# UTILIZAÇÃO DE TÉCNICAS DA MEDICINA TRADICIONAL E COMPLEMENTAR NA ENFERMAGEM DE REABILITAÇÃO

UTILIZACIÓN DE TÉCNICAS DE MEDICINA TRADICIONAL Y COMPLEMENTARIA EN ENFERMERÍA DE REHABILITACIÓN

USE OF TRADITIONAL AND COMPLEMENTARY MEDICINE TECHNIQUES IN REHABILITATION NURSING

DOI 10.33194/rper.2020.v3.n2.8.5807 | Submitted 10/09/2020 | Approved 15/12/2020

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#### **RESUMO**

**Objetivo:** Identificar as técnicas da Medicina Tradicional e Complementar que os enfermeiros especialistas em enfermagem de reabilitação utilizam e quais os ganhos percecionados.

**Metodologia:** Estudo de métodos mistos, com caráter exploratório e descritivo, com recolha de dados através de um questionário online durante os meses de agosto a dezembro de 2019. Os dados foram analisados com recurso ao SPSS, versão 23 e análise do conteúdo.

**Resultados:** Dos 31 participantes, 58,06% eram mulheres, com idade média de 42,9±8,8 anos e 8,6±6,8 anos como especialistas. As áreas mais representativas de formação são a medicina tradicional chinesa e massagem terapêutica sendo que 38,89% das técnicas utilizadas estão dentro da área da Medicina Tradicional Chinesa. Identificam mais ganhos nas áreas motora, sensorial e respiratória.

**Conclusão:** Os participantes utilizam em maior proporção as técnicas da medicina tradicional chinesa e percecionam ganhos com a sua utilização. Importa quantificar os ganhos da integração dessas técnicas na enfermagem de reabilitação.

Palavras-chave: medicina tradicional e complementar; enfermagem de reabilitação; cuidados de enfermagem

### **RESUMEN**

**Objetivo:** Identificar las técnicas de Medicina Tradicional y Complementaria que utilizan los enfermeros especialistas en enfermería de rehabilitación y las ganancias percibidas.

**Metodología:** Estudio de métodos mixtos, con carácter exploratorio y descriptivo, con recolección de datos a través de un cuestionario de agosto a diciembre de 2019. Los datos fueron analizados mediante SPSS versión 23 y análisis de contenido.

**Resultados:** De los 31 participantes, 58,06% mujeres, con edad de  $42,9 \pm 8,8$  años y  $8,6 \pm 6,8$  años como especialistas. Las áreas de formación más representativas son la Medicina Tradicional China y la Masoterapia, siendo 38,89% de las técnicas utilizadas dentro del área de la Medicina Tradicional China. Identifican más ganancias en las áreas motoras, sensoriales y respiratorias.

**Conclusión:** Los participantes utilizan las técnicas de la medicina tradicional china en mayor medida y perciben ganancias con su uso. Es importante cuantificar los beneficios de la integración de estas técnicas en la enfermería de rehabilitación.

Palabras clave: medicina complementaria y alternativa; enfermería de rehabilitación; cuidado de enfermera

#### **ABSTRACT**

**Objective:** To identify the techniques of Traditional and Complementary Medicine that rehabilitation nurses use and the perceived gains.

**Methodology:** Study of mixed methods exploratory and descriptive study, with data collection through an online questionnaire from August to December 2019. Data were analysed using SPSS, version 23 and content analysis.

**Results:** 31 rehabilitation nurses participated, 58.06% were women, with an average age of  $42.9 \pm 8.8$  years and  $8.6 \pm 6.8$  years as a rehabilitation nurse. The most representative areas of training are traditional chinese medicine and therapeutic massage and 38.89% of the techniques used being within the area of traditional chinese medicine. Participants identify more gains in the motor, sensory and respiratory areas.

**Conclusion:** Participants use the techniques of traditional chinese medicine to a greater extent and perceive gains from its use. It is important to quantify the gains from the integration of these techniques in rehabilitation nursing.

Keywords: complementary and alternative medicine; rehabilitation nursing; nursing care

# **INTRODUCTION**

Nursing as a profession is a complex activity whose basic principle is the process of caring to the person in their different phases of the life cycle<sup>(1)</sup> intervening in their various specialties, increased and advanced competences, and the process of professional development is not stagnated due to the continuous demand for professional development improvement. Rehabilitation Nursing (RN), as a specialty, has as one of its specific competences "maximizing functionality, developing the person's capabilities"(2), using various techniques in order to obtain health gains that are sensitive to nursing care to the person experiencing health/illness and/or disability transition processes. It is recognized that, in their clinical practice, specialist rehabilitation nurse (SRN) use therapeutic techniques from traditional and complementary medicine (TCM), with the use of such techniques being foreseen, at the level of the training program of the SRN<sup>(3)</sup>.

