

SIMULTANEOUS USE OF COMPLEMENTARY
AND ALTERNATIVE MEDICINE WITH
CONVENTIONAL MEDICINE: Reasons for CAM
usage and attitudes of health care providers.

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| Abstract <p>The aim of the study was to find out why people are using complementary and alternative medicine (CAM) simultaneously with conventional medicine and why users of CAM do not inform health care professionals about their use of CAM. Another aim of the study was to find out health care professionals attitudes regarding the use of CAM. The purpose of the study is to provide information that could be used to develop the health care services and education of health care providers about CAM.</p> <p>Participants of the study were customers of the two CAM therapist and inclusion criteria were simultaneous use or that they had used CAM and conventional medicine simultaneously in the past. The research was carried out using qualitative research method. Self-administered questionnaires with open-ended questions were used to collect the data. Thematic content analysis and inductive reasoning was used to analyse the data.</p> <p>Study revealed that the main reason why people who are using complementary and alternative medicine along with conventional medicine was anticipated or already experienced benefits of the complementary and alternative medicine .Already experienced or anticipated disapproval towards CAM is the main reason that prevented patients from informing about their use of CAM. Negative feedback was the most common reaction when participants told that they are using CAM to the health care professionals.</p> | | |
| Keywords Complementary and Alternative Medicine (CAM), conventional medicine, reasons to use CAM, attitudes towards CAM, traditional medicine (TM) | | |
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1. INTRODUCTION

Traditional medicine (TM) is widely used in both developing and developed countries either as the main source of primary health care or as an addition to conventional medicine. In Africa and Asia traditional medicine play an important role in primary health care due its accessibility and affordability. For example 70-80% of Indians and Ethiopians depend on traditional medicine for their primary health care needs. The use of traditional medicine in developed countries has widely expanded since 1990s. Complementary and alternative medicine (CAM) as it is often referred to, has been used by 70% of Canadians, 80% of Germans (WHO 2008a.) and about 50% of Finnish adult population (WHO 2001, 91). There are over 100 million current users of CAM in Europe (WHO 2013, p.25)

WHO has urged it member states and other stakeholders to promote recognition of traditional medicine as one of the resources of primary health care services by integrating it into the national health care system. The aim is to improve availability and affordability of primary health care and improved health outcomes. The research and education regarding traditional medicine should be promoted to assure safe use of traditional medicine. (WHO 2008b.)

The aim of the study was to find out why people are using complementary and alternative medicine simultaneously with conventional medicine and why users of CAM do not inform health care professionals about their use of CAM. Another aim of the study was to find out health care professionals attitudes regarding the use of CAM. The purpose of the study is to provide information that could be used to develop the health care services and education of health care providers about CAM.

2. COMPLEMENTARY AND ALTERNATIVE MEDICINE

2.1 Traditional medicine (TM) and complementary and alternative medicine (CAM)

Traditional medicine indicates to skills, practices and knowledge based on experiences, beliefs and theories traditional to different cultures. These practices are used to prevent illnesses and maintaining health. They are also used for diagnosis and treatment of both physical and mental illnesses. The mechanisms about how TM works cannot be always explained scientifically. (WHO 2000.)

In some countries traditional medicine is referred to as complementary or alternative medicine (CAM). Complementary and alternative medicine is often used to complement or as an addition to conventional medicine. CAM indicates to wide scale of health care practices and treatments often adopted from other than country's own tradition. These therapies are not usually integrated into the national health care system. (WHO 2000.)

In this work complementary and alternative medicine (CAM) are mainly used as a concept to cover both traditional medicine (TM) and complementary and alternative medicine (CAM). Sometimes the term traditional, complementary and alternative medicine (TCAM) can be seen in the articles, text books and studies. From the writers point of the view complementary and alternative medicine (CAM) is most widely used term in the western countries.

The Finnish Association for Natural Health FNH (Luonnonlääketieteen Keskusliitto LKL ry) is the umbrella organization for the complementary and

alternative therapies and the associations of the field in Finland. Following therapies are practiced by their registered therapists: aroma therapy, shiatsu, zone therapy, art therapy, bone setting, acupuncture/traditional Chinese medicine, reflexology, homeopathy, Bowen therapy, kinesiology, wellness therapy, reiki, sauna therapy, resource training, lymph therapy, massage of neural pathways, micronutrient and vitamin therapy, Horstmann therapy, Rosen therapy, Kajava therapy. There is 285 therapists in their register and 17 member associations. (Luonnonlääketieteen Keskusliitto LKL ry.) In a study made on 2007 in Päijät-Häme district in Finland 263 CAM therapists were counted in the area. If the result is proportioned to the whole country there is about 6000 complementary and alternative therapists in Finland. (Sosiaali- ja terveystieteiden ministeriö 2009, p. 16.)

