Oncology nurses' experiences regarding patients' use of complementary and alternative therapies

By Margaret Fitch, M. Pavlin, N. Gabel, and S. Freedhoff

Abstract

In their search for information and in making decisions about complementary and alternative therapies, patients will turn to oncology nurses. How oncology nurses respond to the patient's questions or comments can have an impact on the decision a patient makes about pursuing a particular therapy or whether the patient feels supported. The impetus for this work was the desire to understand how oncology nurses are responding to the patient trend of using complementary and alternative therapies.

Twenty-eight nurses were interviewed over the telephone and a content analysis was completed from the transcribed interviews. The nurses who participated in this study regularly engaged in conversations with patients about complementary therapies and were aware of the reasons patients pursued these therapies. Conversations about alternative therapies occurred less frequently, but often created turmoil for the nurse. The nurses thought they had a role in maintaining an open dialogue about therapies, but felt their knowledge about particular therapies was limited. Obtaining information was a challenge and they often learned about specific therapies from patients and the popular media. Turmoil arose for nurses most often with regards to patients pursuing ingested therapies or alternative therapies. Nurses suggested complementary therapies to patients, but usually waited for patients to raise the topic of alternative therapies. Providing support to patients, whatever course they are choosing to pursue, was seen as an important nursing role.

The popularity of complementary and alternative therapies has grown dramatically in recent years among health care consumers. For serious illnesses, the estimates of actual use of these therapies vary widely, depending upon the definitions and sampling strategies. With cancer, estimates from North American studies range from less than 10% (Lerner & Kennedy, 1992) to more than 80% (Cassileth & Chapman, 1996; Montbriand, 1993). Nation-wide Canadian surveys

revealed that 37% of women with breast cancer reported using unconventional therapies (Clarke, 1993) while 13% of men with prostate cancer (Gray, Greenberg et al., 1997) and 32% of women with ovarian cancer (Fitch, Gray, DePetrillo, Franssen, & Howell, 1999) reported usage. In all of these surveys, cancer patients made it clear they wanted more and better access to information about these therapies.

In their search for information and in making decisions about complementary and alternative therapies, patients will turn to oncology nurses. How oncology nurses respond to the patient's questions or comments can have an impact upon the decision a patient makes about pursuing a particular therapy and on whether the patient feels supported. Authors of this paper (MP, NG, & SF) became aware of an increasing number of queries about complementary and alternative therapies from patients in their practices. They began to wonder if other oncology nurses in other settings were making the same observations and how they were responding to the patient queries. Based on their own practice experiences, they thought there were several types of situations that could create turmoil: 1) when patients decide to pursue a therapy in lieu of conventional treatment; 2) when patients pursue a therapy that imposes a financial burden; and 3) when patients pursue therapies for which there is no scientific evidence. The desire to gain a better understanding of oncology nurses' practice experiences with complementary and alternative therapies was the impetus for the work reported in this article.

Purpose

The purpose of this investigation was to explore the practice experiences of oncology nurses regarding patients' use of complementary and alternative therapies. It was anticipated that the study would provide insight regarding oncology nurses' perceptions of how they responded to cancer patients' questions and usage of these therapies.

Background

The amount of literature regarding the use of complementary and alternative therapies by cancer patients is increasing (Brown & Carney, 1996; Burstein, Gelber, Guandagnoli, & Weeks, 1999; Cassileth, Lusk, Strouse, & Bodenheimer, 1984; Downer et al., 1994; Eisenberg et al., 1998; Gray, Greenberg et al., 1997), and articles describing how medical practitioners ought to deal with this issue are appearing (Curt, 1990; Eisenberg, 1997; Lerner & Kennedy, 1992; Moyad, 1999).

Several reports highlight the introduction of complementary therapies into conventional clinical settings. A survey of 170 health districts in the United Kingdom found that 31% offered some type of complementary therapy (i.e., relaxation therapy, guided imagery, hypnotherapy, music therapy, massage) (Addington-Hall, Weir, & Zollman, 1993). A similar survey of services in NCI-designated cancer centres in the United States revealed the following availability of complementary therapies within these centres: 82% offered relaxation, 56% offered guided imagery, 46% offered hypnotherapy, 39% offered art therapy, 36% offered music therapy, and 26% offered massage (Coluzzi et al., 1995). In Ontario, a review of the regional cancer centres revealed the availability of guided imagery (100%), relaxation (100%), art therapy (38%), hypnotherapy (38%), and pet therapy (25%) (Fitch, 1997). However, none of these reports highlighted how nurses were involved in the provision of any of these services.

