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The Implementation of Complementary and Alternative Medicine within Elderly Care: Qualitative Research

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Abstract

The aim of this study is to widen the knowledge about CAM therapies in Lithuania within elderly care. This study intended to reveal nurses' knowledge about CAM therapies, motivation to use them. This study revealed what types of CAM are used by the nurses within elderly care and what the nursing attitude is towards CAM within elderly care.

The data collection instrument used in this study was semi-structured interviews that were conducted with five nurses. Interviews were analysed using content analysis. Three main themes were identified: "lack of knowledge, but personal experience", "nursing attitude towards CAM" and "use and challenges of CAM within the elderly". The study results show that nurses have a lack of educational knowledge about CAM, but have personal experience using it. Nurses have a positive attitude towards the use of CAM within the elderly, having the probability to enhance elderly well-being. Nurses in their work use mind-body therapies, biologically based therapies, manipulative and body-based therapies and Kneipp therapy that is discussed in results. Challenges experienced by nurses in relation to using CAM is lack of staff, time and lack of clear regulations. This study shows that even though nurses do not receive educational knowledge about CAM, they still use quite much of CAM therapies in their work with the elderly, because they have the attitude that it has the probability to enhance elderly well-being. These findings go in line with Watson's theory of caring (2008) that was used as the theoretical framework of this study. It might be argued that use of CAM within elderly in Lithuania could be based on nurses' cultural knowledge and caring that goes from one generation to another and nurses use different CAM therapies not even realizing it themselves.

Language: English Key words: CAM, caring, elderly, complementary and alternative, Lithuania

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1. Introduction

In the USA in 2007 about 38% of adults and 12% of children were using some form of complementary and alternative medicine (CAM) (Barnes, Bloom & Nahin, National Center for Complementary and Integrative Health (NCCIH), 2008). These statistics were collected eleven years ago. However, new statistics are not available in many countries and there is a lack of statistics about CAM in overall, which is in a way interesting fact. Nowadays, each of us almost every day are using some type of CAM, but we do not realize that: having a cup of herbal tea when we have difficulties to fall asleep, praying before going to bed, trying to think positively when we feel losing control of things, putting some nice smelling oils in a hot bath to relax after a long day. All these, for us looking like simple daily activities, are CAM.

According to the World Health Organization (2013), CAM means a broad set of different health care practices that are not included in the countries health care system and regulations about it differs in every country. Complementary and alternative medicine usually are used together and combined in the definition of CAM. CAM is used widely, but not all the methods of CAM are accepted by conventional medicine, because some of them lack scientific evidence of safety (Tabish, 2008).

The reasons why people try CAM might be a desire to do something for self-help when everything else has failed, maybe the person is afraid of side effects of medication or due to ideology. It can be aromatherapy, acupuncture, herbal medicine, massage, yoga and many more (Cancer Research UK, 2018). From my experience, quite much of CAM therapies are used in elderly homes and mostly performed by nurses. Use of CAM have a holistic care approach to the patient - it concentrates on the patient's body, mind, and soul. In some sources, the holistic approach is believed to be the type of CAM (Kilbey, 2005). The roots of the holistic approach start with the profession of nursing, from Florence Nightingale. To use CAM, nurses require motivation and knowledge, as well as the inner feeling of caring about the patient – it is the main concept of nursing as it is stated by the nursing theorist Jean Watson (2008). In general, nowadays nurses are now conscious about the CAM therapies that are used by the people around the world and it is an essential factor for high quality health care. By promoting a holistic, caring philosophy that highlights the use of CAM, is typically regarded as an important aspect of care (Snyder & Lindquist, 2009). If the nurse

has knowledge that this therapy can make the patient feel better, relaxed and it does not cause any harm, why should she not use it?

In this study, I will try to find out what kind of CAM therapies nurses use within elderly care in Lithuania, to reveal if nurses have knowledge about it, what the nurses' attitude towards using CAM within elderly is and if possible, give recommendations about what could be improved, as well as suggestions for future research.

There is very limited knowledge about CAM therapies that are used within nursing in Lithuania. There is no current research going on about CAM in Lithuania and there is no data available about how and what types of CAM nurses use. In 2016 the law project about licensing and regulating CAM practitioners in Lithuania has been published, which will come into force on the 1st of November 2020 (SAM, 2018). This law has nothing mentioned about nursing (discussed later). Hopefully, this study will contribute to the beginning of CAM research within nursing in Lithuania.

2. Aim and research questions

The aim of this study is to widen the knowledge about CAM therapies in Lithuania within elderly care. The new knowledge will create a better understanding of patient care and enhance well-being. This study intends to reveal nurses' knowledge about CAM therapies, motivation to use them.

Following questions will be answered:

What types of CAM therapies are used by nurses within elderly care?

What is the nursing attitude towards CAM in elderly care?

3. Background

This part will discuss the background of the study. The scientific, evidence-based literature for this part is collected from scientific databases EBSCO, CINAHL, PubMed, MEDLINE with keywords such as "CAM", "complementary", "alternative", "elderly", "well-being", "nursing", "nursing homes". As well as respondent used other sources such as books from the library, e-books, internet websites such as WHO, NCCIH and other discussing CAM therapies in nursing and within elderly care. This part discusses main points such as the

description of CAM, classification of different types of CAM therapies, main concepts and use of CAM in relation to the elderly well-being.

3.1 Complementary and Alternative Medicine

The use of CAM is growing since there is a demand for people to try different methods to relieve their symptoms that mainly include pain. CAM is one of the methods to reach it. World Health Organization (WHO, 2013) define "complementary" and "alternative" medicine as a wide collection of health care practices that are not included as a part of countries' health care system together with conventional medicine, but regulations about it are different in every country. Many people use the term of complementary and alternative medicine together as CAM, but to clarify these concepts there is a need to define them separately.

NCCIH (2018), describe complementary medicine (CM) as "*a non- mainstream practice used together with conventional medicine*". Example of it would include following conventional pharmacological treatment prescribed by the doctor and practising yoga to relieve pain. Alternative medicine is described as "*non- mainstream practice used instead of conventional medicine"* (NCCIH, 2018), that means that there is conventional treatment, but one decides to replace it with something alternative, that is not part of conventional and complementary medicine. NCCIH claims that true alternative medicine is not common (NCCIH, 2018). Examples of it include shark cartilage treatment instead of conventional cancer treatment, but there is no medical or scientific evidence if it cures cancer (Cancer Research UK, 2015). The National Center for Complementary and Alternative medicine (NCCAM) in 2015 has changed its name to the National Center for Complementary and Integrative Health (NCCIH), and the name change shows the changing concept and the fact that alternative medicine is rare and very little evidence of safety and effectiveness is known about it (NCCIH, 2015).

Definitions of complementary medicine and alternative medicine are rarely met alone. They are usually combined in the definition of CAM and this combination is most common and known for the population. CAM is a group of various medical and health care practices, therapies and products that are not considered as traditional medicine (NCCIH, 2018). In modern times, adapting to the changing society needs, CAM became a part of the concept of integrative medicine. Integrative medicine means combination of conventional treatment and CAM therapies, which fosters holistic view to the patient, patient-centred care and whole

system healing in order to promote well-being (NCCIH, 2018). Integrative medicine is used only when it has high-quality evidence of safety using it (Hawks & Moyad, 2003). The growing popularity of CAM gave roots for this concept to appear and study program such as integrative nursing was developed in the University of Minnesota (Ben-Arye, Frenkel & Hermoni, 2006; University of Minnesota, w.y.).

CAM is not only about using therapies. The idea of CAM promotes the holistic view, seeing the human being as a harmony of body, mind and soul. That is also the factor why the use of CAM is growing. The concept of the holistic approach in CAM and classification will be explained in the following chapters. Use of CAM within conventional healthcare is modern, patient-centred and adapting to changes patient care.

3.2 Classification of CAM therapies

There are found approximately 1800 of CAM therapies (Kramlich, 2014). CAM therapies are divided into five main categories (Hawks & Moyad, 2003, p. 2; Snyder & Lindquist, 2009, p. 5, according to NCCIH, 2003):

1. "*Mind-body therapies"* - a variety of methods to improve the minds ability to affect body functions and symptoms. For example, imagery, yoga, music therapy, prayer, humour, tai chi, art, and dance.
2. *"Biologically based therapies"* - therapies using materials found in nature, like herbs, oils, foods and vitamins, dietary supplements.
3. *"Manipulative and body-based methods"* - focused on moving or manipulating body parts or the whole body. Examples – chiropractic medicine, massage.
4. *"Energy therapies"* - based on the use of energy fields, for example, magnetic and biofield. These fields are assumed to surround the human body. Energy therapies include healing touch, therapeutic touch, Reiki, magnets.
5. *"Systems of care/alternative medical systems"* - systems that have emerged independently from conventional medicine. For example, homeopathy, naturopathy, Ayurvedic medicine and traditional Chinese medicine.

Currently, the classification was lessened, and CAM therapies are divided into three main subgroups: natural products, body and mind practices and other CAM therapies (NCCIH, 2018).

3.2.1 Research on CAM

The growth of CAM research started already in the 90's and it is still growing. In the EBSCO database with keywords "complementary and alternative medicine" with criteria "full text" and "peer reviewed" gives 12,351 results. The very first one is from 1993 and discusses the growing popularity of CAM and its differences from conventional medicine (Ernst, 1993). In 1995 the first issue of "The Journal of Alternative and Complementary medicine" has been published, which is now the leading journal on scientifically based researches on an integration of CAM into conventional practice (Mary Ann Liebert Publishing, w.y.). Full-text publications of this journal in the EBSCO database are available from 1998.

CAM is widely used within different groups of patients for specific diseases and symptoms using different types of CAM. Examples include, surgical patients for pain and stress relieve, among men with a history of prostate cancer to handle the symptoms, for pain relief for patients receiving dialysis (Ross et al., 2012; Culha, Kosgeroglu, Türe, Kersu, & Ayvazcık, 2016; Zins, 2018). CAM is a universal method that can be used with different patients if the healthcare staff has enough knowledge about it.

