CARE PRACTICES IN COMPLEMENTARY AND ALTERNATIVE MEDICINE IN THAI BREAST CANCER SURVIVORS

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By

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DEDICATION

I would like to dedicate my dissertation to my family-my father, my mother, my younger brother, and my younger sister, who always support me. Without their support, none of this would have been possible.

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CARE PRACTICES IN COMPLEMENTARY AND ALTERNATIVE MEDICINE

IN THAI BREAST CANCER SURVIVORS

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Dr. Jane M. Armer, Dissertation Supervisor

ABSTRACT

Purpose and Background: Although use of complementary and alternative medicine (CAM) alone or simultaneously with Western medicine is commonplace for Thai breast cancer survivors, only a few studies of this topic were found in the literature. Hampered by this lack of scientific knowledge, nurses are lacking information necessary to meet the care needs of Thai breast cancer survivors. The purpose of the study was to explore perspectives of Thai breast cancer survivors and Thai nurses about care practices in CAM. The theory of Culture Care Diversity and Universality was used as a framework for the study.

Methods: The study used an ethnonursing method. The purposive sample included seventeen Thai breast cancer survivors and fifteen Thai nurses. The interview guide served as a conversational framework. The transcribed interviews were analyzed using the ethnonursing analysis method.

Results: Care practices in CAM were seen as: (1) an additional beneficial choice for health (including: a sense of fulfillment of patients' needs and the way of returning to

nature); (2) emotional and psychological healing (including: the encouragement from surrounding people and a calm and peaceful mind); and (3) a powerful physical healing (including: reducing side effects from conventional treatments and nourishing the body). Performing care practices in CAM was composed of two phrases: (1) seeking and gathering CAM information and (2) trying out many types of CAM. The influencing factors to selection of CAM were: kinship and social factors, economic factors, and belief factors.

Conclusions: Meaning of care practices in CAM varied for Thai breast cancer survivors. Many important factors influenced their decisions about CAM. Nurses should be concerned about CAM use in Thai breast cancer survivors because problems such as interaction between CAM and conventional treatment could occur. Open communication about CAM helps ensure that safe and holistic care is provided. Further research to integrate CAM into health care is needed.

Key Words: Complementary and alternative medicine; Thai breast cancer survivors

CHAPTER ONE

INTRODUCTION

Although application of care practices in complementary and alternative medicine (CAM) alone or simultaneously with professional health care practices may be commonplace for breast cancer survivors, they are often reluctant and afraid to communicate their beliefs or practices in CAM to health care professionals (Adler, Wrubel, Hughes, & Beinfield, 2009; Ashikaga, Bosompra, O'Brien, & Nelson, 2002; Astin, Reilly, Perkins, & Child, 2006; 2008; Snow, 1993; Yeh, Lin, Tsai, Lai, & Ku, 1999). Previous studies reported that only about half of breast cancer survivors using CAM inform their physicians of such use (Adler & Fosket, 1999; Adler, et al., 2009; Boon, et al., 2000; Lee, Lin, Wrensch, Adler, & Eisenberg, 2000), whereas almost 100% of these women felt comfortable to share CAM use with CAM practitioners (Adler, et al., 2009). This result might reflect the reluctance of both breast cancer survivors and health care providers to communicate about CAM. Therefore, there is a need to explore thoughts and beliefs about the meaning of care practices in CAM involving both breast cancer survivors and nurses.

Statement of Problem

Little is known about care practices in CAM among Thai breast cancer survivors. Only a few studies of this topic were found in the literature (Piamjariyakul, et al., 2010; Sirisupluxana, Sripichyakan, Wonhongkul, Sethabouppha, & Pierce, 2009; Wonghongkul, Dechaprom, Phumvichuvate, & Kertsang, 2002). Information is

needed about the forms of care breast cancer survivors seek and why they choose to use them. Hampered by this lack of scientific knowledge, nurses are lacking critical information necessary to best meet the care needs of breast cancer survivors. Therefore, the present study propose to discover new nursing knowledge which can be related to the meaning of care practices in CAM as perceived by Thai breast cancer survivors and nurses in the context of Thai culture.

Purpose of Study

The purpose of this study was to obtain a greater understanding of the meaning of care practices in CAM in the Thai culture by using the ethnonursing approach designed by Leininger (2006a) to explore the perspective of Thai breast cancer survivors and Thai nurses about care practices in CAM in the context of Thai culture. According to Leininger (2007), to meet the patients' needs, both patients' views and nurses' views are important considerations when taking care of patients. The results of this study will serve as a foundation for better understanding Thai breast cancer survivors' culture care needs and assist with developing nursing interventions to provide more holistic care and improve health outcomes for Thai women with breast cancer.

The specific aims of this study were to:

1. Describe how Thai breast cancer survivors and nurses perceive the meaning of care practices in CAM.
2. Explore and describe how Thai breast cancer survivors perform care practices in CAM to promote their health and well-being.
3. Identify and explore for Thai breast cancer survivors what factors influenced the selection of care practices in CAM to promote their health and well-being.

Research Questions:

1. What are the perceptions about meaning of care practices in CAM for Thai breast cancer survivors and nurses?
2. How do Thai breast cancer survivors perform care practices in CAM to promote their health and well-being?
3. What are the factors that influence the selection of care practices of Thai breast cancer survivors?

Background

The Incidence of Breast Cancer and Breast Cancer Survivorship

Many studies have focused on breast cancer because it is a significant disease among women in every country in the world, in both developed and developing countries. Breast cancer is the leading cause of cancer death among women worldwide (American Cancer Society, 2007). In 2010, it has been reported that an estimated 207,090 women were expected to be diagnosed with invasive breast cancer, with 39,840 breast cancer deaths in the U.S. However, the incidence rate of breast cancer in the US decreased from 1999 to 2006 by 2.0% per year, which may be related to reductions in risk factors for breast cancer, such as the use of hormone-replacement therapy (American Cancer Society, 2010a).

In contrast to the US, the incidence rate of breast cancer in Thailand is increasing compared to those in the past decade, which may be related to the change of lifestyle and diet (Sriplung, Wianganon, Sontipong, Sumitsawan, & Martin, 2006). According to Srivatanakul and Attasara (2007), during the period of 1998-2000, breast cancer was the second most common cancer after cervical cancer in Thai women by the incidence rate of 20.5 per 100,000 women. Unfortunately, within this

decade, breast cancer turned out to be the leading cancer among women in Thailand by the incidence rate of 20.9 per 100,000 women (Khuhaprema, et al., 2010). In 2008, it was estimated that approximately 12,370 Thai women were expected to be diagnosed with breast cancer (Sriplung, et al., 2006). The World Health Organization (WHO) (2007) reported that the deaths due to breast cancers in Thai women have an upward trend from 1.6 per 100,000 people in 1997 to 4 per 100,000 people in 2001.

Because of advances in early detection and treatment, breast cancer patients can expect longer survival. Just as in the US, where the 5-year relative survival rate for women with breast cancer has improved from 63% in the early 1960s to 90% today (American Cancer Society, 2010a), in Thailand, the overall survival rate of Thai breast cancer patients has improved from 62.7% in 1998 to 80% today (Sankaranarayanan, Black, Swaminatha, & Prakin, 1998; Wilailuk, 2009).

Problems of Breast Cancer Survivors

Mullan (1985) defined three main stages of survival through which a cancer patient progresses including: acute, extended, and permanent. First, the acute survival stage is the stage that begins with the experience of the initial diagnosis of cancer to the completion of initial treatment. Second is the extended survival stage in which patients have to deal with aggressive treatments and uncertain prognosis (beginning with the completion of initial treatment for the primary disease, remission of disease, or both). Finally, the permanent survival stage evolves from extended disease-free survival when the likelihood of recurrence is sufficiently low. Aziz (2007) argued that Mullan defined cancer survivorship terms by comparing with seasons of the year based on the belief that available and effective treatments would lead to a low likelihood of recurrence and longer survival times. However, the fact is that potential

impact of late and long-term adverse effects of treatment should be taken into account when considering survivorship because confronting adverse effects to the cancer survivor is not simply a continuation of problems during treatment, but it represents unique problems as the survivor transitions from the acute to chronic illness.

Compared to the general population, breast cancer survivors are not necessarily as healthy as the non-affected population (Yabroff, Lawrence, Clauser, Davis, & Brown, 2004). Previous studies have shown that many problems persist after completion of treatment, and survivors still face many physical and psychosocial problems. For example, the treatment effects such as lymphedema, fatigue, weight gain, sleep disturbance, and osteoporosis are reported in previous studies (Loudon & Petrek, 2000; Mayer, et al., 2007). Psychosocial problems found in breast cancer survivors include fear of recurrence, normative mood changes, uncertainty, an increased sense of vulnerability, feeling of loss, concern about body image, negative self concept, emotional distress related to role adjustments and family response, and concern about finances and employment (Janz, et al., 2007; Knobf, 2007). Consequently, breast cancer survivors' use of health care from Western medicine, as well as CAM use, has significantly increased in this population (Boon, Olatunde, & Zick, 2007).

CAM Use in Breast Cancer Survivors

Compared to other cancer patients, such as those with colorectal, prostate (Patterson, et al., 2002), or gynecological cancer (Fasching, et al., 2007), breast cancer survivors are more likely to use CAM. A study funded by the Susan G. Komen Breast Cancer Foundation reported the rate of CAM use in women with breast cancer as high as 75% (Astin, et al., 2006).

In Thailand, it was estimated that approximately 33.3% of Thai cancer patients used CAM as a complement of mainstream treatment (Taneerat, 2006). Piamjariyakul et al. (2010) reported that complementary therapy used by Thai cancer patients can be categorized into six types including: 1) diet/nutrition/life style changes to manage eating and fatigue symptoms, 2) mind/body control to relieve fatigue and other symptoms, 3) biologic treatment (e.g. vitamins) for eating difficulties, 4) herbal treatments for hair loss, 5) taking prescribed medicines to control pain and other symptoms, and 6) other methods such as massage for numb fingers and toes. With regard to CAM use in Thai breast cancer survivors, a study by Wonghongkul, Dechaprom, Phumvichuvate, and Kertsang (2002) reported that to improve their quality of life, Thai breast cancer survivors take herbal medicines (38.1%), change their nutrition (36.5%) or life style (31.7%), or practice prayer (16.8%). A qualitative study by Sirisupluxana et al. (2009) showed that the meaning of complementary therapy as perceived by Thai women with breast cancer was: cancer-controlling treatment, mental strengthening, mind and body therapy, self-determination, natural therapy, and conventional therapy integration.

The challenge is that many women with breast cancer believe that CAM could cure cancer, whereas there are only a few studies which confirmed the efficacy of CAM that might be appropriate for women with breast cancer (Carpenter, Ganz, & Bernstein, 2009; Gerber, Scholz, Briese, & Janni, 2006). This is an important issue that health care providers need to address because problems such as delay to seek medical treatment or even more serious problems, such as interaction between CAM and conventional treatment, could occur (Rausch, et al., 2011; Rokovitch, et al., 2005). More importantly, the challenge is that, while these populations still use CAM

to promote their health and well-being, 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 (Adler & Fosket, 1999; Astin, et al., 2006; Saxe, et al., 2008). Therefore, one purpose of this qualitative study is to further explore the perspectives of breast cancer survivors' decision-making and reasoning to use CAM and why they do not disclose the use of CAM to health care providers.

Significance of the Study

Discovery about the meaning of health care practices in CAM from the points of view of both breast cancer survivors and health care providers may be helpful as it shows that we as health care providers are concerned about the patients' cultural beliefs. More importantly, if cultural beliefs are taken into account in nursing care, patients would be more satisfied with their care, resulting in continuing with their treatment (Nishimoto & Foley, 2001). Cohen and Polos (2001) pointed out that respect for individuals and caring for the whole person are central values in nursing. However, nurses sometimes lack knowledge about the cultures of those for whom they provide care. This knowledge would benefit patients by allowing culturally-consistent care to be provided. Nurses would also benefit by contributing useful knowledge in the area of cultural care.

Kleinman (1978) pointed out that an oncology nurse's failure to appreciate such cultural values, beliefs, and behaviors likely will result in some conflict between nurse and patient. The question is: How do nurses in their professional role integrate these pluralistic sectors into nursing care practice to help people who mainly rely on professional Western medicine, but still cannot abandon CAM? Verhoef, Boon, and Page (2008) posited that, at least, if we know why breast cancer survivors use CAM,

it may provide important information about beliefs, values, expectations, and hopes on the part of consumers. As a result, building a trusting relationship between health care provider and consumers would occur, leading to patient-centered care.

According to Leininger (2006a), to provide culturally congruent care, it is essential to understand the similarities and diversities of professional and generic or folk care. Leininger (1997) believed that therapeutic or beneficial healing outcomes would occur if nurses understand and utilized generic care appropriately with professional care. In this study, the researcher defines the meaning of professional care as being equivalent to care practices in Western medicine, whereas generic care refers to care practices in CAM.

Culture shapes how people respond to disease. It influences how the sick interpret symptoms, label them, understand them, communicate with others about them, and give meaning to them (Taylor, 2001). Therefore, it is essential to explore the emic views of patients concerning their health care practice within the cultural context (Leininger, 2006a). The health care professional who recognizes and appreciates cultural diversity can positively impact financial outcomes. Patients who are more satisfied with their care are less likely to discontinue their treatment, particularly if their cultural beliefs are taken into account (Boyle, 2000; Nishimoto & Foley, 2001). By acknowledging, respecting, and understanding the patients' philosophy of life, the health care professional can provide the compassion and empathy necessary to more effectively provide care to patients.

In addition, Leininger (2006a) asserted that cultural and social structure factors, including education, economics, politics, cultural values and lifeways, kinship, religion, and technology, also influence individuals' care practices.

Therefore, if nurses understand what factors motivate survivors to use CAM as their care practices, better counseling related to CAM use may occur (Balneaves, Kristanson, & Tataryn, 1999). Finally, the results of this study will serve as a foundation for better understanding Thai breast cancer survivors' culture care needs and assist with developing nursing interventions to improve health outcomes. Understanding the significance of cultural influences on health behaviors is fundamental to a cancer research and service program (Kagawa-Singer, 2000).

Definitions of Key Terms

CAM refers to a group of diverse medical and health care systems, practices, and products that are not generally considered part of Western medicine (medicine as practiced by a medical doctor, doctor of osteopathy, and by allied health professionals such as physical therapists, psychologists, and registered nurses) (National Center for Complementary and Alternative Medicine, 2011b). The National Center for Complementary and Alternative Medicine categorizes CAM into four categories, including: 1) natural products, 2) mind-body medicine, 3) manipulative and body-based practices, and 4) other CAM practices (National Center for Complementary and Alternative Medicine, 2011b).

Care practices in CAM refers to health behaviors or self-care actions that include use of a group of health care systems, practices, or products not part of conventional medicine. These care practices are used by Thai breast cancer survivors perform in order to promote their health and well-being.

Theoretical Framework

The theory of Culture Care Diversity and Universality developed by Leininger (2006a) was chosen to inform this study as it is the only theory explicitly focused on the close interrelationship of culture and care on well-being, health, illness, and death. In addition, this theory also focuses on the complex interrelationship of many factors, including lifeways, religion, kinship, politics, law, education, technology, language, environment context, and worldview, that contribute to culturally congruent care (Andrews, 2003). According to Leininger (2006a), care is culturally represented in every group and has similarities and differences cross culturally. Additionally, care is essential for the growth, well-being, and survival of human-beings. In the meanwhile, culture is the imperative influence for health and health-related behavior (Leininger, 1997). Moreover, many factors, such as worldview, spirituality, language, ethnohistory, and environmental context can greatly influence care meanings, expressions, patterns, values, and practices in different cultures (Leininger, 2006a). Interestingly, cultural care can be either diverse or universal in that groups of people who share values, beliefs, norms, and life practices can view care in culturally similar or dissimilar ways (Martsolf & Mickley, 1998). Furthermore, cultural beliefs and practices affect care along the entire disease continuum: prevention and early detection; treatment choices and adherence rates; management of side effects, such as pain and its control; appropriate psychosocial support; rehabilitation efforts; survivorship issues; hospice use; and effective end of life care (Kagawa-Singer, 2000).

Summary

In this study, the first aim of research is to identify and describe the thoughts and beliefs concerning cultural care practices in CAM of Thai breast cancer survivors and Thai nurses. In addition, the researcher will identify and describe the ways care practices in CAM are used by Thai breast cancer survivors, as addressed in the second aim. Finally, like Leininger, the researcher believes that cultural care practices in CAM are influenced by many factors such as technology, religion, kinship, cultural values, economics, and education. Thus the third aim of this study is to identify the influence of culture on the care practices in CAM of Thai breast cancer survivors. These aims will be accomplished through interviews and observations with both survivors and nurses addressing care practices in CAM.

CHAPTER TWO

REVIEW OF LITERATURE

The literature review which follows is divided into two main sections: 1) breast cancer survivors and physical and psychosocial problems and 2) CAM use in breast cancer survivors. The section on breast cancer survivors and physical and psychosocial problems presents issues that breast cancer survivors have to face, addressing both physical and psychosocial aspects. The section on CAM use in breast cancer survivors presents an overview of studies on CAM use in breast cancer survivors. Both sections will summarize the current literature and provide recommendations for future research.

Breast Cancer Survivors and Physical and Psychosocial Problems

Previous studies have shown that many problems persist after completion of treatment, and breast cancer survivors still face many physical and psychosocial problems, which in turn affect their quality of life (Den Oudsten, De Vries, Van der Steeg, Roukema, & Van Heck, 2009; Janz, et al., 2007). Physically, the treatment effects such as lymphedema, fatigue, weight gain, hot flashes, osteoporosis, and sleep disturbance are reported in previous studies.

For example, the American Cancer Society (2010b) reported that women who have been treated for breast cancer may be at risk for lymphedema. Previous studies reported that approximately one-third of breast cancer survivors are estimated to develop lymphedema (Armer, 2005; Ronka, Pamilo, Von Smitten, & Leidenius, 2004). Fu, Ridner, and Armer (2009) reported that lymphedema may commonly occur

within three years of a breast cancer diagnosis. However, lymphedema can also arise twenty years after diagnosis (Kornblith, et al., 2003). This chronic condition could affect quality of life in breast cancer survivors both in physical and psychological aspects (Morgan, Franks, & Moffatt, 2005). Previous studies have shown that breast cancer survivors with lymphedema often experience many challenges related to sleeping, carrying items, household-chores, occupational responsibilities, dressing, and self-care (Armer, 2005; Ridner, Dietrich, & Kidd, 2011).

Among potential side effects of cancer treatment, cancer-related fatigue is considered to be one of the most distressing symptoms in breast cancer survivors, and this distressing condition may persist for months or years after completion of breast cancer treatment (Bower, et al., 2006; Ganz & Bower, 2007). Jacobsen et al. (2007) reported that when compared to women with no cancer history, fatigue is a greater problem for breast cancer survivors after completion of chemotherapy than for healthy women. A study by Kim et al. (2008) reported that fatigue was negatively associated with breast cancer survivors' health-related quality of life.

Side effects of cancer treatment in women with breast cancer also may lead to early menopause with other relevant consequences such as weight gain, hot flashes, or osteoporosis. The problem with weight gain is that it may contribute to risk of recurrence of cancer, cardiovascular disease, and diabetes (Herman, Ganz, Petersen, & Greendale, 2005), as well as lymphedema (Mahamaneerat, Shyu, Stewart, & Armer, 2008).

With regard to hot flashes, Hoda, Perez, and Loprinzi (2003) explained that the precipitation of menopause in premenopausal women who undergo chemotherapy for breast cancer can lead to the rapid onset of hot flash symptoms that are more

frequent and more severe than those associated with natural menopause. Accordingly, it is not surprising that breast cancer survivors appeared to be more troubled by hot flashes than healthy women of the same age (Carpenter, Johnson, Wagner, & Andrykowski, 2002). One important issue is that hot flashes appeared to be associated with disruptions in mood, daily activities, and overall quality of life of breast cancer survivors (Carpenter, et al., 2002).

Osteoporosis is also reported as one problem that has been increasingly identified in breast cancer survivors due to increased risk of early menopause in premenopausal women or by depleting estrogen levels in postmenopausal women resulting from effects of chemotherapy and hormone therapy (Waltman, et al., 2008). Hoff and Gagel (2005) reported that the prevalence of fractures is higher in breast cancer survivors, when compared to the general population.

In terms of sleep-disturbances, there is evidence showing that sleep-wake disturbances are a persistent problem linked to poor quality of life in breast cancer survivors. Factors contributing to sleep-disturbances for breast cancer survivors are presence of non-cancer co-morbidities, hot flashes, depressive symptoms, and residual effects of cancer treatment (Otte, Carpenter, Russell, Bigatti, & Champion, 2010).

With regard to psychosocial aspects, there is evidence showing that breast cancer and its treatment is a stressful life event which manifests consequences on all aspects of human life, which can remain for many years post diagnosis (Berterö & Wilmoth, 2007; Mehnert & Koch, 2008). Compared to other female cancer survivors, such as those with colorectal, melanoma, or lymphoma, breast cancer survivors were more likely to have a diagnosis of major affective disorder than women with other cancers (Earle, Neville, & Fletcher, 2007). At the end of treatment, many women with

breast cancer find it emotionally more challenging than the months of treatment and feel like the real crisis is just beginning (Schnipper, 2001).

For example, a study by Holzner et al. (2001) showed that in the early phase after initial treatment (1-2 years), breast cancer survivors have reduced quality of life in many areas such as emotional and social domains. With regard to emotional domain, fear of recurrence and depression play important roles, whereas social domain may be affected by changing from active roles to passive roles in their families (Holzner, et al., 2001). Previous studies have showed that the end of treatment can be a time characterized by higher rates of depressive symptoms and greater impairment in quality of life for breast cancer survivors (Deshields, et al., 2005; Deshields, Tibbs, Fan, & Taylor, 2006).

