Review and Critique of the Literature of Complementary and Alternative Therapy Use Among Hispanic/Latino Women With Breast Cancer

Barbara Owens, RN, MSN, PhD, and Shannon Ruff Dirksen, RN, PhD

Breast cancer does not respect the boundaries of ethnicity or culture. With an estimated 11,000 new cases diagnosed in 2003, breast cancer is the most commonly diagnosed cancer among Hispanic/Latino women (O’Brien et al., 2003). For Caucasian populations, the five-year survival rate after diagnosis of breast cancer is 85%, compared to 70% for Hispanics/Latinos (O’Brien et al.). Eliminating disparities in breast cancer morbidity and mortality is mandatory (Institute of Medicine, 2003), and explaining key aspects of care in a manner that is sensitive to patients’ ethnic and cultural characteristics is necessary for quality patient care. This article reviews complementary and alternative therapy (CAT) use by Hispanic/Latino women with breast cancer and offers suggestions for providing culturally sensitive care.

Background

A 35-year-old Hispanic/Latino woman with stage III breast cancer became totally platelet refractory in the first day of the nadir after an autologous bone marrow transplant. She was married and the mother of a five-year-old child. When she died of massive hemorrhage the following day, her healthcare providers wondered what could have caused the fatal hemorrhage. The hemorrhage could have occurred for many reasons, but the most haunting reason that the authors of this article considered was whether the woman had taken an herb prescribed by a curandero (folk healer) in addition to obtaining conventional health care.

CAT use in the United States has proliferated in recent years. About one-third of American adults use some form of CAT on an annual basis, and CAT is becoming one of the fastest-growing expenditures for health care in the United States (Cassileth, Schraub, Robinson, & Vickers, 2001). CAT (e.g., herbal teas, massage, acupuncture) may provide people with chronic illness with more active roles in their self-care or provide a sense of control over the symptoms of their illnesses (Fryback & Reinert, 1997; Montbriand, 1995). Tension, stress, anxiety, and fear are common reasons for CAT use cited in the literature (Ernst & Kanji, 2000; Mitzdorf et al., 1999).

Survey and qualitative research have queried people with chronic illnesses about the reasons for CAT use and the type of CAT used. CAT practitioners view good health as a balance of forces to achieve optimum well-being of body, mind, and spirit; conventional health care focuses on the prevention, diagnosis, and treatment of disease (Lewis, Heitkemper, & Dirksen, 2003). Complementary therapy refers to supportive methods that are used along with conventional healthcare treatments (National Cancer Institute, 2001). Complementary methods do not cure disease; rather, they help control symptoms or side effects and enhance well-being (Tagliaferri, Cohen, & Tripathy, 2001).

Reasons for the current interest in CAT are complex but include the social and cultural environment (Gallagher, 2000; Kaptchuk & Eisenberg, 2001; Verhoef & Sutherland, 1995). CAT (e.g., herbal teas, massage, acupuncture) may provide people with chronic illness with more active roles in their self-care or provide a sense of control over the symptoms of their illnesses (Fryback & Reinert, 1997; Montbriand, 1995). Tension, stress, anxiety, and fear are common reasons for CAT use cited in the literature (Ernst & Kanji, 2000; Mitzdorf et al., 1999).

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reasons they sought and used CAT. People
with cancer said they used CAT to increase
hope (Richardson, Post-White, Singletary, &
Justice, 1998), cope with the disease and rig-
ors of treatment (Sparber et al., 2000), and
retain control during a time of uncertainty
(Balneaves, Kristjanson, & Tataryn, 1999;
Downer et al., 1994; Montbriand, 1993; Tru-
ant & Bottorff, 1999). In a survey of why hos-
pital patients sought complementary medi-
cine, the reasons most frequently mentioned
were the relationship(s) with alternative
caregivers, disease severity, and disease dura-
tion (Mitzdorf et al., 1999). Other studies cited
dissatisfaction with the present healthcare sys-
tem (Gray et al., 1997; Vincent & Furnham,
1999) and personal beliefs about health and
disease (Vincent & Furnham).

