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Clinical nurses' perceptions of the opportunities for using complementary therapies in Iranian clinical settings: A qualitative study

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ABSTRACT

Nurses need to use complementary therapies in their clinical practice in order to fulfill community's needs. There are potential opportunities for using complementary therapies in different clinical settings. This study was done to explore nurses' perceptions of these opportunities in Iranian clinical settings.

In this qualitative study, sampling was done purposively and ended after reaching data saturation. Semi-structured interviews were done with fifteen nurses. The data were analyzed via the conventional content analysis approach.

The participants' perceptions fell into three main categories of 'consumer demand', 'environmental potentials', and 'optimal official regulations' from which, the main theme of 'A potentially-supportive environment' was abstracted.

The context of Iranian clinical settings is appropriate for using complementary therapies in nursing practice. A potentially-supportive environment automatically directs nurses towards using such therapies. These findings can be used by nursing managers to integrate complementary therapies into nursing practice.

1. Introduction

Complementary and alternative medicine/therapies (CAM) include a wide range of healing resources which are used alongside conventional treatments to prevent or treat diseases, promote health, or improve individuals' general health condition [1]. The National Center for Complementary and Integrative Health attempted to clarify the definition of these therapies through classifying them. Thus, this center classified the therapies into five main categories including natural products, mind-body therapies, alternative medical systems, manipulative and body-based methods, and energy therapies [2]. Besides, these therapies have been classified into two main categories of pharmacological and non-pharmacological therapies [1–3]. These therapies are currently used widely in different communities around the world [4]. Fernández-Cervilla et al. (2013) noted that in Canada, Germany, Ethiopia, Columbia, Chile, and China respectively 70%, 33%, 90%, 40%, 71%, and 40% of people use CAM for preventing or treating health problems [5]. In our country, Iran, 52.5% of people living in Tehran use at least one CAM in a year [6].

Beside the general public, a large percentage of hospitalized patients also use or ask to receive CAM [7,8]. However, only some hospitals provide such services [9]. In most countries, only a small number of CAM users use these therapies due to healthcare professionals' advice [4,7,10]. Moreover, most of these users do not inform conventional healthcare providers about using CAM. This fact can cause different problems [11] and thus, healthcare systems need to be synchronized with the increasing request for CAM in order to fulfill public's healthcare needs.

Nurses constitute a large number of healthcare professionals. Given the nursing curricula and the nature of the nursing profession, nurses are in an ideal, unique, and strategic position for providing CAM [12–15]. Shorofi and Arbon (2010) reported that nurses' positive attitudes towards CAM reflect their readiness for addressing community's needs and noted that they should quickly plan for providing CAM [15]. Holistic care, nursing theories, nursing ethics, and classifications in the nursing science justify the necessity to use CAM in nursing practice [7,16–18].

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Some studies showed that nurses in different countries use CAM in their daily practice [11,15,19,20]. A local study in Kashan, Iran, also showed that 64% of nurses had positive attitude towards and great interest in using CAM and hence recommended these therapies to their clients; however, they had limited CAM-related knowledge and skills [21]. Our clinical experiences also show that some Iranian nurses, particularly in oncologic, palliative, critical, and psychiatric care units, occasionally use CAM based on their own, their colleagues, and their family members' experiences.

Quality care delivery is the ultimate goal of all healthcare institutions and hence, all nursing managers need to work toward it. They can improve care quality through integrating CAM into nursing care delivery systems [22]. In fact, safe, correct, and effective use of CAM in clinical nursing practice greatly depends on nursing administrators and managers' ambition and support. Some studies also showed that nursing leaders have a pivotal role in successfully integrating CAM into nursing practice [22–25]. A prerequisite to the successful integration of CAM into nursing practice is to evaluate clinical settings [14], particularly the available opportunities for CAM use in such settings [26]. Through identifying and grasping these opportunities, nursing managers can develop practical guidelines and strategies for facilitating and achieving the integration [14].

Known generally as contextual conditions, environmental opportunities and strengths reflect complementary therapists' workplace structure and consist of a wide range of interrelated and dynamic factors which do not directly determine therapists' behavioral patterns and attitudes but have important effects on their interactions. According to Hall et al. (2012), the main reason behind some specialists' greater desire for using CAM in their clinical practice is the general atmosphere of their workplace which encompasses organizational polices, experience, knowledge, and patients' preferences [26].

