

# Women's Health Nursing in Traditional and Complementary Medicine Practices

## Abstract

Women's health is the state of complete physical, psychological, social, and cultural well-being. Specific nursing practices for women's health require dynamic and highly autonomous roles that require expert knowledge in order to evaluate, diagnose, and treat actual and potential health problems of individuals, families, and societies. Today, traditional and complementary medicine is practiced in this field by various methods such as acupuncture, homeopathy, ayurveda, massage, reflexology, hypnosis, aromatherapy, yoga, meditation, reiki, therapeutic touch therapy, music therapy, and dance therapy. It is seen that women's health nurses play an active role in a wide range of these practices. In this review, the role of women's health nurses in traditional and complementary medicine practices at the international level is discussed with legal frameworks.

**Keywords:** *Traditional and complementary medicine, women's health, nursing role*

Hilal Karadeniz<sup>1</sup> , Özlem Can Gürkan<sup>2</sup> 

<sup>1</sup>Department of Obstetrics and Gynecology Nursing, Düzce University Faculty of Health Sciences, Düzce, Turkey

<sup>2</sup>Department of Obstetrics and Gynecology Nursing, Marmara University Faculty of Health Sciences, Istanbul, Turkey

## Introduction

Women's health is the state of women's physical, psychological, social, and cultural well-being. Over time, it has been understood that the health and disease responses of women and men differ from each other and that the general understanding of services offered in the field of health should be customized based on gender and age.<sup>1,2</sup> Women's health nursing, which emerged in this context, was defined by the Association of Women's Health, Obstetrics, and Neonatal Nurses as "a nursing discipline that includes the protection and development of women's physical and psycho-social health, prevention of diseases and meeting the care needs in cases where health deteriorates."<sup>3</sup>

Women's health nurses provide services with many roles such as health promotion, disease prevention, education, counseling, guidance, research, evidence-based professional care, and scientific knowledge production.<sup>2</sup> These roles, which change and develop over time, require nurses working in the field to have up-to-date knowledge, skills, and qualifications.<sup>4</sup> In recent years, the increasing interest in traditional and complementary medicine (T&CM) methods has led non-health professionals and organizations to carry out studies to meet the needs of the society in this direction.<sup>5</sup> This situation has required nurses, who provide primary care to the patient among health care professionals, to take an active role in these practices. As a matter of fact, studies conducted around the world and in Turkey show that nurses also take an active role in T&CM treatments.<sup>6-11</sup>

The World Health Organization (WHO) defines traditional medicine as "The sum of knowledge, skills, and practices based on theories, beliefs, and experiences specific to different cultures in the prevention, diagnosis, treatment, health protection, and improvement of physical and mental illnesses."<sup>12</sup> The terms "complementary medicine" or "alternative medicine" are used in many countries instead of traditional medicine and refer to practices that have not been integrated into the country's existing health system and have not become part of the country's culture.<sup>13</sup> Today, T&CM practices are widely used in women's health as in many other fields.<sup>14</sup> This review was prepared to reveal the role of women's health nurses in T&CM practices at the international level with legal frameworks.

**Cite this article as:** Karadeniz H, Can Gürkan Ö. Women's health nursing in traditional and complementary medicine practices. *J Educ Res Nurs.* 2022;19(4):472-477.

**Corresponding author:** Hilal Karadeniz  
E-mail: hilalkaradeniz1993@hotmail.com

Received: June 29, 2020

Accepted: April 7, 2021

Publication Date: December 1, 2022



Copyright © Author(s) - Available online at  
www.jer-nursing.org  
Content of this journal is licensed under a  
Creative Commons Attribution-NonCommercial  
4.0 International License.

## Traditional and Complementary Medicine Practices Used in Women's Health

The use of T&CM practices is increasing. In Turkey and around the world, T&CM methods such as acupuncture, homeopathy, ayurveda, massage, reflexology, hypnosis, aromatherapy, yoga, meditation, reiki, therapeutic touch therapy, music therapy, biofeedback, dance therapy, etc. are used in women's health.<sup>14</sup> Studies show that patients apply T&CM methods in many fields such as gynecology, infertility, gynecooncology, urogynecology, and perinatology and nurses working in the field of women's health take an active role in many of these practices.<sup>6-9</sup> T&CM practices for women's health in recent years are summarized below.

