

Research Article**Attitudes Towards the Holistic Complementary and Alternative Medicine:
Midwives Working in the Family Health Care in Turkey****Birsel Canan Demirbağ^{1*}, Meltem Kürtüncü², Reyhan Erkaya³**¹Karadeniz Teknik University, Faculty of Health Sciences, Department of Nursing, Trabzon, Turkey²Bülent Ecevit University, Faculty of Health Sciences, Department of Nursing, Zonguldak, Turkey³Karadeniz Teknik University, Faculty of Health Sciences, Department of Nursing, Trabzon, Turkey***Corresponding author**

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Abstract: This study investigated the attitudes towards the holistic complementary and alternative medicine (HCAM) of the midwives working in the family healthcare centers. This study used a descriptive and correlational designs. The population of this study consists of the midwives working in the family healthcare centers in Trabzon, Turkey. A total of 59 midwives participated in the study. The data was collected between 15 February and 30 July 2012. Of the participants, 72.8% were married, 54.3% were university graduates, 47.4% had 16-20 years of work experience, 81.3% had no chronic diseases, 86.4% did not have enough information on CAM, and 100% were females and their ages ranged from 25 to 49 years. Data were collected using HCAM questionnaire. The mean score of the scale was found to be 52.5 SD 1.3. The mean scores obtained for the CAM sub-scale was 21.5 SD 1.5, and for the HH subscale 21.2 SD 1.1. The use of herbal therapy and vitamins was significantly positively correlated with the HCAM, CAM and HH. Based on the total score of the scale, the midwives showed a negative attitude towards HCAM. According to the findings of the study, midwives use CAM for their own health and but do not use their patients' health. The study found a statistically significant differences between such characteristics of the midwives as having achronic disease, excess years of work, being married, having enough information on CAM and attitudes towards HCAM. In order to be able to make comparisons among different groups, the study should be replicated with other health personnel.**Keywords:** Alternative medicine, Complementary medicine, Midwives, Holistic health, Turkey.

INTRODUCTION

Complementary and alternative medicine (CAM) are becoming more and more important in the world today. Complementary medicine and alternative medicine are two different notions. The word alternative means something that can replace something else or that offers a choice. Alternative medicine referst to a type of medicine that is used in place of conventional medicine [1]. For example, using acupuncture for pain instead of an analgesic. On the other hand, comlementary medicine refers to the use of such techniques as dreaming, music and relaxation together with the conventional medicine [2]. CAM is an extremely important area that is not peculiar to a certain discipline and that is used by some in the treatmentof, and prevention from, diseases and improvement of health [3-5]. Studies carried out in different countries have revealed that every individual uses CAM at least once in his life [6]. In their studies in Turkey, Oğuz and Pinar (2001)found that 80.2% of the patients used therapeutic methods as well as conventional medicine and that 72.5% of patients used herbal products and 44.9% prayer [7]. Another study carried out in Turkey

revealed that 41.1% of oncology patients used CAM therapies. The study also showed that cancer patients that used alternative therapy needed professional information about these therapies [8].

Many of the methods employed in CAM are similar to the methods employed in nursing such as touch, stress management and massage. Holism which is a basis in nursing is also a basic principle in CAM therapies cole- -hyland. Early books on nursing incorporate such therapies as back rubbing (massage), the use of hot and cold and nutrition. Therefore, complementary therapies have a deep-roted history in nutrition [9]. Through adding assessment, reflection and holism practices, professional nursing may contribute to the practise of CAM methods [10].

Few studies have been conducted in Turkey on the types of CAM used. These studies have shown that the commonest therapies in Turkey are herbal therapies (40.6%) and diets (26.6%) [10-11]. Another study showed that healthy people in Turkey have a tendency towards conventional medicine [12]. Nurses in Turkey

are more familiar with herbal and diet therapies than other types of therapy [7, 10-11]. Though there are few studies in Turkey on the use of CAM, there are no studies on the relationship between the characteristics of the midwives and CAM. This is a very important issue for Turkey. In Turkey, health services are offered through hospitals and family healthcare centers. Hospitals offer treatment services and family healthcare centers offer protective health services. Family healthcare centers employ more midwives than doctors and nurses. The midwives in the health centers also visit the homes of the patients (males, females, pregnant, children, the elderly, physically impaired) of the doctors in the family healthcare centers and give information to these patients about their illnesses. In this process, the community has more interaction with the midwives. The attitudes of the midwives towards CAM therapies affect the thoughts of the people about CAM.

Having accurate data about the attitudes of midwives employed in the family healthcare centers towards CAM therapy is vitally important for community healthcare. In line with these thoughts, the present study aimed to unveil the attitudes of the midwives working in the family healthcare centers in Trabzon, Turkey, towards HCAM.

