THE INTEGRATION OF NON-CONVENTIONAL THERAPEUTIC MODALITIES IN NURSING AS A MOTIVATING FACTOR FOR NURSING CARE

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Background: Evidence of the utilization of non-conventional therapeutic modalities by nurses and the outcomes for clients was scarce in Portugal in 2011, when one of the author's primary study took place (Santos, 2011). Data analysis did not address the deep reasons why nurses used complementary/alternative therapies. **Objectives:** Thus, a new research question: What are nurse's motivations to integrate non-conventional therapeutic modalities in their practice? **Method:** Interview transcripts and observation records of fifteen nurses, working in Portuguese hospitals, from all types of units of care; and ten nurses and seventeen patients at the pain unit of the Cancer Oncology Institute, was analyzed. Secondary qualitative analysis, using analytic expansion (Thorn, 2013), was conducted. Simplified theoretical model (Burtson and Stichler, 2010) was used as Theoretical Framework. **Results**: Three themes were identified: *Nursing care values; Knowledge base; Acting according to values and knowledge base.* There is also evidence of the impact of *promoters* (compassion satisfaction and nurse job satisfaction) of nurse caring. **Discussion:** The meanings of action and the need for a trusting relationship are key elements of nursing care. Nurses are motivated to care by the satisfaction they derive from caregiving, as Burston & Strichler (2010) state. Interaction opportunities, praise and recognition, and compassion satisfaction, all of them are promoter's factors of nursing job satisfaction. Further research is needed to confirm the impact of care promoters in different cultures and measure the factors of nursing care, to support changes in nursing practice.

Keywords: non-conventional therapeutic modalities, nursing practice, promoters, job

Scientific literature shows that some nurses integrate non-conventional therapeutic modalities in their usual hospital practice. Systematic review of the literature (Santos, 2011), using the keywords - *alternative therapies, complementary therapies, complementary/alternative therapies, non-conventional therapies, nurse practice, nursing care, care process;* Lindquist, Snyder and Tracy (2014), showed nurses' integration of non-conventional therapeutic modalities in different contexts; and narrative revision (Lima-Basto, 2015), with the keywords *motivation, nursing* and *work,* confirmed the findings of earlier literature reviews.

Despite the empirical evidence of the use of these therapies by nurses in Portugal, a systematic literature review performed in 2011 did not identify any studies in this country. Thus, a primary study was justified. Santos (2013) developed a study on the integration of non-conventional therapeutic modalities in the practice of hospital nursing care in Portugal. This study showed that several therapies were used, namely environmental, manipulative, mental-cognitive, energetic and relationship modalities.

Different degrees of acceptance of the hospital context have been identified - from acceptance and respect to criticism and enjoyment. Despite the above difficulties, nurses maintain this practice, finding ways to change some routines in work contexts, and to adjust physical space. It is also worth noting that the training they seek in various therapeutic modalities, in this scope, is paid by themselves.

Later, the authors, interested in understanding the reasons for nurses´ commitment to integrating non-conventional therapeutic modalities in nurse caring, and bearing in mind that there is evidence of how nurses integrate these practices in their care, considered it would be desirable to identify what motivational factors lead nurses to keep this type of practice.

THE PRESENT STUDY

The study was initiated through unpublished narrative review of the literature (Lima-Basto, 2015), using the keywords *motivation, nursing, work*, to identify nurses' motivations to use non-conventional therapeutic modalities in hospital practice. It was found that the situation in Portugal, relative to the hospital context, was maintained. So, it was decided to have a different look at the data from the primary study (Santos, 2013), referring to job motivation.

THEORETICAL FRAMEWORK

The relationship between three concepts – nurse caring, promotors and detractors – constitute the conceptual framework for the present study, within the theoretical framework developed by Burtson & Stichler (2010).

Nurse caring, focuses on the human component of caring and the encounters between the one who is caring and the one who is cared for. It is conceptualized as ten Caritas Processes, which have induced studies to measure caring (Nelson & Watson, 2012). It is in accordance with Watson's Theory of Human Caring, a middle-range explanatory theory, well known among health professionals, mainly nurses. It has been analyzed and evaluated by Jaqueline Fawcett and Susan DeSanto-Madeya (2013). The following figure (Fig 1) is a citation from their book summarizing Watson's theory and practice methodology (2013, p. 417).