### Manipulative and Body-Based T&CM Practices

Studies have reported that manipulative body-based T&CM practices (acupressure, massage, reflexology, hydrotherapy, etc.) are used in cases for alleviating labor pain,<sup>9,15</sup> reducing anxiety during labor,<sup>16</sup> shortening labor duration,<sup>17</sup> increasing labor satisfaction,<sup>18</sup> managing symptoms such as nausea, vomiting, and pain caused by gynecologic cancer and treatments,<sup>19</sup> coping with premenstrual syndrome,<sup>20</sup> and increasing the mother's sleep duration and sleep quality<sup>7</sup> in the postpartum period.

### Body Mind-Based T&CM Practices

It is known that body-mind-based T&CM practices (yoga, meditation, exercise, mindfulness, music, dance, imagination, prayer/spirituality, hypnosis, etc.) are frequently used in many situations for strengthening pelvic floor muscles,<sup>21</sup> treating urinary incontinence,<sup>22</sup> preventing pelvic organ prolapse,<sup>23</sup> reducing urinary and anal incontinence,<sup>24</sup> reducing gynecological examination anxiety,<sup>25</sup> and increasing postpartum mother-infant communication and satisfaction.<sup>6</sup>

### Biologically-Based T&CM Practices

Biologically based T&CM practices (herbal treatment, high-dose vitamins, special diets, etc.) are often used to manage symptoms caused by gynecological cancer and its treatments,<sup>19</sup> increase ovarian reserve in infertile cases,<sup>26</sup> reduce polycystic ovary syndrome,<sup>27</sup> and reduce chronic pelvic pain in women with endometriosis.<sup>28</sup>

### Energy-Based T&CM Practices

Energy-based T&CM practices (reiki, magnetic energy stimulation, therapeutic touch, etc.) are often used to manage symptoms caused by overactive bladder,<sup>29</sup> urinary incontinence,<sup>30</sup> gynecologic cancer and its treatments,<sup>19</sup> dysmenorrhea,<sup>31</sup> and pain after abdominal hysterectomy surgery and to reduce the use of analgesic drugs.<sup>8</sup>

### Alternative Medicine Practices

Alternative medicine practices (acupuncture, homeopathy, ayurveda, Gua Sha, traditional Chinese medicine, etc.) are used in cases for the elimination of fecal incontinence,<sup>32</sup> treatment of overactive bladder,<sup>33</sup> improvement of sexual dysfunction,<sup>34</sup> treatment of pelvic pain in perimenopausal period,<sup>35</sup> and symptom management in gynecological oncology.<sup>36</sup>

## Women's Health Nurse in Traditional and Complementary Medicine Practices in Turkey

In Turkey, nurses have the right to obtain a certificate of authorization in units or areas that require specialization related to their profession within the framework of the principles determined by the Ministry of Health.<sup>37</sup> Today, among the 19 certified training programs carried out by the Ministry of Health, it is seen that there is no training program on T&CM practices, the frequency of which is increasing day by day.<sup>38</sup>

In the "Nursing Regulation" dated March 8, 2010, and numbered 27515, it is seen that the duties, authorities, and responsibilities of women's health nurses are defined with 8 items, and there is no information about their role in T&CM practices.<sup>39</sup> According to the "Regulation on Clinical Trials of Traditional and Complementary Medicine Practices" dated March 9, 2019, and numbered 30709, which specifies clinical trials in T&CM practices, places where clinical trials can be conducted and real or legal persons who can carry out these trials, the principal investigator who can carry out T&CM practices is defined as "a physician or dentist who has completed his/her specialty or doctoral training and is responsible for the conduct of the research." In addition, in the seventh item of the regulation, information is given about the special group consisting of pregnant, puerperal, and lactating women who are closely related to the field of women's health nursing and who can participate in the research. If the research directly concerns this group or if there is a clinical situation that can only be examined in this group of women, it is permitted to be carried out provided that the criteria specified in the regulation are met. The most important of these criteria is that there is a general medical opinion that the investigational product and the practice to be used do not pose any risk to the health of the pregnant woman, fetus, and infant.<sup>40</sup> Women's health nurses are closely interested in the care of this special group specified in the regulation and provide effectively and quality service with their research and patient right advocacy roles in addition to their care role. It is seen that nurses do not have any authorization regarding T&CM practices in the regulation.

With the "Regulation on Traditional and Complementary Medicine Practices" dated October 27, 2014, and numbered 29158, traditional and complementary medicine practice methods for human health were determined, and the training and authorization of the persons who will apply the methods and the working procedures and principles of the health facilities where these methods will be applied were explained.<sup>41</sup> Table 1 summarizes the T&CM methods included in the regulation and by whom they can be applied. Although it is a known fact that many T&CM practices in the field of women's health are implemented by nurses,<sup>42</sup> unfortunately, nurses are not authorized in any practice in this regulation.

