waited longer for treatment' 'I am in a high-risk category' 'My 84-year-old mother is living with us and I practise from home' 'As hard as it's been to not treat people who need it, I believe my primary concern must be my own health and wellbeing, a bit like putting on your oxygen mask first on an aeroplane!' |

Figure 12: Number of years practising (%)

Lastly, the participants were asked how many years they had been in practice (see figure 12). The most common being between 5-10 years at 27.5% (33/120) and each other grouping lying fairly equally, between 13% and 17% (16-20/120).

4. DISCUSSION

The results show that coronavirus and the lockdown have had a considerable effect on acupuncturists. For some, the effect has been life changing, retirement has been hastened, or life savings entirely used up just to get by. But not all of the effects have been negative, for example a third of practitioners reported their mental health was better than it was before lockdown.

An observation taken from analysing the results was the high level of reflection that the practitioners have undertaken throughout lockdown. In comments across all the long-answer questions ran the overarching theme of reflection, re-evaluation and reassessment. Practitioners were using the time and opportunity to pinpoint ways by which they could improve not just their practices, but their health and happiness too. For example, lockdown, with its sudden and restrictive rules, highlighted to a number of practitioners that they were working too hard, and if they did not reduce their hours and prioritise themselves, some were sure they would head towards burnout. Gratitude was expressed for the opportunity to stop, free of guilt, in order to reassess priorities; an opportunity they would never have given themselves otherwise.

This opportunity for reflection may help to explain why nearly a third of practitioners reported their mental health to be improved since before lockdown. Given the very strong undercurrent of uncertainty, plus the constant threat of illness from Covid 19 itself, this was a surprising but heartening result. The time gave practitioners the chance to reflect on ways in which they could be happier: there were mentions of reconnecting with nature, taking up gardening and delighting in it, or reading a novel for the first time in years. Potentially it was the removal of pressure from practising, from patients and from themselves that gave them relief from everyday stresses, thus improving their mental health. Overall, two thirds found their mental health to be as good, or better, than pre-lockdown, a statistic that emphasises the resilience of acupuncturists.

A link was found between practitioner mental health and the financial effects of lockdown; the more their finances were negatively affected, the worse they reported their mental health to be. It would be most valuable to investigate in more depth the possible reasons why some of the acupuncturists found their mental health to be much better whilst others reported theirs to be much worse. Deeper analysis could find correlations which would provide useful information for governing bodies when compiling advice for practitioners regarding the management of potential future lockdowns.

Acupuncturists have been particularly affected financially, with almost 90% finding themselves worse off than before lockdown. This is not surprising considering there was a 100% drop in income from patients seeking acupuncture, and the government's financial support scheme covered only up to 80% of earnings. Highlighted by some of the comments was the limited availability of this scheme; only a third of practitioners were eligible to claim. Being available only to those with businesses over three years old was damaging to newly qualified practitioners who were just establishing their clinics. This is potentially damaging to the profession – setting up a new business is hard even without a pandemic to contend with, and those recently out of college are likely to be in considerable debt from funding their study. If these practitioners had potential alternative sources of income, it would not be surprising if they moved away from acupuncture in order to give themselves more financial security.

Running through the comments in this section was, once again, the theme of reassessment; many took this time (or possibly had to take this time) to re-evaluate their spending and realised that many of their outgoings were unnecessary. It is possible that for some practitioners, this drop in spending balanced with the reduction in income to reduce the monetary impact – this might explain why 10% remained financially unaffected. Or it may be that those who had to supplement their income found it was more lucrative than their acupuncture business.

Over half of the practitioners implemented their own extra safety measures once coronavirus had reached the UK but before lockdown began. The responses demonstrated increased and very high degrees of hygiene and caution from these practitioners. Increased cleaning and higher levels of hand hygiene were most commonly mentioned, but quantifying this information does not give entirely accurate data as respondents might have implemented measures that they didn't think to mention in the answer. For example, BAcC registered practitioners are held to very high standards of hand hygiene, so increasing hand hygiene might have come naturally to them, and not necessarily been a safety measure they thought to mention. However, the information does show the wide range of safety measures that were employed, and demonstrates that practitioners thought broadly and innovatively about how to increase their hygiene and safety.

As well as their own hand hygiene increasing significantly, some practitioners asked patients to wash or sanitise their hands on arrival. Interestingly, a theme that arose later in the survey was practitioners' concern about lack of control of all aspects of safety, including patients' standards of hygiene. Instigating the routine of encouraging patients to wash their hands before treatment could help alleviate this concern.

Changes were made to the day-to-day running and set-up of clinics too. Some practitioners, having screened their patients for symptoms before their appointment, cancelled appointments if symptoms were present. As this could have been financially damaging for practitioners due to loss of income, it demonstrates once again their conscientiousness; their priority was safety.

