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Complementary and Alternative Medicine (CAM) Use among Chinese Elders: Crafting a Health Information Guide

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Abstract: This study aims to assess the use of Complementary and Alternative Medicine (CAM) among Chinese elders and develop a health information guide based on the findings. The study is grounded in the theory that CAM encompasses a broad domain of health systems, practices, and beliefs outside the dominant health system of a society. The respondents' profiles in terms of gender and highest educational attainment were described. The study also assessed the efficacy, frequency of application, and circumstances of application of CAM. The results showed that CAM is widely used among Chinese elders, with varying levels of efficacy and application patterns. The study identified several problems encountered by the respondents in using CAM, such as lack of information and guidance. Based on the findings, a health information guide for the use of CAM was developed. This study provides valuable insights for patients, medical health practitioners, hospital administrators, nursing education, and the community, facilitating the effective and safe use of CAM. Future research can further explore the improvement of nursing care and healthcare for patients using CAM.

Keywords: Complementary and Alternative Medicine (CAM); Health Information Guides; Domain of Health System; Chinese Elders.

1. The Problem and its Background

1.1. Introduction

Because of the high cost of medical treatment, patients tend to adopt complimentary medicines including herbal supplements. There is no clear and consistent definition as to the exact nature of complementary medicines. Complementary and alternative medicine (CAM), an assortment of varying health care practices that exist outside the definition or accepted practices of conventional medicine, is increasing. In a 2005 report entitled Complementary and Alternative Medicine in the United States the Institute of Medicine (IOM) adopted that "Complementary and Alternative Medicine (CAM) is a broad domain of resources that encompasses health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the dominant health system of a particular society or culture in a given historical period. CAM includes such resources perceived by their users as associated with positive health outcomes. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp or fixed."

Other groups and individuals have offered various definitions and distinguishing characteristics. The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as "a group of diverse medical and health care systems, practices, and products that are not currently part of conventional medicine." NCCAM has developed what the IOM calls "[o]ne of the most widely used classification structures"] for the branches of complementary and alternative medicine.

Eisenberg (2013) defines Complementary and Alternative Medicine as "medical interventions not taught widely at US medical schools or generally available at US. hospitals," while Dawkins sardonically defines it as a "set of practices which cannot be tested, refuse to be tested, or consistently fail tests."

1.2. Background of the Study

Illnesses could be remedied through the use of herbs and natural therapies according to Bacchus (2000). These therapies as well as modern discoveries based on the ancient times are referred to as alternative medicine. On the other hand, according to Adam (2004), drinking one-half cup of pure lemon juice (enough to make eight glasses of lemonade) every day raises citrate levels in the urine, which can protect against calcium stones (adam.about.com).

Many people utilize mainstream medicine for diagnosis and basic information, while turning to alternatives for what they believe to be health-enhancing measures. Studies indicate that alternative approaches are often used in conjunction with conventional medicine. This is referred to by NCCAM as integrative (or integrated) medicine because it "combines treatments from conventional medicine and CAM for which there is some high-quality evidence of safety and effectiveness." According to Andrew T. Weil M.D., a leading proponent of integrative medicine, the principles of integrative medicine include: appropriate use of conventional and CAM methods; patient participation; promotion of health as well as treatment of disease; and a preference for natural, minimally-invasive methods. A 1997 survey found that 13.7% of respondents in the United States had sought the services of both a medical doctor and an alternative medicine practitioner. The same survey found that 96% of respondents who sought the services of an alternative medicine practitioner also sought the services of a medical doctor in the past 12 months. Medical doctors are often unaware of their patient's use of alternative medical treatments as only 38.5% of the patients

alternative therapies were discussed with their medical doctor.

This is the reason why the researcher conducted this study on the extent of the complimentary treatment on the DOH approved herbal medicines in selected cities in China as basis for the development of information guide.

