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Nurses' communication regarding patients' use of complementary and alternative medicine

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ABSTRACT

Background: : Many people integrate complementary and alternative medicine (CAM) into their health care. Nurses potentially play a significant role in communicating with patients about their CAM utilisation.
Aim: : The study aimed to explore whether, how and why nurses working in Australia communicate about patients' CAM use.
Methods: : This paper reports on phase one of a mixed methods study. Qualitative data was obtained, via interviews, with nineteen registered nurses who work in a wide variety of clinical environments across all states of Australia.
Findings: : Four themes related to nurses' communication with patients about CAM, were developed from the qualitative data; *engaging with patients about CAM*, *communication with doctors about patients' use of CAM*, *connecting with CAM practitioners and barriers to CAM communication*.
Discussion: : Despite their positive attitudes, nurses are often not comfortable discussing or documenting patients' CAM use. Furthermore, nurses perceive that patients may be apprehensive about disclosing their use. CAM communication with colleagues is moderated by the workplace culture and the perceived attitude of co-workers. There is very little evidence of nurses referring or collaborating with CAM practitioners. Professional expectation, time restraints and the nurses' lack of relevant CAM knowledge all have a powerful effect on limiting CAM communication.
Conclusion: : Communication about patients' use of CAM is imperative to support safe therapeutic decisions. Currently, this is limited in the Australian healthcare workplace. The nursing professional needs to consider introducing basic CAM education and flexible guidelines to enable nurses' to respond appropriately to the patient driven demand for CAM.

1. Introduction

Complementary and alternative medicine (CAM) refers to a broad range of healthcare products and practices with a history of use outside of mainstream conventional medical practice (National Centre for Complementary and Integrative Health (NCCIH), 2013). The definition of CAM has continued to evolve and use of these therapies, by both general public and healthcare professionals, is increasing (Frass et al., 2012). However, the evidence of the safety and effectiveness of CAM is mixed, with some therapies remaining controversial while others are broadly accepted in mainstream medicine. Particularly poorly understood is the risk of combining CAM supplements (such as herbal medicines), with conventional medicine, making patients' disclosure of concurrent use crucial.

Nurses potentially play a significant role in communicating with patients about their CAM utilisation. Compared to doctors, nurses typically spend more time with patients, and people may feel more comfortable revealing details of CAM use to them. Hence, nurses may act as important intermediaries, ensuring doctors are aware

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Summary of relevance
Issue

- Despite the popularity of complementary and alternative medicine (CAM) in Australia, very little is known about how nurses communicate regarding patients' use of these products and practices.

What is already known

- People often use CAM without input from a qualified healthcare provider. Some patients are apprehensive about disclosing their use, which increases the associated risks.

What this paper adds

- Some nurses are not confident to discuss or document patients' use of CAM. Strategies to improve communication include basic CAM education and the development of flexible CAM guidelines.

of patients' current CAM use, and potentially directing patients towards, or deterring them from, qualified CAM therapists.

2. Background

Internationally, around one-third of the Western population use CAM, with surveys from the US and UK reporting usage rates of 38% (Barnes, Bloom, & Nahin, 2008) and 26% (Hunt et al., 2010) respectively. Prevalence rates in Australia are even higher, with national survey data indicating close to 69% of the population use these therapies (Xue, Zhang, Lin, Da Costa, & Story, 2007). Furthermore, there is evidence that people are more likely to seek CAM services for a range of chronic conditions, including diseases identified as National Health Priority Areas by the Australian Government (Reid, Steel, Wardle, Trubody, & Adams, 2016). Research has found that the drivers for using CAM are generally associated with wishing to be more involved with health care decisions, having holistic health beliefs and increased therapeutic options, rather than dissatisfaction with conventional medicine (Shorofi, 2011).

It is concerning that a considerable proportion of CAM users self-prescribed, with little or no input from a health professional. A review of studies from fifteen countries revealed that despite the widespread use, only a minority (median of 12.2%) of the general population consult a CAM provider (Harris, Cooper, Relton, & Thomas, 2012). Whilst a patient's right to self-determination should be respected, it is imperative that their health care decisions (including those relating to the use of CAM) are adequately informed. Unfortunately, many consumers rely on non-professional, low quality sources of information (e.g. advice from friends and family) to guide their CAM decisions (Frawley et al., 2014; Yang et al., 2016). In addition, many people do not disclose CAM use to conventional health providers, which increases the associated risks (Chao et al., 2015; Lucas, Kumar, & Leach, 2015; McIntyre, Saliba, Wiener, & Sarris, 2016).

Although the issue of CAM communication in conventional health settings has been the topic of significant research examination, most of this has centered on interactions between patients and their medical practitioners. These studies have generally shown that less than half of patients discuss their CAM use with their physician due to; fear of a negative response, their perceptions that the physician lacks appropriate knowledge, a preference to keep their CAM and conventional treatments separate, or simply because their doctor did not ask them (Roberts et al., 2006; Shelley, Sussman, Williams, Segal, & Crabtree, 2009; Sidora-Arcoleo, Yoos, Kitzman, McMullen, & Anson, 2008). Furthermore, these studies indicate that less than half of all physicians feel comfortable discussing CAM with their patients, due to their lack of relevant knowledge.

A critical step to delivering safe care and enabling patients to make informed therapeutic decisions, is for practitioners to engage in conversations about their health care behaviour, including the use of CAM. While nurses working in Australia are well-positioned (in terms of workforce numbers and sectoral spread) to communicate with patients about CAM, it is unclear if they take advantage of this opportunity and what barriers and facilitators they encounter.

3. Method

This paper reports on phase one of a mixed methods study. The study aimed to explore whether, how and why nurses working in Australia engage with patients regarding CAM use. The first phase, involved collecting qualitative data, via interviews, with registered nurses who worked in Australia. An inductive qualitative research approach was considered ideal to gain insight into the topic of interest.

Approval to conduct the study was acquired from the relevant Human Research Ethics Committees and informed consent was gained from all participants. Pseudonyms are used throughout this paper to preserve the participants' anonymity.

3.1. Participants

Nineteen registered nurses, who worked in a wide variety of clinical environments across all states of Australia, were recruited for phase one. The aim was not to obtain a representative sample but rather to capture a wide variety of experiences. The participants were recruited through advertising with a professional association and via snowballing. Participants' ages ranged from twenty-seven to sixty-six, with all but one, being female. Most participants had been working as a registered nurse for more than ten years and had extensive clinical experience (Table 1).

3.2. Data collection

Nurses who contacted the researcher expressing an interest in the study, were sent an explanatory statement via email (or post if preferred). Those wishing to participate were given a consent form to sign before the interview began. Two female researchers (HH and MC), who are experienced in qualitative data collection and analysis, conducted the nineteen interviews. One researcher (HH), has a background in nursing and naturopathy and the other (MC), in public health and naturopathy; neither had a relationship with the participants they interviewed. Due to the distances involved most ($n = 15$) of the interviews occurred via the telephone however, some ($n = 4$) were conducted face to face at a place which was convenient for the participant. While an interview guide was used to direct the line of questioning, participants were encouraged to speak freely around the topic generally to enable full exploration of the salient issues. The interviews lasted approximately 50 min and, with the participant's consent, were audio recorded and then later transcribed.

3.3. Data analysis

The qualitative data underwent inductive thematic analysis using the phases recommended by Braun and Clarke (2006). Thematic analysis is a research method that enables identification and analyses of patterns (themes) within data. Firstly the interviews were transcribed and then the researchers (HH and MC), made themselves familiar with the data. Next, initial codes were

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