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Views of Turkish Nurses and Physicians about Complementary and Alternative Therapies

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Abstract

Objectives: To determine the knowledge and views of the physicians and nurses related to the complementary and alternative therapies (CAT) in a training medical center.

Design: This descriptive analytical study was carry out through interviews using a questionnaire that prepared by the compilation from the literature for data collection. Using a simple random sampling method the total sample consisted of 289 individuals (126 nurses and 163 physicians).

Setting: In and outpatient units of Gulhane Military Medical Faculty (GMMF) Training Hospital, Ankara, Turkey.

Main outcome measures: We measured nurses and physicians' knowledge of, their experience with, their views towards and utilization of CAT.

Results: This study included 126 female nurses and 163 physicians (92% male). The majority of nurses (97.6%) and physicians (95.7%) reported that they had not received any training about CAT. It was identified that 50% of the nurses and 27% of the physicians had previously used CAT for themselves ($p < 0.05$). Results of our study identified that the nurses and the physicians mostly responded with "have no idea" to the questions about the effect, reliability and usage of CAT methods, and there were no statistically significant differences.

Conclusions: Results of our study showed that the nurses and the physicians working at a medical centre in Turkey had only limited knowledge about CAT but had positive attitudes about their wish to make use of CAT methods.

Key Words: Complementary therapy, alternative therapy, nurse and physician, knowledge, views

Introduction

The current use of CAT to treat many illnesses is widespread; in fact, such therapies have been used for centuries in the treatment of many diseases (Magee, 2005). These therapies vary from patient to patient and country to country in the treatment of cancers, rheumatic diseases, inflammatory intestinal ailments, and liver diseases. They are also implemented to relieve pain, anxiety, depression and fatigue (Tascilar, et al., 2006; Konvicka, Et Al., 2008; Diracoglu, 2007; Andreescu, et al., 2008). The Tascilar et al. (2006) study indicated that the CAT usage frequency is between 25-84% in the United States, 17% in Australia and 45% in Japan. In a 2001-2007 study conducted in 14 European

Countries, which included Turkey, the CAT usage rate was indicated as 35.9% yet reveals a vast disparity with figures between 14.8-73.1% (Molassiotis, et al. 2005). Careful research of 21 published studies about CAT usage by cancer patients indicated that CAT frequency of usage was approximately 46% with a variation between 22.1-84.1% (Kav, et al., 2008).

The usage of CAT methods may affect the prognosis of the diseases in both positive and negative ways (Cattell, 1999). While these methods can aid symptom control, some methods may cause problems when interacting with conventional therapies. In addition, when patients delay the recommended conventional therapy because they are spending time researching or

undergoing alternative therapies, this can be problematic regarding the course of their illness (Magee, 2005; Tascilar, et al., 2006; Konvicka, et al., 2008; Diracoglu, 2007; Andreescu, et al., 2008; Molassiotis, et al. 2005; Kav, et al., 2008; Cattell, 1999; Gurun, 2004). It is crucial that nurses and physicians become very knowledgeable and informed about the effects, benefits, side effects and risks of CAT methods. Furthermore, the medical community should have the most current knowledge regarding CAT methods and strategies in use by patients today. Thus far no study on this subject has been found in Turkey. Therefore, the results of our study may now be included with the present database to supplement needed educational and training programs on this topic.

The aim of this study is to determine the knowledge and views of the physicians and nurses related to the CAT in a training medical center.

Material and methods

This study is an identification process that was applied to the selected group of nurses and physicians serving in and out patient units of GMMF Training Hospital, Ankara, Turkey between December 15, 2008 and March 15, 2009.

Subjects and procedure

This study was carried out to determine knowledge and views of nurses and physicians regarding CAT. The research field consisted of 1170 individuals (660 physicians and 510 nurses) serving in the in and outpatient units of GMMF Training Hospital. Using a simple random sampling method the total sample consisted of 289 individuals. After certain calculations were run, the final group sample consisted of 126 nurses and 163 physicians.

The study data were compiled by the first researcher using a questionnaire prepared after a review of the available literature. After the first researcher gave pertinent information about the research, participating nurses and physicians were requested to fill out the questionnaire, which required 20-30 minutes.

Ethical procedures

Official approval to conduct the study at Gulhane Military Medical Academy (GMMA), was obtained and the study commenced with authorization from the Ethics Committee of

GMMF Training Hospital. Authorization was dated November 27, 2008, number B.30.2.HAC.0.82.00.00/801 and digit 1491-723-08/1539. In order to carry out the research study, permission and informed consent from nurses and physicians were required. Eventually both verbal and written consent were given by 110 nurses and 102 physicians; the others gave only verbal consent.

