

Health Care Workers' Attitudes Towards and Perceived Knowledge of Complementary
and Alternative Medicine at Baldwin Area Medical Center

By

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Abstract

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The purpose of this study was to examine the knowledge levels of and attitudes towards complementary and alternative medicine (CAM) by health care professionals at the Baldwin Area Medical Center in Baldwin, Wisconsin. This study was designed to assess the needs of Baldwin Area Medical Center (BAMC) in developing an onsite Continuing Medical Education (CME) program in the area of complementary and alternative medicine.

A total of 31 health care workers (18 RN's, 2 PT's, 2 MD's, 1 DO, 1 DC and 7 "Others") participated in this study. A questionnaire was developed at UW-Stout in collaboration with Baldwin Area Medical Center to determine the level of knowledge and

attitudes towards CAM by health care workers as well as any contributing factors. The instrument consisted of over 100 items on four pages. The questionnaire was distributed to health care employees at BAMC in May of 2002.

Of the 31 health care workers, 57.7% were licensed 10 or more years prior to participating in the study. 80.6% did not take classes in holistic medicine or CAM prior to becoming licensed. 56.7% had taken classes in CAM after being licensed.

The amount of CAM or holistic practices that BAMC employees tried had a statistically significant relationship with their perceived knowledge levels and attitudes towards CAM in patient care. A higher sum total of CAM techniques that were tried by respondents had a significant correlation with agreement with the statement “I feel I have enough knowledge about some CAM practices to be a resource for my patients” ($r = .633$, $p = .000$). A higher sum total of CAM techniques that were tried by respondents also had a significant correlation with agreement with the statement “I feel prepared to deliver this type of care” ($r = .665$, $p = .000$). Those who had tried more CAM techniques felt they were prepared to deliver this care.

The study found that there was an overall neutral feeling of understanding by BAMC staff of some CAM therapies, enough to be a resource for patients, yet most would have liked to incorporate some therapies into practice with more training. This study indicates that there is a need for further education on CAM at Baldwin Area Medical Center.

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Chapter One

Introduction

The future of health care is in integrated care. The efficacy of acupuncture in relieving pain and nausea has been well established. Convincing evidence shows that therapies such as hypnosis and relaxation techniques can alleviate anxiety, panic disorders and insomnia. Other studies have shown that yoga can reduce asthma attacks while tai chi techniques can help the elderly reduce their fear of falls (World Health Organization, 2002). While definitions vary, Zollman and Vickers reported in the *British Medical Journal*

"Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being. Boundaries within CAM and between the CAM domain and that of the dominant system are not always sharp or fixed" (p. 693).

Complementary medicine is used together with conventional medicine and alternative medicine is used in place of conventional medicine. Together they form the term "CAM". Integrative medicine, as defined by the National Center for Complementary and Alternative Medicine, combines mainstream medical therapies and CAM therapies for which there is some high-quality scientific evidence of safety and effectiveness. Called a variety of names, integrative, complementary, or alternative medicine, CAM can cover a variety of beliefs and practices.

Harvard Medical School researchers published their findings about CAM in the 1998 Journal of the American Medical Association. The total 1997 out-of-pocket expenditures relating to alternative therapies were estimated at \$27 billion, which is comparable with the projected 1997 out-of-pocket expenditures for all US physician services (Eisenberg et al., 1998). The findings concluded “alternative medicine use and expenditures increased substantially between 1990 and 1997, attributable primarily to an increase in the proportion of the population seeking alternative therapies, rather than increased visits per patient” (p. 1570). They estimated Americans made more than 629 million visits to alternative providers, about twice the 386 million visits to primary care physicians during the same period. The estimated expenditure for alternative medicine use in the US in 2000 was \$34 billion (Huggins 2002). The use of CAM is on the rise, and hospitals are responding to patient demand. In the 2000 Survey of Hospitals by the American Hospital Association, 15 percent of hospitals nationwide responded that they offered CAM, according to Ananth (2002). Out of the respondents of the survey, half of the hospitals cited patient demand as the primary motivator for offering CAM services. Other motivators were seeing CAM as “clinically effective” (45 percent), “attracting new patients” (41 percent), and setting the hospital apart from competitors (36 percent). According to this same AHA survey, the primary problems faced by hospitals in implementing CAM programs were “physician resistance, followed by lack of budget, lack of internal expertise, and provider credentialing” (p.47). The demand is there, but the problem in getting successfully implemented CAM programs appears to be mainly in the attitudes and education of hospital staff.

Background

The focus of this study was to explore the attitudes and perceived knowledge of CAM by various health care professionals at Baldwin Area Medical Center, a 33-bed facility in West Central Wisconsin. Baldwin Hospital is a rural health care center that offers hospital and clinic services, as well as a variety of CAM practices including acupuncture and massage therapy. Baldwin Area Medical Center developed an integrated care approach in response to consumer needs, as well as for recruiting desirable healthcare professionals. This study was developed in collaboration with the social worker at BAMC, who had noticed the need for CAM education at the nursing, physician, and other healthcare professionals' levels. Some of the nursing staff had expressed discomfort with referring patients to CAM therapies offered at BAMC, others were unsure of the suitability of practicing therapies such as healing touch. Other medical staff members were also faced with discussing herbal supplements or yoga, for example, with patients. An instrument measuring assessment of attitudes towards CAM, of perceived knowledge of CAM, of referrals to CAM, of personal use of CAM, and of desire for further knowledge was developed using input from both BAMC and the University of Wisconsin-Stout.