2.2 Beijing Declaration about the use of traditional medicine

The aim of Beijing Declaration was to promote safe and effective use of traditional medicine and to integrate traditional medicine into WHO's member state's national health systems. (WHO 2008a). Following list regarding traditional medicine was adopted on 8th of November 2008 by WHO Congress on Traditional Medicine as part of Beijing Declaration.

The knowledge of traditional medicine, treatments and practices should be respected, preserved, promoted and communicated widely and appropriately acknowledging individual circumstance in every country. Governments have a responsibility for the wellbeing of their citizens and should draw up national policies, regulations and standards, as part of comprehensive national health systems to ensure appropriate, safe and effective use of traditional medicine. The declaration called the governments who have not

yet integrated traditional medicine into their national health care to take action.

Further development of Traditional medicine based on research and innovation should be done in line with the "Global strategy and plan of action on public health, innovation and intellectual property" adopted at the Sixty-first World Health Assembly in resolution (WHA61.21) in 2008. Governments, international organizations and other stakeholders should pull together to put the global strategy and plan into action. (WHO 2008b.)

Declaration urges governments to establish systems for the qualification, accreditation or licensing of traditional medicine practitioners. Traditional medicine practitioners should upgrade their knowledge and skills based on national requirements. The communication between conventional medicine and traditional medicine providers should be strengthened and appropriate training programmes be established for health care professionals, medical students and relevant researchers. (WHO 2008b.)

2.3 Status of complementary and alternative medicine in Finland

Licensing of medical practitioners is regulated by Act on Health Care Professionals No 559/1994 and by Health Care Professional Decree No 564/1994. Chiropractors, naprapaths and osteopaths who have completed four years of consecutive training approved by National Supervisory Authority of Welfare and Health are registered as medical practitioners and titled to use protected occupational titles. Also trained masseurs are registered and titled to use protected occupational title. National Supervisory Authority for Welfare and Health maintain central register of health care professionals in

which all health care professionals entitled to use protected occupational titles are also registered.

By Act 559 other medical practitioners are allowed to treat patients as long as they do not work within public health care services and do not pretend to be health care professionals. (Ministry of Social Affairs and Health 1994, 2; WHO 2001, 91.) Hence other CAM therapy practitioner's, besides allopathic doctors, chiropractors, naprapaths, osteopaths and trained masseurs, education and operations are not officially monitored in Finland.

2.4. Patient rights and general obligations of health care professionals in Finland

According to Act on Status and Rights of Patients No 785/1992 health care aims to restore and maintain health of the patient and every person by her/his state of health is entitled to good quality health and medical care within the resources available. Patients have right to be cared in mutual understanding with health care professionals. (Ministry of Social Affairs and Health 1992, 1-3.)

According to Act on Health Care Professionals No 559/1994 health care professionals are obliged to promote and maintain health, to prevent and cure illness and to relieve suffering. They are obliged to use generally accepted, empirically justified practices in accordance with their training, which they should continue to supplement. A licensed physician shall decide on the medical examination, diagnosis and appropriate treatment of a patient in mutual understanding with the patient. (Ministry of Social Affairs and Health 1992, 3 & 1994, 8, 10.) If complementary and alternative medicine is provided by allopathic physician acupuncture and other CAM therapies, the cost can be

covered by the social insurance institution of Finland (Kansaneläkelaitos-KELA) (World Health Organization 2013, p. 36).

2.5. European Union and complementary and alternative medicine

Health sector belongs mainly to each member state's own field of operation in European Union. European Union's role is to complement member state's efforts and add value especially if there is any significant threat regarding health issues. (Ministry of Social Affairs and Health 2009, p. 41.)

In October 2007 Ministry of European Parliament passed an agreement No 1350/200/EY which was a common plan of action for the health sector of its member states. The agreement indicates the importance of holistic approach to national health issues in the respect that if there is scientific and clinical evidence of the benefits of complementary and alternative medicine it should be acknowledged. (Ministry of Social Affairs and Health 2009, p. 41.)

2.6. Health care professional's and student's knowledge and attitudes towards complementary and alternative medicine

A study conducted among registered health care providers in Swedish surgical care 2010-2011 indicates that majority of the participants had none or minor knowledge of complementary and alternative medicine. Majority of the participants valued it important to have knowledge about CAM and half were interested to learn CAM therapies. Study also showed that communication regarding complementary and alternative medicine between patients and health care providers was rare. (Bjerså, Stener & Fagevik 2012.)

In a study conducted among doctors in Finland regarding the use of complementary therapies by cancer patients showed that majority of the physicians were doubtful whether complementary therapies should be used at all by the cancer patients based on the insufficient research evidence and unknown risks. Half of the participants thought that complementary therapies should not be used in cancer care at all. Attitude towards complementary therapy use in cancer care was more positive among the general practitioners than specialized physicians. Over half of the participants recognized that complementary therapies could be effective on stress and anxiety relief among cancer patients and majority would want to see more scientific research to verify the effects of complementary therapies. (Salmenperä, Suominen & Vertio 2003.)