Instruments

Study data were collected with a three-part questionnaire developed using the current available literature. Part One addressed demographic information of the nurses and physicians. In Part Two respondents were asked to rate their knowledge level of CAT on a four-point Likert scale, ranging from "I have no idea" to "I have detailed knowledge." Part Three of the questionnaire involved questions and a table outlining the nurses' and physicians' opinions about the reliability, effect and usage of CAT methods. Possible responses were: "No idea", "unsure", "yes", and "no". The rest of the questionnaire was made up of twenty-three other related questions.

Statistical Analyses

In the assessment of the data Microsoft Excel and SPSS (Statistical Package for Social Sciences) release 16 were applied, and for all the tests the critical determination threshold was agreed as $p \leq 0.05$.

Descriptive statistics for all data to be included in the study were presented in the form of average standard deviation \pm , number and %. The data were ranked and classified into inter-data comparisons (sex, level of training etc), and the Chi-Square and Fisher's Chi-Square test were implemented. Crisscross tables were formed.

The age, sex, marital status, training level, period in office and job title of nurses and physicians formed the independent variables; the questions to detect the knowledge and opinions formed the dependent variables. The information related to CAT are self statements of the study participants.

Results

This study included 126 female nurses and 163 physicians (92% male). Forty-one percent of the nurses were under the age of 29 and 53.2% had been working in internal medicine, and 57.2% had been working 10 years and longer. Forty-two percent of the physicians were at and over the age

of 36; 60.1% had been working in internal medicine, and 52.8% had been working less than 10 years.

The majority of nurses (97.6%) and physicians (95.7%) reported that they had not received any training about CAT. It was also found that 9.6% of the nurses and 18.9% of the physicians had never shown any interest in CAT issues. It was determined that 56.7% of the nurses and 45.3% of the physicians preferred the internet, newspapers, magazines and television as their information sources.

Table 1 indicates that the nurses seemed to have knowledge of nearly all available CAT therapies. In particular, they knew about massage (81%), hydrotherapy/spa (79.4%), herbals (77.8%) and acupuncture (75.4%). The physicians were also aware of all methods and knew mostly about acupuncture (76.1%), hydrotherapy/spa (70.6%) and massage (62.6%).

Nurses' and physicians' views about CAT are shown in Table 2. A majority of the nurses (63.5%) and 83.4% of the physicians believed that CAT methods are used by patients when they feel they have run out of other healing alternatives. They also indicated that such methods provide income to those wanting to profit from the desperation of these patients ($p < 0.05$). The difference over the other points of view among nurses and physicians on CAT was considered as insignificant ($p < 0.05$).

Table 3 shows the views of nurses regarding CAT methods according to age, employment unit and period of employment. Nurses under the age of 30 comprised 42.5% of the participants; 31.6% of nurses over 36 indicated interest in implementing CAT methods. ($p > 0.05$). The percentage of nurses working in medical branches was 73.1%, and 73.6% of the employees working over 10 years or more were eager to obtain training in CAT methods ($p > 0.05$).

Table 4 illustrates the views of physicians regarding CAT methods according to age, employment unit and period of employment. In addition, as physicians advance in age, their desire to learn more about CAT methods increases ($p < 0.05$). Moreover, when compared to older physicians, their younger counterparts under 30 years of age are showing much more interest in using CAT for the therapy and care of patients. Physicians working in internal medicine

(37.8%) and surgical medicine (52.3%) responded positively in their desire to implement CAT for their patients ($p < 0.05$). Physicians working less than 10 years (48.8%) and 37.7% of physicians working more than 10 years were very positive and wanted CAT available for the therapy and care of patients ($p < 0.05$).

Results of our study identified that the nurses and the physicians mostly responded with "have no idea" to the questions about the effect, reliability and usage of CAT methods, and there were no statistically significant differences among these responses ($p > 0.05$) (Table 5).

It was identified that 50% of the nurses and 27% of the physicians had previously used CAT for themselves ($p < 0.05$). Seventy-three percent of the nurses and 52.1% of the physicians stated that they had patients who had also used various CAT methods.

