

EXPANDING THE BOUNDARIES OF THE NURSING CURRICULUM: SHOULD ALTERNATIVE MEDICINE BE INCLUDED?

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ABSTRACT

The South African nursing curriculum is at present being revised on order to make it more suitable and community-driven. Alternative medicine should be considered for inclusion in the revised curriculum. Unfortunately not much is known regarding lecturers' viewpoints on alternative medicine. A survey among the nursing science lecturers in Port Elizabeth was executed, to establish their attitudes, comprehension and willingness to include alternative medicine in the nursing curriculum. It was found that most nursing science lecturers were indeed in favour of including alternative medicine in the nursing curriculum, but would not support clinical training in alternative medicine. Based on these findings several recommendations for the necessary changes in the nursing curriculum, so as to include alternative medicine, are made.

OPSOMMING

Die verpleegkunde-kurrikulum in Suid-Afrika word tans hersien om dit meer geskik en gemeenskapsgedrewe te maak. Alternatiewe medisyne behoort vir insluiting in die hersiene kurrikulum oorweeg te word. Min is egter bekend oor verpleegkundedosente se sienings van alternatiewe medisyne. 'n Opname is onder verpleegkundedosente in Port Elizabeth gemaak oor hul houdings tot en begrip van alternatiewe medisyne en oor hul bereidheid om alternatiewe medisyne in die verpleegkunde-kurrikulum in te sluit. Die resultaat toon dat die meerderheid verpleegkundedosente ontvanklik vir die insluiting van algemene inligting oor alternatiewe medisyne in die kurrikulum is. Die meerderheid ondersteun egter nie die insluiting van kliniese opleiding in alternatiewe medisyne in die kurrikulum nie. Gebaseer op die bevindinge word aanbevelings vir veranderinge in die verpleegkunde-kurrikulum gemaak vir die insluiting van alternatiewe medisyne.

INTRODUCTION

South Africa's health care system is undergoing a profound change. The emphasis of the health care system is changing from hospital-based, tertiary care to community-based, primary health care. The Reconstruction and Development Programme (RDP) states that the "whole National Health System must be driven by the Primary Health Care approach. This emphasises community participation and empowerment, inter-sectoral collaboration and cost-effective care, as well as integration of preventive, promotive, and curative and rehabilitation services" (ANC, 1994b: 45).

In the primary health care approach, the community participates (usually through a representative system) in the planning, provision, control and monitoring of health services. To fully implement the primary health care approach in South Africa, there needs to be a shift in the focus from community members as passive recipients of health services to community members as active decision makers regarding their health services (ANC, 1994a).

As part of this shift, the nursing curriculum in South Africa is under review with the goal of making it more appropriate and community-driven as called for in the National Health Plan (ANC, 1994a). The term *community-driven* refers to the fact that the community is one of the major

stakeholders in the training of nurses and should have an active role in the training process. The National Health Plan makes this explicit by stating that "personnel education will be the shared responsibility of community, service and training institutions" (ANC, 1994a: 79).

One area which is of concern to many communities and needs to be considered for inclusion in the revised nursing curriculum is alternative medicine. In South Africa, alternative medicine is widespread, particularly if the large numbers of traditional healers, herbalists and spiritual leaders of the indigenous African populations are taken into account. It may be important to include alternative medicine in the new nursing curriculum to make the curriculum conform more to the custom and practice of the community.

In the past, little attention was paid in the nursing curriculum to any forms of health care other than standard scientific-based *conventional medicine*. In fact, until quite recently, alternative therapies were illegal, and the medical code prohibited cooperation between alternative medical practitioners and conventional medical practitioners (i.e. nurses and doctors). In 1982, a statutory council, the South African Council for the Associated Health Service Profes-

sions, was founded. However, it was not until 1985 that provision was made for registration of South African-trained practitioners of homeopathy, chiropractics, osteopathy, naturopathy, and herbalism (Pretorius, 1995). Since these therapies are regulated by a statutory council which has the same legal standing as the South African Medical and Dental Council, these therapies are sometime referred to as complementary medicine.

