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Complementary Alternative Medicine: an Education of Guided Self-care in the Elderly Population for Management of Chronic Conditions

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COMPLEMENTARY ALTERNATIVE MEDICINE: AN EDUCATION OF GUIDED
SELF-CARE IN THE ELDERLY POPULATION FOR MANAGEMENT OF
CHRONIC CONDITIONS

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The requirement for the degree of
Doctor in Nursing Practice

AUGSBURG UNIVERSITY
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APRIL 21, 2021

Augsburg University
Department of Nursing
Doctor of Nursing Practice Program
Scholarly Project Approval Form

This is to certify that **Janice Gerber** has successfully presented her scholarly doctoral project entitled “*Complementary Alternative Medicine: An Education of Guided Self-Care in the Elderly Population for Management of Chronic Conditions*” and fulfilled the requirements for the Doctor of Nursing Practice degree.

Date of presentation: April 21, 2021.

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ABSTRACT

The elderly population, specifically the residents in the Skilled Nursing Facility (SNF) or nursing homes, suffer from chronic conditions, many of which have a psychological and behavioral component. Conventional medicine treats the chronic conditions from one symptom to another through pharmacological interventions, which resulted in polypharmacy. Gathering evidenced-base practice of Complementary Alternative Medicine (CAM) will maximize opportunities for the elderly population to manage chronic conditions. The application of Parse's Theory of Human Becoming (HBT) with self-guided education of CAM modalities in SNF explores the significant concepts of personal meaning, rhythmical patterns, and transcendence. Grounded on HBT, the self-guided education of self-hand massage using aromatherapy, meditation, and mindfulness coloring art augment holistic health by addressing the physical, mental, emotional, and spiritual dimensions of care in the residents of SNF. The implementation of the project presents how effective the self-guided education of CAM modalities in improving health outcomes through the resident's experience, the involvement of front-line staff, and the Quality Steering Committee feedback. The self-guided education of CAM modalities provides a useful tool of evidenced-base care in the SNF located in urban, MN.

Keywords: residents, Complementary Alternative Medicine, Human Becoming Theory, evidenced-base care, personal meaning, rhythmical patterns, transcending

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DEDICATION

This project is dedicated to the residents and staff of the skilled nursing facility. With their participation in the implementation of the project, I hope that this scholarly project will provide a valuable resource. I also dedicate this project to my grandfather, who passed away before I started the program, but he has allowed me to implement some of the Complementary Alternative Medicine modalities that had a positive outcome during his end-stage of life.

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Complementary Alternative Medicine: An Education of Guided Self-Care in the Elderly
Population for Management of Chronic Conditions

Chapter One: Introduction

The Department of Economic and Social Affairs Population Division, New York City (2015) reported that the World Health Organization (WHO) and the United Nations (UN) claimed that the aging population is both humanities' most significant achievement and one of its most significant challenges. Increased longevity provides endless opportunities for older adults being socially and economically active and a healthy population within society. However, opportunities for the aging population come with challenges to individuals, families, and society. Older adults are susceptible to suffering from chronic conditions, many of which have a psychological and behavioral component. Maximizing opportunities for the elderly population to manage chronic conditions that can be accomplished using a holistic approach through Complementary Alternative Medicine (CAM). Ernst, Pittler, & Wider (2006) described CAM as an assortment of varying health practices outside of the conventional medicine that focuses on mind, body, and soul. The National Center for Complementary and Alternative Medicine (NCCAM) (2003) listed CAM therapies and categorized them into five domains that included alternative medical systems (homeopathic and naturopathic medicine), mind-body interventions (meditation, prayer, mental therapies), biologically based therapies (herbal therapy, food/dietary therapy, vitamins), manipulative and body-based methods (chiropractic care and massage therapy), and energy therapies (biofield therapies, bioelectromagnetic- based therapies). Conventional medicine has been treating older adults from one condition to another without resolution, which is significant challenge for

health care system as well for social communities. For this reason, an education of guided self-care utilizing CAM modalities, which are holistic in perspective, is ideally suited to an elderly population suffering from chronic conditions.

Problem Statement

Greater than 70 million Americans age 50 and older suffer from at least one chronic condition (“Chronic Conditions, n.d., part 1). The high prevalence rate of chronic conditions in the elderly population requires a new approach in medicine and long-term treatment. According to the survey of the University of Hawaii on Human Studies, the aging population has been using more medications (as cited in Takane, Balignasay, & Nigg, 2013). Conventional biomedical interventions tend not to address the cause of chronic condition; instead, they create a chemical dependency resulting in polypharmacy. Polypharmacy refers to several medications being taken concurrently, or the prescribing of excessive medicines (Coley & Lucas, 1993). The term may also apply to the practice of treating a single disease with multiple drugs and utilizing a pharmacologic intervention that is not medically necessary (Maher, Hanlon, & Hajjar, 2013). From this definition, polypharmacy has a detrimental effect such as increasing healthcare costs, increase the risk of drug interactions and compliance, decrease functional capacity and induce many geriatric syndromes.

Purpose of the Project

The purpose of the project was to implement and develop an educational program to raise awareness for older adults and staff in the Skilled Nursing Facility (SNF) regarding self-guided care and safe adjunctive therapy of CAM. The residents were the priority focus, but the inclusion of the staff occurred since their support was essential to

the accomplishment of the program and they can act as a resource in the future, which was reflected in the DNP Essentials VI- Interprofessional Collaboration for Improving Patient and Population Health Outcomes (AACN, 2006). The program also focused on the concept of empowering by encouraging the participants to ask questions to obtain knowledge and information about CAM. It has been shown that through education, self-efficacy is improved, and older adults sense empowerment and become active participants in their health care. Also, the scholarly project aimed to follow the passion and to apply the role of a nurse consistent of DNP Essential VII- Clinical Prevention and Population Health for Improving the Nation's Health (AACN, 2006). This essential focuses on population health by utilizing best practice and nursing evidence to improve the quality of care at the project location, Senior Skilled Nursing Facility (SNF) in urban Minnesota.

Clinical Questions

The project was to develop an educational and awareness program for older adults of guided self-care and safe adjunctive therapy of CAM for chronic conditions common among older adults such as pain, behavioral and mood disorder. To determine the effectiveness of CAM use for older adults, a clinical question would be as follows: Is providing education about CAM modalities to treat chronic conditions a useful tool for the elderly?

Objectives of the DNP Project

The objectives of the DNP scholarly project were to:

- (1) Identify gaps in educational knowledge of CAM use and modalities using pre-test questionnaire to be completed by the participants

- (2) Conduct an educational session for staff and the residents, which includes discussions regarding health condition and CAM therapies.
- (3) Evaluate the understanding of the staff and residents of CAM use and modalities through informal discussions.