In participants opinion main reasons why patients with cancer would use complementary therapies was that they were motivated by future hope and they would do everything possible to get the cure or that they saw the complementary therapy as a last resort. (Salmenperä, Suominen & Vertio 2003.) It is estimated that as high as 80 – 91% of adults diagnosed with cancer in United States of America and Europa would use some form of CAM as an complementary medicine and as many as 8 – 14 % as alternative medicine (Pirri 2011, 439).

A study regarding the use of complementary and alternative medicine among Finnish children shows that the prevalence of complementary and alternative medicine use was 11 %. CAM among children was used to improve health and ease symptoms and it was mainly used to complement rather than as an alternative to conventional medicine. (Siponen, Ahonen, Kettis & Hämeen-Anttila 2012.)

According to Salmenperä et al. (2003) the professional attitude towards complementary therapies are quite critical in Finland therefore presenting a very special challenge to the relationship between physicians and patients: it is crucial that physicians know enough about complementary therapies so that they can discuss the issue with patients and provide relevant advice and guidance on their use. (Salmenperä et al. 2003.)

As there is increasing number of people using complementary and alternative therapies and there is growing evidence based proof of its effectiveness, more attention should be paid to educating the medical students. At the moment it has minimal role and often none at all in conventional medical curricula. In Australia visits to CAM therapists like chiropractors and acupuncturists have increased over 30% in ten years. (Hassad 2011, 357; WHO 2013, p.26.)

According to Hassad (2011, 357): "Where it does appear, CAM content is often marginalised rather than being seen as an integral part of the core knowledge and skills required of a well-rounded and informed doctor." (Hassad 2011, 357).

Adequate teaching regarding CAM would equip students with informed and balanced skills, knowledge and attitudes for their future and help them to guide their patients to the right direction regarding the CAM. At the present new graduates are seldom aware which therapies would be useful or harmful for the patient, therefore they are not able to help patients make well justified and safe decisions regarding the use of complementary and alternative medicine. (Hassad 2011, 357).

Study conducted among final year nursing students and final year medical students in Malaysia showed that nursing students had more knowledge, had more positive attitude and would be more willing to practice CAM than medical students (Hassan, Hadi & Keng 2012, 94.) Lack of knowledge may

also impair the communication and relationship between doctor and patient. Typical complementary and alternative medicine user is well educated young female from higher socio-economic group, thus able to look for different sources for information and search and choose between different options available. (Hassad 2011, 357, 359.)

2.7. Reasons why patients use complementary and alternative medicine

Previous studies show various reasons why people are using complementary and alternative therapies in western countries. Patients with specific chronic conditions are often the users of CAM. Some patients are dissatisfied with medical providers and some may even perceive lack of humanity in health care providers. The amount of time used and nature of the consultation with CAM therapists has been seen as a positive aspect. Some patients see CAM more natural, non-toxic and safer than conventional medicine. Some patients assume that CAM cannot cause any harm. Conventional medicines incapability to treat variety of chronic diseases and diseases associated with ageing promote the use of CAM. Critically ill are looking for cure, prolonged or better quality of life. Some patients use CAM to assist conventional treatments, boost immunological function and look for relief from side-effects. Patients want to enhance their physical, emotional and spiritual well-being and promote a healthy lifestyle. (Hassed 2011, 359; Pirri 2011, 440, 442; WHO 2013, 27-28.)

Patients increased access to information and awareness of available options has promoted use of CAM as well as patients desire for autonomy and reduced tolerance of paternalism. Some patients are concerned about the cost, invasiveness and overuse of medication in conventional medicine. People find CAM to be effective for improving wellbeing, managing the symptoms and

affecting the disease progression. Disease prevention and holistic approach is often associated with complementary and alternative medicine. (Hassed 2011, 359; Pirri 2011, 440, 442; WHO 2013, 27.)

2.8. Benefits and risks of complementary and alternative medicine

A study where data from Dutch health insurance files were used to compare cost-effectiveness of complementary and alternative medicine indicated that patients whose general practitioner had additional CAM training in this case either acupuncture, homeopathy or anthroposophic medicine had 0-30% lower healthcare costs and mortality rates compared to those patients whose GP did not have additional CAM training. Variation depends on age group and type of CAM used. In a group whose GP had also CAM training had fewer hospital stays and prescription drugs. (Kooreman & Baars 2012.)

In another study conducted in Holland among patients with neck pain, cost-effectiveness and results between manual therapy, physical therapy and continued care by GP was compared. Manual therapy was mainly spinal mobilization, physical therapy consisted mainly of exercise therapy and general practitioners used mainly analgesics, counselling and education. Study indicates that the total cost of manual therapy was one third of the cost of either physiotherapy or the care given by the GP. Also the manual therapy proved to be more effective on neck pain than physiotherapy or care given by the general practitioner. (Hoving, de Vet, Koes et al. 2006.)

