

NURSES' ATTITUDES TOWARDS COMPLEMENTARY THERAPIES.

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Abstract

Contemporary nursing strives to incorporate more holistic principles into the environment in which nurses are expected to practice. The general public is becoming more demanding and expects a high quality service which health care professionals are struggling to provide. This has led to a surge of interest in non-orthodox or complementary therapies. People are looking to these therapies to fill the gaps left by orthodox treatments.

The purpose of this paper was to present a systematic review of the attitudes of nurses towards complementary therapies.

Method and material: The systematic review was carried out in various databases using combinations of the following search terms: complementary therapy, alternative therapy, holistic, integrated care, nursing attitudes, acupuncture and herbal remedies.

Results: This review confirms that complementary therapies are increasingly appealing to nurses and the wider public alike. Different forms of these therapies are presented and discussed. Complementary therapies offer nurses an ideal opportunity to return, at least to some degree, to hands-on nursing. They offer levels of holistic care which orthodox nursing and medical practices have so far failed to deliver. They also offer the opportunity for nurses to act as totally autonomous therapists. These therapies can empower patients and help them feel more in control of their own condition. They also help to address aspects of the patient that a western medical model of health care delivery has often ignored, for example, the role of anxiety in pain experience, or spirituality.

Conclusions:The potential benefits of incorporating complementary therapies into nursing practice have been well illustrated in a wide selection of literature. Nurses' attitudes towards these therapies have also been discussed but there has been little if any research into them. In order to obtain facts about nurses' attitudes and to ascertain the willingness of nurses to use these therapies further research is required.

Keywords: complementary therapy, alternative therapy, nursing attitudes, acupuncture, herbal remedies.

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Introduction

Much has been written on nurses' attitudes towards complementary therapies but, there is as yet, little formal research around this subject. If information regarding nurses attitudes can be obtained then the progress of education and implementation of complementary therapies into contemporary nursing practice can be more efficiently planned and executed. It has been argued that nursing is moving away from the prevailing orthodox medical model that has dominated practice for the last century. It is now making a transition into a practice which encompasses more holistic principles. This is reflected in a growing interest in complementary therapies in the general public and nurses alike.^{1, 2}

The growing interest in complementary therapies is supported by the British Medical Association who believe that various indicators suggest that there is a notable increase in the use of non-conventional therapies over recent years. This report suggests that there may be up to 15 million consultations per year with non conventional therapists and up to 160 different therapies in use in the UK. These range from the wider know interventions of homeopathy to less know localized or regional herbal remedies. Consultations with alternative therapists are now used by 10 to 15% of the general population each year, which suggests more than just a trendy fad. Major surveys in the United States found that one in three American adults treated was using some form of non-conventional therapy.^{3, 4}

Complementary therapies within the National Health Service (N.H.S.) are a low key but steadily growing industry. It is worth mentioning that even government ministers have voiced their support for 'unconventional therapies' which is reflective of not only the increasing interest, but also the advantages these ministers perceive in these therapies not least of which is a financial one.⁵

Aim

The aim was to review the literature concerning the attitudes of nurses concerning the use of alternative and complementary therapies within their scope of practice. The objectives were to present these different forms of therapies and to critically discuss their role and potential within the current, turbulent health care environment on these issues.

Methods

A systematic review was carried out in databases which included searches in: PubMed, Cinhal, Elin and the Cochrane Reviews. The following key words were used: complementary therapy, alternative therapy, holistic, integrated care, nursing attitudes acupuncture and herbal remedies. Selected papers were reviewed independently by the authors and critically analyzed for the purposes of this discussion.

