The Use of Complementary and Alternative Medicine Therapies Among Nurses Today

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Abstract

Most nurses are knowledgeable about common forms of Complementary and Alternative (CAM) therapies, but are largely unfamiliar with less common CAM therapies, some of which may cause serious health risks when combined with traditional medicines. Many patients do not report CAM therapies because they are not asked. A review of the literature has shown that they are not asked because nursing students are not being taught the importance of doing so. This paper explores current literature about CAM therapies; includes a study with results from three registered nurses revealing their familiarity, opinions, and educational background regarding CAM therapies; and concludes with a proposal to enhance CAM education in current nursing curricula.

Table of Contents

Abstract..............................................................................................................................2

Table of Contents.............................................................................................................................3

Introduction........................................................................................................................4

Literature Review...............................................................................................................6

Method..............................................................................................................................16

Results..............................................................................................................................19

Conclusions......................................................................................................................20

References........................................................................................................................22

Appendix A......................................................................................................................25

Appendix B......................................................................................................................26

Introduction

Complementary and Alternative Medicine (CAM) is a collective term used to describe, “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine” (Rojas-Cooley & Grant, 2006, p. 581). Conventional, or traditional, medicine on the other hand, is defined as, “medicine as practiced by holders of MD (medical doctor) or DO (doctor of osteopathy) degrees and by their allied health professionals, such as physical therapies, psychologists, and registered nurses” (Rojas-Cooley & Grant, 2006, p. 581). CAM is a very broad term that encompasses a variety of therapies including, but not limited to, “chemically well defined molecules, substances from plant or animal origin or therapies such as spiritual healing or psychosocial interventions” (S. Buchan, Shakeel, Trinidade, D. Buchan & Ah-See, 2012, p. 672). The National Center for Complementary and Alternative Medicine (NCCAM) has identified five categories of CAM: “(1) Alternative medical systems, such as homeopathic and naturopathic medicine; (2) Mind-body interventions, such as meditation, prayer, and cognitive-behavioral therapy; (3) Biologically based therapies, including herbs, foods, and vitamins; (4) Manipulative and body-based methods, such as chiropractic manipulation and massage; (5) Energy therapies that involve the use of energy fields, such as therapeutic touch and magnetic fields” (Helms, 2006, p. 118). Complementary and Alternative Medicine is an aspect of medicine that is growing, expanding, and changing the way modern medicine looks today and will look in the future. The National Commission for Health Education Credentialing (NCHEC) has discovered that the most widely accepted CAM therapies in the US today are natural products such as nonvitamin and nonmineral therapies, and has noted an increase in “deep breathing exercises, meditation, massage therapy, and yoga” practices (Pinzon, 2012, p. 165). Many people have sought relief from symptoms using CAM. Although many CAM therapies have little to no side effects when used alone, when combined with one or two traditional medications, many adverse reactions could occur. For the safety of the patient, it is important that any CAM therapies be reported during the general health exam, yet overall, studies have shown that nurses fail to question patients about the specific CAM therapies they utilize. Research has suggested that the reason there is a gap in this area is due to a gap in nursing education regarding the many different types of CAM therapies, their risks and benefits, and the importance of questioning patients about their use especially when combined with traditional medicine.

My search through the literature about CAM therapies caused me to ask a series of questions that ultimately led to the creation of my own study when I found the gap that literature had not yet answered. In the following section, the progression of my literature review began with a desire to learn more about CAM therapies and what it encompasses. As I learned more about CAM therapies, I began to wonder how patients and nurses felt about CAM therapies, including their opinions and views on the popular and the less familiar forms of CAM therapies. In addition to personal opinions and views on CAM therapies, it became necessary to find literature that supported the use of CAM therapies based on scientific proof of its efficacy. Through the research that was conducted, this one question unified the entirety of literature reviewed and led to the necessity of this study: were nurses being adequately educated to understand the importance of having conversations with patients, within the general health exam, about the risks and benefits of utilizing CAM therapies?

