

# The Effects of an Educational Intervention on Oncology Nurses' Attitude, Perceived Knowledge, and Self-Reported Application of Complementary Therapies

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**Purpose/Objectives:** To evaluate the effects of an educational program on oncology nurses' attitude, perceived knowledge, and self-reported application of 10 complementary therapies (art, exercise, humor, imagery, journaling, massage, music, relaxation, spirituality, and touch).

**Design:** Quasi-experimental with a pre- and post-test design.

**Setting:** A large tertiary care medical center in the midwestern United States.

**Sample:** A convenience sample consisting of 44 RNs working on two hematology and oncology patient care units. Eleven nurses comprised the educational intervention group, and 14 nurses on the same unit served as one control group. A second control group was comprised of 19 nurses from a different unit.

**Methods:** The study approach consisted of the assessment of all participants' initial attitude toward, knowledge of, and application of complementary therapies. A researcher-developed questionnaire was completed before and at three and six months after the educational intervention.

**Main Research Variables:** Nurses' attitudes toward, knowledge of, and use of complementary therapies.

**Findings:** Nurses value complementary therapies but lack the knowledge regarding their application. In addition, a gap exists between self-reported knowledge and the actual application of therapies. An eight-hour educational intervention was useful in enhancing knowledge and, to some degree, increasing application of some of the therapies. According to participants, lack of time was the main deterrent impeding use of complementary therapies in their nursing practice.

**Conclusions:** Education can affect the knowledge and integration of complementary therapies in nursing practice.

**Implications for Nursing:** Further research is needed to evaluate outcomes and determine educational approaches that will produce positive changes in nurses' attitudes toward, knowledge of, and application of complementary therapies.

## Key Points . . .

- ▶ Complementary therapies can have a positive influence on quality of life and symptom control.
- ▶ Nurses value complementary therapies, but they often do not feel comfortable with their knowledge levels.
- ▶ Oncology nurses benefit from educational interventions; however, time constraints may continue to impede integration even after education.

Complementary therapies are supportive therapies that complement standard treatments (American Cancer Society Minnesota Division, 1996; Kane, 1997; National Center for Complementary and Alternative Medicine, 2002). Complementary therapies can be defined further as nonpharmacologic interventions that do not replace standard care (e.g., surgery, radiation, casting); instead, they are adjuncts (Wiseman, 1994). Many terms are used interchangeably throughout various written materials to reflect complementary therapies, such as alternative medicine, adjunct therapy, cognitive behavioral techniques, psychosocial interventions, complementary and alternative medicine (CAM), self-help therapy, coping techniques or skills, and holistic medicine (Wiseman).

CAM research at the National Cancer Institute (NCI) is gaining in visibility (NCI, 1998). In addition, presenters at the Oncology Nursing Society's Congresses in 1998 and 2000 spoke of the need for research on nurses' comfort and knowledge

Complementary and alternative therapies are more popular than ever. Patients seek out these treatments through the Internet, books, nontraditional healthcare providers, and nurses. Although nurses recognize that use of these therapies is common, clinicians, program planners, and patient educators who must respond to the growing interest among patients need current information about use, attitudes, and beliefs (Richardson, Sanders, Palmer, Greisinger, & Singletary, 2000).

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