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TRENDS AND PATTERNS OF USE OF CAM (COMPLEMENTARY AND ALTERNATIVE MEDICINE) AMONG SENIOR NURSING STUDENTS

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the degree of
Master of Science in Nursing

Johannesburg, 2005

D E C L A R A T I O N

I, Pamela Lorne Schutz, declare that this Research Report is my own work. It is being submitted for the degree of Master of Science in Nursing at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

_____
PAMELA LORNE SCHUTZ

_____ day of _____, 2005.

D E D I C A T I O N

Justice of Appeal William Peter Schutz,
(B.Com 1953; LLB 1955; University of the Witwatersrand)
(13.11.1932 - 11.08.2004)

For what it is worth, this research is dedicated
with grateful thanks, to my parents, who provided invaluable
support, intermittent finances, a place to stay, and a supportive ear
during the period of this research. I just wish my father could have lived to
see me finish it. You went so near the end. Daddy, thank you for being
the great intellect you were; a man who believed in and practiced
thought, truth, and intellectual rigour at all times.

You are one of the people for whom I found the courage
to carry on, and finish this research report.
Put simply, you would have expected me to do so.

Also to Gayle Friedman of Cape Town, an incredibly intuitive
woman and gifted teacher of alternative therapies, who introduced me to
the alternative health world.

A B S T R A C T

The use and teaching of CAM (complementary and alternative medicine) therapies is a growing trend worldwide in the pursuit of health and the amelioration of some disease problems. Chronic, insoluble problems, stress (both mental and physiological), and pain are particularly the target of these therapies. In February 2001, South Africa became a world leader when she passed legislation promoting ten traditional or complementary and alternative therapies into professionalism.

The purpose of this study was to assess the trends and patterns of use of senior nursing students of CAM therapies, and their intention to use such CAM therapies on their patients, or to refer their patients to practitioners of CAM therapies. A self-report survey was used to obtain this data, partly constructed from knowledge gathered in the literature review.

Senior nursing students from three teaching institutions in Johannesburg participated in the survey. A pilot study to test the feasibility of the study and the reliability of the instrument was carried out at one of these three institutions. The group that participated in the pilot was not the same group that was later used as subjects at this institution. The pilot test was then subjected to a Peason's Product-Moment Correlation test to assess test-retest reliability. Pearson's r was found to be 0.8, which shows high reliability of the instrument.

Descriptive statistics (frequencies, means, and proportions) were used to summarize and present the results. The main results are as follows. A much larger group of respondents saw allopathic practitioners than CAM practitioners for their personal health problems and to maintain their health. Knowledge of CAM therapies was reported to be fairly low, though this may be due to the number of therapies presented for consideration. A large percentage of the respondents was interested in learning about, and even practicing CAM therapies on their patients, and in referring their patients to CAM practitioners or being able to advise them about CAM therapies and remedies appropriately.

Given these results, with regard to nursing education, it was suggested that at least an introductory course to the basic tenets of CAM therapies and "holistic" or "body-mind medicine", needs to be presented to all student nurses. The problems inherent in developing adequate and relevant research avenues for these complex subjects, and an understanding of a range of the most commonly practiced CAM therapies needs to be included at neophyte nursing level. Focussed suggestions are made in the body of the report. Focussed suggestions are also made with regard to future research, both within the field of nursing and related allopathic disciplines possibly interested in incorporating aspects of CAM therapies within their own bodies of knowledge, and outside these disciplines. Suggestions relevant to the teaching and practice of a few CAM therapies practiced by the researcher, and of pharmacological and other possible avenues of research relevant to some of these therapies, will be made in the form of further articles submitted to the professional magazines of the CAM therapies concerned.

A C K N O W L E D G E M E N T S

I would like to express sincere appreciation to the following people, without whom this research report would not have reached past the dream stage! Any mistakes remaining and all opinions expressed are mine only. For the prodding, pushing, directing, redirecting, and expertise received from these incredible people, I will remain eternally grateful (though I did not always enjoy it at the time).

Profound thanks to Professor Judy Bruce, PhD. (Department of Nursing Education, University of the Witwatersrand, Johannesburg). Apart from everything else, if it hadn't been for your understanding, patience, prodding, and support after my father died, I definitely would have dropped this research report, however close to the finish it was. It didn't seem worth the effort to finish it, without him being there to see it. For your empathy and for your professional expertise and interests, thank you. I wish there were bigger words than "thank you" to convey what I feel.

Dr. Candice Bodkin, PhD. (Department of Nursing Education, University of the Witwatersrand, Johannesburg). When I first started this, I thought I looked like an alien. Luckily for me, you had already broken the ice with your Masters Research Report on Homeopathy! You gave me a lot of courage, and useful advice.