Since this thesis is focusing on the elderly, there were studies done where CAM was applied to the elderly. For example, in elderly patients who have just experienced hip replacement surgery, for the postoperative pain management, together with pharmacological treatment, guided imagery therapy (a type of mind-body therapy) was used for better control of pain (Antall & Kresevic, 2004). Another example - done by Erdogan and Çinar (2016) where Reiki (energy therapy) was used to decrease depression in elderly people living in nursing home. Research made by Ness, Cirillo, Weir, Nisly and Wallace (2005) suggests that CAM is an important aspect of care in the elderly. In this study 2000 senior Americans were surveyed about what therapies they used. In result, 88% of them used some kind of CAM therapies. There is no such kind of research done in Lithuania. In EBSCO Academic search elite database with keywords "Complementary medicine" and "elderly" - 107 peer reviewed, full-text articles, with keywords "alternative medicine" and "elderly" - 139 peer reviewed, full-text articles, "complementary and alternative medicine" and "elderly" - 104 results. In database PubMed (US National Library of Medicine database) with keywords "complementary and alternative medicine" and "elderly" - 3092 results. These results suggest that CAM is quite much researched in the USA. In Lithuania research about CAM is growing, although there is no existing research yet about specifically when working with elderly.

In Lithuania, there are researches made about use of honeybee products (Pranskuniene, Bernatoniene, Simaitiene, Pranskunas, & Mekas, 2016), use of CAM and integrative medicine in families who nurse children with disabilities (Vaicekauskaite, Kreiviniene & Tilvikas, 2014), dolphin-assisted therapy effect evaluation on children with developmental disorders (Rugevicius, Sąlyga, Kreiviniene, & Birute Bortkeviciute, 2017). There is no existing research yet about the use of CAM when working with the elderly, or even related to nursing, so there is still a research gap and space for the improvement.

3.3 CAM concepts

Paradigm is a way of looking at natural phenomena and events (Polit & Hungler, 1999). Conventional medicine paradigm sees the patient as a "machine" and person gets sick when "parts break" (Fontaine, 2011, p. 7). CAM has a different paradigm which promotes a holistic approach to the patient (see appendix 1). With today's variety, it is important to treat every patient concentrating on body-mind-soul healing. This is the main point of holistic nursing and caring by itself. According to Snyder and Lindquist (2009, p. 1-2), the main key to bringing holistic care to the patient is using complementary therapies. Now CAM is included as a part of integrative nursing. Integrative nursing includes six concepts of care:

- *"Whole person care, whole systems healing"* - treat the patient as a whole, concentrating on the body, mind, soul and emotions which also have the impact to the patients' health (Myklebust, Pradhan & Gorenflo, 2008). Patients' environment is also included in the healing process. Kreitzer and Koithan (2014, p. 7-9) claim that in order to treat the patient as a whole it is important to know the patient's environment and that gives a possibility to perform whole system healing.
- *"Patient–centered care"* - is made from elements such as patient and care provider partnership defined by collaboration, communication, care providers empathy, insight and patient empowerment (Foley & Steel, 2017, p. 159).
- *"Shared decision making"* - this feature enables practitioner and the patient to discuss treatment possibilities and together take the best decision for the treatment (Myklebust et al., 2008).
- *"Integration of conventional and alternative therapies"* (Kreitzer & Koithan, 2014, p. 12).
- *"Healing nature"* - connection with nature is beneficial for our health, man is attached with nature and will always find peace in it (Kreitzer & Koithan, 2014, p. 10).
- *"The Wellbeing of caregivers"* - the health care provider should have high emotional intelligence and understand own feelings first, so then the caregiver can understand the

patient's feelings and try to create the patient-practitioner relationship (Kreitzer & Koithan, 2014, p. 13-14).

3.4 Holistic nursing as the paradigm for CAM

The founder of holistic nursing is believed to be Florence Nightingale. She was the first one in her "Notes on nursing" to describe how important it is to provide a healing environment to bring better care for the patient. Now American Holistic Nurse's Association (AHNA) is continuing and developing her thoughts and work. Holistic nursing is characterised as nursing care which goal is to heal the person as a whole (AHNA, 2007). A holistic nurse - is a nurse, who concentrates on body, mind and soul in daily life and patient care. The nurse uses herself as a healing instrument and creates a healing environment around her to bring better care for the patient (Dossey, Keegan & Guzzetta, 2005). As well as, the holistic nurse knows how to take care of herself. The holistic nurse is a licensed nurse, having a holistic nursing specialisation (in the USA), with the ability to deliver holistic, complementary, and integrative care to the patients (ahna.org, w.y.). Nurses, having knowledge and understanding about CAM can supervise patients in safely combining them into their healing process (Thornton, 2008).

The nursing theorists who base their philosophies and theories on holistic nursing are Jean Watson and Katie Eriksson (Alligood, 2018). Jean Watson's theory of caring will be discussed in this research.

3.5 Laws concerning use of CAM in Lithuania

In 2016, Lithuanian Ministry of Health (Sveikatos Apsaugos ministerija (SAM)) had an idea about legislation of non-traditional medicine (CAM). There have not been any regulations about it before. The decision came because there were many people who have suffered from unprofessional CAM practitioners and it was decided to integrate it into the national health care system in order to promote the safety of it. In 2017, the project of "Complementary and alternative medicine health care law" (LR SAM, 2017) was confirmed and published in Lithuanian law database, where it is available to read for the public. In 2018 the law project has been reviewed and accredited by the president of Lithuania. The law will come into force on the 1st of November 2020 (SAM, 2018).

In the law project there are definitions of the concepts, licensing, evaluating, and monitoring of institutions which provide CAM, CAM practitioner professional rights and

responsibilities. In the law, CAM is defined as practice, that involves healthcare, natural and folk medicine use, that is carried out by using research, evidence-based medical data and empirical knowledge (SAM, 2018). Here appears the concept of traditional and folk medicine - CAM health care to help relieve the symptoms who appeared in the result of the disease.

Unfortunately, there are no statistics and classification collected in Lithuania about CAM. This law is a good start for the basis of regulations of CAM.

3.6 Use of CAM therapies in relation to elderly's well-being

According to the latest NCCIH statistics in 2007 in the USA, about 38% of adults use CAM. 44% of older adults between age 50-59 in 2007 used CAM, and the number in the age group 60-69 still stay high – 41% (Barnes, Bloom & Nahin, NCCIH, 2008). The most popular used therapies include (according to Barnes, Bloom & Nahin, NCCIH, 2008) *"natural products, deep breathing, meditation, chiropractic and osteopathic, massage, yoga, diet-based therapies, progressive relaxation, guided imagery and homeopathy."*

There is a lack of statistics and information about use among senior people and especially in nursing homes and there is no information about what types of CAM nurses use when working with the elderly in nursing homes. Research made in Turkish nursing homes found out that 59% of the residents use CAM, herbs and non-herbal supplements being the most popular ones (Erdoğan, Akıncı, Yavuz, Tosun, & Atik, 2017). This study also discovered that the elderly are not likely to tell the staff that they are using them.

As previously mentioned, there are around 1800 types of CAM therapies and they give a lot of benefits for people's well-being. CAM therapies such as music intervention, aromatherapy, massage and healing touch within elderly's well-being are discussed more in detail below.

3.6.1 Music therapy/intervention

Music is a component of our lives and it is shared in all cultures and religions. For many people, music helps to improve their mood, concentrate or just to relax. Music therapy is one of the mind-body therapies in CAM and it is an evidence-based method. Music therapy is the method where different music techniques are applied in order to achieve physical, social, emotional and psychological benefits (Weintraub, Mamtani & Micozzi, 2008, p. 43).

According to personal needs, it can be focused on separate parts of holistic care or on the person as a whole (MacKenzie & Birgit, 2006, p. 101-102). The music therapist is a recognised profession, and the therapist can evaluate individual strengths, needs and design therapy consisting of *"creating, singing, moving to or listening to music"* (American Music Therapy Association, w.y.). Together with the health care team, it can be discussed which type of music therapy fits the patient best: individual, group or bedside therapy (Snyder & Lindquist, 2009, p. 93-95; Weintraub et al., 2008, p. 58). Music therapy is based on the foundation of a healing relationship (Fontaine, 2011, p. 326-327). It helps people to let free unspoken feelings and emotions that are too difficult to give voice to by speaking out loud (Weintraub et al., 2008, p. 42).

Snyder and Lindquist (2009, p. 92) in order to apply music therapy into nursing practice use term music intervention, because music therapy can be done also by a music therapist and also the nurse can include it in the care plan of the patient. Use of music intervention has a holistic approach and affects the patient as a whole and focuses on specific needs of each person (Lindquist, Snyder & Tracy, 2013, p. 100-101).

Music is a rich source for well-being in older adults. It is proved by the studies that music increases motivation to exercise, it affects pain perception, can help in recovery after surgery and deal with psychological or mental health issues (MacKenzie & Birgit, 2006, p. 101-104). Weintraub et al. (2008) claims that music therapy promotes emotional relief, improves cognitive function and vocal ability. Because of the nature of music therapy, it promotes movement, breathing, listening, decreases anxiety and depression, helps to relax and it is just fun (Weintraub et al., 2008, p. 55-58).

There are several studies that found the beneficence of music intervention within the elderly and it is mainly to decrease the anxiety, depression symptoms, its' effect on people suffering from dementia and Alzheimer. For example, in research made in two German nursing homes, recreational singing and music therapy effects on depression symptoms were measured. In result music therapy has been effective to reduce depression symptoms, and it was more effective than recreational singing (Werner, Wosch & Gold, 2017). Another study, done by Wang, Chair, Wong and Li (2016) have tested the effect of music intervention on sleep quality in elderly people. 64 elderly people were given MP3 players to listen to every night and, in the result, sleep quality has been improved, especially sleep efficiency, as well as, daytime dysfunction has decreased. Another research was done with elderly people suffering from dementia, depression and behavioural problems. Music therapy was applied

and MMSE test and depression scale results were improved, patients found it easier to deal with anxiety and behavioural problems (Wang, Yu & Chang, 2017). In elderly people listening to the music of their choice, from their times also stimulates the memory and bring up life review linked to that music (MacKienze & Birgit, 2006, p. 103). These findings appear to be strong evidence that music therapy/intervention is very useful for the elderly. Nevertheless, special forethoughts shall be given when performing music intervention with elderly, such as volume and bass adjustment, isolating background noise, suitable selection of equipment for music listening in connection with impaired vision, hearing loss, and music selection (Lindquist et al., 2013, p. 105-106).