Discussion

Studies conducted in many countries have shown that the majority of the nurses and physicians did not have the opportunity for the formal education and learning about CAT (Holroyd, et al., 2008; Brown, et al., 2007; Salmenpera, et al., 1998; Yom & Lee, 2008; Ko, et al., 2000; Milden & Stokols, 2004; Ozcakil, et al., 2007). Our study also found similar findings in that a large majority of the nurses and the physicians had not been trained in the various available CAT methods.

As shown in the studies of Holroyd et al. (2008) and Brown et al. (2007) the information resources related to CAT in our study were also stated as internet, newspapers, magazines and television.

Nurses in our study did not indicate high levels of knowledge about all the available CAT methods. Still, they stated they had general knowledge about massage, hydrotherapy, spas, herbals but little or no knowledge about homeopathy, chiropractic methods and acupressure. According to the survey that Yom & Lee (2008), conducted with nurses and patients in Korea the nurses stated that they had heard the terms of massage (18.8%), reflexology (19.4%), and musical therapy (15.3%). In a limited way they also knew the methods of reflexology (10.1%), massage (9.1%), and prayer (5.6%) very well, but they had never heard of chiropractic methods (58.8%), Tai-Chi (21.9 %), and magnetic-based therapies (40.8%) (Yom & Lee, 2008). Mak et al., (2009)

study conducted in Australia with physicians working with rehabilitation, acupuncture (80%), yoga (74%), and Tai-Chi (72%) found that they were most familiar with these methods of CAT. The methods they knew least were herbals (38%) and traditional Chinese Medicine (32%). In a

Turkish study by Ozcakir et al., (2007), acupuncture (45.5%), vitamin/mineral supplements (38%), and plant-based therapies (37.6%) were among the most known CAT methods.

Table 1. The knowledge status related to CAT of the nurses and physicians

CAT Methods	Nurse (n=126)				Physician (n=163)			
	I have no idea	I have some idea	I have some knowledge	I have detailed knowledge	I have no idea	I have some idea	I have some knowledge	I have detailed knowledge
	%	%	%	%	%	%	%	%
Acupressure	86.5	12.7	0.8	0.0	81.0	15.3	3.7	0.0
Acupuncture	0.0	23.8	75.4	0.8	4.3	19.0	76.1	0.6
Aromatherapy	15.1	46.0	38.9	0.0	35.6	43.6	20.9	0.0
Ayurveda	54.0	31.7	14.3	0.0	67.5	27.0	5.5	0.0
Herbals	3.2	17.5	77.8	1.6	8.0	28.8	60.1	3.1
Bioenergy	15.1	50.8	34.1	0.0	20.2	56.4	19.0	4.3
Chiropractic	89.7	8.7	1.6	0.0	90.8	8.6	0.6	0.0
Feng Shui	34.1	45.2	19.0	1.6	66.3	25.8	8.0	0.0
Relaxation Methods/ Meditation/ Prayer	4.0	31.7	62.7	1.6	17.2	39.3	42.3	1.2
Hydrotherapy/Spa	2.4	15.1	79.4	3.2	3.1	17.8	70.6	8.6
Hypnosis	4.8	33.3	58.7	3.2	9.8	35.0	52.8	2.5
Homeopathy	91.3	7.1	1.6	0.0	84.7	11.7	3.1	0.6
Shark Cartilage	61.1	27.0	11.1	0.8	59.5	25.8	12.3	2.5
Massage	4.0	9.5	81.0	5.6	6.7	17.2	62.6	13.5
Osteopathy	74.6	17.5	7.1	0.8	65.6	22.7	8.0	3.7
Ozone Therapy	33.3	46.8	19.8	0.0	27.0	36.8	34.4	1.8
Special Diets (Gerson, Macrobiotic)	52.4	25.4	22.2	0.0	41.1	42.9	13.5	2.5
Reflexology	74.6	22.2	3.2	0.0	74.2	17.8	6.7	1.2
Reiki	38.9	47.6	13.5	0.0	58.3	28.8	10.4	2.5
Color Therapy	41.3	48.4	10.3	0.0	61.3	30.7	6.7	1.2
Art/Music/Dance Therapy	9.5	42.9	46.8	0.8	22.7	44.8	31.3	1.2
Tai Chi	60.3	35.7	4.0	0.0	68.7	25.2	6.1	0.0
Therapeutic Touch	39.7	42.9	17.5	0.0	67.5	24.5	6.7	1.2
Vitamins	4.0	27.0	66.7	2.4	9.8	13.5	58.9	17.8
Yoga	2.4	47.6	50.0	0.0	17.8	33.1	46.0	3.1

