



Research paper

Emergency department staffs' knowledge, attitude and patient communication about complementary and alternative medicine – A Swedish survey

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ABSTRACT

Introduction: International studies report high use of complementary and alternative medicine (CAM) by emergency department (ED) patients and low levels of knowledge about CAM among registered nurses (RNs) and physicians. However, the current situation in Swedish EDs is unknown. This study explored knowledge, attitudes, and patient communication about CAM among physicians and RNs working within the Swedish ED context.

Method: This research was performed as a cross-sectional questionnaire study at six EDs in the middle of Sweden.

Results: Both RNs and physicians (84.7% of all participants) rated their CAM knowledge as low, but wished to gain more knowledge in the area (62.7%). A majority (58.8%) of the participants believed it to be of some importance that they had knowledge about CAM. Of the participants, 68% were interested in taking part in CAM research, and 43.8% had the opinion that more research resources should be reserved for CAM research. 41.2% reported their patient communication about CAM as non-existent or low.

Conclusion: Knowledge about CAM and CAM research among Swedish ED staff was indicated as very low, but with a presence of gaining more knowledge. The opinion that more funding should be allocated to CAM research existed. Communication with patients about CAM rarely occurred.

1. Introduction

An increase in the use of complementary and alternative medicine (CAM) has been observed in the Western population since the beginning of the millennium [1,2]. However, on a global level, the prevalence of CAM usage varies between 10 and 76%, where the highest use has been found among East Asian countries [3]. In Europe, the prevalence of CAM varies widely from 0.3–86% [1], and in the Scandinavian countries between 34 and 49%, where Stockholm County in Sweden represented the highest level [4].

The fact that the definitions of CAM vary widely between different parts of the world, which is largely due to different national health laws and traditions, hampers comparative studies of research and usage in the field of CAM. However, a Swedish doctoral thesis published in 2012 [5] has defined the concepts contained in CAM and adapted them to the Swedish health care system. Thus, this definition is used in this paper, see Table 1.

In summary, the current body of research about CAM usage suggests that the knowledge of CAM among conventional health professionals internationally is generally low [5]. Barriers to such learning have been observed among physicians who might perceive CAM to be repellent due to lack of evidence and knowledge, concerns about interactions with conventional care, fear of replacement of conventional treatments, as well as the risk of patient delay in receiving proper treatment and care [6]. Concerning communication about CAM use with patients, a wide variation has been observed between physicians and registered nurses (RN). Recent publications indicate that RNs and intensive care nurses show limited knowledge about patients' CAM usage [7–9]. Similar limitations in knowledge and perceptions of CAM have been found in a Swedish surgical context and in a study among Swedish registered nurses' [10–12].

Internationally, few studies have explored knowledge, attitudes and patient communication regarding CAM in an Emergency Department (ED) context. Available studies have indicated a consistency in the

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Table 1

Definitions of conventional, complementary, alternative and integrative medicine adjusted to the Swedish context based on definitions presented by Bjerså [5].

Alternative Medicine
Treatments given with the aim of curing or preventing, promoting or maintaining health and wellbeing, or as symptom management instead of conventional medicine.
Complementary and Alternative Medicine (CAM)
Generic term for all therapies and medical systems not included, or not perceived, as a standardized part of the conventional medicine.
Complementary Medicine
Treatments given with the aim of curing or preventing, promoting or maintaining health and wellbeing, or for symptom management in parallel with conventional medicine.
Conventional Medicine
Treatment regulated by the current governmental, political health care system and given by registered health care professions in public hospitals, district health care centres, home nursing and nursing homes.
Integrative Medicine
Evidence-based treatments given in collaboration and with dialogue between conventional medicine and alternative and complementary medicine practitioners.

absence of knowledge and communication, but also a desire to gain more knowledge [13,14]. Conclusions from previous studies are that an increased level of knowledge about CAM and CAM usage is necessary for ED staffing. This need of knowledge is important to have a patient safety perspective, not least because of a theoretical risk of toxicity and interactions between conventional medicine and CAM, and more indirect risks concerning treatment and diagnosis delay [6,13,14]. These conclusions also highlight the importance of routinely asking patients about CAM use since it has been observed that many patients use both prescribed medication and CAM-like herbal drugs or therapies simultaneously [15].

