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A study to assess the knowledge regarding benefits of complementary therapies on health status among staff nurses in NMCH, Nellore

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Abstract

Background: Complementary systems including ayurveda, which originated in India more than 5,000 years ago, emphasizes a unique care pre individual circumstances. It incorporates treatments including yoga, meditation, massage, diet and herbs. Homeopathy uses minute doses of substances that cause symptoms to stimulate the body's self-healing response.

Aim: The aim of the study was to assess the knowledge among staff nurses regarding benefits of complementary therapies.

Objectives: 1. To assess the knowledge regarding benefits of complementary therapies on health status among staff nurses in NMCH Nellore. 2. To find out the association between the knowledge regarding benefits of complementary therapies on health status among staff nurses with their selected socio demographic variables.

Methodology: 100 staff nurses from NMCH, Nellore were selected by using convenience sampling method.

Results: Regard to level of knowledge of regarding benefits of complementary therapies among staff nurses, 10(10%) had A+ grade, 23(23%) had A grade, 20(20%) had B+ grade, 23(23%) had B grade, 10(10%) had C grade and 14(14%) had D grade knowledge.

Keywords: Knowledge, benefits, complementary therapies, health status, staff nurses

Introduction

Complementary health care and medical practices is a group of diverse medical and health system, practices and products that are not presently considered as to be part of conventional medicine. These therapies that are proven safe and effective become accepted the "Mind Stream" health care practices. Today complementary therapies may be grouped with in five major domains, biologically-based treatment, manipulate and body methods and energy therapies ^[1].

Complementary systems including ayurveda, which originated in India more than 5,000 years ago, emphasizes a unique care pre individual circumstances. It incorporates treatments including yoga, meditation, massage, diet and herbs. Homeopathy uses minute doses of substances that causes symptoms to stimulate the body's self-healing response. Naturopathy focuses on non-invasive treatments to help your body to its own healing ^[2]. Ancient medicine includes Chinese, Asian, Pacific, Islander, American, Indian and Tibetan practices. And they include natural products, mind-body therapies, manipulative and body-based therapies, energy therapies ^[3].

Basic principles of complementary medicine include a partnership between the patient and the practitioner in the healing process. It facilitate body's innate healing response, the consideration of all factors that influence health, wellness and diseases, including mind, spirit and community as well as a body ^[4]. By 1998, the budget had grown ten times and the number of complementary study citations in the literature in MEDLINE had grown 12% per year from 1966-1995. The number of studies more than doubled from under 4000 to almost 9000 ^[5].

Use of complementary therapies is a phenomenon found not only in the United States but in many other countries as well. Research on the use of these therapies has been conducted in various countries including Saudi Arabia, Germany, Japan, Scotland, and Turkey. The number of people using complementary therapies varied in these survey reports, but percentage of use was near 50% in of the countries reporting ^[6].

Numerous studies have explored the use of complementary therapies in specific health condition including obesity, asthma, cancer, stroke, and arthritis have good outcome [7].

Need for the study

According to a Nation Wide Government survey in 2017, approximately 38% of US adults aged 18 years and over approximately 12% of children use the complementary therapies [8]. In 2013, 33.2% of US adult used complementary health approaches, 11.6% of US children age 4 to17 used complementary health approaches [9]. In 2013 as in 2009 the most commonly used complementary approach was natural products. 17.7% of adults and 44.9% of children age 4 to17 used natural products [11].

A study in India, consists of 104 patients who undergoing to open heart surgery were prospectively randomized to receive pre-operative music and post-operative music with standard care. Virtually all patients in the music therapy group 95% and 86% in standard care and completed the study. Heart rate and systolic blood pressure patterns were similar. Decreases in heart rate and systolic blood pressure in the complementary therapies group were judged within the range of normal values. 57 patients (24 females, 33 males) means +/-SD age 39.9+/- 14.35 years (range 15 to 69 years) were matched for age and sex and then no selectively assigned to either an experimental(n=27) or a control(n=30) group music was played intermittently to members of the experimental group during the first 24 hours of post-operative period. Pain intensity was measured significant decrease in pain intensity overtime were found experimental group compared to the control group [11].