Patient Population and Healthcare Setting for Implementation of Project

Elderly population with multiple chronic conditions struggles with increased healthcare costs and have difficulty navigating the health care system to coordinate disease management. The target population accounts for approximately 66% of total health care costs (U.S. Department of Health and Human Services, 2010). The scholarly project was focused on the elderly population at SNF in urban, Minnesota who are experiencing chronic conditions such as pain, behavioral and mood disorder. A Doctor in Nursing Practice (DNP) student will shed light on the effectiveness of an educational program of guided self-care in utilizing CAM modalities for chronic conditions prevalent in this population.

Significance of the Project

The elderly population presents some chronic conditions. The chronic conditions are the leading cause of morbidity, mortality, disability, and health care expenditures (Macha & McDonough, 2012). Nursing plays a vital role in the prevention of health care issues by identifying at-risk individuals and providing education to help manage chronic disease through education and knowledge. The significance of the project was introducing CAM and its modalities in managing chronic conditions through provision of appropriate educational resources and empowering a guided self-care to improve quality

of life. The population is at risk due to socio economic, physical, and mental capacity. The accomplishment of the project can improve health outcomes targeted to the specific needs of an elderly.

The use of CAM modalities to manage chronic conditions of the elderly population differ in type, usage, and bodies of evidence on efficacy. Understanding the use of specific CAM modalities through a review of the related literature increases the knowledge about CAM modalities and disease management.

Chapter Two: Literature Review

Complementary and Alternative Medicine (CAM) is a health practice that has grown within care settings across the United States. CAM is developed outside of the mainstream western medicine and embraces the philosophy of holistic medicine. The view of holistic medicine believes in treating the whole person and not just an injured body part or illness. Many people are moving towards the use of treatments or therapies that are covered under the holistic medicine. CAM and its modalities are all holistic in that they address the mind, emotions, and spirit as well as the body, and each has significance for the adult population, elderly population, and nursing home residents. The review of literature utilizing evidence of health benefits from CAM therapies were explored in the adult population, elderly population, and nursing home residents.

CAM in the Adult Population

Many adults have turned to CAM therapies for treating their conditions, as they experienced dissatisfaction in conventional medicine in their treatments. Adults also believed that CAM therapies are natural, safer than conventional medicine, provide greater relief of symptoms and consistent with their beliefs and philosophical orientation towards health and illness. The Centers for Disease Control (CDC) and Prevention of the US non-institutionalized, civilian population conducted an annual cross-sectional survey through 2012 National Health Interview Survey (NHIS) (Falci, Shi, Greenlee, 2016). In the survey, the NHIS used complex sampling and included a supplement on CAM use. Falci, Shi and Greenlee (2016) reported that the list of adults suffering from chronic conditions was tabulated and developed by Multiple Chronic Conditions working group.

They were 13 conditions that were determined in the NHIS interview. The sample population of 33,557, aged 18 or older were analyzed to assess association between presence of multiple chronic conditions and CAM use using multivariable relative risk and linear regressions. The participants in the interview, self-reported having hypertension two times or more, cancer (excluding nonmelanoma skin cancer), COPD in the past 12 months, diabetes, hepatitis, coronary heart disease, stroke, arthritis, depression, high cholesterol, asthma attacks, weak or failing kidneys, and substance abuse. The NHIS incorporated the 16 different therapies creating a CAM index with each modality assigned to specific number ranging from 1-16. The CAM therapies include body-based therapies; mind-body therapies; alternative therapies such as homeopathy, naturopathy, and traditional healing; dietary supplements such as vitamins, minerals, herbal therapies, and special diets. In addition, a demographic and psychosocial characteristic were examined such as race, ethnicity, sex, age, employment status in the previous year, family income, and highest level of education. Falci, Shi, Greenlee (2016) stated in their study that the result of the survey conducted by CDC showed that chronic conditions were common in US adults (22.3%) and two or more conditions (33.8%). Many of the adults used at least one form of CAM therapies while adults with two or more condition were likely to use multivitamins and minerals, herbs, mind-body therapies, chiropractor, massage, movement therapies, special diets, acupuncture, naturopathy, and other combination of these therapies. The median age who participated was 48-year-old, and most adults were white (67.2%), female (51.8%), and employed (66.5%). Falci, Shi, and Greenle (2016) summarized that adults in the United States with multiple chronic conditions have a high prevalence of CAM use.

CAM has gained popularity not only in the United States but also in other countries. There were studies showing how the individual differences in attitudes, beliefs, expectations, education, social status, and environment are related to seeking CAM treatment. Naja, Alameddine, Itani, & et al. (2015) conducted a cross-sectional survey of a nationally representative sample of 1475 Lebanese adults in year 2010 and 2011. All adults over age of 18 who were available in the household were listed and interviewed for 20 minutes. The questions included personal use of CAM during the previous 12 months, the type of CAM, and the characteristics of CAM. The questionnaire consisted of participants' socio-demographic and health-related aspects indicating age, sex, education, employment status, and existence of a chronic disease, and whether participants felt they needed healthcare but did not receive it. Naja, Alameddine, Itani, & et al. (2015) revealed that the incidence of participants using CAM was almost 30% with traditional medicine being utilized the most. Out of five CAM users, two indicated using it as an alternative to conventional therapies, and only 28-40% of users disclosed the use of CAM to their physicians. In the study of Naja, Alameddine, Itani, & et al. (2015), CAM use was significantly associated with higher income, the presence of chronic disease and lack of access to needed health care. The lower odds of CAM use were observed among older adults and those with a higher educational level. Meanwhile, Marshik, Kharat, Jakerman, & et al (2015) conducted a self-administered cross-sectional survey administered to a convenient sample of participants receiving healthcare in University of Mexico outpatient's clinics; none of the clinics specialized in offering CAM services. The survey was completed in 15-30 minutes in a private area during the scheduled visit. According to Marshik, Kharat, Jakerman, & et al. (2015) the survey consisted of three sections:

demographic characteristics, attitudes/beliefs, and CAM products. Half of the survey participants were Hispanics, and approximately 89% were from urban areas. The result indicated that the participants had used at least one type of CAM therapies in the previous six months; use was significantly higher among females, people residing in urban areas, with higher educational levels, and with higher household incomes. Of those surveyed, 785 reported using vitamins for their health conditions followed by supplements, herbal medicines, massage, and acupuncture. The leading reasons for CAM use were general well-being, pain control, sleep, immunity, heart, and vascular health. Half of CAM users reported use daily. The median monthly spending was \$20. Participant's attitudes toward CAM therapies were positive overall; they expressed that their CAM use in the previous six months had been useful, very safe, a good idea, and they were likely to continue.