Results-Discussion

The most commonly used therapies include homeopathy, acupuncture, dietary manipulations, massage, osteopathy, herbalism, reflexology, relaxation aromatherapy shiatsu, yoga and many more. Therapists using these methods focus on the core value of holism - a concept which modern nursing has attempted to incorporate into practice.⁶

There is often confusion about the terminological use of holistic and individualized care. Although holism is an ancient originated concept and practice, the holistic term relating to modern nursing was re-invented and used again in the mid 20th century in the United States of America. The Greek term *ολιστικό* derived from *Όλον* meaning 'the whole', refers to treating the body as a whole unit aiming at gradual improvements rather than focusing on specific organs and speed of efficacy of treatment.

Holistic nursing is defined as healing the whole person. Holistic nursing requires the nurse and client to integrate self-care and self-responsibility into his or her own life. It draws on nursing knowledge, theories, expertise and intuition to guide nurses in

becoming therapeutic partners with clients. Thus, Holistic Nursing as a Specialty gives voice and a context to a specialty identified by the philosophy and practices of the nurse.⁷

Although there is some common ground there are basic philosophical differences. For example, in orthodox practice the term 'patient' is more commonly used. However, this implies a certain passivity of role - we do things *for* a patient and too rarely *with* the patient. Holistic care recognises the interplay of mind, body and spirit which is consistent with many current nursing theories, and in this respect it has much in common with orthodox nursing practice where the aim is to treat patients as 'whole' people. Despite models of nursing advocating care of patients on both a psychosocial and a spiritual level, low staffing numbers and increased workloads frequently inhibit such a total care approach. Concerns have been raised that some nursing practices only contribute to relieving symptoms rather than the underlying problems that many patients face. Consequently staff may feel that neither they nor the patient benefit greatly from the interaction.^{8, 9, 10}

This statement highlights the plight of modern nursing in attempting to address the holistic needs of the patient. It is in meeting these needs that complementary therapies could be of use when utilised within nursing practice. Attempting to incorporate these therapies into a scientifically orientated system of health care delivery could be problematic. In order for complementary therapies to be accepted by the majority of western medical practitioners they must respond to an increasing pressure to explain themselves in scientific terms. Many of the therapies are based on systems of health care which are alien to the scientific model and attempting to amalgamate the two can result in a clash of philosophies.¹¹ However, comparative studies need to be carried out and to assess outcomes scientifically, as well as patient satisfaction and differences of side effect.¹²

Discussions regarding the acceptance of acupuncture, and alternative systems of

medicine into orthodox medicine highlight the fundamental incompatibility between the philosophy of Chinese medicine and that which underlies scientific western medicine. As science is now institutionalised in the West it has tended to become totally dominant and dismissive of all other forms of knowledge. Yet, recent reports on alternative medical systems suggest that these systems are incompatible with the corpus of scientific knowledge, and must be rejected by anyone who accepts the general validity of the latter.^{13, 14}

Changes are occurring in many Western National Health Services including the UK where the growth of the British Holistic Medical Association with its aim to encourage non-drug approaches to treatment and healing serves as a good example. In many hospitals nurse training has incorporated more holistic philosophies towards patient care. Similarly, improvements are being made in several medical schools to provide a humane education for medical students. However, unless the whole system of health care is reappraised, these changes will remain at the theoretical level, paying lip service to the ideal of holistic medicine and immobilised within medical system whose existing values fundamentally oppose the spirit of such developments.^{15, 16}

For the moment as scientific principles remain the basis of western medical systems, this realisation has prompted much research attempting to explain and validate the use of complementary therapies in scientific terms. The formulation of acceptable studies has nevertheless been problematic. In the past, survey and experimental methods of research were most often used because numerical data were perceived as being more reliable and more scientific than other types of data. Orthodox science holds to the fact that quantitative (objective) evaluation is the greatest measure of truth. Complementary therapies, however, treat the whole person so there is much debate about which research method accurately evaluates these therapies. It is possible to record quantitative measures in many circumstances, but when evaluating the

spiritual and emotional aspects of therapy qualitative evaluation must be used.^{17, 18}

