

Nursing Innovation, The Application of Complementary and Alternative Therapy as a Contribution to The Sustainable Development Goals (SDGs)

by Fitri Arofiati

Submission date: 17-Oct-2019 08:10AM (UTC+0700)

Submission ID: 1194368027

File name: on,_The_Application_of_Complementary_and_Alternative_Therapy.pdf (5.83M)

Word count: 2646

Character count: 15071

Nursing Innovation, The Application of Complementary and Alternative Therapy as a Contribution to The Sustainable Development Goals (SDGs)

Fitri Arofiati, SKep.,Ns, MAN, Ph.D

Senior Lecturer at Master of Nursing Science, Universitas Muhammadiyah Yogyakarta

1. Sustainable Development Goals (SDGs)

The health goal (SDG 3) comprises 13 targets, including four listed as “means of implementation” targets. Each target has one or two proposed indicators, with the exception of SDG Target 3.3: “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable disease” which has five indicators; and SDG Target 3.9: “By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination” which has three. With a total of 26 indicators, the health goal has the largest number of proposed indicators of all the 17 SDGs.

A competent, well-supported and motivated nursing workforce can deliver quality, equitable health services and contribute to the well-being of individuals, families and communities as a basic human right. Based on this recognition, global stakeholders are collectively committed in their efforts to improve the health and well-being of all populations as well as rally their support for the post 2015 development agenda. Action on the social determinants of health, including laws and policies must be established through governance mechanisms that influence risk and access to services. It is imperative that specific measures are taken to ensure that the most marginalized and vulnerable populations have equitable access to quality care. These issues are key in framing future health goals and discussing ways in which Universal Health Coverage (UHC) might be used to bring all programmatic interests under an inclusive umbrella (1). The success of the Sustainable Development Goals (SDGs) and the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 will also depend to a large extent on the health workforce capacities for nurses and midwives included.

2. The role of Nurses related with SDGs

There is demonstrable evidence substantiating the contribution of nurses to health improvements such as patient satisfaction, decrease in patient morbidity and mortality,

stabilization of financial systems through decreased hospital readmissions, length of stay, and other hospital-acquired infections and conditions (3,4,5). Nurses are usually first responders to complex humanitarian crises and disasters; protector and advocate for community; communicator and coordinator within team. Nurses' interventions in HIV, Tuberculosis (TB) treatments and other chronic conditions have shown improved patient adherence to treatment and making informed decisions (6,7,8).

Nurses involvement in screening and triage and the organization of appropriate interventions reduces waiting times, the number of missed appointments at the subsequent physician lead health care clinics (8,9), including case management of TB. Studies show that midwifery, including family planning and interventions for maternal and newborn health, could avert a total of 83% of all maternal deaths, stillbirths, and neonatal deaths (10).

There is also a need to continue to ensure quality nursing education and competent practitioners. This is critical for strategic policy planning based on country profiles, including monitoring data and indicators. Knowledge translation will be pivotal and transformative in the implementation of the 2016-2020 SDNMs. Technology is changing and its promotion is an important element for the future. Technology advances can support transformational outcomes of safe, integrated, high-quality knowledge-driven, evidenced-based care and educational approaches.

Nursing interventions take place in partnership with other professionals. Future approaches should therefore embrace inter-professional education and collaborative practice as was noted in the 2011 WHA 64.7 Resolution on Strengthening Nursing and Midwifery. Removing barriers to practice and education can help nurses and midwives practice to the full extent of their education and training (15,16). Nurses and midwives need to address unhealthy lifestyle choices to reduce risk factors, participate in a broad range of interventions and practice conditions such as those required during natural and human-made disasters, emergencies, and particularly in the context of changing patterns of disease, emerging and re-emerging infections and diseases. In order to address these health challenges, governments and relevant stakeholders should ensure that the nursing and midwifery workforce is appropriately prepared and enabled to practice to their full scope. It is on this platform that the WHO Strategic Directions for Nursing and Midwifery (SDNM) 2016-2020 is built.

3. The importance of Innovation in Nursing

Innovation is the process of developing new approaches, technologies and ways of working. It can apply to tools and technologies and processes, or to the way an organization or an individual behaves, works or acts. Innovation starts with a good idea, but it is much more than that. It also refers to the process of turning that good idea into something that can be used, something that is implementable and achievable, and hopefully, will bring about better health promotion, disease prevention and better patient care.

Nurses worldwide are engaged in innovative activities on a daily basis; activities motivated by the desire to improve patient care outcomes and the need to reduce costs to the health system. Many of these initiatives have resulted in significant improvements in the health of patients, populations and health systems. However, the nursing contribution to health care innovation is seldom recognized, publicized or shared among nursing and the wider public.