Music therapy/intervention is a safe, evidence-based, non-invasive and not costly option to apply in nursing care and it is suitable for the elderly. It gives a therapeutic effect on behaviour, emotions, psychological and physical health and helps to express feelings (Clark, 1999, p. 432). Music therapy can easily be combined with other types of CAM, such as art therapy, guided imagery, dance. Everyone can participate in music therapy which makes it universal, except if the person has hearing loss, but it is still possible to feel the rhythm and take part in musical activities (Weintraub et al., 2008, p. 43).

3.6.2 Aromatherapy

Aromatherapy is biologically based CAM therapy or in other sources can be called a type of botanical healing or herbal medicine, because it uses essential oils of plants to treat the mind, body and soul (Fontaine, 2011, p. 145). Essential oils can be produced from plant flowers, leaves, wood, roots and seeds that are later steam extracted and concentrated substance is produced (Snyder & Lindquist, 2009, p. 403). There is no national certification for aromatherapy, usually, there are available courses, in some cases also for nurses (Lindquist et al., 2013, p. 331-332). Essential oils can be used according to expected health outcome, it can be inhalation, topical application or absorbed by the digestive system (MacKienze & Birgit, 2006, p. 66). Aromatherapy is often used in combination with massage and other CAM therapies.

Aromatherapy is widely used in nursing practice within different patient groups and also within elderly care. This therapy is reported as useful for sleeping problems, treating depression, anxiety, pain, nausea, stimulating memories and even having effect in blood pressure and preventing infections (Lindquist et al., 2013, p. 332-334). Several studies have found the effectiveness of aromatherapy within elderly. For example, placing essential oils

on towels around the pillow of an elderly who are suffering from dementia and sleep disturbances, experienced fewer sleep disturbances, were able to sleep longer and woke up easier (Takeda, Watanuki & Koyama, 2017). Another study found that aromatherapy is a very useful method for community-dwelling elderly people to reduce pain, depression, anxiety and stress levels (Tang & Mimi Tse, 2014). One more study result showed that aromatherapy massage performed with elderly staying in hospital long-term is effective in reducing psychological stress (Satou et al., 2013). Rho, Han, Kim and Lee (2006) in their study found that aromatherapy massage has an effect on elderly women to boost their self-esteem.

Aromatherapy is a safe therapy if a nurse has knowledge in using oils and other safety measures about it (Lindquist et al., 2013, p. 330-331). Aromatherapy is useful in many ways for elderly care and the nurse has a big role in it within patient teaching.

3.6.3 Massage therapy

Massage therapy, or in some sources called therapeutic massage, is a manipulation of the tissues of the body, also named as a healing art, with the aim to achieve health and wellbeing improvement (Fontaine, 2011, p. 193). The main goal of this therapy is to *"increase the well-being of the person body, so it would become able to heal itself"* (Fontaine, 2011, p. 193). Massage is one of the manipulative and body-based CAM therapies, and it is an evidence-based method that can be offered in the hospitals, as well it has a holistic effect on relationship between body, mind and spirit (Snyder & Lindquist, 2009, p. 338). The massage can be performed by a certified massage specialist, nurses or other healthcare specialists who have certified knowledge about it (Lindquist et al., 2013, p. 256-257).

There are many effects of massage on different body systems, such as "*integumentary, musculoskeletal, cardiovascular, lymph and nervous"* (Lindquist et al., 2013, p. 258). Several studies showed that massage produces relaxation which results in pain relief, stress management, less back pain, reduces anxiety, improves sleep quality and decreases blood pressure in patients with primary hypertension (Hernandez-Reif, Field, Krasnegor & Theakston, 2001; Weintraub et al., 2008, p. 141-144; Mohebbi, Moghadasi, Homayouni & Nikou, 2014). Manipulation of skin makes it elastic, increases movement in the musculoskeletal system by reducing swelling and reducing soft-tissue adhesions (Lindquist et al., 2013, p. 258).

Within the elderly, the same benefits can be achieved using massage, but without systematic effect is also just the act of being touched (MacKenzie & Birgit, 2006, p. 135). Several studies found positive outcomes of massage therapy within the elderly. Such as therapeutic back massage promoting quality of sleep and foot massage for elderly suffering from dementia helped to reduce anxiety and behavioural problems (Moyle, Johnston & O'Dwyer, 2011; Nair, Dennis & Dharmarajan, 2014). As well as including studies mentioned in aromatherapy chapter, where aromatherapy massage combination is offered. The study made by Munk, Kruger and Zanjani (2011), found that massage therapy in older adults (60+) with chronic pain has an effect on improving overall health, emotional and social well-being.

Massage for the elderly is a suitable option in nursing care. It does not mean that it is only back massage that can be done - there are many types and techniques to perform it. MacKenzie and Birgit (2006, p. 141-143) suggest that massage for elderly can be given in any setting according to a patient's physical ability and therapeutic environment gives a lot of effect, such as candles and background music. The person can be fully clothed, because the main thing it is not how much of the skin is massaged, but the quality of the massage given and sometimes quality hand massage which lasts only 15 minutes can give the same effect as one hour massage (MacKenzie & Birgit, 2006, p. 141). Too much massage as well can have negative outcomes on the elderly or for those who are very sick, because it might overload the body (MacKenzie & Birgit, 2006, p. 139-140).

Massage is useful in nursing practice when working with the elderly and it gives effects for the body, mind and soul (Fontaine, 2011). Massage within elderly care gives positive effects on sleep, anxiety, pain, stress and spiritual bonding when being touched (MacKenzie & Birgit, 2006; Weintraub et al., 2008). Special precautions shall be given when performing massage with the elderly, it should be made individually and with a suitable technique for expected health results (Lindquist et al., 2013). It can be combined with aromatherapy, music therapy and energetic therapies (Fontaine, 2011).

3.6.4 Healing and therapeutic touch

In the previous subchapter, massage therapy was covered and importance about touch for the elderly is mentioned. Healing touch is not the same as massage and it is more energy healing based. Healing touch as well is not the same thing as therapeutic touch. Healing Touch International association (w.y.) describe healing touch (later HT) as "*relaxing, nurturing, heart centred energy therapy that uses a gentle, intentional touch that assists in*

balancing physical, emotional, mental, and spiritual wellbeing". HT is a very holistic CAM therapy, fostering *caring-healing relationship* and creating a healing environment (Fontaine, 2011, p. 229). HT belongs to energy therapies, that are based on energy flows in our body and when energy flow is interrupted the person feels sick (Fontaine, 2011; Lindquist et al., 2013, p. 398). HT and Therapeutic touch (TT) are both biofield therapies. According to Lindquist et al. (2013, p. 398-408) the main difference between them is that TT does not require any training, and anyone can perform it. HT on the other hand, has a certification for nurses, doctors and other health professionals, even though HT has developed from TT (Lindquist et al., 2013, p. 398-408). Both methods are found by nurses and approximately 30 techniques of HT are known (Lindquist et al., 2013, p. 398-402). The main feature is that a HT practitioner, a nurse for example, places his or hers hands on or really close to the body not touching, assesses the person's energy field and applies proper technique to harmonize the person's energy field interruptions, so the recipient's energy and body can heal themselves (Fontaine, 2011, p. 232-233).

Research about the effect of HT and TT is still growing. The benefits of HT and TT include relaxation, stress and anxiety reduction, pain relief, decreasing side effects of medication in cancer patients, improved mood and sense of well-being (Snyder & Lindquist, 2009, p. 259; Hart, Freel, Haylock & Lutgendorf, 2011). HT and TT were studied among the elderly as well. Non-contact therapeutic touch has shown an effect on pain relief in postsurgical pain in the elderly (McCormack, 2009). Another study has shown that use of TT decreases behavioural symptoms of dementia such as restlessness (Woods, Craven & Whitney, 2005).

Healing touch has shown an effect on elderly's well-being. Nurses can use it very easily in their work. The nature of human touch is calming itself and since the elderly is very lonely nowadays and do not experience touch on a daily basis (comfortkeepers.com, 2014). It does not cause any harm or any side effects, the person does not have to be touched in many cases. It does not require any active participation from the recipient, the person can lie in the bed or sit, which makes it comfortable to use in elderly care (Fontaine, 2011; Lindquist et al., 2013).

4. Theoretical Framework

In this chapter the theoretical framework of this study will be described and discussed. Jean Watson Philosophy and Theory of Human Caring is used as a theoretical framework in this

study. Ten carative factors, caritas processes and nursing theorist Watson's point of view to the human being, holistic nursing and use of CAM will be discussed.

4.1 Watson's Philosophy and Theory of Human Caring

Watson's theory of human caring is closely related to the use of CAM in nursing. It shares the same values such as a holistic view to the patient, creating a caring relationship and is about the true presence.

Watson describes the human being as "*a unity of body/mind/spirit/nature*", health as "*unity and harmony within the mind/body/soul*", the environment she also calls "*healing space*" and describes from the nurse's point of view as "*attending to supportive, protective and/or corrective mental, physical, societal, and spiritual environments*" and Watson believes that the nurse *is that environment* (Watson, 2008; Alligood, 2018, p. 71-72, according to Watson, 1979). In CAM, the same values are fostered, and much attention given to the creation of a healing environment when applying CAM therapies, promoting the well-being of the person as the harmony of body, mind and soul. Nursing Watson describes as consisting of "*knowledge, thoughts, values, philosophy, commitment and action with some degree of passion"* and that being as the art of human caring (Alligood, 2018, p. 71). Watson (2008) claims that honest caring is an essential part of nursing.

Watson's theory of human caring includes ten carative factors which were widened to caritas processes, so the concepts could be used in practice. Theory of human caring also consists of *"transpersonal healing and transpersonal caring, caring moment, caring occasion, caring healing modalities, caring consciousness, caring consciousness energy and phenomenal file/unitary consciousness"* (Watson, 2008, p. 29-30; Alligood, 2018, p. 68-69). The transpersonal caring relationship means the nurse-person relationship, nurses attention to understand "deeper" meaning of human health, caring occasion/caring movements are the situations when the nurse and the patient are together in such a way that an opportunity for human caring is built (Alligood, 2018, p. 68-72).

