



Complementary and alternative therapies and health literacy in cancer patients



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ABSTRACT

The aim was to determine health literacy and the use of complementary and alternative therapies (CATs) in patients with cancer and to investigate the relationship between CAT usage and health literacy. The study cohort consisted of 250 oncology patients. The Patient Interview Form and the Adult Literacy in Medicine Scale were used for collecting data. The use of at least one CAT was reported by 24% of the patients surveyed. Herbal therapies (32.6%) constituted the most popular method, and the most popular herbal therapy was *Nigella sativa* (54.6%). A total of 29.8% of the patients using CATs reported using herbal therapies for an enhanced immune system. Illiterate patients and those who live in rural areas/towns displayed low levels of health literacy. Healthcare professionals should investigate patients' use of complementary and alternative approaches, and health literacy should be improved so that patients can be informed regarding the possible benefits and disadvantages of CATs.

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Cancer poses a significant social and health problem as the second most frequent cause of mortality (22%) after cardiovascular diseases [1]. By 2030, it is estimated that 24 million new cases will have developed cancer, 75 million will be suffering from it and 17 million will have lost their lives because of cancer [2]. The fact that mortality and morbidity associated with cancer are increasing, despite developments in diagnosis and treatment techniques, is concerning to patients and their relatives and has led to alternative therapies being implemented in cancer treatment [3]. Any medical system, practice, or product that is not thought of as standard care. Complementary and alternative therapies are generally defined as any medical system, practice, or product that is not part of standard care [4]. At the current time, the use of CATs has become increasingly common among patients with cancer [4]. The percentage of CATs use was 25% in the 1980s, 32% in the 1990s and 49% as of the 2000s [5]. In Turkey, as in the rest of the world, CATs usage is becoming widespread [6,7]. According to a study conducted across 14 countries, including Turkey, the percentage of cancer patients using CATs varied widely from 15% to 73% [8]. The most important questions to be answered concerning the use of CATs during or after cancer treatment pertain to whether such methods

are really effective and reliable and whether they may possibly interfere with chemotherapy. There are a significant number of conventional as well as evidence-based complementary and integrative approaches to managing the side effects of cancer. The effect of CATs on cancer treatment remains largely unknown due to the limited number of studies conducted on the matter. It is essential to support patients and their relatives in terms of awareness and knowledge of toxic and other side effects from CATs usage [4].

Health promotion conferences emphasize that individuals should assume self-responsibility for their health and that they are expected to be familiar with their well-being and to make sound decisions regarding their health [8,9]. Decisions that patients make concerning their health affect the efficiency, effectiveness and quality of the health care or service being provided, and such decisions are shaped by patient knowledge of health, skills and practices. Health literacy is the capacity to obtain, process and understand basic health information [10]. Individuals with lower health literacy tend to have less understanding of their illness, poorer self-reported health and worse health outcomes [11]. It is known that low health literacy results not only in harmful medical consequences and unreliable practices but also in increased and avoidable health care costs, unexpected complications and unplanned hospitalizations [10]. Studies report that individuals with high health literacy are more successful in the management of the disease due to their high level of awareness, and such individuals

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display a lower proportion of admission to emergency care units [12–14].

Cancer patients usually have intensive chemotherapy and have a need to manage the increased complications and compliance with the treatment to improve their life quality. Health literacy is important in cancer patients to manage symptoms, provide sufficient self-care, use of protective medical services and for good quality of life. Individuals with limited health literacy may not be able to obtain or understand important information about their cancer, treatments and symptoms. Low health literacy brings about poorer health status, inadequate search for medical care in symptomatic periods, poor self-care, poor chronic disease management. According to research, this matter is becoming ever more important due to the prevalence of CATs, the lack of knowledge of their toxic effects and interference, and patients' avoidance of sharing CATs usage with their doctor or nurse. It is important to raise awareness CATs usage within this special patient group. To our knowledge, there have been no studies examining the effect of health literacy on CATs use in cancer patients. The aim was to determine health literacy and the use of CATs in patients with cancer and to investigate the relationship between CATs usage and health literacy.

1. Methods

1.1. Study participants

This study used a descriptive and cross-sectional survey design. The study was conducted in the medical oncology clinic-outpatient chemotherapy unit of a hospital. It was determined that approximately 320 patients were actively receiving oncological treatment at the outpatient clinic, and an attempt was made to contact all patients through the complete count method. Ultimately, 250 patients were included in the study. The criteria for inclusion in the study consisted of being over 18 years of age and receiving active treatment in the outpatient chemotherapy unit. Independent variables were age, gender, education and income, and dependent variables were CATs use and health literacy.

