# The Exploration of Nurses' and Surgical Patients' Knowledge, Perspectives, Understanding, and Use of Complementary and Alternative Medicine (CAM)

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## A history of medicine:

- 2000 B.C. "Here, eat this root."
- 1000 A.D. —"That root is heathen. Say this prayer."
- 1850 A.D. "That prayer is superstitious. Drink this potion."
- 1940 A.D. "That potion is snake oil. Swallow this pill."
- 1985 A.D. "That pill is ineffective. Take this antibiotic."
- 2000 A.D. "That antibiotic doesn't work anymore."
- Here, "eat this root."

## **Research Question**

• What are nurses' and surgical patients' knowledge, perspectives, understanding, and use of complementary and alternative medicine (CAM)?

## Two Phases - mixed methods/mixed methodologies

- To offer complementary perspectives and increase rigour, one approach is enhanced or compensated by the strength of using other approaches.
- By addressing different views of reality the researcher is well placed to more thoroughly investigate and understand the complexity of human experiences.

- *Phase one*: a descriptive study
- Phase two: a Heideggerian phenomenological study

- Five metropolitan hospitals in Adelaide, Australia
- Questionnaire-based study
  - Pilot tested
- Convenience sampling
- 675 participants (353 patients & 322 nurses)

- Inclusion criteria patients
  - 18 years of age or older
  - Being able to write and read in English
  - Being mentally and physically able to answer the questionnaire
  - Being hospitalised in surgical wards

- Inclusion criteria nurses
  - Holding a qualification in nursing
  - Working in surgical wards

- Statistical analysis
  - Descriptive and inferential statistics

- Semi-structured interviews (9 nurses & 7 patients)
  - Richness of data was achieved.

- Inclusion criteria patients
  - Being hospitalised in surgical wards

- Inclusion criteria nurses
  - Holding a qualification in nursing
  - Working in surgical wards

- Van Manen's hermeneutic approach was used to understand the experience.
  - Van Manen's hermeneutic approach not only investigates what the study has targeted but also reflects Heideggerian philosophical assumptions, assisting to a process in order to achieve a deeper understanding of the lived experiences of the participants.

• Ethical approvals were obtained from the Ethics Committees of the relevant medical centres.



Personal use of CAM:

95.7% of nurses acknowledged personal use of CAM.



#### Most frequently personally used CAM:

Massage (72%)
Non-herbal supplements (70.2%)
Meditation/relaxation techniques/imagery techniques (57.5%)



#### Personal use of CAM domains:

Mind-body interventions (80.7%)
Manipulative and body-based practices (78.6%)
Biologically-based practices (78.3%)
Alternative medical systems (60.2%)
Energy therapies (17.7%)



#### Most common reasons for personal use of CAM:

CAM fits into my way of life/philosophy (37.7%) Potential improvement in my condition (37%) Proven benefit I my condition (29.9%)



Professional use of CAM:

49.7% of nurses acknowledged professional use of CAM.



#### Most commonly professionally used CAM:

Massage therapy (23%)
Music therapy (19.6%)
Non-herbal supplements (17.4%)



#### CAM therapists commonly recommended to patients:

Massage therapist (48.4%)
Herbalist/naturopath (25.8%)
Chiropractor (25.8%)



#### Communication about CAM with patients:

15.8% of nurses <u>always</u> ask surgical patients about the use of herbal medicine.

5.3% of nurses always ask surgical patients about the use of CAM therapies (except herbal medicine).



#### CAM knowledge:

7.8% of nurses rated themselves as having no knowledge and 52.5% as having very little knowledge of CAM.

3.4% of nurses perceived themselves as knowing a lot about CAM and 34.8% rated their knowledge of CAM as some.



#### Attitude toward CAM:

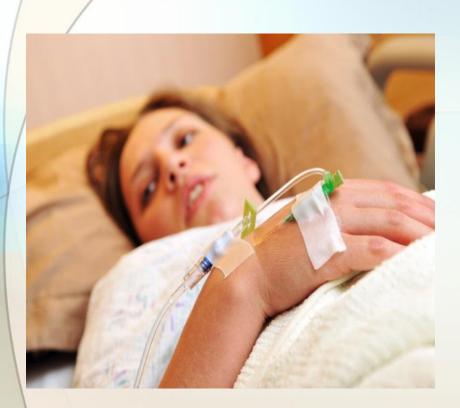
22.4% of nurses rated their attitudes towards CAM as very positive and 36.6% as slightly positive.