CAM in the Elderly Population

The elderly population is more susceptible to chronic health conditions due to natural aging process. CAM has caught the attention of many older adults and their caregivers as CAM offers gentler and safer approaches to addressing health conditions suffered by elderly. A survey of community-dwelling older adults in Minnesota indicated that 62.7% of the respondents had used at least one CAM modalities (Cheung, Wyman, Halcon, 2007). Nearly 88% of older Americans were reported to be using CAM in an analysis of Health and Retirement Study (Ness, Cirillo, Weir, & et al, 2005). Older adults use CAM for various reasons, including lower costs, the search for more effective therapies, improving the quality of life and for pain relief. The medical conditions for which elderly people are most likely to seek alternative medicine treatment are pain,

cardiovascular, neurological, behavioral, and mood disorders.

Pain

Musculoskeletal pain and impaired mobility are associated with osteoarthritis and osteoporosis suffered by elderly. Osteoarthritis, which commonly affects the knee is one of the leading causes of reduced mobility and musculoskeletal pain affecting 80% of people aged 65 years or older (Selfe & Taylor, 2008). The National Osteoporosis Foundation (2017) reported that 54 million Americans are suffering from osteoporosis, specifically the elderly population. Osteoporosis is a disease resulting in reduced daily activities and lowered quality of life. There was high evidence that some CAM modalities were effective in treating osteoarthritis and osteoporosis, namely glucosamine sulfate, green tea, and acupuncture. The Cochrane Collaboration reported a result of a systematic review that taking a glucosamine sulfate 1500 mg daily was helpful in reducing pain and improving physical function in osteoarthritis (Little, Parsons, & Logan, 2001). Also, a study was shown that adding acupuncture to the standard of care in osteoarthritis has been noted a clinical improvement with pain relief and mobility. Berman, Lao, Lee, & et al. (2004) conducted a randomized controlled trial and found that pain reduction in acupuncture is higher than the diclofenac medication. In osteoporosis, green tea contains bioactive components, which help in maintaining bone density. Shen, Yeh, Cao, & et al. (2009) revealed that Green Tea Polyphenols (GTP) have shown to prevent aging-induced bone loss and chronic inflammation-induced bone loss in animal models through the antioxidant and anti-inflammatory actions of GTP. In the study of Muraki, Yamamoto, Ishibashi, & et al. (2007), they reported that patients with the habit of drinking green tea had a significantly higher bone mineral density in the lumbar spine

than non-drinkers.

Cardiovascular and Neurological Disorder

Hypertension is a leading risk factor for Cardiovascular Disease and is prevalent in the elderly population (Oparil, 2006). Tsai, Chang, Chang, & et al. (2007) reported in their study that blood pressure self-regulation with biofeedback and slow deep breathing exercises has a significant immediate treatment effect on lowering blood pressure. Also, a meta-analysis done by Nakao, Yano, Nomura & et al. (2003) indicated that biofeedback intervention resulted in a more substantial reduction in blood pressure compared to non-interventions control in essential hypertension. Biofeedback combined with relaxation techniques; the result was more effective in lowering the blood pressure than having no specific behavioral intervention controls. The number of strokes in the United States is likely to increase as published in the American Journal of Medicine (Fang, Perrailon, Ghosh & et al., 2014). A study by Wu, Moher & Seely (2014) conducted a meta-analysis that demonstrated that acupuncture might be helpful in promoting a more rapid and efficient recovery after stroke through improving balance function by producing cerebral neuronal activities. It also increased muscle strengths, improved sensory stimulation and coordination of motor function. Traditional Chinese medicine may also help in post-stroke recovery as Gong & Sucher (1999) published a review of the effectiveness of Chinese grown herbs and found a clinical research of plant, Danqi Piantang Jiaonang, which is known as neuroaid. Neuroaid possesses an anti-inflammatory, anti-thrombotic and neuroprotective effects. Also, a group of Singaporean researchers investigated the efficacy of neuroaid on motor recovery in ischemic stroke patients and observed a better

improvement in circulation (Kong, Wee, Ng & et al., 2009). There have been growing interests in the role of dietary fatty acids in age-related cognitive impairment of both degenerative and vascular origins (Lavretsy, 2009). Epidemiological studies conducted by Lim, Gammack, Van & et al. (2006) showed that omega-3 from fish and plant sources protect against cognitive decline and dementia. The Longitudinal Study on Ageing (ILSA) showed that increased intake of omega-3 resulted to the improvement of cognitive performance and reduced risk of age-related cognitive decline (Solfrizzi, D'Introno, Colacicco & et al, 2005). These findings suggested the potential role of fatty acids intake in maintaining adequate cognitive functioning and in preventing or delaying dementia, including their possible effects on cognitive and depressive symptoms of patients with dementia.

Behavioral and Mood Disorder

Elderly people commonly are suffering from mood behaviors such as depression, anxiety, and insomnia, which affects their quality of life. Anderson (2009) conducted a study using a randomized controlled trial with adults older than 60 years experiencing sleep complaints. The study showed that mind-body interventions such as Tai Chi Chun (TCC) exercise, yoga, and qigong has a significant effect on improvement with sleep quality, latency, duration, disturbances, and dysfunction. Du, Dona, Zhang & et al. (2015) conducted a systematic review and meta-analysis of randomized controlled studies regarding the effectiveness of tai chi exercise in improving sleep quality in older people. The five studies that were qualified for analysis included a total of 470 participants, and all five trials were performed in community settings. The session of tai chi exercise

varied between 20-25 minutes with a frequency of 2-5 per week for 8-24 weeks. Pooled analyses indicated using the Pittsburg Quality Index that tai chi exercises have a significant beneficial effect on sleep quality in older people, and there were no adverse events reported. The result indicated that tai chi was safe, inexpensive, and a secure intervention in community setting, which may be used to relieve sleep conditions in older people. Sharpe, Williams, Granner & et al. (2007) conducted a randomized controlled study and showed that meditation and massage therapy positively influenced the physical and psychological symptoms. Meditation and massage therapy were used to reduce anxiety, depression, and improve sleep in the elderly population especially those who are suffering from dementia. From these studies, TCC, meditation, and massage were recommended as a strategy to promote successful cognitive and emotional aging, as it not only consists of a physical component, but also sociocultural and meditative elements that are deemed to contribute to overall well-being in the elderly.

CAM in Nursing Homes

Most studies evaluating the use of CAM therapies in older adults have been performed on community-dwelling older adults. Due to strict nursing home regulations, CAM therapies are not very well acknowledged in the nursing home setting despite their residents are suffering from chronic conditions. Dougherty & Katz (2005) reviewed and studied if CAM therapies were being utilized or considered in the nursing home setting. According to Dougherty & Katz (2005), there were 33 studies on healing touch, six were randomized control, and four of the studies were evaluated thoroughly. The result showed improvement in pain, appetite, and sleep. Healing touch is one form of energy therapies. The other energy therapies such as reiki, acupuncture, acupressure, and

reflexology had no randomized controlled trials in the nursing home setting. Also, Dougherty & Katz (2005) stated that there is a need for randomized, controlled trials evaluating chiropractic service in the nursing home or long-term care setting. The biological based therapies such as herbal medicine and essential oils have not been studied in the nursing home setting for reasons that it may disrupt the standard physiological processes such as coagulation and negative reactions with conventional medications (Kramlich, 2014).