To the best of our knowledge, there is only a small number of studies into the contextual conditions of clinical settings which guide nurses towards using CAM. The available evidence in this area is limited to the preliminary findings of few studies [22,23,25,27–30]. Hirschkorn and Bourgeault (2005) developed a literature-based conceptual model and reported organizational and physical structural attributes as the main factors behind healthcare providers' CAM -related behaviors [31]. Knowing the importance of contextual factors in using CTs, they conducted a qualitative study to explore structural opportunities which had encouraged physicians, midwives, and nurses to use CAM in their professional practice in Canadian clinical settings and identified some of them [32]. Hall et al. (2012) also highlighted the importance of contextual conditions to midwives' attitudes towards using CAM and found in their qualitative study that main factors such as the context of professional work and women's expectations and health affect such attitudes [26]. However, based on our literature review, no study has yet explored opportunities for using CAM in nursing practice in Iranian clinical settings.

In Iran, there is religious and indigenous culture; traditional medicine has a long and rich history; and the different races & ethnic groups live. Also, Islamic and Iranian Traditional Medicine is rapidly expanding in this country. Because of the unique traditional religious and cultural context in Iran and the type of power distribution in Iranian healthcare system, nurses have no significant role in making patient-related clinical decisions. Consequently, contextual conditions in the Iranian healthcare system may be different from those of other countries. Given the scarcity of studies in this area both at national and international level and the potentialities of qualitative studies for in-depth exploration of people's experiences, the present study was done in Iranian clinical settings by using a qualitative design.

2. Objectives

This study aimed at exploring nurses' perceptions of the opportunities for using CAM in Iranian clinical settings.

3. Material and methods

3.1. Study design

This qualitative study was conducted based on the naturalistic research paradigm [33,34] and by using the conventional content analysis approach. Content analysis is a systematic approach to detailed explorations and description of poorly-known phenomena and is appropriate for exploring people's experiences of certain subject matters [35,36].

3.2. Participants

The purposive sampling method was used to recruit informants with first-hand experiences [33]. The eligible participants were staff nurses who had used at least one of the CAM in their clinical practice (had used and offered the CAM themselves for their clients), were able to communicate verbally in Persian, and were willing to share their experiences. The first participant was introduced by an oncologist and two nursing faculties as an expert in spiritual care, therapeutic relationship, and relaxation techniques. Other participants were recruited through snowball sampling [34]. Sampling was continued until data saturation was achieved [34]. The study participants varied regarding their working ward, professional experience, age, official position, and the type of CAM used by them. They had used at least one of the following CAM: spirituality, relaxation, movement therapy, dietary recommendations, therapeutic relationship, music or other auditory stimulations, touch, massage, creative arts, play, natural oral or topical compounds, aromatherapy, environmental interventions, herbal remedies, hypnosis, guided imagery, and positive thinking. They were recruited from the chemotherapy, rehabilitation, psychiatric, cardiac surgery, and oncologic and palliative care wards and neonatal and adult intensive care units (NICU and ICU) of five public health centers (four hospitals and one nursing home) located in Kashan and Isfahan, Iran. All participants were female and most of them had the experience of working in other hospital wards and cities. The ranges of their ages and work experience were 30–48 and 7–25 years, respectively (Table 1).

3.3. Data collection

The study data were collected from June 2014 to July 2015 through doing semi-structured interviews [34,37]. Initially, we contacted each nurse, assessed her eligibility for the study, invited her to the study, and determined the time and the place for doing the interview based on her preferences. None of the approached participants refused to participate in or withdrew from the study. Primarily, we generated a list of questions according to the study aim. The list was revised repeatedly after each interview and based on the data retrieved from that interview. Each interview was opened by a general question, 'Would you please explain about CAM which you have used or currently use in your clinical practice?' Given the responses provided by the interviewee, the interview was continued by asking questions such as, 'How did you get interested in these therapies?' 'Why do you use them in your practice?' Can you explain about your experience of using CAM by hospitalized patients or their family members?' 'How do you react when patients or family members ask you to provide one of the CAM to them?' Besides, we employed pointed questions (such as