



Nurses' knowledge, clinical practice and attitude towards unconventional medicine: Implications for intercultural healthcare



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ABSTRACT

Objective: The aim of this hospital-based, cross-sectional study was to examine nurses' knowledge, personal and professional practices and attitude towards complementary and alternative medical therapies in urban Ghana.

Method: Using convenience sampling technique, cross-sectional data were collected from 210 registered and practicing nurses with self-administered questionnaire based on the Complementary and Alternative Medicine (CAM) Health Belief Questionnaire (CHBQ). Descriptive statistics and the associations between variables were calculated using Pearson's Chi-square test and/or Fisher's exact test with $p < 0.05$.

Results: The mean score of nurses' knowledge on CAM therapies was low (mean \pm SD, 38.39 \pm 10.11; possible range, 18–72) which was built on nurses' personal experiences. Nurses, therefore, lacked the confidence to recommend CAM therapies to patients. Despite the isolated cases of non-herbal supplements, relaxation techniques, massage and prayer healing, the study found an overall low personal use of CAM (mean \pm SD, 32.97 \pm 10.78; possible range, 18–72) among nurses over the last 12 months. Yet, nurses exhibited a positive attitude towards CAM (mean \pm SD, 72.7 \pm 12.5, possible range, 67–110). We observed significant associations among nurses' CAM knowledge and education [$\chi^2(2) = 6.69, p = 0.035$] and religion [$\chi^2(2) = 7.96, p = 0.019$]; nurses' personal use of CAM and income [$\chi^2(2) = 16.07, p < 0.001$] and religion [$\chi^2(2) = 18.65, p < 0.001$]; and nurses' clinical CAM use and income [$\chi^2(2) = 7.01, p = 0.030$].

Conclusion: Despite the overall positive attitude towards CAM therapies, Ghanaian nurses do not perceive themselves to have sufficient knowledge of CAM. Integrating CAM education into the nurses' training curriculum can improve CAM knowledge and professional practice among nurses, and in turn, enhance evidence-based patient care within the framework of intercultural healthcare system in Ghana.

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1. Introduction

Complementary and alternative medicine (CAM) encompass an array of nonmedical healthcare products, practices, therapies, procedures and devices that can be used alongside conventional medicines [1,2] and also as a substitute to the conventional treatments in certain cases. These include major domains as alternative

medical systems, mind-body therapies, natural products, manipulative and body-based methods as well as energy therapies [3].

CAM has proven to be an inseparable part of the cultural and socioeconomic milieu of almost every nation globally [4]. While CAM use across developed countries suggests the prevalence of between 30% and 60%, over 70% of the Ghanaian general population, like other low- and middle-income countries (in Asia, Africa, Latin America and the Middle East), relies on CAM approaches for their primary health according to most recent national survey report [5] and other population-based studies [6]. Although the overall rate of use of CAM therapies has been increasing over the past decade, the uptake of some biologically-based therapies, viz.,

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non-herbal food supplements and manipulative mind-body practices, such as acupuncture, chiropractic, homeopathy, massage and dance therapies, have seen unprecedented health resurgence and have almost doubled. Ample evidence suggests that CAM consumption and practices are not exclusive to a section of the Ghanaian population and is manifested across different demographic, socioeconomic statuses and cultural peculiarities [6–10]. CAM approaches improve physical and emotional well-being, boost immunity, reduce the side effects of some conventional therapies, and also improve the quality of life [11]. Therefore, CAM therapies may have major implications for the dynamics of the Ghana's public health.

Previous Ghanaian surveys have shown that patients obtain information about CAM from informal information sources such as friends and family members, Internet and the media [6,12]. Although these information may be suitable, it is important that patients receive trusted health information, based on evidence from qualified professional healthcare providers such as nurses [13]. Extant research has reported that nurses have regular contact with patients within the healthcare space than other healthcare providers [14]. Nurses therefore, play a critical role in providing trusted and credible medical information to patients. Nurses are required to be well informed and have sufficient understanding and knowledge about CAM therapies. Nurses' understanding and knowledge about CAM could be manifested in their approach toward CAM. Various studies have reported that the knowledge about CAM among nurses in some developed countries have been increasing, including the USA [15–17] and Italy [18], reflecting in increased CAM medical communication and information sharing with their clients. Notwithstanding, as in Australia [19,20] and the UK [21,22], studies in developing countries have demonstrated nurses limited knowledge on the various forms, benefits as well as the side effects of CAM [23,24]. It appears that there are inadequate official training and education and insufficient information on CAM modalities for most healthcare professionals, including nurses [25] and therefore, lack the confidence to advise their patients about CAM therapies.

