



## Cancer patients' experiences with nature: Normalizing dichotomous realities



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### ABSTRACT

**Aims:** To explore cancer patients' subjective experiences with nature in order to examine the relevance of nature-based care opportunities in cancer care contexts. The rationale was to describe the underlying mechanisms of this interaction and produce translatable knowledge.

**Methods:** Qualitative research design informed by grounded theory. Sampling was initially convenience and then theoretical. Competent adults with any cancer diagnosis were eligible to participate in a semi-structured interview exploring views about the role of nature in their lives. Audio-recorded and transcribed interviews were analyzed using inductive, cyclic, and constant comparative analysis.

**Results:** Twenty cancer patients (9 female) reported detailed description about their experiences with nature from which a typology of five common nature interactions emerged. A theory model was generated constituting a core category and two inter-related themes explaining a normalization process in which patients negotiate their shifting realities (Core Category). Nature functioned as a support structure and nurtured patients' inner and outer capacities to respond and connect more effectively (Theme A). Once enabled and comforted, patients could engage survival and reconstructive maneuvers and explore the consequences of cancer (Theme B). A dynamic relationship was evident between moving away while, simultaneously, advancing towards the cancer reality in order to accept a shifting normality. From a place of comfort and safety, patients felt supported to deal differently and more creatively with the threat and demands of cancer diagnosis, treatment and outlook.

**Conclusions:** New understanding about nature's role in cancer patients' lives calls attention to recognizing additional forms of psychosocial care that encourage patients' own coping and creative processes to deal with their strain and, in some cases, reconstruct everyday lives. Further research is required to determine how nature opportunities can be feasibly delivered in the cancer care setting.

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In recent years there has been a growing interest to study how experiences with nature impact human health and well-being (Hartig et al., 2014). Accordingly, nature's role in healthcare has become a topic of focus in numerous research fields such as public health (Haluza et al., 2014) and planning, design and environmental disciplines (Ulrich et al., 2008). Even though it is considered a new

field with growing scientific attention, its core issues have a long-standing record of inquiry in healthcare philosophies from ancient times to more recent history (Nightingale, 1969; Rawcliffe, 2008). The study of mental restoration (Kaplan, 1995) and stress reduction (Ulrich, 1983) through contact with nature has produced the most notable findings and discussions in this area today.

Various types of contact with nature have been considered within healthcare interventions including horticultural therapy (Verra et al., 2012), and purely visual or sound-based nature experiences in the hospital room (Diette et al., 2003; Saadatmand et al., 2013). Findings from studies of mixed clinical populations have shown positive associations between nature exposure and

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lowering physical discomfort during surgical procedures (Diette et al., 2003; Saadatmand et al., 2013), reduced length of hospital stay (Ulrich, 1984), reduced strength of pain medication (Lee et al., 2004; Ulrich, 1984), improved psychological wellbeing (Gonzalez et al., 2010), social wellbeing (Um et al., 2002), and improved positive affect and mood (Wichrowski et al., 2005). Furthermore, some literature suggests that nature in healthcare settings may improve healthcare service satisfaction (Whitehouse et al., 2001).

The movement to understand how contact with nature benefits human health and wellbeing could be understood as a response to the changing attitudes and expectations of healthcare ‘consumers’, who are increasingly informed, self-empowered and demand personalized care approaches (MacCormack et al., 2001). In this context, engagement with nature arises as a potential opportunity for widening the horizon of healthcare services and strategies. Little research, however, exists on how patients in cancer care settings might engage with nature and if they value such engagement in their healthcare experiences.

## 1. The cancer care context

People affected by cancer can experience physical, psychosocial and mobility adjustments impacting their wellbeing and quality of life (Korszun et al., 2014), which may result in patients and carers having unmet needs (Sanson-Fisher et al., 2000). Given these immediate and ongoing challenges, numerous psychosocial care interventions are being created with the aim to alleviate cancer patient and carer strain, which have been broadly categorized as educational techniques, behavioral training, individual psychotherapy, and group interventions (Fawzy et al., 1995). These include, for example, relaxation techniques (Luebbert et al., 2001), virtual communities and electronic support groups (Eysenbach et al., 2004), and guided imagery (Roffe et al., 2005).