**Literature Review**

The concept of holism has been at the heart of nursing care since the beginning of nursing as a profession, and many of Florence Nightingale’s treatments would be considered to be variations of current complementary therapies (O'Regan et al., 2010, p. 37). Nurses need to be at the forefront of, “providing direction to the practice of complementary therapies by incorporating traditional practices, such as assessment, reflection and holism, in the performance of these techniques” (O'Regan et al., 2010, p.37). Some of the most common CAM therapies include: “massage, aromatherapy and reflexology, and many of the methods used in complementary therapies are practiced in holistic nursing care, for example therapeutic touch, guided breathing, massage and relaxation” (O'Regan et al., 2010, p. 36). One of the reasons why complementary therapies have become so widespread in the US today is due to an aging population with chronic rather than acute illnesses, and many aging Americans are turning to complementary therapies in hopes of their quality of life being enhanced (O'Regan et al., 2010, p. 36).

Buchan (2012) found that 80% of the responders admitted to using some form of CAM in their lifetime, and 75% of the responders said they would recommend CAM therapies to others, although 93% of the responders admitted to never having had any CAM training (p. 673). In addition to the above data collected, one of the primary aims of the study was to determine whether, “the preregistration nursing course would benefit from having CAM education integrated into the curriculum” (Buchan, S. et al., 2012, p.675). The study showed that almost 75% of the respondents desired that CAM therapies be integrated into the curriculum. As having a knowledge deficit can lead to ill-informed and potentially harmful advice given to patients, many nurses voiced concern in having a lack of sufficient knowledge about CAM and its potential side effects (Buchan, S. et al., 2012, p. 675). Proper nursing education about CAM, then, is needed to “safely and effectively complement conventional medicine” (Buchan, S. et al., 2012, p. 675).

Rojas-Cooley and Grant (2006) sought to “establish a foundation to identify CAM learning and interest needs of oncology nurses involved in direct patient care,” as well as to, “describe oncology nurses’ CAM communication experiences, educational interests, and resources used in professional practice” (p. 582). When the authors searched for nursing and complementary therapies in the literature prior to this study, no results were found that assessed, “the level of education or training required by nurses” (Rojas-Cooley & Grant, 2006, p.582). The study found that many oncology nurses identified prayer as being the most commonly utilized CAM therapy by their patients, but the nurses assumed that, perhaps, “patients are uncomfortable asking about or disclosing the use of potentially controversial treatments and, therefore, only seek or disclose information about modalities that they believe are acceptable to nurses” (Rojas-Cooley & Grant, 2006, p. 585). The study also found that the most common source that oncology nurses used to find CAM therapy information was through patients, professional journals and books, rather than, “scientifically sound sources such as scientific literature and other qualified healthcare professionals” (Rojas-Cooley & Grant, 2006, p. 585).

In a later study, Rojas-Cooley and Grant (2009) sought to determine “nurses’ fluency with CAM terms,” and the findings showed that, “communication with patients is inhibited by a lack of proficiency in CAM vocabulary” (Rojas-Cooley & Grant, 2009, p. 220). An additional reason for conducting the survey was to determine the amount of knowledge nurses have in regards to different alternative medical practices and biologically based therapies. The study found that many nurses were unfamiliar with naturopathic, homeopathic and ayurvedic medicine, as well as different healing methods such as yoga and herbs. In order for nurses to discuss complementary and alternative medicine with patients, “nurses should understand the philosophical basis for major alternative medical practices,” and should become familiar with the NCCAM domains, which “can help patients safely choose a CAM therapy that corresponds with their healing beliefs. Nurses can use that knowledge to search the literature for CAM modalities with the most data supporting their use” (Rojas-Cooley & Grant, 2009, p. 221). The five belief-related questions provided great insight into the attitudes of nurses and the desire to have CAM education, and showed conclusively a desire among nurses to be further educated about CAM therapies. (Rojas-Cooley & Grant, 2009, pp. 221-222).

Klein and Hoffman (2010) conducted a study to determine whether relaxation and visual imagery techniques help to reduce post-burn hypermetabolism, the extreme increase in caloric needs by post-burn victims. In the past, “relaxation and visual imagery techniques have been employed following cardiac surgery; with pregnant women and patients with HIV; to reduce postsurgical pain; and to assist with the side effects of chemotherapy” (Klein & Hoffman, 2010, p. 170). Fourteen patients were randomly selected to participate in the study, with eight patients assigned to the control group and six patients assigned to the treatment group. The patients who were taught guided relaxation and visual imagery techniques were encouraged to continue practicing the techniques throughout the day, and the findings revealed that, “although the mean post-test REE (resting energy expenditure) from the control group was reduced by 117 calories, the mean post-burn REE from the treatment group was reduced by 456 calories...once patients in the treatment group were taught a relaxation and visual imagery technique, they were able to lower their REE” (Klein & Hoffman, 2010, p. 173).

