

Integrative Nursing



HANDBOOK

FOR TEACHERS IN NURSING

Anita Lunde | Martine Busch

Thora Jenny Gunnarsdottir | Torkel Falkenberg

Monique van Dijk | Marianne J.E. van der Heijden



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INTEGRATIVE NURSING: BOTH TIMELESS AND TRANSFORMATIVE

A FORWARD BY MARY JO KREITZER PHD, RN, FAAN, FNAP

I offer sincere congratulations to my colleagues in Europe for publishing the Integrative Nursing Education Series (INES). Providing evidence-based resources on integrative nursing for faculty will enable them to make curriculum changes, thus preparing the next generation of nurses to practice in a way that is both timeless and transformative.

Integrative Nursing is a way of being, knowing and doing that advances a whole health perspective to optimize well-being. In many ways, the practice of integrative nursing is timeless. Principles 1-4 of integrative nursing (Kreitzer et al, 2022) take us back to our roots in that they are based on universal concepts of nursing that transcend time and setting.

Integrative Nursing Principles:

- 1 Human beings are whole systems inseparable from and influenced by environments.
- 2 Human beings have an innate capacity for healing and well-being.
- 3 Integrative Nursing is person-centered and relationship-based.
- 4 Nature has healing and restorative properties that contribute to health and well-being.
- 5 Integrative Nursing is informed by evidence and uses a full range of conventional and integrative approaches, employing the least intensive intervention possible depending on the need and context.
- 6 Integrative Nursing focuses on the health and well-being of caregivers as well as those they serve.

Providing whole person care, integrating the art and science of caring into practice, facilitating healing, alleviating suffering through compassionate presence and advocating for all humanity is the foundation of nursing.

Principles 5 and 6 challenge us to continue to evolve and transform our nursing practice. Embracing and fully utilizing integrative (complementary) therapies has the potential to improve the health and well-being of our patients and to dramatically improve symptom management. Focusing on our own self-care as nurses is critical. Stress and burnout in the nursing profession is a long-standing issue only exacerbated by the Covid-19 pandemic.

Integrative Nursing resonates deeply with nurses, is aligned with their values and is the way nurses want to practice. Patients yearn to be cared for in this way. Our collective aspiration and the aspiration of nurses practicing Integrative Nursing around the world is that Integrative Nursing will be – nursing.

Kreitzer MJ, Koithan M, Sullivan S, Nunez M and M Voss. (2022). Integrative Nursing and the ANA Scope and Standards of Practice: Expanding the Reach of Nursing for Families and Society. *Creative Nursing*, 28(4), 228-233.

TABLE OF CONTENT

INTEGRATIVE NURSING: BOTH TIMELESS AND TRANSFORMATIVE A FORWORD BY MARY JO KREITZER PHD, RN, FAAN, FNAP	5
INTRODUCTION TO THE HANDBOOK	7
SERIE 01 INTEGRATIVE NURSING	
1. Integrative nursing in Europe and the INES model of integrative nursing	17
2. Good reasons for integrative nursing in Europe	27
3. The integrative nurse and nurses' selfcare	39
4. INES Experience lab: A hands-on introduction to complementary therapies	49
SERIE 02 INTEGRATIVE NURSING WITHIN A CONVENTIONAL SETTING	
5. The integrative nurse in conventional healthcare	63
6. Rules and regulations, legislation and safety matters	73
7. Patient lifestyle, prevention and self-care	83
SERIE 03 INTEGRATIVE NURSING AND COMPLEMENTARY AND NON-PHARMACOLOGICAL THERAPIES	
8. Popular complementary therapies from the user perspectives	95
9. How to evaluate complementary therapies and NPIs	105
10. Integrative nursing and symptom management: What you can do as a nurse	117
11. Communication about complementary therapies and NPIs with your patient	133
APPENDIX 1 – INES Glossary	
APPENDIX 2 – The INES Learning Outcomes according to the European Qualifications Framework Level 4 (EQF4)	
APPENDIX 3 – INES Didactic Framework	
APPENDIX 4 – INES Didactic Framework	

INTRODUCTION TO THE HANDBOOK

This INES handbook for teachers in bachelor nursing programs encompasses a framework for teaching about integrative nursing. It presents an educational series that provide students with general knowledge and selected skills about integrative nursing. The handbook offers ideas and resources for teaching within a European setting in a practical and structured way. It includes eleven chapters divided into three series.

About the INES project

We are a group of nurse educators and researchers from five institutes in four European countries: Denmark, Iceland, the Netherlands and Sweden. In 2019, we were granted EU Erasmus+ funding to develop the Integrative Nursing Education Series (INES, Erasmus+ 2019-1-NL01-KA203-060478). The overall objective of the INES project is to strengthen European nurses' knowledge, attitudes, competencies and skills on evidence-based and safe non-pharmacological interventions (NPIs) and their integration in patient care in all relevant health care settings.

The INES project includes:

- a review of published literature about educational programs of complementary therapy for nursing students;
- a mapping survey of educational courses on NPIs and complementary therapy for nurses across Europe;
- a competency profile for nursing students with learning outcomes validated in a Delphi study;
- a handbook for teachers;
- a roadmap for implementation.

With the INES project, we emphasize that integrative nursing contributes to better health and well-being of both patients and healthcare professionals. By offering this handbook to nurse educators, we also aim for a more sustainable healthcare system. We acknowledge the heterogeneity and medical pluralism in Europe whilst finding common ground in an approach to integrative nursing.

WHAT IS INTEGRATIVE NURSING?

Integrative nursing aims at strengthening health and promoting well-being for patients and their significant others. Integrative nursing is holistic, person-centered, and based on respect for patient autonomy. Mary-Jo Kreitzer and Mary Koithan developed the concept in 2014, which:

- consists of an interdisciplinary and non-hierarchical blending of both conventional and evidence-informed complementary non-pharmacological health care;
- combines two or more paradigms of care and treatment modalities;
- uses the least intensive intervention as possible in managing symptoms like pain and anxiety;
- incorporates nurses' own self-care practices into work and life situations.

For the terms and related definitions used in this handbook see the glossary – appendix 1.

Integrative nurses combine competencies as a qualified nurse with competencies in complementary and non-pharmacological interventions. They are able to inform patients about relevant complementary therapies, perform selected therapies, and communicate and collaborate with relevant therapists.

A dynamic model (adapted from the model of Dr. Wayne Jonas) to be used in Europe is depicted at next page. The purple petals represents the patient's perspectives on own health and self-care actions. The blue petals represents a bio-medically dominated paradigm with emphasis on the biological organism and physical health. The green petals represents a holistic paradigm that recognizes alternative relations between body, mind and spirit than the relations normally accepted within conventional health care. Both conventional and complementary health care include interventions not primarily based on medication; these are referred to as non-pharmacological interventions. The white central shape in which the three circles overlap represents where, and when integrative nursing occurs. This shape, depicted as a circle here, will vary in size and shape depending on the context with respect to individual patient's needs, professional assessment of the specific situation and the nation-specific healthcare system. (You can learn more about the INES model and understanding of integrative nursing in chapter 1)

WHY TEACH INTEGRATIVE NURSING?

While conventional healthcare often focuses on treatment of acute or chronic illness, the elements necessary for patients' good health and well-being are far more complex than we tend to acknowledge. Florence Nightingale understood this complexity and wrote extensively on the social and environmental factors that influence a person's or population's health and well-being. Today, these factors are termed "health determinants" and meet the United Nations Sustainable Development Goals.

In 2011, the definition of health proposed by the World Health Organization in 1948 was re-conceptualized to include the challenges today's societies face. The definition of health is now proposed as people's ability to adapt and self-manage in response to the physical, emotional and social challenges of life¹. Integrative nursing holds a promising approach to addressing these challenges and deserves to be incorporated into nursing education.

INES DYNAMIC MODEL OF INTEGRATIVE NURSING



1.1 HOW TO USE THIS HANDBOOK AS A TEACHER

We encourage you to customize the teaching material to your country-specific context and translate into your own language if necessary. As a group, we have noticed that terminology within integrative nursing and complementary therapies is not consistent. We suggest a pragmatic approach to the wording, so that terminology does not negatively affect the value of integrative nursing to nursing education. A glossary (appendix 1) is added with an overview of definitions. The handbook is divided in three series, representative for different shapes of the middle white circle in the INES model:

SERIES 1 **INTEGRATIVE NURSING**



In series 1, we present a thorough introduction to integrative nursing in Europe, why we use it, who the integrative nurse is and what integrative nursing looks like from a hands-on perspective. The middle white circle represents equal emphasis on the three domains in this series.

SERIES 2 **INTEGRATIVE NURSING WITHIN A CONVENTIONAL HEALTHCARE SETTING**



Series 2 deals with the opportunities for integrative nursing within a conventional healthcare setting and how to work with self-health care. We discuss the rationale for integrative nursing and ways to implement integrative nursing in real life, from regulation and policy to clinical practice. The elongated white oval shape towards the blue circle illustrates the emphasis on the conventional healthcare setting.

SERIES 3 **INTEGRATIVE NURSING AND COMPLEMENTARY AND NON-PHARMACOLOGICAL THERAPIES**



Series 3 emphasizes the positioning of complementary and non-pharmacological therapies in the model of integrative nursing. We discuss popular complementary therapies from a user perspective, interventions or therapies nurses can apply, and ways to communicate with patients about complementary and non-pharmacological therapies. The white oval towards the green circle illustrates this focus.

PRACTICAL GUIDANCE SUGGESTIONS FOR USE OF THE HANDBOOK IN YOUR EDUCATIONAL CONTEXT

According to our INES expert panel, awarding 5-8 ECTS points would be relevant for a course in integrative nursing, and preferably taught in the 3rd or 4th academic year. If these conditions are possible, we suggest adhering to the provided order of the series and related modules. Additionally, we envisage that you as a teacher select from the three series those chapters that are relevant for your educational context, depending on time and resources.

We suggest one of the following combinations if you are not able to give the full course:

- Short time prioritizing a theoretical approach to integrative nursing: 
- Short time prioritizing a practical "hands-on" approach: 
- Medium time balancing a theoretical and practical approach: 

SERIES 1 INTEGRATIVE NURSING

- | | | |
|---|---|---|
| 1 | Integrative nursing in Europe and the INES model of integrative nursing |    |
| 2 | Good reasons for integrative nursing in Europe |   |
| 3 | The integrative nurse and nurses' selfcare |   |
| 4 | INES Experience lab: A hands-on introduction to complementary therapies |   |

SERIES 2 INTEGRATIVE NURSING WITHIN A CONVENTIONAL SETTING

- | | | |
|---|---|---|
| 5 | The integrative nurse in conventional healthcare | |
| 6 | Rules and regulations, legislation and safety matters |  |
| 7 | Patient lifestyle, prevention and self-care | |

SERIES 3 INTEGRATIVE NURSING AND COMPLEMENTARY AND NON-PHARMACOLOGICAL THERAPIES

- | | | |
|----|--|---|
| 8 | Popular complementary therapies from the user perspectives |   |
| 9 | How to evaluate complementary therapies and NPIs |  |
| 10 | Integrative nursing and symptom management: What you can do as a nurse |  |
| 11 | Communication about complementary therapies and NPIs with your patient |  |

You may also want to include some of the content in existing courses. We suggest that the topic of integrative nursing and complementary therapies fit naturally into education about:

- Palliative care
- Cancer care
- Elderly care
- Symptom management
- Pain management
- Bodily care

Each chapter in the three series has the same structure:

- Introductory text
- Learning outcomes
- Narrative(s)
- Didactic reflections
- Resources

LEARNING OUTCOMES AND DIDACTIC REFLECTIONS

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the student will acquire from a learning activity. The INES learning outcomes are based on the European Qualification Framework (EQF) level 4 to 6. These levels correspond to responsibility and decision-making in stable to complex patient situations. Blooms' taxonomy is used to classify the learning outcomes. The learning outcomes have been validated by nurse educators and integrative nursing experts through a Delphi study, and are listed in the INES competency profile (see appendix 2). For every module, specific learning outcomes are highlighted.

Didactic inspiration was derived from Hiim and Hippe's Didactic Relationship Model (see appendix 3). With this model in mind, we give concrete suggestions for planning, teaching and evaluating the modules. We encourage the teachers to actively involve students in the courses as they will be pioneers in bridging education about integrative nursing and integrative nursing in practice in a European context.

THE PURPOSE OF THE NARRATIVES

Narratives are added to every chapter as another way to disseminate the presented knowledge and content. They are meant to inspire the teacher and to enhance the students' engagement. A narrative embeds details while at the same time showing the large-scale guiding structure. The narratives stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can either be used as an example or as a case for further analysis, but it is up to the teacher how to best use them, according to the cultural, educational and regulatory contexts. We encourage the teacher to adjust or expand the narratives accordingly. We have compiled all the narratives in appendix 4, structured by chapter and including keywords.

RESOURCES

In the resources section, you will find the references used in the text and suggestions of other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer-reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES panel network.

A limitation of this section is that all resources are in the English language, meaning that many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above-mentioned first two criteria.

SERIES INES INTEGRATIVE NURSING



SERIES 1 **INTEGRATIVE NURSING**

In series 1, we present four chapters to give a thorough introduction to integrative nursing in Europe, why we use it, who the integrative nurse is and what integrative nursing looks like from a hands-on perspective. The central white shape represents equal emphasis on the three domains in this series.



SERIES 2 **INTEGRATIVE NURSING WITHIN A CONVENTIONAL SETTING**

Series 2 deals with the opportunities for integrative nursing within a conventional healthcare setting and how to work with self-health care. In three chapters we discuss the rationale integrative nursing and how to implement integrative nursing in real life, from regulation and policy to clinical practice. The white oval shape illustrates the emphasis on the conventional healthcare setting as well as prevention and patient self-health care.



SERIES 3 **INTEGRATIVE NURSING AND COMPLEMENTARY AND NON-PHARMACOLOGICAL THERAPIES**

Series 3 emphasizes the positioning of complementary and non-pharmacological therapies in the model of integrative nursing. In four chapters we discuss popular complementary therapies from a user perspective, interventions or therapies nurses can apply and how to communicate with patients about complementary and non-pharmacological therapies. The white oval shape illustrates this focus.





"As a nurse, we have the opportunity to heal the mind, soul, heart, and body of our patients, their families, and ourselves. They may forget your name, but they will never forget how you made them feel."

MAYA ANGELOU

1 INTEGRATIVE NURSING IN EUROPE AND THE INES MODEL OF INTEGRATIVE NURSING

1.1 INTRODUCTION

This chapter presents a European perspective of integrative nursing, developed by nurse educators and nurse researchers within the INES project. The purpose is to introduce the students to definitions of integrative nursing and integrative health care. We suggest structuring the teaching by using the INES model of integrative nursing.

Terminology

Terms such as 'integrative health care' and 'integrative medicine' can be defined as an interdisciplinary and non-hierarchical blending of both conventional and complementary non-pharmacological interventions within nursing and medicine^{1,2}. This definition corresponds with the framework for integrative nursing, which originates from the University of Minnesota, USA. The concept of integrative nursing is consistent with nursing theory, practice and history as a holistic and person-centered approach based on humanistic values³. Integrative nursing is an emerging field in many countries but has so far mostly been implemented in the USA⁴.

In many European countries, terms such as integrative medicine and nursing may still be unfamiliar, and healthcare workers still refer to the outdated term complementary and alternative medicine (CAM). An earlier European research project – CAMbrella – concluded in 2012 that CAM is an important part of healthcare from a citizen's perspective but that the integration of CAM into the conventional healthcare system within Europe was lacking. Among the reasons could be the diversity of definitions for CAM, a scientific skepticism regarding CAM, and a strong established system of biomedicine and medical industry in Europe⁵. CAMbrella suggested the following pragmatic definition: '*CAM represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as well as to prevent, diagnose, relieve or treat physical and mental illnesses. CAM has been mainly used outside conventional health care, but in some countries certain treatments are being adopted or adapted by conventional health care*'⁶.

The term 'alternative medicine' refers to medicine and treatments used instead of conventional healthcare; therefore, alternative health approaches are outside the purpose of integrative nursing, integrative healthcare, and thus also outside the purpose of this handbook. Integrative nursing aims to include complementary non-pharmacological approaches that are beneficial for patients. Complementary therapies (CT) are mostly practiced outside the healthcare system in Europe. In nursing education, a review of published literature about educational programs of CT for nursing students found only

two programs representing Europe⁷. A mapping study representing a purposeful sampling of fifteen European countries did not find a consistent approach to integrative nursing/CT/ non-pharmacological interventions within nursing education and although courses were taught at regular educational institutes, the courses were not embedded in mainstream nursing education⁸. In the case that CT is used in conventional nursing practice, its use is often based on personal competencies and clinical decision-making on a nurse-patient level and not on an organizational or political level. In some countries, nurses' organizations have established professional societies advocating for CT in nursing; this is the case in, among others, the Netherlands, Denmark and Iceland.

Principles of integrative nursing

The six principles of integrative nursing developed by Kreitzer and Koithan serve as a fundamental inspiration for this teacher's handbook^{3,4}. Kreitzer and Koithan define integrative nursing as:

'A way of being-knowing-doing that advances the health and well-being of persons, families, and communities through caring/healing relationships. Integrative nurses use evidence to inform traditional and emerging interventions that support whole person/ whole systems healing.'

The six principles and related indicators are practical and applicable in any clinical nursing setting⁴:

- 1 Human beings are whole systems inseparable from and influenced by their environments.
- 2 Human beings have the innate capacity for health and well-being.
- 3 Integrative nursing is person-centered and relationship-based.
- 4 Nature has healing and restorative properties that contribute to health and well-being.
- 5 Integrative nursing is informed by evidence and uses the full range of conventional and integrative approaches, employing the least intensive intervention possible depending on need and context.
- 6 Integrative nursing focuses on the health and well-being of caregivers as well as those they serve.

The INES Model: A European approach to integrative nursing

The INES model suggests a practical and dynamic approach to integrative nursing in Europe (Figure 1). It consists of three areas depicted as petals of different colors and their interrelationships. The three areas are: self-health care (purple petals), conventional health care (blue petals), and complementary health care (green petals). Both conventional and complementary healthcare include therapies not primarily based on medication; these are referred to as non-pharmacological interventions. The white-lined circle represents the ever-moving overlap between areas – and this is where integrative nursing occurs. This circle will vary in size and shape depending on context and the individual patient's needs, professional assessment of the specific situation, and the nation-specific healthcare system. Integrative nursing aims at strengthening health

and promoting well-being for patients and significant others. Nevertheless, integrative nursing also incorporates nurses' own self-care practices into work and life situations; the integrative nurse strives for his or her own integrative health.

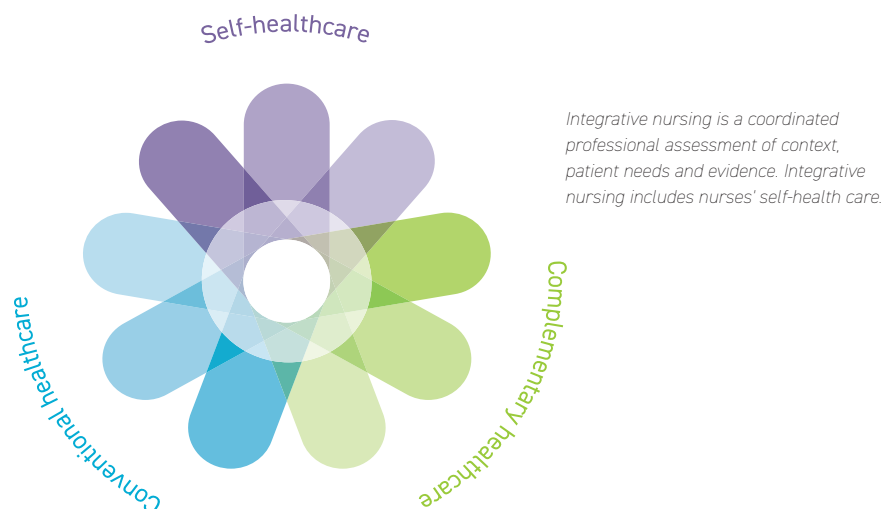


Figure 1: INES Model of Integrative Nursing Inspired by the Integrative Medicine Model by Dr. Wayne Jonas⁹

As the INES model illustrates, integrative nursing and health care combine two or more paradigms of care and treatment modalities, consisting of an interdisciplinary and non-hierarchical blending of both conventional and evidence-informed complementary non-pharmacological health care. Using the integrative approach, the nurse will be able to understand, navigate, interact and reflect on the overlap of the three areas in the INES model; they will know when and why to separate and to combine the areas and when to look at it as a whole. Integrative nurses care for patients based on their competencies as a qualified nurse, while adding competencies in relevant complementary non-pharmacological interventions and/or knowledge to inform patients about relevant non-pharmacological interventions.

Integrative nursing is based on respect and openness to patients' autonomy, choices, self-health care and lifestyle, as represented in the upper purple petals of the INES model. This implies that the formal hierarchical structure between nurse and patient is toned down, whereas communication and collaboration between nurse and patient improve.

An integrative nurse can discuss with the patient evidence-informed recommendations, and guide them on what complementary non-pharmacological interventions to use or not

to use. This is in contrast to situations where patients withhold information and on their own decide to combine CAM with conventional healthcare, which in certain instances leads to unwanted side effects. Integrative nursing will not only contribute to better nursing care but also help minimize risks and safety issues.

The INES model addresses educated nurses and nursing in a specific clinical context. The INES model can guide the nursing student in the understanding of integrative nursing at different levels, depending on the student's learning conditions.

To sum up, integrative nursing:

- Consists of an interdisciplinary and non-hierarchical blending of both conventional and evidence-informed complementary non-pharmacological nursing and health care interventions.
- Incorporates nurses' own self-care practices into work and life situations.

1.2 **LEARNING OUTCOMES**

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method¹⁰. For this chapter the following learning outcomes are proposed.

Knowledge

- ✓ Apply general knowledge of complementary therapies and integrative nursing.

Responsibility and autonomy

- ✓ Use a holistic and integrative approach in relation to basic nursing and clinical decision-making in non-complex patient situations.

1.3 **NARRATIVES**

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The narratives used stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can either be used as an example or as a case for further analysis, but it is up to the teacher how to best use them, according to the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ Integrative nursing practice at expert level

Nurse Ida meets a 19-year-old girl and her mother in the psychiatry ward where the girl was recently admitted. The young girl has isolated herself with a computer game, where she rather 'stays' than in the real world. Often, she lies in bed in a fetal position and uses terribly dismissive language towards her mother and others. She has neither washed herself for several days nor used deodorant, and her room smells bad. Ida senses that there is something completely wrong in the mother-daughter relationship and that they miss each other. In an evening shift, the mother sits in the hallway with her laptop (as is often the case) and the daughter is in the room with her laptop. To Ida, body and spirit are closely connected, and Ida therefore considers how she with an integrated approach can care for both the girl and the mother. Ida thinks that a bodily experience has potentials for well-being and relief of the tensions between the two.

Ida asks the girl and the mother if it would be all right to tell about massage oils, and they both accept. The mother follows Ida into the patient room and Ida says, 'I will get you two bowls with hot water and essential oils'. Without a lot of talking, Ida first offers the mother a footbath and after a while, the daughter follows. Instead of discussing the offer with the intellectual and eloquent mother, Ida chooses to guide them: 'Try to close your eyes - focus on your feet - feel'. The smell of fragrant oil fills the room. After 30 minutes, mother and daughter have been sitting close to each other without being on social media or using their laptops. Ida says to the young girl: 'I want to dry and massage your feet, and it's actually best for me if you lie on your bed'. She has previously refused bodily contact and help with hygiene, but Ida is now allowed to massage her feet with slow rhythmic movements. They talk about the feet being soft and how the massage oil brings relaxation. The footbaths provided peace and presence for a while, and mother and daughter had a joint experience, where the young girl accepted to be cared for without being dismissive.

1.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following didactic reflections and concrete suggestions for teaching methods, context and content. Learn more about the model in appendix 3. We suggest in this chapter to present the students with the INES model to build an understanding of integrative nursing in Europe based on existing definitions of integrative nursing and integrative health care.

Learning conditions: Learning conditions for these lessons are based on which semester the students are in. Students in the final year of education will be familiar with general competencies within the nursing curriculum, such as nursing theories, ethics and clinical decision-making. They will have clinical experiences and possible examples of non-pharmacological interventions to draw on. Younger students might be more open for another approach to nursing. Students' prerequisites for understanding and reflection on healthcare paradigms is also a condition to consider.

Setting: Opportunities or limitations in relation to e.g., curriculum, classroom and available resources. These lessons are relevant for traditional classroom lectures because of the theoretical content that with advantage can be reviewed and organized by the teacher. Teaching based on this chapter could be held online, and content can be organized in single lessons or as introduction to a course. The INES model structures approaches in integrative nursing and forms the framework for the chapters in this handbook. As different chapters can be chosen for a specific course, these choices will form the setting as well.

Goals: Relevant from the INES student profile and rated appropriate by an expert panel: The learning outcomes '*Apply general knowledge of complementary therapies and integrative nursing*' and '*Use a holistic and integrative approach in relation to basic nursing and clinical decision-making in non-complex patient situations*'. Both learning outcomes are according to Bloom's taxonomy on the third level, and students should understand and use information in new situations. This means that these lessons in terms of knowledge aim at the students being able to apply factual and theoretical knowledge about integrative nursing and complementary therapies (CT). In terms of responsibility and autonomy, the goals aim at **non-complex** patient situations where the responsibility and autonomy for nurses at bachelor level aim at decision-making in **unpredictable** situations. This reflects that a course for nursing students about integrative nursing can start a process for the students being able to integrate specific complementary non-pharmacological interventions in concrete and limited patient situations.

The selected goals must be seen in combination with other relevant lessons from this teacher's handbook and they can be operationalized for these specific lessons, such as:

- ✓ The student will be able to understand definitions of integrative nursing and the INES model of integrative nursing.
- ✓ The student will be able to analyze selected patient situations and argue for an integrative approach.

Content: Depending on setting, resources and the students' learning conditions, different theoretical approaches can be chosen for these lessons. Inspiration can be found in the section of resources. Suggestions are presented in table 1.

TABEL 1 Suggestions for teaching before, during and after a lesson: out of class – in class – out of class	
OUT OF CLASS	• Suggested literature: Mary Jo Kreitzer's article on Integrative Nursing³ and/or the web-based material¹¹ • Relevant preparation: country-specific definitions of complementary and alternative medicine • Ask students to write before class their immediate reflections about integrative nursing
IN CLASS	• Lecture presenting definitions and the INES model of Integrative Nursing and country-specific perspectives • Facilitate dialogue with students about their immediate thoughts and reflections • Selected cases showing clinical decision-making that reflects the INES model and the circle of integrative nursing can change in shape and size
OUT OF CLASS	• Small assignments /group-based analysis of applying the INES model in specific patient situations to showcase possible differences between conventional nursing and integrated nursing • (Facilitated by teacher or student-driven)
IN CLASS	• Presentation and discussion of the group-based work

Learning process: The suggested content implies an alternation between inductive and deductive teaching methods. Self-preparation and the teacher's review of the material, together with facilitated analyses and discussions, create opportunities for in-depth learning. Integrative nursing is a relatively unknown phenomenon in many European countries and it will support the students' learning processes to include their clinical experiences, e.g., about using non-pharmacological interventions and relating these to integrative nursing and the INES model. When students are actively involved in the combination of a theoretical and practical approach to integrative nursing, it will support the learning processes.

Suggestions for assessments

- ✓ A minor summative test that will show students whether they have understood the content of the INES model and definition of integrative nursing.
- ✓ Formative feedback from teacher when group work is presented.
- ✓ Small assignment with analysis of a case and related suggestions for applying integrative nursing (formative and summative assessment).
- ✓ Peer feedback from fellow students in group work.

1.5 SUGGESTIONS FOR RESOURCES

Resources

In the resource section you will find the references that are used in the text and suggestions of other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES network.

A limitation of these resources is that they are in the English language, meaning that many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above mentioned first two criteria.



Books, reference: 4, 9, 12

- Kreitzer M, Koithan, M. Integrative Nursing.
- Jonas W. How Healing Works: Get Well and Stay Well Using Your Hidden Power to Heal.
- Lindquist R, Tracy MF, Snyder M. Complementary and alternative therapies in Nursing.



Websites:

- CAMbrella resources: <https://cam-europe.eu/library-cam/cambrella-research-reports/>
- WHO and traditional, complementary and integrative medicine: https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1
- The U.S Department of Health and Human Services: National center for Complementary and Integrative Health: <https://www.nccih.nih.gov/>
- University of Minnesota: Center for Spirituality & Healing: <https://csh.umn.edu/academics/focus-areas/integrative-nursing>
- The International Learning Collaboration: The Fundamental of Care Framework: <https://ilccare.org/resource/the-fundamentals-of-care-framework/>
- Norway's National Research Center in Complementary and Alternative Medicine: <https://nafkam.no/en>



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- Kreitzer MJ. Integrative nursing: application of principles across clinical settings.
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- The Coursera platform (coursera.org), reference: 14
You can enroll in an online integrative nursing specialization offered by the University of Minnesota.

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2 GOOD REASONS FOR INTEGRATIVE NURSING IN EUROPE

2.1 INTRODUCTION

From its earliest beginnings, nursing has been a holistic discipline with a focus on caring and healing. This chapter shows why it is important to teach nursing students about integrative nursing (chapter 1) and how the framework of integrative nursing can help to look at some challenges in the health care system numbered below.

Reasons why integrative nursing is important:

- 1 Nurses need to know that the general population and their own patients increasingly use non-pharmacological complementary therapies.
- 2 There is an urgent need for more, effective and safe non-pharmacological interventions for hospitalized patients and people with chronic conditions.
- 3 Nurses should be encouraged to apply self-care strategies to benefit their own health and wellness.
- 4 It helps nurses to revitalize.
- 5 Nurses play an important role in meeting the challenges of sustainability and care for the planet.

2.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method¹. For this chapter the following learning outcomes are proposed.

Knowledge

- ✓ Apply general knowledge of complementary therapies and integrative nursing.
- ✓ Understand selected complementary and non-pharmacological therapies and their evidence and safety.