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Views held by physicians about complementary and alternative therapies reveal variation in ideas about the roles they ought to take with regard to these therapies (Bourgeault, 1996; Gray, Fitch et al., 1997; Newell & Sanson-Fisher, 2000; Norheim & Fonnebo, 1998). In general, physicians expressed grave concern about the lack of scientific evidence for many therapies.

Several studies have focused on nurses' views about complementary and alternative therapies. In an interview-based study, 20 Canadian nurses emphasized the need for patients to have access to information about complementary and alternative therapies and encouraged collaboration between practitioners of these therapies and conventional practitioners (Fitch, Gray, Greenberg, Labrecque, & Douglas, 1999).

A study in the United Kingdom found that half of the 393 respondents to a mailed survey reported having used complementary therapies in their practices (Trevelyan, 1996). The most popular therapies were massage and aromatherapy. These nurses thought of complementary therapies primarily for the purposes of relaxation, stress reduction, and pain relief. Thirty per cent of the respondents said they had often recommended such therapies for their patients, 58% said they had done so occasionally, and 11% said they had never done so. The majority (88%) also reported they used these therapies at home to reduce stress, pain, back pain, and headaches/migraines.

In Denmark, 60 oncology nurses responded to a questionnaire about attitudes and experiences with alternative therapies (Damkier, Elverdam, Glasdam, Jensen, & Rose, 1998). Sixty-three per cent indicated that alternative therapies could be useful in the treatment of cancer patients, 32% sometimes suggested alternative therapies to their patients, and 20% used alternative therapies in their nursing. One-third had experienced conflict in connection with alternative therapies and their patients, mostly when patients delayed or refused established treatment in favour of alternative therapy. Fifty-three per cent of these nurses had tried alternative medicine themselves.

In Finland, questionnaire data from 92 oncology nurses revealed they did not regard alternative medicine as a safe and natural method in the treatment of cancer (Salmenpera, Suominen, & Lauri, 1998). Many nurses believed that alternative therapies were offered by quack doctors for financial gain. The nurses, however, considered that it was important for cancer patients to have the opportunity to talk about their use of alternative medicine with both nurses and physicians.

To date, the question of how oncology nurses respond, in their daily practice, to patient questions or usage of complementary and alternative therapies has not been reported in the literature. This study was conducted to understand oncology nurses' practice experiences with these therapies. Specifically, the study was designed to explore oncology nurses' perceptions about how often questions are raised by patients, the challenges these questions present to nurses, and the actions oncology nurses take concerning patients' use of complementary and alternative therapies.

Methods

The exploratory nature of this work and the desire to gather nurses' perceptions prompted the use of an interview-based approach for gathering data (Holloway & Wheeler, 1996). A semi-structured interview guide was developed for use with a convenience sample of oncology nurses working in Ontario. Approval to conduct the study was granted by the ethics committee of Sunnybrook Health Science Centre.

Procedures

Recruitment for the project was accomplished using two strategies: 1) an open letter of invitation for staff nurses to participate in the study was sent to the head of nursing in each of the eight regional cancer centres and oncology programs in Ontario, and 2) each participant was asked, at the end of the interview, if she knew any other nurses who might be interested in participating (snowball

technique). The criteria for participating in the study were: 1) registered nurse in Ontario, 2) currently in practice (full or part-time), 3) caseload consisting of at least 50% of patients with a cancer diagnosis, and 4) a minimum of one year's experience caring for cancer patients.

The research assistant contacted interested nurses by telephone to explain the details of the study participation and to verify their willingness to participate. Participation involved a telephone interview on one occasion at a time convenient to the participant. All the interviews, with the exception of two, were conducted by a research assistant highly skilled in conducting interviews. The other two were conducted by two of the investigators (MP and SF). Prior to the interview, a copy of the interview guide was sent to the nurse participant. Each interview was audiotaped and lasted between 30 and 45 minutes.

Interview guide

The interview guide was developed for this study. Demographic information (e.g., age, position, years of experience, practice setting, agency policy, and own use of complementary and alternative therapies) was gathered for the purposes of describing the sample. The interview guide was divided into two parts, one focusing on complementary therapies and the other on alternative therapies, with the same questions in each part. The questions were divided into three broad topic areas: 1) awareness of patient trends regarding complementary and alternative therapies, 2) knowledge about the therapies, and 3) actions by nurses in response to the trends.

