

THE INCLUSION OF COMPLEMENTARY MEDICINE IN AUSTRALIAN NURSING AND MIDWIFERY  
COURSES: A SURVEY PRE-TEST

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**CERTIFICATE OF ORIGINAL AUTHORSHIP**

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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## RELEVANT PUBLISHED WORKS BY THE AUTHOR NOT FORMING PART OF THE THESIS<sup>a</sup>

### Peer-reviewed Journal Publications

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1. Steel A, Frawley J, Adams J, Diezel H (2014) *Trained or Professional Doulas in the Support and Care of Pregnant and Birthing Women: A Critical Integrative Review*. Health and Social Care in the Community 23(3).
2. Steel A, Wardle J, Diezel H, Johnstone K, Adams J (2014) *Educating for collaboration: the outcomes of an interprofessional education workshop for complementary and alternative maternity care providers*. Advances in Integrative Medicine. (In Press)
3. Steel A, Diezel H, Wardle J and Johnstone K (2013). *Patterns of inter-professional communication between complementary and conventional practitioners providing maternity care services: a preliminary examination of the perceptions of CAM practitioners*. Aust J Herbal Med. 25 (2): 57-61,73
4. Diezel H, Steel A, Wardle J and Johnstone K (2013) *Patterns and influences of interprofessional communication between midwives and CAM practitioners: a preliminary examination of the perceptions of midwives*. Aust J Herbal Med. 25(1): 4-10
5. Steel A, Diezel H, Johnstone K, Sibbritt D, Adams J and Adair R (2013) *The value of care provided by student doulas: an examination of the perceptions of women in their care*. Journal of Perinatal Education. 22(1): 39-48

### Published Conference Abstracts

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1. Steel A, Diezel H, Adams J, Sibbritt D (2015) *Challenges associated with developing research capacity amongst complementary medicine (CM) practitioners: a case study from a CM higher education institution*. Integrative Medicine Research 05/2015; 4(1)
2. Diezel H, Steel A (2015) *Developing clinical supervision skills in clinical complementary medicine education: a mixed methods program evaluation*. Integrative Medicine Research 05/2015; 4(1):111
3. **Diezel H, Adams J, Wardle J Steel A, (2014) Does complementary and alternative medicine exist in Australian nursing and midwifery courses? *Journal of alternative and complementary medicine* (New York, N.Y.) 05/2014; 20(5):A100**
4. Diezel H, Steel A, Johnstone K (2013) *Interprofessional communication between complementary medicine practitioners and midwives: A pilot study*. Forschende Komplementarmedizin 20(suppl 1):108
5. Steel A, Diezel H, Sibbritt D, Adams J (2012) *OA16.03. Promoting safe and integrated maternity care through interprofessional education*. BMC Complementary and Alternative Medicine 12(Suppl 1): O51.

### Researcher Presentations

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1. Diezel H (2015) *Clinical supervisor intervention fosters excellence in clinical herbal medicine education*. 9<sup>th</sup> International Conference on Herbal Medicine
2. Diezel H, Steel A, Johnstone K, Sibbritt D, Adams J (2015) *Perceptions and practice behaviours of midwives and naturopaths after inter-professional education intervention*. 9<sup>th</sup> International Conference on Herbal Medicine

<sup>a</sup> The student has contributed to publishing 5 journal articles, 5 conference abstracts and presented 2 times at international conferences over the course of her candidature. One of which was directly drawn from the work of this thesis.

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## ABSTRACT

**Background and Aim:** Complementary medicine (CM) is a health service that is highly accessed by the public and evidence of the prevalence of CM use has grown over the last two decades. CM use by the choice of individuals under the care of conventional healthcare professionals, such as midwives and nurses, is increasing due to the general acceptance of CM use. Existing competency standards underpin the accreditation process for nurses and midwives and ensure these practicing professionals can better navigate patient choices and understand the implications of their patients accessing a variety of health services. These standards allude to the need for nurses and midwives to be familiar with and able to competently practice in a healthcare landscape that is characterised by high CM use. Despite this, there has been insufficient study of conventional healthcare courses (CHC) in nursing and midwifery or of key decision-makers in nursing and midwifery teaching programs to explore the current inclusion of CM in course offerings. This study aimed to develop a quantitative tool to investigate CM content inclusion in Australian nursing and midwifery courses, to be mapped

**Methods:** A questionnaire was developed to investigate the level of inclusion in CM content in CHC and the attitudes and beliefs of the faculty responsible for determining curriculum CM content in the form of the Curriculum in Integrative Medicine Questionnaire (CIMQ).