Pawluch, Cain, and Gillett (2000) found that
people used alternative therapies as part of
an overall self-care strategy that they re-
tered to as a complementary approach to
health care. For these informants, the word
“complementary” meant that they did not
choose between systems of health care, but
used whatever forms of health care they be-
lieved could help them without assigning su-
periority to one system over another. Cassileth
et al. (2001) asserted that self-care is a com-
ponent of human instinct and preference and that,
throughout history, “People have acted to as-
sist themselves and their ill family members,
hence the existence of a rich folk heritage of
healing methods in all cultures” (p. 1392).
CAT is used to “provide comfort, relieve
symptoms, and broaden patients’ roles in their
own care” (Cassileth, 1999a, p. 1901).

CAT has become an important aspect of
palliative and supportive care (Croce, et al.,
1998; Spiegel, Stroud, & Fyfe, 1998) and is
used more frequently by patients with
cancer than by those with minor illnesses
(Cassileth, 1999c). A survey of patients with
cancer who were enrolled in National Insti-
tutes of Health clinical trials reported that 63%
used at least one CAT, with an average use of
two therapies per patient (Sparber et al., 2000).
The use of CAT in the United States varies
based on geography, ethnicity, age, education,
and income (Berg & Arnett, 1998; Cassileth,
1999b; Harris & Rees, 2000; Kessler et al.,
2001).

In the United States, self-care decisions in-
creasingly involve a form of CAT (Eisenberg
et al., 1998; Harris & Rees, 2000; Kaptchuk
& Eisenberg, 2001). Women respond to the
diagnosis and treatment of breast cancer as a
threatening event and then mobilize re-
sources such as CAT to “alleviate discom-
fort and return to the state of emotional equi-
librium that existed before its onset” (Lev,
1992, p. 595). Management of side effects is
an important focus of self-care because it is
related directly to quality of life in women
diagnosed with breast cancer (Hoskins, 1997;
Longman, Braden, & Mishel, 1999).

The literature indicates that women di-
agnosed with breast cancer complement con-
ventional medical approaches to treatment
with interventions such as nutritional ther-
apy; physical treatments including massage,
acupuncture, relaxation, and aromatherapy;
and mind and body approaches such as hyp-
notherapy, prayer, and meditation. Reports
on the frequency of CAT use among women
with breast cancer in all ethnic groups vary
from about 28% (Burstein, Gelber, Guadagn-
noli, & Weeks, 1999) to 84% (VandeCreek,
Rogers, & Lester, 1999). Although various
CAT resources are available to women with
breast cancer during treatment, the resources
used by Hispanic/Latino women are not well
known. Eisenberg et al. (1998) evaluated
CAT use among 1,539 patients in 1991 and
2,055 patients in 1997. Only 6%–10% of ei-
ther sample was Hispanic/Latino. The most
important finding in this literature review is
that many studies address Hispanic/Latino
women with breast cancer but not their use of
CAT.

Among Hispanics/Latinos in the United
States, the medical systems have assimilated
practices from various folk and biomedical tra-
ditions (Green, 1995). Several cultural char-
acteristics have been found to affect use of
medical healthcare services as well as partici-
pation in clinical research (Naranjo & Dirksen,
1998). These characteristics include the con-
cepts of family (familismo), community, reli-
gious or moral values, fatalism, empathy or
sympathy, and expectation of personalismo,
or a more friendly interaction when dealing
with healthcare services and healthcare pro-
viders (Delgado, Metzger, & Falcon, 1995).
Hispanics/Latinos living in the states that bor-
der Mexico make use of conventional medi-
cal services and use services of the local spiri-
tualist, or curandero (folk healer) (Gordon,
1994). Many practices of folk healers can be
classified as CAT. A recent study to evaluate
the use of CAT in the largest border city, El
Paso, TX, showed a much higher CAT use
rate of 77% (Rivera, Ortiz, Lawson, & Verma,
2002) as compared to documented national
trends of 42% among all ethnic groups (Eisen-
berg et al., 1998).