However, when the literature is examined, complementary therapies used by nurses are divided into 3 groups. The first group includes therapies such as massage, reflexology, shiatsu, and therapeutic touch, which nurses can directly incorporate into practice; the second group includes therapies such as homeopathy, herbal therapies, nutritional therapies, and hypnotherapy, which can be partially incorporated into nursing practice; and the third group includes methods such as acupuncture and chiropraxis, which cannot be easily incorporated into nursing practice but which nurses can recommend.<sup>43</sup> However, in none of the aforementioned regulations it was found that nurses can use T&CM practices in patient care.<sup>37,39,40,41</sup>

T&CM	Recommended Practice Fields for Women's Reproductive Health	Not Recommended Practice Fields for Women's Reproductive Health	Practice Authority
Acupuncture	Dysmenorrhea, infertility, polycystic ovary syndrome, premenstrual syndrome, labor pain	The lower abdomen in the first trimester of pregnancy, the upper abdomen in the second and third trimesters, and the lumbosacral region are the points of intense stimulation in pregnant women	A physician with a certificate who has received practical training in the relevant field or a dentist to practice in his/her field
Apitherapy	Not specified	Pregnancy and lactation	Certified physician
Phytotherapy	Not specified	Not specified	Certified physician and dentist
Hypnosis	Infertility, pregnancy and childbirth, gynecological diseases, non-organic sexual dysfunctions	Not specified	Certified physicians and dentists and clinical psychologists under the supervision of physicians and psychologists with a certificate of authorization for medical practices of psychology
Leech therapy	Not specified	Pregnancy and lactation	Certified physician and certified healthcare professional under the supervision of a physician
Homeopathy	Premenstrual syndrome, dysmenorrhea, infertility, labor pain	Not specified	Certified physician and dentist
Chiropractic	Not specified	Not specified	Certified physician and certified healthcare professional under the supervision of a physician
Cupping therapy	Not specified	Not specified	Certified physician and certified healthcare professional under the supervision of a physician
Maggot therapy	Not specified	Not specified	Certified physician
Mesotherapy	Gynecology, vascular pathologies of childbirth	Pregnancy	Certified physician and dentist
Prolotherapy	Not specified	Not specified	Certified physician and dentist
Osteopathy	Pain syndrome in pregnant women, hormonal balance disorders	Not specified	Certified physician and certified healthcare professional under the supervision of a physician
Ozone therapy	Not specified	Not specified	Certified physician and dentist
Reflexology	Labor pain	First trimester of pregnancy	Certified physician and certified healthcare professional under the supervision of a physician
Music therapy	Labor pain and labor anxiety	Not specified	Certified physicians and certified healthcare professional under the supervision of a physician, and persons who have completed a certification program after receiving at least undergraduate music education <sup>41</sup>

Regulation on Traditional and Complementary Medicine Practices dated October 27, 2014, and numbered 29158, 2014.  
 T&CM, traditional and complementary medicine.

### Women's Health Nurse in International Traditional and Complementary Medicine Practices

World Health Organization recognizes T&CM practices as an undeniable part of the global health system. In this context, it has been suggested that countries should develop their own policies and legal mechanisms that ensure safe implementation in order for the relevant practices to take their place in the healthcare system.<sup>44</sup>

The International Council of Nurses, in its Guidelines on Advanced Nursing Practices (2020), stated that health systems around the

world are in transformation and change in order to meet the needs of the changing global population and that nurses can provide services to societies with advanced practices in this process.<sup>45</sup> Today, it is seen that there are T&CM practices related to women's health in many countries and most of the nurses use T&CM methods at least once in their clinical practice.<sup>46-48</sup>

Table 2 provides information on the existence of regulations and national policies on T&CM in different countries, nurse practitioners who have used at least 1 T&CM method in the clinic, and the integration of T&CM practices within the nursing education system.

Table 2. Legal Status of International T&amp;CM Practices and Integration of T&amp;CM Practices into Education System

	Regulation	National Policy	Nurse Practitioner	T&CM Integrated Education System in Nursing
Turkey	✓	✓	✓	–
China	✓	✓	✓	–
Korea	✓	✓	✓	–
Australia	✓	✓	✓	–
India	✓	✓	✓	–
Japan	✓	✓	✓	–
Norway	✓	✓	✓	✓
Germany	✓	✓	✓	–
USA	✓	✓	✓	–
Canada	✓	✓	✓	–
Italy	✓	✓	✓	–

WHO Traditional Medicine Strategy (2002-2005),<sup>12</sup> WHO Traditional Medicine Strategy (2014-2023),<sup>44</sup> Braun (2018), World Health Organization (2001).<sup>44</sup> T&CM, traditional and complementary medicine.