Purposes of the Study

The objectives of this research were:

1. Assess the knowledge levels of Baldwin Area Medical Center employees of CAM.
2. Assess the attitudes of Baldwin Area Medical Center employees towards CAM.
3. Examine the relationship between number of years since licensure and knowledge of or attitudes towards CAM in patient care.

4. Examine the relationship between Baldwin Area Medical Center employees' personal use of CAM techniques and their attitudes towards and knowledge of CAM in patient care.
5. Exam the relationship between Baldwin Area Medical Center employees' areas of practice and their attitudes towards and knowledge of CAM.
6. Assess Baldwin Area Medical Center employees' interest in furthering their knowledge of CAM and in what areas of CAM.
7. Utilize the information gathered from this study to develop the curriculum for an onsite, CAM Continuing Medical Education program at Baldwin Area Medical Center.

Definition of Terms

CAM: Complementary and alternative medicine. Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being (Zollman and Vickers).

CME: Continuing Medical Education.

BAMC: Baldwin Area Medical Center.

Chapter Two

Literature Review

A study reported in the Health Forum Journal in 2001 revealed that 69 percent of its respondents cited physician resistance as the biggest obstacle to complementary and alternative medicine implementation (Ananth 2001). The study also found that conservative or “uninformed” physicians could stop a CAM program from even starting:

Milt Hammerly, M.D., director of integrative medicine at Catholic Health Initiatives, describes four distinct groups of resistant physicians: The first group is usually vocal about the validity and necessity of clinical trials, claiming they will accept any modality that has been rigorously tested. The next group is wary of CAM because it's just another unknown they have to deal with, and their tolerance for change has reached its limit after dealing with managed care, the Internet, and restrictions in practice autonomy. Another group will oppose anything CAM-related because of a bad experience. The final group, Dr. Hammerly says, is made up of doctors who view CAM as a threat to their incomes. Lee Ballance, M.D., chief of alternative medicine at Kaiser Permanente's Vallejo, California, facility adds that organizational resistance in complex organizations such as Kaiser can also slow the development and use of CAM. To counter this, Dr. Ballance has developed a series of continuing medical education courses. The curriculum includes an overview of CAM practice and research, results of surveys of Kaiser patients' CAM use, Kaiser physicians' interest in CAM, and programs on specific modalities or herbs. Hammerly and Ballance provide suggestions on how to overcome resistance:

- Provide education, information, and networking. A physician will not accept or support, let alone refer a patient for, a therapy with which they are unfamiliar. It's important to present any data with as much scientific basis as possible and in a manner that's easily understandable to physicians. Make information readily accessible by putting it online. Create opportunities for physicians to network with their CAM colleagues.
- Let physicians experience CAM. Encourage physicians to consider experiencing some of the CAM modalities for themselves. This is a powerful tool for converting a skeptic.
- Use highly trained and competent CAM practitioners. Recruiting these people will bring a superior level of professionalism to the field. Dr. Ballance holds this to be the key to developing credibility and support for his program from both management and medical staff. Positive patient outcomes and feedback to the referring physician can break down lingering distrust.
- Stress patient safety. More than 70 percent of patients withhold information about their use of CAM therapies or supplements for fear of being dismissed by their physician. When this happens, potentially dangerous consequences such as prescription drug and herb interactions can result. Physicians therefore need to learn how to elicit that information from patients without making them feel defensive. They also need to know more about the CAM therapies their patients are using (p32).

According to AHA data collected in 2001, almost 60 percent of all medical schools now offer courses in CAM. An article in 1998 reported that 75 out of 117 US medical

schools offered elective courses or even required courses in CAM. Most CAM teaching includes elective modules, core curriculum lectures, and inclusion in problem based learning at undergraduate and residency levels (Berman, 2001). Some schools, such as Harvard and Stanford offer postgraduate education courses, and others are offering CAM continuing medical education credits (CME's). A recent report by Halcon et al. at the University Of Minnesota School Of Nursing detailed the process the university went through to incorporate CAM course into their baccalaureate, masters and doctoral programs. "A comprehensive course of action was developed that included strengthening didactic and experiential learning, offering individualized plans of clinical study in a variety of modalities, improving access to an interdisciplinary graduate minor in Complementary Therapies and Healing Practices, and encouraging faculty research initiatives and continuing education in CAM" (p. 127). The NIH-NCCAM is funding further research into CAM education in nursing schools, as well as in medical and dental schools. The guidelines for including CAM in the curriculum for residents have been formed by the AAMC and the Society for Teachers of Family Medicine. The NIH-NCCAM also has issued some guidelines for course content. The ACCME or the Accreditation Council of Continuing Medical Education has been overseeing the quality of CAM educational programs for continuing education credits. Approval is given as a Category 1 continuing medical education credit. A rapidly growing number of such courses are being given through academic medical centers, health systems, hospitals and medical societies that are approved sponsors of Category 1 CME (Integration Strategies for Natural Healthcare, 1998).

What is being taught in the classrooms is not just a discussion of CAM therapies. According to an article by Berman, The University of Maryland, among other schools, developed a complementary and alternative therapy curriculum that presented the therapies in the context of their own philosophies and models of health and illness. Students and residents experience the practice of the therapies in the community and at the clinic. Students are taught how to evaluate evidence of the safety and efficacy of alternative treatments. “Our goal is to encourage the additional skills of openness, sensitivity to cultural issues and beliefs, communication, and cultural appraisal of the literature of complementary and alternative therapy treatments” (p. 122). Doctors who are participating in CAM programs develop a different framework of patient care, one that incorporates more individual choice and inclusion for minority groups. It also is considered a softer approach to clinical care (Owen et al. 2001). The desired effect is a transformative process.

