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DISSERTATION

Der Merger von Konventioneller Medizin und Komplementärmedizin in einer Klinikabteilung ein theoretisches Modell und praktische Umsetzungsempfehlungen

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INHALTSVERZEICHNIS

1. Zusammenfassung

Einleitung: In den letzten Jahren ist die Anwendung der Komplementärmedizin gestiegen. Krankenhäuser und Kliniken sind mit einer veränderten Patientennachfrage konfrontiert, und einige davon reagieren darauf mit einer Anpassung ihres Dienstleistungsangebotes. Die Corporate Culture spielt bei Mergern von Unternehmen eine wichtige Rolle und lässt sich in andere Bereiche übertragen. Ziel dieser Arbeit ist es, über verschiedene methodische Herangehensweisen mit einem Fokus auf Corporate Culture in Mergern ein Konzept für eine Kombination aus konventioneller Medizin und Komplementärmedizin (= Integrative Medizin) innerhalb einer Klinik oder Klinikabteilung zu entwickeln. Diese Dissertation berücksichtigt dabei medizinische und betriebswirtschaftliche Gesichtspunkte. Methodik: Es wurden drei Projekte durchgeführt: (1) eine qualitative Fallstudie, die die wichtigsten kulturellen Aspekte in zwei Integrativen-Medizin-Abteilungen (Deutschland und USA) analysiert. (2) Im Rahmen eines Konsensus-Prozesses wurden Expertenempfehlungen für das Integrationsmanagement, für den Umgang mit kulturellen Unterschieden und für deren Überwindungen erarbeitet. (3) Durch eine Literaturrecherche wurden die Kernprobleme einer Zusammenführung beider medizinischer Ansätze dargestellt und davon ausgehend theoretische sowie praktische Modelle für eine gelungene Integration entwickelt. Ergebnisse: Die Fallstudie hat gezeigt, dass trotz unterschiedlicher Integrationsmodelle („das Beste aus beiden Welten" in Deutschland – „Verlinkung" in USA), die Corporate Culture beider integrativ-medizinischer Abteilungen übereinstimmen. In beiden Fällen wurde Wert auf die Recherche und eine evidenz-basierte Behandlung gelegt. Außerdem verfolgten die Teams ein holistisches und patienten-zentriertes Vorgehen sowie strukturierte interne Kommunikation. In Merger-Theorien werden Corporate Culture-Unterschiede als eine Gefahr für den Merger eingestuft. Diese Gefahr ist auch während eines Experten-Symposiums für die Fusion von konventioneller Medizin und Komplementärmedizin bestätigt worden. Es wurden Empfehlungen entwickelt, um diese Unterschiede zu überwinden. Nach einer Literaturrecherche wurden die wichtigsten kulturellen Aspekte der konventionellen Medizin als wissenschaftlich, analytisch, standardisiert und Routine-orientiert eingestuft. Die kulturellen Aspekte der Komplementärmedizin werden als holistisch, befähigend, individualistisch und zeitaufwendig bewertet. Ein theoretisches Modell wurde mit den wichtigsten Aspekten eines Mergers, wie Kultur, Instrumente, Strategie und Ergebnisse entwickelt. Schließlich gibt eine Implementierungscheckliste die Meilensteine für die Zusammenführung und den Erhalt beider Medizinansätze in einer Klinik oder Klinikabteilung vor. Schlussfolgerung: Die Corporate Cultures der konventionellen Medizin und der Komplementärmedizin sind sehr unterschiedlich und könnten einer Integration beider Ansätze in

der integrativen Medizin im Wege stehen. Um eine erfolgreiche Integration der Komplementärmedizin in einer Klinik oder Klinikabteilung zu erreichen, ist es wichtig, eine Brücke zwischen diesen Kulturen zu bauen und einige Management- und Strategieaspekte zu beachten.

2. Abstract

Background: over the last years, the practice of complementary medicine has increased. Hospitals and clinics face a change in patients' demands and some react by adjusting their services. Furthermore, corporate culture fulfils an important role in business mergers and knowledge in this field can be transferred to other areas. The purpose of this dissertation is to elaborate a concept for a combination of conventional medicine and complementary medicine (=integrative medicine) within clinics and clinic departments by making use of different methodical approaches, focusing on corporate culture in Mergers. Therefore, this paper considers medical and business issues. Methods: The paper is based on three primary projects: (1) a qualitative case study that analyses the key cultural aspects in two integrative medicine departments (Germany and USA), (2) a consensus process was executed and resulted in experts' recommendations on integration management as well as handling and overcoming cultural differences, (3) based on a literature research, key problems in merging both medical disciplines were identified. Then, theoretical and practical models for a successful integration were developed. Results: the case study showed that the selected integrative medicine departments developed a similar corporate culture even though they had chosen different approaches towards the integration type ("best of both worlds" in Germany and "linking" in USA). In both cases, professionals focused strongly on research, evidence-based treatments, a holistic and patient-centered approach as well as structured internal communication. From merger theory, differences in corporate cultures are regarded as risks for mergers. This assessment was confirmed during an experts-symposium on mergers of conventional and complementary medicine. Therefore, recommendations were developed to overcome differences in corporate cultures. Based on a literature research, the key cultural aspects in conventional medicine were identified as scientific, analytic, standardized and routine-oriented, whereas the relating aspects in complementary medicine were classified as holistic, empowering, individualistic and time-consuming. A theoretical model was developed that considers the most important aspects of a merger, such as culture, tools, strategy and results. Finally, a checklist provides milestones for creating and maintaining the integration of both medical disciplines in a clinic or a clinic department. Take home points: both conventional medicine and complementary medicine have

developed different corporate cultures. The differences may be obstacles for their integration into integrative medicine. Therefore, for the success of an integration, it will be essential to build bridges between the two cultures and to bear some management and strategic aspects in mind.

3. Einleitung

In den letzten Jahren hat die Komplementärmedizin an Bedeutung gewonnen (1,2); vor allem Krebspatienten fragen vermehrt nach komplementärmedizinischen Behandlungen (3-7). Über 40% der erwachsenen Krebspatienten möchten eine Form der Komplementärmedizin wie beispielsweise Akupunktur zusätzlich zur Therapie nutzen (8,9), um z.B. Nebenwirkungen der Chemotherapie wie Übelkeit zu verringern (10).

Komplementärmedizin ist ein weites und heterogenes Feld von Überzeugungen und Praktiken, die sehr weit variieren können (11,12). Es wird von dem „National Center for Complementary and Alternative Medicine" (NCCAM) am National Institutes of Health (NIH) in den USA definiert als eine Anzahl von verschiedenen medizinischen und Gesundheitssystemen, Übungen und Produkten, die üblicherweise nicht als Schulmedizin eingestuft werden. Die gesteigerte Patientennachfrage nach komplementärmedizinischen Therapien hat zu einem Druck auf Kliniken geführt (13-15), die Patientenwünsche angemessen zu berücksichtigen. Dies führte an verschiedenen Orten zu einer Verschiebung von der Trennung der konventionellen und Komplementärmedizin hin zu einer „Fusion" beider medizinischer Ansätze (16), und die Komplementärmedizin wird immer mehr von konventionellen medizinischen Institutionen angeboten (15,17-21). Zur Wiedergabe dieser Integration sind neue Begriffe entstanden, insbesondere der Begriff „integrative Medizin" (22,23). Das „Consortium of Academic Health Centers for Integrative Medicine" hat dies definiert als: „Integrative Medicine and health reaffirms the importance of relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing" (24). Eine patienten-zentriertere Versorgung könnte auch einen höheren integrativ-medizinischen Ansatz bedeuten, der das Beste der konventionellen Medizin mit dem Besten der Komplementärmedizin miteinander verbindet, welcher zu therapeutischen Synergieeffekten führen könnte (22). In der betriebswirtschaftlichen Welt würde man das als Merger ansehen. Merger wird definiert als „das Verbinden von zwei oder mehreren Einheiten zu einer durch einen Kauf oder eine Interessenzusammenführung" (25). Eine sorgfältige Auswahl der Merger-Partner ist sehr wichtig für den Erfolg des Mergers. Nicht nur die Wahrscheinlichkeit eines finanziellen

und strategischen Erfolges ist dabei zu beachten, sondern auch die Erfolgswahrscheinlichkeit der Kombination der unterschiedlichen Corporate Cultures.

Im Falle eines Mergers ist die Erkenntnis und das Verständnis der kulturellen Ähnlichkeiten und Unterschiede der betroffenen Unternehmen notwendig, in anderen Worten: deren individuelle Corporate Culture. Jedes Unternehmen, hier: jeder medizinische Ansatz, hat seine eigene Identität, Personalität und seinen eigenen Weg, sein Geschäft bzw. seinen Heilungsansatz zu führen, was das Unternehmen bzw. den medizinischen Ansatz einzigartig macht. Davenport (1998) beschreibt Corporate Culture als „the DNA of an organization, invisible to the naked eye, but critical in shaping the character of the workplace" (26).

Allerdings führt diese unverkennbare Corporate Culture von der konventionellen Medizin und von der Komplementärmedizin, deren unterschiedliche Philosophien, historische Entwicklungen und Rahmenbedingungen zu erheblichen Herausforderungen für eine mögliche Zusammenführung (27,28).

Es ist allgemein anerkannt, dass kulturelle Unterschiede zwischen Merger-Partnern einer der meist verbreiteten Gründe für das Scheitern eines Mergers sind (29,30). Corporate Culture bestimmt z.B. das Engagement, die Zufriedenheit und die Produktivität der Einzelnen (30,31). Jeder Aspekt einer Meinungsverschiedenheit kann Grund für ein Scheitern sein (z.B. Kommunikationsproblem innerhalb des Teams, hohe Fluktuation (32)). Ein bedeutendes Beispiel eines Merger-Scheiterns ist der Merger von Daimler-Benz mit Chrysler. Dieser Merger schien wirtschaftlich sinnvoll zu sein, aber die stark unterschiedlichen Kulturen haben die Entfaltung der positiven Synergie gehindert (30). Daimler-Benz honoriert eine traditionelle Hierarchie und eine methodische Entscheidungsfindung, während Chrysler eher für eine pragmatische Anpassungsfähigkeit, Kreativität und Gleichberechtigung steht (33).

Grundsätzlich brauchen die Merger-Partner keine ähnliche oder sogar gleiche Corporate Culture, aber diese sollen in der Lage sein, miteinander zu agieren. Zwei Aspekte sind ausschlaggebend für eine gelungene kulturelle Zusammenführung: Der Unterschiedlichkeitsgrad beider Kulturen und die Richtung der kulturellen Wechsel (29). Wenn der Wechsel in die Richtung von mehr individueller Freiheit geht, mag die Integration einfacher sein, da die neue Corporate Culture reizvoller zu sein scheint (29). Hinzu kommt, dass die Bereitschaft der Arbeitnehmer, seine Kultur aufgeben zu wollen, gleichzeitig abhängig ist von der Betrachtung seiner eigenen Kultur und von der Attraktivität der anderen Kultur (29).

Zielstellung

Das Hauptziel dieser Arbeit ist, die Theorie der Corporate Culture im Bereich Merger aus betriebswirtschaftlicher Sicht auf die Fusion von zwei medizinischen Ansätzen zu transferieren. Dafür mussten die Schwierigkeiten einer Zusammenführung zwischen komplementärer und konventioneller Medizin identifiziert werden, eine Methode für eine gelungene Zusammenführung entwickelt und Empfehlungen präsentiert werden, die die analysierten Schwierigkeiten lösen kann.

(1) Es wurde eine qualitative Fallstudie durchgeführt und analysiert, die die wichtigsten Aspekte der Merger gegenüber medizinischem und Verwaltungspersonal in zwei integrativen onkologischen Zentren (in Deutschland und den USA) herausgearbeitet und vorgestellt hat. (2) Eine systematische Konsensusprozedur (adaptierter Delphi-Prozess) ist durchgeführt worden, um Empfehlungen für onkologische Kliniken über die Strategie und das Management einer integrativen Medizinabteilung und Empfehlungen zur Überwindung der unterschiedlichen Arbeits- und Medizinkulturen zu entwickeln. (3) Anhand einer Literaturrecherche zu Kulturen in der konventionellen und der Komplementärmedizin sowie aus dem betriebswirtschaftlichen Bereich zu Merger- und Corporate Culture Theorien wurden die Kernprobleme einer Zusammenführung der zwei medizinischen Ansätze analysiert. Daraus sind eine Vergleichstabelle der Kulturen beider medizinischer Ansätze, ein theoretisches Modell und praktische Meilensteine entwickelt worden, anhand derer der Integrationsprozess bei der Etablierung einer integrativ-medizinischen Abteilung praxisorientiert begleitet wird. Um die Fachjargon-Barriere zwischen Betriebswirtschaft und Medizin zu überbrücken, wurde zudem ein angepasstes Lexikon entwickelt.

4. Methodik

Integrative Onkologie, ein wachsender Bereich in der Integrativen Medizin, wurde als gutes Beispiel identifiziert.

Publikation 1:

Die Studie war eine mit qualitativem, semi-strukturiertem Interview, (34) bestehend aus zwei Falluntersuchungen. Die Interviews sind in 2012 von Angesicht zu Angesicht geführt und digital gespeichert worden.

Es wurden zwei unterschiedliche integrativ-medizinische Abteilungen nach ihrem Bekanntheitsgrad ausgewählt und untersucht, zum einen das Brustkrebszentrum Kliniken Essen-Mitte in Deutschland, Essen, zum anderen die Onkologie Klinik MD Anderson in den USA,

Houston. Die Studie ist von der Ethikkommission, dem Datenschutzbeauftragten der Charité Universitätsmedizin Berlin (EA1/293/11) und den Verwaltungen beider untersuchten Krankenhäuser genehmigt worden. Alle Befragten haben eine schriftliche Einverständniserklärung abgegeben.

Unterschiedliche Perspektiven sind gesammelt worden, durch Interviews mit Mitarbeitern aus unterschiedlichen Berufen und mit unterschiedlichen Ansichten, die eine wichtige Rolle in den Strukturen der Integrativen Medizin spielen.

Die Interviewfragen sind für die erste Erhebung in Essen, Deutschland, anhand der Literaturrecherche über Corporate Culture bei einem Merger (29,30,35,36) und innerhalb der Integrativen Onkologie von den Autoren entwickelt worden und waren für jedes Segment (Verwaltung, Ärzte, Therapeuten, Krankenschwester, Patienten) unterschiedlich formuliert.

Anhand der Ergebnisse der Interviews der ersten Studie sind die Fragebögen für die Interviews in der zweiten Fallstudie (USA) überarbeitet worden.

Alle Interviews beider Fallstudien wurden per Audio aufgenommen und danach transkribiert. Die Analyse erfolgte nach der Inhalt-Analyse-Methodik von Mayring (37) mit Hilfe der Software MAXQDA (38). Die Kodierung fand in Etappen statt aus den unterschiedlichen Themen der Fragebögen. Die Segmente wurden anhand der angesprochenen Themen analysiert. Die Kategorien wurden gebündelt und die Resultate aller Interviews verglichen.

Die Analyse und Resultate wurden regelmäßig in dem qualitativen Team und in der qualitativen Forschungswerkstatt besprochen, um deren Beständigkeit und Aussagekraft zu validieren.

Publikation 2:

Es wurden eine Literaturanalyse und eine Experten-Konsensusprozedur durchgeführt. In einer Literaturrecherche und durch Telefoninterviews mit Merger-Experten und Experten der Integrativen Medizin wurden wichtige Aspekte der Unterschiede in der Corporate Culture zwischen konventioneller und komplementärer Medizin sowie Aspekte, die den Erfolg eines Mergers gefährden kann, zusammengetragen.

Folgend wurde ein zweitägiges Experten-Konsensus-Symposium durchgeführt. Es wurden 17 Fachleute aus verschiedenen Fachrichtungen aus Deutschland und den USA eingeladen, 14 konnten vor Ort teilnehmen, (Experten in Corporate Culture und Merger, ein Klinikmanager mit der Erfahrung, eine Abteilung für Integrative Medizin gegründet zu haben, eine Krankenschwester, die eine der führenden Programme für Integrative Medizin erstellte, vier Chefärzte aus einer Abteilung für Integrative Medizin, vier Forscher mit Erfahrung in Integrativer Medizinrecherche mit unterschiedlichen Hintergründen (Betriebswirtschaft,

Medizingeschichte, medizinische Anthropologie und Epidemiologie) und zwei Repräsentanten der unterstützenden Stiftungen). Einführungsvorträge zu den Themen Merger und Corporate Culture wurden gegeben sowie die Ergebnisse der Literaturrecherche und die Fallstudien vorgestellt. In zwei interdisziplinären Gruppen wurden in den Folgetagen dieselben Themen diskutiert und erörtert. Die Arbeitsergebnisse beider Arbeitsgruppen wurden am Ende des Symposiums präsentiert und in einer konsensualen Diskussion zusammengefasst.
In Ergänzung zu den Niederschriften wurden drei schriftliche Delphi-Runden durchgeführt.
Strategische Dimension und Überwindung der kulturellen Unterschiede wurden entwickelt. Dazu wurden die kulturellen Unterschiede identifiziert, die zu einem kulturellen Bruch bei der Entwicklung und Umsetzung einer Abteilung für Integrative Medizin oder von Zuweisungen führen könnten.