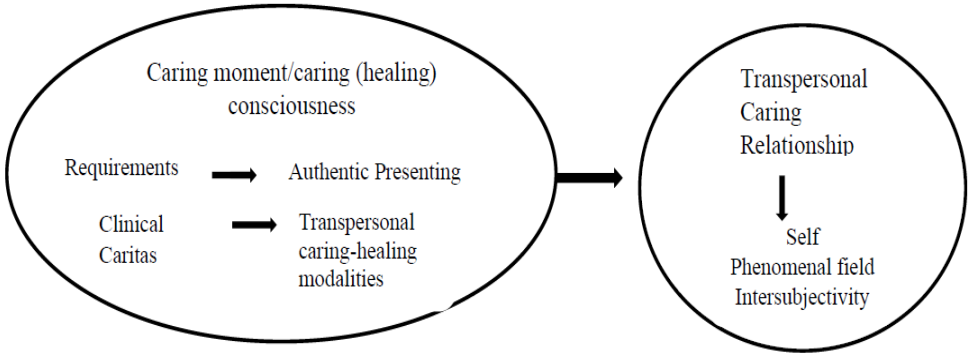

Figure 1 - Clinical caritas processes & transpersonal caring – healing modalities

Promotors are motivational factors that determine nurse caring. Several factors have been studied and the weight of each one on nurse caring showed. The following are some examples taken from studies with nurses.

- Job satisfaction, conceptualized as finding value, meaning, and joy with the job (Burtson & Stichler, 2010; Amendolair, 2012).

- Compassion satisfaction has been conceptualized as "the pleasure of positivity derived from helping others"; it is a recent concept but there are scales to measure it (Burtson & Stichler, 2010; Galiana, 2017). Cognitive empathy, training and support from organizations were identified as significant promotors and perspective taking was the strongest predictor of compassion satisfaction in Yu, Jiang, and Shen's study (2016).

Detractors are limiting factors to nurse caring, such as:

- Compassion fatigue is characterized by turning off own feelings or experiencing helplessness and anger in response to nurses' stress from watching patients go through illness and trauma. Kolthoff & Hickman (2017) and Wu & Reynolds (2016) found team cohesiveness within the work place environment was a significant variable (Burtson & Stichler, 2010; Duarte & Pinto-Gouveia, 2017; Galiana, 2017).

- Burnout, has been defined "...as a syndrome of emotional exhaustion and cynicism..." (Burtson & Stichler, 2010; Galiana, 2017; Duarte & Pinto-Gouveia 2017).

Burtson & Stichler (2010) suggest a theoretical model combined with theoretical framework, based on Maslow's hierarchy of needs and Watson's theory of caring (Fig.2). They also propose a simplified theoretical model (Fig 3) that is the framework for the present study.

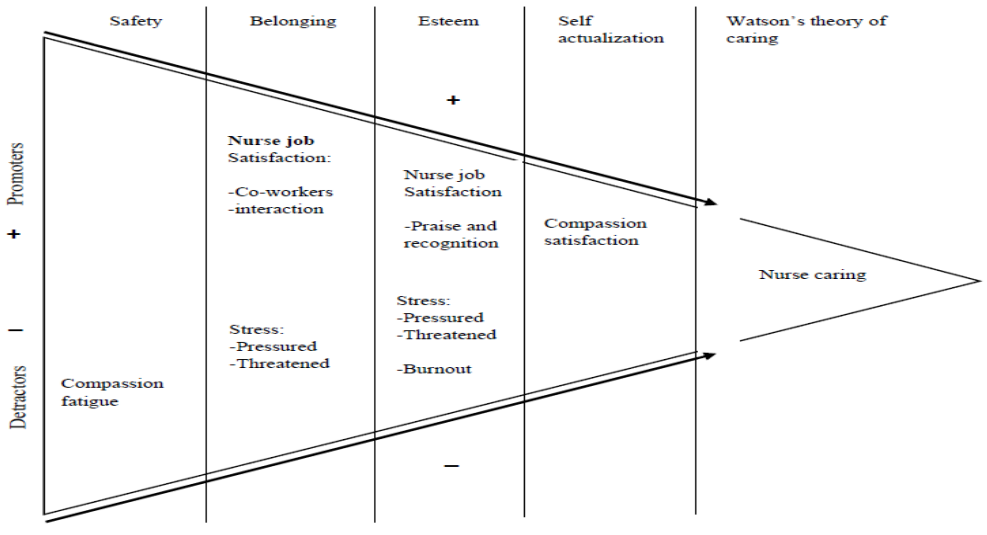

Figure 2 –Theoretical model of Maslow´s hierarchy of needs and Watson´s theory of caring