There were only 13 mentions of wearing a mask which is interesting considering this is now one of the main methods of protection for all people (GOV.UK, 2020) and features in the British Acupuncture Council's guidelines for acupuncturists returning to work (BACC, 2020). This could be due to the potential negative impact of masks in the treatment room as patients are not used to such clinical clothing. Practitioners rely on good rapport to aid diagnosis and build patient-practitioner trust and masks have the potential to interrupt this.

Roughly a third of practitioners were planning to follow solely the British Acupuncture Council's advice about PPE safety strategies upon reopening, but just over a half planned to implement their own strategies as well. This continues to highlight the high level of conscientiousness of the practitioners. However, though the British Acupuncture Council is the largest self-regulatory body for acupuncturists in the UK, with approximately 3,000 members (BACC, 2016), the survey should also have mentioned other professional associations too, such as the British Acupuncture Association, who offer their own safety guidance (BAA, 2020). Some practitioners may have been looking to alternative organisations for advice as well as, or instead of, the BACC.

Some of the practitioners mentioned the expense of making their practices safe for reopening. The degree of expenditure varied depending on what extra measures the practitioners chose to adopt, some going to significant expense to deep clean their clinics. But even the minimum safety requirements set by the British Acupuncture Council involve increased outlay from the practitioners, and this is an expenditure likely to be required for months in the future.

Throughout the open answers, there was much concern about the future of acupuncture practices, mainly that patients would be too worried about returning for treatment and therefore demand would fall. Perhaps it would have been pertinent to have included a specific question to gauge how widespread concern about practice recovery was, but it spanned the range of the number of years the practitioner had been in practice, from very newly qualified to 28 years in practice. This shows that all practitioners are vulnerable to this worry, even those who historically have had very successful, established practices, and longstanding, loyal patients. This highlights the extreme levels of uncertainty that have arisen due to the unprecedented nature of the pandemic.

Concern for the future of their practices would not just be sparked by worry about finances. A lot of practitioners commented on missing treating their patients, and others mentioned feeling a loss of their sense of self since no longer being allowed to treat. Acupuncture is more than just a career; it can be a calling. Without being able to fulfil this part of their life, acupuncturists' lives could be deeply affected.

As well as worry, there was a lot of uncertainty running through the answers about reopening. A quarter of people were not sure if they would reopen as soon as they were permitted, but this uncertainty was not surprising given the unique nature of the pandemic. The demographics show that 20% of practitioners were over 60 and therefore at higher risk from coronavirus than their younger peers (Age UK, 2020). This might explain why some of the practitioners were not planning to reopen immediately. The survey should have included a question to establish exactly how many were in the higher risk or shielding categories due to age or underlying health conditions. According to the Office of National Statistics (2020), 15% of key workers fall in the category of moderate risk from coronavirus; it would have been interesting to have been able to compare this statistic with the acupuncture practitioners.

Nearly half of the practitioners were planning to reduce their number of hours once they reopened. Comments suggested that the decision was due to practitioners having reflected on their work-life balance and concluding they worked too much. But the reduction of hours was likely to be influenced by initial restrictions and potential reduction in patients coming for treatment too.

Half the practitioners had safety concerns about returning to work, yet it seemed surprising that this number wasn't higher considering the extremely infectious nature of Covid 19, and the generally intimate nature of acupuncture practice. It might be that practitioners without safety concerns have confidence that they can practise with enough care that spread of the virus would be very unlikely.

Many acupuncturists mentioned practising from home being an additional worry due to the potential for bringing the virus into their homes and infecting their families. Some had shielding relatives living with them. The practitioners were not just weighing up the risk to themselves, but potential risk for their family too, adding extra layers of complexity to the decision to reopen. Perhaps these practitioners would have felt more comfortable working elsewhere for the immediate future, to add an extra degree of separation between the disease and their families.

Some practitioners highlighted that their ways of practising would have to change. This included maintaining as much physical distance as possible during treatment by not holding the patient's hand whilst pulse taking. Point selection was going to be affected too, prioritising distal points to avoid being near the patient's face. This is not unique to acupuncturists; a study about physiotherapy services during the pandemic found that 73.2% of 619 practitioners had their one-to-one work disrupted due to risk of contagion (Minghelli et al, 2020). It would be very interesting for a future study to investigate the effect of coronavirus on everyday acupuncture treatments. However, half of the acupuncturists offered an alternative service to their patients during lockdown, showing themselves to be very conscientious, hardworking, adaptable and innovative. These traits hold them in good stead for the challenges that face them when they choose to reopen.

Keyworkers have been expected to continue work throughout the lockdown (ONS, 2020). It was therefore surprising that the number of practitioners who think acupuncturists should be considered as key workers was not the same as the number of

practitioners who said they would've carried on working through lockdown, if they had been allowed. In fact, 14% more answered yes to the key worker question than would have carried on working throughout lockdown. This is a complex issue and it might be that those who responded this way like the idea of being a key worker but had not thought through all the implications. Or possibly there was a separate reason why they would not have continued to work, such as being in a higher risk category.