Publikation 3:

Der Schwerpunkt dieser Publikation liegt auf einer Literaturrecherche zum einen zur konventionellen und Komplementärmedizin, zum anderen zum Merger und zur Corporate Culture und deren Unterschiede. So entstand das Modell. Es hat Anlehnungen an das Modell SLOCI© von Dr. David Schweiger und Dr. Frank Larkey (39), wurde aber für diesen besonderen Kontext weiterentwickelt. Das Modell bringt die wichtigsten Schlüsselpunkte der Corporate Culture beider Merger-Partner zutage, die zu einem Scheitern einer Fusion führen können. Die Publikation wurde durch die Resultate der Fallstudien aus der 1. Publikation und des Symposiums der 2. Publikation ergänzt und so das Ziel der Dissertation validiert.
Die Recherche zur Kultur und Philosophie sowohl der konventionellen als auch der Komplementärmedizin wurde im PubMed und Internet bei der Verknüpfung von Termini wie Kultur, Philosophie, Arbeitsstil, Arbeitsweise, Patient-Therapeut-Beziehung, gewidmete Zeit für den Patienten in Integrativer Medizin, Komplementärmedizin, alternative Medizin, CAM durchgeführt. Zusätzlich haben wir medizinische Anthropologen nach weiterer Literatur (z.B. Bücher) gefragt.
Ergebnis dieser Recherchen war die Entwicklung einer Tabelle mit den wichtigsten Kultur- und Philosophieunterschieden beider Medizinansätze, der jeweiligen Arbeitsweise und der Arzt-Patienten-Beziehung. Zusätzlich wurde ein Lexikon betriebswirtschaftlicher Fachtermini zusammengestellt, welches auch dem befragten medizinischen Fachpersonal die Beantwortung betriebswirtschaftlicher Fragestellungen in Bezug auf Merger und Corporate Culture ermöglichte.

Meilensteine wurden aufgelistet, die zur strategischen Umsetzung der Integration und ihrer Kommunikation sowie zur Kreation einer neuen Kultur bzw. Philosophie gehören bis hin zur Aufrechterhaltung und erfolgreichen Führung eines solchen integrativen Modells.

5. ERGEBNISSE

Publikation 1

Um die wichtigsten Aspekte der Merger aus der Praxis herauszufinden, wurden zwei unterschiedliche integrativmedizinische Zentren untersucht, zum einen ein Integratives Onkologie-Klinikum in Deutschland, Essen, zum anderen eine Onkologie-Klinik in den USA, Houston. Diese Zentren haben unterschiedliche Integrationsmodelle verfolgt, um konventionelle und Komplementärmedizin zusammenzuführen.

In der Klinik Essen-Mitte arbeitet das Personal aus dem schulmedizinischen und dem komplementären Bereich in einem Team und in einer Abteilung zusammen. Dieses Integrationsmodell kann als Modell beschrieben werden, welches das Beste aus beiden Welten (40) miteinander kombiniert. Der komplementärmedizinische Bereich wird von spezialisierten Komplementärmedizinern und von geschulten Therapeuten betreut (15). Die Klinik in Houston hat ein Integrationsmodell gewählt, welches beide medizinischen Ansätze miteinander verlinkt hat, und zwar in Form eines Überweisungsmodells (40). Dadurch konnte das Programm ein hohes Maß an Autonomie und unabhängiger Kultur einhalten und so Leistungen für eine Vielzahl an Abteilungen anbieten. Einmal im Monat findet ein Teammeeting statt mit Ärzten von anderen Abteilungen, um geteilte Patientenfälle zu besprechen, im Gegensatz dazu wurden in Essen die wöchentlichen Teammeetings als sehr wichtig und essentiell für den Erfolg der Durchführung der Integrativen Medizin und für eine gute Teamstruktur empfunden.

Trotz des unterschiedlichen Ansatzes bei dem Integrationsmodell haben beide Kliniken eine ähnliche Corporate Culture entwickelt. Sie haben eine hohe Fokussierung auf Forschungsergebnisse mit dem Ziel, evidenzbasierte Behandlungen anzubieten, um mehr Respekt und Zustimmung innerhalb des Krankenhauses zu erhalten. Das wissenschaftliche Arbeiten und eigenständige Forschen wurden sehr respektiert innerhalb des Krankenhauses und von den Interviewten als wichtiger Türöffner gesehen. Dazu haben auch beide Kliniken einen holistischen, patienten-zentrierten, individualisierten Ansatz in den Vordergrund gestellt (22,41,42). Sie mussten deswegen ganz besonders Zeit und Personalressourcen managen. Auf der anderen Seite führte die zeitintensive Patientenbehandlung zu positivem und intensivem Patientenkontakt. Dies ermöglichte es, den konventionellen Onkologen und Krankenschwestern

den Druck zu nehmen, die Wünsche der Patienten nach mehr Gespräch und Information über komplementärmedizinische Tätigkeiten zu erfüllen.

Publikation 2

Auf dem Expertensymposium wurden Hauptpunkte identifiziert für eine kulturelle Strategie zur Entwicklung eines Zentrums für Integrative Medizin. Dazu wurden Empfehlungen gegeben, die diese kulturellen Unterschiede abmildern sollen (siehe Tabelle 1).

a) Die strategischen Dimensionen

Definition des medizinischen Modells

Bei der Wahl des passenden medizinischen Modells müssen in erster Linie die Bedürfnisse der Patienten, der Klinik und der anderen relevanten Interessenvertreter berücksichtigt werden. Auszuwählen ist auch der Integrationstyp, die komplementärmedizinischen Modalitäten, wobei auf Sicherheit und Glaubwürdigkeit geachtet werden sollte, und der Grad der Spezialisierung, um Kompetenz zu verkörpern, ohne den ganzheitlichen Heilungsansatz und die patienten-zentrierte Fürsorge zu verlieren.

Motivation für die Integration

Die Motivation der Administration und der Anbieter beider medizinischer Ansätze sollte prägnant, präzise und transparent für eine Integration und eine anschließende Zusammenarbeit bei der Behandlung von Patienten sein. Alle Beteiligten sollten den intrinsischen (den Vorteil der Integration für den Patienten) und extrinsischen (finanzielle Vorteile) Wert des Integrationsmodells gleichermaßen kommuniziert bekommen und schätzen.

Klärung der vorhandenen Ressourcen

Die vorhandenen Ressourcen sollten definiert und angemessen sein, inklusive Räume, Belegschaften, Fortbildung und Material sowie Zeit und Anreize für diejenigen, die in die Planung und Implementierung involviert sind.

Bildung des Integrationsteams

Am schwierigsten zu kommunizieren ist dabei die Fusion und deren Integration selbst. Deshalb empfehlen wir im Rahmen unserer Checkliste, ein Integrationsteam (43,44) zu bilden.

Das Team sollte bekannte „Champions" mit sich bringen für die Sichtbarkeit und Akzeptanz der Projekte. Sie sollten als Türöffner bei der externen Kommunikation und als Botschafter bei der internen Kommunikation dienen. Der Türöffner sollte stark und sehr kompetent sein. Er sollte das Projekt der Integrativen Medizin in der Öffentlichkeit sehr gut präsentieren können. Hilfreich ist es, einen aus der konventionellen Medizin stammenden Chefarzt auszuwählen. Der

Botschafter innerhalb der Klinik sollte charismatisch sein und hohe Führungsqualitäten haben. Diese Person muss vollständig in derjenigen Kultur integriert sein, die sie übertragen soll. Deshalb könnte ein Mediziner, der in der Komplementärmedizin spezialisiert ist, bevorzugt werden. Auch dieser Mediziner benötigt Führungsqualitäten und über seine Fachkompetenz hinaus eine hohe Teamfähigkeit. Beide „Champions" sollen als Team arbeiten. Dies setzt gegenseitigen Respekt voraus und die Überzeugung, dass beide Medizinansätze ihre Berechtigung haben.

Das Team sollte idealerweise bestehen aus: (1) herkömmlichem Arzt in Führungsposition mit hoher Anerkennung innerhalb des Zentrums; (2) Verwalter in Führungsposition; (3) Komplementärmediziner, der in seinem Fachgebiet anerkannt ist und gute Führungs- und klinische Fähigkeiten hat; (4) Krankenschwester, die bekannt und sehr respektiert ist und beide Medizinbereiche miteinander wie auch mit den Patienten verknüpft. Der Erfolg der Integration und der Fusion selbst hängt von diesen Teammitgliedern ab. Sie sind die Säule der Integrativen Medizin-Abteilung oder des Zentrums.

Kommunikationsstrategie

Das Konzept der Abteilung oder des Zentrums für integrative Medizin sollte überkommuniziert werden. Von Anfang an sollen durch offene Kommunikation die Merger-Ziele, die Auswirkungen dieser Merger und die Rolle aller Teilnehmer in dem Integrationsmodell für alle geklärt sein, kontinuierlich mit sämtlichen Gesellschaftern (13,16) besprochen und vorgestellt werden wie z.B. durch Veranstaltungen.

b) Empfehlungen zur Überwindung kultureller Unterschiede

Während des Symposiums sind die unterschiedlichen Corporate Culture zwischen der Komplementär- und konventionellen Medizin als Drohung empfunden worden, die sich zu einem möglichen kulturellen Bruch entwickeln könnten. Es könnte zu Konflikten, schlechterer Produktivität, Moral und Qualität der Dienste sowie zu hohem Turnover bei Schlüsselpersonen und Gruppen führen (32).

Vier zentrale kulturelle Unterschiede wurden identifiziert (siehe Tabelle 1): (1) Klinikumfeld; (2) berufliches Erscheinungsbild; (3) Fachsprache; (4) Implementierung evidenzbasierter Medizin. Zu jedem Punkt haben wir in Tabelle 1 den kulturellen Unterschied, die potentiellen Implikationen und Empfehlungen zur Entschärfung der Unterschiede aufgelistet.

Table 1: Identified cultural differences that could lead to a clash of cultures when developing and implementing an Integrative medicine department or referral service (46)

	Cultural differences	Possible consequences of cultural differences	Recommendations to mitigate cultural differences
The integrative medicine environment (inpatient or outpatient clinic usually as part of a hospital)	A complementary medicine practitioner is most commonly an entrepreneur working in his/her own business, and will have to adapt to a new role in the clinic as an employee who works as part of a team. Most complementary medicine practitioners are unfamiliar with the structures, the type of patients, and working in interdisciplinary teams typical of conventional medicine. Conventional health care providers (eg, medical doctors and nurses) have been trained to work within this environment	Cultural differences influence the attitudes, communications, and working style within the professional team, as well as patient care (e.g., patient–practitioner interaction and communication). Differences can have a negative impact on outcomes, especially on patient satisfaction and provider productivity.	a) In general, team and meeting structures in conventional medicine are already changing to take into account the need for multidisciplinary teams. Complementary medicine could be viewed as one discipline within such a team. It is important to enforce less hierarchical structures, but to have clearly defined roles and responsibilities in the teams. Furthermore, the responsibility for the medical diagnosis – including legal liability – has to be clarified within the team. b) Complementary medicine practitioners have an entrepreneurial background and might have a fresh perspective on the given structures. In terms of continuous improvement, the administration should be open to their innovative ideas (e.g., employee idea system). c) Training and education should be provided for complementary medicine practitioners in these areas: 1) team development/exposure training (including materials, group exercises and team building, and conflict resolution pathways), 2) special training in organizational structure (e.g., reporting guidelines, record keeping, safety), and 3) education in the medical specialty (e.g., breast cancer) and typical safety aspects.
Professional image (part of the personality and includes aspects such as appearance, behavior, habits, and communication style)	The professional image of many complementary medicine practitioners can differ from that of conventional health professionals. The institutions that provide the relevant training, the peers, and the underlying treatment philosophies have an influence on respective professional images.	Cultural difference influences attitudes and communication in the professional team, as well as attitudes toward and communication with the patient. It especially affects corporate philosophy, because complementary medicine practitioners often don't fit the corporate identity of a conventional medicine organization.	a) For the complementary medicine practitioners, the "social norm" in the integrative medicine institution must be clearly defined. Aspects such as having a clear strategy for complementary medicine providers' visibility as a marketing tool might be taken into account. b) In the staff selection process, considering both clinical skills and professional image will be useful. As noted earlier, complementary medicine includes practitioners with many different modalities (e.g., acupuncture, massage therapy) with a wide variety of cultural variances among them as well. The within-modality differences should be considered as much as the differences between complementary and conventional medicine.
Professional language (a profession is identified in part by its use of a shared – but often specialized – language)	For all conventional health care professionals, a shared basic medical language exists, and it is more detailed in the different specialties. By contrast, the professional language of complementary medicine practitioners is very heterogeneous across the different modalities. Language is also influenced by the different modalities' respective philosophical groundings.	Different professional languages are problematic for communication with patients and for communication within the professional team. Misunderstandings affect the quality of care and may result in reduced patient safety and patient satisfaction, and can have a negative effect on job satisfaction and productivity.	a) Short-term recommendations include: 1) training of complementary medicine practitioners in the basic medical language, and the provision of details needed for the specialty in which they work, 2) the development of a clear and comprehensive safety triage system, which could also be applied by complementary medicine practitioners (e.g., when a cancer patient gets a new headache, imaging would be needed to check for brain tumor), 3) training of conventional health professionals in the basics of the applied complementary medicine methods for a better understanding for appropriate referrals, and 4) increasing respect and mutual understanding in an overall multidisciplinary team structure by avoiding abbreviations and explaining special terms. b) Long-term recommendations include: 1) the inclusion of basic conventional medicine medical terminology in the training of complementary medicine practitioners, 2) postgraduate terminology courses for medical specialties, and 3) training medical students in the basics of the most relevant complementary medicine methods.
Implementation of EBM (is a conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services[45])	Currently, EBM is much more established in conventional medicine than in complementary medicine.	Misunderstandings about EBM have a critical influence on the communication within the professional team, and can reduce productivity and job satisfaction. Because EBM has an influence on strategy, its relevance and the acceptable EBM level should be defined as part of the medical model.	a) Short-term recommendations include: 1) empowering complementary medicine practitioners in research literacy with trainings that focus on their treatment modalities including literature search, critical appraisal, the relevance of EBM, a better understanding for clinically meaningful effects in studies, and the relevance and potential of context effects in overall medicine for patient outcomes, 2) educating both conventional health care professionals and complementary medicine practitioners to understand EBM as evidence that includes three pillars (practitioners' experience, norms and values of the patient, and evidence from clinical research), that evidence can exist on different levels, and that they should be familiar with the available evidence of both conventional and complementary medicine interventions in their field. b) The long-term recommendations include more research literacy in the complementary medicine training of conventional medicine practitioners.

Publikation 3

Eine Literaturrecherche zeigte, dass die Kultur der konventionellen Medizin sowie die Kultur der Komplementärmedizin sehr unterschiedlich sind (siehe Tabelle 2).

Die Philosophie der konventionellen Medizin wird in der Literatur als wissenschaftlich (7,47,48), analytisch (49,50) und deduktiv (47) bezeichnet. Es wird mit pharmazeutischen, evidenzbasierten und nach der Krankheitsursache orientierten Modellen (7,51,52) gearbeitet. Des Weiteren ist die Technologie ein besonders wichtiges Tool in der Medizin, um Diagnosen erstellen zu können. Der Heilungsansatz wird als reduktionistisch (16,50) und zunehmend routineorientiert (53), generalisierend und standardisiert (16,47,54) bezeichnet.

Dagegen wird die Philosophie der Komplementärmedizin in der Literatur als holistisch (16,47,55), eigenverantwortlich (47,55,56), individualistisch (47), induktiv (47,49) und intuitiv (47) bezeichnet. Den Körper und die gesamte Person dabei zu unterstützen (49), um Balance und Harmonie (51) bei den bio-psycho-sozio-spirituellen Aspekten (47,51) eines Patienten herzustellen bzw. wiederherzustellen, spielt eine große Rolle.