The questions assessing awareness of patient trends regarding the therapies included how often conversations occurred regarding the therapies, estimations about the number of patients who were pursuing complementary or alternative therapies, understanding about why patients pursue the therapies, whether patients talk with health care professionals about the therapies, and the response of health care professionals to the patients' conversations. The questions assessing knowledge focused on the nurses' definitions of complementary and alternative therapies, self-rated knowledge about the therapies (10-point Likert scale where 1 represents "a little" and 10 represents "a lot"), and sources of information about the therapies. The questions assessing actions by nurses in response to the trend focused on how nurses found out about what therapies patients were pursuing, observations about benefit and harm to patients in pursuing these therapies, observations about whether situations regarding the therapies were handled well or poorly, and the roles nurses enacted regarding complementary and alternative therapies.

Analysis

The taped interviews were transcribed verbatim and any identifying features in the interviews were removed. The transcriptions were then subjected to a content analysis (Burns & Grove, 1995). Each member of the research team, working separately, reviewed four transcripts and made marginal notes on all interviews regarding content categories for each question. The team met to compare their notations and to agree upon the descriptive coding categories for each question. Agreement was reached through discussion and consensus. The entire set of transcripts was then coded by one team member according to the agreed-upon categories. This article describes the content shared by the participants during the interviews.

Results

Sample

A total of 28 oncology nurses participated in this study. The nurses ranged in age from 33 to 61 years and had worked in oncology from 4.5 to 32 years. The majority held staff nurse positions in hospitals or ambulatory clinics (n=20). The others held positions in the community (n=3), specialty practice (n=3), or clinical trials (n=2).

Fifteen of the nurses worked in regional cancer centres. Two agencies had a written policy supportive of nurses providing therapeutic touch. None had general written policies about complementary or alternative therapies.

When asked if they used complementary or alternative therapies themselves, 20 of the 28 nurses stated they did use the therapies. The reasons they used the therapies included to get an energy boost, for menstrual cramps and side effects, for insomnia, depression, stress, migraines, and colds, to boost their immune system, and for a general sense of well-being.

Awareness

The nurses who participated in this study were cognizant of patients asking questions about complementary and alternative therapies. Almost all of them engaged in conversations with patients about both complementary and alternative therapies. Conversations focused on complementary therapies occurred more often than conversations about alternative therapies (see Table One). Nurses' estimates about the percentage of patients using complementary and alternative therapies varied widely (see Table One).

Many participants thought patients pursued complementary therapies for more than one reason. Most of the participants believed patients experience a sense of control by their pursuit of complementary therapies and a feeling that they are doing something for themselves. The pursuit offered hope. The following quotation reflects many of the participants' views:

They're trying to take control or they want to feel they are more in control of their own destiny. And they want to stay fit and healthy as long as possible. And maybe they want to guard against side effects of chemo. And maybe they're trying to promote faster healing after radiotherapy or they wish to experiment themselves to try to ward off debilitating or degenerative processes. Maybe it increases their confidence and makes them feel less depressed. And I also think that hope springs eternal from the human breast and they may be looking for a miracle cure, reading and trying to stay on top of things. And I also think they want to pursue their own cultural mores as well as conventional treatments. And if they have been taking previous health products they may be reluctant to give it up, to discontinue that, just because they're on conventional treatments.

The reasons nurses believe patients pursue alternative therapies were somewhat different than with complementary therapies. Loss of faith in western medicine was the reason most nurses described for patients' pursuit of alternative therapies. As well, nurses thought that patients were encouraged by family and friends in their pursuit of alternative therapies. Patients and families were thought to be searching for hope, looking for a last resort in light of a desperate situation. Many nurses thought patients had more than one reason to pursue these therapies:

I think it's because they receive a lot of hopeful messages from the alternative [practitioners and have] the lack of faith in western medicine. And I think that...they would be uninformed...it's the lack of hope, the misunderstanding, the miscommunication, those kinds of things lead you to alternatives.

They start feeling a little desperate, not realizing or noticing any benefit from their conventional treatment. Or the doctor has said it's not working as well as they hoped or he may even have told them there has been a recurrence. Or maybe they are fearing disfigurement or too early a demise or maybe they're not absolutely certain of the disease progression. Maybe ethnicity plays into it too...their culture leans towards another method of treatment.

With regard to both types of therapies, some nurses talked about patients pursuing them because patients were looking for something

natural to counteract the side effects of conventional therapy, patients had been influenced by advertising or the media, or patients' religion and culture had influenced their belief systems about certain substances.

The nurse participants believed that patients talked to nurses more frequently than to physicians about complementary and alternative therapies. They thought patients were turning to nurses for an opinion, for information, and for support. Nurses thought that sometimes the conversation with the nurse was a prelude to talking with the physician, but more often was a result of patients not wanting to take up the physician's time, finding the nurse was available, or having concerns about the physician's reaction to queries about the therapies. Overall, these nurses thought there were more conversations with patients by both physicians and nurses, and more openness in the dialogues about complementary and alternative therapies, in the past several years.