There are some forms of alternative medicine, such as traditional healing, reflexology, and aromatherapy, which have not gained legal recognition and have no standard code of conduct nor means of registration. However, there is a current initiative in the Northern Province to create a professional body for traditional healers which will enforce standards and a code of ethics at the provincial level (Koch, 1996). Traditional medicine has always been used by large proportions of the South African population and has been tacitly recognized by the state (Dauskardt, 1990).

Throughout the rest of the article, the term *alternative medicine* will be used to refer to all therapies other than conventional, scientific-based medicine whether they are regulated by the state or not. However, by doing this, the authors do not intend to disregard the fact that some of the therapies could be considered *complementary* rather than *alternative*.

Alternative health care is by no means a new concept. Although alternative therapies have been used for centuries, they are often disregarded as *unscientific*. The very term *alternative* implies that they are not on an equal footing with conventional medicine. The basic philosophy characterising alternative healing - also called folk, unconventional, traditional, natural (Pretorius, 1995:222) - is its intent to restore balance or harmony within the patient, favouring an holistic approach to healing and an inherent belief in the body's natural ability to cure itself. Associated with this is the patient's responsibility to play a part in her/his rehabilitation. Emphasis is placed on the prevention of disease and promotion of health rather than treatment of disease.

By publicly discrediting alternative healing therapies on the basis of their lack of scientific justification, conventional medical practitioners have contributed to the climate of scepticism which surrounds alternative healing. However, the RDP states that the suspicion and lack of communication between traditional and other alternative healers and medical personnel is "*not in the interest of people who use all types of healers*" (ANC, 1994b: 47). The RDP calls for increased communication, understanding and cooperation between different types of healers.

Most people who consult with alternative medicine practitioners also consult with conventional medicine practitioners (Sharma, 1992). Thus, there are many patients who use conventional medicine and alternative medicine in various combinations in their search for better health. It is not known what percentage of the South African population uses alternative medicine. International studies have shown that up to 27% of the British and 34% of Americans use alternative medicine (Sharma, 1992; Verster, 1994, Andrews and Boyle, 1995). With the strong presence of traditional cultures that have their own healing customs, it is safe to assume that the percentage of people using alternative medicine in South Africa is higher than those of Great Britain and the United States.

The growing interest in the practice of alternative medicine in South Africa is evidenced by the recent formation

of the South African Complementary Medicine Association, and the fact that the Science and Education Committee of the Medical Association of South Africa is examining the role that alternative medicine plays in health care today (Lee, 1992:7).

With the move towards the primary health care approach in South Africa, it is important for nurses to have a basic understanding about alternative medicine. In the primary health care approach, patients with minor ailments or patients in remote areas will probably only see a nurse. Thus, nurses are in a key position and should be aware of and knowledgeable about the many health care options that are available and are, in fact, being used simultaneously with conventional medicine by many patients. In addition, the community plays a large role in the planning, provision, control, and monitoring of health services in the primary health care approach. According to the RDP, "*all providers of health services must be accountable to the local communities they serve through a system of community committees*" (ANC, 1994b: 45). Theoretically, this could open the door for communities to push for collaboration between alternative medicine and conventional medicine or for alternative medical practitioners or users to be part of community decision-making bodies regarding health services.

Nurses need to be knowledgeable and informed about alternative health care options. The inclusion of alternative medicine should be considered during the current review of the nursing curriculum. However, changes to the nursing curriculum will not be easy without the support of nursing lecturers. It is important to know their opinions about alternative medicine and its inclusion in the nursing curriculum.

PROBLEM STATEMENT

The national health system is changing from one based on tertiary, hospital care to one based on primary health care. The role of the nurse as a primary health care provider will become increasingly important. A basic component of primary health care is full community participation in the planning, provision, and monitoring of health services. Nurses, as front-line personnel, should have at least basic information about common alternative medicine therapies to be able to better understand, collaborate with, and serve the communities in which they work. In the future, nurses may be called upon to more actively collaborate with alternative medical practitioners. However, information about alternative medicine is not currently included in the nursing curriculum. Nothing is known about how open nursing lecturers are concerning the inclusion of alternative medicine in the curriculum.