Construction of the questionnaire included consideration of cognitive and communicative processing and was then pre-tested through cognitive and linguistic interviewing with a purposive sample of nurse and midwifery course content decision makers (n=5). The pre-validated tools 'CAM Health Belief Questionnaire' (CHBQ) and 'Integrative Medicine Attitude Questionnaire' (IMAQ) were included in the attitudes and perceptions construct of the CIMQ.

**Results:** The definitions and instructions of the CIMQ were best understood when aligned with nationally accreditation bodies' language and terms. Non-standardised incorporation of CM inclusion in nursing and midwifery courses meant the 'general course characteristics' construct required significant refinement to allow for variability in CM inclusion. Similarly, 'CM content delivery in courses' was another CIMQ construct that had to reflect this flexibility in CM presence within nurse and midwifery higher education. Respondents suggested incentivising their practically based colleagues to assist recruitment and sampling of nurse and midwifery course content decision makers via explanation of the CIMQ's significance in relation to national competency standards.

**Implications:** Variability of CM inclusion means measuring CM presence in discrete health professional's education courses is difficult. Use of pre-validated measures within the CIMQ appear to be appropriate in measuring CM presence in an Australian setting, however differences exist in responses to pre-validated tools' statements elicited from nurses and midwives due to divergent perspectives in health care practice.

**Conclusion:** A consistent approach to measuring CM inclusion in nursing and midwifery courses as well as other professional groups' CHC is needed to better understand how well equipped CHC professionals can contribute to midwifery care. The CIMQ provides an appropriate tool and basis to ground this exploration in an Australian setting.

## Table of Contents

Table of Contents .....	5
GLOSSARY of ABBREVIATIONS .....	8
TABLES and FIGURES.....	8
1.0 INTRODUCTION CHAPTER .....	10
1.1 Importance of education research to health services .....	10
1.1.1 Overview of the study.....	10
1.1.2 Significance.....	11
1.1.3 Defining CM, concepts and professionals pertinent to this study .....	12
1.2 BACKGROUND AND CONTEXT OF THE STUDY.....	15
1.2.2 Complementary medicine use.....	15
1.2.3 Complementary medicine education for conventional healthcare courses .....	16
1.3 Chapter Summary .....	23
2.0 LITERATURE REVIEW CHAPTER .....	24
2.1 Introduction .....	24
2.2 Methods .....	25
2.3 Results .....	26
2.3.1 Attitudes towards complementary medicine.....	27
2.3.2 Factors affecting nurse support for complementary medicine .....	28
2.3.3 Midwives balancing job satisfaction and a need for evidence.....	28
2.3.4 Nurses and midwives' attitudes to CM education .....	29
2.3.5 Factors limiting positive attitudes towards complementary medicine amongst nurses and midwives .....	30
2.4 Discussion.....	31
2.4.1 Practice setting .....	32
2.4.2 Exposure to complementary alternative medicine impacts on attitudes.....	33
2.4.3 Nurses and midwives' perception of CM evidence .....	33
2.4.4 Conflated data and weak methodology .....	34
2.5 Limitations of this review .....	35
2.6 Future Directions.....	36
2.7 Chapter summary.....	37
3.0 METHODOLOGY CHAPTER .....	38
3.1 Background considerations in methodological design .....	38
3.1.1 Challenges of studying practice-based professions .....	38
3.1.2 Current standardised instruments for examining complementary medicine education and attitudes to complementary medicine .....	38