Dr. Bekker, M.Sc. (University Pretoria), PhD. (Unisa). (Department of Medical Biostatistics, University of the Witwatersrand, Johannesburg). Thank you for invaluable help in questionnaire construction and how to begin approaching the statistics. Never mind an alien, I probably looked like a first class dunce to you, and you were still interested, patient, and encouraging!

To the women at Computer Network Services, Senate House, University of the Witwatersrand, incalculable thanks are due for tutoring in the use of Microsoft Excel and other packages. You collectively took me from absolute fear of my instrument, to an excitement for and love of the possibilities inherent in it. My brother, Robert A Schutz (M.Sc. Electrical Engineering(Computer Design), University of the Witwatersrand), then honed in and showed me more and more functions that the computer could perform, making my task faster and easier. Pity that I'd already spent a week slaving at the data manually before you got hold of me! You also helped me to re-understand the languages of mathematics and mathematical statistics, where I needed to. Robert, since you were also worrying about and then grieving for Daddy with me, there is no price to put on your help. Thank you for being there, and for being brilliant.

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Ms. P.C. Nel, Assistant Director: Nursing Education and Training, Department of Health, Gauteng Provincial Government . Thank you for permission to conduct research in the Nursing Schools under you careful eye.

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My grateful thanks also to the students who have so generously given me time and allowed me to conduct research with them. I know personally that the students are operating under tremendous pressure. To accommodate my research is a gift and a service, the cost of which I am sure only they really know. I am deeply grateful. May you be rewarded throughout your nursing careers!

I owe many thanks to my basic, advanced, and part-time students of Aromatherapy at Camelot International (Pty) Ltd, Health and Beauty College. The advanced students kindly made do with lectures and lecture notes while waiting for the often promised and often postponed Advanced Aromatherapy student notes. I hadn't really figured how much more work my research report needed when I agreed to produce these notes in my free time as well! All my students asked questions that need answering, and stimulated me to learn more about my own therapies and their application. They lived with notes and overhead sheets continually "in preparation", because I was always thinking of "even better" ways to do them, and hadn't had the time to do it "properly". They are a patient, forgiving, and loving group of girls and women.

Thanks to the Principal, Debbie Merdjan, and Vice-Principal, Menna Kleine, and fellow lecturers at Camelot. They were understanding and encouraging, if mystified at the time it took. They were supportive when I needed it personally, after my father died. They released me back into the nursing and academic world to develop my skills three years ago; and then still wanted to have me back, even if I would only agree to a part-time position. I hope they have received equal value back. The notes are finished, and I am a more valuable and conscious lecturer than I used to be. Unfortunately, I am also more frightened (or is it cautious) as well, as I now know a lot more about my subjects and their responsibilities!

Probably, this is what Masters Degrees do to people. They open you up to how much you don't know, so you have to question everything you thought you DID know! I feel, seven years after I qualified in my CAM therapies, that I have only just begun to understand them. Or rather, to understand how much I don't know and understand, how much I still have to study and grow. For this, untold thanks are due to the University system, and to the University of the Witwatersrand in particular. There is something to be said for knowing you know nothing. It stops you from slipping into carelessness and arrogance. It is the beginning of new growth, like a pruning of the trees. Wits people are good gardeners.

Thank you to my unknown internal and external examiners, for waiting. This report was due in August 2004, shortly after the date that my father finally collapsed, went into coma and multi-organ failure, and later died. I know beyond a shadow of doubt I've prejudiced your time-schedule by finishing it later. I hope the result vindicates your patience.

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P R E F A C E

A tortuous path of personal development has preceded this research. My interest in herbs and their medicinal, therapeutic, and cosmetic actions is longstanding, but remained unexplored except theoretically, in the context of history. During nursing training, I was grounded in allopathic healing and therapeutics. I absorbed the pervasive "hidden agenda" of Western health professionals' curricula: that herbal and alternative therapies are unresearched, unsound, dangerous, possibly lethal; and largely in the hands of uneducated, superstitious, "way out" people who are more of a danger than a help to the healing professions and the public at large.

In 1997, while completing a certificate course in Occupational Health Nursing at the University of Stellenbosch, I met two nursing sisters who were studying Aromatherapy, Massage Therapy, Shiatsu and Reflexology. One of them was studying for a Family Planning Certificate course with me in Cape Town, while working as a Public Health Nurse in the Cape Flats. The other worked in the haematology unit of an upmarket private hospital. At the time I was severely depleted and under medical care for severe anaemia caused by large retro-uterine fibroids that could not be operated on until the anaemia was rectified. I was open to try anything that supported what the medical world was doing for me. My new friends believed that one must use allopathic medicine where it is needed, and alternative medicine where it is needed; and that the patient/client can only benefit when there is not war between different types of healers.

