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Lung cancer patients' beliefs about complementary and alternative medicine in the promotion of their wellness

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A B S T R A C T

Purpose: Cancer patients are increasingly turning to complementary and alternative medicine (CAM) because they believe that conventional treatments are not optimizing their overall wellness. However, the relationship between CAM use, wellness, and patient beliefs has received little attention in the nursing literature. This study aimed to understand lung cancer patients' beliefs about CAM use in promoting their own wellness.
Method: An interpretive qualitative design guided the study. Semi-structured interviews were conducted with 12 adult lung cancer outpatients who used CAM. An inductive approach to analysis was taken; this included immersion in the data, open coding, categorization of similar codes, and identification of emerging patterns and themes.
Results: The patients' beliefs about CAM use in promoting their own wellness were the result of an ongoing adaptive process of belief modification and reformation/transformation that began with their cancer diagnosis. This evolution of patient beliefs comprised four main themes: processing the initial upheaval of beliefs into a life change; developing beliefs that motivated CAM use; validating their new beliefs; and synthesizing these experiences and belief changes into a personal philosophy/meaning of "wellness with cancer."
Conclusions: CAM, as a strategy to promote wellness, played an integral role in the experience of wellness with cancer. Patients' experiences with CAM were governed by their underlying beliefs; thus, clinicians should consider their patient's beliefs when discussing CAM strategies. Given the importance of recommendations health professionals should also offer guidance and open discussion of CAM with patients and tailor CAM to their needs.

Introduction

Background

Lung cancer is the leading cause of cancer death for Canadians, with 5-year mortality rates of 87% for men and 81% for women (Canadian Cancer Society, 2011). Lung cancer patients also experience a high emotional and physical symptom burden compared to other cancer types (Canadian Cancer Society, 2011; Cooley, 2000). As patients seek to promote their wellness, defined as a person's self-perception of health, many turn to complementary and alternative medicine (CAM) (Downe-Wambolt et al., 2006; Sarna et al., 2005; Schuster et al., 2004).

The National Center for Complementary and Alternative Medicine defines CAM as "a group of diverse medical and health care systems, practices, and products that are not generally considered to be part of conventional medicine" (NCCAM, 2009). Complementary therapies are classified in four main groups: mind-body medicine which increases the mind's ability to affect bodily function and symptoms (e.g. guided imagery), biologically-based practices using substances found in nature (e.g. herbs), manipulative and body-based practices involving manipulation or movement of body parts (e.g. massage), and energy medicine involving use of energy fields (e.g. Reiki) (NCCAM, 2009). CAM is also part of whole medicine systems, such as Traditional Chinese Medicine. While many definitions and classifications of CAM exist, the NCCAM model was chosen for its comprehensiveness (NCCAM, 2009).

A review of the literature on this topic reveals several significant trends. The use of CAM is on the rise (Boon et al., 2007; Ernst and Cassileth, 1998). CAM use among cancer patients was reported to be as high as 83.3% (68.7% excluding spiritual practices) in 453 oncology outpatients (Richardson et al., 2000). While data is scarce

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for lung cancer patients, one survey of 111 lung cancer patients in eight European countries found that 26.6% used CAM (Molassiotis et al., 2006). Another European survey of 120 lung cancer patients from three institutions receiving radiation treatment found that 54% reported using CAM (Micke et al., 2010). This growing trend has been attributed to patients' evolving beliefs, such as a preference for more holistic or natural treatments, perceived limitations of conventional treatments, and a desire for more information about their condition and care (Maskarinec et al., 2001; Richardson et al., 2000). A qualitative study of 20 breast cancer patients reported that CAM users felt their beliefs about health and illness had changed after diagnosis, while non-users felt their beliefs were 'lifelong' (Brown and Carney, 1996). These findings highlight the importance of patient beliefs in understanding their health choices (Brown and Carney, 1996). However, gaps remain in our knowledge of how patient beliefs about becoming well are associated with CAM use.

Beliefs in promoting wellness

Patients are thought to use CAM to promote wellness, not simply for disease prevention (Schuster et al., 2004). According to Schuster et al. (2004), wellness involves striking a balance between one's physical, psychological, spiritual, social and cultural processes. CAM techniques, which are a means to promoting wellness, are influenced by a multitude of personal preferences. In order to better understand the use of CAM after receiving a cancer diagnosis, it is thus necessary to better understand patients' beliefs of wellness.