Conventional healthcare practitioners such as nurses and doctors often have their own separate training courses in complementary medicine. Nurses also need a factual, highly technical level of knowledge for their work. Many nurses do not wish to view themselves simply as healers (Keegan 1996). Although some nurses are cautious about complementary therapies, recognizing the power of mind, body, and spirit approaches and the nursing therapeutic value of bedside presence can be significant in many illnesses (Lynn, 1996; King, et al., 2000). Nurses are valuable resources for referring clients to appropriate CAM therapies. Integrating the technical and the body, mind, and spirit approach to health care in nursing education is becoming more prevalent. When medical schools integrate CAM into their courses, practitioners gain a deeper understanding of alternative therapies. In turn, referrals by staff to CAM practitioners increase as staff are

able to make informed, experienced decisions. A study conducted with pharmacy students in the US demonstrated the need for lessons on herbal supplements in core curriculum if students are expected to provide comprehensive pharmaceutical care for patients in the future (Mackowaik et al, 2001). In a recent study of 420 pharmacists, 81% felt they had inadequate skills and knowledge to counsel patients in herbal medicine, and 90.5% felt the professional curricula should have more components on CAM (Koh et al, 2003).

The major medical schools are now offering courses in CAM, even mandating them, but what about physicians, nurses, and other medical staff who have completed their education some time ago? Are they at a loss? Can they overcome medical language barriers, can they safely refer patients to CAM techniques, and do they refer willingly? All of these are questions faced by health care systems that are implementing CAM use, and usually the answer is CME participation. Much money is spent nationwide on various CME or CEU courses for medical staff, some states require it, and others use CME's for their own professional development. Most CME's can be earned through workshop or conference attendance; in fact, the majority are. According to the ACCME, their credited sponsors provided 42,251 workshops and conferences during 1999. These conferences and workshops totaled 548,032 hours or 90% of all Category 1 CME hours provided in the US to 3,455,882 physician attendees (Davis 2001). CME's can be offered on site at the medical center, or can take place at conference sites, educational institutions, online, or at outreach settings. The Federation of State Medical Boards (FMSB) recently convened a Special Committee for the Study of Unconventional Health Care Practices (CAM). The Special Committee developed guidelines for state medical boards to use in educating and regulating physicians who use CAM practices and/or co-manage patients with licensed or

state regulated CAM providers (Alternative Therapies 2002). According to the article in Alternative Therapies in 2001, “The Committee’s aim is to minimize the potential for harm to patients yet to ensure a balance between the goal of medical practices being evidence-based while remaining compassionate and respectful of the dignity and autonomy of patients” (p.47). Course content is not specified, though, for accredited programs. Hospitals can use some discrepancy in deciding what CAM CME’s to offer on site or to sponsor, and these can focus on CAM therapies offered within their health care setting. There have been few studies completed on the content and efficacy of CAM CME’s, as this is a recent development. In his article, The Tao of Continuing Medical Education: Eastern Traditions and Modern Education, Gilman asserts

“In defining and assessing the results, or usefulness, of a CME activity, we should not focus on just the cosmetic or easily visible aspects, which are, unfortunately, the easiest for us to grasp (and monitor). Instead, we should value the learning spaces that a quality activity and a sound educational organization create when they are in harmony with their purpose and target audience”. (p.128)

The main problems faced by CAM implementation are resistance by health care practitioners to CAM itself and lack of knowledge, both of which can be overcome by continuing education, whether through workshops or classes. There is little known about the attitudes of health care practitioners towards CAM based continuing medical education programs. There are only a few studies looking at overall attitudes of employees working at health care settings that have incorporated CAM.

Chapter Three

Methodology

Participants

The Baldwin Area Medical Center participants in this study were 18 Registered Nurses, 2 Physical Therapists, 2 Medical Doctors, 1 Doctor of Osteopathic Medicine, 1 Doctor of Chiropractic, 1 Aquatic Therapist, 1 Fitness Instructor, 1 Licensed Acupuncturist, 1 Massage Therapist, 1 Occupational Therapist, 1 Registered Dietician, and 1 UC. All 31 participant's areas of practice were self-identified from the survey. Their participation in this study was voluntary and no financial incentives were offered.

Instrumentation

A 10-part questionnaire with over 100 items on 4 pages was created to assess Baldwin Area Medical Center Staff's attitudes towards and comprehension of CAM techniques. Content for the questionnaire was the result of collaboration between Barb LaVigne, M.S.W, at BAMC and the Principal Investigator. The questionnaire consisted of closed-form responses, in the form of multiple choice, fill in the blank, and Likert type scales of 5 options, ranging from strongly disagree to strongly agree.

The questionnaire requested the following kinds of information from Baldwin Area Medical Center Employees

- Demographics (2 items indicating areas of practice and year of licensure)
- Education Prior to and Post License (4 items)
- Personal Use of CAM (18 items)
- Loved One's Use of CAM (18 items)
- Awareness of CAM Practices Offered (18 items)

- Perceived Knowledge of CAM (13 items)
- CAM Practices Recommended to Patients (13 items)
- Further Training of CAM Practice (13 items)
- Attitudes towards CAM (6 items)
- Comments (2 items)

See Appendix C for the complete instrument.