### Nursing Education in Traditional and Complementary Medicine Practices

Traditional and complementary medicine has been on the agenda of the WHO General Assembly for years.<sup>49</sup> In the “Beijing Declaration” and 2014-2023 WHO Traditional Medicine Strategy report, it was stated that one of the difficulties in the integration of T&CM practices into healthcare services is the training and education of practitioners, and the strategic goals include the organization of training programs for healthcare professionals, medical students, and researchers in the field.<sup>44,50</sup>

As it is known, the holistic perspective, which is the basis of the nursing profession, necessitates the professional development of nurses in T&CM services. Booth-LaForce et al (2010),<sup>51</sup> Chlan and Halcon (2003),<sup>52</sup> and Kreitzer et al (2008)<sup>53</sup> advocated for a T&CM-integrated curriculum based on holistic and patient-centered care starting at the baccalaureate level. The basis of the proposed curriculum is to be aware of T&CM practices and to evaluate practices, to determine the level of evidence of practices, to develop skills related to treatment and practices, and to have basic theoretical knowledge about T&CM and treatments that can be applied in self-awareness and self-care.

Many schools providing health education in the world have integrated T&CM practices into the education system many years ago. According to Richardson's study, the UK included T&CM courses in the curriculum of nursing schools as of 1993.<sup>54</sup> Sok et al<sup>55</sup> also stated that many T&CM methods such as massage therapy, reflexology, and music therapy were included in the curriculum of nursing schools more than a 100 years ago. In the same study, it was recommended to teach full-time alternative treatment programs such as osteopathy, cryopathy, herbal therapies, and acupuncture for more than 10 university students in England.<sup>55</sup> In the United States, it is reported that 88% of health and nursing schools offer T&CM training. Acupuncture (76.7%), herbal treatments (69.9%), prayer (64.4%), meditation (65.8%), homeopathy (50.7%), and chiropractic (57.5%) treatment methods are mostly included in the curriculum.<sup>56</sup> In Hong Kong, 20 hours of the

nursing curriculum are devoted to traditional Chinese medicines.<sup>57</sup> In Korea, some schools have a 1-year complementary and alternative therapies program for clinical nurses and researchers in their curricula.<sup>55</sup> It was reported that 13% of nursing schools in Saudi Arabia have courses on T&CM.<sup>58</sup> According to the studies, it was stated that T&CM practices should be included in the curriculum in nursing schools and patients should be recommended the most appropriate treatment for their current condition. At the same time, nursing students also stated that they did not feel adequate for T&CM when they graduated and that they needed more training.<sup>58-60</sup>

In the Nursing National Core Education Program [Hemşirelik Ulusal Çekirdek Eğitim Programı-(HUÇEP)]–2014 in our country, there is a learning outcome related to T&CM: “to be able to explain different cultural composition and traditional treatment methods.” However, there is no information on nursing practices and the acquisition of relevant skills in this subject.<sup>61</sup> In addition, with the Regulation on Traditional and Complementary Medicine established by the Ministry of Health, the trainings that can be provided after graduation are defined in 14 fields and physicians and other healthcare professionals are allowed to participate in some of these trainings.<sup>38,41</sup> While the regulation aims to prevent possible malpractices by people who are not competent in the field, it is seen that these practices have not yet been integrated into the health education system.<sup>62,63</sup>

### Conclusion and Recommendations

As a result, women's health nursing is a special specialty that provides care for all problems of women from birth to death and improves the health and welfare of society. It is known that nurses apply many T&CM methods in this field and contribute to health care by getting positive clinical results. However, especially in the legislation examined in our country, it is seen that nurses are not given any independent duty, authority, or responsibility in this regard.

One of the components of quality and holistic care to be provided by women's health nurses to their patients is that the nurse has

sufficient knowledge and skills about T&CM practices, can apply the methods independently and can evaluate the results competently. It is thought that this situation will only be possible by integrating T&CM practices into the health education system starting from the university level, legally authorizing nurses regarding these practices, and providing expertise in the field of women's health nursing. Thus, it is thought that the professional autonomy of women's health nurses, who will realize their independent and professional roles more effectively, will increase the quality of service they will provide to society.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept - H.K.; Design - H.K.; Supervision - Ö.G.; Resources - H.K.; Materials - H.K.; Data Collection and/or Processing - H.K., Ö.G.; Analysis and/or Interpretation - H.K., Ö.G.; Literature Search - H.K.; Writing Manuscript - H.K.; Critical Review - Ö.G.