As mentioned before, Watson transformed ten carative factors to caritas processes, so this approach can be combined into nursing practice through caritas processes, that give guidelines for caring-loving or also called "*loving-kindness relationship foundation*" (Watson, 2008; Alligood, 2018, p. 68-72). Ten caritas processes are described below

according to Watson (2008), Watson's Official Caring Science Institute (2010) and Alligood (2018):

1. *"Sustaining humanistic -altruistic values by the practice of loving-kindness, compassion and equanimity with self/others".* Satisfaction when "giving", caring for others and through this, getting understanding of the influence of love and caring on self and others (Watson, 2008).

2. *"Being genuinely present, enabling faith/hope/belief system; admiring subjective inner, life-world of self/others".* Promotion of holistic (body-mind-soul) nursing care, developing nurse-patient relationships and helping the patient with health promotion.

3. "*Being conscious to self and others by encouraging own spiritual practices; beyond ego-self to transpersonal presence".* When the nurse understands/acknowledges her own feelings, she becomes more sensitive and understanding of the patient's feelings.

4. *"Promoting and maintaining loving, care and trust-based relationships".* This is crucial for trans-personal caring. It helps to accept positive and negative feelings. The nurse is using effective communication that includes being "real", honest, empathic and using body language that corresponds what is being said and experienced.

5. "*Acknowledging the expression of positive and negative feelings - genuinely listening to another person's story".* The nurse must be prepared for positive and negative feelings, be aware to differ from the intellectual and emotional understanding of the situation.

6. *"Solving problems creatively through the caring process; full use of self and artistry of caring-healing practices via the use of all ways of knowing/being/doing/becoming."* The nurse uses her knowledge creatively in practising caritas nursing, bringing caring, love and heart-focussed human to human practices (Watson Caring Science Institute, 2010).

7. *"Participating in transpersonal teaching and learning within the context of a caring relationship; staying within other's frame of reference-shift toward coaching model for expanded health/wellness".* Separating caring from curing. Patient teaching, promoting the patient's personal growth.

8. "*Creating the healing-holistic environment."* The nurse focuses on mental, spiritual, sociocultural wellbeing of the patient, ensures comfort, privacy, safety, clean and aesthetic environment.

9. "*Assisting with basic needs as sacred acts".* The nurse recognizes biophysical, psychophysical, psychosocial and intrapersonal needs of herself and the patient. The nurse focuses on the satisfaction of the needs according to Maslow 's hierarchy of needs.

10. *"Opening to spiritual, mystery, unknowns of Life-Death".* The nurse has to be open to the unknown that we cannot control, to the inner-life experience which can never be fully explained, *"allowing and being open to miracles"*.

Watson's major theory assumptions for the transpersonal caring relationship have been extended to multidisciplinary practitioners (Alligood, 2018, p. 70-71):

- The transpersonal caring given by the nurse protects, improves, strengthens human importance, wholeness and healing.
- The care given by the nurse affirms the subjective and spiritual importance of the patient, at the same time the nurse keeps caring during threat and despair.
- The nurse attempts to get the connection with the spirit of another person through honest presence and the caring moment that includes "*actions, words, behaviours, body language, feelings, thoughts, senses*" and other factors that have an impact on the transpersonal caring connection (Alligood, 2018, p. 70).
- Nurses' competence to create the transpersonal connection is shown through *"movements, gestures, facial expressions, procedures, information, touch, sound, verbal expressions"* (Alligood, 2018, p. 70). A nurse who is able to use these methods is also able to perform caring-healing approaches.
- Caring-healing approaches in transpersonal caring enhance wholeness and harmony.
- Nurses' own personal, professional and spiritual development have a huge impact opening themselves to achieve a deeper level of professional healing practice.
- Nurses' life experience and feelings are one of the main "teachers" for transpersonal caring. Otherwise, the nurse can get this knowledge from other disciplines, like humanities and learning about other cultures. While studying other disciplines, the nurse can discover her own values, beliefs, relationship with self and others.
- Personal development, which is important for the transpersonal caring, can be achieved through psychotherapy, transpersonal psychology, practising meditation and other forms that enhance spiritual growth.
- Growth, maturing and improving within transpersonal caring is a continuing process.

In her human caring theory Watson includes the integration of art into the science of nursing. In relation to this research, Watson claims that there is a growing blend between art, science and spirituality that makes holistic and mind-body-spirit medicine which she names as complementary-alternative-integrative medicine (Watson, 2008, p. 20). This type of medicine has a new perception of energy, healing and spirituality. Watson describes different types of CAM therapies as healing arts, interflow of beauty, science, art and spirituality (Watson, 2008, p. 21).

In the interview conducted by Fawcett (2002), Watson underlined the changes in consciousness within people in relation to the growing use and interest in CAM, that is the science of inner healing, consciousness, energy and spirituality. She states that because of that there is still so much to realize in the nursing field (Watson in Fawcett, 2002).

Watson caring theory is applicable to nursing practice within the elderly. In a study made by Bernick (2014), the nurse in her work within the elderly has included values from Watson's caring theory such as transpersonal caring, spirituality, and caring moment. Applying these modalities in practice have shown the meaningful care provided by the nurse, as well as the nurse felt rewarded by providing the care. The fact that the nurse listened to the patients' stories, have shown true presence for the elderly that focuses on body, mind and soul. In order to create a healing environment, the nurse used CAM therapies, like music and aromatherapy. The healing-based patient-nurse caring relationship had an impact on improved elderly quality of life.

5. Methodology

In this chapter, the research methodology is described. Qualitative research method semi-structured interviews that were used in this study are defined. Data collection process, ethical considerations and content analysis method that was used by the respondent to analyse the data in this study is described.

5.1 Qualitative research method

The respondent used qualitative design for this research. Leininger (1985, p. 5) describes qualitative research as *"type of research that refers to the methods and techniques of observing, documenting, analysing and interpreting attributes, patterns, characteristics, and meanings of specific, contextual features of phenomena under study"*. In this study, the

qualitative method will help to widen the knowledge about CAM therapies in Lithuania within the elderly. The new knowledge will create a better understanding of patient care and enhance well-being. This study intends to reveal nurses' knowledge about CAM therapies, motivation to use them.

This method of research explores the depth, richness, and complexity of people's lives, and in nursing research, it helps to understand needs, problems, describing factors that are affecting health (Gray, Grove & Sutherland, 2017, p. 62). Leininger (1985, p. 5) believes that the main goal of qualitative research is to describe as wholly as possible what is being studied from the people's point of view. The process of it includes identification, study, and analysis of subjective and objective data in order to understand people's perspective of life, and it is often the way to discover unknown aspects or events (Leininger, 1985, p. 6-7). The qualitative method usually tends to be holistic, aiming for an understanding of the whole (Polit & Hungler, 1999, p. 13-14).

In this study, exploratory-descriptive qualitative research method is used. This type of research method does not fall into any of the formal types of research. The purpose of exploratory-descriptive research is to explore and describe a topic of interest, provide insights to understand patients and groups and have an effect on practice, with a focus on problem-solving (Gray et al., 2017, p. 73). In descriptive research, the main goal is to give a precise picture of people's characteristics or events when exact phenomena of daily life occur (Polit & Beck, 2018, p. 401). As mentioned earlier, the aim of this study is to widen the knowledge about CAM therapies in Lithuania within the elderly. This study intends to reveal nurses' knowledge about CAM therapies, motivation to use them. So, this research design fits to achieve the aim of this research.

5.2 Data collection

The most important factors to consider before performing data collection is to find the participants - sampling, and data collection process itself: how it will be done, collecting the right information for the study.

In this study, two types of participant sampling were combined. The first participant has been volunteer (convenience sample), even though the criteria was nurse working within elderly care, but it was not looked at the fact if nurse is experienced with CAM, because the aim of this study is partly if nurses have the knowledge about it, so it might even make this

sampling purposive. The first sampling was volunteer (convenience) sampling and after that, the first participant has been asked if she can refer to some other nurses within elderly care who would be willing to participate in this research. The second type of sampling is called snowball sampling or network sampling when earlier participants are asked to make referrals (Polit & Beck, 2018, p. 199).

In total five nurses have participated in the research. All of them are females, between the ages of 40 years old and the oldest 61 years old. The average age of all participants was 51,8 years. All nurses worked in elderly care in elderly nursing homes in Lithuania from three different municipalities. Their experience working with the elderly varied from one year to 39 years, average participant experience working with the elderly is 9,4 years. The participants had previous background experience working in an ambulance, paediatric, internal diseases and oncological wards, or no previous experience. Some of them continuing these jobs part-time.

The data collection took place in nurses' offices, where individual semi-structured face-to-face interviews were done. The interviews were recorded with the voice recorder on phone, based on guided questionnaires (see Appendix 2).

The nurses were contacted in advance, first by phone calls to see if they were interested or willing to participate and then by sending interview questions and informed consent (see Appendix 3) by e-mail to the institutions where they are working and to the nurses individually. After that, if they agreed to participate, agreeing on the convenient date and time for them, semi-structured interviews were conducted. The interviews were conducted in three different elderly nursing homes, two nurses from institution A, two from institution B, and one from institution C. The interviews were done during summer within a two-month period, July-August 2018. The interviews lasted between 20-40 minutes, conducted individually with each nurse.

As an interviewer, I encouraged the nurses to answer the questions as widely as possible and to participate genuinely. The interviews were conducted in Lithuanian language, so the interview questions and the informed consent were translated from English to Lithuanian.

5.2.1 Semi-structured interview

The data collection instruments in this research are semi-structured interviews based on guided questionnaires. The interviews were recorded with the voice recorder on phone (later

discussed in Ethics). The interview is useful in qualitative research to obtain meaningful data about people's experience and it is most commonly used in qualitative descriptive studies (Burns & Groove, 2007, p. 77-78; Fain, 2009, p. 7-8; Gray et al., 2017). The semi-structured interview is one of the self-report techniques in qualitative research (Polit & Beck, 2018, p. 204). Questions were prepared in advance, but since semi-structured interview was used, it allows one to be flexible during data collection and analysis which means more or new ideas or unexpected can be brought up, as well as it ensures all needed topic areas are covered (Marshall & Rossman, 2016; Polit & Beck, 2018, p. 204).