The growing interest in therapeutic techniques originated and developed from TCM and the use of such techniques by nurses in Portugal has been little publicized and their applicability little spread, despite their use by nurses in general and SRNs in particular, and since 2002 there have been efforts to overcome this situation<sup>(4, 5, 6)</sup>. A model proposed to integrate the different TCM techniques in the theoretical conception of nursing practice stands out, addressing the different metaparadigms - Person, Environment, Health, Nursing - and providing bases for points of convergence of the conceptualization of health in the different domains of wellbeing, proposing a method for classifying complementary therapies and their integration into nursing practice<sup>(5)</sup>. The International Classification for Nursing Practice (ICNP) mentions, in the classification of nursing actions, Axis C Resources, Therapies and Techniques, of which simple relaxation therapy, art therapy, music therapy, humor therapy, hypnosis, meditation and the biofeedback technique<sup>(7)</sup>.

TCM therapeutic techniques are applicable to people with different clinical situations such as neurological, rheumatic, musculoskeletal, psychiatric, oncological diseases, related to female and obstetric health, male health, among others<sup>(8, 9)</sup>. In Portugal, a study was carried out on the use of osteopathic techniques in the RN?s practice<sup>(10)</sup>, but it has never been studied whether nurses - in particular SRNs - apply TCM therapeutic techniques extensively and comprehensively in their different clinical contexts, whatever they are.

From this context, the following research questions emerge: which TCM techniques do the SRN use in the scope of rehabilitation nursing care? What are the gains perceived by the SRN with the use of TCM techniques in the scope of rehabilitation nursing care?

In this context, the objective of this study was to identify the TCM techniques that the SRN use in the scope of rehabilitation nursing care and the gains perceived by the SRN with the use of these techniques. It is therefore intended to expand the knowledge and evidence of the use of these techniques by the SRN in Portugal in the context of providing health care beyond the existing in the area of osteopathic techniques<sup>(10)</sup>.

The techniques identified in this study are instrumental and are described by the World Health Organization<sup>(11)</sup> as TCM.

#### **METHOD**

Considering the available evidence and the objective of this study, a mixed exploratory, descriptive and cross-sectional methodological approach was considered the most appropriate. This study received a favorable opinion from the Ethics Committee of the Escola Superior de Saúde Norte of the Portuguese Red Cross (Advice n.°11/2019).

The study population was the SRN, and the sample consisted of a subgroup of individuals from the population and who consented to their participation. The sampling was accidental non-probabilistic, considering that it was not possible to guarantee that all elements of the population were equally likely to be selected to participate in this study. Inclusion criteria were defined as being SRN and using TCM techniques in clinical practice included in the planning and provision of rehabilitation nursing care to the person throughout their life cycle.

As an instrument for data collection, a self-completion questionnaire consisting of two parts was used. The first part consisted of questions for sociodemographic characterization of the participants: age, gender, time of professional practice as a nurse and as an SRN, areas, number of hours and type of training in TCM. In the second part, was asked which TCM techniques the SRN use in an open question, in which areas they identify the greatest health gains resulting from this use, based on the areas of intervention of the SRN defined in its competency profile<sup>(2)</sup>, and in which context of professional practice they use them.

Data collection was carried out between August and December 2019, by sending the questionnaire by email, through the Portuguese Association of Rehabilitation Nurses, to its members. Of the 1007 invitations sent, 63 questionnaires were received, of which 31 referred to SRN that use TCM techniques in the scope of rehabilitation nursing care. The rest reported that they did not use TCM techniques within the scope of specialized rehabilitation nursing care. All data were exported to a database and, depending on their nature, were subjected to descriptive

statistics using the IMB SPSS® Software, version 23 or content analysis of the responses with coding and categorization of the techniques used. The initial coding served to organize the data, which later proceeded to categorization according to the different techniques used. The categories of acupuncture techniques and Tui Na were grouped in the same category - Traditional Chinese Medicine - with regard to techniques, these are included in the training programs of the first cycle of studies in Traditional Chinese Medicine<sup>(12, 13)</sup>. After categorization, the frequency of each category was counted.

#### **RESULTS**

Thirty-one SRNs participated in this study, 58.06% (n=18) of which were female. The mean age of the participants was 42.9 years-old (SD=8.8), with a minimum of 29 and a maximum of 64 years-old, the time of practice as a nurse was an average of 19.4 years (SD=8.6) with a minimum of six and a maximum of 40 years, and as SRN of 8.6 years (SD=6.8), with a minimum of 1 and a maximum of 30 years. Regarding the areas of training, most participants have training in the areas of Traditional Chinese Medicine (27.78%) and Therapeutic Massage (14.81%) (Table 1).