RESEARCH OBJECTIVES

The objectives of this research are to explore the attitudes and understanding of nursing lecturers in regards to alternative medicine and to explore their openness towards including information about four specific forms of alternative medicine in the revised nursing curriculum.

METHODOLOGY

This was an exploratory, descriptive study about nursing lecturers' openness towards including information about alternative medicine in the nursing curriculum. Using purposive sampling, questionnaires were distributed to all nursing lecturers in Port Elizabeth (n=59) from a university, technikon, and two nursing colleges. Thirty-eight responses were received, representing a 64% response rate.

The questionnaire included open- and close-ended questions. Respondents were questioned on the following: their understanding of the term *community-driven* and how the nursing curriculum would have to change to become more community-driven, their understanding of the term *alternative health care*, whether various forms of alternative medicine should be included in the nursing curriculum, advantages and disadvantages to nurses having knowledge about alternative medicine, and their opinions in general of alternative medicine.

The quantitative (close-ended) responses were statistically analyzed and the qualitative (open-ended) responses were content analyzed. The two types of responses were integrated using multiple researchers to cross-check the coding and content analysis thus giving inter-coder reliability.

FINDINGS

The respondents had a good understanding of what *community-driven* curriculum means. The two most common remarks were that the community must become more involved in curriculum planning and development (63%) (unless otherwise specified all percentages throughout the paper are based on N=38) and that the needs of specific communities must be identified and addressed (50%). Eighty-nine per cent of the respondents included one or both of these in their definitions of *community-driven*.

The respondents were then questioned on any changes to the nursing curriculum they might anticipate if it were indeed to become community-driven. The most frequent response (26%) was that the curriculum would have more of a focus on primary health care. Other common responses were that the curriculum would move away from curative health to preventive and promotive health (24%) and encourage self-help (5%), the curriculum would focus on specific communities and their related problems (16%), and the curriculum would meet the needs of diverse cultures through community participation (16%).

The respondents showed a good understanding of the term *alternative health care*. The majority (95%) defined it as health care other than conventional western medicine. However, of these, 31% (N=36) were phrased in a negative manner.

The use of treatment methods that are not recognized as part of medical science.

Care that is rendered by persons who are not qualified members of the medical, paramedical, or nursing professions.

Anything that is a departure of accepted standards as laid down by the nursing council.

This means other health providers other than the western medicine which has been the legal health care providers.

These responses emphasize that western medicine is seen as the standard in health care by which all other forms of health care are measured. They also indicate a lack of information on the part of the respondents about the standards and codes of ethics that regulate those therapies which are legally recognized by the state.

Other respondents (69%) (N=36) phrased their definitions in a positive or neutral fashion.

All aspects covering the promotion of physical or psychological well being, except western medicine.

Any method that brings relief to a patient's sick condition, e.g. acupuncture, reflexology. The patient must however be-

lieve in the method.

Any measure or means of improving individual health other than nursing care.

Any health care programmes that aim at improving the individual's, family's, group's, and community's health, not necessarily nursing care.

The respondents were asked whether they thought that **general information** about four specific forms of alternative medicine should be included in the nursing curriculum. These four were chosen as a sample of alternative medicine and include one therapy that is regulated (homeopathy), two therapies that are not regulated (reflexology, aromatherapy), and one that is not necessarily considered a therapy (yoga). As shown in Table 1, the majority felt that general information on these health care methods should be included in the curriculum.

TABLE 1: Nursing lecturers opinions as to whether general information about the following therapies should be included in the nursing curriculum (n=38)

	YES	NO
Reflexology	74%	26%
Homeopathy	79%	21%
Aromatherapy	71%	26%
Yoga	68%	32%

In response to an open-ended question, respondents felt that general information should be included in the nursing curriculum about traditional healing (9 respondents), acupuncture (4), chiropractic (4), herbalism (2), naturopathy (2), osteopathy (1), faith healing (1), and meditation (1). One respondent commented that at her institution they already try to include lectures about alternative treatments as part of the core curriculum.