In Australia (2005-2015) visits to complementary health professionals such as acupuncturists, chiropractors and naturopaths have been growing rapidly with an increase of over 30% between 2005-2015. 7500 visits were 13.6 million in 2013, which accounts 16% of the total in all hospitals surveyed. A total of 18226 complementary health practitioners provide a large part of health services for 80% of the population's health [12].

A study showed the use of complementary medicine in the USA had risen from 33.8% in 2010 to 42.1% in 2016. The most complementary therapies used in the USA in 2016 were prayer (45.2%), herbalism (18.9%), breathing meditations (11.6%), meditation (7.6%), chiropractic medicine (7.5%), yoga (5.1%), body work (5.0%), diet based therapy (3.5%), progressive relaxation (3.0%), mega-vitamin therapy (2.8%), visualization (2.1%) [13].

A study on use of complementary medicine in the American adults are non-vitamin- non-mineral dietary supplements (17.7%), deep breathing exercises (10.9%), yoga (9.5%), chiropractic or osteopathic manipulation (8.4%), meditation (8.0%),and massage therapy (8.0%) after that, special diet come in at 30% with all others at 22%, for homeopathic treatment, or below. The below includes acupuncture (1.5%), energy healing (0.5%) and naturopathy (0.4%) [14].

Problem Statement: A study to assess the knowledge regarding benefits of complementary therapy on health status among staff nurses in NMCH, Nellore.

Objectives

- To assess the knowledge regarding benefits of complementary therapy on health status among staff

- nurses in NMCH Nellore.
- To find out the association between the knowledge regarding benefits of complementary therapy on health status among staff nurses with their selected socio demographic variables.

Delimitations

- Staff nurses working in NMCH, Nellore.
- Samples who are willing to participate in the study.
- Sample size is 100.

Methodology

Research Approach

A quantitative approach was adopted to determine the research study.

Research Design

The present study was conducted by using descriptive research design

Setting of the Study

The setting of the study is Narayana Medical College Hospital, Nellore.

Population

Target Population

The target population for the present study were staff nurses.

Accessible Population

The accessible population for the present study include all the staff nurses were working in NMCH, Nellore who fulfills the inclusion criteria.

Sample Size

The sample size for the present study was 100 staff nurses working in NMCH, Nellore.

Sampling Technique

Non-probability convenience sampling technique was used to select the samples for 100 staff nurses to assess the benefits of complementary therapy.

Criteria for Sample Selection

Inclusion criteria: The inclusion criteria for the present study were the following

- The staff nurses who are available in Narayana Medical College Hospital, Nellore
- The staff nurses who are willing to participate in the study
- The staff nurses who are present during data collection period

Exclusion criteria

- The staff nurses who are not willing to participate in the study
- The staff nurses who are not available during data collection period

Variables of the Study

Research variables: The benefits of complementary therapy on health status of staff nurses in NMCH, Nellore.

Demographic variables: The demographic variables such as age, gender, professional qualification, professional experience, source of knowledge of staff nurses on complementary therapy.

Description of The Tool: The tool was consist of 2 parts.

Part-I: It deals with the socio demographic variables:

It consists of demographic variables such as age, gender, professional qualification, professional experience and source of knowledge of staff nurses on complementary therapy.

Part-II: Deals with structured questionnaire

Scoring Interpretation

Grade	Score
A+	More than 85%
A	More than 75%
B+	More than 65%
B	More than 55%
C	More than 50%
D	Less than 50%

Data Analysis and Discussion

Table 1: Frequency and percentage distribution of level of knowledge regarding benefits of complementary therapy among staff nurses. (N=100)

Level of knowledge	Frequency (f)	Percentage (%)
A+	10	10
A	23	23
B+	20	20
B	23	23
C	10	10
D	14	14

Table-1: Shows that with related to level of knowledge of regarding benefits of complementary therapy among staff nurses 10(10%) had A+ grade, 23(23%) had A grade, 20(20%) had B+ grade, 23(23%) had B grade, 10(10%) had C grade and 14(14%) had D grade knowledge.

