

EXPLORATION OF WHY ALASKANS USE COMPLEMENTARY MEDICINE:
A FOCUS GROUP STUDY

A
PROJECT

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By
Jessica Heafner, BSN, RN

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Abstract

Purpose: To explore why Alaskans choose to pursue complementary medicine as a healthcare option. **Design:** Qualitative Descriptive. **Method:** A purposive convenient recruitment methodology was used to recruit project participants. Focus groups were conducted to collect the research data. **Findings:** Five themes were identified that highlighted why participants use complementary medicine: 1) dissatisfaction, 2) effective, 3) holistic, 4) relationship focused, and 5) a personal journey.

Keywords: *Complementary medicine, Integrative medicine, Alternative medicine, Patient focused, Holistic, Nutrition, Homeopathic.*

Exploration of Why Alaskans Use Complementary Medicine:
A Focus Group Study

According to the National Center for Complementary and Alternative Medicine (NCCAM) (2013), integrative healthcare is a growing movement among many individuals, providers and healthcare systems. This movement includes implementing practices outside of mainstream medicine. A 2007 survey conducted by the NCCAM and the National Center for Health Statistics found that approximately 38% of adults living in the United States (US) use some form of complementary and alternative medicine (CAM). In 2010, a US study surveyed adults over the age of 50. This study found that 47% of US adults utilized CAM in the past 12 months (American Association of Retired Persons (AARP) & NCCAM, 2011). According to NCCAM (2013), CAM therapies include a variety of natural products such as botanicals, vitamins/minerals and probiotics as well as mind and body practices such as acupuncture, massage, movement therapies, relaxation techniques, spinal manipulation, Tai Chi, yoga, healing touch, and hypnotherapy. Furthermore, the National Center for Health Statistics identified that the most frequent type of CAM therapy used by adults in the US were non-vitamin, non-mineral dietary supplements (17.9%) (Peregoy et al., 2014). CAM therapies are often adopted to treat diseases and conditions that are difficult to treat with conventional medicine such as Alzheimer's disease, autism, antibiotic-resistant infections, some types of cancer, stress, anxiety, back pain, neck pain, and other musculoskeletal problems (Pan et al., 2012).

Purpose of Study

The purpose of this qualitative descriptive study was to ascertain the reasoning behind patients transitioning from a conventional medical approach for healthcare to an integrative approach. Based on the growing popularity of complementary medicine, it is vital that healthcare providers have an understanding of patients' perceptions and reasoning behind their transitioning to an integrative healthcare model. A review of the literature indicated that patients seek providers who are familiar with CAM and that providers desire a better understanding of CAM (Hastings-Tolsma & Vincent, 2013; O'Keefe, Coat, & Jones, 2009). A sampling of adult Alaskan integrative healthcare consumers were interviewed to identify perceptions related to why individuals pursue complementary healthcare.

Literature Review

An extensive review of the literature related to integrative and complementary medicine elucidated several prominent areas of discussion. These included the philosophy, politics, policy, efficacy, safety, and perceptions surrounding the use of complementary medicine. Also identified within the literature was the frequent and interchangeable use of the terms "integrative healthcare" and "complementary medicine". The discussions below will provide clarification pertaining to the prominent areas of discussion highlighted in the literature and definitions of terms.

Philosophy and Definitions

According to the Bravewell Collaborative (2011) integrative healthcare is defined as patient centered healthcare that addresses physical, emotional, mental, social, spiritual and environmental influences that affect a person's health. In essence, integrative medicine utilizes complementary therapies for which there is high-quality scientific

evidence of safety and efficacy (Kemper, Vohra, & Walls, 2008). Integrative medicine approaches healing with the knowledge of the patients' overall health and wellbeing using both a complementary and conventional approach.

In sharp contrast to many modern opinions, complementary medicine has historically been regarded as “unconventional” largely due to insufficient evidence of safety and efficacy (Barnes et al., 2007). The NCCAM describes complementary medicine as “a group of diverse medical and healthcare systems practices and products that are not presently considered an integral part of conventional medicine” (O’Keefe et al., 2009, p. 70).

Traditionally, conventional medicine is described as the classical type of academic medicine provided at academic institutions and universities and practiced in most clinics and private doctors' offices (Diehl, 2009). Another frequent definition used to describe conventional medicine is “mainstream” (Diehl, 2009).