In addition, previous studies have reported that fear of disease recurrence is one of the most prevalent long-term psychological consequences of surviving cancer. For example, a study by Mehnert, Berg, Henrich, and Herschbach (2009) showed that 23.6% of breast cancer survivors reported moderate to high fear of progression. The results from this study also showed that fear of progression was significantly associated with younger age, having children, disease progress, chemotherapy, perceived amount of impairments, and physical and mental quality of life. In addition, being nervous prior to doctors' appointments or examinations and being afraid of relying on strangers for activities of daily living were the most frequent fears. Likewise, van den Beuken-van Everdingen et al. (2008) reported that moderate to high levels of fear of disease recurrence were found in 56% of 136 breast cancer survivors and worries about health and death were the most prominent, whereas pain was a strong predictor of overall fear.

Similar to fear of recurrence, uncertainty is one of the major experiences of breast cancer survivors. The findings from previous studies showed that breast cancer survivors had low to moderate levels of uncertainty in their illness, which in turn affect their quality of life (Wonghongkul, Dechaprom, Phumivichuvate, & Losawatkul, 2006; Wonghongkul, Moore, Musil, Schneider, & Deimling, 2000). A study by Garofalo, Choppala, Hamann, and Gjerde (2009) showed that uncertainty accounted for 70% of the variance for functional well-being and 60% of the variance for physical well-being. Berterö and Wilmoth (2007) reported that breast cancer survivors felt uncertainty because they do not know how long they will live and what the quality of their remaining life will be. In their perceptions, breast cancer survivors viewed the world in general as more random and less controllable (Tomich & Helgeson, 2002). Compared to other stressors which included physical limitations, pain, and problems with family or friends due to cancer, a study by Lebel, Rosberger, Edgar, and Devins (2007) reported that fears of the future was the most stressful for breast cancer survivors.

Although breast cancer survivors with intermediate remission periods (2-5 years since initial treatment) enjoyed highest quality of life, a study by Holzner et al. (2001) reported that long-term surviving (> 5 years post-treatment) breast cancer survivors still experienced many problems such as emotional functions, role functions, social well-being, cognitive functions, and sexuality. Example of role-function problems are difficulties in occupational tasks and feelings of being handicapped in organizing their leisure time activities and pursuing their hobbies.

Sexual functioning was reported as a problem due to feelings of lacking physical attractiveness after breast surgery and somatic factors such as vaginal dryness resulting from side effects of chemotherapy or hormone therapy (Anllo, 2000; Holzner, et al., 2001). Compared to women without cancer, breast cancer survivors reported lower sexual functioning than women with non-cancer history, indicating sexual difficulties in many domains such as more problematic experiences related to sexual desire, arousal, orgasm, relationship, or satisfaction (Herbenick, Reece, Hollub, Satinsky, & Dodge, 2008).

With regard to effects of work and insurance, a study by Stewart et al. (2001) showed that about 40% of breast cancer survivors reported cancer affected their work in various ways, such as altered priorities and ambitions at work, no longer working, career change, or retired early as a result of cancer. In addition, this study reported that nearly 20% of breast cancer survivors identified insurance problems.

In conclusion, although breast cancer survivors are living longer, they continue to deal with physical problems such as lymphedema, fatigue, weight gain, hot flashes, osteoporosis, and sleep disturbance. These women also experience psychosocial problems such as fear of recurrence, uncertainty, sexual functioning problems, or difficulties in living and working across all segments of the life span. Therefore, this study proposes that health care providers should be aware of the potential physical and psychosocial effects that breast cancer survivors may experience during the transition from cancer patient to cancer survivor.

Articles published from 1990 through October 2010 were retrieved from the following databases Cumulative Index to Nursing and Allied Health Literature (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*. Inclusion criteria required that articles be original research; descriptions of samples and methodology must be clearly stated; and abstracts must be available in English. Exclusion criteria were: studies of non-breast cancer; articles in lay media; articles not using words "breast cancer survivor." From the literature review, 44 articles were identified, of which 11 met all of the criteria. Most of the eleven selected articles (n = 7, 63.6%) reported studies which were conducted in the United States, followed by Canada (n = 3, 27.3%) and Germany (n = 1, 9.1%). All study samples were breast cancer survivors. The total size of samples in these studies was 7,399, ranged from 36 to 2,527 (median = 371). These studies included eight quantitative and three qualitative designs. Of eight quantitative studies, six studies used self-administered questionnaires to collect data (Boon, et al., 2000; Boon, et al., 2007; Buettner, et al., 2006; Hann, Baker, Denniston, & Entrekin, 2005; Nagel, Hoyer, & Katenkamp, 2004; Saxe, et al., 2008), whereas the other two studies used telephone interviews (Carpenter, et al., 2009; Matthews, Sellergren, Huo, List, & Fleming, 2007). Of the three qualitative studies, two studies used focus groups (Boon, Brown, Gavin, Kennard, & Stewart, 1999; Canales & Geller, 2003), and the third study used ethnographic methods to collect data (Ribeiro & Harrigan, 2006). Each study is individually discussed, followed by a summary of the reviewed literature.

Quantitative Studies about CAM Use in Breast Cancer Survivors

Boon et al. (2000) conducted a cross-sectional study to determine the prevalence of CAM use by breast cancer survivors in Ontario, Canada, and to compare the characteristics of CAM users and nonusers (n = 422). Findings showed that 66.7% of the respondents reported using CAM. Vitamins and minerals were the CAM therapy most commonly used by breast cancer survivors and chiropractors were the CAM practitioners visited most often. The most common reasons reported for using CAM were to: boost immune system (63%), followed by increase quality of life (53%), prevent a recurrence of cancer (42.5%), provide a feeling of control over life (37.9%), aid conventional medical treatment (37.9%%), treat breast cancer (27.9%), treat side effects of conventional medical treatment (21%), stabilize current condition (17.4%), and compensate for failed conventional medical treatments (5%). One-half of the CAM users reported they first learned about CAM from a friend or family member. Slightly more than one-third of the CAM users (n = 35.8%) reported that they informed their physicians of their use of CAM. Compared to nonusers, CAM users were found to be younger and more educated, have greater households incomes, be more likely to attend a support group, be more likely to have had chemotherapy as part of their treatment for breast cancer, and less likely to express the attitude that standard treatments would cure cancer or prevent the spread of cancer.

Nagel et al. (2004) conducted a cross-sectional study to assess prevalence and identify predictors of the use of CAM in breast cancer survivors in Germany (n = 263). The findings showed that 36% of the respondents reported CAM use. Younger women reported use of CAM more than older women. Women with higher education level reported use of CAM more than women with less education level. High-dose

vitamins (64%) and mistletoe therapy (38%) were used most frequently, followed by ozone (10%), selenium (8%), cancer-specific diets (7%), thymus extracts (4%), and other types (6%). Resources of information about CAM reported by breast cancer survivors were a physician, media, friends, family members, other patients, self-help group, and pharmacist. Involvement in self-help groups and active participation in leisure activities were associated with CAM use. Tumor stage, the presence of pain related to cancer, and self-reported prognosis as "unfavorable" also were associated with CAM use.

Hann et al. (2005) conducted a cross-sectional study in the U.S. to evaluate longer-term breast cancer survivors' frequency of CAM use and their beliefs about the role of CAM on recovery and prevention of cancer recurrence, as well as the relationship of CAM use and current life satisfaction (n = 608). The findings showed that the most commonly used CAM included exercise (75%), vitamins (71%), prayer/spiritual practice (64%), support groups (52%), humor (52%), self-help books (50%) , dietary supplements (49%), and relaxation (48%). Reasons to use CAM were to reduce risk of cancer recurrence, to play a more active role in their cancer recovery, to manage stress, and to maintain hope. Being younger and being more educated were associated with the use of CAM. The most common sources of information about CAM were magazines or books (69%), followed by other survivors (64%), newspaper (54%), media such as TV or radio (51%), family members or friends (50%), the American Cancer Society (48%), medical journals (33%), the internet (20%), other cancer organizations (11%), and tabloids (9%). Use of CAM was not associated with life satisfaction.

Buettner et al. (2006) conducted a study to identify the prevalence and correlates of use of different types of CAM in breast cancer survivors in the U.S. (n = 2,022). The findings showed that 62% of the respondents used CAM. Younger age was the most consistent correlate of CAM use. Chemotherapy was associated with use of relaxation/imagery. Radiotherapy was associated with use of high-dose vitamins. Tamoxifen or anastrozole treatment was associated with use of homeopathy. Users of most types of CAM had lower quality of life scores than non-users, but better quality of life was found among users of yoga. The lowest quality of life scores were associated with use of energy healing, whereas optimism was higher among users of relaxation/imagery.

Boon et al. (2007) conducted a retrospective study to compare patterns of CAM use by breast cancer survivors in Canada using data from 1998 (n = 557) and 2005 (n = 877). The results showed that 66.7% of women reported using either a CAM product/therapy or seeing a CAM therapist at some time in their lives in 1998, as compared with 81.9% in 2005. Significant increases were seen in use of body work practitioners (i.e. Reiki practitioners, massage therapists, therapeutic touch practitioners, and shiatsu practitioners), acupuncturists, and homeopathic practitioners in 2005 compared to 1998. In addition, the use of herbal remedies, green tea, special foods, and vitamins/minerals were also significantly increased. Women in 2005 reported the reason for using CAM was to treat breast cancer.

Matthews et al. (2007) conducted a cross-sectional study to examine prevalence of CAM use and identify demographic, disease, and psychosocial variables that predict CAM use in breast cancer survivors in the U.S. (n = 115). The findings showed that 69% of the participants reported use of CAM. The most

frequently used CAM domain was herbs and herbal remedies (39%), followed by vitamins and dietary supplements (32%), relaxation techniques such as yoga and meditation (28%), body work such as chiropractic and acupuncture (24%), natural anticancer remedies such as shark cartilage (11%), and diet change such as soy or vegetarian diet (10%). Patients engaging in CAM for cancer-related reasons were younger and had higher trait anxiety.

Saxe et al. (2008) investigated the level of CAM disclosure in breast cancer survivors who participated in the Women's Healthy Eating and Living (WHEL) Study in the U.S. (n = 2,527). The findings showed that 79.8% of the respondents reported using CAM. The highest disclosure rate was for naturopathy (85%), followed by homeopathy (74%), acupuncture (71%), and chiropractic (47%). College graduates and postgraduates were more likely to disclose CAM use to their physicians than those with lesser education.

Carpenter et al. (2009) conducted a cross-sectional study to examine patterns of association between CAM use and quality of life along with other psychosocial lifestyle, behavioral, and medical characteristics in long-term breast cancer survivors in the U.S. (n = 371). The findings showed that 59% of the participants used CAM. The most frequently used CAM type was Echinecca (29%), followed by herbal tea (21%), Ginko Biloba (19%), ginseng (13%), and St. Johns Wort (13%). Younger women were more likely to report using CAM. Other demographic characteristics such as income and education were not associated with CAM use. CAM users had a higher prevalence of medical co-morbidities and lower emotional well-being scores than non-CAM users.

Qualitative Studies about CAM Use in Breast Cancer Survivors

Boon et al. (1999) conducted a qualitative focus group in Canada to explore breast cancer survivors' perceptions and experiences as they decided whether to use CAM (n = 36). The results showed that the process of decision-making to use or not use CAM included: (1) discovery and investigation of CAM through one of several sources, including word- of-mouth, media, health care practitioners (CAM and conventional), and personal reading; and (2) deciding to use or not use CAM. The participants reported a variety of reasons for using CAM, including feeling that they must do anything that might enhance their chances of survival, reacting to bad experiences with conventional medicine, attempting to be proactive and prevent further illness, and the belief that they had nothing to lose as these therapies cannot harm them. However, barriers to using CAM were also reported by breast cancer survivors, including high cost, limited access to the therapy, and large amounts of time required to complete therapy. Family and friends were reported to be supportive of the decision made regarding the use of CAM, whereas the responses of health care practitioners remained varied, either positive or negative.

Canales and Geller (2003) conducted a qualitative focus group study in the U.S. to identify reasons for use of CAM by breast cancer survivors (n = 66). The findings showed that 41% of the sample used at least one CAM provider during the past year and 20% used more than one CAM provider during that time. The most frequent type of CAM providers used during the past year was massage therapist (54%), followed by physical therapist (43%), chiropractor (32%), acupuncturist (18%), and spiritual healer (11%). The influencing factors related to decision-making to seek CAM reported by breast cancer survivors were their change in philosophy of

life after cancer diagnosis, to boost their immune system, and for symptom management (i.e. lymphedema and premenopausal symptoms). Breast cancer survivors learned about CAM through reading medical and lay publications, searching the internet, talking with friends, family, classes, other breast cancer survivors, and health care providers. Breast cancer survivors described the responses from conventional health care providers as mixed reactions, including no response, negative response, and positive response.

Ribeiro and Harrigan (2006) conducted a qualitative ethnographic study to attitudes, beliefs, and utilization of CAM by Hawaiian-Asian women breast cancer survivors (n = 6). The results showed that the participants used a wide variety of CAM therapies, including Traditional Chinese Medicine, guided imagery, prayer, self-healing, humor therapy, herbal teas, flaxseed, shark's cartilage, massage, music therapy, or healing touch. The participants used CAM to improve their quality of life. Factors influencing them to use CAM included cultural factors and involvement in a support group. Some participants also sought CAM to fill the time between hospital visits.

Summary of CAM Use in Breast Cancer Survivors

In conclusion, past empirical research findings indicate that breast cancer survivors use a variety of CAM. Biologically-based practices which use substances found in nature, such as herbs, foods, and vitamins, were most frequently used by breast cancer survivors (Boon, et al., 2000; Boon, et al., 2007; Carpenter, et al., 2009; Matthews, et al., 2007; Nagel, et al., 2004). The next most frequently used type of CAM was mind-body medicine, a variety of techniques designed to enhance the mind's capacity to affect bodily function (Buettner, et al., 2006; Hann, et al., 2005).

Some examples of mind-body medicine used by breast cancer survivors included meditation, prayer, and imagery. Other types of CAM used by survivors were energy medicine, which uses energy fields surrounding the human body as a method of therapy (e.g. massage, Reiki, and therapeutic touch) (Canales & Geller, 2003), and whole medical system (e.g. homeopathic medicine, naturopathic medicine, and traditional Chinese medicine) (Saxe, et al., 2008). Thus, it may be concluded that breast cancer survivors used various types of CAM. Biologically-based practices were most frequently used, whereas the whole medical system was least used (Wanchai, Armer, & Stewart, 2010b, 2010c).

With regard to sources of information about CAM for breast cancer survivors, previous research on CAM use by breast cancer survivors has revealed that family members, friends, and media, such as the internet, magazines, books, newspaper, or journals, were the important information sources about CAM (Boon, et al., 1999; Boon, et al., 2000; Canales & Geller, 2003; Hann, et al., 2005; Nagel, et al., 2004; Ribeiro & Harrigan, 2006). Only three studies reported physicians or health care providers as sources of information about CAM for breast cancer survivors (Boon, et al., 1999; Canales & Geller, 2003; Nagel, et al., 2004). In addition, three studies reported support groups as an information source about CAM for breast cancer survivors (Boon, et al., 1999; Nagel, et al., 2004; Ribeiro & Harrigan, 2006). Thus, it may be concluded that family members, friends, and media were more likely to affect care practices in CAM among breast cancer survivors than health care providers.

In terms of sociodemographic factors related to CAM use of breast cancer survivors, sociodemographic factors found to be associated with CAM use included age, education, income, and support group involvement. Six previous studies reported that younger breast cancer survivors were more likely to use CAM than those who were older (Boon, et al., 2000; Buettner, et al., 2006; Matthews, et al., 2007; Nagel, et al., 2004). Three studies reported higher-educated breast cancer survivors were more likely to use CAM than those who had lower education (Boon, et al., 2000; Hann, et al., 2005; Nagel, et al., 2004). One study reported education was not associated with CAM use in breast cancer survivors (Carpenter, et al., 2009). Whereas a study by Boon et al. (2000) showed that breast cancer survivors who had higher income were more likely to use CAM than those who had lower income, a study by Carpenter et al. (2009) reported no relationship between income and CAM use. In terms of the relationship between support group and CAM use in breast cancer survivors, three studies found that breast cancer survivors who attended a support group appeared to use CAM more than those who were not involved in a support group (Boon, et al., 2000; Nagel, et al., 2004; Ribeiro & Harrigan, 2006). Thus, it may be concluded that age and education were likely associated with CAM use in breast cancer survivors. However, the empirical findings about how income, support group, and other demographic variables relate to CAM use in breast cancer survivors need to be further explored.

With regard to the reasons for CAM use by breast cancer survivors, the findings were diverse. However, the reasons CAM was implemented could be grouped into three main categories: 1) to promote physical health (e.g. boost immune systems, stabilize current condition, and for general wellness) (Boon, et al., 2000;

Canales & Geller, 2003); 2) to promote emotional health and well-being (e.g. manage stress, for psychological support, take a more proactive approach, maintain hope, and increase quality of life) (Boon, et al., 1999; Boon, et al., 2000; Hann, et al., 2005; Ribeiro & Harrigan, 2006); and 3) to deal with disease and manage side effects of conventional treatment (e.g. control side effects of conventional treatment, reduce risk of recurrence, treat breast cancer, and react to a bad experience with conventional treatment) (Boon, et al., 2000; Boon, et al., 2007; Canales & Geller, 2003; Hann, et al., 2005).

Summary

In conclusion, this literature review highlights that although active treatment such as surgery, chemotherapy, or radiotherapy may be over, breast cancer survivors still face many physical and psychosocial problems, such as lymphedema, hot flashes, fatigue, weight gain, sleep disturbances, osteoporosis, fear of recurrence, or uncertainty. Consequently, self-care practice by using various types of CAM, such as biologically-based practices, mind-body medicine, energy medicine, or the whole medical system, is still performed continuously by breast cancer survivors as a part of their lifestyle. The challenge is that, whereas friends, family members, and media are important sources of information about CAM, health care providers are the least primary sources of information about CAM for breast cancer survivors. More importantly, although efficacy of CAM that might be appropriate for breast cancer survivors is unclear, some breast cancer survivors perceive that CAM could cure cancer. Therefore, it is necessary that nurses should gain an understanding of why and how breast cancer survivors decide to use CAM in their care practices. With the latest scientific knowledge, patient education can be carried out more effectively.

CHAPTER THREE

METHODOLOGY

Research Design

The ethnonursing research method designed by Leininger (2006b) 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. Moreover, it is a major holistic method specially designed to fit the culture care theory. Leininger (2006b) pointed out that this method is used to gain understanding and meaning of the people's daily life experiences related to human care, health, and well-being in different or similar environmental contexts. In addition, this method has been grounded with the people and has supported the discovery of people truths in human living contexts (Leininger, 2006b).

Study Site

Participants were recruited from the surgical-outpatient departments, Buddhachinaraj Hospital, Phitsanulok, Thailand. Buddhachinaraj Hospital serves as the largest tertiary care referral and resource center for surrounding provinces in the lower northern part of Thailand.

Selection and Recruitment of Participants

The sample in this study was composed of seventeen Thai breast cancer survivors and fifteen Thai nurses. According to Leininger (2006b), *key informants* are perceived to be the most knowledgeable people about the topic and indicate the

values, beliefs, and lifeways about the culture and domain of inquiry. Moreover, they have an interest in and are willing to participate in the study. *General informants* commonly do not possess complete knowledge about the domain of inquiry, but they have broad and general ideas about the domain of inquiry and are willing to share their knowledge and ideas.

Key informants in this study were Thai breast cancer survivors, whereas general informants were nurses with knowledge and ideas about the domain of inquiry.

The key informants were drawn from Thai breast cancer survivors in Buddhachinaraj Hospital, Phitsanulok, Thailand. The criteria for inclusion in the sample are that the participant (a) be over 18 years of age, (b) be Thai-speaking, (c) received a diagnosis of breast cancer at least one year previously, and (d) had experience in care practices in CAM. The following steps were taken in recruiting Thai breast cancer survivors.

1) A nurse was selected as a primary informant.
2) A list of possible participants who gave permission to be contacted by the researcher was obtained from the primary informant.
3) The researcher then contacted the Thai breast cancer survivors to explain details of the study and invite participation, as well as schedule interviews with those who consent. Interviews and observations were held in the homes of the participants or other places as they preferred.

The general informants were drawn from Thai nurses in Buddhachinaraj Hospital, Phitsanulok, Thailand. The criteria for inclusion in the sample were that the participant (a) be over 18 years of age, (b) be Thai-speaking, and (c) had experience in taking care of breast cancer patients for at least three years. The following steps were taken in recruiting Thai nurses.

1) A list of possible participants was obtained from the head of nurses at Buddhachinaraj Hospital, Phitsanulok, Thailand.

2) The researcher then contacted nurses to explain details of the study and invited their participation, as well as scheduled interviews with those who consented. Interviews were held in an area of the workplace of the participants.

Sample Size

According to Leininger (2006b), when conducting a macro ethnonursing study, 12 to 15 key informants and 24 to 30 general informants are needed. If a micro ethnonursing study is being conducted, the researcher needs 6-8 key informants and 12-16 general informants. However, Leininger (2006b) reminded that a large number of informants alone is not the rule, as it can lead to superficial knowledge and limited insight about the why and how of a particular care phenomena. Therefore, the goal of the study was to achieve the numbers of key and general informants to where the data reached a saturation point.

Data Collection

Informed consent

During participant recruitment, both Thai breast cancer survivors and nurses were informed about the study by the researcher. Potential study participants were told that the purpose of the study was to identify and better understand the care

practices in CAM used to promote the health and well-being of Thai breast cancer survivors. They were told that participation in the study involved completion of one 30- to 60-minute interview for nurses and two interviews of 30- to 60-minute each for breast cancer survivors. The voluntary nature of the study was explained and it was emphasized that choosing to not participation would not affect the current or future health care of the breast cancer survivor in any way. In addition, nurses were assured non-participation would not affect their current or future careers. The participants signed and received a copy of the informed consent document, which contained contact information about the study principal investigator, as well as site personnel.

Instruments

The following instruments were used for data collection.

Demographic Data Sheet Information about the Thai breast cancer survivor's age, educational level, time since diagnosis of breast cancer, income, and religion were obtained by completing the Demographic Data Sheet designed by the researchers, as used in the US pilot study (Wanchai, Armer, & Stewart, 2010a). In addition, information about nurse's age, educational level, income, work experience, and religion was also obtained by completing the Demographic Data sheet.