Skills

- ✓ Provide general information to patients and colleagues about relevant complementary and non-pharmacological therapies.
- ✓ Recognize patients' autonomy and wishes in relation to complementary and non-pharmacological therapies.

Responsibility and autonomy

- ✓ Use a holistic and integrative approach in relation to basic nursing and clinical decision-making in non-complex patient situations.

2.3 FIVE REASONS FOR THE IMPORTANCE OF INTEGRATIVE NURSING AND RELATED NARRATIVES

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The narratives used stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can either be used as an example or as a case for further analysis, but it is up to the teacher how to best use them, according to the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

REASON 1 | Popularity of non-pharmacological complementary therapies within the general population

One of the principles of integrative nursing is that it uses the full range of therapeutic modalities, moving from least intensive to most intensive, depending on need. These modalities include non-pharmacological interventions (NPIs) and complementary therapies. A systematic review of 49 surveys conducted in 15 countries showed that the general public's use of complementary and alternative medicine ranged from 9.8% -75% of the population². Several studies show the popularity of complementary therapies in the general population across Europe, indicating that patients already are looking for fewer intensive treatments^{2,3}. The popularity of such treatments among the general population is one of the reasons it is important to teach nursing students about integrative nursing.

Nurses must be able to provide guidance and information about complementary therapies (see chapter 11). Nurses should ask patients if they use non-pharmacological interventions and complementary therapies and for what purpose. For example, it is important to know whether someone uses herbs or supplements, as these may interact with regular medication or have side-effects. They should also be able to recommend complementary therapies if they think these might be beneficial for relieving symptoms or improving the quality of life. Clinical guidelines for the use of non-pharmacological interventions and complementary interventions for some patient groups have been developed, and it is important that nurses are familiar with such information. An example is the clinical practice guidelines on the evidence-based use of integrative therapies during and after breast cancer treatment⁴.

NARRATIVE 1 ~ Complementary therapies and breast cancer

During clinical teaching, a nursing student in the surgical oncology ward is practicing with her clinical instructor how to prepare a woman for mastectomy. The woman says she is very anxious about the surgery. Although she takes medication to help cope with anxiety she asks whether the nurse and the student know any other therapies recommended for women with breast cancer. The student has learned about complementary interventions and has read guidelines about these therapies for breast cancer patients. She looks them up and the day after she goes over the recommended therapies with the patient. Among them are mind-body therapies such as meditation, relaxation and massage. The woman is interested in trying some of them.

REASON 2 | **Need for more, effective and safe non-pharmacological interventions**

People worldwide are living longer. Today, most people can expect to live into their sixties and beyond. Every country in the world is experiencing growth in both the size and the proportion of older persons in the population. Coming with age are common health conditions like osteoarthritis, diabetes, depression and dementia. Older age is also characterized by the emergence of several complex health states commonly called geriatric syndromes. Not only the ageing of the population leads to growth in chronic diseases and conditions. Also changes in societal behavior are contributing to a steady increase in these common and costly long-term health problems.

Current treatments for diseases and symptoms are primarily pharmacological. Nurses should know about other therapies such as non-pharmacological interventions that may help to sustain or improve a patient's quality of life and lower the burden of symptoms. Non-pharmacological interventions and complementary therapies such as massage, breathing exercises and music interventions have been proven safe and effective in alleviating pain, reducing anxiety, and improving sleep⁵⁻⁷ (see chapter 10).

NARRATIVE 2 ~ Arthritis and lifestyle

Sam is a 65-year-old man who has arthritis and suffers severe pain. He has been given medication by his doctor but although they relieve his pain it makes him feel a little drowsy and sleepy. Therefore he is looking for other ways to feel better. He consults with a nurse who encourages him to start taking hot baths and do exercises in water. The nurse also suggests that he writes a diary to see what things or actions in his daily routine make him feel worse and which make him feel better. After a few weeks he has started to feel less pain and has reduced his amount of pain killers. He uses a healthier diet and he is more aware of not overstraining himself.

REASON 3 | Encouraging nurses to apply self-care strategies

It seems such an obvious thing to say: you must first and foremost take care of yourself before you can take care of others. The safety regulations in airplanes are sometimes taken as an example: first put the oxygen mask on and then take care of your children. But how to follow this rule in real life and work? We must attend to ourselves if we are to care for others⁸. For a nurse it may range from small things such as drinking enough water during work to bigger things such as putting an end to unhealthy habits in private life. Nurses also need to reflect on their own health while working, and try to reduce stress (See chapter 3).

NARRATIVE 3 ~ Stress and nutrition

Anna, a nursing student, experiences increased stress during assignments and tests in the third year. This year she is learning about integrative nursing, and last week in the students' cooking club they talked about the importance of eating healthy food and how food can affect stress. They also discussed how to lead a healthy life and to apply other methods, such as yoga exercises and sports. Anna decides to try to do some exercises, reduce sugar intake and eat more vegetables.

REASON 4 | **Helping nurses to revitalize**

From the beginning, nursing has been a holistic discipline focused on caring and healing⁹. Today's health care systems are complicated, diverse, and demanding. The health care system is burdened in light of the growing number of older people with chronic health conditions. Nursing shortages are evident in many parts of the world. Often a nurse's responsibilities and demands make that they have less time to dedicate to patient caring, as they need to spend much time on documentation and administration. Stress in the health care system also takes a toll on nurses, and burnout among nurses is increasing¹⁰. It is a challenge to change this situation. Integrative nursing offers principles to nurses which can help improve nursing care in the clinical setting. Integrative nursing also engages nurses who yearn to practice in a way that is aligned with their personal values and the passion that ignited their call to a nursing career¹¹ and helps to revitalize the joy in the practice of nursing⁹.

NARRATIVE 4 ~ **Complementary therapies in elderly care**

A quote from a nurse working at a nursing home on the use of complementary interventions or distraction activities for the elderly: 'I find it important to show my staff that it is not always possible to fix things with drugs for people with dementia. That is just a fact, especially when we are taking care of difficult, angry, and agitated persons. Especially then, it may be better to use complementary interventions such as music or activities to distract the person, or shift attention to activities such as setting the table, baking pancakes or something else you know will help.'

REASON 5 | **Sustainability and care for the planet**

Health and illness concern every person on this planet. As the world is becoming more and more interconnected, so are problems surrounding health, illness and health care. How we interact with each other on a global level, with the animals around us and with our global natural resources, affects how we experience life on a local level. The COVID-19 pandemic is the most recent example of this.

In 2015, the United Nations General Assembly unanimously adopted the seventeen Sustainable Development Goals (SDGs), calling on all countries to end poverty, redress inequality, and combat climate change by 2030. <https://sdgs.un.org/goals>. Like the early work by Florence Nightingale, the SDGs emphasize the importance of a healthy living environment, good sanitation and clean drinking water. Furthermore, education for all has

an important place in the SDGs. In all areas of work, nurses can contribute to promoting a sustainable lifestyle and health care, on both a local and a global level. For example, nurses can help collecting data on quality of life and well-being. www.efnweb.be/?p=13432

The integrative nursing perspective calls us to move from an 'us-centred' stance toward a 'planet-centred' position. As Rosa et al. say: 'There is a need to expand our capability for compassion to include the transcultural and transnational needs of our global village, as well as the experiences of animals and species, the myriad ecosystems and natural resources upon which we rely and the healing of the planet as whole¹².' The integrative nurse could support planetary health and healing by raising awareness and initiating sustainable action plans together with other professional disciplines.



From World Health Organization¹³

Narrative 5 ~ Volunteering for community wellness

John, a nursing student and activist, is interested in the ideas behind integrative nursing. He wants to integrate sustainability into his life and make it a part of his future profession as a nurse. He understands the importance of community wellness and starts to volunteer to work with psychiatric nurses who work with homeless people, providing food and helping with medication. His friend Tom is inspired and wants to become 'man-friend', which is a program directed by the Red Cross. He starts to visit people who are lonely and offers them help, such as reading for them and help at the house. He mobilizes other friends from school to engage in a program to assist those who are struggling with drug abuse.

2.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following reflections and concrete suggestions for teaching methods, context and content¹⁴. Learn more about the model in appendix 3.

Learning conditions: Learning conditions for these lessons are based on which semester the students are in and whether the course is mandatory or elective. Students in the final year of education will be familiar with general competencies within the nursing curriculum, such as nursing theory, ethics and clinical decision-making. They will have clinical experiences and examples of non-pharmacological interventions to draw on. Younger students might be more open for another approach to nursing. Students' prerequisites for understanding and reflection on healthcare paradigms is also a condition to consider.

Setting: Opportunities or limitations in relation to e.g., curriculum, classroom and available resources. These lessons are relevant for traditional classroom lectures because of the theoretical content that can be reviewed and organized by the teacher in advance. The chapter could be given online and content can be organized in single lessons or as introduction to a course.

Goals: The learning outcomes are according to Bloom's taxonomy on the third level and students should understand and use information in new situations. This means that these lessons, in terms of knowledge, aim at the students being able to apply factual and theoretical principles about integrative nursing and complementary therapies. In terms of responsibility and autonomy, the goals aim at non-complex patient situations whereas the responsibility and autonomy for nurses at bachelor level aim at decision-making in *unpredictable* situations. This means that a course for nursing students about integrative nursing can start a process for the students being able to integrate specific complementary non-pharmacological interventions in concrete and limited patient situations. They should be able to apply a holistic approach considering selected non-pharmacological interventions.

Content: Depending on setting, resources and the students' learning conditions, different theoretical approaches can be chosen for these lessons. Inspiration can be found in the section of resources. Suggestions are presented in table 1.

TABEL 1 Suggestions for teaching before, during and after a lesson:
out of class – in class – out of class

OUT OF CLASS	• A website about complementary and integrative health is maintained by the National Institute of Health in the US. www.nccih.nih.gov Students are encouraged to look at complementary health products and practices on that website as instructed by the teacher and prepare for discussion in class. • Ask friends and family members whether they know about NPIs or complementary therapies and whether they have experience in using it. • The Earl E. Bakken Center for Spirituality and Healing gives an example on how to change your thinking about planetary health: https://www.takingcharge.csh.umn.edu/change-your-thinking-about-planetary-health
IN CLASS	After reading Narrative 1 (complementary therapies and breast cancer) the student could reflect and analyse: • What are the recommended guidelines on complementary therapies for breast cancer patients? (Provide general information and specific health approaches and also seeking knowledge). • What kind of wishes with regard to complementary therapies does the patient in the case have and what kind of considerations do you have in relation to the patient's wishes and self-determination? • How will you communicate your knowledge about complementary therapies to the patient?
IN CLASS	• Discussion group: Students are encouraged to look at the sustainability policies and principles their nursing institutions adhere to. The observations can serve as topics for group discussions among students. They can reflect on how they see their role in this area.
OUT OF CLASS	• The students reflect on how they are going to take care of themselves. They are encouraged to try changing something in their lifestyle for three weeks and reflect on it by journaling.

Learning process: The suggested content implies an alternation between inductive and deductive teaching methods. Self-preparation and the teacher's review of the material, together with facilitated analyses and discussions, create opportunities for in-depth learning. Integrative nursing is a relatively unknown phenomenon in many European countries and it will support the students learning processes to include their clinical experiences, e.g., about using non-pharmacological interventions, and relate these to integrative nursing and the INES model. When students are actively involved in the combination of a theoretical and practical approach to integrative nursing, it will support the learning processes.

Suggestions for assessments

- ✓ A minor summative test that will show students whether they have understood the content of the INES model and definition of integrative nursing.
- ✓ Formative feedback from teacher when group work is presented.
- ✓ Small assignment with analysis of a case and related suggestions for applying integrative nursing (formative and summative assessment).
- ✓ Peer feedback from fellow students in group work.

2.5 SUGGESTIONS FOR RESOURCES

In the resource section you will find the references that are used in the text and suggestions of other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES network.

A limitation of these resources is that they are in the English language, meaning that many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above mentioned first two criteria.



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- Lindquist R, Tracy MF, Snyder M. Complementary and Alternative Therapies in Nursing.



Website:

- The Erasmus-funded European NurSusTOOLKIT provides free, online, evidence-based resources for the Sustainability Literacy and Competency framework for nursing education. These materials are free and can be individually adapted. More information can be found at: <http://nursus.eu>



Scientific article about connection of sustainability and nursing, reference: 16

- Dossey BM, Rosa WE, Beck DM. Nursing and the Sustainable Development Goals: From Nightingale to Now.



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SERIES
01

3 THE INTEGRATIVE NURSE AND NURSES' SELF-CARE

3.1 INTRODUCTION

This chapter emphasizes the nature of the integrative nurse, self-care and self-reflection. The integrative nurse as a person is highlighted throughout the literature about integrative nursing^{1,2} and emphasized in a review of published literature about relevant educational programs for nursing students as well³. Integrative nursing is much more than doing; it also supposes a certain way of being present. Fundamental in this approach is nurses' awareness of one's own health and their commitment to self-reflection and focus on self-care. One of the six principles proposed by Kreitzer and Koithan states *Integrative nursing focuses on the health and well-being of caregivers as well as those they serve*¹.

Nurses often work in stressful conditions; yet serve as a role model when caring for patients' health and well-being. Taking care of oneself as a person and a nurse and caring for patients are closely connected. The process of knowing oneself takes a lifetime. It includes a will to continuously grow and change in small, realistic, doable steps⁴. The purpose of this chapter is to start a process of self-reflection and guide the students in concrete complementary therapies and/or non-pharmacological interventions that are helpful in relation to self-care.

The nurse's presence in a patient encounter is essential in integrative nursing. Providing presence implies being truly open and centered to the patient before an interaction. By centering, the nurse will become available and be able to focus on patients' needs. The centering process is described as a short meditative process of 10 to 20 seconds aimed at eliminating distractions. This may take place outside the patient room just before entering or when washing hands. Deep breathing and closing the eyes may help in becoming centered and free from distractions⁵.

The integrative nurse:

- Is grounded in and aware of a holistic approach.
- Is aware of own values and is self-reflective.
- Is present, centered and aware of own energy.
- Notices own body signals and responds to these.
- Improves well-being; e.g., by using muscle-relaxation techniques.
- Has a healthy lifestyle in relation to nutrition, exercise and rest.

The above statements are derived from literature and INES data and are not listed in importance. Furthermore, the statements are normative and describe ideal integrative nursing and the nurse as a person. Nurses and nursing students can use them as guidance. The literature points to close connections between nurses' own physical and mental health and their ability to provide presence and use a holistic approach.

3.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method⁶. For this chapter the following learning outcomes are proposed.

Responsibility and autonomy

- ✓ Recognize own self-care practices in work and life-situations.
- ✓ Demonstrate autonomy in continuous personal work with own limits, self-reflectivity and professional curiosity.

3.3 NARRATIVES

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The narratives used stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can either be used as an example or as a case for further analysis, but it is up to the teacher how to best use them, according to the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ From the perspective of the integrative nurse

Peter works in an outpatient clinic for people suffering from chronic pain. Before a consultation, nurse Peter takes some seconds to center himself; he takes a few deep breaths and focuses on being present when opening the door. In the consultation room, nurse Peter meets the young woman Lea diagnosed with bodily distress syndrome. Her complaints are pain in muscles and joints, sensory disturbances and extreme fatigue. As an integrative nurse, Peter sometimes recommends patients to try breathing techniques together with drawing. Peter now guides Lea in breathing exercises and then asks her to draw 'what does your life look like if it would be a plant'? Lea draws a withered tree with a broken branch. From the drawing she talks about a complicated relationship with her mother and an education which she is not able to master. Peter then uses the drawing for a conversation about factors that burden Lea and might provoke and maintain her suffering. Peter knows he needs to reflect continuously on his nursing actions and focus on patient autonomy and needs. He has to use his intuition and sense what his patient is ready for – to Peter, integrative nursing provides for 'a set of extra ears and eyes'. Peter goes home by bike because it means exercise together with a mental break before facing family obligations.

NARRATIVE 2 ~ From the perspective of nurse students taking a course on integrative nursing

Two nursing students, Nanna and Maria, talk about their experiences with a 6-week elective course on integrative nursing. Both found this course exciting, especially the 'hands-on teaching' where expert nurses demonstrated an integrative approach. The students physically experienced how energy exercises provided well-being, 'It was the best day ever,' says Maria enthusiastically.

'We were motivated to daily practice ourselves'. Maria daily practiced yoga for 14 days; 'And even though it was only 10 minutes, it did something good for me; I started the day better'. Nanna went for a daily nature walk; 'It made my brain relax'. Both students mentioned that stress and burnout are prevalent in young nurses, and they were convinced that for instance yoga or daily walking in nature could help reduce stress and the risk of burnout.

Throughout the course, they could relate to what they had learned about basic nursing in the first semesters. The integrative approach challenged the students to apply non-pharmacological interventions before giving pain medication, for example. They said, 'We can relieve pain through therapeutic touch, breathing exercises and listening to music, among other things. We have become very aware of the holistic approach and the healing potential of integrative nursing'.

Having completed the course, Nanna and Maria realize that integrative nursing is more than and different from what they had expected. They felt encouraged to collaborate with patients in relation to complementary therapies.

3.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following didactic reflections and concrete suggestions for teaching methods, context and content. Learn more about the model in appendix 3⁷.

This chapter may contain unfamiliar content for the students, as until now they have primarily focused on patients' health and possible diseases. Having to work on one's own health, values and existential considerations is a very personal matter. Facilitated by the teacher this requires ethical considerations and agreement on a safe learning environment by all involved.

Learning conditions: Learning conditions for this module are based on which semester the students are in, and whether the course is mandatory or elective. An elective course can be expected to include students who already have knowledge of and/or interest in integrative nursing, whereas mandatory courses probably include students with broader learning conditions to be considered. Students' learning conditions regarding nursing theory and academic reading will also be based on the semester of their program. Some students may already be very aware of their own health, while others may have health challenges. In the INES project we have found that students often are highly motivated for working on their own health.

Setting: Opportunities or limitations in relation to curriculum, classroom, available resources, etc. In this chapter, the teachers' own well-being and ability for self-reflection are crucial. The authentic teacher will show how self-care and self-awareness work. A suggestion would be to also invite guest lecturers from the clinic and to create settings that facilitate experiential learning and reflections (chapter 4). As lifestyle changes require great effort, an important part of the didactic reflections consists of supporting the students in small doable steps, and create possibilities for ongoing evaluation of small changes.

A course over at least a couple of weeks will be preferable. If possible, start with 1-4 lessons and meet for a follow-up after 1-8 weeks. The follow-up session can be held online. If possible, nurses' self-care and presence in the patient encounter can also be part of the curriculum across several semesters.

Goals: According to Bloom's taxonomy, the goal '*Recognize own self-care practices in work and life-situations*' from the INES student profile was rated appropriate by an expert panel and is on the remembering taxonomy level (first level). This goal reflects that teaching about the integrative nurse can only initiate a process of the students' awareness of themselves as an important part of integrative nursing. Depending on the course structure and available resources, some students might be able to understand own self-care practice – reflecting the second level in Bloom's taxonomy. This points to beginning the process of autonomy in continuing personal work with own limits, self-reflexivity and professional curiosity, which is the second goal for this module.

Content: Some of the suggested resources can be used as materials in this chapter (see table 1). The students can use online material for testing and measuring their own health status and develop a self-care plan (e.g., inspired by Quinn, see below). Depending on learning conditions and available resources, the teacher should assess the level of abstraction of the selected texts balancing between concrete and abstract content. Narratives from experienced integrative nurses may also provide meaningful content. The concept of presence (e.g., by Snyder) can be analyzed and related to nursing theories used at your own institution.

TABEL 1 Suggestions for teaching before, during and after a lesson:
out of class – in class – out of class

OUT OF CLASS	• Evaluate own health status with online tools (see resources). • Ask students to recall and describe a situation where they have experienced presence from another person and what this situation meant to them. • Ask students to describe encounters where they had expected presence from another person, but where the other was distracted, e.g., on mobile devices, and how that felt. And/or: • Ask students to recall and describe clinical experiences where they were conscious of being present in the patient encounter.
IN CLASS	• Lecture about the integrative nurse, self-reflections, self-care and presence. • Facilitate classroom reflections based on students' preparations. • Introduce a self-care plan. • Introduce self-care options that the students can use.
OUT OF CLASS	• Development of a self-care plan; e.g., based on suggestions by Janet Quinn. • Daily small, self-chosen, self-care initiatives and related experiences written in a diary-form.

Learning process: As this content is about the students themselves, a high degree of involvement is to be recommended for the students' learning processes. Dialogue and participation – e.g., through exercises and reflections in class and written reflection out of class – facilitate in-depth learning by continuously combining theory and practice, bodily and emotional experiences and cognitive processing.

Based on literature on integrative nursing and INES data it can be effective to offer 'hands on' training/experiential learning (chapter 4). For example, the students participate in a yoga class together and reflect on their experiences. Students might also engage in other complementary therapies and assess how this affects their physical and mental well-being. Self-reflection and centering exercises will for some students be very challenging and represent accumulative learning processes.

Suggestions for assessments

- ✓ Self-care plan; e.g., based on suggestions by Quinn.
- ✓ Follow-up self-assessment; e.g., using online tools.
- ✓ Feedback from peer students.
- ✓ Feedforward from teacher based on either a written self-care plan or an oral presentation of experiences regarding self-care and self-reflection.

3.5 SUGGESTIONS FOR RESOURCES

In the resource section you will find the references that are used in the text and suggestions of other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES network.

A limitation of these resources is that they are in the English language, meaning that many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above mentioned first two criteria.



Books, references: 4, 5, 8

- Quinn J. The integrated Nurse: Wholeness, Self-Discovery, and Self-Care. In: Kreitzer MJ, Koithan M, editors. Integrative Nursing, p. 17-32. In this book chapter, Quinn describes four dimensions of self and examples of questions for self-reflection, listed in the table below. The questions give the students possibilities to explore each dimension and expand their self-awareness. To each dimension, Janet Quinn also suggests concrete strategies and suggestions to improve students' self-care.
- Snyder M. Presence In: Lindquist R, Tracy MF, Snyder M, editors. Complementary and Alternative Therapies in Nursing.
- Baart AJ, Vosman F. Relationship based care and recognition. Part one: Sketching good care from the theory of presence and five entries. In: Leget C, Gastmans M, Verkerk M, editors. Care, Compassion and Recognition: An Ethical Discussion.

TABEL 2 Strategies for self-care

Inner self	Outer self
• My general experience of my inner well-being right now and in general? • The quality of my feelings and thoughts? • What brings meaning to my life? Value of importance?	• My overall experience of my physical well-being and health right now and in general? • What makes my body feel strong, vital and comfortable? • What makes my body feel weak?
Relational self	Worldly self
• Who and how am I in relationships? • Who do I feel connected to and why? • Which relationships make me most happy and content? Which relationships do not? • The most challenging relationships and why?	• My surroundings? Home, workplace, etc. - how do I experience this environment right now and in general? • How do I understand and use nature? • What is the overall experience of my workplace? What is my role here?



Websites:

- The Center for Spirituality and Healing at University of Minnesota hosts a portal with many resources in relation to integrative health. It offers a tool called 'Taking charge of your health and well-being':
Center for Spirituality and Healing - University of Minnesota | (umn.edu)



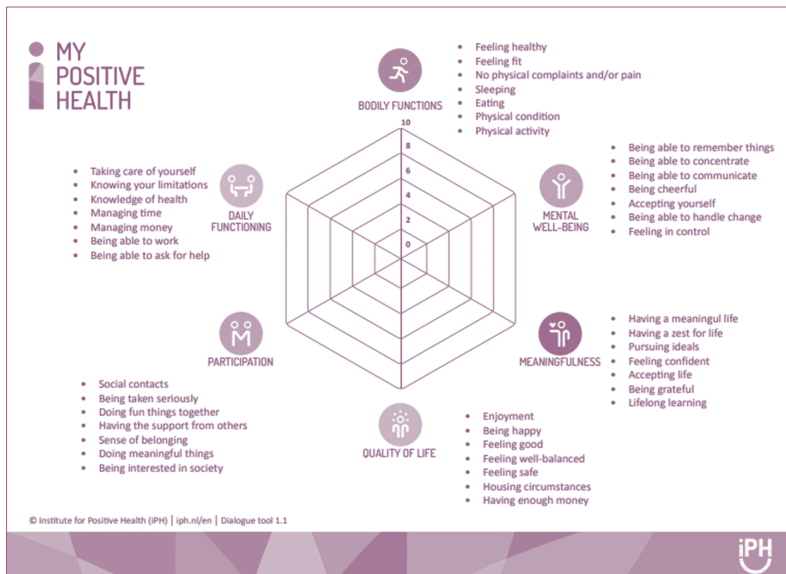
- Based on simple questions, a student can rate his or her own well-being and based on this assessment will be guided to proceed with small changes in relation to: health, relationships, security, purpose, community and environment.

- The Dutch Institute for Positive Health, founded by former general practitioner Machteld Huber, offers a broader view of health, elaborated in six dimensions agreed upon in a scientific qualitative consensus process with relevant stakeholders: Free pdf-tool is available here: Free Downloads - Stichting Institute for Positive Health (iph.nl)



Scientific articles, references: 9, 10, 11

- Kuis EE, Goossensen A, van Dijke J, Baart AJ. Self-report questionnaire for measuring presence: development and initial validation.
- Lundberg K, Jong M, Jong MC, Porskrog Kristiansen L. Patients' experiences of the caring encounter in health promotion practice: a qualitative study in Swedish primary health care.
- van Vliet M, Jong MC, Jong M. A Mind-Body Skills Course Among Nursing and Medical Students: A Pathway for an Improved Perception of Self and the Surrounding World.



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SERIES
01

4 INES EXPERIENCE LAB: A HANDS-ON INTRODUCTION TO COMPLEMENTARY THERAPIES

4.1 INTRODUCTION

In this chapter – the INES experiential skills lab – the student will experience two non-pharmacological complementary therapies on a personal level. In nursing practice, these therapies can both be used for selfcare and for patient care. The focus of this chapter is on how these two therapies can help the student to relax^{1,2} (chapter 2) This focus refers to the fifth and sixth principles of integrative nursing: integrative nursing is informed by evidence and uses the full range of conventional and integrative approaches, employing the least intensive intervention possible depending on need and context; and integrative nursing focuses on the health and well-being of caregivers as well as those they serve.

The two simple non-invasive therapies are hand massage and a relaxation technique. Both can be done easily in class with limited instruction, either in pairs (hand massage) or individually in a group (relaxation exercise). These interventions address working together, learning how to connect with another person (hand massage), and learning to attend to your own body and mind (relaxation exercise). Both therapies are well studied, safe and can be easily transferred to nursing practice.

4.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method³. For this chapter the following learning outcomes are proposed.

Knowledge:

- ✓ Apply general knowledge of complementary therapies and integrative nursing.

Responsibility and autonomy:

- ✓ Evaluate and apply simple evidence-based complementary and non-pharmacological therapies for well-being and relaxation.
- ✓ Evaluate and apply simple evidence-based complementary and non-pharmacological therapies for well-being and relaxation.

4.3 **SKILLS LAB EXPERIENCE #1: HAND MASSAGE WITH NARRATIVE AND DIDACTIC REFLECTIONS**

Introduction

Hand massage is a simple comfort therapy that can be easily incorporated into routine nursing care activities. It conveys caring through touch, individual attention, and presence. Nurse-delivered hand massage is a safe and effective therapy that has been shown to strengthen the nurse-patient relationship, to improve patient comfort and relaxation, and to reduce stress and anxiety^{4, 5} (see also chapter 9).

Touching patients seems a natural and integral part of nursing care, applied for instrumental and functional use, such as bathing patients, wound care procedures, facilitating transfers and bed mobility. Touching is becoming less common in healthcare, however, due to automated vital sign assessment and higher nurse-patient ratios. Awareness of how compassionate, caring and encouraging touch affects patients is part of integrative nursing. Touch also allows for the establishment of a personal connection between nurse and patient.

Technique

Massage is a therapeutic manipulation of the soft tissues of the body with the goal of achieving normalization of those tissues. Various types of strokes can be used to produce pressure on cutaneous and subcutaneous tissues. The type of stroke and the level of pressure must be suited to the desired outcomes and the body part being massaged. Massage strokes can be administered to the entire body or to specific areas such as hands, feet or the back.

Commonly used strokes include:

- Effleurage: slow rhythmic stroking with light skin contact.
- Friction movements: moderate contact pressure to one area, made with the thumb or fingers.
- Pressure stroke: similar to the friction stroke but made with the whole hand.
- Petrissage (kneading): lifting a large fold of skin and the underlying muscle and holding and squeezing the tissue between the thumb and fingers.
- Percussion strokes: tapping tissue with the hand.

In this chapter the student will practice some of these strokes during a simple hand massage.

Narratives

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The narratives used stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can either be used as an example or as a case for further analysis, but it is up to the teacher how to best use them, according to the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ Experiencing relaxing hand massage in class

In the class about complementary therapies in nursing, Nadja and Carmel are paired up to give each other a hand massage. Both are not familiar with complementary therapies, but are used to practice nursing activities on each other through studying in the skills lab. Carmel doesn't feel comfortable, however, with any stress reduction technique. 'I don't like things like yoga or meditation, they make me feel more nervous', she says. But Nadja manages to gently convince her to try hand massage by pointing out the possible benefits for their future patients. They decide that Carmel will start by giving the massage and Nadja by receiving it.

After a few minutes of giggling and chatting, Carmel quietens down and carefully follows the protocol. She has her full attention on massaging Nadja's hand and doesn't seem to notice her fellow students anymore. After a while they both become quiet and seem more relaxed. When the massage is finished, Carmel is surprised by herself. 'I never thought that I would like doing this, but it is actually quite nice!' Nadja attests to this: 'Yes, I liked it too. It felt very relaxing. Thank you!'

Didactic reflections and teaching methods

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following reflections and concrete suggestions for teaching methods, context and content. Learn more about the model in appendix 3.

Learning conditions: This chapter can be taught early in education, since it is mainly about experiencing mild complementary therapies on a personal level. Students might be familiar with massage in general and might even have experienced a massage themselves.

Setting: The setting for practicing hand massage should be a classroom or skills room in which students can be paired up and the teacher can give instructions according to the need of the pairs of students. The teacher should be able to walk around and observe whether students follow the protocol correctly. Resources that should be available are massage oil for each pair, with or without a few drops of an essential oil, and (paper) towels to protect the working space. Commonly used massage oils are jojoba oil and grapeseed oil, which should be safe also for allergy-sensitive persons. Students should be able to work undisturbed for ± 30 minutes.