Politics and Policy

Congressional funding for research associated with complementary and alternative medicine has grown substantially over the past 20 years. In 1991, the US Congress passed legislation which allocated \$2 million dollars to be distributed to the National Institutes of Health for the purposes of investigating promising unconventional medicine (NCCAM, 2013). This investigation eventually led to the development of NCCAM in 1998. The mission of NCCAM is to “define, through rigorous scientific investigation, the usefulness and safety of complementary and alternative medicine interventions and their roles in improving health and healthcare” (NCCAM, 2012, para.

2). In 2012, \$128 million dollars was appropriated to the offices of NCCAM for the fiscal year (NCCAM, 2013).

In 2009, the Institute of Medicine (IOM) organized the “Summit on Integrative Medicine and the Health of the Public” in Washington DC. This assembly brought together researchers, practitioners, and leaders for the purpose of discussing the progress of and advancing the science supporting integrative medicine (The Bravewell Collaborative, 2011). Summit discussions focused on the fact that although conventional medical advances have saved millions of lives, the direction of US healthcare needed to change. For example, instead of attention predominately on specific cases of disease and illness, the focus should be turned to health promotion, prevention, treatment, and other factors that influence health. According to the The Bravewell Collaborative (2011), a “disease-driven approach to care has resulted in spiraling costs as well as a fragmented health system that is reactive and episodic as well as inefficient and impersonal” (p. 6).

In 2007, the National Health Information Survey (Barnes et al., 2007) found that adults in the US spent approximately \$33.9 billion dollars on CAM over a 12 month period. This amount of money accounted for 11.2% of all out of pocket health expenses. Although some insurance companies cover CAM expenses, coverage is usually limited to chiropractic care, acupuncture, and massage. According to the NCCAM (2013), the lack of scientific evidence supporting the cost effectiveness of CAM therapies is partially responsible for less comprehensive insurance coverage.

Efficacy and Safety

Even with increasing use of CAM, there still remains a lack of published evidence that demonstrates the efficacy of many CAM therapies. The dearth of scientific evidence

has been attributed to a limited number of CAM researchers, a limited amount of funding for research projects, and the incompatibility of traditional research models (Grace & Higgs, 2010). For example, conventional medicine relies heavily on randomized controlled studies (RCTs), which are expensive and primarily designed to evaluate pharmaceuticals (Shannon, Weil, & Kaplan, 2011).

An interpretive research study by Grace and Higgs (2010) found that integrative medicine helped participants overcome concerns about the efficacy of CAM as well as the competence of providers practicing CAM. In essence, the practice of CAM by healthcare providers trained in different modalities, legitimized and enhanced the credibility of CAM. Patients and practitioners in this study reported an increase in efficacy as a result of merging CAM and general medicine by “filling in the gaps of treatment effectiveness” (p. 945). According to The Bravewell Collaborative (2011), one of the benefits of integrative medicine is that the blending of complementary and conventional medicine is an effective solution for many who are not satisfied with using only one or the other exclusively.

Furthermore, Grace and Higgs (2010) found that an integrative medicine approach was the answer to safety concerns related to the use of CAM alone, especially concerns of individual practitioners arising from patients who did not fully disclose their use of CAM. For example, this study found that integrative medicine improved communication through strategies that increased disclosure of patient treatments between practitioners.

Additionally, integrative medicine focuses on treatment approaches that have been shown to have minimal risk of harm such as mind-body medicine, lifestyle changes,

and dietary adjustments (Shannon et al., 2011). Botanicals and supplements are the most “risky” forms of CAM; however, in contrast to the over 500,000 reported adverse events from pharmaceuticals in 2008, the 1,013 adverse events from supplements that same year were small in comparison.

Lastly, the NCCAM (2013) has noted that while most complementary health products and practices are considered safe, dietary supplements are readily available to consumers without a prescription. In addition, manufacturers are not required to prove safety and efficacy prior to such products being made available to the public. The lack of implemented safety standards is concerning to healthcare providers and consumers for two reasons. Firstly, dietary supplements have been known to interact with pharmaceuticals and secondly, there have been cases in which supplements were contaminated either with hidden pharmaceuticals or other compounds (NCCAM, 2013).

