



Complementary Therapies:

Assessing utilization, satisfaction

& needs

*Project facilitated by the
Center for Public Policy Studies
at
California State University, Stanislaus*

Authors
Tabitha Brookins, MSW
John A. Garcia, Ph.D.

May 2010

The Center for Public Policy Studies at CSU, Stanislaus is a non-profit, non-partisan entity dedicated to research and public education about important policy issues and to providing a forum for discussing public policy issues with community representatives, academics, and policy makers in the CSU Stanislaus service area. The center is committed to facilitating regional and community problem-solving through activities and research projects that bring together diverse constituencies and perspectives to clarify issues, consider options, and build consensus.



**Center for Public Policy Studies
at
California State University, Stanislaus
801 W. Monte Vista Ave.
Turlock, CA 95382**

**Telephone: (209) 667-3342
Fax: (209) 667-3725
www.csustan.edu/cpps**

Complementary Therapies:
Assessing utilization, satisfaction, and needs
A project facilitated by the
Center for Public Policy Studies
California State University, Stanislaus

Report Authors
Tabitha Brookins, MSW
John A. Garcia, Ph.D.

Structure of Report.....	4
Introduction & Background Literature	5
Methodology	10
Results.....	12
Major Findings & Implications.....	27
Bibliography	31

Structure of the Report

The research process generated a great deal of information. Reporting the details of such a great deal of information can get in the way of the important results, conclusions, and strategies generated from the information. We have tried to achieve a balance between the tensions of readability and full exposure of the data by organizing material into major sections.

The first section of the report contains the purpose of the study and a brief review of background literature that is important to setting a context for the findings of this study.

The second section of the report describes the methodology that was used for conducting the research. This section includes the research design, sampling plan, data collection and plan for data analysis.

The third major section, Results, reports the distilled findings generated from our survey of complementary therapy participants. The section includes an overview of the sample and data connected to the major research findings.

The final section, Major Findings & Implications, focuses on the core lessons learned and implications for future steps. Collectively, these components embody the fundamental elements that comprised this research study on complementary therapies.

INTRODUCTION

The primary purpose of this research was to explore and describe the use of complementary therapies among cancer patients and their support systems at the Memorial Medical Center in Modesto, California. Exploring and describing complementary therapy use among cancer patients is pivotal for gaining an in-depth understanding of cancer patients needs. Considering the limited information available on complementary therapy use among cancer patients, exploratory and descriptive research methods were utilized in this study. Three questions guided the study:

1. Why do cancer patients utilize complementary therapies?
2. How satisfied are cancer patients with complementary therapies?
3. How do complementary therapies meet cancer patient's needs?

Background Literature

Cancer is the second leading cause of death in America, exceeded only by heart disease (Center of Disease and Prevention, 2009). According to the American Cancer Society, about one in every two men and one in every three women in the United States will be diagnosed with cancer during their lifetime, and more than 1.4 million new cases were expected to be diagnosed in 2010. In the United States alone, cancer accounts for nearly one of every four deaths (American Cancer Society, 2009; Fayed, 2006).

According to Pascoe, Edelman, and Kidman (2000), it is vital to note that for a vast number of people, a cancer diagnosis represents a major catastrophic event in their life. Patients must deal with the profuse stress associated with having a life-threatening illness. In fact, most cancer patients associate a cancer diagnosis with dying (Pascoe et al., 2000). A substantial

proportion of patients diagnosed with cancer experience psychological morbidity following the diagnosis and surgery, with predominate psychological factors being fear, anxiety, and depression. In essence, apart from the effects on patients' quality of life, these psychological factors may increase the severity of physical symptoms experienced during chemotherapy, and in some cases, may affect adherence to the treatment being received (Pascoe et al., 2000).

Many health care providers and patients are turning to complementary therapies as a way to supplement their healthcare and psychological needs. According to Fouladbakhsh, Stommel, Given, and Given (2005),

Complementary therapy is defined as a selected therapeutic method, product, or treatment that practitioner's use in conjunction with conventional, mainstream medicine as a health service for patients. (p 1116)

Complementary therapy approaches do not focus on medically curing the cancer, but rather on holistically treating the person by alleviating symptoms associated with conventional cancer treatments and enhancing the patient's quality of life (Wyatt et al., 1999). This therapy can be used in conjunction with conventional medicine such as radiation or chemotherapy. The variety of complementary therapy approaches includes spiritual, psychological, social, and physical aspects. The techniques used can be in the form of massage, art therapy, music therapy, imagery, yoga, hypnosis, physical exercise, diet and herbs and much more (NCCAM 2010).

As a vast number of cancer patients are utilizing complementary therapy treatment approaches, it is a rapidly growing field in the health care system (Chen, Gu, Zheng, Zheng, Lu, & Shu, 2008). Many health care providers and cancer patients offer anecdotal information to acknowledge the beneficial effects of complementary therapies to some degree or another.