**Declaration of Interests:** The authors have no conflicts of interest to declare.

**Funding:** The authors declared that this study has received no financial support.

## References

1. Women's Health Office. *Our definition of women's health*. McMaster University, faculty of health sciences; 2003. Available at: <http://www.fhs.mcmaster.ca/women/office.html>.
2. Meran HEP, Şahin N. Kadın sağlığı Alanında uzman Hemşirelik Eğitimi ve uzman Hemşirelik Rollerini: amerika birleşik devletleri örneği. *Kadın Sağlığı Hemşireliği Derg.* 2014;1(1):1-14. Available at: <https://dergipark.org.tr/en/pub/kashed/issue/22284/239023>.
3. The Association of Women's Health, Obstetric and Neonatal Nurses; 2016. Available at: <https://awhonn.org/>.
4. Herdman EA. Tamamlayıcı ve alternatif Tıp ile Hemşirelik. *Hemşirelikte Eğitim Araştırma Derg.* 2007;4(2):2-3. Available at: [https://www.journalagent.com/kuhead/pdfs/KUHEAD\\_4\\_2\\_2\\_3.pdf](https://www.journalagent.com/kuhead/pdfs/KUHEAD_4_2_2_3.pdf).
5. Tokem Y. Astımlı hastalarda tamamlayıcı ve alternatif tedavi kullanımı. *Tuberk Toraks Derg.* 2006;54(2):189-196. Available at: [http://www.tuberkatoraks.org/managete/fu\\_folder/2006-02/2006-54-2-189-196.pdf](http://www.tuberkatoraks.org/managete/fu_folder/2006-02/2006-54-2-189-196.pdf).
6. Toker E, Kömürçü N. Effect of Turkish classical music on prenatal anxiety and satisfaction: A randomized controlled trial in pregnant women with pre-eclampsia. *Complement Ther Med.* 2017;30:1-9. [CrossRef]
7. Selvi N, Doğum Sonu Dönemde Kadınların Uykusuzluk Düzeyleri Üzerine Ayak Refleksoloji Uygulamasının Etkisi: Randomize Kontrollü Çalışma. Etkisi: Randomize Kontrollü Çalışma. Antalya: Akdeniz Üniversitesi, Sağlık Bilimleri Enstitüsü; 2018.
8. Utli H. *Abdominal Histerektomi Ameliyatı Geçiren Kadınlarda Reiki ve Sirt Masajının Ağrı Üzerine Etkisi*. Malatya: İnönü Üniversitesi, Sağlık Bilimleri Enstitüsü; 2018.
9. Öztürk Altınayak S. *Doğum Eyleminde Ele Uygulanan Farklı Akupresür Uygulamalarının Endorfin Seviyesi ve Doğum Ağrısı Algısı Üzerine Etkisi*. Erzurum: Atatürk Üniversitesi, Sağlık Bilimleri Enstitüsü; 2020.
10. Jung GS, Choi IR, Kang HY, Choi EY. Effects of meridian acupressure massage on body composition, edema, stress, and fatigue in postpartum women. *J Altern Complement Med.* 2017;23(10):787-793. [CrossRef]
11. Martins ES, Castro RCMB, Rocha LMA, Pinheiro AKB. Acupuncture and pregnancy: oriental medicine as an ally in the treatment of low back pain. *Rev Rene.* 2017;18(4):551-558. [CrossRef]
12. World Health Organization. *Traditional medicine strategy 2002-2005*. Geneva: World Health Organization; 2002. Available at: [https://apps.who.int/iris/bitstream/handle/10665/67163/WHO\\_EDM\\_TRM\\_2002.1.pdf;jsessionid=49858A21BE875608F9ED982F74D0A1BC?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/67163/WHO_EDM_TRM_2002.1.pdf;jsessionid=49858A21BE875608F9ED982F74D0A1BC?sequence=1).
13. World Health Organization. *WHO Global Report on Traditional and Complementary Medicine 2019*. Available at: <https://apps.who.int/iris/bitstream/handle/10665/312342/9789241515436-eng.pdf?ua=1>.
14. Amanak K, Karaöz B, Sevil M. Alternatif/tamamlayıcı tıp ve kadın sağlığı. *TAF Prev Med Bull.* 2013;12(4):441-448. [CrossRef]
15. Mathew AM, Francis F. Effectiveness of foot reflexology in reduction of labour pain among mothers in labour admitted at PSG hospital, Coimbatore. *Int J Nurs Educ.* 2016;8(3):11-15. [CrossRef]
16. Moghimi-Hanjani S, Mehdizadeh-Tourzani Z, Shoghi M. The effect of foot reflexology on anxiety, pain and outcomes of the labor in primigravida women. *Acta Med Iran.* 2015;53(8):507-511. Available at: <http://acta.tums.ac.ir/index.php/acta/article/view/4277>.
