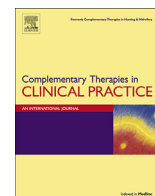




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Nurses as boundary actors: Promoting integrative medicine in hospital wards

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ABSTRACT

Objective: The objective of the research was to explore attitudes of hospital nurses toward integrative medicine (IM).**Design:** A special training program was developed in the Bnai-Zion medical center, a public hospital in Israel, where an innovative IM program was launched.**Methods:** 65 nurses from 22 wards were asked at the beginning and the end of the program to complete an open-ended questionnaire concerning three major aspects: 1) their attitudes toward complementary medicine and its integration, 2) the importance and impact of the training program and 3) how they perceive their potential role in promoting IM in the wards.**Results:** Nurses perceive themselves as boundary actors, who can play an important role in promoting IM within the wards. IM training programs for hospital nurses are recommended. This empowers nurses while restoring to clinical practice the essence of nursing as an integrative healing discipline.

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1. Introduction

Nurses play an important role in the organization of service delivery in hospital wards. This role is especially important in the context of heterogeneous treatment of hospitalized patients. Heterogeneity increases when complementary medicine (CM) is introduced to the hospital, a process that has been gaining ground over the past several decades. Moreover, nurses may be expected to be relatively well disposed to integrative medicine (IM) because from its very beginning, nursing has been an integrative healing discipline that addresses the need of patients and their families for care that is comprehensive, coordinated, and attentive to the whole

person [16,18].

In this article, we report on an action study conducted in the Bnai-Zion medical center in Israel – a public teaching hospital in which CM practitioners were introduced to ten different wards. In the wake of the expansion of integrative medicine (IM) in the hospital wards, it was felt necessary to familiarize senior nurses with the field of CM and its integration in the wards. To this end, we developed an action research model that comprised a training program for nurses, and evaluation of their attitudes toward: the impact of the program; their perceptions of IM and its potential influence within the different hospitals wards; and their perception of their role in the integration of these treatments in practice.

1.1. Background

Nurses sustain the social networks through which care in hospitals is provided. Almost every aspect of the patient's care passes through the hands of a nurse. They manage patient flows through

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their bed management practices and transfers of care. Nurses are the non-formal network builders, system enablers and principal mediators through which the diverse elements that comprise healthcare are ordered. Nurses are vital to the quality and efficiency of the everyday healthcare provided [1].

Nurses are located at the 'obligatory passage points' in health-care systems [1]. They can either bring together or keep apart the various heterogeneous entities to accomplish everyday healthcare service delivery. They make the connections and mediate across occupational, departmental and organizational boundaries to meet the 'needs' of patients. In this respect, hospital nurses function as boundary actors [15] by translating and mediating between different social communities [11].

In the literature on organizational boundaries and boundary crossing, the *boundary object* plays a crucial role as a mediating link ([26]: 409). The concept of *boundary object*, which evolved as part of the constructivist approach in the sociology of science, has offered interpretive flexibility in social science as well as in medicine, organization theory and other areas [25]. The concept has been used to analyze multidisciplinary collaboration in healthcare ref. [11] and in integrative healthcare settings, where the term *boundary actors* was developed [15]. Following ref [15], we use the term *boundary actors* to denote the people who function in multiple social worlds, translating and mediating between two or more social communities, and who may develop and maintain coherence across intersecting social worlds. In their role as boundary actors, nurses may also acquire an important role in integrating complementary modalities in hospitals.

The growing use of CM therapies alongside conventional medicine has given rise to the concept of integrative medicine (IM), which refers to the combination of conventional and CM services (e.g., chiropractic, acupuncture, massage, mindfulness training) [6]. Ref [27] states that "integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing."