Perceptions and Uses of Complementary Medicine

There are several reasons patients pursue CAM in addition to or in place of conventional medicine. Pain relief is one of the more common reasons patients seek medical care in general (Dhanani, Caruso & Carinci, 2011; NCCAM, 2014; Office of The Army Surgeon General, 2010) and patients often turn to CAM when conventional therapies fail to provide full or only partial relief of pain. Common CAM therapies used to treat pain include acupuncture, herbal therapy, massage therapy, hypnosis, tai chi, and biofeedback.

Conversely, a Swedish study by Andersson, Sundberg, Johanssen and Falkenberg (2012), found that patients with neck and back pain reported multiple reasons for utilizing conventional medicine. The primary reasons were to seek specialty care and to exclude

pathology related to certain diagnoses. However, participants did comment that conventional medicine was disease focused and found to be lacking in accessibility, time, and guidance. Furthermore, study participants reported they thought integrative medicine was more holistic, focused on empowerment, and more importantly, facilitated the desired treatment response. According to the researchers, the overarching theme from the study was that “Integrative care combines valuable conventional medical diagnosis with empowering self-help strategies” (Andersson et al., 2012, p. 28).

In an Australian study, participants communicated a desire to see an increase in the education of medical students in the knowledge and understanding of CAM (O’Keefe et al., 2009). The authors also found that families who used CAM were more likely to seek out providers who not only supported the use of CAM but also were willing to provide advice regarding CAM therapies. Lastly, this study identified that many healthcare providers desired a greater understanding of CAM so they could better advise their patients about treatment options and also protect patients against potential harmful interactions.

Finally, a study by Beatty, Koczwara, Knott, and Wade (2012) evaluated a group of cancer patients who chose not to use complementary therapies. This study found that participants cited fear of causing harm through drug interactions as their major concern for not including complementary therapies into their treatment plan. Other reasons cited by participants for excluding complementary therapies included a lack of scientific evidence, resource barriers-such as cost and lack of availability, and their satisfaction with conventional therapy.

Method

Research Design

A qualitative descriptive design was used to ascertain why patients choose to transition from a conventional healthcare medical approach to an integrative approach. For this study, focus groups were utilized because the researcher believed this approach would be the most effective way to collect data. Focus groups enable participants to explore, articulate, and clarify their views and opinions in a non-judgmental and non-threatening setting (Redmond & Curtis, 2007). Focus groups allow the researcher the opportunity to study how members of a group collectively make sense of a topic and meanings related to a topic (Doody, Selvin, & Taggart, 2013). Hearing the views of other participants enables participants to evaluate their own views. In addition, participants may change their views based on perceptions they may have not previously considered. According to Holloway and Wheeler (2010), "one of the main strengths of focus groups is the production of data through social interaction" (p. 133).

Prior to data collection, approval for this research project was obtained from the University of Alaska Anchorage's Institutional Review Board (IRB). Written approval was also obtained from the individual clinics where participant recruitment occurred. Lastly, written informed consent was obtained from each participant prior to the commencement of focus group discussions.

Participants

Adult Alaskans, aged 18-75 years who utilized complementary medicine consistently for more than one year were invited to participate in focus group discussions. Flyers were placed in two integrative medical clinics in an urban Alaskan city. A third clinic was contacted for this study but chose not to participate. The two participating integrative clinics were staffed by a combination of licensed medical providers including naturopathic physicians, physicians and advanced nurse practitioners.

Participants were given the option to attend one of three focus group sessions. The dates and times of the focus group sessions were chosen based on the availability of the consenting participants. At the beginning of each focus group, participants were provided with coffee cards in the amount of five dollars in appreciation for their attendance. These were given to each participant prior to signing the consent. Additionally, at the close of each focus group, participants were entered into a drawing for one of three gift cards to a local natural health food store. Overall, there were a total of nine participants who participated in this study. All participants who were scheduled to attend the focus group sessions were present. At the beginning of each focus group session, each participant completed a demographic questionnaire.