Goals: According to Bloom's taxonomy the learning outcomes related to this chapter range from simple to more complex learning. The knowledge goal is Apply general knowledge of complementary therapies and integrative nursing. Applying means that the student selects, transfers and uses data and principles to resolve a problem or complete a task with a minimum of direction. This should be feasible for hand massage when students have received an introductory lecture and watched an instruction video. One responsibility and autonomy learning goal of this chapter is *Evaluate and apply simple evidence-based complementary and non-pharmacological therapies for well-being and relaxation*. This goal can be reached when students have been reading the protocol before administering the hand massage. Students can also evaluate their own and each other's experiences with hand massage. The other goal, *Recognize own self-care practices in work and life situations* can be achieved by working with the classroom reflections and the reflections before class.

Content: As this is a very practical chapter in which students will experience two therapies themselves, we give practical suggestions and resources to use before, during and after class. Depending on the length of the lesson, the teacher can make a selection. Inspiration can be found in the section of resources. Suggestions are presented in table 1.

TABEL 1 Suggestions for teaching before, during and after a lesson:
out of class – in class – out of class

OUT OF CLASS	Preparation at home by watching an instruction video: • Simple Hand Massage Demonstration, Western Sussex Hospitals UK: https://www.youtube.com/watch?v=N8K008nKKRQ&t=5s • Massage Techniques for Caregivers - Hand & Lower Arm Massage, UK Integrative Medicine & Health: https://www.youtube.com/watch?v=u9pi-O_0TVM Ask students to write their immediate reflections about hand massage before class, after watching the video. Suggestions for questions: • Would you like to receive a hand massage yourself? Why/why not/under what circumstances? • Have you ever had a massage? What kind of massage? With what effect? Did you like it? • Can you picture yourself as a nurse who gives hand massage? • What is your first idea about the feasibility of hand massage in nursing practice?
IN CLASS	• Lecture about hand massage and the importance of touch (see resources below) • Discuss instruction video and protocol • Give a demonstration of a hand massage; use the Protocol to Apply Hand Massage for Relaxation (annex 1) • Facilitate the administering of hand massage in pairs • Facilitate class room reflections. Suggestions for questions: 1. How did you experience administering and receiving the hand massage? 2. Was working with the hand massage useful in understanding the importance of touch? In what way? 3. Can you picture yourself as a nurse who gives hand massage? 4. What is your idea about the feasibility of hand massage in nursing practice?
OUT OF CLASS	• Think of a selfcare initiative that you would like to integrate in your life to better cope with stress (see also chapter 2)

Learning process: Experiencing a complementary therapy is an activity which supports the learning goals in a relevant way. It supports the coherence between theory and practice, because the students will both learn about hand massage and the importance of touch and form their own personal experiences as a hand massage giver/taker. During this practical activity it is important that the students feel safe and knowledgeable enough. This might differ per student. Describing and discussing their own experiences might be helpful in transferring these to a patient's situation.

Suggestions for assessments

- ✓ Feedback from peers: how did their fellow student give the hand massage? Was it according to protocol, was the student able to make a connection, was the hand massage relaxing and comfortable to receive?
- ✓ Feedback from the teacher in relation to the learning goals.
- ✓ Feedforward: from the feedback evaluation the students can also evaluate where to go next: what can be improved in terms of technique, attitude, knowledge?



4.4 SKILLS LAB EXPERIENCE #2: RELAXATION TECHNIQUE – BREATHING WITH NARRATIVE AND DIDACTIC REFLECTIONS

Introduction

Relaxation therapies can help decrease stress and the effects of stress-induced illnesses. They have shown to be effective to relieve pain, anxiety and depression, to lower blood pressure, and improve quality of life ⁶⁻⁸. Moreover, clinicians and students may use relaxation techniques themselves to manage their own stress ⁹⁻¹¹. Examples of relaxation techniques are breathing exercises, progressive muscle relaxation, meditation, guided imagery, and yoga.

In periods of stress, your nervous system produces chemicals that prepare you for 'fight or flight'. They increase your metabolism, blood pressure, and heart and breathing rates, while at the same time constricting your blood vessels. This effect is called the *stress response*. This can be lifesaving in emergency situations, but it undermines your health when you are constantly activated by the stressors of everyday life. When high levels of stress hormones are often secreted, this can contribute to the development of stress-related medical conditions such as cardiovascular disease and gastrointestinal diseases.

No one can avoid all stress, but it is possible to counteract it by learning how to produce the **relaxation response**. The relaxation response puts the brakes on stress by inducing slower breathing, lower blood pressure, and a reduced heart rate⁶. The term **relaxation response** was coined by Herbert Benson¹². It is defined as the personal ability to encourage the body to release chemicals and brain signals that make your muscles and organs slow down and increase the blood flow to the brain. The relaxation response is a mentally active process strengthened by practice. Simply laying on the couch, reading, or scrolling on social media are 'activities' that are not going to produce the physical and psychological benefits of the relaxation response.

Technique

Whatever technique you use, these tips can be of help to optimize your experience of relaxation:

- 1 Choose a technique that you feel most comfortable with.
- 2 Adopt a passive attitude, without aiming for a specific result.
- 3 Find a quiet room, free from distractions, and limit technology and screens.
- 4 Choose a comfortable position that you can maintain for at least 10 minutes.
- 5 Start with short relaxation sessions, about 5 minutes. With more experience, achieving relaxation will become easier and you will be able to relax for longer periods of time.
- 6 Relaxation is a skill that must be learned, so practice is required.
- 7 Keep experimenting. No one method of relaxation will work for everyone; try out different strategies to see which ones meet your needs.

In this chapter we recommend starting with a simple breathing exercise. When you have healthy lungs, breathing is natural and easy. Your diaphragm does about 80% of the work to fill your lungs with a mixture of oxygen and other gases, and then to send the excess carbon dioxide out. We breathe in and out around 20,000 times a day, which helps our body to function properly. However, even healthy people do not always use their full lung capacity, which can cause all sorts of health problems as the toxins and excess carbon dioxide are not being exhaled sufficiently. Stress and anxiety can lead to superficial breathing. Paying attention to how you breathe can not only be helpful in stressful times, but is also good for your health in general.

NARRATIVE 2 ~ The relaxing effect of breathing

Lisa is in her fourth year of nursing school and loves working as a nurse. Her study results are good, but now that she has almost completed her studies, her fear of failure is causing her increasing problems. Studying at home, in a small and overcrowded house with four siblings, doesn't help her to feel comfortable either. She has difficulties falling asleep, feels tense and anxious. She requests an online consultation with her tutor Mrs. Klein.

Mrs. Klein suggests to do a simple breathing exercise together to help her feel more relaxed. She first makes sure that Lisa is sitting comfortably on her own bed and can't be disturbed by her siblings in the next 10 minutes. Then she suggests breathing together in a particular rhythm: gently breathing in for 4 counts and 4 counts out. But that doesn't work; Lisa seems too tense. Then Mrs. Klein tries 3 counts in and 3 counts out and asks Lisa to put her hand on her belly and try to belly breathe. This works well. Lisa is sitting comfortably, calmly inhaling and exhaling. She is surprised how relaxing this is. 'So simple and so powerful,' she says. 'I will try to practice this more often.'

Didactic reflections and teaching methods

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following reflections and concrete suggestions for teaching methods, context and content. Learn more about the model in appendix 3¹³.

Learning conditions: This chapter can be taught early in education, since it is mainly about experiencing mild complementary therapies on a personal level. The teacher should make sure how comfortable students are with doing relaxation exercises; are they familiar with them? Many young people take yoga or mindfulness classes. But self-reflection and centering exercises can for some students be very challenging. They might not feel comfortable doing these relaxation exercises for a variety of reasons. Do not force them to participate, but ask them to simply sit quietly and gaze at a fixed point in front of them, so as to not give their fellow students a sense of being watched.

It could be helpful to start this chapter with inviting them to share their personal experiences with coping with stress.

Tips for the teacher:

- Feel free to adopt or adapt any of these suggestions according to your student population, culture and country-specific context.
- If you are not qualified yourself to guide your students through these exercises, consider inviting an expert in this field to do the exercises together with your students.
- Relaxation techniques are generally considered safe for healthy people. In most research studies, no negative side effects have been reported.

Setting: The relaxation exercise can be done in class (with the group) and also online. If online is the option, then the teacher should be aware that it is more challenging to monitor each students' level of comfort. It requires some extra instruction and more attention to be sure all students share their experiences. A suggestion is to begin and end with a check-in: how is everyone feeling at this moment? Depending on the exercise chosen, ± 15 minutes should be reserved for the exercise.

Goals: According to Bloom's taxonomy, the learning outcomes related to this chapter vary from simple to more complex learning. The knowledge goal is *Apply general knowledge of complementary therapies and integrative nursing*. Applying in general means that the student selects, transfers and uses data and principles to complete a problem or task with a minimum of direction. This should be feasible for a relaxation exercise when students have received an introductory lecture and watched an instruction video. One responsibility and autonomy learning goal of this chapter is *Evaluate and apply simple evidence-based complementary and non-pharmacological therapies for well-being and relaxation*. The other goal, Recognize own self-care practices in work and life situations, can be achieved by working with the class room reflections and the reflections before class. Students could also be motivated to use the exercise during a specific time period and evaluate it in a diary (out of class). Students should also be able to apply general knowledge of complementary therapies, like a relaxation exercise, and interpret personal experiences with the relaxation exercise.

Content: As this is a very practical chapter in which students will experience two therapies themselves, we give practical suggestions and resources to use before, during and after class. Depending on the length of the lesson the teacher can make a selection. Inspiration can be found in the section of resources. Suggestions are presented in table 2.

TABEL 2 Suggestions for teaching before, during and after a lesson:
out of class – in class – out of class

OUT OF CLASS	• Prepare by watching a short introduction by dr. Andrew Weil (2:40) https://www.youtube.com/watch?v=SclZwqr5xpE • Answer the following questions: – Think of an earlier stressful situation in your personal or student life – describe the situation – How was your reaction: bodily, emotional and behavioral? – How did you cope with the situation and how did the coping strategy affect the stressful situation?
IN CLASS	• Classroom discussion: How do you cope with stress or a stressful situation? Share your experiences of preparing for this class. • Watch a video with your class: – Martin Boroson – One Moment Meditation, how to meditate in one moment: https://www.youtube.com/watch?v=F6eFFCi12v8 – Choose one of the breathing exercises by Andrew Weil: https://www.drweil.com/health-wellness/body-mind-spirit/stress-anxiety/breathing-three-exercises/ • Or try a Guided Imagery Meditation Exercise, such as: • Ohio State University Wexner Medical Center: https://wexnermedical.osu.edu/integrative-complementary-medicine/resources/relaxation-response • City of Hope National Medical Center: https://www.youtube.com/watch?v=qcdbCphVa1g • Benson-Henry Institute for Mind Body Medicine: https://bensohenryinstitute.org/guided-relaxation-exercises/ • Facilitate class room reflections. Suggestions for questions: – Would you use this technique with your future patients? – What would you need for that to feel competent enough?
OUT OF CLASS	• Try to practice this exercise the next time you feel stressed. • Write self-reflections in a diary. If you already have developed a selfcare plan (chapter 2), connect this experience with the selfcare plan. • Describe your experience with the relaxation exercise in your own words – make your own narrative. • You want to practice this at home? Just take breathing breaks several times a day to help refresh your energy, let go of distractions, and increase focus. • Stand and take a deep breath while raising your arms slowly over your head. • Exhale as you lower your arms. Repeat 3 times.

Learning process: Doing a simple breathing exercise helps students to experience how it feels, and how quick a relaxation response can be achieved. Reflecting on it with others deepens their understanding of this complementary therapy as an option for the promotion of well-being.

Suggestions for assessments

- ✓ Attendance and active participation.
- ✓ Feedback from peer students.
- ✓ Feedback from teacher.
- ✓ Feedforward: students making their own narratives.

4.5 SUGGESTIONS FOR RESOURCES

In the resource section you will find the references that are used in the text and suggestions of other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES network.

A limitation of these resources is that they are in the English language, meaning that many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above mentioned first two criteria.



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- Lindquist R, Tracy MF, Snyder M. Complementary and Alternative Therapies in Nursing.
 - Chapter on Massage: 249-264
 - Chapter on Relaxation: 275-288



Websites:

- National Center for Complementary and Integrative Health: <https://www.nccih.nih.gov/health/massage-therapy-what-you-need-to-know>
- National Center for Complementary and Integrative Health: <https://www.nccih.nih.gov/health/relaxation-techniques-what-you-need-to-know>



Instructions:

- For instruction drawings: <https://www.wikihow.com/Massage-Hands>
- See protocol in annex 1
- See for another protocol: <https://beauty.onehowto.com/article/how-to-give-a-hand-massage-7777.html>



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ANNEX 1

PROTOCOL TO APPLY HAND MASSAGE FOR RELAXATION

Protocol to Apply Hand Massage for Relaxation

Each hand is massaged for ± 5 minutes. Do not massage when the hand is injured, reddened or swollen.

1. PREPARATION

- Prepare your workspace by laying down a towel to protect the table or other workspace from the massage medium/carrier oil.
- Ask your partner to sit in a comfortable position where (s)he is able to rest the arm and relax.
- Make sure that you can sit comfortably as well.
- Choose a massage medium and warm a dime-sized portion of the medium by rubbing it between your hands.

2. PERFORMING

Back of hand

- Short, medium-length, straight strokes are done from the wrist to the fingertips; moderate pressure is used (effleurage).
- Large, half-circle, stretching strokes are made from the center to the side of the hand, using moderate pressure.
- Small, circular strokes are made over the entire hand, using light pressure (make small o's with the thumb).
- Featherlike, straight strokes are made from the wrist to the fingertips, using very light pressure.

Palm of hand

- Short, medium-length, straight strokes are made from the wrist to the fingertips, using moderate pressure.
- Gentle milking and lifting the tissue of the entire palm of the hand is done using moderate pressure.
- Small circular strokes are made over the entire palm of the hand, using moderate pressure (make small o's with index finger).
- Large, half circle stretching strokes are used from the center of the palm to the sides, using moderate pressure.

Fingers

- Each finger is gently squeezed from the base to the tip on both sides and the front and back.
- Gentle range of motion is performed on each finger.
- Gentle pressure is applied to each nail bed.

3. COMPLETION

- The partner's hand is placed on yours and covered by your other hand. The top hand is gently drawn toward you several times. The partner's hand is turned over and your other hand is gently drawn toward you several times.



Taking care of oneself as a person and a nurse and
caring for patients are closely connected

5 THE INTEGRATIVE NURSE IN CONVENTIONAL HEALTHCARE

5.1 INTRODUCTION

Despite an increasing emphasis on a patient-centered healthcare, the conventional healthcare system generally has a disease-focused approach with reliance on the biomedical scientific model and the healthcare professionals' autonomy^{1,2}. From this perspective, different healthcare practitioners work independently and parallel to each other. When healthcare moves toward a more integrative approach, the focus on medical diagnoses decreases and the exchange of information and communication between the various partners involved increases².

Reports and research on the implementation of integrative nursing and complementary therapies into conventional healthcare are mostly from the US³. These examples support a holistic approach to healthcare and address an additional way to meet patients' needs beyond the typical medical management. The priority areas aim at symptom management and at improving patients' quality of life. If these reports were to be interpreted from the perspective of clinical decision-making in nursing,⁴ a successful implementation involves a multilayered complex process from the nurse-patient encounter at the micro-level to policy and strategy in healthcare at the macro-level. Within Europe this multilayered implementation of integrative nursing does not exist and has to be found and recognized at the micro-level or in selected units at a meso-level. Often in a clinical setting nurses will be focusing on a conventional medically oriented approach. The purpose of this chapter is to inspire student nurses to be aware of their potential to change nursing practice towards a more integrated approach. The chapter will focus on the micro-level and changes in small steps. The issue is: How can nurses and students work with integrative nursing in their daily clinical practice and decision-making and maybe over time influence culture, colleagues and leaders at their own units.

The following aspects will be addressed:

- 1 Why and how to work with integrative nursing in daily practice.
- 2 Communication with colleagues about integrative nursing.
- 3 Using case stories and clinical examples of integrative nursing.

Why and how to work with integrative nursing in daily practice

The Fundamentals of Care (FoC) is a conceptual framework by Kitson et al. and a response to the fact that worldwide delivery of nursing is of insufficient quality, leading to adverse experiences, prolonged hospitalization time and greater risk of patient mortality⁵. FoC helps nurses to define and prioritize their nursing activities, and emphasizes the trusting, therapeutic relationship between the nurse and the patient as fundamental. This perspective supports an integrative approach.

Missed nursing care and nursing care of low quality have been evident internationally for more than 10 years and also documented in European hospitals⁶ with in-hospital mortality as a severe consequence⁷. The debating article 'Shitty nursing' from 2019 proposed on this basis that a new way forward for European nurses and the nursing profession is to re-value and re-orientate the practice of nursing care to avoid the fatal consequences of missed nursing care⁸. This new way forward could be guided by the practices and values of integrative nursing.

The WHO calls for more attention towards traditional and complementary practices in the member states as a strategy to keeping the population healthy⁹. In their 2014-2023 strategy, the WHO argues that non-conventional medicine contributes to health maintenance and disease prevention, particularly for chronic diseases, which currently form an underestimated part of health care services¹⁰. At the same time, ensuring the quality of nursing education programs is a proclaimed strategic priority to contribute to the populations' health goals¹¹.

A patient-driven approach is emphasized in the examples of successful implementation of integrative nursing³. Among specific patient groups as well as in the general population in the US there is a significant interest in complementary therapies (CT) and non-pharmacological interventions (NPI), e.g., to treat chronic symptoms. Similarly, the use of CTs has received more recognition from the European countries' populations⁹. In integrative nursing, the use of NPIs and CTs as a therapeutic approach focuses on empowering patients and enhancing individual mechanisms for self-management of symptoms. (series 1, chapter 2 – and series 3, chapter 1)

The principles of integrative nursing formulated by Kreitzer and colleagues serve as practical guidance to nurses and are applicable across any clinical setting¹². Within each of the six principles, nurses can find concrete indicators and examples of integrative nursing to be used in clinical practice. Principle 3 conveys that within integrative nursing, patient-centered care calls upon the nurse to be fully present and listen deeply to provide the best options for the patient's healing. Principle 5 states that integrative care begins with the least intensive/invasive intervention needed to relieve the patient's symptoms. This is practical guidance for nurses in their daily practice within every patient encounter from micro- to meso-level. (series 1, chapter 3).

Communication with colleagues about integrative nursing

Nurses have been in the forefront of integrating complementary therapies into healthcare practices. Studies of nurses' attitudes towards CTs reported these attitudes as overall positive, although there is still some skepticism about the therapies and the evidence supporting them¹³. Nurses engaged in nursing education have been reported to have positive views towards CTs and they see these therapies as beneficial to patients for a variety of symptoms and are open to their use. They believe that CTs have a role in nursing practice as well as in the school setting¹⁴.

Hall et al. (2017) conducted a systematic review of nurse's attitudes towards CT, including fifteen studies from seven countries¹⁵. The findings showed that nurses perceived CTs as good additions to conventional care. They also found that CT offers benefits to the practice of nursing by expanding its toolbox and making nursing more holistic and in many cases rewarding. The nurses reported barriers from other nurses and doctors, as their colleagues were sometimes skeptical or opposed to introducing CT into the work. The institutions where they worked did not always support the integration. One theme addresses that nurses perceive CT as a relevant option in the limitations of conventional health care when symptoms as pain, stress and sleep problems are not alleviated with medication. Another theme stated that a positive approach to CT and NPIs expanded nurses' options to provide sufficient care to patients and increased their job-satisfaction at the same time. The authors conclude that nurses do not seek out complementary therapies as an alternative to conventional care but rather as a way to give more personalized care.

Communication of good examples and of an open approach to patients' use of CAM will be enablers to integrative nursing and reduce collegial skepticism. The above findings show how important the influence of peers is and how important it is to communicate with your colleagues about CTs and integrative care. Having basic knowledge and being open-minded, nurses can describe what integrative nursing stands for and how CT and NPIs work, and thereby positively influence the culture both at an institutional and collegial level. The importance of building on interprofessional communication and of teambuilding between nurses and physicians are emphasized as key elements in a study-protocol of an integrative counselling program targeting cancer patients¹⁶.

Using case stories and clinical examples of integrative nursing

When you are examining complex phenomena and the holistic nature of nursing care, then exemplary cases and case studies are suggested methods^{17, 18}. Case-based learning is a widely used teaching tool in healthcare education using cases from clinical practice to connect theory to practice¹⁹.

In the INES mapping study, a SWOT analysis of findings showed that clinical examples and the use of best practices is a strength in the existing courses²⁰. Furthermore, experts participating in the INES Delphi study also considered knowledge from case stories as very appropriate for teaching nursing students about CTs and NPIs²¹. This is why we suggest the use of cases and good examples to demonstrate and understand how nurses and nurse students can work with integrative nursing in daily clinical practice within a conventional healthcare setting. The student can also be encouraged to use case stories in clinical practice when they want to discuss the potential of integrative nursing with colleagues. Narratives are presented throughout this handbook to illustrate the complexity of combining different types of knowledge within integrative nursing practice.

5.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method²¹. For this chapter the following learning outcomes are proposed.

Knowledge

- ✓ Apply general knowledge of complementary therapies and integrative nursing.
- ✓ Interpret knowledge from case stories about nurses' use of complementary and non-pharmacological therapies.
- ✓ Understand barriers and facilitators for implementing integrative nursing in own context/country.

Skills

- ✓ Provide general information to patients and colleagues about relevant complementary and non-pharmacological therapies.
- ✓ Select the least invasive nursing intervention when meeting patients' basic needs.
- ✓ Analyze individual and specific patient situations according to different health approaches.

Responsibility and autonomy

- ✓ Use a holistic and integrative approach in relation to basic nursing and clinical decision-making in non-complex patient situations.

5.3 NARRATIVES

Narratives are added to the text to enhance the engagement of the students and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The narratives used stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can either be used as an example or as a case for further analysis, but it is up to the teacher how to best use them, according to the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ Using examples to showcase stress management

Marianne is a nursing student at a gastrointestinal surgery ward. At the nursing school, she has participated in a course on integrative nursing, and Marianne is very inspired to use breathing exercises both as patient symptom management but also as her own strategy, e.g., after a stressful day at work, or when she has trouble falling asleep.

Marianne tells the nurse manager about the integrative nursing course, and she asks if she can start a staff meeting by demonstrating the 4-7-8 breathing exercise to her colleagues. The next week, Marianne gets the opportunity to use the first 10 minutes of a staff meeting. She begins by inviting her colleagues to try the breathing exercise. She asks them to get comfortable on their chairs and guides them through the exercise. She senses that several colleagues are positive, but a few colleagues also seem skeptical. She chooses to ignore this skepticism. However, everyone participates, and Marianne guides her colleagues through 8 repetitions of the breathing exercise. Marianne spends the last 5 minutes telling how she uses breathing as a personal strategy for stress management and that she also used the breathing exercise as a nursing intervention the day before with a patient who was very afraid of mobilization after a major operation. The patient asked for more pain medication, even though it was already given. Marianne sensed the patient's nervousness and suggested trying the breathing exercise, and she sat down beside the patient and they did it together. The breathing exercise provided so much calmness that the patient subsequently was able to mobilize without additional painkillers. After the staff meeting, several nurses approached Marianne and praised her for reminding them in a very practical way how simple non-pharmacological interventions are helpful in nursing.

NARRATIVE 2 ~ Communication with colleagues

Nurse May receives a patient who is to start adjuvant treatment for lung cancer. The patient says that in winter she suffers from depression and heavy thoughts. Therefore, she has been taking St. John's wort daily all year round with a good effect. During the conversation, she also says that even though it is autumn, she has stopped taking St. John's wort, as she knows that it rarely goes together with the treatment. The doctor confirms that St. John's wort is not recommended as long as she is in active treatment.

After the consultation, nurse May thinks that it was brave of the patient to talk about the use of CT, and she is worried about the patient's mental health as the dark season starts and at the same time the treatment is demanding. During the consultation, replacement for St. John's wort was not discussed. May knows that one of her colleagues is more knowledgeable about CT than May herself. May asks her colleague whether it is true that the patient is not allowed to take St. John's wort together with adjuvant treatment. Colleague Charlotte confirms that there are concerns about possible interactions. She suggests May at the next consultation to ask the patient how St. John's wort usually works for her -

how the patient concretely experiences the effect in her everyday life. Charlotte also suggests whether, based on the conversation with the patient, another CT can be suggested, such as mindfulness, meditation or light therapy. May is inspired by the conversation with Charlotte and feels comfortable meeting the patient with an open approach at the next consultation. She also decides to talk to the doctor before meeting with the patient.

5.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following didactic reflections and concrete suggestions for teaching methods, context and content. Learn more about the model in appendix 3. This chapter focuses on the students' understanding of possibilities of integrative nursing within a conventional healthcare setting as illustrated in the INES model. In Europe, examples of integrative nursing primarily are to be found on the micro-level and are not yet common on an institutional level. The chapter enables the students to be co-creators promoting integrative nursing in daily practice.

Learning conditions: As this chapter primarily has a theoretical approach, learning conditions for this chapter are based on which semester the students are in. Students are expected to have at least some knowledge about integrative nursing and CT/NPIs and about the structure and the philosophy within conventional healthcare to be able to understand possible barriers and facilitators to the acceptance of integrative nursing. Students' clinical experiences regarding e.g., skepticism by colleagues or good examples/observations of integrative nursing within a concrete clinical setting are also relevant learning conditions. In a group of students some might be skeptical and others positive. Students' knowledge about communication and organization theory from formal nursing education are relevant conditions to consider.

Setting: This chapter can both be used in class and online together with small working groups.

Goals: According to the validated learning outcome from the INES student profile and Bloom's taxonomy, one learning outcome is specific for this chapter: *Interpret knowledge from case stories about nurses' use of complementary and non-pharmacological therapies.* This learning outcome emphasizes the importance of exemplary cases in this chapter, as the aim is for the student to reach a rather high taxonomy level from this casework. Providing relevant information to colleagues is also specific for this chapter, whereas the other learning outcomes can be found in other chapters.

Content: According to the INES model, this chapter reflects how the circle moves towards conventional healthcare. Table 1 provides suggestions for content.

TABEL 1 Suggestions for teaching before, during and after a lesson: out of class – in class – out of class	
IN CLASS	Lecture about the integrative nurse in a conventional healthcare setting and introduction to group assignments.
OUT OF CLASS	Groupwise, students can choose from the following assignments: • Prepare five arguments supporting an integrative approach in nursing • Dealing with skepticism: Have you met skepticism in clinical practice, and how and why would you deal with this today? Prepare two or three examples • Prepare three examples on how communication between colleagues is a barrier and can be changed to enabler for integrative nursing. • Analyze a case story supporting examples of integrative nursing in daily practice. Students can construct their own cases based on experiences, or the teacher can give exemplary cases. • Describe and reflect upon the differences between conventional healthcare and integrative healthcare, e.g., from the perspectives of different paradigms, using the salutary philosophy or the framework of different team-oriented health care approaches.
IN CLASS	The students present the chosen assignments followed by dialogues and feedback from fellow students and teacher

Learning process: Self-preparation and the teacher's introduction and involvement on reviewing the material with facilitated analyses and discussions will create opportunities for in-depth learning. Dialogue and participation through presentation and reflections in class facilitate in-depth learning by combining theory and practice.

Suggestions for assessments

- ✓ Feedback from peer students in group work and during presentation of assignments.
- ✓ Formative feedback from teacher when group work is being done and presented.

5.5 **SUGGESTIONS FOR RESOURCES**

- In the resources section you will find the references used in the text and suggestions for other resources, such as websites or videos. These are selected on the basis of:
- 1 Scientific credibility (peer-reviewed articles, websites of universities and research centers).
 - 2 Professional credibility (professional associations and renowned healthcare institutions).
 - 3 The INES panel network.

A possible limitation of these resources is that they are in the English language; many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above-mentioned first two criteria.



Video-resources, illustrative examples of a 'new way' in nursing:

- Dagmarsminde in Denmark: May Bjerre Eiby: There is a treatment for everyone with dementia - YouTube
- Silent disco organised by the Dutch nursing student Teun Toebes: SILENT DISCO - Toos (83) danst en geniet - sTeun en toeverlaat - YouTube
- Foot massage during chemotherapy: https://www.youtube.com/watch?v=15_dd8soXGk
- Live music at the ICU: https://www.youtube.com/watch?v=_MPFvwGdowc

Resources for the suggested assignments



The salutary philosophy, reference: 22

- Antonovsky A (1979) Health, Stress and Coping. San Francisco, Jossey-Bass: *Antonovsky's Sense of Coherence (SOC) construct, a global orientation in which an individual perceives life as comprehensible, manageable and meaningful. SOC theory of health and well-being supports an integrative approach and challenges the conventional pathogenetic perspective. 'Unravelling the Mystery of Health' was published in 1987 and was translated into many languages.*



Framework of different health care approaches, references: 2, 23

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Communication as barrier or facilitator for integrative nursing, references: 15, 25

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SERIES
02

6 RULES AND REGULATIONS – LEGISLATION

6.1 INTRODUCTION

This chapter deals with the rules and regulations which apply to the use of complementary therapies (CTs). Of importance is to know that each country has specific rules and regulations regarding the use of CT; the integrative nurse has to know what is allowed and regulated and what not. He/she must also be able to find out which rules apply in her/his country, and which therapies are covered by insurance or reimbursed or not.

Regulation and legislation

A CT should ideally be selected in a collaboration between the nurse and the patient and be informed by evidence. It might be helpful to take into account the required level of training for applying the CT (Figure 1). A nurse is not allowed to practice complementary therapies in combination with her nursing work unless having completed the required formal training. The nurse's institution also has to accept such practice. For example, a nurse in Iceland who is also licensed as a reflexologist is not allowed to offer reflexology as treatment within the hospital setting. However, a nurse who has learned to apply simple massage strokes is allowed to give a patient such soft massage, provided the patient has given permission. In Denmark, nurses who are trained in acupuncture are allowed to practice acupuncture within nursing if they have a special agreement with the department management and the responsible physician.