The study conducted at the inpatient and outpatient physiotherapy and immunology clinics of Ataturk University Hospital in Turkey split patients into two groups: those who utilized CAM therapies and those who did not (Unsal & Gozum, 2010, p. 1131). Patients who utilized CAM therapies were found, “most likely to be women and to have lower levels of formal education” (Unsal & Gozum, 2010, p. 1136). The study found that many patients with arthritis use a variety of CAM therapies for joint disorders both in conjunction with and separately from traditional medicine, including many herbal products such as stinging nettle and herbal teas, thermal spring, balneotherapy, massage therapy or spa therapy. The authors identified gingko as a type of herb that is generally harmless when used alone, but “might be dangerous when combined with allopathic treatment that patients are already using” (Unsal & Gozum, 2010, p. 1136). For instance, gingko, when combined with aspirin or ibuprofen, may cause excessive bleeding (Unsal & Gozum, 2010, p. 1130). Despite the risks involved with combining some herbs with traditional medicines, “many health care providers in the study hospital do not ask about the use of herbal products and, therefore, do not acknowledge or know about their use in their patient populations. As a result, it is possible for providers to make erroneous decisions in prescribing allopathic medications” (Unsal & Gozum, 2010, p. 1136).

Hall, Griffiths, and McKenna (2012) studied the responses of midwives toward pregnant women who were considering using complementary and alternative medicine during their pregnancies and childbirth. The authors found that before implementing CAM, nurse midwives used a 3-step method to establish patient safety. The three steps were: “individualizing pregnancy care, encountering diverse perspectives and minimizing the risks of childbearing” (Hall et al., 2012, p. 803). The study found that although CAM therapies have become more prominent in healthcare and have increased in popularity for women desiring a more natural approach to child-birthing, there is still a large disconnect between what is considered a “holistic approach” to childbearing and “standard midwifery” (Hall et al., 2012, p. 804). The article pointed out that the disconnect largely stems from a lack of CAM education, therefore warranting, “the need for improved education and greater professional guidance to equip midwives to respond with understanding and confidence to the increasing prevalence of CAM in the maternity setting” (Hall et al., 2012, p. 807).

In their study, Von Ah, Hansen, Allen, Schiavone, and Wulff (2011) focused on comprehensively reviewing the current literature “to identify effective interventions for the prevention, treatment, and management of cognitive impairment for cancer survivors” (p. 608). The goal of the comprehensive review of literature was two-fold: “to provide current evidence regarding the prevention, treatment, and management of cancer and cancer treatment-related cognitive impairment for cancer survivors; and to discuss the process and development of the Evidence-Based Interventions for Cancer and Cancer Treatment-Related Cognitive Impairment PEP content from ONS” (Von Ah et al., 2011, p. 608). The results from the 29 studies that were included in the review showed that more research is needed in order to establish more of a refined evidence-based database of treatments available to cancer patients with cognitive impairments (Von Ah et al., 2011, p. 612).

Duncan, Liechty, Miller, Chinoy, and Ricciardi (2011) set out to study the effects of CAM therapies on hospital nurses, physicians, clinicians, support staff, and administrators. The findings showed that the implementation of CAM therapies inadvertently yielded positive dietary and health modifications among the participants. The study was conducted because the authors hypothesized that “a workplace wellness clinic based on complementary and alternative medicine (CAM) principles would have the potential to positively impact individual stress responses and would be well-utilized by clinicians and other hospital employees.” (Duncan et al., 2011, p. 810) In order to complete this study, the Restore and Renew Wellness Clinic was created as a pilot. The clinic offered ear acupuncture, clinical acupuncture, and zero balancing. In addition to positive inter-personal changes due to wellness clinic visits, the findings also showed that, “about one fifth of the surveys reported a broad range of health habit changes, which were grouped into healthy life-style categories such as diet/nutrition, sleep, and exercise...in many cases, the comments seem to reflect a calm, balanced nervous system in participants returning to units and co-workers” (Duncan et al., 2011, p. 813).

