Integrative Health Care Shift- Benefits and Challenges among Health Care Professionals

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ABSTRACT
Nurses play an important role in supporting patients with any illness who often seek information regarding alternative therapy. Within their scope of practice, it is expected that nurses have sufficient knowledge about the safety and effective use of alternative therapies, and positive attitudes toward supporting patients who wish to use such therapies. An alternative therapy refers to the health treatments which go along with the medical care, and it is based on natural and traditional methods. It includes natural therapies, herbal medicines yoga, aromatherapy, batch flower medicines, spiritual therapies etc. They offer people the chance to try therapies outside of their standard medical care. These treatment methods are totally different from allopathic medical practices. An evaluative approach with one group pre-test, post-test design was used for this study. The study was conducted in selected rural areas of Tamilnadu. The samples comprised of 600 health professionals. Convenient sampling technique was used to select the samples. Data was collected using structured knowledge questionnaire before and after administering the structured health education program. The study proved their knowledge improved remarkably after administering the education. The findings of the study support the need for providing information to improve the knowledge of the health professionals regarding complementary therapies in the perspectives of integrating health care shift towards alternative therapies. So the findings have also proved that the information booklet was effective in terms of gain in knowledge scores.

Keywords: *Integrative health care shift, Alternative therapy, Complementary therapy, Health care professionals, structured education Program.*

INTRODUCTION
In a world of ever-increasing technology and machine controlled medical interventions people are beginning to feel the need for a natural touch to health and medicines. There the significance of complementary and alternative therapies is arising. Alternative medicine emphasizes in improving the quality of life, relieve treatment and disease related symptoms and promote the overall wellbeing of an individual. These include natural products, mind and body medicine, manipulative therapies and body-based practices, and other CTs and alternative medical systems. (2015). Study by Brewer 2019 et al suggests the need for further education on the nurse's role in CAM usage. Understanding the link between nurses' knowledge, attitudes, and treatment beliefs and their relationship to CAM usage provides direction for future educational interventions. Shorofi.S.A & Arbon, 2017, revealed that nurses generally believe not to have sufficient knowledge of CAM but are open to use CAM with patients. Nurses' positive attitude toward and personal use of CAM could be an indication that they are poised for further integration of evidence-based CAM into nursing practice to treat whole person. Nurses in Korea reported a lack of knowledge regarding CAM, moderate to high levels of perceived barriers to using CAM, and low levels of CAM practice in nursing. CAM practice in nursing was highly correlated with and affected by the participants' knowledge and clinical experience.

Statement of the Problem:
"Effectiveness of structured teaching program on assessing knowledge regarding alternative therapies among nurses working in the health care hospital."

Objective:
To assess the health professionals knowledge on Alternative therapies relation to the benefits of therapies in primary health care.

Perform structured health awareness program on alternative complementary therapies.

To assess the effectiveness of the program after the education program and to compare their knowledge before and after the intervention.

To find out the association between the pre-test level of knowledge with the selected demographical variables

Research Design:
Quasi experimental one group pre and post-test research design was adopted for this study, in order to accomplish the stated objectives**:** In the present study pre experimental one group pre-test, post-test design, was used to assess the effectiveness of STP on knowledge regarding complementary therapies among health professionals. Pre and Post-test level of knowledge by using same structured knowledge questionnaire on 8th day after providing teaching program.

Sampling procedure:
Six hundred professionals who met the inclusion criteria formed the sample for the study. Convenience sampling technique was found to be appropriate for selecting the samples. Inclusion criteria: Health workers, who are available in rural PHC"s, willing to participate in the study. And who can read and write English.

Exclusion criteria for sampling: Health workers who are previously sensitized to any research studies on complementary therapies since the last 6 months between 2018 and 2019.

The research tool consisted three parts where part 1 included demographic questions to assess the demographic characteristics such as age, gender, religion, educational status, and previous information regarding complementary therapies. Part 2 had the structured knowledge questionnaire to assess the knowledge regarding complementary therapies among health professionals of selected rural hospital setting. The blueprint was prepared consisting of items pertaining to three domains namely. Knowledge, comprehension and application. There were 7 items (23.3%) in knowledge domain, 11 items (36.7%) in comprehension and 12 items (40%) in application domain.

Structured knowledge questionnaire was prepared with 30 items divided into six areas which include definition and advantages, sensory complementary therapies, cognitive complementary therapies, expressive complementary therapies, Physical "and medical system of complementary therapies. The respondents were requested to answer the most appropriate answer. The maximum score of the questionnaire was 30. The items were of multiple choice questions with one correct answer, each carrying equal score. The level of Knowledge have been classified as, Inadequate, moderately adequate and adequate, as the scores of 0-15, 15-22 and 23-30 respectively.

Findings of pilot study:
The mean and SD of pre-test knowledge score was 12 ± 3 and the post-test mean and SD is 22.34 ± 2.14, which indicates enhancement in the level of knowledge. The mean percentage of pretest knowledge score was 66.7 %(inadequate) 33.3% (moderately adequate) and post-test knowledge score was 66.7%(adequate) 33.3% (moderately adequate), which indicates adequate level of knowledge. Paired t- test indicated that there is significant difference between pre and post-test knowledge regarding complementary therapies. Researcher found that the items selected are reliable and feasible.

