The use of complementary therapy in nursing practice

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The use of complementary or alternative medicines (CAM) to supplement orthodox medicine is becoming more widely accepted. This article discusses why this is an expanding area of practice and outlines the risks and benefits of using CAM.

More patients are turning to complementary therapies or alternative medicine (CAM) but recent news reports in NT have highlighted that this remains a difficult area of practice (Nursing Times, 2005a). It is therefore essential to understand the principles and applications behind these therapies. It is also important to look at why patients may favour them and to understand the ethical issues of efficacy, training, competence and patient safety.

Why is CAM popular?

In the UK more than five million people a year consult complementary practitioners. In the US an estimated $15bn a year is spent on CAM, with as many as one in four people using some sort of complementary therapy (Rankin-Box, 2001). Research shows that more than 180 different types of therapy are available (Rankin-Box, 2001), however, acupuncture, aromatherapy, chiropractic, homeopathy, hypnotherapy, osteopathy and reflexology are the therapies most commonly provided in primary care (Fig 1).

It is possible that the steep rise in use of CAM may be partly due to the fact that they provide a holistic approach, which means that an initial interview with a therapist can often take an hour or more. Symptoms are not treated in isolation but are placed in the context of a person’s health profile, including their emotional responses. CAM has been described as offering time, personal attention, comfort, reassurance and a ‘sense of wholeness and healing’ (Rankin-Box, 2001).

It is generally thought that most patients will attend a CAM practitioner for chronic rather than acute conditions, and often when traditional medicine cannot offer a cure.

While most conventional medical practices focus on treating disease with science and state-of-the-art medical technology, a commonsensical approach to health care mandates using humanistic, simpler, less invasive and less costly therapies as adjuncts to conventional medicine (Norred, 2000). Some health care practitioners believe that blending alternative therapies with biomedical health care will help improve patients’ well-being and provide a better level of care. Libster (2001) called this the ‘art of integrative nursing’.

Integration into practice

There have recently been two studies, highlighted in NT News, that have led to different conclusions regarding the usefulness of using CAM. One study looking at people with arthritis who were taking herbal remedies in addition to conventional drugs revealed that one in ten were taking remedies that could interact with their medication (Nursing Times, 2005a). Another study reported that acupuncture is effective in providing relief in chronic back pain (Nursing Times, 2005b). The continual search for effective palliative care
treatments means that pain management has become an important part of CAM. This has resulted in hospice and palliative care movements leading the way in the integration of CAM within their scope of practice (Libster, 2001).

**Patient experience**

The results of observation at a Macmillan terminal care unit with several staff who are CAM practitioners revealed that patients gain many psychological and personal benefits from CAM. The following benefits were noted in observing nurse-led reflexology and aromatherapy/massage sessions:
- Assists with side-effects of orthodox treatments such as nausea, constipation, pain, insomnia, oedema, muscular pains and tension;
- Induces feelings of well-being, enabling patients to feel better;
- Facilitates touch, which is important as patients with cancer can feel very isolated;
- Gives a positive experience, unlike so many of the other treatments they may be having;
- Provides emotional support and helps relieve stress and tension;
- Reduces levels of anxiety by relaxing patients;
- Gives patients time to talk if they choose;
- Increases confidence and helps with altered body image;
- Provides individual attention, making patients feel human and individual;
- Encourages self-help and empowers people.

Many patients remarked on how much of a ‘luxury’ it was for them to receive a massage, and one lady summed up the experience as, ‘It is lovely, I have had so many horrible medical treatments for my cancer, chemo and so on – it is so nice to be treated like a person again.’

This type of comment underlines the findings of surveys of CAM usage. Clients report feeling more in control. They also feel in more of a ‘partnership’ with their therapist (Cant and Sharma, 1999).

Indeed, staff at the Macmillan unit felt that by offering their time and CAM skills to their patients they were able to develop far better therapeutic relationships with them. However, it is important to clarify with the patients that these sessions are considered as a therapeutic adjunct and are not replacing traditional treatment.

**Regulation**

Training in CAM is regulated by the Foundation for Integrated Medicine. FIMED works closely with the Department of Health, the National Association of Primary Care and the NHS Alliance to provide a regulatory body and deal with issues of ethics, training and competency within CAM.

UK legislation is currently working towards CAM therapists also becoming more accountable for their work and to regulate and standardise training and qualifications. Consequently there is an increasing amount of evidence being collated by various CAM practitioners and their governing bodies to support their general use.

Also, as more CAM is integrated with nursing care more evidence is being collected from other areas of practice. As nurses we have a responsibility to deliver care based on current evidence and validated research (NMC, 2002), so we have a duty to look at the body of supporting evidence.

**Evidence-based practice**

Preoperative anxiety is a common and distressing problem for most surgical patients. One study looked at incorporating skilled holistic nursing interventions such as aromatherapy and relaxation techniques to minimise patients’ experience of anxiety before and during surgery. This study reported that combining holistic therapies with high-tech surgery can contribute to an enhanced balance of care (Norred, 2000).

Touch can be a valuable therapeutic tool to relieve a surgical patient’s anxiety (Lewis, 1999), and there are a number of studies into this area. One study carried out to investigate the use of hand and foot massage in a rural rehabilitation setting showed that the massages helped to increase muscle and joint flexibility and significantly reduced pain and anxiety. Othermain themes that emerged from patients’ comments were that aromatherapy massage facilitated communication and allowed emotional release – in the form of crying and talking – and aided relaxation (Dunning and James, 2001).

It can be argued that the benefits of alternative therapies such as reflexology and aromatherapy are merely due to the ‘placebo effect’. However, this is a difficult point to address – while you can investigate the placebo effect with medication, for example, you cannot give a placebo massage. Therefore, much research has to rely on more subjective evidence such as questionnaires.

**Implications for practice**

As the future role of nurses develops towards more clinical nurse specialists, nurses may wish to expand their skills base, adding some of these complementary therapies. Those considering such a move need to have regard for the NMC (2002) Code of Professional Conduct, which states that they should undergo recognised and validated training, with proof of completing the course.

They should also ensure that there is research evidence that the therapy is of benefit to the clients. And they will need to ensure they have gained permission to use the therapy from their employer, manager, patients and/or relatives.

**REFERENCES**


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