Flatt (2011) explained that evidence-based complementary and alternative medicine (EBCAM) is the generally accepted model for medical research validation in Australia, but argued that forcing the holistic approach of CAM therapies into that ill-fitting research “box” in order to be validated is harmful. The harm comes from CAM being conformed to a research model that is an “antiquated view of science that eliminates spirituality, culture, context, and knowledge based in ethics and values. It is thought that the quest for legitimation via a philosophically incompatible research model derived and controlled from a powerful social group may lead to spurious statements of evidence” (Flatt, 2011, p. 515). Flatt (2011) argued that in order for many CAM therapies to be validated by using EBCAM, the research has had to be exaggerated in a way that no longer expresses true results (p. 518). Therefore, while “the current EBCAM model may be worthwhile for some isolated and decontextualized aspects of complementary medicine practice, such as pharmacokinetics and interactions, to assess holistic practice with a limited model aimed at determining only one type of evidence from a breadth of knowledge types appears dubious. (Flatt, 2011, p. 516)

Cochrane (2012) elaborated on the above problem by stating that, “mainstream biomedicine researchers habitually analyse health and disease within the human body predominantly as a mechanistic process that they can unravel with more and more precise (and inevitably reductive) analytic tools. Such an approach fits within established ‘scientific research methods’, but excludes much of what many would view as the underpinnings and central perspectives of CAM practice” (Cochrane, 2012, p. 73). The problem is not necessarily that medical practitioners are unwilling to incorporate CAM therapies into medical practice, but that they are unwilling to incorporate untested CAM therapies into medical practice. Cochrane (2012) argued, however, that quantitative research methods are primarily used to validate CAM therapies, and while “quantitative methods as currently constructed can unravel physiological responses to CAM interventions and examine issues of clinical efficacy [,] it is qualitative research alone that can explore issues of perception and meaning and the psychosocial determinants of health and illness and responses to CAM” (p. 75). When treating the patient as a whole person using the holistic approach to medicine, “it is important to gather a suite of research methods that most reflect and acknowledge that holism” (Cochrane, 2012, p. 75).

Possamai-Inesdy and Cochrane (2013) explained the effects of integrating complementary and alternative medicine within Australia. The authors showed how complementary and alternative medicine has begun to mesh with traditional medicine, or biomedicine, and a new “hybrid” term called, “integrative health care” is now commonly used to describe the fusion. Possamai-Inesedy & Cochrane (2013) pointed out that, “CAM researchers attempt to develop working models to better integrate CAM with biomedicine as well as argue for the need of the randomized control trial to demonstrate the efficacy of the various treatments” (p. 66). Finally, the authors noted that the reason why there has recently shown a changing tide in healthcare from one that is doctor-controlled to one that is patient-mediated is because “we have begun to question the experts. This process can go some way in explaining consumer demand in CAM—even in the face of a lack of evidence of efficacy” (Possamai-Inesedy & Cochrane, 2013, p. 68).

In her article, Helms (2006) argued that “complementary and alternative treatment information must be integrated into education programs so nursing remains current with society’s health care needs and values” (p. 117). The push toward integrating CAM therapies into nursing education has been a goal for quite a few years now, though studies continue to indicate a lack of knowledge of CAM therapies among nursing professionals. CAM popularity has increased, and will continue to increase, because in a fast-paced world filled with rapidly growing technological advances that are causing more individuals to become isolated, “patients who are seeking practitioners who will spend valuable time with them; listen to their values, concerns, and needs; and focus on a more holistic healing regimen” (Helms, 2006, p. 118). Helms (2006) paraphrased Engebretson to explain that, “a profession must meet a public need if it is to achieve purpose and remain viable,” and asserted that, “it is imperative for the nursing profession to recognize the changing face of health care and the shifting demands of the public in their use of the health care system and health products” (p. 119). The popularity of natural remedies has caused patients to believe that herbs are safe because they are natural. However, the FDA does not regulate herbal remedies as rigorously as they do traditional medicines, which could lead to many serious side effects for herbal remedy users. Helms (2006) explained that, “nurses are in a unique position to educate patients about the potential risks of herb use, because it is usually nurses who collect health history and medication information from patients. This may be the only opportunity for patients to provide information about herbal use to health care providers, and such information may prove critical in their care...it is imperative that nurses become familiar with herbal information provided in the health care literature so that correct and appropriate information can be provided to patients” (p. 119).

