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Experiences with the use of complementary and alternative medicine in nursing homes: A focus group study



Berit Johannessen*, Gitte Garvik

Institute of Health and Nursing Science, University of Agder, Norway

A B S T R A C T

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Introduction: The use of complementary and alternative medicine is increasing outside the Norwegian public health service. The purpose of this study was to gain insight into the experiences of nurses and auxiliary nurses with the use of CAM in care for nursing home residents.

Method: Focus group interviews with a total of thirteen nurses and auxiliary nurses from three nursing homes were conducted. Data were analyzed using systematic text condensation.

Results: Participants had experiences from aromatherapy, plant medicine, music therapy and pet therapy. They experienced the use of CAM as effective, exciting and rewarding, but also challenging and dependent on supportive leaders. CAM supported person-centered and holistic care. The participants lacked competence and knowledge.

Conclusion: Nurses and auxiliary nurses were enthusiastic about using CAM in their care for nursing home residents, but they lacked knowledge about it. The status of CAM in nursing education programs must be examined.

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1. Introduction

The health care service in Norway is free and government-funded, but Complementary and alternative medicine (CAM) is not generally available in this service. People who want to be treated with CAM must buy this kind of treatment at the private market. In 2007 the Norwegian government opened and funded a website called nifab.no. Nifab is NAFKAMs (Norway's National Research Center in Complementary and Alternative Medicine) website for providing the Norwegian population with evidence-based information about CAM.

The proportion of the population using CAM depends on how one defines the term, but a 2012 survey showed that 45% of the general Norwegian population uses CAM [1]. The young are more frequent CAM users than are the elderly and the most commonly used treatments are massage, acupuncture and reflexology [1]. One study found that CAM is increasingly provided at government-funded hospitals, and that hospital employee's interest in CAM was the most common reason it is offered, except for integration of

acupuncture, which is usually initiated by the administration and offered to women in labor [2,3]. Attitudes toward CAM vary among staff, a survey showed that nurses and auxiliary nurses express positive attitudes far more (70%) than physicians (16%), and nurses and auxiliary nurses are more frequent CAM users (40%) than physicians (12%) [4]. The survey also revealed a desire for more knowledge. The national guidelines for nursing education do not emphasize teaching about CAM. Also international studies show that nurses are positive toward CAM but lack knowledge about it [8–10]. Except for acupuncture, education in CAM therapies is not offered in the Norwegian publicly approved, free health education programs. Education within CAM is offered in private schools and costs money.

There are about 900 nursing homes in Norway, but the use of CAM in nursing homes has not yet been explored, and little research has been done on the use of CAM in care of nursing home residents. Work to date has focused on music therapy [5], animal-assisted therapy [6], and the use of aromatherapy [7]. A 2012 review [11] showed that there has generally been little research on the use of CAM in nursing homes, although one Australian study showed that many nursing homes are using CAM, with an emphasis on aromatherapy and music [12].

The researchers of the present study work at a nursing school, and some nursing students having their clinical studies in nursing

* Corresponding author. Institute of Health and Nursing Science, University of Agder, Servicebox 422, 4604 Kristiansand, Norway. Tel.: +47 38141869, +47 91380696.

E-mail address: Berit.Johannessen@uia.no (B. Johannessen).

homes told that they experienced the use of CAM during this clinical placement. This, connected to the fact that nurses are positive towards CAM, led to the development of a research question: How do nurses and auxiliary nurses experience the use of CAM in care for nursing home residents?

There is sparse insight into how nurses and auxiliary nurses experience the use of CAM in nursing homes. Therefore, the purpose of this study was to gain knowledge about their experiences with the use of CAM in care for nursing home residents. This knowledge can also be valuable in planning for a larger national survey about the use of CAM in nursing homes.

2. Method

A qualitative research design grounded in phenomenology and hermeneutics was used [13] and focus group interviews were chosen as the method for data collection. Focus group interviews are appropriate when people with a common background gather to discuss a given topic. The method also helps participants to reflect on their own practice. The empirical material comprises the quotations that represent participants' conversations and interactions [13].