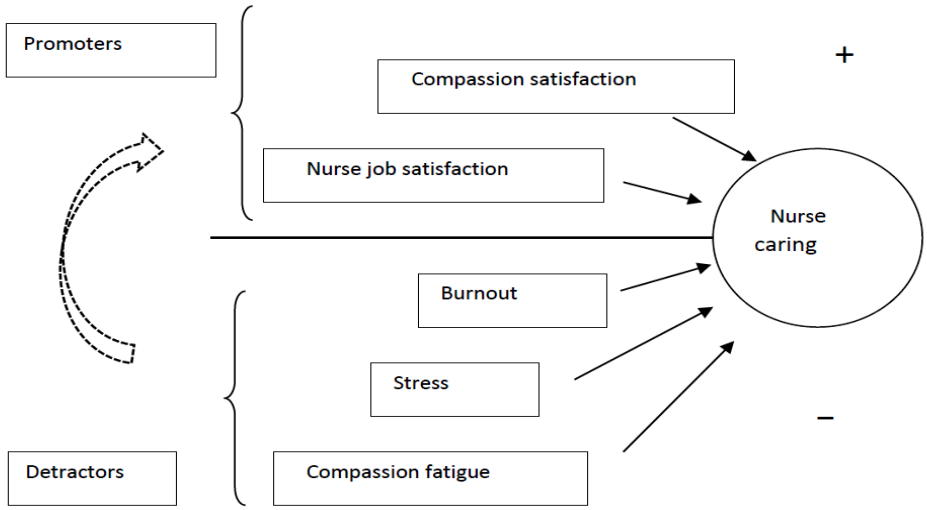

Figure 3 - Simplified theoretical model of Maslow's hierarchy of needs and Watson' theory of caring. Adapted from: Burtson and Stichler, 2010.

METHOD

Secondary analysis was a methodological choice to answer the research question. Among the qualitative research approaches to secondary qualitative analysis, Thorn (2013) describes *analytic expansion*, which seemed useful for the present study. Analytic expansion is defined as the "further use of a primary data set to ask new or emerging questions that derive from having conducted the original analysis, but were not envisioned within the original scope of the primary study aims" (Thorn, 2013, p.397). This definition is similar to Heaton's (1998) considerations about secondary analysis. Irwin and Wintertone's (2011) reflections on qualitative secondary analysis were especially useful regarding the critical influence of the context of care and the difficulties of analyzing different studies in different contexts.

STUDY DESIGN

The authors outlined the present study to answer the research question "what are nurse's motivations to integrate non-conventional therapeutic modalities in their practice?"

Among the nine categories identified in the primary study, three of them were chosen for their explanatory power to get a deeper understanding of the motivations for nurses to integrate non-conventional therapeutic modalities in their caring practice: "Finding meanings", "All this is nursing" and "The nurse as a therapeutic instrument". The analyzed data refer to interview transcripts and observation records, totalizing 49 pages. Using *qualitative inquiry* (Hall, 2013), meaningful text segments were grouped to characterize each category. Groups of categories were organized as themes that corresponded to the question *What motivations?*

Wording with meaning, extracted from nurses' interview transcripts and participant observation notes, were coded and validated (five rounds) by both authors. This process included clarification, confrontation and construction of a network of meanings characterizing categories. Disagreements between the researchers were resolved by giving priority to the researcher who collected the data directly from participants. Of the 504 codes included in the present data base, 471 were coded for the study and 33 were not – the cases that did not help answering the *what* question.

Ethical and other consideration

Both authors were well acquainted with the primary study and controlled integrity and credibility of the analytic process.

FINDINGS

Three themes were identified: nursing care values, nurses´ knowledge base and acting according to values and knowledge base (Fig. 4).