Pinzon, Palacio, and Fajardo (2012) argued that CAM therapy education should be required of all health educators and nurses “as part of their master’s level preparation” and that “additional training could be pursued by clinical nurse specialists and health educators interested in specializing in holistic care” (p. 169). CAM therapies have undeniably increased in popularity within the US, and the AHNA has argued that, “holistic nursing could be used in any specialty area” (Pinzon et al., 2012, p. 165). Along with an increased patient interest in CAM, there has been an increase in the conducting of evidence-based CAM research, especially after December 2006 when the American Nurses Association [ANA] “approved holistic nursing as an area of specialty” (Pinzon et al., 2012, p. 166). The National Commission for Health Education Credentialing, (NCHEC) has identified seven areas of health care responsibility, one of which is a responsibility of health educators to patients as a “health education resource. This is clearly important in CAM since there are many educational endeavors that need to be taken into consideration regarding the education of consumers and the prevention of CAM misuse” (Pinzon et al., 2012, p. 164). The NCCAM is “the leading federal organization for research, training of practitioners, information for the public, and integration of CAM and conventional medicine within the paradigm of rigorous scientific research” (Pinzon et al., 2012, p. 167). Currently, in the field of CAM, “most nursing professionals are at the stage of novices” but the authors argued that once the “NCCAM and the AHNA promote research and education in this area, the nursing profession will move from a novice to an expert level” (Pinzon et al., 2012, p. 167).

Fenton and Morris (2003) conducted a study on the topic of CAM therapy integration into the curricula of nursing schools. When at times it seems that current nursing schools are not equipping students to have adequate CAM conversations with their patients, it is important to look back on past studies and research about CAM in order to realize how far we have come in a relatively short amount of time. The authors argued that “it is of utmost importance that nursing professionals be prepared to offer safe and knowledgeable care and guidance and counsel to their patients and communities regarding complementary and alternative modalities” (Fenton & Morris, 2003, p. 63). The study indicated a growing interest in adding CAM to nursing school curricula due to a growing consumer demand for CAM therapies. Due to that fact, Fenton and Morris (2003) argued that “the need for schools of nursing to provide their faculties with formal courses, which provide academic credit as well as continuing education, is critical,” and asserted that “competencies in complementary and alternative modalities for baccalaureate and advanced practice levels must be identified if schools of nursing are to provide competent practitioners in these areas” (p. 66-67).

Method

 A qualitative study was conducted utilizing a six-question survey, which was disseminated to three registered nurses. The questions asked the nurses to communicate their personal familiarity, opinions, and educational background in CAM therapies. Specifically, the six questions asked the nurses to describe (1) how familiar they are with Complementary and Alternative Medicine (CAM) Therapies, (2) what their thoughts and feelings about incorporating CAM Therapy in healthcare was, (3) how knowledgeable they felt they were to discuss CAM Therapy with their patients, (4) how they generally discussed CAM Therapy with their patients during the general health exam, (5) how frequently they discussed possible adverse reactions or toxicity with CAM Therapy and prescribed medications, and (6) what their specialty area is, if CAM Therapies are utilized, and if so, which ones. See Appendix A for survey.

In the findings below, for confidentiality purposes, “participant 1, 2, and 3” were used to distinguish the nurses’ results from the survey that was conducted. Under any other circumstance, the institutional review board (IRB) would have been contacted before the completion of this survey. However, as I chose to explore this topic using the survey only as a pilot, the IRB was not contacted. Although the IRB was not involved, ethical standards were nevertheless maintained. Those surveyed were told that their participation was voluntary and that they could choose to withdraw from participation at any time. The participants were also assured that their response would be kept completely confidential. See Appendix B for table containing results.