17. Mirzaei F, Kaviani M, Jafari P. Effect of foot reflexology on duration of labor and severity of first-stage labor pain. *Iran J Obstet Gynecol Infertil.* 2010;13(1):27-32. Available at: <https://www.cabdirect.org/cabdirect/abstract/20103382246>.
18. Gönenç İM, Terzioğlu F. Effects of massage and acupressure on relieving labor pain, reducing labor time, and increasing delivery satisfaction. *J Nurs Res.* 2020;28(1):e68. [CrossRef]
19. Başgöl Ş, Aslan E. Jinekolojik Kanserlerin Tedavisinde tamamlayıcı ve alternatif tedavi: Kanıta Dayalı Yaklaşım. *Yıldırım Beyazıt Univ Hemşirelik Derg.* 2014;2(3):51-62. Available at: <http://95.183.211.112/index.php/e-dergi/article/view/72>.
20. Şimşek Küçükkeleşçi D. *Premenstrual sendrom ile baş etmeye yönelik sağlık inanç modeli rehberliğinde verilen eğitim ve akupresürün premenstrual semptomlar ve yaşam kalitesi üzerine etkisi*. Malatya: İnönü Üniversitesi, Sağlık Bilimleri Enstitüsü; 2018.
21. Pires TF, Pires PM, Moreira MH, et al. Pelvic floor muscle training in female athletes: a randomized controlled pilot study. *Int J Sports Med.* 2020;41(4):264-270. [CrossRef]
22. Pang R, Chang R, Zhou XY, Jin CL. Complementary and alternative medicine treatment for urinary incontinence. In synopsis in the management of urinary incontinence. *InTech.* 2017:39-49. [CrossRef]
23. Resende APM, Bernardes BT, Stüpp L, et al. Pelvic floor muscle training is better than hypopressive exercises in pelvic organ prolapse treatment: an assessor-blinded randomized controlled trial. *NeuroUrol Urodyn.* 2019;38(1):171-179. [CrossRef]
24. Sigurdardottir T, Steingrimsdottir T, Geirsson RT, Halldorsson TI, Aspelund T, Bø K. Can postpartum pelvic floor muscle training reduce urinary and anal incontinence?: an assessor-blinded randomized controlled trial. *Am J Obstet Gynecol.* 2020;222(3):247.e1-247.e8. [CrossRef]
25. Kocabaş P. *Jinekolojik muayeneye bağlı anksiyetenin azalmasında özel muayene giysisi ile müziğin etkisinin karşılaştırılması*. İzmir: Ege Univ Sağlık Bilimleri Enstitüsü; 2009.
26. Yeung TWY, Chai J, Li RHW, Lee VCY, Ho PC, Ng EHY. A randomized, controlled, pilot trial on the effect of dehydroepiandrosterone on ovarian response markers, ovarian response, and in vitro fertilization outcomes in poor responders. *Fertil Steril.* 2014;102(1):108-115.e1. [CrossRef]
27. Ott J, Wattar L, Kurz C, et al. Parameters for calcium metabolism in women with polycystic ovary syndrome who undergo clomiphene citrate stimulation: a prospective cohort study. *Eur J Endocrinol.* 2012;166(5):897-902. [CrossRef]
28. East-Powell M, Reid R. Medical synopsis: antioxidant supplementation may support reduction in pelvic pain in endometriosis. *Adv Integr Med.* 2019;6(4):181-182. [CrossRef]
29. Lo TS, Tseng LH, Lin YH, Liang CC, Lu CY, Pue LB. Effect of extracorporeal magnetic energy stimulation on bothersome lower urinary tract symptoms and quality of life in female patients with stress urinary incontinence and overactive bladder. *J Obstet Gynaecol Res.* 2013;39(11):1526-1532. [CrossRef]
30. Franco JTY, Agulhon AM, Viani FC, Viebig RG. Systemic acupuncture in patients with faecal incontinence. *Complement Ther Clin Pract.* 2016;24:162-166. [CrossRef]
31. Das A, Prabhu AV, Pratibha. Effectiveness of reiki therapy on dysmenorrhoea among adolescent girls. *Indian J Public Health Res Dev.* 2017;8(4):155-160. [CrossRef]
32. Lin H, Zhang Z, Hu G, Wang X, Lin C, Chen Y. Acupuncture for fecal incontinence: protocol for a systematic review and data mining. *Medicine.* 2019;98(7):e14482. [CrossRef]
33. Aydoğmuş Y, Sunay M, Arslan H, Aydın A, Adiloğlu AK, Şahin H. Acupuncture versus solifenacin for Treatment of overactive bladder and Its Correlation with urine Nerve Growth Factor Levels: a Randomized, Placebo-Controlled Clinical Trial. *Urol Int.* 2014;93(4):437-443. [CrossRef]