As world that is constantly changing, including reality, challenge and opportunity as nurses, to make a significant difference to the world's people. Expert knowledge and the nursing research that underpins this knowledge are at the heart of many of new roles, as well as the basis for traditional nursing care. But it is the combination of innovation and vitality that allows nursing work to take flight. Novel solutions by nurses represent a vital element in efforts to address current and future global health challenges such as aging populations, HIV/AIDS, TB, malaria, an increase in non-communicable diseases, poverty, inadequate resources and workforce shortages.

Nursing innovation is a fundamental source of progress for health care systems around the world. Nurses work in all settings with all types of patients, families, communities, health care personnel and personnel in other sectors. As such, nurses are critically positioned to provide creative and innovative solutions that make a real difference to the day today lives of their patients, organizations, communities and profession.

a. Nursing Innovations in Complementary and Alternative Therapy

Complementary therapies have become widely known and used in Western health care. However, the therapies included in many of the surveys that have been done about the use of complementary therapies are sometimes limited in scope. Expanding the perspectives on complementary therapies' medicine so that nurses become more knowledgeable about therapies

that are practiced by people in multiple cultures across the globe is critical to competent health care.

The word ⁴complementary is preferred by some because it conveys that a procedure is used as an adjunct to Western or conventional therapies, whereas alternative indicates a therapy that is used in place of a Western approach to health care. Both terms are in the title of the National Institutes of Health (NIH) agency responsible for these aids: ⁴the National Center for Complementary and Alternative Medicine (NCCAM). ⁴More recently, the term integrative medicine has been used to convey that care provided in a health care facility is a blend of Western medicine, complementary therapies, and possibly procedures from other systems of health care. A growing body of research to support use of complementary therapies is emerging. Numerous definitions of complementary therapies exist. Nursing and other health professions frequently call the area complementary therapies, whereas NCCAM refers to them as complementary medicine.

¹Complementary therapies play a key role in the promotion of healing, comfort, and care worldwide. Many therapies used by nurses have been used over the past centuries. Now, an increasing number of these procedures that have long been a part of systems of care across the globe are receiving attention in the United States. The increasing mobility of society, whether through immigration, travel, or attendance at international conferences, requires that nurses be knowledgeable about ancient therapies that are still used by many people around the world. Throughout this work, attention is paid to health care practices of other cultures, so that nurses may acquire knowledge about and respect for these practices and therapies and, if possible, incorporate them into the plan of care.

Various groups, including the National Academy of Science, have proposed goals to expand research on complementary therapies. There is a concomitant increase in the number of journals focusing on these therapies. Conducting and disseminating the research-based evidence for the use of complementary therapies is an endeavour in which nurses can be integrally involved. Many nurses have provided leadership in research, education, and practice applications of these practices

As consumer demand for and use of complementary therapies continue to increase, it is critical that nurses gain knowledge about complementary therapies, so that they can select and include them in their practice; provide patients with information about them; be informed about

research and practice guidelines related to complementary therapies; alert patients to possible contraindications; and even incorporate some of these procedures into their own self-care. The recognized benefits experienced in personal use of the therapies in self-care fuel the enthusiasm for their application and use in practice.

Two therapies which are “presence” and “communication” are critical elements in the implementation of any of the complementary therapies. Many patients and families comment about a nurse who was “really present when providing care.” Presence is difficult to define; however, as an old adage goes, “You know it when you see it.” The multiple facets of communication, both verbal and nonverbal, are likewise important keys to providing the holistic care that is part of the philosophy underlying the use of complementary therapies. Nonverbal communication becomes more important when interacting with people who are not from Western cultures. The increasing cultural diversity found in many countries requires that all health professionals be attuned to health practices that patients may be using. The knowledge of customs—as basic as whether it is acceptable to shake the hands of the patient and family, or touch someone of another gender is foundational in establishing the kind of therapeutic relationship that is integral to the success of complementary therapies.

Interest in the use of complementary therapies is a phenomenon found not only in the United States but in many other countries as well. Research on the use of these therapies has been conducted in various countries, including Saudi Arabia (Al-Faris et al., 2008), Germany (Ernst, 2008), Japan (Hori, Mihaylov, Vasconcelos, & McCoubrie, 2008), Scotland (Thomson, Jones, Evans, & Leslie, 2012), and Turkey (Erci, 2007). The number of people using complementary therapies varied in these survey reports, but percentage of use was near 50% in all of the countries reporting. Numerous studies have explored the use of complementary therapies in specific health conditions, including obesity (Bertisch, Wee, & McCarthy, 2008), asthma (Fattah & Hamdy, 2011), cancer (Wyatt, Silorskii, Wills, & Su, 2010), stroke (Shah, Englehardt, & Ovbiagele, 2009), and arthritis (Hoerster, Butler, Mayer, Finlayson, & Gallo, 2011). The Cochrane Database of Systematic Reviews contains reviews of the efficacy of numerous complementary therapies in the treatment of specific conditions (Cochrane Database of Systematic Reviews, 2012). In addition to the use of complementary therapies for health conditions, complementary therapies are often used to promote a healthy lifestyle. An example would be the use of Tai Chi to promote flexibility and prevent falls in older adults.

b. Culture-Related Aspects of Complementary Therapies

Human cultures pervade the globe. One's culture lends structure to a shared way of life in health and illness. McElroy and Townsend (2004) specified, "The culture of a group is an information system transmitted from one generation to another through non-genetic mechanisms". Culture is basically the shared way of life of a group of people.

