Complementary Health Approaches

Overcoming barriers to open communication during cancer therapy

Ausanee Wanchai, RN, PhD, Jane M. Armer, PhD, RN, FAAN, Kandis M. Smith, PhD, and Julia Rodrick, OTR/L, CLT-LANA, WCC

BACKGROUND: Complementary health approaches (CHAs) have been widely used by patients with cancer for many reasons. However, some patients choose not to disclose their use of CHAs to their nurses, fearing that this use will be viewed as unacceptable. Nurses may be uncomfortable talking about CHAs because of a lack of evidence-based research on the subject.

OBJECTIVES: This article promotes ways in which nurses can overcome barriers to open communication about CHAs with patients during cancer therapy.

METHODS: The literature related to CHAs and communication was reviewed.

FINDINGS: To encourage open communication between nurses and patients regarding the use of CHAs, nurses need to be more knowledgeable about CHAs through training or by conducting research related to CHAs.

KEYWORDS
complementary health approaches; communication; patients; disclosure

THE NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH ([NCCIH], 2016) uses the term complementary health approaches (CHAs) when discussing practices and products of non-mainstream origin. The NCCIH also categorizes CHAs into two categories: (a) natural products and (b) mind and body practices. Other CHAs that may not neatly fit into either of these two groups are the practices of traditional healers, Ayurvedic medicine, traditional Chinese medicine, homeopathy, and naturopathy.

A study by Mao, Palmer, Healy, Desai, and Amsterdam (2011) found that about 67% of cancer survivors had used CHAs. Reasons for using CHAs are diverse. Mao et al. (2011) reported that, when compared with the general population, cancer survivors used CHAs more often for general disease prevention, immune enhancement, and pain. Another study reported that patients with cancer often turned to CHAs when they had a long-lasting problem (Kumar, Goel, Pandey, & Sarpal, 2016). Some patients decided to use CHAs to cope with emotional distress from the cancer experience (Bismark, Chen, Dy, Gage-Bouchard, & Mahoney, 2014).

Patient and nurse communication about CHAs becomes an extremely important part of cancer care as the use of these complementary treatments increases, 2013). Nurses should be well informed about the use of CHAs by patients with cancer (Üstündag & Demir Zencirci, 2015), however, many patients do not communicate their use of CHAs to their nurses (Mao et al., 2011). Data indicate that about 40%–50% of patients with cancer did not disclose use of CHA to their healthcare providers (Davis, Oh, Butow, Mullan, & Clarke, 2012). The purpose of this article is to summarize common reasons for nondisclosure of CHAs and ways for nurses to become better informed about CHA use by their patients.

Reasons for Nondisclosure

Previous studies have shown that nondisclosure about CHAs may result from differences in personal views about CHAs between patients and nurses, therefore raising the complexity of interactions. For example, from the viewpoint of the patient, the most common reasons for nondisclosure were the nurse’s lack of inquiry, the patient’s anticipation of the nurse’s disapproval, the nurse’s disinterest, fear of termination of therapy by the nurses upon patient disclosure of CHA use, inability to provide information about the CHA,
the patient’s perception that the CHA was irrelevant to conventional care, or the patient’s perception that CHAs are simplistic (Davis et al., 2012; Farooqui et al., 2012).

In contrast, nurses reported that the use of CHAs should not be a priority within the conversation because of the limitation of low-level scientific evidence (Stub et al., 2016) and that they would only discuss CHAs when a patient raised the topic within a consultation (Hall, Leach, Brosnan, & Collins, 2017). In addition, although patients with cancer do not expect nurses to be experts on CHAs, there is a desire for acceptance of the patient’s choice to use CHAs and for a nonjudgmental attitude from nurses (Shelley, Sussman, Williams, Segal, & Crabtree, 2009). Some nurses may believe that talking about CHAs is beyond the scope of their medical services and that their medical training regarding CHA use is inadequate (Hall et al., 2017; Lorenc, Blair, & Robinson, 2014). A literature review by Stub et al. (2016) reported that the primary situations that impede effective communication between nurses and patients with cancer regarding CHAs were (a) differences in treatment concepts and philosophical values regarding CHAs, (b) adverse effects from complementary products and herbs related to their contamination/toxicity and interactions with conventional cancer treatment, (c) difficulty recommending complementary modalities because of a lack of scientific evidence, and (d) lack of knowledge and information about CHAs among nurses. Consequently, communication with healthcare providers about CHA use was reported by cancer survivors as unsupportive or not helpful (Salamonsen, 2013).