5.3 Data analysis

Data analysis in qualitative research requires a lot of time and skills from the researcher. In descriptive qualitative studies data is mostly analysed using content analysis (Polit & Beck, 2018, p. 401). Content analysis is a systematic analysis of observations obtained from records, documents or field notes, and in this study, interviews will be analysed (Bowling, 2014). Polit and Hungler (1999, p. 712) describe qualitative analysis as *"organization and interpretation of non-numeric data for the purpose of revealing/discovering important underlying dimensions and patterns of relationships"*. The conducted interviews in this research are transcribed, analysed and data is interpreted in themes, categories and sub-categories (inductive content analysis).

The first step of data analysis is transcribing the interviews. In this study, interview recordings were first transcribed in Lithuanian and then translated to English. Transcribing and translating one interview took three-four hours, in total 18 pages of data in English were transcribed. Later the transcribed data has been analysed using content analysis.

Qualitative data analysis includes creating a coding scheme and coding the data, in a way that categories and patterns among the themes are identified (Polit & Beck, 2018, p. 282). According to Polit and Beck (2018, p. 282), content analysis process includes *"breaking down data into smaller units, coding and naming the units according to content they represent, and grouping coded material based on shared categories"*. The data text has been analyzed and interpreted, which means the data has been divided into themes, categories, subcategories and phrases of original text confirming the concepts are included. The researcher stayed close to the text and what was being said by the participants.

5.4 Ethical considerations

Ethics is a set of moral principles which purpose is to prevent researchers from harming those who they are investigating (Dickson-Swift, James & Liamputtong, 2008, p. 95-96). Ethical aspects must be considered in all research methods and it is especially important in nursing research. There are four ethical principles described by Dickson-Swift et al. (2008, p. 26-67, according to Beauchamp & Childress, 1994): "*respect of autonomy (informed consent), non-maleficence (no harm), beneficence (benefits of research are higher than risks) and justice (research is fair)"*. These four principles should lead to the ensuring of research participant rights and privacy. In this study, semi-structured interviews were conducted, which causes to focus on informant rights, and it is important to assess the risks and problems in advance. Research ethical considerations were controlled in these steps:

1) Institutions and nurses were contacted if they were willing to participate in the research, interview questions (Appendix 2) and informed consent (Appendix 3) were sent in advance. Informed consent is essential for all researches and it confirms that the research participant is informed about and understands the research, risks, benefits, and that participation is voluntary (Dickson-Swift et al., 2008, p. 97).

2) The informants were participating voluntarily. Before the interview they were informed about their role in the research, how the information will be stored and used, and about their right to not participate. Respondents must know the right of participants to discontinue their participation in the research any time they wish (Holloway & Wheeler, 2002, p. 47). The informants understood that they can stop the interview at any time.

3) The informant right to privacy is respected and anonymity and confidentiality are guaranteed. Confidentiality guarantees that information will not be shared and will be protected, anonymity - that the study participant's identity cannot be connected or linked to the study (Burns & Grove, 2007, p. 212). During data analysis the names of the nurses have not been used in order to assure anonymity and confidentiality. Each interview has been coded with the codes LT1, LT2, LT3, LT4, and LT5.

4) Permission to record the interviews with the voice recorder on the phone has been asked. The respondent has the responsibility to stop data collection if it looks like that the participant is hurt by the data. The participants understood that they can withdraw their participation and answers at any time (Polit & Beck, 2018, p. 81-84).

After presenting the thesis in June 2019, the voice recordings will be deleted. The thesis is written in English, but a short abstract will also be available in Lithuanian, so the nurses who participated in this research will be able to get acquainted with the results.

6. Results

In this chapter, the findings of this study will be described and discussed more in detail. The collected data consist of 18 pages after having transcribed all the interviews. After the transcribing of the interviews preliminary analysis was conducted in order to sort the data (see appendix 4 "example for analysis") and the results have been interpreted. Three main themes were identified and described below.

6.1 Lack of knowledge, but personal experience

The theme "Lack of knowledge, but personal experience" discusses the findings that nurses have not received knowledge about CAM in their nursing education, but that all the participants have their own personal experience about it. According to these findings two main categories have been revealed: "Lack of educational knowledge" and "Personal experience". These categories are discussed more in detail below.

6.1.1. Lack of educational knowledge

Most of the study participants shared their experience that there has not been anything about CAM during their nursing studies. Two of five nurses told that they remember that they got some basic knowledge that was related to CAM, for example, about one exact therapy and rehabilitation process, but not exactly concerning CAM or its use within elderly care.

"It was no information at all when I have been studying and it was such a long time ago. Absolutely nothing about integrative care or alternative medicine at all." (LT1)

"During my studies I had no classes about CAM at all. We had all the things about diseases, traditional treatment, but nothing at all about alternative medicine." (LT4)

"When I was studying in the year 1984 it was nothing at all." (LT3)

"We have passed the courses and had information, for example, massages, let's say rehabilitation process. But something exactly about it, not really..." (LT2)

"The very basic knowledge I got during my studies...But not something exact about therapies." (LT5)

In relation to the lack of educational knowledge, the study participants expressed their wishes that they would like to learn more about CAM, different therapies such as massage, homeopathy and that they are motivated to use it in their work with elderly.

"I would like to learn about massage when working with elderly." (LT1)

"In overall more about non-traditional ways of treatment." (LT3)

"I would like to learn about homeopathy, and I am really interested in it." (LT5)

Another interesting finding is that the nurses are motivated and want to learn about CAM but shared their concerns that there are no courses available to learn about CAM in relation to elderly care or in nursing at all. The nurses explain that CAM is a new thing that is "coming" now to the nursing profession in Lithuania. This result shows that nurses want to learn about CAM, but there are no courses to offer yet.

"But exactly about therapies, I would say they do not organize these kinds of seminars in Lithuania, there is a lack of it for medics. There is no such a thing in nursing." (LT3)

"Of course, if there would be any courses to learn. If there would be organized anything about therapies. But I think it is the thing that is coming in the future." (LT4)

6.1.2 Personal experience

The category "Personal experience" reveals that even though study participants have not received knowledge about CAM during their education, all of them have their personal experience about it. All nurses that participated in the study have personal interest about CAM. Some of the participants mentioned that they even went to the courses to learn about massage and aromatherapy. The nurses' shared that they use herbs at home, make their own herbal teas and practice yoga. Some went for rehabilitation where they have received and tried different therapies. The findings in this category show that nurses themselves are interested in a healthy lifestyle and that they have learned it by themselves to promote their own and their relatives' well-being. One nurse shared that she learned about CAM when she was nursing her grandmother at home. The nurses commented on using folk medicine, which is the type of method that is learnt from one generation to another (in Lithuanian culture), which in this study for example would include using herbs, herbal teas, oils and honey.

"I have been nursing my grandmother and I used quite much of it. I used herbs and other things." (LT1)

"Yes, I have finished massage classes…By myself, I am really interested in herbs, healthy medicine. I collect all herbs that I need by myself." (LT2)

"Aromatherapy, massage. Different teas, herbs. I was learning about it only for myself." (LT3)

"99 herbs for heart, yoga, massage, different herbal teas, oils, "Gong therapy"[1], aromatherapy... I went to a lot of rehabilitations where I tried different therapies." (LT4)

"From my personal experience I have practiced yoga…. I also use knowledge from our folk medicine: honey, different teas and herbs such as evening primrose, and evening primrose oil." (LT5)

6.2 Nursing attitude towards CAM

The theme "Nursing attitude towards CAM" discusses the findings what nurses consider being CAM, how they understand what it is. This theme also describes nurses' attitudes towards benefits of CAM for the elderly and the staff. Two main categories were identified: "Perceptions about CAM" and "Benefits of CAM".

6.2.1 Perceptions about CAM

In this category, nurses shared their variating opinions all closely related to the principles of CAM and integrative medicine. The study participants described that they consider CAM being a method to promote well-being from nature, such as being outdoors, exercising, getting some fresh air and using substances from nature, like herbs and oils, to promote well-being. Some of the participants also understand CAM as being a part of integrative medicine, a combination of conventional treatment and alternative therapies. One nurse described CAM being a nurturing holistic view towards the human's health. These findings show that nurses have a clear understanding of what CAM is related to, that it is a method to promote

[1] Gong therapy - type of music sound vibration therapy, that also includes meditating and drinking herbal tea (according to one of the participants).

well-being, in relation to nature and using therapies that foster holistic principles in combination with conventional treatment.

"Simply going outside, not sitting all the time in the room." (LT1)

"Healthy person's well-being from the nature, herbs. Healthy lifestyle, healthy diet, exercise, sport, a walk in the fresh air. I understand it like that. Natural medicine." (LT2)

"I understand CAM as just what we talked about and I think we can mix CAM with our conventional, traditional medicine, because there are people for whom all these teas, evaporation, humour, conversation, touch, staying together, going outside helps a lot." (LT3)

"I consider when a nurse not only looks at the patient's physical health, but also emotional, psychological, spiritual. But as alternative medicine I understand everything that is outside the traditional treatment – like herbs, folk medicine." (LT4)

"It is a complex of things which not only help to get better, but also to keep the well-being." (LT5)

6.2.2 Benefits of CAM

The participants shared their opinions on how the use of CAM is beneficial in their work within elderly care. The nurses were aware that the use of CAM therapies with the elderly influences their emotions, psychological and physical health. The elderly is in a better mood, happier, confident and in overall more satisfied, or also as one nurse mentioned that it makes the elderly feel needed here when CAM therapies are used. The nurses' noticed that when CAM therapies are used, the elderly are less sick, as well as one nurse shared her opinion that CAM might prolong the elderly life expectancy in the institution where she is working. Therefore, these results show that in nurses opinion CAM has the probability to enhance elderly well-being.