Gaps in the Literature and Limitations

The literature review in the adult population were cross-sectional and randomized controlled studies, which limit the information to the use of specific CAM modalities to an individual adult. There may be a selection bias since there were no data from hospitalized or other institutionalized people, which causes an underestimation of adults and elderly people with chronic illness. Both chronic disease status and CAM use were self-reported resulting in potential misclassification and recall bias. There was a limited information of evidence regarding the use of CAM in the nursing home or long-term care facility. Lastly, some of the studies presented did not include the frequency of CAM modality use.

Metis'

The author will demonstrate her metis' in a case study of a 65-year-old male patient. The patient was on his second day post-surgical status from right knee arthroplasty. His pain threshold was low that he could not tolerate a slight movement despite narcotic medications that were administered to him. In addition to the pain that

was not being well managed, his appetite was reduced due to feeling nauseous, his temperature was elevated, he had the difficulty of urination, and he suffered from occasional confusion as an adverse reaction from narcotics. The nurse discussed the plan of care and alternative treatments other than medications. The patient was hesitant in following the nurse's care plan, but after explaining and educating the benefits of the alternative treatments, he was willing to try. First, the nurse completed cares to the patient at the same time doing range of motion exercises to all extremities. The patient did not leave his bed since his return from the surgery. He was refusing physical and occupational therapy. Second, the nurse utilized the peppermint aromatherapy patch to the patient for nausea before meals. Third, after the range of motion exercises, the stiffness went away that the patient agreed to get out of bed and sit in a chair. Fourth, deep breathing exercises, using incentive spirometer 10 times every hour strictly and consistently, the temperature of the patient came back to normal all throughout the shift. Finally, the patient agreed to ambulate in the room, and he stated that the more he moves, and walks, the pain is getting better, which opted him to walk in the hallway. Because of his improved mobility, his elimination function came back to baseline as he was able to void freely, and pass gas. The narcotics medication administration was reduced, and his cognition was almost from his baseline. The patient gained psychological and physical benefits from alternative medicine and gave him a positive experience as he stated that it was nice to be treated like a person. Offering time through alternative therapies to the patient by the nurse, the patient was able to feel better and develop a therapeutic relationship with the nurse.

CAM in the adult population, elderly population, nursing home residents and the metis' experience of the nurse offered healing strategies that are not available in conventional medicine. In the literature review, a total of three studies in the adult population with chronic conditions utilized at least one form of CAM therapies and reported positive outcome. A systematic review, meta-analysis, and RCT's were conducted in the elderly population. The result revealed that CAM therapies were effective in treating chronic conditions suffered by older adults. CAM in the nursing home has been introduced but there were no consistent studies conducted. The holistic concept of health in CAM emphasized the self-care and empowerment, enhancing wellness by including emotional, environmental, and spiritual factors. CAM use can be characterized as individual, societal, and health system factors. These factors are common to many health behavior theories but best reflected in Parse's Theory of Human Becoming.

Chapter Three: Application of Theory

Complementary Alternative Medicine (CAM) offers several healing modalities in the elderly population as a treatment and tool that will elicit the healing of mind, body, and spirit. CAM education of guided self-care in the elderly community for chronic disease management will introduce several CAM healing modalities. The CAM healing modalities will augment holistic health understanding by addressing the physical, mental, emotional, and spiritual dimension of care thus, reducing polypharmacy. CAM education and its healing modalities will reveal a passion for the staff and residents in utilizing the technique and tool associated with alternative care. This scholarly project presents a theoretical framework that emphasizes the interrelationship of CAM with health management, promotion, and wellness. Parse's Theory of Human Becoming provides a conceptual framework for this scholarly project as it applies to both intervention and population (see Appendix A). The application of Parse's Theory with CAM implementation in an elderly population will explore the major concepts and ideas that will serve as a guide in the implementation of this scholarly project. Rosemarie Rizzo Parse developed her nursing theory in 1981, formerly known as the Man-Living-Health and later changed to the Human Becoming Theory in 1992 (Melnechenko, K., 1995). The Human Becoming Theory (HBT) focuses on honoring personal views of living a quality life for the individual and community (Petiprin, 2016). Quality of life in the elderly population is essential because of the potential for self-denial, self-care deficit, and the need for minimal to total dependence due to chronic conditions that they may be suffering. Parse's concept of a person as a unitary whole is parallel in providing education about CAM to the elderly population. Introducing CAM will offer an

additional method of managing chronic disease in elderly residents at skilled nursing facilities. The HBT will articulate the framework of practice in utilizing the CAM modalities in the elderly population. It encompasses a broad view of the human being and health as illustrated in personal meaning, rhythmical patterns, and transcendence (Parse, 2008).

Personal Meaning

A person is a unique human being that is continually changing throughout life as they age. The HBT presents new ways from which an individual can freely choose in the living experience of constant change, whether it is physical, mental, social, or spiritual (Parse, 1998). In relation, providing CAM education to the residents at a skilled nursing facility will empower them to choose alternative means of treatment approaches for health and wellness rather than prescription medications alone. CAM modalities can be more personal and less invasive. The goal of CAM is to treat the whole person. Treatments are highly individualized, which is consistent in the assumption of the personal meaning of HBT. CAM modalities will promote personal meaning through managing chronic conditions in a more holistic approach to care. A holistic approach is expressed in a caring way that is a resident-centered. The residents are expert in their own lives, and giving support for them to engage in their care at the level they choose will emphasize the importance of personal meaning. It is crucial that a human being should be highly regarded as a person to be cared for, nurtured, respected, and accepted. CAM modalities introduced through this scholarly project will help guide residents to make healthy, and holistic choices. Furthermore, it may help them to embrace the

philosophy of personal meaning as reflected in their desire to have individual control in their health.

Rhythmical Patterns

The HBT is about co-creating rhythmical patterns of relating interactive process with the universe (Parse, 2008). The person and the environment co-create in rhythmical patterns. Co-creating a healing environment is a partnership between staff and residents at long term care facilities. The residents are active participants in the services provided to them by the staff. Introducing CAM modalities through education to the staff and residents will engage them as partners in rhythmical patterns that connect them and foster trust. CAM is a holistic approach that involves a caring relationship that provides a safe and compassionate environment. An example of this is the experience of receiving the holistic modality of massage therapy. Massage therapy is indeed more than just physical. It is a healing relationship where the person who is performing the massage works in partnership with the person getting a massage in a healing environment. The body of a person getting the massage relaxes into harmony and balance that may lead to a trusting relationship. Parse's framework explains the concept of a trusting and caring relationship by respecting personal beliefs, maintaining a safe and loving environment, and creating a space within the body physically, and energetically to allow healing to take place.

