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Research Article

Performance care practices in complementary and alternative medicine by Thai breast cancer survivors: An ethnonursing study

Ausanee Wanchai, PhD, RN,[1] Jane M. Armer, PhD, RN, FAAN[2] and Bob R. Stewart, EdD[3]
[1]*Boromarajonani College of Nursing, Buddhachinaraj, Thailand and* [2]*Ellis Fischel Cancer Center and* [3]*Sinclair School of Nursing, University of Missouri, Columbia, Missouri, USA*

Abstract The purpose of this study was to explore how Thai breast cancer survivors perform care practices in complementary and alternative medicine to promote their health and well-being. Research was conducted using an ethnonursing method. Data were collected through semi-structured interviews with 17 Thai breast cancer survivors in Thailand. The transcribed interviews were analyzed using the ethnonursing analysis method. The findings showed Thai breast cancer survivors started their care practices in complementary and alternative medicine immediately following a diagnosis of breast cancer. They sought out and gathered alternative medicine information from several sources, such as the people around them, media resources, books, magazines, or newspapers. After gathering information, Thai breast cancer survivors would try out various types of complementary medicines rather than use only one type because of information from other people and their own evaluation. The findings of this study indicate the need for a conversation about complementary medicine use between healthcare providers and Thai breast cancer survivors as an on-going process throughout the cancer trajectory to ensure that safe and holistic care is provided.

Key words alternative medicine, breast cancer, complementary medicine, ethnonursing, self-care, Thailand.

INTRODUCTION

Previous studies indicate that Thai breast cancer survivors use complementary and alternative medicine (CAM) to promote their health and well-being at some point during the cancer trajectory (Wonghongkul *et al*., 2002; Sirisupluxana *et al*., 2009; Piamjariyakul *et al*., 2010). The problem is that only a few studies have confirmed the efficacy of CAM use in breast cancer (Gerber *et al*., 2006; Carpenter *et al*., 2009). Accordingly, a serious issue – the possible risk of interaction between CAM and conventional treatment – is still of concern to healthcare professionals (Rokovitch *et al*., 2005; Rausch *et al*., 2011).

Moreover, previous studies have reported that although these populations do use CAM, about one-third of breast cancer survivors did not share information about CAM use with their physicians due to being afraid of a negative response (Astin *et al*., 2006; Saxe *et al*., 2008). This finding may raise questions: Why do breast cancer survivors not disclose the use of CAM to healthcare providers? How do they make decisions regarding CAM use? These are very interesting and important points in Thailand where there is a dual system of both conventional and CAM healthcare systems available. However, previous studies have not addressed how Thai breast cancer survivors make decisions regarding CAM use. Therefore, the purpose of this study was to explore how Thai breast cancer survivors make decisions regarding CAM use. The results of this study will assist with developing nursing interventions to provide more holistic care and improve health outcomes for Thai women with breast cancer.

Literature review

Articles published from 1990 through October 2010 were retrieved from the following databases: CINAHL, PsycINFO, and PubMed. The keywords included *CAM and breast cancer survivor, alternative treatment/therapies and breast cancer survivor, and complementary therapy and breast cancer survivor*. The literature showed that breast cancer is the leading cause of cancer death among women worldwide (American Cancer Society, 2007). In Thailand, the incidence rate of breast cancer is increasing compared to those in the past decade, which may be related to the change of lifestyle and diet (Sriplung *et al*., 2006). However, because of advances in early detection and treatment, Thai breast cancer patients can expect longer survival. The overall 5-year survival rate of

Correspondence address: Ausanee Wanchai, Nursing instructor at Boromarajonani College of Nursing, 90/6 Srithammatripidok Road, Muang, Phitsanulok, 65000, Thailand. Email: awkb4@mail.missouri.edu; wausanee@hotmail.com
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Thai breast cancer patients has improved from 62.7% in 1998 to 80% in 2009 (Sankaranarayanan *et al*., 1998; Wilailuk, 2009).

Unfortunately, breast cancer survivors are not necessarily as healthy as the non-affected population. Previous studies have shown that many problems persist after completion of treatment, and survivors still face many physical problems (i.e., lymphedema, fatigue, hot flashes, arthritis, or sleep disturbance) and psychosocial problems (i.e., depression, fear of recurrence, or uncertainty) (Loudon & Petrek, 2000; Mayer *et al*., 2007). Consequently, breast cancer survivors' use of health care from Western medicine, as well as CAM use, has significantly increased in this population (Boon *et al*., 2007).