Table 2: Major cultural differences in corporate philosophy between conventional and complementary medicine (57)

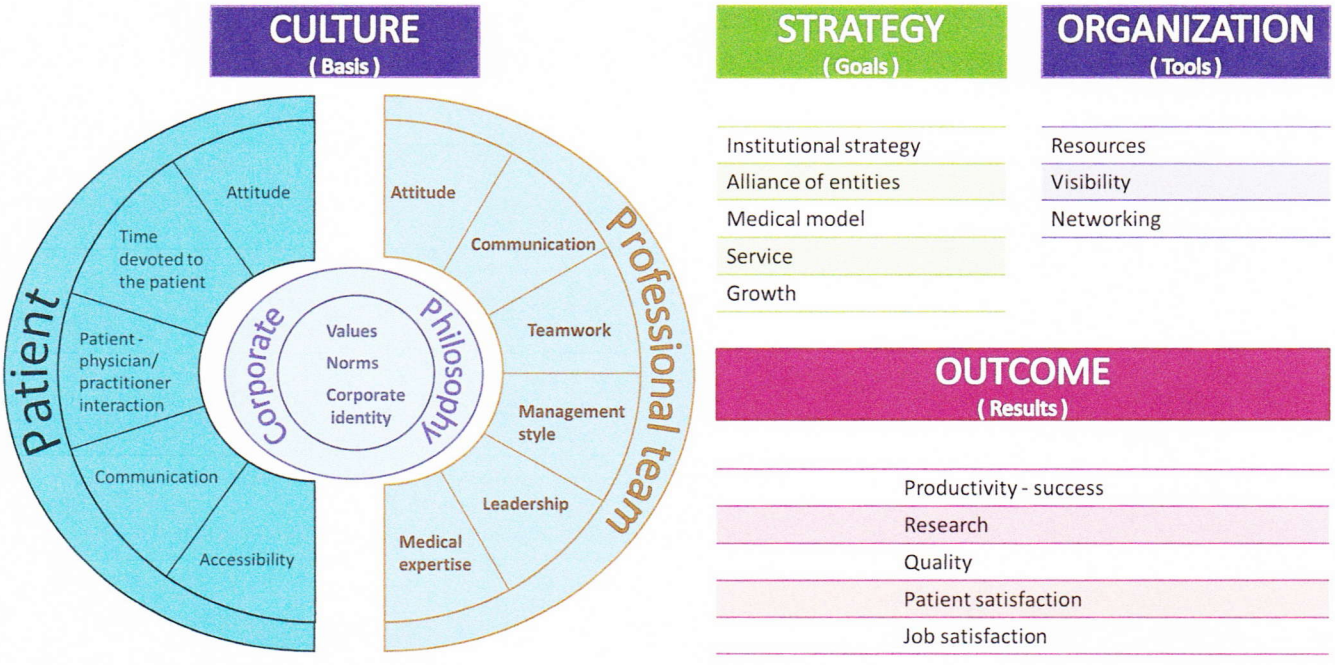
	Conventional medicine	Complementary medicine
Values		
Philosophy of care	Positivistic approach (51) •Importance given to the knowledge of facts and experimental sciences (51) •The patient is given the undivided clinical attention of the physician (58)	Holistic approach: Bio-psycho-spiritual-social model (50,51,55): •The whole is more than the sum of its parts •Body, mind and spirit are interrelated and must all be considered in healing •Aims neither unilaterally at the body nor at the soul but treats the patient as a whole
Philosophy of healing	•Health: -"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" WHO Constitution (59) = criticized definition (60) as static and accentuating only subjective aspects (59) •Other definitions are "ex-negativo" explanation (61) =Lack of deviance from biological norms (59), "life with organ's science" (61) •Disease = deviance from biological norms (59)	•Health, disease and therapy effects do not result solely from molecular interaction but also from the different causal interactions between these factors within the human being as a whole (55) •Healing = (re)establishment of the harmony between the functions of body, soul and spirit (55) •Disease = Disequilibrium between biological, psychological, social and spiritual forces (62)
Norms – Therapeutic approach		
	Disease-oriented (63) Specialization: •Opportunity for high competency in specialty fields (49,59); more efficiency (54)	Patient-oriented (63) Holistic approach (47,49,50): •Patient's involvement, empowerment and responsibility in the self-management of their illness (47,49,51,55,56)

•Routine (53,54)	•Self-regulation of the body and its healing power, enhancing natural body reactions (49)
•Fragmentation of care (with communication and cooperation impediments) (49,59)	•Symptoms seen as a message from the organism, similar to an SOS (50) ; look at underlying causes (55)
•Risk of losing the overall vision (49)	
Analytical (47,49,50)	Intuitive (47,49)
Deductive (47)	Inductive(47)
Standardized (54)	Tailored to individuals' needs (47,55,63)
Evidence-based (64), scientific (47,49,50)	More or less spiritual therapeutic approaches (52)
Use of pharmacotherapy with predominantly proved effects (52) and high use of technology (53,61)	Use of natural treatments and remedies (55) with less technical equipment than CM (55)
Focus more on structure than outcome:	Focus more on outcome than structure:
The quality of structure includes the personal, spatial, temporal technical and organizational conditions of medical practice: availability, short waiting times, training and education (51)	Outcome quality refers to therapeutic goals, such as improving and healing, patient satisfaction and quality of life, encouraging health related behavior and self-responsibility, stimulating self-regulation, prevention (51)

Ein Modell wurde entwickelt, um die wichtigen Bestandteile eines Mergers zwischen zwei medizinischen Ansätzen darzustellen.

Das Modell besteht aus vier Grundaspekten: die Kultur, die Strategie, unternehmerische Werkzeuge und Resultate (siehe Graphik 1), all ihre Kategorien sind in dem Lexikon definiert. Der Hauptfokus des Modells liegt auf der Kultur, die mit drei Kategorien angegeben wird: Unternehmensphilosophie, Patienten, professionelles Team.

Graphic 1: Theoretical model of key aspects of a merger (57)



SOURCE:
Cartwright S and Cooper CL. Managing mergers, acquisitions & strategic alliances. Integrating People and cultures. Second. Cartwright S. and Cooper C.L., editors. Oxford, Oakland, Boston: Butterworth-Heinemann publications; 1996.

Diese Fallstudie und das Symposium unterstützten die praxisorientierten Ergebnisse. Die Checkliste basiert auf der Merger-Theorie von Cartwright und Cooper (29) und ist angelehnt an das theoretische Modell der Graphik 1. Sie benennt die erforderlichen Meilensteine, Anweisungen und Empfehlungen, um einen erfolgreichen, nachhaltigen Integrationsprozess zu gewährleisten.

Es wurden vier Schlüsseletappen festgestellt: (1) Recherche zum Status beider medizinischen Ansätze, Festlegung der Strategie und Planung ihrer Integration, (2) Festlegung von Inhalt sowie Art und Weise der Ankündigung der Integration, (3) Annäherung der unterschiedlichen Kulturen, (4) Etablierung der Integration und ihrer Visibilität.

Die Checkliste gibt eine Handlungsanweisung, um den Integrationsprozess zu unterstützen, eine starke Basis für die Integration zu schaffen sowie ergebnisorientierte Ziele zu entwickeln und zu erreichen. Dafür deckt sie ein breites Feld betriebswirtschaftlicher Aspekte ab, bezogen auf die Medizin, wie beispielsweise strategische und Produktivitätsansätze, Kommunikations- und Leadership-Empfehlungen, Management- und Ressourcen-Warnhinweise, Entscheidungshilfen für die Auswahl von medizinischen Modellen.

Angesichts des Umstandes, dass Betriebswirtschaftslehre und Medizin gleichzeitig angewandt worden sind, um das entsprechende Fachvokabular in den beiden Fachwelten verständlich und bekannt zu machen, ist ein Lexikon für die wichtigsten Begrifflichkeiten für die Studie geschaffen worden.

6. Diskussion

Ziel der Arbeit war es, die Fusionierung zweier unterschiedlicher Medizinansätze wie das Mergen zweier Firmen zu betrachten und zu beleuchten und ein theoretisches Modell sowie Praxisempfehlungen zu entwickeln.

In den interdisziplinär angelegten Projekten ist die Definition des Mergers nicht nur als Metapher zu verstehen, sondern als Beschreibung eines sozialen und wirtschaftlichen Prozesses. In der Unternehmenswelt sind die Unterschiede der Corporate Culture zweier Firmen ein entscheidender Aspekt des Scheiterns eines Mergers. Auch wenn diese Art des Mergers nicht ganz der der Geschäftswelt entspricht, sind wir davon ausgegangen, dass die kulturellen Unterschiede zwischen konventioneller und Komplementärmedizin ein grundlegender Schlüssel in der Entwicklung einer integrativen Medizinabteilung sind.

Es ist wichtig, realitätsnahe Werkzeuge für eine Integration zu geben. Dafür wurden die theoretischen Ansätze mit der Praxis konfrontiert. Es war nötig zu analysieren und zu beschreiben, wie integrative Prozesse vornehmlich im ausgewählten Bereich der

Krebsbehandlung in Kliniken erfolgreich eingeführt werden können. Die Untersuchungen fanden an zwei unterschiedlichen Kliniken mit einer existierenden Integrativen Medizin-Abteilung statt, und zwar sowohl in Deutschland als auch in den USA, so dass die Untersuchung zugleich auch einen internationalen Vergleich bei der Integration beinhaltet.

Festgestellt wurde, dass beide analysierten Onkologie-Zentren Ähnlichkeiten in deren Philosophien und Prioritäten wie dem Einwand evidenzbasierter und zugleich holistischer und patienten-zentrierter Methoden vorwiesen.

Eine Limitierung ergab sich durch die Anzahl der analysierten Onkologie-Kliniken in der Fallstudie. Hätte die Studie eine größere Anzahl solcher Zentren vergleichen können, hätte es vielleicht zu Variationen in den Ergebnissen geführt. Außerdem ist die Perspektive der Patienten unterrepräsentiert. Sie hätte weitere und interessante Informationen bringen können im Vergleich zu den Meinungen der Ärzte und Therapeuten. Die Zugangsbarriere für den Patienten zur Integrativen Medizin wurde so nicht debattiert, es wurde aber vorgeschlagen, das medizinische Portfolio an den Bedarf der Patienten anzupassen und den Patienten vollkommen in den Entwicklungsprozess der Integrativen Medizin-Abteilung mit zu integrieren.

Im Laufe der Arbeit stellte sich schnell heraus, dass das Projekt gerade im medizinwissenschaftlichen Bereich einzigartig, weil v.a. interdisziplinär, war. Vorteilhaft war dabei, dass wir sehr verschiedene Methoden miteinander kombinieren mussten und unterschiedliche Literaturanalysen, Expertendiskussionen und Fallstudien durchführten, die es uns erlaubten, die Validität und die Machbarkeit des Modells während des Entwicklungsprozesses immer wieder zu kontrollieren.

Diese Interdisziplinarität und Einzigartigkeit der Herangehensweise der Recherche führte an Grenzen wie dem Mangel an existierenden Erkenntnissen oder Vergleichsmodellen. Wenige theoretische Modelle beschreiben und evaluieren komplementärmedizinische Dienste (65,66), aber selbst die internationalen Experten Dr. D. Schweiger und Dr. C. Kummer bestätigten, dass es bis dato kein einziges, für diese Studie relevantes Modell gibt.

Außerdem ist Kultur ein sehr breites und heterogenes Feld, und eine systematische Rezension hätte vielleicht ein breiteres Bild abgegeben als eine narrative Rezension, die hier vorgestellt ist. In jedem Krankenhaus und selbst in seinen Abteilungen gibt es unterschiedliche Berufe und Spezialisierungen mit unterschiedlichen Kulturen. Konventionelle und Komplementärmedizin haben beide Mikrokulturen, abhängig von den Fachgebieten. Es wurde davon ausgegangen, dass es eine allgemeine Makrokultur für die konventionelle und Komplementärmedizin in diesen Ländern gibt, und die wurden verglichen. Aufgrund der Ausrichtung auf westliche Kulturen haben wir uns entschlossen, Untersuchungen nur in den USA und Deutschland durchzuführen.

Deshalb ist darauf hinzuweisen, dass in anderen Teilen der Welt - etwa in Asien - kulturelle Aspekte abweichen können.

Die Makrokultur der konventionellen Medizin erscheint homogener und schärfer definiert mit klaren Normen und Werten der Wissenschaft und ist in der Gesellschaft weitestgehend akzeptiert. Die Makrokultur der Komplementärmedizin ihrerseits scheint heterogener, stärker influenziert durch unterschiedliche medizinische Philosophien (etwa wie die Chinesische Medizin). Es scheint weniger als Wissenschaft angesehen zu sein und weniger akzeptiert in der Gesellschaft.

Die Kategorien des Modells und die Empfehlungen der gesamten Arbeit erheben keinen Anspruch auf Vollständigkeit. Die Arbeit fokussiert sich auf die größten Herausforderungskategorien während der Integration.

7. Schlussfolgerung

Der genaue Vergleich beider Medizinansätze führt dazu, ein besseres Verständnis füreinander sowie eine bessere wechselseitige Anerkennung zu kreieren. Das Modell, die Checkliste und die Empfehlungen basieren auf Fallstudien, Literaturrecherchen und Expertendiskussionen, unterstützen, insgesamt eine erfolgreiche Integrative Medizin-Strategie aufzubauen, um alle Beteiligten, den zunehmenden und sich verändernden Bedürfnissen der Patienten gerecht zu werden. Diese Werkzeuge haben sich in deren praktischer Anwendung bei der Integration der Komplementärmedizin in das Brustzentrum des Luzerner Kantonsspitals schon bewähren können. Außerdem wurde das theoretische Modell in das Leadership Training Integrative Medicine der Duke University integriert (https://www.dukeintegrativemedicine.org/leadership-program/).

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EIDESSTATTLICHE VERSICHERUNG

„Ich, Marion Eckhardt, geb. Pérard, versichere an Eides statt durch meine eigenhändige Unterschrift, dass ich die vorgelegte Dissertation mit dem Thema:

„Der Merger von konventioneller Medizin und Komplementärmedizin in einer Klinikabteilung
Ein theoretisches Modell und praktische Umsetzungsempfehlungen“

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Berlin, den 18. Dezember 2017 Marion Eckhardt

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Marion Eckhardt, geb. Pérard, hatte folgenden Anteil an den folgenden Publikationen:

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Research Article

Corporate Culture Assessments in Integrative Oncology: A Qualitative Case Study of Two Integrative Oncology Centers

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The offer of "integrative oncology" is one option for clinics to provide safe and evidence-based complementary medicine treatments to cancer patients. As known from merger theories, corporate culture and integration models have a strong influence on the success of such integration. To identify relevant corporate culture aspects that might influence the success in two highly visible integrative oncology clinics, we interviewed physicians, nurses, practitioners, and managers. All interviews (11 in a German breast cancer clinic and 9 in an integrative medicine cancer service in the USA) were audio-recorded, transcribed and analyzed with content analysis. According to the theoretical framework of mergers, each clinic selected a different integration type ("best of both worlds" and "linking"). Nonetheless, each developed a similar corporate culture that has a strong focus on research and safe and evidence-based treatments, and fosters a holistic and patient-centered approach. Structured communication within the team and with other departments had high relevance. Research was highlighted as a way to open doors and to facilitate a more general acceptance within the hospital. Conventional physicians felt unburdened by the provision of integrative medicine service but also saw problems in the time required for scheduled treatments, which often resulted in long waiting lists.

1. Introduction

More and more people are suffering from cancer, and over 40% of adults suffering from cancer will use a form of complementary medicine (e.g., naturopathic treatments, acupuncture, etc.) during the treatment [1–3] with the aim of reducing side effects and enhancing their emotional and spiritual care [4]. An increasing number of oncology clinics are aware of this trend and are adapting to the patients' needs by providing integrative medicine services [5–7]. There has not yet been a clearly defined and established way to incorporate complementary medicine into conventional health care settings. A few theoretic models and frameworks for describing and evaluating integrative medicine have been published [8–10], and some integrative medicine centers have already been investigated [5, 11–14]. Integrative oncology is a growing field; it is mainly defined as the combined use of evidence-based complementary medicine with conventional medicine in cancer patients' care [15].

Integrative oncology may be viewed as a "merger" of two fields (conventional and complementary medicine) [16]. In business, a merger is the integration of two or more entities into one through a takeover or a pooling of interests. Corporate cultures of the entities have a very important influence on the success of the merger. The concept of corporate culture is best described by the phrase: "The way in which things get done within an organization" [17]. Two merging organizations must not necessarily have the same corporate culture, but they should be able to act together. The impact of the merger on the corporate cultures of both organizations is strongly influenced by the choice of integration type. According to Kummer [18], different degrees of integration are possible during a merger, ranging from a "confederation" type where both organizations work in parallel without any integration, to the integration type of the "best of both

worlds" where a new organization is developed based on the advantages of both merging organizations.

Important aspects of corporate culture in a clinical setting are personal interests, management style, values, norms, communication culture, interaction with patients, and teamwork. When transferring this framework of corporate culture into medical systems, conventional medicine and complementary medicine could be viewed as two entities that pool their interests and form a new entity called "integrative oncology."

The field of integrative oncology is growing, and developing recommendations as to how its implementation will work best to support the needs of patients and professionals are critical. As a first step, it is helpful to have a closer look at the corporate culture of the integrative oncology centers that already exist [19]. We conducted two case studies in order to evaluate aspects of corporate culture in highly visible integrative oncology centers at hospitals.