Interview Guide The guide for semi-structured interviews was developed based on the relevant literature. The content validity of the interview guide was evaluated by conducting a pilot study with US breast cancer survivors (Wanchai, et al., 2010a).

The data collection started with observation, participation, and reflection during the key and general informants' interviews to explore their knowledge regarding the domain of inquiry. The interview guide served as a conversational

framework and the observational data were obtained concerning participants' actions during interviews. The interviews were audiotaped. The interviews for key informants who were Thai breast cancer survivors were 30 to 60 minutes long and each key informant was interviewed two times, with at least two weeks between each interview. The general informants who were nurses were interviewed once for 30 to 60 minutes. Interviews were conducted in the Thai language by the Thai-speaking researcher.

Protection against Risk

Efforts to maintain participant confidentiality and privacy included all study participants being assigned a study number. The information linking the study number to the person's name and address was kept in a separate secure location. Additionally, the participant's name and address were not entered into the interview database. All paper forms and audiotapes were kept in locked cabinets and all electronic data files were password-protected with access limited to only essential study personnel.

Data Analysis

The verbatim data obtained from audiotaped and transcribed interviews and accompanying field notes taken during and following the informants' 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 researcher who is fluent in both Thai and English. Then, a translated English version was reviewed by two monolingual English-speaking collaborators.

Data analysis was conducted using the four phases of the ethnonursing qualitative data analysis method proposed by Leininger (2006b). The researcher began data analysis on the first day of research and continued with regular data

coding, processing, and analysis until all data were collected. The following four phases were taken into account for data analysis.

(1) First phase: Collecting, describing, and documenting raw data

In this phase, the researcher collected, described, recorded, and began to analyze data related to the purpose of the study. This phase included: recording interview data from participants, making observations, and identifying contextual meanings related to the domain of inquiry. The analysis was performed through listening to the participants during interviewing, as well as listening to the audiotape and reading file notes after interviewing.

(2) Second phase: Identification and categorization of descriptors and components

In this phase, data were coded and classified as related to the domain of inquiry. Descriptors were studied within context and for similarities and differences. The recurrent components were studied to clarify their meanings line by line and word by word.

(3) Third phase: Pattern and contextual analysis

In this phase, data were scrutinized to discover saturation of ideas and recurrent patterns of similar and different meanings, expressions, structural forms, interpretations, or explanations of the data related to the domain of inquiry, with respect to the meaning-in-context and along with further measurement of credibility and confirmation of findings.

(4) Fourth phase: Major themes, research findings, theoretical formulations, and recommendations

In this phase, the researcher's task was to confirm major themes, research findings, recommendations, and formulation of a model.

Measures Used to Ensure Quality and Rigor

To ensure the trustworthiness of this study, Leininger (2006b) proposed six qualitative criteria to support the trustworthiness of the study, including: credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability.

(1) Credibility, which refers to the accuracy or believability of findings, was accomplished by using a triangulation method including observation, field notes, and interview to collect data.

(2) Confirmability, which refers to the repeated direct and documented evidence from primary sources of information, was established by using an audit trail. That is, the transcription, field notes, on-going data analysis, and findings were shared with advisors who are experts in this field.

(3) Meaning-in-context refers to data which have become understandable with relevant referents or meanings to the informants or people in this study in different or similar environments. To achieve this quality, the researcher improved skills by learning and consulting with a mentor who has experience in the ethnonursing research method in reflecting on the accurate meaning within the context of findings.

(4) Recurrent patterning refers to repeated instances, sequences of events, experiences, expressions, or lifeways that tend to reoccur over a period of time in the

designed ways and contexts. This quality was achieved by re-reading and re-checking the transcripts several times in order to elicit the recurrent pattern in the inquiry.

(5) Saturation refers to the 'taking in' of occurrences or meanings in a very full, comprehensive, and exhaustive way, including all information that could generally be known about the certain phenomena under study. Data saturation was achieved by continuing to collect data until no further new information was obtained.

(6) Transferability, referring to whether particular findings from a qualitative study can be transferred to another similar context or situation, was accomplished by providing rich, thick description in describing more details about phenomenon.

Strengths of the Study

This study is one of a few known studies of care practices in CAM in Thai breast cancer survivors. The information from this study can lead health care providers to understand the emic views and beliefs of Thai breast cancer survivors and etic views of Thai nurses. It can help to achieve the goal to promote quality of life for Thai breast cancer survivors. In addition, using the ethnonursing method can establish a naturalistic and largely emic open inquiry method to explicate and study care practice related to Thai culture (Leininger, 2006b).

Potential benefits of the research to the subjects and others

The potential benefit of the research is better understanding the care practices in CAM used to promote health and well-being of Thai breast cancer survivors.

Importance of the knowledge gained

The knowledge gained from this study is extremely important at this time because of the current epidemic of breast cancer and the need for the development of effective, efficient interventions to improve health care outcomes for Thai breast cancer survivors.

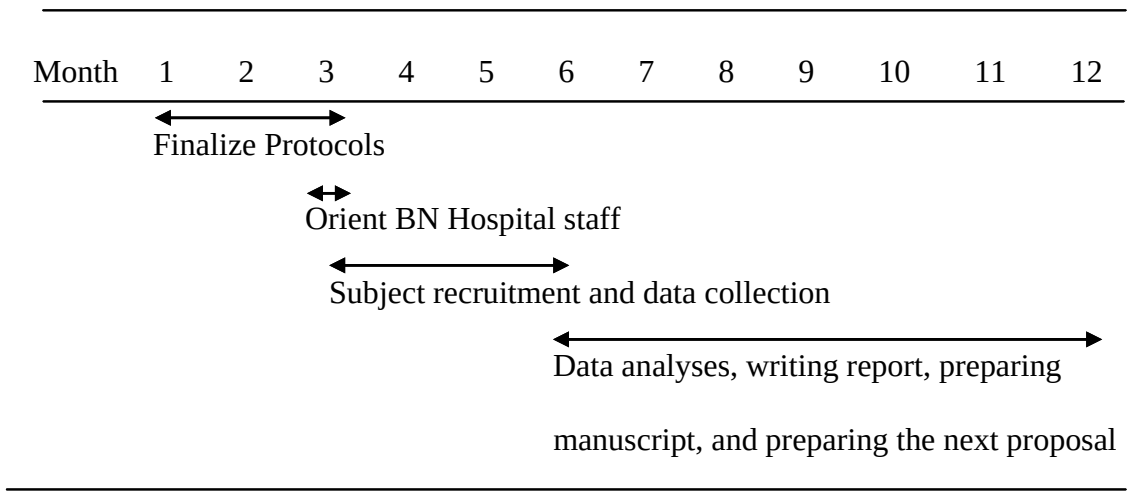
Limitation of the Ethnonursing Method

One challenge of the ethnonursing method may be the difficulty to tap into ideas of informants related to the care practices in CAM in the Thai culture. In this case, the researcher must move from being the stranger to being a trusted friend who can eventually obtain accurate, honest, credible, and in-depth data from informants. Being a trusted friend leads to informants sharing their cultural secrets and their insights and experiences (Leininger, 2006b).

Timeline

Figure 3-1 outlines the timeline for study completion. During the first three months, the researcher finalized study protocols, obtained IRB approval, and oriented staff at the study site to the project. Recruitment began at Buddhachinaraj Hospital, Phitsanulok, Thailand, in project month 3 and data collection continued for 3 months. In addition, the last 6 months were spent conducting analyses, writing the research report, preparing manuscripts to disseminate the study findings, and beginning preparation of the next proposal.

Figure 3-1 Timeline for Study Completion



Summary

The researcher used the ethnonursing research method to identify and describe care practices in CAM of Thai breast cancer survivors and nurses who were over 18 years of age. The study was conducted at Phitsanulok province, Thailand. Data were collected via interviews and observations with Thai breast cancer survivors as key informants and Thai nurses as general informants. The data were analyzed by Leininger's four phases of ethnonursing qualitative data analysis (Leininger, 2006b). The results of this study will help researchers and health care providers to better understand Thai breast cancer survivors' culture care needs, which in turn can help to develop nursing interventions to provide more holistic care and improve health outcomes to Thai breast cancer survivors.

CHAPTER FOUR

RESULTS

The present study was conducted to explore cultural care practices in complementary and alternative medicine (CAM) of Thai breast cancer survivors. Data were obtained from Thai breast cancer survivors and Thai nurses. The findings described in this chapter are divided into two sections. The first section describes the demographic characteristics of the informants. The second section presents qualitative findings in response to interview data. The findings of this study focus on the three research questions:

1) What are the perceptions about the meaning of care practices in CAM for Thai breast cancer survivors and nurses?

2) How do Thai breast cancer survivors perform care practices in CAM to promote their health and well-being?

3) What are the factors that influence the selection of care practices in CAM of Thai breast cancer survivors?

Demographic Characteristics of the Informants

The informants in this study are divided into two groups, including Thai breast cancer survivors as the key informants and Thai nurses as the general informants.

Key Informants

The key informants in this study consisted of seventeen Thai breast cancer survivors. The age of key informants ranged from 24 to 63 years (mean = 49.5 years)

at the time of interview. Of the seventeen women, ten (58.8%) had less than a high school education, while two (11.8%) had completed high school, four (23.6%) had earned a Bachelor's degree, and one (5.8%) had completed vocational school. Twelve women (70.6%) reported less than six years since the diagnosis of breast cancer; the rest (29.4%) reported diagnosis between 9 to 16 years earlier. Nine women (52.9%) reported they were at disease stage II at diagnosis, whereas five women (29.4%) reported they had breast cancer stage III, and three (17.7%) reported they had stage I, respectively. Eleven women (64.8%) received three types of treatment (surgery, chemotherapy, and radiation); five (29.4%) received surgery and chemotherapy; and one woman (5.8%) was treated by surgery only. The majority of these key informants (94.2%) were Buddhists; only one woman (5.8%) was a Christian. Seven women (41.2%) were shopkeepers; five women (29.4%) were farmers; two (11.8%) were government officials; two (11.8%) were housewives; and one (5.8%) was a beautician. Ten women (58.8%) earned less than 10,000 baht (<$333) a month; four (23.6%) earned 10,001-20,000 baht ($333-$666) a month; two (11.8%) earned 30,001-40,000 baht ($1,000-$1,333) a month; and one (5.8%) earned more than 40,000 baht (>$1,333) a month ($1 was equal to 30 baht). Demographic and clinical history characteristics of the key informants are presented in Table 4-1.

Table 4-1

Demographic and Clinical History Characteristics of the Key Informants (Listed in Chronological order by Interview Date)

ID	Age (years)	Education level	Time since diagnosis of breast cancer (years)	Stage of cancer	Treatment history	Religion	Occupation	Income a month ($)
1	48	Bachelor's degree	13	3	Surgery + Chemo + Radiation	Buddhist	Government official	$333-$666
2	63	Less than high school	16	2	Surgery	Buddhist	Shopkeeper	<$333
3	47	Less than high school	3	2	Surgery + Chemo + Radiation	Buddhist	Farmer	<$333
4	45	Less than high school	6	2	Surgery + Chemo + Radiation	Buddhist	Shopkeeper	$1,000-$1,333
5	48	Less than high school	6	1	Surgery + Chemo + Radiation	Buddhist	Housewives	$333-$666
6	52	Less than high school	4	2	Surgery + Chemo	Buddhist	Farmer	<$333
7	57	High school	5	2	Surgery + Chemo + Radiation	Buddhist	Beautician	$333-$666
8	57	Less than high school	6	1	Surgery + Chemo + Radiation	Buddhist	Farmer	<$333
9	24	Bachelor's degree	2	2	Surgery + Chemo + Radiation	Buddhist	Shopkeeper	<$333
10	47	Vocational school	4	2	Surgery + Chemo + Radiation	Buddhist	Housewives	<$333
11	52	Bachelor's degree	2	3	Surgery + Chemo + Radiation	Buddhist	Shopkeeper	<$333
12	50	Less than high school	5	2	Surgery + Chemo	Buddhist	Shopkeeper	$333-$666
13	58	Less than high school	14	2	Surgery + Chemo	Buddhist	Shopkeeper	<$333
14	49	High school	7	3	Surgery + Chemo + Radiation	Buddhist	Shopkeeper	>$1,333
15	45	Less than high school	4	3	Surgery + Chemo + Radiation	Buddhist	Farmer	<$333
16	50	Less than high school	5	1	Surgery + Chemo	Buddhist	Farmer	<$333
17	50	Bachelor's degree	9	3	Surgery + Chemo	Christian	Government official	$1,000-$1,333

General Informants

The general informants in this study consisted of fifteen Thai nurses. The age of general informants ranged from 39 to 60 years (mean = 46.4 years) at the time of the interview. Of the fifteen Thai nurses, ten (66.7%) had earned a Bachelor's degree and the rest (33.3%) had earned a Master's degree. The work experience of these general informants ranged from 17 to 43 years (mean = 25.5 years). One Thai nurse (6.7%) earned less than 20,000 baht (<$667) a month; 7 Thai nurses (46.6%) earned 20,000-30,000 baht ($667-$1,000) a month; six Thai nurse (40.0%) earned 30,001-40,000 baht (>$1,000-$1,333) a month; and one Thai nurse (6.7%) earned more than 40,000 baht (>$1,333) a month. All the general informants (100%) were Buddhists. Demographic characteristics of the general informants are presented in Table 4-2.

Table 4-2

Demographic Characteristics of the General Informants (Listed in Chronological order by Interview Date)

ID	Age (years)	Education level	Work experience (years)	Religion	Income a month ($)
1	39	Master's degree	17	Buddhist	$667-$1,000
2	54	Bachelor's degree	33	Buddhist	$667-$1,000
3	49	Bachelor's degree	28	Buddhist	>$1,333
4	39	Master's degree	18	Buddhist	$667-$1,000
5	48	Master's degree	29	Buddhist	$667-$1,000
6	40	Bachelor's degree	18	Buddhist	$667-$1,000
7	42	Bachelor's degree	19	Buddhist	>$1,000-$1,333
8	48	Master's degree	27	Buddhist	>$1,000-$1,333
9	46	Bachelor's degree	25	Buddhist	>$1,000-$1,333
10	49	Bachelor's degree	27	Buddhist	>$1,000-$1,333
11	40	Bachelor's degree	18	Buddhist	$667-$1,000
12	40	Master's degree	20	Buddhist	<$667
13	48	Bachelor's degree	26	Buddhist	>$1,000-$1,333
14	60	Bachelor's degree	43	Buddhist	$667-$1,000
15	54	Bachelor's degree	34	Buddhist	>$1,000-$1,333

Findings of the Study

The domain of inquiry for this study consists of the data from Thai breast cancer survivors and Thai nurses. The findings of this study are presented in three parts regarding the research questions of the study: (1) the meaning of care practices in CAM, (2) performing care practices in CAM by Thai breast cancer survivors to promote health and well-being, and (3) influencing factors for selection of care practices in CAM by Thai breast cancer survivors.

(1) The Meaning of Care Practices in CAM

Data saturation was achieved when coded incidents had been seen for the same category for several times (at least six times); and no additional data were being found for the category (Creswell, 2007). In this study, data saturation was achieved following interviews with seventeen Thai breast cancer survivors and fifteen Thai nurses. Two similar major themes emerged from the data analysis reflecting how both Thai breast cancer survivors and Thai nurses defined the meaning of care practices in CAM. These themes were (1) CAM was an additional beneficial choice for health, and (2) CAM was emotionally and psychologically healing. In addition, one major theme emerged from the Thai breast cancer survivors' data analysis: (3) CAM had a powerful physical healing. The themes are described in the following data.

1.1 An Additional Beneficial Choice for Health

CAM was perceived as another healthful practice in addition to care practices in modern medicine that could rebuild patients' confidence by two means: (1) a sense of fulfillment of patients' needs, and (2) the way of returning to nature.

1.1.1 A Sense of Fulfillment of Patient's Needs

Both Thai breast cancer survivors and Thai nurses agreed that care practices in CAM were additional therapies that patients chose in order to accomplish their goal of complete treatment. A 45-year old Thai breast cancer survivor who first decided to be treated with alternative medicine before returning to be treated with Western medicine, eventually using both ways, mentioned,

"Alternative medicine is like giving me another means of encouragement. It cannot help the treatment. However, it is encouraging, when the doctors are unable to cure us, this might be a cure for me. I think it's like one way of hope. Personally, I believe it can help cure us, so I think they can go together." (P4)

A 47-year old woman with stage II breast cancer who believed in both Western and alternative medicine stated that, while she agreed with modern treatment, she also wanted the alternative medicine as another help. She said,

"In my opinion, I accept both modern and traditional Thai medicine. First, because we are the patients, we must be under the discretion of the doctor who prescribed the medication. Second, we have our choice of drugs. We might have had grandparents who took them before, and when we take them ourselves, they were good for us too. So, we should choose both. I understand that Western medicine should be this or that way, but I cannot do it only that way. So I need to find some sort of assistance, and I think herbs can help me. In my opinion, I think that if we think that anything is useful to ourselves and we can accept this, then we should choose to do that."(P10)

A 57-year old Thai breast cancer survivor who decided to use CAM to promote her health and well-being after completion of Western treatment shared her reason as below,

"I let physicians confirm my diagnosis and then conclude how to treat me. After medical treatment is completed, I gradually consider which part can promote my health. This is my view. For example, I will follow the steps of treatment: surgery, radiation, or chemotherapy. I am okay with that. However, for the self-care part, I think that we have to find what the risk factors for this disease are: food, stress, or do not exercise. Then I use alternative medicine. I use natural and local products, such as food, air, psychology, and culture to fulfill in the areas of treatment." (P8)

A 40-year old Thai community nurse who had been working closely with Thai breast cancer survivors who used CAM at least twenty years shared her thought that some Thai breast cancer survivors selected CAM in their care practices because CAM could answer some questions in patients' minds about whether they have done excellent jobs in taking care of their health. As she said,

"Western medicine cannot meet all psychological aspects of the patients. However, the fact is that all people have spiritual needs. They need confidence and need encouragement. They need something(s) that can answer the question(s) in their minds whether they have done excellent jobs in taking care of their own health. You know, because they have seen some people who have been treated with Western medicine die. They are not sure that with Western medicine treatment, they will get 100% better. I think they need the confidence about what else can help them to recover. Perhaps, CAM is the answer for them." (N12)

Likewise, a 46-year old Thai nurse with twenty-five years of work experience in taking care of Thai breast cancer survivors agreed that care practices in CAM might help to fulfill patients' confidence. As she said,

"I think with Western medicine, patients accept to be treated because they have to. If not, they may die. If they do not accept, doctors may not take care of them; doctors may not treat them. They perceived that, 'Well, if I have cancer, I need chemotherapy to kill this disease.' In the meantime, they also thought that alternative medicine may help these cells grow slowly and to not spread to other areas. Whether it helps to kill cancer cells? How many cancer cells collapsed? They do not know. If asked whether patients who used herbal medicines are 100% sure or not? They are not. Even with the Western medicine, they are not 100% sure. When doctors tell them, doctors will say in general because no one can tell that you will get 100% well. So when patients know that they have cancer and will not get 100% well, they must find another way to fulfill to be 100%. It is like an encouragement to fulfill them." (N9)

1.1.2 The Way of Returning to Nature

Back-to-nature was described as one meaning of care practices in CAM by both Thai breast cancer survivors and Thai nurses. For example, a 48-year old Thai breast cancer survivor used herbal medicine in parallel to modern medicine since she found that she had breast cancer and because she believed that nature was helpful for her health.

"It's like, I do not live with too much science, but I live with nature. I think we come from nature and have been close to nature since we were born. So I think that natural remedies can work if we use them in the right way. So I think we are born from nature. We should use nature to our benefit. For cancer, it might take too long to heal naturally, but with science we can cut it off. Then gradually let the natural treatment help the scientific one. That is, doctors help the body; however, natural treatments help the psychological aspect."(P1)

A 50-year old Thai breast cancer survivor shared her experience of using meditation instead of using a pill to reduce her symptoms from the side effects of chemotherapy as she realized that sometimes medicine did not work, but natural treatment would. She said,

"During the last time, the fourth course of chemotherapy, I had severe vomiting and fatigue. I had to come to the hospital. I felt dizzy. However, I thought that if we went to the hospital, the doctor would only prescribe anti-allergy pills. So, I lay down and did meditation because if we just thought about it, we would get even dizzier. So, I let it go and forgot my pain. I think that anti-allergy medicine doesn't always work. Sometimes, taking oral pain medicine doesn't work, but returning to our nature like doing meditation can heal our illness very well. It does in some way."(P12)

A 57-year old Thai breast cancer survivor stated that being diagnosed with breast cancer led her to back-to-natural food. *"When looking back at food, I saw that grilled food, fried food, and fast food were my favorite foods. So I thought, these are risk factors of cancer or not. So I reduced these foods and chose more natural food. Natural food is eating organic food, reducing meat, but increasing more fruits and vegetables. I think it links to natural healing.*" (P8)

In addition, meaning of care practices in CAM as the way of back-to-nature also was supported by the two nurses' responses stating that care practices in CAM were natural treatments.

"Alternative medicine is whatever that can change lifestyle from using chemicals to not using chemicals, but using natural products instead; these would be the alternative medicines. I think these drugs are extracted from nature. So they must be useful. I also think that anything that is needed to balance, it should come from

nature. We just do not know how much we need to be balanced because nobody studies about it in depth. If I were asked whether I agree with it or not, I agree. However, we need to consider if those products have side effects or not. Anyway, I also believed that the side effects that occur in nature, they must be balanced by nature. We just need to know which one we should take in order to balance our body. That's it."(N9)

"Alternative medicine is a natural treatment, such as herbal treatments. It's the choice of patients for their peace of mind." (N15)

1.2 Emotional and Psychological Healing

The meaning of care practices in CAM was also identified as emotional and psychological healing. The categories of this theme included (1) encouragement from surrounding people, and (2) a calm and peaceful mind.