Knowledge

Almost all of the participants defined complementary therapies as therapies that were taken or used along with conventional treatments. They perceived these therapies as working to enhance conventional treatments and make things better for the patient by improving physical and emotional well-being. Participants thought that these therapies helped the patient cope with the stress of treatments or side effects and enhanced the body's ability to fight the disease. Examples of the type of therapies they included in this category appear in Table Two. A few nurses defined complementary therapies as being "non-invasive." These participants did not include ingested therapies such as vitamins and herbal remedies within the complementary therapies category.

Alternative therapy was almost uniformly defined by the participants as a therapy chosen instead of traditional or conventional treatment with the hope of curing the disease. Alternative therapies were labelled as unproven, falling outside of the established medical arena, or quackery. Their characteristics were described as being expensive, found in some far-fetched magazine, and not condoned by the oncologists. They were often described as invasive types of therapies and ones that have not been "proven in the scientific manner

Table One: Oncology nurses' experiences regarding patients' use of complementary and alternative therapies (n=28)

	Complementary therapies	Alternative therapies
Nurses' estimates of % patients using therapies	10-90% (range) 44% (mean)	1-80% (range) 20% (mean)
Nurses' estimates of how often conversations about therapies occur with patients.		
Daily:	9	1
Weekly:	12	8
Monthly:	6	11
Rarely:	1	8
Nurses initiating conversations	18	5
Nurses waiting for patients to initiate conversations	10	23
Nurses comfortable recommending therapies for patient use	24	4

to show that it can be helpful and not harmful to patients.” Examples of alternative therapies cited by the participants are included in Table Two.

Several participants described struggling with the definitions. Prior to the interview, they had not separated the notions of complementary and alternative therapies in their thinking:

After the first part [of the interview] with complementary, I hit this part with the alternative and I'm thinking, 'Oh, wait a minute, we're talking about two different things here, Okay, let me back up'...a lot of people look at them as being the same.

Other participants struggled with providing examples of therapies. They experienced difficulties assigning a particular therapy to one or other of the categories. As depicted in Table Two, a number of therapies are cited in both the complementary and the alternative categories.

Nurses rated how knowledgeable they felt about complementary therapies on average at 5.5/10 (standard deviation 1.8) and their knowledge of alternative therapies on average at 3.9/10 (standard deviation 1.9). All the nurses expressed the view that they had more to learn about these therapies:

I think we should probably be more educated as professionals. We need to talk more and educate each other. Our credibility goes right down the tube if we are not aware of some of the stuff that is out there.

Nurses reported they obtained their knowledge about the therapies from a variety of sources and found it a challenge to keep up-to-date. The challenges arose because there were so many therapies to learn about, information about particular therapies was hard to find, and nurses had little time in the course of their day to search for information:

There's so much to study and to read about conventional treatments that I don't go looking for it because I just feel overwhelmed with it all. I've got so many other things to read about what I am doing with conventional treatments and clinical trials, and by the time you get it all done there just isn't room for it. Not for me, anyway.

For many of the nurses, their primary source of learning was from patients who gave them photocopied articles from journals or health

food stores. Many also had been reading on their own, attending education sessions held in the workplace, and accessing information from the internet. A few also mentioned using sources such as television, pharmacists, dieticians, and courses they had attended outside their workplace. In the words of one participant:

...we had a really good inservice within the last year. An overview of complementary therapies and why patients sought them out and what the negative and positive effects were. And it was actually a pharmacist that did the presentation and she was excellent. And it was really well received by all of us, including the doctors.

Practice experiences

Two-thirds of the nurses indicated that they raise the topic of complementary therapies, especially during their nursing assessment when they ask what medications patients may be taking. For the most part, nurses thought of complementary therapies as not harming the patients. Most held the view that, even if the therapy was not having a physiological effect, it was often helping the patient on an emotional or psychological level. Many had observed benefits such as relaxing or calming of the individual, helping minimize side effects, and enhancing the ability to cope with treatments. A number expressed the view that as long as the patients continued on with their conventional therapy, they did not see any harm in patients pursuing complementary therapies:

I agree with them taking complementary therapies as long as it doesn't interfere with their current treatment...like if they're on therapeutic touch, because I know it doesn't interfere, then I say that's fine. But when they get into some of the different herbs and vitamins, therapies, something taken internally, then I discuss it with the physician to know whether or not there's a concern...or the pharmacist.