The task for Swedish EDs is to provide good, safe and rapid care according to Swedish law. Swedish health care should be administered with respect for the patient's autonomy and integrity [16] and based on science and proven experience [17]. Those who perform health care services in Sweden are obliged to work systematically to ensure patient safety. This implies adopting preventive measures so that the patient does not suffer any health damage [18].

In summary, previous research indicates a lack of knowledge among physicians and RNs regarding CAM use globally as well as in Sweden. There is also a lack of communication between patients and health care providers about the use of CAM [9,11,12,19]. However, whether this deficiency exists in the context of ED is unclear. An American study indicates that such an analogy is possible [14], but there are no studies confirming this in a Scandinavian ED context. Hence, the aim of this study was to explore knowledge, attitudes, and patient communication about complementary and alternative medicine among physicians and registered nurses working within the Swedish Emergency Department context.

2. Methods

This was a cross-sectional questionnaire study, performed on physicians and RNs at six EDs in mid-Sweden.

2.1. Study sample and data collection

Contact was established with 15 EDs in the middle of Sweden during August 2016, of which six agreed to participate in the study. The number of visitors to the included EDs varied from 20200 to 46000 per year. The head of department approved the distribution of the questionnaire to all physicians and RNs who had been clinically active at the ED at some time during September 2016. Contact was established with staff administrators at each clinic to identify and reach all employees who worked during this period. In total, 654 staff members were

identified, and individual paper questionnaires were sent to each staff member, together with a return envelope via their personal work mailboxes at the department. A first reminder was sent by mail after two weeks, a second after four weeks, and if no questionnaire was returned after six weeks, a new questionnaire distribution was carried out. Data collection was terminated on the first of November 2016.

In order to perform a non-response analysis on gender and age between the samples (participants of the study) and the population (staff at the emergency departments), data regarding RNs were received from the Human Resources department at each hospital. Corresponding data regarding physicians serving at the EDs could not be supplied, as physicians generally were employed by other units and departments.

2.1.1. The questionnaire

The questionnaire used in this study was developed, tested and used by Bjerså et al. [11] in a Swedish surgical context, with the aim of investigating perceived knowledge about CAM among licensed and registered health professionals. The questionnaire was inspired by the CAM Health Belief Questionnaire (CHBQ) and International Questionnaire to measure use of Complementary and alternative medicine (I-CAM-Q) and the results from a previous qualitative Swedish study [10,20,21]. It comprised five pages and contained the following:

- A front page with information and definitions of the area of study, and facts stating that participation was voluntary and that information obtained was to be treated confidentially.
- Eleven questions chartering knowledge, attitude to research, and dialogue with patients about CAM. In five of the questions the answer choices were rated in three different Likert scales with the responses: 'no knowledge' – 'full knowledge', 'totally unessential' – 'totally essential', 'never' – 'more than four times a week'. For the remaining six questions the answer options were Yes and No.
- Demographic data were mapped by questions such as: profession, specialization, length of experience in the profession, length of experience in emergency care, gender and year of birth.

2.2. Data analysis

All data was compiled using Microsoft® Excel (version 2013) and IBM® SPSS (version 23), and all statistical analysis was performed with the latter. Data was presented with response rate, means, standard deviation (SD), min-max, percent (%) and number of participants (n). A Pearson chi-2 test was used for comparison between nominal variables as profession and desire to gain more knowledge, willingness to learn a CAM therapy, use of CAM therapies in conventional care, taking part in CAM research, whether more research resources should be reserved for CAM research, and interest in participating actively in CAM research. An independent student *t*-test was used for the comparison between nominal data (gender, profession) and parametric variables (age). A Mann-Whitney *U* test was used for the comparison between nominal data (profession) and ordinal data (estimated knowledge, importance of knowledge, familiarity with CAM research, patient questions and participant asking about CAM). Spearman's rho (r_s) was used for correlation estimations between continuous interval data (age) and ordinal data (estimated knowledge, familiarity with research).

For the non-response analysis, Goodness of fit with Pearson Chi² was used for comparison of gender, and a Goodness of fit one-sample *t*-test for comparison of age between the study group and the population.

Level for statistical significance was set at $p(\alpha) < 0.05$.

2.3. Ethical considerations

The data included was of no sensitive nature and thereby ethical approval was not necessary. Additionally, this study was conducted as a part of a master thesis project in nursing science at the University of Linköping, Sweden. According to the Swedish Ethical Review Act SFS

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