As the clinic structures in countries differ, we decided to focus on two different clinics, one in Germany and one in the USA. In the case studies, we focused on the elements of corporate culture mentioned above as well as conducted additional inquiries regarding: type of cooperation between complementary and conventional medicine (= integration model), therapeutic services and offerings, advantages and disadvantages of the cooperation, aspects of communication and teamwork, role of evidence, research and safety, and resources and strategy.

2. Methods

2.1. Study Design. The study was a semistructured qualitative interview study [20] consisting of two case studies conducted in 2012. Two of the authors (C. M. Witt and N. Mittring) are trained in qualitative research methods, and two of the authors have business backgrounds with knowledge in merger theories (M. Pèrard and C. M. Witt).

2.2. Study Sample. Clinics were chosen due to their visibility. In Germany, the first center asked confirmed participation. In the USA, we asked the two largest cancer centers; one declined participation in our study; the other confirmed participation. The recruitment occurred via personal contact by the PI of the study, who invited the directors of the clinics to participate. The study was approved by the Institutional Review Board of the Charité Universitätsmedizin Berlin, Germany (EA1/293/11), and by both clinic administrations.

The aim was to gather different perspectives by interviewing staff with different competencies and opinions that played a role in the integrative medicine structures within the clinic.

The interview guidelines for the first case study were developed by the authors based on the literature on corporate culture aspects in mergers [17, 21–23] and integrative oncology. There were different interview guidelines for each target group (administration, medical doctors, nurses, and patients).

The first case study took place in a breast cancer clinic in Essen, Germany, in January 2012. Two of the authors (C. M. Witt and M. Pèrard) conducted all interviews together over a 2-day period. Furthermore, they collected leaflets and took notes of observed processes in the clinic. The interview guidelines for the second case study were revised based on the preliminary results of the first case study and contained further questions concerning aspects of corporate culture.

The second case study took place in Houston, USA in July 2012, and built on the results of the first case study. Two of the authors (C. M. Witt and N. Mittring) conducted all interviews together during a 2-day stay in Houston, collected leaflets, and took notes.

Interviews were conducted face-to-face. Written informed consent was provided by all of the interviewees. All interviews were digitally recorded, and a short interview protocol of every interview was written.

2.3. Data Analyses. The interviews of each case study were transcribed verbatim. Analyses followed a content analysis approach according to Mayring [24] assisted by the software MAXQDA [25]. Coding took place in several rounds. First, the themes of the interview guidelines were used to organize the materials and provided the initial codes. Then, each segment was analyzed according to the themes present. The results of the analysis of the first case study served as material to revise the questions for the second case study. The analysis process of the second case study used the analysis process of the first case study. Finally, categories that arose during analysis were bundled into core categories, and all analysis results were brought together and compared. Data from the notes and the leaflets of the clinics completed the results. Written memos during the analyses supported the analyses and results. Analyses and results were regularly discussed in the research team and in a qualitative research group to ensure reliability, validity and grounding of results in the material.

3. Results

3.1. Sample. The sample consisted of eleven interview participants in Germany and nine in the USA (see Table 1).

3.1.1. Short Description of the Two Centers

Integrative Oncology for Breast Cancer Program, Essen. The Integrative Oncology for breast cancer program was developed as a model in cooperation with the *Department for Senology* and the *Department for Complementary and Integrative Medicine* (Chair for Complementary Medicine University Duisburg-Essen) and is part of the Kliniken Essen-Mitte, Germany, an academic teaching hospital of the University of Duisburg-Essen. It originated in the year 2010 and is a highly specialized clinic for breast cancer patients where conventional and integrative medicine staff works together in one team and one department. The Department for Complementary and Integrative Medicine in the clinic (since 1999) includes a day clinic for oncology patients and inpatient treatment of chronic diseases. The integrative medicine treatments are provided by physicians specialized in complementary medicine and by trained therapists (e.g., therapists specialized in mind-body medicine) [7]. The concept of the

Table 1: Description of interview participants.

	Breast cancer clinic, Germany	Integrative medicine cancer service, USA
Leading administrative person	1	1
Conventional oncologist	2	1
Physician specialized in complementary medicine	2	1
Psychologist specialized in complementary medicine	—	1
Conventional nurse	2	2
Nurse specialized in complementary medicine	—	1
Therapist specialized in complementary medicine	3	2
Patient	1	—
Total	11	9

model used in Essen is based on the integrative medicine model of Memorial Sloan-Kettering Cancer Center in New York, and some staff members were trained there.

MD Anderson Integrative Medicine Program, Houston. The University of Texas MD Anderson Cancer Center is located in Houston, Texas, USA, on the campus of the Texas Medical Center. MD Anderson is the largest cancer center in the USA for cancer patient care, prevention, research, and education [5]. The integrative medicine program has a focus on clinical care, research, and education and is part of MD Anderson and located in the same buildings. The integrative medicine center (the clinical delivery center of the program) started in 1998 as the "Place of Wellness" and changed its name in 2007 to "The Integrative Medicine Center." It is a referral service with its own team open to all conventional departments and includes inpatient and outpatient services. A consultation service that offers information about complementary medicine is provided by physicians specialized in both oncology and complementary medicine, and treatment is provided by trained therapists (e.g., acupuncturists).

3.2. Results of the Case Studies

3.2.1. Integrative Oncology for Breast Cancer Program, Essen

Integration Model. Based on merger theories, the model used for integration can be described by combining the "best of both worlds." In Essen, the best of both entities—the *Department for Senology* and the *Department for Complementary and Integrative Medicine*—was merged into a new program called "integrative oncology for breast cancer patients." Because the clinic was newly developed, the superior elements of both conventional and complementary medicine could be identified and integrated into the new program to offer the best possible care. Furthermore, both partners could maintain their advantages [7, 18].

Philosophy and Services. The Integrative Oncology for breast cancer program set great value on a holistic and patient-centered approach in the interaction with the patient. The high degree of specialization in breast cancer increased the quality of patient care and allowed optimized processes in the team. The integrative medicine offerings were provided in addition to the conventional cancer treatment and include treatment options such as acupuncture, massage therapy, naturopathic treatments, and mind-body medicine (e.g., Qigong). Main indications for these treatments were side effects of the conventional cancer treatment and supporting the patients in coping with cancer. The treatment focus is on nonpharmaceutical interventions. Several times, the importance of individuals for the success of the project was highlighted. These individuals, who unified positive personality aspects and medical competencies, were highly important for positive development of the center. Key aspects of success were identified as individuals' great motivation to push the project forward, and the ability of these individuals to motivate other team members.

> *(...) There's a need for the human element (...). Both the patients and the colleagues take [this person] seriously; it's important to cultivate a relationship that's characterized by cordiality and empathy. The worst thing that could happen is to feel not taken seriously, or to feel bothersome. I think this relationship between these key individuals and others is quite important in such an innovative project."—Chief physician specialized in integrative medicine.*

The working atmosphere in the Integrative Oncology for breast cancer program was found to be very good and relaxed by most interview partners, although their work schedule was busy. Self-care of the employees played an important role in the center. Several offerings (e.g., weekly team yoga) were well received by the staff.

Professional Team. Interview participants saw regular and detailed team meetings as very important and essential for the successful implementation of integrative medicine and a good team structure. A weekly meeting with all members of the team was established in spite of implementation problems in the beginning. The meetings were used to discuss and inform all members about patients and their individual treatment concepts and the harmonization of conventional and

complementary medicine treatments and to solve emerging conflicts within the team.

> *"We have a lot of conversations here. We have meetings, every Monday, for example, there's a big meeting where everybody joins in. Everybody has the opportunity to say something, (...) we have a lot of dialogue and sharing."—Conventional nurse.*

The multidisciplinary discussion of the patient cases during those meetings relieved patients of the necessity to endlessly repeat their stories to each clinician involved in their treatment. The integrative medicine team and the conventional physicians sought to combine rounds in the beginning, but this was not practicable due to different round styles and timelines.

Interaction with Patients. The integrative medicine physicians and therapists in the Integrative Oncology for breast cancer program dedicated a lot of time to talking and listening to the patients. This facilitated an intense and open relationship with the patients and a better understanding of each patient's individual needs and wishes. Furthermore, it unburdened the conventional physicians because they were able to refer patients with concerns and questions to their integrative medicine colleagues. Thus, the team was able to treat a higher number of patients with the same quality of patient-care.

> *"When I'm sitting in the consultation [naturopathy], I have the feeling that the clocks stop. Then it seems I have all the time in the world just for myself (...). The things that I did not have enough time to ask about or explain, [in the consultation with the conventional physician], or the things I've forgotten, I can always talk about with the complementary medicine physician."—Patient.*

That the treatments are based on positive evidence was emphasized by the patient and led to more trust in the treatments.

Resources. The Integrative Oncology for breast cancer program experienced a high demand among patients with increasing case numbers over time. Therefore, the time and space resources for integrative medicine treatments were quite tight, as the treatments requested required special rooms and were more time-consuming. The consequence was an increase in waiting periods for the patients to receive treatments, leading to disappointment among some of the integrative medicine therapists.

Some of the integrative medicine practitioners mentioned that due to the short length of stay in a surgical department such as the breast cancer center, it was not really possible to offer the patients a holistic naturopathic treatment. Therefore, patients were offered the opportunity to continue treatment at the integrative oncology outpatient clinic, located in the same hospital.

Visibility. The Integrative Oncology for breast cancer program had very high visibility in German-speaking countries and included broad media attention and good visibility on an international level. From the beginning, the integrative oncology project was fully supported by the CEO who contributed to the project's visibility and acceptance across the whole clinic. Such support from high-level management opened many doors for integration. As other department heads observed how successfully the program worked, all other oncologists in the hospital also demonstrated an interest in integrative oncology.

Research. Research and evidence-based medicine (EBM) played an important role for the breast cancer clinic. The breast cancer center had implemented an innovative and high-level, evidence-based information database called "SenoExpert" that offers an individual analysis of the current evidence concerning the therapeutic options for an individual patient [7, 26]. Integrative medicine offerings were subsequently included in the SenoExpert database.

3.2.2. Integrative Medicine Program, Houston

Integration Model. Based on merger theory, the type of integration that characterizes the Houston project can be described as "linking," which means that two medical approaches are linked with each other, here in the form of a referral service [18]. The integrative medicine program did not operate independently and autonomously before the project began but rather was developed for the purpose of integration to meet patient needs. The program offers services to a variety of departments and maintains a high level of autonomy and an independent culture.

Philosophy and Services. The integrative medicine team in Houston placed a high value on research, safety, and evidence-based medicine. It was very important for them to treat the patients according to the principles and philosophy of the larger cancer center. They treated the patients strictly following evidence-based medicine using integrative medicine in support of the conventional oncology treatment. An effort was made to communicate this important aspect with the primary oncology team. Patients who strongly demanded treatments that were not seen as evidence-based were not able to receive these treatments in the clinic. The use of supplements during conventional oncology treatment (e.g., vitamins, minerals, and herbs) was discouraged unless supported by clinical research. The importance of safety and positive evidence for a treatment was also communicated to the patients during the consultation regarding complementary medicine. Furthermore, there was a clear emphasis on the term "integrative medicine" instead of employing "conventional and complementary medicine." As the Medical Director of the service was trained in both oncology and complementary medicine modalities, he automatically incorporated his conventional training into his work at the integrative medicine center.

Holistic treatment of the patient and a patient-centered approach were core aspects of the service with a focus on the quality of life and an improvement of the patient's outcomes. The integrative medicine center provided individual services

(consultation service on complementary medicine, nutrition, and physical activity, as well as treatments with acupuncture, massage therapy, music therapy, and meditation). Furthermore, the center offered group programs (e.g., music therapy, meditation, Tai Chi, and cooking classes). Main indications for the use of the service were side effects, for example, of chemotherapy (hot flashes, nausea, etc.) and support for coping with cancer. Most treatments and services were primarily provided for patients, but massage and group programs were also offered to family members and caregivers of the patients.

Professional Team and Communication. The whole integrative medicine team held weekly multidisciplinary meetings to discuss more difficult cases and patients' treatments and to solicit feedback from everyone in the team. Referring colleagues from the conventional side did not take part in the team meetings. Once a month, a team meeting was held with physicians from other supportive care centers to review shared patient cases (psychiatry, palliative care and rehabilitation medicine, fatigue center, etc.). The communication between the integrative medicine team and the referring departments was driven mainly through patient records and e-mails. It was important for the integrative medicine center team to give the referring physicians personal feedback about the experiences in the consultation with the patient and recommended treatments. The referral and feedback system was established between the integrative medicine center physicians and the referring oncologists. The cancer nurses had full access to patients' records, but not to the e-mails, and suggested that they also would be interested in receiving more direct and detailed information.

The Medical Director of the integrative medicine center acted as a door opener for the project as he was able to cultivate a good relationship with the conventional oncologists; he spoke their language and had the same knowledge base. He could thereby effectively communicate with the conventional physicians, garner their trust, and educate them about the integrative medicine model.

> *"[A staff member asked me:] "What do you consider yourself; who are you? What would you say you are- an oncologist, palliative doctor, or an integrative medicine doctor?" And I said, "Well, I'm an oncologist first." And they said, "That's the right answer." Because at MD Anderson, it's a cancer center. You have to come in the door as an oncologist. And then later on, you can say, "Oh, I do palliative, I do integrative." But you knock on the door as an integrative medicine doctor, they go, they do not want to open the door, right? They do not know who you are. So I think that made a big difference."—Medical Director, Integrative Medicine Center.*

Overall, the interview participants from the integrative medicine cancer service reported a motivating and positive working atmosphere with importance placed on the self-care of the employee, (e.g., they offer a weekly meditation class).

Interaction with Patients. Shared decision making and respect for patients' choices and wishes were very important aspects of patient interaction. The integrative medicine concept included time for talking and listening to the patient. An hour was regularly scheduled for the first consultation with a physician in the integrative medicine center. This allowed an intense and open relationship with the patient and the opportunity to get deeper insight into the patients' needs and perceptions about their diseases and treatment decisions. This adjustment was seen as a big relief for the conventional departments as the patients were intensively cared for and had someone to talk to about their questions regarding all therapeutic options, including conventional treatments when they arose.

Resources. The demand of the oncology departments for the integrative medicine center was higher than the available resources. Therefore, long waiting lists became standard for integrative medicine services. Conventional oncologists carefully chose patients who required an integrative treatment, as they wanted to use their scarce resources as effectively as possible.

> *"I think the biggest issues we have, is it's, I do not think it [the integrative medicine center] is resourced adequately for the size of the institution. I think I personally would be referring more patients if they had more physicians and more time to, to manage the patients. I try to limit my use of the integrative medicine center."—Conventional oncologist.*

Due to limited resources, the integrative medicine team promoted its service only in a passive way, which means that they did not promote it actively in every oncology department but only in the departments that asked them to present their concept and the services they offer.

Another problem was that the integrative medicine center did not bring much added revenue to MD Anderson. Therefore, MD Anderson administration had reduced motivation to invest in and increase the service in spite of the high need and demand.

Visibility. The integrative medicine center was known throughout the hospital because of its regular and public presentations on the evidence of the offered services.

The education of the conventional departments about integrative medicine was not officially integrated in, for example, the physicians' education program, with the exception of the monthly grand rounds, but the conventional oncologist who mainly referred to the service tried to create awareness and open-mindedness towards the integrative service within the team.

Research. Research played a key role for the integrative medicine program as a whole. The participants described experiencing more respect and acceptance across the hospital

because of their well-funded research program and cooperative projects with other departments. The research and grants of the director of the department were highly respected in the hospital and were seen as another door opener.

> *The other thing that I think is, (...) what has given us tremendous recognition and acknowledgement in the institution of being an area that needs to be supported is the research portfolio. So, and in particular in the division of cancer medicine, a large portion of the research funds are coming from industry and it's not that common for faculty to have NIH-funding. Now we have a lot of NIH-money and (...) when they [the conventional departments] see that an acupuncture grant gets a perfect score at the NIH, when they see (...) that we're not just doing this really merely at random but we're really studying it, and following the biomedical model.—Director, integrative medicine program.*

It was very important for the interview participants to conduct studies with the treatment modalities they offered to the patients to contribute to the available evidence. They also had a monthly research meeting where research ideas were discussed, and trials were developed and monitored with the goal of fostering more research.

4. Discussion

There is an increasing demand for integrative oncology, and therefore integration processes in this field need to be analyzed and described. We investigated aspects of corporate culture in two highly visible integrative oncology clinics.

Although differing in their type of integration model, the two centers showed a lot of similarities regarding their philosophies and priorities. Both clinics had a great focus on research and evidence with the goal to offer evidence-based treatments. Research was an important pillar for the projects to achieve more visibility and acceptance within the whole hospital. This demonstrates the general trend in the academic world towards evidence-based medicine [27, 28] and the possibility for scientifically based integrative medicine treatments to be established in the clinics [29].

