First national survey of anthroposophic nurses in Aotearoa/New Zealand

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Introduction/Background

Anthroposophic health care although listed as a Complementary and Alternative Medicine (CAM) – approach according to the Ministerial Advisory Committee for Complementary and Alternative Health (MACCAH, 2002;2004) in New Zealand (NZ), is an integrated healing system that has been practised and widely used in Europe. Based on foundations developed by Rudolf Steiner and Ita Wegman, anthroposophic medicine is a holistic healing approach considering the whole human being, namely body, soul and spirit (Evans & Rogers, 1992; Steiner & Wegman, 1991; Therkleson, 2005). Instead of focusing on individual symptoms, anthroposophic therapeutic approaches will aim not only at the physical complaint but target the whole person, inclusive of emotional, psychosocial and spiritual aspects. Diagnosis and therapies are therefore based on assessing the individual with a holistic framework and rather than aiming for a cure, the emphasis is on salutogenic strategies, supporting the person to find equilibrium by stimulating innate healing abilities (Evans & Rogers, 1992; Mittelmark & Bauer, 2017; Therkleson & Sherwood, 2004).

Health care professionals practicing with anthroposophic principles use orthodox, scientific foundations and *extend* their practice with the holistic foundations of anthroposophic health care.

In NZ anthroposophic nurses (ANs) work in a variety of clinical settings, e.g. in anthroposophic health centres (e.g. Helios Integrative Medical Centre), primary health practices (Manchester, 2009), in therapeutic communities (Freeman Rock, 2014), hospice and some as independent practitioners in the community. AN therapies support the human being through rhythmical massage/embrocation, hydrotherapy, poultices, compresses and biography work (Therkleson, 2004).

In the past education to gain registration as an anthroposophic nurse was offered through the Taruna College in Hawkes Bay (Certificate and Diploma in Holistic Healthcare). The diploma qualification is a requisite for inclusion on the ANANZ Register of Anthroposophic Nurses (AN). Some of the ANs currently practicing in NZ have gained registration overseas at an Anthroposophic Hospital (Germany or Switzerland).

Aims/Objectives

The aim of this survey was to establish an initial understanding of how AN integrate knowledge based on anthroposophic foundation into their clinical practice. There is no research or data collection that explores and defines AN nursing in the NZ health context.

Since overseas literature shows that nursing is ideally positioned to integrate CAM knowledge (Adams & Tovey, 2008), and there is growing demand for CAM approaches in NZ (Baer, 2016; Miskelly, 2006), it is important to better define this extended nursing practice and the potential barriers for its integration.

Figure 1: http://www.havelhoehe.de/tl_files/files/content/headbilder/havelhoehe-header_109.jpg

From international literature on CAM it is known that nurses experience a variety of issues when working within different paradigms and depending on the health environment/culture this occurs in (Kristiniak, 2011; Hughes, 2008; Van der Riet, Dedkhard & Srithong, 2011) these might present as barriers (structural, organisational, time management) and/or facilitators (positive attitudes towards CAM, knowledge in CAM, ethos of nursing care aligns well with the pillars of CAM, consumer request for CAM) of CAM integration (Hall, Leach, Brosnan & Collins, 2017; Hughes, 2008; Kristiniak, 2011; Lai Ha Lo, 2012; Orkaby & Greenberg, 2015; Shorofi & Arbon, 2017; Shuval, 2006; van der Riet, Dedkhard & Srithong, 2011). None of these potential factors affecting nursing care have been explored in a NZ health context. Any research inquiring deeper into nursing care informed and extended with anthroposophic foundations would be of value.

Methodology/Design

A questionnaire (mixed - method design) was developed in collaboration with the researcher Maria Te Huia (Wintec) and the ANANZ Education Committee (six members). Qualtrics (an online survey tool) was used to deliver a link to all registered ANANZ members for completion. The 13 questions collected demographic information, qualifications and qualitative responses.

Qualitative data was gained by asking for supplementary comments for some of the quantitative questions and additional open - ended questions inquiring into the use of anthroposophic foundations identifying possible barriers and facilitators of the application of AN. An invitation to share any reflective thoughts was included in the survey to gain further insights into the participants view on AN.

A low-risk human ethics application for this project was approved by the Wintec Research Department on the 10th of January, 2018.

All nurses on the ANANZ membership data base with extended education in AN that was either completed in New Zealand (Taruna) or at an overseas institution were invited to participate.

The link to the survey/questionnaire was open from the 5th of April to the 28th of June 2018.