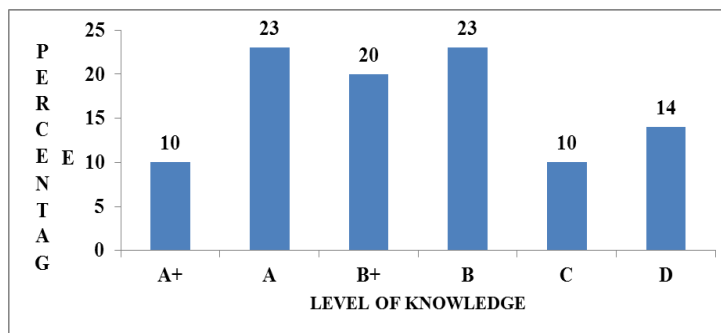


Fig 1: Frequency and percentage distribution of staff nurses based on level of knowledge.

Table 2: Mean and standard deviation of level of knowledge regarding benefits of complementary therapy among staff nurses. (N=100)

Criteria	Mean	Standard deviation
Level of knowledge	22.12	3.516

Table no-2: Shows that the mean knowledge score of staff nurses was 22.12 and standard deviation was 3.516.

Table 3: Association between level of knowledge and socio demographic variables among staff nurses. (N=100)

Demographic variables	A+		A		B+		B		C		D		Chi square (X ²)
	f	%	f	%	f	%	f	%	f	%	f	%	
1.Age													C=29.45
a. 22-23 years	6	6	13	13	10	10	9	9	5	5	9	9	T=24.9
b. 24-25 years	3	3	9	9	5	5	9	9	3	3	5	5	Df=15
c. 26-27 years	1	1	1	1	4	4	5	5	-	-	-	-	P<0.05
d. Above 27 years	-	-	-	-	1	1	-	-	2	2	-	-	S*
2.Gender													C=23.26
a. Male	-	-	-	-	2	2	4	4	6	6	2	2	T=11.07
b. Female	10	10	23	23	18	18	19	19	4	4	12	12	Df=5
													P<0.05
													S*
3.Professional experience													C=21.22
a. < 1 years	4	4	13	13	5	5	4	4	4	4	6	6	T=20.99
b. 1-3 years	5	5	7	7	10	10	17	17	3	3	8	8	Df=15
c. 4-5 years	1	1	3	3	4	4	2	2	2	2	-	-	P<0.05
d. >5 years	-	-	-	-	1	1	-	-	1	1	-	-	S*
4.Source of information													
a. Text books	1	1	8	8	5	5	10	10	4	4	3	3	C=31.43
b. Journals	2	2	2	2	4	4	4	3	2	2	4	4	T=23.77
c. Seminar	2	2	4	4	5	5	3	2	-	-	2	2	Df=30
d. Class teaching	1	1	3	3	2	2	2	2	-	-	2	2	P<0.05
e. Videos	-	-	-	-	1	1	2	2	1	1	1	1	S*
f. Clinical experience	-	-	1	1	2	2	2	2	2	2	2	2	
g. All the above	4	4	5	5	1	1	-	-	1	1	-	-	
5.Attended workshop or CNE programme													C=18.79
a. Yes	7	7	20	20	15	15	18	8	9	9	13	13	T=11.07
													Df=5
b. No	3	3	3	3	5	5	5	5	1	1	1	1	P<0.05
													S*

Major findings of the study

- Regard to level of knowledge of regarding benefits of complementary therapy among staff nurses, 10(10%) had A+ grade, 23(23%) had A grade, 20(20%) had B+ grade, 23(23%) had B grade, 10(10%) had C grade and 14(14%) had D grade knowledge.
- The mean knowledge score of staff nurses was 22.12 and standard deviation was 3.516.
- Regarding association between level of knowledge and demographic variables such as age, gender, professional experience, source of information and attended any workshop/ CNE program had significant association at $P < 0.05$ level.

Conclusion

The researcher suggested that DFMC and Cardiff Count Ten Chart are the essential tools to know the fetal movements to decide the fetal wellbeing in order to reduce the intra uterine death.

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