

Annex 1: summary of the articles obtained

N o	Author/ year (Country)	Methodology/ Technique	No. of sample	Respondent	Study objective	Result & Conclusion
1	Christina et al. / 2019 (Indonesia)	Thematic analysis/ Interview	10	Nurse	To explore nurses' knowledge and attitudes regarding CAM among cancer patients in a palliative care setting in Indonesia.	<ol style="list-style-type: none"> 1. Most nurses in this study believed that CAM was safe but did not encourage patients due to lack of knowledge. 2. Some are sceptical thus did not support integrating CAM with conventional treatments. 3. But very enthusiastic to improve their knowledge of CAM in order to assist patients undergoing cancer treatment. 4. Overall, displayed a very general understanding of the meaning of CAM but a lack of a theoretical definition of CAM 5. Basic knowledge regarding CAM were from their personal nursing experiences.
2	Liem / 2019 (Indonesia)	Thematic analysis/ Interview	43	Clinical Psychologist	To explore clinical psychologists' beliefs, attitudes toward, and experiences of using CAM in Indonesia.	<p>Reason for positive belief of CAM:</p> <ol style="list-style-type: none"> 1. Need to respect patient's choice. 2. Not to be judgmental. 3. Some has good personal experience of CAM. <p>Reason for negative belief of CAM:</p> <ol style="list-style-type: none"> 1. Conflicting with some religious teachings/values. 2. Some methods such as hypnotherapy - done outside patient's consciousness (ethical) 3. Some element of practices may cross professional boundaries i.e. learning acupuncture may abandon psychological intervention. 4. CAM is irrational/ineffective treatment. 5. Cause delay in health seeking behavior. 6. Use misleading advertisement. 7. Credibility of CAM training.
3	Alqahtani et al. / 2018 (Saudi Arabia)	Thematic analysis/ In-depth Interview	30	Cancer multidisciplinary team (doctor, nurse, physiotherapist, radiotherapist, psychologist, social worker)	To examine the dynamics between perspectives of cancer patients and healthcare professionals in tertiary hospitals that do not provide CAM.	<p>Reason for negative attitude towards CAM:</p> <ol style="list-style-type: none"> 1. Treatment should be developed through medical approach as some believe that CAM is influence by religious affiliation. 2. Healthcare professionals were concerned about the implications of mixing CAM, in the form of cultural interventions provided by nonprofessional healers, with biomedicine. However, some HCPs do believe that CAM can be incorporated as holistic aspect of cancer care.
4	Anhayer et al. / 2018 (Germany)	Thematic analysis/ Interview	16	Doctor Nurse	To explore and evaluate the possibilities and burdens of implementing CAM/IM into the German pediatric clinical routine by assessing CAM/IM knowledge, application experiences and attitudes in clinical pediatrics.	<ol style="list-style-type: none"> 1. Many respondents spoke in favor of a combination of the disciplines. Yet four respondents emphasized explicitly that conventional medicine should not be put on the back seat, but rather should be used in symbiosis. 2. Most respondents agreed that an openness for CAM/IM therapies is necessary with clear information, standardization, and guideline in integrating CAM 3. All respondents mentioned a certain basic understanding of the facts and effects of CAM/IM therapies but show interest in learning. 4. Some show concern on possible allergies and side effects of including CAM into clinical care.

