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.”
What are nurses’ and surgical patients’ knowledge, perspectives, understanding, and use of complementary and alternative medicine (CAM)?
Method/Methodology

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.
Method/Methodology

• *Phase one*: a descriptive study

• *Phase two*: a Heideggerian phenomenological study
Method/Methodology

Phase One

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

Phase One

• 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
Method/Methodology

Phase One

• Inclusion criteria – nurses
  • Holding a qualification in nursing
  • Working in surgical wards
Method/Methodology

Phase One

• Statistical analysis
  • Descriptive and inferential statistics
Method/Methodology

**Phase Two**

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

Phase Two

- Inclusion criteria – patients
  - Being hospitalised in surgical wards
Method/Methodology

Phase Two

• Inclusion criteria – nurses
  • Holding a qualification in nursing
  • Working in surgical wards
Method/Methodology

Phase Two

- 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.
Method/Methodology

• Ethical approvals were obtained from the Ethics Committees of the relevant medical centres.
Findings: Phase 1 - Nurses

**Personal use of CAM:**

95.7% of nurses acknowledged personal use of CAM.
Findings: Phase 1 - Nurses

**Most frequently personally used CAM:**

- Massage (72%)
- Non-herbal supplements (70.2%)
- Meditation/relaxation techniques/imagery techniques (57.5%)
Findings: Phase 1 - Nurses

*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%)
Findings: Phase 1 - Nurses

Professional use of CAM:
49.7% of nurses acknowledged professional use of CAM.
Findings: Phase - Nurses

*Most commonly professionally used CAM:*

- Massage therapy (23%)
- Music therapy (19.6%)
- Non-herbal supplements (17.4%)
Findings: Phase 1 - Nurses

CAM therapists commonly recommended to patients:
Massage therapist (48.4%)
Herbalist/naturopath (25.8%)
Chiropractor (25.8%)
Findings: Phase 1 - Nurses

Communication about CAM with patients:
15.8% of nurses *always* 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).
Findings: Phase 1 - Nurses

**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.
Findings: Phase 1 - Nurses

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.
Findings: Phase 1 - Patients

Personal use of CAM:
90.4% of patients acknowledged personal use of CAM.
Findings: Phase 1 - Patients

**Most frequently used CAM:**
- Non-herbal supplements (60.3%)
- Massage therapy (45%)
- Chiropractic (39.7%)
Findings: Phase 1 - Patients

**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%)
Findings: Phase 1 - Patients

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%)
Findings: Phase 1 - Patients

Most commonly preferred CAM for use in hospital:
Massage therapy (53.5%)
Non-herbal supplements (43.1%)
Music therapy (34.8%)
Findings: Phase 1 - Patients

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.
**Findings: Phase 1 - Patients**

**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.
Findings: Phase 1 - Patients

**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
Phase Two

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

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 willing:
Wanting to know
Being committed
Accepting holistic care
disliking

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

… I’m planning to go and learn more about these therapies … I like to do it.
We are self-appraising:
Admitting
Being at risk
Certainty
Liking familiarity

I’m very sceptical of alternative medicines.

… I think we don’t have perhaps enough knowledge behind the alternative therapies …
We are taking control of our treatment:
Getting through
Being independent

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.

I said, I’ll give it a go. I’ll give it a shot, I’ve got nothing to lose.
We are satisfied:

Sense of well-being
Being gratified

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

[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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