Transcendence

Parse's Theory explains that human becoming is about co-transcending multidimensionally with emerging possibilities through powering and originating of transforming (Parse, 2008). Co-transcending is allowing yourself to be opened and to listen not only in the surrounding environment, but also, to the inner self. CAM will

empower an individual to co-transcend by offering possibilities in the unique health experience. The unique health experience is a co-creation of health brought by utilization of CAM modalities between staff and residents for transformation into a holistic being. Providing education about CAM opportunities will not change an individual's belief but will promote understanding of the human-universe process (Parse, 1995). The human-universe process involves true presence with a person, taking the time to be fully present to have a meaningful and enlightening experience (Parse, 1995). The philosophy of transcendence is bringing the health of an individual into the next level, which is authentic healing. Authentic healing can be achieved by assisting the residents and staff in exploring what is most meaningful to them through CAM education. It involves a personal commitment and a process related to lived experiences. Understanding and utilizing CAM will guide an individual toward their inner healing processes, which complements the healing of CAM modalities. A human is perceived as entirely designed to be useful in harmony with self and others.

Metaphor

Implementing an education of CAM as guided self-care to the elderly population grounded in Parse's HBT is depicted in a metaphor of a waterfall (see Appendix B). A waterfall is lovely and calm. The water that flows a vertical drop is powerful and can transform the shape of a landscape into undeniable beauty. The plants and flowers nearby waterfalls live into existence nurtured by the water that flows around them. The waterfall nurturing the plants and flowers illustrates the concept of transcendence. CAM and its modalities with the philosophy of transcendence can transform the condition of an older adult into a fully functioning integrated self through holistic care by being present

in the moment. The waterfall penetrates the earth's surface by flowing and moving around in a rhythmical pattern. The movement of the waterfall relates to the holistic care of CAM. The further the water flows, the more perennial the waterfall can be. In the same way, utilizing CAM modalities, the resident will have the ability to connect with their feelings and thoughts that will restore optimal healing. The streams of a waterfall will naturally restore its beauty during natural calamities. The natural calamities represent an older adult suffering from chronic conditions, but the healing is achieved through holistic care of CAM and supporting the personal meaning of an older adult. A waterfall is viewed through the conceptual lens of the HBT to create an opportunity for the elderly population to reach profound dimensions of the human experience by participating in multidimensional healing with CAM.

The HBT will serve as a conceptual framework in the implementation of CAM education as guided self-care in a long-term care unit of a skilled facility. Education to the staff and residents of the long-term care unit about healing modalities such as massage therapy, meditation, and aromatherapy will be implemented to create a new concept of the health experience. Parse's method of personal meaning, rhythmical patterns, and transcendence will serve as a foundation for understanding holistic nursing practice through the utilization of CAM modalities. Chapter four will present the evaluation of the implementation of CAM education guided by the conceptual framework of the HBT.

Chapter Four: Methodology and Analysis

A self-guided education of CAM for managing chronic conditions in the elderly population was implemented in a Senior Skilled Nursing Facility (SNF) in urban, Minnesota. The SNF is composed of two long-term care units, and one skilled memory care unit. A total of sixty residents resided in the facility. Sixteen residents and ten staff participated in the pre-questionnaire in relevance to CAM and HBT. A qualitative approach for evaluation was completed, and the results were categorized into the concepts of access, empowerment, and holism. The concepts derived from a qualitative method will reveal the effectiveness in the implementation of self-guided education of CAM utilizing the framework of HBT.

Access

The SNF had recently completed a program about sundowning, which was funded by the Minnesota Department of Health (MDH). During an interview with the care center administrator of the SNF, he stated that the program was about non-pharmacologic interventions to manage sundowning since the residents were increasingly being placed on psychotropic medications despite having no proper diagnoses such as psychosis, depression, and anxiety (Middleton, G., personal communication, December 13, 2018). After a quick survey of the facility, the author observed that there were aromatherapy lotions accessible to staff and residents, a diffuser in the living area, and a phototherapy light to improve the mood of the residents. The Quality Steering Team (QST) of the SNF met with the author to discuss the scholarly project of implementing self-guided CAM with residents. The QST meets regularly to discuss resident's health-related conditions and concerns. The team includes administrators, clinical coordinators, social workers,

the rehabilitation manager, the nutrition and culinary director, the environmental director, and the activity director. The team members had few insights about CAM. Some of the modalities were already available to residents however, it was apparent that the residents or staff were not using the current CAM modalities that were present. Utilizing Patton's developmental evaluation (2011), the author was able to compose a critical reflection and observation. A pre-questionnaire was used in gathering data and served as a tool to get to know the residents and staff individually. The data that was obtained from the pre-questionnaire reflected the needs and desires of the residents and staff physically, emotionally, mentally, and spiritually. After several meetings, and discussion with the administrator and QST, the team believed that developing access to CAM modalities through self-guided education is an effective means to articulate the importance of the healing modalities in the management of chronic conditions. The staff and residents would be able to prioritize the use of the CAM modalities rather than staff giving the residents medications as first-line treatment for bothersome behaviors.

Empowerment

The residents attained and maintained good health by being empowered regarding health care choices through CAM modalities. The SNF that participated in this project was a non-profit Christian organization. From the data that was gathered from the pre-questionnaire, most of the residents were religious, they loved worship service and reading the Bible. The author recognized the importance of their spiritual life. During the implementation in the SNF memory care unit, eight residents participated, three nursing assistants, and a nurse were present. The activity was held in the evening and lasted two hours. The activity included a meditation, which includes breathing exercises

and Bible stories with relaxing gospel music. It empowered the residents to engage actively and be present in the moment. Following the meditation, a self-hand massage using the aromatherapy lotion was demonstrated. The residents participated well and some of them asked, “Can we do this when we wake up in the morning?” The last part of the activity was mindfulness coloring art. The staff in between their tasks worked together with the residents in picking a color and helping with the coloring. The staff members were very hesitant to participate. It appeared that the culture of the staff at the facility was centered more on finishing their task as nurses and resident assistants. The nursing assistants were busy cleaning the dining room, putting residents to bed, and completing their charting. The nurse was busy with medication administration, treatments, and charting as well. The task-oriented culture of the facility appeared to focus on the job that needed to be done in contrast with resident-centered care. They had less focus on the resident’s desires and goals. Shifting the focus of the nurses and resident assistants from task-oriented care to supporting resident-centered care will improve participation in the project. When the author spoke to the administrator after the first implementation of the project, the administrator stated that the team would be very supportive of the project and agree to slowly incorporate the resident-centered culture (Middleton, G., personal communication, March 8, 2019). The concept of empowerment in the implementation of CAM modalities was established by the principles of personal meaning, rhythmical pattern, and transcendence in HBT.