"...the clients are in a better mood for that and less complaining.....after their stay outside they are really satisfied." (LT1)

"We are happy that our patients are quite physically active, spiritually strong and still can make jokes." (LT5)

"…. after that they are very happy." (LT4)

"Sometimes you come, hug them and boost their confidence……their mood gets better as well.... they start to feel that they are needed here." (LT2)

"…they are also less sick." (LT1)

"For now, here we have quite low mortality and long-life expectancy (85-95 y.)." (LT5)

The participants were aware that the use of CAM therapies is beneficial not only for the elderly, but also it has positive outcomes for the staff. When the elderly is happier, in a better mood, they are less sick and also complaining less – it is easier for the nurses to work which motivates the nurses to use CAM even more.

"I am motivated to do that because it is easier for us later .... the clients are in a better mood and complaining less." (LT1)

6.3 Use and challenges of CAM within the elderly

The theme "Use and challenges of CAM within the elderly" discusses what types of CAM nurses use within the elderly care, what challenges occur with the use of CAM and what prevents nurses from using it. Two main categories were found: "Use of CAM" and "Challenges".

6.3.1 Use of CAM

All the study participants are using CAM therapies in their work within the elderly. The main subcategories that were identified: mind-body therapies, manipulative and body-based therapies, biologically based therapies, energy therapies and Kneipp therapy. The subcategories and what exact therapies from each group that are used are discussed below.

6.3.1.1 Mind-body therapies

Everyone who participated in this study shared their experience in using mind-body therapies when working within elderly care. The main types of mind-body therapies that were identified are prayer, music and dance therapy, humour and talk.

According to this study's results, ***prayer*** has been one of the most common mind-body therapies used by the study participants in their work with the elderly. The nurses described that they pray together with the elderly and that they noticed that a lot of the elderly prays alone as well. The participants underline that this type of therapy is used by the ones who believe.

"Praying for me is of course an understandable thing." (LT1)

"Prayer as well, with the ones who believe." (LT2)

"Before Christmas we are praying every morning. We all hold hands and pray." (LT4)

Music and dance therapy were used in combination by the study participants. Nurses commented that when music therapy is used it also motivates the elderly to move.

"They listen to the music and even get some move it is also a therapy for them." (LT1)

"We gather all of them and go outside, play music, dance." (LT4)

Humour has been described as an important aspect to also show elderly well-being. In one of the participant's opinion, when the elderly can joke with the staff it creates a better atmosphere, the elderly is in a better mood and it makes them feel appreciated.

"They always joke - "Nurse, do you remember when you danced with me?" and I answer "Of course". They remember it. They find it very special and important for them. We joke here a lot." (LT4)

Nurses also use ***talk*** as therapy and according to the findings most of the times it is the best therapy. As the participants commented, sometimes all that is needed for the elderly is just communication. When they have someone to talk to and share their feelings, they feel better. This attitude has also been discussed in the theme "Nursing attitude towards CAM".

"We talk a lot. And when they have someone to talk to, their mood gets better as well." (LT2)

"I always start the conversation with the person if I see that he/she is not in the mood or so..." (LT4)

"I talk with them a lot. Sometimes all they need is an honest conversation and a hug." (LT5)

6.3.1.2 Biologically based therapies

This subcategory describes the most common biologically based therapies used within elderly care by the nurses. The three main types of biologically based therapies used were herbs, food supplements and aromatherapy.

Herbs are used by all the study participants and in overall in this research herbs are the most used type of CAM within elderly care. Herbs have been used mainly in the form of teas. Nurses described that the first "medication" that they use when the patients get a cold is herbal teas. Herbal teas are also used to treat urinary infections. Some of the study participants also described that in the elderly homes they have their own herb gardens, where patients who have enough strength grow, collect and prepare herbs themselves. Also, the ritual of drinking herbal tea is seen as a therapy. Participants said that often when they drink herbal teas, they mix it with honey.

"... we use herbal teas ... If they are sick, for example, got a cold, we serve some tea for that." (LT2)

"We use herbal teas. We order chamomile, thyme, "bronchus" [2] teas, bearberry tea for the urine bladder. Pine tree for coughing. As first treatment we start with teas." (LT3)

"We have our own garden with some herbs, where our clients take care of them and collect them." (LT4)

"We sit outside and have some herbal tea. We have so many herbal teas to choose from. They are tasty as well, mixed with honey." (LT5)

Two of the study participants use ***food supplements*** in their work with the elderly and the most common ones being fish oil, vitamins that are specialised for the elderly and magnesium supplements.

"Fish oil of course we use, also magnesium supplements." (LT2)

"Vitamins, supplements for the elderly." (LT3)

[2] Bronchus herbal tea - thyme herb (33,4 %), primrose roots (33,3 %), plantain leaves (33,3 %) (according to one of the participants).

One nurse shared her experience using combination of ***aromatherapy***, music therapy and hydrotherapy in her work, that she also calls "little spa".

"We make "little spa" for hands and use different oils, relaxing music is playing, so it is aromatherapy, relaxation as well." (LT5)

6.3.1.3 Manipulative and body-based therapies

Manipulative and body-based therapies are used by all the study participants. Two main manipulative and body-based therapies were exercise and massage. Exercise is used by all in their work, so it was added into this subcategory. Massage is performed not exactly by nurses, but they recommend and motivate the elderly to use massage chair or the nurses' massage just legs or arms with moisturizers.

"During winter we gather and do exercise." (LT1)

"We use massage chair here as well." (LT2)

"As a nurse maybe, I just "massage" with moisturizing oils for legs and arms, even face, because the elderly has very dry skin." (LT3)

6.3.1.4 Energy therapies

The subcategory energy therapies have been identified because many of the participants shared their experience and the importance of touch in their work and noticed that it has an effect as a therapy on the elderly. Touch has been found as a method boosting the confidence of the elderly and giving comfort. According to the participant opinion, it is important not to be afraid to touch your clients, because it makes them feel better and appreciated.

"Sometimes you come, hug them and boost their confidence…. The contact, touch helps a lot, the person starts to feel different... the touch gives a lot. The elderly here then starts to feel that they are needed here." (LT2)

"…we hug a lot." (LT4)

"For them is just sitting together, hugging, helping them to eat, trying to talk with them means a lot." (LT3)

"…all they need is an honest conversation and a hug. I am not afraid to touch them, as I know some people who do not even want to touch old people." (LT5)

6.3.1.5 Kneipp therapy

In this study, Kneipp therapy has been identified as a separate subcategory, because two of the five study participants have mentioned it. This therapy has not been mentioned in the background of this study. Kneipp therapy is the combination of different well-being methods, and it is a part of naturopathy, that belongs to the "systems of care/alternative medical systems" type of CAM. Kneipp therapy has been founded by Sebastian Kneipp, who based his philosophy that water can heal (hydrotherapy). He underlined the importance of exercise, balanced nutrition, using herbs and in overall well-being from nature (Locher & Pforr, 2014). The study participants use Kneipp circuit therapy in their work where elderly walk barefoot and it stimulates the feet which has positive health outcomes. This is later followed by drinking herbal tea and being outdoors.

"We have Kneipp circuit, it is a path with different surfaces on which you have to walk barefoot. It stimulates blood circulation, metabolism, as well strengthens the immune system." (LT5)

"Soon we are going to have Kneipp circuit, for elderly to walk barefoot and stimulate their feet." (LT2)

6.3.2 Challenges

This category discusses the findings of the factors that have an effect on or prevent nurses using CAM in their work with the elderly. The nurses are aware and shared their experiences that there is a lack of staff to provide CAM for the patients, and as a result when there is a lack of staff - there is a lack of time. The study participants were also not sure if they can use CAM in their work, for example in institutional care. Three subcategories were identified: "Lack of staff", "Lack of time" and "Lack of clear regulations".

6.3.2.1 Lack of staff

The nurses shared their observations that there is a lack of staff in their workplace that could use CAM in their work. One of the participants has shared her experience that she noticed that at home she uses much more of CAM because there she is taking care of only one

individual. The participants told that there is a lot of the patients and only a few nurses, so they only have time for the basic nursing care. These findings show that nurses also have a heavy workload and shortage of staff, which results in no time to use CAM.

"I noticed I can use complementary and alternative medicine at home much more because I am taking care of only one person there. And here it is obviously too little of us to use CAM with all the clients, there is no time. We have 50 elderly people living here and we are only three nurses working here." (LT1)

"We have 47 patients and we are three nurses and usually we are two in one shift. There is no time for very individual work." (LT4)

6.3.2.2 Lack of time

As mentioned in the previous subcategory "Lack of staff", too few staff result in a lack of time to use CAM. The study participants are motivated to use CAM in their work, but there is no time because there are so many patients to take care of and too few nurses, which results in that there is no time for "extra work".

"There is no time to use it because it is extra work." (LT2)

"There is no time." (LT1)

"I wish I could have time, like half an hour for each patient individually. I do not even have five minutes." (LT4)

6.3.2.3 Lack of clear regulations

One of the participants shared her concern that she would like to use CAM in her work with the elderly, but it was not sure if she is allowed to use it in the institutional care. This finding shows that there is a lack of regulation and clearness about use of CAM in the elderly care and that prevents nurses using it in their work.

"I do not use oils and herbs here in my work, only at home. I do not really have a right to use it. Sprays and ointments, we might use but only those that are certified. I just think that I do not really have the right to do that, it is an institution here." (LT3)

7. Discussion

The discussion chapter is divided into three parts: “Discussion of results”, “Discussion of methods and limitations of the study” and “Conclusion”. The discussion is important in order to give the answers to the aim of this study and answer the research questions. As well as how these answers have an impact in practice. In “Discussion of results” the findings of the study and its relation to the theoretical background will be discussed. In the part “Discussion of the methods and limitations of the study” the methods will be critically reviewed and discussed both how they fit in this study and what were the limitations. The conclusion will summarize everything and possible suggestions for future research will be given. Trustworthiness - credibility, dependability, confirmability, transferability and authenticity of this study will be discussed.

7.1 Discussion of results

In this part, the interview analysis findings and theoretical framework relation will be discussed, as well as the points how they support each other will be underlined. How the findings of this study answer the aim and research questions will be given. The aim of this study is to widen the knowledge about complementary and alternative care therapies in Lithuania within the elderly. The new knowledge will create a better understanding of patient care and enhance well-being. This study intends to reveal nurses’ knowledge about CAM therapies, motivation to use them. The following questions that will be answered in the discussion part are - what types of CAM are used by nurses within elderly care and what is the nursing attitude towards CAM in the elderly care.

