Patient Education and Counseling xxx (2018) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Registered Nurses' communication about patients' use of complementary therapies: A national survey

Helen Hall[a,b,*], Matthew J. Leach[b,c], Caragh Brosnan[b,d], Robyn Cant[a], Melissa Collins[e]

[a] Nursing & Midwifery, Monash University, Frankston, Vic, Australia
[b] Australian Research Centre in Complementary and Integrative Medicine (ARCCIM), University of Technology Sydney, Sydney, Australia
[c] Department of Rural Health. University of South Australia, Australia
[d] School of Humanities and Social Science, University of Newcastle, Australia
[e] Endeavour College of Natural Health, Melbourne, Australia

ARTICLE INFO

Article history:
Received 22 October 2017
Received in revised form 4 March 2018
Accepted 7 March 2018

Keywords:
Communication
Complementary medicine
Complementary therapies
Complementary and alternative medicine
Nursing
Quantitative survey

ABSTRACT

Objective: To identify communication patterns of Registered Nurses regarding patients' use of complementary therapies.
Methods: A cross-sectional online survey conducted in 2017 recruited Australian Registered Nurses working in any area of nursing.
Results: Responses of 614 Registered Nurses were analysed. Patient-initiated discussion of complementary therapies were common for 77% of nurses; nurse-initiated discussions were perceived by 73% (sometimes/almost always/always). Nurses' personal use of complementary therapies predicted discussion with patients and education-based, oncology, or aged care/rehabilitation nurses were most likely to initiate dialogue. Many (55%) did not 'recommend' a particular therapy, although 12% 'almost always/always' did so. Four out of five nurses (84%) documented patients' use and communicated with medical/nursing colleagues about this use. Conversely, 61% 'never' or 'almost never' communicated with a complementary therapy practitioner.
Conclusion: Nurses working in Australia often discuss complementary therapies, however they rarely specifically recommend their use. Their workplace environment and clinical context influenced nurses' willingness to communicate about complementary therapy use.
Practice implications evidence: suggests the need for policy development to promote communication between mainstream healthcare providers and complementary therapy practitioners to support the delivery of safe, high quality patient care.

1. Introduction

Healthcare in many industrialised countries, including Australia, has undergone significant changes in recent decades. Alongside the increasing prevalence of chronic disease and the rise in complexity in delivering healthcare services, there has been increasing utilisation of complementary therapies (CTs) among the general public [1]. CT is an umbrella term that encompasses a broad range of healthcare products and practices with a history of use outside of mainstream medical practice [2]. Other terms commonly used to describe this large group of therapies include complementary and alternative medicine, natural medicine and traditional medicine. CTs typically fall into one of two subgroups—'natural' products (such as herbal and nutritional supplements) or mind and body practices (such as yoga, meditation and massage).

The prevalence of CT use has been widely studied over the last decade. In 2011, Armstrong et al. [3] reported that around 24% of Australians with chronic illness integrate CT into their treatment. In the US, national health survey data revealed that approximately one-third of adults used some form of CT in 2012 [4] and spent US $14.7 billion on visits to CT practitioner [5]. A survey of cancer patients in 14 European countries reported a prevalence rate of CT use of 35.9% [6]. All of these studies illustrate the widespread patient interest in these modalities.

The popularity of CT has important implications for all healthcare providers in terms of patient care and safety. In particular, concerns have been raised regarding the concomitant use of herbal/nutritional supplements with pharmaceuticals and the potential for adverse drug-herb-nutrient interactions [7,8]. According to the findings of the English household survey

* Corresponding author at: Faculty of Medicine, Nursing and Health Sciences, School of Nursing & Midwifery, Monash University, Peninsula campus, McMahons Road, Frankston, Victoria, 3199, Australia.
E-mail address: helen.hall@monash.edu (H. Hall).

https://doi.org/10.1016/j.pec.2018.03.010
0738-3991/

(n = 7630), 29% of those taking prescription drugs had also used CT in the previous year [9].

The use of prescribed medications alongside of CT can be partly attributed to a lack of patient disclosure. A survey of Australian cancer patients (n = 381) found that 65% used CT, yet most did not discuss this with their oncologist [10]. In the US, only one-third of consumers who take 'natural' supplements (18.9% of the population) disclose this use to their physician [11]. Similarly, a study of 1261 community members in Queensland, Australia, found only 40% of participants had informed their physician about using CT [12]. A common reason for patient non-disclosure of CT use is the lack of enquiry from medical doctors [13]. Therefore, potential risks may be overlooked because of insufficient communication [14].