Procedures

A cover letter introducing the study and requesting participation (see Appendix B), the questionnaire, and a description of the research procedure were approved by the UW-Stout Institutional Review Board for the Protection of Human Subjects on May 12, 2002 (see Appendix A). Barb LaVigne, M.S.W., distributed the surveys with the cover letter at a hospital staff meeting with approximately 35 health care employees in attendance in May 2002 at Baldwin Area Medical Center. If a BAMC employee agreed to participate in the study, they completed and returned the questionnaire anonymously. The completed questionnaires were returned by mail to the Principal Investigator.

Data Collection

Data was gathered from 31 completed questionnaires and entered into SPSS 10.0.

Data Analysis

Data analysis was then performed on the returned questionnaires using SPSS 10.0. Descriptive statistics were used to describe the sample and study results. Statistical analysis consisted of Pearson Product Moment Correlations to determine relationships between interval variables.

Chapter Four

Results

Preface to Results

The report of the questionnaire results was based on responses from 31 respondents to over 100 items. For the best understanding of results, the reader should refer to the actual questionnaire instrument in Appendix C for clarification of item wording.

In each of the following descriptive tables, percent (%) refers to valid percent, which is the percent based on only those who actually responded to the item. In some tables the total number of responses may be less than 31 because the respondent's chose not to respond to certain items.

Demographic Characteristics

Two demographic questions were asked; the participant's area of practice and their year of licensure. The results can be found in Tables 1 and 2. The participants were mainly RN's (58.1%) and most participants were licensed at 10 or more years ago (57.7 %).

Table 1

Area of Practice

Area of Practice	N	%
RN (Registered Nurse)	18	58.1
PT (Physical Therapist)	2	6.3
MD (Medical Doctor)	2	6.3
DO (Doctor of Osteopathic Medicine)	1	3.1
DC (Doctor of Chiropractic)	1	3.1
Other [Aquatic Therapy, Fitness Instructor, L.Ac. (Licensed Acupuncturist), Massage Therapist, Occupational Therapist, Registered Dietician, UC]	7	22.6

Table 2

Years Since Licensure

Year of Licensing	N	%
>5 years since license	5	19.2
>5 but <10 years since license	6	23.1
>10 but <20 years since license	6	23.1
20+ years since license	9	34.6

Education

Respondents were asked to report any CME or CEU classes taken, as well as any CAM classes taken, prior to or post licensure. 93.5 % of respondent's have taken CEU or CME classes since licensure. 80.6 % did not take classes in Holistic Medicine or CAM

prior to becoming licensed. However, 56.7 % have taken classes in CAM after becoming licensed.

Table 3

CEU or CME Classes Post Licensure

Have taken CEU or CME classes since licensing.	N	%
Yes	29	93.5
No	2	6.5

Table 4

Names of CEU or CME Classes Taken Post Licensure

Names of CEU or CME classes	N	%
“Many”	9	29
ACLS	3	9.7
CPR	3	9.7
ER	2	6.5
Cardiac Care	2	6.5
Miscellaneous (n=1) (Advance Trauma, Pediatric Trauma, Healing Touch, Hundreds, Intro to Aquatic PT, NRP, TNCC, Many in LTC, Local in-services, Biannual Oncology, Medical, OB, Holistic Boards, NADA Training, Acupuncture training specific to addictions, Occupational Health/Safety, Splinting, Orthopedic Seminar, Tai Chi, Qi Gong, Variety related to disease such as diabetes, Various therapy procedures, Myofacial release, Intro to Cranial Sacral, WATSU, Bad Ragas, Feldenkrais, Halliwhite, Jahara, Aquatic Rehab.)	12	38.6

Table 5

CAM or Holistic Medicine Classes Prior to Licensure

I have taken classes in Holistic Medicine/CAM prior to becoming licensed.	N	%
Yes	6	19.4
No	25	80.6

Table 6

CAM or Holistic Medicine Classes Post Licensure

I have taken classes in Holistic Medicine/CAM after becoming licensed.	N	%
Yes	17	56.7
No	13	43.3

Table 7

Name of CAM or Holistic Medicine Classes Taken Post Licensure

The names of holistic medicine/CAM classes taken after licensing	N	%
Acupuncture	6	12.8
Mind/Body Skills	6	12.8
Cranial Sacral.	5	10.6
Herbal medicines/herbs	5	10.6
Healing Touch	5	10.6
Acupressure	3	6.4
Massage	3	6.4
Tai Chi	2	4.3
Miscellaneous (n= 1 each); Homeopathy, Functional Medicine, WATSU III, Aquatic Arthritis, Fibromyalgia, Aromatherapy, Healing Backs, Shiatsu, Back Rehab, Trauma Stability, Prepared Childbirth, Using Relaxation & Related Natural Therapies.	12	25.5

Utilization of CAM by Respondents and Loved Ones

Tables 8 and 9 display the rank order, number of participants, and the percent of respondent's personal use of the 18 listed CAM techniques and those that their loved ones have used. The most frequently used CAM therapies that were used by the participants were; relaxation techniques (71%), acupuncture (51.6%), and therapeutic massage

(51.6%). Respondent's loved ones used primarily chiropractic (61.3%) and relaxation techniques (38.7%).

