



KNOWLEDGE ON NURSE LED CAM THERAPY AMONG WOMEN WITH GYNAECOLOGICAL CANCER



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Abstract: CAM, as defined by the National Centre for Complementary and Alternative Medicine (CAM), is a diverse group of medical and health-care systems, practices, and products that may not yet be incorporated into conventional medicine. **Aim:** To assess the knowledge on Nurse led CAM therapy. **Setting and Design:** The study was conducted at NMCH, Nellore, by using a descriptive research design. **Materials and Methods:** 60 women were selected by **purposive** sampling technique. Structured questionnaire was used to collect the data and the collected data was organized, tabulated, analysed and interpreted by using Descriptive statistics and Inferential statistics. **Results:** The study concluded that 30 (50%) participants had only 70% of knowledge on CAM. This concept helped to determine which options have efficacy and which do not.

Introduction: CAM, as defined by the National Centre for Complementary and Alternative Medicine (CAM), is a diverse group of medical and health-care systems CAM may not yet to be incorporated into conventional medicine. The types of treatments or therapies that are considered part of CAM can be organized into the following categories: Natural products (herbs, vitamins, minerals); mind/body medicine (meditation, yoga); body-based approaches (massage, chiropractic); whole medical systems (acupuncture, Ayurveda, traditional Chinese medicine, homeopathy), and energy healing (Reiki). As certain CAM treatments has been grown with evidence based, patients are increasingly interested in comprehensive, integrative cancer care that considers not only physical but also psychological and spiritual well-being of them.

Worldwide, oncologists have acknowledged that CAM may contribute positively to patients with psychological and physical well-being.

Nurse-led clinic defines where the health that needs of patients can be fulfilled in timely and cost effective manner. Nurses within a nurse-led clinic assume their own patient case-loads, provide an educative role, promote health, provide psychological support, monitor the patient's condition and perform nursing interventions. Advanced practice registered nurses, usually nurse practitioners, may have expanded roles within these clinics, depending on the scope of practice defined by their state, provincial or territorial government.

Research suggests that cancer patients use CAM along with their conventional therapy for a variety of reasons. For example, patients use CAM to improve their HRQOL to relieve stress and anxiety and to alleviate side-effects of the chemotherapy or they are motivated by the desire to maximize the success of treatment through their own actions ('self-efficacy').



Overall, CAM use constitutes a form of coping strategy that helps cancer patients and their involved significant others, like family members and close friends, to overcome the distressing cancer diagnosis.

Internationally, oncology nurses have responded to this high patient demand for CAM by incorporating selected CAM therapies such as acupressure or the application of essential oils by massage, packs or compresses within their everyday practice. In several countries (for example, the United States, Canada, and the United Kingdom.), nursing schools have resumed the incorporation of CAM into their educational curricula and nursing standards. Furthermore, nurse-led CAM education programs for patients or services for individualized patient consultations have been established.

In Germany, CAM therapies have been increasingly integrated into nursing practice, particularly in oncology and palliative care settings. Considering both the demand of cancer patients for CAM and also the possible risks in certain cases due to poor information and/or communication, CAM interventions should be systematically researched and, based on evidence, structures accordingly adapted.

Complimentary alternative medicine denotes to medical interventions and techniques that have neither included in regular practice nor usually taught in medical colleges and which is generally not even in use at hospitals of today's era. CAM is becoming more important in gynecologic practice. The aim of this study was provision of selective CAM through NLC among women with gynecologic cancer and there by improve their quality of life.

Need for the study: Nurse practitioners will see patients of all different backgrounds and ages. Many nurse-led clinics also focus on treating those suffering from drug and alcohol addictions, family and neighborhood violence, and stress and anxiety. Since

these clinics are run by nurse practitioners, clinical nurse specialists, and other nurses with advanced degrees, there are more leadership opportunities for NPs who'd like to learn more about managing, and can't get that experience in a traditional hospital or private practice setting. Nurses who work at one of these clinics often can see patients more frequently and treat not only pressing medical concerns but also chronic problems like obesity and depression. While many who visit the clinics come to avoid visiting the emergency room, nurses have the opportunity to see entire families and provide care for a variety of needs.

A survey of general gynaecology and gynaecologic cancer patients, 52% and 66% of patients reported current CAM use.

Statement of the problem: A study to assess the knowledge on Nurse Lead CAM Therapy among women with gynaecological cancer at NMCH, Nellore.

Objectives:

- To assess the knowledge on Nurse lead CAM therapy among women with gynaecological cancer.
- To associate the knowledge regarding Nurse lead CAM therapy among women with gynaecological cancer with their selected socio demographic variables.