Previous studies reported that worldwide, breast cancer survivors are more likely to use CAM than those with other cancer, such as colorectal, prostate (Patterson *et al*., 2002), or gynecological cancer (Fasching *et al*., 2007) due to suffering from side effects of conventional treatments (Wanchai *et al*., 2010). In Thailand, a cross-sectional study by Kaewvilai *et al*. (2006) reported among 136 Thai breast cancer survivors, 84.6% used CAM. Examples of CAM types were herbs, supplementary diet and vitamin, and prayer. The study also reported that these women would use CAM through their cancer trajectory. Therefore, further inquiry to explore how Thai breast cancer survivors make decisions regarding CAM use is needed. The knowledge gained from this study is extremely important at this time because of the current high rate of breast cancer and the need for the development of effective, efficient interventions to improve health care outcomes for Thai breast cancer survivors.

METHODS

Research design

The ethnonursing research method designed by Leininger (2006) was used in this study because this method is a unique and essential qualitative method to study caring and healing practices, beliefs, and values in diverse cultural and environmental contexts. According to Leininger (2006), the ethnonursing research method is a qualitative nursing research method focused on a naturalistic and open inquiry mode to discover the participants' world of knowing and experiencing life.

Participants

Participants were recruited from a hospital in northern of Thailand. The participants were 17 Thai breast cancer survivors. Purposive sampling was used to recruit the participants. The inclusion criteria were: (i) aged over 18 years old; (ii) spoke Thai; (iii) diagnosed with breast cancer at least 1 year; and (iv) had experience in CAM use.

Ethical considerations

This study was approved by the Health Sciences Institutional Review Board of Buddhachinaraj Hospital, Phitsanulok, Thailand and the University of Missouri. All participants were informed about standard principles, including the right to refuse, withdraw, or stop participating in the study, and received a copy of the consent form.

Data collection

The interview guide served as a conversational framework and the observational data were obtained concerning participants' actions during interviews. The interviews were audiotaped. The participants were interviewed for 30 to 60 min each.

Data analysis

The verbatim data obtained from audiotaped and transcribed interviews and accompanying field notes taken during and following the participants' interviews were translated from the Thai language to English before analysis. To obtain meaning equivalent to the Thai original data, the translation process was performed by the first author (AW) who is fluent in both Thai and English. Then, a translated English version was reviewed by two monolingual English-speaking collaborators/co-authors (JA and BS).

Data analysis was conducted using the ethnonursing qualitative data analysis method proposed by Leininger (2006). Each transcript was reviewed several times to capture common themes by the first author (AW). Then, these themes were reviewed and edited by two other members of the research team (JA and BS) to ensure the trustworthiness and rigor of the study.

RESULTS

Demographic information

The participants in this study consisted of 17 Thai breast cancer survivors. The age ranged from 24 to 63 years. Of the 17 women, 10 had less than a high school education, while 2 had completed high school, 4 had completed a bachelor degree, and 1 had completed vocational school. Twelve women reported less than 6 years since the diagnosis of breast cancer; the rest reported diagnosis between 9 and 16 years earlier. Nine women reported they were at disease stage II at diagnosis, whereas five women reported they had breast cancer stage III, and three reported they had stage I. Only one woman was a Christian, whereas the rest were Buddhists. Ten women earned less than 10 000 baht (< $333) a month and the rest earned > 10 000 baht ($333–$666) a month ($1 was equal to 30 baht at the time of the study; the average earning per month in Thailand was $622).

Themes

The results of this study showed that performing care practices in CAM by Thai breast cancer survivors can be categorized into two phases, including: (i) seeking and gathering CAM information; and (ii) trying out many types of CAM. The information is summarized as follows.

Seeking and gathering CAM information

The initial phase of performing care practices in CAM is seeking and gathering data regarding CAM therapy. Most Thai breast cancer survivors stated that they had learned about CAM from various sources before making a decision to include CAM in their care practices, including: (i) a suggestion from family members, friends/neighbors, and other breast cancer survivors; (ii) an anecdote from media resources (i.e. television, radio, and the internet); and (iii) a report from books, magazines, or newspapers. This is demonstrated by the following information provided by the participants:

> "I saw many breast cancer patients who practiced meditation could get recovery well, why couldn't I? Then I started studying meditation, reading dharma books, and talking to my sister who practiced meditation." (P2)

> "I read about them in the newspaper. They wrote about cancer treatments. So I tried them." (P11)