World Health Organization has recognized several risks associated with complementary and alternative medicine products, self-care and CAM practitioners. Diluted and counterfeit products are risk to the consumers. Unqualified practitioners and exposure to misleading or unreliable

information may lead to missed or delayed diagnosis or failure to use effective conventional treatments. Unwanted treatment interactions, side effects and adverse effects are possible. In the other hand WHO also sees that there are many social and economic issues that are incentives to use CAM. They see that the most important reason to develop and strengthen collaboration between conventional medicine and CAM is the predicted increase in global burden of chronic diseases. (World Health Organization 2013, p. 31, 40).

3. AIMS, PURPOSE AND RESEARCH QUESTIONS

The aim of the study was to find out why people are using complementary and alternative medicine simultaneously with conventional medicine and why users of CAM do not inform health care professionals about their use of CAM. Another aim of the study was to find out health care professionals attitudes regarding the use of CAM. The purpose of the study is to provide information that could be used to develop the health care services and education of health care providers about CAM.

To achieve the aim and purpose of the study, the following research questions were used.

1. Why do patients use complementary and alternative medicine simultaneously with conventional medicine?
2. What are health care professional's attitudes towards the use of conventional medicine and complementary and alternative medicine simultaneously?

3. Why do the patients who are using complementary and alternative medicine choose not to tell health care professionals that they are using CAM?

4. IMPLEMENTATION OF THE STUDY

4.1. Methodology

Qualitative research method was used, because it allows direct, in-depth and holistic approach towards the phenomena investigated. This method enables the collection of wide-ranging material using a flexible research design. (Polit & Beck 2004, 729.) Aim of the qualitative research is to understand the social reality of individuals, groups and cultures. Qualitative research method take into account the complexity of the individuals and diverse experiences recognizing that the truth is combination of individual realities. To achieve this perspectives and behaviour of the people studied are explored. (Holloway 1997, 1, Polit et al. 2004, 16.)

Qualitative research method was chosen for this study, because it does not set any pre-set limits or expectations for the results and allows participants to express themselves freely, hence allowing varied and profound response. This study concentrates on participant's experiences and attitudes expressed in the written word by asking questions instead of testing hypothesis. Results of the study describe the phenomenon instead of giving numeric results.

4.2. Participants and data collection

Before the twenty questionnaires with open-end questions were handed out to two CAM therapists to be given to their customers, a pilot study of two participants was conducted. Pilot study is done to small group of people with same criteria as with people in the actual study. This allows to test if there is any need for modification of the questionnaire. In qualitative research sample size is not a focal feature of the analysis, therefore there is very little guidance on it. Sample size in qualitative research is usually determined by the resources and suitable participants available. (Gerrish & Lacey 2011, 22-23, 150.)

Questionnaires are used to study attributes that are more subjective, like people's attitudes, emotions, opinions, intention and behaviour compared to forms that are used to record factual information. Benefits of the questionnaires are that they are inexpensive to produce, quick to complete and normally easy to analyse. (Gerrish & Lacey, 2011, 439, 370.) Questionnaire secures participants anonymity therefore allowing more open and frank responses even regarding subjects that are personal and sensitive. Using questionnaire also eliminates interviewer bias. (Polit & Beck, 2004, 350-351).

Two CAM therapists from Jyväskylä, Central Finland were contacted first by e-mail and telephone and they were asked if they would want to participate in the study, then they were explained how the study would be carried out and the purpose of the study. During the correspondence with therapists it turned out that one of the CAM therapists had wide clientele and as the other one had only recently started her business clientele was still narrow. Therefore it was agreed that one of the therapists was given 15 forms and the other one 5 forms to be filled by their customers during two month of data collection. After their consent to participate both CAM therapists were met face to face

by researcher and the procedure regarding the participants and data collection was looked through once more. Self-administered questionnaires (Appendix 1) covering letters to customers' (Appendix 2), self-addressed envelopes and stamps were handed out and procedure was looked through with each CAM therapist.

The CAM therapists were advised to offer the possibility to participate to the study to their customers in the order they would come to therapist's practice. Before therapist would hand over the self-administered questionnaire to their customer they would ensure by asking that their customer was using or had been using conventional medicine alongside with CAM. Customers that did not or had not been using conventional medicine alongside with CAM were excluded from the study. To make sure the criteria for the participation was met, the first question in the questionnaire, participants were asked was if they had been or are using CAM along with conventional medicine.

Customers were given a covering letter to read before they were given the questionnaire and if they would still be interested to participate, they would be explained the study process. CAM therapist were advised to give customers the self-administered questionnaire to fill in private in the CAM therapist's premises and advice customers to seal the questionnaire in the envelope handed out with the questionnaire and then return it to the CAM therapist for the researcher to pick up from CAM therapist's premises when all of the forms have been filled. In case some customer would prefer to fill the form later, envelope with stamp and researcher's name and address on it was given to the customer. Sixteen out of the twenty questionnaires were returned to the researcher by the end of the two months.