Nursing itself has historically taken a holistic approach toward patients and their care [1,27], although in reality, nursing practice is far more complex than this image suggests [20]. From its very beginning, nursing has been an integrative healing discipline. Kreitzer & Koithan (2012:4) defined the term *integrative nursing* as "a way of being-knowing-doing that advances the health and well-being of people, families, and communities through caring/healing relationships." Integrative nursing adopts a whole person and whole system approach that addresses the needs of patients and their families, who demand care that is comprehensive, coordinated, and attentive to the whole person—body, mind, and spirit. Modern day health care is a team-based endeavor, and nurses who possess the skills of integrative nursing are well positioned to be partners in delivering integrated health care [16].

Studies have demonstrated that nurses generally have relatively positive attitudes and beliefs regarding IM [3,5,21,31], and that nurses can play a key role in the promotion and implementation of IM [29]. Nurses' attitudes and experiences may affect the level of patient exposure to complementary health treatments [3,5,31]. Nurses' attitudes toward CM are related to their knowledge of this area [24] and to their experience of using IM in professional practice [3]. Nursing students were found to be interested in IM and to approve of its use [2,30]. Moreover, the nursing profession is the largest segment of the health care workforce. Working on the front lines of patient care, nurses can play a vital role in helping realize

objectives set forth [7], which includes promoting IM for a better patient experience.

Over recent decades, alongside increasing integration of CM into medical schools and health care organizations [6], we have witnessed a trend toward incorporating CM studies into the curriculum of nursing schools [2,4,8]. Ref [8] investigated the extent of incorporation of CM into the curricula of nursing schools. Of the 585 questionnaires sent out to nursing schools, 125 were returned (a 21% response rate). Among these schools, 85% reported that CM was included in their curricula; however, most of these schools lacked specific programs or formal courses on the subject. Only 20.8% of the schools employed faculty certified by the American Holistic Nurses Credentialing Corporation. More recent surveys show that CM subjects are taught in nursing schools for a whole month and that students are given practice in the field [2,4]. In the US, it has been proposed that schools of nursing should continue to adopt a curriculum that addresses integrative health care. The intention is to educate nurses on these important concepts and to prepare them for the health care consumers who increasingly use CM [28].

However, a review of the literature revealed that no specific training program in IM exists for experienced nurses who have been practicing nursing for more than a few years. These nurses were not exposed to CM during their original training. In light of the extensive and increasing use of IM in hospitals, there is a corresponding need to further familiarize senior nurses with the field of CM and its integration in the hospital. This would promote better patient care, better communication with CM practitioners, and enable these nurses to offer sounder advice to patients who raise questions about the topic.

An innovative and unique IM program was launched in 2010 at the Bnai Zion Medical Center, a public hospital in Israel [13,14], [22,23]. Bnai Zion is an academic public hospital that serves patients in accordance with Israel's National Health Insurance Law, which ensures access to health services for the entire population of the country. It provides medical care, education, research and services to the diverse and growing population of Northern Israel. This medical center contains 450 beds. Within the framework of the IM program, the following complementary therapies: reflexology, acupuncture, tai chi, qi gong, guided imagination and hypnosis, are offered, free of charge, to patients in seven departments (obstetrics, gastroenterology, pediatric surgery, general surgery, urology, the in vitro fertilization unit, hemato-oncology, pain management and oral and maxillofacial department).

In seeking to facilitate better cooperation between nurses and CM practitioners, the hospital identified a need to broaden the knowledge of senior nurses, who lacked training in CM. A dedicated training program was implemented to this end. As these nurses have a significant role in referring patients to CM treatments, they required further information about the fundamentals of CM, for example, about the indications and contraindications for CM treatments. Presuming that nurses may be instrumental in promoting IM, we established a training program for nurses with no previous knowledge of CM and who had limited exposure to it in the ward on which they worked. We constructed the training program to incorporate an action study to examine the impact of the training program on the perceptions, attitudes, and skills of the participating nurses.

The research objective was, therefore, to examine the effects of the training program on the nurses' familiarity with IM, to discern any change in the way they perceived the integration of CM within the wards, and to inquire how they foresaw their potential role in the integration process.

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