MATERIALS AND METHODS

Setting and Sample

This study employed a descriptive and correlational research design. The population of this study consists of the midwives working in the family healthcare city center in Trabzon, Turkey. All midwives were contacted before the sample selection for the study. Of the 63 midwives, 59 consented to participate in the study and the scale was administered to these midwives.

Measurement and Instruments

The Holistic Complementary and Alternative Medicine Questionnaire (HCAMQ) developed by Hyland *et al.* (2003) was used as the data collection tool [9]. An additional form was used to collect socio-demographic characteristics of the midwives. The data for the study was collected between 15 February and 30 July 2012. The researcher interviewed the subjects by visiting the family healthcare centers on different days. The questionnaire was a self-completion questionnaire and the subjects read and responded to the questionnaire. The completion of the questionnaire took approximately 20 minutes for each subject.

The Holistic Complementary and Alternative Medicine Questionnaire (HCAMQ): The HCAMQ was developed by Hyland and was translated into Turkish by Erci in 2007 [12]. Factor analysis was used for the collected data. The questionnaire contained a total of 11 items. Of these, Items 2, 4, 6, 8, 9, and 11 elicited data about CAM, and Items 1, 3, 5, 7, and 10 elicited data

about HH. The factor analysis explained 48.6% of the variance by these items. The scale consisted of 11 six-point Likert type statements using the following codes: Strongly Agree(1), Agree(2), Mildly Agree(3), Mildly Disagree(4), Disagree(5), and Strongly Disagree (6). Items 2, 4, 6 and 9 were scored negatively and the rest positively. A lower score on the HCAMQ shows more positive attitudes towards HCAM.

Data analysis

One-way analysis of variance (ANOVA) was used to find out whether the midwives' attitudes towards HCAM change according to their level of education and marital status. Student *t*-test was used to find out whether their attitudes towards the HCAM change according to their marital status and chronic illness status. Correlation was used to find out whether there is a relationship between their attitudes towards the HCAM and their age, years of work, use of herbal therapy or vitamins. A *p*-value of <0.05 was taken as the level of significance.

Ethical consideration and procedure

The researcher first informed the participants of the nature and purpose of the study both in writing and orally and obtained their consent. Second the scale and socio-demographic information form were given to the subjects. Finally, the study started after getting permission from the family healthcare centers where the midwives were working. 59 midwives volunteered to participate in the study. The participants were also told that whenever they wanted, they could withdraw from the study.

RESULTS

Demographic data obtained from the sample is shown in Table 1. The mean age of the sample was 33.4 and standard deviation (SD) was 1.5, and their ages ranged from 25 to 49 years. Of the participants, 72.8% were married, 54.3% were university graduates, 47.4% had 16-20 years of work experience, 81.3% had no chronic diseases, 86.4% did not have enough information on CAM, and 100% were females (Table 1).

Table 2 presents the means and standard deviations (SD) for the total HCAM, CAM and HH sub-scales. The mean scores obtained for the CAM sub-scale was 21.5, SD 1.5, and for the HH subscale 21.2, SD 1.1. According to the findings of the statistical analysis, the minimum score of the total HCAM was found to be 40 and the maximum score 60. The mean score of the scale was found to be 52.5, SD 1.3. The mean score of the scale shows that the sample has a negative attitude towards HCAM.

Statistical evaluation of the demographic features with the total scale and sub-scales showed that single midwives and those with a work experience of 15 years and below had more negative attitudes towards

the total HCAM ($t= 3.16, p<0.05$; $t= 3.05, p<0.05$) and CAM sub-scale ($t= 2.04, p<0.05$; $t= 1.44, p<0.05$) and the differences between groups were found to be statistically significant. However, their marital status and years of work did not have any effect on their attitudes towards the HH ($t= 0.91, p>0.05$; $t= 1.89, p>0.05$) (Table 3). Respondents with chronic diseases and training on CAM had the most positive attitudes towards the total HCAM and its sub-scales: HCAM ($t= 4.12, p<0.05$; $t= 0.76, p<0.05$; $t= 2.32, p<0.05$) and CAM sub-scale ($t= 2.54, p<0.05$; $t= 1.44, p<0.05$; $t= 3.78, p<0.05$). The differences between 'having a chronic disease' and attitudes towards the total HCAM and its sub-scales were statistically significant (Table 3).

Participants' high level of education positively affects their attitudes towards HCAM and CAM sub-scale. The study found statistically significant differences between the level of education and attitudes towards the HCAM ($F= 4.12, p<0.05$) and CAM ($F= 3.98, p<0.05$). However, the study found no statistically significant differences between the level of education and attitudes toward the HH ($F=2.33, p>0.05$) (Table 4).

