

Complementary and Alternative Medicine: Oncology Nurses' Experiences, Educational Interests, and Resources

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Purpose/Objectives: To describe oncology nurses' experiences with patients communicating interest in or use of complementary and alternative medicine (CAM) therapies along with oncology nurses' CAM resources and educational interests.

Design: National mailed survey.

Setting: A national medical center and research institute.

Sample: A random sample of 850 Oncology Nursing Society (ONS) members who are RNs involved in direct patient care.

Methods: Respondents completed a demographic questionnaire and the Nurse Complementary and Alternative Medicine Knowledge and Attitude Survey. Initial analysis compared the demographics of the sample to the ONS membership. Descriptive analysis was used to further describe nurses' experiences with patients communicating interest in or use of CAM, nurses' interest in CAM education, and nurses' use of CAM resources.

Main Research Variables: Experiences, resources, interests, and CAM therapies.

Findings: Oncology nurses reported their experiences with patients who communicated interest in or use of CAM therapies. Respondents demonstrated considerable interest in learning more about specific CAM therapies and used a variety of resources to find information on CAM therapies.

Conclusions: Assessing oncology nurses' experiences, resources used, and interest in learning about CAM therapies is the first step in determining the learning needs of oncology nurses in the direct patient care environment. The next step is to obtain baseline information on oncology nurses' CAM knowledge and attitudes for developing and providing appropriate education. CAM education will provide nurses with knowledge to support and advocate for their patients.

Implications for Nursing: Oncology nurses are the bridge to help patients safely integrate evidence-based CAM therapies into conventional treatment.

Complementary and alternative medicine (CAM) is an encompassing phrase that describes a multitude of modalities used to promote health, prevent disease, assist healing, and support rehabilitation. The National Center for Complementary and Alternative Medicine ([NCCAM], 2001) defined CAM as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine." **Conventional** medicine is defined as "medicine as practiced by holders of MD [medical doctor] or DO [doctor of osteopathy] degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses." **Comple-**

Key Points . . .

- ▶ Reports of complementary and alternative medicine (CAM) therapy use by patients with cancer range from 28%–85%, yet surveys indicate patient reluctance to initiate communication regarding CAM with healthcare professionals.
- ▶ Nurses reported that patients rarely asked or occasionally disclosed using CAM therapies. CAM topics that were discussed tended to be the more conservative and well-known therapies, such as prayer, vitamins, and special diets.
- ▶ Nurses used an average of four different resources to find CAM therapy information. Books, professional journals, and patients were the top three resources of CAM information.
- ▶ Nurses indicated naturopathic medicine, ayurveda medicine, and traditional Chinese medicine to be their prominent educational interests, whereas dance therapy was the least.

mentary medicine denotes therapies used in conjunction with conventional medicine, whereas **alternative** medicine denotes therapies used instead of conventional medicine. The most recent phrase to appear is **integrative** medicine, which is a combination of conventional medicine and complementary and alternative therapies that have a strong scientific base for use and safety (NCCAM).

Researchers have reported CAM use among many patient populations (Baldwin, Long, Kroesen, Brooks, & Bell, 2002; Hsiao et al., 2003; Jordan et al., 2000; Keenan et al., 2003; Loman, 2003; Poss, Jezewski, & Stuart, 2003; Sirven et al., 2003; Wang, Caldwell-Andrews, & Kain, 2003) as well as the potential harmful effects that may occur inadvertently

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Digital Object Identifier: 10.1188/06.ONF.581-588