Acupuncturists were very willing to complete this survey, which facilitated the collection of a large amount of data. However, this could potentially indicate a way in which the research is biased because it might be the case that the acupuncturists who were the most affected by coronavirus and the lockdown felt more inclined to complete a survey which was investigating the effects.

5. CONCLUSION

Acupuncturists have been deeply affected by coronavirus and the lockdown. It has affected them emotionally and financially, and generated uncertainty about the future. The effects have been far reaching, but not all have been negative; there have been positive outcomes too, for example many practitioners reporting that their mental health had improved.

The practitioners showed themselves to be very hardworking,

conscientious people, passionate about their career. They care greatly for the health and wellbeing of their patients, finding ways to provide ongoing care for them during lockdown and spending a great deal of time and money making their practices safe for their patients' return. The practitioners exhibited resilience and adaptability, learning and complying with new regulations but also developing their own protocols where they thought it necessary. Looking to the future, the high levels of reflection undertaken by the acupuncturists bodes well for how they would manage when facing possible repeat lockdowns, or even another pandemic.

This study had 251 respondents and has generated much valuable data. There has been no similar study to date and the record of information gathered may assist acupuncture governing bodies as they prepare guidance for future scenarios.

ACKNOWLEDGEMENTS

Thank you to the staff at the College of Integrated Chinese Medicine (CICM) who were so generous with their time and guidance. Thank you to Sam and Shalini for the endless proofreading and advice, and to my family and Daz for their support and encouragement. And thank you especially to all those who took the time to complete the survey so thoughtfully, with so much care and detail, which made the study so interesting and worthwhile.

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APPENDICES

Appendix 1: Survey Questions - How Acupuncturists Have Been Affected by Coronavirus and the Lockdown.

Introductory Letter sent to each practitioner: After introducing myself as a final year student of acupuncture at the College of Integrated Chinese Medicine (CICM), I explained the following: 'This survey is part of my final year dissertation, which is focusing on the effect that coronavirus, and the resulting lockdown, has had on acupuncturists. Due to the unprecedented nature of the pandemic, it is important to keep a record of experiences and reactions in order to equip ourselves better for possible future crises.'

The survey is divided into three pages: pre-lockdown, lockdown and post-lockdown. I am interested to know how acupuncturists have responded to each stage of the crisis, including now as we look towards the future.

As this is a highly emotive topic, please only answer what you feel comfortable with. It should take between 5 and 10 minutes to fill in. If you know any acupuncturists who you think would be happy to complete the survey, please send it on to them.'

The letter ends showing appreciation for the time needed, and hope that all are keeping safe and well.

Pre-Lockdown Survey

1. Once coronavirus reached the UK, but before the lockdown, did you implement any of your own extra safety measures, for example PPE?

Mark only one.

Yes

No

2. If you answered yes to the above question, please state briefly what safety measures you chose to implement:

3. If you answered yes and did implement your own safety measures, what, if any, feedback did you get from your patients?

Mark only one.

Mostly positive

Mostly negative

Neutral

I didn't get any feedback

4. Did you close your practice before the official instruction was given?

Mark only one.

Yes

No

5. If yes, how long before the lockdown began did you close your practice?

Lockdown

6. Did you contact your patients to explain why your practice was closing?

Mark only one.

Yes, all of them

Yes, all those who are regular

Yes, all who had a scheduled appointment

No, I did not contact my patients

7. Are you still in contact with any of your patients?

Mark only one.

Yes

No

8. Are you encouraging your patients to contact you?

Mark only one.

Yes, I am encouraging my patients to contact me

No, I am not encouraging my patients to contact me, but I do allow it

No, I am trying to minimise contact

9. Have any of your patients contacted you?

Mark only one.

Yes

No

10. If yes, roughly how many of your patients have contacted you?

11. And if yes, why did your patient contact you?

For example, to talk

about their health,

or just to check in?

12. Do you have any serious concerns about any of your patients who are now unable to have acupuncture?

Mark only one.

Yes

No

13. If yes, have you been in contact with this/these patients?

Mark only one.

Yes

No

14. Are you offering any kind of alternative service for your patients? For example, counselling or dietary advice via phone/Zoom?

Mark only one.

Yes

No

15. If yes, please give brief details of the type of service you are offering, and whether you have found the experience positive or negative:

16. Has the lockdown affected you financially?

Mark only one.

Yes, it has affected me negatively

Yes, it has affected me positively

No, it has not affected me financially

17. Have you been able to access any financial support from the government?

Mark only one.