1.2. Data collection tools

The researchers collected the data during face-to-face interviews conducted with the patients in the outpatient service during their treatment process. Each interview lasted for 15–20 min. Two forms were used in data collection: (1) a Patient Interview Form and (2) the Adult Literacy in Medicine Scale (ALMS) [15]. The Patient Interview Form was prepared by the researchers, in line with the relevant literature [6–18]. Five experts (three oncology doctors and nurses, two academician nurses) were consulted to obtain their views on the form for its validation. The form took its final form in line with their recommendations. A pilot study was conducted with 12 patients. The results of pilot study were excluded in the study analysis. The last form included 38 questions: nine on socio-demographic characteristics of patients, nine on their current health condition, and 20 on the use of CATs. Twentyfour CATs were included in the survey. These CATs were selected according to literature [4–6]. CATs methods was classified into five categories: (1) biologically based therapies; (2) mind–body interventions; (3) energy therapies; (4) manipulative and body-based methods; and (5) alternative medical system (i.e. homeopathy). In this form, all CAT methods were listed to mark. CATs usage information was received a series of questions such as “do you know CAT methods are called traditional therapies among the public? “do you use complementary and alternative therapies/methods (herbal therapy, royal jelly, bioenergy, etc.) because of your illness? (Yes, No);

Which methods do you use CATs?”. If the patients say yes, it was asked their preferences. A monthly cost of CATs usage were asked as Turkish liras, then changed to dollar (one dollar = 2,5 Turkish liras). The Adult Literacy in Medicine Scale (ALMS) was developed by Sezer (2013) to determine the adequacy of adults in terms of health literacy. It has a Cronbach Alpha value of 0.77¹⁵. This scale includes 22 items to determine the health literacy of adults and their use of medication as well as one figure that measures to what extent patients know the location of their organs. There are 13 yes–no questions, four fill-in-the-blanks, four multiple-choice and two matching questions in the scale. Each type of question is scored differently. Regarding yes–no type questions, positive answers receive a 1, and negative answers receive a 0; for fill-in-the-blanks type questions, correct answers receive a 1, and incorrect answers receive a 0. In multiple-choice questions, those who score two or more correct answers receive 1 point, and those who fail to answer or provide one correct and one incorrect answer receive a 0. Finally, in match type questions, those who match more than two answers correctly receive 1 point, whereas others obtain a 0. The scoring ranges between 0 and 23 points. There is no cut-off value for evaluation. Higher scores indicate higher health literacy levels. The Cronbach Alpha coefficient of the scale was found to be .82 in our research. Permission to use the scale was obtained from the author via e-mail.

1.3. Ethical issues

Before starting the research, ethical approval was obtained from the Research Ethics Committee for non-invasive clinical studies (October 30, 2014- No: 225), as was the institutional approval from the hospital, and the verbal and written consent of the patients after the topic of the study had been explained to them.

1.4. Statistical analysis

Statistical analyses were conducted using the SPSS 16.0 package software. Numerical, percentage distribution, mean, chi-square, Mann–Whitney U and Kruskal Wallis tests (Kolmogorov–Smirnov normality test $p = 0.000$) were applied, and $p < 0.05$ was accepted as indicating statistical significance in a 95% confidence interval.

2. Results

It was found that 64.8% of the patients included in the study were female, 35.2% were male, 55.2% were 41–60 years old, and their average age was 55 ± 11.2 years. The majority of patients were educated to primary school level (60.8%), were married (80.8%), were housewives or were unemployed (50.4%), had an income lower than expenses (68%) and lived in the provincial center (54%) (Table 1).

The most common types of cancer among the patients interviewed were breast (38%) or colon cancer (24.4%). It was determined that 65.6% of the patients had been diagnosed within the previous twelve months; 42.8% had undergone surgery plus chemotherapy (CT), 25.6% had had surgery plus CT and radiotherapy, while 26% had received CT only. In addition to cancer, 18.9% had been diagnosed with diabetes mellitus, and 16.6% had been diagnosed with hypertension (Table 2).

48.8% of patients knew the CAT methods (Table 2). Half of the patients (51.2%) did not have any information about CATs. Seventy-eight percent of the patients had heard about CATs, 33.7% had heard about it from their neighbors, and 36.1% had heard about it from television channels, while 51% were uninformed about CATs (data not shown).

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