Hispanic/Latino Cultures

Most Hispanic/Latino women in the
southwestern United States originate from
Mexico, where women are the primary health-
care providers for their families, although
decisions regarding health care often are made
by the male head of household (Adams,
Briones, & Rentfro, 1992). Hispanic/Latino
culture emphasizes the importance of family
as an essential unit of society and the basic
hierarchical structure. Medical information is
drawn down from mothers to daughters, and
women must decide when an illness is be-
yond their ability to treat it and requires out-
side help (Gonzalez-Swafford & Gutierrez,
1983). Help is sought first from informal
sources of family and friends, then from a
folk healer, and, finally, from conventional
medicine. “The choice of what to use is often
dictated by its cost and its reported efficacy
among family and friends” (Napolitano,
2001, p. 204). Use of both traditional and
conventional healthcare providers is not un-
common (Reinert, 1986). Resources used by
women or local folk healers entail balancing
the disturbing element by means of traditional
home remedies. Four types of folk healers
used are listed in Table 1. Hispanic/Latino
women with breast cancer often use these
methods without disclosing them to their con-
ventional healthcare providers (Alferi, An-
toni, Ironson, Kilbourn, & Carver, 2001; Lee,
Lin, Wrensch, Adler, & Eisenberg, 2000;
Salazar, 1996).

The Hispanic/Latino culture values mod-
esty, has strongly held religious tenets, has
strict gender roles, and tends to promote a
fatalistic attitude toward cancer (Juaraz, Ferrell,
& Borneman, 1998, Mickley & Soeken, 1993;
Ross, Mirovsky, & Cockerham, 1983; Ruiz,
1985). Perceptions and ideas about cancer and
disease causality can have direct and indirect
effects on what Hispanic/Latino women do
for self-care and how they use the healthcare
resources available to them. Morgan, Park,

### Table 1. Folk Healers in the Hispanic/Latino Culture

<table>
<thead>
<tr>
<th>Type of Healer</th>
<th>Practice</th>
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<tbody>
<tr>
<td>Curandero (religious</td>
<td>Attempts to correct imbalances using prayers and pledges (mandas). Uses</td>
</tr>
<tr>
<td>healer)</td>
<td>religious or supernatural forces and rituals with candles and artifacts.</td>
</tr>
<tr>
<td>Santeria</td>
<td>Balances various bodily humors, &quot;good spirits,&quot; and cold to maintain a</td>
</tr>
<tr>
<td>Sobadora (massaeuse)</td>
<td>Massages or manipulates bones and joints to correct musculoskeletal</td>
</tr>
<tr>
<td>Yerbero (herbalist)</td>
<td>Employs remedies in the form of diets and herbs.</td>
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</table>

Note: Based on information from Gordon, 1994; Ripley, 1986.
and Cortes (1995) conducted a survey in New York City to identify Hispanic/Latino (originating from predominantly Caribbean countries) women’s thoughts on the causes of breast cancer. A majority of the women surveyed agreed that a bump or hard knock causes breast cancer and that, once a woman gets it, she almost always dies of it. Thirty percent agreed that surgery caused cancer to spread; 57% agreed that if the soul is not healthy, the body will not be and that if someone one wishes someone else harm, he or she can make the person sick. Chavez, Hubbell, McMullin, Martinez, and Mishra (1995) also explored beliefs among Latinos from El Salvador and Mexico and among Mexican-American women about risk factors leading to breast cancer. The results of the study emphasized Latinos’ belief that breast trauma and “bad” behaviors, such as drug and alcohol use, were risk factors.

When women migrate to the United States from Central and South America, they become acculturated to the U.S. mainstream lifestyle to varying degrees. Some retain the traditional beliefs and practices from their countries, but others (especially second-generation Hispanics/Latinos) become more acculturated and, in many cases, more educated. This may result when women discard previously held beliefs and practices and acquire those of the country to which they migrated (e.g., they participate in breast screening programs). Healthcare providers must be careful not to stereotype patients and assume that they use what is considered to be traditional care in their culture (e.g., folk healers, home remedies), and they should assess patients on an individual basis to determine their beliefs and practices and then intervene as needed.