> "My neighbors said that they had learned a massage for health and it was good. Thus, I decided to take care of myself with a massage." (P13)

After learning about CAM from media and those who had previous personal experiences with CAM, some Thai breast cancer survivors decided to consult their healthcare providers for further information and verification. For example, a 57 year old Thai breast cancer survivor described why she turned to her doctor after she sought out CAM information from her friend. She replied,

> "I have to consult my doctor first, because he's been educated in health. Then I decide and organize which thing to do first, what to eat, and what to modify. For the alternative medicines such as herbs, I think they should be considered for self-care as well." (P7)

Some Thai breast cancer survivors decided not to disclose CAM practices to their doctors because they were afraid of disapproval from the doctors.

> "I was afraid that my doctor wouldn't approve of it. So I took herbs without telling my doctor. I was afraid that he could not accept it." (P10)

> "I do not tell the doctor because I am afraid that he will disapprove of taking other drugs in combination with his drugs." (P15)

Interestingly, when comparing between a doctor and a nurse, the results of this study showed that Thai breast cancer survivors disclosed about using CAM to a nurse, rather than a doctor, due to trust. As a 48-year old Thai breast cancer survivor described her feeling of talking to a nurse about her CAM practice, she said,

> "I feel like when I talk, they understand me. If we talk with someone and we feel happy, then we want to talk with that person, right? If we're talking to people who aren't willing to accept things or don't care about something, we don't want to talk." (P5)

Similarly, a 45-year old Thai breast cancer survivor shared her care practice in CAM with a nurse, not a doctor, because she felt that she was close to a nurse and was afraid of disapproval from a doctor. She stated,

> "I didn't tell him (a doctor), but I told a nurse because I am familiar with her. I could not really tell my doctor directly because I was afraid that the doctor would question why I chose to take herbs, instead of medicine in the hospital." (P4)

Trying out many types of CAM

The results of this study found that the type of CAM that Thai breast cancer survivors used to promote their health and well-being could be broadly categorized into three types, including: (i) herbs; (ii) mind/body medicine (i.e. meditation, prayer, or listen to Buddha preaching); and (iii) massage. Regarding herbs, the findings showed that Thai breast cancer survivors used herbs in different forms, either fresh herbs or herbal capsules. However, th**is** finding showed that most Thai breast cancer survivors stated that they preferred taking fresh herbs as food ingredients rather than herbal capsules.

> "I do not take it as a capsule, but I boil it and eat with chili. The reason I do not take it in capsule is not because I do not believe in it; I just do not like to eat it regularly. It's like we are sick and need to take medicine every day. I like the natural way more." (P4)

> "I only eat fresh products that are produced near my home. For example, moringa (a nutritious plant, which is native to India and used in a traditional Indian medicine), galangal flowers, banana blossom, and three types of mushrooms. I eat them with chili sauce." (P13)

In addition to herbs, some Thai breast cancer survivors also practiced meditation to promote their emotional health. For example, a 58-year old Thai breast cancer survivor who took a variety of herbs also practiced meditation for her care practices.

> "At first, I could not calm down. So, I decided to be a nun for nine days. After that my mind was better and calmed down. Today if someone invites me to 'tamboon' (take food to monks), I would go anywhere." (P13)

One Thai breast cancer survivor used massage in taking care of herself, instead of taking herbs, as she was afraid of harmfulness from herbs.

> "I don't eat herbs because I know that if I eat herbs, it may be harmful to the body. I think only massage would help me take care of myself. After massage, health will be better a little more because we can sleep well and do not stress." (P13)

A 57-year old Thai breast cancer survivor stated that she decided to change the type of herb because of the negative side effect of a previous herb she took. As she said,

> "I used to eat a Thai herb, called cryeoong (which is regarded in Europe as an ornamental plant, and was

introduced in the Pacific region). I saw it on TV and they said we could eat it. Unfortunately, after I tried it, I got diarrhea and had to stay in the hospital about 25 days. After I returned home, I decided to eat chee-wa-jit bio-organic food instead." (P7)

One reason to try out more than one type of herbs was because of their taste. For example, a 24-year old Thai breast cancer survivor said, *"I used to eat moringa for a while, but it had a pungent odor, so I stopped eating it. cryeoong doesn't really have a pungent odor. It is sour and the taste is better."* (P9)

Some Thai breast cancer survivors would try out a new herb because they felt that some herbs did not work for them.