Table 2 Nurses' and physicians' views about CAT

The views about CAT		Nurse (n=126)	Physician (n=163)	Chi-Square	p
		%	%		
I would like them included in the education program** and/or curriculum	Yes	71.4	61.3	3.89	0.143
	No	10.3	17.2		
	No idea-Unsure	18.3	21.5		
I think that some CAT providers use these methods to financially profit from patients' desperation to regain their health	Yes	63.5	83.4	25.41	0.0001*
	No	3.2	6.7		
	No idea-Unsure	33.3	9.8		
I would like CAT methods to be used for patient care and treatment	Yes	38.1	43.6	4.36	0.113
	No	7.9	13.5		
	No idea-Unsure	54.0	42.9		
I would like to be able to use the CAT methods in patient care and treatment with more training	Yes	37.3	36.8	3.93	0.141
	No	15.1	23.9		
	No idea-Unsure	47.6	39.3		

* p<0.05

**Training in service, special course, congress, seminary, symposium.

Table 3: Views regarding CAT methods according to demographic features of nurses

Views About CAT			I would like them involved in the education programme** and/or curriculum		I think that some CAT proposers use the methods as the income source by benefiting from the patients' helplessness		I would like CAT methods to be used for the patient care and treatment		I would like to be able to use the CAT methods in patient care and treatment with more training	
			n	%	n	%	n	%	n	%
Age	Age <30 (n= 52)	Yes	37	71.2	38	73.1	22	42.3	22	42.3
		No	5	9.6	2	3.8	3	5.8	9	17.3
		No idea-Unsure	10	19.2	12	23.1	27	51.9	21	40.4
	Age 30-35 (n= 36)	Yes	23	63.9	19	52.8	13	36.1	13	36.1
		No	6	16.7	1	2.8	5	13.9	6	16.7
		No idea-Unsure	7	19.4	16	44.4	18	50.0	17	47.2
	Age over 36 (n= 38)	Yes	30	78.9	23	60.5	13	34.2	12	31.6
		No	2	5.3	1	2.6	2	5.3	4	10.5
		No idea-Unsure	6	15.8	14	36.8	23	60.5	22	57.9
				-		-		-		X ² =2.898 p=0.581
Employment Unit	Internal Branch (n= 67)	Yes	49	73.1	47	70.1	25	37.3	25	37.3
		No	9	13.4	1	1.5	5	7.5	11	16.4
		No idea-Unsure	9	13.4	19	28.4	37	55.2	31	46.3
	Surgical Branch (n= 59)	Yes	41	69.5	33	55.9	23	39.0	22	37.3
		No	4	6.8	3	5.1	5	8.5	8	13.6
		No idea-Unsure	14	23.7	23	39.0	31	52.5	29	49.2
			X ² =3.273 p=0.195		-		X ² =0.105 p=0.949		X ² =0.226 p=0.893	
Employment Period	<10 years (n=54)	Yes	37	68.5	41	75.9	21	38.9	21	38.9
		No	8	14.8	2	3.7	6	11.1	11	20.4
		No idea-Unsure	9	16.7	11	20.4	27	50.0	22	40.7
	≥10 years (n=72)	Yes	53	73.6	39	54.2	27	37.5	26	36.1
		No	5	6.9	2	2.7	4	5.6	8	11.1
		No idea-Unsure	14	19.4	31	43.1	41	56.9	38	52.8
			X ² =2.074 p=0.355		-		X ² =1.477 p=0.478		X ² =2.747 p=0.253	

X²=Chi-Square

Table 4. Views of physicians according to demographic features regarding CAT methods