Informing Patients About Complementary Health Approaches
These steps will help bridge the gap between patients’ and nurses’ perceptions about CHAs: being aware of CHA use by patients with cancer, orienting a patient-centered approach, facilitating an open atmosphere for discussion, providing credible CHA sources, conducting CHA research, and attending CHA communication training (Cui, 2013; Frenkel & Cohen, 2014; Salamonsen & Frenkel, 2015; Stub et al., 2016; Truant, Balneaves, & Fitch, 2015) (see Table 1).

Increasing Awareness
Increasing awareness about CHAs is an important issue for nurses. Nurses should be the ones who screen and seek out information about CHAs for patients with cancer, particularly those who use herbal medicine. As the evidence supporting integration of CHAs into conventional cancer treatments grows, clinical tools or care models (e.g., clinical practice guidelines, assessment tool that encourage ongoing CHA assessment throughout the cancer trajectory, documentation strategies encouraging communication about CHAs across disciplines) are needed to support CHA integration into cancer care (Truant et al., 2015).

“Some nurses may believe that talking about complementary health approaches is beyond the scope of their medical service.”

Orienting a Patient-Centered Approach
In addition, patient-centered discussions about CHAs should be performed because they can encourage patients’ involvement in their own care and achieve intermediate outcomes (e.g., trust, mutual understanding, adherence, social support, self-efficacy) associated with improved health (Stub et al., 2016). Medical evidence is essential for decision-making processes regarding CHAs. However, nurses also need to understand what factors influence a patient’s quality of life and how patients make their decisions (Salamonsen & Frenkel, 2015). In some cases, reasons that patients choose CHAs may be beyond something based in scientific evidence (Salamonsen & Frenkel, 2015).

Nurses should create an atmosphere of openness about CHAs (Frenkel & Cohen, 2014). Salamonsen and Frenkel (2015) suggested that effective communication on the use of CHAs requires specific skills, such as experience in listening, encouragement of hope, and the ability to convey empathy and compassion. Nurses should be respectful, open-minded, willing to listen, and honest about the limitations of their own knowledge of CHAs (Salamonsen & Frenkel, 2015). Using these skills may encourage patients to share information regarding complementary health practices.

Providing Credible Sources
Nurses also need to know more about commonly used herbal medicines, as well as potentially harmful herb-drug and herb-herb interactions, to provide reliable information to guide appropriate use (Cui, 2013). In some cases, nurses may refer patients to other related support services to show that they respect patients’ desires and needs (Sohl et al., 2015). Nurses should provide credible sources of CHA information for patients (Truant et al., 2015). Figure 1 provides a list of reliable websites that offer evidence-based reviews of CHAs.

Conducting Research
Additional research related to CHAs should be conducted. Focus may be on barriers to open communication about CHAs
between patients with cancer and nurses and the development of a more effective communication process. Of note, only a few studies have been conducted that confirm the efficacy of CHAs for cancer populations. Therefore, research that examines the safety and efficacy of CHAs in patients with cancer is still needed.

Training for Communication Programs
Lack of knowledge about CHAs has been perceived as a barrier to open communication about CHAs by nurses (Hall et al., 2017). Nurses should receive adequate training regarding the most common CHAs being used by patients with cancer (Christina, Abigail, & Cuthbertson, 2016). Additional education will enhance nurses’ understanding and enable them to be more open and able to talk about CHAs with their patients. Some special training, such as participating in group discussion rounds about ethical, spiritual, and philosophical questions of life and death, may contribute to improved communication between nurses and patients about CHAs. Patients with cancer tend to use CHAs in anticipation of psychological support and to improve their quality of life, rather than seeking a cure for their disease (Frenkel & Cohen, 2014).