The study found a statistically significant negative correlation between age and the attitudes towards the HH sub-scales (-0.200) (Table 5). The use of herbal therapy and vitamins was significantly positively correlated with the HCAM, CAM and HH ($0.114; 0.001$) (Table 5).

Table 1: Demographic characteristics of the sample (n=59)

Characteristics (n=59)		
Age (years), Mean *SD	33.4 SD 1.5	
Gender	n	%
Female	59	100
Marital Status		
Married	43	72.8
Single	16	27.2
Level of Education		
High School	27	45.7
University	32	54.3
Years of Work		
5-15 years	25	42.3
16-21 years	34	57.7
Chronic Disease Status		
Yes	11	18.7
No	48	81.3
Knowledge on CAM		
Yes	8	13.6
No	51	86.4

*SD: Standart Deviation

Table 2: Descriptive statistics for the HCAMQ and its subscales

The Scale	Minimum Score	Maximum Score	X+SD
*HH subscale	18.0	28.0	23.2±1.1
**CAM subscale	22.0	24.0	21.5±1.5
***Total HCAM	40.0	60.0	52.5±1.3

*HH: Holistic Health, **CAM: Complementary and Alternative Medicine, ***HCAM: Holistic Complementary and Alternative Medicine

Table 3: The differences between midwives' attitudes towards the HCAM or sub-scales and marital status, years of work, having a chronic disease and being knowledgeable with having CAM

	*HCAM	**HH	***CAM
Marital status			
Married	59.5 SD 3.9	25.1 SD 2.9	27.1 SD 1.1
Single	51.5 SD 4.3	25.3 SD 3.2	23.3 SD 1.4
	t= 3.16 p<0.05	t= 0.91 p>0.05	t= 2.04 p<0.05
Years of Work			
15 years and below	52.6 SD 3.3	25.5 SD 2.4	28.2 SD 2.5
16 years and above	50.2 SD 2.5	25.3 SD 1.6	27.8 SD 1.3
	t= 3.05 p<0.05	t= 1.89 p>0.05	t= 1.44 p<0.05
Chronic Disease Status			
No	50.1 SD 2.3	25.3 SD 1.2	30.2 SD 2.7
Yes	22.3 SD 1.5	25.9 SD 1.7	28.8 SD 1.5
	t= 4.12 p<0.05	t= 0.76 p<0.05	t= 2.54 p<0.05
Knowledge on CAM			
No	55.2 SD 2.3	22.4 SD 1.2	57.2 SD 2.7
Yes	20.1 SD 1.5	25.8 SD 1.7	18.9 SD 1.5
	t= 2.32 p<0.05	t= 1.47 p>0.05	t= 3.78 p<0.05

Values are given as mean SD

*HCAM: Holistic Complementary and Alternative Medicine, **HH: Holistic Health;

*** CAM: Complementary and Alternative Medicine, d.f: 59

Table 4: The differences between attitudes towards the HCAM, HH, CAM and the level of education

Level of Education	*HCAM	**HH	***CAM
High School	12.2 SD 3.1	15.4 SD 1.4	18.4 SD 2.3
University	10.3 SD 2.4	15.1 SD 2.1	17.3 SD 1.7
	F= 4.12 p<0.05	F= 2.33 p>0.05	F= 3.98 p<0.05

Values are given as mean SD, *HCAM: Holistic Complementary and Alternative Medicine,

HH Holistic Health; *CAM: Complementary and Alternative Medicine, d.f:2

Table 5: The differences between attitudes towards the total HCAM or both subscales and other variables

Variables (n=59)	+HCAM	++HH	+++CAM
**HH	0.543		
**CAM	0.587	0.248	
***Age	-0.031	-0.200	-0.002
*Vitamin use	0.521	0.001	0.114
*Herbal therapy use	0.100	0.002	0.821

* Correlation is significant at the 0.01 level (2-tailed), **Correlation is significant at the 0.001 level (2-tailed),

***Correlation is significant at the 0.05 level (2-tailed), +HCAM: Holistic Complementary and Alternative Medicine,

++HH: Holistic Health, +++CAM: Complementary and Alternative Medicine

DISCUSSION

This study aimed to find out about the attitudes of the midwives who are working in the family healthcare centers in Trabzon, Turkey towards the HCAM. The study found that the midwives have negative attitudes towards the HCAM and its sub-groups. Because CAM has a wide array of use, it is included in the healthcare services in many healthcare centers. Parallel to the increase in the life expectancy;

increase in the refractory, chronic, degenerative and malign diseases; high costs of the new technologies; difficulties for the patients in reaching such facilities; doubts about the current conventional medical practices and the fear for their possible side effects all increase greatly the interest in CAM [13]. There are a lot of studies that support the view that CAM is effective in the treatment of diseases [14, 15]. However, the inclusion of the CAM research into the scientific realm

