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Health care professionals' interactions with cancer patients who use complementary and alternative medicine in Taiwan



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Summary

Background: The majority of cancer patients receive some form of complementary and alternative medicine (CAM), and the demand for CAM is growing among this patient population.

Purpose: This study explored how health care professionals (HCPs) view and interact with people with cancer who use CAM.

Methods: An exploratory qualitative approach was employed to analyze the data from 15 in-depth interviews with HCPs. Data analysis was based on the grounded theory (GT) process, which includes the levels of open, axial, and selective coding.

Results: The results showed four categories of interaction between HCPs and cancer patients who use CAM. These were as follows: "personal experiences of using CAM," "outcome determination to use CAM", "family attitudes toward CAM" and "the role of CAM in the ward." The core category identified in this study was "respect patient's autonomy to use CAM."

Conclusion: In this paper, we discuss the interactions between HCPs and patients who use CAM, and the factors that influence HCPs' views and responses to CAM. The development of skills to enable HCPs to understand patients' perspectives and assess the usefulness of CAM should be encouraged. The implications of our findings may thus benefit nursing education and nursing practice.

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1. Background

Complementary and alternative medicine (CAM) is widely used in many societies (Lambert, Morrison, Edwards, & Clarke, 2010; Xue, Zhang, Lin, Da Costa, & Story, 2007), and is known to be frequently used by cancer patients (Olaku & White, 2011; Sewitch & Rajput, 2010). Demand for these therapies has grown in recent decades. There are 41–91% of cancer patients use at least one form of CAM in USA (Matthews, Sellergren, Huo, List, & Fleming, 2007; Yates, Mustian, & Morrow, 2005). A European multinational survey found that 35.9% of cancer patients had used CAM in the past or were current users (Molassiotis, Fernandez-Ortega, & Pud, 2005). A more recent population-based study by Gansler, Kaw, Crammer, and Smith (2008) found that the types of CAM used by cancer survivors included prayer or other spiritual practice (61.4%) and relaxation (44.3%). A study conducted in Taiwan found that 95.8% of adults in the Taichung area used CAM (Tseng, Lin, & Hung, 2005); furthermore, more than 80% of cancer patients in Taiwan used CAM (Xin, Chiou, Hu, Cheng, & Chen, 1996).

Several studies have suggested that a high percentage of cancer patients who use CAM might choose not to inform their health care professionals (HCPs) (Matthews et al., 2007; Yates et al., 2005; Zollman & Vickers, 2000). Such patients might feel uncomfortable discussing CAM because their HCPs have not established a trusting relationship with them, or the HCP might lack knowledge of CAM and might therefore be unable to respond adequately (Cassileth & Chapman, 1996). In future consultations, patients may avoid further discussion of CAM with their doctors (Tovey & Broom, 2007). However, one study indicated that patients benefit from discussing CAM with their HCPs, and that such a discussion plays an important role in providing information on CAM available in the health care system (Ben-Arye, Frenkel, Klein, & Scharf, 2008). Another more recent study reported that good communication with HCPs is important for patients using CAM (Berger, Braehler, & Ernst, 2012). Therefore, it is critical to explore the perspective of health professionals on cancer patient use of CAM. However, limited data exist on the interactions between Taiwanese HCPs and their patients who use CAM, and the effects that HCPs' responses have on people with cancer. Thus, the aim of this study was to explore the manners in which Taiwanese HCPs view and responses to cancer patients who use CAM.

Hilbers and Lewis's study (2013) on complementary health therapies indicated that 86% of patients thought it would be helpful if HCPs know patients' use of CAM. On the other hand, one study which interviewed the cancer patients in Taiwan found that cancer patients may take for granted to use CAM, such as, Traditional Chinese Medicine (Wang, Windsor, & Yates, 2012a). In Taiwan, it is not easy to define what is considered CAM. In order to have deep and board understanding for the study, therefore, for this study, CAM is defined as any treatments other than Western medicine. Limited data pertain to the interactions between Taiwanese HCPs and patients who use CAM or the effects that responses by HCPs exert on people with cancer. This study explored the manners in which Taiwanese HCPs view and interact with cancer patients who use CAM.

2. Methods

This study was approved by the hospital institutional review board (TCVGH-HK988012) in Taiwan. In order to explore the research question, ground theory (GT) was adopted for exploring social phenomena and human interactions (Cutcliffe, 2000; Strauss & Corbin, 1990). The objective of a GT study is to determine theoretical explanations and explore human interactions related to particular phenomena (Streubert & Carpenter, 2007). In the first instance, GT is understood as a social process. Thus, researchers endeavor to reveal the social processes (or theories) that people use to manage circumstances about which they are unaware (Benoliel, 1996). In other words, GT has the value and ability to explain a theory (that develops from a process) that is related to basic sociological activity (Glaser & Strauss, 1967). Furthermore, GT is a dynamic process whereby people give meaning to the actions of others.

2.1. Participants

Sampling was purposive, and the data were collected over 11 months, with the process being conducted in 2 stages. In the first stage the initial findings were analyzed, and in the second stage theoretical sampling was used. Participants were recruited from a single inner city teaching hospital (the largest scale) in Taiwan. The criteria for selection were that participants were required to be doctors or nurses and to have at least 6 months of working experience; they were also required to have at least 3 months of experience working specifically with cancer patients and to have provided care for patients using CAM. We used semi-structured in-depth interviews to facilitate participants' ability to express their viewpoints (Cutcliffe, 2000; Streubert & Carpenter, 2007). The first author went to the hospital nursing stations to recruit nurses and doctors for the interview. Subsequently, snowball sampling was used during the sampling process. All interviews were conducted by the first author. Each interview was conducted in a private room in the hospital at the participant's convenience. Individual semi-structured interviews were performed with recorded audiotapes during the research process. Before the formal interview, demographic characteristic information was collected by the first author. The researcher questioned the participants concerning how they regarded patient use of CAM during the care process. The formal interview then followed; questions included, "What are your experiences of using CAM?", "What are your patients' experiences of using CAM?", "How do you regard cancer patients' use of CAM during the cancer treatment journey?" and "How do you manage the situation when your patients use CAM?" In this study, pseudonyms were used for family names to identify the 15 participants while protecting confidentiality; professional titles are accurately reported.

2.2. Data analysis

The analytic procedures employed techniques of grounded theory (GT) data analysis. This study adopted the methods of grounded theory (GT) as developed by Strauss and Corbin (Strauss & Corbin, 1990). The Strauss and Corbin (1990) paradigm model shows the basic social process through

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