4.3. Data analysis

Thematic content analysis was used to analyse the collected data. Material used in content analysis is either originally in written form or later converted into it. Aim of the thematic content analysis is to form a concise picture of the phenomenon investigated by searching similarities and differences in the data collected, finding patterns and themes in it, condensing the material by segmentation, conceptualizing it and finally organized it into new units. The idea is to be able to link the concise results of the study to previous studies and broader context. Coding is used when similarities and differences in the material in investigated to highlight the main themes from the data and eventually come up with the final core themes of the study. Content analysis can be made based on material collected or based on theory. (Holloway 1997, 152; Roulston 2010, 150-151; Saaranen-Kauppinen & Puusniekka 2006; Tuomi & Arajärvi 2002, 105, 109-116.) Inductive reasoning method was mainly used in this study to analyze the collected data. This method is based on material collected in the study.

According to Marshall and Rossman (2006, 159), Patton (2002) describes the processes of inductive analysis as “*discovering* patterns, themes, and categories in one’s own data”, in contrast with for example deductive analysis where the analytic categories are stipulated beforehand “according to an existing framework”. When researcher uses the inductive approach there are no pre-existing expectations regarding the study results instead the open-ended questions build towards general patterns. Possible theories arise from the collected data rather than predetermined theories. (Patton 1997, 279.) To be able to use purely inductive reasoning in content analysis researcher should not have any previous knowledge regarding the phenomenon investigated, she/he would only describe the study results and would not be able to link them to pre-assisting categories. In abductive reasoning content analysis is not

directly based on already existing theory but there are some connection to them. Previous studies can be used to describe, support or raise questions regarding the data collected. (Tuomi & Sarajärvi 2009, 95 - 97.)

To make sure that all of the participants met the inclusion criteria first answer of the questionnaire was read through in which participants were asked if they have used or are using the CAM alongside with conventional medicine. All of the sixteen questionnaires returned met the inclusion criteria. Rest of the questions was read through three times to comprehend the answers and form an idea what the main themes could be. Then each question was read through separately and coloured markers were used to underline key words and key sentences according to similarity of the answer. Data was collected in Finnish but the analysis of the data was done in English. As the key words and key sentences were installed to Excel chart in English final categories took shape. During the processing towards the results both the questionnaires and Excel chart were often returned to.

5. RESULTS

Reasons why patients use complementary therapies

Three main themes came up as people explained their reasons for using complementary and alternative medicine. Themes were related to medication, medical personnel and CAM.

Half respondents mentioned reasons to use complementary and alternative medicine related to medication. Some participants described that conventional medicine medicates symptom and does not take care of the root cause of the

symptoms. In couple of responses it came evident that respondents found it insufficient that they were only described medication for their problems. Some participants explained how there was more harm than benefits from the medication and one mentioned side-effects. Some participant described how they found that medicines were not effective enough or they did not give permanent results or only postponed the problem. Few respondent wanted to reduce medication or explained how they would take medication only if absolutely necessary or had refused medication offered. One respondent narrates her/his experience as follows:

When treated with conventional medicine, amount of medication rose so high that the organs could not take the disadvantages, there was beginning to be more harm than benefits, and yet there was no help aka getting better.

In many questionnaires participants mentioned some reason to use CAM related to medical personnel. All of these respondents found the care provided by health care personnel being insufficient. Several mentioned that they are not being heard and their problem is not sufficiently investigated.

I am expert regarding my own body and that is totally ignored.

Last year I had several throat infections. I got tired of only acute symptoms being treated at the health centre. At no point doctors did pay any attention to the fact that I have been to the doctors with same problem many times. At worst times my throat was not even looked at, I was only asked: "how much sick leave you want?"

Third reason given by the users of CAM was related directly to the benefits or anticipated benefits of using CAM. Almost all of the participants mentioned at least one such reason. Many mentioned that they have already benefited from the CAM. CAM was described as versatile, gentle, long-acting and holistic. Some respondents related that CAM assists body's own means to heal itself. One respondent told that she/he is wary regarding CAM.

I find them to be more holistic form, which revitalize person's and body's own means to heal oneself. In my opinion connection between body and mind is recognized in complementary therapies, which I have used. They are gentle and give me insight of my own being.

I have had good results with natural therapies and feeling that I am cared for and they want me to get better.

Health care professional's attitude towards complementary and alternative medicine

Two main categories of responses arise when participants were asked what the health care provider's response was when participants told them that they are using complementary therapies. One category was positive feedback, and second was negative feedback.

Some respondents had positive feedback from their health care personnel, when they told that they are using CAM. Some described health care providers being interested of the CAM, several told that they had acceptance for their choice. Only one health care provider recommended CAM.