Views About CAT Demographic Features			I would like them involved in the education programme** and/or curriculum		I think that some CAT proposers use the methods as the income source by benefiting from the patients' helplessness		I would like CAT methods to be used for the patient care and treatment		I would like to be able to use the CAT methods in patient care and treatment with more training	
			n	%	n	%	n	%	n	%
Age	<30 Age (n=44)	Yes	21	47.7	32	72.7	20	45.5	13	29.5
		No	9	20.5	6	13.6	2	4.5	7	15.9
		No idea-Unsure	14	31.8	6	13.6	22	50.0	24	54.5
	Age 30-35 (n= 49)	Yes	31	63.3	41	83.7	22	44.9	19	38.8
		No	4	8.2	3	6.1	3	6.1	13	26.5
		No idea-Unsure	14	28.6	5	10.2	24	49.0	17	34.7
	Over 36 (n=70)	Yes	48	68.6	63	90.0	29	41.4	28	40.0
		No	15	21.4	2	2.9	17	24.3	19	27.1
		No idea-Unsure	7	10.0	5	7.1	24	34.3	23	32.9
			X²=14.17 p=0.006*		-		X²=13.201 p=0.011*		X²=6.059 p=0.194	
Employment Unit	Internal Branch (n=98)	Yes	60	61.2	81	82.7	37	37.8	40	40.8
		No	19	19.4	6	6.1	19	19.4	25	25.5
		No idea-Unsure	19	19.4	11	11.2	42	42.9	33	33.7
	Surgical Branch (n=65)	Yes	98	100.0	98	100.0	98	100.0	98	100.0
		No	40	61.5	55	84.6	34	52.3	20	30.8
		No idea-Unsure	9	13.8	5	7.7	3	4.6	14	21.5
			X²=1.209 p=0.546		X²=0.657 p=0.721		X²=9.191 p=0.011*		X²=3.276 p=0.194	
Employment Period	<10 years (n=86)	Yes	48	55.8	67	77.9	42	48.8	32	37.2
		No	15	17.4	8	9.3	4	4.7	15	17.4
		No idea-Unsure	23	26.7	11	12.8	40	46.5	39	45.3
	≥10 years (n=77)	Yes	52	67.5	69	89.6	29	37.7	28	36.4
		No	13	16.9	3	3.9	18	23.4	24	31.2
		No idea-Unsure	12	15.6	5	6.5	30	39.0	25	32.5
			X²=3.322 p=0.191		X²=4.196 p=0.123		X²=12.966 p=0.002*		X²=4.953 p=0.084	

X²=Chi-Square, *p<0.05

Table 5. The nurses' and physicians' views about the effect, reliability, and usage of CAT methods

The views about the effect, reliability and usage of CAT methods		Nurse (n=126)		Physician (n=163)		Chi-Square	p
		n	%	n	%		
I believe in their effects and benefits	Yes	41	32.3	48	29.5	5.15	0.161
	No	5	4.2	7	4.6		
	No idea	54	42.8	88	53.8		
	Unsure	26	20.7	20	12.1		
It threatens patients' health	Yes	5	4.2	7	4.4	6.15	0.104
	No	44	34.6	55	33.6		
	No idea	54	43.0	86	52.5		
	Unsure	23	18.2	15	9.5		
It will be used as a support to modern medicine	Yes	40	31.9	51	31.1	6.63	0.085
	No	7	5.4	13	7.8		
	No idea	52	41.5	81	49.8		
	Unsure	27	21.2	18	11.3		
The methods are not proven	Yes	6	4.6	8	4.8	6.47	0.091
	No	45	36.0	59	36.0		
	No idea	53	42.1	83	51.2		
	Unsure	22	17.3	13	8.0		
They can be used for symptom control in chronic diseases	Yes	37	29.1	46	28.3	5.92	0.115
	No	7	5.9	10	6.4		
	No idea	54	42.7	87	53.1		
	Unsure	28	22.3	20	12.2		
They have some health risks	Yes	8	6.2	10	6.0	4.54	0.208
	No	39	30.9	53	32.7		
	No idea	56	44.2	84	51.8		
	Unsure	23	18.7	16	9.5		
They should be supported by laws and the health insurance system	Yes	25	20.0	30	18.7	5.91	0.116
	No	18	14.2	27	16.5		
	No idea	52	41.0	83	51.0		
	Unsure	31	24.8	23	13.8		

Our study found that the physicians did not know the methods of chiropractic, homeopathy and acupuncture, but as found in the study of Ozcakir et al. they knew acupuncture, hydrotherapy/spa, massage and vitamins in general terms. Our study showed that when compared with other countries, knowledge of alternative therapies by nurses and physicians in Turkey is scarce.

The actual implementation of such therapies is equally scarce due to a lack of governing regulations and legislation regarding CAT use. Furthermore, because the educational curriculum and other training required for medical professionals do not include information about CAT, nurses and physicians have not yet cultivated an interest in alternative therapies.