"They said that after taking this product for seven days, the tumor would collapse. However, I ate it for seven days, but it was not collapsed. So I stopped taking it." (P2)

"When I ate those herbs, everything was normal, but the lump did not disappear. It did not change anything. So, I've stopped eating it now and I take other drugs instead." (P6)

When asked if Thai breast cancer survivors began to use CAM to promote their health and well-being, the findings showed that most of them began to use CAM immediately following a diagnosis of breast cancer.

"Personally, in the past I did not like to go to the temple. I tamboon, (take food to monks), but I did not study dharma much. When I got sick, I thought that I must study seriously." (P2)

"In the past, when I was healthy, I never thought about taking herbal medicine. However, when I was sick, I began to seek treatment and search for information." (P11)

"I used to study massage, but I did not pay attention much. When I got sick, I know that our health would be healthy if we receive a good massage. This is the benefits that I had learned about massage. I know that practices like this will help me many things." (P13)

DISCUSSION

The process of performing care practices in CAM by Thai breast cancer survivors that emerged in this study included two phases: (i) seeking and gathering CAM information; and (ii) trying out many types of CAM. This finding is somewhat similar to the review literature by Balneaves *et al.* (2008), which reported that the main phases of the CAM decision-making process in cancer patients included: (i) taking stock of treatment options; (ii) gathering and evaluating CAM information; (iii) making CAM decisions; and (iv) revising the CAM decision.

In this study, Thai breast cancer survivors began the process of performing care practices in CAM by seeking and gathering CAM information when they knew that they were diagnosed with breast cancer. This finding is consistent with a descriptive study by Kaewvilai *et al.* (2006), which reported that among 136 breast cancer survivors living in the northern part of Thailand, 48.7% began to use complementary therapy from the diagnostic period to the pre-operation. This finding is also in line with previous studies related to timing of CAM use among breast cancer survivors in the United States (Matthews *et al.*, 2007; Greenlee *et al.*, 2009), Europe (Molassiotis *et al.*, 2006; Yildirim, 2010; Velentzis *et al.*, 2011), and Asia (Chen *et al.*, 2008; Kang *et al.*, 2012).

Regarding sources of information about CAM, our study found that most Thai breast cancer survivors learned about CAM from various sources before making a decision to include CAM in their care practices. However, the study found that Thai breast cancer survivors preferred to gather information about CAM from people around them and media resources, rather than healthcare providers. This finding is consistent with a descriptive study by Kaewvilai *et al.* (2006), which reported that breast cancer survivors living in the northern part of Thailand obtained CAM information from family members/relatives (26.8%), neighbors or friends (26.2%), and self-seeking (15.7%). This pattern is also observed among breast cancer survivors using CAM in other studies. For example, a qualitative study by Boon *et al.* (1999) reported that breast cancer survivors used a variety of sources from which they first learned about CAM, including lay literature and personal research, media sources (e.g. television and radio), CAM practitioners, physicians or other conventional health care practitioners, word of mouth from friends, other cancer survivors, and support groups.

After gathering information about CAM, Thai breast cancer survivors would try various types of CAM rather than use only one specific type. For this study, we found that the most common type of CAM used by Thai breast cancer survivors were: (i) herbs; (ii) mind/body medicine (i.e. meditation, prayer, or listen to Buddha preaching); and (iii) massage. This finding is consistent with a cross-sectional study by Riewpaiboon (2006), which reported that in the previous decade, trends of herbal medicine consumptions in Thailand had increased substantially. In addition, a cross-sectional study by Piamjariyakul *et al.* (2010) reported that Thai cancer patients used a variety of CAM types, based on their symptoms. For example, they changed their diet/nutrition/lifestyles to manage eating and fatigue symptoms; they used mind/body control to relieve fatigue and other symptoms; they used biologic treatment (e.g. vitamins) for eating difficulties; they took herbal treatments for hair loss; they took prescribed medicines to control pain and other symptoms; and finally, they used other methods such as massage for numb fingers and toes.

Similarly, a cross-sectional study by Lundberg and Rattanasuwan (2007) reported that practicing religion, reciting prayers, doing merit (doing well to others), and meditating were the ways to relieve fatigue for Thai Buddhist cancer patients undergoing radiation therapy. This might be explained in the Thai context that Thai Buddhists believe that people must practice religion and meditation. Thai Buddhists believe that these behaviors will get good results, such as having a peaceful mind and satisfaction in life (Lundberg & Rattanasuwan, 2007).