Data Collection

Participants (n=9) were divided into three focus groups, each group consisted of two to four participants. Two of the participants had unique schedule constraints that limited their availability to the lunch hour during the weekday. Therefore, one focus group consisted of only two participants. Participants were recruited over a period of approximately two months. All of the focus group meetings occurred during the month of April 2014. A digital flash voice recorder was used to record each focus group discussion

with prior knowledge and consent from all participants. In addition to digital recording, the moderator took field notes throughout the interview and immediately following each focus group detailed her thoughts and impressions.

A semi-structured interview approach that incorporated open-ended questions was used to stimulate initial focus group conversations. At the beginning of each focus group, the moderator opened the discussion by asking the participants to share their experiences with complementary medicine.

Focus groups were held at a local coffee shop. This location was chosen because it had a private meeting room that was available for the public to reserve and was convenient for all participants. A second graduate student was present during the first focus group to assist the primary researcher with her observations and note taking. The presence of the graduate student during the focus group discussion was approved by the IRB. The inclusion of the graduate student was disclosed in the informed consent that each participant signed. After the first focus group, the graduate student's assistance was found to be unnecessary as the subsequent groups were smaller in size consisting of two and three participants. Each focus group lasted between 60 and 90 minutes. The demographic information gathered from the participants is illustrated in Table 1.

Table 1. Demographics of participants in focus groups ($n = 9$)

<u>Demographics.</u>		
<u>Gender</u>		
	Male	1(12.5%)
	Female	8(87.5%)
<u>Age in years</u>		
	40-49	5(55.6%)
	50-59	2(22.2%)
	60 or older	2(22.2%)
<u>Education level</u>		
	Bachelor's degree	4(44.4%)
	Graduate degree	5(55.6%)
<u>Employment status</u>		
	Employed, full-time	5(55.6%)
	Employed, part-time	2(22.2%)
	Retired	1(12.5%)
	Disabled	1(12.5%)
<u>Ethnic group</u>		
	Caucasian	9(100%)

Data Analysis

The purpose of analyzing focus groups is to “uncover, articulate and illuminate meaning from the data collected” (Doody et al., 2013, p. 266). The audio data obtained from each focus group was listened to several times prior to transcription. This process enabled the researcher to become familiar with the data. All participant identifiers were removed from the data and a number was assigned to each participant during the transcription process. Participants were allocated P1 through P9 as their identification

code references. All of the data was then transcribed verbatim and analyzed by the researcher.

During the first phase of the analysis process, the researcher immersed herself in the transcripts by reading the transcripts while listening to the audio recording several times. At this point, a professional software program, MAXQDA, was utilized to organize and analyze the data. The transcripts were transferred into the program and each line of the transcript numbered. The researcher then reviewed the transcripts again, highlighting frequent words and quotes, which were subsequently color coded and arranged into sections using the software program. After reviewing each section, descriptive headings were assigned to each section. Lastly, themes were constructed after review of the sections with the greatest amount of supportive data. Subsequently, sections with limited data were determined to be insignificant. Ultimately, five major themes were identified.

Themes

During data analysis, the researcher identified five major themes. For ease of discussion, the themes will be discussed individually in order from the most commonly identified by the participants to the least. The identified themes were: 1) dissatisfaction, 2) effective 3) holistic, 4) relationship focused, and 5) personal journey.

Dissatisfaction

Dissatisfaction with health care outcomes related to the use of conventional or mainstream medicine was the most frequently cited reason for participants initiating and continuing to utilize complementary medicine as a primary form of healthcare. Eight of the nine participants expressed dissatisfaction with conventional medicine. Participants

described conventional medicine as being ineffective, close-minded with a narrow focus, symptom based, and pharmaceutically driven. Commonly, participants described their past experiences where mainstream medicine failed to offer a solution to their healthcare issues.

P3 stated:

I started having some digestive issues that really couldn't be diagnosed and I went the full endoscopy and colonoscopy route and everything and they couldn't quite pin it down. They gave me some medication that actually made me a lot worse and had nothing really to offer.

Likewise, P7 commented:

There was one time that I got, it was a cousin to Giardia, so it's called *H. pylori*, from drinking water in a creek...my stomach was trashed, my body was trashed, I had no energy, couldn't keep food down, couldn't keep it in. Traditional doctors...they scoped me this way, they scoped me that way, could not figure it out, could not figure it out.