Another problem regarding the clinical use of alternative treatments is that a suitable placebo for the control group has not yet been found for double-blind trials of physical forms of treatment that require practitioners' skills. For example, difficulties arise when designing a double-blind trial for acupuncture when both the practitioner and the patient know when and where a needle has been inserted.^{19, 20}

In addition to the problems associated with the incompatible philosophies and validation of treatments outlined above incorporating alternative treatments into the N.H.S. means that issues, such as, professionalism, indemnity insurance, suitability of qualification and regulation by professional bodies must be considered. Standardisation of professional issues is a subject many alternative therapeutic disciplines have not yet reached agreement upon. Until now, there has been suspicious glowering between allopathic and complementary camps. In addition to problems with professionalism, issues such as terminology, slow development of evaluation and audit, longer appointment times and the training of lay practitioners means that there is still a long way to go before the N.H.S. is able, if ever, to provide a wider comprehensive service.^{21, 22}

There is no doubt that there is a trend towards the increasing use of complementary therapies in areas where the dominant medical system is scientific. In many ways, this offers the opportunity for nurses to extend their role, and increase their autonomy, whilst offering more choice to their patients. However, much of the literature which mentions nurses' attitudes towards complementary therapies is descriptive and based on personal experience rather than solid research evidence.²³

Some hospitals in the United Kingdom have introduced a two stage project to implement complementary therapies into nursing practice within the hospital. Stage one involved heightening awareness of the therapies within a nursing development unit and stage two involved the development of skills. At present, the nursing development

unit offers a two day course (in aromatherapy and therapeutic massage) given by a skilled aroma-therapist three times a year to which staff of all grades are invited to attend. To date, in one hospital, approximately 80% of ward staff have attended, including the night team. This rate of attendance indicates a significant level of interest among the nurses within this unit but the first stage of heightening awareness would undoubtedly have influenced this.^{24, 25, 26}

This project was considered very innovative and it was widely agreed that complementary therapies were especially important to the care nurses delivered to patients on an elderly ward. It was also noted that therapies such as aromatherapy, nutritional therapies, massage, visualisation and herbal medicine were implemented not only by nursing staff but the medical team and the pharmacy department in a highly cooperative way. The consultant on that particular team observed that fewer laxatives and sedatives in the ward were used, and that, overall, there was less drug prescribing. The medical team was also supportive and always included any herbal remedies on the drug charts and notes. The pharmacists were helpful and even arranged a supply of comfrey. There was no mention of any negative attitudes from these departments. There is, however, mention of opposition from other quarters. Nursing union representatives sometimes questioned this type of care, and in a few instances, nursing staff were ridiculed by colleagues.^{27, 28}

As more evidence amasses on the therapeutic and psychological advantages of herbal and other remedies, this trend is likely to become more accepted within orthodox medicine which relies on evidence based practice. Health professionals are exploring the potential of alternative approaches to the treatment of health problems. Indeed many are questioning the notion that conventional medicine is always the most appropriate means of resolving disorders. Yet, this statement, whilst supportive of the notion of an increasing trend towards complementary therapies in nursing, has little research evidence to

support it. Furthermore, there seems to be a considerable potential for the use of alternative therapies within nursing practice, and the increasing number of articles in this topic must in part reflect a growing interest by nurses in employing specific techniques in the care of their patients.^{29, 30}

We should not ignore the fact that many nurses are becoming increasingly disillusioned with conventional health care. Some say it is because they feel that the treatments they give often contribute to, rather than relieve the problems that patients face. Other nurses argue that individuals including the nurses themselves should take more responsibility for their health and are disappointed that preventive health care teaching falls on deaf ears. A notable example of this is the high percentage of nurses and doctors who continue to smoke in Greece and other countries like Armenia. In Greece at present, 51% of doctors smoke and the rate among nurses is also high. Nevertheless, there is a growing trend amongst nurses and the general public, to seek systems of health care that take a holistic approach. Again this statement refers to the rising popularity of complementary therapies but has as yet, little reference to actual research in this area. Research into nurses' attitudes and the use of complementary therapies is lacking there has been a number of studies examining this in the general public.^{31, 32, 33}