Nurses talked about the topic of alternative therapies emerging in conversations with patients less regularly than conversations about complementary therapies. Most nurses waited for the patient to raise the topic first. Overall, nurses were more concerned about patients pursuing alternative therapies. For some, the concern stemmed from

the idea that something was ingested. For others, the concern was the cost of alternative therapies and the financial burden that could impose upon the family. Others expressed concerns about the lack of scientific evidence of benefit. Others had observed harmful side effects such as infections, weakened condition, and psychological distress. Almost all expressed their gravest concern was that a patient would give up conventional treatment to pursue an alternative therapy:

I think it depends on what stage they make the decision. I mean when they're choosing alternative therapies when conventional treatment has no longer anything to offer them, I don't think it's harming them. I think it's giving them some, some hope, and a straw to hold onto...but when they are denying themselves conventional therapy, you know, certainly I have concerns about that.

The challenges nurses experienced emerged in relation to ingested therapies and to alternative therapies. It was with these therapies that nurses observed the potential for patient harm and felt turmoil when they knew patients were taking them. Situations which nurses found difficult were described as the following: 1) when a patient gives up conventional therapy, especially if the person has curable disease or is young; 2) when a patient continues to take an ingested

Table Two: Examples of therapies nurses cited and categorized during interviews (n=28)

Type of Therapy*	Complementary	Alternative
Diet & nutrition/vitamins	Barley diet beta carotene garlic Gerson diet	megadose vitamins macrobiotic diet Gerson diet colonic cleansing
Mind-body techniques	aromatherapy psychotherapy expressive arts (art, music) meditation exercise relaxation hypnosis imagery support groups	
Traditional/folk medicine	acupuncture reflexology reiki	traditional Chinese medicine acupuncture salt baths
Pharmacologic/ biologic treatments	shark cartilage	ozone, oxygen therapy shark cartilage hydrogen peroxide therapy
* from Cassileth (1996)		

unproven therapy while on conventional therapy; 3) when a patient asks the nurse to inject a substance of unknown origin; 4) when a patient is on an alternative therapy and no attention is being given to its side effects by the alternative practitioner; 5) when the patient and the family disagree about the alternative therapy; 6) when clinics are too busy and the nurse is unable to sit and talk with the patient about what is of concern; and 7) when a patient is taking something and there is nothing written about it or no research about its action.

Nursing roles with complementary and alternative therapies

For both types of therapies, the nurses interviewed for this study perceived the primary role for nurses was maintaining an open dialogue. Being able to talk in a nonjudgmental, informed manner with patients was seen as important. In the words of one participant, "...if they [patients] ask about it once and they don't get the type of response they're looking for then they don't talk to them [nurses] anymore."

Nurses expressed the view that they needed to know what patients were taking and be able to talk with them about the potential effects. They saw part of the responsibility of the nurse as determining if the patient has all the information about a particular therapy so that the patient can make an informed choice about whether or not to pursue that therapy. "...when people have got more information, a lot decide, no, this isn't what they want, but they need to get the information before they make that decision."

These nurses took on an assessing and monitoring role with regard to complementary and alternative therapies. These roles were enacted by engaging in conversation with the patient about how he or she was feeling, what therapies were being pursued or taken, and what changes had occurred in relation to therapies. The assessment role was enacted by asking what therapies the patient was pursuing and not waiting for the patient to raise the topic. "...I'm finding more and more patients are asking about things like Essiac and vitamins. We are their first contact for everything. Being the co-ordinator of their care we need to know about what the patients are doing."

The educator role was also described as an important one for nurses. This role is one of sharing information with the patient, helping the patient obtain the necessary information, or helping the patient to make sense out of all the information she or he has about a therapy. Finding the necessary information may require referral to other resources, such as social workers or psychologists who could provide relaxation therapy.

Some nurses in this study provided complementary therapies. Three nurses reported using therapeutic touch with patients and two others had been trained in its use. Several of the nurses involved in giving chemotherapy described using relaxation tapes and music during chemotherapy sessions. When asked if they would recommend complementary therapies to patients, most nurses indicated they recommend certain complementary therapies (see Table Three). Nurses recommended these therapies generally because of the perception they helped the patients feel more relaxed and centered. "*I do encourage patients to find some way to help them focus and cope during their treatment and usually I recommend complementary therapies.*"

Most nurses stated clearly they did not feel comfortable recommending alternative therapies. Some of their reasons included the potential harm

that could occur, the cost of some of the therapies, and the potential for interfering with conventional treatment. Many expressed a desire for more information about these therapies so that their role could be more clear. "*I don't know enough about alternative therapy...I would support it, but I wouldn't recommend it, because I don't know enough about it.*"

Above all, nurses in these interviews shared the perspective that they had a role in supporting patient choices, even if they disagreed with the particular choice. They thought there was a responsibility to ensure that the patient had all the information to make an informed choice, but that it was the patient's choice to make. Whatever choice was made, the communication lines ought to remain open even if it was a difficult position for the nurse:

...as long as their decision is based on, you know, what we would consider to be facts and that they understand the implications of their decisions, then, you know, we don't have a problem...But I think it is important to leave the doors of communication open to them...to let them know they can change their minds...we will do this with you if this is what you want but we can always have another conversation.