Nursing care values is a theme that considers valuable guiding beliefs, which comprises two values identified as categories: *Person-centered approach to care* and *Centrality of nurse's body in care giving.*

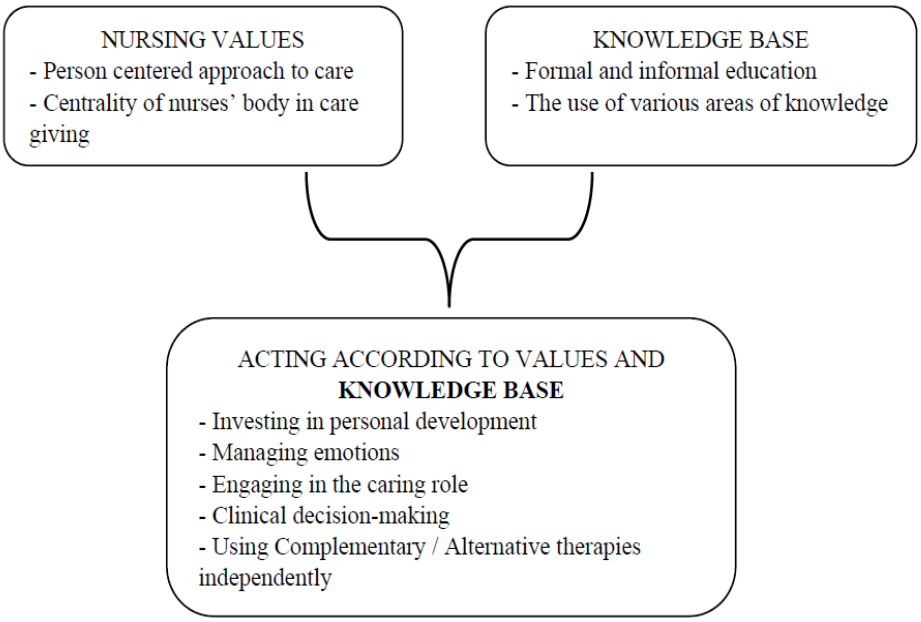

Figure 4 - Findings of the present study

The first category is a value guiding participant nurses' practice, with defining elements such as wellbeing of all involved, nurse-patient relationship as a special type of relationship, and the concept of person, considered a complex and unique being (spiritual, mental and physical dimensions). As stated by participants: "That´s the way it is, in a care process based mainly in the relationship that becomes the main working instrument, obviously people are the most important" (1-Ent3).

This category is recurrent: 93 meaningful text segments were coded as person centered approach to care, the second highest frequency in relation to all identified categories. This might suggest how important the concept is for the participants. Person nursing centred care has been defined in different ways, in the literature, but in this case the data shows the defining elements are very similar to McCormack's, Karlsson, Dewing, and Lerdal´s framework (2010), that values not only the wellbeing of the patient (as the traditional concept), but both patient and nurse.

Centrality of nurse's body in care giving, the second category, is defined by conscious use of nurses' body as part of the nurse-patient relationship: "Our tools are often our own hands, our speech…" (1-Ent2). It is interesting to note that such an obvious fact as "nurses' use of their body" in caring is pointed out by nurses, when it is not generally part of the nursing speech. It might be related to the nurse's knowledge about complementary/alternative therapies.

Nurse´s knowledge base is the second theme and reports to nurses' views on how knowledge influences the way they care for patients. It includes two categories: *Formal and informal education* and *the use of various types of knowledge.*

The first category is defined as a requirement for a quality practice, obtained in pre and post-graduate nursing education, as well as in education in non-conventional therapeutic modalities. It also includes a need to justify nurses' professional actions, such as nursing prescription. Although most nurse participants did not have post-graduate education in specialized nursing care, they all had sought education in non-conventional therapeutic modalities very early in their professional careers; the average length of professional practice was 12 years. These facts lead us to consider that they would be *experts* (Benner, 2000), in terms of professional development.

The second category, t*he use of various types of knowledge,* is characterized by different types of knowledge used in the practice - including experiential knowledge and intuition – and *adjusting the knowledge to specific environmental characteristics*. As the participants stated: "I do it intuitively. If I felt it was good for the patient, I would do it [reiki]" *(*3-Ent6). "Massage and relaxation complete each other very well; the environment also helps, naturally! One can't imagine massage without music, for instance…it is a must!" (3-OP18).