I have been in such a special position that doctors have accepted my choices and not once they have questioned alternative therapies. My doctor has been pleased that after two years of intensive acupuncture treatments I have been able to give up all my medication.

Many of the respondents had negative feedback from the health care professionals when they told that they are using CAM. Some described them being totally against, suspicious or dismissive of CAM or did not take stand on it. Some respondents mentioned lack of communication, how they were

ignored or how health care professional stepped back when told about use of CAM.

Few times I have mentioned – underestimation is the biggest hindrance. Expressions and gestures tell a lot- one starts to feel little bit crazy when one believes in this. “It is not possible to give up medication” said one nurse.

Reasons why patients do not tell that they are using complementary and alternative medicine

Some respondents had chosen not to tell health care providers that they have used CAM. They anticipated reservation, disapproval or underestimation and constricted view towards CAM. Some had previous experiences preventing them from telling or they felt that the health care professionals were pressed for time.

I do not want to tell, because I think that doctor will disapprove natural therapies and thinks that I do not trust the doctor and her/his care. I might not get doctor’s care if she/he would find out.

6. DISCUSSION

6.1. Discussion on the main results

Study indicates that people are using complementary and alternative therapies despite the approval or disapproval of commonly accepted methods within conventional medicine and attitudes of health care providers. This will raise the issue of the safety of the complementary and alternative medicine

use. It would be in the interest of both people who use complementary and alternative medicine and people who are connected to conventional medicine to have evidence based information regarding CAM. The knowledge of both complementary and alternative medicine therapists and users as well as health care professionals have a direct bearing on patients' safety.

To be able to provide most suitable, effective and safest care for the patients' health care providers need to know about the complementary and alternative medicine patients' use. Especially physician are in key role as they should decide on the medical examination, diagnosis and appropriate treatment of a patient in mutual understanding with the patient. (Ministry of Social Affairs and Health 1992 & 1994.)

As the current study revealed, already experienced or anticipated disapproval towards CAM can prevent patient from telling that she/he is using CAM and it may also affect the therapeutic relationship in general. This can expose patient to the harmful side-effects or adverse effects with conventional medicine as the patient might hold to vital information regarding her/his health.

Therefore it is important as Beijing declaration states (WHO 2008b) that appropriate training programmes be established for health professionals, medical students and relevant researchers. There should not be situations where patient feels that she/he has to justify her/his choices to the health care professionals. As patients autonomy should be respected therefore it is health care professionals who should not express their opinion regarding patient's use of CAM unless they do have evidence bases information to back their arguments up and there is evidence that CAM could be harmful for the patient. As Hassad (2011) states at the moment when medical students graduate they do not have enough information regarding CAM to direct their patients to the right direction regarding it.

To be able to provide more evidence based information about CAM more studies needs to be done. Education of the future medical providers, researchers and decision makers should include studies regarding CAM to wake their interest toward CAM. As Hassan (2011) states at the moment complementary and alternative medicine has minimal role and often none at all in conventional medical curricula. Governments also need more evidence based information, to be able to establish sound evidence based regulations and policies regarding the education, practise and financial aspects of CAM.

The main reason why people who are using complementary and alternative medicine along with conventional medicine was anticipated or already experienced benefits of the complementary and alternative therapies, therefore it would not be ethical not to investigate further the possibilities CAM could offer to alleviate people's suffering alongside what conventional medicine can offer.

As indicated in the WHO Traditional Medicine Strategy 2014-2023 and study made by Kooreman and Baas social and economic issues are incentives to use CAM, not least the predicted increase in global burden of chronic diseases (WHO 2009, 40; Kooreman & Baars 2012). The amount of elderly population is increasing in Finland and in many other western countries, this is expected to result in increase of chronic diseases and therefore cost of health care. Elderly people are more prone to side-effects of medication. The current study showed that some people are turning to CAM because they have experienced side-effects or wanted to reduce their medication. Similar observation was reflected by Pirri (2011, p. 442) as he stated that some cancer patients are using CAM for conventional treatment side effects. WHO Traditional Medicine Strategy 2014-2023 publication reflects that some patients turn to integrated medicine when they experience adverse effects with conventional medicine. (WHO 2013. p.27.) Cost effectiveness of CAM already recognized by national

health system and possibilities of not yet recognized sections of CAM should be further investigated for their possibilities to alleviate the pressure caused by the increasing costs and demand for resources in conventional health care.

In the study the negative feedback from health care providers was the main reason why people did not tell health care providers that they use complementary and alternative medicine and also negative feedback was the most common reaction when participants told that they are using CAM. This is consistent with the Salmenperä et al. (2003) statement that the professional attitudes towards complementary and alternative medicine are quite critical in Finland. Participants also expressed their concern regarding health care provider's lack of interest and respect towards the CAM. This may result in situations where patient could have benefited from the CAM therapies already recognized by the national health care system (Ministry of Social Affairs and Health 1994) but as the health care professionals do not have knowledge or interest towards these, all the resources available may not be utilized for the benefit of the patients. Negative feedback or anticipated feedback from health care providers may affect the communication between patient and health care provider so that patient does not give all of the vital information.