Table 8

Rank Order of Personal Use of CAM Therapies

Personal Use	Rank	N	%
Relaxation Techniques	1	22	71
Acupuncture	2	16	51.6
Therapeutic Massage	2	16	51.6
Chiropractic	3	12	37.5
Aromatherapy	4	9	29
Herbs	4	9	29
Manipulation	4	9	29
Meditation	4	9	29
Acupressure	5	7	22.6
Healing Touch	5	7	22.6
Cranial Sacral	6	6	19.4
Tai Chi	6	6	19.4
Feng Shui	7	4	12.9
Homeopathy	7	4	12.9
Yoga	7	4	12.9
Other	7	4	12.9
Hypnosis for Pain Management	8	1	3.2
None		0	0

Table 9

Rank Order of Loved One's Use of CAM Therapies

Loved Ones Use	Rank	N	%
Chiropractic	1	19	61.3
Relaxation Techniques	2	12	38.7
Therapeutic Massage	3	9	29
Acupuncture	4	8	25.8
Herbs	4	8	25.8
Acupressure	5	6	19.4
Cranial Sacral Therapy	6	5	16.1
Manipulation	6	5	16.1
Meditation	6	5	16.1
None	6	5	16.1
Yoga	7	4	12.9
Tai Chi	7	4	12.9
Homeopathy	8	3	9.7
Other	8	3	9.7
Aromatherapy	9	2	6.5
Healing Touch	9	2	6.5
Feng Shui	10	1	3.2
Hypnosis For Pain Management	10	1	3.2

Awareness of CAM Practices Offered at Baldwin Area Medical Center

Table 10 displays the rank order of participant's awareness of the complementary and alternative medicine practices that are offered by Baldwin Area Medical Center. Every respondent was aware that BAMC offers acupuncture (100%). Respondents were also aware that BAMC offered manipulation (90.3%) and therapeutic massage (90.3%).

Table 10

Rank Order of Respondent's Awareness of CAM Practices Offered at BAMC

I am aware that BAMC offers the CAM practice	Rank	N	%
Acupuncture	1	31	100
Manipulation	2	28	90.3
Therapeutic Massage	2	28	90.3
Relaxation Techniques	3	26	83.9
Cranial Sacral Therapy	4	22	68.8
Tai Chi	4	22	68.8
Acupressure	5	13	41.9
Feng Shui	6	9	29
Healing Touch	7	8	25.8
Yoga	7	8	25.8
Meditation	8	4	12.9
Aromatherapy	9	2	6.5
Herbs	10	1	3.2
Homeopathy	10	1	3.2
Other	10	1	3.2
Chiropractic		0	0
Hypnosis For Pain Management		0	0
None		0	0

Perceived Knowledge of CAM Practices

Table 11 lists the respondents' levels of agreement with the statement "I feel I have a basic understanding of this CAM practice" and the 13 corresponding CAM practices. The mean scores for agreement were measured using a five-point Likert type scales ranging from (1) strongly disagree to (5) strongly agree. Overall, respondents had the strongest levels of agreement with the feelings of understanding therapeutic massage ($M = 4.32$) and relaxation techniques ($M = 4.26$). Most respondents felt they did not have a basic understanding of Feng Shui ($M = 2.97$).

Table 11

Perceived Knowledge of CAM

I feel I have a basic understanding of this CAM practice	N	M	SD
Aromatherapy	31	3.58	.96
Chiropractic	31	3.81	.79
Herbs	31	3.03	.96
Relaxation Techniques	31	4.26	.73
Meditation	31	3.90	.79
Hypnosis for Pain Management	31	3.19	.95
Healing Touch	31	3.55	.85
Therapeutic Massage	31	4.32	.65
Acupuncture	31	4.03	.66
Acupressure/Reflexology	31	3.84	.73
Tai Chi	31	3.16	1.04
Cranial Sacral Therapy	31	3.35	1.05
Feng Shui	31	2.97	1.20
Yoga	31	3.35	1.17
Other_____	3	3.67	1.15.

Utilization of CAM in Patient Care

Table 12 reports the mean scores on respondents' levels of agreement with the statement "I have recommended this CAM therapy to patients when appropriate for their care" and the 13 corresponding CAM therapies. The mean scores for agreement were

measured using a five-point Likert type scales ranging from (1) strongly disagree to (5) strongly agree. Respondents agreed to strongly agreed that they have recommended relaxation techniques ($M = 4.29$) and therapeutic massage ($M = 4.29$) as a CAM practice to patients when appropriate for their care. They have not recommended to patients the practices of Feng Shui ($M = 2.57$), aromatherapy ($M = 2.60$), and hypnosis for pain management ($M = 2.66$)

Table 12

CAM Practices Recommended to Patients

I have recommended this CAM therapy to patients when appropriate for their care.	N	<i>M</i>	<i>SD</i>
Aromatherapy	30	2.60	.89
Chiropractic	30	3.53	1.04
Herbs	30	3.03	1.07
Relaxation Techniques	31	4.29	.90
Meditation	31	3.61	1.28
Hypnosis for Pain Management	29	2.66	1.04
Healing Touch	29	2.83	1.00
Therapeutic Massage	30	4.23	.77
Acupuncture	31	4.13	.85
Acupressure/Reflexology	30	3.27	1.20
Tai Chi	30	2.83	1.09
Cranial Sacral Therapy	31	3.10	1.19
Feng Shui	30	2.57	1.01
Yoga	31	3.06	1.24
Other_____	5	4.40	2.79

Table 13 reports respondents' levels of agreements with the statement "I would like to be able to incorporate this CAM technique into patient care with more training" and the 13 corresponding CAM techniques. The mean scores for agreement were measured using a

five-point Likert type scales ranging from (1) strongly disagree to (5) strongly agree..

Respondents agreed to strongly agreed that they would like to be able to recommend relaxation techniques ($M = 4.57$), therapeutic massage, ($M = 4.33$), and meditation into patient care with more training” ($M = 4.17$).