Given the rapid rise in cancer incidences each year (Stewart and Wild, 2014) and a corresponding demand for new solutions to growing healthcare burden and cost (Rijo and Ross, 2010), first attempts have been made to study the potential of engagement with nature as a supportive aid in cancer care. Although the effectiveness remains critically understudied, preliminary research with cancer populations suggests that nature-based interventions may improve quality of life (Rowlands and Noble, 2008), increase positive health behavior such as physical exercise and fruit and vegetable consumption (Blair et al., 2013), restore attention (Cimprich and Ronis, 2003) and promote social interaction (Sherman et al., 2005). Such studies, however, often reflect outcomes as defined by the measures, audits and questionnaires devised by the researchers. Further understanding of cancer patients’ engagement with nature and its relevance in their experiences of health and recovery is needed.

Nature has been conceptualized through numerous lenses; accordingly, the term’s boundaries vary across the disciplines discussing the issue. The following working definition served as a starting point in this investigation and condenses lengthy definitions from two developmental lines; namely, environmental psychology (Kaplan and Kaplan, 1989) and health & nature studies (Maller et al., 2006):

“the phenomena of the physical world collectively, including various forms of vegetation and habitats, natural and humanly designed landscapes, natural cycles, processes and weather, wildlife and domestic animals, and other features and products of the earth including man-made creations which creatively organize and depict these nature elements”.

Against this background, the current study explored the

subjective experiences of cancer patients in order to examine their engagement with nature and describe the elements patients find beneficial and those they find less helpful. The rationale was to produce relevant, translatable knowledge for nature-based care opportunities in cancer care contexts and to direct future research.

## 2. Method

### 2.1. Design and data collection

The qualitative research design used a grounded theory approach following the procedures recommended by Corbin and Strauss (2008) to generate a theoretical outline of the process underlying cancer patients’ use of nature. Data collection comprised semi-structured interviews conducted either face-to-face in the hospital setting or over the phone. The semi-structured interview schedule posed open-ended questions about patients’ own definition of nature, nature preferences, experiences, usages, effects, nature-based recommendations for other cancer patients, and recommendations for nature-based opportunities in the cancer care setting. Sampling proceeded from convenience to theoretical sampling with the aim to collect a rich range of data (maximum variation). Interviews were transcribed verbatim, analyzed and interpreted in a constant comparative manner (Corbin and Strauss, 2008). In this approach, emerging concepts can be explored and hypotheses about participants’ experiences formulated, which inform ongoing data collection alongside analytic memoing and reflexive journaling. Data saturation was reached when interviews ceased to add any new core material and the studied phenomena were sufficiently elucidated. Reporting followed COREQ guidelines (Tong et al., 2007) with the exception of member-checking. COREQ recommends that data analyses be returned for participant confirmation following interviews. In this study participants’ comments were summarized at the conclusion of each interview to verify comprehension of their views. This was deemed appropriate to minimize patient burden and because a number of participants were not expected to live through the study period.

### 2.2. Participants and ethics approval

Cancer patients were recruited during the data collection period from February 2015 to June 2015 from the inpatient wards and outpatient clinics in an Australian tertiary cancer hospital. Patients were eligible to take part if they were at least 18-years-old with any cancer diagnosis and who spoke sufficient English and were sufficiently well to complete the interview. At first, all patients attending specialist clinics and patients admitted to wards were screened on random weekdays by the first author (SB) with the aim to recruit any patient willing to participate in the study. Treating clinicians and nurse coordinators were consulted to ascertain patients’ fitness to be approached. The first author approached eligible patients face-to-face following an approach script to introduce the study and its aim. Patients could agree to their participation by giving informed, signed consent. At first, patients were invited to take part irrespective of their past experiences with nature and were not asked to explain their relationship with nature during recruitment. As the analysis proceeded and gaps in the data became apparent, the recruitment strategy became more focused and included one negative case [P16] where the aim was to include views of patients who did not value or felt ambivalent about nature in their recovery process. It was further necessary to purposefully approach two patients [P15, P20] based on demographics (sex, age), which provided greater demographic variety to the collected data. Finally, two patients [P19, P21] were recruited after establishing that nature played a part in their recovery experiences and their

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