Discussion

This study was undertaken to describe oncology nurses' practice experiences regarding complementary and alternative therapies. Because cancer patients are using these therapies, it was considered important to understand how oncology nurses were responding to this phenomenon, given there is controversy about the use of these therapies and a range of opinion exists about how to best respond to patient inquiries (Gray, 1998).

Given the exploratory nature of this work, the semi-structured telephone interviews provided helpful insight into the perspectives of nurses caring for cancer patients and some of the issues oncology

Table Three: Therapies nurses feel comfortable recommending for patient use (n=28)

Type of therapy*	Specific therapy
Diet & nutrition	megavitamins referral to dietician
Mind-body techniques	aromatherapy visualization, reflection relaxation, imagery referral to psychiatry/psychology/social worker expressive arts (music, art) meditation support groups exercise
Traditional/folk medicine	acupuncture, acupressure reflexology reiki yoga tai chi
Manual healing	therapeutic touch massage therapy, shiatsu referral to chiropractor
Herbal medicine	Don Quai Echinacea Essiac evening primrose oil green tea St. John's wort valerian root

* from Cassileth (1996)

nurses are currently facing. The nurses who participated were from across the province of Ontario and reflected various roles and work settings. They possessed a range of experience in terms of the years they cared for cancer patients. However, the accrual procedure may have attracted nurses who already possessed an interest in complementary and alternative therapies. The perspectives reported here may not reflect the perspectives of other nurses in oncology. Future work with a larger sample would be needed to confirm these findings.

Based on the nurse reports, cancer patients are pursuing complementary and alternative therapies and are talking to nurses about the therapies. Conversations with patients about these therapies are a regular event for the majority of nurses who participated in this study. Even so, nurses were not always initiating conversations. Many were waiting for the patient to mention the topic, even though they perceived that many patients were using these therapies. It would be of interest to investigate further why more nurses are not initiating conversations about complementary therapies.

It was evident from the interviews that nurses had been conversing with patients about complementary and alternative therapies and were aware of the reasons patients pursue these therapies. Their descriptions about the reasons patients pursue these therapies were the same as those provided by patients in a recent study of patients' perspectives (Gray, Greenberg et al., 1997). However, nurses expressed more reservation about ingested items and alternative therapies than did the patients. Nurses' viewpoints on these therapies were more in line with physicians' views and the need for scientific evidence regarding benefit and harm (Gray, Fitch et al., 1997).

Knowledge

The nurses who participated in this study struggled with the definitions for the terms 'complementary' and 'alternative.' Some had not thought about the two terms prior to the study, but rather categorized all therapies (other than chemotherapy, radiation therapy, surgery, and hormonal therapy) together as complementary. Using the two terms was perceived as useful to separate the notion of a therapy being taken together with conventional treatment or being taken in place of conventional treatment. However, confusion arises when a particular therapy is listed as both a complementary and an alternative therapy (e.g., Essiac). Regardless of the labels, the critical issue in clinical practice is how the patient is perceiving a particular therapy, why he or she is interested in a particular therapy, and what the patient expects the therapy will accomplish.

The nurses in this study were aware of many complementary and alternative therapies, but rated themselves as lacking in terms of their knowledge about them. This is not surprising given the lack of information that exists about many of the therapies and the ever increasing number of therapies which are available. Although nurses wanted to learn more about these therapies, it is questionable how realistic it is to expect a nurse to know about all of them. As patients raise questions about a particular therapy, perhaps the most useful approach is to seek information together and to use the interaction as an opportunity to help the patient learn how to seek out information and how to critically appraise what he or she is finding.

Practice roles

All the participants were of the opinion that nurses working in cancer care need to be prepared to have conversations with patients about complementary and alternative therapies and that nurses' responses have an impact on patients. If nurses are not prepared for an open, nonjudgmental dialogue about complementary and alternative therapies, then patients will turn elsewhere for their information and trust in the nurse may be undermined. Patients will not likely raise the topic again. In the view of some nurses, this type of communication breakdown could actually contribute to patients turning to alternative practitioners. The breakdown also leaves the nurse not knowing what

other types of therapies are being used by the patient.