Massage was one type of CAM used by Thai breast cancer survivors in this study. This finding is consistent with the findings from previous studies (Lundberg & Rattanasuwan, 2007; Piamjariyakul *et al*., 2010), which reported that Thai cancer patients used massage to relieve symptomatic problems.

In addition, the results of this study found that Thai breast cancer survivors used herbs in different forms, either fresh herbs or herbal capsules. However, the findings showed that most Thai breast cancer survivors preferred taking fresh herbs as food ingredients, rather than herbal capsules. This finding is consistent with a cross-sectional study by Sumngern *et al*. (2011), which reported that Thai elderly people used herbs both as food and as medicine. This might reflect the eating style of Thai people, that Thais usually consume various types of medicinal herbs as food because in each area of Thailand there are local Thai foods that consist of several kinds of spices, vegetable, and fruits (Chokevivat & Chuthaputti, 2005).

Moreover, the findings of this study also showed that Thai breast cancer survivors tried out more than one type of herb. Reasons for this varied from a change of participants' minds to trying new ones, as some herbs did not work, had a bad taste, or had negative side-effects. They were also motivated by others around them. Similar results were found in other studies. For example, a cross-sectional study by Gulluoglu *et al*. (2008) reported that about 28% of the 46 breast cancer patients in Turkey who used CAM stated that they used more than one form of CAM. Similarly, a cross-sectional study by Helyer *et al*. (2006) also reported that breast cancer patients in Canada who used CAM were likely to use multiple modalities simultaneously. Lastly, a qualitative study by Bishop *et al*. (2010) reported that CAM consumers in the United Kingdom would stop CAM use, if (i) it had successfully resolved an acute problem; (ii) it had failed to meet their health benefit expectations; or (iii) they felt it was too expensive.

CONCLUSION

The findings in the present study provide additional knowledge in relation to the performing of care practices in CAM by Thai breast cancer survivors. The current study suggests that Thai breast cancer survivors began to perform care practices in CAM when they knew that they had breast cancer. However, some Thai breast cancer survivors were reluctant to disclose their CAM use with healthcare providers or decided not to disclose CAM use to their healthcare providers. Therefore, it is important that healthcare providers be trained about CAM so that patients would be more willing to disclose about their CAM use if they felt that healthcare providers were knowledgeable and accepting of CAM (Lengacher *et al*., 2006). In addition, it is essential that healthcare providers be aware of and begin a dialogue about CAM use with the patients as early as possible. More importantly, the findings of this study also reported that Thai breast cancer survivors might change their decision-making about CAM use at any time point with any reason. Therefore, as Balneaves *et al*. (2008) suggested, a conversation about CAM use should be an on-going process throughout the cancer trajectory.

The findings of this study suggest that Thai breast cancer survivors preferred to disclose CAM use with nurses rather than doctors. This will be a good opportunity for nurses to take the role of nurse-as-advocate for Thai breast cancer survivors. Nurses should encourage Thai breast cancer survivors to be proactive by starting the conversation or asking questions about CAM with doctors themselves. Moreover, if Thai breast cancer survivors feel something is unclear or want more information while in discussion with their doctors, nurses should encourage them to not be afraid to ask questions (National Center for Complementary and Alternative Medicine, 2011). In the meantime, nurses may need to provide time for Thai breast cancer survivors to share their experiences of interacting with their doctors (Tovey & Broom, 2007).

There are some limitations of this study. First, as breast cancer is the main focus of the current study, these findings should not be generalized to other types of cancer. Second, participants in this study were recruited from one province in the north of Thailand. Accordingly, these findings may be limited in generalization to a broader population of breast cancer survivors in other parts of Thailand and in other countries. Third, although the current study adds to the understanding of the process involved in CAM use of Thai breast cancer survivors by describing how they sought out information about CAM and why they changed CAM types, the current study does not focus on performing care practices in any specific types of CAM, rather than in general types. Accordingly, it may be interesting for future research to explore the decision-making process of Thai breast cancer survivors towards specific CAM types. Finally, although the current study found that the most common types of CAM used by Thai breast cancer survivors were herbs, mind/body medicine, and massage, readers should keep in mind that a qualitative design was used in this study. Further research using quantitative and mixed method designs are also needed to describe the prevalence of CAM use among Thai breast cancer survivors.

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CONTRIBUTIONS

Study Design: AW, JA, BS
Data Collection and Analysis: AW, JA, BS
Manuscript Writing: AW, JA, BS

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