**Hispanic/Latino Women With Breast Cancer**

A paucity of culturally relevant research data exists about CAT use by Hispanic/Latino women and, specifically, Hispanic/Latino women with breast cancer. Perhaps an assumption of rapid acculturation or interaction with mainstream U.S. culture has resulted in overlooking important cultural factors related to the use of complementary methods of healing. Alferi et al. (2001) investigated factors predicting the use of complementary therapies in a multiethnic sample (non-Hispanic/Latino Caucasian [64%], Hispanic/Latino [26%], and African American [10%]) of women with early-stage breast cancer in Florida. The researchers found that 56% of the 231 women surveyed used CAT, with 52% of Hispanic/Latino women reporting use of CAT. Psychotherapy was the most common type of therapy chosen, but use was not related to ethnicity. Instead, the researchers observed a relationship among a woman’s age, level of education, and level of distress in selecting this type of CAT. Use of spiritual healing was the only item strongly related (p < 0.001) to ethnicity, with the largest percentage being among African American women (57%). The authors concluded that the use of CAT was not related to expectation of recurrence, dissatisfaction with medical care, or chemotherapy side effects.

Chou, Horng, Tolmos, and Vargus (2000) examined CAT use in 45 women with breast cancer who also were receiving conventional medical therapy. In the multiethnic sample drawn from Harbor–UCLA (University of California–Los Angeles) Medical Center, the majority of women were Hispanic/Latino (40%), with Asian (13%), African American (27%), and Caucasian (20%) women also participating. The researchers found that ethnicity did not influence whether women used alternative therapy; however, the types of herbs, when used, reflected the cultural backgrounds of the patients. According to a survey by Lee et al. (2000), women with breast cancer living in San Francisco, CA, used dramatically different CAT across the ethnic groups of Hispanic/Latino, African American, Caucasian, and Chinese. The researchers reported that Hispanic/Latino women were more likely to use mental, physical, and herbal therapies. They recommended that future studies examine the detailed patterns of CAT use and access to CAT methods across ethnic groups. In both the Lee et al. and Chou et al. studies, only half of the women disclosed CAT use to their conventional healthcare providers.

**Literature Review**

The method used to review the literature on CAT use by Hispanic/Latino women with breast cancer was: (a) literature retrieval, (b) coding, (c) annotated references deemed to be of high quality, and (d) synthesis of the results. The purpose of using this method was to accumulate results of independent studies that examined related areas of research. The key words used in the literature search were breast cancer and Mexican American or Hispanic/Latino, in combination with any of the following: complementary therapy, a curandero, alternative therapy, integrative therapy, and folk healers. The authors conducted a computerized search of the PreMEDLINE, MEDLINE®, CINAHL®, Cochrane Library, CancerLit, and PsycINFO databases for January 1990 through June 2003. In addition, they found reference lists in journal articles and searched the Internet for additional publications. The retrieved literature was coded according to CAT used among Hispanic/Latino women with breast cancer. The articles also were sorted according to research methodologies used, including clinical trials, descriptive studies, correlational studies, other types of quantitative studies (e.g., review analysis, secondary analysis), and qualitative studies. The articles were synthesized in terms of sample studied, question(s) with scale or tools used for question(s), designs, findings, and implications. The specific questions for sorting articles were (a) What types of CAT are reported in the literature? and (b) What are the reasons given for CAT use among Hispanic/Latino women being treated for breast cancer?

A total of 26 articles were identified; however, only five studies specifically focused on breast cancer and CAT use explicitly relevant to Hispanic/Latino women (see Table 2). The Hispanic/Latino women included in the studies were from a wide range of geographical areas in the United States.

Many women diagnosed with breast cancer use CAT along with conventional treatment to improve general health, prevent opportunistic infections, treat symptoms, and reduce side effects from medical treatments. Although a few small studies presented the prevalence and patterns of CAT use, the existing literature leaves a major gap in knowledge regarding CAT use in different cultural groups, specifically Hispanic/Latino women with breast cancer. First, differences in the types of CAT used have been explored only in relation to the categories delineated by the National Center for Complementary and Alternative Medicine, such as herb use, but specific types of herbs used have not been identified. Study findings suggested that the use of herbal remedies by Hispanic/Latino women is common, but the specific herbs used and the purposes of their uses (e.g., reduction of side effects, general health improvement, treatment of ailment unrelated to cancer, cure for breast cancer) often were not reported. Factors influencing the use of CAT, such as a preference to use CAT, an inability to access conventional health care, language barriers, immigration status, or a desire to use all available health-related resources, have not been studied extensively. In addition, the use of CAT as an indicator of emotional or psychological distress has not been explored in depth. For instance, in one study, Hispanic/Latino women treated for early-stage breast cancer noted more emotional concerns and experienced more distress than women of other ethnicities (Spencer et al., 1999).