Three main themes were identified when interpreting the collected interview data: “Lack of knowledge, but personal experience”, “Nursing attitude towards CAM and “Use and Challenges of CAM within elderly”.

7.1.1 Lack of knowledge but personal experience

The theme “Lack of knowledge, but personal experience” was identified because findings show that nurses have not received educational knowledge about CAM during their studies, but all study participants have their own personal experience or interest using CAM. The main categories that were identified for this theme are: “Lack of educational knowledge” and “Personal experience”.

The category “Lack of educational knowledge” as mentioned before, reveals that there is no teaching in nursing studies about CAM. Results also show that the nurses are interested and want to learn more about CAM, and they are motivated to use it in their work. But another finding shows that even though nurses want to learn, there are almost no courses available to learn about use of CAM in nursing. These results show that there is a demand for it, but no “supply”. This means that it is also difficult to get any knowledge about CAM that would be given in a form of official teaching and that would give the right for nurses to use it in their work. According to the findings of this study CAM is a very new thing in nursing specialty in Lithuania and in the participants’ opinions that now more and more courses begin to appear about CAM and nurses share the thoughts that it is needed. These findings show the knowledge gap about CAM.

The supporting and interesting finding is that even though nurses have not received educational knowledge about CAM, they still have their own personal experience about it. The participants in this study went to courses of massage and aromatherapy where they learned it for themselves, to promote their own and their relatives’ well-being. The theme “Use and Challenges of CAM with the elderly” shows that nurses use quite much of different types of therapies in their work, even though that knowledge is just what they have learned by themselves. It gives an understanding that even though nurses have no educational knowledge about CAM, they still use it because they know it helps the elderly to feel better. This goes in line with Watsons theory of caring (Watson, 2008). That nurses have an inner feeling of caring, so they use CAM even though it is just knowledge from their own personal experience.

One of the goals of this study is to reveal nurses’ knowledge about CAM and this theme gives an answer. The results show that the problem is that usually there is no teaching about CAM for nurses during their studies and they learn about CAM by themselves from their own personal interest or experience. In that way the theoretical framework supports this finding as according to Watsons theory of the human caring (in Alligood, 2018) that when nurse is interested herself, she maintains her professional development it leads to deeper ability for healing practice or simply saying to the competent health care, as well as mentioned above, the inner feeling of caring.

7.1.2 Nursing attitude towards CAM

The theme "Nursing attitude towards CAM" findings are supported both by the literature and the theoretical framework of this study. The main findings and categories that were revealed are "Perceptions about CAM" and "Benefits of CAM". The results show that nurses have a quite clear understanding about CAM. The participants consider CAM being closely related to the healing from nature, being a part of integrative medicine, fostering holistic nursing principles and in overall using methods to promote well-being.

Healing from nature means that being in the fresh air, using substances that we get from nature helps the person to feel better. This finding is one of the principles of integrative medicine, that the human is inseparable from nature, feels better and finds peace while being there (Kreitzer & Koithan, 2014, p. 10). Another concept of integrative medicine is the integration of conventional and alternative therapies in the healing process. Applying holistic nursing principles in the care process is the main idea of CAM. According to Snyder and Lindquist (2009), using holistic caring philosophy that underlines the use of CAM is an important aspect of care and in overall CAM is a whole systems healing.

Watson's theory of human caring only adds strength to these findings. In her theory Watson shares values of mind-body-soul healing and that applying CAM therapies helps to create a healing environment (Watson, 2008; Alligood, 2018).

The category "Benefits of CAM" discusses the nurses' attitude that CAM has the probability to enhance elderly's emotional, psychological and physical well-being. In relation to the emotional health, the use of CAM improves mood, the elderly feels better and happier. The psychological benefit of using CAM that elderly is spiritually stronger and physical benefits that they are less sick. One participant has shared her opinion that the use of CAM therapies might even prolong the life expectancy of the elderly. As discussed in the background of this study, CAM therapies such as music therapy, aromatherapy, massage, therapeutic touch and all the studies done about their beneficence in relation to elderly well-being only support the study participants attitudes. These findings answer the second research question what the nursing attitude is towards the use of CAM with the elderly. In the study that was mentioned in the theoretical framework of this study, the nurse in her work used Watson's caring theory values such as CAM, transpersonal caring, spirituality, holistic perception about elderly have resulted in the improved elderly quality of life (Bernick, 2014).

A study done by Bernick (2014) found that the nurse felt rewarded by providing care using CAM and Watson's caritative factors. This study supports the next finding in this category in this research. In the category "Benefits of CAM" the study participants have shared their experience that when they were using CAM with the elderly, it was also beneficial for the nurses in a way that it was easier for them. According to the participants, when the elderly is in a better mood, they are less complaining and they are also sick less, that makes the positive outcomes for the caring staff. That is also a motivational factor to use CAM within the elderly.

7.1.3 Use and challenges of CAM within elderly

The theme "Use and challenges of CAM within elderly" found what types of CAM are used by the nurses within the elderly care and what are the challenges related to the use of CAM. Two main categories were identified: "Use of CAM" and "Challenges".

The results show that nurses use mind-body therapies such as prayer, music and dance therapy, humour and talk. Biologically based therapies such as food supplements, aromatherapy and finally herbs being the most used type of CAM with the elderly in this study. Manipulative and body-based therapies, such as exercise and massage. Energy therapies such as touch. Kneipp therapy was used by two of the study participants and that is a combination of hydrotherapy, herbs, mind-body therapies and part of naturopathy.

What was interesting with the category "Use of CAM" is that when beginning with the interviews, when the study participants were asked what CAM therapies they use in their work within elderly, participants asked the respondent "what is CAM?". But when participants were provided with the examples, it came up that they use a lot in their work. So, this observation notices and in overall all the findings they add something to each other. As in this case, it might add to the first finding about nurses' knowledge about CAM. It shows that nurses in their work use a lot of different types of CAM not even realizing that, and that might show a lack of knowledge that it is CAM therapies. As one of the study participants said *"I know now. We are doing so much, but it does not come in our minds that it is therapy." (LT4)*. This is also very interesting finding taking into consideration that this might be also based on the culture. That for nurses it comes "automatically" normal to use CAM therapies, not even realizing that it is CAM, because it is in the nurses culture and she grew up using them at it is going from one generation to another, such as for example, folk medicine that was mentioned in the results of this study.

These findings answer one of the research questions as well as it is supported by the theoretical framework of Watson theory, where Watson calls CAM therapies as healing arts that lead to the inner healing and spirituality (Watson, 2008, p. 21).

The category "Challenges" revealed the main problems that prevent nurses from using CAM in their work with the elderly. The results show and main subcategories that were identified are "lack of staff", "lack of time" and "lack of clear regulations" prevent nurses from using CAM. None of these findings has been discussed in the literature background nor in the theoretical framework. This was an unexpected and interesting finding, which provides what should be improved in the future in relation to CAM and nursing within elderly care. The study participants showed the motivation to use CAM in their work within the elderly, but these factors have been stopping them.

The subcategory "Lack of staff" explains that when there are 40 patients and only two-three nurses working it makes it impossible to take a moment and try to use CAM with the elderly and the factor shortage of staff leads to a lack of time. The study participants shared that they would love to have more individual time with the patients, but there is no time for that.

The subcategory "Lack of clear regulations" shows the problem in the clearness what is allowed and what is not to use in the institutional care within the elderly. As discussed in the background, the overall regulation of CAM use in Lithuania will come into force only in 2020 November, and that regulation only concerns the private practitioners, and nothing is said about institutional care nor about CAM within nursing. This finding shows that there are quite much of gaps in the country concerning the use of CAM and that prevents nurses from using measures that would promote their patients' well-being.

7.2 Discussion of methods and limitations of the study

In this part, the chosen method of the study, the sample, data collection process, data analysis method will be discussed and critically reviewed. As well as, the strengths and weaknesses of this study will be recognized and what could be done better is discussed.

7.2.1 The sample

In total five nurses participated in the research. All data that has been collected from the participants have been analyzed and used in this study. The small number of participants might be the weakness of this study. Nevertheless, all the nurses that participated in the study

had experience in nursing and with the CAM, so it might be considered that rich and reliable data is collected during the interviews. Also, the participants have been from three different municipalities and three different elderly care institutions in Lithuania and that gives the picture of the situation in one region of Lithuania. This might be considered as the strength of this study. However, it could be better to make this study with a bigger sample, including participants from different regions in Lithuania or even from different countries that would make this study more reliable and would give a broader view about this topic. As well as, more data would be collected, and this study would be more trustworthy.

7.2.2 The data collection

The data collection method used in this study is semi-structured interviews based on guided questionnaires (see appendix 2). This method has been good in order to collect rich and meaningful data, as well as since it is semi-structured, it allowed to be flexible, it allowed for new things and unexpected findings to come up. For the respondent, it was important to follow that the interviews are focused on needed topics and if the interviews would go outside the topic, be able to return back to the main points. In order to achieve that, guided questionnaires were very useful so important things would not be missed. The interviews were a suitable method to collect the data for this study because it helped to describe people experience, attitudes and opinions. Also, in this study, most of the participants shared the same experiences and feelings so it makes that this method and data collection instrument is reliable.

7.2.3 The data analysis

According to Lincoln and Guba (1985) (in Polit and Beck, 2018, p. 295-296) for the researcher conducting the qualitative study, it is important to evaluate the trustworthiness of the study, *"its credibility, dependability, confirmability, transferability and authenticity."*

Polit and Beck (2018, p. 295) discuss that credibility points to the accuracy of the collected data in the setting of the study. As well as, credibility refers to how it was assured that no important data has been missed (Bengtsson, 2016). The credibility of this study is accomplished because the aim and the research questions that were stated have been answered and discussed.

The dependability or reliability points to the stability of the data, in a way that if the same study with the same methods or even the same participants would be done again and the

results would be the same (Bengtsson, 2016). According to Polit and Beck (2018, p. 296) "*dependability question is - Would the study findings be repeated if the inquiry were done with the same participants in the same context?"* Since the data collection instrument in this study were semi-structured interviews, it is unpromising that the same findings would be repeated if the study would be done again. However, study participants agreed on most of the themes similarly that makes this study reliable in some context. Over time the stability of this study findings might change as improvements in CAM education might come up.