1.2.1 Encouragement from Surrounding People

It was evident that one important meaning of care practices in CAM of Thai breast cancer survivors was meaningful support from significant others, such as family members, friends, or neighbors to the patients. For example, a 48-year old Thai breast cancer survivor shared her feelings about how her father took care of her when she got sick.

"When my body was covered with edema, my dad applied a steamed herbal compress for me. Whatever I liked to eat or he heard it was good, he planted, such as Beijing grass, bill [thunbergia luariforia linn], and pae tam pung [gynura divaricata DC]. Sometimes, my dad took dried bill and blended it with other herbs for me to eat. It seems like I do not take care of my father, but instead he is taking care of me." (P1)

A 45-year old Thai breast cancer survivor reported that she received good support from people around her when she was suffering from chemotherapy. She gave an example of one neighbor who prepared Thai herbs for her as follow.

"When I received the chemotherapy, my neighbor recommended that I eat herbs, because his child was sick with leukemia. The hospital could not do much of anything. He went to get herbs from a monk; his child would be able to live because of this medicine. He believed this. So he recommended that I do this. He was very generous to me. You know, he boiled some for me too. So I tried it. You know, people around me encouraged me a lot." (P4)

Similarly, a 47-year old Thai breast cancer survivor shared her story about how gracious Thai elderly people were in terms of sharing their knowledge about herbal medicine.

"I have learned a lot from elderly people who are experts in herbal medicine. They will tell me what I can eat and what it looks like. They will bring it to me too, like 'Uncle' who lives in Don Thong village. He brought a plant to me. The uncle said that he knew this plant from a pilgrim he met. Then, he recommended it to acquaintances. So I learned from him. I would say that this is my fortune to have love from people around me." (P10)

In addition, the three Thai nurses perceived and confirmed the facts from their experiences in taking care of Thai breast cancer survivors who used CAM that care practice in CAM was a pillar of emotional and psychological support from family members and friends for Thai breast cancer survivors, as described below.

"I think it (CAM) is psychological support. I have never seen if it could help tumor collapse, but I have seen they (patients) are happy. They have hope. They hope that as some person(s) got better by taking this herb, they would be better too. It's like

helping the psychological aspect. It shows the love from relatives or friends who are trying to find the good stuff for the patients as they are concerned about the patients. There are two advantages, mental support from persons who are bringing the good thing(s) to the patients and mental support from things that they are bringing." (N1)

"I think herbs help in preventing rather than treating. If they have been diagnosed with breast cancer, it cannot help in terms of treatment, but it can help the mental support, mental support from their family members. Because when they have a good support or good care from their children, patients can live longer. It is like the mind heals the body." (N11)

"It (CAM) is good in terms of mental support. If mental support is good, power will come. In general, we think that people with cancer must be suffering, but actually it is not true. I have seen that many Thai breast cancer survivors who used CAM have good support. They are stronger than us. They can tolerate more than we do. With encouragement from their significant people, they will not be weak and are able to fight it out." (N12)

1.2.2 Calm and Peaceful Mind

The meaning of care practices in CAM in terms of emotional and psychological healing was identified in the second category as an achievement of a calm and peaceful mind. Thai breast cancer survivors mentioned that care practices in CAM helped them to walk away from the shadow of an agonizing illness experience. For example, a 48-year old Thai breast cancer survivor shared her story of how prayers changed her personality.

"In the past, I used to be a serious person. If there was something anxious, I would think about it overnight and could not sleep. However, since I have been sick and prayed, I am not. Prayer gives me mental peace. Prayer helps me to concentrate

on the chanting prayer. Prayer makes me peaceful. I stop thinking about the chatter. When my breast was cut off, I thought too much about my body image. I was afraid that my husband would leave me one day. I was so stressful. Later, when I practiced dharma and pray, I do not depend on him. I can let him go." (P2)

Likewise, a 58-year old Thai woman with stage II of breast cancer who has survived for fourteen years after breast cancer diagnosis explained that, "*At first, I could not calm down, so I decided to be a nun. I ordained for twelve days. Since then, my mind has been better and calmer. I told myself, 'Let it go. I am not alone.' I felt a lot more relaxed. Today, I don't even think about it."* (P13)

Interestingly, a 50-year old Thai breast cancer survivor who used to be a Buddhist but had changed to be a Christian after she knew that she had breast cancer explained how important God and prayer were for her. As she said,

"God gives me a new heart; a patient mind; and a peaceful mind in God. I always have God all the time. I am not alone. God chose me to be a strong woman and to be able to survive. This does not mean that life with God is always perfect, but it means that we will have a patient heart. Being a Christian has given me more perseverance and a stronger spirit. When the doctor sees me, he says that I am in recovery because of bright expression and positivity. I feel like I have a new heart, a joyful heart. Now, I am pretty strong, with nothing new happening. I come for follow-ups, as usual. It seems like the doctor takes care of the physical aspects, but I believe that the mental aspects rely 100% on our faith." (P17)

Thai nurses also expressed the meaning of care practices in CAM as a source of emotional and psychological support that provide a sense of a peaceful and calm mind for Thai breast cancer survivors. Accordingly, the general informants in this study supported care practices in CAM in some points, such as when those CAM

methods have proved to be evidence-based or religious activities (i.e.: meditation or prayer.) As can be seen, three Thai nurses who worked in different departments expressed the same views regarding CAM as an emotional element. First, a 48-year old nurse who had been working at the surgical section of the out-patient department said,

"I have seen those who meditate, they look fresher and more peaceful than those who do not meditate. Compared to the group relying on religion, those who do not rely on religion seem to have higher-stress and be more worried, whereas, people who do meditation seem to be more accepting, calmer, healthier, and fresher. They can smile after chemotherapy is completed. So I think meditation would be good." (N8)

Likewise, a 49-year old nurse from a surgical in-patient ward, who also had been a consultant for the Thai breast cancer survivor support group, stated how CAM helped to increase mental support for the patients. As she said,

"I think alternative medicine helps with the mental part. They (patients) do not think it will help in recovery from cancer, but it only made them calmer and more accepting of the disease. It's like the accumulation of merits so that if one day they pass away, they would go peacefully. Death was certain, but before death, they asked for peace. As for psychological care with prayer or meditation, I am okay to support these methods by preparing the chanting books and plan other religious activities for the patients in order to make them happy." (N10)

Last, a 48-year old community nurse expressed her view regarding the meaning of care practices in CAM in terms of mental gain. When asked how alternative medicine was helpful, she replied that,

"I think alternative medicine is good because it helps to support the mental aspect a lot; and now there is a lot of research on this issue. So I think it should be reliable to some degree and can be applied. However, it is not necessary for every disease. We should consider about its advantages and disadvantages. I do not say, "No", if the patients want to use it (CAM) because it helps mental support a lot. You know, if they have a good mental state, everything might be a little better. For me, I think alternative medicine may help them to be more peaceful, calmer, and more accepting of the disease." (N13)

1.3 A Powerful Physical Healing

While Thai nurses perceived that care practices in CAM were more meaningful in terms of a source of emotional and psychological support, Thai breast cancer survivors themselves additionally perceived its meaning as a source of physical remedies. There were two subcategories in this theme: (1) reducing side effects from conventional treatments, and (2) nourishing the body.

1.3.1 Reducing Side Effects from Conventional Treatments

Many Thai breast cancer survivors in this study had bad experiences with side effects of Western medicine, particularly, from chemotherapy. However, they mentioned that alternative medicine helped them to go through these agonizing experiences. Five Thai breast cancer survivors talked about the advantages of Thai herbs. For example, a 49-year old Thai breast cancer who took three kinds of herbs (including phu khao, Beijing grass, and ganoderma lucidum) since the beginning of chemotherapy, believed that these herbs helped to reduce side effects of chemotherapy. As she said,

"I believe in my own medicine. After taking these three products, people said that I do not look like a cancer patient, as I do not have any symptoms. My skin is not dark. Just a little dark nails. No eyebrow hair loss, just hair loss. I do not know how other people feel, but for me, I had nausea and vomiting just a few days. After that I was okay. Not dizzy. They said that I would have numbness, but I did not have it. I could eat, sleep, and gain weight. No other symptoms at all. I really do not know why. It might be due to many things together, but herbs must be one part."(P14)

A 50-year old Thai breast cancer survivor accepted cryeoong, one type of Thai herbs, as a method of health care. Therefore, although she knew that a doctor would prescribe anti-nausea vomiting drug for her, she prepared her body by taking this herb before receiving chemotherapy. She said, *"During chemotherapy course, a doctor gave me dexamethasone injection to reduce nausea and vomiting. However, I also took cryeoong. If we had cancer, taking cryeoong one month before receiving chemotherapy would be helpful in terms of reducing nausea and vomiting symptoms. It's like health preparation because I believed that cryeoong is one of my health care methods." (P12)*

Similarly, a 24-year old Thai breast cancer survivor also shared her belief about the benefit of cryeoong in terms of reducing nausea vomiting. As she said, *"If you talk about how I was when I got the chemotherapy, I didn't really have an allergic reaction to anything. I was nauseated, but did not have vomiting. I am not sure if that is the result of taking cryeoong or not, but it might be."* (P9)

Two other Thai breast cancer survivors talked about the advantages of Thai herbs. The former said, *"Previously, I felt hot, but after eating yanang, [one type of Thai herbs], I felt like it was better. The ulcer in my mouth was better. So I think*

yanang is a therapeutic cooling drug that helps to reduce high body temperature from chemotherapy." (P1)

The latter said, *"They are pretty good. They have made me survive until now. I didn't have side effects of chemotherapy. Perhaps, it was eating moringa, [one type of Thai herbs], that helped me to not have side effects. Other people sometimes were dizzy, but I was not. I didn't feel dizzy and I didn't vomit. I felt like a normal person."* (P10)

In addition to Thai herbs, there was one Thai breast cancer survivor who believed that prayer helped her to be able to take all chemotherapy courses. As she said,

"The first time that I received chemotherapy, I could not eat anything and vomited all the time for about three days. The second time, my sister told me to pray any chapters that I wanted. So when they started my injection, I closed my eyes and prayed that, 'Today I come to receive chemotherapy. My body comes here to receive chemotherapy. I wish the good cells will not be hurt, but the bad cells will be destroyed, please. If I get better, I will make a merit to them, to the cancer cells.' I prayed like this. 'Let me eat. Do not let me give up.' Believe it or not, the second time, I never vomited. I ate like a pregnant woman. Although my mouth was burned, I was able to eat everything. People said 'You look more beautiful than those who do not have cancer.' Some cancer patients might have dark faces, but I did not." (P2)

1.3.2 Nourishing the Body

From the analysis of transcribed interview data, CAM was seen as body nourishment. Six Thai breast cancer survivors who took various types of herbs noticed that their blood tests were good after taking herbal medicines. They believed that herbal medicines helped their physical systems to function better. As they said,

"They (herbs) are very good. I am not having pain or fatigue. At first, I felt pain in my joints. However, as I continued taking them, the pain disappeared." (P3)
"They (herbs) are good. When I had blood tests, my blood was good and normal." (P4)

"They (herbs) make me feel good. It seems my body is strong. My body is healthy. It seems like I do not get sick. You know, it helps the digestive system. I feel energized and my mind is so relaxed. Alternative medicine seems like it helps to clear the toxins. When I eat it, I feel refreshed. I feel that way. That's why I try to eat it." (P6)

"They (herbs) are pretty good. My blood count isn't low. Whenever I had a chemotherapy appointment, I was able to do the treatment; there were only a few times when I couldn't. My platelets were very good." (P15)

"Now, I eat herbal anti-cancer capsules. They said that they help the lymph system. They make me feel good. My blood and my serum are both good." (P16)

"From my experience, they (herbal medicines) make me stronger. Most patients will have low white blood cells when receiving chemotherapy, but, after I took these herbal products, my blood tests were good. They said that they enhance antioxidant substances and do not have side effects." (P14)

In addition, one Thai breast cancer survivor who also was diagnosed with diabetes believed that although she has health problems, she is as healthy as the general public population because of her care practices in CAM. As she said, *"In general, if patients with diabetes have high blood sugar, they may get worse, but I did not. If I was asked whether my body is bad or not, it is not bad. My body can fight. It's not fatigued like normal people because I take both Western medicine and herbal*

medicines. Western medicines help to control sugar, whereas herbs help to nourish the body. They complement each other." (P10)

Lastly, a 52-year old Thai breast cancer survivor who took *aungab leaves*, [one type of Thai herbs], for about one year before she decided to get surgery, believed that due to this herb, her recovery was very quick. As she said, *"In a book, it stated that they helped to promote health and wound healing. I felt like my wound healed very quickly."* (P11)

In summary, both Thai breast cancer survivors and Thai nurses perceived a meaning of care practices in CAM as an additional beneficial choice for health which included two subcategories, including: a sense of fulfillment of patients' needs and the way of returning to nature. Care practices in CAM also promote emotional and psychological healing, which can be described as the encouragement from forcing on a calm and peaceful mind. Finally, according to the patients, care practices in CAM promote a powerful physical healing, included two subcategories: reducing side effects from conventional treatments and nourishing the body.

(2) Performing Care Practices in CAM by Thai Breast Cancer Survivors

The results of this study showed that performing care practices in CAM by Thai breast cancer survivors can be categorized into two phases, including (1) seeking and gathering CAM information and (2) trying out many types of CAM. The information is provided as follows.

2.1 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. For example, a 48-year old with stage III of

breast cancer who had used various types of herbs said, *"I do not take them without first having knowledge. I must study hard before using it."* (P1). Similarly, a 47-year old Thai breast cancer survivor who also had used herbs in her care practice said, *"I did research before taking them. It's not like I eat everything that other people eat. I must study about how everything is."* (P10) Another Thai breast cancer survivor who had changed her diet by consuming more vegetables and fruits after a diagnosis of breast cancer confirmed that she chose this way because she had already studied about it. As she said, *"I choose this way not just because of beliefs, but it is the fact that everyone knows that fruits and vegetables are beneficial. They would not have anything bad. I study before I eat. I do not believe in 'pot drugs' [pre-mixed, store-bought herbs that are traditionally boiled together in a clay pot], but I already studied and know that fruits and vegetables are excellent. They are beneficial."* (P8)

Regarding CAM information resources, the results of this study showed that Thai breast cancer survivors sought out CAM information from several sources, including (1) a suggestion from family members, friends/ neighbors, and other breast cancer survivors, (2) an anecdote from media resources (i.e., television, radio, and the internet), and (3) a report from books, magazines, or newspapers. The information is provided below.

"I began to be interested in herbs because one of my friends who was concerned about me told me that there was an alternative medicine dotor. He used alternative medicines to treat his own nasal cancer. My friend wrote a letter to him, and he said that breast cancer patients who were treated with chemotherapy experienced side effects from the treatment, such as an enlarged liver. He recommended taking "luk tai bai" (phyllanthus amarus) to promote health, not as a remedy. So I tried taking that in tea form" (P1)

"I have a friend, my neighbor, who sold cryeoong. He showed me a video about cryeoong. So I tried it" (P7)

"I read about them in the newspaper. They wrote about cancer treatments. So I tried them, but I was not sure. I just ate them." (P11)

"I read about it in books. In the books they wrote that it could cure cancer. So, I thought it wouldn't be hard to do." (P13)

"I have a friend who is a Thai traditional medicine doctor, so I know about herbs. I do not eat silly things. There is evidence to support these things out there." (P14)

Regarding the perceptions of Thai nurses, they reported that the influential person(s) in Thai breast cancer survivors' making decisions to use CAM were people surrounding them, namely family members, friends, and other breast cancer survivors, as noted in the information below.

"Sometimes, they may see other people get better after taking those things. So they want to try some. Their neighbor(s) may suggest, 'Try this medicine, maybe it can help.' Then they try it, things like that." (N2)

"These patients are close to each other. So they share information together." (N3)

"Hearing from people who are close to them may help them to make decision(s) about using alternative medicine easier. It's like the choice of patients. It is their rights." (N7)

"Most of them (patients) use herbs and other drugs because of word of mouth. For example, there may be a cancer patient who had used some product and still had a follow-up here. She may recommend those products to other new patients, something like this." (N15)

After learning about CAM from those who had previous personal experiences with CAM, some Thai breast cancer survivors decided to consult their health care 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, but I must determine which one is appropriate." (P7)

Similarly, when asked why she decided to disclose her care practice in CAM with her doctor, a 24-year old woman with stage II of breast cancer stated that, "*Well, I wanted to consult a doctor to see if I could eat this drug or not."* (P9). A 48-year old Thai nurse agreed that some Thai breast cancer survivors would consult health care providers before using CAM as they were reluctant in their choices. She said, *"Sometimes they (patients) may consult us that they take both Western and alternative medicines. Do they affect each other? They may ask us because they are not sure about what they are practicing."* (N8)

Unfortunately, some Thai breast cancer survivors decided to not disclose CAM practices to their doctors because they were afraid of disapproval from the doctors, as the information below indicates.

"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)

Likewise, Thai nurses also reported that being afraid of disapproval was a barrier of disclosure to a doctor for some Thai breast cancer survivors, as follows.

"At first, they usually do not tell the doctor because they are afraid that doctors will disapprove of them. Some of them will first ask whether or not they can get this treatment. If doctors say "No," after that, they will not tell what they are taking anymore." (N1)

"Most of them may be afraid that we would disapprove of them because sometimes herbal medicines are not much acceptable. So, they do not dare to tell us that they are taking herbs. Most of them will not tell us." (N2)

"They would not tell doctors because they were afraid that doctors would not do a surgery for them, something like this." (N10)

"If we do not ask, they will not tell because they fear that doctors will disapprove of them." (N12)

Interestingly, when comparing between a doctor and a nurse, the result of this study showed that Thai breast cancer survivors disclosed about using CAM to a nurse, rather than a doctor, due to trust and time issues. 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 do not care about something, we don't want to talk. If we talk to someone, and they give us an ugly face in return, we will feel bad. Where is our happiness? You make me feel stressed again." (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 did not tell him (a doctor), but I told a nurse because I am familiar with her and thought that she would tell the doctors. However, I could not really tell my doctor directly because I was afraid that the doctor would question why I wouldn't take medicine if I was being treated in a hospital*." (P4)

The majority of Thai nurses mentioned that some Thai breast cancer survivors chose to disclose about CAM practices with them because of the nurses' personality. The information was as follows.

"*If compared with doctors, they talk to nurses more than doctors. Like when we visit them at home, they would talk to us because nurses are more friendly than doctors. So patients trust us."* (N13)

"*We usually know before doctors because we are closer to patients than doctors. We have more time to talk with the patients than doctors do."* (N9)

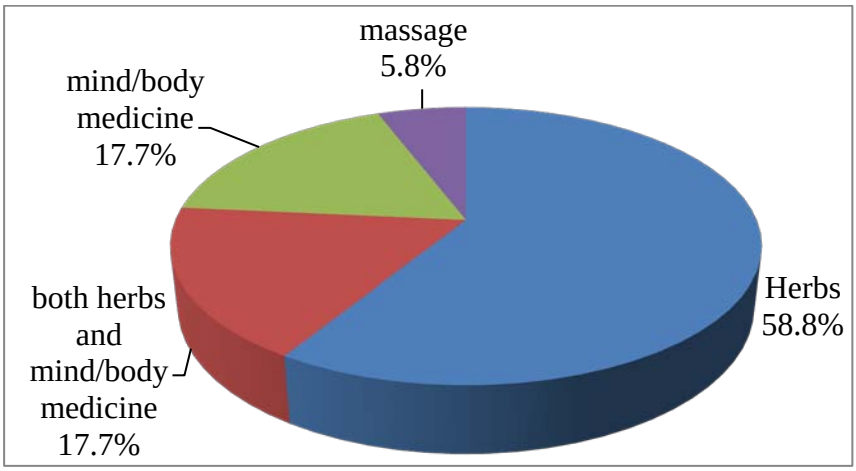
"They (patients) usually choose to tell us first. I think it may be because of a trust and a friendly personality of nurses, as we will not judge their decision-making." (N1)

"*It may be a trust because we talk to them and they trust us. They then tell us what they are doing. Usually, they will tell nurses rather than doctors."* (N3)

2.2 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 (1) herbs, (2) mind/body medicine (i.e., meditation, prayer, or listen to Buddha preaching), and (3) massage. With these types of CAM, the results showed that of seventeen Thai breast cancer survivors, ten participants (58.8%) used herbs, three (17.7%) used both herbs and mind/body medicine, three (17.7%) used only mind/body medicine, and one person (5.8%) used massage for their care practices (see Figure 4-1)

Figure 4-1 Types of CAM Used by Thai Breast Cancer Survivors (N = 17)



Regarding herbs, the findings showed that Thai breast cancer survivors used herbs in different forms, either fresh herbs or herbal capsules. However, the finding showed that most Thai breast cancer survivors stated that they preferred taking fresh herbs as food ingredients rather than herbal capsules. As a 45-year old Thai breast cancer survivor said, *"I eat moringa. Other people eat it in capsule form, but I eat fresh moringa, like in a curry, something like that. I also drink fresh-squeezed yanang."* (P15)

Similarly, two other Thai breast cancer survivors reported that they usually cooked with Thai herbs.

"I do not take it as a capsule, but I boil it and eat with chili sauce or cook a curry with fresh moringa. 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. In addition, I do not eat herbs in capsule form because I only believe in them fifty-fifty. I don't know what medicine they mixed into the capsule, so we do not know if it is pure or not." (P4)

"I only eat fresh products that are produced near my home. For example, moringa, yanang, galangal flowers, banana blossom, and three types of mushrooms. I eat them with chili sauce." (P13)

More interestingly, a 48-year old Thai breast cancer survivor used food as medicine to relieve her symptoms. She said,

"Food as medicine is in line with natural healing. When some people talk about drugs, they do not want to eat them. Why do we need to take so many drugs? So, I use food as medicine. I can evaluate what foods can help to relieve symptoms. For example, if I am unable to sleep, I eat neem because it helps me to sleep easy. If I have constipation, I eat moringa. Otherwise, I can eat papaya. If I have flatulence, I would stir-fry ginger, brew ginger tea, or eat turmeric. I think food as medicine." (P1)

In contrast, some Thai breast cancer survivors stated that they took herbs in capsule form which they prepared by themselves or bought from a place that had quality control (i.e. drug store). The information is provided as follows.