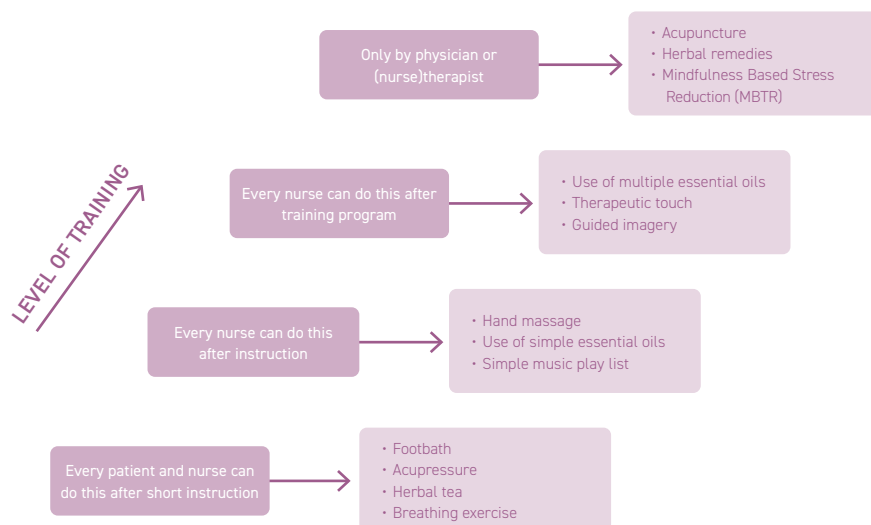


Figure 1: Level of training needed to apply complementary therapies. By courtesy of M. Giesberts - HAN University of Applied Science, Nijmegen, The Netherlands 2020

Selecting a CT depends on what is allowed in each country, and selecting a provider also depends on who is allowed to administer the complementary therapy in question. Legal regulations which apply to the use of CTs are different in every country. A lack of policy guidelines has much to do with lack of regulation¹. The European Union (EU) states that it is up to each member state to organize and regulate their healthcare system regarding the use of complementary and alternative medicine (CAM)². Norway is one of the few countries to have rules and regulations about CAM use. For example, most of the CTs are provided outside the traditional healthcare system and, therefore, a consumer has fewer rights in such cases. It also means that patients do not get compensation in the event of injuries. However, to safeguard patients, the authorities require CT providers to register as such and have taken out insurance to cover any damages. A CT user needs to check whether the provider is registered³. Table 1 presents a comparison of legislation, use and exercise of CAM in the Nordic countries. For example, in Iceland the practice of CAM is regulated by law but not defined by law. This means that there are regulations about how to practice CAM and those who practice must be registered. CAM therapists register voluntarily in the system. CAM is not reimbursed by the public health insurance except for some specific treatments prescribed or given by authorized health care personnel. CAM is mentioned in some courses in academic education but not taught specifically. There is not a national center for research on CAM in Iceland.

CAM IS	DENMARK	FINLAND	ICELAND	NORWAY	SWEDEN
... regulated by law	👍	👎	👍	👍	👎 ^b
... defined by law	👎	👎	👎	👍	👎
... allowed for the treatment of children < 8 years	👍	👍	👍	👍	👎
... allowed for the treatment of serious illness and infectious diseases	👎	👍	👍 ^b	👍 ^b	👎
... regulated in a voluntary register for CAM therapists	👍	👎	👍	👍	👎
... reimbursed by the public health insurance	👎 ^c	👎 ^c	👎 ^c	👎 ^c	👎 ^c
... part of elective courses in academic education	👍	👎	👍	👍	👍
... researched and knowledge is disseminated via a national center	👎	👎	👎	👍	👎

^a CAM is regulated indirectly within Swedish law.

^b Only after approval by the doctor responsible for the patient.

^c Not generally, but some CAM treatments, such as chiropractic, osteopathy, naprapathy, massage or acupuncture, can be reimbursed if it is given by, is prescribed by or given in collaboration with authorized health care personnel.

Vitamins and herbs are regulated differently than medications are. For example, in many countries supplements are not manufactured according to good manufacturing practice, which is the minimum standard that medicines manufacturers must meet, or it is regulated by different laws. In Denmark, for example, dietary supplements are regulated by the Danish Veterinary and Food Administration.

As the use of herbs is popular and the supply of over-the-counter medications has increased, it should be kept in mind that it is recommended to not use products such as herbs and supplements uncritically. Not much research has been conducted on the risks and safe use for some herbs and dietary supplements. Always follow the package leaflet or advice from health personnel about the product. Many people are allergic to things from nature, so it is important to be careful when using them. (chapter 9)

6.2 **LEARNING OUTCOMES**

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method⁵. For this chapter the following learning outcomes are proposed.

Knowledge

- ✓ Apply the national regulations and rules relevant for the implementation of selected therapies.
- ✓ Understand barriers and facilitators for implementing integrative nursing in own context/ country.
- ✓ Understand possible interactions when patients are using complementary therapies.

6.3 **NARRATIVES**

Narratives are added to the text to enhance the engagement of the students and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The narratives used stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can either be used as an example or as a case for further analysis, but it is up to the teacher how to best use them, according to the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ What a nurse can give information about

Nurse Dina is talking with Fatima, a 51-year-old woman with a history of several urinary tract infections (UTIs) in the last 6 months. Four days ago, Fatima had a cystoscopy at the local hospital, but the examination revealed nothing suspicious in the urinary tract. Therefore, Fatima's GP has asked Dina to have a talk with Fatima on how to prevent UTI.

Nurse Dina starts out acknowledging the discomfort of the examination and the many UTIs Fatima has had and asks her to tell the whole history of UTIs. This leads to a long conversation, and many questions from Fatima. Fatima also says she has heard about a herbal medicine with good effect on UTIs and asks Dina whether she knows about this medicine and would recommend it. Dina is careful in her answer to this question, being aware that a nurse is not allowed to recommend any treatment, and that only physicians can prescribe treatment for infectious disease. So, Dina answers that she knows a certain herbal medicine is claimed to contribute to maintaining a healthy mucous membrane, but Dina explains that as a nurse she cannot suggest medication, and recommends Fatima to ask her GP.

NARRATIVE 2 ~ What a nurse is allowed to do in practice

Richard, a 60 year-old retired policeman was discharged from hospital yesterday after a heart attack. Primary healthcare nurse Sandra greets Richard at the health care outpatient clinic when he comes for a follow-up talk, and to get instructions for self-injection with anticoagulation medication.

Sandra first asks Richard to talk about himself and what has happened to him. Richard describes himself as perfectly fit and healthy until this sudden attack. With a tearful voice he mentions how hard it is for him to see how worried his wife and two adult children are about him. Then Sandra asks if Richard has any chest pains, which he denies, but he feels very tired and has pain in all the muscles in his neck, shoulder and back, and has slept very poorly last night. Sandra asks whether she may touch his neck and shoulders. Touching Richard's neck,

Sandra notices his muscles are very tight, and she concludes that last week's anxiety has settled in his neck muscles. Sandra has just attended a course in aromatherapy massage and knows that massage with lavender essential oil would be helpful for Richard to fall asleep. Lavender is safe to use and has no side effects or contraindications, and there are no rules that hinder her from applying this massage or to suggest it to the Richard. So, Sandra asks Richard whether his wife could give a relaxing massage. Richard's face lightens up, and he says his wife will love to give him massage, and that he cannot wait to tell his wife how she can help.

6.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following reflections and concrete suggestions for teaching methods, context and content⁶. Learn more about the model in appendix 3.

Learning conditions: Learning conditions for this chapter are based on which semester the students are in, and whether the course is considered mandatory or elective. Students are at least expected to have knowledge about the do's and don'ts according to nursing legislation in their own country.

Setting: This chapter can both be used in class and online and with small working groups. This chapter refers to rules and regulations and the topic requires students to look into rules and regulations in their own country. Therefore, this chapter may be seen as more suitable for students who are taking this course for five or more ECTS points.

Goals: According to Bloom's taxonomy of the INES student profile there are several goals here. Based on the suggested learning outcomes, this chapter focuses on the students' development of their knowledge of the legislation and rules to integrate complementary therapies in their practice.

With vast variations between the countries' legislation regarding nurse authorisation/registration, laws on medicinal products and nutritional supplements, it is also a goal that the students can read and reflect on relevant legislation. Furthermore, the students' group work contributes to deepening of reflective skills, and to an understanding of which mechanisms can respectively be a barrier or facilitator to the integration of complementary therapies in daily nursing practice.

Content: According to the INES model, this chapter reflects how the white circle moves to conventional healthcare.

TABEL 2 Suggestions for teaching before, during and after a lesson:
out of class – in class – out of class

OUT OF CLASS	• Preparation at home with relevant web links to different relevant resources.
IN CLASS	Lecture on the nurse's competences in relation to informing, advising and assisting patients' use of complementary therapies: • Short introduction to clarifying the following topics on what the nurse must be aware of in one's specific country. The listed topics are central focal points in the group work: • Where to find information on specific national legislation regarding nurses' rights and duties with regard to treatment prescription and drug administration? • Legislation on categorization of natural supplements as a medicine or as a nutritional supplementation. • Which barriers can be identified for using complementary therapies? • Rules and legislations on what kind of complementary therapies therapists with non-health professionals background can perform. • Are there registers for CT providers (alternative therapists)? • What is quackery? • Legislation on drug administration in relation to homeopathy and herbs. • The importance of documentation. • Introduce the groups to include the chapter's two narratives in reflections on the nurse's legal basis. • Introduction to a national interaction database, like www.interaktionsdatabasen.dk and www.naturaldatabase.com).
OUT OF CLASS	Students work in small groups studying: • The chapter's two narratives searching for legislation to support the nurse's considerations. • The topics mentioned above. • The national interaction database for possible interactions of specific herbals and dietary supplementation, such as: • St. John's Wort (<i>Hypericum Perforatum</i>) • Ginger • Garlic • Fish oil (Omega 3 fatty acid) • Ginkgo biloba / Maidenhair tree • Blueberry • Valerian
IN CLASS	• Depending on the number of groups, each group makes a PowerPoint, Prezi or poster presentation on one to two assigned topics. • Facilitate classroom reflections based on students' group work. • Give immediate feedback.

Learning process: Self-preparation and the teacher's involvement on reviewing the material with facilitated analyses and discussions will create opportunities for in-depth learning. Dialogue and participation through exercises and reflections in class facilitate in-depth learning by combining theory and practice.

Suggestions for assessments:

- ✓ Feedback from peer students in group work.
- ✓ Formative feedback from teacher when group work is ongoing and presented.
- ✓ Feedforward: commenting on the group's immersion in the topics, and their presentation.

Summative assessment: a mandatory course could be ended by a multiple-choice test and an elective course could be ended by a quiz, e.g. Kahoot.

6.5 SUGGESTIONS FOR RESOURCES

Several institutions have reported on the regulations and safety for use of complementary therapies.

WHO, reference: 7

The WHO Traditional Medicine strategy 2014-2023 was developed and launched in response to the World Health Assembly resolution on traditional medicine. The strategy aims to support member states in developing proactive policies and implementing action plans that will strengthen the role that traditional medicine plays in maintaining populations' health.

CAMbrella, reference: 8

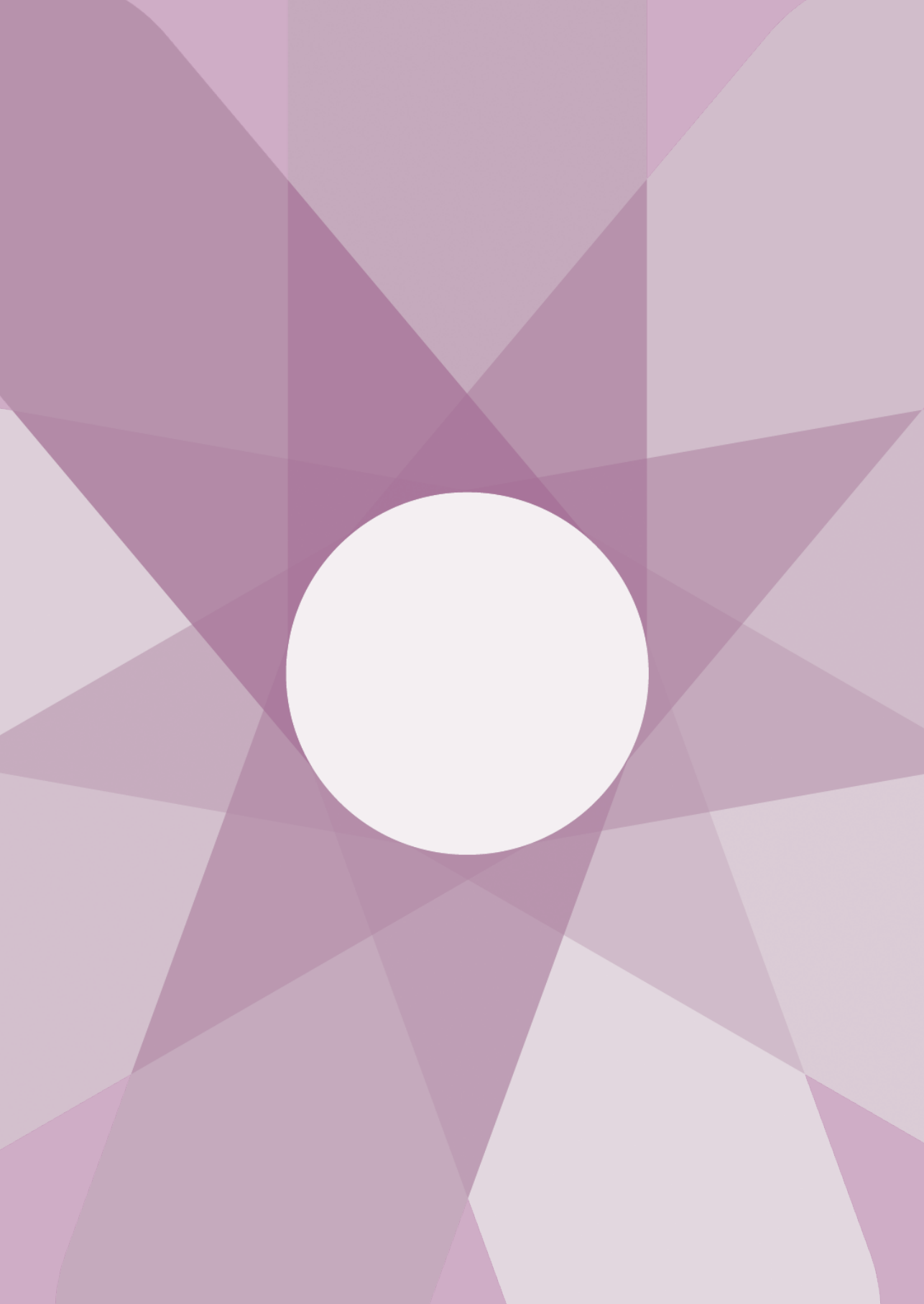
Is a European research network for CAM that conducted a research programme into the situation of CAM in Europe between 2010 and 2012. One of the aims of this network was to review the legal and regulatory status of complementary and alternative medicine in Europe. Reports from the CAMbrella projects are available.

NAFKAM, reference: 4

Norway is one of the few countries to have rules and regulations on CAM use. NAFKAM is short for Norway's National Research Centre for Complementary and Alternative Medicine, an official research and information institution under the Norwegian Directorate of Health, located at UiT, The Arctic University of Norway. Their task is to develop knowledge on how CAM can help with illness and health problems. Their task is also to develop and offer research-based and quality assured information on the potential efficacy and risk of common CAMs. Their mission is to contribute to higher patients' safety through informed and knowledge-based health choices. Nafkam.no is the Norwegian health authorities' official website for facts about CAM. Here is an example of their guidelines: <https://www.forbrukertilsynet.no/english/guidelines/traditional-complementary-medicine-tcm-information-consumers-july-2017> And also a link to the Norwegian laws that influence CAM: <https://nafkam.no/en/patient-safety/norwegian-laws-influencing-cam> A similar institute run by the US government is the National Center for Complementary and Integrative Health in the US – www.nccih.nih.gov

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SERIES
02



7 HEALTH COACHING, PATIENT LIFESTYLE AND SELF CARE

7.1 INTRODUCTION

Nurses are often in the position of offering guidance and support to patients in making adequate health choices. This is not always an easy position, since a nurse serves a dual role: to support the patients' best medical interests and at the same time to support their autonomy. In practice, these two are not always congruent with each other. Sometimes, a patient's exercising his or her independence runs directly opposite to their medical needs. For example, a person with a knee injury may be determined to play an important tennis match. This is even more true for lifestyle-related diseases, such as diabetes, cardiovascular diseases, some types of cancer and chronic respiratory diseases. These diseases share common lifestyle-related risk factors, like physical inactivity, unhealthy diet, tobacco use and harmful use of alcohol, which often are part of the social and childhood environment and are difficult to change.

In this chapter, the student will learn about lifestyle coaching and relevant complementary non-pharmacological therapies such as mind-body therapies and tai chi. The student will also be introduced to a perspective that gives a more comprehensive insight into a patient's situation, understanding of his or her illness and current selfcare practices including complementary therapies. This perspective will help the student to be more open to a patient's personal situation and background and reduces the risk of a medically dominated and moralizing approach in (lifestyle) nursing. Since this chapter focusses on lifestyle and selfcare – the important purple petals in the INES model – it emphasizes that establishing a relationship with a patient comes before intervention, which relates to the third principle of integrative nursing: *integrative nursing is person-centered and relationship-based*.

7.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, and expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method¹. For this chapter the following learning outcomes are proposed.

Skills

Reflexive

- ✓ Analyze individual and specific patient situations according to different health approaches.
- ✓ Recognize patients' autonomy and wishes in relation to complementary and non-pharmacological therapies.

Ethical

- ✓ Establish an open and curious approach to patients in relation to their needs and preferences about complementary and non-pharmacological therapies.

Responsibility and autonomy:

- ✓ Evaluate and apply simple, evidence-based complementary and non-pharmacological therapies for well-being and relaxation.

Health, healthy lifestyle and health coaching

In 1948 the World Health Organization (WHO) defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease. In 1986 it was added that health is a positive concept emphasizing social and personal resources, as well as physical capacities. Moreover, health is a resource to support an individual's functioning in wider society, rather than an end in itself. In 2011, a new definition of health was proposed in which resilience, sense of purpose, meaningfulness and self-management are key².

In line with the WHO definition of health, health promotion has been an important focus of nursing practice. An accurate and in-depth understanding of what health means to people and how health is experienced enables nurses to educate people about selfcare, thereby respecting each person's unique history, culture, beliefs and story. Health coaching in nursing is an additional patient-centered and patient-driven strategy that nurses can call on for motivating, targeting and monitoring a patient's selfcare. Health coaching from an integrative nursing perspective additionally stresses the importance of a safe, non-judgmental environment, in which the nurse partners with the patient to seek what is most meaningful to him or her in relation to their health behavior³. It is the patient who is the expert, and not the nurse 'who knows best'. The integrative nurse also incorporates complementary therapies to support reaching a healthy lifestyle (Table 1), while understanding that people are at different levels of readiness for change.

Integrative health coaching in nursing for patients living with chronic diseases is targeted to reduce a patient's symptoms and to prevent these from worsening⁴. Four key components of a healthy lifestyle that can be helpful for symptom reduction are addressed (Table 1). Since health promotion is a rapidly growing area in healthcare, new research findings will be added frequently, requiring nurses to keep their knowledge and skills about these key components up-to-date.

TABEL 1 Key components of a healthy lifestyle and relevant complementary therapies		
KEY COMPONENT	DESCRIPTION	COMPLEMENTARY THERAPY
DIET AND NUTRITION	Eat mostly vegetables and fruits, whole grains, lean proteins, healthy oils, eat not too much, avoid 'fast food' and sugar. Suggest to apply rule of 90/10: 90% of the time you choose foods that are good for you, 10% of the time you eat whatever you feel like eating ⁵ .	Vitamins, supplements (always check risks), mindful eating
PHYSICAL ACTIVITY AND EXERCISE	A sedentary lifestyle affects not only physical health, but also sleep, healthy relationships and social connectedness. Natural movement such as gardening, walking, and manual housework should be stimulated and specific exercises such as fitness or sports should be recommended.	Qigong, tai chi, yoga
SLEEP HYGIENE	Sleep 7-8 hours each night, maintain a regular sleep-wake routine, limit the use of sedatives and stimulants (including coffee later at night), turn off electronics, sleep in a dark room.	Relaxation and deep breathing, guided imagery, mindfulness
STRESS REDUCTION	Remove environmental stressors as much as possible, understand your individual response to stress, stimulate resilience and positive emotions.	Mindfulness, relaxation and breathing, massage, therapeutic/healing touch, music

Reference: Kreitzer MJ, Koithan M. Integrative Nursing. 2nd ed. New York: Oxford University Press; 2019.⁶

Connection and communication

To empower patients to set self-determined goals for behavior change, the integrative nurse should apply a patient-centered communication style⁷. Elements of such a communication style are establishing connectedness to the patient and being skilled in motivational interviewing and shared decision-making.

Connecting to the patient is the key to effective personalized nursing care. It implies being centered and truly present and open to the patient before an interaction (see also (chapter 3). Nurses can use three tools to make this connection happen⁸. The first tool is actively establishing connectedness, by recognizing the patient as a person in the very first moment of contact. The second tool is a sort of 'antennae' to tune in to the patient's feelings of security and trust. This tuning in can be evoked by deeply listening to the patient. The third tool is asking empathetic questions to find out the patient's understanding of health, his or her treatment preferences and those of family members and discuss expectations and disappointments.

A clinical communication skill that can be helpful is motivational interviewing⁶. Nurses can develop this skill to elicit patients' personal motivations for sustainable behavior change. Motivational interviewing is done by asking evocative open-ended questions, acknowledging patient autonomy and personal responsibility, and reserving judgment. Motivational interviewing is especially effective when patients show ambivalence towards lifestyle changes; e.g., in relation to how they perceive themselves as being at risk of their disease becoming worse. The four guiding principles of motivational interviewing are represented by the acronym OARS (Figure 1).

O	Open-ended questions that allow patients to give more information including their feelings, attitudes and understanding.
A	Affirmations to help overcome self-sabotaging or negative thoughts.
R	Reflections as a way to express ambivalence.
S	Summarize to let you patient know that they are being heard.

Figure 1 Motivational interviewing – OARS, 2013 ⁹

Shared decision-making is the process whereby patients and clinicians together make evidence-based decisions centered on patient values and preferences. It ensures that individuals are supported to make the right decisions for them¹⁰. The American Agency for Healthcare Research and Quality (AHRQ) developed a five-step process for shared decision-making, called SHARE, which can be used in nursing practice¹¹.



From the patient perspective there are three questions to ask: what are my options, what are the pros and cons of each option for me, and how do I get support to make a decision that is right for me?³.

When shared decision-making is used to discuss non-pharmacological complementary therapies for supporting a healthier lifestyle, the decision-making framework by Cohen (2002) might also be helpful (see chapters 9 and 10)¹². This framework considers both effectiveness and safety of complementary therapies.

7.3 NARRATIVES

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The presented narratives stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can be used either as an example or as a case for further analysis, but it is up to the teacher how to best use them, taking into account the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ **Sleeping and exercise**

Nurse Simone works in an outpatient clinic for people suffering from affective mental disorders. There she meets Leah, a 30-year-old young woman suffering from depression. Leah has been discharged from the mental health hospital and recently started an outpatient program.

Leah is still on sick leave from her work as a dentist. She finds this very stressful, because her colleague often asks her when she will return to work. Leah complains about sleeping problems. She wakes up early in the morning and can't go back to sleep because she starts to worry about life. She feels exhausted and tired all day long.

As an integrative nurse, Simone knows that it is important to support patients' well-being and to prevent a new depression from occurring. She is genuinely open and curious about how Leah is coping with the sleeping problem. Leah tells her that she just stays in her bed at night and hopes to fall asleep again; sometimes she takes a prescribed sedative. But she does not like to take the sedative medication and asks: 'What can I do instead of taking medication'? Nurse Simone inquires what Leah's day looks like, whether and how she sleeps during the day and what activities she undertakes. Leah tells she watches a lot of television and rests on the sofa. She experiences lack of energy to cook proper food, which makes it difficult to adhere to healthy nutrition and to exercise. 'It is very difficult and embarrassing for me to talk about all this. This is not like me at all, I feel so weak, but you must know that I am not a lazy person,' she wants to convince Simone.

Simone explains how loss of energy is a common problem during a depression period. She asks Leah which activities she used to find pleasant. Leah likes yoga and being in nature. Simone suggests to her to start to do mild yoga again and to find some daily activities in nature, like taking a walk in a quiet area and get some fresh air. These are activities which calm the nervous system and make her tired in a more natural way, something that may improve her sleeping pattern.

NARRATIVE 2 ~ Nutrition

After being diagnosed with rheumatoid arthritis in fingers and wrist of the left hand, 55-year-old Peter, a math teacher, experiences increasing pain. Peter consults his general practitioner who prescribes an NSAID as pain medication. After some days taking this pain medication, Peter experiences nausea, abdominal pain and drowsiness. He decides to stop the pain medication.

A month later Peter consults the nurse in the clinic because of the recurring pain. Peter is dedicated to look for other ways of pain relief than just medical treatment. He has already started a healthier lifestyle. He meditates 20 minutes every day, swims twice a week and takes long walks with his dog every day. Within the last month, Peter has experienced that eating meat and food high in sugar makes his condition worse. Therefore, he changed to a vegetarian diet and has experienced some pain reduction since.

The consulting nurse is open to Peter's new lifestyle. She listens and supports the way Peter attempts to cope with the situation. But she is also aware of the risk of protein deficiency. She carefully points this out to Peter and asks him how he covers protein needs in his diet. Peter says 'I do not know how to make a proper diet covering my protein needs.' She promotes a varied diet with fruit, vegetables, beans and whole grain and she encourages him to take a closer look at his diet. She suggests to him to write down his food intake at lunch and dinner every day for the next two weeks and also to make notes describing whether the arthritis symptoms are getting worse or better. They will discuss the outcomes at the next consultation and consult a dietitian for the diet if necessary.

7.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following reflections and concrete suggestions for teaching methods, context and content. Learn more about the model in appendix 3.

This chapter combines general knowledge in relation to shared decision-making and motivational interviewing and integrative nursing therapies within a conventional healthcare setting. It also relates to the second and third principles of integrative nursing: human beings have the innate capacity for health and well-being; and integrative nursing is person-centered and relationship-based.

Learning conditions: Learning conditions for this chapter are based on which semester the students are in. Students who are finishing their nursing education will have extensive knowledge of shared decision-making, and motivational interviewing.

Setting: This chapter can be taught in a traditional classroom setting, or if possible, in a simulation setting with e.g., a hospital ward or outpatient clinic as context. As the learning content of this chapter is based on having an open and curious approach to the patients' needs and preferences, the chapter can be included in a course about integrative nursing as well as in teaching in shared decision-making and motivational interviewing in general, and specific patient groups or conditions. It is an advantage if the teacher has the prerequisites for teaching about patient involvement, shared decision-making, motivational interviewing and integrative nursing.

Goals: The suggested learning outcomes are in relation to skills and responsibility and autonomy. The responsibility and autonomy goal as well as the ethical skill refer to 'application' in Bloom's taxonomy, whereas the reflexive skill refers to both 'application' and 'comprehension'.

Content: Depending on setting, resources and the students' learning conditions, different theoretical and practical approaches can be chosen for these lessons. Inspiration can be found in the resources section. Content suggestions are presented in Table 2.

TABEL 2 Suggestions for teaching before, during and after a lesson: out of class – in class – out of class	
OUT OF CLASS	Reflections before class: • What do you think is a healthy lifestyle? Why? In general, or for yourself? Is it difficult to maintain? If so, why? • Which experiences or traditions do you have from your family in relation to self-healthcare and healthy lifestyle? • Describe a personal experience in relation to intended behavior regarding a healthy lifestyle and your actual behavior. • In what settings do nurses in your country work with lifestyle coaching and prevention?
IN CLASS	• Choose one of the key components of a healthy lifestyle described in Table 1 and discuss why the suggested activities in Table 1 are complementary therapies. Which other complementary and non-pharmacological strategies could the nurse recommend? Discuss with your group. • Why is patient involvement and shared decision-making necessary when the nurse helps the patient develop a healthy lifestyle? Discuss with your group. • Make a group of three persons - Take an interview or roleplay (out of class): person 1 is the patient, person 2 is the interviewer, person 3 is the observer.

OUT OF CLASS (GROUPS)	• Select one of the healthy lifestyle components and take a motivational interview including 1-2 complementary therapies in relation to healthy behavior (What is a healthy lifestyle to the patient? How does the patient maintain a healthy lifestyle in everyday life? Which challenges are experienced? Which complementary therapies could be relevant?) • The observer takes notes in relation to how the patient's autonomy and wishes are met by the nurse in the interview and whether the nurse has an open-minded and inquisitive dialogue with the patient. Is she able to connect to the patient? • Discuss the interview in the group: How did it go? Include all three perspectives in the discussion (patient perspective, nurse perspective and observer perspective).
IN CLASS	• Present the group discussion in class. • Collection and lessons learned.
OUT OF CLASS	• Find a medical or nursing guideline on lifestyle coaching/prevention for your own country. Are there any complementary and non-pharmacological therapies suggested? What would you like to see added?

Learning process: The suggested content implies an alternation between inductive and deductive teaching methods. The analyses of the interview/roleplay and discussions create opportunities for in-depth learning, because the interview/roleplay situation connects a practical experience with theoretical knowledge of patient involvement and shared decision-making.

Suggestions for assessments

- ✓ Peer feedback from fellow students in group.
- ✓ Formative feedback from the teacher in relation to the presentation of group work.

7.5 SUGGESTIONS FOR RESOURCES

In the resources section you will find the references used in the text and suggestions for other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer-reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES panel network.

A possible limitation of these resources is that they are in the English language; many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above-mentioned first two criteria.