Table 13

Further Training of CAM Techniques

I would like to be able to incorporate this CAM technique into patient care with more training	N	M	SD
Aromatherapy	30	3.53	1.01
Chiropractic	30	3.30	1.12
Herbs	30	3.30	1.15
Relaxation Techniques	30	4.57	.57
Meditation	30	4.17	.83
Hypnosis for Pain Management	30	3.73	1.01
Healing Touch	31	3.87	1.06
Therapeutic Massage	30	4.33	.61
Acupuncture	30	4.13	.73
Acupressure/Reflexology	29	3.90	.94
Tai Chi	30	3.63	1.00
Cranial Sacral Therapy	31	3.94	1.03
Feng Shui	30	3.50	1.04
Yoga	30	3.77	1.01
Other_____	6	3.83	.98

Attitudes towards CAM

Respondents were asked to respond to questions about their attitudes towards CAM. The mean scores for agreement were measured using a five-point Likert type scales ranging from (1) strongly disagree to (5) strongly agree. The question “I feel the holistic

body, mind, and spirit model of health is something we as caregivers should strive for in regards to patient care” had an overall agree to strongly agree response ($M = 4.35$). The question “I feel patient care is what it should be without incorporating CAM practices” had strongly disagree to disagree response ($M = 1.87$). There were agreement responses to “I feel that some CAM practices do work effectively when combined with mainstream medicine” ($M = 4.13$). Respondents had overall neutral responses to the statement “I feel I have enough knowledge about some CAM practices to be a resource for my patients” ($M = 3.32$). Respondents disagreed with the statement “I feel prepared to deliver this type of care” ($M = 2.90$). Respondents had neutral to agreement responses to “I would be interested in taking classes at BAMC to further my understanding of CAM” ($M = 3.84$).

Table 14

Attitudes towards CAM

Attitudinal Questions	N	M	SD
I feel the holistic body, mind, and spirit model of health is something we as caregivers should strive for in regards to patient care.	31	4.35	.84
I feel patient care is what it should be without incorporating CAM practices.	31	1.87	.72
I feel that some CAM practices do work effectively when combined with mainstream medicine.	31	4.13	.85
I feel I have enough knowledge about some CAM practices to be a resource for my patients.	31	3.32	1.05
I feel prepared to deliver this type of care.	31	2.90	1.04
I would be interested in taking classes at BAMC to further my understanding of CAM.	31	3.84	1.13

What Should Change

Respondents were asked to list any comments on what they believe should change in patient care. Comments were in support of hiring more CAM practitioners (N = 2), of having more time with patients (N= 2), having less medication and paperwork, and educating caregivers about CAM. Comments also included approaching patients as being mind, body, and spirit, as well as a need for understanding how they interact. Most comments support the basic tenets of complementary and alternative medicine. Table 15 lists the responses to the question “What should change?”

Table 15

What Should Change

Responses

-
1. Additional training of willing staff, hiring/contracting more CAM practitioners, for an "East meets West" health care continuum.
 2. Approach to a patient as a complex system build or mind, physical body, spirit. Understanding of importance of health and balance, to realize that health is barely an absence of illness!
 3. CAM techniques provide a greater depth of care that patients can utilize to balance stress and family/personal life activities.
 4. Caring for the whole patient should be more of a priority not just what is covered by insurance.
 5. Each situation is individualized & must look at each situation.
 6. Educating caregivers about CAM practices. We don't always feel comfortable recommending something we don't understand.
 7. Evidence based CAM.
 8. Incorporate CAM into standard nursing/ therapy practice i.e. therapeutic touch, Cranial Sacral, meditation.
 9. Less meds, more human kindness & touch & understanding of how the mind affects the body.
 10. Less paperwork, more time to heal patients, self teaching for patients.
 11. More cooperative relationships with healthcare providers.
 12. More understanding of patient/nurse R.E. programs and time to accomplish this goal.
 13. Need more time with your patient load to incorporate CAM practices efficiently & effectively.
 14. Need the availability of CAM practitioners when needed by patients, don't rely on the nursing staff to do.
 15. Nursing has incorporated many of the tenets of CAM for years but we can do better
 16. The ability to take a look at whatever enhances patient care.
-

Additional Findings

Baldwin Area Medical Center employees' years since licensure had a relationship with several attitudinal variables. The respondents' number of years since licensure had a significant correlation with the statement "I feel patient care is what it should be without incorporating CAM practices" ($r = .421, p = .032$). BAMC employees with more years since licensure agreed with this statement more than those with fewer years since licensure. The respondents' number of years since licensure had a negative correlation with the statement "I feel I have enough knowledge about some CAM practices to be a resource for my patients" ($r = -.519, p = .007$). Employees with more years since their licensure disagreed with this statement more than those with fewer years since licensure.

The amount of CAM or holistic practices that Baldwin Area Medical Center employees tried had a statistically significant relationship with their perceived knowledge levels and attitudes towards CAM in patient care. A higher sum total of CAM techniques that were personally tried by respondents had a significant correlation with agreement with the statement "I feel I have enough knowledge about some CAM practices to be a resource for my patients" ($r = .633, p = .000$). Those who had tried more CAM techniques had stronger levels of agreement with feeling of being prepared to deliver CAM care. A higher sum total of CAM techniques that were personally tried by respondents also had a significant correlation with agreement with the statement "I feel prepared to deliver this type of care" ($r = .665, p = .000$). Those who had tried more CAM techniques felt they were prepared to deliver this care.

No significant differences were found between employees' area of practice and attitudes towards and knowledge of complementary and alternative medicine.