Recently, a systematic review on newspaper coverage in the UK regarding advertisements for complementary and/or alternative therapies for cancer undertaken by Milazzo & Ernst 2006 showed that national newspapers frequently publish articles on this subject. Yet, the authors claim that much of this information in these advertisements seems to be uncritical with a potential for misleading patients.³⁴ In another instance, the Daily Telegraph received 5,486 replies to an open questionnaire on "alternative medicine". A random sample of 1000 was then analysed at the Open University. About 75% of the respondents were women; 50% were aged between 45 and 64; and about 33% were over 65. As many as 96% said they had used an "alternative therapy" When asked why, 52% said it was because orthodox

medical treatment was not helping their condition and 25% claimed they were worried about the side effects of orthodox treatment. Of those responding, 77% had found the alternative therapy "very helpful", 17% "quite helpful", and 94% said they would be prepared to use the therapy again. The most used therapies were homeopathy, osteopathy, acupuncture, medical herbalism, aromatherapy and chiropractic. This non-scientific investigation appears to show an overwhelmingly high rate of both interest and success relating to the use of alternative therapies in a non-hospitalized sample. But the validity of these results can be questioned for a number of reasons. The study does not cover a fair cross section of society as the majority of the respondents (88%) were over 45 years of age and came from The Daily Telegraph newspaper readership which would represent a very restricted population sample.³⁵

Furthermore, the expense involved in visiting private therapists is more likely to deter the young working class than middle aged, or middle class people. Secondly, it could be argued that those most likely to respond to a questionnaire about complementary therapies in a newspaper would be people who have some interest in health or have used complementary therapies at some time. This could explain the high portion of respondents who had used the therapies. The degree of success achieved by the respondents could be questioned as there was no control group. Yet, with such high percentage of satisfaction, from such a large number of respondents who used alternative therapies, one should not ignore the possible indication of their worth.

Researchers from the UK's Medical Care Research Unit investigating the use of non-orthodox and conventional health care in Great Britain estimated that there were 1,909 holistic practitioners actively using one of the following treatments (acupuncture, chiropractic, homeopathy, medical herbalism, naturopathy, and osteopathy) in the UK. They concluded that practitioners' own estimates of their normal workload suggested that this group of 'non-orthodox' practitioners undertook four million

consultations in 1987, roughly one for every 55 patient consultations with a general practitioner in the N.H.S. Some 63% of the patients were women. It is interesting to note that 64% of all patients surveyed reported having received orthodox treatment for their main problem from their GP or a hospital specialist prior to their visit to an alternative therapist. Yet, only 24% were receiving both forms of treatment concurrently. This demonstrates the effect that failure on the part of conventional medicine has on the uptake of complementary therapies.^{36, 37}

Consumers' Association Survey

The widely respected Consumers' Association in the UK has reported that of 28,000 surveyed members of their in-house magazine 'Which?' approximately one in seven said that they had used some form of alternative or complementary medicine during the previous twelve months. A more detailed survey was also sent to a smaller sample randomly selected from members who had used alternative or complementary therapies. Of the 1942, who responded, 31% said they had been cured, and 51% that the condition for which they had sought help had improved. Only 14% said their treatment was ineffective and 1% that their problem had got worse after treatment. Some 74% said they would "definitely use this form of medicine again". The most common types of therapies used alone or in combination were: osteopathy (42%), homeopathy (28%), acupuncture (23%), chiropractic (22%), and herbalism (11%). When asked if they had tried conventional medicine for their problem, 81% said they had been to their GP, but 81% again said they had been dissatisfied because they had not been cured, only got temporary relief or could not be treated. This investigation again lacks a control group so is of little use in proving the curative effects of alternative therapies but it does demonstrate the willingness of sufferers to use complementary therapies. In addition, the sample is more appropriately selected than in the Daily Telegraph survey.³⁸