"I only take medicine that is contained in capsule form because it looks like a traditional medicine." (P11)

"I did not buy it from others because first I do not know anything about cleanliness. Second, I do not know whether or not it has been contaminated or not. Maybe they mixed other leaves in there; we really have no idea. If we make ourselves, we are sure that it's okay and it's 100% safe, and we can eat it." (P10)

"At first, I ate uncooked aongurb. It smells bad. It's very difficult to eat. So I solved the problem by drying and boiling them. I also buy it from communities where the president of the community sells it. Phromphiram community [a district in Phitsanulok province] makes it to sell. I have chosen people I trust. So there's no

mold or whatever. Sometimes I dry some that I planted myself and then boil them." (P5)

"Sometimes, I am not sure if I should buy it from drug stores because I am afraid of being mixed with other things. I do not know if it passed an anti-fungal process or if it is expired. If I do buy it, I buy it from a place with standards. I buy the ones that have already been dried out, and then bake them again before pounding them into powder for a capsule so that they are convenient to eat and carry." (P1)

Similarly, a 39-year old Thai nurse described how the pattern of CAM use by Thai breast cancer survivors has changed.

"As today there are a lot of media and a lot of neighborhoods who have been diagnosed with this disease, they have many channels to get information. Six years ago, we might see they bought these products from a general market. Today they will buy expensive products that have quality control." (N1)

In addition, the study also found that Thai breast cancer survivors who used herbs in their care practices preferred to try out various types of herbs rather than using only one specific type. That means once they made a decision to use a specific CAM type in their care practices, they might change their minds to try the new ones for many reasons and at any time point. For example, a 58-year old Thai breast cancer survivor, who took a variety of herbs (i.e., Beijing grass, mulberry tea, pae tam pung, turmeric, and paniculata) and also practiced meditation for her care practices, explained her reason to try these CAMs. *"When I was diagnosed with breast cancer, whenever somebody recommended that something was good, I would try it. I just try it. I tried to eat these herbs because they were harmless."* (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. 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 herb did not work for them.

"One alternative doctor, who used to treat breast cancer, recommended me to eat ganoderma lucidum capsule, a mushroom grown from the stone. One tablet costs about six baht. I tried it for about two years, but I felt that it was not helpful. I am not sure because there is no quality control. So I stop eating it." (P12)

"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. It depends on the individual(s). It was not my option. So I stopped taking it." (P2)

"When I ate those herbs, everything was normal, but the lump did not disappear. They said it is an herbal medicine that combats disease, but when I ate it, it did not change anything. So, I've stopped eating it now and I take drugs of Nu Life instead." (P6)

Thai nurses confirmed that Thai breast cancer survivors would prefer to try out a variety of herbs as they tested to see if it would work for them and also due to the motivation from other people around them. The information is provided as follows.

"They (Thai breast cancer survivors) use various types and change indefinitely. If this type does not work, they will move to a new one, like shopping around." (N7)

"They (Thai breast cancer survivors) usually take various types. They will change on the recommendation of their friends. Sometimes, they may see someone took that herb and they got better. Then they try it out. If they take some product, but tumor is not reduced, they move away from that product and find out a new one, things like that." (N1)

"They use a variety. Whatever someone said it is good, they will try it out as long as they can pay for it. Otherwise, they will plant that herb by themselves. For example, someone who said moringa is good, they plant the moringa. Someone who said bitter gourd is good, they plant the bitter gourd." (N12)

"As I have seen, it is because they are not better. Otherwise, they may hear about the new product from other people. Then they change to try that one. They just try based on the hearsay of patients. In addition, it may come from the propaganda of big companies, who sell those products and said that they are good. Then they try those out." (N10)

"Cancer patients want support from people, so they consult many people. Whoever recommends that this is the better choice, they will follow that. They also try indefinitely. Like diverse shopping and so on. They do not stick to one thing." (N13)

If asked when 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. The supporting information is provided as follows.

"Most patients use many types of herbs and they begin to take herbs after they know that they have cancer. Before that, they are not interested in herbs, but after they are diagnosed with cancer, they think of herbs." (N11)

"Most of them begin to take herbs once they know that they have cancer by receiving information from friends and relatives. Some persons will take example of product for others to try it out first. If it is good, they will buy it." (N12)

"I think they began to think about CAM when they know that they have cancer because before cancer diagnosis, their life is going well. It is like, 'Do not shed a tear until you see the coffin.' Most people are that way, but when we know that we have cancer, we try to escape from death. Anyone knows that she is going to pass away. She must find the way to survive. So whatever someone suggested that is good, they need to try it." (N9)

Three Thai breast cancer survivors mentioned that they were involved in religious activity because of their breast cancer diagnosis.

"Personally, in the past I did not like to go to the temple. I made a merit, but I did not study dharma much, something like this. When I got sick, I thought that I must study seriously." (P2)

"Actually, my father has been taking me to the temple since I was a child, but I was not strict; I just got it after I was ill." (P1)

"In the past, when I was not sick, my mother would go to the temple every day. Now since I have been sick, I go to the temple instead of her." (P12)

Likewise, three Thai breast cancer survivors also began to take herbs after they got breast cancer.

"I have never taken them (herbs) before because I actually was a healthy person, because I am usually concerned about food. " (P14)

"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, things like that." (P11)

"I started to take it when I found out that I had cancer, a little bit before surgery because most people said that it could cure cancer." (P16)

In summary, the participants reflected that most Thai breast cancer survivors started to perform care practices in CAM immediately following a diagnosis of breast cancer. They sought out and gathered CAM information from several sources, such as people around them, media resources, books, magazines, or newspapers. In addition, some Thai breast cancer survivors decided to consult with their health care providers about CAM use; whereas, some of them might be afraid to disclose about CAM to their health care providers. Thai breast cancer survivors preferred to disclose CAM use to nurses rather than doctors due to personality and time issues. After gathering information about CAM, Thai breast cancer survivors would try out various types of CAM rather than use only one type because of information from other people and their own evaluation of CAM outcomes.

(3) Influencing Factors for Selection Care Practices in CAM by Thai Breast Cancer Survivors

From the analysis of transcribed interview data, care practices in CAM for Thai breast cancer survivors were influenced by many factors, including: kinship and social factors, economic factors, and belief and lifestyle factors.

3.1 Kinship and Social Factors

When making decisions about their care practices in CAM, many Thai breast cancer survivors stated that they were influenced by kinship and social factors, including recommendations of family members, friends, and neighbors.

In terms of family members, a 48-year Thai breast cancer survivor said that she decided to take herbs in her care practices because of her father. She said,

"I have been interested in using herbs because my father knew about herbal medicines, as my grandmother was a traditional midwife. She gave him Thai traditional medicine textbooks, so he was an expert in herbs. When I was sick, he sought out and studied from his old textbooks." (P1)

A 57-year old Thai breast cancer survivor decided to use CAM because she had direct experience in taking care of her mother who was diagnosed with breast cancer and used CAM.

"After my mom was diagnosed with cancer, I have studied a lot. Whatever could be helpful for my mother, both alternative medicine and Western medicine. So from this direct experience, I have used it for myself when I found out that I had breast cancer." (P8)

Likewise, when asked what factor influenced her to change her lifestyle, a 50-year old Thai breast cancer survivor stated that, *"I fear because I had seen my mother who had breast cancer. She did not adjust eating because she had to raise her children. She did not take care of herself much. She had no knowledge and in the past there were a few alternative medicines. It was not widespread as today. So, as soon as I had breast cancer, I had bought books to read."* (P12)

Two Thai breast cancer survivors used CAM because their family members sold those products and then recommended they try those products.

"Well, my relative recommended them to me. He was just selling herbal medicines, as a traditional doctor." (P16)

"My nieces recommended them to me because they sold those products. So I learned from them and then practiced by myself." (P7)

In addition to family members, social factors were also identified in care practices in CAM. In this study, two Thai breast cancer survivors described that they received information about CAM from their friends. For example, a 49-year old Thai breast cancer survivor said that she first decided to be treated with alternative medicine because of the recommendation from her friend.

"At first, I did not want to be treated with Western medicine. My friend, a Thai traditional medicine doctor, recommended that I be treated with alternative medicine. She suggested to me to take herbal medicines. So at that time, I took herbal medicines for my self-care practice." (P14).

Similarly, a 48-year old Thai breast cancer survivor began to take herbs to promote her health and well-being when she completed chemotherapy at the recommendation of her friend.

"At that time, I had completed my chemotherapy, and my friend recommended that I eat aongurb as it could help to purify my blood. If the blood is well and lungs are well, we won't have any problems." (P5)

A neighbor in a community also could be the one who took CAM to Thai breast cancer survivors. For example, a 63-year old Thai breast cancer survivor decided to use massage in her care practice because she heard from her friend that it would be beneficial for health. As she said, *"My neighbors said that they had studied massage for health and that was good. Thus, I decided to take care of myself with massage, as well as to help others with massage."* (P2)

A 52-year old Thai breast cancer survivor also began to take herbs because of her neighbor. She said, *"My neighbor suggested that I take the "pot drug" herbs [store-bought, pre-mixed herbs]."* (P6)

Moreover, participating in a support group was also the influencing factor in care practices in CAM. As a 47-year old Thai breast cancer survivor stated, *"At that time, when I was diagnosed with breast cancer, I started to get involved with the volunteer club at Buddhachinaraj hospital. So, they suggested that I take herbal medicine."* (P10)

Lastly, media, such as radio, TV, the internet, and books, were also the influencing factors in care practices in CAM for Thai breast cancer survivors. For example, four Thai breast cancer survivors stated that they got CAM information from various sources, including books, radio, TV, or the internet, before making decision to use CAM.

"I heard about it on the radio, and then I found it in a book. I love to read books. The book stated that there are many types of therapeutic food that we can eat." (P3)

"I did research through books about cancer, through word of mouth from friends who have cancer, and also from the TV. I like to watch TV because I'm like this: I must learn about things directly because I want to have a long life." (P5)

"Anything I heard was good for health, I would read in the Chewajit book. Then, I also reviewed it from the Internet." (P1)

"*For me, I watch from the media and hear from my daughter who is a nurse. My relatives also suggested me about these things. Personally, I love to read books. I have books about cancer, anti-cancer food, and cancer care, as well as source of cancer. So I search from there and specify what I will eat. As I have read the research, this is an inspiration what I want to do. I do not believe anything simply. I study it first."* (P14)

Regarding the perception of Thai nurses, most of them reflected that the influencing factors for selection care practices in CAM of Thai breast cancer survivors depended on people around them, and then they will make a decision about their care practices by themselves. As shown in the following data.

"They usually derived information from their mothers or siblings who had cancer and did that way before. If there is no history of breast cancer in the family, they will seek out the information from their friends who were also breast cancer patients. However, patients will gather information from several people and then make the decisions by themselves what they will use in their care practices." (N1)

"In most case, it comes from hearsay that this herb can kill cancer cells. It may come from patients or from relatives who knew and have used that herb before. They will tell and share experiences together." (N10)

"Most of them receive information from neighbors and relatives who live in the same community." (N11)

"The social contacts around them, people around patients, including: persons who had been diagnosed with breast cancer, parents, siblings, or neighbors who live in the same village, are very important. If people around them have knowledge, they will be able to induce patients to be treated in the right way." (N13)

"Information comes from many sources, such as neighbors. Most of them are neighbors or people in the community who know about all kinds of alternative medicines. Then they recommend to the patients. In addition, it may be relatives of the patients who also can share experiences together." (N7)

"There are many factors that affect patient's decision-making. However, most information comes from their families, from neighbors, and also from their own needs. They do not want to die, but want to recover from the disease. So they find

their good stuff and try everything, like shopping around. It looks like people who fear death, so whatever they heard, it is good. They believe and want to try it." (N8)

Finally, two Thai nurses also mentioned that CAM information from media was also an important source that Thai breast cancer survivors used to learn more about CAM. As shown in the following data.

"Most patients used herbs and supplements that have been advertised on TV 24 hours a day. In this show, they will bring patients such as a cancer patient or a diabetic patient to announce how good it is to take that product." (N1)

"It would be the knowledge gained from searching by themselves: whether from reading books, from the Internet, or from someone who had experience before, as well as their interest. Because some people may recommend us to use it, but we may not be interested in that method." (N4)

3.2 Economic Factors

Economic factors were identified as a problem to perform care practices in CAM for Thai breast cancer survivors. Both Thai breast cancer survivors and Thai nurses reflected the cost of CAM as an important factor to continue or discontinue with those CAM practices. For example, a 52-year old Thai breast cancer survivor said that the cost of alternative products was a barrier to continue with CAM practices. She said, *"I used to eat some food supplement, but I do not eat it anymore because it is too expensive. I could only eat one package in one month. I took it for three sets, and then I quit. I quit because it is so expensive: two thousand baht ($66) for 120 tablets."* (P6)

A 49-year old Thai breast cancer survivor only chose a product that she could afford, instead of using a product that was too expensive for her. She said, *"Now, I eat rice germ oil. It's very cheap, only 12 baht ($0.40) per tablet. I do not buy other*

herbs, such as cryeoong or other herbs that are too expensive." (P14) In addition, a 47-year old participant said that the cost of a supplement product was a barrier to continue with CAM practices. She said, *"I ate the product from this company for several years, but it's expensive. So I decided to stop eating it. I felt good. I did not have pain and fatigue. However, it was too expensive for me because I have little income, just once a year. Thus, I decided to not eat it anymore."* (P3)

However, a 57-year old Thai breast cancer survivor mentioned that she realized how expensive CAM products were, but she still continues to use those products for her health. She said, *"Now I eat supplementary product of one company. I also drink mineral water from this company. It's a little bit over three thousand baht (>$100) to help the kidneys. Although I have no money, I am more concerned about my health."* (P7)

Regarding Thai nurses' views, they stated that economic factors were important for Thai breast cancer survivors to decide how to perform their care practices in CAM. For example, a 42-year old community nurse who had worked with breast cancer survivors for about nineteen years stated that, *"One influencing factor is money. For example, the rich will buy an expensive drug, whereas the poor will take herbs that can be planted at their home, things like that."* (N7) Likewise, a 49-year old nurse who has been working at the in-patient ward also saw the same thing. She said,

"As I have seen, breast cancer survivors may try the products of big companies. They try it. However, as they are expensive, they will stop taking these products by themselves when they cannot afford them. Then they talk to other cancer survivors to try another one. If they have that herb at home, they try it. I think it may be related to the money." (N10) Similarly, a 48-year old nurse from the out-patient

department noticed that Thai breast cancer survivors who used CAM were the persons who were able to afford it. She said, *"As I have seen, some cancer patients who used both ways together, usually, they are people who have the ability to buy good products."* (N8)

3.3 Belief and Lifestyle Factors

Thai breast cancer survivors and Thai nurses reflected that belief and lifestyle were a significant factor that could contribute to care practices in CAM among Thai breast cancer survivors. A 49-year old nurse shared her view regarding how beliefs in Thai culture affect the selection of care practices in CAM by Thai breast cancer survivors.

"Belief of Thai people is, 'If they take folk medicine, they would feel better.' Although side effects of herbal medicines may occur, it seems like they are not as severe as those from the Western medicine. They do not know how chemotherapy takes action with their body, but they realize about its side effects. They just realized that if they receive chemotherapy, they will be tired, have nausea, vomiting, and hair loss. On the other hand, if we ask them whether they get sick from side effects of herbs, they don't. So they decided to eat herbs." (N10)

A 40-year old Thai nurse also confirmed that sometimes it was not related to socioeconomic status, but it was just belief. She said, *"It is not related to education level. It is not specific to high or low education and high or low salaries. I think it is the nature of Thai people who still believe in this way (Thai herbal medicine). It is like a commitment in everyday life. Even someone who is a nurse also is interested in this way."* (N12) In addition, a 48-year old nurse shared her experience about one patient who used alternative medicine because of her personal belief. She said, *"I have seen one Thai breast cancer patient who used the alternative medicine. She*

always practiced dharma. She believed that meditation would help inhibit the growth of cancer cells because while practicing meditation, endorphin substances would secrete, and they would help destroy cancer cells by their own power. She believed that way and refused to be treated with the Western medicine." (N5)

Some Thai breast cancer survivors believed that herbal medicines were not as harmful as the Western medicine. So they tried them. As a 48-year old Thai breast cancer survivor stated, *"I think it is a folk medicine that is not dangerous. So I try to eat some."* (P1) Likewise, a 47-year old Thai breast cancer survivor agreed in the same way. She said, *"It's like this is the way that Thai people believe. There's no big loss with these kinds of things, especially herbal medicine. If it is not harmful to us, we will try to eat. We can try it. If it is good, we will get better. Most herbs are not harmful. Unlike Western medicines are dangerous drugs."* (P10)

In summary, care practices in CAM for Thai breast cancer survivors were influenced by many factors included kinship and social factors (such as family members, friends, neighbors, other breast cancer survivors, and media), economic factors, and belief and lifestyle factors.

Summary of the Findings

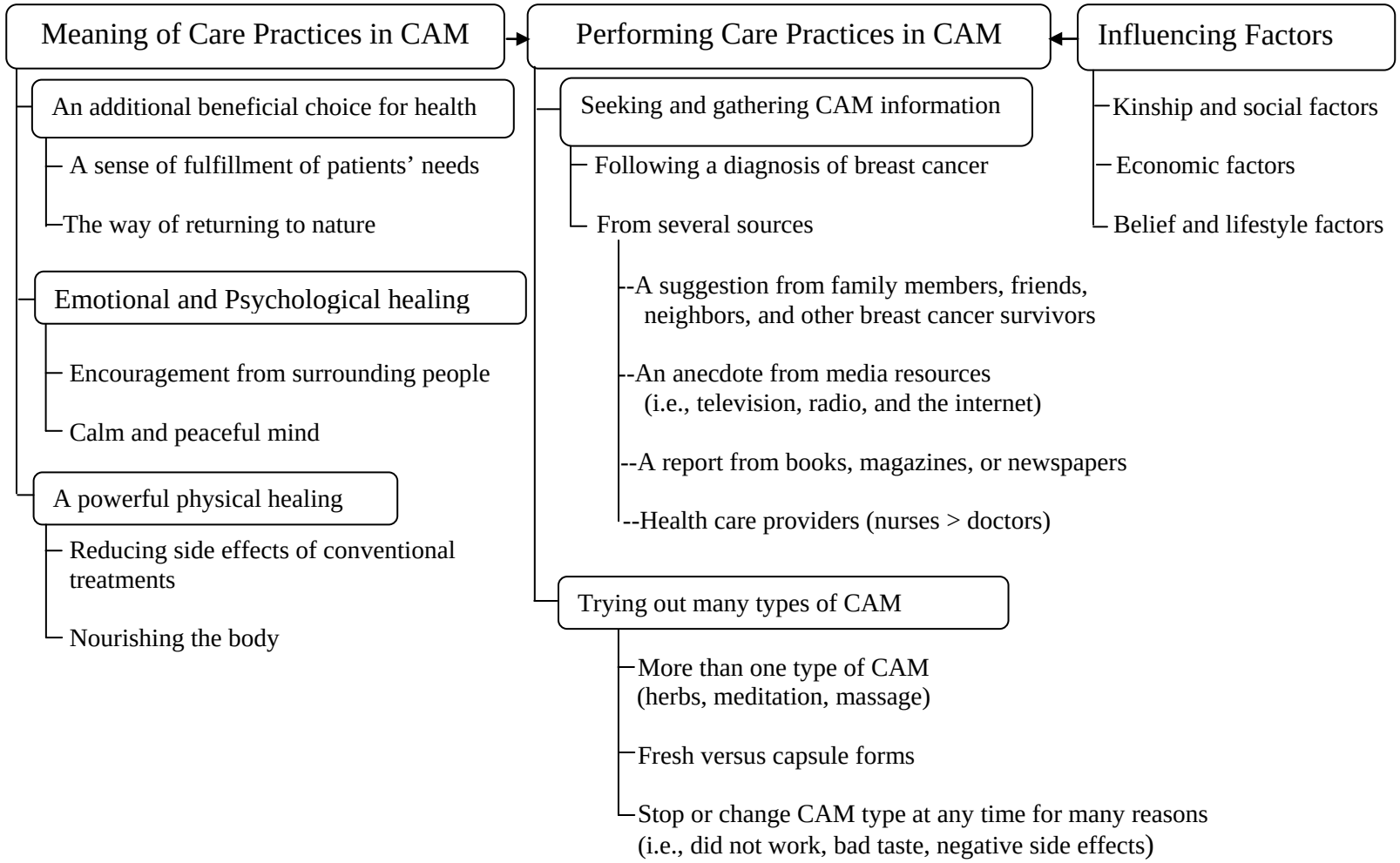
The findings of this study were identified by using the four phases of data analysis of Leininger (2002). The findings of the meaning of care practices in CAM, the performing care practices in CAM to promote health and well-being by Thai breast cancer survivors, and the influencing factors for the selection of care practices in CAM by Thai breast cancer survivors emerged from interviews with seventeen Thai breast cancer survivors who had used CAM in their care practices and fifteen Thai nurses who had taken care of Thai breast cancer survivors (see Figure 4.2, p.75).

The meaning of care practices in CAM were composed of three themes: (1) CAM was an additional beneficial choice for health (including: a sense of fulfillment of patients' needs and the way of returning to nature); (2) CAM was emotional and psychological healing (including: the encouragement from surrounding people and a calm and peaceful mind); and (3) CAM had a powerful physical healing (including reducing side effects from conventional treatments and nourishing the body).

Performing care practices in CAM by Thai breast cancer survivors was composed of two phases, including: (1) seeking and gathering CAM information; and (2) trying out many types of CAM. Thai breast cancer survivors began to perform care practices in CAM when they knew that they had breast cancer. Learning from several resources, such as people around them, media resources, and health care providers, helped Thai breast cancer survivors to make a decision about using CAM in their care practices. After the decision was made, Thai breast cancer survivors preferred to try out various types of CAM, depended on the information from other people and the evaluation of CAM outcomes.

