



Research paper

Student nurses, midwives and health visitors' attitudes, knowledge, and experience of complementary and alternative medicine in Hungary



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ABSTRACT

Introduction: Complementary and alternative medicine (CAM) has become an important part of healthcare. This study aimed to compare three groups of health care students' attitudes towards, knowledge of, personal use of, and opinions about the integration of CAM into higher education and health care in Hungary. Comparisons were made between those participating and those who did not participate in a Complementary Medicine (CM) course as an optional course during student training.

Methods: A survey of the 314 full time students (nurses, midwives and health visitors) were asked to take part in an online survey using a self-complete questionnaire. Data were analyzed using descriptive statistics.

Results: Students' attitudes towards CAM were positive. The most commonly known alternative methods were massage, relaxation, acupuncture, herbal medicine and meditation. The most commonly personally used and perceived as being effective CAM modalities were herbal medicine, massage and relaxation. Most students believed that the integration of CAM into higher education and into health care is necessary. There were no differences in attitudes towards CAM between students who participated and those who did not participate in the CM course. Participants considered the course to be useful and reported higher knowledge about three CAM modalities and preferred formal education as information sources.

Conclusion: Health care students are open to learning CAM. Increasing the number of health care students in the CM courses would result in ensuring that future health care professionals obtain reliable knowledge about CAM practices which may in turn make their work more effective.

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1. Introduction

The use of complementary and alternative medicine (CAM) for various health problems continues to increase worldwide [1–5]. Its popularity is similar or even higher among patients with chronic illnesses compared to the average population [1,6,7]. In addition, the number of evidence based CAM modalities has dramatically increased although evidence gaps still exist [8,9]. However, health care providers may not be aware of the evidence base and may be hard pressed to provide reliable advice to patients and inform

them about the available therapeutic options and their use [10]. Moreover, the therapeutic approach of health professions, such as nursing, midwifery and health visitors have been acknowledged as having a more holistic approach to care and welcomed more 'complementary' approaches to health [11,12].

International research has investigated the knowledge about CAM and attitudes towards CAM among medical, pharmacy, nursing and midwifery students and different health professionals [10,12–19]. Most of the studies have shown positive attitudes towards CAM among health care students, but differences have been found between genders and years and specialties of the students [14–17]. Previous studies have also explored nurses' attitudes and knowledge towards CAM, and its professional use. Nurses' attitudes about CAM have been generally positive but their knowledge has proved to be poor about the use of CAM modalities therefore they have felt they could not give credible information and advice concerning CAM modalities [10,18–21].

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Since health care providers play an important role in the education of the patients, a high demand has emerged for educational institutions of health care workers to teach this discipline. The medical and health care educational organizations and institutions recognized the increasing demand of CAM and its integration into the curriculum. Different organizations have developed recommendations and core curriculum for higher institutions in the USA. For example, the Society of Teachers of Family Medicine Group on Alternative Medicine developed a curriculum guideline [22] and the Education Working Group of the Consortium of Academic Health Centers for Integrative Medicine published a list of core competencies of integrative medicine for medical universities developed by 23 academic health centers [23]. The American Association Colleges of Nursing in the core curriculum outlined in 1998 also included the main elements of CAM and desired to integrate it to the curriculum. [24]. As early as 1999, the support the integration of CAM into the education the National Institute of Health and the National Center for Complementary and Alternative Medicine (now National Center for Complementary and Integrative Medicine – NCCIM) funded 14 higher institutions to perform such programs [25]. It is important to note that since 2015 the NCCIM has been using the term Complementary Health Approach instead of Complementary and Alternative Medicine.

Previous studies revealed that there was no difference concerning the need for the integration of CAM into the curriculum among students [15,16]. In a study from Turkey comparing nursing and medical students' knowledge and attitude towards CAM showed a significant difference between the two groups both in integration of CAM into clinical practice (57.8% vs. 32.6%) and into the curriculum (61.3% vs. 37.9%) with higher rate for nurses [13]. However, these results were not strengthened by another study carried out at seven faculties of medicine covering all regions of Turkey [14]. According to the results of this study, medical students with more knowledge believed that CAM should be included in the curriculum, and that knowledge of CAM would be useful in their professions, and also that doctors should be familiar with CAM methods [14]. These results were also supported by a study from Kuwait [15].