As both integrative oncology clinics experienced very high demand and dedicated a lot of time to patients, the two had to manage tight time and staff resources. On the other hand, the time-consuming patient care led to positive and intense patient contact and reduced the burden on the conventional oncologists and nurses by satisfying patients' needs to talk and to be heard and informed about complementary medicine. Both integrative clinics also placed a great value on a holistic and patient-centered, individualized approach, which is one of the hallmarks of integrative medicine [10, 30, 31].

Both integrative medicine centers had at least one conventional physician as part of the team who acted as a door opener for the project regarding other departments and the public. This was a key aspect for the visibility and acceptance of the project. The importance of particular persons for integrative medicine projects has already been highlighted in other studies [30, 32].

The impact of the merger of conventional and complementary medicine on the corporate culture is strongly influenced by the integration type, which is used within a merger.

According to the theoretical framework of mergers, both explored centers have chosen quite different integration types [18] and could not be compared point by point, while the type of merger integration in the newly established German breast cancer center can be most accurately characterized as the "best of both worlds" with a high level of structural and spatial integration within one entity. Thus, it generated a need for a strong new corporate culture that represents a mixture of both partners. The integrative medicine center in the USA was implemented in an already existing clinic model and used the "linking" integration model. Although in the clinic in the USA there is an overlap of the cultures of the conventional departments and the integrative service, the conventional departments and the integrative service are still independent entities with their own cultural characteristics. Other theoretical frameworks could be applied to the case studies. Regarding the theoretical framework of integrative medicine, which was described by Boon and colleagues [8] and included seven models of team-oriented health care practice, the USA integrative medicine cancer service can be classified as a "multidisciplinary" model with two individual teams (the conventional and integrative medicine professionals work in separate teams), while the breast cancer clinic provides an example of the "integrative" model with a multidisciplinary team (conventional and integrative medicine professionals) that practices consensus building.

Like all research projects, this study contains limitations. We investigated and compared only two integrative medicine centers, both offering services to inpatients and outpatients. Our results are based on the interviews and the provided materials. Therefore, the information that the clinics had a strong focus on evidence-based medicine is based on the abovementioned methods and not on critical appraisal of the literature. The field of integrative oncology in Germany and the USA is heterogeneous ranging from private practitioner practices to services offered in established cancer centers. Our case studies focused on the established cancer centers. Therefore, the aspects discussed here have less relevance for private practices. It is possible that in other settings, for example, centers that offer only outpatient care, different key themes, and cultural aspects that we did not capture with our study would play a role. However, the high number of similarities within the important aspects of communication, professional team, and philosophy, despite the large difference of context of the two clinics in two countries, suggests that studies of other similar integrative medicine settings will not bring many new key aspects. Though we suppose that the investigated centers have successfully incorporated a model of integrative oncology, we cannot be sure that the identified characteristics in fact aspects leading to successful integration in other clinics. We only interviewed one patient in the German case study, and we did not get the patient's perspective from the integrative medicine center in the USA.

The patient perspective is underrepresented and could have provided interesting insights for comparison. The research question of how to determine aspects of corporate culture in integrative medicine centers required a qualitative study design that incorporated the possibility of acquiring an indepth insight into the setting [20]. Adding focus groups and participant observation to the applied methods might have brought different aspects and provided a broader picture. However, the results might have been biased by the selection of interview partners and their effort to "put the best face" on their center.

These case studies identified some aspects which may support integration when developing new projects in integrative oncology. The integration type has a strong impact on the corporate culture. Because of this, first, the adequate model of integration of complementary and conventional oncology must be defined before implementation and depends strongly on the clinic's own resources and needs. The chosen model should be necessarily adapted to clinic factors such as the type of department using the integrative medicine service, the average length of patient stay, and possible ways of reimbursement for integrative medicine treatments. Furthermore, it is advisable to adapt the integrative medicine offerings to the needs and processes of the oncology departments. This includes aspects such as time and space needed for the treatments.

Another very important aspect is to clarify the roles of the different partners and treatment modalities within the integration model from the beginning and make them transparent to everybody in the team through open communication [5, 19]. Either a good feedback system or regular meetings of the partners involved in the patients' treatments are very advisable to stay in touch, resolve conflicts, and ensure an intense exchange about the patients in common.

Overall, visibility of the integrative oncology project is a key element and can be achieved by representing the project on a constant basis in the clinic.

A conventional physician (door opener) working in the integrative oncology service, or at least supporting it, can be very helpful to improve the standing within the clinic and promote the project among other conventional colleagues [12, 32]. Conducting research projects on integrative medicine and cooperation studies with other departments can act as a door opener to conventional departments within the clinic and improve the acceptance of integrative oncology.

And most importantly, having positive evidence on effectiveness and safety for the offered treatments is key in fostering trust among patients and other departments.

Considering all these aspects can make integrative oncology as a treatment concept highly adaptable to the needs of the individual patient and successfully established in a broad manner in the field of oncology.

5. Conclusion

Despite using different integration models, both integrative oncology clinics have developed a similar corporate culture that has a strong focus on research and evidence-based treatment and fosters a holistic and patient-centered approach.

Conflict of Interest

None of the authors has any conflict of interests with regards to the content of this paper.

Authors' Contribution

N. Mittring collected data, conducted the analyses and interpretation of the data, and drafted the manuscript. M. Pérard collected data, interpreted the data and critically revised the paper and given important intellectual content. C. M. Witt designed the study, collected data, analyzed and interpreted the data and has critically revised the paper.

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Patient Preference and Adherence

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METHODOLOGY

Using the framework of corporate culture in "mergers" to support the development of a cultural basis for integrative medicine – guidance for building an integrative medicine department or service

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Background: An increasing number of clinics offer complementary or integrative medicine services; however, clear guidance about how complementary medicine could be successfully and efficiently integrated into conventional health care settings is still lacking. Combining conventional and complementary medicine into integrative medicine can be regarded as a kind of merger. In a merger, two or more organizations – usually companies – are combined into one in order to strengthen the companies financially and strategically. The corporate culture of both merger partners has an important influence on the integration.

Purpose: The aim of this project was to transfer the concept of corporate culture in mergers to the merging of two medical systems.

Methods: A two-step approach (literature analyses and expert consensus procedure) was used to develop practical guidance for the development of a cultural basis for integrative medicine, based on the framework of corporate culture in "mergers," which could be used to build an integrative medicine department or integrative medicine service.

Results: Results include recommendations for general strategic dimensions (definition of the medical model, motivation for integration, clarification of the available resources, development of the integration team, and development of a communication strategy), and recommendations to overcome cultural differences (the clinic environment, the professional language, the professional image, and the implementation of evidence-based medicine).

Conclusion: The framework of mergers in corporate culture provides an understanding of the difficulties involved in integrative medicine projects. The specific recommendations provide a good basis for more efficient implementation.

Keywords: integrative medicine, mergers, corporate culture

Introduction

In Germany and the US, complementary medicine is increasingly provided by conventional medical institutions.[1–6] Furthermore, new terms – particularly the term "integrative medicine"[7,8] – have been introduced to capture the increasing implementation of complementary medicine into conventional medicine (mainstream medicine).

Complementary medicine is an umbrella term, which represents a heterogeneous field with disparate beliefs and practices that can vary considerably.[9,10] According to the National Institutes of Health in the US, "complementary" generally refers to using a non-mainstream approach together with conventional medicine.[11]

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To date, few theoretical models and frameworks for describing and evaluating complementary medicine services have been published[12,13] and clear guidance about how complementary medicine could be successfully and efficiently integrated into conventional health care settings is lacking. This so-called "integrative medicine" has been defined by the Consortium of Academic Health Centers for integrative medicine in the US as

> [...] the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals, and disciplines to achieve optimal health and healing.[14]

A previous semi-structured interview study with leading experts of academic integrative medicine was performed. In addition to recommendations that include creating common goals, networking, and establishing well-functioning research teams,[15] the interviewees made it clear that for the successful development of integrative medicine, familiarity with the different cultures of conventional and complementary medicine plays an important role.

Combining conventional and complementary medicine into integrative medicine can be regarded as a kind of merger. In a merger, two or more organizations – usually companies – are combined into one in order to strengthen the companies financially and strategically. Merging organizations have the opportunity to adapt quickly to new or changing markets by fostering a more rapid transformation of the organization that will not occur with either organization alone.[16]

The careful selection of the merger partners is extremely important for success. Not only must the acquirer consider the likelihood of success of combining financial and strategic aspects of both companies, it must also consider the likelihood of success of combining the corporate cultures.[17] It is well known that a failure to negotiate the cultural differences between the merger partners can contribute to merger failure.[17,18]

The corporate culture of an organization may be expressed as "the way we do things around here," and this sentiment includes values, beliefs, attitudes, assumptions, norms, mission statements, aims, personal interests, behaviors, and management styles. In general, two merging organizations may not necessarily have the same corporate culture, but they should be able to act together.[17] In practice, several cultures (ie, microcultures) often coexist within one organization. According to Sherwin,[19] medical schools and teaching hospitals are under pressure to change from academic institutions to corporate organizations. In the hospital environment today, different departments often start to develop their own operational norms. These are influenced by multiple factors, including medical specialization, country, type of hospital, leadership, and employees. In general, many problems in cooperation, communication, teamwork, and acceptance of treatments can be attributed to cultural differences. In corporate mergers, organizations that once offered mutually exclusive and competitive products and services in the marketplace face challenges to become uniform and integrated.

Transferring the theoretical frameworks that have been developed for merging organizations to the two distinctive medical approaches of conventional medicine and complementary medicine might be helpful for a better understanding and further development of integrative medicine. The underlying aim for a corporate merger is to arrive at positive synergy, meaning that the final outcome of the merged system is greater than the sum of its constituent parts. Similarly, integrative medicine wants to reach synergistic therapeutic effects that lead to a better treatment outcome for patients by combining conventional and complementary medicine.[8]

The impact of the merger on the corporate culture of both organizations is strongly influenced by the employed integration type. According to Kummer,[20] different degrees of integration are possible during a merger. Developing an integrative medicine referral service would be characterized as a "linking" type of integration, which allows conventional and complementary medicine to work together while maintaining their respective and independent identities; in this case, at least a mutual understanding of both cultures is needed. The creation of a new department for integrative medicine with a joint team of conventional and complementary medicine professionals would be called "the best of both worlds" integration type; here, the development of a new corporate culture is necessary.

The aim of this project was to develop practical guidance for the development of a cultural basis for integrative medicine. This guidance is based on the framework of corporate culture in "mergers" and could be used to build an integrative medicine department or integrative medicine service.

Methods

A two-step approach, including a literature analysis and expert consensus procedure, was used. The preparation of the symposium was based on a literature analysis and brief narrative telephone interviews with merger experts as well as with professionals working in integrative medicine. Relevant information on merger theory and corporate culture, as well as information on corporate culture aspects

of both conventional and complementary medicine, were summarized in a written document and synthesized into a presentation for the workshop. Furthermore, integrative oncology, a growing field within integrative medicine, was identified as a good example. Workshop participants from Germany and the US were identified and invited to participate in a 2-day interdisciplinary consensus symposium. The symposium took place at the Robert Bosch Foundation in Stuttgart, Germany on October 22–23, 2012.[14] The 14 participants came from different backgrounds and included two leading experts on corporate culture in mergers, a hospital manager with experience in establishing an integrative medicine department in Germany, a nurse who established one of the leading integrative medicine programs in the US, four chief medical doctors from integrative medicine departments (one from Germany; three from the US), four researchers with experience in integrative medicine research from a variety of backgrounds (business, history of medicine, medical anthropology, and epidemiology), and two representatives of the supporting foundations (Robert Bosch Stiftung and The Institute for Integrative Health). The workshop included introductory lectures on mergers and corporate culture and case studies from integrative oncology, which were complemented by breakout sessions in which two interdisciplinary groups with seven participants each worked in parallel discussing the same topics over the course of 2 days. These topics included reasons for building an integrative medicine department or integrative medicine service, identifying the most relevant aspects of cultural differences between conventional and complementary medicine, and developing practical recommendations to guide the development of an integrative medicine department or integrative medicine service.

Results from the two working groups were presented in a plenary session and synthesized through a consensus discussion. In addition to written Delphi rounds, all workshop participants and those who were not able to join the workshop were asked to comment on the manuscript until final consensus was reached after the third round.

Three additional experts (one patient advocate, one chief medical doctor, and the principal investigator of a large collaborative research project on integrative oncology) – who were invited, but unable to participate in the workshop – joined the post-symposium Delphi process.

Results

From the symposium and Delphi process, some general comments and insights were derived. When building an integrative medicine department or offering an integrative medicine service, the primary aim was viewed as the achievement of positive synergy between conventional and complementary medicine and the improvement of hospital outcomes, including health care. Positive synergy was viewed as the integration of the two approaches to medicine (conventional and complementary) leading to better patient outcomes as well as to better clinic outcomes (eg, patient numbers, revenue) than either approach could achieve alone. Because several definitions exist for the terms complementary medicine and integrative medicine, it was decided that the term "integrative medicine" would be used to denote a combination of conventional medicine and complementary medicine that creates positive synergy. Providers play an important role and cultural differences between conventional health care providers and complementary medicine providers were discussed during the symposium as a threat resulting in a possible cultural clash. This would have a negative impact on synergy as well as on each provider group itself. This impact may include conflict, low morale, low productivity, poorer quality care, and turnover among key individuals and groups.[21]

It became clear that in each hospital or department a mosaic of different perspectives generally exists (eg, medical doctors, nurses, administration, pharmacists) and that both conventional medicine and complementary medicine have many microcultures depending on their respective specialties or modalities. However, although both are heterogeneous on the microculture level, it was assumed that each has an overall macroculture. On a macro level, conventional medicine appeared to have a more uniform and sharply delineated culture with clear norms and values, whereas the macroculture of complementary medicine seemed to be more heterogeneous and strongly influenced by the different treatment modality philosophies (eg, Chinese medicine). Although conventional medicine also includes a broad variety of disciplines with heterogeneous microcultures, these were commonly seen to be highly respected in society and share a similar scientific basis, whereas complementary medicine was viewed as less respected and less scientific. Furthermore, different financial models for conventional and complementary medicine in health care were discussed, which vary between countries and states. Third party coverage is more common for conventional medicine overall, whereas complementary medicine is more often based on fee-for-service models or philanthropic support.

It became clear that providers of complementary medicine vary depending on the country in which complementary

medicine is delivered, as well as national and local regulation. In Germany, for example, complementary medicine is more often provided by conventional medical doctors,[22] whereas in the US, it is mainly provided by non-medical doctors. Some of the recommendations below, for example, using a common language and terminology, are more relevant when conventional medical doctors and non-medical doctor complementary medicine practitioners work together.

During the discussion it became obvious that when integrating conventional and complementary medical providers, it is very likely that more than two cultures will be brought together, potentially exacerbating the challenges discussed above.

The following recommendations were developed for practical guidance to support the development of a cultural basis for integrative medicine, which could be used to build an integrative medicine department. They are divided into recommendations for general integration management and recommendations for dealing with cultural differences (Figure 1).

Recommendations for general integration management

The recommendations center on five general strategic dimensions of integration management. These include the definition of the medical model, motivation for integration, clarification of the available resources, development of the integration team, and development of a communication strategy.

Definition of the medical model

It is important to choose a medical model that suits the needs of patients, the clinic, and its other relevant stakeholders. The medical model includes the type of integration (eg, integrative medicine department which needs the development of a new shared culture or an integrative medicine referral service where a mutual understanding of both cultures is needed); the complementary medicine modalities to be offered, with attention to their safety and credibility (eg, starting with the more known and accepted modalities); and the degree of specialization (eg, How much specialization is reasonable and necessary to be competent and effective without losing the patient-centered and holistic approach?). The benefit to the patient should play a key role when defining the medical model.