Holism

The new health experience brought by CAM modalities that were implemented including meditation, self-hand massage using aromatherapy lotion, and mindfulness

coloring art demonstrated holistic care. The meditation allowed them to be truly present with the environment and be comfortable in their situation. The residents may have felt more like it is their home than an institution. The self-hand massage made them experience the feeling of relief from pain and anxieties as the residents commented, “This feels so good. I feel better with my arthritis.” Mindfulness coloring art allowed them to explore their creativity and value their accomplished work. The residents were very proud of their artwork; the two elderly men said that they are going to give their artwork to their wife and some of them stated, “I am going to display this in my room.” A nurse made a statement that out of twenty residents, the eight residents who participated were content throughout the evening. She said, she was able to minimize medications for behavioral disturbances (Susan RN, personal communication, March 7, 2019).

Scholarly Project Findings

CAM modalities that were implemented through the HBT framework of health practice were partially successful during the initial implementation phase. The author observed that the residents were receptive with the CAM modalities that were introduced through education. A positive outcome was noted based on the comments from the residents and nurses. On the other hand, staff participation was minimal because of the ingrained task-oriented culture. The facility’s culture of being task-oriented will hopefully evolve into a resident-centered orientation in the future. The author will continue the implementation of the scholarly project in the SNF using the framework of HBT considering the positive effects noted from the initial implementation.

The concept of access, empowerment, and holism were emphasized in the implementation phase of self-guided education of CAM utilizing the framework of HBT.

The residents were motivated to participate as the modalities that were presented and demonstrated interested in them throughout the activities. Although the QST was supportive with the scholarly project, the nurses, and nursing assistant's participation was an ongoing challenge. Further encouragement and improvement of participation by staff through education and positive reinforcement will continue during the project implementation.

Chapter five will discuss the significant relation of the Nursing Essentials of Doctoral Education for Advanced- Nursing Practice with the scholarly project.

Chapter Five: Significance and Implications

This final chapter explores the DNP project in terms of how self-guided education of CAM modalities is helpful in managing chronic conditions of SNF residents. Future application of the DNP project and recommendations will be discussed as well as the dissemination plan. The project implementation was guided by the DNP essentials and NONPF core competencies, which will be discussed in this chapter.

Nursing Essentials of Doctoral Education for Advanced Nursing Practice

The role of the DNP student in this scholarly project is consistent with the DNP Essential I, VI, and VII. The scientific underpinning for practice, interprofessional collaboration for improving patient and population health outcomes, and clinical prevention and population health for improving the nation's health will be described on how they impacted the scholarly project.

Essential I: Scientific Underpinning for Practice

This essential aligns with the overall idea of quality improvement. It states that the DNP program will prepare graduates to ensure that nursing science acts as a basis for nursing practice, use evidence-based theories and concepts to enhance and improve health and healthcare delivery and then evaluate the outcomes (AACN, 2006). The self-guided education of CAM modalities assisted the staff and residents of the SNF with a holistic approach to help them manage chronic conditions such as pain, behavioral disorder, and mood disorder. The CAM modalities that were taught provided the staff and the residents with a tool that will elicit healing of mind, body, and spirit.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

The DNP student should be able to effectively work with residents and collaborate with an interprofessional team to improve the healthcare delivery system of the SNF. This project required interprofessional collaboration between the QST and the front-line staff. The healthcare system of the SNF is affected by and encompasses people from many diverse backgrounds and disciplines. The project demonstrated that when working with the residents, front-line staff, and QST it is important to be mindful and adjust to the needs of the company and other professions as needed so that the project can be successful.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

This essential state that the DNP student should be able to analyze data on individual and population health, synthesize concepts, and evaluate interventions that address health promotion, disease prevention, and improve health and access to care (AACN, 2006). The therapeutic interventions of CAM modalities are a new approach in the health care delivery and long-term management for chronic conditions in the elderly population, which is reflected in this essential. The elderly population has been using medications as their first line treatment for chronic conditions, and the residents represent a population who are exposed to polypharmacy. Polypharmacy has a detrimental effect, such as increasing healthcare costs, increase the risk of drug interactions and compliance, decrease functional capacity, and may induce many geriatric syndromes. The project may help the staff and the residents utilize CAM modalities as their first approach in dealing

with chronic conditions.

The DNP essentials I, VI, and VII played a significant role not only in quality improvement of the DNP project, but also in advanced nursing practice. These essentials prepared the DNP student to provide quality, evidence-based care to the residents of the SNF. The DNP essentials addressed the competencies at the core of advanced practice nursing.

NONPF Competencies

The American Association of College of Nursing (2006) developed the NONPF core competencies at the completion of the advanced practice program. The DNP student met the competencies of Scientific Foundation and Health Deliver System upon completion of the project. The NONPF core competencies helped the DNP student accomplished the project for the benefit of the staff and residents of SNF.

Scientific Foundation Competencies

Scientific foundation core competencies include knowledge and understanding of the clinical practice guidelines, evidence-based practice, translational research, and development of new approaches to current practice (AACN, 2006). The DNP student was able to acquire knowledge through the review of evidence-based literature in CAM modalities and was able to integrate the knowledge into practice by providing self-guided education to the staff and the residents in the management of chronic conditions.

Through the DNP project the residents and staff were made aware that there were other alternatives in the management of chronic diseases other than medications.

Health Delivery System Competencies

The health delivery system competencies refer to the planning, development, and implementation of the DNP project. During the planning phase, the DNP student was given an opportunity to present the project to the corporate level and site managers. The organization was involved in the planning, development, and implementation of the project. The DNP student conducted the self-guided education of CAM modalities to the staff and residents with the help of the recreational therapist. The recreational manager added the educational sessions to their calendar activities to improve the continuum of care for the participants.

These competencies focus on the quality care improvement and sustainability of the project in the elderly population. The achievement of these competencies during the project implementation has a great value in advanced nursing practice. There are gaps identified during the implementation that will serve a purpose for improvement as the project progressed.

Gaps Identified During the Project

Upon review of the literature, it was found out that there are limited research findings about CAM use in SNF. On the other hand, the implementation of the self-guided education of CAM modalities in the SNF in urban Minnesota had a positive outcome. Through informal discussions with the residents and staff, they felt that the educational session of hand massage using aromatherapy lotion, mindfulness coloring art, and meditation were helpful in the management of chronic conditions per patient reports. The QST expressed that they observed the project to be important to improve quality of care to the residents. Recommendations for future study include collecting more data

about CAM use and its effectiveness in the SNF.

Reflection of Implementation

The DNP student further explored the practical implications of the project implementation. The implications of the project were to develop and implement a self-guided education of CAM modalities to the elderly population. In advanced nursing practice, the development and implementation of the project was intended that the staff and residents will be equipped to manage chronic conditions using nonpharmacological approach. The data that was gathered through interaction among residents, front-line staff, and the QST is illustrated in the following sections.