The influencing factors for the selection of care practices in CAM of Thai breast cancer survivors was composed of three factors, including: (1) kinship and social factors (such as family members, friends, neighbors, other breast cancer survivors, and media), (2) economic factors, and (3) belief and lifestyle factors.

Figure 4-2 Care practices in CAM of Thai breast Cancer Survivors



CHAPTER FIVE

DISCUSSION

The purpose of this study was to explore cultural care practices in complementary and alternative medicine (CAM) of Thai breast cancer survivors. In this chapter, the findings associated with three research questions are discussed by using the existing literature: (1) meaning of care practices in CAM, (2) performing care practices in CAM to promote health and well-being by Thai breast cancer survivors, and (3) influencing factors for selection of care practices in CAM by Thai breast cancer survivors. Conclusions of the study are presented. Strengths of the study are identified. Finally, clinical implications, limitations of the study, and recommendations for future research are suggested.

Discussion of the Findings

(1) The Meaning of Care Practices in CAM

The findings about the meaning of care practices in CAM were derived from the analyses of transcribed interviews and accompanying field notes. The informants defined the meaning of care practices in CAM three ways. These meanings were (1) CAM was an additional beneficial choice for health; (2) CAM was emotional and psychological healing; and (3) CAM had a powerful physical healing.

1.1 An Additional Beneficial Choice for Health

Regarding the first meaning of care practices in CAM in this study, the informants defined care practices in CAM as the additional beneficial choice for health in addition to conventional medicine. This meaning may be reflecting the perception of both Thai breast cancer survivors and Thai nurses that they perceived CAM as another option in addition to Western medicine in order to promote health and well-being. This meaning is similar to the definition by the National Center for Complementary and Alternative Medicine (2011b), which defined CAM as a group of diverse medical and health care systems, practices, and products that are not considered part of conventional medicine; and the definition of complementary medicine as care practices that are being used along with standard medical care. In this study, "An additional beneficial choice for health" was described in terms of a sense of fulfillment of patients' needs and the way of returning to nature.

A sense of fulfillment of patients' needs described by the participants in this study can be interpreted as a fulfillment of their confidence regarding their treatments. This finding might be explained by the fact that Thai breast cancer survivors continued to have informational and emotional needs, but these needs might be totally unmet by health care providers. Consequently, they sought out complementary sources of information to support their needs; and it is likely that CAM may be able to fulfill needs that are unmet by Western medicine (O'Callaghan, 2011; Vivar & McQueen, 2005).

This finding is consistent with a previous study by Esch, Marian, Busato, and Heusser (2008), which reported that fulfillment of treatment expectations was a common patient satisfaction for people who used alternative medicine. Likewise, a comparative

observational study by Busato and Künzi (2010) also reported that comparing between CAM and conventional treatments, patients who sought out conventional or CAM treatment in Swiss primary care reported that CAM treatments provided a better fulfillment of patients' needs than the conventional treatments due to better patient-physician communication of CAM.

Although the participants in this study did not describe the feeling of dissatisfactions of Western medicine as the influencing factors pushed them into CAM world, they reported that they were not 100% sure with the Western treatment. Consequently, they sought out CAM to be 100% certain. One qualitative Thai study conducted by Sirisupluxana et al. (2009) reported that Thai women with breast cancer perceived complementary therapy as the cancer-controlling treatment that could control the spreading or recurring of breast cancer by four methods: eliminating toxins, taking cancer-inhibiting substances, starving cancer, and strengthening immunity. So, it is not surprising that the participants in this study felt more confident if they used CAM in parallel to conventional medicine.

The findings of this study are also congruent with other Western studies. For example, a cross-sectional study by Boon et al. (2000) reported that reasons to use CAM of breast cancer survivors in Canada were to compensate for failed conventional treatment, to stabilize the current condition, to prevent a recurrence of cancer, and to aid conventional treatment. Likewise, a cross-sectional study by Moschèn et al. (2001) reported that breast cancer patients in Australia used CAM because they wished to leave nothing untried and to complement conventional treatment. Moreover, a cross-sectional study by Rakovitch et al. (2005) reported that women with breast cancer in Canada used

CAM because they perceived that CAM could assist other treatments and prevent the spread and recurrence of cancer.

Similar to the participants in this study who reported that while they were under the direction of the doctors, they also needed to find other sorts of assistance for their health. A qualitative study by Vickers, Jolly, and Greenfield (2006) reported that for female herbal medicine users in UK, using herbal medicine could contribute to the feeling of personal control because patients felt that they were able to seek out things by themselves, instead of just being told what they should do by the doctors.

In terms of "natural" meaning, previous studies have reported the meaning of CAM as "natural" which are similar to this study. For example, a qualitative study by Sirisupluxana et al. (2009) reported that "natural therapy" emerged from the perceived attributes of complementary therapy by Thai breast cancer survivors because they believed that products of complementary therapy were derived from nature, were easy and convenient methods, and were compatible with their lifestyle.

This might be explained by the fact that in the Thai culture, Thai people have had their own traditional medicine system, called "Thai traditional medicine" (TTM), as a mode of care practice for their health for a long time. Examples of TTM are medicinal plants, Thai massage, hot herbal compress, and meditation (Chokevivat & Chuthaputti, 2005). Thai people believed that TTM is a holistic and natural approach of health care that is congruent with Thai culture; and derived from Buddhist beliefs, the respect of nature, and the wisdom of Thai ancestors (Subcharoen, 2001). They also believed that one cause of illness is the power of nature, such as an imbalance of the four elements of the body (earth, water, wind, and fire); an imbalance of heat and cold, and an imbalance

of the body's equilibrium (Chokevivat & Chuthaputti, 2005). Consequently, to eliminate illness, TTM will be one important choice in their minds. Therefore, this would explain why the participants in this study perceived CAM as a sense of fulfillment of patients' needs and the way of returning to nature.

The meaning of CAM as "natural therapy" by Thai breast cancer survivors is also in line with other cancer patients. For example, a qualitative study by Hill-Sakurai, Muller, and Thom (2008) reported that menopausal women using CAM defined CAM as "natural" as it was safer, gentler than medication, and more appropriate for non-disease states, as well as more congruent with socio-political orientations. Likewise, a qualitative study by Singh, Maskarinec, and Shumay (2005) reported that prostate cancer patients who used CAM described CAM as safe, "natural" treatment option with few adverse effects, and as holistic approach. On the other hand, they valued conventional medicine as an aggressive and isolated treatment.

Moreover, a qualitative study by Vickers et al. (2006) reported that British women using herbal medicine perceived that herbal medicine was more natural and free from chemicals. Bishop, Yardley, and Lewith (2005; 2007) reported that belief in natural treatment, participation in treatment, and holism approach could contribute to the use of CAM. Similarly, Tyreman (2011) pointed out that although the definitions of CAM practice are still inconsistent, three common values are identified, including: offering natural treatment, being patient-rather than disease-focused, and being holistic.

1.2 Emotional and Psychological Healing

The second meaning of care practices in CAM in this study was identified as emotional and psychological healing. Participants perceived that performing care practices in CAM helped them to heal emotionally due to the encouragement from surrounding people and the development of a calm and peaceful mind. This is consistent with the perspectives of Thai breast cancer survivors regarding CAM meaning in another report. In 2009, Sirisupluxana et al. conducted a qualitative study to explore the meaning of complementary therapy from the perspective of Thai breast cancer survivors. They reported that one meaning of complementary therapy as perceived by Thai women with breast cancer was "mental strengthening" because it helped them to be cheerful, hopeful, and confident.

The findings from this study were also in line with a qualitative study by Wanchai et al. (2010a), which found that American breast cancer survivors who used CAM in their care practices described outcomes of care practices from alternative medicine as the emotional support which helped them to go through disease and treatment. Moreover, a cross-sectional study by Kremser et al. (2008) reported that one reason to use CAM among Australian women with breast cancer was to improve emotional well-being. O'Beirne, Verhoef, Paluck, and Herbert (2004) reported that many family physicians in British Columbia and Alberta perceived that there was some aspect that conventional medicine had missed, but complementary medicine had found. That was the healing aspects or power of mind.

Barrett et al. (2003) conducted a series of qualitative studies by using in-depth interviews with CAM users and CAM practitioners regarding their thoughts about CAM and conventional medicine values. The findings showed that the participants perceived that complementary and alternative therapies were more holistic, more empowering, and more psychologically accessible than conventional medicines because they provided the feeling of personal attention and provided more-well rounded approach to health. In addition, a qualitative study by Verhoef, Mulkins, Carlson, Hilsden, and Kania (2007) reported that experienced CAM users preferred to take CAM in their care practices because of its appeal of holistic healing and the mind-body connection. Moreover, a qualitative study by Eliot, Kealey, and Olver (2008) found that patients with cancer who used CAM valued CAM as having physical and psychological benefits and compatibility with a holistic approach to health care.

Overall, it might be concluded that many scholars agreed that psychosocial and spirit aspects played an important role for breast cancer survivors during treatment and recovery (Astin, et al., 2006; Canales & Geller, 2003; Howard, Balneaves, & Bottorff, 2007). Thus, this could explain why we found the participants in the present study described the meaning of care practices in CAM as emotional and psychological healing.

The results of this study also found that both Thai breast cancer survivors and Thai nurses agreed that performing care practices in CAM was an indicator of love and encouragement from family members, friends, and community members to those who were diagnosed with breast cancer. This finding is consistent with a qualitative study by Lu, Tsay, and Sung (2010), which reported that when Taiwanese person(s) were

diagnosed with cancer, their friends and relatives would show their support by visiting and suggesting all the therapeutic methods they knew to the patients.

According to a qualitative meta-study by Howard et al. (2007), family members were perceived as a central support for women with breast cancer in order to accept, cope with, and recover from breast cancer, with support being demonstrated in diverse and culturally specific ways. A qualitative study by Ohlen, Balneaves, Bottorff, and Brazier (2006) reported that the significant surrounding people were involved in cancer patients' decisions related to CAM by four ways, including: (1) creating a safe place for the patient to make a decision, (2) becoming a team: collaborative decision making, (3) moving the patient towards a decision, and (4) making the decision for the patient.

For this study, these surrounding people (family members, friends, and neighbors) provided various forms of help, such as seeking information about CAM or preparing CAM for Thai breast cancer survivors. This might be explained by the context of Thai culture that for Thais, when family member(s) have a health problem, all family members and kinship are responsible for the problem. Thais usually give psychological and economic support to those who are suffering from a health situation (Lundberg & Rattanasuwan, 2007; Lundberg & Trichorb, 2001). In addition, Thais also value interdependence rather than individualism. They help one another throughout many events, such as life crises, serious illness, ordinations, and funerals (Lundberg & Trichorb, 2001). Moreover, Buddhism also believes that being surrounded by others with similar views and objectives will be beneficial for one's motivation, sense of purpose and deepening one's understanding. It is not surprising that the participants in this study perceived CAM as the encouragement from surrounding people.

With regard to the meaning of CAM as a helper to reach “a calm and peaceful mind” as perceived by the participants in this study, this was also explained by the context of Thai Buddhism beliefs. Basically, Thai Buddhists perceive that mind and body are a single unit. When the body gets ill, it can affect the mental health. Likewise, mental illness also can affect physical well-being (Nakasone, 2007). Thai Buddhists also believe that the external situation is created by internal mind. Without calming the mind and examining its nature and beliefs, people will not be able to reach enlightenment. Therefore, Thai Buddhists are usually concerned with identifying the inner causes of human suffering, the possibility of freedom from suffering, and the ways to gain freedom (Wallace & Shapiro, 2006).

In addition, Thai Buddhists believe that people must practice religion, love, and gratitude in their families, and practice meditation. Thai Buddhists believe that with these behaviors, they will get good results, such as having a peaceful mind and satisfaction in life, regardless of what one has faced (Lundberg & Trichorb, 2001). Thus, as the majority of the participants in this study were Buddhists (see Table 4-1 & 4-2) and approximately 35% of Thai breast cancer survivors in this study used mind/body medicine in their care practices (see Figure 4-1), this might explain the reason why Thai breast cancer survivors and Thai nurses in this study valued CAM as the way of a calm and peaceful mind.

1.3 A Powerful Physical Healing

In addition to the two meanings of CAM perceived by both Thai breast cancer survivors and Thai nurses, the third meaning of care practices in CAM was perceived by Thai breast cancer survivors as a powerful physical healing. Two subcategories in this theme: were (1) reducing side effects from conventional treatments and (2) nourishing the

body. This finding may be reflecting bad experiences of Thai breast cancer survivors with the side effects of conventional treatments which led them to find another help for their recovery.

The subcategory, “reducing side effects from conventional treatments,” as a meaning of care practices in CAM was reported by Thai breast cancer survivors. This finding is similar to the findings from other studies. For example, in the United States, a cross-sectional study by Morris, Johnson, Homer, and Walts (2000) reported that reasons for CAM use by breast cancer patients from a tumor registry in the U.S. were to control side effects of conventional treatment and to boost the immune system. In the same year, Chou, Horng, Tolmos, and Vargas (2000) also reported that to decrease side effects of adjuvant treatments and to improve health were reasons for CAM use by breast cancer survivors at Harber-UCLA Medical Center in the U.S.

Later, in 2002, Shen et al. reported that reasons for CAM use by patients with advanced stage breast cancer in an urban center in the U.S. were to relieve side effects of conventional treatments and to boost the immune system. Similarly, Canales and Geller (2003) reported that American breast cancer survivors in Florida decided to use CAM because of the side effects of conventional treatments, such as lymphedema they developed after surgery or the early onset of menopause caused by chemotherapy treatments. Moreover, a cross-sectional study by Navo et al. (2004) reported that breast cancer patients in Texas used CAM to improve overall health and to reduce adverse drug reaction. Likewise, Hann et al. (2005) found that one reason for CAM use by breast cancer survivors who participated in the American Cancer Society Reach to Recovery Program in Florida was to control physical side effects from conventional treatments.

In Canada, Boon et al. (2000) also reported that although most breast cancer survivors in Ontario, Canada, used CAM in order to boost the immune system, some breast cancer survivors used CAM to treat side effects of conventional treatments and to stabilize current condition.

In Australia, Moschèn et al. (2001) reported that to have gentle treatment and to be free from adverse effects of conventional treatments were reported as reasons to use CAM by Australian breast cancer patients. Likewise, Humpel and Jones (2006) found that the main reason for CAM use by cancer patients and survivors in Australia was to boost the immune system and to treat some of side effects from conventional treatment. Similarly, Kremser et al. (2008) reported that reasons for CAM use by Australian breast cancer patients were to improve physical and emotional well-being, to boost the immune system, and to reduce side effects of treatment.

Finally, two studies conducted in China (Chen, et al., 2008; Cui, et al., 2004) also reported that reasons for CAM use by women with breast cancer in Shanghai, China, were to boost the immune system and to decrease menopausal symptoms.

According to the second subcategory, “nourishing the body,” this finding is congruent with other studies. For example, a previous work by Helyer et al. (2006) reported that women with locally advanced breast cancer in Canada described CAM as assisting their body to heal, boosting the immune system, and giving a feeling of control with respect to their treatments. Moreover, a cross-sectional study by Buettner et al. (2006) also reported that “for general wellness” was the most reason to use CAM reported by breast cancer survivors who participated in the Nurses’ Health Study in the U.S.

According to Ashikaga, Bosompra, O'Brien, and Nelson (2002), cancer patients perceived that CAM was helpful to recovery. In addition, a qualitative study by White, Verhoef, Davison, Gunn, and Cooke (2008) reported that one important outcome of CAM use perceived by prostate cancer patients was enhancing physical well-being, as it could increase their energy and resolved some chronic health conditions. Recently, a cross-sectional study by Shaharudin, Sulaiman, Emran, Shahril, and Hussain (2011) reported that the main reason to use CAM by Malaysian breast cancer survivors was to assist in healing the body's inner strength. Likewise, a cross-sectional study by Kang et al. (2011) also reported that reasons for CAM use by Korean breast cancer patients were to boost immune system, to promote health, and to prevent recurrence. Ernst and Hung (2011) reviewed seventy-three articles regarding the expectations of CAM users. They found that the six most frequently documented expectations were: (1) the hope of influencing the natural history of the disease, (2) to prevent illness, (3) to experience fewer side effects, (4) being in control of one's health, (5) for symptom relief, and (6) to boost the immune system.

In Thailand, although Western medicine became mainstream in health care in the early 20th century, the Thai traditional medicine (TTM) is still a part of Thai lifestyle, especially when the TTM was revived and integrated into the national health system in 1978 (Chokevivat & Chuthaputti, 2005; Wiwanitkit, 2003). It is possible that even though Thai breast cancer survivors accepted to be treated with conventional methods, they also still considered CAM as a powerful physical healing, particularly when they experienced side effects of the conventional medicine. This might be affected by the Thai cultural belief that TTM is a holistic and natural form of medicine that can treat the whole

person by adjusting the balance of the four basic body elements (earth, water, wind, and fire), whereas the conventional medicine focuses only on the disease (Chokevivat & Chuthaputti, 2005; Wiwanitkit, 2003). Therefore, Thai breast cancer survivors might presume that using two treatment methods together would give them better results. Consequently, they decided to select both CAM and conventional medicine together, even though only a few studies confirmed the efficacy of CAM that might be appropriate for women with breast cancer.

(2) Performing Care Practices in CAM by Thai Breast Cancer Survivors

The process of performing care practices in CAM by Thai breast cancer survivors that emerged in this study included two phases: (1) seeking and gathering CAM information and (2) trying out many types of CAM. This finding is somewhat similar to the finding of a qualitative study by Boon et al. (1999), which found that the first step of CAM decision-making by breast cancer survivors was CAM discovery, followed by CAM investigation. Likewise, Balneaves, Weeks, and Seely (2008) revealed that the main phases of the CAM decision-making process in cancer patients included: (1) taking stock of treatment options, (2) gathering and evaluating CAM information, (3) making CAM decisions, and (4) revising the CAM decision.

2.1 Seeking and Gathering CAM Information

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, Wonghongkul, and Vannarit (2006) who reported that among 146 breast cancer survivors living in the northern part of Thailand, 48.65% began to use

complementary therapy from the diagnostic period to the pre-operation, 21.08% began to use complementary therapy from the period of breast surgery, and 18.92% began to use complementary therapy at the period of receiving chemotherapy.

This finding is also in line with previous studies related to timing of CAM use among breast cancer survivors in the U.S. (Greenlee, et al., 2009; Matthews, et al., 2007), Europe (Molassiotis, et al., 2006; Velentzis, et al., 2011; Yildirim, 2010), and Asia (Chen, et al., 2008; Kang, et al., 2011).

In the United States, a cross-sectional study by Matthews et al. (2007) reported that 73% of breast cancer survivors using CAM (n = 115) reported initiating or changing CAM activity because of their cancer diagnosis. Similarly, a cross-sectional study by Greenlee et al. (2009) also reported that about 86.1% of breast cancer survivors who participated in the Path Way study in the U.S. (n = 1,000) reported using CAM in the period immediately following diagnosis of breast cancer.

Likewise, in Europe, a cross-sectional study by Molassiotis et al. (2006) reported that among 282 breast cancer patients from 11 countries in Europe, 44.7% used CAM since their diagnosis of cancer. In addition, a cross-sectional study of Yildrim (2010) reported that of 68 women with breast cancer and gastrointestinal cancer in Turkey, 58.8% reported the use of at least one type of CAM after the diagnosis of cancer. Moreover, a cross-sectional study of Velentzis et al. (2011) reported that following the diagnosis of breast cancer, women with breast cancer in UK (n = 1,560) significantly increased supplement use from 56.1% at pre-diagnosis to 62.8% after diagnosis.

In Asia, a cross-sectional study of Kang et al. (2011) reported that only 18.7% of CAM users in Korea reported using CAM prior to the diagnosis of breast cancer, whereas the majority of the participants (76.4%) began to use CAM after the diagnosis of breast cancer (n = 229). On the other hand, a cross-sectional study by Chen et al. (2008) reported the prevalence of CAM use after diagnosis of breast cancer in a Chinese population was higher than those in other studies (97.2%) (n = 5,046).

It should be noted that a comparison of this prevalence must be considered carefully because the characteristics of the study populations and the definition of CAM may differ across studies. In addition, readers should keep in mind that the current study is a qualitative study. Therefore, although our current analysis showed that many Thai breast cancer survivors started to seek out CAM as their care practices after they were diagnosed with breast cancer, the findings of this study could not be generalized to all Thai breast cancer survivors.

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. The finding of the study also reported that Thai breast cancer survivors preferred to gather information about CAM from people around them and media resources, rather than health care providers. This finding is consistent with a descriptive study by Kaewvilai et al. (2006) who 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%), respectively.

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.

In addition, a cross-sectional study by Walsh et al. (2010) reported that cancer patients using CAM obtained more sources of information including the internet, support groups, and research literature when compared to non-CAM users. Moreover, about 43% of the participants reported family members as important persons when they wanted to make treatment decisions. More interestingly, they also reported that about 28% of the participants reported that health care providers did not discuss other treatments, including alternative medicine with them at all or as much as they wanted (n = 1,784).

A cross-sectional study by Abdullah, Lau, and Chow (2003) reported that Chinese breast cancer patients received information about CAM from different sources, including friends, family members/relatives, mass media, self-help group, or posters/ pamphlets/ brochures. Similarly, Shen et al. (2002) reported that women with advanced-stage of breast cancer in the U.S. obtained information about CAM use from multiple sources. However, the two most common primary information sources were friends or family members and mass media, whereas less common primary information sources were health professionals in conventional settings and CAM practitioners. Similarly, a cross-sectional study by Vapiwala, Mick, Hampshire, and Metz (2006) reported that less than one-third of cancer patients reported their health care providers as the primary sources of

CAM information, but they reported family members and friends, other cancer patients, and the internet as the primary source of CAM information.

Kakai, Maskarinec, Shumay, Tatsumura, and Tasaki (2003) compared patterns in the use of health information among different ethnic groups. They found that Caucasian cancer patients using CAM preferred objective, scientific, and updated information obtained through medical journals or newsletters from research institutions, telephone information services, and the internet. Japanese cancer patients relied on media and commercial sources, including television, newspapers, books, magazines and CAM providers. Finally, Non-Japanese Asians and Pacific Islanders used information sources involving person-to-person communication with their physicians, social groups, and other cancer patients.