Discussion

Summary

The focus of this study was to explore the attitudes and perceived knowledge of complementary and alternative medicine (CAM) by various health care professionals at Baldwin Area Medical Center. Baldwin Area Medical Center had developed an integrated care approach in response to consumer needs and to recruit desirable healthcare professionals. This study was developed in collaboration with the social worker at Baldwin Area Medical Center who had noticed the need for CAM education at the nursing, physician, and other healthcare professionals' levels. Some of the nursing staff had expressed discomfort with referring patients to CAM therapies offered at Baldwin Area Medical Center, others were unsure of the suitability of practicing therapies such as healing touch. Other medical staff members were faced with discussing herbal supplements, for example or yoga with patients. An instrument measuring assessment of attitudes towards CAM, of perceived knowledge of CAM, of referrals to CAM, of personal use of CAM, and of desire for further knowledge was developed using input from both Baldwin Area Medical Center and the University of Wisconsin-Stout.

This study indicates that there was a need for further education on complementary and alternative medicine at Baldwin Area Medical Center. Most of the respondents did not have classes in CAM or holistic medicine prior to licensure. Most of the respondents also had received their licensure 10 or more years ago and only a little over half of the employees have taken classes in CAM since licensure. There was room for improvement in complementary and alternative medicine knowledge among Baldwin Area Medical Center staff. The health care professionals at Baldwin Area Medical Center were open

towards furthering their knowledge. Most of the respondents felt the body, mind, and spirit model of health was an approach that they should strive for. Most did not agree that patient care is what it should be without incorporating CAM and most did not feel prepared to deliver this type of care. Most were interested in taking classes to further their understanding of CAM.

Recommendations

Based on the study, it was recommended that opportunities be created for the staff to experience complementary and alternative medicine. Many employees at Baldwin Area Medical Center have tried various CAM therapies. Whether or not they continue with them is unknown. Another recommendation was to encourage nurses and others to consider experiencing some of the CAM modalities for themselves. This is a great way to expand their knowledge base. Personal views and attitudes towards CAM could be changed through experience. The health care workers at Baldwin Area Medical Center that had experienced more CAM therapies were more likely to feel prepared to deliver CAM care and were more likely to view themselves a resource for patients. They were also more likely to recommend the specific CAM therapies that they had personally tried.

A further recommendation was to provide education and information. A health care practitioner will not support or refer a patient for a therapy with which they are unfamiliar. It is important to present any data with as much scientific basis as possible and in a manner that's easily understandable to nurses and other health care providers. There was an overall neutral feeling of understanding by Baldwin Area Medical Center staff of some CAM therapies, enough to be a resource for patients, yet most would have liked to incorporate some therapies into practice with more training. These levels of agreement varied with the

individual's number of years since licensure. The levels of understanding of each therapy varied. Feelings of understanding of relaxation techniques, therapeutic massage, and acupuncture had the strongest level of agreement from respondents; these same three therapies were also the most recommended. Almost all of the therapies that were listed in the survey had also received agreement responses with the desire to recommend to patients with more knowledge, with the exception of chiropractic or herbs, neither of which was offered at Baldwin Area Medical Center.

It was also recommended that Baldwin Area Medical Center consider training current staff or hiring more complementary and alternative practitioners. By using highly trained and competent CAM practitioners, positive patient outcomes and feedback to the referring caregiver could help to break down distrust. Also, recommendations were made to encourage networking among employees and provide open lines of communication among CAM practitioners and staff. An important recommendation was to provide current staff with up to date training in CAM and allow the information to be disseminated to all.

Another recommendation was to stress patient safety. More than 70 percent of patients withhold information about their use of CAM therapies or supplements for fear of being dismissed by their physician. Caregivers need to know how to ask the right questions, and create an environment that is comfortable for the patient to discuss CAM without making them feel defensive. They also need to know more about the CAM therapies their patients are using. Over half of the respondents of the questionnaire were nurses at Baldwin Area Medical Center. The nurses, among other staff, were not allowed to actually practice some of the CAM techniques; however their understanding of these techniques was no less significant to the use of CAM by their patients. Nurses must be

informed of their patient's CAM use, they must be able to ask the right questions and be able to interpret patient responses. They must have herbal knowledge; they must be able to recommend certain relaxation techniques. They must have knowledge in order to work in a hospital that does support the use of CAM and has on-site practitioners. They need to know what techniques they can practice (such as healing touch) and be able to know what to recommend to others.

A final recommendation was to create an on-site complementary and alternative medicine Continuing Medical Education credit program. Previous studies on the use of CAM Continuing Medical Education credits indicate that they are effective, they are regulated, and they can be done on-site, a valuable option for Baldwin Area Medical Center. Baldwin does not have any medical educational facilities within a 50-mile radius therefore the most practical form of Continuing Medical Education credits would take the form of workshops or classes on site. By creating a CAM CME program at Baldwin Area Medical Center, the needs of Baldwin Area Medical Center would be met. Health care providers would be encouraged to experience CAM modalities, provided with scientific and current data on CAM therapies, and given the tools and resources to be highly competent providers. Patient safety would be increased, referrals to CAM therapists would increase, and Baldwin Area Medical Center employees' needs would be met. Most employees would like to see more time with their patients, more knowledge in CAM, and more incorporation of the CAM approach into patient care. Almost all employees need to take some form of CEU or CME every year; provide them with information that is relevant and necessary.

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Appendix A

Date: May 13,2002

To: Phaedra Johnson
cc: Don Baughman
303 Education and Human Services Bldg.