Along with other studies (Holroyd, et al., 2008; Milden & Stokols, 2004; Ozcakil, et al., 2007; DeKeyser & Cohen, 2001; Sikand, 1998; Winslow & Shapiro, 2002; Sewitch et al., 2008), our own study determined that the majority of nurses and physicians stated that information about the CAT methods should be presented to them in their training programs and curriculum. This issue certainly needs to be considered as CAT topics are currently not part of medical and nurses' training and curriculum. Consequently, nurses and physicians lack knowledge on CAT practices.

In a study by Fadlon et al., (2008) conducted with physicians, 64.4% of the participants agreed with the view that CAT applications are a profitable source of income for those providing such services. Most of the nurses and physicians in our study thought that CAT methods are used to exploit desperate patients in search of help for their health issues. Reasons for this belief include inadequate legal regulations governing the use of CAT applications as well as unregulated work environments of CAT providers.

In a study by Tracy et al., (2003) only 24.6% of the nurses declared that they supported the use of CAT practices. In a study in Ohio by King et al., (1999) 67% of the participants had used at least one of the CAT methods on patients.

However, in our study the majority of the nurses stated "I have no idea/ I am unsure" with respect to application and support of CAT methods. This response may reflect nurses' lack of knowledge about CAT and their concern and caution because CAT applications are not adequately regulated, if at all. In another study by Jump and colleagues 65% of the physicians had used at least one of the CAT methods (Jump et al, 1998). In the study by Burke et al., (2005) reported 35% of the physicians made use of CAT methods from time to time. Rose et al., (1998) found that only 14.1% of physicians included CAT methods in their clinical applications.

In our study, 43.6% of the physicians requested that CAT methods be used in addition to other clinical therapies, and 39.3% expressed the idea "I have no idea/I am unsure" as regards to the application of these methods. Since the CAT methods are not currently legal in the practice of modern medicine in our country, our result shows a desire by nurses and physicians to be able to implement and practice CAT.

Chu & Wallis (2007) reported the relation among age, length of employment, unit of employment and applied CAT usage were considered statistically insignificant conducted with nurses. Similarly in our study, the relations among the factors of nurses' age, length of employment, work unit and their desire to implement CAT methods were indicated as insignificant. Our study did show that as physicians get older their requests for training on CAT methods increased and this was found to be statistically significant.

This development reflects an increasing focus and interest in the use of CAT methods. Our study results also indicated that when compared with other age groups the physicians 30 years of age and under are more interested in implementing CAT methods in the care and therapy of patients. Physicians with less than 10 years working experience supported the use of CAT much more than physicians who had been working 10 years or longer. The younger physicians seem to have a more open and positive perspective than the older and more experienced physicians.

Our study showed that nurses and physicians feel most confident and trusting of the healing methods they already know and comprehend. Thus, for the use of CAT they are concerned about the legal medical issues and feel these should be supported by regulations and laws and the medical insurance system. Nurses' lack of knowledge about CAT applications prompted the responses of "I have no idea/ I am unsure", and these statements are considered to be related to the limited interest of nurses and physicians regarding CAT.

Thirty-seven percent, 42.6% and 16.5% of the nurses in the studies by DeKeyser et al. (2001), Zanini et al. (2008) and Salmenpera et al. (1998) respectively, stated that they personally had used CAT. In our study nearly half of the nurses had also used CAT. Several studies have noted that women are more interested in CAT methods and our study confirmed this finding. Some studies have reported that physicians have used CAT methods for their own health care and treatment (Ko & Berbrayer, 2000; Ozcakil et al., 2007; Mak et al., 2009; DeKeyser & Cohen, 2001; Sikand, 1998; Winslow & Shapiro 2002; Burke et al., 2005; Flannery, et al., 2006; Ben-Arye et al., 2008). In our study, CAT usage among physicians was lower than in other studies. A study by Montbriand (2000) reported that 28% of

the nurses and 30% of the physicians had used CAT with their patients, and in another study by Wislow et al., (2002), 76% of the physicians had also used CAT in their medical practices. In our study, 73% of the nurses and 52.1% of the physicians stated that they had treated their patients using CAT. Although CAT is now used more often in Turkey, the rate of usage may be lower than anticipated due to the lack of communication between health professionals and patients about these alternatives therapies (Aslan et al., 2006)

Conclusion

Results of our study showed that the nurses and the physicians working at a medical centre in Turkey had only limited knowledge about CAT but had positive attitudes about their wish to make use of CAT methods. Recommendations are that CAT training should be incorporated into the nursing and medical education programs and curriculum. Lastly, additional studies need to be carried out in other geographic areas in Turkey to determine the common attitude and opinions of health workers around this country.

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