Participants of the current study had also received positive feedback from health care providers and they had also indicated interest towards CAM. The study made among Swedish medical providers in surgical care (Bjerså et al. 2012) showed that majority of the health care providers who participated in the study valued it important to have knowledge of complementary and alternative medicine.

Health care providers should be aware of the reasons, why patients do not tell if they use the complementary and alternative medicine, so that the reasons

can be addressed in appropriate way. The knowledge of patient's previous experiences regarding the CAM therapies could give health care providers valuable information, which they might be able to utilize in the care of the other patients. Also patient's experiences might awake interest in health care providers to find out more about CAM therapies. It is important to keep dialogical communication open between patients and health care providers for the benefit of the patients and health care providers.

6.2. Conclusions and recommendations for future studies

Main reason that came up in the study for using complementary and alternative medicine along with conventional medicine was anticipated or already experienced benefits of the complementary and alternative therapies. Also dissatisfaction regarding the medication and dissatisfaction with health care providers further the use of CAM

Negative feedback from health care providers came up as main reason why people did not tell that they use complementary and alternative medicine. Negative feedback was also the most common reaction participants experienced when they told that they are using CAM to the health care providers.

The purpose of the study was to provide information that could be used to develop the health care services and education of health care providers about CAM. From the writers point of view only few studies has been made about complementary and alternative medicine especially in Finland. Hopefully this study wakes reader's interest to investigate the subject further.

The current study indicates that patients are turning to complementary and alternative medicine in western society to complement or to fill the needs and expectations conventional medicine is not able to fulfil. Financial and personnel aspects of national health system are under scrutiny in Finland as there is pressure to cut the cost of national health care. Future studies are needed to see what the CAM already recognized by the national health system could offer regarding savings and filling the patient's needs conventional medicine is not able to respond to. It is recommended that the present health care provider's knowledge and how much doctors send patients to these therapies is studied. Future studies could be made to investigate what are the mostly used CAM therapies in Finland and the benefits the users have had to see if any other CAM therapies should be recognized by the national health system.

For the health care providers to be able to respond to the challenges that the simultaneous use of CAM and conventional medicine cause, curriculum of the future medical personnel should include studies regarding CAM. Therefore it is recommended that future studies are conducted to see if and how much there is teaching about CAM in the present education of future medical personnel. Also student's and teacher's attitudes and knowledge regarding CAM could be studied as well as present health care providers and what is contributing to their attitudes.

6.3. Reliability of the study

There are no generalized rules on how the qualitative data should be analysed and presented. Therefore it is challenging to present the findings in a way that there is no doubt about the validity. Also having no universal rules makes the replication of the qualitative study challenging compared to the quantitative

study that has precise design. Another challenge of qualitative study is the broad narrative material that needs to be organized in a way that it makes sense. Third challenge is to find the essence of the material without losing the richness and evidentiary value of the data. (Polit & Beck 2004, 570-571).

Key concepts when evaluating the reliability of the qualitative research are credibility, dependability, confirmability and transferability of the study. Credibility refers to confidence in the truth of the data. Dependability refers to the stability of the data over the time and the conditions. Confirmability refers to objectivity of the data. Transferability refers to the extent to which findings can be transferred to other groups and settings. (Polit & Beck 2004, 714-716, 734.)

When credibility of the qualitative study is evaluated research method chosen for the study should generate confidence in the truth of the data and in the researcher's interpretations of the data (Polit & Beck 2004, 36.)

Complementary and alternative medicine therapists were informed to offer the questionnaires to their customers in order they would come to their practise. As the therapists knew at least some of the participants previously this procedure aimed to eliminate any possibility of bias. Self-administered questionnaires chosen for the method of collecting the data eliminated the possibility of the interviewer or the CAM therapist influencing the answers. Anonymity of the participants enabled participants to express themselves freely and could result more open and honest answers, than if personal information would have been collected.

In qualitative research researcher's settings like genre, age, religion and beliefs affect how she/he perceive the collected data. Researcher is the creator of the research plan and also the interpreter of the study. (Tuomi & Sarajärvi 2009, 135-136). How the researcher came up with the subject studied

was influenced by the interest towards the subject. During the research researcher was aware of this and aimed to remain neutral towards the subject studied. Collected data was in Finnish and it had to be translated into English. To sustain credibility translation was done as much in word to word as possible as long as it would be comprehensible also in English.

Second aspect when evaluating the trustworthiness of the study is dependability. For the study to fulfil fully the dependability criterion all of the variables of the study should remain unchanged. If study would be repeated results of the original study would be replicated. (Marshall & Rossman 2006, 203.) Methodology, assigning participants and data collection of this study could be repeated following the narration of this work. Depending of the settings of the researcher analysis of the data could vary slightly.