**Implications for Practice**

A language barrier may exist between nurses and patients when discussing CAT use because about 25% of adult Hispanics/Latinos...
TABLE 2. COMPLEMENTARY AND ALTERNATIVE THERAPY (CAT) USE IN HISPANIC/LATINO WOMEN WITH BREAST CANCER

<table>
<thead>
<tr>
<th>AUTHOR(S)</th>
<th>SAMPLE</th>
<th>QUESTION OR TOOLS</th>
<th>DESIGN</th>
<th>FINDINGS</th>
<th>IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alferi et al., 2001</td>
<td>African American, Hispanic/Latino, and non-Hispanic/Latino Caucasian patients with early-stage breast cancer (less than one year after diagnosis) (N = 231; 26% Hispanic/Latino)</td>
<td>Complementary therapy use, Center for Epidemiological Studies—Depression Scale, Profile of Mood States, Profile of Concerns about Breast Cancer, and Psychological Adjustment to Illness Scale</td>
<td>Survey by mail: reliability and validity not reported; bivariate associations and two-tailed multivariate tests used to compare groups</td>
<td>Psychotherapy was related to age, education, and elevated distress. Use of other CAT was not related to distress. More African Americans than Hispanic/Latinos or non-Hispanic/Latino Caucasians used herbal therapies and spiritual healing. Use of CAT was not related to expectation of recurrence, dissatisfaction with medical care, or chemotherapy.</td>
<td>Most patients used one or more therapies. Ethnic differences found in the use of healing therapies suggested a need to continue exploring such differences in future research.</td>
</tr>
<tr>
<td>Chou et al., 2000</td>
<td>Multietnic sample of women with breast cancer with generally low incomes residing in Los Angeles County, CA (N = 45; 40% Hispanic/Latino)</td>
<td>New scale not standardized; no reliability or validity reported</td>
<td>Surveyed for experience with alternative therapy</td>
<td>Ethnicity did not influence whether patients used alternative therapy. However, types of herbs used reflected the cultural backgrounds of the patients.</td>
<td>Future studies should include all income ranges and select a specific time period after diagnosis for interviews.</td>
</tr>
<tr>
<td>Gordon, 1994</td>
<td>Hispanic/Latino women learning English as a second language in a large metropolitan area in California (N = 11)</td>
<td>Group interview; Leininger’s cultural care framework</td>
<td>Qualitative data analysis of 75 symptom and treatment statements</td>
<td>Study compiled list of home remedies used. The most common was home-brewed tea. Several body rubs were described for different conditions.</td>
<td>Understanding culturally oriented health practices will provide a basis for research in Hispanic/Latino women.</td>
</tr>
<tr>
<td>Lee et al., 2000</td>
<td>Hispanic/Latino, African American, Caucasian, and Chinese women from San Francisco, CA (N = 379; 26% Hispanic/Latino)</td>
<td>Explored factors related to CAT choices</td>
<td>30-minute telephone interview; chi-squared tests to compare users with nonusers</td>
<td>The most common CAT was dietary therapy followed by spiritual healing, herbal remedies, physical methods, and psychological methods. Prevalence of use varied by ethnicity.</td>
<td>Latino women were more likely to use mental, physical, and herbal therapies. Use patterns differed dramatically across ethnic groups. Future research needs to examine detailed patterns of use, access, and avoidance in ethnic groups.</td>
</tr>
<tr>
<td>Mickley &amp; Soeken, 1993</td>
<td>Hispanic/Latino (n = 25) and Caucasian (n = 25) women diagnosed with breast cancer at two southwestern outpatient clinics</td>
<td>Nowotny Hope Scale (Nowotny, 1989), Spiritual Well-Being Scale (Ellison, 1983), Feagin Intrinsic/Extrinsic Scale (Feagin, 1964)</td>
<td>Questionnaire; paired t tests used to compare Hispanics/Latinos and Caucasians</td>
<td>The only significant difference was in intrinsic religiousness, with Hispanics/Latinos scoring higher (t = 2.07, df = 24, p &lt; 0.05). Intrinsic religiousness was a predictor of hope in both groups.</td>
<td>Facilitation of religious expression aids in fostering hope and well-being as well as coping with illness. Practices encouraged by various “healers” may conflict with accepted medical practice.</td>
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</table>