Operational definitions:

CAM THERAPY: Complementary and alternative medicine (CAM) therapy is the term for medical products and practices that are not part of standard medical care.

NLC: A nurse-lead clinic is an outpatient clinic that is run or managed by registered nurses.

Gynaecological cancer: Cancers that affect the woman's reproductive system are called gynaecological cancers.

Assumption: Women may have some knowledge on Complementary and Alternative Medicine therapy.



Methodology:

Research approach: Quantitative Research Approach

Research design: Descriptive research design

Population:

Target population: Women with gynnaeco cancer.

Accessible population: Women with gynaecological cancer attending NMCH.

Setting: The study was conducted in NMCH, Nellore.

Sample: women with gynaecological cancer.

Sample size: 60 women

Sampling technique: Purposive sampling technique.

Criteria for sample section:

Inclusion criteria: Women who were

- Between the age group of 25-65 years.
- Free from mental illness.

Exclusion criteria: Women who were

- Not willing to participate.

Variable:

- Knowledge on Nurse Lead CAM Therapy

Tool: Consists of 2 parts:

• **Part 1:**

Section-A: Socio-demographic variables.

Section-B: Questionnaire related to characteristics of disease condition.

- **Part 2:** Questionnaire regarding knowledge on CAM therapy.

Score interpretation:

GRADE	PERCENTAGE (%)
A+	91-100
A	81-90
B+	71-80
B	61-70
C	51-60
D	<50

Data collection:

- The data collected for a period of 2 weeks from 21/03/19 to 06/04/19 for 60 samples by using purposive

sampling technique with minimum of 4 samples per day.

- The sample size was 60 and who fulfilled the inclusion criteria was included for this study.

- Written consent was obtained from the participants by explaining the purpose and nature of study assuring anonymity.

- Data was collected using Questionnaire related to demographic, characteristics of disease condition and knowledge on CAM therapy used.

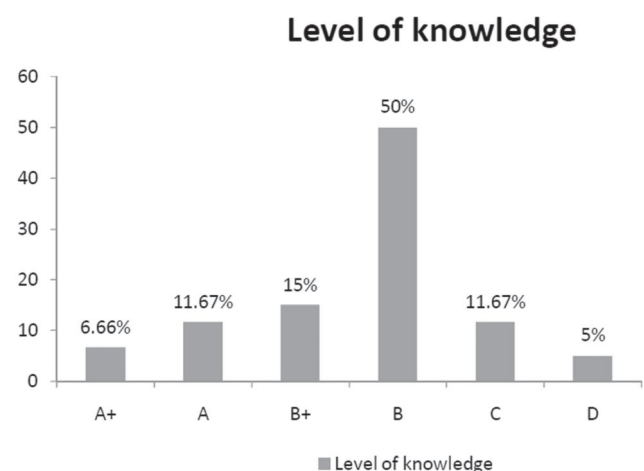
- Data was analyzed and tabulated according to the objectives of the study.

Data analysis:

The data was analyzed in terms of objectives of the study using Descriptive and Inferential statistics.

Results and discussion:

Fig 1: Percentage distribution of socio demographic



variables of women.

Table 2: Mean and standard deviation of knowledge level on Nurse lead CAM, among women with gynaecological cancer. (N=60)

Sample category	Mean	SD
Women with Gynaecological cancer	3.37	1.991

The following variables had the significant association like, younger the age higher the knowledge level; women with higher education had more knowledge, more participants had the belief of the usefulness of CAM



therapy and its benefits for general physical wellbeing at $P < 0.05$ level.

Discussion: The study report revealed that, 4(6.67%) had A+ grade, 7(11.67%) participants had A grade, 9(15%) scored B+ grade, whereas almost 30(50%) had B grade, 7 (11.67%) obtained C grade and only 3(5%) had D grade level of knowledge. As Cancer patients are increasingly using CAM as supportive cancer care, a Nurse lead patient-centered model of care that includes CAM for the patient with gynaecological cancer still needs to be considered. Healthcare providers also should routinely ask their patients about CAM use and discuss the positive results of CAM through NLC. Protocol designed to implement such therapies will undoubtedly go beyond the potential benefits in quality-of-life outcomes.

Conclusion: The study concluded that 30 (50%) participants had only 70% of knowledge on CAM. This concept helped to determine which options have efficacy and which do not. Thus, current study stresses out the task to develop further innovative study protocols to include CAM into high-end oncology is what patients demand and what a modern Nurse lead oncology clinic should consider offering.

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