3.2 Questionnaire design .....	39
3.2.1 Constructing a questionnaire .....	40
3.2.2 Testing of the CIMQ.....	42
3.2.3 Pre-testing the Curriculum in Integrative Medicine Questionnaire.....	45
3.2.4 Design of the analysis.....	50
3.3. Chapter Summary .....	51
4.0 RESULTS CHAPTER.....	52
4.1 Chapter Introduction .....	52
4.2 Overview of results from pre-testing the CIMQ .....	53
4.3 Instructions and definitions .....	54
4.4 Construct 1: Changes made to Course Characteristics construct.....	56
4.4.1 Construct 1: Course Characteristics-Behavioural Coding .....	59
4.5 Construct 2: Complementary Medicine Inclusion-Changes Made .....	62
4.5.1 Construct 2: Complementary Medicine Inclusion-Behavioural Coding.....	65
4.6 Construct 3: Complementary Medicine Delivery-Changes Made.....	69
4.6.1 Construct 3: Complementary Medicine Delivery-Behavioural Coding .....	71
4.7 Construct 4: Attitudes and Perceptions to Complementary Medicine-Changes Made .....	74
4.7.1 Construct 4: Attitudes and Perceptions to Complementary Medicine-Behavioural Coding	78
4.8 Sampling and recruitment .....	83
4.9 Chapter summary.....	84
5.0 DISCUSSION CHAPTER.....	86
5.1 Chapter Introduction .....	86
5.2 Dual degree qualifications in nursing and midwifery introduces bias when surveying nurses and midwives .....	86
5.2.1 The developing separation of midwifery and nursing professional identities is not enough to overcome risk of bias.....	88
5.2.2 Direct entry degrees do not fully separate the education of nurses and midwives.....	89
5.2.3 Practice setting and professional exposure could further exacerbate bias.....	89
5.3 Validated measures for a specific health professional group may not be applicable to other health professional groups .....	90
5.3.1 Nurses and midwives were uneasy answering likert-scale attitudinal questions regarding CM	91
5.4 Diversity of terminology across educational institutions is problematic for survey design.....	93
5.5 Effective engagement with the CIMQ relies on timing and communication of significance.....	94
5.5.1 Survey delivery mode and timing is important for sample responsiveness .....	95
5.5.2 Emphasising the significance of CM to promote engagement .....	96

5.6 The set structure of nurse and midwife higher education made defining appropriate measures of CM inclusion difficult .....	97
5.6.1 Informal inclusion of CM content .....	98
5.6.2 Identifying relevant CM course content decision makers impacts sampling frame specificity .....	98
5.7 Involving health care professionals in research .....	99
5.8 Implications of this study .....	100
5.8 Limitations of the study .....	102
5.9 Future directions for research .....	103
5.9.1 CIMQ Implementation plan .....	104
5.9.2 Chapter Summary .....	104
6.0 CONCLUSION CHAPTER .....	106
7.0 APPENDICES .....	107
Appendix 1. Full literature review search strategy .....	107
Appendix 2. Curriculum in Integrative Medicine Questionnaire (CIMQ) .....	110
Appendix 3. Cognitive interview transcripts .....	123
Participant 1 .....	123
Participant 2 .....	149
Participant 3 .....	176
Participant 4 .....	199
Participant 5 .....	208
8.0 REFERENCES .....	219

## GLOSSARY of ABBREVIATIONS

AHPRA: Australian Health Practitioners Regulation Agency

AHRQ: Agency for Healthcare Research and Quality

CAM: Complementary Alternative Medicine

CHBQ: CAM Health Belief Questionnaire

CHC: Conventional Healthcare Courses

CIMQ: Curriculum in Integrative Medicine Questionnaire

CM: Complementary Medicine

HREC: Human Research Ethics Committee

HSR: Health Services Research

IM: Integrative Medicine

IMAQ: Integrative Medicine Attitude Questionnaire

MeSH: Medical Subject Heading

NEAF: National Ethics Application Form

RCT: Randomised Control Trial

TCM: Traditional Chinese Medicine

TGA: Therapeutic Goods Administration

US: United States

UK: United Kingdom

## TABLES and FIGURES

Table 1.3.3.4.2 Expected competencies for Australian nurses and midwives

Table 4.3 Changes made to segment 1 of the CIMQ: Instructions and definition

Table 4.4 Changes made to Item Content of Construct 1

Table 4.4.1. Behavioural coding of observations for construct 1: general course characteristics

Table 4.5. Changes made to construct 2: CM content inclusion in degree

Table 4.5.1 Behavioural coding of observations for construct 2: CM content inclusion in degree

Table 4.6 Changes made to construct 3: complementary medicine delivery

Table 4.6.1 Behavioural coding of construct 3: complementary medicine delivery



Table 4.7 Changes made to construct 4: attitudes and perceptions to CM

Table 4.7.1 Behavioural coding of construct 4: Attitudes and perceptions regarding complementary medicine

Figure 2.2 Critical literature review process

Figure 2.3 Dates of publications for papers included in review

Figure 2.3.1a Types of Methodology in papers reviewed

Figure 2.3.1b Practice settings in papers reviewed

Figure 2.3.1c Types of Samples in papers reviewed

Figure 3.2.3.2 Cognitive interviewing input into CIMQ