34. Running A, Smith-Gagen J, Wellhoner M, Mars G. Acupuncture and female sexual dysfunction: a time-series study of symptom relief. *Med Acupunct*. 2012;24(4):249-255. [CrossRef]
35. Cai GY, Chen QW, Lin LH, Yao ZY. Gua Sha therapy for treating perimenopausal syndrome: protocol for a systematic review. *Eur J Integr Med*. 2018;17:40-44. [CrossRef]
36. Kirshbaum MN, Stead M, Bartys S. An exploratory study of reiki experiences in women who have cancer. *Int J Palliat Nurs*. 2016;22(4):166-172. [CrossRef]
37. Resmi gazete. 5634 Hemşirelik Kanununda değişiklik Yapılmasına dair kanun 2007. Available at: <https://www.resmigazete.gov.tr/eskiler/2007/05/20070502-3.htm>.
38. T.C. Sağlık Bakanlığı. Kamu Hastaneleri Genel Müdürlüğü Sağlık Bakım, Hasta Hizmetleri ve Eğitim Dairesi Başkanlığı, Sertifikalı Eğitim Programları ve Sorumlu Kişilerin İletişim Bilgisi. Available at: <https://khgmsaglikba.kimdb.saglik.gov.tr/TR,44872/egitim-birimi.html>.
39. Mevzuat C. Bilgi sistemi. Hemşirelik Yönetmeliği 2010. Available at: <https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=13830&MevzuatTur=7&MevzuatTip=5>.
40. Gazete R. Geleneksel ve tamamlayıcı tıp Uygulamalarının Klinik Araştırmaları hakkında Yönetmelik. Available at: <https://www.resmigazete.gov.tr/eskiler/2019/03/20190309-2.htm>; 2019.
41. Gazete R. Geleneksel ve tamamlayıcı tıp Uygulamaları Yönetmeliği. Available at: <https://www.resmigazete.gov.tr/eskiler/2014/10/20141027-3.htm>; 2014.
42. Sağlık Bakanlığı. 2.Uluslararası 4.Ulusal Tamamlayıcı Terapiler ve Destekleyici Bakım Uygulamaları Kongresi. Available at: <https://getatportal.saglik.gov.tr/TR,57425/2uluslararasi-4ulusal-tamamlayici-terapiler-ve-destekleyici-bakim-uygulamaları-kongresi.html>.
43. Cole A, Shanley E. Complementary therapies as a means of developing the scope of professional nursing practice. *J Adv Nurs*. 1998;27(6):1171-1176. [CrossRef]
44. World Health Organization. *WHO traditional medicine strategy: 2014-2023*. Available at: [https://www.who.int/medicines/publications/traditional/trm\\_strategy14\\_23/en/](https://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/); 2014.
45. International Council of Nurses (ICN). Guidelines on advanced practice nursing 2020. Available at: [https://www.icn.ch/sites/default/files/inline-files/ICN\\_APN%20Report\\_EN\\_WEB.pdf](https://www.icn.ch/sites/default/files/inline-files/ICN_APN%20Report_EN_WEB.pdf); 2020.
46. Gartoulla P, Davis SR, Worsley R, Bell R.J. Use of complementary and alternative medicines for menopausal symptoms in Australian women aged 40-65 years. *Med J Aust*. 2015;203(3):384-390. [CrossRef]
47. Deshpande J. The effect of selected aspect of Garbha SAnskar on stress, coping strategies and wellbeing of antenatal mothers. *Int J Sci Res*. 2016;5(3):588-591. Available at: <https://pdfs.semanticscholar.org/7132/d0e5c71d4cb69d45378771d6ae59a7bd6d48.pdf>.
48. Tracy MF, Lindquist R, Savik K, et al. Use of complementary and alternative therapies: a national survey of critical care nurses. *Am J Crit Care*. 2005;14(5):404-14; quiz 415. [CrossRef]