Resident's Experience

The CAM modalities that were introduced in the educational session were meditation, hand massage using aromatherapy lotion, and mindfulness coloring art. The techniques of these modalities helped residents achieved specific outcomes. In meditation, which included breathing exercises and Bible stories with relaxing gospel music, residents reported feelings of relaxation and improved spiritual care. The hand massage using aromatherapy lotion offered symptomatic relief from arthritic pain and restless legs for some patients. During the mindfulness coloring art activity, patients reported an enhanced sense of well-being by giving value to their accomplished work. In advanced nursing practice, one of the goals is healing the whole person. The residents and staff involved were able to recognize the interconnectedness of mind, body, and spirit. The self-guided education of self-hand massage using aromatherapy, meditation, and mindfulness coloring art gave a unique nature of the body's power to heal.

Involvement of Front-line Staff

The front-line staff has the most substantial influence in this scholarly project. The usual intervention of a nurse in addressing resident's agitation or other behavior is the use of psychotropic medication. The psychotropic medications are accessible and being misused in the elderly population. The evening nurse expressed that she was willing to learn several ways of dealing with chronic conditions, specifically behavioral in nature, that do not involve medications. Staff education of CAM modalities is essential to empower the front-line staff to take care of the elderly population without chemical restraints but providing care that will ensure residents to live a fulfilling life. Nursing is a holistic discipline that a nurse has demonstrated enthusiasm for the CAM modalities. The CAM modalities will provide a tool not only to the nurse but also to other front-line staff to address the physical, mental, emotional, and spiritual care to the residents.

QST Support

The feedback of the implementation of the project was delivered by the DNP student to the QST. The author found out that in order to execute the CAM modalities properly by the staff, the nursing assessment and medication management policy needs to be revised, and this should be done at the corporate level. The current policies do not include nonpharmacologic interventions in managing chronic conditions. The QST was supportive in the project but expressed concern that a barrier to the change of the policies is that the medical providers will feel like it may be a burden to be required to meet all these expectations. In advanced nursing practice, a DNP student as a leader and innovator will help overcome this barrier to develop a plan that will hopefully work for

both patients and medical providers.

The reflection of the implementation represented a big picture of the project and will serve as a guideline for the future application and dissemination of a plan. The resident's experience, involvement of front-line staff, and QST support presented in this project how effective the self-guided education sessions. The practice wisdom and knowledge of the DNP contributed as a foundation in completing the project at the SNF in urban, Minnesota.

Practice Wisdom and Knowledge

One area of the author's interest is geriatric nursing. The author has worked in the SNF in a variety of positions, from a staff nurse to a leadership for almost six years. In geriatric nursing, a close-knit relationship between the residents and the nurse is developed. Genuine humanity is the connective thread in both medical caregiving and art creation in the elderly population. In Advanced practice in nursing, when caring for the elderly patient, the nurse and the patient become partners. Trust characterizes the partnership of the nurse and the patient. The patient puts trust in the nurse, and the nurse appreciates that the patient and can learn from them. The author's work experience at the SNF helped to form the scholarly project. Also, the immersion practica experiences of the author regarding the integration of nursing theory have served as a guide in this project. The author who embarked on this journey of completing the project realized her essential role to introduce the caring practice of the CAM modalities for holistic healing of the mind, body, and spirit. The role of integrating the self-guided education of CAM modalities to the elderly population is significant to advance practice setting.

Significance to Advanced Practice Nursing

This scholarly project is significant in advanced nursing practice by improving health outcomes in the elderly population suffering from chronic conditions and polypharmacy. The project includes opportunities to adapt the services to meet the resident needs in holistic care through providing education not only to the residents but to the staff in caring for the older adults without physical or chemical restraints. The implementation of this project has demonstrated that CAM education of guided self-care in the elderly population utilizing HBT benefited the residents and the staff. The residents were educated on ways to improve and manage their chronic conditions using CAM modalities, which in turn will potentially decrease healthcare costs. Although there were some barriers with the staff availability and willingness to take part in the implementation, some of the staff were enthusiastic about the idea of the project. Also, the author would like to present the concept and principles of CAM modalities at the corporate level of SNF to include the CAM modalities in their policy as non-pharmacologic interventions in managing chronic conditions. The staff learned that the most important aspect of serving the residents is to understand the value of human caring, which complemented the self-guided education of CAM modalities.

In conclusion, the author was able to implement a scholarly project with a positive outcome. Unfortunately, some of the staff, including the care center administrator who was present during the activity period, moved to a different location. The author was hopeful that the residents, staff, and QST would continue to utilize the learned CAM modalities. Future work on the project would be as follows: to disseminate the plan of the project to the corporate level regarding creating a policy of implementing

nonpharmacologic interventions utilizing CAM modalities prior to pharmacologic interventions, expand the educational sessions to involve medical providers, and to build a team within the SNF that will continue the practice of self-guided education of CAM modalities. This scholarly project provided an effective tool of an evidence-based care of CAM modalities in the SNF located in urban, MN.

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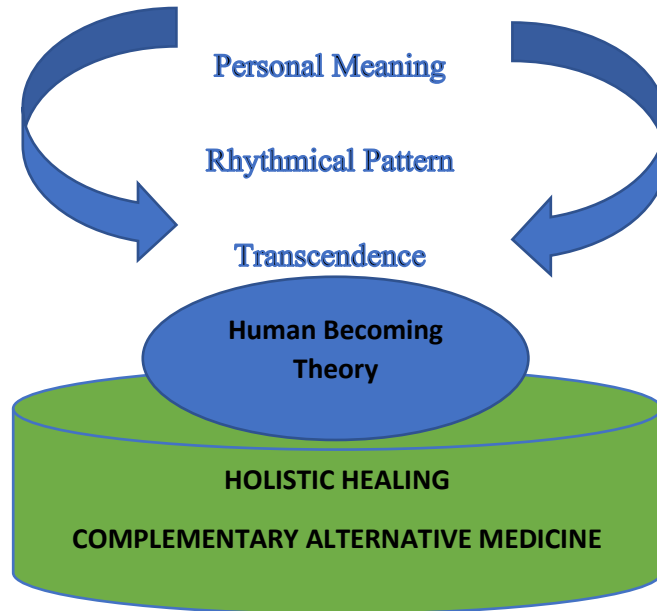
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Appendices

Appendix A


The Conceptual Framework



Appendix B


Waterfall





COMPLEMENTARY ALTERNATIVE MEDICINE: AN EDUCATION OF GUIDED SELF-CARE IN THE ELDERLY POPULATION FOR MANAGEMENT OF CHRONIC CONDITIONS

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April 21, 2021



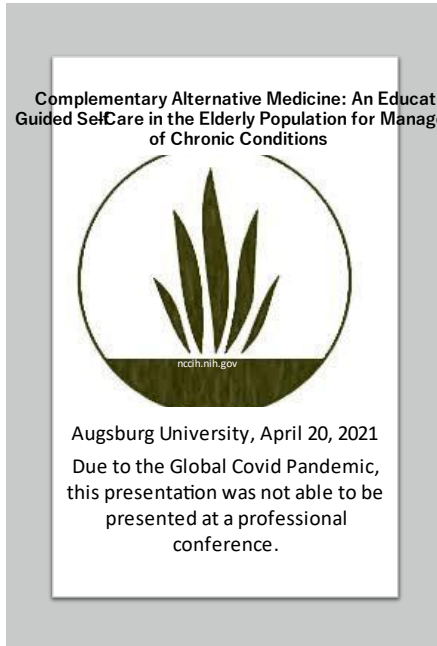
Complementary Alternative Medicine: An Education of Guided Self-Care in the Elderly Population for Management of Chronic Conditions

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Dedicated to:

- Residents and Staff of MN urban SNF
- Grandfather, Crispin Gille Sr.