Principles of Gadamer's philosophy (1960) were applied to make beginning connections between the phenomenology of the participants' expressions (lived-experiences) and how these nurses see their clinical practice correspond to the theoretical foundations of anthroposophic health care. This is only captured with limited scope here and will need further exploration.

Findings

The 24 nurses that responded to the survey work in a variety of clinical areas: palliative care, rest homes, community services, primary health services, hospital (DHB and private) – Cardiac Care, ICU, A&E, with populations struggling with alcohol and drug use, in women and child health and/or are self – employed in their capacity as a AN/ANS. Those who are currently not working or are not in a position to apply anthroposophic care either as an independent practitioner or in mainstream, stated a lack of collegial support, not achieved ANS qualification, only offering AN therapies to friends and family or their full-time role impacts on further extending their AN practice. 36% (n 8) of the participants stated that they sometimes use AN therapies, and 27% (n 6) stated always when practicing as a RN (Figure 2).

The participants' responses generated a broad range of experiences and terminology that shines more light on the practice of AN, but also highlights the need for more clarification around how anthroposophic concepts and foundations are expressed, perceived and integrated in encounters with patients.

> "*It is part of my being-the way I look at the pt as a human being and illnesses as a challenge*".

> *"As I greet for the first time, it's hard to view them through the lens of AM but then I have to stop and pull back and remember I am in mainstream and hove to speak mainstream a language as not understand fourfold/three fold even if I change the language to what I hope would be understandable."*

> *"By seeing the patient as a whole being, I integrate Anthroposophic concepts in my assessment of the patient and I sue the Anthroposophic gestures to achieve rapport with my patients."*

> *"Holistic and integrated individualised approach to each person I work with. Use footbaths in annual diabetic checks."*

The results reflected a clear knowledge increase after further professional AN development. Nurses stated that these learnings were supportive of the pre-existing nursing practice and were used to broaden holistic patent-centred care (Figure 1). In addition noticeable was the ability of nurses to use insights from holistic paradigms and extend or integrate this knowledge into the biomedical approach. This is a feature noted when nurses use CAM also confirmed in the literature (Orkaby & Greenberg, 2015). In contrast to that participants voiced however a lack of opportunities to implement knowledge especially in practice. Alongside this was mentioned a lack of geographical support systems and confidence in practicing with the acquired knowledge if there were no collegial support in place. So, working in isolation seems

Findings cont.

to be a concern. The notion of isolation and self reliance was also noted by those respondents who work as independent practitioners, expressed in terms of *challenges regarding time and additional resourcing when being self-employed*.

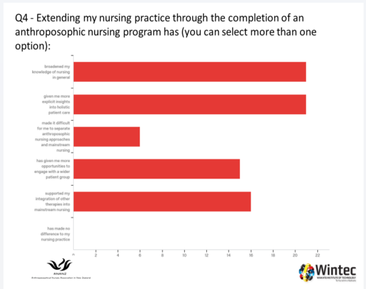

Figure 1

Q5 - I am utilising anthroposophic frameworks/concepts when practicing as a RN:

#	Answer	%	Count
1	never	4.55%	1
2	sometimes	36.36%	8
3	About half the time	9.09%	2
4	Most of the time	27.27%	6
5	Always	22.73%	5
	Total	100%	22

ANANZ Anthroposophical Nurses Association in New Zealand

Wintec Waikato Institute of Technology Te Kuratini o Waikato

Figure 2

Recommendations

A first nationwide survey conducted in June 2018 (results not published yet) and endorsed by the ANANZ Education Committee, is the beginning of a more explorative analysis of how anthroposophic nurses perceive their practice when informing and extending nursing care with anthroposophic foundations. It seems worthwhile in the current health environment marked by an increase in chronic, long-term conditions to consider different phenomenological perspectives when exploring the position of nurses integrating holistic and salutogenic views on health into mainstream practice (Esch et al., 2008; Mittelmark & Bauer, 2017; Ozolin, Hörberg & Dahlberg, 2015; Osterman, et al., 2008; Shorofi & Arbon, 2017).

Collegial support and ongoing professional development opportunities were identified from the results that would benefit from further deliberation by the ANANZ Education Committee.

However the findings from this survey can only present a glimpse into the topics explored, and despite being integrated in health systems in Europe for almost 100 years, anthroposophic health care is not well known in NZ. Overseas literature and research has confirmed the value of integrated health approaches with anthroposophic foundations, especially for long-term conditions (Hamre et a., 2013; Esch et al., 2008) and when advocating self-management in this context (Lauche et al.,2013). Therefore a more explorative inquiry linking AN and mainstream nursing in NZ, could produce insights that support existing services, patient requests and nursing practice.

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