<table>
<thead>
<tr>
<th>ARTICLE</th>
<th>INCREASE AWARENESS</th>
<th>FACILITATE OPEN COMMUNICATION</th>
<th>CONTINUE RESEARCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cui, 2013</td>
<td></td>
<td>Screen about the use of CHAs in each patient and encourage patients to provide detailed information on their use.</td>
<td>–</td>
</tr>
<tr>
<td>Frenkel &amp; Cohen, 2014</td>
<td>Learn effective communication skills and approach the topic of CHA use in cancer care with the right attitude.</td>
<td>Have some knowledge of complementary and integrative medicine and cancer care.</td>
<td>–</td>
</tr>
<tr>
<td>Salamonsen &amp; Frenkel, 2015</td>
<td>Change in clinical attitude Process of information gathering Shared decision-making integrated with empathic communication Addressing patients’ unmet physiological and emotional needs Discussing issues of uncertainty</td>
<td>Be willing to seek a minimum of information regarding complementary therapies.</td>
<td>–</td>
</tr>
<tr>
<td>Stub et al., 2016</td>
<td>Have a solid and updated education in conventional medicine and their complementary-specific modality.</td>
<td>Provide education to patients and families to be aware of all treatment options, including their risks and benefits (conventional and CHAs).</td>
<td>–</td>
</tr>
<tr>
<td>Truant et al., 2015</td>
<td>Ensure that clinical tools and models of care are put in place to allow for optimal uptake of that evidence into practice. Advocate for health insurance reimbursement of CHAs for which there are known benefits for patients.</td>
<td>Ongoing assessment and development of a therapeutic relationship that respects a person’s beliefs, values, and goals for health</td>
<td>–</td>
</tr>
</tbody>
</table>

**TABLE 1.** STRATEGIES TO INCREASE KNOWLEDGE OF COMPLEMENTARY HEALTH APPROACHES (CHAS)

**IMPLICATIONS FOR PRACTICE**
- Create an atmosphere of openness and understanding about complementary health approaches (CHAs) so patients with cancer are comfortable discussing their CHA choices.
- Conduct research related to CHAs to further nursing knowledge and add to the evidence for these therapies.
- Attend training programs on CHAs to better assist patients with cancer during the decision-making process.
Conclusion

To become better informed about the use of CHAs by patients with cancer, nurses should understand what factors contribute to successful communication about CHAs, be aware of complementary self-care practices used by patients with cancer, and foster open communication about CHAs. In addition, nurses need to learn more about research related to CHAs. They should also receive CHA training or participate in workshops that raise awareness about psychological aspects and how those aspects are related to CHA use in patients with cancer.

Ausanee Wanchai, RN, PhD, is the deputy director for academic services and research in the Boromarajonani College of Nursing, Buddhachinaraj, Phitsanulok, Thailand. Jane M. Armer, PhD, RN, FAAN, is a professor and Kandis M. Smith, PhD, is a research specialist, both in the Sinclair School of Nursing at the University of Missouri in Columbia; and Julia Rodrick, OTR/L, CLT-LANA, WCC, is a senior lead therapist and clinical educator in the Outpatient Orthopedic/Hand Clinic at the Springfield Clinic in Illinois. Wanchai can be reached at awkb4@mail.missouri.edu, with copy to CJONEditor@ons.org. (Submitted February 2017. Accepted April 28, 2017.)

The authors take full responsibility for this content and did not receive honoraria or disclose any relevant financial relationships. The article has been reviewed by independent peer reviewers to ensure that it is objective and free from bias.

REFERENCES


Cui, Y. (2013). Open communication between patients and doctors about complementary and alternative medicine use: The key to avoiding harmful herb-drug interactions among cancer patients. Alternative and Integrative Medicine, 2, e107.


CNE ACTIVITY

EARN 0.4 CONTACT HOURS

ONS members can earn free CNE for reading this article and completing an evaluation online. To do so, visit cjon.ons.org/cne to link to this article and then access its evaluation link after logging in.

Certified nurses can earn 0.4 ILNA points for one of the following based on reading the article and completing an evaluation online:

- 0.4 ILNA Symptom Management OR Professional points toward OCN®, AOCNP®, AOCNS®, CPHON®, or BCBC®
- 0.4 ILNA Professional OR Post-Transplant Issues points toward BMTCN®