For the first question, the study found that 2 out of 3 nurses were familiar with CAM therapies, naming neuropsychiatry, massage, heat and cold, relaxation therapies, exercise, and sensory therapies as the types of CAM they are most familiar with. For the second question, each of the nurses stated that they are in full support of incorporating CAM Therapy in healthcare, and participant 3 stated that she believed CAM to be both necessary and effective for effective management of pain. In response to the third question, each of the nurses stated that “yes” they felt knowledgeable enough to discuss CAM Therapy with their patients and participant 1 elaborated to say that as a nurse believing in holistic care, she generally suggests the “basics” of CAM therapies with her patients and is open to other therapies as long as they have proved beneficial for other patients in similar situations. In response to the fourth question, participant 1 replied that she usually brings up the importance of maintaining good health with exercise, diet, relaxation and stress and will further discuss different CAM methods if stress or discomfort is a problem. Participant 2 stated that she makes sure that she asks the patient if they take any vitamins, dietary supplements, home remedies, and if they drink anything in tea form in the general health exam. Participant 3 stated that she does not bring up the subject of CAM unless her review of systems makes her aware of a potential problem that could be treated with CAM. In response to the fifth question, participant 1 stated that she does not discuss adverse reactions or toxicity with CAM Therapies with her patients but that the pharmacist does. Participant 2 stated that she discussed reactions or toxicity with patients depending on what the patient medication regimen was at that time. Participant 3 answered similarly that she has discussions with patients only when warranted. Finally, in response to the sixth question, the nurses claimed specialties in three very different areas: participant 1 in adult/geriatrics, participant 2 in cardiopulmonary rehab, and participant 3 in pediatrics. In response to the second part of the question, participant 1 reiterated that she usually brings up the importance of maintaining good health with exercise, diet, relaxation and stress and will further discuss different CAM methods if stress or discomfort is a problem. Participant 2 stated that within her specialty, she was familiar with breathing techniques for relaxation purposes, guided imagery, massage therapy, acupressure, healing touch and Reiki, and meditation. Participant 3 stated that within her specialty, CAM therapies such as massage, biofeedback, and acupuncture are sometimes utilized.

There were multiple limitations to the information gained from this survey. The first limitation was that the sample size was small, as only four nursing professionals were contacted and only three answered. The second limitation was technological, in that the email address of one of the nursing professionals might have been wrong, and could be the reason why I did not hear back from her. A third limitation was that only nursing professionals with graduate degrees were contacted, and no current hospital floor nurses were contacted. As the focus of my research question dealt with the gap in education reflected in the health history exam, the sample size and type of nursing professionals interviewed was not adequate to truly reflect the stated problem. Therefore, further study is warranted and required. A fourth limitation was that no graduates of nursing schools within the last 5 years were contacted. As CAM therapies is an “emerging” field quickly gaining momentum, it is possible that many of the new nurses graduating from nursing schools with a BSN have been educated to the necessity of discussing CAM therapies with their patients. Further study needs to be conducted with nursing school graduates from within the past 5 years in order to determine whether schools are, in fact, properly teaching their students the importance of CAM therapies. A fifth limitation was that the directions for the completion of the survey may not have been clear, as I had only asked the participants to share their views about “CAM” therapies and did not give any background as to what I expected of them, or what CAM entailed. The second participant thought I was asking for feedback on the questions I had sent to her, so instead of answering the questions, responded to the survey by tweaking some of the wording of the questions. Though clearly a misunderstanding, her suggestions were helpful and I wound up using some of her suggestions in the final survey I sent to the participants.

Results

 It became clear to me through this study that the target population I wished to gain information about was not the population I surveyed. Interestingly though, the findings from my study proved to be synonymous with one of the research articles I reviewed speaking to the importance of educating graduate nurses to have above a “novice” understanding of what CAM Therapies entail. I found that each of the nurses I surveyed had a working knowledge of CAM, as they were able to discuss CAM therapies with me. Unfortunately, I was not able to survey baccalaureate-prepared nurses to find out whether they also had a working knowledge of CAM. I have discovered, through various discussions with baccalaureate-prepared nurses as well as graduate-prepared nurses, that while nurses mostly have an idea of some of the more popular forms of CAM therapies such as acupuncture, massage therapy and breathing exercises, they often are less knowledgeable about the less-known forms of CAM therapies such as herbal supplements, guided imagery, and aromatherapy. The survey that was created for the conduction of the survey is one that could be reused for future surveys to collect additional data. The questions are appropriate, easy to understand, and provide insightful responses from nurses.

