



Complementary therapies in healthcare: Design, implementation and evaluation of an elective course for undergraduate students

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ABSTRACT

Complementary therapies are making a significant and cost effective contribution to the health of the community, especially in relation to chronic disease management and prevention of disease. Because of the increased use of complementary therapies, nurses, and other health professionals need to be familiar with specific practices so that they can assist clients to make informed decisions in the use of these therapies. Importantly, with the increased interest in complementary therapies, there is a need to ensure these practices are safe, cause no harm and are used to enhance the well-being of patients. This paper reports on the design, implementation and evaluation of a complementary therapies course and a linked Thai cultural studies tour. The course was implemented at The University of Newcastle for the first time in 2009 with an enrolment of 200 students. It is an elective course for both nursing students and those from other disciplines. In this paper we describe the reasons for the introduction of this course and its value in nursing education. We then provide an overview of the course and report on evaluation results from both the course and the Thai cultural studies tour.

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Introduction

People with physical and mental health disorders are increasingly turning to complementary therapies (Australian Bureau of Statistics, July 2006; Smith, 2009). Nurses must understand and be able to discuss the use of complementary therapies with patients; and be able to offer advice about the risks, benefits and possible interactions with mainstream treatment. For these reasons we have introduced a Complementary Therapies in Health Care course for students wishing to explore the relationship between holistic health care and complementary therapies. The course examines the history and philosophical approaches to complementary therapies, professional and legal issues, indications and contraindications, as well as some of the practical techniques of complementary therapies. Students who enroll in this course are also offered the opportunity to participate in a study tour to Thailand where they learn the techniques of Thai massage and other complementary therapies. They then have an opportunity to see how these therapies are used in midwifery, in the management of patients who have had a stroke and others undergoing rehabilitation in Thailand. This paper describes our journey from inception to the implementation and evaluation of this 12-week course and the cultural study tour.

Background and context

Complementary therapies are broadly defined by the Royal College of Nursing, Royal College of Nursing Australia (1999) as promoting health and well-being and involving a philosophy of mind-body connection. Complementary therapies embrace holistic practice derived from:

- Traditions of healing including aromatherapy and reflexology
- Therapeutic use of self such as therapeutic touch
- Physical therapies including massage
- Energy therapies for example, meditation.

Complementary therapies are often referred to as CAM (complementary and alternative medicine). CAM is defined as “those healing practices, technologies, perspectives and products (within a given country and time) that are not an established component of conventional medicine” (Adams, 2007, p. xix).

Results from a national survey in the United Kingdom on the use of CAM showed an increase in the use of such therapies; and of those people surveyed, an estimated 10% had visited a CAM practitioner in the last 12 months (Thomson and Coleman, 2004). In the United States one in three people are using complementary therapies as part of their usual health regime (Tindle et al., 2005). In Australia one in four people use complementary therapies and over 2 billion dollars is spent on complementary therapies annually (Adams, 2006; McCabe,

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2005). In the period 1995 to 2005 the number of people visiting a complementary health professional in Australia increased by 51% (Australian Bureau of Statistics, 2006). According to the Australian National Health Survey (Australian Bureau of Statistics, 2006) in 2004–2005, 3.8% of the population (748,000 people) had consulted a complementary health therapist in the previous two weeks, compared with about 2.8% in 1995. The most commonly consulted were chiropractors (433,000 consultations), naturopaths (134,000 consultations) and acupuncturists (90,600 consultations). Also consulted were osteopaths, herbalists, traditional healers (identified for the first time in 2004–2005) and hypnotherapists. The number of people visiting osteopaths increased by 88% to 60,000 over the same period. It is evident that the use of complementary therapies in modern societies is a widespread phenomenon among people seeking quality health care and can no longer be viewed as a cultural fad (Adams, 2007).

Our reasons for introducing a complementary therapy elective were numerous. There is a growing body of evidence indicating that complementary therapies make a significant and cost effective contribution to the health of the community, especially in relation to chronic disease management and prevention of disease (Adams, 2007). Because of the increased use of complementary therapies, nurses, and other health professionals, need to be familiar with specific practices so that they can assist clients to make informed decisions in the use of these therapies. Importantly, with the increased interest in complementary therapies, there is a need to ensure these practices are safe, cause no harm and are used to enhance the well-being of patients (McCabe, 2005; Maddocks-Jennings et al., 2005; Smith, 2008, 2009). Furthermore, nurses have a significant role in assessing patients' use of complementary therapies (Halcon et al., 2003). Complementary therapies create opportunities for nurses to have a deeper understanding of their patients' needs and more holistic and innovative approaches to their care (Smith, 2009). In seeking approval for the introduction of this course from the Nurses and Midwives Board of New South Wales and the University of Newcastle the above factors provided a strong rationale and justification.