Books:

- <https://www.routledge.com/Lifestyle-Nursing/Merlo-Berra/p/book/9781032013343>



Websites:

- <https://www.hufelandgesellschaft.de/holzschuhpreis#c1738>
- <https://lifestylemedicine.org/overview/>



Website/guideline: 1,2,3

- <https://www.cpoc.org.uk/shared-decision-making>
- <https://www.ahrq.gov/health-literacy/professional-training/shared-decision-tools/factsheet.html>
- <https://aqua.nhs.uk/wp-content/uploads/2021/10/AQuA-A3Q-Poster-11.pdf>

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Value what you do,
and add value by what you do

8 POPULAR COMPLEMENTARY THERAPIES FROM THE USER PERSPECTIVE

8.1 INTRODUCTION

Over the last decades, the use of complementary therapies (CTs) has become increasingly popular in all European countries. A survey conducted by CAMbrella, a pan-European research network for Complementary and Alternative Medicine, showed that the majority of citizens in Europe have a positive attitude to the use of CT¹. The countries vary greatly in the usage of CT. For example, in 2018 nearly 40% of the populations in Switzerland and Germany had used at least one CT during the last 12 months, versus only 9.5% of the population in Hungary². A systematic review of 49 surveys conducted in 15 European countries showed that from almost 10% to 75% of the population uses CT². Therefore, having knowledge of CT is important for nurses, because they will frequently encounter patients who are using them in combination with a conventional mainstream treatment (for further reading see Chapter 2). A survey conducted in 2012 found that patients in primary care want a general practitioner who listens to inquiries about complementary and alternative medicine (CAM) and, if necessary, refers to or collaborates with CAM practitioners³. Knowing that patients want the conventional health system's support and advice along the way, this chapter aims to describe why and how patients choose and use complementary therapies. The following questions are addressed:

- 1 What are the most popular CT modalities used by patients and how can complementary therapies be categorized?
- 2 Who are the users and what motivates their use of complementary therapies?
- 3 Which factors determine the choice of therapy?

What are the most popular complementary therapies used by patients and how can they be categorized?

The most frequently used CTs in Europe in 2018 were massage therapy, used by 11.9% of the population, followed by homeopathy (5.7%), osteopathy (5.2%), herbal treatments (4.6%), acupuncture (3.6%), chiropractic (2.3%), reflexology (1.7%) and spiritual healing (1.3%). Other modalities, such as Chinese medicine, acupressure and hypnotherapy were used by around 1% or less². This is the average pattern, but there are marked differences between the individual countries.

There are many ways to categorize the different CTs. For example, by the Five Pillars of Kneipp therapy (water, plants, exercise, nutrition and balance combined into a holistic approach to human health⁴) or sometimes just a simple list of the modalities in alphabetical order, starting with acupuncture. In the INES Series we chose for figure 1, described by the Van Praag Instituut (2015)⁵ and adjusted from an earlier model

by the then American National Center for Complementary and Alternative Medicine (now NCCIH). At the bottom, the top five well-defined whole medical systems: ayurvedic medicine, Traditional Chinese Medicine, anthroposophical medicine, natural medicine and homeopathy. Four categories of complementary therapies are rooted in these systems, most of which can also be administered by nurses or other healthcare professionals in daily care. These complementary therapies are categorized by their (alleged) working mechanism: biological therapies, mind body therapies, biofield therapies and manual therapies.

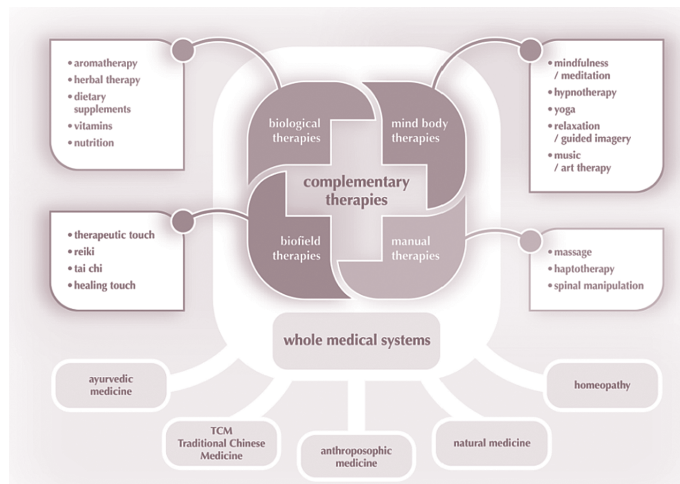


Figure 1. Categories of complementary therapies, adapted by the Van Praag Instituut (© 2023), from the former American NCCAM, now NCCIH.

Who are the users and what motivates their use of complementary therapies?

A study of usage of CT in Europe revealed four main categories of reasons for using CT⁶. The largest category was *being in poor health*. The second category was *low opinion of health services*. The third category was *longstanding health problem*, and the last and smallest category was *unmet need*. Thus, patients may have various reasons to seek healing outside the conventional health system.

In addition, self-perceived health status, signs and symptoms of illness can be motivators, as well as the absence of symptoms^{6,7}. In the latter case, people's motivation can be prevention, general health maintenance and curiosity. Another frequently described reason is well-being, stimulated by e.g., massages, nutritional supplements, breathing techniques and mindfulness to stay healthy and maintain homeostasis of the body.

Back pain and neck pain are the most common symptoms that people apply CTs for, followed by pain in arm, hand, foot or leg, and by allergies, cancer issues and stomach or digestive problems². Depression may also be an argument to take refuge in CT. Manual therapies (e.g., massage therapy) are by far the most popular in relation to all health problems.

Cancer diagnosis is a frequent reason to seek and apply CTs. When asked about their motivation for use, people diagnosed with cancer mention improvement of physical, general and emotional well-being and a wish to increase the body's ability to fight the cancer⁷. For some patients, a feeling of hope may be crucial for their well-being and quality of life, a hope that some patients feel the conventional medical system is not sufficiently attentive to or able to maintain⁸. Both for the group of critically ill patients and for other patient groups, such as patients with stomach problems and musculoskeletal pain, the motivation can also reflect a desire to act and take part in one's own treatment⁹ and to set a new agenda for one's life¹⁰. Some people may also be motivated by their doctors to use CTs, such as acupuncture¹¹. Overall, there are multiple motivation factors to use CTs, and for some people the expression 'It can do no harm' is the motivation itself¹⁰.

When describing the users of CT, we find a general gender difference in that women are more likely to use CTs than men. Furthermore, the typical CT-user is well educated and has a middle or high income. People who are neither well educated nor well off, but can be classified as people with chronic diseases, form a larger group of users of CT^{1, 12}. All adult age groups use CTs, with a small predominance of people in the age group of 45-64 years. The above-mentioned surveys do not include children; still, a national surveillance study in the Netherlands reported that 4.9% of Dutch children age 0-12 and 2.1% of children between ages 12 and 18 have visited a complementary therapist in the year 2017¹³.

Which factors determine the choice of therapy?

Economic considerations may be crucial in decision-making whether to apply a complementary therapy or not. In most European countries, complementary therapies are user paid, but in some countries, such as Germany, Norway, Sweden, Denmark, the Netherlands and Switzerland, payments for a number of CTs are reimbursed^{2, 6}. As mentioned above, people with middle or higher incomes most commonly use CTs, and there even is a correlation between income and the choice of complementary therapies. A study by Kemppainen and colleagues found that lower income was associated with the use of mind-body therapies, whereas therapies such as acupuncture, acupressure, homeopathy, herbal treatment and manual therapies were associated with higher income². Mind-body therapies differ from these other therapies by their high level of self-involvement; in contrast, the other therapies are more dependent on the therapist. The therapies depending on a therapist might be more expensive and in less control of the user⁷ (for further information see chapter 10).

8.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method¹⁴. For this module the following learning outcomes are proposed.

Knowledge

- ✓ Understand patients' use of complementary and non-pharmacological therapies and related arguments and experiences.

Skills

Reflexive

- ✓ Recognize patients' autonomy and wishes in relation to complementary and non-pharmacological therapies.

Ethical

- ✓ Establish an open and curious approach to patients in relation to their needs and preferences about complementary and non-pharmacological therapies.

8.3 NARRATIVE

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The presented narratives stem from both educational and clinical practice, from various countries. Some are more elaborate than others are. They can be used either as an example or as a case for further analysis, but it is up to the teacher how to best use them, considering the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ Lola's story

Jonas is a third-year nursing student and now in his final internship in a health clinic. Today, 52-year-old Lola, who had a knee alloplastic 10 days ago, comes in for suture removal. Jonas immediately senses a good contact with Lola, and the conversation moves to diet and nutrition, as Lola says that by changing her diet, she has lost 25 kgs in the past 18 months. Lola tells how two years ago she visited her GP due to pain in the knee. The GP prescribed an MRI scan of the knee. In the follow-up conversation, the GP explained the pain was caused by severe osteoarthritis. Lola was offered an alloplastic of the knee.

This, however, was conditional on her having to lose 20 kgs of weight beforehand, as the doctor explained that weight was a contributing factor to the condition of the knee and the pre-diabetes she also had been diagnosed with. The GP recommended Lola to see a dietitian. Lola tells that in the following year, she fought a tough battle against the kilos, trying to follow a diet plan, but she never won. A good friend kept on encouraging her to seek a therapist outside the health system. One day Lola started a treatment course with a naturopath. She describes how this course was game changing for her. She felt the therapist was trying to understand why she had been putting on weight, and asked questions about her sleep, crises and traumas throughout life and how she thrives in life in general – questions the GP and the dietitian never asked. She received good advice on the composition of the diet, the foods she could advantageously exclude from the diet, dietary supplements, and also how she could improve the quality of sleep. She stayed in close contact with the therapist for the first months. Lola explains how these conversations, during which the therapist from a holistic approach not only attended to her body but also to the life she lived, were game changing for her motivation and understanding of her own body. She followed the therapist's advices, lost 25 kgs and got rid of her pre-diabetes. Jonas thinks Lola's story is very thought provoking and asks whether he can ask her some questions. Lola says he is very welcome, and also very welcome to pass her experiences on to other patients. So, Jonas asks why she chose this special complementary therapy, and how this approach was different from the dietitian's. After the talk with Lola, Jonas reflected on the significance of a holistic approach, and how he could adopt this into nursing.

8.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hlim and Hippe shows six interrelated didactic elements that form the framework for the following didactic reflections and concrete suggestions for teaching methods, context and content¹⁵. Learn more about the model in appendix 3.

Learning conditions: This chapter is based on fundamental nursing knowledge about patient understanding of health and disease and coping strategies, and can fit into all parts of the nursing education. Experiences from the students' patients and relatives can be included as well as the students' personal experiences. It is well possible to differentiate with regard to the three suggested learning contents.

Setting: This chapter fits into a classroom or online setting, and can also be a topic in clinical situations where there is access to patients who use complementary therapies. The content is structured in two sessions and the possibility of independent group work in between.

Goals: The suggested learning outcomes with regard to *knowledge and reflexive/ethical skills*, refer to a comprehensive understanding of the population's usage and patients' motives for using complementary therapies, as well as a framework for identifying the working mechanism and understanding on which selected therapies are based. In this chapter, the learning outcome knowledge is weighted, while *reflexive/ethical skills* are only touched upon at a general level. This chapter's goals aim at the second level of Bloom's taxonomy, where students are able to explain ideas or concepts.

Content: Different theoretical approaches depending on setting and the students' learning conditions are listed in the Resources section. The students can prepare for this module by reading, for example, the article entitled The use of complementary and alternative medicine (CAM) in Europe⁶. Suggestions for content and structure are given in the tables below. The suggestions reflect different working methods for the students, focusing on the local and or the national user perspective. The working methods can be adjusted to the students' learning conditions.

TABEL1 Suggestions for teaching before, during and after a lesson: out of class – in class – out of class	
CONTENT 1	Study a popular complementary therapy in your country
IN CLASS	The students are introduced to: • Aim of the topic • Learning outcomes • The time schedule
OUT OF CLASS	1. Search the internet to find official data on which CTs are the most popular in your country. Take notes. 2. Choose one out of the top five CTs and describe: • The working mechanism of the CT • Which of the four modalities of CTs and which whole medical system it belongs to - see figure 1 • The CTs' indications and contra-indications • How you and your team/partner can experience this CT by yourself • Find a reliable YouTube resource to practice/experience this CT for yourself • Did you like undergoing/practicing/experiencing the CT? • What did you experience? • What potential do you think this CT has in nursing? 3. Make a presentation with the results of your study on the selected CT
IN CLASS	1. Present the results of your study to your classmates 2. Involve the class in discussing the results 3. Summarize the lessons learned

CONTENT 2	Which complementary therapies are used in your local area?
IN CLASS	The students are introduced to: • Aim of the topic • Learning outcomes • The time schedule
OUT OF CLASS	Prepare a questionnaire for your students, people living close by or family members and friends of the group members. 1. Consider what data you want in relation to: • Personal data (sex, age, education, work, income, etc.) • Usage of CT (which, why/the reason to choose a CT, how often, etc.) • The person's experience of the usage – what was the effect? • Pros and cons • Has the person discussed the usage with his/her doctor? • Would the person use it again? • Would the person recommend CT to others? 2. Choose the study population 3. Choose how to send out the questionnaire (e.g., printed out for written answers, you interviewing from printed version, phone interview, interview sent out on a social medium for a chosen group) 4. Collect and analyse 5. Make a presentation of the results
IN CLASS	1. Present the results of your study to your classmates 2. Involve the class in discussing the results 3. Summarize the lessons learned

CONTENT 3	A person's experience of using complementary therapy for health conditions
IN CLASS	The students are introduced to: • Aim of the topic • Learning outcomes • The time schedule
OUT OF CLASS	Plan and prepare a short interview with one or two persons; e.g., a patient / family member / neighbour or a friend. Focus on the person's experiences of CT usage, and autonomy and wishes in relation to using CT. • Consider who you will interview • Decide the form of the interview (e.g., structured / semi-structured) • Make an interview guide including topics such as autonomy in decision-making, preferences and wishes when choosing the CT • Regard ethical considerations according to the interview situation and selected data • Conduct the interview • Analyse the interview findings • Reflect on how you succeeded in being open and curious throughout the interview, and analyse • Reflect on how this knowledge can be used in nurse-patient encounters
IN CLASS	1. Present the results of your study to your classmates 2. Involve the class in discussing the results 3. Summarize the lessons learned

Learning process: The suggested content implies a combination of inductive and deductive teaching methods. Students theoretically immersing in the population's and patients' considerations and motivations for complementary therapy provides a safe starting point for students at the start of the education, and can help challenge their reflections in relation to health and disease understandings. Students at later stages of education will, with the execution of questionnaires / interviews, also gain experience with these methods in the learning process.

Suggestions for assessment: Formative feedback from fellow students and teacher to students presenting group work, and facilitating discussion in relation to selected content and learning outcomes. A focus on written assignments and oral examination.

8.5 SUGGESTIONS FOR RESOURCES

The resources section presents the references cited in the text and suggestions for other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer-reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES network.

A possible limitation of these resources is that they are in the English language; many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above-mentioned first two criteria.



Books, reference:16

- Lindquist R, Tracy MF, Snyder M. Complementary and Alternative Therapies in Nursing.

Suggestion of usage: This book contributes to a basic understanding of the concept of whole medical systems.



Scientific articles, references: 2, 6

- Kemppainen LM, Kemppainen TT, Reippainen JA, Salmenniemi ST, Vuolanto PH. Use of complementary and alternative medicine in Europe: Health-related and sociodemographic determinants. <https://doi.org/10.1177%2F1403494817733869>

Suggestion of usage: This article contributes to a basic understanding of the European population's use of CT.

- Fjaer EL, Landet ER, McNamara CL, Eikemo TA. The use of complementary and alternative medicine (CAM) in Europe. *BMC Complement Med Ther.* 2020;20(1):108. <https://doi.org/10.1186/s12906-020-02903-w>

Suggestion of usage: This article contributes to a basic understanding of the European population's use of CT



Websites:

- Understanding Kneipp: Kneipp philosophy <https://www.youtube.com/watch?v=DIUA46PeTms>

Suggestion of usage: This video gives a quick introduction to Kneipp's five pillars.

- Search the internet for websites from the specific country and region in relation to: population surveys on CT, relationship between disease incidence and health behavior, patient narratives in the form of cases, fiction books, articles, etc.

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9 HOW TO EVALUATE COMPLEMENTARY THERAPIES

9.1 INTRODUCTION

Integrative nursing is a coordinated professional assessment of context, patient needs and evidence within the areas of conventional health care, self-health care and lifestyle, and complementary and non-pharmacological health care. How can nurses critically appraise the information and evidence for integrating non-pharmacological and complementary therapies into daily care?

This chapter looks at evidence from a cross-disciplinary perspective, a perspective that is more suitable for integrative nursing than the traditional biomedical approach. Nurse educators who teach integrative nursing stress the importance of a high scientific standard¹. It also relates to the fifth principle of integrative nursing: Integrative nursing is informed by evidence and uses the full range of conventional and integrative approaches, employing the least intensive intervention possible depending on need and context.

Evidence-based practice

The term evidence-based practice (EBP) originates from the term evidence-based medicine, coined by Sackett et al. in 1996². It refers to clinical practice based on the best available clinical evidence, individual clinical expertise and the patient's perspective. In nursing EBP integrates research evidence, clinical expertise and patient values (see Figure 1). This problem-solving approach to clinical practice encourages nurses to provide individualized patient care. It is a process that begins and ends with the patient.

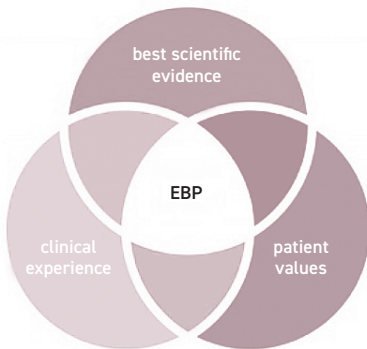
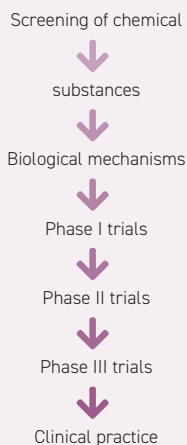


Figure 1: Evidence-based practice

Research strategies in drug trials



Proposed research strategies for complementary therapies

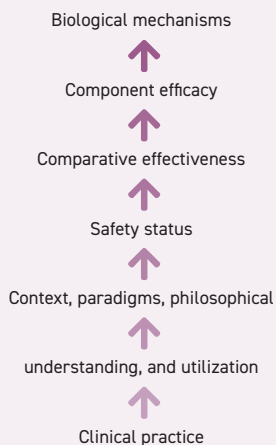


Figure 2: Proposed strategy for complementary therapies research³

Evaluating evidence

Complementary therapies are often mild, yielding moderate, specific and nonspecific effects, while at the same time addressing the patient as a whole person. A rigorous quantitative approach to gather evidence, such as a randomized clinical trial (RCT), is bound, however, to ignore the context, paradigm, philosophical understanding and utilization of complementary therapies. It also ignores the complexity of health and healing. Fønnebø and colleagues (2007) therefore suggested another research strategy, which does not contain new methodological elements, but organizes existing elements in a way that is tailored to pragmatic clinical practice³. The authors propose to take clinical practice as a starting ground and to build more rigorous evidence from there on, as opposed to conventional RCTs (Figure 2).

Zachariae and Johannessen (2011) suggested another, more layered taxonomy for evaluating effects of complementary therapies, acknowledging different research methodologies for different types of effects⁴.

EXPLANATORY LEVEL OF EVIDENCE	DOCUMENTED SUBJECTIVE EFFECT	DOCUMENTED PHYSIOLOGICAL EFFECT	DOCUMENTED MECHANISMS CORRESPONDING TO THE THEORY OF THE TREATMENT
	I	II	III
A ¹	+	+	+
B ²	+	+	-
C ³	+	+	-
D ⁴	+	-	-
E ⁵	+	-	-
F ⁶	-	-	-

¹ Evidence of specific effects beyond placebo and evidence supporting the proposed theory of treatment

² Evidence beyond placebo of effects on specific symptoms

³ Evidence of effects on specific symptoms, but no difference from placebo, indicating non-specific mechanisms

⁴ Evidence of self-reported effects on specific symptoms, but no documented physiological effects

⁵ Evidence of effects on self-reported general well-being, but no documented physiological effects

⁶ No evidence of any self-reported or physiological effects

For very few complementary therapies there is evidence at the highest level (A) for a specific condition. This does not necessarily mean that other complementary therapies are not of any value. There may be complementary therapies that have no documented biological effects on an illness such as cancer and for which we do not know the working mechanisms (e.g., therapeutic touch or massage). Nevertheless, such therapies may help patients feel better and improve their quality of life. The issue is not simply a matter of whether there is evidence or not, but a matter of what type of evidence is appropriate. This implies that nurses should also search for cross-disciplinary research designs if they wish to evaluate effects of complementary therapies.

Appraising scientific articles from whatever design should be done in a consistent and validated way, for instance with the use of the Joanna Briggs Institute Critical Appraisal Checklist (<https://jbi.global/critical-appraisal-tools>).



Figure 1: Cohen & Eisenberg's ethical framework.
Adapted from Cohen & Eisenberg. Ann Intern Med.2002;16,136(8):596-603

Evidence and safety

To help healthcare professionals and patients in clinical decision-making processes, Cohen & Eisenberg (2002) suggested to not only consider evidence-based effectiveness, but also safety (see Figure 3)⁵. When a therapy is both effective and safe, it can be recommended for use; e.g., music to alleviate cancer patients' anxiety or acupressure to alleviate cancer patients' nausea and vomiting. When a patient wishes to use a complementary therapy which is safe but whose efficacy is not clear, it can still be supported if permitted by national legislation (see chapter 6). An example is acupressure to relieve nausea and vomiting in pregnancy⁶. When a therapy is effective but not safe, it should be closely monitored in terms of dose, frequency, and treatment phase. For example, St. John's Wort is effective for mild depression but may reduce the efficacy of chemotherapy and may enhance skin toxicity of radiation therapy. Only when a therapy is proven not effective and not safe, it should be advised against.

9.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method⁷. For this module the following learning outcomes are proposed.

Knowledge

- ✓ Understand selected complementary and non-pharmacological therapies and their evidence and safety.
- ✓ Understand possible interactions when patients are using complementary therapies.

Skills

- ✓ **Reflexive:** Analyse evidence for frequently used complementary and non-pharmacological therapies.

Responsibility and Autonomy

- ✓ Evaluate and apply simple evidence-based complementary and non-pharmacological therapies for well-being and relaxation.
- ✓ Evaluate and apply simple evidence-based complementary and non-pharmacological therapies in relief of symptoms such as anxiety, pain and nausea within the context of a nursing care plan.

9.3 NARRATIVES

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while it at the same time shows the large-scale guiding structure. The presented narratives stem from both educational and clinical practice, from various countries. Some are more elaborate than others are. They can be used either as an example or as a case for further analysis, but it is up to the teacher how to best use them, taking into account the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ From the perspective of the integrative nurse

Mrs. Johnson, a 66-year-old former teacher, experienced unusual tiredness and had been in pain for many years before she was recently diagnosed with fibromyalgia. Her doctor explains that no one knows what causes this condition and that there is no cure thus far. Standard treatment includes patient education, exercise and different medications to reduce symptoms. Mrs. Johnson makes clear that she wants to use as little medication as possible, also because of the possible side effects. She prefers to try complementary treatments first. Her rheumatologist lacks knowledge and expertise in this field and refers her to an integrative nurse. Together with Mrs. Johnson, and after a holistic needs assessment, integrative nurse Betty makes an evidence-based care plan to reduce pain and help Mrs. Johnson to manage her symptoms.

As resources she uses the 'About Herbs' app from Memorial Sloan Kettering Cancer Center, and information from the website of the American National Center for Complementary and Integrative Health (NCCIH), section about pain. Also helpful is the White Paper on Nonpharmacologic Strategies for Pain from the Academic Consortium for Integrative Medicine and Health (ACIMH)⁹. To be sure, she also performs a quick search in the PubMed database for 'fibromyalgia, rheumatology, pain, complementary therapies'.

The care plan proposes lifestyle changes, more specifically sleep hygiene and diet changes, tai chi classes, and massage. Betty realizes that it will be demanding for Mrs. Johnson to adhere to the plan, since it requires her active involvement, so she decides to cut it up into smaller, more feasible steps. They agree that Betty will support Mrs. Johnson with monthly follow-up consultations for the next 6 months.

NARRATIVE 2 ~ From the perspective of the patient

*After being diagnosed with Stage IIIB malignant melanoma, 60-year-old Mr. Mukherjee is very anxious and overwhelmed. He does not want to hear all the specific details about his type of cancer nor of the treatment. He cannot process all the medical information and it makes him even more anxious. His wife and daughter consult a traditional Ayurvedic doctor, hoping that a more holistic approach will reduce his anxiety and maybe even can positively influence the disease progress. The Ayurvedic doctor prescribes Panchakarma, a method of detoxing the body of all the unwanted waste. He also prescribes a combination of herbal remedies; Amalaki [*Embllica officinalis*] and Ananta [*Decalepis hamiltonii*]. Mr. Mukherjee is also recommended to do yoga and relaxation exercises. His sister also buys him the over-the-counter homeopathic remedy black salve.*

His oncologist advises surgery as primary treatment, with adjuvant systemic treatment after resection. He does not know about the Ayurvedic treatment. It is only after nurse Peter asks Mr. and Mrs. Mukherjee how they cope with the stressful situation and how he can support them, that he learns about the Ayurvedic treatment. Peter understands how important this is for Mr. Mukherjee, but also wants to be sure that it can be safely combined with the conventional treatment.

Peter knows that there is no evidence that any Ayurvedic treatment can cure the cancer. He searches for the specific herbal remedies in PubMed, as well as in several cancer research websites and clinical guidelines, and learns that there is little published information about the herbal remedies used by Ayurvedic practitioners. Some common herbs might even have dangerous side effects when taken with cancer drugs or radiotherapy. Laxatives for detoxing, whether regular or herbal, can cause many side effects. Peter decides to ask the hospital's pharmacist to evaluate possible interactions and side effects, and to inform Mr. Mukherjee's oncologist, who should discuss these safety issues with Mr. Mukherjee. Peter will make sure to keep connected to Mr. Mukherjee in an open and empathetic relation so as to support him in looking for other ways to cope with his illness and situation.

Although Mr. Mukherjee and his family want to continue the Ayurvedic treatment, they feel supported enough by Peter to agree to wait and see what the pharmacist and oncologist will recommend.

NARRATIVE 3 ~ From the perspective of the nurse student

Nurse student Aisha suffers from tension headaches as long as she can remember. She knows that it is related to stress and that it is helpful to eat more healthy food, drink enough water and sleep regular hours. But that does not always help or is not always feasible, being a student. In these situations, she turns to painkillers.

*When Aisha takes a class in integrative nursing, she learns of other and more natural ways of coping with headaches. She also learns how to find reliable information and evidence about complementary treatments. As an assignment, she decides to search for evidence for her own situation. She starts with Google scholar, using the checklist (annex 1) and then turns to the book *Integrative Nursing* from the school's library. This is what she finds:*

- *Applying peppermint essential oil to the temples has been shown to reduce the symptoms of tension headaches.*
- *Vitamin B supplements may reduce headache symptoms.*
- *Acupuncture and yoga can relieve migraine headaches.*

All this new information arouses Aisha's interest, but she does not know whether and how to combine the various complementary therapies. She asks her teacher to help her design a personal integrative care plan to successfully manage her tension headaches.

9.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following didactic reflections and concrete suggestions for teaching methods, context and content³. Learn more about the model in appendix 3.

Learning conditions: Learning conditions for this chapter are based on which semester the students are in. What is their level of understanding regarding searching, appraising and critically reviewing evidence? Are they already familiar with various types of research? Are they experienced in searching scientific databases independently? Can they understand different research paradigms?

Setting: This chapter can be taught both in the classroom and online. The teacher should be easily reachable for the students, since it is critical that they learn how to find reliable information and to distinguish between online personal, commercial, ideological, and scientific information.

Goals: Since this chapter focuses on evaluating evidence for non-pharmacological and complementary therapies and for which the taxonomy by Zachariae and Johannessen (2011) is suggested, it is recommended that students learn to search for both quantitative and qualitative evidence⁴.

Content: Depending on setting, resources and the students' learning conditions, different theoretical and practical approaches can be chosen for these lessons. Inspiration can be found in the resource section. Suggestions are presented in Table 3. Here we present three similar assignments for searching evidence, depending on the student's level of expertise in seeking and critically appraising scientific information.

Learning process: The teaching methods could vary between a deductive (theory) and inductive (experience) approach. The cases present an inductive way of learning, whereas finding reliable information is a deductive way of learning. The learning process will vary between introducing problems or exercises, giving the students an opportunity to solve a practical realistic problem, and theoretical learning.

Suggestion for assessment

If the students present the casework in class, the teacher could give some formative feedback.

TABEL 2 Suggestions for teaching before, during and after a lesson:
out of class – in class – out of class

OUT OF CLASS	• Use the case of Mrs. Johnson and find reliable information on tai chi and massage for managing symptoms of fibromyalgia. Make notes of the steps you take to find the websites/articles and the criteria you use to judge the information. • Many people state that 'there is no evidence for complementary therapies'. Write in 350 words why this is an invalid statement.
IN CLASS	• Group assignment: Choose a medical condition; e.g., lower back pain or breast cancer. Search in scientific databases (or exemplary articles the teacher provides) and critically appraise one article per group about complementary treatment for this condition. Discuss your findings with your group. • Group assignment: Choose a medical condition; e.g., lower back pain or breast cancer. Search relevant information in one of the books on integrative nursing. Discuss your findings with your group. • Group assignment: Choose a medical condition; e.g., lower back pain or breast cancer. Browse on the internet and critically appraise three websites about complementary treatment for this condition. How did you find these websites? What aspects do they address? Do they give good information? How can you be sure? Discuss your findings with your group. • Group assignment: Choose one complementary therapy out of massage, essential oils, therapeutic touch, music and acupressure. Describe and present in class: • its history in relation to nursing (see resources) • the (alleged) working mechanism • its effectiveness for well-being Discuss why the information you found is reliable.
OUT OF CLASS	• Access the website 'About Herbs' (https://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/herbs/search) and look for information about quality and safety of essential oils for the treatment of sleep problems.