32.6% of nurses were neutral, and 4.7% had a slightly negative with 2.5% having a very negative attitude towards CAM.



### Personal use of CAM:

90.4% of patients acknowledged personal use of CAM.



Most frequently used CAM:
Non-herbal supplements (60.3%)
Massage therapy (45%)
Chiropractic (39.7%)



#### Personal use of CAM domains:

Biologically based therapies (68.8%)

Mind-body interventions (65.4%)

Manipulative and body-based methods (63.2%)

Alternative medical systems (44.5%)

Energy therapies (16.7%)



Most common reasons for personal use of CAM: CAM fits into my way of life/philosophy (26%) Recommended by family/friends (24.1%) Potential improvement in my condition (23.8%)



Most commonly preferred CAM for use in hospital:

Massage therapy (53.5%)

Non-herbal supplements (43.1%)

Music therapy (34.8%)



#### Disclosure of CAM use:

48.4% of patients had informed doctors and/or nurses about their use of herbal medicine.

## Phase 1: Findings - Patients



Disclosure of CAM use (except herbal medicine): 38.4% of patients had informed doctors and/or nurses about their use of CAM.



#### CAM knowledge:

24.4% of patients rated themselves as not having any knowledge about CAM, and 42.5% rated themselves as having "very little" knowledge of CAM.

28.9% of patients rated themselves as having "some" knowledge of CAM, while 3.1% rated themselves as having "a lot" of knowledge of CAM.



#### Attitude toward CAM:

46.4% of patients had either a "very positive" (16.7%) or a "slightly positive" attitude (29.7%) towards CAM.

6.5% of patients had a "slightly negative" attitude and 3.4% had a "very negative" attitude towards CAM.

## Findings: Phase 1 - Comparing Nurses' and Patients' Data



#### Significant differences:

- CAM domains used personally
- CAM provided by nurses and CAM preferred by patients
- Attitudes toward CAM

## Findings: Phase 1 - Comparing Nurses' and Patients' Data



#### No significant difference:

• CAM knowledge

- Thematic findings:
  - Being frustrated
  - Being willing
  - Self-appraisal
  - Taking control
  - Being satisfied



My body hates my mind, and my mind hates my body! ... I've found it's probably one of the only ways to go.

### We are frustrated: Sense of helplessness Being confined

I do like the idea of it. ... I personally would like to see more complementary medicine ... [but] nurses, like us, are imprisoned and can't do it.





We have to take responsibility for some of our treatment ourselves ...

#### We are willing:

Wanting to know
Being committed
Accepting holistic care
disliking

... I'm planning to go and learn more about these therapies ... I like to do it.





I'm very sceptical of alternative medicines.

#### We are self-appraising:

Admitting
Being at risk
Certainty
Liking familiarity

... I think we don't have perhaps enough knowledge behind the alternative therapies ...





It [bees' pollen] can't kill me. If it doesn't give me hives or anything, I'll keep taking it, so – we'll see how we go.

### We are taking control of our treatment:

Getting through
Being independent

I said, I'll give it a go. I'll give it a shot, I've got nothing to lose.





I feel happy, I feel calm,
I feel relaxed [laugh]. ...
I feel like a marshmallow ...
Just soft and squidgy ...

We are satisfied:
Sense of well-being
Being gratified

[It] makes you feel good that you are doing that for a patient, you know.



#### Conclusion

- Openness toward CAM
- CAM keeps hopes alive
- Not willing to leave allopathic medicine wholly
- A doorway to be more holistic
- Fulfilled to be practising CAM

#### Conclusion

- Nurses' awareness of their limitations
- Nurses' and patients' reliance on personal experience
- Dissatisfaction with care or treatment as a pushing factor
- Not used as a "cure" by clients satisfied with allopathic medicine
- Used mainly as a "complementary" rather than an "alternative"

#### Conclusion

- Existence of difficulties to practising CAM
- Treatment of both mind & body
- CAM therapies as effective as medications
- Conventional health care services perceived somewhat impersonal
- Putting trust in health professionals rather than CAM therapists

#### **Implications**

- Nursing education
- Nursing practice
- Nursing research



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