Results and Discussion:
The analyzed data presented under the following headings: Frequency and percentage distribution of demographic characteristics among health workers. Level of knowledge regarding complementary therapies among health workers. Effectiveness of information booklet on level of knowledge regarding complementary therapies among health workers. Association between the pre-test level of knowledge scores and selected demographic variables. Data shows that most of the samples 29 (48.33%) were in the age group of 31 –40, which was followed by 21 (35%) were in the age group of 21-30, 9 (15%) were in 41-50 years and 1(1.67) were above the age of 50 year, majority of the samples 31 (51.67%) were women and 28 (48.33%) were men in the study. Majority of the samples 31 (51.7%) had diploma education, 25 (41.7%) of the samples had with high school education and 4(6.6%) were graduates and none of them were post graduates, majority of the samples 42 (80%) belonged to nuclear family, (15%) belonged to joint family and three (5%) belongs to extended family. With regard to practice of complementary therapies 46 (76.67%) of the families samples were not practicing the complementary therapies and 16(26.67%) were practicing, majority of the samples 44(74.33%) were not using any of the complementary therapies and only 16(26.67%) were using it.

Frequency and Percentage distribution of samples according to their pre-test level of knowledge regarding complementary therapies: N=600

| S. No	Level of knowledge	Frequency (f)	Percentage (%)
1.	Inadequate	318	53
2.	Moderately adequate	168	28
3.	Adequate	114	19

Area wise mean, standard deviation and mean percentage scores of the samples in the pre-test:

It shows that pre-test maximum score in the area of medical system of complementary therapies mean percentage was 58.05 with a mean and standard deviation of 3.5± 1.4, and lowest in the area of expressive complementary therapies, mean percentage was 18.83 with a mean and standard deviation of 0.6±0.7. In area of meaning and benefits of complementary therapies, mean percentage was 30.83 with a mean and standard deviation of 1.23±0.65.In an area of sensory complementary therapy and its use, mean percentage was 40.83 with a mean and standard deviation of 2.45±1.11.In an area of cognitive complementary therapies, mean percentage was 34.67 with a mean and standard deviation of 1.7±1.1..In an area of physical complementary therapies., mean percentage was 32.22 with a mean and standard deviation of 1±0.7. In order to find out the significance of difference between the pre-test and post-test the knowledge scores, a null hypothesis was formulated and paired „t" test was compute H01: There is no significant difference between the pre-test and post-test knowledge scores of the health workers at 0.05 level of significance.

Frequency and mean percentage distribution of samples according to their pre-test and post-test level of Knowledge score: N= 600

S. No.	Level of Knowledge(f)	PRE TEST		POST TEST	
		Frequency(f)	Percentage (%)	Frequency(f)	Percentage (%)
1	Inadequate	318	53		
2	Moderately adequate	168	28	78	13
3	Adequate	114	19	522	87