Motivation for integration

The motivation of the administration and the providers from both sides (complementary and conventional medicine) should be succinct, explicit, and transparent for the integration and subsequent collaboration when treating patients. Both intrinsic (eg, seeing the benefit of integration for the patient) and extrinsic (eg, financial incentives)

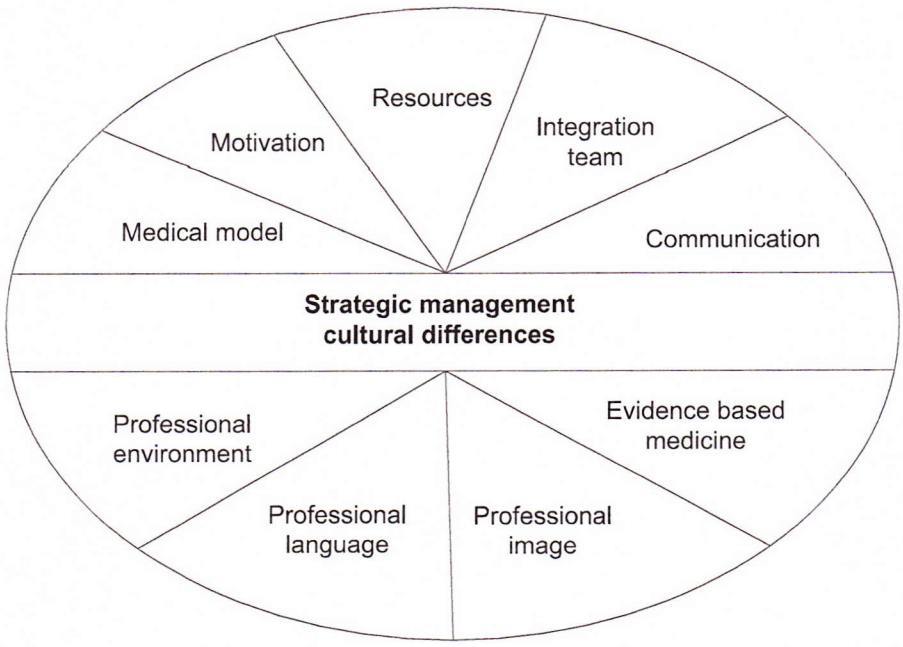

Figure 1 Recommendation areas for general integration management and for dealing with cultural differences.

motivators should be communicated and accepted by all parties involved.

Clarification of available resources

The available resources should be defined and reasonable, including space, staff, training, and consumables, as well as time and incentives for those involved in the planning and implementation.

Building the integration team

The team should consist of visible "champions," with interpersonal, social, and emotional skills, who can act as door openers or liaisons between administrators and practitioners from both medical approaches. However, to support sustainability, it is important not to depend on a single person. The "champions" should understand the aims, share the overall vision, and be able to work together as a team. This teamwork requires building mutual respect and belief in the validity of both approaches to medicine. The team ideally includes: 1) a conventional medical doctor in a leadership position who is highly respected in the clinic, has political savvy, and is able to compromise; 2) an administrator who is in a leading position; 3) a complementary medicine practitioner who is respected in his/her field, with good leadership and clinical skills, and who has high visibility, and brings value to the organization beyond complementary medicine; and 4) a nurse who is visible and highly respected to encourage bridging between complementary and conventional medicine as well as bridging to patients.

Communication strategy

The concept of the integrative medicine department or referral service should be over-communicated. This communication should emphasize the project's aims, as well as describing exactly what integrative medicine services are anticipated. Strategies should be developed to increase the knowledge and understanding of integrative medicine (eg, joint events in which physicians and practitioners might socialize and bond such as conferences and trainings). Furthermore, the impact of the new service/department on the different stakeholders should be clearly communicated.[23,24]

Recommendations for overcoming cultural differences

Four cultural differences have been identified that could lead to a clash of cultures when developing and implementing an integrative medicine department or referral service: the clinic environment, the professional language, the professional image, and the implementation of evidence-based medicine. For each, the cultural difference, potential implications, and recommendations to mitigate cultural differences are outlined in Table 1.

Discussion

The framework of corporate culture in mergers provides perspectives that allow for an understanding of the difficulties involved in integrative medicine projects. Five key actions have been identified as important in the strategy for development of an integrative medicine department or referral service: definition of the medical model, clarification of the motivation for integration, clarification of available resources, development of the integration team, and development of a communication strategy. Four cultural differences that are relevant for integrative medicine were able to be identified: the clinic environment, the professional language, the professional image, and the implementation of evidence-based medicine. Furthermore, recommendations to mitigate these cultural differences were provided.

The recommendations were based on a literature analysis and systematic multidisciplinary expert experience. One limitation is that in the symposium participants represented only two countries, Germany and the US. These countries were selected because both had strong development in the field of integrative medicine within medical schools and teaching hospitals in recent years, but have very different health care systems. The recommendations might have differed had experts from other countries such as China or India participated, where the culture of traditional medicine has long been the predominant medical approach and is still widely available. One further limitation is that patients' barriers to integrative medicine were not discussed. However, it was recommended that it is important to choose a medical model that suits the needs of patients, and to make this possible, patients should be fully integrated into the development process of the integrative medicine department or integrative medicine service.

Furthermore, integrative medicine is a broad and heterogeneous field and the recommendations provided here should be viewed as general guidance. When putting these recommendations into practice, it will be necessary to take many details of the actual context into account. The structure of the health care system and reimbursement guidelines will have an especially strong influence on the choice of the medical model. In the US and Germany, the reimbursement of integrative medicine could be various based on the policy. Due to this, not all integrative medicine services will be economically self-sustainable. It is important to allow

Table 1 Identified cultural differences that could lead to a clash of cultures when developing and implementing an integrative medicine department or referral service

	Cultural differences	Possible consequences of cultural differences	Recommendations to mitigate cultural differences
The integrative medicine environment (inpatient or outpatient clinic usually as part of a hospital)	A complementary medicine practitioner is most commonly an entrepreneur working in his/her own business, and will have to adapt to a new role in the clinic as an employee who works as part of a team. Most complementary medicine practitioners are unfamiliar with the structures, the type of patients, and working in interdisciplinary teams typical of conventional medicine. Conventional health care providers (eg, medical doctors and nurses) have been trained to work within this environment.	Cultural differences influence the attitudes, communications, and working style within the professional team, as well as patient care (eg, patient–practitioner interaction and communication). Differences can have a negative impact on outcomes, especially on patient satisfaction and provider productivity.	a) In general, team and meeting structures in conventional medicine are already changing to take into account the need for multidisciplinary teams. Complementary medicine could be viewed as one discipline within such a team. It is important to enforce less hierarchical structures, but to have clearly defined roles and responsibilities in the teams. Furthermore, the responsibility for the medical diagnosis – including legal liability – has to be clarified within the team. b) Complementary medicine practitioners have an entrepreneurial background and might have a fresh perspective on the given structures. In terms of continuous improvement, the administration should be open to their innovative ideas (eg, employee idea system). c) Training and education should be provided for complementary medicine practitioners in these areas: 1) team development/exposure training (including materials, group exercises and team building, and conflict resolution pathways), 2) special training in organizational structure (eg, reporting guidelines, record keeping, safety), and 3) education in the medical specialty (eg, breast cancer) and typical safety aspects.
Professional image (part of the personality and includes aspects such as appearance, behavior, habits, and communication style)	The professional image of many complementary medicine practitioners can differ from that of conventional health professionals. The institutions that provide the relevant training, the peers, and the underlying treatment philosophies have an influence on respective professional images.	Cultural difference influences attitudes and communication in the professional team, as well as attitudes toward and communication with the patient. It especially affects corporate philosophy, because complementary medicine practitioners often don't fit the corporate identity of a conventional medicine organization.	a) For the complementary medicine practitioners, the "social norm" in the integrative medicine institution must be clearly defined. Aspects such as having a clear strategy for complementary medicine providers' visibility as a marketing tool might be taken into account. b) In the staff selection process, considering both clinical skills and professional image will be useful. As noted earlier, complementary medicine includes practitioners with many different modalities (eg, acupuncture, massage therapy) with a wide variety of cultural variances among them as well. The within-modality differences should be considered as much as the differences between complementary and conventional medicine.
Professional language (a profession is identified in part by its use of a shared – but often specialized – language)	For all conventional health care professionals, a shared basic medical language exists, and it is more detailed in the different specialties. By contrast, the professional language of complementary medicine practitioners is very heterogeneous across the different modalities. Language is also influenced by the different modalities' respective philosophical groundings.	Different professional languages are problematic for communication with patients and for communication within the professional team. Misunderstandings affect the quality of care and may result in reduced patient safety and patient satisfaction, and can have a negative effect on job satisfaction and productivity.	a) Short-term recommendations include: 1) training of complementary medicine practitioners in the basic medical language, and the provision of details needed for the specialty in which they work, 2) the development of a clear and comprehensive safety triage system, which could also be applied by complementary medicine practitioners (eg, when a cancer patient gets a new headache, imaging would be needed to check for brain tumor), 3) training of conventional health professionals in the basics of the applied complementary medicine methods for a better understanding for appropriate referrals, and 4) increasing respect and mutual understanding in an overall multidisciplinary team structure by avoiding abbreviations and explaining special terms. b) Long-term recommendations include: 1) the inclusion of basic conventional medicine medical terminology

	Cultural differences	Possible consequences of cultural differences	Recommendations to mitigate cultural differences
			in the training of complementary medicine practitioners, 2) postgraduate terminology courses for medical specialties, and 3) training medical students in the basics of the most relevant complementary medicine methods.
Implementation of EBM (is a conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services[22])	Currently, EBM is much more established in conventional medicine than in complementary medicine.	Misunderstandings about EBM have a critical influence on the communication within the professional team, and can reduce productivity and job satisfaction. Because EBM has an influence on strategy, its relevance and the acceptable EBM level should be defined as part of the medical model.	a) Short-term recommendations include: 1) empowering complementary medicine practitioners in research literacy with trainings that focus on their treatment modalities including literature search, critical appraisal, the relevance of EBM, a better understanding for clinically meaningful effects in studies, and the relevance and potential of context effects in overall medicine for patient outcomes, 2) educating both conventional health care professionals and complementary medicine practitioners to understand EBM as evidence that includes three pillars (practitioners' experience, norms and values of the patient, and evidence from clinical research), that evidence can exist on different levels, and that they should be familiar with the available evidence of both conventional and complementary medicine interventions in their field. b) The long-term recommendations include more research literacy in the complementary medicine training of conventional medicine practitioners.

Abbreviation: EBM, evidence-based medicine.

enough time and resources for the strategic planning phase of the proposed integrative medicine department. Sometimes the best decision may be to not pursue implementation of the integrative medicine department project, because it will be neither accepted nor sustainable. The integration project might even lose money and reduce the productivity of the organization as a whole. It is noteworthy to mention that the integration of complementary and alternative medicine into a mainstream hospital is only possible if the hospital is financially viable.

A new integrative medicine department that is based on the integration type "best of both worlds" needs the development of a "new," shared culture,[20] a process that can be resource intensive. For a successful and efficient integrative medicine referral service that is based on the integration type of "linking," corporate culture also plays an important role, but the focus might be better directed toward developing mutual respect and an understanding of cultural differences than at the development of a completely "new" culture. Such mutual respect and understanding would be based not only on a shared professional language, but also on an appropriate orientation to and familiarity with the professional environment. Moreover, sensitivity to incentive systems is critical, especially in environments where complementary medicine and conventional medicine may not be viewed or valued the same. Without these, patient safety and productivity might be negatively affected. Overall, the integration might be less resource intensive and easier in Germany than in the US, because in Germany complementary medicine is often provided by conventionally trained medical doctors who know the conventional environment and speak the professional language. However, independent of their professional backgrounds, the "champions" from the complementary medicine field need strong leadership skills and the ability to work in a team in addition to their clinical skills. Currently, in both Germany and the US, there is a shortage of complementary medicine practitioners with extensive skills and experience in leading multidisciplinary teams. Leadership in integrative medicine is an area that needs development, and should include clear definitions of the necessary competencies, motivation incentives, and training in leadership competencies.

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Disclosure

The authors report no conflicts of interest in this work.

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MERGING conventional and complementary medicine in a clinic department – a theoretical model and practical recommendations

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Abstract

Background: Today, the increasing demand for complementary medicine encourages health care providers to adapt and create integrative medicine departments or services within clinics. However, because of their differing philosophies, historical development, and settings, merging the partners (conventional and complementary medicine) is often difficult. It is necessary to understand the similarities and differences in both cultures to support a successful and sustainable integration. The aim of this project was to develop a theoretical model and practical steps that are based on theories from mergers in business to facilitate the implementation of an integrative medicine department.

Methods: Based on a literature search and expert discussions, the cultures were described and model domains were developed. These were applied to two case studies to develop the final model. Furthermore, a checklist with practical steps was devised.

Results: Conventional medicine and complementary medicine have developed different corporate cultures. The final model, which should help to foster integration by bridging between these cultures, is based on four overall aspects: culture, strategy, organizational tools and outcomes. Each culture is represented by three dimensions in the model: corporate philosophy (core and identity of the medicine and the clinic), patient (all characteristics of the professional team's contact with the patient), and professional team (the characteristics of the interactions within the professional team).

Conclusion: Overall, corporate culture differs between conventional and complementary medicine; when planning the implementation of an integrative medicine department, the developed model and the checklist can support better integration.

Keywords: Merger, Fusion, Complementary medicine, Health management, Corporate culture, Integrative medicine

Background

In recent years, the use of complementary medicine has risen [1, 2]; in particular, cancer patients ask for more holistic treatments [3–7] such as acupuncture for reducing the nausea caused by chemotherapy. The broad field of complementary medicine is defined by the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH) in the US as "a group of diverse medical and health care systems, practices and products that are not generally considered to be a part of conventional medicine. Complementary medicine is used together with conventional medicine, and alternative medicine is used in place of conventional medicine" [8].

Patients' high demand for complementary medicine therapy exerts pressure [9] on clinics to adapt appropriately to patients' needs. In many places, this adaptation has resulted in a shift from the separation of conventional and complementary medicine to a "merger" of the two medicine fields [10]. New terms have been introduced that aim to capture the increasing integration of complementary

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medicine in a conventional medicine setting, particularly the term "Integrative Medicine" [11]. This term was defined by the Consortium of Academic Health Centers for Integrative Medicine as "the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing" [12]. In countries such as Germany, where both complementary and conventional medicine are often provided by conventional medicine physicians, integrative medicine was described as the combination of mainstream with complementary medicine, supposedly leading to synergistic therapeutic effects [13]. More patient-centered care might suggest a more integrative medicine approach that combines the best of conventional medicine with the best of complementary medicine. However, because of their differing philosophies, historical development, and settings, merging conventional and complementary medicine can be very challenging [14, 15]. It is necessary to understand the similarities and differences in both cultures to support a successful and sustainable integration.

In the business environment, when organizations merge, understanding cultural similarities and differences in these organizations—in other words, their individual corporate cultures—is a necessity. Each organization has its own identity, personality and way of conducting its business, and these specific aspects make an organization unique. Davenport (1998) describes corporate culture as "the DNA of an organization, invisible to the naked eye, but critical in shaping the character of the workplace" [16]. Corporate culture is also the "collective programming of the mind" that distinguishes the members of one organization from another [17]. Cartwright and Cooper define corporate culture simply as "the way in which things get done within an organization" [18], in other words: making people speak the same language.

With a merger, organizations have the opportunity to adapt quickly to new or changing markets by permitting the more rapid transformation of the organization than organic growth might allow [19]. In economics, a merger is defined as "the combining of two or more entities into one, through a purchase acquisition or a pooling of interests" [20]. The careful selection of merger partners is extremely important for success. Not only must the acquirer consider the likelihood of success of combining the financial and strategic aspects of both organizations, it must also consider the likelihood of success of combining the corporate cultures [18]. Corporate culture determines individuals' commitment, satisfaction, productivity and longevity with an organization [21] because individuals tend to select organizations with which their own values are aligned [22]. When an individual's values fit well with the corporate culture, a psychological bond is formed and is difficult to break [23].

It is widely recognized that cultural differences between merger partners are one of the most common reasons for failure [18, 24]. Any aspect of disagreement may be a point of failure (e.g., communication problems within the team, high turnover) [25].

A prominent example is the merger of Daimler-Benz with Chrysler. This merger seemed to make sense from a business perspective, but the contrasting cultures have impeded the development of positive synergies [24]. Daimler-Benz honors traditional hierarchy and methodical decision-making, whereas Chrysler stands for pragmatic adaptability, creativity and equal empowerment [26]. In general, two merging organizations need not necessarily have similar or the same corporate cultures, but they should be able to act together. Therefore, two aspects are important: the degree to which the cultures are different and in which direction the cultural change should proceed [18]. If the change proceeds in the direction of increasing individual freedom, the integration may be easier because the new culture might seem to be more appealing than the previous one [18]. In addition, the willingness of an employee to abandon his/her culture depends simultaneously on the consideration of that culture and on the attractiveness of the other [18].

Approaches for the degree and depth of combining two companies in a merger can vary. The "confederation" approach combines organizations that work in parallel with no integration. In the "linking" type, the organizations work together with no real integration. The "absorption" type is when the acquired organization is fully absorbed by and becomes a part of the acquirer. The acquired organization has to fully adopt the corporate culture of the acquirer; there is no creation of a new corporate culture. The first approach, in which the creation of a new corporate culture is needed, combines the advantages of both organizations in the "best of both worlds" method. The integration level is high, and therefore, a strong new corporate culture is needed to bind the two groups together [27].

Overall, the framework of corporate culture in business mergers seems to be suitable for applying to the mergers of conventional and complementary medicine into a new entity labeled "integrative medicine." The aim of this project was to develop a theoretical model and practical steps that are based on business merger theories to facilitate the implementation of an integrative medicine department.