9.5 SUGGESTIONS FOR RESOURCES

The resources section presents the references cited in the text and suggestions for other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer-reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES network.

A possible limitation of these resources is that they are in the English language; many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above-mentioned first two criteria.



Books, references: 10, 11, 12

These books describe many complementary therapies, their clinical use and evidence in nursing.

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- Kreitzer MJ, Koithan M. Integrative Nursing. 2nd ed. New York: Oxford University Press; 2019.
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Websites

- Clinical guideline on complementary therapies for breast cancer: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5892208/>
- NAFKAM: how to evaluate information regarding CAM <https://nafkam.no/en/patient-safety/how-evaluate-information>
- Academic Consortium for Integrative Medicine and Health: <https://imconsortium.org/resourcesjournal/comprehensive-pain-care/>
- Academic Consortium for Integrative Medicine and Health: https://imconsortium.org/wp-content/uploads/2021/05/MovingBeyondMedications_FINAL-8_8_2017.pdf
- You can also use the information of the Integrative Care Science Center on quality review of CAM news in the mass media: <https://www.integrativecare.se/en/criticam>
- Where to find reliable information in addition to scientific resources and books? See annex 1.
- Memorial Sloan Kettering Cancer Center, About Herbs: <https://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/herbs>

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ANNEX 1: HOW TO EVALUATE INFORMATION ON THE INTERNET?

It is recommended that students search for evidence according to scientific standards. In practice they will probably also use 'doctor Google'. We suggest the following tips when seeking trustworthy information on the internet:

1. ALWAYS CHECK WHETHER THE INFORMATION IS RELIABLE

Look for reliable and independent websites, such as websites of the government, healthcare institutions (hospitals), universities, professional associations and patient associations. Reliable means that the information has been approved by experienced experts in the field of complementary care.

When surfing to commercial websites, you should realize that its makers have an interest. They want to sell a product or service that makes one feel better. It might mean they sometimes don't tell about the disadvantages, side effects or risks of a product or treatment. So be extra critical when visiting commercial sites.

Checklist: Guiding questions to assess whether a website is reliable

- Which organization is behind the website?
- What is the purpose or mission of this organization?
- Has the information on the website been carefully prepared? Are there any sources? Has the information been checked by someone who is highly knowledgeable about the subject, such as a healthcare professional or scientific researcher?
- Can you get in touch with the organization behind the website?
- How current is the information on the website? If the website has not been updated for a few years, there is a greater chance that the information is not (or no longer) correct.
- Does the website ask for your personal details? If so, why?

You can usually find the answer to these questions on the website itself, on the 'about us' or 'about this website' page. Can't find answers to these questions, or are the answers vague? Then the information is probably not objective and reliable.

2. DON'T BE TOO QUICK TO BELIEVE WHAT YOU READ

Be critical when there are big promises.

Think twice when you come across these kinds of claims:

- works against all your complaints;
- works guaranteed/always against...;
- the world's first;
- the solution for;
- the remedy against;
- natural and without risks.

Does something sound too good to be true?

Then that is likely to be the case.

Is someone praising a product or treatment instead of the medical treatment? Then that is extra reason to be critical. Also beware of stories of people who say they have been cured by an alternative treatment. This is not proof that the treatment actually works.

Be wary of personal stories. Just because a few people are positive about a particular treatment, it doesn't mean the treatment will work for everyone.

Not sure if something is too good to be true? Look for confirmation of what the site is claiming. See whether reliable websites confirm this information.



10 INTEGRATIVE NURSING AND SYMPTOM MANAGEMENT; WHAT YOU CAN DO AS A NURSE

10.1 INTRODUCTION

In this chapter, the student will learn about two non-pharmacological complementary therapies that can be used for symptom management. Since integrative nursing is not merely about attending to symptoms, but grounded in whole-person, relationship-based care with respect to a person's lived experience, the complementary therapies suggested in this chapter should always be judged within the context of integrative nursing.

The focus of this chapter is on symptoms that are commonly encountered in nursing practice: anxiety, stress, chronic pain, depression, sleep problems, and nausea. Apart from nausea these are also listed as the top-5 of symptoms addressed in education about integrative nursing in Europe¹.

Anxiety, stress, chronic pain, depression, sleep problems and nausea can affect everyone, either as side-effects of a chronic disease, as a side effect of medical treatment, or as a condition in itself. Consequently, these symptoms are encountered in almost all fields of nursing, such as acute care, chronic care, elderly care, mental health, oncology and palliative care.

Several non-pharmacological selfcare strategies and complementary therapies have been found effective for these symptoms, and are safe and easy to integrate in nursing routine. Two symptoms – chronic pain and nausea – and relevant complementary therapies will be discussed in more depth (see didactic reflection section and annex 1). More evidence-based information on the proposed complementary therapies can be found in chapter 9.

This chapter relates to the fifth principle of integrative nursing: Integrative nursing is informed by evidence and uses the full range of conventional and integrative approaches, employing the least intensive intervention possible depending on need and context.

10.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method¹. For this chapter, the following learning outcomes are proposed.

Knowledge

- ✓ Understand selected complementary and non-pharmacological therapies and their evidence and safety.
- ✓ Apply general knowledge of complementary therapies and integrative nursing.
- ✓ Understand possible interactions when patients are using complementary therapies.

Skills

- ✓ Give adequate information about complementary and non-pharmacological therapies in relation to the specific patients' needs.
- ✓ Select the least invasive nursing intervention when meeting patients' basic needs.
- ✓ Establish a trustful and caring relationship with patients.
- ✓ Show ethical wisdom in specific patient situations.
- ✓ Establish an open and curious approach to patients in relation to their needs and preferences about complementary and non-pharmacological therapies.

Responsibility and Autonomy

- ✓ Use a holistic and integrative approach in relation to basic nursing and clinical decision-making in non-complex patient situations.
- ✓ Evaluate and apply simple evidence-based complementary and non-pharmacological therapies in relief of symptoms such as anxiety, pain and nausea within the context of a nursing care plan.
- ✓ Analyze when patient situations are complex and if possible, refer patients to a specialist in integrative nursing or consult a relevant healthcare professional.

10.3 NARRATIVES

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The presented narratives stem from both educational and clinical practice, from various countries. Some are more elaborate than others are. They can be used either as an example or as a case for further analysis, but it is up to the teacher how to best use them, taking in to account the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

NARRATIVE 1 ~ Hand massage with lavender oil as symptom management

John is a resident in a long-term care setting and has Alzheimer's disease. He has been showing signs of agitation, mostly in the afternoon. The nursing staff have been looking at ways to help reduce his agitation problems and found out that it helps to sit down with John, apply a small amount of blended Lavender oil and massage his hands for a few minutes. This simple combination of presence, massage and aromatherapy helped reduce the agitation.

NARRATIVE 2 ~ Simple breathing exercise as symptom management

Mrs. Klein is 92 years old and has COPD, which is well controlled. She still lives by herself in a small apartment and is seen every day by a community nurse. Today nurse Ilse comes to bathe Mrs. Klein and help her dress. She observes that Mrs. Klein is very short of breath and looks anxious. She has an appointment with the gynecologist in the afternoon and is worried that she might need surgery. Nurse Ilse asks her whether she would like to join her in doing something about the breathing problem together. She asks her where she can relax best, in bed or in a chair. She wants to sit in her chair. Ilse tries to make her more comfortable by placing a pillow on the table in front of her to let her arms rest on. Ilse asks whether it is okay that she puts her hand on Mrs. Klein's stomach to help her focus on breathing more deeply. This works. After a while, Mrs. Klein puts her own hand on her stomach. Then she indicates that she has more air and they can start bathing and dressing.

SYMPTOMS AND COMPLEMENTARY THERAPIES

Integrative nurses always start with acknowledging and validating a patient's distress before turning to the presented symptom(s). This is an important first step for a person-centered approach. Then the nurse will collect relevant data: assessing the severity of the symptom(s) with validated screening instruments, a safety and security risk assessment, a patient-centered clinical interview with deep listening and open-ended questions, and if relevant a physical exam. After that the clinical decision-making process follows (also see chapter 7) in which the nurse and the patient together develop a symptom management plan. This plan is as evidence-informed as possible in that it incorporates therapies with strong evidence, reflects the patient's preferences and values, and is congruent with the expertise of the nurse. The choice of a complementary therapy can be guided by the ethical framework of Cohen & Eisenberg (2002)².



Figure 1: Cohen & Eisenberg's ethical framework.
Adapted from Cohen & Eisenberg. *Ann Intern Med* 2002;136(8):596-603

In order to help healthcare professionals and patients in the decision-making process, Cohen & Eisenberg (2002) suggested incorporating safety of a therapy alongside its evidence². When a therapy is both effective and safe, it can be recommended for use; e.g., music to alleviate cancer patients' anxiety³ or acupressure to alleviate cancer patients' nausea and vomiting⁴. When a therapy is safe, but efficacy is not clear because of inconclusive results from studies or a limited number of studies, but the patient prefers to use it, it can be supported. For example, when a pregnant woman wants to use acupressure to relieve nausea and vomiting, and this is permitted by national legislation⁵. When a therapy is effective but not safe, it should be closely monitored in terms of dose, frequency, and treatment phase. For example, St. John's Wort is effective for mild depression but may reduce the efficacy of chemotherapy and may enhance skin toxicity of radiation therapy. Only when a therapy is proven not effective and not safe, it should be advised against.

Selecting a complementary therapy should ideally be done together with the patient and be informed by evidence. The Cohen Framework mentioned above could be helpful in this. It might also be helpful to take into account what level of training is needed for applying the complementary therapy (Figure 2). Preparing herbal tea for stress relief, or gently massaging the P6 acupressure point to relieve nausea are simple therapies that can be administered by any nurse or patient after a short instruction. However, using multiple essential oils or giving therapeutic touch against agitated behavior in dementia require more elaborate education.

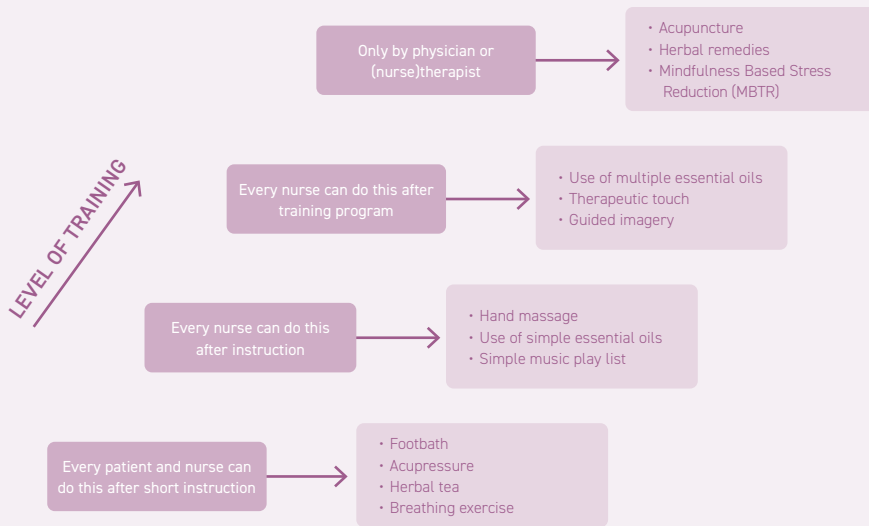


Figure 1: Level of training needed to apply complementary therapies. By courtesy of M. Giesberts - HAN University of Applied Science, Nijmegen, The Netherlands 2020

Taking into account how the complementary therapy is being administered can also be helpful in selecting the most appropriate therapy for the patient (Figure 3). Many complementary therapies can be used as selfcare strategies that can be administered by the patients themselves, such as breathing exercises or taking a footbath with a simple essential oil. Nurses can easily advise the patient about these therapies. Other self-administered therapies that inherently require active involvement of the patient, such as yoga or tai chi, need some instruction or guidance by an expert, either live or online. Another category are those therapies in which the patient does not have an active role, such as massage or therapeutic touch, and which are provided by the nurse. In the process of selecting a therapy, the nurse should be aware of her own limitations in both knowledge and skills and should therefore know when to refer to another expert.

SELF-ADMINISTERED THERAPIES	SELF-ADMINISTERED THERAPIES WITH INSTRUCTION	PRACTITIONERS-BASED THERAPIES
• Limited instruction • Easy to learn • Easy to do ✓ Footbath ✓ Acupressure ✓ Herbal tea ✓ Breathing ✓ Use of simple essential oils	• Instruction by expert ✓ Use of multiple essential oils ✓ Guided imagery ✓ Yoga ✓ Tai chi ✓ Mindfulness ✓ Music	✓ Massage ✓ Therapeutic touch

Figure 3: Form in which a complementary therapy can be administered

10.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following reflections and concrete suggestions for teaching methods, context and content. Learn more about the model in appendix 3.

Learning conditions: Learning conditions for this chapter are based on which semester the students are in. Students are at least expected to have knowledge about the most common symptoms they will have to manage in nursing. Do they also have experience in assessing symptoms such as nausea and pain in practice? For which type of patients, in what setting? Are they familiar with clinical reasoning?

Setting: This chapter can both be used in class and online, with small working groups for the practical part. The content is about what nurses can do in practice and therefore could be taught in combination with or after the hands-on experience in chapter 4. It can also be embedded into regular lessons on symptom management and learning how to develop care plans.

Goals: According to Bloom's taxonomy as mentioned in the INES student profile, several goals can be distinguished here. Depending on the learning conditions, some of these might be emphasized more than are others.

For knowledge there are two goals. Both are according to Bloom's taxonomy on the second level, and students should be able to explain ideas or concepts. In this case, students should be able to describe and discuss selected therapies and be able to understand their possible interactions.

For example, when using a specific therapy, the student must be able to understand how it fits into both the level of training needed to apply complementary therapies and Cohen's Ethical framework – and be able to explain to the patient how safe it is.

Five goals apply to skills, in the sense that the student understands the therapies, can explain them and justify the decision to apply a particular one. If students do not have any level of training, the focus should be on therapies that are non-invasive, such as simple massage, listening to music and breathing exercises – as illustrated in Giesberts' levels of complementary therapy training, as illustrated in Figure 2.

Three goals apply to responsibility and autonomy. We would like to point out that these goals are limited by what the student is capable of doing: the student has to know his/her boundaries and be able to seek consultation with the teacher if needed.

Content: According to the INES model, this chapter reflects how the white circle moves to the right, as symptoms and therapies are being addressed. It might be helpful for the teacher to recognize the constant movement of the circle, depending on what is needed for the patient. Even when specific symptom management is the issue, integrative nursing is always whole person-centered care.

TABEL 1 Suggestions for teaching before, during and after a lesson: out of class – in class – out of class	
OUT OF CLASS	• Watch: https://www.mskcc.org/cancer-care/patient-education/acupressure-nausea-and-vomiting • Read the article by Coelho et al. (2017) 'Use of non-pharmacological interventions for comforting patients in palliative care: a scoping review'⁶. Can you imagine applying a complementary therapy yourself for palliative patients? Are there complementary therapies that you feel more related to than to others? If yes, which ones and why?
IN CLASS	The students select a case study (two students in a group): • Select two complementary therapies relevant for the case study (with Giesberts' framework in mind). • Make a care plan from the case study on the two selected therapies (see the care plan on pain as an inspiration, annex 2). • Discuss in the group how to inform the patient about the two selected complementary therapies (what is relevant information and why?). • Discuss with Cohens' ethical framework at hand: are these therapies safe and effective? • Make a role play inspired by the case study – choose who is to be the patient and who the nurse student. • In the role play: the 'nurse student' should inform the 'patient' about the chosen therapies and then apply them. • At the end of the role play, the 'nurse student' interviews the 'patient' to evaluate the provision of information and the complementary therapy. In class (in peer groups and facilitated by the teacher), groups present to another group the care plan and the complementary therapies. In plenary, students should discuss the goal 'refer patients ...' and know who is the appropriate person to consult or refer to.
OUT OF CLASS	• Use resources listed below to find information on the advised dose of ginger as a prophylaxis for postoperative nausea and vomiting (PONV). Why should it be avoided for other types of nausea? • Find information on four complementary therapies that can be used to address sleep problems. Use Cohen's model and Giesberts' framework to select complementary therapies.

Learning process: Self-preparation and the teacher's involvement in reviewing the material with facilitated analyses and discussions will create opportunities for in-depth learning. Dialogue and participation through exercises and reflections in class facilitate in-depth learning by combining theory and practice. It can be effective to offer hands on training/ experiential learning (see chapter 4).

Integrative nursing is a relatively unknown phenomenon in many European countries. It will support the students' learning process to let them actively relate their prior clinical experiences – e.g., about using non-pharmacological interventions – to integrative nursing.

Suggestions for assessments

- ✓ Feedback from peer students in group work.
- ✓ Formative feedback from teacher when group work is being done and presented.
- ✓ Feedforward: students making their own narratives or presenting information about therapy of their own choice.

10.5 SUGGESTIONS FOR RESOURCES

The resources section presents the references cited in the text and suggestions for other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer-reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES network.

A possible limitation of these resources is that they are in the English language; many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above-mentioned first two criteria.



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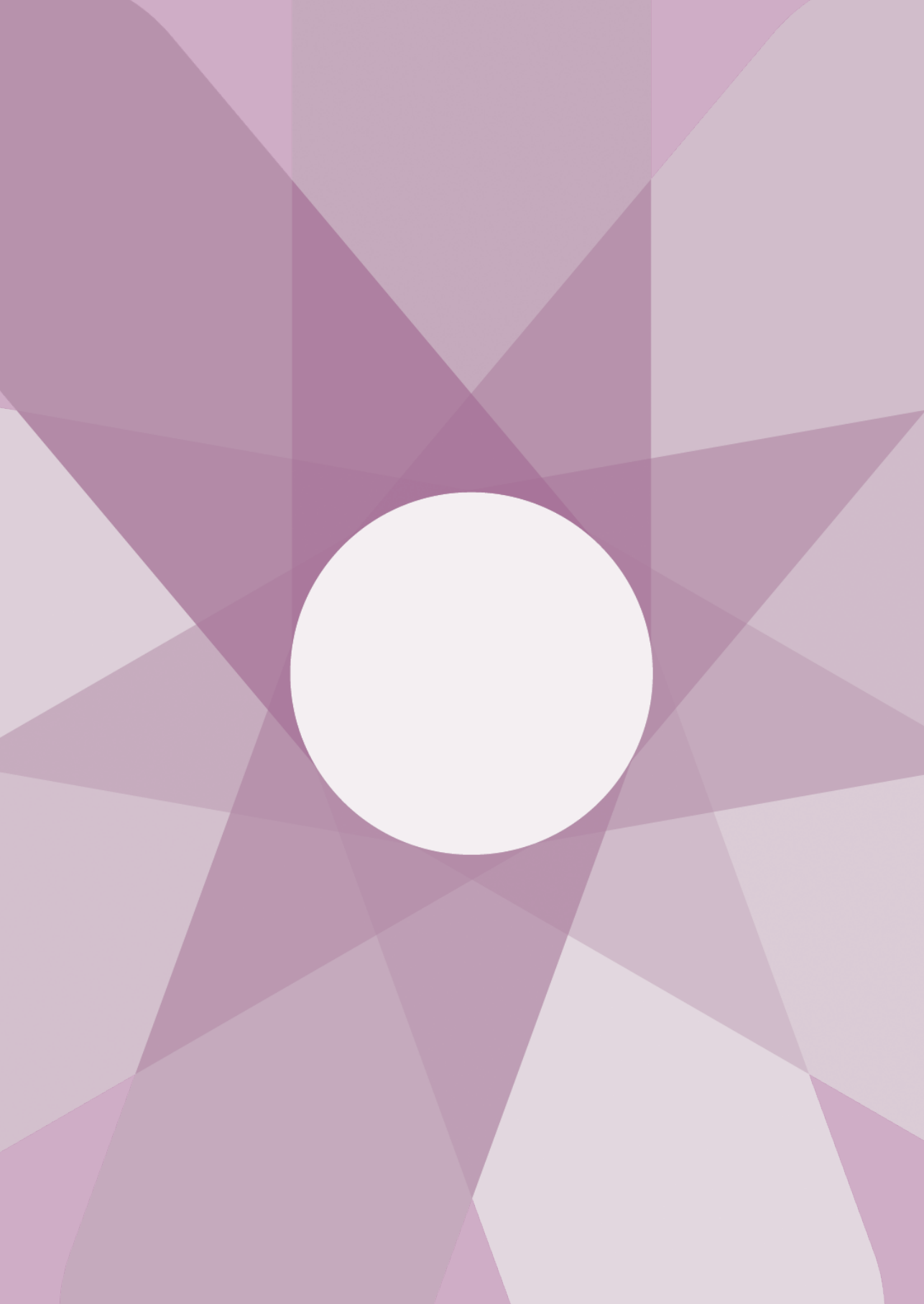


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ANNEX 1: TWO SYMPTOMS AND EFFECTIVE COMPLEMENTARY THERAPIES TO RELIEVE THEM

1. CHRONIC PAIN AND EFFECTIVE COMPLEMENTARY THERAPIES

Chronic pain is the state in which an individual experiences pain that is persistent or intermittent and lasts for more than 6 months. Common examples are arthritis in knees, back, or neck, frequent migraine headaches, and diabetic neuropathy. Chronic pain can be experienced in many different ways and varies widely in terms of severity, duration and response to treatment. It is a subjective experience that encompasses more than just the physical component, and can highly influence a person's quality of life and well-being. Since chronic pain is such a complex phenomenon, understanding chronic pain and the task of its management can be quite a challenge. Traditionally, chronic pain is treated with non-opioid or opioid analgesic therapy, but it is well known that these medications can have severe adverse effects. Even more so, they are not always as effective as hoped for and only address part of the problem.

An integrative and whole-person approach to pain management takes into consideration the whole person and utilizes a full range of therapies to promote optimal healing, including non-pharmacological complementary interventions that have been proven effective to alleviate chronic pain.

Below, several evidence-based complementary therapies for chronic pain are listed, arranged along the level of training needed by the patient and nurse.

Listening to music was found to reduce pain, anxiety, and depression symptoms in a diverse range of chronic pain patients. Music listening also helps to reduce symptoms of anxiety and depression, which are common disabling comorbidities in chronic pain. Patient-chosen music

shows greater analgesic effects than researcher-chosen music (Garza-Villarreal 2017).

Guided imagery (also known as visualization or guided meditation) is a relaxation technique that involves visualizing positive, peaceful settings like a beautiful beach or a peaceful meadow. It can be used as an adjunct to the treatment of symptoms of fibromyalgia, such as pain, fatigue, and depression. It can also improve the self-efficacy of patients with fibromyalgia for managing symptoms (Nahin et al. 2016).

Tai chi is a Chinese mind-body exercise – to encourage fluid body movement, coordination and balance – that has been used for health promotion and disease prevention in Asia for hundreds of years. It is effective for chronic lower back pain. A 12-week tai chi intervention for lower back pain also resulted in increased knee extension and right plantar flexion compared to core stability training. This demonstrates that tai chi may also have beneficial neuromuscular effects in addition to pain reduction (Urits et al. 2021).

Acupuncture is a useful treatment in the management of migraines. A 2016 Cochrane review evaluated 22 RCTs with over 4,000 participants and found that acupuncture resulted in a 50% reduction of frequency of migraines in 41% of the patients. Acupuncture was superior to sham acupuncture in reduction of migraines, and a small benefit was found even 12 months after treatment (Urits et al. 2021).

NARRATIVE 3 ~ Coping with pain

Susan is a student taking a course in integrative nursing and decides to do part of one of the assignments in her clinical traineeship. A patient in her ward is Jens, who suffers from chronic pain among other symptoms due to arthritis. Susan wants to know if there is any therapy she can introduce to Jens which may help him to cope better with the pain. In the context of an integrative nursing assessment she wants to see Jens as a whole person inseparable from his environment and community and as a person influenced by his health, security, purpose and relationships. After a good discussion she asks questions about the pain, makes a pain assessment, and asks if he has any interest in complementary and non-pharmacological interventions. It turns out that he is very interested in trying some; he loves music, he feels comfortable when doing simple physical exercises and has been told that acupuncture may help him. Susan starts reading about these therapies and makes a plan. She has noticed that the therapies are safe if used carefully and that she could teach Jens how to do tai-chi exercises and encourage him to listen to his favorite music. She discusses these therapies with Jens, gives him information about them and suggests how to use them. However, she knows that she does not have enough knowledge to discuss acupuncture and refers Jens to see an acupuncturist after his discharge.

2. NAUSEA AND EFFECTIVE NON-PHARMACOLOGICAL AND COMPLEMENTARY THERAPIES

Nausea and vomiting have multiple causes but are both basic human reflexes meant as protection against absorption of toxins and other stimuli. Nausea is a subjective phenomenon of an unpleasant feeling in the back of the throat and stomach that may or may not result in vomiting. Nausea is often linked with vomiting, but they are separate experiences that are assessed differently. Nausea and vomiting accompany multiple conditions such as pregnancy, chemotherapy, intense pain, infections, chronic stomach problems, and surgery. They can also be caused by medications, including anesthetics. Unpleasant experiences with nausea can further contribute to future anticipatory nausea and anxiety. Nausea and vomiting are commonly treated by changes in food and liquid intake, other lifestyle changes and anti-emetic and/or anxiolytic medications.

An integrative and whole-person approach to nausea and vomiting takes into consideration the whole person and utilizes a full range of therapies to promote optimal healing, including non-pharmacological and complementary therapies that have been proven effective to prevent or alleviate nausea.

Below, several evidence-based complementary therapies for nausea and vomiting are listed, arranged along the level of training needed by the patient and nurse.

Ginger (*Zingiber officinale*) is a much-used **herbal home remedy** to treat postoperative nausea and vomiting (PONV). It possesses clinically relevant mechanisms of action and can be given as a prophylaxis for PONV preoperatively. Ginger seems less effective in reducing the incidence of postoperative vomiting (Lu et al. 2021, Sedigh et al. 2019). Ginger supplements should be avoided for treating nausea during pregnancy or lactation

due to lack of data on human fetal outcomes and concerns regarding embryo development in animal studies (Marcus & Snodgrass 2005).

By stimulating the Pericardium 6 (PC6 or P6) acupressure point, located on the inner side of the wrist, **acupressure** has been shown to reduce PONV (Lee et al. 2009, Hofman et al. 2017). It is also effective in chemotherapy-induced nausea and vomiting (CINV) of breast cancer patients (Greenlee et al. 2017). It is a simple technique that can easily be applied by nurses or taught to patients.

Peppermint is a well-known and often used essential oil (**aromatherapy**) for curbing nausea. It

is effective in pregnant women and postoperative cardiac surgery patients (Briggs et al. 2016).

It demonstrated antiviral, anti-inflammatory, antioxidant, antibacterial, antifungal, antidiabetic and antifibrotic effects in preclinical studies (<https://www.mskcc.org/cancer-care/integrative-medicine/herbs/peppermint#references-41>).

A 20-minute **nurse-delivered behavioral intervention** consisting of mindfulness-based relaxation can reduce midpoint anticipatory nausea and vomiting for patients undergoing chemotherapy for solid tumors (Hunter et al. 2020).

NARRATIVE 4 ~ Postoperative nausea and vomiting

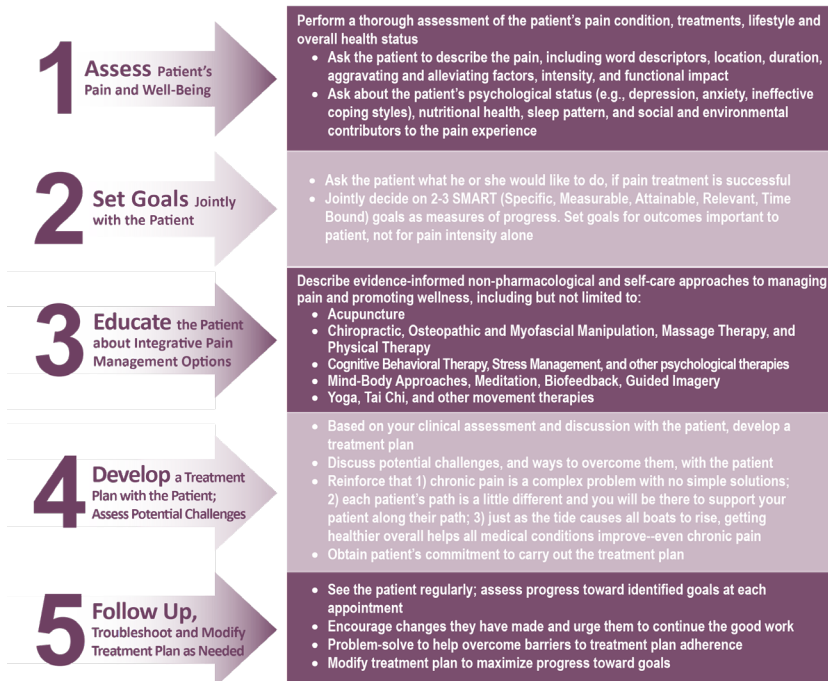
Janet is a 60-year-old woman with a history of nausea with vomiting during recovery from surgeries. She is now going to have a knee replacement. She expresses concerns to her integrative nurse about her previous experiences of nausea after surgery, which have delayed her recovery due to dehydration. The nurse listens intentionally to her concerns and together they discuss pharmacological and non-pharmacological approaches to nausea. The integrative nurse provides information on dietary guidelines for managing nausea and also on aromatherapy and self-acupressure for nausea. She asks Janet to try to inhale essential oil peppermint from a cotton ball and demonstrates how to provide acupressure to the pericardium 6 (P6) point on the inside of the wrist. A plan including both pharmacological and non-pharmacological approaches is created with the help of the medical team. Postoperatively, Janet experiences some moderate nausea and utilizes acupressure and aromatherapy. She is feeling much better than expected and can start to have some light food. At the time of discharge, she is experiencing only mild nausea on occasion and feels she is able to go home.