Lastly, P5 stated:

The first doctor gave me some eye drops and those didn't really work, and then she referred me to the specialist in town and their solution was we'll cut them out and I just could not... have anyone cut on my eyelid...the cutting out never guaranteed anything.

Participants also felt that conventional medicine often focused on the disease as opposed to the underlying cause or gave little consideration to the individual as a whole.

P1 stated:

Doctors, as soon as they are in training, they're taught to find, make a diagnosis...that's where that box comes from...as soon as you make a diagnosis, now you prescribe versus we don't know 100% what it is, so lets look at what's on the table and lets not make an immediate diagnosis, so fast, maybe this isn't even a situation that gets a diagnosis.

Participants commented that the focus on disease or diagnosis may be due to the minimal time spent with patients in conventional medicine. P3 commented that, "Because most GPs, when you are going into a mainline medicine, they've got (a patient) every 15 minutes...there just simply isn't the time". Additionally, P5 explained, "How can you know a person in 15 minutes...so much going on in my life at the time...I never went back to the doctors I saw".

Lastly, participants expressed dissatisfaction with what they saw as symptom based, pharmaceutically driven motivation of conventional medical providers.

P2 explained:

I started developing some chronic health issues and with some of my chronic health issues quite frankly mainline medicine just doesn't have anything to offer me that's of significance-perhaps maybe symptom control but that's really about it.

Likewise P5 expressed, "My whole belief was...I really thought that they were treating the symptoms and they didn't know, understand what the problem was". P6 further asserted: "There is so much within Western medicine that is left off...you will just have to live with it, or here's a band aid, or here's a pain pill, or let's not really delve into what's happening". Lastly, P8 shared his/her experience and stated:

This will fix you up, it was prednisone, I had sworn to myself I would never take prednisone...I never took it. I said to him, "oh I never thought I would take this". I told him I wasn't happy with the solution, but he just patted me on the back and sent me on my way.

Effective

In contrast to stories of experiences with ineffectual conventional modalities, participants shared experiences in which complementary medicine offered beneficial results. Participants often shared surprise and even dismay that they hadn't investigated the use of complementary options at the onset of their symptoms. There were participants who shared stories of exhausting their conventional options before finding relief in a complementary approach. P3 shared this experience and stated:

None of the medical providers could really guide me...I went to see a naturopath, he walked me through an elimination diet, recommended supplements, and just through working with him, I figured out what it was, it didn't really seem to fit any particular medical diagnosis...totally worth it.

Following this thread, other participants commented that due to previous positive experiences, they now chose to use complementary medicine as a first line alternative.

For example, P7 explained:

Trying homeopathic first, I've had some great successes even with some very significant health issues. I had had many issues trying to get pregnant, tried all the traditional stuff...said let's see where the homeopathic can go with this...sure enough, I was able to get pregnant.

Another participant, P6, shared this viewpoint:

What I've seen embracing a lot of the integrative medicine techniques...watched people struggle their entire lives, I mean for years and years with issues, and finally, finally come around to a point where they feel amazing or just better, or they are functional.

Similarly, P5 simply stated, "I'm in it for the long run...I've seen the results".

Finally, participants shared actual accounts in which complementary therapies offered effective results. P8 shared: "I felt much better in two days...he (naturopath) had told me to get certain kinds of teas with certain kinds of stuff in them". Likewise, P9 shared, "I had ruptured a hamstring a year and a half before that and it was still hurting, about three weeks into that treatment (constitutional hydrotherapy) my hamstring quit hurting".

Relationship Focused

Participants frequently expressed the importance of building and maintaining a relationship with a healthcare provider. Relationships and time spent building rapport were often noted to be necessary to meet overall healthcare needs. For example, P4 explained, "I feel like I have more of a relationship with my naturopathic doctor, where it's an ongoing discussion about overall health...a focus on making sure all the building blocks to wellness are addressed". P1 stated, "She can pinpoint what I need...I'm glad I found her to get my health back".

Longer appointment times were discussed as being directly related to the development of a relationship. In contrast, participants felt it impossible to have a relationship or even thorough healthcare without lengthy appointments.

P7 explained:

Spending a long time taking a history...first get to know you, you don't feel like you go in and are gone in 10 minutes...it's really important. To feel like somebody actually knew who you were when they prescribe something

Similarly, P8 stated:

The big difference I noticed when I started going to him (naturopath)...regular doctors take their stethoscope and they go two or three seconds here, two or three seconds there...he went on my back, he put it down and listened for about two minutes without moving.