Migration of people brings not only diseases but also their health care practices. Traditional healers traveling in populations of refugees include midwives, herbalists, shamans, priests or priestesses, bonesetters, and surgeons. There is a great need for healers because 47% of global morbidity is attributable to chronic conditions, with 60% mortality arising from such conditions (Manderson & Smith-Morris, 2010). Quinlan (2011) stated that 85% of traditional remedies are herbal, and more than 70% of the world's population depends on common herbal medicine for their primary care (p. 394). Beliefs about the cause of a number of chronic conditions point to the type of therapy used to "cure" the illness. Some individuals may seek care from a sorcerer. Humoral balance is a focus in some cultural systems of care such as traditional Chinese medicine (yin/yang) and Latin American medicine (hot/cold). Therapies to promote this balance such as Qi in traditional Chinese medicine and other systems in Latin American medicine may be used by immigrants from these areas.

Although nurses may not know minute details of healing traditions in other cultures, it is helpful for them to gain some knowledge about the specific heritage of a patient. With today's technology, key points about the health practices of the culture can be obtained from web sources. When nurses are familiar with the patient's worldview, they can ask subjects and family members about specific needs and preferences that are natural parts of the individual's or the family's healing traditions.

Because of the increasing use of complementary therapies by patients to whom nurses provide care, it is critical that nurses possess knowledge about these therapies. Patients expect health professionals to know about complementary therapies; nurses need such knowledge so that they can:

- a) Assess appropriateness and safety of therapies used
- b) Answer basic questions about use of complementary techniques
- c) Refer patients to reliable sources of information
- d) Suggest therapies having evidence of benefit for condition

- e) Provide patients with guidelines for identifying competent therapists
- f) Assist in determining whether insurance will reimburse for a specific therapy
- g) Administer a selected number of complementary remedies

Assisting patients to identify criteria to use in identifying competent therapists is another role for nurses—and this is not an easy task. Because many complementary therapists are not members of a health profession, licensure and regulations often do not apply to them, and rules vary greatly from state to state. Numerous websites related to specific remedies contain information about therapists and what consumers can expect, and may also help in identifying practitioners in one's geographical area.

More and more people not only know about complementary therapies but also are using them or considering using them. Thus, it is mandatory for nurses to increase their knowledge about these therapies, which are often used in conjunction with Western biomedical treatments. Patients desire the emphasis on holistic care that underlies many complementary techniques. Holistic practice has permeated nursing for centuries. Incorporating complementary procedures into nursing care carries on this tradition.

4. Summary

Once innovation has been conceived or developed, the process of introducing it into practice begins. The two do not follow as a matter of course. There are a number of complex factors which will influence whether an innovation translates into a change in practice; factors which include personal characteristics and motivations of those involved and the cultural and organizational environment into which the innovation will be introduced. Not all innovations will proceed to implementation, however. There are a number of factors to be considered in making the decision about whether to proceed from innovation to implementation. Through nursing innovations, SDGs programs will be well implemented.

Nursing Innovation, The Application of Complementary and Alternative Therapy as a Contribution to The Sustainable Development Goals (SDGs)

ORIGINALITY REPORT

16%

SIMILARITY INDEX

%

INTERNET SOURCES

16%

PUBLICATIONS

%

STUDENT PAPERS

PRIMARY SOURCES

1

Kaya, Nurten, Nuray Turan, and Gülsün Özdemir Aydın. "A Concept Analysis of Innovation in Nursing", *Procedia - Social and Behavioral Sciences*, 2015.

Publication

4%

2

"Global nursing to gather at ICN Congress in Durban, South Africa", *International Nursing Review*, 03/2009

Publication

3%

3

Madrean Schober. "Chapter 10 The Future: Strengthening the Advanced Nursing Practice Agenda", Springer Nature, 2016

Publication

3%

4

Lorna Suen, David R Thompson. "The role of complementary therapies in cardiac care: Where are we now?", *British Journal of Cardiac Nursing*, 2007

Publication

2%

5 F. Hughes. "Nurses at the forefront of innovation", International Nursing Review, 6/2006 **2%**
Publication

6 Caroline S E Homer, Ingrid K Friberg, Marcos Augusto Bastos Dias, Petra ten Hoop-Bender et al. "The projected effect of scaling up midwifery", The Lancet, 2014 **1%**
Publication

7 Zafar Mirza. "Sustainable Development Agenda 20130 thrives on health", Eastern Mediterranean Health Journal, 2016 **1%**
Publication

Exclude quotes On
Exclude bibliography Off

Exclude matches < 1%