Contrary to the overall positive response to including general information in the nursing curriculum, the majority of respondents felt that **clinical training** in alternative medicine therapies should not be included in the nursing curriculum.

TABLE 2: Nursing lecturers opinions as to whether clinical training on the following therapies should be included in the nursing curriculum (n=38)

	YES	NO
Reflexology	32%	66%
Homeopathy	32%	66%
Aromatherapy	32%	66%
Yoga	29%	68%

Several of the respondents motivated their answers as to why clinical training in alternative medicine should not be included in the curriculum. One of the most common comments was that the nursing curriculum is already 'overpacked'. Forty-seven per cent of the respondents feel that the nursing curriculum is too full to include any new courses.

Should just be introductory course since the nursing curriculum is already overpacked with subjects like psychiatry and community health nursing science.

Introductory information will be enough to make them aware and give them an idea about the above treatments. Slides or videos may be shown. Remember these are specialities on their own and will overpack the already overpacked nursing curriculum.

None of these can be done without clinical training - the question is where, when, and who is going to pay for it! Without clinical training it will be useless.

Yoga was the least acceptable of the four alternative therapies in the survey. This may be explained by the following comment:

Yoga is a questionable Buddhist practice. Nurses have a Christian philosophy and the two do not match. Yoga is not related to nursing at all.

This is related to one of the disadvantages cited by a respondent.

If they have detailed knowledge about [alternative medicine] in their basic curriculum, it could cause some of them to develop an alternative lifestyle which would not be acceptable.

However, only 11% felt that there would be disadvantages to nurses having knowledge about alternative medicine. In addition to the disadvantage stated above, others were that nurses might influence patients wrongly when deciding on choice of health care (1 respondent), that nurses are not allowed to practice it in the clinical practice (1), and that it would overload the curriculum (1).

The vast majority of respondents (92%) felt that there would be advantages to nurses having knowledge about alternative medicine. The two major advantages stated were that through the insight gained, the nurse would learn knowledge of and respect for different cultures (53%) and could counsel and refer patients interested in alternative medicine giving them information about the various therapies (32%).

The nurse should be able to give advice to the patient if they want to consult these methods to know if it would be advantageous to them or not.

Both staff and nurses will then be able to refer people to more sources for health care and not be prejudiced against alternative medicine.

To have insight in the various forms of treatment that are used amongst the various communities and respecting the cultural beliefs of such communities.

The main advantage is that it gives an insight into the cultural differences existing in our society as these are reflected in people's faith in different healing methods.

At present, there seems to be some confusion as to whether nurses are allowed to discuss alternative therapies with patients. This confusion is probably due to the fact that the medical code in the past forbade collaboration with alternative medicine practitioners.

It will be wise for the inclusion of this approach to health care because it is long overdue as our patients have been practising it and when they came forward nurses were insecure, filled with guilt feelings as they did not know whether to talk about it was acceptable.

Since there is a saying that one must look after one's own health, I think the patient has a right to use alternative medicine to treat cancer or AIDS if he feels that is the right way. The nurses must not feel guilty as to whether to allow it or not.

Discussing alternative medicine openly as part of the nursing curriculum would help to clear up this confusion and feelings of "guilt".

Other advantages to nurses having knowledge about alternative medicine would be to enable nurses to provide more holistic patient care (4 respondents), and to save money and time because self-help measures are encouraged (2 respondents).

Overall, the respondents presented a balanced view of alternative medicine acknowledging both positive and negative points. Although 100% agreed that alternative medicine can produce good results for some patients, 82% think that alternative medicine practitioners sometimes use questionable medical techniques. Seventy-nine per cent feel that alternative medicine encourages self-help measures in the healing process, but only 26% agree that alternative medical practitioners treat the whole person. Thirty-two per cent feel that all or some aspects of alternative medicine are quackery, and only 29% agree that alternative medicine is unscientific and therefore not valid.