ANNEX 2: COMPREHENSIVE PAIN CARE PLAN

MOVING BEYOND MEDICATIONS

Non-Pharmacological Approaches to Pain Management and Well-Being

In response to the current public health crisis of opioid abuse, overdose, and death, many organizations have issued guidelines and recommendations for treating pain, including the former Surgeon General's "Turn the Tide" campaign. Similar to other guidelines, this campaign recommends non-pharmacological approaches as first line pain treatment, with opioids to be considered only if these and non-opioid pharmacological treatments are ineffective. This document expands upon those recommendations to help primary care clinicians and their patients with this approach.



Resources for Information on Nonpharmacological Approaches to Pain Management and Wellbeing





SERIES
03

11 COMMUNICATION ABOUT COMPLEMENTARY THERAPIES AND NON-PHARMACOLOGICAL INTERVENTIONS WITH YOUR PATIENT

11.1 INTRODUCTION

It is well documented that nurses generally have a positive attitude towards patients' use of complementary therapies (CTs); still, at the same time the majority of nurses neglects to tell patients about risks and benefits of such therapies due to lack of knowledge^{1, 2}. Formal education, instruction from professional peers as well as an open culture and positive attitudes from colleagues encourage such communication. A qualitative study found that nurses' encounters with patients could naturally include dialogue about complementary therapies and non-pharmacological interventions; at the same time, however, the medical dominance, lack of time and lack of knowledge were mentioned as barriers for communication³.

The benefits of an open dialogue with patients regarding CTs in oncology care have been documented in a systematic review⁴. Patients were highly satisfied with the information and recommendations about CTs and the dialogue being integrated in the conventional hospital setting. It was found that the dialogue positively affected patients' quality of life and alleviated patients' main concerns, such as anxiety and psychological distress. An open dialogue is described as a patient-centered conversation in which a nurse in a non-judgemental manner respects the patients' needs, values and preferences regarding CTs, and guides the patient in making evidence-informed choices that in the best possible way improve well-being.

Other studies, however, find that patients often do not disclose their use of complementary therapies. The main reasons are being worried about a negative response from the healthcare professionals, seeing disclosure of CT use as not relevant for the professionals, and not being asked about the use of CT^{5, 6}. It seems that both patients and professionals wait for the other to start the conversation about the subject. This has been labeled 'a culture of waiting'⁷.

The purpose of this chapter is to address:

- 1 Communication between healthcare professionals and patients who already use complementary therapies together with conventional treatment.
- 2 Advising patients who seek complementary therapies outside the conventional healthcare setting.
- 3 Communication with patients when using non-pharmacological interventions in clinical practice.

The chapter draws on theories of communication that the students already might be familiar with from their general nursing education: the professional encounter, relation-based dialogue, and active listening.

Communication with patients who already use complementary therapies together with conventional treatment

The integrative nurse has the responsibility to establish an open, respectful and non-judgmental dialogue. On the basis of a review of relevant literature, Schofield et al. offered the following recommendations for discussing CTs with patients⁸.

RECOMMENDED STEP	CONTENT
1. Understand	Ask open questions to determine patients' understanding of their situation and disease. What are their concerns and hope, and what are their preferences for information?
2. Respect	Be respectful and aware of cultural diversity and different models of illness and treatments.
3. Ask	Ask routine questions about CTs, be open-minded and humble and maybe use specific wordings, such as 'are you doing anything else for the side-effects?' Clarify why you are asking this.
4. Explore	Explore details of the patient's use of CTs by actively listening, and asking for reasons and outcomes.
5. Respond	Respond to the patient's emotional state and way of coping, support e.g., the desire for hope and control. Express empathy.
6. Discuss	Discuss relevant concerns about CTs while respecting the patient's beliefs and choices. The patient may want to know about potential harm, benefits, the time frame for assessment, and costs.
7. Advise	Encourage the use of CTs that might be beneficial, accept use for which there is no evidence of harm or benefits, and discourage use that will be unsafe.
8. Summarize	Summarize the main point of the communication and check whether the patient understands.
9. Document	Document communication in the nursing records.
10. Monitor	Follow-up communication.

Tenner et al. (2019) have suggested a similar model, with references to shared decision-making and empirically validated communication strategies⁹.

STRATEGY	DIRECTIVE
Ask-tell-ask	• Ask the patient about the interest in and use of CTs. Tell about decisions rooted in evidence from a conventional perspective. • Ask about the patient's understanding based on the dialogue, and express empathy.
Advise, collaborate, negotiate	• Advise against potentially harmful CTs and encourage beneficial ones. • Collaborate despite potential conflicts regarding the patient's choices. • Negotiate by inviting for future dialogue.
Summarize	• Check the patient's understanding of today's discussion and potential decisions.

Both models of communication imply an open approach and pay respect to the patient's perspectives and choices regarding CTs. The patient's thought and experiences are explored, while the nurse is responsible for opening the dialogue and must avoid being passive or dismissive. Furthermore, these communication models presuppose that the nurse has general and specific knowledge about CTs to facilitate the patient's informed decision-making. Ethical considerations arise when balancing patient autonomy with considerations of potential harm. Adams et al.¹⁰ highlight the following factors in a risk-benefit analysis of complementary therapy together with or versus conventional treatment:

- A Severity and acuteness of the illness.
- B Curability with conventional treatment.
- C Degree of invasiveness, associated toxicities, and side effects of conventional treatment.
- D Quality of evidence of safety and efficacy of the desired complementary therapy.
- E Degree of understanding of the risks and benefits of the desired complementary therapy.
- F Knowledge and voluntary acceptance of those risks by the patient.
- G Persistence of the patient's intention to use the desired complementary therapy.

Advising patients who seek complementary therapies outside the conventional healthcare setting

Sources of information on CTs outside conventional healthcare settings are diverse. In many countries, both the Marketing Act and other advertising directives might regulate the private practicing of CTs and the information given about the offered CTs (contrary to the health legislation) (chapter 6). Patients are expected to be able to assess the validity of information themselves and generally seek trustworthy sources of information. Maybe they find information on the internet, in magazines, or hear about certain therapies from friends, relatives or other patients. Any lay advice may not include the potential harm of a certain complementary therapy; and self-medicating patients need to be able to assess themselves whether their condition is suitable for a certain CT¹⁰. Patients are looking for hope and something that might have a healing effect, which can be a very vulnerable situation. The answers to the following questions and recommendation can guide patients seeking CTs¹¹.

- 1 What do you want to achieve with the treatment; e.g., symptom relief, strengthening the immune system or renewed energy? What can be a realistic goal?
- 2 How much time, effort and money are you willing to invest?
- 3 How long will you try the treatment before deciding whether you benefit from it? What would be a reasonable and realistic period of time?
- 4 You always have the opportunity to ask for a non-committal conversation with a therapist before you start. It is important that you feel safe and can get answers to your questions.

These questions can also guide nurses who do not have specialized knowledge of specific CTs when facilitating patients in decision-making.

Norway's National Research Center in Complementary and Alternative Medicine (NAFKAM)¹² offers the following guidelines for patients (and nurses) to evaluate information towards safe choices:

- A Check whether the information builds on facts, solid research and is updated.
- B Check the information for exaggerated promises such as 'miracle cure', 'natural and harmless' or 'guaranteed effect'.
- C Be skeptical when reference is made to a universal effect or research without accurate documentation, or accusations are made against the conventional system.

For more guidance, see annex 1.

Communication with patients when using non-pharmacological and complementary therapies in clinical practice

As an integrative nurse, you are guided by principles of approaching the whole person (body – mind – spirit) in symptom management and well-being, as well as employing the least intensive intervention possible, depending on the need and context. A concrete example could be the use of a non-pharmacological intervention such as guided imagery for pain management. In this case, the nurse has to inform the patient and relatives about the intervention and needs to obtain the patient's consent for applying the intervention. Responses from patients can be in a continuum from very interested to resistance, for various reasons. The nurse could apply motivational interviewing to help the patient find the motivation to change habits and practices regarding pain management. Informing and communicating with a patient about non-pharmacological interventions should be directed by patient autonomy and the nurse's responsibility¹³.

Patient autonomy:

- The nurse follows the code of ethics and is responsible for ensuring the individual's right to self-determination regarding the use of non-pharmacological interventions.
- The nurse must ensure that the patient receives sufficient and adequate information to be able to give consent to a given care plan or treatment plan using non-pharmacological interventions.
- Dialogue and shared decision-making provide safety for the patient.

Responsibility:

- The nurse is responsible for the intervention she initiates and must continuously monitor the desired effect and possible side effects.
- Integrative nursing places equal value on all domains of well-being and is highly sensitive to both explicit and implicit signals from the patient.
- The nurse is responsible for gathering the relevant information and advising the patient in understandable language.

11.2 LEARNING OUTCOMES

Learning outcomes are descriptions of the specific knowledge, skills, or expertise that the learner will get from a learning activity. The INES learning outcomes (appendix 2) have been validated by nurse educators and integrative nursing experts through the Delphi method¹⁴. For this chapter the following learning outcomes are proposed.

Skills

Communication

- ✓ Provide general information to patients (and colleagues) about relevant complementary and non-pharmacological therapies.
- ✓ Establish a confident, open and professional dialogue with patients about complementary and non-pharmacological therapies.
- ✓ Guide patients in seeking trustworthy information about common complementary and non-pharmacological therapies.
- ✓ Give adequate information about complementary and non-pharmacological therapies in relation to the specific patients' needs.

Reflexive

- ✓ Recognize patients' autonomy and wishes in relation to complementary and non-pharmacological therapies.

Ethical

- ✓ Establish an open and curious approach to patients in relation to their needs and preferences about complementary and non-pharmacological therapies.

11.3 NARRATIVES

Narratives are added to the text to enhance the students' engagement and to inspire the teacher. A narrative embeds details while at the same time showing the large-scale guiding structure. The presented narratives stem from both educational and clinical practice, from various countries. Some are more elaborate than others. They can be used either as an example or as a case for further analysis, but it is up to the teacher how to best use them, taking into account the cultural and educational context. We encourage the teacher to adjust the narratives accordingly.

Narrative 1 ~ Communication with a patient suffering from breast cancer

A young woman with breast cancer stage 4 is receiving chemotherapy. She lives with three small children without a partner. Especially her mother seeks information about complementary therapies on the Internet. The woman herself is in to complementary treatments, and nurse Joan knows that the woman takes various natural supplements. She heard from her colleagues that the woman follows a special fasting ritual prior to the chemotherapy to increase its effect. Before meeting with the woman, Joan consults a colleague regarding evidence for the fasting ritual.

Joan knows that as a nurse, she must initiate the communication and acknowledge the young woman's use of complementary therapies. She asks, as a natural part of the conversation prior to the chemotherapy, whether the woman does other things to reduce side effects and increase her well-being. The woman tells her that she is taking high doses of vitamin C, calcium and vitamin D and that she is considering taking magnesium. 'I have to do EVERYTHING I can - I cannot die of this disease,' she says. Joan is extremely aware of her own verbal and non-verbal communication and says she understands the woman's emotions and priorities. Joan says that there is evidence that antioxidants can reduce the effect of chemotherapy, and she therefore recommends to stop taking vitamin C while receiving chemotherapy.

Instead, Joan recommends to start taking magnesium, as it is a mineral supporting vital processes in the body. Joan senses that the woman is starting to relax a bit in the conversation about complementary therapies. She therefore says that some patients, desiring to increase the effect of the chemotherapy, do a fasting ritual. She also mentions that at present there is no evidence for either harmful or beneficial effects from it. The woman smiles and says; 'Thank you for asking me; it is true that I fast before and after chemotherapy, and I will keep doing this because I just HAVE to get well.' Joan smiles back to her to express sympathy and responds; 'I really respect that.' She then openly asks about the woman's experiences of the fasting ritual.

The woman tells her that she feels very hungry during the first day but is only nauseous for one day after chemotherapy. Joan repeats that there is no evidence for the effect of the fasting ritual, adding that hunger can aggravate nausea. Joan suggests the woman to pause the fasting ritual at the next chemotherapy session, so she can experience whether it makes a difference to the nausea if she eats instead of fasts before the treatment. The woman promises that she will consider it; and she adds that she is also thinking about trying acupuncture.

Joan senses that her message about the fasting ritual came through, and she asks what acupuncture should help her with right now. The woman replies that she would like a little more energy; she suffers from nausea and side effects only immediately after chemotherapy. Based on existing evidence, Joan can recommend acupuncture, but she also recommends being aware of needed resources in terms of both time and finances. It is very important that the complementary treatment provides energy and well-being, and does not stress the woman in her everyday life. Joan asks whether the woman does other things for well-being. The woman tells her that she participates in an online yoga course, which she enjoys. Joan acknowledges the woman for being so active, and suggests that they follow up on the conversation at the next consultation.

11.4 DIDACTIC REFLECTIONS AND TEACHING METHODS

The didactic relationship model by Hiim and Hippe shows six interrelated didactic elements that form the framework for the following didactic reflections and concrete suggestions for teaching methods, context and content. Learn more about the model in appendix 3¹⁵. This chapter will largely relate students' general knowledge about communication to the specific knowledge added in this course about integrative nursing.

Learning conditions: Learning conditions for this chapter are based on which semester the students are in. Students who are at the end of their education will have extensive knowledge of communication, ethics, patient involvement and clinical decision to draw on. Studies show that nurses' lack of knowledge about complementary and non-pharmacological therapies affects their communication with patients. Lack of time and the culture of a workplace are also determinants. Students' basic knowledge about integrative nursing and complementary and non-pharmacological therapies is a prerequisite for being able to communicate and giving advice on this. Students may have experience with hospital wards where there is resistance to CT or wards with an open approach that make extensive use of them. The students will also be influenced by the general approach to nursing at their educational institution and the openness to integrative nursing.

Setting: This chapter can be taught in a traditional classroom setting, or if possible, in a simulation setting with a hospital ward as context. As the learning content of this module is based on relations and on verbal and non-verbal communication, it is preferable for the teacher to be present with the students. The chapter can be included in a course about integrative nursing, in a single session or more sessions in a row. The chapter can also be related to teaching on communication in general and to specific patient groups or conditions. It is an advantage when the teacher has the prerequisites for teaching on communication and integrated nursing and combining these.

Goals: The suggested learning outcomes with regard to skills and ethics refer to application in Bloom's taxonomy, whereas the reflexive skill refers to comprehension. These outcomes are on a lower taxonomy level than nursing student's general communication skills. The lower taxonomy reflects the impact of comprehensive integrative nursing competencies in relation to communication; still this module must provide students with skills for giving general and adequate information to patients, as well as guide them in trustworthy information seeking. Possessing the skills for recognizing patient autonomy and establishing an open and curious approach to CTs means that one is able to understand a patient's situation and preferences. Reflexive skills, on the other hand, will depend on knowledge and experience from an advanced or specialized level of integrative nursing. The ethical and reflexive skills are also part of other modules.

Content: Depending on setting, resources and the students' learning conditions, different theoretical and practical approaches can be chosen for these lessons. Inspiration can be found in the resources section. Suggestions are presented in Table 1.

TABEL 1 Suggestions for teaching before, during and after a lesson: out of class – in class – out of class	
OUT OF CLASS	• Ask students to recall the theory and models of communication they already have learned in their education. • Ask students to bring a case story from their clinical period where a patient asked about CT, or the student became aware that a patient practiced a complementary therapy in addition to conventional treatment. The case should include the students' related communicative experiences. • Suggested literature could be the articles of Scofield and Adams (see resources below).
IN CLASS	• Lecture on factors that either facilitate or inhibit communication with patients about CT/non-pharmacological interventions and relate these to the nurse's ethical obligations. • Dialogue-based reflections with students about: • Responsibilities and boundaries of this type of communication. • What kind of knowledge about CT / non-pharmacological interventions are needed for an open approach? • What knowledge and experience do they have from their education that is relevant with regard to this specific type of communication? • Have students analyse a case of their own according to suggested models of communication and include ethical considerations on patient autonomy and persistence to use/try CT. The narrative included in this chapter can be used as an exemplary case before the students tackle their own cases. • Introduce practical communication exercises that can be done in groups. For example: a) communication with a patient who uses CTs b) advising a patient seeking CTs c) informing a patient about a specific non-pharmacological intervention. In the exercise, the students are assigned roles such as nurse, patient, relatives and observers.
OUT OF CLASS	• Complete role-play. • Group-based feedback and reflections led by observers, and experienced from perspectives of the nurse and the patient. What went well, what could be improved and how did they experience the dialogue?
IN CLASS	• Collection and lessons learned.

Learning process: The suggested content implies an alternation between inductive and deductive teaching methods. The facilitated analyses of own cases and discussions create opportunities for in-depth learning. When students combine a theoretical and practical approach to communication about CTs and non-pharmacological interventions, this will support the learning processes. Role-playing always requires a safe learning space. In the safe learning space, reflections on the different roles can lead to both direct and indirect learning of importance for integrative nursing.

Suggestions for assessments

- ✓ A minor summative test that will show students whether they have understood the recommended steps for communication with patients about complementary therapies.
- ✓ Small assignment with analysis of a case and suggestions for a communicative approach and ethical reflections.
- ✓ Formative feedback from teacher to students, presenting practical communicative skills; e.g., based on group work.
- ✓ Peer feedback from fellow students in practical group work, practicing relevant communicative skills.

11.5 RESOURCES

In the resources section you will find the references used in the text and suggestions for other resources, such as websites or videos. These are selected on the basis of:

- 1 Scientific credibility (peer-reviewed articles, websites of universities and research centers).
- 2 Professional credibility (professional associations and renowned healthcare institutions).
- 3 The INES network.

A possible limitation of these resources is that they are in the English language; many other trustworthy resources in other languages are not listed. We encourage teachers to use resources in their own language as well, using the above-mentioned first two criteria.



Resources guiding the communication, references: 8, 9, 16

- Schofield P, Diggins J, Charleson C, Marigliani R, Jefford M. Effectively discussing complementary and alternative medicine in a conventional oncology setting: communication recommendations for clinicians.
- Tenner L, Hlubocky FJ, Blanke CD, LeBlanc TW, Marron JM, McGinnis MM, et al. Let's Talk About Those Herbs You Are Taking: Ethical Considerations for Communication With Patients With Cancer About Complementary and Alternative Medicine.
- Adams KE, Cohen MH, Eisenberg D, Jonsen AR. Ethical considerations of complementary and alternative medical therapies in conventional medical settings.



Resources describing determinants for the communication, references: 3, 4, 7, 17

- Hall H, Brosnan C, Frawley J, Wardle J, Collins M, Leach M. Nurses' communication regarding patients' use of complementary and alternative medicine. *Collegian*. 2018;25(3):285-91.
- Stie M, Jensen LH, Delmar C, Norgaard B. Open dialogue about complementary and alternative medicine (CAM) integrated in conventional oncology care, characteristics and impact. A systematic review. *Patient Educ Couns*. 2020;103(11):2224-34.
- Nissen N, Laursen SS, Rossau HK. Communication about Complementary and Alternative Medicine in Danish Oncological Settings: An Intervention Study. *Complement Med Res*. 2020;27(6):392-400.
- Spencer CN, Lopez G, Cohen L, Urbauer DL, Hallman DM, Fisch MJ, et al. Nurse and patient characteristics predict communication about complementary and alternative medicine. *Cancer*. 2016;122(10):1552-9.



International resources to seek trustworthy and evidence-based information about complementary therapies and non-pharmacological interventions:

- National Center for Complementary and Integrative Health: <https://www.nccih.nih.gov/>
- Norway's National Research Center in Complementary and Alternative Medicine: <https://nafkam.no/en/nafkam-english-front-page>
- Memorial Sloan Kettering Cancer Center: <https://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine>



Resources for an expanded approach to communication, references: 18, 19

- About deep listening: Deep Listening | Center for Spirituality and Healing - University of Minnesota (umn.edu) This website includes questions for practice and reflections
- Institute of Communicology: <https://communicology.com/>
- Morse JM, Bottorff J, Anderson G, O'Brien B, Solberg S. Beyond empathy: expanding expressions of caring.
- Karoliussen, M and Hov, R (2020): Nightingale's Legacy. Old Holistic Insight Supported by New Science.

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ANNEX 1:

HOW TO EVALUATE INFORMATION ON THE INTERNET?

Tips when seeking trustworthy information on the internet

- 1 Always check whether the information is reliable
- 2 Don't be too quick to believe what you read
- 3 Always discuss the information with your doctor or nurse

1. ALWAYS CHECK WHETHER THE INFORMATION IS RELIABLE

Look for reliable and independent websites, such as websites of the government, healthcare institutions (hospitals), universities, professional associations and patient associations. Reliable means that the information has been approved by experienced experts in the field of complementary care.

When surfing to commercial websites, you should realize that its makers have an interest. They want to sell a product or service that makes one feel better. It might mean they sometimes don't tell about the disadvantages, side effects or risks of a product or treatment. So be extra critical when visiting commercial sites.

Checklist: Guiding questions to know if a website is reliable:

Which organization is behind the website?

- What is the purpose or mission of this organization?
- Has the information on the website been carefully prepared? Are there any sources? Has the information been checked by someone who is highly knowledgeable about the subject, such as a healthcare professional or scientific researcher?
- Can you get in touch with the organization behind the website?
- How current is the information on the website? If the website has not been updated for a few years, there is a greater chance that the information is not (or no longer) correct.
- Does the website ask for your personal details? If so, why?

You can usually find the answer to these questions on the website itself, on the 'about us' or 'about this website' page. Can't find answers to these questions, or is the answer vague? Then the information is probably not objective and reliable.

2. DON'T BE TOO QUICK TO BELIEVE WHAT YOU READ

Be critical when there are big promises. Think twice when you come across these kinds of claims:

- works against all your complaints
- works guaranteed/always against...
- the world's first
- the remedy against
- natural and without risks

Does something sound too good to be true?

Then that is usually the case.

Is someone praising a product or treatment instead of the medical treatment? Then that is extra reason to be critical. Also, beware of stories of people who say they have been cured by an alternative treatment. This is not proof that the treatment actually works.

Be careful with personal stories. Just because a few people are positive about a particular treatment, it does not mean the treatment will work for everyone. Not sure if something is too good to be true? Look for confirmation of what the site is claiming. See if reliable websites confirm this information.

Resource:

Dutch Online Information Platform Kanker.nl: <https://www.kanker.nl/gevolgen-van-kanker/complementaire-zorg-aanvullende-zorg-bij-kanker/algemeen/ho-vind-je-online-betrouwbare-informatie-over-complementaire-aanvullende-zorg>

APPENDIX

APPENDIX 1 – INES GLOSSARY

The literature on traditional medicine in its broadest sense knows a plethora of definitions and terminology rooted in culture, history and traditions. This diversity is also reflected in an overview from the WHO in which the wording “Traditional Medicine” emphasizes a long history of knowledge and experiences. Traditional medicine, then, “is the sum of knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness”. As well-defined terminology accepted by all professionals does not exist, we suggest a pragmatic use of definitions and terminology according to the local setting and common practice. We use the terms Integrative Nursing, Complementary Therapies and Non-pharmacological interventions to avoid any negative connotations with the word “alternative”.

The terms in the left-hand column printed in bold are the terms used in this handbook.

TERM IN ALPHABETICAL ORDER	DEFINITION	SHORT FORM USED IN THE HANDBOOK
Alternative medicine	A non-mainstream approach (medication and treatments) used in place of conventional healthcare. (https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name)	
Complementary therapies	A non-mainstream approach used together with conventional healthcare.	CT
Complementary and alternative medicine	“Complementary and alternative medicine (CAM) utilized by European citizens represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as well as to prevent, diagnose, relieve or treat physical and mental illnesses. CAM has been mainly used outside conventional health care, but in some countries certain treatments are being adopted or adapted by conventional health care” (Falkenberg et al, 2012).	CAM
Complementary and non-pharmacological therapies	CT are more than non-pharmacological interventions (NPI) and can be interpreted as an umbrella term. This is why we in this combination term used in the learning outcomes have chosen the word therapies instead of interventions. In some contexts it will be more relevant to label this combination as ‘complementary and non-pharmacological interventions’, thus emphasizing a nursing intervention.	

Conventional healthcare	"A system in which medical doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery. Also called allopathic medicine, biomedicine, mainstream medicine, orthodox medicine, and Western medicine." (https://www.cancer.gov/publications/dictionaries/cancer-terms/def/conventional-medicine)	
Integrative medicine	An interdisciplinary and non-hierarchical blending of both conventional and complementary interventions within medicine.	
Integrative nursing	Integrative nursing is person-centered and combines two or more paradigms of care and treatment modalities, consisting of an interdisciplinary and non-hierarchical blending of both conventional and evidence-informed complementary non-pharmacological interventions. "Integrative Nursing is a way of being, knowing and doing that advances a whole health perspective to optimize well-being. Integrative nurses use evidence-informed strategies to support whole person, system and planetary healing". (https://csh.umn.edu/academics/focus-areas/integrative-nursing/principles-integrative-nursing)	IN
	Any type of health intervention which is not primarily based on medication. Non-pharmacological interventions are part of both conventional health care and of complementary therapies (depicted in the INES model).	NPI

APPENDIX 2 – THE INES LEARNING OUTCOMES ACCORDING TO THE EUROPEAN

DESCRIPTION OF THE LEVEL ACCORDING TO EQF	"Factual and theoretical knowledge in broad context within a field of work or study"
INES LEARNING OUTCOMES	The student will be able to 1. Understand selected complementary and non-pharmacological therapies and its evidence and safety (chapter 2, 9, 10) 2. Apply general knowledge of complementary therapies and integrative nursing (chapter 1, 2, 4, 5 and 10) 3. Understand possible interactions when patients are using complementary therapies (chapter 6, 9 and 10) 4. Understand barriers and facilitators for implementing integrative nursing in own context/country (chapter 5, 6, 7) 5. Apply the national regulations and rules relevant for the implementation of selected therapies (chapter 6) 6. Understand patients' use of complementary and non-pharmacological therapies and related arguments and experiences (chapter 8) 7. Interpret knowledge from case stories about nurses' use of complementary and non-pharmacological therapies (chapter 5)

QUALIFICATIONS FRAMEWORK LEVEL 4 (EQF4)

“A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study”	“Exercise self-management within the guidelines of work or study contexts that are usually predictable, but are subject to change; supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities”
The student will be able to Communication 1. Provide general information to patients and colleagues about relevant complementary and non-pharmacological therapies (chapter 2,5, 6, 11) 2. Establish a confident, open and professional dialogue with patients about complementary and non-pharmacological therapies (chapter 11) 3. Guide patients in seeking trustworthy information about common complementary and non-pharmacological therapies (chapter 11) 4. Give adequate information about complementary and non-pharmacological therapies in relation to the specific patients' needs (chapter 3, 4, 10, 11) Practical 1. Select the least invasive nursing intervention when meeting patients' basic needs (chapter 3, 5, 10) Reflexive 1. Analyze individual and specific patient situations according to different health approaches (chapter 5, 7) 2. Recognize patients' autonomy and wishes in relation to complementary and non-pharmacological therapies (chapter 2, 7, 8 and 11) 3. Analyze evidence for frequently used complementary and non-pharmacological therapies (chapter 9) Ethical 1. Establish a trustful and caring relationship with patients (chapter 5 and 10) 2. Show ethical wisdom in specific patient situations (chapter 5 and 10) 3. Establish an open and curious approach to patients in relation to their needs and preferences about complementary and non-pharmacological therapies (chapter 7, 8, 10, 11)	The student will be able to 1. Use a holistic and integrative approach in relation to basic nursing and clinical decision-making in non-complex patient situations (chapter 1, 2, 5 and 10) 2. Evaluate and apply simple evidence based complementary and non-pharmacological therapies in relief of symptoms such as anxiety, pain and nausea within the context of a nursing care plan (chapter 9 and 10) 3. Evaluate and apply simple evidence based complementary and non-pharmacological therapies for well-being and relaxation (Chapter 4, 7, 9) 4. Recognize own self-care practices in work and life-situations (chapter 3 and 4) 5. Analyze when patient situations are complex and if possible, refer patients to a specialist in integrative nursing or consult a relevant healthcare professional (chapter 10) 6. Demonstrate autonomy in continuous personal work with own limits, self-reflectivity and professional curiosity (chapter 3)

APPENDIX 3 – INES DIDACTIC FRAMEWORK

The didactic inspiration for this Handbook comes from the Norwegian education researchers Hilde Hiim and Else Hippe, notably their Didactic Relationship Model¹. In the planning and organization of a teaching module on integrative nursing, this model may serve as a planning and inspiration tool for the teacher. The model contains all the conceivable considerations a teacher may have in relation to planning a teaching module.

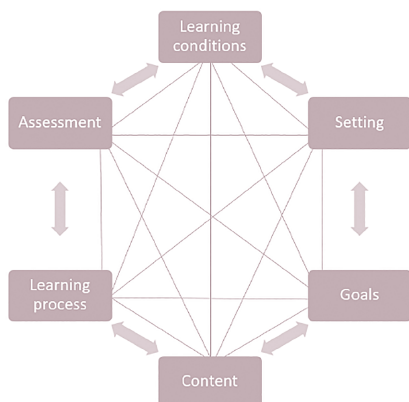


Figure 1. The Didactic Relationship Model of Hiim and Hippe (2012).

The Didactic Relationship Model (figure 1) consists of six elements: learning conditions, setting, goals, content, learning process, and assessment. The elements are all interrelated and influenced by each other in various ways and to various degrees

Learning conditions is about considering who the students are with regard to their academic, physical, social and mental qualifications. All students and educators have previous knowledge, attitudes and experiences that are of influence to the learning conditions. Relevant reflections for the teacher could be the following: What kind of learning conditions do the students bring to the teaching? What needs and expectations do they have? How motivated are the students?

Didactic considerations in the **Setting** element are considerations in relation to the teaching framework. The setting provides both opportunities and limitations for the teaching. Relevant reflections could be the following: Where and at what time does the teaching take place? Do I need any equipment?

The Goals element refers to what the teacher wants the students to accomplish – which learning goals and levels the students are expected to reach. In this Handbook, the goal inspiration comes from the learning outcomes in the INES competency profile for nursing students, but goals are also dominated by the curriculum in terms of knowledge, skills and responsibility and autonomy. Considering the goals, it is relevant to ask: How can I operationalize the goals? What are the students going to be able to do after my teaching, and what level must be reached?