While literature is confounding, there is a chronic dearth of research in Ghana in regard to nurses' attitudes to CAM therapies. In a qualitative study in Australia, Cindy Wang & Yates [26] found that nurses were not only skeptical and ambivalent about CAM therapies, they were also reticent to support CAM use. Nurses exhibited a much negative attitude to CAM based on their personal experiences, knowledge and philosophy about CAM on the one hand, and the ambiguity surrounding what constitutes CAM on the other. Moreover, Young-Hee & Lee [25], found in Korea that only a few nurses had received training of any kind about CAM and, therefore, had no confidence to recommend CAM use. In contrast, various reports have shown that nurses have positive attitudes towards CAM, especially with the integrative medicine. At the University of Minnesota, over 90% of nursing students and staff supported the integration of CAM into the clinical care for all patients [27]. A similar survey at the School of Nursing, University of Washington reported that students were enthusiastic to embrace CAM and its integration into nursing curriculum [28]. Other studies have reported health professionals' positive attitudes to CAM strategies in developing countries [10,29].

In the past few decades, Ghana, like other developing countries, including those in sub-Saharan Africa have experimented with the integration of traditional and conventional healthcare systems. In the era when efforts are being made to practicalise the integrative medical system in Ghana, excellent knowledge about, and a positive attitude towards CAM therapies among healthcare professional, and nurses particularly, will be the useful way forward [10]. Despite the view that this action may relevantly implicate nursing

healthcare practice and policy, not much have been done to investigate the knowledge, practices and attitude of registered nurse practitioners towards unconventional therapies. The purpose of the present study was to analyse registered nurses' knowledge, clinical practice and attitude towards CAM approaches in Metropolitan Kumasi, Ghana, to provide the first significant step towards addressing this research gap.

2. Methods

2.1. Sample and procedure

Data for this study were collected between the December 1 and December 30, 2016 in Metropolitan Kumasi. Kumasi Metropolis is one of the most cosmopolitan and populated administrative districts in Ghana with a diverse cultural and socioeconomic backgrounds. A hospital-based cross-sectional urban survey was conducted with health facilities in the Metropolis as the sample space. This study was part of the Nurses' Knowledge and Practices of Unconventional Therapies for Intercultural Healthcare Project in Ghana. Other aspect of the original research have been reported elsewhere [30]. The current study adopted a two-stage sampling strategy. The study site was divided into 2 enumeration areas based on north-south delineation and 4 hospitals in each area were randomly selected for the study, including one university-affiliated and 7 other hospitals. Secondly, a convenience sample of 210 registered and practicing nurses eligible for the study were successfully recruited for face-to-face interview. Participants responded to questionnaire on nurses' professional practice in regard to the discussion and recommendation of CAM approaches to their patients and their intentions to do so, nurses' personal and interpersonal use of CAM strategies and their attitude towards CAM modalities. The choice of cut-offs for creating categories of the CAM therapies was based on the classification of the National Center for Complementary and Integrative Health (NCCIH). All the questionnaires were completed in English with an average time of 30 min.

This study's protocol was approved by the Committee on Human Research Publication and Ethics (CHRPE), School of Medical Sciences at Kwame Nkrumah University of Science and Technology and Komfo Anokye Teaching Hospital, Kumasi, Ghana (Ref: CHRPE/AP/507/16). In accordance with the *Declaration of Helsinki*, written informed consent was also secured from the heads of facilities before contacts with the nurses. Finally, oral informed consent was received from each participant prior to the commencement of data collection with the assurance that participants' information obtained would be kept anonymous. No incentive for completing the study questionnaire was offered.

2.2. Measures

2.2.1. Sociodemographic

Participating nurses completed a CHBQ questionnaire asking for information regarding demographics: age, gender, education, monthly income, marital status, ethnic group and religion and clinical characteristics – specialty and work experience.

2.2.2. Knowledge about CAM

Knowledge, uptake and recommendation of CAM to patients were evaluated via an adaptation of the CAM Needs Assessment tool, which is a list of 18 CAM treatment modalities chosen from the most commonly used modalities included on a list of therapies purported to be integrated into the biomedical practice [5]. CAM therapies surveyed in this study included partly, those less commonly surveyed, and considerable number were therapies that appeared to be highly popular in Ghana. The preliminary list of

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