P2 shared, "I've noticed the appointments are long...you have enough time to actually talk to somebody and address things, and therefore build more of a rapport and relationship". Likewise, P9 stated, "I guess what I like about it...you make an appointment and it's generally an hour...takes a really good history, listens to what is going on, you can ask questions".

Lastly, P7 shared:

She knows me, I know her...hour long consultation once a year right on my birthday...I can take anything to her at that time and because she knows my history, we really know how to communicate and we can get right to business. I like it that she's accessible by e-mail.

Holistic

An emphasis on the whole person and overall health were recognized as primary reasons for participants transitioning into complementary medicine. For this reason, the word "holistic" was chosen to identify this phenomenon. Holistic, for this project, refers

to “relating to or concerned with complete systems rather than with individual parts” (Merriam-Webster, 2014, para. 1).

P2 explained:

One of the benefits of alternative medicine is that they do look at the whole picture, that they do look at lifestyle factors, stresses that you might be having, (or) the components to why you may or may not be feeling well.

Similarly P8 stated:

I’ve been very pleased with him (naturopath)...that’s the important thing...I want the doctor to know all of me, to look at me as a whole, not a piece here and a piece there. Probably if you are a provider in the natural field you’re just more empathetic, attuned to what people are telling you, you look at the whole big picture, everything.

Lastly, P4 simply stated, “(Complementary medicine) supports your health as opposed to breaking it down”.

A Personal Journey

The decision to routinely use complementary medicine was described as personal in nature. Participants shared their health stories illustrating different reasons for using complementary medicine. Personal reasons were often stated as a singular experience that led to the regular use of complementary medicine.

P4 stated:

I feel like I’ve pretty much sampled the medical community...western and otherwise trying to figure things out. I’ve had the most success with naturopathic

medicine, but I honestly use them both like a tool kit...I feel like the beauty of complementary medicine is that I get to choose.

P1 shared:

Then my brother got an autoimmune disease and my mom's friend's husband got brain cancer, and this doctor helped both of them and then I started paying attention...it took me awhile, but I did see the changes she was making and the people she was helping-that got my thinking changed and then once that happens you look for more resources, you tune into articles and different people, it just grows from there...using it more and more (complementary medicine), as you know it's one of those journeys.

P7 stated, "All people need is one major experience to change their way of thinking. It has to be a significant one (experience)...has to be a personal decision"

Lastly, P5 stated:

It takes something to happen-you don't feel well and when you go to your doctor they're not able to help you, so you have to do that search yourself.

It has to be something where you commit to going, I have to cure this.