As for the type of training carried out by the participants, 58.00% (n=18) reported having carried out training within the scope of continuing professional training, 25.80% (n=8) had completed their training in higher education institutions at the postgraduate education level, 3.20% (n=1) also at a higher education institution but at master's level and 13.00% (n=4) did not specify the type of training carried out. Regarding the number of hours of training carried out, on average, participants completed 1380 hours (SD=1762), with a minimum of 8 hours and a maximum of 6000 hours, with four participants not responding. Regarding the work context where they use TCM techniques in the scope of rehabilitation nursing care, 35.40% (n=11) identify hospital care, 25.80% (n=8) refer that it is at the level of primary health care, 19.40% (n=6) in liberal exercise and 19.40% (n=6) did not answer this question.

Regarding the TCM techniques that the participants use in the scope of rehabilitation nursing care, the highest expression (38.89%) falls within the techniques identified within the area of Traditional Chinese Medicine (Table 2).

Table 1-TCM Training areas

Training area	Freq.	%
Traditional Chinese medicine	15	27.78%
Therapeutic massage	8	14.81%
Reiki/Therapeutic Touch	6	11.11%
Neuromuscular Bands	4	7.41%
Osteopathy	4	7.41%
Electrotherapy	2	3.70%

Total	54	100.00%
Sound therapy	1	1.85%
Progressive Muscle Relaxation Therapy	1	1.85%
Biofeedback Therapy	1	1.85%
Sacrocranial Biodynamic Therapy	1	1.85%
Music therapy	1	1.85%
Meditation	1	1.85%
Emotional Kinesiology	1	1.85%
Homeopathy	1	1.85%
Hypnosis	1	1.85%
Pranic Healing	1	1.85%
Aromatherapy	1	1.85%
Shiatsu	2	3.70%
Reflexology	2	3.70%

Table 2 - Traditional and complementary medicine techniques used

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Traditional medicine techniques and complementary used	Freq.	%
Traditional Chinese medicine	28	38.89%
Therapeutic massage	10	13.89%
Neuromuscular Bands	6	8.33%
Reiki/Therapeutic Touch	6	8.33%
Osteopathy	4	5.56%
Reflexology	4	5.56%
Shiatsu	4	5.56%
Aromatherapy	1	1.39%
Pranic Healing	1	1.39%
Electrotherapy	1	1.39%
Percutaneous Hydrotomy	1	1.39%
Homeopathy	1	1.39%
Emotional Kinesiology	1	1.39%
Music therapy	1	1.39%
Sacrocranial Biodynamic Therapy	1	1.39%
Progressive Muscle Relaxation Therap	y 1	1.39%
Sound therapy	1	1.39%
Tota	al 72	100.00%

Dentro desta área teve particular destaque o Tui Na (32,14%) e a Acupuntura (25,00%), representando mais de metade das técnicas usadas nesta área (tabela 3).

Table 3 - Traditional Chinese Medicine techniques used

Traditional Medicine Techniques Chinese used	Freq.	%
Tui Na	9	32.14%
Acupuncture	7	25.00%
Auriculotherapy	4	14.29%

To	otal 28	100.0%
Cupping therapy	1	3.57%
Moxibustion	1	3.57%
Do-in	1	3.57%
Chi Kung	1	3.57%
Unspecified Techniques	4	14.29%

Finally, when asked about the areas where they identify more health gains in their clients (table 4), the participants refer to the motor (26.85%), sensory (22.22%) and respiratory (16.67%) areas, being the area of sexuality less often identified by the SRN as having gains (4.63%).

Table 4 - Areas in which they identify more health gains

Areas in which they identify more health gains		Freq.	%
Motor		29	26.85%
Sensory		24	22.22%
Respiratory		18	16.67%
Cognitive		11	10.19%
Nutrition		8	7.41%
Elimination		7	6.48%
Cardiac		6	5.55%
Sexuality		5	4.63%
	Total	108	100.00%

# **DISCUSSION**

The results found suggest that the use of TCM techniques is carried out by SRN who have training in these areas, and the areas where the most health gains are identified are the areas of motor, sensory and respiratory domains. From the perspective of professional practice in the use of techniques, those from the area of Traditional Chinese Medicine were identified as the most used (38.89%). Acupuncture and Traditional Chinese Medicine are among the new health professions recognized as Non-Conventional Therapeutics (NCT) by the Ministry of Health and whose professional title is issued by the Central Administration of the Health System (CAHS) those that present with largest numerical expression. According to data from the CAHS<sup>(14)</sup>, 1213 professional notes in Traditional Chinese Medicine, 1301 professional certificates in Acupuncture and 1809 professional certificates in Osteopathy have been issued to date, in a universe of 5400 certificates issued for all NCTs. When added together, it appears that a greater number (n=2514) of Acupuncture and Traditional Chinese Medicine certificates issued compared to those of Osteopathy (46.55% vs 33.46%), which may explain a wider use of these techniques that are more widely represented in the findings of this study, and the same is valid in terms of training areas.