1.3. Theoretical Framework

This study is anchored with the theory developed by the Institute of Medicine (IOM, 2005) which reported that Complementary and Alternative Medicine (CAM) is a broad domain of resources that encompasses health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the dominant health system of a particular society or culture in a given historical period. CAM includes such resources perceived by their users as associated with positive health outcomes. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp or fixed.

On the other hand, the Cochrane Complementary Medicine Field says that "What are considered complementary or alternative practices in one country may be considered conventional medical practices in another. Therefore, complementary medicine includes all such practices and ideas which are outside the domain of conventional medicine in several countries and defined by its users as preventing or treating illness, or promoting health and well-being. These practices complement mainstream medicine by 1) contributing to a common whole, 2) satisfying a demand not met by conventional practices, and 3) diversifying the conceptual framework of medicine."

Research Paradigm

Figure 1 shows the research paradigm using the Systems Approach model utilizing the Input-Process-Output.

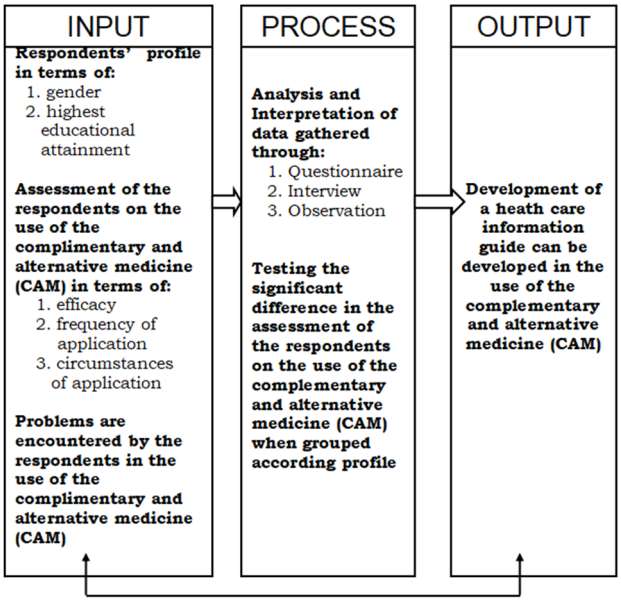


Figure 1. Research Paradigm

1.4. Statement of the Problem

This study aims to describe the assessment of the respondents on the use of the complementary and alternative medicine (CAM) among elders in China as basis for the development of information guide.

Specifically, it seeks to answer the following questions:

1. What is the profile of the respondents in terms of:

1.1 gender

1.2 highest educational attainment

2. What is the assessment of the respondents on the use of the complimentary and alternative medicine (CAM) in terms of:

2.1 efficacy

2.2 frequency of application

2.3 circumstances of application

3. Is there a significant difference in the assessment of the respondents on the use of the complementary and alternative medicine (CAM) when grouped according profile?

4. What problems are encountered by the respondents in the use of the complimentary and alternative medicine (CAM)?

5. What heath care information guide can be developed in the use of the complimentary and alternative medicine (CAM)?

1.5. Scope and Delimitation

The purpose of this study was to describe the assessment of the respondents on the use of the complementary and alternative medicine (CAM) among elders in China. The researcher will describe the profile of the respondents in terms of gender and highest educational attainment. The researcher will also describe the assessment of the respondents on the use of the complementary and alternative medicine (CAM) in terms of efficacy, frequency of application and circumstances of application. Moreover, the researcher will identify the problems encountered by the respondents in the use of the complementary and alternative medicine (CAM). Based from the results of the study, a heath care information guide can be developed in the use of the complimentary and alternative medicine (CAM). The respondents include 60 elders who have availed on the use of CAM and have been diagnosed to have serious illnesses. The study was conducted from March, 2023 to August, 2023 in a selected city in China.

1.6. Significance of the Study

This study will provide objective data that will facilitate and impede the wellness of most patients in achieving ultimate health on the use of complimentary and alternative medicine (CAM).

In a specific sense, results of the present study may be useful to the following:

Patients are the ultimate beneficiaries of this study as they may be given scientific knowledge on complimentary and alternative medicine (CAM).