A final impetus was provided by two of my nursing cases at the printing factory where I was running one of my two Occupational Health Clinics. Migraines were a chronic problem in two areas: the main printing press area, and the Microsoft area. Two of "my workers" came to see me during Ramadan with very severe migraines. I wrote sick notes for them, but was very unhappy about sending them home looking so fearfully ill, in the blazing heat, when they wouldn't even take pain pills as they would not break their fast. I knew both of them had two trains to catch: from Epping II to Cape Town Central, and from there to their respective homes. A long journey, in a lot of pain. Instinctively, I offered to massage their heads, foreheads, necks and shoulders to try and relieve some of the pain. I used a cheap generic muscle rub that I kept in the stores for muscles wrenched on the machines, or in the "factory-friendly" weekend soccer games. To my huge surprise, both of the men came back the next day, telling me that the massage had done them "more good than any medicine ever had". I then tried it on other needy workers in various areas. It worked very well for them, too. I decided to take some evening classes in massage therapy and aromatherapy. It could only increase my nursing effectiveness, as my two friends had said.

The course was life changing. When I first went to an interview with my prospective teacher, Gayle Friedman, I was terrified! She looked exactly like my preconceived idea of an alternative therapist: undereducated (in medical terms), "superstitious", "way out" and "very different". That was before I got to know her, and to grapple with the subject matter. She might not have been a nurse or the physiotherapist she had at first wanted to be, but she had been taught a lot of what she knew about massage and reflexology by a

chiropractic doctor, and knew her subject matter intimately. She was gentle, caring, respectful, thorough, and achieved amazing results. She brought the subject of "health", rather than illness, alive for me in a way that four years at university never quite had. She had me questioning and searching, not just accepting blindly what I had been told was "medically/scientifically proven". During the course of the hundreds of hours of case studies I had to complete on clients in order to qualify, as well as doing various project posters for Gayle, I came to set my inflexible dogmas aside. I noticed things she couldn't teach me, since she was not so well trained in the western medical field. An example: the Indian "chakras" correspond very closely in space to the nerve plexuses I've seen and dissected from the body. The functions the "chakras" are supposed to control, correspond very closely to the actual organs innervated by these nerve plexuses. The "spiritual development levels of the chakras" corresponds very closely to Piaget's and Maslow's psychological theories of human development. Another example: when Gayle said things like "you just have to trust the oils, girls. They travel magically and knowingly to where they are needed in the body. The body is amazing, girls! The oils go exactly where they are needed!", what she was actually talking about, was the chemical transportation of the oil-component molecules absorbed through the skin, and the actions of the receptor molecules on the cells that really do "take in what they need".

I have changed enough to suspend my initial scepticism and disbelief in the growing conviction that some things are just different names, that some things can't be measured scientifically yet because our instruments are not sophisticated enough, or because our cultures don't value and look for the same things. (My own culture is not necessarily "right", and neither should it be discarded as "cold, detatched" and "wrong"). It does seem that on some level many of these therapies, including some unresearched ones, actually do work where medicine sometimes cannot work. I don't have to "just believe" that a certain reflexology technique or a certain aromatherapy oil will bring down the blood pressure, I am a nurse. I can take out my stethoscope and sphygmomanometer and check it. This is not disrespectful of CAM "beliefs", but something useful we can teach CAM therapists who are not allopathic. There are many positive, documented, rigorous research findings in the medical/nursing/ pharmacological fields regarding the therapies I use and many others. I believe it is time for the two approaches, allopathic and alternative, to meld in the best interests of the client/patient.

I also believe very deeply in the empowerment of the client/patient to monitor, understand, and enhance their own health on a basic day to day level. Unfortunately, the knowledge needed to do so is often woefully inadequate, among both sophisticated urban dwellers and the simpler denizens of the rural areas of all cultures and in most countries. Once strong indigenous knowledge bases have been destroyed in the past century by an increasing reliance on the power of western medical people to control and solve all problems, except in the remotest areas, where the good parts of modern knowledge are yet to penetrate to ensure safe usage. The issue is further complicated by seemingly disinterested and "informed" advertisers, whose main interest is to sell by whatever means, not to ensure health and teaching. There is so much we can achieve therapeutically, by learning and by teaching. Let us begin to do so, systematically and with humility and a readiness to learn what our clients and patients, in turn, teach us.