Yes

Yes I could access it, but I did not take it up

No, I did not meet the criteria

No, I did not investigate it

18. Have you had to supplement your income with any other work?

Mark only one.

Yes

No

19. If yes, please give brief details:

20. Would you like to comment on the financial effects of the lockdown? Anything positive? Anything negative?

21. How would you describe your mental health now compared to before the lockdown?

Mark only one.

My mental health is much better now

My mental health is better now

My mental health is the same

My mental health is worse now

My mental health is much worse now

22. Would you like to comment on the emotional effects of the lockdown? Anything positive? Anything negative?

23. Would you like to comment on any other effects of the lockdown?

Post-lockdown

24. Are you planning to open your practice as soon as the BACc and government allow it?

Mark only one.

Yes

No

Not sure

25. Are you planning to practise for the same number of hours as you were pre-lockdown?

Mark only one.

Yes, I hope to practise for the same number of hours

No, I am planning to reduce my hours

No, I am planning to increase my hours

Not sure

26. Do you have any safety concerns about returning to work?

Mark only one.

Yes

No

Not sure

27. If you answered yes, please give brief details of your concerns:

28. Will you rely solely on the BACc's advice or will you research and implement your own PPE safety strategy as well?

Mark only one.

I plan to follow solely the BACc's advice

I plan to implement my own PPE safety strategy as well

I am not yet sure

29. Would you be in favour of acupuncture becoming a regulated profession?

Mark only one.

Yes

No

Not sure

30. How would you define acupuncturists as professionals?

Mark only one.

Tattooist/skin piercer

Healthcare professional

Traditional and complementary medical professional

Medical practitioner

Beautician

Sports and leisure assistant

Complementary therapist

Other

31. If you answered 'other', please state below how you would define yourself:

| | | |
|--|--|--|
| <p>32. In Australia, acupuncturists are considered to be key workers. Do you think acupuncturists should be thought of as key workers in the UK too? Mark only one. Yes No Not sure</p> <p>33. If acupuncturists had been allowed to carry on practising acupuncture throughout the pandemic, would you have done so? Mark only one. Yes, I would have tried to continue as normal Yes, but only treating urgent patients No I am not sure</p> | <p>34. If you would you like to expand on your answer, please do so below:</p> <p>35. How many years have you been practising for? Mark only one. 0-5 5-10 10-15 15-20 20-25 25+</p> | <p>36. Which age group do you belong to? Mark only one. 18-30 30-45 45-60 60-70 70+</p> <p>37. And lastly, are you? Mark only one. Male Female Other Prefer not to say</p> |
|--|--|--|

Appendix 2: Answers to: What Safety Measures Did You Implement? Example of summarised and tallied data.

'If you answered yes to the above question, please state briefly what safety measures you chose to implement': summarised and tallied for frequency.

| Safety measure | Tally of mentions | Total |
|---|-------------------|-------|
| Cleaning | | |
| Increased thorough cleaning/disinfecting of all surfaces/door handles in room or that the patient had touched | ### ## | 112 |
| Wipeable surfaces only, removed all soft furnishings and linen from treatment room, no blankets or towels | ### ## | 40 |
| Bought wipeable pillow cases | ### II | 7 |
| Deep cleaned entire clinic including communal areas | II | 2 |
| Steam cleaned room | I | 1 |
| Used ozone generator for deep clean | I | 1 |
| Sterilising cabinet for cleaning pens, etc | I | 1 |
| Hand hygiene | | |
| Asked patient to wash/sanitise hands on arrival | ### ## | 71 |
| Additional practitioner handwashing/sanitising | ### ## | 49 |
| Hand sanitiser stations throughout clinic | ### II | 7 |
| Protective equipment | | |
| Masks | ### ## III | 13 |
| Gloves | ### ## | 10 |
| Aprons | I | 1 |
| Goggles | I | 1 |
| Washable uniform | I | 1 |
| Changes to treatments | | |
| Physically distanced as much as possible, including less hands-on treatments | ### ## | 10 |
| No touching of patient's hand when pulse taking | II | 2 |
| No cosmetic acupuncture | I | 1 |
| Changes to running of clinic | | |
| Pre-screening patients for symptoms, cancelling their appointment if they had symptoms | ### ## | 30 |
| Closed practice before official instruction | ### ## | 20 |
| Only one patient at a time, more time between appointments for cleaning, stop patients meeting each other and eliminate need for waiting room | ### ## III | 14 |
| Paper towels | IIII | 4 |
| Forehead thermometer to check patient temperature on arrival | IIII | 4 |
| Increased ventilation, opened doors and windows | IIII | 4 |
| Posters on handwashing, guidance sheets about symptoms and hygiene | III | 3 |
| No cash payments or exact money | II | 2 |
| Removed magazines from waiting area | II | 2 |
| Removed drinking water and cups | I | 1 |
| Pedal bins | I | 1 |