The majority of the samples 318 (53%) had inadequate knowledge regarding complementary therapies in the pre-test, 168(28%) had moderate knowledge and the remaining 114 (19%) of them had adequate knowledge. But in the post-test majority of the samples 522 (87%) had adequate knowledge and 78 (13%) of them had moderately adequate knowledge regarding complementary therapies. The mean post test score 23.38 is higher than the pre- test knowledge score 10 and standard deviation of pretest is 3 and post-test is 2.5. The calculated t value 31.6 is greater (59=1.68)0.05 level than of significance the table which shows that there is significant difference between the pre-test and post- test knowledge score. Hence the null hypothesis is rejected and research hypothesis is accepted. The findings supported the necessity of the integrative approach in health care system. Currently a distinct trend toward the integration of complementary and alternative medicine (CAM) therapies with the practice of conventional medicine is occurring. Hospitals are offering CAM therapies, health maintenance organizations (HMOs) are covering such therapies, a growing number of physicians use CAM therapies in their practices, insurance coverage for CAM therapies is increasing, and integrative medicine centers and clinics are being established, many with close ties to medical schools and teaching hospitals. A new paradigm must be embraced in order to address all aspects of this dilemma. It is clear that science and technology have resulted in vastly improved understanding, diagnosis, and treatment of disease, but the emphasis on science and technology to the exclusion of other elements of healing has also served to limit the development of a model that humanizes healthcare. The healing of a patient must include more than the biology and chemistry of their physical body; by necessity, it must include the mental, emotional and spiritual aspects. Because of these challenges, the development of an integral healthcare system that is rooted in appropriate regulation and supported by rigorous scientific evidence is the direction that many models of integrative healthcare are moving towards in the 21st century. (Vinita Agarwal, 2018)
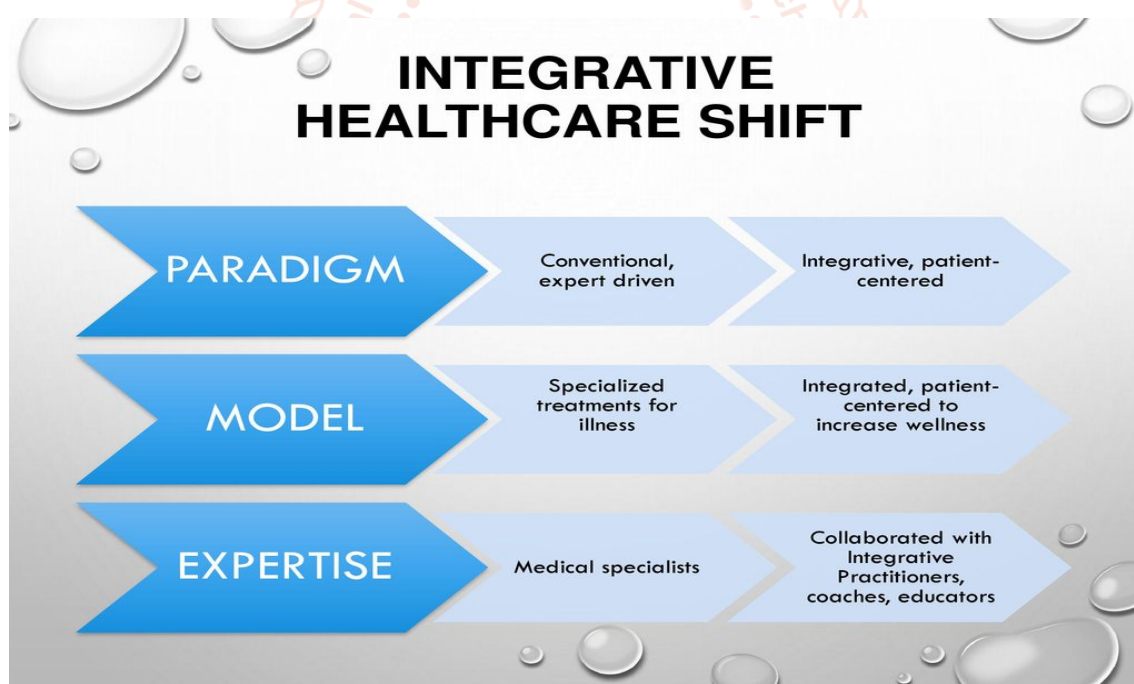
Comparison between the mean pre-test and post-test knowledge scores:

SL. No	Area	Mean	Pre-Test		Post- Test		t
			SD	Mean percentage	Mean	SD	Mean percentage	value
1	Definition and Benefits	1.6	0.7	30.8	3.2	0.9	79.6	9.4*
2	Sensory complementary	2.5	1.1	40.8	4.3	1	71.9	7.2*
3	Cognitive complementary	1.7	1.1	34.7	3.7	0.9	74.3	11*
4	Expressive complementary	0.6	0.7	18.9	2.4	0.6	81.1	17.5*
5	Physical complementary	1.0	0.7	32.2	2.4	0.6	80	11.8*
6	Medical system of complementary	3.5	1.4	58.1	7.3	1.6	81.5	13.7*

The pre-test mean percentage was 30.8 and the mean and SD was 1.6 ± 0.7whereas, in post-test the mean percentage was 79.58 and the mean and SD was 3.2 ± 0.9. Pre-test mean percentage , mean and SD in the area related to sensory complementary therapies was 40.8,2.5 ±1.1 whereas, the post-test mean percentage, mean and SD w value for the sensory therapies is7.2.In the area related to cognitive complementary therapies, the "t" value is 11.04, the and pre mean and test SD was,1mean.7±1.1,the post-test mean and SD was3.7 ± 0.9. The mean percentage of pre-test in the area related to expressive therapies was18.9and the mean and SD was0.6 ± 0.7, while post-test mean percentage was 81.1 and mean and SD was 2.43 ± 0.63 and the t value in the area of expressive therapies was 17.45.In the area of physical complementary therapies t value was 11.82, pre-test mean percentage was32.2 and the mean and SD was1 ± 0.7whereas, the post-test mean percentage was 80, and the mean and SD was2.4 ± 0.6. In the area of medical system complementary therapies SD was 3.5 ± 1.4 but post-test mean percentage was 81.5, the mean and SD was7.3 ± 1.6. In the all areas the post test scores were overall knowledge was 31.6 .The overall mean percentage of post-test knowledge was 78.06 compared to that of mean percentage of pre-test knowledge score 36. Hence it was proved that information booklet was effective in increasing the knowledge of health workers.

Conclusion:

This study attempted to assess the effectiveness of information on complementary therapies among health workers. The following conclusions were drawn from the study. Following the administration of Information booklet as STP, there was significant gain in mean post-test knowledge score (23.38) compared to that of mean pre-test knowledge scores (10).This indicates that Information booklet was effective in increasing the knowledge of health workers. It was also found that there was no significant association between the demographic variable and pre- test knowledge scores. Thus the findings indicate that information booklet administered on complementary therapies was effective in increasing the knowledge of health workers and thus may help them to provide adequate care and information to the community peoples and to improve their health status.

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