Acting according to values and knowledge base is the central theme of the present study, trying to understand what motivates the nurses to continue to integrate in their caring practice non-conventional therapeutic modalities, even in apparently unfavorable environments. This theme comprises the follow categories:

Investing in personal development, which is characterized as a conscious effort to increase self-knowledge towards maturity, through

reflection, including education, training, and personal utilization of non-conventional therapeutic modalities: "Whatever we might grasp, learn or use that might be useful to help others in this caring process …I have already invested in this area … an effort to learn something and apply it in practice to my patients" (3-Ent2). "These therapeutic modalities also lead us towards a more complex self, more worked out" (1-Ent3). Personal development seems to be central as nurses invest in self-knowledge (Carper, 1978, 2002).

Managing emotions, another category, is defined by a conscious effort to show or hide emotions not appropriate to the therapeutic relationship and the ability to end the relationship, when appropriate. In these respect, the participants stated: "The most wearing aspect is of psychological and emotional nature: that´s definitely what I feel most strongly! There are people with an enormous disease related suffering! Some have such painful life histories! It is not easy to deal with this…it is much harder than physical burden!" (1-OP15). "When I finish what I am doing and proceed to cleaning, I concentrate on the intention to free myself of all energies that do not belong to me and wash my hands. This is important, *to cut* that energy cord" (1-Ent15).

The nurses in the present study were conscious of the need to manage their emotions to perform a caring relationship, which corresponds to findings in recent literature. Smith (2011) is an important conceptual reference for nurses in this area. A qualitative study that explores nurses' experiences of caring in the transition to palliative care, carried out by a health team, found managing emotions was central (Broom et al, 2015).

Engaging in the caring role, another category in this theme, is defined by actions, means, trust in the relationship: availability, nearness, presence, energy transference, transmitting hope, explaining, showing positive feelings, all of them are actions that nurses perform. As stated by the participants: "She was praying and crying a bit. We read the prayer together, I placed my hand on her shoulder and it was gratifying for both of us" (3-Ent3). "Availability…it can do marvelous things for the patient. If people perceive we are available…people won't feel lonely" (1-Ent7).

The means that constitute the practice of this type of therapies are, among others: active listening, use of silence or sound, use of posture, managing time in favor of the patient, accepting patient's suggestions. The identified codes that characterize this category highlight the importance nurses give to their practice, in the sense of caring, as shown by the highest frequency of this category (114 meaningful text segments).

Trust in the relationship – intention and expertise – is stated by participants like this: "There has to be a link nurse - patient… Not just the technical care, but the empathic connection and the humanizing link between nurse and patient" (1-Ent1).

Clinical decision making is a category defined by the assessment as part of the caring process and conditions of the actions. Regarding the assessment, nurses report that "according to the person we are facing and in accordance with the assessment we do" (3-Ent11). "it would also be therapeutic to listen to them, but one can't do well all at once, this way they get more relaxed" (3-OP8).

Conditions of action refers to the type of interaction in the health team as well as to the existing resources. "...and then there are other people who work with us, the doctors, and we have a grey zone of convergence" (2- Ent13).

The category *Using non-conventional therapeutic modalities autonomously* is defined as the expression of pride: "It really adds visibility to our way of caring" (3-Ent8), especially when compared to other nurse interventions. Nurses also state that these practices make them feel autonomous and avoid the risk of losing what is specific to nursing: "I feel more like a nurse on these days, because I can be more autonomous, can see better the patient's improvement because of my actions" (2-Ent9). "If not, in the future nothing will be "ours", we are losing everything" (2-Ent8).

The recognition of others, especially of patients, of different ways of caring, are also elements that characterizes this category: "Meanwhile the patient asks: how do you know where the pain is?" (1-OP6).

DISCUSSION OF FINDINGS AND IMPLICATIONS

Following the conceptual framework, the discussion of findings is presented as *promoters* of nurse caring. Detractors were not identified.