During the era of socialism in Hungary only some types of CAM were tolerated (e.g. herbal medicine). Different types of CAM appeared at the end of the 1980s and since the change of the regime a rapid increase has occurred in this field. The market relating to CAM was uncontrolled for a long time and the regulation of CAM came into force only in 1997 [26]. The decree (11/1997 (V. 28) NM rend.) lists the types of non-conventional therapies and determines which ones can be performed by medical doctor only (e.g. manual therapies, Traditional Chinese Medicine, neural therapies) or by other graduates (e.g. acupressure, reflexology). Although the education of the Traditional Chinese Medicine started in 1987 at a medical university, the introduction of optional courses of some types of CAM did not begin until the end of the 1990s in other medical universities [26]. In Hungary, the education of health visitors (started in 1975) and midwives (started in 2004) is at BSc level in higher education. Nursing students' education is at three different levels: at vocational school, in higher education at BSc (started in 1989) and at MSc level (started in 2010). Health visitors are preventive professionals, who basically care for children until 18 years. They work in districts with close connections with pediatric family doctors/general practitioners or in schools. Using CAM therapies health care providers have a good opportunity to encourage their patients to actively take part in their care and healing process [10,12]. Thus the knowledge of CAM has become very important to nursing practice [12] and to the practice of other health professions. In 1995, at the University of Debrecen, the Faculty of Health began to educate

nurses and health visitors, and later midwives with a Complementary Medicine course.

There is only limited data concerning the use of CAM in Hungary. Two national representative surveys showed a significant increase in visiting CAM practitioners from 6.6% to 23.9% from 1991 to 1999 [27,28]. However, based on the data from the national representative health surveys in 2000, only a small number of the Hungarian population consulted CAM practitioners in the previous 12 months (males: 3%, females: 4%) and this slightly increased to 2003 (males: 3.6%, females: 6.1%) [29,30]. It is important to note that these rates did not include those CAM therapies, which were used as home remedies or self-treatment. There was also no distinction between those visiting physicians who were also CAM therapists and those visiting only CAM practitioners. Therefore, these rates may underestimate the real use of CAM and are not comparable with the aforementioned national data or with the international data.

In the literature there have been only a few studies comparing attitudes towards CAM and its knowledge in different groups of health care students [13,16,31], and no surveys were found from Hungary. Nurses, midwives and health visitors spend the most time with patients during their health care. Therefore the primary aim of the research was to investigate and compare nursing, health visitor and midwifery students' attitudes and knowledge towards CAM, its personal use and its perceived effectiveness. In addition, the study aimed to reveal the information sources used by these students and their opinions about the integration of CAM into high education as well as health care system in Hungary. As the third aim of the study comparisons were made between students who participated and those who did not participate in the Complementary Medicine course.

2. Methods

2.1. Study questionnaire

A cross-sectional survey was designed using a self-administered questionnaire. The eighteen CAM therapies included were: Traditional Chinese Medicine, acupuncture, homeopathy, meditation, relaxation techniques, hypnotherapy, Mind Control (relaxation technique), magnets, Prananadi,¹ Reiki,² therapeutic touch, kinesiology, massage, acupressure, chiropractic, reflexology, herbal medicine and non-herbal supplements [20]. Some of these therapies were selected due to their popularity in Hungary.

The term alternative medicine was defined in the questionnaire as follows: 'a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine, and are not taught in medical universities, and are not used in hospitals and are not integrated into the dominant health care system and most of them can be practiced without having M.D. (medical doctor) degrees' [32,33].

The questionnaire was pre-tested among 8 students for content, language clarity, easy for use, and time required to fill out the questionnaire. Modifications were made as necessary in order that the questionnaire could be simple to answer.

¹ Prananadi is a compound Sanskrit word made up of the words "prana" (wind, life-giving energy) and "nadi" (channel). This Tibetan method uses hands-on, no-touch techniques to maintain or improve both physical and emotional health.

² Reiki method uses simple hands-on, no-touch, and visualization techniques, with the goal of improving the flow of life energy in a person.

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