Methods

We conducted a literature search on cultures in conventional and complementary medicine. We searched Pubmed and the internet by combining the terms culture, philosophy, work style, work manner, patient-practitioner relationship, time devoted to the patient with integrative

medicine, complementary medicine, alternative medicine and CAM. Furthermore, we asked medical anthropologists for additional literature that is not available in Pubmed (e.g., books). The literature for the narrative review was analyzed with a focus on extracting information on various aspects of culture, such as the philosophy, work style, and characteristics of the physician/practitioner-patient relationships in conventional and complementary medicine. The results of the literature search on culture in conventional and complementary medicine were successively condensed and are summarized in the results section and in Table 1. We also conducted a literature search on merger and corporate culture theories using the terms role of corporate culture in merger, corporate culture in merger, professional culture, reasons for merger failures, merger of medical traditions, and fusion or merger of conventional and complementary medicine. From that search, only the model "15 behavioral dimensions of organizational culture" from the Schweiger-Larkey-Group, known as SLOCI, was identified [28]. We contacted Schweiger as well as Kummer as international well-known experts in the field and invited them to participate in this project. According to their knowledge, no other models relevant to our research aim have been published. The SLOCI dimensions are targeted

Table 1 Major cultural differences in corporate philosophy between conventional and complementary medicine

	Conventional medicine	Complementary medicine
Values		
Philosophy of care	Positivistic approach [36]:	Holistic approach: Bio-psycho-spiritual-social model [35, 36, 45]
	• Importance is given to the knowledge of facts and experimental sciences [36]	• The whole is more than the sum of its parts
	• The patient is given the undivided clinical attention of the physician [52]	• Body, mind and spirit are interrelated and must all be considered in healing
		• Aims neither unilaterally at the body nor at the soul but treats the patient as a whole
Philosophy of healing	• Health: – "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" WHO Constitution [39] = criticized definition [53] as static and accentuating only subjective aspects [39]	• Health, disease and therapy effects do not result solely from molecular interactions but also from the different causal interactions between these factors within the human being as a whole. [45]
	- Other definitions are "ex-negativo" explanation: [54]	• Healing = (re)establishment of the harmony between the functions of body, soul and spirit [45]
	= Lack of deviance from biological norms [39], "Life with organ's silence" [54]	• Disease = disequilibrium between biological, psychological, social and spiritual forces [55]
	• Disease = deviance from biological norms [39]	
Norms - Therapeutic approach		
Disease-oriented [44]		Patient-oriented [44]
Specialization:		Holistic approach [32, 34, 35]
• Opportunity for high competency in specialty fields [34, 39]; more efficiency [40]		• Patients' involvement, empowerment and responsibility in the self-management of their illnesses [32, 34, 36, 42, 45]
• Routine [40, 43]		• Self-regulation of the body and its healing power; enhancing natural body reactions [34]
• Fragmentation of care (with communication and cooperation impediments) [34, 39]		• Symptoms seen as a message from the organism, similar to an SOS [35]; look at underlying causes [45]
• Risk of losing the overall vision [34]		
• Analytical [32, 34, 35]		• Intuitive [32, 34]
• Deductive [32]		• Inductive [32]
• Standardized [40]		• Tailored to individual needs [32, 44, 45]
• Evidence-based [37]; scientific [32, 34, 35]		• More or less spiritual therapeutic approaches [38]
Use of pharmacotherapy with predominantly proved effects [38] and high use of technology [43, 54]		Use of natural treatments and remedies [45] with less technical equipment than CM [45]
Focus more on structure than outcomes:		Focus more on outcomes than structure:
The quality of structure includes the personal, spatial, temporal, technical and organizational conditions of medical practice: availability, short waiting times, training and education [36]		Outcome quality refers to therapeutic goals, such as improving and healing, patient satisfaction and quality of life, encouraging health-related behavior and self-responsibility, stimulating self-regulation, prevention [36]

to highlight essential key differences in the corporate cultures between two merger partners, which can lead to substantial clashes. Therefore, this model is suitable for establishing cultural prerequisites for a merger. However, as the literature analysis on the cultures of conventional and complementary medicine revealed, additional aspects need to be taken into account, for example, the medical philosophy, physician/practitioner-patient interactions and medical expertise because mergers occur on different levels (patient, professional team, clinic, institution, regulation, system) [10, 29]. To keep the model simple, appropriate, and manageable, we did not want to go into too much detail for each aspect, and we defined the dimensions more broadly than did the SLOCI. Nevertheless, the 15 SLOCI dimensions can be incorporated into our model. For example, "cautious communications versus open communications" [28], "deliberate communications versus fast communications" [28] and "indirect communications versus direct communications" [28] can be found on one hand under "professional team – communication" and on the other hand under "patient – communication".

To test the completeness and feasibility of our preliminary model, we performed two case studies in integrative oncology centers: one in Germany (11 interviews) and one in the US (9 interviews). The results of the case studies on corporate culture in clinics were reported in a separate manuscript [30]. Both case studies consisted of interviews with different professionals (from conventional medicine, complementary medicine and administration) in each clinic, focusing on their corporate cultures. The interview guidelines for the first case study (Germany) were based on the preliminary model. The results from the interviews were used to revise our model, write the interview guidelines for the second case study (USA), and create the first version of the checklist based on the model and on the integration process described by Cartwright and Cooper [18]. After the second case study, the model and the checklist were again revised and presented at a consensus workshop to merger experts and integrative oncology experts. Comments from this workshop were included in the final model, and recommendations for general strategic dimensions and for overcoming cultural differences were educed [31].

Results

First, we will summarize the cultural aspects of conventional and complementary medicine that were identified from the literature analysis. Subsequently, we will introduce the model and the checklist.

The culture of conventional medicine

In the existing literature, the philosophy of conventional medicine has been described as scientific [6, 32, 33], analytic [34, 35] and deductive [32], and the data should be measurable [35] (see Table 1). With this pharmaceutically, evidence-based, and pathogenically oriented model [6, 36–38], importance is given to the "knowledge of facts and experimental sciences" such as a "rationalistic view of therapeutic modalities" [36]. Technology is an important tool in arriving at a diagnosis. Its expedience supports conventional physicians' capacity to make quick, accurate diagnoses, decisions and treatment recommendations that result in patients' positive outcomes, especially within pressured timeframes. The healing approach is presented as reductionist [10, 35], and, since 1945, conventional medicine has become increasingly specialized [39]. This specialization provides patients with the opportunity to be treated more efficiently [40] by highly competent clinicians in the special field they need [39]. The generalizable and standardizable [10, 32, 40] nature of the therapy is essential for conventional medicine. In essence, hospitals are comparable with organizations, with costs, revenues, staff, suppliers, clients and competition; therefore, productivity plays a key role in clinics. Clinicians are also responsible for improving financial performance and organizational efficiency and quality [41]. The role of physicians is becoming more administrative; one-third of their work is consumed with such responsibilities [40, 42]. Physicians are now service providers [40], and their tasks must be standardized, preplanned and routine-oriented [43] in order to achieve the highest efficiency. The treatment of individual cases generally conforms to a well-established therapeutic framework [44].

The culture of complementary medicine

In the literature, the philosophy of complementary medicine is described as holistic [10, 32, 45], empowering [32, 42, 45], individualistic [32], inductive [32, 34] and intuitive [32]. Holism postulates that the whole is more than the sum of its parts [35, 36]. Supporting the body [34] and the whole person in an effort to create or reestablish balance and harmony [36] in a patient's bio-psycho-socio-spiritual aspects [32, 36] plays an important role (see Table 1). Complementary medicine is seen to stimulate the healing power of the organism [34, 35], and symptoms are often regarded as signals of the patient's condition, the therapy and its effects [35]. Patients are seen as unique, and therapy is individualized accordingly [35]. In interactions, the practitioner needs to communicate with the patient in a 'calm' and 'unrushed' manner [45], a practice that generally requires more time than in interactions with a conventional medicine physician [42, 45–47]. In complementary medicine, the patient is the center of the medical process [45]. In-depth conversations [42, 45] characterized by the physician's relational and supportive communication style [45] are used to strengthen the patient-physician relationship [42, 45]. This interaction style is seen to empower the patient to take responsibility

for his/her healing and therapy [34, 42, 45] and encourages shared decision-making [42, 45].

Model and checklist

The final model is based on four overall aspects: culture, strategy, organizational tools and outcomes [see Fig. 1], and all of these dimensions are defined in Additional file 1: Table S1.

Each culture is represented by three dimensions in the model:

- Corporate philosophy (core and identity of the medicine and the clinic)
- Patient (all characteristics of the professional team's contact with the patient)
- Professional team (the characteristics of the interactions within the professional team)

The main focus of the model is on culture. Nevertheless, the aspects of strategy, organizational tools and outcomes play relevant roles in the integration process. There is a need to define clear goals in the form of a strategy that includes concepts that reflect the medical model and the provided services, as well as a need to clearly define how the alliance of conventional and complementary medicine should appear. In the first two to three years, merger strategy should focus on long-term investments without expectations for profit making. To implement the strategy, organizational tools, and, especially, available resources, should be clarified. Human, financial and material resources are to be considered and should be accessible and substantial. Furthermore, the outcomes must be defined and measured. The outcome "research" is a key point for the acceptance of integrative medicine.

Based on the merger theory of Cartwright and Cooper (2009) and our final model, we developed a checklist of the sequential steps that are necessary for a successful and sustainable integration process, which should be kept as short as possible [see Additional file 2: Table S2]. The first stage is "courtship". The management team investigates the status of complementary and conventional medicine and shareholders' motivations to integrate complementary medicine. The strategy should be planned at this stage; the culture differences between complementary and conventional medicine should be revealed, a new corporate identity should be created, and the appropriate staff should be chosen. The second stage is the "legal announcement of the marriage". This announcement should trigger a wave of communication with all shareholders about the merger and the new corporate culture. This stage is decisive; the employees have to know what is going on to create initial enthusiasm and synergies and to avoid the stress of uncertainty, which can lead to turnover. After this comes the "honeymoon period". This is the moment of actual confrontation between the two worlds. The integration team implements the new corporate culture and continues to over-communicate the goals of the merger. The new

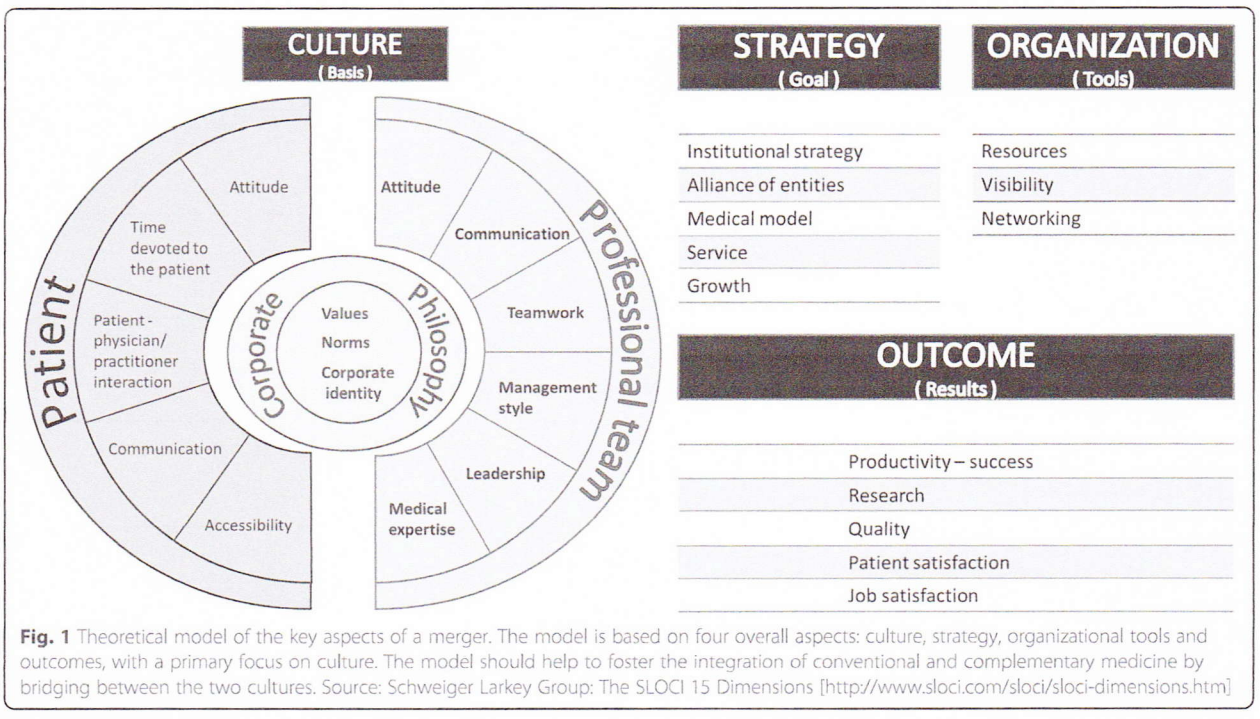

Fig. 1 Theoretical model of the key aspects of a merger. The model is based on four overall aspects: culture, strategy, organizational tools and outcomes, with a primary focus on culture. The model should help to foster the integration of conventional and complementary medicine by bridging between the two cultures. Source: Schweiger Larkey Group: The SLOCI 15 Dimensions [http://www.sloci.com/sloci/sloci-dimensions.htm]

corporate culture begins to take root. In the last stage, "establishing marital allegiance", the culture is established and the integration team should attempt to maintain high visibility and remain vigilant to patient and employee dissatisfaction.

Discussion

Using an innovative and unique approach, we developed a model that can be used to support the development of a successful and sustainable integrative medicine department in a clinic. By understanding cultural differences and creating a new, strong corporate culture aligned with the integrative medicine philosophy, teams from different backgrounds can be unified (conventional and complementary medicine). This model is accompanied by a checklist that identifies sequential steps and clarifies accountability during the process.

With the model and checklist, we bring together knowledge and experience from different fields, including business and medicine. Considering the uniqueness, novelty, and interdisciplinarity of our project, we were not able to draw upon previous results. Our project benefitted from the combination of different methodologies, including literature analyses, expert discussions, and case studies, which allowed us to control for the model's validity and feasibility during the development process. Nevertheless, the uniqueness of the approach can also be seen as a limitation because there are no comparison models. Culture is a very broad and heterogeneous field, and we summarized the literature in a narrative review. It is possible that a systematic review would have provided a broader picture. Our model reflects this diversity and can be generally applied to different settings, including different countries with different health systems, as well as to different specialties in conventional and complementary medicine. Pragmatically, we assumed that the cultural differences between conventional and complementary medicine were fundamental factors in developing an integrative medicine department. We must also be aware that in each hospital, different kinds of cultures and subcultures already exist, including national, corporate, or professional cultures. These cultures are independent but still related.

We have chosen to compare the cultures of both complementary and conventional medicine with the cultures of two different organizations. We selected corporate culture as a starting point because it, like conventional and complementary medicine, can be explored as the way of doing things in the workplace regardless of one's hierarchical position or profession. The dimensions of the model are not exhaustive, but for simplicity's sake, we focused on the dimensions that in our case studies had posed the greatest challenges during integration. In our case studies and model, we focused on Western culture. We conducted case studies in two countries, the USA and Germany. In the non-Western world, cultural aspects may be different. Our aim was to analyze the merger of the corporate cultures in conventional and complementary medicine in order to understand the decisive levers for creating an integrative medicine service in a clinic. This kind of merger does not map perfectly to what happens in business when two organizations merge to one. Nevertheless, our focus was on the corporate culture aspect within mergers, and this fits also on a theoretical level because, as the literature revealed, differences in both cultures can make combining the two medicines difficult. In the present study, the definition of merger serves not only as a metaphor but also as a description of a social process. The teamwork between merger partners is decisive for the success of the merger and dependent upon the compatibility of each individual corporate culture with the other. Complementary and conventional medicine teams complement each other. In the literature, conventional medicine is described as reductionist [10, 35] and disease-oriented [34, 44], whereas complementary medicine is described as more holistic [36, 45] and patient-oriented [44], and even more extreme views on both conventional medicine and complementary medicine exist. In reality, the cultural aspects of both conventional and complementary medicine will vary according to the setting, the country and the profession.

Two key points of our model are communication and resources. Many different types of communication are implicated: internal (within the integrative medicine team, with the management or integration team) and external (with the patient, with other departments of the clinic, with the public). The most difficult communication will center on the merger and integration itself. Therefore, we recommend creating an integration team [48, 49] and maintaining continuous communication regarding merger goals with all stakeholders. A new shared language should be created through common efforts of both merger partners in order to avoid the Tower of Babel effect [50, 51].

In order to empower the integration team to succeed, the staff should be composed of knowledgeable, open-minded, stable, friendly, respected and respectful, committed, motivated, enthusiastic and realistic members. Such a team is able to exploit the model and the checklist to their full advantages and create a successful and sustainable combination of conventional and complementary medicine within a clinic.