Medical Health Practitioners may find this study beneficial in offering Complementary and Alternative Medicine (CAM) as part of the treatment regimen in the fast and safe management.

Hospital Administrator may be provided an idea regarding effective and efficient alternative medicines as a remedy to illness that is economical, safe and always available for use.

Nursing education. Through the findings, the student nurses will gain and learn some knowledge in adjunctive treatment in relieving ailments and will be of use in imparting this scientific knowledge to future clients.

Community will gain enough knowledge about effective and efficient alternative medicines for home remedies that is economical, effective, safe, and convenient to use.

Future Researchers may be significant as it will awaken their interest to conduct further research for the improvement of nursing care and possible health care for patients.

2. RESEARCH METHODOLOGY

2.1. Research Design

The descriptive method of research was used in this study since it intends to describe the assessment of the respondents on the use of the complimentary and alternative medicine (CAM) in terms of efficacy, frequency of application and circumstances of application. This particular design aimed at describing events, phenomena situation, practices, processes and trends developing. It also involves the process of obtaining, classifying, analyzing and allotting data about situations, processes, practices and trends that may be interpreted meaningfully. Descriptive research as told by Calderon (2006) is less expensive and time consuming. It collects a large amount of data for detailed studying. As it used to describe and not make any conclusions it is easier to start the research with and it can identify further area of study.

Descriptive research is concerned with conditions or relationships that exist, opinions that are held and effects that are evident or trends that are developing. It is primarily concerned with present, although it often considers past events as they relay to current conditions.

According to Leady (2000) the descriptive method is a scientific course which aimed to discover and define the general and typical characteristics of existing or current conditions of the population of a given time.

2.2. Research Procedure

In gathering data needed for the study, some steps or procedures were undertaken. Initially, the researcher asked permission to conduct the study in the selected places in China. The letter indicated the purpose of the study including the target respondents of the said places. It is hoped that the respondents would be those patients who are using any of the approved herbal medicines used as complimentary treatment from the period September 2023 to August, 2023.

The researcher directly administered the questionnaire to the respondents as the main tool in gathering the data. In the questionnaire, the respondents were asked to fill up their profile including their age, gender and highest educational attainment; and respondent's assessment on the use of the herbal medicines as complimentary treatment. Then the data was tabulated, organized, analyzed and interpreted.

2.3. Sampling Technique

The researcher used purposive sampling technique. The researcher chooses only 60 patients who avail to use the medicines as complimentary treatment. According to Pagoso (2005) purposive sampling is used based on certain criteria laid down the researcher. People who satisfy the criteria are interviewed.

2.4. Description of the Respondents

The respondents of this study will consist of 60 patients who are patronizing the approved herbal medicines as the complimentary treatment in selected barangays in China.

2.5. Research Instrument

2.5.1. Questionnaire

Questionnaire was used to elicit the data needed and information on matters that pertains to the topic under study. This consisted of different parts and each for specific purpose. Part I will collect data and information on the respondents' profile in terms gender and highest educational attainment. Part II will be used to describe the use of the herbal medicines as the complimentary treatment as to efficacy, frequency of application and circumstances of application.

2.5.2. Interview

The structured interview was used by the researcher to the respondents to supplement the primary source of data (questionnaire) that may not have been clearly expounded. It was conducted to discuss relevant issues pertaining to the topic of the study that perhaps not have been covered by the questionnaire.

2.6. Statistical Treatment of Data

The data gathered were subjected to statistical treatment in order to answer the specific problems in the study. After the data were gathered and collated the following statistical treatments are use in the study:

Weighted mean was used to describe the assessment of the respondents on the use of the complimentary and alternative medicine (CAM) in terms of efficacy, frequency of application and circumstances of application. The formula for computing the weighted mean is:

$$\text{WM} = \qquad WM = \frac{\sum \text{fw}}{\text{N}}$$

where:

WM = weighted mean

$\sum$fw = sum of the product of the frequency

N = no. of respondents

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