Many complementary therapies include a combination of pharmacological and non-pharmacological components such as the oils used in aromatherapy, herbal products used in herbal therapy or 'medicines' prepared by Chinese traditional healers. In Australia, the formal definition of the term 'medicine' includes prescription, non-prescription and complementary medicines (Australian Government Department of Health and Ageing, 2000) and, while the purpose of a prescribed medicine is to have a therapeutic effect on the body, health professionals and consumers are usually aware that side effects or adverse drug reactions can also occur. In contrast, it is common for consumers to believe that because complementary medicines are 'natural' products, they must *ipso facto* be good for you. Similarly, as they are purchased over the counter (OTC) and are not prescribed, it is assumed that they are not really a medicine or a drug and therefore not harmful. For these and other reasons, a person may not reveal OTC products when being interviewed by a nurse for a medication history and may be unaware of the potential for interaction between a complementary medicine and a prescribed medication. Similarly, nurses may be unaware of the potential for harm associated with some complementary medicines. For example, while there is evidence to support the effect of St John's Wort in depression and kava for use in the treatment of anxiety disorders (Larzelere et al., 2010a), there are safety concerns and warnings that these products should not be taken in conjunction with prescribed anti-depressants or anti-anxiolytics. Another common example of a self-prescribed and self-administered complementary medicine is echinacea, a remedy for the common cold, which has over 20 known side effects, including

asthma attacks, aching muscles and stomach upsets (National Prescribing Service, 2010).

The use of complementary therapies is founded on a belief in holism. In our curriculum, there is a commitment to holistic nursing practice and the nurturing of the mind, body and spirit as inseparable elements of health. In 1986, holistic health care was described as a doctrine of preventive and therapeutic medicine that emphasises the importance of the individual as a whole being within a social, cultural and environmental context rather than as a person with isolated malfunction of a particular system or organ (Walton et al., 1986). In health care environments that continue to be dominated by an emphasis on scientific rationalism and ongoing technological advancement, regard for the individual as a 'whole being' is frequently overlooked. As nursing academics interested in curriculum development we saw the introduction of a complementary therapies course as an opportunity to emphasise the importance of holistic health care and to introduce students to a range of practices that are an important part of contemporary health care. Furthermore, the introduction of a complementary therapy course was considered an opportunity to expand nursing students' knowledge and skills to an area that they would be likely to deal with in their future careers.

The complementary therapies course is significant as it affords nurses the opportunity to make a difference to the health care of their patients. The study of complementary therapies also provided an opportunity to introduce students to a body of research that they would not, in the normal course of events, encounter. For example, studies of cancer patients' experiences of massage, meditation visualization and reiki, (van der Riet, 1993a, 1993b; van der Riet, 1995., van der Riet, 1998; van der Riet, 1999a, 1999b) provided creative and engaging stimulus materials and challenged students to think differently about their practice. Other examples include: the use of reiki and massage in end of life care which have demonstrated a positive impact on quality of life (Burden et al., 2005; Maddocks-Jennings et al., 2005; Conley, 2007). In addition, massage has been useful in reducing anxiety for stroke patients (Mok and Woo, 2004). As well as theoretical underpinnings to complementary therapies the course offers practical skills and knowledge in areas such as massage, relaxation and aromatherapy. Many of the modalities taught can be integrated into conventional nursing practice. For example gentle massage strokes such as effleurage can be used when turning or sponging a palliative care patient. The technique of focusing on the breath and guided imagery can be used to settle an anxious preoperative patient.

The practical workshops included in the course are designed to provide students with knowledge and skills that can be applied in clinical settings when the conditions are suitable for such therapeutic strategies. Nurses are offered additional therapeutic modalities that are non-technical, personally responsive to patient needs in more intimate ways than otherwise available in conventional practice and adapted to the healing process.

The course explored complementary therapies from a range of cultural perspectives and culminated in a cultural study tour that offered students the opportunity to explore preventative and therapeutic health care practices in another country. Asian countries have a strong tradition of using complementary therapies and much can be learnt from studying different cultural approaches. For these reasons a Thai cultural studies tour was offered to students who completed the course.

Course design and underpinning educational philosophy

The course promoted interprofessional education with the teaching provided by academics from nursing, law, sociology and pharmacy. A flexible delivery mode was adopted with online

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