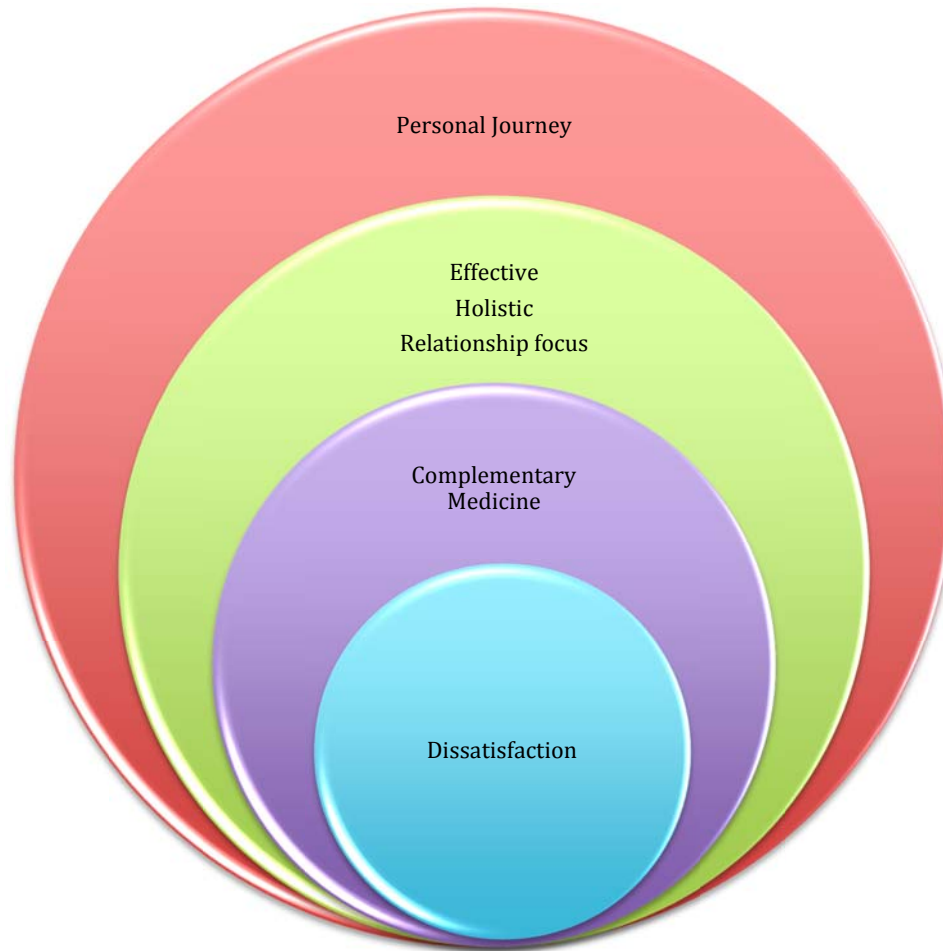


Figure 1. Diagram illustrating transition to complementary medicine using five emerging themes

Discussion

The purpose of this study was to elucidate the reasons behind Alaskans choosing complementary medicine as a healthcare option. Nine adult Alaskans participated in three focus groups and discussed their motivation for using complementary medicine.

The demographics of this study identified complementary medicine users as predominately female, highly educated, and over 40 years of age. According to Beatty et al. (2012), these demographics are consistent with other similar published studies about complementary medicine users. These demographics suggest that future research should

concentrate on CAM use in alternate populations such as male, non-Caucasian, or less educated subgroups.

One of the primary themes that evolved from this study, dissatisfaction, resonated with the findings from Dhanani et al. (2011), who reported that patients often seek complementary medicine when conventional medicine fails to provide full relief of symptoms. The participants in this study also shared several accounts in which conventional medicine failed to either diagnose appropriately or provide complete relief from symptoms. Additionally, participants shared stories in which conventional medicine led to negative results. Participants' stories also corroborated with the findings by Andersson et al. (2012), which found that patients viewed conventional medicine as being reductionist, lacking in accessibility, time, and guidance. Additionally, participants from this study shared they felt conventional medicine was disease focused, close-minded, and pharmaceutically driven.

None of the participants in this study expressed concerns with the efficacy or safety of complementary medicine. In fact, the efficacy of complementary medicine was a strong theme that developed in this study and was one of the primary reasons participants used complementary medicine. The majority of the participants cited several significant experiences in which the efficacy of complementary medicine confirmed their decision to use it for various healthcare needs.

In addition, the relationship theme offered a solution to potential safety concerns for participants. For example, one participant shared the following story about her relationship with her integrative medical provider: P7 stated, "I know that she will keep

track of me, she won't do anything that could be dangerous to me...she's on her game, I don't know if I'd be so inclined if I didn't feel so confident in my healthcare provider”.

The conclusion of the study by Andersson et al. (2012), in which integrative medicine was found to be holistic and whole person focused, resonated with the majority of the participants in this study. Participants described complementary medicine as looking at the whole picture and supportive of overall health. As P8 noted, “I want the doctor to know all of me, to look at me as a whole, not a piece here and a piece there”.

Woven throughout the discussion in all three focus groups were the accounts of personal experiences that preceded the use of complementary medicine. Typically, participants shared stories that had affected their individual health, but there were also stories of family members and friends that influenced their decision. While some participants noted that their “journey” had been progressive, for others the impetus was based upon a major life or health related event. As one participant (P8) put it, “All people need is one major experience to change their way of thinking”.

Overall, each participant in this study described a very satisfying relationship with his or her complementary healthcare provider. Satisfaction was primarily related to positive health outcomes and the participants' ability to create and maintain overall health. All participants viewed conventional medicine as necessary and viewed its integration into the overall healthcare plan as a part of a whole or as a “tool” to be utilized when necessary.