From: Sue Foxwell, Research Administrator and Human
Protections Administrator, UW -Stout Institutional
Review Board for the Protection of Human
Subjects in Research (IRB)

Subject: Protection of Human Subjects--Expedited Review

Your project, "A Study of Nurse and Physical Therapist's Attitudes Towards CAM at Baldwin Area Medical Center," has been approved by the IRB through the expedited review process. The measures you have taken to protect human subjects are adequate to protect everyone involved, including subjects and researchers.

Research not completed within one year of the IRB approval date must be submitted again outlining changes, expansions, etc. to the research. Annual review and approval by the IRB is required.

Thank you for your cooperation with the IRB and good luck with your project.

SF:lk

Appendix B

I understand that by returning this questionnaire, I am giving my **informed consent** as a participating volunteer in this study. I understand the basic nature of the study and agree that any potential risks are exceedingly small. I also understand the potential benefits that might be realized from the successful completion of this study. I am aware that the information is being sought in a specific manner so that only minimal identifiers are necessary and so that confidentiality is guaranteed. I realize that I have the right to refuse to participate and that my right to withdraw from participation at any time during the study will be respected with no coercion or prejudice.

NOTE: Questions or concerns about the research study should be addressed to the researcher, Phaedra Johnson, (715) 232-1619 or the research advisor, Dr. Donald Baughman (715) 232-2179. Questions about the rights of research subjects can be addressed to Sue Foxwell, Human Protections Administrator, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 Harvey Hall, Menomonie, WI, 54751, phone (715) 232-1126.

Appendix C

This questionnaire will be asking questions regarding your attitudes towards the use of complementary and alternative medicine. Alternative or complementary therapies are those found outside of traditional or mainstream medicine or therapy. Complementary and alternative medicine (CAM) is based on the concepts of holistic medicine; the mind, body and spirit model of care. Remember, all answers will be confidential and you may choose not to participate at any time. Please fill in the blank or circle the appropriate response.

1. Area of Practice RN LPN PT MD DO DC Other_____
2. Year of licensing _____ (if more than one license, please write in license & year) _____
3. Have you taken any CEU or CME classes since becoming licensed? Y N
4. If yes, what are the classes you have taken? _____

5. Have you taken any classes in Holistic Medicine/ CAM prior to becoming licensed?
(For example, a college course, a workshop, etc.) Y N
6. Have you taken any classes in Holistic Medicine/ CAM after becoming licensed?
Y N If you circled yes, what classes have you taken?

7. Have you yourself tried any of the following CAM practices listed below? Please circle the practices you have tried.

None	Healing Touch
Aromatherapy	Therapeutic Massage
Chiropractic	Acupuncture
Manipulation	Acupressure
Herbs	Tai Chi
Homeopathy	Cranial Sacral Therapy
Relaxation Techniques	Feng Shui
Meditation	Yoga
Hypnosis for Pain Management	Other _____

8. Have any of your loved ones tried any of these CAM practices? Please circle the practices they have tried.

- | | |
|------------------------------|------------------------|
| None | |
| Aromatherapy | Therapeutic Massage |
| Chiropractic | Acupuncture |
| Manipulation | Acupressure |
| Herbs | Tai Chi |
| Homeopathy | Cranial Sacral Therapy |
| Relaxation Techniques | Feng Shui |
| Meditation | Yoga |
| Hypnosis for Pain Management | Homeopathy |
| Healing Touch | Other _____ |

9. Are you aware of some of the CAM practices that Baldwin Area Medical Center offers? Please circle the CAM practices that you are aware of.

- | | |
|------------------------------|------------------------|
| None | Healing Touch |
| Aromatherapy | Therapeutic Massage |
| Chiropractic | Acupuncture |
| Manipulation | Acupressure |
| Herbs | Tai Chi |
| Homeopathy | Cranial Sacral Therapy |
| Relaxation Techniques | Feng Shui |
| Meditation | Yoga |
| Hypnosis for Pain Management | Other _____ |

10. The next page has a list of CAM practices and statements regarding each practice. Please circle the appropriate response that fits each statement.

	I feel I have a basic understanding of this CAM practice					I have recommended this CAM practice to patients when appropriate for their care.					I would like to be able to incorporate this CAM practice into patient care with more training.				
	strongly disagree	disagree	neutral	agree	strongly agree	strongly disagree	disagree	neutral	agree	strongly agree	strongly disagree	disagree	neutral	agree	strongly agree
a. Aromatherapy	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
b. Chiropractic	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
c. Herbs	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
d. Relaxation Techniques	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
e. Meditation	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
f. Hypnosis for Pain Management	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
g. Healing Touch	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
h. Therapeutic Massage	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
i. Acupuncture	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
j. Acupressure/Reflexology	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
k. Tai Chi	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
l. Cranial Sacral Therapy	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
m. Feng Shui	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
n. Yoga	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

11. I feel the holistic body, mind, and spirit model of health is something we as caregivers should strive for in regards to patient care.

Strongly Disagree Disagree Neutral Agree Strongly Agree

12. I feel patient care is what it should be without incorporating CAM practices.

Strongly Disagree Disagree Neutral Agree Strongly Agree

13. What should change? _____

14. I feel that some CAM practices do work effectively when combined with mainstream medicine.

Strongly Disagree Disagree Neutral Agree Strongly Agree

15. I feel I have enough knowledge about some CAM practices to be a resource for my patients.

Strongly Disagree Disagree Neutral Agree Strongly Agree

16. I feel prepared to deliver this type of care.

Strongly Disagree Disagree Neutral Agree Strongly Agree

17. I would be interested in taking classes at BAMC to further my understanding of CAM.

Strongly Disagree Disagree Neutral Agree Strongly Agree

18. Please write down any comments. _____