5	Beckers et al. / 2017 (USA)	Thematic analysis/ Nominal Group Technique	26	Doctor (GP) Nurse	To identify the barriers and facilitators to uptake of evidence-based (non-pharmacological management (NPMs) from the perspectives of patients, nurses and primary care providers (PCPs).	Reason for negative attitude towards CAM: 1. scepticism about the efficacy for NPMs - NPMs are not effective, that NPMs will fail, or that NPMs are sub- standard treatment. 2. Lack of support for NPM in the healthcare services.
6	Corina et al. / 2016 (Germany)	Thematic analysis/ Interview	17	Oncologist	To understand how oncologists deal with CAM in their interactions with patients and to learn about the values, norms and defining features that characterised oncologist-patient discussions on CAM.	Reason for negative perception towards CAM: 1. They use expressions showing that they see CAM as belonging to another world. 2. Research on CAM has not been able to provide clear evidence of its effectiveness. However, these doctors tried to avoid offending their patients by exhibiting openness and demonstrated openness to CAM even when they were actually sceptical.
7	Kretchy et al. / 2016 (Ghana)	Thematic analysis/ Interview	23	Physician Pharmacist Nurse Dietician	To explore the knowledge and attitude of healthcare professionals towards CAM and to explore their perception of the integration of aspects of CAM with allopathic care.	Reason for positive attitude towards CAM: 1. As alternative form of care and to augment the challenges associated with allopathic care. 2. Conventional medicine did not have solution to all healthcare needs. Reason for negative attitude towards CAM: 1. Major cause of delay in formal help-seeking behavior that leads to complications. 2. CAM promotes non-adherence. 3. Low level of knowledge across profession and mostly know indigenous herbal medicine.
8	Jarvis et al. / 2015 (UK)	Thematic analysis/ Interview	19	Doctor (GP)	To investigate GPs' beliefs about complementary and alternative medicine (CAM) and its role in clinical practice	Reason for positive attitude towards CAM: 1. Some GPs felt that CAM were an effective option for patient with chronic pain and illness. Reason for negative attitude towards CAM: 1. Lack of evidence to support usage 2. Not enough demand from patients to justify funding and referral of CAM. 3. sceptical with qualification of CAM practitioner and query the regulatory body of CAM practices.
9	Tagharobbi et al./2016 (Iran)	Phenomenology/ Interview	15	Nurse	Exploring nurses' perceptions of the opportunities for using CAM in Iranian clinical settings	Reason for positive perception towards CAM: 1. Consumer demand - Facing client's questions and facing client's requests. Some of the patient complaints about lack of CAM 2. Environmental potentials- A respectful atmosphere, the presence of expert nurses in clinical settings, a supportive learning environment, and the greater opportunity for using CAM in critical care units
10	Wardle et al. / 2018 (Australia)	Mixed method + Thematic analysis/ Free text comments	152	Doctor (GP)	This study examines GP perceptions, attitudes and knowledge of complementary medicine (CM), and to understand contextual factors that influence these perceptions, attitudes and knowledge.	1. Risk as a primary concern- Monopolization of care, use as an alternative (n=42), CM practitioners exploiting patients (n=41), Risky for GPs to integrate from medico legal perspective (n=27) 2. Opposition, resistance and the inappropriateness of CM- Pseudoscientific(n=38), Has no evidence base (n=37), CM not conducive to medical practice/principles (n=21) 3. Struggles with complexity-Do not have time to learn more about CM (n=39), Do not know enough about CM to comment or prescribe (n=39), CM too broad a generalization (n=34) 4. Ambivalent tolerance- I have to be tolerant to retain patients (n=38), Some CM are useful, other are rubbish (n=37),It is hard to distinguish good and bad CM (n=37),We do not know everything about medicine (n=32)

11	River et al. / 2017 (Australia)	Phenomenology/ Interview	13 (Only 7 medical personnel)	Oncologist Nurse	To explore the views of cancer patients receiving acupuncture alongside standard care, as well as the views of cancer nurses and oncologists working within the cancer centre.	Reason for positive perception towards CAM: 1. Prioritising person-centered (PCC) care: patient's care preferences, desire to relieve patient suffering & improve cancer journey, demonstrate high quality PCC in cancer setting, but there's need to monitor and cautions patients Reason for negative perception towards CAM: 1. Lack of evidence of efficacy and safety of CAM
12	Shannon et al. / 2018 (USA)	Case study/ Interview	60 (Only 48 medical personnel)	Doctor Nurse Occupational therapist Speech therapist Psychologist Administrative	To explore stakeholder expectations for the integration of a doctor of chiropractic (DC) into the health care team at a rehabilitation specialty hospital.	Reason for positive perception towards CAM: 1. Making progress domain: timely discharge, incremental process for patients with expected changes in both clinical outcomes. 2. Pain management domain: integration of chiropractic care into this setting was expected, or at least hoped, to bring about a direct effect on three aspects of pain management, including pain intensity, medication use, and pain-related behaviors. 3. Functional improvement domain: chiropractic might offer an additive impact on the functional improvements gained by patients in their daily work with therapy staff. 4. Whole person healing domain: help to improve activities of daily living (ADLs) and sleep, mastering a sense of self-efficacy, and finding an acceptable quality of life.
13	Sharp et al. / 2018 (UK)	Mixed method + Thematic analysis/ Interview	20	Doctor (GP)	To explore healthcare professionals' views and experiences to identify the feasibility of integrating CAM for comorbid mental health (MH) and musculoskeletal (MSK) into UK National Health Service (NHS) primary care.	Reason for positive attitude towards CAM: 1. CAM had a role in treating MSK-MH comorbidity, given the limited conventional treatment options or availability. 2. Clear theme was the need to improve their knowledge and education about CAM, Reason for negative attitude towards CAM: 1. sceptical with the treatment.
14	Penny et al. / 2016 (USA)	Thematic analysis/ Focus Group Discussion	25	Doctor (GP)	To identify the practical issues patients and providers face when accessing alternatives to opioids, and how multiple parties view these issues.	Reason for positive attitude towards CAM: 1. Limited alternative options for chronic pain management despite on opioid treatment. 2. Most of the participants' perceived acupuncture is helpful for short term pain relief
15	Mollart et al. / 2016	Thematic analysis/ Focus Group Discussion	35	Obstetrician Midwife	To explore women's views on participating in an RCT, and the acceptability and use of Acupressure and other CAM techniques for a postdate pregnancy; as well as exploring health professionals' views on the use of CAM and Acupressure in a research context in maternity care.	Reason for positive perspective towards CAM: 1. Personal awareness and attitudes towards CAM 2. Complements the wellness model of pregnancy and childbirth is that supporting and empowering women. Reason for negative perspective towards CAM: 1. Need for evidenced based practice