Promoters (values). The meanings of action and the need for a trusting relationship are key elements of nursing care and correspond to what has been shown in other scientific studies, in different cultures (Nelson & Watson, 2012). The caring role of the nurse has been clarified as *Caritas Process 1: Cultivating the practice of Loving Kindness and Equanimity Towards Self and Others,* and *Caritas Process 2: Being Authentically Present: Enabling, Sustaining and Honoring Faith and Hope,* which are ongoing analysis concepts initiated by Jean Watson (Nelson et al, 2012). Similarly, trusting relationship is related to (defined as) *Caritas Process 4: Developing and sustaining a Helping-Trusting Caring Relationship*.

Psychological perspectives refer to a need to attribute meaning to what we do and how we conduct our lives as part of human nature (Pink, 2010). This author states that the meaning provides the context to one´s autonomy and proficiency, just like the participants emphasized in the present study. The secret of a high-level performance is one´s deepest desire to extend and expand one´s capabilities and to live a meaningful life. In this line, Stapleton et al' study (2007) confirms the factors that

improve nursing practice, valuing internal motivation. Compassion satisfaction is an internal motivation that can explain nurse´s high-level of performance in this area.

What are the reasons behind this practice guided by professional values? Burston & Strichler (2010), state that nurses are motivated to care by the satisfaction they derive from caregiving. Co-workers, interaction opportunities, praise and recognition, and compassion satisfaction, all of them are promoter's factors of nursing job satisfaction.

Watson (1999) refers to the nature and requirements for the practice of most complementary/alternative therapies, often treated as feminine characteristics. However, the gender ratio of participants in this study does not follow the usual trend, since the percentage of males (24%) is higher than the relative representation in the professional group (19%: OE, 2010). The recognition of emotional and spiritual intelligence (Zohar & Marshall, 2004) seems to better explain the intuition, the tenderness and the ability to think holistically, which are also philosophical characteristics of non-conventional therapeutic modalities. It means, according to Watson (1999), to realign the female and male energy that exists in each of us, reintegrating science, art and spirituality as a way of being and doing nursing.

Nurse participants highlighted the importance of knowledge and personal predisposition to practice non-conventional therapeutic modalities. It seems to reveal fulfillment in the care giving, as it shows job satisfaction mainly related to clarity of role. Adjusting the knowledge to specific environmental characteristics is valued as *Caritas Process 6: Creative use of Self and All Ways of Knowing as part of the Caring process; Engage in the Artistry of Caritas* (Nelson et al, 2012).

The various therapeutic techniques related to non-conventional therapeutic modalities were also clearly learned by the participants by their own choice and at their expense, since they are not always included in pre- or post-graduate nursing education.

The data shows the importance that nurses attribute to knowledge, and suggests a search for professional self-definition (Santos, 2013). Indeed, several sociological studies have shown that changes in nursing professional practice (Silva, 2004) have been influenced by the demand and reorganization of knowledge.

Detractors were not identified. Nevertheless, despite the generally unfavorable nursing work environment, the present study revealed a residual effect of these factors in nursing care. Stress and compassion fatigue recognized by most nurse participants, seems to have been transformed into promoters, just like the authors of the model defend and explain.

It seems that promoters factors, based on nurses´ moral commitment and consciousness to promote human dignity and wholeness, conceptualized by Watson (2007) is relevant to the nursing caring.

The narrative literature review on practice models (Lima-Basto, 2015) showed that most models include: nurse - patient/family relationship; person-centered processes; attributes of the nurses, including beliefs; professional values and self-knowledge; the involvement in care and expected outcomes such as feeling of wellbeing; and care environment.

CONCLUSION

The study clearly shows that the nurse´s use of non-conventional therapeutic modalities, is a promoter of nurse caring.

Nurses values and integrated knowledge base in non-conventional therapeutic modalities point out the possibility that they are very important factors influencing nurse caring.

Identified values and knowledge could be considered aspects of *compassion satisfaction* and *nurses job satisfaction,* corresponding to Burtson & Stichler's model (2010) of determining factors of nurse caring. Even in unfavorable work contexts regarding non-conventional therapeutic modalities, it seems that only stress had some influence on nurses' practice.

Nurses are acting according to nursing care values and knowledge base, i.e. seeking mastery through a practice that makes them feel satisfied and autonomous.

Further research is needed to:

- Confirm the impact of care promoters in different cultures;

- Measure the factors – promoters and detractors - of nursing care, to support changes in nursing practice;

- Include practice of non-conventional therapeutic modalities in pre- and post-graduate nursing education.

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