Objectives of the Presentation:

- Describe the use of Complementary Alternative Medicine (CAM) therapies in managing chronic conditions through education of guided self care in the elderly population.
- Determine what exists in the scholarly literature and to identify gaps in CAM use.
- Develop a conceptual framework as a guide for DNP project implementation.
- Utilize the DNP Essentials and NonPF Core Competencies as a foundation in the project implementation.
- Summarize the DNP scholarly project immersion through reflection and significance in advance nursing practice.



Complementary Alternative Medicine: An Education of Guided SelfCare in the Elderly Population for Management of Chronic Conditions

Purpose of the DNP Project

- To implement and develop an educational program to raise awareness to residents and staff in Skilled Nursing Facilities (SNFs) regarding self-guided care and safe adjunctive therapy of Complementary Alternative Medicine (CAM).

**Complementary Alternative Medicine:
An Education of Guided Self-Care in the Elderly Population for Management of Chronic Conditions**



**Objectives of the
DNP Project**



Identify gaps in educational knowledge of CAM use and modalities using pre-test questionnaire to be completed by the participants.



Conduct an educational session for staff and the residents, which includes discussions regarding health condition and CAM therapies.



Evaluate the understanding of the staff and residents of CAM use and modalities through informal discussions.

Complementary Alternative Medicine:
An Education of Guided Self-Care
in the Elderly Population for
Management of Chronic Conditions

**LITERATURE
REVIEW**

• CAM in the adult population

Cross-sectional survey showed high prevalence use of CAM therapies in the United States.

• CAM in the elderly population

Randomized controlled study showed tai chi exercise , meditation, and massage were recommended as a strategy to promote successful cognitive and emotional aging, as it not only consists of a physical component, but also sociocultural and meditative elements that are deemed to contribute to overall well-being in the elderly.

• CAM in nursing homes

CAM therapies are not very well acknowledged in the nursing home setting

APPLICATION OF THEORY

Complimentary Alternative Medicine: An Education of Guided SelfCare in the Elderly Population for Management of Chronic Conditions



Rosemarie Rizzo Parse's **Human Becoming Theory**, known as the Man-Living-Health



Focuses on honoring personal views of living a quality life for the individual and community

Complementary Alternative Medicine: An Education of Guided Self Care in the Elderly Population for Management of Chronic Conditions

Gaps in the Literature

- The literature review in the adult population limits the information to the use of specific CAM modalities to an individual adult.
- There was a limited information of evidence regarding the use of CAM in the Skilled Nursing Facility or longterm care facility.





Complementary Alternative Medicine: An Education of Guided Self-Care in the Elderly Population for Management of Chronic Conditions

MAJOR CONCEPTS OF HUMAN BECOMING THEORY:

- **Personal meaning**
 - CAM modalities will promote personal meaning through managing chronic conditions in a more holistic approach to care.
- **Rhythmical Patterns**
 - Co-creating a healing environment is a partnership between staff and residents at Skilled Nursing facility.
- **Transcendence**
 - Authentic healing.

METAPHOR

Complementary Alternative
Medicine: An Education of
Guided Self-Care in the Elderly
Population for Management of
Chronic Conditions





Implementation and Integration of Developmental Evaluation

Complementary Alternative Medicine: An Education of Guided SelfCare in the Elderly Population for Management of Chronic Conditions

Senior Skilled Nursing Facility in urban, MN

- Completed 136 hours of CAM educational session
- Participated by 16 residents and 10 staff

Main Themes:

- **Access**-developing access to CAM modalities through self guided education is an effective means to articulate the importance of the healing modalities in the management of chronic conditions.
- **Empowerment**-*Meditation, self-hand massage, and mindfulness coloring art* empowered the residents to engage actively and be present in the moment.
- **Holism**-The new health experience brought by CAM modalities that were implemented such as *meditation, self-hand massage using aromatherapy lotion, and mindfulness coloring art* demonstrated holistic care.

Complementary Alternative Medicine: An Education of Guided SelfCare in the Elderly Population for Management of Chronic Conditions

Schedule of CAM education session

Session every 2- 3 times per week

2 pm: Preparation and individual visitation to staff and residents

3:30pm- 5pm: Meditation (breathing exercises, Bible reading, listening and singing gospel music)

6:30pm-8pm: Mindfulness coloring art and selfhand massage





Complementary Alternative Medicine: An Education of Guided Self-Care in the Elderly Population for Management of Chronic Conditions

RESULTS OF THE IMPLEMENTATION

The following results were based on the comments from the residents and staff during the informal discussions and activity sessions:	The staff has been made aware to utilize CAM modalities as a nonpharmacologic interventions prior to pharmacologic in managing chronic conditions.
	The hand massage using aromatherapy lotion offered symptomatic relief from arthritic pain and restless legs.
	The meditation produced relaxation and addressed the spiritual dimension of care to the residents.
	The mindfulness coloring art enhanced the sense of well-being of the residents by giving value to the accomplished work .

SIGNIFICANCE AND IMPLICATIONS

NURSING ESSENTIALS OF DOCTORAL EDUCATION FOR ADVANCED NURSING PRACTICE

- Essential I- Scientific Underpinning for Practice
- Essential VI- Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- Essential VII- Clinical Prevention and Population Health for Improving Nation’s Health

AACN, 2006

CORE COMPETENCIES OF THE ADVANCED PRACTICE NURSING

- Scientific Foundation Competencies
- Health Deliver System Competencies

NON-PF, 2006



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• **Gaps Identified during the project**

- Limited research findings about CAM use in the SNF. Recommendations for future study include collecting more data about CAM use and its effectiveness in the SNF.

• **Practice Wisdom and Knowledge**

-An advanced practice nurse has essential role to introduce the caring practice of the CAM modalities for holistic healing of the mind, body, and spirit

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* **Reflection of implementation**

- Adapting the services by developing a policy to meet the resident needs in holistic care without physical or chemical restraints.
- Expanding the educational sessions involving medical providers and building a team within the SNF to continue the practice of self-guided education of CAM modalities.

* **Significance to Advanced Nursing Practice**

- Improved health outcomes in the elderly population suffering from chronic conditions and polypharmacy.
- Decreased healthcare costs.
- Embraced the value of human caring through holistic approach.



CONCLUSION



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Questions???



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