2.2 Trying Out Many Types of CAM

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 (1) herbs, (2) mind/body medicine (i.e., meditation, prayer, or listen to Buddha preaching), and (3) massage, respectively. 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/life styles 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 Ratanasuwan (2007) reported that practicing religion, reciting prayers, doing merit, and meditating were the ways to relieve fatigue for Thai Buddhist cancer patients undergoing radiation therapy.

This finding is also consistent with previous study by Wonghongkul et al. (2002) who reported that, to improve their quality of life, Thai breast cancer survivors take herbal medicines (38.1%), change their nutrition (36.5%) or life style (31.7%), or practice prayer (16.8%). Similarly, a descriptive study by Kaewvilai et al. (2006) showed that 53.9% of breast cancer survivors using CAM in the northern part of Thailand took Beijing grass, 31.3% used supplementary diet and vitamins, and 28.7% used prayer for their care practices.

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 finding 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, Azeredo, Subgranon, Matos, and Kijjoa (2011), which reported that Thai elderly people used herbs both as food and as medicine. This might reflect the eating style of Thai people. 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).

In addition, the finding of this study also found that if Thai breast cancer survivors were unable to find fresh herbs, they would take herbs in capsule form which they prepared themselves or bought from a place that had quality control (i.e. drug store). This finding is consistent with a cross-sectional study by Riewpaiboon (2006), which reported that when comparing the data in 2001 to 2003, at constant price, trends of patterns of herbal consumption in Thailand were changed by the fact that Thai people were more likely to purchase herbal medicine products from drugstores that were eligible to sell all drugs, rather than purchase from drugstores that were eligible to sell ready-packed modern and traditional drugs and drugstores that were eligible to sell only traditional drugs. This finding is also consistent with a cross-sectional study by Abdullah et al. (2003), which reported that Chinese breast cancer survivors used shark's cartilage both in natural form and cartilage extract pill form as they are both available in Hong Kong.

Moreover, the finding of this study also showed that Thai breast cancer survivors tried out more than one type of herb. That means they might change their minds to try the new ones at any time point with many reasons, such as that they did not work, had a bad taste, or had negative side effects, as well as the motivation from other people around them. Similar results were found in other studies. For example, a cross-sectional study by Gulluoglu, Cingi, Cakir, and Barlas (2008), reported that about 28% of the 46 breast cancer patients in Turkey who used CAM stated that they used more than one form. 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.

The finding of this study was also supported by three qualitative studies (Bishop, Yardley, & Lewith, 2010; Lu, et al., 2010; Nichol, Thompson, & Shaw, 2011). First, a study by Lu et al. (2010) reported that Taiwanese cancer patients who used CAM would try different methods of CAM that would not interfere with the conventional treatment to cure cancer. Second, Nichol et al. (2011) explored beliefs, decision-making, and dialogue about CAM in fifteen families using CAM in the United Kingdom and reported that family members were predominantly "pragmatic" CAM users by shopping around for products that might work for their condition. Lastly, Bishop et al. (2010) conducted a qualitative study to explore consumers' reasons for maintaining or stopping CAM use by interviewing forty-six CAM consumers and nine CAM practitioners in the United Kingdom. They found that CAM consumers would stop CAM use, if (1) it had successfully resolved an acute problem; (2) it had failed to meet their health benefit expectations, or (3) they felt it was too expensive.

(3) Influencing Factors for Selection Care Practices in CAM by Thai Breast Cancer Survivors

Participants described that care practices in CAM for Thai breast cancer survivors were influenced by many factors, including: kinship and social factors, economic factors, and belief and lifestyle factors. This finding was supported by the theory of Culture Care Diversity and Universality (Leininger, 2006a), which stated that many factors such as religion, cultural value and lifeways, economic, or kinship were the most significant forces influencing care which help people to face disabilities, illness, and death. The finding of this study was also in line with the Western study by Wanchai et al. (2010a), which found that kinship, economic, education, and belief factors were the important

influencing factors for American breast cancer survivors in making decisions about their care practices, both Western and alternative medicines.

3.1 Kinship and Social Factors

The finding from this study showed that family members, friends, and neighbors were important persons who influenced Thai breast cancer survivors in making decisions about using CAM to promote their health and well-being. This finding is consistent with another study of sources of information about CAM for Thai breast cancer survivors, which found that relatives or family members, neighbors or friends were the main sources of CAM information (Kaewvilai, et al., 2006).

The finding from our sample was also consistent with previous studies which were conducted in other countries that the most common source of CAM information for breast cancer survivors were family members, kinship, and friends (Abdullah, et al., 2003; Chou, et al., 2000; Molassiotis, et al., 2006; Shen, et al., 2002; Yildirim, 2010). Ohlen et al. (2006) explained that significant others, including family members and friends, are not only involved in CAM decision-making process by exploring and advising patients about therapy options as a sense of hope for patients, but they also take a great responsibility to make safe and informed decisions.

The finding of this study might be explained by the fact that in the Thai context, particularly in the north of Thailand, Thais live with or nearby their parents, and they have a strong family relationship with each other. Moreover, Thai Buddhists also perceive that sickness is associated with strong family ties. Therefore, when someone in the family is ill, the others would support that person as much as they could (Kaewvilai, et al., 2006; Nakasone, 2007). Moreover, one method involved in finding care practices

in CAM for Thai breast cancer survivors may result from Thai culture. Thais usually learn how to use herbal medicines from old books or from the records of their older family members (Sumngern, et al., 2011). As can be seen from this study, one participant decided to use herbs in her care practices because her father had the traditional medicine textbooks, received from her grandmother.

In addition to the significant person(s) around them, the finding of this study showed that social factors, particularly media (i.e., radio, television, books, and the internet), also played an important role as a source of CAM information for Thai breast cancer survivors. This finding is consistent with a study by Sumngern et al. (2011), which found that mass media, such as television, radio, and magazines, influenced the use of herbal medicine of Thai elderly people. Likewise, a cross-sectional study by Satyapan, Patarakitvanit, Temboonkiet, Vudhironarit, and Tankanitlert (2010) reported that the majority of the Thai population in Bangkok, Thailand, received information about herbal medicines from mass media, including newspaper, radio, TV, magazine, and the internet.

This finding is also consistent with a cross-sectional study by Kang et al. (2011), which found that media, such as the internet, television, radio, newspapers, and magazines, were the main source of CAM information for Korean breast cancer patients. Similarly, Molassiotis et al. (2006) conducted a cross-sectional study to assess patterns of CAM use of breast cancer patients from 11 countries in Europe (N = 282). They reported that about one-third of the participants reported that they received their information about CAM from media. Moreover, Shen et al. (2002) conducted structured face-to-face interviews with advanced stage breast cancer patients in the U.S. to identify patient's information sources of CAM. The results showed that, in addition to friends or family

members, mass media (including televisions, newspapers, magazines, video tapes, the internet, and other mass media) was also the common primary information source about CAM for women in the study.

Kremser et al. (2008) reported that the common media sources about CAM of Australian breast cancer patients were the internet, magazines, newspapers, televisions, and radios, respectively. Finally, Abdullah et al. (2003) conducted a cross-sectional study to examine pattern and factors associated with alternative medicine use among Chinese breast cancer patients. The study showed that one-fourth of participants who reported a source of alternative medicine (N = 98) reported using mass media as a source of alternative medicine information.

Balneaves et al. (2008) reported that social factors can influence the selections of care practices in CAM in cancer patients through their personal experience, social interaction, and the interface with the mass media. The challenge is that most media described CAM in a positive fashion. More specifically, the majority of mass media described CAM as a potential cure for cancer, but did not describe the risk and the cost information (Weeks, Verhoef, & Scott, 2007; Weeks & Strudsholm, 2008). This may call for improving the knowledge base about CAM for breast cancer survivors.

3.2 Economic Factors

The economic factors were identified as important factors in deciding to continue or discontinue with CAM practices for Thai breast cancer survivors. The participants from this study reported that they would select CAM types that were not too expensive for them. They would choose the one that they could afford. This might explain by the

fact that the majority of Thai breast cancer survivors in this study were likely to have low incomes (see Table 4-1). Therefore, they perceived cost of CAM as a barrier to CAM use.

In addition, it is no doubt that the Thai government realizes how CAM is important for Thais' health, as the practices of TTM have been integrated into the national health care service system in Thailand since 1978. The Thai government has set the policy to provide financial support for the TTM to promote health for Thai people (Sumngern, et al., 2011). In addition, there is an increasing number of approved herbal medicines that have been included on the national list of essential drugs in Thailand, so that doctors have more herbal medicines to choose in hospitals (Chokevivat & Chuthaputti, 2005). However, many CAM types are still only available outside the hospitals. As a result, these CAM types are not reimbursed by the Universal Coverage system. Many patients need to pay entirely out-of-pocket for CAM products, despite their approval. Therefore, it is not surprising that CAM can be an expensive undertaking for Thai breast cancer survivors, and they perceived economic factors as a barrier to CAM use.

This finding is consistent with a qualitative study by Lu et al. (2010), which reported that Taiwanese cancer patients would be less committed to expensive therapies. Similarly, a cross-sectional study by Balneaves, Bottoref, Hislop, and Herbert (2006) reported that when CAM became more costly and more difficult to access, Canadian breast cancer survivors were less likely to use CAM in their care practices. Likewise, a qualitative study by Wong-Kim and Merighi (2007) reported that foreign-born Chinese women with breast cancer in the U.S. perceived that the high cost of CAM was a major

barrier to CAM use because most CAM treatments were not covered by medical insurance.

However, although financial factors seem to be a barrier to use CAM by breast cancer survivors, Boon et al. (1999) and Eliott et al. (2008) reported that perceived value of CAM by these patients could affect their decision-makings whether they would choose to use CAM or not. That means if they evaluate that the pros of CAM are higher than its cons, they would decide to use CAM for their care practices. In addition, if they perceive that CAM is beneficial for their health, they will possibly decide to continue to use CAM for their care practices, despite its high cost, as can be seen from one participant in our study who decided to continue to use CAM in her care practice, even though its cost was high.

3.3 Belief and Lifestyle Factors

The finding of this study showed that belief and lifestyle factors had a strong influence for selections of care practices in CAM among Thai breast cancer survivors. According to Sumngern et al. (2011), herbal medicines have been traditional household medications in Thai society for a long period of time. Thai people have used herbs both as food and as medicine by gradual learning from one generation to the next generation. More importantly, in Thai culture, Thai people have a high respect for the elderly people, particularly, their parents and grandparents (Siriphanich, 1986). Therefore, it is not surprising that one Thai nurse in this study reported that the influencing factors for selection of care practices in CAM among Thai breast cancer survivors were not related to education levels or income, but by the nature of Thai people who usually believe in herbal medicines.

The finding of this study showed that many Thai breast cancer survivors in this study believed that CAM therapies were more natural and less likely harmful to their health than the conventional medicines. This finding is consistent with a qualitative study by Shumay, Maskarinec, Kakai, and Gotay (2001), which reported that in cancer survivors' view, CAM was seen to be less harmful than conventional treatments. Likewise, in family physicians' views, a qualitative study by O'Beirne et al. (2004) showed that physicians believed that one reason that cancer patients decided to use CAM was because they believed that CAM was more natural and therefore less toxic. Moreover, a cross-sectional study by O'Callaghan and Jordan (2003) reported that post modern values, particularly natural remedies involving the belief that CAM products were safer and more effective than chemical drugs prescribed by doctors, significantly predicted the use of CAM in Australian populations.

Regarding religious beliefs, it is noteworthy that Buddhism beliefs influenced the selections of some types of CAM, namely mind and body medicine, (i.e., meditation, making a merit, or prayer), by Thai breast cancer survivors. According to Buddhism, the state of well-being is not dependent on external circumstances. On the other hand, mental balance will lead to greater well-being. In other words, the imbalance of the mind will result in mental suffering (Wallace & Shapiro, 2006). In addition, Thai Buddhists also believe that illness results from an individual's past karma (past actions) (Lundberg & Rattanasuwan, 2007; Lundberg & Trichorb, 2001; Sowattanangoon, Kochabhakdi, & Petrie, 2009). Consequently, Thai people select to do good things, such as practicing meditation, making merits, chanting, or listening to Dharma because they believe that these kinds of Buddhist practices are considered as good deeds, which can promote their

psychological well-being and lead to a good life, both in the present life and in the future life (Lundberg & Rattanasuwan, 2007; Sowattanangoon, et al., 2009).

Conclusions of the Study

This qualitative study explored the perspective of Thai breast cancer survivors and Thai nurses about care practices in CAM in the context of Thai culture. The purposes of the study were to describe how Thai breast cancer survivors and Thai nurses perceived the meaning of care practices in CAM; how Thai breast cancer survivors performed care practices in CAM to promote their health and well-being; and what factors influenced the selection of care practices in CAM by Thai breast cancer survivors to promote their health and well-being. This study was conducted in Phitsanulok province, Thailand, using the ethnonursing research method designed by Leininger. The key informants were composed of seventeen Thai breast survivors. The general informants were composed of fifteen Thai nurses. The interview guide served as a conversational framework. Transcribed interviews and accompanying field notes data were analyzed by using the ethnonursing qualitative data analysis method proposed by Leininger.

The findings of the study found that the meaning of care practices in CAM were composed of three themes: (1) CAM was an additional beneficial choice for health (including: a sense of fulfillment of patients' needs and the way of returning to nature); (2) CAM was emotional and psychological healing (including: the encouragement from surrounding people and a calm and peaceful mind); and (3) CAM had a powerful physical healing (including reducing side effects from conventional treatments and nourishing the body).

Performing care practices in CAM by Thai breast cancer survivors was composed of two phases, including: (1) seeking and gathering CAM information; and (2) trying out many types of CAM. Thai breast cancer survivors began to perform care practices in CAM when they knew that they had breast cancer. Learning from several resources, such as people around them, media resources, and health care providers, helped Thai breast cancer survivors to make a decision about using CAM in their care practices. After the decision was made, Thai breast cancer survivors preferred to try out various types of CAM, depended on the information from other people and the evaluation of CAM outcomes.

The influencing factors for selecting care practices in CAM of Thai breast cancer survivors were composed of three factors, including: kinship and social factors (such as family members, friends, neighbors, other breast cancer survivors, and media), economic factors, and belief and lifestyle factors.

Strengths of the Study

This qualitative study is one of a few known studies of care practices in CAM in Thai breast cancer survivors. The information from this study can lead health care providers to understand the emic views and beliefs of Thai breast cancer survivors and etic views of Thai nurses regarding care practices in CAM. It can help to achieve the goal to promote quality of life for Thai breast cancer survivors. In addition, using the ethnonursing method can establish a naturalistic and largely emic open inquiry method to explicate and study care practice related to the Thai culture (Leininger, 2006a)

Implications and Recommendations

The findings in the present study provide additional knowledge in relation to the meaning of care practices in CAM, performing care practices in CAM, and influencing factors for selection of care practices in CAM by Thai breast cancer survivors. The findings of this study may be useful for oncology nurses and other health care providers working with Thai breast cancer survivors by paying more attention to the cultural diversity, particularly, Thai culture. This is described as follows.

Clinical Implications

The findings of this study have several important implications for practicing health care professionals. In essence, the present study showed that the meaning of care practices in CAM varied for Thai breast cancer survivors. So, it is important that health care providers should acknowledge and respect the individual beliefs regarding CAM values. Fostering open communication and creating a non-threatening environment where Thai breast cancer survivors feel comfortable about CAM conversation should be provided (Frenkel & Borkan, 2003).

The findings of this study reported that many Thai breast cancer survivors were reluctant to disclose their care practices in CAM with health care providers. Therefore, it is important that health care providers be trained about CAM so that patients will be more willing to disclose about their CAM use as they feel that health care providers are knowledgeable and accepting about CAM (Lengacher, et al., 2006)

One meaning of care practices in CAM for Thai breast cancer survivors is that CAM was seen as associated with emotional and psychological healing because it helped them to be calm and peaceful. For this reason, it will be useful if health care providers

find ways to integrate CAM into conventional medicine, so that patients' emotional needs could be fulfilled. For example, for the mind and body medicine method, health care providers may allow patients to perform their Buddhist beliefs while they are in the hospitals. At minimum, preparing some Buddhist materials (i.e., chanting books or Dharma CD) or providing religious activities (i.e., making merits or teaching meditation) in the hospitals would be helpful.

The findings of this study reported that some Thai breast cancer survivors perceived CAM as an additional beneficial choice for health that could fulfill their confidence regarding the treatment and also described CAM as having a powerful physical healing because it helped them to go through the negative side effects of the conventional treatments and helped the body to be nourished. However, there is evidence that some CAM therapies may have potentially harmful effects and interaction with the conventional treatments (Kang, et al., 2011). Therefore, health care providers, particularly nurses who are important trusted persons to educate patients, should be ready to provide knowledge about CAM for these cancer patients. At least, concern about the potential effects and the potential interaction with the conventional treatments should be addressed in the conversations.

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 decided to not disclose CAM practices to their doctors. Accordingly, it is essential that health care providers be aware of and should 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 reasons. Therefore, as Balneaves et al. (2008) suggested, a conversation about CAM use should be an on-going process throughout the cancer trajectory.

Furthermore, the findings of this study showed that many factors, namely kinship and social factors, economic factors, and beliefs and lifestyle factors, influenced the decision-making about CAM use of Thai breast cancer survivors. Therefore, it would be necessary that health care providers assess patients' contexts, such as their beliefs and their social network. For example, the findings of this study found that most Thai breast cancer survivors reported family members as the important source of CAM information. Therefore, it would be helpful if these significant persons are encouraged to be involved in a conversation between the health care provider and the patient regarding care practice decision-making.

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 of Thai breast cancer survivors to discover what factors influence Thai breast cancer survivors use CAM. To respect patients' desire for their care, nurses should encourage Thai breast cancer survivors to be proactive by not waiting for the doctor to ask about CAM use, but start the conversation 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 (National Center for Complementary and Alternative Medicine, 2011a). 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).

In addition to family members and friends, the finding of this study reported that one source of CAM information used by Thai breast cancer survivors is the media (i.e., TV, radio, and the internet). The challenge is that, whereas the information from these media sources is likely to be accessible and popular, and it is also equally less likely to be accurate and unbiased (Molassiotis, et al., 2006; Shen, et al., 2002); some Thai breast cancer survivors may not be able to judge whether these information sources are reliable. Therefore, it might be helpful if health care providers prepare educational printed materials which include a list of reliable sources about CAM recommended by a known cancer agency such as Department for Development of Thai Traditional and Alternative Medicine Ministry of Public Health and the Institute of Thai Traditional Medicine. In addition, one strategy to ensure that Thai breast cancer survivors will have reliable information for their treatment decision-making is that of providing an interpretive medical information guideline for them (Hyodo, et al., 2003).

Limitations of the Study and Recommendations for Future Research

There are some limitations of this study that need to be addressed. First, as breast cancer is the main focus of the current study, these findings are limited and not to be generalized to other types of cancer. Accordingly, future research in other types of cancer is needed. For example, research may explore care practices in CAM among Thai gynecological cancer survivors, Thai prostate cancer survivors, or Thai colorectal cancer survivors.

Second, participants who participated in this study were recruited from one province in the north of Thailand and all participants were Thais. 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. So, more work is required to replicate these findings in other parts of Thailand so that a whole picture of care practices in CAM of Thai breast cancer survivors will be concluded clearly.

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. For example, researchers may examine the process of decision-making about CAM use through in-depth interviews in any specific type of CAM (i.e., herbs, meditation, or massage) in order to understand how the decisions are made and whether these making-decision processes are similar or different.

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, respectively, readers should keep in mind that a qualitative design was used in this study. Therefore, it is impossible to determine with any confidence whether these CAM types are the preferred CAM types among Thai breast cancer survivors. Further research using quantitative designs (i.e., a cross-sectional design) are needed to describe the prevalence of CAM use among Thai breast cancer survivors.

There are three recommendations for future research in relation to this topic that need to be mentioned. First, since the interview guide was used as a conversation framework in this study and at the present, a standard tool to measure CAM use for Thai

breast cancer survivors has not been developed. Consequently, the qualitative findings of this study can be applied to develop a standard tool for evaluating CAM use of Thai breast cancer survivors.

Second, the findings of this study indicate that although CAM therapies have the potential of harm and benefit, some Thai breast cancer survivors described CAM as more natural and harmless and they were most likely to use Thai herbs in their care practices. Accordingly, future research to examine the efficacy and safety of Thai herbs in Thai breast cancer survivors using a quality design such as a randomized control trial is needed.

Third, the findings of this study reported that CAM was seen as having positive meanings for Thai breast cancer survivors. However, the Bureau of Alternative Medicine (2011) reported that in 2003, of 1,092 health care services in Thailand, only 11.81% provided CAM in their health care service system. Therefore, it would be interesting to study barriers to integrating CAM into conventional treatments in Thailand. With these findings, we may identify ways to develop a CAM-integration system for other hospitals.

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APPENDICES

Appendix A: IRB Approval Letter

Appendix A-I: IRB Approval Letter from the University of Missouri

Appendix A-II: IRB Approval Letter from Buddhachinaraj Hospital, Thailand (English Version)

Appendix A-III: IRB Approval Letter from Buddhachinaraj Hospital, Thailand (Thai Version)

Appendix A-I: IRB Approval Letter from the University of Missouri

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School of Nursing
DC116.05
One Hospital Drive
Columbia, MO 65212

Dear Dr. Wanchai,

Regarding your application for approval of the research project, ***Care Practices in Complementary and Alternative Medicine in Thai Breast Cancer survivors***, the Health Sciences Institutional Review Board (HS IRB) took the following action:

a. Approved the study through exempt review on November 24, 2010.
b. Found the project to be exempt under 45 CFR 46.101 (b) (2).
c. Reviewed and approved any instruments that were submitted with the application.
d. Found that there is no HIPAA requirement for this study.
e. The HS IRB has determined that the approval for this study will expire on November 24, 2011 . An Exempt Annual Update must be submitted a minimum of one month prior to this date.
f. Upon completion of the study a Completion Form must be submitted to the HS IRB office. If the closure is not documented on the Completion Form, you may close the study at the time of the annual review.

