



Original article

How cancer patients build trust in traditional Chinese medicine

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Abstract

Introduction: Traditional Chinese medicine (TCM) is popular in Taiwan, but little is known about how patients build their trust in TCM. This study explored Taiwanese cancer patients' trust in traditional Chinese medicine.

Methods: For this descriptive qualitative study, 12 cancer patients were individually interviewed using a semi-structured guide. All interviews were audio-taped and transcribed verbatim. Data were concurrently collected and analyzed by constant comparative method to develop main themes and categories.

Results: Our first main theme was that participants' trust in TCM was moulded by their cultural background and by their own and family members' experience of using TCM. Our second major theme was that trust in TCM was augmented by the conventional medicine system: this included categories of doubts about TCM's effectiveness for cancer treatment, cooperation between the medical and TCM departments in the study hospital, and institutional guarantees.

Conclusions: Knowing how advanced stage cancer patients build trust in TCM can increase understanding of their medical care-seeking behavior in TCM. These results may be helpful for clinicians in Asian countries where TCM is used along with conventional medicine and in countries treating Asian cancer patients.

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Introduction

Traditional Chinese medicine (TCM), with its well-established theory and unique treatments, is popular in Taiwan [1]. TCM was the mainstream medicine in Chinese culture for thousands years before the practice of conventional medicine became prevalent [2]. In Taiwan, TCM (which includes herbal medicine, moxibustion, and acupuncture) still plays an active role in the modern health care system.

The leading cause of death in Taiwan is cancer, with 87,189 newly diagnosed cases of cancer in 2009, equal to 377.1 for every 100,000 population [3]. Most Taiwanese cancer patients have

used conventional medicine combined with TCM at the same time for disease control or overall well-being [4,5]. The major reasons for using TCM reported in a systematic review of 28 studies conducted in various Chinese populations were to reduce side effects, provide a tonic, and to treat chronic disease [6].

The prevalence of TCM use in Taiwanese prostate cancer patients has been estimated as 2.6% [7] and for breast cancer patients of urban China, 85% [8]. In a survey of Hong Kong cancer patients, more than half had used TCM [9]. TCM is also used by 47% of Chinese immigrants in Canada [10]. Some evidence has suggested that TCM can increase the effectiveness of conventional cancer therapy [11], reduce side effects of chemotherapy [12] and that, Astragalus-based Chinese herbal medicine may be effective in platinum-based cancer therapy [13].

Knowing how patients build trust in health care providers is important to understand how people interact with the health care system. Trust can be divided into two types, interpersonal trust

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and public trust [14,15]. Interpersonal trust indicates the trust between individuals, while public trust is placed by an individual or a group of people in a social system. In a health care system, trust can be described as confidence in receiving proper treatment when needed [16]. Patients' trust in their treatment is critical to their adherence, attitudes toward their own medical affairs, medical experiences, and even disease outcomes [17–22].

Although trust in health care systems and physicians has been well studied, only one study examined how patients develop trust in complementary and alternative medicine (CAM) [23]. This study was a survey of Dutch health care consumers with various health issues and operated in a different cultural context [23]. Their process for building trust in CAM/TCM would likely be different from that of Taiwanese people, particularly those with a severe disease such as cancer. Little is known about how Taiwanese patients build their trust in TCM. Thus, this study focused on the experiences of building trust in TCM among Taiwanese cancer patients using combination therapy of TCM and conventional medicine.

Methods

Design, sample, and setting

This study used a descriptive qualitative approach to explore cancer patients' experiences of building trust in TCM. This approach is best described as a smaller-scale naturalistic inquiry that yields a rich description of patients' experience in their own language [24,25]. Qualitative methodology is appropriate for exploring personal experiences and gaining an in-depth understanding of an unknown phenomenon [26].

Participants were recruited from cancer inpatients and outpatients of a medical center in northern Taiwan, where both conventional medicine and TCM were practiced. To be included in our study, patients had to meet the following criteria: (1) at least 20 years old and had no mental health problem, (2) diagnosed with cancer and undergoing chemotherapy, (3) receiving treatment at the TCM department, (4) able to communicate in Mandarin or Taiwanese, and (5) willing to participate in the study. Patients were excluded if they did not use chemotherapy and TCM concurrently, used other kinds of alternative therapy (such as chiropractic or homeopathy) instead of nationally recognized TCM, or had cognitive disabilities. Of the 14 patients who met the criteria, 12 agree to participate and 2 refused. The reasons for refusing were no available time ($n = 1$) and feeling uncomfortable during interviews ($n = 1$).

Ethical considerations

Before data were collected, this study was approved by the institutional review board of Chang Gung Memorial Hospital. The study procedures were explained to eligible patients, and they were informed of their rights to withdraw from the study at any time for any reasons and of their right to treatment whether or not they decided to participate in this study. Patients who agreed to participate then signed informed consent. To maintain

Table 1
Semi-structured interview guide.

	Question
1	Have you used TCM? Please tell about your experience
2	Why do you choose to use TCM as a treatment?
3	Do you trust TCM (or conventional medicine)? Why?
4	For what kinds of illness would you choose TCM?
5	In your experience as a patient, what is the role of TCM?

participants' anonymity, all their recognizable personal data were protected by replacing names with code numbers.

Data collection

After briefly explaining the purpose of this study to participants, the first author (CHL) interviewed them individually, using a semi-structured guide with open-ended questions (Table 1). The average time of interviews was about 45 min. All interviews were conducted in Chinese and audio-taped with participants' permission. During the interview process, CHL rechecked every unclear statement and asked participants to clarify their views if necessary. Demographic data were obtained from participants, and clinical characteristics (cancer site, staging, TCM therapy, etc.) were collected by chart review.

Data analysis

Data were collected and analyzed concurrently, with analysis done by CHL and the second author (WRT). All tape-recorded interviews were transcribed verbatim, and the textual data were rechecked for accuracy by CHL. A constant comparative method was chosen to analyze qualitative data [27,28]. The meaningful units of text were discussed and open coded. Related codes were organized to form categories that comprised our major themes. New patients were enrolled in our study until no further new codes were extracted from data analysis (data saturation).

Trustworthiness of the data was judged by credibility, transferability, confirmability, and dependability [29]. Credibility was promoted by all interviews being conducted by the same interviewer, who bracketed his views to reach an impartial attitude. Transferability was enhanced by using purposive sampling to include participants with different backgrounds to provide a broad range of experiences through open-ended interviews. Comprehensive description was achieved by taking detailed notes on the interview context, including participants' non-verbal behaviors. Confirmability was promoted by keeping a reflexive journal to record important thoughts and ideas related to methodological decisions [30]. Confirmability and dependability were ensured by the interviewer's training in qualitative research methods and being supervised by a well-trained, experienced qualitative researcher. The codes, categories, and themes were discussed by all authors who were familiar with qualitative methodology.

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