Third criterion to evaluate the trustworthiness of the study is confirmability. Confirmability refers to the neutrality and objectivity of the data. For the confirmability of the study to be met another person or people should be able to confirm the findings of the study. Other people should be able to follow researcher's logic and interoperations of the data. (Marshall & Rossman 2006, 203; Polit & Beck 2004, 435.) In the data analysis section of the work researcher narrates how the study material is processed to form the study results. In the results section of the study direct quotes of the participants that enlighten the result have been included. Also previous studies that support the study results have been included in the study.

Transferability of the data refers to the generalizability of the data and how the findings are transferable to other settings and groups (Polit & Beck 2004, 435). As Hassad (2011, 357) states there is typical user of the complementary and alternative medicine, which could indicate that if the study would be made to another group of people who use complementary and alternative

medicine alongside with conventional medicine in Finland results would be similar.

6.4. Ethical considerations

Ethics in research relates to moral standards and should be taken into account in all phases of the study. Aim is to protect participants from any harm or risk, acknowledge if there is any vulnerable individuals or groups involved and act accordingly. Participants should be respected, confidentiality and anonymity maintained during and after the process and their participation has to be voluntary therefore their consent is always asked beforehand. (Gerrish & Lacey 2011, 27; Holloway 1997, 55.)

Before participants decided whether they would want to participate to the study they were given the cover letter (Appendix 2) to read and to take with them if they wanted to. Then CAM therapist explained the study process to those who still wanted to continue and if they still wanted to participate they were given the self-administered questionnaire (Appendix 2) to be filled in privacy. The aim of this process was to give participants information about the process and the aim of the study. This way they also had time to consider if they would give their consent in the end by participating to the study. Participation was voluntary. All of the participants were adults and able to make their own decisions and therefore not considered being vulnerable. Researcher's and supervisor's contact information was in the cover letter in case study candidates had any future questions or concerns regarding the study or their participation in the study.

No personal information about participants were collected at any point during the study. Participants filled the questionnaires in privacy and sealed

them to the envelopes by themselves, researcher who had no direct contact to any of the participant opened all of the sealed envelopes at the same time. Participant's anonymity was guaranteed by this procedure. Quotes used in the work do not reveal any personal details therefore participants cannot be identified by the readers of the work.

Due the nature of the study participants narrated very personal experiences and feelings in their answers, therefore minimum information regarding the complementary and alternative therapists were given in the study to enhance confidentiality and anonymity of the participants. Questionnaires are destroyed by the researcher after the study is published.

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APPENDICES

Appendix 1. Questionnaire

JYVÄSKYLÄN AMMATTIKORKEAKOULUN SOSIAALI- JA TERVEYSALAN OPINNÄYTETYÖN KYSELYLOMAKE

1. Käytättekö tai oletteko käyttäneet täydentäviä hoitoja, toiselta nimeltään luontaishoitoja, rinnakkain koululääketieteen kanssa?

2. Miksi olette käyttäneet tai käytätte täydentäviä hoitoja koululääketieteen ohella?

Tarvittaessa voitte jatkaa kirjoittamista sivun toiselle puolelle.

3. Jos olette kertoneet terveydenhuollon henkilökunnalle käyttävänne täydentäviä hoitoja, kertokaa heiltä saamastanne palautteesta ja omista kokemuksistanne kyseisessä tilanteessa.

4. Jos ette ole kertoneet koululääketieteen henkilökunnalle käyttävänne täydentäviä hoitoja, kertokaa miksi päädyitte tähän ratkaisuun?

Tarvittaessa voitte jatkaa kirjoittamista sivun toiselle puolelle.

Appendix 2. Cover letter

Jyväskylässä 9.12.2013

TIETOA KYSELYSTÄ JYVÄSKYLÄN AMMATTIKORKEAKOULUN SOSIAALI- JA TERVEYSALAN OPINNÄYTETYÖTÄ VARTEN

Jyväskylän ammattikorkeakoulussa opiskelevan sairaanhoitajaopiskelijan Lea Pietarisen opinnäytetyön tarkoituksena on selvittää miksi koululääketieteen asiakkaat haluavat käyttää täydentäviä hoitomuotoja eli luontaishoitoja koululääketieteen ohella. Lisäksi opinnäytetyöllä pyritään selvittämään miksi koululääketieteen rinnalla täydentäviä hoitomuotoja käyttävät asiakkaat eivät kerro koululääketieteen edustajille käyttävänsä täydentäviä hoitomuotoja, ja jos he kertovat käyttävänsä niitä, minkälaisia kokemuksia heillä on tästä ja minkälaista he kokevat koululääketieteen edustajien suhtautumisen olleen.

Kyselyyn osallistutaan nimettömästi, osallistujista ei kerätä henkilötietoja tutkimuksen aikana tutkimusta varten. Kun opinnäytetyö on hyväksytty, kyselylomakkeet hävitetään.

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