Conclusion

We have used an innovative interdisciplinary approach to contribute to more comprehensive and efficient patient care. We brought together knowledge and findings from corporate culture in business mergers, literature

analyses and two case studies that we developed. In doing so, we demonstrated that there are major cultural differences between conventional and complementary medicine. To bridge these differences and to suggest strategies for perfectly integrating the best of both medicines, we finalized a theoretical model and a practical checklist. These allow for the systematic development of a sustainable integrative medicine service or clinic that combines conventional and complementary medicine at a high-quality level.

Additional files

Additional file 1: Table S1. Merger culture project - operational definitions [56–62].

Additional file 2: Table S2. Detailed steps to successfully offer integrative medicine.

Competing interests
The authors declare that they have no competing interests.

Authors' contributions
MP conducted the literature research and drafted the theoretical model and the manuscript. NM critically revised the manuscript. DS, CK and CMW critically revised the theoretical model and the manuscript and contributed to important intellectual content with respect to their fields. All authors read and approved the final manuscript.

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Additional file 1: Table S1: Merger culture project - operational definitions

CORPORATE CULTURE

The collective programming of the mind that distinguishes the members of one clinic service from another [17].

Example: "In the integrative medicine center, we build team spirit through team-building activities on the weekends".

CORPORATE PHILOSOPHY

The theory used to determine how the clinic is formed and how it manages different areas of operation such as accounting, management, training, public relations, marketing and business operations [56].

Example: "We want to focus on the human more than on profits".

Values: beliefs-ideals: **The** important and enduring beliefs, ideals, and convictions shared by the members of a culture about what is good or desirable and what is not. Values exert major influence on individual behavior and serve as broad guidelines in all situations [56]. Values are the operating philosophies or principles that guide the internal conduct of the clinic as well as its relationships with its patient, staff, and partners.

Example: One "value" may incorporate the assumption that the patient is an individual and that an individualized holistic treatment approach is most appropriate.

Norms = informal rules: Norms are notions of right action binding upon the members of a group, and they serve to guide, control, or regulate proper and acceptable behavior. Norms are informal guidelines about what is considered normal social behavior in a service or in the clinic. In short, "The way we do things around here" [56].

Example: "We control the quality of our care by clearly defined treatment pathways".

Corporate identity: The combinations of color schemes, designs, words, etc. that a firm employs to make a visual statement about itself and to communicate its business philosophy. Identity is an enduring symbol of how a firm views itself, how it wishes to be viewed by others, and how others recognize and remember it. Unlike corporate image (which is an "in there" changeable mental impression), corporate identity is "out there"—a sensory experience conveyed by such things as buildings, decor, logo, name, slogan, stationery, uniforms; it is largely unaffected by a company's financial up and downs. Corporate identity is more or less permanent unless it is changed deliberately [56].

Example: Apple's logographic apple; UPS's use of the color brown

PROFESSIONAL TEAM

By virtue of having completed a required course of studies and/or practice, a professional team is a group of persons who are formally certified by a professional body. The team's competence can usually be measured against an established set of standards [56].

Example: Physicians, complementary medicine practitioners.

Attitude: Manner, disposition, feelings, position, etc., with regard to a colleague, the job or the clinic [57].

Example: Seeing oneself as a team member, competitor or supervisor.

Communication: The structure, content, and ways of sharing information within the team in the service and in the clinic. To facilitate communication within their services, employees will usually need to have or develop considerable interpersonal skills—such as effective speaking, writing and listening. Emphasis should be placed on procedural, clinical, and administrative communication.

Example: Regular staff meetings and case conferences.

Teamwork: The process of working collaboratively with a group of people in order to achieve a goal. Members of the team use their individual skills, share insights with one another, and provide constructive feedback, despite any personal conflicts between individuals. Teamwork is a crucial part of a medical service because it is necessary for colleagues to work well together and to do their best in any circumstances [56].

Example: The physician and practitioner cooperate and combine their knowledge in order to heal the patient.

Management style: Refers to the method of leadership that a chief physician or head of department usually employs when running his/her service in order to achieve the highest degree of effectiveness and quality from employees. [56]

Example: Autocratic, paternalistic, or democratic management styles.

Leadership: The people who are in a position to rule, guide, or inspire others [58].

Leadership involves

1. Establishing a clear vision,
2. Sharing that vision with others so that they will follow willingly,
3. Providing the information, knowledge and methods to realize that vision, and
4. Coordinating and balancing the conflicting interests of all members and stakeholders. [56]

Example: Steve Jobs and, later, Tim Cook at Apple were able to create that company's own culture and vision and to bring it to success.

Medical expertise: The basis of credibility of a person who is perceived to be knowledgeable in an area or topic by virtue of his or her studies, training, or experience in the subject matter [56].

Example: Formal academic credentialing (such as a medical school diploma), skill training and practice, research activities and publications, and real-world experience may each contribute to perceptions and conceptualizations of medical expertise.

PATIENT

One who receives medical attention, care, or treatment [59].

Example: A woman with breast cancer who comes to the clinic for an operation.

Attitudes: The manner, disposition, feelings, positions, etc., between the patient and the professional team (physician, practitioner and nurses) [57].

Example: Seeing the patient as a client.

Time devoted to the patient: The period that is designated for and available to the exchange between a patient and a physician/practitioner [59].

Example: Consultations of up to 60 minutes with the complementary medicine practitioners

Patient-physician/practitioner interaction: All expectations, communications and behaviors between the physician/practitioner and patient [39]. Emphasis should be placed on building and strengthening relationships between and among people.

Example: A cooperative or asymmetric relationship in which the patient depends on a physician or in which the clinic is a service provider for the patient (the patient is seen as a client)

Communication: The exchange and sharing of thoughts, messages, feelings or information by speech, signals, writing, or behavior between the patient, physician, practitioner and nurses [59].

Example: Shared-decision making.

Accessibility: The availability of the physician/practitioner to the patient [59,60].

Example: Availability of the physician/practitioner by phone.

STRATEGY

A method or plan of action chosen by the clinic manager and designed to achieve a desired future or a long-term goal or outcome [56,61].

Example: The broadest and most appropriate range of treatment with the best results for female breast cancer in Germany.

Institutional strategy: The overall scope and direction of the clinic chosen by the clinic manager to achieve its mission, vision and particular major goals in the health care system and in the hospital [56].

Example: Geographic scope of operation; patient groups served, such as the indigent.

Alliance of entities: The creation of a unique organizational entity achieved by combining the different medicine types [56].

Example: Creating an integrative medicine unit by combining conventional and complementary medicine with a high level of integration that exploits the "best of both worlds".

Medical model: Describes the type of care that is offered (in the treatment portfolio).

Example: Services provided in conventional care (e.g., clinic naturopathy), services provided in complementary combined with conventional care (as in an integrative breast cancer center), or specialized services in addition to conventional procedures (e.g., acupuncture during chemotherapy).

Service: The performance and quality of staff's work or duties [59].

Example: The type of service offered (e.g., acupuncture) and its quality.

Growth: An increase in size, number, value, or strength [59].

Example: The number of patients seen in the clinic has grown by 20%.

ORGANIZATIONAL ELEMENTS

A series of actions, changes, or functions that brings about a result or a known goal set by the strategy of the clinic [59].

Example: Improving documentation and transparency in order to facilitate research.

Resources: The people, assets, materials, or capital that can be used by the clinic to accomplish a goal [62].

Example: The deployment of resources, such as rooms, labor force, or time, must be planned to ensure effectiveness and efficiency.

Visibility: The degree to which a clinic's reputation is disseminated (role, function, location, purpose) [59].

Example: Everyone in the region knows the clinic.

Network: A network is an extended group of acquaintances and associate clinics with similar interests or concerns that interact and remain in informal contact through regular communication for mutual assistance, benefits or support.

Networking is based on the question "How can I help?" rather than "What can I get?" [56,59].

Example: MD Anderson could "network" with the Breast Cancer Center in Essen; the facilities exchange information about their treatment successes.

OUTCOME

Determining and evaluating the results of an activity, plan, process, or program and their comparison with the intended or projected results [56].

Example: A high level of remission rates was achieved and, as anticipated, is aligned with the projected demand for hours, interventions and costs to achieve this goal.

Productivity-Success: A measure of the efficiency of a person or service. The comparison of what is actually produced or performed with what can be achieved with the same consumption of resources (money, time, labor, etc.). Productivity-success measures are important for determining productivity [56].

Example: The number of cases per months, number of procedures, etc.

Research: Systematic investigation intended to establish facts or principles or to collect information on a subject and publish it [58].

Example: Evaluating the effectiveness of acupuncture for chronic pain in a clinical trial.

Quality: The totality of features and characteristics of a product or service that reflects its ability to satisfy stated or implied needs (ISO 8402-1986 standard) [56]. Applied to clinics, quality is defined by the key outcomes (patient health) and how to achieve those at the lowest costs.

Example: Cancer remission rates, etc.

Patient satisfaction: The patient's level of approval when comparing the perceived performance of the care service with his or her expectations [56].

Example: "In the integrative medicine clinic for my cancer, the team proposed different treatments and the team members were competent and kind."

Job satisfaction: The degree of contentment stemming from employees' positive and negative feelings toward their work [56].

Example: "Since I have worked at the integrative medicine center, I have more responsibility, and, consequently, I love my job much more!"

Additional file 2: Table S2: Detailed steps to successfully offer integrative medicine

COURTSHIP STAGE

SET STRATEGY

Research on the status of complementary and alternative medicine and conventional medicine

- **Motives**: *(Alliance of entities/Strategy)*

  Explore the administration's reasons for and interest in offering integrative oncology.

- **Merger or diversification:** (*Alliance of entities/Strategy)*

  (Is the new entity a wholly integrated new service or does it simply provide "add-ons" or supplemental services?)

  Clearly define the role of both sides in the new entity and make it transparent (integrating complementary medicine into conventional care in one department; integrative medicine as an added service or the development of a new concept (merger of equals: 50/50?)

  Adapt your concepts to the clinic´s philosophy.

- **Medical model:** *(Strategy)*

  Define the overall medical model, take aspects of credibility and safety into account and define how much specialization is reasonable and necessary to be competent and effective without losing the holistic approach. Offer a medical model that suits the needs of the clinic.

- **Services:** *(Service/Strategy)*

  Define the number and type of different services to be offered. Establish the standard of quality to be provided and determine in which quantity each service will be offered (for example, offering three high-quality complementary medicine services—acupuncture, aromatherapy, phytotherapy—with a focus on acupuncture). Adapt the number of services to the available resources (e.g., how a service is offered to other departments—passive or active, dependent upon resources available).

- **Efficiency:** *(Productivity - Success/Outcome)*

  Establish the metrics necessary to measure clinic productivity. Establish benchmarks for clinic goals.

- **Culture:** *(Values + Norms/Corporate philosophy)*

  Explore the cultural differences and the breadth of the gaps between medical models. Establish how differences and gaps will influence the corporate culture of the new entity. Clarify the differences to everyone on the team.

- **Integration Team:** (*Resources/Organization + Corporate identity/Corporate Philosophy)*

  Create an integration team that will identify the strengths of the merger and present them with confidence. The team should design and implement the new corporate culture for the clinic and choose a slogan, logo, building and type of decor that incorporate the new philosophy. Choose an integration team with strong leadership competencies.

- **Resources**: *(Resources/Organization)*

  Ask the different therapists what kinds of resources are required:

  - Staff: Choose good, competent and sufficient personnel resources for the integrative medicine project.
  - Rooms: Sufficient rooms must be provided for all therapists. Some rooms may require adaptation to the needs of integrative medicine therapies.

- **Recruitment:** *(Management style /Professional team)*

  Interview potential staff members using "what-if" scenarios that they might typically experience in the future. Candidates should respond in ways that suggest that they understand the goals and objectives of integrative medicine and of the clinic. Candidates should also express enthusiasm for the project and a willingness to be collaborative team members.

- **Evaluate the situation:** *(Institutional strategy/Strategy)*

  Review decisions and strategy before making the merger official.

LEGAL ANNOUNCEMENT OF MARRIAGE

ANNOUNCEMENT OF THE MERGER

Matters of style and content

- **Messenger:** *(Leadership + Communication/Professional team)*

  Carefully select a messenger to communicate all merger-related themes to ensure consistent and reliable information flow.

- **External communication:** *(Visibility /Organization)*

  Evaluate the success of efforts to ensure the visibility of the hospital. Ensure that the corporate identity (slogan, logo) has been widely disseminated.

- **Internal communication:** *(Alliance of entities/Strategy + Leadership/Professional team)*

  Define and over-communicate all aspects of the merger, especially the new goals, the new structure and hierarchy, the new roles of key participants, and descriptions of the new corporate culture.

  Ensure that all communications reflect the language of integrative medicine and clearly communicate the terms of the marriage. Dispel rumors, reduce uncertainty.

  Confirm communications with written statements to avoid confusion or distortion.

- **Culture:** *(Leadership/Professional team)*

  Effectively present the new corporate culture. Outline areas of cultural differences between conventional and integrative medicines but focus on the similarities and common ground.

  Create a clear, consistent and realistic understanding of the new culture as early as possible.

- **Feedback:** *(Management style/Professional team)*

  Incorporate an effective feedback mechanism (group announcement, question boxes, etc.). Provide employees with both public and anonymous opportunities to ask questions. Allocate time to respond to questions.

HONEYMOON PERIOD

ACCULTURATION STAGE

Changing the culture

- **Culture:** *(Values + Norms/Corporate philosophy)*

  Implement the new corporate culture. Be aware of possible conflicts and resolve them expediently.

- **Observation and informal discussion** *(Leadership + Communication/Professional team)*

  The messenger should maintain high visibility. At the beginning of the integration, he or she should tour the clinic and informally discuss with employees to reduce anonymity and identify any barriers or considerations that could affect the quality of transitioning to full integration. Establish organizational trust.

- **Official meetings:** *(Communication + Teamwork/Professional team)*

  Establish a detailed exchange about the patients with every therapist. Implement regular meetings, at least 1–2 times a week, with all therapists, nurses etc. of the department and with sufficient time. Create an open meeting atmosphere. Encourage staff members to express their concerns.

- **Attitude:** *(Professional team)*

  Ensure that colleagues respect each other and interdisciplinarity, which must be supported by the head of the integrative medicine center.

- **Staff training:** *(Resources/Organization)*
  - Train complementary medicine practitioners, ensuring that they have a basic understanding of conventional diagnoses, laboratory parameters, etc.
  - Train conventional staff, ensuring that they have a basic understanding of complementary medicine's underlying concepts and methods.

- **Team-building initiative:** *(Leadership + Teamwork/Professional team)*

  Create space for informal meetings and easy communication, e.g., an employee kitchen/break room. Support break times for conversation and casual interactions among employees; offer prevention programs such as group yoga; organize team outings, excursions, etc. Organize recreational and casual activities by involving members of both medicines in a non-threatening and participative environment.

- **Employee survey:** *(Job satisfaction/Outcome)*

  Anonymously assess current attitudes (also trust, commitment, job satisfaction, employee stress, etc.) and cultural fit through an employee questionnaire. Establish a pre-integration measure to provide a baseline for monitoring the progress or success of the cultural change.
- **Supervision of the team:** *(Management style + Communication/Professional team)*

  Organize regular, outside, expert supervision to ensure productive conflict resolution.
- **Documentation:** *(Communication/Professional team)*

  Design one, system-wide, common form of documentation for all interventions that accommodates the inclusion of both conventional and complementary treatments and information. Remind all staff members to regularly read all notes in the documentation.
- **Transparency:** *(Communication/Professional team)*

  Utilize adequate and sustainable communication structures to ensure the flow of information and transparent decision-making. Provide consistent and regular feedback to the referring MDs/nurses about the conditions of their referred patients, which treatments are provided, and relevant patient progress.
- **Visibility:** *(Organization)*

  Consistently offer the departments that refer patients for integrative services information about activities, treatments, clinical practices, etc. Offer open house presentations and in-services about integrative medicine therapies offered, including their evidence and safety.

ESTABLISHING MARITAL ALLEGIANCE

ESTABLISHMENT OF THE MERGER

Visibility and warning signs

- **Communication:** *(Leadership /Professional team)*

  The messenger should continue to maintain high visibility.
- **Networking:** *(Organization)*

  Network with other integrative medicine clinics; explore the "lessons learned" from their experiences.
- **Proactive management style:** *(Management style/Professional team)*

  Be aware of signs of potential difficulties:
  - Increase in patient complaints
  - Low level of employee participation in clinic social events
  - Poor uptake of employee training
  - Increase in short-term absence
  - Poor time- and record-keeping
  - Increase in "personality clashes"

LEBENSLAUF

Mein Lebenslauf wird aus datenschutzrechtlichen Gründen in der elektronischen Version meiner Arbeit nicht veröffentlicht

PUBLIKATIONSLISTE

Publikation 1: Nadine Mittrig, Marion Pérard, Claudia M. Witt, Corporate Culture Assessments in Integrative Oncology: A Qualitative Case Study of Two Integrative Oncology Centers, Evid Based Complement Alternat Med., 2013.
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