Interviews are conducted so that the participant dynamics allow for an exchange and comparison of experiences. In this context, disagreements can lead to more complete descriptions than would have been gained through individual interviews. The focus group is led by a moderator who facilitates an open atmosphere in which participants feel they can express their personal, and possibly conflicting, views. Although the ideal focus group is 5–8 participants, in this project, the number varied from 4 to 5 because it was difficult to recruit a larger number. That said, smaller groups are easier for the researcher to manage and more comfortable for the participants [13].

2.1. Selection and implementation

About 20 nursing homes in South of Norway were contacted, and invitation to participate in the study were sent to three of the nursing homes that told that they offered CAM. In these three nursing homes, the staff had experiences with aromatherapy, herbal medicine, animal-assisted therapy and music therapy. Requests for permission to conduct the focus group interviews were sent to the head nurses who then distributed information about the study to those who had experience with one or more CAM therapies. One focus group interview was conducted at each of the three nursing homes during spring 2013.

The first group was 5 participants (4 nurses and 1 auxiliary nurse, 30–50 years old, with 2–20 years of experience in their current positions). The second group was 4 participants (1 nurse, 3 auxiliary nurses, 25–60 years old, with 2–40 years of experience in their current positions). The third group was 4 participants (2 nurses, 2 auxiliary nurses, 30–50 years old, with 2–25 years of experience in their current positions). Recorded interviews lasted approximately 90 min and were conducted at the nursing homes. The interviews were organized around a semistructured interview guide. The main themes were the types of CAM therapies in which they had participated, their competence, knowledge and attitudes toward CAM, and their experiences of its use and effects. All participants were actively engaged in the interview.

2.2. Analysis

A phenomenological hermeneutic approach was used, for which participants' experiences are central and the researchers' pre-understanding is incorporated into the interpretation of the findings. Fifty-two pages of transcribed text were analyzed using an

inductive approach that started with meaning condensation, categorization and thematization. The four analysis steps were: (i) reading all the material to obtain an overall impression and noting preconceptions; (ii) identifying units of meaning and coding different aspects of the participants' experiences; (iii) condensing and abstracting the meaning within each of the coded groups; and (iv) summarizing the contents of each code group to generalize descriptions and concepts to a main theme reflecting the participants' most important experiences.

All analysis phases were conducted by both authors in close cooperation. The quotations were first read to get an overall impression of the topics that were most important to the participants. All text was then coded, sorted and reviewed again. Each quotation with the same content was combined and condensed. Finally, each quotation was categorized under specific themes. Previous research, relevant theory and the authors' pre-understanding are used to critically interpret the participants' contributions toward a deeper understanding of the results.

2.3. Ethics

The ethical principles of autonomy, beneficence, non-maleficence and justice were followed, as was the Helsinki Declaration. The study was approved by the Research Ethics Committee at the University of Agder (FEK) and the Norwegian Social Science Data Services (NSD) approved procedures for the storage of personal and audio data. The information letter was repeated verbally before the interviews and the researchers emphasized that participation was voluntary and that data would be anonymous. All study participants signed an informed consent. Potential risk to the participants was evaluated against the potential benefit of study outcomes. The participants expressed joy at being useful and that their experiences were valued.

3. Results

All focus group participants had experience with aromatherapy in the forms of massage and portable aromatherapy diffusion. Two groups had experience with the use of tea tree oil and aloe vera to treat wounds and skin problems. Furthermore, all groups had experience with music therapy, while two groups had experience with animal-assisted therapy. None of the participants were educated in any form of CAM, but they had joined smaller courses before the methods were implemented in the ward. None of the participants told about any clear policies about CAM.

3.1. CAM was perceived as inspiring and rewarding

Participants spoke in various ways about how CAM was an exciting field about which they were curious. They described how inspiring it had been to take courses offered by the administration. In one such course, they learned about aromatic oils about which they had no previous knowledge.

Several participants commented that working in a nursing home that offered CAM was professionally inspiring and made their daily work more rewarding. One said: *"I think working with patients suffering from dementia is fantastic. It's one of the most exciting things. And I see that in dementia care, we can use a tremendous number of alternatives."* Several participants experienced positive feedback from their use of CAM; one said: *"It's a little fun to talk about it privately too. I get to hear that we are a little brave."* Participants liked and were proud to work at an institution that encouraged the use of CAM: *"I think it's very exciting with complementary and alternative options in nursing homes, so I fit in very well here!"*

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