Dissatisfaction with orthodox therapies is a worrying trend. Certainly, the negative side of an evidence based approach is taking its toll. A patient told that there is "no evidence" of a specific side effect to a modern drug is little comforted when a side effect emerges years later. This failure in the system is partly responsible for the drive towards alternative therapies.³⁹

Nursing has dramatically changed in recent years as Hospitals in many Western countries and especially in the UK which have established N.H.S trusts and thus have been operated in a highly competitive arena. This change has necessitated an emphasis on profit with hospitals now competing for GP contracts and competing with each other to attract patients. This competition coupled with increased patient turnover means that many patients are being discharged in a much less independent state than ever before.⁴⁰

Demand for health services has been steadily increasing over the last few decades putting a great deal of strain on physical and human resources worldwide. Advancing medical technology, plus an often technically introduced i.e. medically driven demand for services, has driven many health care systems of the western world to their limits. Another burden on the system is the increasing turn-over rate, which leads to longer waiting lists. Although the duration of stay is often shorter more beds are needed. Ten years ago patients they could have expected to stay in hospital for a week or more following an operation. This same operation today often means a stay lasting a matter of 1-2 days. Nurses are expected to rise to this rapid 'turnover' challenge, caring for an ever increasing number of patients whilst resources become increasingly strained. As nursing attempts to embrace holistic ideals and nurse training schools preach sophisticated ideals of care the reality of the situation contradicts this. In reality qualified nurses are spending less time with patients. Personalized care is often sacrificed for routine clinical work including administrative work and other non-nursing tasks. Hands-on care is being increasingly devalued and the supervisory

and clerical roles of the registered general nurse are becoming of greater importance.⁴¹ However, changes in nursing have not all been negative; following the publication of the UKCC Scope of Professional Practice document in 1991, nurses have been allowed more autonomy than ever before. No longer do nurses need to produce a certificate of competence in order for them to practice in what was once considered an extended role. It is now the responsibility of the individual nurse to decide whether or not they are capable of carrying out a task. This has paved the way for nurses to incorporate complementary therapies into their practice. Through the implementation of complementary therapies nurses are given an ideal opportunity to reinstate the concept of hands-on care into their practice. These therapies not only allow a return to the bedside for the nurse but also facilitate the delivery of a level of holistic care which orthodox nursing practices have not yet, and may never achieve.⁴²

Conclusions

Although, much of the literature regarding nursing and complementary therapies states that nurses are becoming increasingly aware of and interested in the use of complementary therapies but there is little hard evidence for this other than an increase in the amount of journal articles on this subject. An insight into nurses' attitudes is important because if their attitudes are negative it would be advisable to increase awareness of the potential benefits before incorporating these therapies into main stream practice. If nurses are enthusiastic this will provide a strong case for hospitals and educational institutions to implement training and target alternative therapies appropriately.

One might predict that we are in full cycle and returning to the inclusion of herbal and dietary based therapies as practiced by Hippocrates, Asklepios and the great ancient physicians of that era who used therapies which embraced the total well being of the patients. This approach in combination with the enormous advances in modern medicine and genetics is surely the direction contemporary health care systems will be

forced to follow through external (pharmacological) forces and internal (patient demand) forces.

It is now time for new research to be funded to expose the strengths and weakness of both sides of the orthodox/complimentary medical equation. This will lessen the bickering and undermining of each camp which is detrimental to patient confidence and against the interest of all health professionals/practitioners.

The potential benefits of incorporating complementary therapies into nursing practice have been well illustrated in a wide selection of literature. Nurses' attitudes towards these therapies have also been discussed but there has been little if any research into them. In order to obtain facts about nurses' attitudes and to ascertain the willingness of nurses to use these therapies further research is required.

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