The confirmability focuses on the neutrality or objectivity of the data (Bengtsson, 2016). It means that coincidence could be met about the *"data's accuracy, relevance or meaning"* with other independent people reading the study (Polit & Beck, 2018, p. 296). To achieve the confirmability of this study the original citations from the participants' interviews were included in the text and that gives the space for the other readers' understandings. As well as the respondent during data analysis stayed close to the text and what was said by the participants, keeping it neutral without own pre-understandings.

Transferability explains if the study findings could be used with other groups or applied in other contexts (Bengtsson, 2016; Polit & Beck, 2018, p. 296). This study has been concentrated on the nurses working in elderly care, so it might be difficult to apply the findings to other groups. Nevertheless, nurses that participated in this study have different working experiences and even some of them are working part-time with other patient groups, as it was described in the data collection process. So, the findings could be generalized for different groups or contexts. As well as CAM is a kind of universal method that could be used with different groups.

Polit and Beck (2018, p. 296) define authenticity as when respondent describes different realities, views realities fairly and that gives the reader the possibility to understand the lives that are being explained. This study is authentic in a way that the nurses describe their experiences and attitudes, the citations used in the text gives the possibility for the reader to understand the experiences of the nurses. According to the respondent knowledge, this study is first of its kind to reveal the nurses' knowledge about CAM within the elderly care in Lithuania in qualitative design.

The collected interview data in this study was analysed using content analysis. The meaningful data has been divided into themes, categories and subcategories where applicable. The respondent has been neutral while interpreting the data, avoiding and being

aware of its own pre-understandings, being open for unexpected findings and staying close to the text what was said by the participants (Erlingsson & Brysiewicz, 2017). Researcher own pre-understandings could be avoided if a colleague that is not working with the same project could read the data and results, would share opinion if the results are logical, without pre-understandings or agree with the same findings that would also increase the validity of the study (Bengtsson, 2016). As already mentioned, the confirmability of this study was achieved by the respondent inserting the original citations from the interviews into the text that gives possibility for the reader to get the same understanding.

All the interviews were conducted in Lithuanian language and later translated and transcribed into English. During this process, translational errors might have occurred. This might weaken the confirmability of this study

The study has been conducted with a small number of participants. If the study would have been done with more participants, broader about CAM, made in different countries, very interesting results and more meaningful data would have been collected. Despite that, the results of this small study are very interesting, unexpected and give the possibility for future suggestions for the improvement. These facts prove that it was a suitable method for this study.

7.3 Conclusion

The findings of this study provide the answers to the aim and research questions that were brought up in the beginning. The aim of this study is to widen the knowledge about CAM therapies in Lithuania within the elderly. The new knowledge will create a better understanding of patient care and enhance well-being. This study intended to reveal nurses' knowledge about CAM therapies, motivation to use them. By analysing the collected interview data from five interviews the answers to the research questions were provided. Three main themes were identified – "Lack of knowledge, but personal experience", "Nursing attitude towards CAM" and "Use and challenges of CAM within elderly".

Nurses do not receive educational knowledge about CAM during their studies, but have their own personal experience using CAM. Nevertheless, nurses are motivated and aware that there is a need for education about CAM, but also share concern that there is a lack of courses in Lithuania concerning CAM in nursing.

The study findings provide results that nurses consider CAM being a method to promote well-being from nature and using CAM therapies that foster holistic principles, as well as CAM being used in combination with conventional treatment. Nurses have a positive understanding that use of CAM therapies within elderly has a probability to enhance elderly emotional, psychological and physical well-being, as well as it gives positive outcomes for the staff when the elderly feels better.

The results show that nurses in their work with the elderly use mind-body therapies such as prayer, music and dance therapy, humour, talk. Biologically based therapies such as food supplements, aromatherapy and herbs that were the most common CAM therapy used by the nurses within elderly care in this study. Manipulative and body-based therapies, like exercise and massage, energy therapies such as touch. Kneipp therapy that is the combination of hydrotherapy, mind-body therapies, herbs and part of naturopathy was used by the nurses.

The main challenges that nurses deal with and what limits the use of CAM within the elderly is that there is a lack of staff, that results in lack of time for the individual work to use CAM. As well as, there is lack of clear regulations for the institutional elderly care concerning the use of CAM, because as these study findings show that nurses are not sure if they are allowed to use their knowledge about CAM in their work.

The interesting finding is that even though nurses do not receive educational knowledge about CAM, they still use quite much of CAM therapies in their work with the elderly, because they have an attitude that it has the probability to enhance elderly well-being. These findings go in line with Watson's theory of caring (Watson, 2008). Because nurses understand that CAM is helpful for the elderly and because of their inner feeling of caring they use it. Also, it might be argued that use of CAM within the elderly care in Lithuania could be a cultural knowledge that goes from one generation to another and nurses use different CAM therapies not even realizing it themselves, because it is normal in their culture.

Further studies could be conducted with the elderly, from their point of view, for example, "Elderly home residents' attitude towards the use of CAM in their care." Further research could be done concerning the relation of the Lithuanian culture and the use of CAM in nursing. That would provide very interesting results.

According to the results of this study, it would be beneficial to introduce teaching about CAM in nursing education. As well as to organize the courses for the nurses about different CAM therapies which they could use in their work in order to enhance the well-being of the patients.

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Appendices

Appendix 1

Paradigms of medicine (According to Fontaine. K. L., 2011, p. 7)

View	Conventional Medicine	Alternative Medicine
Mind/body/spirit	Are separate	Are one
The body is	A machine	A living microcosm of the universe
Disease results when	Parts break	Energy/life force becomes unbalanced
Symptoms	Dysfunctional and need to be fixed	Communicators about the state of the whole person
Role of medicine	To combat disease	To restore mind/body/spirit harmony
Approach	Treat and suppress symptoms	Search for patterns of disharmony or imbalance
Focuses on	Parts/matter	Whole/energy
Treatments	Attempt to “fix” broken parts, specific to disease	Support self-healing; personalized for individual
Primary interventions	Drugs, surgery, diet, radiation	Exercise, herbs, stress management, social support
System	Sick care	Health care

Appendix 2

Interview questions

Male □ Female □ Age:

1. Can you please tell me about your educational background and nursing specialty (if there is any)? How many years of experience do you have working with elderly? How many years of overall nursing experience do you have?

2. Did you get knowledge about complementary and alternative medicine (CAM) in your education? Please tell me more about it.

3. Do you have experience or practised CAM yourself? Could you please tell me more about it?

4. Nowadays many people use different options to relieve their symptoms and promote health. What do you consider as being CAM?

5. Could you please describe about using CAM in your work? What types? If using-why, what is motivation, if not - why, what is non- motivation contributing factors?

6. What would you like to learn about? Is your workplace providing possibility to go for the courses and training about CAM?

7. What general feelings you have about using CAM when working with elderly? (How does it help in patient care?)

Appendix 3

Informed consent

Dear informant,

My name is Greta Gerlikaite, I am third year nursing student at NOVIA University of Applied Sciences, Vaasa, Finland. For my final thesis I am conducting a research study about *"The Implementation of Complementary and Alternative Medicine within Elderly Care."* The aim of this is to widen the knowledge about CAM therapies in Lithuania within elderly care. The new knowledge will create a better understanding of patient care and enhance well-being. This study intends to reveal nurses' knowledge about CAM therapies, motivation to use them, attitude towards it.

In order to accomplish this study your genuine participation is important. Everything you say will be anonymous and confidential. Your participation is voluntary, and you are free to withdraw your participation during the interview any time.

The interviews will be recorded on the recorder on phone and the results will be analysed and published in my final thesis. After presenting the thesis in June 2019, the recordings will be deleted. The thesis will be written in English, but short abstract will be also available in Lithuanian.

Thank you so much for participating in my study.

Sincerely yours,

Greta Gerlikaite

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Appendix 4

Example for analysis

THEME	CATEGORY	SUBCATEGORY	QUATATIONS
Lack of educational knowledge, but personal experience	Lack of educational knowledge	Lack of knowledge	*"It was no information at all when I have been studying and it was such a long time ago. Absolutely nothing about integrative care or alternative medicine at all." (LT1)*
			"When I was studying in the year 1984 it was nothing at all." (LT3)
			"During my studies I had no classes about CAM at all. We had all the things about diseases, traditional treatment, but nothing at all about alternative medicine." (LT4)
			"We have passed the courses and had information, for example massages, let's say rehabilitation process. But something exactly about it, not really…"(LT2)
			"The very basic knowledge I got during my studies. But not something exact about therapies." (LT5)
		Lack of courses about CAM	*"But exactly about therapies, I would say they do not organize these kinds of seminars in Lithuania, there is a lack of it for medics. There is no such a thing in nursing." (LT3)*
			"Of course, if there would be any courses to learn. If there would be organized anything about therapies. But I think it is the thing that is coming in the future." (LT4)
		Learning needs	*"I would like to learn about massage when working with elderly." (LT1)*
			"In overall more about non-traditional ways of treatment." (LT1)
			"I would like to learn about homeopathy, and I am really interested in it. "(LT5)

Lack of educational knowledge, but personal experience	Personal experience	Nursing the relative	*"I have been nursing my grandmother and I used quite much of it. I used herbs and other things." (LT1)*
		Personal interest	*"Yes, I have finished massage classes…By myself, I am really interested in herbs, healthy medicine. I collect all herbs that I need by myself." (LT2)*
			"Aromatherapy, massage. At home I can make creams for myself, I use different oils, use them for facial evaporation. Once my granddaughter did not sleep so well and I knew that lavender under the mattress helps to sleep better. Different teas, herbs. I was learning about it only for myself." (LT3)"
			"99 herbs for heart, yoga, massage, different herbal teas, oils, "Gong" therapy, aromatherapy... I went to a lot of rehabilitations where I tried different therapies." (LT4)
			"From my personal experience I have practiced yoga, have been in rehabilitation. I take fish oil supplements. I also use knowledge from our folk medicine: honey, different teas and herbs such as evening primrose, and evening primrose oil." (LT5)