Conclusions

To reiterate, complementary and Alternative Medicine is an aspect of medicine that is growing, expanding, and changing the way modern medicine looks today and will look in the future. This project has affirmed that graduate-prepared nurses are being educated about some CAM therapies, and have above a novice understanding of CAM. From 2006 until now, it is clear that nurse educators have risen to the challenge of educating graduate-level nursing professionals about CAM. It is unclear, due to the sample surveyed, whether baccalaureate-prepared nurses are being educated in the same way. The original question was whether nurses are being adequately educated to understand the importance of having conversations with patients, within the general health exam, about the risks and benefits of utilizing CAM therapies. Even though this study proved that graduate-prepared nurses have been educated about CAM, having, at the very least, slightly above a novice level of understanding of it, the study proved that two out of the three nurses do not question patients in-depth, within the general health exam, about certain CAM therapies they utilize. This is important to note because, as several studies have shown, many patients have neglected to tell nurses about certain CAM therapies they are utilizing because they were not specifically asked about them in the general health exam. As many patients believe certain CAM therapies, such as herbal supplements, are harmless because they are “natural,” it is of utmost importance to begin educating nurses to specifically ask patients within the general health exam whether they are utilizing anything at all that could potentially cause adverse reactions when combined with traditional medications. Change is frequently difficult to implement, but it is not an impossible task. As Helms (2006) stated so well in her article, “Implementing curriculum changes in nursing programs can be challenging, but nurse educators have risen to the challenge when faced with other trends, including rapid technological advances in acute care and the shift from providing health care in acute care facilities to doing so in home and community settings. Holistic healing belongs to nurses; it is the foundation on which the profession began. As nurse educators, we must acknowledge it, embrace it, and teach it” (p. 122).

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Appendix A

1. How familiar are you with Complementary and Alternative Medicine (CAM)?

2. What are your thoughts and feelings about incorporating CAM Therapy in healthcare?

3. Do you feel you are knowledgeable enough to discuss CAM Therapy with your patients?

4. How do you generally discuss CAM Therapy with your patients during the general health exam?
5. How frequently do you discuss possible adverse reactions or toxicity with CAM Therapy and prescribed medications?

6. What is your specialty area? Are CAM Therapies utilized? If so, which ones?

Appendix B

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|  | **Participant 1** | **Participant 2** | **Participant 3** |
| **Question 1**How familiar are you with Complementary and Alternative Medicine (CAM) Therapies?  | My basics are heat, cold, multiple relaxation therapies, exercise, sensory, exercise and ask what types they may include | Fairly familiar. | Very. I believe they are necessary, and very effective, especially in chronic and palliative pain management.  I have worked closely with neuropsychiatry and a massage therapist on a pain management team in my career. |
| **Question 2**What are your thoughts and feelings about incorporating CAM Therapy in healthcare?  | Invaluable. | This would be a very good idea. In the U. S. Western Medicine has shown an increased interest in Eastern Medicine and some folk remedies | I believe it is a necessary and very effective management technique. |
| **Question 3** Do you feel you are knowledgeable enough to discuss CAM Therapy with your patients?  | Yes, as having many years as a nurse believing in holistic care. I always suggest the basics, and am open to the idea and would support many other therapies, but would need to be familiar with the provider and know patients that have had good experiences such as with acupuncture. I have not seen many others used in the area.  | Yes.  | Yes.  |
| **Question 4**How do you generally discuss CAM Therapy with your patients during the general health exam?  | Usually bring up the good health items of exercise, diet, relaxation and stress. Will further discuss if stress or discomfort is a problem.  | I make sure and ask the patient if they take any vitamins, dietary supplements, home remedies, and of course do they drink anything in a tea form. | I don't during a general exam unless my review of systems makes me aware of a potential problem that could be treated with CAM. |
| **Question 5**How frequently do you discuss possible adverse reactions or toxicity with CAM Therapy and prescribed medications?  | Our pharmacist at our practice always discussed supplements and their effects and researched effects with patients.  | Not as often now. When I was at the bedside my discussion of medications and CAM therapy depended on what the patient medication regimen was at the time. | When warranted.  |
| **Question 6**What is your specialty area? Are CAM Therapies utilized? If so, which ones?  | My specialty is adult/geriatrics primary care. Usually bring up the good health items of exercise, diet, relaxation and stress.  Will further discuss if stress or discomfort a problem or if the client has an idea of what may be helpful. | My specialty was with patients who have acute and chronic cardiac patient care and Cardiopulmonary Rehab.CAM Therapies I am familiar with:1. Guided imagery2. Massage therapy3. Accupressure4. Healing touch and Reiki 5. Meditation | Pediatrics.  Sometimes.  Massage, biofeedback, acupuncture. |