The **Content** element expresses what the teaching is all about. The content is determined not only by curriculum and goals, but also by the materials used for the teaching. It is important to ask the question: What must the students learn? Are the students supposed to read materials before the lessons? Which activities can be initiated during the lessons? The teacher could distinguish different categories in relation to that the students must do: before class, in class and out of class.

The **Learning process** is about choosing the very teaching methods and learning activities that support the student in achieving the learning goals. According to Hiim and Hippe (2012), the teacher may consider three main principles in preparing the students' learning process.

The first principle is to introduce *experiences*: as an experience, the students may try a complementary therapy in the lesson because it gives the student an emotional and action-oriented experience. **The second principle** is to introduce *problems and exercises*: to give the students an opportunity to solve a practical and realistic problem. **The third principle** concerns the *coherence between theory and practice* and *co-determination*: for example, varying the teaching methods between a deductive (theory) and inductive (experience) approach – and as a co-determination approach – let the students take responsibility during the lessons. In order to help the students to achieve all learning goals, it is important to choose the right teaching methods supporting the students learning process. Relevant questions in this regard could be: How is the teaching going to take place? Which exercises are going to take place? What types of activities am I going to choose? Presentations? Group work? Students as co-creators and agents?

Assessment can take place in relation to the learning goals, the teaching process and the students' learning process. Reflection and assessment take place before, during and after a class and can be divided into two main types: formative (ongoing and forward in relation to the process) or summative (status, product, goes backwards, what has the student achieved). The formative feedback supports the students because it sets out a direction for their future work and supports the student in achieving the learning goals. The three types of formative feedback are: *feed up*; *feedback*; and *feed forward* (figure 2). In the 'feeding up process the goals are important – the student will ask the question "Where am I going?". In the *feedback* process, the students ask themselves "How am I going?", and in the – *feed forward* process, the question is to clarify the next level: "Where to next"? ^{2,3}



Figure 2. Feedback levels as an assessment strategy^{2,3}.

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APPENDIX 4 – INES NARRATIVES

SERIES 1 - CHAPTER 1 | INTEGRATIVE NURSING IN EUROPE AND THE INES MODEL OF INTEGRATIVE NURSING

psychiatry, body awareness, footbath, massage	NARRATIVE – Integrative nursing practice at expert level Nurse Ida meets a 19-year-old girl and her mother in the psychiatry ward where the girl was recently admitted. The young girl has isolated herself with a computer game, where she rather "stays" than in the real world. Often, she lies in bed in a fetal position and uses terribly dismissive language towards her mother and others. She has neither washed herself for several days nor used deodorant, and her room smells bad. Ida senses that there is something completely wrong in the mother-daughter relationship and that they miss each other. In an evening shift, the mother sits in the hallway with her laptop (as is often the case) and the daughter is in the room with her laptop. To Ida, body and spirit are closely connected, and Ida therefore considers how she with an integrated approach can care for both the girl and the mother. Ida thinks that a bodily experience has potentials for well-being and relief of the tensions between the two. Ida asks the girl and the mother if it would be all right to tell about massage oils, and they both accept. The mother follows Ida into the patient room and Ida says, "I will get you two bowls with hot water and essential oils ". Without a lot of talking, Ida first offers the mother a footbath and after a while, the daughter follows. Instead of discussing the offer with the intellectual and eloquent mother, Ida chooses to guide them: "try to close your eyes - focus on your feet – feel". The smell of fragrant oil fills the room. After 30 minutes, mother and daughter have been sitting close to each other without being on social media or using their laptops. Ida says to the young girl: "I want to dry and massage your feet, and it's actually best for me if you lie on your bed". She has previously refused bodily contact and help with hygiene, but Ida is now allowed to massage her feet with slow rhythmic movements. They talk about the feet being soft and how the massage oil brings relaxation. The footbaths provided peace and presence for a while, and mother and daughter had a joint experience, where the young girl accepted to be cared for without being dismissive.
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mastectomy, anxiety, mind-body interventions	NARRATIVE 1 – Complementary therapies and breast cancer During clinical teaching, a nursing student in the surgical oncology ward is practicing with her clinical instructor how to prepare a woman for mastectomy. The woman says she is very anxious about the surgery. Although she takes medication to help cope with anxiety she asks if the nurse and the student know any other therapies recommended for women with breast cancer. The student has learned about complementary interventions and has read guidelines about these therapies for breast cancer patients. She looks them up and the day after she goes over the recommended therapies with the patient. Among them are mind-body therapies such as meditation, relaxation and massage. The woman is interested in trying some of them.
pain, hot baths, exercise	NARRATIVE 2 – Arthritis and lifestyle Sam is a 65-year-old man who has arthritis and suffers severe pain. He has been given medication by his doctor but although they relieve his pain it makes him feel a little drowsy and sleepy. Therefore he is looking for other ways to feel better. He consults with a nurse who encourages him to start taking hot baths and do exercises in water. The nurse also suggests that he writes a diary to see what things or actions in his daily routine make him feel worse and which makes him feel better. After few weeks he has started to feel less pain and has reduced his amount of pain killers. He uses a healthier diet and he is more aware of not overstraining himself.
stress, diet, mind-body intervention	NARRATIVE 3 – Stress and nutrition Anna, a nursing student, experiences increased stress during assignments and tests in the third year. This year she is learning about integrative nursing, and last week in the students' cooking club they talked about the importance of eating healthy food and how food can affect stress. They also discussed how to lead a healthy life and to apply other methods, such as yoga exercises and sports. Anna decides to try to do some exercises, reduce sugar intake and eat more vegetables.
elderly, agitated behavior, music, nursing home	NARRATIVE 4 – Complementary therapies in elderly care A quote from a nurse working at a nursing home on the use of complementary interventions or distraction activities for the elderly: 'I find it important to show my staff that it is not always possible to fix things with drugs for people with dementia. That is just a fact, especially when we are taking care of difficult, angry, and agitated persons. Especially then, it may be better to use complementary interventions such as music or activities to distract the person, or shift attention to activities such as setting the table, baking pancakes or something else you know will help.'
sustainability, wellness in community	NARRATIVE 5 – Volunteering for community wellness John, a nursing student and activist, is interested in the ideas behind integrative nursing. He wants to integrate sustainability into his life and make it a part of his future profession as a nurse. He understands the importance of community wellness and starts to volunteer to work with psychiatric nurses who work with homeless people, providing food and helping with medication. His friend Tom is inspired and wants to become 'man-friend', which is a program directed by the Red Cross. He starts to visit people who are lonely and offer them help, such as reading for them and help at the house. He mobilizes other friends from school to engage in a program to assist those who are struggling with drug abuse.

nurse perspective, chronic pain	NARRATIVE 1 – From the perspective of the integrative nurse Peter works in an outpatient clinic for people suffering from chronic pain. Before a consultation, nurse Peter takes some seconds to center himself; he takes a few deep breaths and focuses on being present when opening the door. In the consultation room, nurse Peter meets the young woman Lea diagnosed with bodily distress syndrome. Her complaints are pain in muscles and joints, sensory disturbances and extreme fatigue. As an integrative nurse, Peter sometimes recommends patients to try breathing techniques together with drawing. Peter now guides Lea in breathing exercises and then asks her to draw 'what does your life look like if it would be a plant'? Lea draws a withered tree with a broken branch. From the drawing she talks about a complicated relationship with her mother and an education which she is not able to master. Peter then uses the drawing for a conversation about factors that burden Lea and might provoke and maintain her suffering. Peter knows he needs to reflect continuously on his nursing actions and focus on patient autonomy and needs. He has to use his intuition and sense what his patient is ready for – to Peter, integrative nursing provides for 'a set of extra ears and eyes'. Peter goes home by bike because it means exercise together with a mental break before facing family obligations.
nursing student, stress, burnout, mind-body intervention	NARRATIVE 2 – From the perspective of nurse students taking a course on integrative nursing Two nursing students, Nanna and Maria, talk about their experiences with a 6-week elective course on integrative nursing. Both found this course exciting, especially the 'hands-on teaching' where expert nurses demonstrated an integrative approach. The students physically experienced how energy exercises provided well-being, "It was the best day ever," says Maria enthusiastically. "We were motivated to daily practice ourselves". Maria daily practiced yoga for 14 days; "And even though it was only 10 minutes, it did something good for me; I started the day better". Nanna went for a daily nature walk; "It made my brain relax". Both students mentioned that stress and burnout are prevalent in young nurses, and they were convinced that for instance yoga or daily walking in nature could help reduce stress and the risk of burnout. Throughout the course, they could relate to what they had learned about basic nursing in the first semesters. The integrative approach challenged the students to apply non-pharmacological interventions before giving pain medication, for example. They said; "We can relieve pain through therapeutic touch, breathing exercises and listening to music, among other things. We have become very aware of the holistic approach and the healing potential of integrative nursing". Having completed the course, Nanna and Maria realize that integrative nursing is more than and different from what they had expected. They felt encouraged to collaborate with patients in relation to complementary therapies.

SERIES 1 CHAPTER 4 | INES EXPERIENCE LAB: A HANDS-ON INTRODUCTION TO
COMPLEMENTARY THERAPIES

nursing student, hand massage, relaxation	NARRATIVE 1 – Experiencing relaxing hand massage in class In the class about complementary therapies in nursing, Nadja and Carmel are paired up to give each other a hand massage. Both are not familiar with complementary therapies, but are used to practice nursing activities on each other through studying in the skills lab. Carmel doesn't feel comfortable, however, with any stress reduction technique. 'I don't like things like yoga or meditation, they make me feel more nervous', she says. But Nadja manages to gently convince her to try hand massage by pointing out the possible benefits for their future patients. They decide that Carmel will start by giving the massage and Nadja by receiving it. After a few minutes of giggling and chatting, Carmel quietens down and carefully follows the protocol. She has her full attention on massaging Nadja's hand and doesn't seem to notice her fellow students anymore. After a while they both become quiet and seem more relaxed. When the massage is finished, Carmel is surprised by herself. 'I never thought that I would like doing this, but it is actually quite nice!' Nadja attests to this: 'Yes, I liked it too. It felt very relaxing. Thank you!'
nursing student, stress, sleep, breathing	NARRATIVE 2 – The relaxing effect of breathing Lisa is in her fourth year of nursing school and loves working as a nurse. Her study results are good, but now that she has almost completed her studies, her fear of failure is causing her increasing problems. Studying at home, in a small and overcrowded house with four siblings, doesn't help her to feel comfortable either. She has difficulties falling asleep, feels tense and anxious. She requests an online consultation with her tutor Mrs. Klein. Mrs. Klein suggests to do a simple breathing exercise together to help her feel more relaxed. She first makes sure that Lisa is sitting comfortably on her own bed and can't be disturbed by her siblings in the next 10 minutes. Then she suggests breathing together in a particular rhythm: gently breathing in for 4 counts and 4 counts out. But that doesn't work; Lisa seems too tense. Then Mrs. Klein tries 3 counts in and 3 counts out and asks Lisa to put her hand on her belly and try to belly breathe. This works well. Lisa is sitting comfortably, calmly inhaling and exhaling. She is surprised how relaxing this is. 'So simple and so powerful,' she says. 'I will try to practice this more often.'

stress management, breathing exercise	NARRATIVE 1 - Using examples to showcase stress management Marianne is a nursing student at a gastrointestinal surgery ward. At the nursing school, she has participated in a course on integrated nursing, and Marianne is very inspired to use breathing exercises both as patient symptom management but also as her own strategy e.g., after a stressful day at work, or if she has trouble falling asleep. Marianne tells the nurse manager about the integrative nursing course, and she asks if she can start a staff meeting by demonstrating the 4-7-8 breathing exercise to her colleagues. Next week, Marianne gets the opportunity to use the first 10 minutes of a staff meeting. She begins by inviting her colleagues to try the breathing exercise. She asks them to get comfortable on the chair and guides them through the exercise. She senses that several colleagues are positive, but a few colleagues also seem skeptical. She chooses to ignore this skepticism. However, everyone participates, and Marianne guides her colleagues through 8 repetitions of the breathing exercise. Marianne spends the last 5 minutes telling how she uses breathing as a personal strategy for stress management and that she also used the breathing exercise as a nursing intervention the day before with a patient who was very afraid of mobilization after a major operation. The patient asked for more pain medication, even though it was already given. Marianne sensed the patient's nervousness and suggested trying the breathing exercise, and she sat down beside the patient and they did it together. The breathing exercise provided so much calm that the patient subsequently was able to mobilize without additional painkillers. After the staff meeting, several nurses approached Marianne and praised her for reminding them in a very practical way how simple non-pharmacological initiatives are helpful in nursing.
Communication, herbal remedies	NARRATIVE 2 - Communication with colleagues Nurse May receives a patient who is to start adjuvant treatment for lung cancer. The patient says that in winter she suffers from depression and heavy thoughts. Therefore, she has been taking St. John's wort daily all year round with a good effect. During the conversation, she also says that even though it is autumn, she has stopped taking St. John's wort, as she knows that it rarely goes together with the treatment. The doctor confirms that St. John's wort is not recommended as long as she is in active treatment. After the consultation, nurse May thinks that it was brave of the patient to talk about the use of CT, and she is worried about the patient's mental health as the dark season starts and at the same time the treatment is demanding. During the consultation, replacement for St. John's wort was not discussed. May knows that one of her colleagues is more knowledgeable about CT than May herself. May asks her colleague if it is true that the patient is not allowed to take St. John's wort together with adjuvant treatment. Colleague Charlotte confirms that there are concerns about possible interactions. She suggests May at the next consultation to ask the patient how St. John's wort usually works for her - how the patient concretely experiences the effect in her everyday life. Charlotte also suggests whether, based on the conversation with the patient, another CT can be suggested, such as mindfulness, meditation or light therapy. May is inspired by the conversation with Charlotte and feels comfortable meeting the patient with an open approach at the next consultation. She also decides to talk to the doctor before meeting with the patient.

Type 2 diabetes, urinary tract infections, cystoscopy	NARRATIVE 1 – What a nurse can give information about Nurse Dina is talking with Fatima, a 51-year-old woman with a history of several urinary tract infections (UTIs) the last 6 months. Four days ago, Fatima had a cystoscopy at the local hospital, but the examination revealed nothing suspicious in the urinary tract. Therefore, Fatima’s GP has asked Dina to have a talk with Fatima on how to prevent UTI. Nurse Dina starts out acknowledging the discomfort of the examination and the many UTIs Fatima has had and asks her to tell the whole history of UTIs. This leads to a long conversation, and many questions from Fatima. Fatima also says she has heard about a herbal medicine with good effect on UTIs and asks Dina if she knows about this medicine and would recommend it. Dina is careful in her answer to this question, being aware that a nurse is not allowed to recommend any treatment, and that only physicians can prescribe treatment for infectious disease. So, Dina answers that she knows a certain herbal medicine is claimed to contribute to maintaining a healthy mucous membrane, but Dina explains that as a nurse she cannot suggest medication, and advises Fatima to ask her GP.
heart attack, anticoagulation medication	NARRATIVE 2 – What a nurse is allowed to do in practice Richard, a 6- year-old retired policeman was yesterday discharged from hospital after a heart attack. Primary healthcare nurse Sandra greets Richard at the health care outpatient clinic when he comes for a follow-up talk, and to get instructions for self-injection with anticoagulation medication. Sandra first asks Richard to talk about himself and what has happened to him. Richard describes himself as perfectly fit and healthy until this sudden attack. With a tearful voice he mentions how hard it is for him to see how worried his wife and two adult children are about him. Following Sandra asks if Richard has any chest pains, which he denies, but he feels very tired and has pain in all the muscles in neck, shoulder and back, and has slept very poorly last night. Sandra asks if she may touch his neck and shoulders. Touching Richard’s neck, Sandra notices his muscles are very tight, and she concludes that the last week’s anxiety has settled in his neck muscles. Sandra has just attended a course in aromatherapy massage and knows that massage with lavender essential oil would be helpful for Richard to fall asleep. Lavender is safe to use and has no side effects or contraindications, and there are no rules that hinder her from applying this massage or to suggest it to the Richard. So, Sandra asks Richard if his wife could give a relaxing massage. Richard’s face lightens up, and he says his wife will love to give him massage, and that he cannot wait to tell his wife how she can help.

depression, sleep	NARRATIVE 1: Sleeping and exercise Nurse Simone works in an outpatient clinic for people suffering from affective mental disorders. There she meets Leah, a 30-year-old young woman suffering from depression. Leah has been discharged from the mental health hospital and recently started an outpatient program. Leah is still on sick leave from her work as a dentist. She finds this very stressful, because her colleague often asks her when she will return to work. Leah complains about sleeping problems. She wakes up early in the morning and can't go back to sleep because she starts to worry about life. She feels exhausted and tired all day long. As an integrative nurse, Simone knows that it is important to support patients' well-being and to prevent a new depression from occurring. She is genuinely open and curious about how Leah is coping with the sleeping problem. Leah tells her that she just stays in her bed at night and hopes to fall asleep again; sometimes she takes a prescribed sedative. But she does not like to take the sedative medication and asks: "What can I do instead of taking medication"? Nurse Simone inquires how Leah's day looks like, whether and how she sleeps during the day and what activities she undertakes. Leah tells she watches a lot of television and rests on the sofa. She experiences lack of energy to cook proper food, which makes it difficult to adhere to healthy nutrition and to exercise. "It is very difficult and embarrassing for me to talk about all this. This is not like me at all, I feel so weak, but you must know that I am not a lazy person," she wants to convince Simone. Simone explains how loss of energy is a common problem during a depression period. She asks Leah which activities she used to find pleasant. Leah likes yoga and being in nature. Simone suggests her to start to do mild yoga again and to find some daily activities in nature, like taking a walk in a quiet area and get some fresh air. These are activities which calm the nervous system and make her tired in a more natural way, something that may improve her sleep pattern.
rheumatoid arthritis, nutrition, pain	NARRATIVE 2: Nutrition After being diagnosed with rheumatoid arthritis in fingers and wrist of the left hand, 55-year-old Peter, a math teacher, experiences increasing pain. Peter consults his general practitioner who prescribes a NSAID as pain medication. After some days taking this pain medication, Peter experience nausea, abdominal pain and drowsiness. He decides to stop the pain medication. A month later Peter consults the nurse in the clinic because of the recurring pain. Peter is dedicated to look for other ways of pain relief than just medical treatment. He has already started a healthier lifestyle. He meditates 20 minutes every day, swims twice a week and takes long walks with his dog every day. Within the last month, Peter has experienced that eating meat and food high in sugar makes his condition worse. Therefore, he changed to a vegetarian diet and has experienced some pain reduction since. The consulting nurse is open to Peter's new lifestyle. She listens and supports the way Peter attempts to cope with the situation. But she is also aware of the risk of protein deficiency. She carefully points this out to Peter and asks him how he covers protein needs in his diet. Peter says "I do not know how to make a proper diet covering my protein needs". She promotes a varied diet with fruit, vegetables, beans and whole grain and she encourages him to take a closer look at his diet. She suggests him to write down his food intake at lunch and dinner every day for the next two weeks and also to make notes describing if the arthritis symptoms are getting worse or better. They will discuss the outcomes at the next consultation and consult a dietician the diet if necessary.

SERIES 3 CHAPTER 8 | POPULAR COMPLEMENTARY THERAPIES FROM THE USER PERSPECTIVE

knee alloplastic, weight loss, sleep, crisis, trauma	NARRATIVE – Lola’s story Jonas is a third-year nursing student and now in his final internship in a health clinic. Today, 52-year-old Lola, who had a knee alloplastic 10 days ago, comes in for suture removal. Jonas immediately senses a good contact with Lola, and the conversation moves to diet and nutrition, as Lola says that by changing her diet, she has lost 25 kgs in the past 18 months. Lola tells how two years ago she visited her GP due to pain in the knee. The GP prescribed an MRI scan of the knee. In the follow-up conversation, the GP explained the pain was caused by severe osteoarthritis. Lola was offered an alloplastic of the knee. This, however, was conditional on her having to lose 20 kgs of weight beforehand, as the doctor said that weight was a contributing factor to the condition of the knee and the pre-diabetes she also had been diagnosed with. The GP recommended Lola to see a dietitian. Lola tells that in the following year, she fought a tough battle against the kilos, trying to follow a diet plan, but she never won. A good friend kept on encouraging her to seek a therapist outside the health system. One day Lola started a treatment course with a naturopath. She describes how this course was game changing for her. She felt the therapist was trying to understand why she had been putting on weight, and asked questions about her sleep, crises and traumas throughout life and how she thrives in life in general – questions the GP and the dietitian never asked. She received good advice on the composition of the diet, the foods she could advantageously exclude from the diet, dietary supplements, and also how she could improve the quality of sleep. She stayed in close contact with the therapist for the first months. Lola explains how these conversations, during which the therapist from a holistic approach not only attended to her body but also her lived life, were game changing for her motivation and understanding of her own body. She followed the therapist’s advices, lost 25 kgs and got rid of her pre-diabetes. Jonas thinks Lola’s story is very thought provoking and asks if he can ask her some questions. Lola says he is very welcome, and also very welcome to pass her experiences on to other patients. So, Jonas asks why she chose this special complementary therapy, and how this approach was different from the dietitian’s. After the talk with Lola, Jonas reflected on the significance of a holistic approach, and how he could adopt this into nursing.
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fibromyalgia, pain, fatigue, lifestyle change, sleep, nutrition	NARRATIVE 1 – From the perspective of the integrative nurse Mrs. Johnson, a 66-year-old former teacher, experienced unusual tiredness and had been in pain for many years before she was recently diagnosed with fibromyalgia. Her doctor explains that no one knows what causes this condition and that there is no cure so far. Standard treatment includes patient education, exercise and different medications to reduce symptoms. Mrs. Johnson makes clear that she wants to use as little medication as possible, also because of the possible side effects. She prefers to try complementary treatments first. Her rheumatologist lacks knowledge and expertise in this field and refers her to an integrative nurse. Together with Mrs. Johnson, and after a holistic needs assessment, integrative nurse Betty makes an evidence-based care plan to reduce pain and help Mrs. Johnson to manage her symptoms. As resources she uses the 'About Herbs' app from Memorial Sloan Kettering Cancer Center, and information from the website of the American National Center for Complementary and Integrative Health (NCCIH), section about pain. Also helpful is the White Paper on Nonpharmacologic Strategies for Pain from the Academic Consortium for Integrative Medicine and Health (ACIMH) (8). To be sure, she also performs a quick search in the PubMed database for 'fibromyalgia, rheumatology, pain, complementary therapies'. The care plan proposes lifestyle changes, more specifically sleep hygiene and diet changes, tai chi classes, and massage. Betty realizes that it will be demanding for Mrs. Johnson to adhere to the plan, since it means her active involvement, so she decides to cut it up into smaller, more feasible steps. They agree that Betty will support Mrs. Johnson with monthly follow-up consultations for the next 6 months.
malignant melanoma, anxiety, herbal remedies	NARRATIVE 2 – From the perspective of the patient After being diagnosed with Stage IIIB malignant melanoma, 60-year-old Mr. Mukherjee is very anxious and overwhelmed. He does not want to hear all the specific details about his type of cancer nor of the treatment. He cannot process all the medical information and it makes him even more anxious. His wife and daughter consult a traditional Ayurvedic doctor, hoping that a more holistic approach will reduce his anxiety and maybe even can positively influence the disease progress. The Ayurvedic doctor prescribes Panchakarma, a method of detoxing the body of all the unwanted waste. He also prescribes a combination of herbal remedies; Amalaki [Emblica officinalis] and Ananta [Decalepis hamiltonii]. Mr. Mukherjee is also recommended to do yoga and relaxation exercises. His sister also buys him the over-the-counter homeopathic remedy black salve. His oncologist advises surgery as primary treatment, with adjuvant systemic treatment after resection. He does not know about the Ayurvedic treatment. It is only after nurse Peter asks Mr. and Mrs. Mukherjee how they cope with the stressful situation and how he can support them, that he learns about the Ayurvedic treatment. Peter understands how important this is for Mr. Mukherjee, but also wants to be sure that it can be safely combined with the conventional treatment.

	Peter knows that there is no evidence that any Ayurvedic treatment can cure the cancer. He searches for the specific herbal remedies in PubMed, as well as in several cancer research websites and clinical guidelines, and learns that there is little published information about the herbal remedies used by Ayurvedic practitioners. Some common herbs might even have dangerous side effects when taken with cancer drugs or radiotherapy. Laxatives for detoxing, whether regular or herbal, can cause many side effects. Peter decides to ask the hospital's pharmacist to evaluate possible interactions and side effects, and to inform Mr. Mukherjee's oncologist, who should discuss these safety issues with Mr. Mukherjee. Peter will make sure to keep connected to Mr. Mukherjee in an open and empathetic relation so as to support him in looking for other ways to cope with his illness and situation. Although Mr. Mukherjee and his family want to continue the Ayurvedic treatment, they feel supported enough by Peter to agree to wait and see what the pharmacist and oncologist will recommend.
nursing student, tension headache, stress, mind-body interventions, nutrition	NARRATIVE 3 – From the perspective of the nurse student Nurse student Aisha suffers from tension headaches as long as she can remember. She knows that it is related to stress and that it is helpful to eat more healthy food, drink enough water and sleep regular hours. But that does not always help or is not always feasible, being a student. In these situations, she turns to painkillers. When Aisha takes a class in integrative nursing, she learns of other and more natural ways of coping with headaches. She also learns how to find reliable information and evidence about complementary treatments. As an assignment, she decides to search for evidence for her own situation. She starts with Google scholar, using the checklist (annex 1) and then turns to the book Integrative Nursing from the school's library. This is what she finds: • Applying peppermint essential oil to the temples has been shown to reduce the symptoms of tension headaches. • Vitamin B supplements may reduce headache symptoms. • Acupuncture and yoga can relieve migraine headaches. All this new information arouses Aisha's interest, but she does not know whether and how to combine the various complementary therapies. She asks her teacher to help her to design a personal integrative care plan to successfully manage her tension headaches.

SERIES 3 - CHAPTER 10 | INTEGRATIVE NURSING AND SYMPTOM MANAGEMENT;
WHAT YOU CAN DO AS A NURSE

Alzheimer, agitated behavior, presence, massage	NARRATIVE 1 – Hand massage with lavender oil as symptom management John is a resident in a long-term care setting and has Alzheimer's disease. He has been showing signs of agitation, mostly in the afternoon. The nursing staff have been looking at ways to help reduce his agitation problems and found out that it helps to sit down with John, apply a small amount of blended Lavender oil and massage his hands for a few minutes. This simple combination of presence, massage and aromatherapy helped reduce the agitation.
COPD, anxiety, relaxation, breathing	NARRATIVE 2 – Simple breathing exercise as symptom management Mrs. Klein is 92 years old and has COPD, which is well controlled. She still lives by herself in a small apartment and is seen every day by a community nurse. Today nurse Ilse comes to bathe Mrs. Klein and help her dress. She observes that Mrs. Klein is very short of breath and looks anxious. She has an appointment with the gynecologist in the afternoon and is worried that she might need surgery. Nurse Ilse asks her if she would like to do something about the breathing problem together with her. She asks her where she can best relax, in bed or in a chair. She wants to sit in her chair. Ilse tries to make her more comfortable by placing a pillow on the table in front of her to let her arms rest on. Ilse asks if it is okay that she puts her hand on Mrs. Klein stomach to help her focus on breathing more deeply. This works. After a while, Mrs. Klein puts her own hand on her stomach. Then she indicates that she has more air and they can start bathing and dressing.

SERIES 3 CHAPTER 11 | COMMUNICATION ABOUT COMPLEMENTARY THERAPIES
AND NON-PHARMACOLOGICAL INTERVENTIONS WITH YOUR PATIENT

breast cancer, supplements, vitamins, fasting rituals	NARRATIVE – Communication with a patient suffering from breast cancer A young woman with breast cancer stage 4 is receiving chemotherapy. She lives with three small children without a partner. Especially her mother seeks information about complementary therapies on the Internet. The woman herself is in to complementary treatments, and nurse Joan knows that the woman takes various natural supplements. She heard from her colleagues that the woman follows a special fasting ritual prior to the chemotherapy to increase its effect. Before meeting with the woman, Joan consults a colleague regarding evidence for the fasting ritual. Joan knows that as a nurse, she must initiate the communication and acknowledge the young woman's use of complementary therapies. She asks, as a natural part of the conversation prior to the chemotherapy, if the woman does other things to reduce side effects and increase her well-being. The woman tells that she is taking high doses of vitamin C, calcium and vitamin D and that she is considering taking magnesium. "I have to do EVERYTHING I can - I cannot die of this disease," she says. Joan is extremely aware of own verbal and non-verbal communication and says she understands the woman's emotions and priorities. Joan says that there is evidence that antioxidants can reduce the effect of chemotherapy, and she therefore recommends to stop taking vitamin C while receiving chemotherapy. Instead, Joan recommends to start taking magnesium, as it is a mineral supporting vital processes in the body. Joan senses that the woman is starting to relax a bit in the conversation about complementary therapies. She therefore says that some patients, desiring to increase the effect of the chemotherapy, do a fasting ritual. She also says that at present there is no evidence of either harmful or beneficial effects from it. The woman smiles and says; "thank you for asking me; it is true that I fast before and after chemotherapy, and I will keep doing this because I just HAVE to get well". Joan smiles back to express sympathy and says; "I really respect that". She then openly asks about the woman's experiences of the fasting ritual. The woman tells that she feels very hungry the first day but is only nauseous for one day after chemotherapy. Joan retells that there is no evidence for the effect of the fasting ritual, adding that hunger can aggravate nausea. Joan suggests the woman to pause the fasting ritual at the next chemotherapy session, so she can experience whether it makes a difference to the nausea if she eats instead of fasts before the treatment. The woman promises that she will consider it; and she adds that she also is thinking about trying acupuncture. Joan senses that her message about the fasting ritual came through, and she asks what acupuncture should help her with right now. The woman replies that she would like a little more energy; she suffers from nausea and side effects only immediately after chemotherapy. Based on existing evidence, Joan can recommend acupuncture, but she also recommends being aware of needed resources in terms of both time and finances. It is very important that the complementary treatment provides energy and well-being, and does not stress the woman in her everyday life. Joan asks if the woman does other things for well-being. The woman tells that she participates in an online yoga course, which she enjoys. Joan acknowledges the woman for being so active, and suggests that they follow up on the conversation at the next consultation.
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