Limitations

One of the primary limitations of this study was the small number of research participants. Although saturation was achieved in this study, the small sample cannot be conveyed as representative of the population as a whole.

Another limitation was noted after reviewing the demographic information collected in this study; all study participants were Caucasian, over 40, and college educated. In addition, the majority of the participants were female (87.5%). Although Caucasian educated females are common utilizers of complementary medicine (Beatty et al. 2012), this project still lacked a representation of the population as a whole.

Another theoretical limitation is consistent with the nature of the focus group methodology. Participants may not have been as forthright or open due to the pressure of a group setting. According to Holloway & Wheeler (2010), a group setting can have the effect of inhibiting or stimulating members of a focus group. However, in the case of this study, the researcher observed dynamic interaction between all participants in the three focus groups.

Suggestions for Practice Change

Participants in this study suggested that conventional medical providers are often negative towards the incorporation of complementary medical therapies for reasons such as a lack of training, limited time, and their current disease focus approach. Participants often referred to conventional medicine as being in a “box” and too disease focused. Compared to complementary medicine users in the study by O’Keefe et al. (2009), participants in this study also believed that complementary therapies should be integrated into the medical education curriculum. This integration could be achieved by

supplementing existing curricula with complementary methods for healthcare providers including physicians and nurse practitioners. For example, including information about supplements and botanicals in core courses such as pharmacology. Other ideas include adding clinical hours exclusively with integrative medical providers and integrating complementary medicine lectures into the academic program (Riffle, 2010).

For nurse practitioners in practice, asking patients about the inclusion of CAM use on medical history forms is important, as well as asking patients to write a list of supplements and medications they use (NCAAM, 2012). NCCAM offers free toolkits of educational materials discussing complementary health practices for providers, their staff, and patients. These toolkits include informational pamphlets for patients, posters for exam rooms, and many other helpful resources for providers. Finally, nurse practitioners should regularly explore available databases, such as NCAAM and Natural Medicines Comprehensive Database, which provide current information about evidence-based CAM practices to increase their understanding of available CAM therapies (Riffle, 2010).

Conclusion

The purpose of this study was to elucidate the reasons why individuals use complementary medicine. Identified themes discovered in this project included: 1) dissatisfaction, 2) effective, 3) holistic, 4) relationship focused, and 5) a personal journey. The results of this study correlated with previous research findings in which patients seek complementary medicine therapies for many reasons, such as a desire for meaningful relationships with healthcare providers and a more holistic approach to their healthcare. This research project confirmed similar findings to preceding published literature, which reported that patients often seek complementary therapies out of frustration with

conventional medicine as a whole. Overall, the interpretation of this study found that a more integrative approach to healthcare is important for some patients. Conventional medical therapies are necessary, as participants in this study noted; however, the future inclusion of complementary therapies into the curriculum of healthcare education would be advantageous for both patients and healthcare providers.

Additionally, the limited demographics of this study suggest that future studies should expand the focus to include a more ethnically diverse population and more men. Furthermore, future research should also determine if the demographics in this study as well as previous research studies indicate limited access to CAM among the general public and if CAM is only obtainable to certain populations secondary to cost or accessibility.

Finally, findings from this study offer insights into the reasons why some patients choose complementary medicine for their healthcare needs. There are an increasing number of individuals who are choosing some form of complementary medicine for their healthcare, often without the knowledge of their healthcare provider, which is a potential safety concern. There are a number of ways to elicit complementary medicine use from patients and nurse practitioners are in an excellent position to do this due to the holistic, relationship focus and patient education focus of their profession. According to Riffle (2010), nurse practitioners are receptive to CAM use and interested in increasing their knowledge about CAM therapies. Learning about CAM use could be explored by encouraging conversations via non-judgmental opened ended questions, inquiring about dietary supplement usage, and/or inquiring about other providers their patients see in the community. Additionally, by addressing the patient's use of CAM, nurse practitioners

may be presented with opportunities to expand their own body of knowledge of complementary therapies, learn what is being offered in the community, and perhaps begin to integrate this information appropriately into his or her own practice. Everybody benefits when nurse practitioners are able to provide holistic, patient-centered care that incorporates an increased knowledge and understanding of CAM therapies.

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