Nurses' reservations about some of the therapies were evident in their opinions about recommending therapies to patients. They were not prepared to suggest therapies they did not know about or thought were harmful. Nurses' practices regarding which therapies to recommend were based on individual assessment rather than a systematic review of evidence, practice guidelines, or policy. To some extent, this could reflect the lack of evidence and the lack of practice guidelines and policy about some complementary and alternative therapies. However, it may also reflect a lack of awareness about the evidence that does exist.

The nurses in this study emphasized the need to learn more about both complementary and alternative therapies, especially if they are to fulfil their educator role. This has implications for educators in both academic and continuing education settings. However, learning about individual therapies will be challenging because of the lack of scientific evidence about so many of them. The focus of the educational endeavours may be best spent on learning the skills of critical analysis of any evidence.

Implications

Several implications for practice can be emphasized from this work, despite the small sample size. Firstly, it is important for nurses to maintain an open, nonjudgmental dialogue with patients about complementary and alternative therapies. The dialogue is key to supporting the patient and to understanding his or her motivation. It is important for nurses to understand why a patient is interested in a particular therapy and what the patient expects that therapy will accomplish.

Secondly, part of the nurse's challenge is to know enough about the therapies to be able to engage in a meaningful conversation. Given it is difficult to know about individual therapies, nurses could engage in conversation about general principles surrounding the exploration of complementary and alternative therapies and could help patients learn ways of assessing what they are reading about specific therapies. A helpful reference for nurses who wish to engage in such a discussion is the **Guide to Unconventional Therapies** by OBCIEP (1994).

Another approach, if a nurse is unfamiliar with a particular therapy, would be for the nurse and the patient to investigate a therapy together. Based on what is found, the nurse could build a file for future reference. The nursing staff on a unit could, over time, create a collective file of resources about complementary and alternative therapies that all staff members could access. It might also be useful to create a learning centre about therapies for patients to access easily when they come for treatment.

Nurses face challenging situations in their daily practice with regards to complementary and alternative therapies. Managers, practice leaders, and educators need to be aware of these challenges and support staff in their efforts to resolve the situations. Many are situations where communication among the multidisciplinary team members is essential (Montbriand, 2000).

Given the trend of patients using complementary and alternative therapies is likely to increase, agencies ought to review their practice policies. Nursing groups need to be clear about their roles and responsibilities regarding practice with complementary and alternative therapies (Rodgers, 1996). Particularly in the United States, nurses have taken leadership in developing programs for patients and incorporating the use of complementary therapies, where there is sufficient evidence, into their practice (Sanoshy, 1998).