Beliefs refer to "the 'truth' of a subjective reality that influences biopsychosocial-spiritual structure and functioning" (Wright et al., 1996, p. 41). They affect how patients perceive and cope with positive and negative events (Richer and Ezer, 2000; Wright et al., 1996). One study was located that described and explored patient beliefs associated with help-seeking behaviors (Sheikh and Ogden, 1998). No studies were located that explored the evolution of patient beliefs in promoting their wellness.

Patient beliefs about CAM use

As CAM may be a means to promote wellness, it is also important to understand patients' beliefs regarding CAM. Since the majority of CAM research to date has been quantitative, Hirai et al. (2008) recently called for qualitative studies of CAM use to include an exploration of patient beliefs regarding CAM. As beliefs are shaped by past experiences and socio-cultural interactions (Benson and Friedman, 1996; Richer and Ezer, 2000; Wright et al., 1996), understanding the evolution of beliefs allows for a better comprehension of health behaviors, such as CAM use. For example, patients with a belief that their cancer will recur are more likely to use CAM (Burstein et al., 1999). A deep understanding of patient beliefs is thus important when exploring CAM use in wellness promotion.

Many surveys have reported a variety of reasons for using CAM, such as increasing hope, personal control, and responsibility for one's care, seeking closer provider relationships, controlling symptoms, and improving physiologic and psychosocial well-being (Cassileth et al., 2007; Wells et al., 2007). These findings do not reveal the original experiences and evolution of the beliefs, which may contribute to a deeper understanding of the beliefs that appear to govern CAM health decisions.

The few qualitative studies that were found have touched on patients' underlying beliefs; however, the focus was on reasons for CAM use. For example, a qualitative study of 39 patients with advanced stage cancer found that reasons for CAM use could be grouped into prolonging survival, relieving symptoms, repairing or detoxifying their bodies, and boosting immunity (Correa-Velez et al., 2005). A qualitative study with 29 prostate cancer patients, found CAM use depended on both 'fixed' (e.g., disease characteristics and demographics) and 'flexible' factors (e.g., perceptions about CAM and need for control) (Boon et al., 2003). Patients were more often 'pushed' to use CAM by negative health care experiences than pulled by congruence of their beliefs with CAM (Boon et al., 2003). A qualitative study of 34 men with cancer found that reasons for CAM use included the desire for active participation in treatment, good communication, a more holistic approach, relief of side effects and symptoms, and possibly, to prolong life. Men took a 'pragmatic approach' by trying therapies to address specific unmet needs (Evans et al., 2007). No qualitative studies were found that explored beliefs, wellness, and CAM use in patients with cancer. Thus, a qualitative study would contribute to current knowledge by obtaining in-depth descriptions of what wellness means to cancer patients, and how they believe CAM enhances their own wellness.

CAM use among lung cancer patients

Given the high prevalence of lung cancer, only the exceptional clinical study was found that explored CAM use among lung cancer patients (Molassiotis et al., 2006; Wells et al., 2007). Although there are qualitative studies on the CAM experiences of other cancer patients, these cannot be generalized to lung cancer patients, who have a different disease trajectory and lived experiences (Hill et al., 2003; Molassiotis et al., 2006). Furthermore, studies have highlighted the need to investigate the lung cancer population in more depth, because high symptom burden and poor prognosis may result in a high rate of CAM use (Cassileth et al., 2007).

The poor prognosis and rapid disease trajectory of lung cancer have been linked with fluctuations in patient beliefs and concepts of wellness in past qualitative studies (Bertero et al., 2008; Hill et al., 2003). Yet, psychosocial concerns, beliefs from the patients' perspective and CAM use have received little attention in the nursing literature (Bertero et al., 2008; Hill et al., 2003). There is a need to develop lung cancer services that are tailored to each patient's unique needs, beliefs about wellness and health-related practices such as CAM use (Bertero et al., 2008; Yardley et al., 2001).

In terms of clinical implications, a better understanding of lung cancer patients' beliefs about CAM and wellness can further contribute to the integration of CAM with standard medical treatment. From the patient's perspective, the integration of medical treatments and CAM, and open discussion of this integration with health practitioners, would be highly beneficial as it may be superior to either approach alone (McCaffrey et al., 2007; Oh et al., 2010).

Given the increase in CAM use by cancer patients, and the lack of qualitative research linking beliefs, wellness and CAM in lung cancer patients, the purpose of this paper is to develop a better understanding of lung cancer patients' beliefs about CAM use in promoting wellness. Therefore, the main research question is: What are lung cancer patients' beliefs about CAM use in promoting their own wellness?

Methods

Study design

An interpretive qualitative design with semi-structured interviews was used in order to identify common themes and patterns characteristic of the phenomenon of CAM usage, while also accounting for the subjective human experience (Sandelowski, 2000; Thorne et al., 2004).