49. World Health Organization. *Legal status of traditional medicine and complementary/alternative medicine: A worldwide review*. Geneva; 2001. Available at: [https://apps.who.int/iris/bitstream/handle/10665/42452/WHO\\_EDM\\_TRM\\_2001.2\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/42452/WHO_EDM_TRM_2001.2_eng.pdf?sequence=1&isAllowed=y).
50. World Health Organization. *Beijing declaration*; 2008. Available at: [http://www.who.int/medicines/areas/traditional/congress/beijing\\_declaration/en/index.html](http://www.who.int/medicines/areas/traditional/congress/beijing_declaration/en/index.html).
51. Booth-LaForce C, Scott CS, Heitkemper MM, et al. Complementary and alternative (CA M) attitudes and competencies of nursing students and faculty: results of integrating CA M into the nursing curriculum. *J Prof Nurs*. 2010;26(5):293-300. [CrossRef]
52. Chlan L, Halcón L. Developing an integrated baccalaureate nursing education program: infusing complementary/alternative therapies into critical care curricula. *Crit Care Nurs Clin North Am*. 2003;15(3):373-379. [CrossRef]
53. Kreitzer MJ, Mann D, Lumpkin M. CAM competencies for the health professions. *Complement Health Pract Rev*. 2008;13(1):63-72. [CrossRef]
54. Richardson J. Integrating complementary therapies into health care education: a cautious approach. *J Clin Nurs*. 2001;10(6):793-798. [CrossRef]
55. Sok SR, Erlen JA, Kim KB. Complementary and alternative therapies in nursing curricula: a new direction for nurse educators. *J Nurs Educ*. 2004;43(9):401-405. [CrossRef]
56. Cattell E. Nurse practitioners' role in complementary and alternative medicine: active or passive? *Nurs Forum*. 1999;34(3):14-23. [CrossRef]
57. Hon KL, Twinn SF, Leung TF, Thompson DR, Wong Y, Fok TF. Chinese nursing students' attitudes toward traditional Chinese medicine. *J Nurs Educ*. 2006;45(5):182-185. [CrossRef]
58. Al-Rukban MO, AlBedah AM, Khalil MK, El-Olemy AT, Khalil AA, Alrasheid MH. Status of complementary and alternative medicine in the curricula of health colleges in Saudi Arabia. *Complement Ther Med*. 2012;20(5):334-339. [CrossRef]
59. Poreddi V, Thiyagarajan S, Swamy P, Gandhi S, Thimmaiah R, BadaMath S. Nursing student attitudes and understanding of complementary and alternative therapies: an Indian perspective. *Nurs Educ Perspect*. 2016;37(1):32-37. [CrossRef]
60. Yıldırım Y, Parlar S, Eyigor S, et al. An analysis of nursing and medical students' attitudes towards and knowledge of complementary and alternative medicine. *J Clin Nurs*. 2010;19(7-8):1157-1166. [CrossRef]
61. Hemşirelik Ulusal Çekirdek Eğitim Programı (HUÇEP). Ankara; 2014. Available at: <http://www.hemed.org.tr/images/stories/hucep-2014-pdf.pdf>.
62. Müslümanoğlu AY, Tayfun K. Türkiye Geleneksel ve tamamlayıcı tıp Merkezleri; eğitim ve Uygulama İnovasyonu. *J Biotechnol Strateg Health Res*. 2019;3:1-12. [CrossRef]
63. Topçu SA. Hemşirelik Uygulamaları ve Eğitiminde tamamlayıcı ve alternatif Tedaviler. *Hemşirelikte Eğitim Araştırma Derg*. 2009;6(2):5-9. Available at: [https://www.journalagent.com/kuhead/pdfs/KUHEAD\\_6\\_2\\_5\\_9.pdf](https://www.journalagent.com/kuhead/pdfs/KUHEAD_6_2_5_9.pdf).
64. Braun CA. Integrating Complementary Therapies Into Education. In: Lindquist R, Tracy MF, Snyder M, eds. *Complementary and Alternative Therapies in Nursing*. 8th ed. New York: Springer Publishing Company; 2018.