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Dear Dr. Dougherty:

The article Complementary Therapy and Older Rural Women: Who Uses It and Who Does Not? published in the January 2007 issue interested me both personally and professionally. The use of complementary therapies is usually attributed to larger urban populations. As we look toward transforming our health care system from one of illness to one of health promotion and prevention, complementary therapies seem to have great potential in the new paradigm.

The attached Letter to the Editor discusses some uses of these research findings as well as suggestions for future research studies.

I would welcome the opportunity to discuss this further and would be grateful for consideration of publication of this letter.

Sincerely,

Jacinda Bunch, RN, BSN

To the Editor:

Complementary Therapy and Older Rural Women: Who Uses It and Who Does Not? (Shreffler-Grant, Hill, Weinert, Nichols, & Ide, 2007) drew my attention as a nurse and as a woman living in the rural mid-west. As complementary and alternative medicines (CAM) become more prevalent in the United States, identifying factors that predict the use of CAM is crucial to provide comprehensive medical care.

Traditional medical providers must be able to identify patients who are using CAM to determine a course of treatment. The medical provider may be able to provide traditional treatment that allows CAM to continue as adjuvant therapy. However, depending on the severity of the medical condition and viable treatment options, the provider may need to recommend cessation of CAM or changing types of CAM (e.g. from an herbal supplement to guided imagery). Identification of patients who may have an interest in CAM is also important for providers who utilize CAM in combination with their traditional medical practices. These providers can recommend CAM therapies that compliment their medical treatments for these patients with some confidence of the patient's acceptance.

The researchers have collected valuable information that will assist in further related research studies by contributing to basic information about users of CAM. Data that was not reported in the article includes, identification of the types of CAM used, the prevalence of the different types of CAM, the reasons CAM was considered, and the respondents overall satisfaction with CAM. This information would greatly enhance the research report. The additional information could be used to develop additional research projects and expand the knowledge of health care providers about their patients. The

researchers hypothesize that the use of CAM by women, who are often the “domestic health care managers” (IOM, 2004), may lead to a higher use of CAM by their family members. Inquiries whether those respondents who utilized CAM encouraged its use with their family members and whether those family members embraced CAM are also pertinent research questions (that are not answered by the current research being presented).

Further research which expands the geographical sample area and age of female respondents is important to enhance reliability of the results. Research comparing the use of CAM by females without children living at home to those with children living at home by age of the children can provide valuable information for providers of obstetrical and pediatric care. The study can also be used as a starting point for further inquiries into the use of CAM during acute medical conditions as well as post-operative recovery by rural women.

This study has provided thought provoking results and a base for further research development on the use of CAM by rural women of all ages. Nurses should utilize this information and related information gathered in the future to enhance patient education of CAM and recommendations for CAM that are within the nurses’ scope of practice (Tracy, Dufault, Kogut, Martin, Rossi, & Willey-Temkin, 2006).

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References

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