Regarding the areas in which gains were identified, the evidence showing gains in the motor, sensory and respiratory areas is consistent. For motor and sensory function(15, 16) gains were demonstrated with the use of Tui Na massage in the immediate relief of pain and a more effective outcome in reducing pain compared to drugs and other physical therapies. Was also showed statistically significant therapeutic action in cases of people with cervical spondylosis with moxibustion<sup>(17)</sup>, to reduce pain, increase customer satisfaction as well as improve symptoms and functional rehabilitation of cervical vertigo. Of the various TCM techniques that have been applied to athletes<sup>(18)</sup>, therapeutic massage, acupuncture and manipulative techniques stand out as the most used in the rehabilitation of musculoskeletal problems. Burton<sup>(18)</sup> adds that the use of therapeutic massage promoted gains in the relief of muscle tension, faster recovery from sprains and strains, reduction of eodema, as well as improvement in range of motion and flexibility. Acupuncture has shown gains in the treatment of acute and chronic pain, tendinitis and osteoarthritis while osteopathy (and other manipulative techniques) are widely used in the sports context, with range of motion and myofascial release techniques, but the evidence is limited regarding its benefits. For any of these techniques (18) the limited evidence available and the need for further investigation into the effects of these techniques are highlighted. Still in the motor and sensory area<sup>(10)</sup>, it can be seen that with the use of osteopathic techniques associated with rehabilitation nursing practices, the person's recovery time was most frequent shorter. The cases musculoskeletal and related to pain. In addition to these areas, gains in functional re-education and improvement in the quality of life of people undergoing rehabilitation after stroke were also identified<sup>(15)</sup>. A systematic review published in 2015 concludes that acupuncture and electroacupuncture have a significant therapeutic effect in reducing spasticity after stroke, and electroacupuncture has a superior therapeutic effect compared to traditional acupuncture, especially at the shoulder level, wrist and knee joints<sup>(19)</sup>. In people with spinal cord injuries, electroacupuncture combined with conventional rehabilitation potentiated motor gains and gains in client autonomy when compared to isolated rehabilitation<sup>(20)</sup>. conventional The use neuromuscular bands/kinesio tapes has also been shown to be more efficient than conventional rehabilitation in people after stroke in terms of balance functions, sensorimotor deficits in the lower limbs and gait capacity in cases of rehabilitation periods longer than 4 weeks(21, 22). Regarding gains in respiratory function, Qi Gong (Chi Kung) has been shown to have significant therapeutic effects in the rehabilitation process of people with chronic obstructive pulmonary disease, improving pulmonary functional capacity, exercise tolerance capacity and quality of life<sup>(23)</sup>.

Focusing on the areas identified in the profile of specific competences of the SRN<sup>(2)</sup>, it is in the areas of elimination, nutrition, cardiac and sexuality that nurses less evidencing gains from the use of these

techniques. However, there is evidence that suggests gains, namely in terms of gastrointestinal  $^{(24)}$  and urinary  $^{(25)}$  dysfunctions, in terms of diet, specifically post-stroke dysphagia  $^{(26)}$ , at the cardiac level in people with heart failure  $^{(27)}$  and sexuality, specifically in the control of symptoms associated with menopause  $^{(28)}$  and pelvic floor dysfunctions  $^{(29)}$ .

In this context, and with regulatory support for the use of complementary techniques that include, for example, therapeutic massage, neuromuscular bands and acupuncture in the scope of the RN care process<sup>(3)</sup>, the gains identification, mainly in the motor, sensory and respiratory areas may be related to the areas of care provided by the participants in this study. In fact, nurses recognize the use of TCM therapies as a strategy to improve nursing practice, person-centered care and their empowerment, however, there are different barriers to their integration in the provision of care, namely structural and cultural<sup>(30)</sup>.

#### **CONCLUSION**

Participants use techniques in the area of Traditional Chinese Medicine to a greater extent, being in the motor, sensory and respiratory areas that most gains in health were identify. The main limitation of this study is related to the size sample, so these findings must be interpreted with care. The results show the need for further research in this area, not only to adequately dimension the use of these techniques in the scope of RN, but also to guide the measurement of the effective gains regarding the integration of these techniques in the provision of RN care. We emphasize the need for research in the identification of RN interventions using TCM techniques, to be validated in a clinical context and that translate into sensible gains in RN care. Only in this way will be possible to create the necessary evidence to guide practice and allow its full integration into good practice guides, in areas where results are evident.

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