Patient centred care is responsive to individual preferences, needs, and values [15]. Embedded within this approach is respectful communication by clinicians regarding a patient's healthcare decisions. As nurses play a pivotal role in assessment, care and management, discussing CT may contribute to patients' informed decision-making [16]. Effective communication with healthcare team members is also a core principle that aligns with nurses' patient care role [17]. Further to this, communication between clinicians and patients, and amongst different healthcare provider groups, including CT practitioners, may be helpful in determining the extent to which treatments might impact patient outcomes in conventional healthcare settings. In point of fact, a qualitative study has found that the current lack of engagement between conventional and CT practitioners may pose an additional risk to cancer patients [18]. As such, nurses may be a helpful link between conventional medicine and CT therapists, for promoting the advantages of explicit communication directly to patients who are interested in using these therapies. In addition to benefits regarding patient safety, there is also evidence that overt communication between mainstream healthcare providers and patients who use CT, can enhance the therapeutic relationship [19].

Although communication regarding patient use of CTs is acknowledged as having important implications for the delivery of safe, quality health care, there is currently limited examination of the role of Registered Nurses on this issue, particularly within the Australian context. This study aimed to address this gap by contributing towards a body of knowledge that will assist with the development of strategies to promote patient safety in relation to CT use.

2. Methods

2.1. Study design

The study uses a cross-sectional survey design. The survey represents the third stage of a mixed methods study designed to examine Registered Nurse engagement in communication regarding CT. The first stage comprised a meta-synthesis of international evidence on nurse decision making and CT [16], while the second stage used qualitative methods (interviews) to explore the perceptions and beliefs of Australian Registered Nurses about patient use of CT [20].

2.2. Participants

Participants were Registered Nurses (RNs) working in any clinical area and setting, in any State or Territory in Australia. Entry-level qualification for registration currently requires completion of a three-year nursing bachelor degree, or an equivalent qualification. A power calculation revealed that at least 384 Registered Nurses (from a population of 264,238) were required to achieve at worst ± 5% margin of error with 95% confidence for any individual item on the questionnaire.

2.3. Survey development

Development of the survey instrument comprised four phases. The first phase involved the generation of potential items; the items and response options were informed by data from previous stages of the mixed methods study, as well as other pertinent literature. In phase two, the research team (HH, ML, CB and MC; who have expertise in the areas of nursing, CT and survey design), selected, refined and organised items for the preliminary instrument. The preliminary questionnaire was subsequently piloted (phase three) by seven RNs who were independent of the project; these RNs were tasked with assessing the usability, clarity, flow and completeness of questions and response options. Feedback from the pilot resulted in editorial changes only. The questionnaire was then uploaded to an online survey platform (Qualtrics™) and piloted by members of the research team (phase four). The final survey comprised 30 questions, which were divided into four sections: (i) Communication about complementary therapies; (ii) Attitude towards complementary therapies; (iii) Knowledge about complementary therapies and (iv) Demographic information. The majority of items used 5-point Likert scale response options (strongly agree through to strongly disagree), with the remaining items using dichotomous response options (i.e. yes/no) and text boxes. The estimated completion time of the questionnaire was 10–15 min.

2.4. Survey administration

Participants were recruited through national professional nursing associations and special interest groups using email blasts, newsletters and web notices. All media included a direct survey access link. The survey was administered between October 2016 and April 2017 to enable time for various professional groups to approve the study and disseminate the study information.

2.5. Data analysis

Data were imported into IBM-SPSS V.23 [21] for data cleaning and analysis. Any missing data were not replaced. Categorical data (i.e. the main data type) were descriptively analysed using frequency distributions and percentages. Multiple regression analysis was performed to identify the predictors of RN initiation of patient communication regarding CT. The dependant variable was defined as the response to the question, 'do you initiate discussions about CT with patients?' with response options ranging between 1 (disagree strongly) and 5 (agree strongly). Eleven independent variables were included in the model, including six categorical variables (age range; years since graduating as a nurse; level of highest qualification; geographic locality; state of employment; work category) and five dichotomous variables (sex; born in Australia; ever completed training in CT; uses CT themselves; employment facility type). Preliminary analyses were undertaken to confirm that the data met the assumptions of regression analysis [22].

2.6. Ethical approval

The study received ethics approval from the Monash University Human Research Ethics Committee [CF15/33361-2015001431] and Endeavour College of Natural Health Human Research Ethics Committee [2015113].

3. Results

The responses of 614 RNs who completed the survey were analysed. Of these, almost all RNs were female (94%) and born in Australia (82.7%). Over half were aged 50 years or older (57.2%), had

Please cite this article in press as: H. Hall, et al., Registered Nurses' communication about patients' use of complementary therapies: A national survey, Patient Educ Couns (2018), https://doi.org/10.1016/j.pec.2018.03.010