CONCLUSION

The nursing curriculum is under review to make it more appropriate and community-driven. The respondents stated that a community-driven curriculum would focus on primary health care, move away from curative health towards preventive and promotive health, encourage self-help, focus on specific communities and their related problems, and meet the needs of diverse cultures. As these concepts are compatible with alternative medicine, including alternative medicine in the nursing curriculum would enhance the curriculum and make it more community-driven. For example, alternative medicine emphasizes preventive and promotive health and encourages self-help. For the health care system to meet the needs of diverse cultures, health care practitioners need to have an understanding of the health care beliefs and methods (including traditional medicine) of different cultural groups.

Overall, the opinions expressed by the nursing lecturers reflect an open-mindedness about alternative medicine and a realisation that the different cultures of South Africa deserve equal respect and recognition. An average of 73% of respondents felt that the new curriculum should include general information about alternative medicine. However, a minority hold strong negative views of alternative medicine and would object to its inclusion in the curriculum as shown by the following:

These therapies are also often based on philosophies that are unacceptable to me personally. For this reason, I do not teach them.

A personal opinion is that alternative medicine is linked to extra-sensory experiences and new age philosophies which I would not be prepared to teach to student nurses.

It is clear that if alternative medicine is to be included in the nursing curriculum, it must be done with great sensitivity so as not to offend the religious or moral beliefs of lecturers or students of any cultural or religious group. However, at the same time, it is important to recognize that having knowledge about something does not necessarily imply belief in it or endorsement of it.

An average of 66% of respondents felt that the nursing curriculum **should not** include clinical training in alternative medicine. Alternative therapies are not the same as nursing, and they require extensive clinical practice. It is unrealistic to try to include clinical practice in alternative medicine in the already full nursing course.

The full curriculum is a concern. However, several lecturers felt that the curriculum could be re-organised to accommodate information about alternative medicine.

Alternative medicine must be included in the new curriculum in the form of case presentations and also in the core curriculum.

Offering a choice between two or more courses would introduce some flexibility that is lacking at present. A "people-centred" approach would become more of a reality if a shift from the conventional established forms of nursing is brought about by curricula changes.

One must be careful not to discount the value of alternative medicine, but at the same time one cannot continuously add more to an already heavy curriculum. Perhaps extra courses could be run for training in these methods.

The advantages to nurses having knowledge about alternative medicine outweigh the disadvantages. Ninety-two per cent of respondents felt there would be advantages while only 11% felt that there would be disadvantages. As the health system in South Africa moves towards the primary health care approach, nurses' roles will expand. Many patients will only see a nurse when they come to a clinic for treatment of minor ailments. It will become increasingly important for nurses to be aware of and knowledgeable about other forms of treatment that patients may be using concurrently with conventional medicine. When patients ask questions about alternative treatments, the nurse should be well-informed to respond - cautioning when necessary, advising, or even referring.

As shown by this survey, the majority of nursing lecturers are supportive of including general information about alternative medicine in the nursing curriculum. There are many advantages to nurses having knowledge about alternative medicine especially as health programmes become more community-driven and are based on the primary health care approach. Knowledge of alternative medicine will strengthen nurses as they strive to provide the best patient care possible.

RECOMMENDATIONS FOR THE NURSING CURRICULUM

Although the nursing curriculum is already full, it should include general information about common alternative medicine therapies. This could be accomplished by integrating alternative medicine with other related subject matters. With the goal of making the curriculum more appropriate to post-apartheid South Africa, there will have to be an increasing emphasis in the curriculum on cultural diversity; cultural change; the health belief systems of different ethnic groups; holistic health; health and society;

the African context; and community development. General information about alternative medicine can be integrated with these topics as case studies, examples, or extra readings.

A first step towards including alternative medicine in the curriculum would be to upgrade nursing lecturers' knowledge of alternative medicine. Although the majority of nursing lecturers showed openness to including alternative medicine in the curriculum, they also expressed that they have much to learn themselves about alternative medicine. Nursing lecturers could learn about alternative medicine through seminars, workshops, or individualized study. This is an important step in developing an appropriate and community-driven curriculum.

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