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References

- Addington-Hall, J.M., Weir, M.W., & Zollman, C. (1993). A national survey of the provision of support services for people with cancer. **British Medical Journal**, **304**, 1649-1650.
- Bourgeault, I.L. (1996). Physicians' attitudes toward patients' use of alternative cancer therapies. **Canadian Medical Association Journal**, **155**(12), 1679-85.
- Brown, P.J., & Carney, P.A. (1996). Health beliefs and alternative medicine: A qualitative study of breast cancer patients. **Journal of Cancer Education**, **11**, 226-229.
- Burns, N., & Grove, S. (1995). **Understanding nursing research**. Toronto: W.B. Saunders.
- Burstein, H.J., Gelber, S., Guandagnoli, E., & Weeks, J.C. (1999). Use of alternative medicine by women with early stage breast cancer. **New England Journal of Medicine**, **340**, 1733-1759.
- Cassileth, B.R., & Chapman, C.C. (1996). Alternative and complementary cancer therapies. **Cancer**, **77**(6), 1026-1034.
- Cassileth, B.R., Lusk, E.J., Strouse, T.B., & Bodenheimer, B.J. (1984). Contemporary unorthodox treatments in cancer medicine. **Annals of Internal Medicine**, **101**, 105-112.
- Clarke, J. (1993). **The national forum on breast cancer: A survey study**. Ottawa: Health Canada.
- Coluzzi, P.H., Grant, M., Doroshaw, J.H., Rhiner, M., Ferral, B., & Rivera, L. (1995). Survey of the provision of supportive care services at National Cancer Institute-designated cancer centres. **Journal of Clinical Oncology**, **13**, 756-764.
- Curt, G. (1990). Unsound methods of cancer treatment. **Principles and Practices of Oncology**, **4**, 1-10.
- Damkier, A., Elverdam, B., Glasdam, S., Jensen, A.B., & Rose, C. (1998). Nurses' attitudes to the use of alternative medicine in cancer patients. **Scandinavian Journal of Caring Science**, **12**(2), 119-26.
- Downer, S.M., Cody, M.M., McCluskey, P., Wilson, P.D., Arnott, S.J., Lister, S.J., & Slevin, M.L. (1994). Pursuit and practice of complementary therapies by cancer patients receiving conventional treatment. **British Medical Journal**, **309**, 86-89.
- Eisenberg, D.M. (1997). Advising patients who seek alternative medical therapies. **Annals of Internal Medicine**, **127**(1), 61-69.
- Eisenberg, D.M., Davis, R.B., Ettner, S.L., Appel, S., Wilkey, S., Van Romay, M., & Kessler, R.C. (1998). Trends in alternative medicine use in the United States, 1990-1997: Results of a follow-up national survey. **Journal of American Medical Association**, **280**, 1569-1575.
- Fitch, M. (April, 1997). **Status report: Supportive care in Ontario**. Toronto: Cancer Care Ontario.
- Fitch, M.I., Gray, R.E., DePetrillo, D., Franssen, E., & Howell, D. (1999). Canadian women's perspectives on ovarian cancer. **Cancer Prevention and Control**, **3**(1), 52-60.
- Fitch, M.I., Gray, R.E., Greenberg, M., Labrecque, M., & Douglas, M.S. (1999). Nurses' perspectives on unconventional therapies. **Cancer Nursing**, **22**(3), 238-245.
- Gray, R.E. (1998). Four perspectives on unconventional therapies. **Health**, **2**(1), 55-74.
- Gray, R.E., Fitch, M., Greenberg, M., Voros, P., Douglas, M.S., Labrecque, M., & Chart, P. (1997). Physicians' perspectives on unconventional cancer therapies. **Journal of Palliative Care**, **13**(2), 14-21.
- Gray, R.E., Greenberg, M., Fitch, M., Parry, N., Douglas, M.S., & Labrecque, M. (1997). Perspectives of cancer survivors interested in unconventional therapies. **Journal of Psychosocial Oncology**, **15**(314), 149-171.
- Gray, R.E., Klotz, L.H., Iscoe, N.A., Fitch, M.I., Franssen, E., Johnson, B.J., & Labrecque, M.M. (1997). Results of a survey of Canadian men with prostate cancer. **Canadian Journal of Urology**, **4**, 359-365.
- Holloway, I., & Wheeler, S. (1996). **Qualitative research for nurses**. London: Blackwell Science Ltd.
- Lerner, I.J., & Kennedy, B.J. (1992). The prevalence of questionable methods of cancer treatment in the United States. **CA-A Cancer Journal Clinics**, **42**(3), 181-191.
- Montbriand, M.J. (1993). Freedom of choice: An issue concerning alternate therapies by patients with cancer. **Oncology Nursing Forum**, **20**, 1195-1201.
- Montbriand, M.J. (2000). Alternative therapies - Health professionals' attitudes. **Canadian Nurse**, **96**(3), 22-26.
- Moyad, M.A. (1999). Non-traditional treatments for localized prostate cancer: Ten rules to know before talking to my patients. **Seminars in Urology Oncology**, **17**(2), 64-69.
- Newell, S., & Sanson-Fisher, R.W. (2000). Australian oncologists' self-reported knowledge and attitudes about non-traditional therapies by cancer patients. **Medical Journal of Australia**, **172**(3), 110-3.
- Norheim, A.J., & Fonnebo, V. (1998). Doctors' attitudes to acupuncture - A Norwegian study. **Social Science Medicine**, **47**(4), 519-23.
- Projet d'échange d'information de l'Ontario sur le cancer du sein (OBCIEP), **Guide sur les thérapies non conventionnelles**, 1994. Toronto: Auteur
- Rodgers, S. (1996). **Complementary therapies: What is your role?** [Position Paper]. Toronto: College of Nurses of Ontario.
- Salmenpera, L., Suominen, T., & Lauri, S. (1998). Oncology nurses' attitudes towards alternative medicine. **Psychooncology**, **7**(6), 453-459.
- Sanoshy, J. (1998). Complementary therapies expand the scope of cancer care. **Oncology News**, **13**(6), 1, 4-6.
- Sweeney, S.S. (1970). Relaxation. In C.E. Carlson & B. Blackwell (Eds.), **Behavioral concepts and nursing interventions** (2nd ed., pp. 240-252). Toronto: Lippincott.
- Trevelyan, J. (1996). A true complement? **Nursing Times**, **92**(5), 42-43.