Please reference **IRB Project #1182857** in all future communications with the HS IRB Office regarding this project.

No change may be made in an approved protocol or instrument unless said change is submitted to and approved by the HS IRB.

Do not depend on the HS IRB for your record keeping.

Sincerely,

Betty Wilson
Compliance Officer

Enclosure

Appendix A-II: IRB Approval Letter from Buddhachinaraj Hospital, Thailand (English Version)

Budhachinaraj Hospital
90 Srithammatripidok Street.,
Muang, Phitsanulok,
Thailand 65000
Phone: (66) 055- 219-844

November 16, 2010

Ausanee Wanchai, RN, MSN
PhD Candidate, Sinclair School of Nursing
University of Missouri, USA

Dear Ms. Ausanee Wanchai

This letter is to officially notify you of the approval of your project, *"Care Practices in Complementary and Alternative Medicine in Thai Breast Cancer Survivors"*, by the Human Research Committee, Buddhachinaraj Hospital. This approval, based on the safeguards for the rights of participants in this study, is upon completion of the study.

Date of IRB approval :..23 November 2010.....

If you have any questions, please contact Human Research Committee administrator at (66)-055-219-844

Sincerely,

Thira Siriarchawatana
Director of Human Research Committee

Appendix A-III: IRB Approval Letter from Buddhachinaraj Hospital, Thailand (Thai Version)

87/53

เอกสารรับรองโครงการวิจัยในมนุษย์
คณะกรรมการจริยธรรมเกี่ยวกับการวิจัยในมนุษย์
โรงพยาบาลพุทธชินราช พิษณุโลก

ชื่อโครงการ	การดูแลตนเองโดยใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกของผู้รอดชีวิตจากมะเร็งเต้านม
ชื่อหัวหน้าโครงการ	นางสาวอัศนี วันชัย
เลขที่โครงการ/รหัส	-
สังกัดหน่วยงาน	วิทยาลัยพยาบาลบรมราชชนนี พุทธชินราช
การรับรอง	ขอรับรองโครงการวิจัยดังกล่าวข้างบนนี้ได้ผ่านการพิจารณาและรับรองจากคณะกรรมการจริยธรรมเกี่ยวกับการวิจัยในมนุษย์ โรงพยาบาลพุทธชินราช พิษณุโลก เมื่อวันที่ 23 พ.ย. 2553

ลงนาม

(นายแพทย์ธีระ ศิริอาชาวัฒนา)
ประธานคณะกรรมการจริยธรรมเกี่ยวกับการวิจัยในมนุษย์

Appendix B: Instruments (English Version)

Appendix B-I: Demographic Data Sheet of Thai Breast Cancer Survivors

Appendix B-II: Demographic Data Sheet of Thai Nurses

Appendix B-III: Script for interview guide: Thai Breast Cancer Survivors

Appendix B-IV: Script for interview guide: Thai nurses

Appendix B-I: Demographic Data Sheet of Thai Breast Cancer Survivors

"Care Practices in Complementary and Alternative Medicine

in Thai Breast Cancer Survivors"

ID No……

1. Age……years

2. Educational level…….years

3. Time since diagnosis of breast cancer…….years

4. Stage of disease at diagnosis……

5. Treatment History

……

……

……

6. Religion……

7. Occupation…….

8. Employment Status

( ) Work full time

( ) Work part-time

( ) Home-maker

( ) Retire

( ) Other……

9. Income

( ) Less than 10,000 baht

( ) 10,001 – 20,000 baht

( ) 20,001 - 30,000 baht

( ) 30,001 – 40,000 baht

( ) 40,001 – 50,000 baht

( ) > 50,000 baht

Appendix B-II: Demographic Data Sheet of Thai Nurses

"*Care Practices in Complementary and Alternative Medicine*

in Thai Breast Cancer Survivors"

ID No……

1. Age……years

2. Educational level…….years

3. Work experience…….years

4. Religion……

5. Income

( ) Less than 10,000 baht

( ) 10,001 – 20,000 baht

( ) 20,001 - 30,000 baht

( ) 30,001 – 40,000 baht

( ) 40,001 – 50,000 baht

( ) > 50,000 baht

Appendix B-III: Script for interview guide: Thai Breast Cancer Survivors

"Care Practices in Complementary and Alternative Medicine

in Thai Breast Cancer Survivors"

My name is Ausanee Wanchai, Nursing PhD candidate at Sinclair School of Nursing, University of Missouri-Columbia. I am conducting a study on the topic "*Care Practices in Complementary and Alternative Medicine in Thai Breast Cancer Survivors*". The purpose of this study is to identify and better understand the care practices in complementary and alternative medicine that Thai breast cancer survivors use to promote health and well-being.

The results of this study will serve as a foundation for better understanding Thai breast cancer survivors' culture care needs and assist with developing nursing interventions to improve health outcomes.

You have been asked to participate in this research project to describe your care practice in complementary and alternative medicine experiences. You may refuse to answer any questions you wish, without explanation. Moreover, you may refuse to participate in this interview or discontinue participation at any time without penalty.

The interview is confidential and your anonymity will be maintained throughout my project. I will not include any information in my research paper that will identify you.

Each interview will last approximately 30 to 60 minutes, and I would like to meet with you two times about two weeks apart. I would like to tape record your responses to my questions so I can listen carefully to what you have to say and not have to take notes. I will destroy the audio tape recording of this interview as soon as my research project is

completed. Do you have any questions about the study? Would you like to participate? Is this a convenient time? Or would you like to schedule a time that is convenient time for you?

Now we will begin the questions I would like to ask you about your care practices in complementary and alternative medicine to promote your health and well-being.

Complementary and alternative medicine refers to a group of diverse medical and health care systems, practices, and products that are not generally considered part of Western medicine (medicine as practiced by a medical doctor, doctor of osteopathy, and by allied health professionals such as physical therapists, psychologists, and registered nurses).

Care practices refer to health behaviors or self-care actions that you perform in order to promote your health and well-being.

1. How do you define care practices in complementary and alternative medicine?
2. From your perspective what do the care practices in complementary and alternative medicine you use mean to you?
3. Why did you use complementary and alternative medicine for your care practices?
4. Could you please describe your experiences using complementary and alternative medicine?
5. What factors influence you to decide which care practices you use or how you care for yourself to promote health and well-being?
6. How do these factors influence your decision-making regarding care practices or how you care for yourself to promote health and well-being?

7. Do you disclose your care practices in complementary and alternative medicine to your health care providers?

7.1 If so, would you please describe your experiences regarding your disclosure?

7.2 If not, would you please describe what factors influence your decision-making to not disclose your care practices in complementary and alternative medicine to your health care providers?

8. Is there anything else that you would like to share with me to help me to understand care practices in complementary and alternative medicine of Thai breast cancer survivors?

[Thank you very much for participating in the study. I will contact you to set up the second interview in two weeks. (or will you set it up now?)]

Appendix B-IV: Script for interview guide: Thai nurses

"Care Practices in Complementary and Alternative Medicine in Thai Breast Cancer Survivors"

My name is Ausanee Wanchai, Nursing PhD candidate at Sinclair School of Nursing, University of Missouri-Columbia. I am conducting a study on the topic "*Care Practices in Complementary and Alternative Medicine in Thai Breast Cancer Survivors*". The purpose of this study is to identify and better understand the care practices in complementary and alternative medicine that Thai breast cancer survivors used to promote health and well-being.

The results of this study will serve as a foundation for better understanding Thai breast cancer survivors' culture care needs and assist with developing nursing interventions to improve health outcomes.

You have been asked to participate in this research project to describe your experiences in taking care of breast cancer survivors who used complementary and alternative medicine in their cares. You may refuse to answer any questions you wish, without explanation. Moreover, you may refuse to participate in this interview or discontinue participation at any time without penalty.

The interview is confidential and your anonymity will be maintained throughout my project. I will not include any information in my research paper that will identify you.

The interview will last approximately 30 to 60 minutes once. I would like to tape record your responses to my questions so I can listen carefully to what you have to say and not have to take notes. I will destroy the audio tape recording of this interview as

soon as my research project is completed. Do you have any questions about the study? Would you like to participate? Is this a convenient time? Or would you like to schedule a time that is convenient time for you?

Now we will begin the questions I would like to ask you about your experiences in taking care of breast cancer survivors who used complementary and alternative medicine in their care practices.

Complementary and alternative medicine refers to a group of diverse medical and health care systems, practices, and products that are not generally considered part of Western medicine (medicine as practiced by a medical doctor, doctor of osteopathy, and by allied health professionals such as physical therapists, psychologists, and registered nurses).

Care practices refer to health behaviors or self-care actions that person(s) perform in order to promote their health and well-being.

1. How do you define care practices in complementary and alternative medicine?
2. Could you please describe your experiences in taking care of Thai breast cancer survivors who use complementary and alternative medicine in their care?
3. From your perspective what factors influence Thai breast cancer survivors decide which care practices they would or how they care for themselves to promote health and well-being?
4. From your perspective why did Thai breast cancer survivors decide to use complementary and alternative medicine for their care practices?
5. Do Thai breast cancer survivors disclose their care practices in complementary and alternative medicine to you/their health care providers?

6. From your perspective what factors influence Thai breast cancer survivors to disclose or non-disclose their care practices in complementary and alternative medicine to their health care providers?

7. Is there anything else that you would like to share with me to help me to understand care practices in complementary and alternative medicine of Thai breast cancer survivors?

[Thank you very much for participating in the study.]

Appendix C: Instruments (Thai Version)

Appendix C-I: Demographic Data Sheet of Thai Breast Cancer Survivors

Appendix C-II: Demographic Data Sheet of Thai Nurses

Appendix C-III: Script for interview guide: Thai Breast Cancer Survivors

Appendix C-IV: Script for interview guide: Thai nurses

Appendix C-I: แบบบันทึกข้อมูลส่วนบุคคล ของผู้รอดชีวิตจากมะเร็งเต้านม

“การดูแลตนเองโดยใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือก

ในผู้รอดชีวิตจากมะเร็งเต้านมไทย”

หมายเลข……

1. อายุ……ปี

2. การศึกษา…….ปี

3. ระยะเวลาตั้งแต่ได้รับการวินิจเป็นมะเร็งเต้านม…….ปี

4. ระยะของมะเร็งเต้านม…….

5. การรักษาที่ได้รับ

……

……

……

6. ศาสนา……

7. อาชีพ

( ) ข้าราชการ/รัฐวิสาหกิจ

( ) ค้าขาย

( ) เกษตรกร

( ) แม่บ้าน

( ) Other……

9. รายได้

( ) น้อยกว่า 10,000 บาท/เดือน

( ) 10,001 – 20,000 บาท/เดือน

( ) 20,001 - 30,000 บาท/เดือน

( ) 30,001 – 40,000 บาท/เดือน

( ) 40,001 – 50,000 บาท/เดือน

( ) > 50,000 บาท/เดือน

Appendix C-II: แบบบันทึกข้อมูลส่วนบุคคล ของพยาบาล

"การดูแลตนเองโดยใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือก

ในผู้รอดชีวิตจากมะเร็งเต้านมไทย"

หมายเลข……

1. อายุ……ปี

2. การศึกษา…….ปี

3. ประสบการณ์การทำงาน…….ปี

4. ศาสนา……

5. รายได้

( ) น้อยกว่า 10,000 บาท/เดือน

( ) 10,001 – 20,000 บาท/เดือน

( ) 20,001 - 30,000 บาท/เดือน

( ) 30,001 – 40,000 บาท/เดือน

( ) 40,001 – 50,000 บาท/เดือน

( ) > 50,000 บาท/เดือน

Appendix C-III: แนวทางการสัมภาษณ์ผู้รอดชีวิตจากมะเร็งเต้านมไทย

“การดูแลตนเองโดยใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือก

ในผู้รอดชีวิตจากมะเร็งเต้านมไทย”

ดิฉันชื่อ อัศนี วันชัย เป็นนักศึกษาปริญญาเอก โรงเรียนพยาบาลซินแคล มหาวิทยาลัยมิซซูรี ดิฉันกำลังทำวิจัยเรื่อง *“การดูแลตนเองโดยใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกในผู้รอดชีวิตจากมะเร็งเต้านมไทย”* โดยมีวัตถุประสงค์ของการวิจัยเพื่อเพิ่มความรู้ความเข้าใจเกี่ยวกับการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกที่ผู้รอดชีวิตจากมะเร็งเต้านมไทยใช้ในการส่งเสริมสุขภาพ

ผลการวิจัยครั้งนี้จะเป็นพื้นฐานที่ช่วยให้เกิดความเข้าใจเกี่ยวกับความต้องการของผู้รอดชีวิตจากมะเร็งเต้านมตามบริบทของวัฒนธรรมไทยมากขึ้นและช่วยในการพัฒนาแนวทางการพยาบาลในการส่งเสริมสุขภาพของผู้รอดชีวิตจากมะเร็งเต้านมต่อไป

ท่านได้รับการทาบทามให้เข้าร่วมการวิจัยในครั้งนี้เพื่ออภิปรายเกี่ยวกับประสบการณ์ในการดูแลตนเองโดยใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือก ท่านสามารถปฏิเสธที่จะตอบ

คำถามได้ทุกคำถามที่ท่านต้องการ โดยไม่ต้องอธิบายเหตุผลใดๆ นอกจากนี้ท่านสามารถปฏิเสธการให้สัมภาษณ์ หรือยกเลิกการเข้าร่วมการวิจัยได้ตลอดเวลา โดยไม่มีผลกระทบใดๆ

การสัมภาษณ์เป็นความลับและรายชื่อของท่านจะเก็บไว้เป็นความลับตลอดโครงการวิจัย ดิฉันจะไม่ใส่ข้อมูลที่ทำให้ระบุถึงตัวท่านในโครงการวิจัยครั้งนี้

ในการสัมภาษณ์แต่ละครั้งจะใช้เวลาประมาณ 30 นาที ถึงหนึ่งชั่วโมง และดิฉันต้องการสัมภาษณ์ท่าน 2 ครั้ง โดยแต่ละครั้งจะห่างกันประมาณ 2 สัปดาห์ ดิฉันมีความจำเป็นที่ต้องใช้เทปบันทึกเสียงในขณะสัมภาษณ์เพื่อว่าดิฉันจะได้ฟังสิ่งที่คุณพูดอย่างตั้งใจ โดยไม่ต้องจดบันทึก ดิฉันจะทำลายเทปบันทึกเสียงทันทีเมื่อโครงการวิจัยสิ้นสุดลง

เรามาเริ่มการสัมภาษณ์กันเลยนะคะ ดิฉันอยากถามความคิดเห็นของท่านเกี่ยวกับการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกที่ท่านใช้ในการส่งเสริมสุขภาพตนเอง

การดูแลตนเอง หมายถึงพฤติกรรมสุขภาพที่ท่านปฏิบัติเพื่อส่งเสริมสุขภาพตัวท่านเอง

1. ท่านนิยามการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกอย่างไร?

2. ตามการรับรู้ของท่านการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกมีความสำคัญกับท่านอย่างไร?

3. ทำไมท่านจึงใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกในการดูแลตนเอง?

4. ขอความกรุณาบรรยายเกี่ยวกับประสบการณ์ในการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกในการดูแลตนเองของท่าน ว่าเป็นอย่างไรบ้าง?

5. ปัจจัยใดที่ทำให้ท่านตัดสินใจว่าแนวทางการดูแลตนเองแบบใดที่ท่านจะใช้ในการดูแลตนเอง?

6. ปัจจัยเหล่านี้เข้ามามีส่วนเกี่ยวข้องกับการตัดสินใจเลือกแนวทางการดูแลตนเองของท่านอย่างไร?

7. ท่านได้เปิดเผยข้อมูลเกี่ยวกับการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกกับแพทย์ พยาบาล หรือบุคลากรทางด้านสุขภาพหรือไม่?

7.1 ถ้าเปิดเผย ขอความกรุณาบรรยายเกี่ยวกับประสบการณ์ของท่านในการพูดคุยเรื่องดังกล่าวกับบุคลากรทางด้านสุขภาพว่าเป็นอย่างไรบ้าง?

7.2 ถ้าไม่ได้เปิดเผย ขอความกรุณาบรรยายว่าปัจจัยอะไรที่ทำให้ท่านตัดสินใจไม่เปิดเผยการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกกับแพทย์ พยาบาล หรือบุคลากรทางด้านสุขภาพ?

8. มีข้อมูลอะไรที่ท่านต้องการบอกดิฉันเพื่อทำให้ดิฉันเข้าใจเกี่ยวกับการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกของผู้รอดชีวิตจากมะเร็งเต้านมไทยหรือไม่?

ขอบคุณมากน่ะค่ะสำหรับการเข้าร่วมโครงการวิจัยในครั้งนี้ เดี๋ยวดิฉันจะติดต่อท่านอีกครั้งสำหรับการนัดสัมภาษณ์ครั้งต่อไปภายในสองสัปดาห์ หรือว่าเราจะนัดหมายกันเลยหรือไม่ค่ะ

Appendix C-IV: แนวทางการสัมภาษณ์พยาบาลไทย

"การดูแลตนเองโดยใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือก

ในผู้รอดชีวิตจากมะเร็งเต้านมไทย"

ดิฉันชื่อ อัศนี วันชัย เป็นนักศึกษาปริญญาเอก โรงเรียนพยาบาลซินแคล มหาวิทยาลัยมิซซูรี ดิฉันกำลังทำวิจัยเรื่อง *"การดูแลตนเองโดยใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกใน ผู้รอดชีวิตจากมะร็ง เต้านมไทย"*โดยมีวัตถุประสงค์ของการวิจัยเพื่อเพิ่มความรู้ความเข้าใจเกี่ยวกับการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกที่ผู้รอดชีวิตจากมะเร็งเต้านมไทยใช้ในการส่งเสริมสุขภาพ

ผลการวิจัยครั้งนี้จะเป็นพื้นฐานที่ช่วยให้เกิดความเข้าใจเกี่ยวกับความต้องการของผู้รอดชีวิตจากมะเร็งเต้านมตามบริบทของวัฒนธรรมไทยมากขึ้นและช่วยในการพัฒนาแนวทางการพยาบาลในการส่งเสริมสุขภาพของผู้รอดชีวิตจากมะเร็งเต้านมต่อไป

ท่านได้รับการทาบทามให้เข้าร่วมการวิจัยในครั้งนี้เพื่ออภิปรายเกี่ยวกับประสบการณ์ของท่านในการการดูแลผู้รอดชีวิตจากมะเร็งเต้านมที่ใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกในการดูแลตนเอง ท่านสามารถปฏิเสธที่จะตอบคำถามได้ทุกคำถามที่ท่านต้องการ โดยไม่ต้องอธิบายเหตุผล

ใดๆ นอกจากนี้ท่านสามารถปฏิเสธการให้สัมภาษณ์ หรือยกเลิกการเข้าร่วมการวิจัยได้ตลอดเวลา โดยไม่มีผลกระทบใดๆ

การสัมภาษณ์เป็นความลับและรายชื่อของท่านจะเก็บไว้เป็นความลับตลอดโครงการวิจัย ดิฉันจะไม่ใส่ข้อมูลที่ทำให้ระบุถึงตัวท่านในโครงการวิจัยครั้งนี้

การสัมภาษณ์จะใช้เวลาประมาณ 30 นาที ถึงหนึ่งชั่วโมง ดิฉันมีความจำเป็นที่ต้องใช้เทปบันทึกเสียงในขณะสัมภาษณ์เพื่อว่าดิฉันจะได้ฟังสิ่งที่คุณพูดอย่างตั้งใจ โดยไม่ต้องจดบันทึก ดิฉันจะทำลายเทปบันทึกเสียงทันทีเมื่อโครงการวิจัยสิ้นสุดลง

เรามาเริ่มการสัมภาษณ์กันเลยนะคะ ดิฉันอยากถามความคิดเห็นของท่านเกี่ยวกับการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกที่ผู้รอดชีวิตจากมะเร็งเต้านมใช้ในการส่งเสริมสุขภาพ

การดูแลตนเอง หมายถึงพฤติกรรมสุขภาพที่บุคคลปฏิบัติเพื่อส่งเสริมสุขภาพของตัวเอง

1. ท่านนิยามการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกอย่างไร?

2. ขอความกรุณาบรรยายเกี่ยวกับประสบการณ์ของท่านในการดูแลผู้รอดชีวิตจากมะเร็งเต้านมที่ใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกในการดูแลตนเองว่าเป็นอย่างไรบ้าง?

3. ตามแนวคิดของท่าน ปัจจัยใดที่ทำให้ผู้รอดชีวิตจากมะเร็งเต้านมตัดสินใจว่าแนวทางการดูแลตนเองแบบใดที่เขาจะใช้ในการดูแลตนเอง?

4. ตามแนวคิดของท่าน ทำไมผู้รอดชีวิตจากมะเร็งเต้านมจึงใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกในการดูแลตนเอง?

5. ผู้รอดชีวิตจากมะเร็งเต้านมได้เปิดเผยข้อมูลเกี่ยวกับการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกกับท่าน และ/หรือแพทย์ พยาบาล หรือบุคลากรทางด้านสุขภาพหรือไม่?

6. ตามแนวคิดของท่าน ปัจจัยอะไรที่ทำให้ผู้รอดชีวิตจากมะเร็งเต้านมตัดสินใจจะเปิดเผยหรือไม่เปิดเผยการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกกับแพทย์ พยาบาล หรือบุคลากรทางด้านสุขภาพ?

7. มีข้อมูลอะไรที่ท่านต้องการบอกดิฉันเพื่อทำให้ดิฉันเข้าใจเกี่ยวกับการดูแลตนเองโดยการใช้การแพทย์แบบผสมผสานและการแพทย์ทางเลือกของผู้รอดชีวิตจากมะเร็งเต้านมไทยหรือไม่?

ขอบคุณมากน่ะค่ะสำหรับการเข้าร่วมโครงการวิจัยในครั้งนี้

VITA

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