in the United States do not speak English and many prefer to use Spanish in day-to-day communications. Translators (other than family members) may be needed to gather information about CAT use if trusting nurse-patient relationships are to be established. Nurses should review all medications, including herbs and over-the-counter drugs, taken by Hispanic/Latino women with breast cancer during all encounters in healthcare settings. This is particularly important because some herbs are estrogenic (e.g., ginseng) and
should not be taken by people with estrogen-responsive cancers such as breast cancer. Other herbs (e.g., garlic, ginger, gingko, feverfew) may interact with breast cancer treatments by prolonging blood coagulation times. If the woman described in the case study in the beginning of this article had taken herbs and had been asked about herb use prior to her transplant, the information may have revealed that one or more of the herbs she was taking had anticoagulation effects. Perhaps her bleeding could have been prevented or minimized. Healthcare providers need to know about patient CAT use because data suggest that few women readily volunteer such information unless directly questioned about it. When healthcare providers are fluent in Spanish (or effectively use nonfamily translators) and knowledgeable about the Hispanic/Latino culture, they are more able to evaluate the safety of CAT use by their Hispanic/Latino patients.

A few culturally appropriate questions, suggested in the Oncology Nursing Society’s Guidelines for Cultural Competence (Brant et al., 2000), can be used to gather information about CAT:

- Do you use a traditional healer or healthcare practitioner to promote wellness and treat illness?
- Do prayer, religious ceremonies, or any special home treatments or remedies affect your health and wellness?
- Have you ever gone to a healer such as an herbalsist, shaman, curandero, or medicine man or woman for cancer treatment?
- What herbs, herbal teas, vitamins, nutritional products, lotions, oils, or poultices do you use to treat your cancer or its symptoms?
- Would you like me to talk to your healer about the nursing and medical care that we have planned for you?
- How do you treat yourself using traditional remedies?

The breast cancer experience is a significant event in a woman’s life, and her culture may play a significant role in how she responds to the experience. Much is left to learn about how nurses can best support women and their use of CAT to lead to optimal well-being during this often-stressful experience.

Conclusion

Knowledge regarding Hispanic/Latino people’s beliefs and their use of CAT or folk remedies is limited. The majority of CAT studies have been conducted exclusively in populations of non-Hispanic/Latino Caucasian women or with very small numbers (less than 10%) of women from other ethnic backgrounds. Many studies give only regional areas for sampling and do not include the sample’s ethnic background in the demographic data. Culturally widespread lay therapeutic activities often are unknown or not acknowledged by healthcare providers. Medical history forms indicate what to ask, not how to ask. The wording of specific questions regarding CAT needs to be culturally sensitive to elicit needed information (Lewis et al., 2003). Healthcare providers can establish a more open atmosphere of communication when they show acceptance of patients as individuals when asking questions regarding health history and CAT use.

Whether the use of CAT among Hispanic/Latino women during treatment for breast cancer delays the reporting and treatment of side effects is not clear. The types of herbs commonly used by Hispanic/Latino women to cope with breast cancer also should be documented. Further exploration of these cultural factors that relate to breast cancer and healing or comfort processes is essential. Without an understanding of these factors, development of interventions would be inadequate. The influence of culture on self-care activities must be examined, particularly within sociocultural healthcare contexts. Through understanding the relationships between beliefs and habits, nursing strategies can be developed to educate and offer CAT that will be accepted and used by Hispanic/Latino women with breast cancer.

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References


Gray, R.E., Greenberg, M., Fitch, M., Parry, N.
Rapid Recap

Review and Critique of the Literature of Complementary and Alternative Therapy Use Among Hispanic/Latino Women With Breast Cancer

- Breast cancer is the most commonly diagnosed cancer among Hispanic/Latino women.
- The five-year survival rate for Hispanic/Latino women with breast cancer is 15% lower than that of Caucasian women.
- Hispanics/Latinos living in the states that border Mexico frequently use conventional medical services as well as the services of a local spiritualist or curandero (folk healer).
- Assessment of Hispanic/Latino women should include specific questions about complementary and alternative therapy (CAT) use to identify possible benefits and potential adverse interactions between CAT and conventional treatment.