has been a slow process. That the measurability of any operation in physical, cognitive, emotional, social and psychological domains is very difficult makes it difficult to evaluate the results of a treatment. Because of this, those who are working in the medical domain may have negative attitudes towards the CAM. A study carried out in Turkey with nursing students has shown that the majority of these students (62.3%) have positive attitudes towards CAM but that because they do not have enough information on CAM they usually do not tend to use these treatments in patient care [16]. Newly graduated nursing students who say that they have negative attitudes or are undecided towards HCAM state that this is because HCAM do not take place in their curricula and therefore they do not know anything about the application standards of HCAM [16, 17]. The present study found a statistically significant correlation between midwives' knowledge on CAM and their negative attitudes towards HCAM.

Studies have shown that healthy people resort to CAM therapy less [12,18,19]. The present study found a statistically significant correlation between midwives' status of having a chronic disease and their positive attitudes towards HCAM. This finding is congruent with the findings of the above mentioned study.

Wang *et al.* have shown that married people resort to CAM more than single people [20]. Similarly, there are studies that show that the use of CAM therapies increase in parallel with the increase in the level of education [12, 21]. The present study also found that midwives who are university graduates and married have positive attitudes towards HCAM. In addition, the study found that midwives with more years of work have positive attitudes towards HCAM and its sub-groups. Many studies have found that positive attitudes towards CAM are seen more in unhealthy people than in healthy people and that as people get older they develop positive attitudes towards HCAM and its sub-groups [12, 17, 21, 22]. These studies confirm the findings of the present study.

Another finding is that the use of vitamins and herbal therapy has a statistically significant positive correlation with HCAM, CAM and HH. Earlier studies indicated that those who had previously used vitamins showed positive attitudes towards CAM, too [12, 18, 23]. Previous studies carried out in Turkey showed that the most commonly used therapies were herbal and diet therapies and that these two therapies are the ones with which Turkish nurses are more familiar [7, 10, 11]. Another study showed that half of the workers in the health domain use vitamins and that the same people have positive attitudes towards HCAM and its sub-groups [12]. The present study has shown that midwives have positive attitudes towards CAM and they use vitamin and herbal therapies in CAM.

CONCLUSION

According to the main score obtained from the HCAM scale, the sample of the study has negative attitudes towards HCAM and its sub-scales. The characteristics of the sample also affect their attitudes towards HCAM and its sub-scales. It was also found that having a chronic disease, years of work, and being knowledgeable about CAM affect the attitudes towards CAM. According to the findings of the study, midwives use CAM for their own health and but do not use their patients' health. It may be said that midwives do not have a positive attitude towards CAM due to the fact that they do not have enough information on CAM and that they have a fear of harming the conventional medical treatment. It may also be said that their lack of knowledge on alternative medicine can contribute to their negative attitudes towards CAM. In the light of the findings of the present study, it can be concluded that midwives have a tendency towards conventional medicine. Furthermore, it is possible that midwives do not use HCAM to protect and improve the health of their patients.

The fact that the midwives working in the family healthcare system in Trabzon do not have enough information on CAM affects their attitudes towards the use of CAM in the treatment of their patients. The midwives must identify the psychological, social, spiritual and physiological needs of those to whom they serve, whether they be healthy or unhealthy people, and must make recommendations for their problems. If the midwives recommend the use of CAM therapies to their patients without knowing anything about that instead of conventional medical treatment, then the patients may be harmed. Again, if the midwives do not know the effects of CAM therapies but recommend them to their patients as an additional treatment to conventional medical treatment, this may also harm the patients. It is necessary that midwives have enough knowledge on CAM and that they make recommendations based on tried and tested research findings. If they do so, community health will be protected or improved. If they do not, midwives will be a potential danger for the health of the community. Complementary therapies have a central place in any healthcare paradigm. These therapies offer healthcare providers an opportunity to improve healthcare for both healthy and unhealthy people, and midwives should look to this area rather than conventional medical treatments in developing the scope of their professional practice.

Limitation of the Study

This study represents only the midwives working in the family healthcare system in a city in the northeastern part of Turkey. Therefore, the study can in no way attempt to generalize the findings to all midwives in Turkey.

Recommendations

The study implicates that such studies must be replicated in other geographical areas of Turkey.

Quick Points

The holistic model includes the view that health reflects some kind of balance within the body and so is characterized as model of distributed health. Holistic health beliefs are an important factor in the decision to choose Complementary and alternative medicine (CAM). It is essential that accurate data are available to reflect the attitudes towards CAM in the midwives for health care. Therefore, attitudes towards CAM and opinions of midwives should be determined. For that reason, midwives need to know attitudes towards HCAM so that this knowledge could be used planning of health care services.

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