The literature reviewed revealed that the most common reasons cancer patients are satisfied with complementary therapies includes the ability to feel emotionally stronger, to be able to cope with the demands of the illness, to have less difficulty in breathing, to increase energy and reduce feelings of nausea (Downer et al., 1994; Fawzy, Kemeny, & Fawzy, 1990; Palinkas, Kabongo, and The Surf Net Study Group, 2000; Post-White, 1991). Downer et al., (1994) identified high levels of oncology patient's satisfaction with both conventional and complementary therapies. Patients using complementary therapies were less satisfied with conventional treatments, largely because of side effects and lack of hope for a cure. Benefits of complementary therapies were mainly psychological. At the end of the interview, patients were asked to describe their satisfaction with the complementary therapy they had used. Since several patients used more than one therapy their satisfaction with each individual therapy varied, but overall 39 (82%) were either satisfied or very satisfied with the therapies they had chosen. Those satisfied with the therapies described the benefits of easing both physical and mental stress. In the study, patients reported feeling calmer after using relaxation and visualization techniques. Other psychological benefits reported by patients in the study included feeling emotionally stronger, being better equipped to cope with the demands of the illness, and feeling more optimistic and hopeful about the future. Individual patients reported specific physical effects, including less difficulty in breathing, increased energy, and reduced feelings of nausea.

In this study, oncology patients' dissatisfaction primarily focused on diet therapies and herbalism. Of the 17 patients who tried a diet therapy, six reported some difficulties. The difficulties included extreme weight loss, the restrictive and unpalatable nature of the diet, and the time spent preparing the food. The diet was often expensive and the ingredients difficult to find for most of the patients. Two of the patients in the Downer et al., study reported problems

with herbalism: one described feeling physically unwell while receiving the herbal remedy, and the other felt pressured by the herbalist to continue treatment when he no longer wished to do so. One patient experienced difficulty with a healer, who informed the patient that he was cured and no further medical treatment was necessary, when in fact this was not true.

Researcher Post-White (1991) also reported cancer patients' satisfaction with complementary therapies. Post-White worked with chemotherapy outpatients, in which participants were randomly assigned to an experimental or control group. The intervention group, which practiced mental imagery for approximately 4 months, demonstrated a significant improvement in perceived quality of life, emotional state, and disease state, as well as an improved immune function in the lymphokine-active killer cells. Similarly, Fawzy, Kemeny, and Fawzy (1990) discovered that support groups help to reduce mood disturbance and help meet the needs of patients with malignant melanoma while also improving immune function.

In a different study, Palinkas, Kabongo, and The Surf Net Study Group (2000) included 542 patients attending community-based family clinics in San Diego, California. The purpose was to determine patients' reasons for using complementary and alternative therapies in conjunction with their visits to their family physician and the impact these therapies have on their health and well-being. The research results revealed that approximately 21% of the patients were using one or more type of complementary and alternative medicine therapy in conjunction with the most important health problem underlying their visit to the physician. In the research, those who used complementary and alternative medicine therapies in general practitioner-based therapies and chiropractors in particular reported significantly less satisfaction than nonusers with conventional treatment they received from their family physician. Complementary and

alternative users also reported no significant difference in the levels of satisfaction with these therapies and the level of satisfaction with the care received from their family physician.

These studies represent a beginning to the exploration of complementary therapies, their use and efficacy on various physical and psychosocial outcomes among cancer patients. The favorable outcomes of mentioned research studies range from improved survival time, to fewer physical symptoms, to improved immune function. Finally, many psychosocial indicators suggest complementary therapies contribute to reduced anxiety, improved coping styles, and enhanced quality of life.

While the knowledge base on complementary therapies is growing, more information is needed specifically related to why cancer patients use complementary therapies, how satisfied they are, and how complementary therapies meet their needs. Although, it is documented that patients with psychosocial issues are more likely to use complementary therapies, the extent to which these findings are generalizable to all cancer patients remains unclear. While small studies have focused on specific types of cancer patients and complementary therapy use, it may also be useful to study the complementary therapies used across patients with various types of cancer, including how satisfied they are and the various ways in which complementary therapies meet their needs. It is pivotal to assess the effectiveness of complementary therapy use from the cancer patient's perspective, because without such information, their medical needs may go unmet. From a programmatic standpoint, it is also important for service providers at a local level to understand participants' views of the services they receive.

METHODOLOGY

Overview

The primary objective of this study was to assess the Complementary Therapy Program at Memorial Medical Center. Specifically, the study sought to understand the reasons why cancer patients and support systems use complementary therapies, their satisfaction with complementary therapies, and how complementary therapies meet their needs.

Design

A quantitative, electronic survey was used to elicit accurate and generalizable numeric data for this study. Due to the lack of information available on complementary therapy use among cancer patients, a quantitative design provided the researchers with the opportunity to convert data into a numerical form and subject it to statistical analysis. A quantitative method is particularly useful because it provides an in-depth detail of one's perceptions and ideological behavior. The use of the standardized questionnaire allowed the researchers to obtain adequate feedback from the respondent's viewpoint.

Sampling Plan

A probability sampling strategy was used to recruit participants for this study. Staff members from the Memorial Medical Center sent a letter of invitation to all persons who signed up for a complementary therapy class during 2009. The potential participants included cancer patients as well as members of their support systems. This letter introduced the perspective participant to the nature of the study and provided information regarding how to participate. The letter included the URL to the electronic survey. If the person preferred to complete a hard copy (paper-pencil) survey, instructions were provided regarding how to request a survey. If the

paper-pencil survey was preferred, the Medical Center staff mailed the survey along with a (postage paid) return envelope. This sampling process provide all (adult) program participants from the year 2009 with an opportunity to provide their views on why they participated in the program, their levels of satisfaction with the program, and how the program met their needs. A total of 212 letters of invitation were sent out to persons who signed up for a complementary therapy in 2009. (It should be noted that the Complementary Therapy staff believe that this number is significantly higher than the actual number of program participants. That is, while many people sign up for classes, not all will actually participate. The actual number of complementary therapy participants in 2009 is projected to be closer to 120.)

Data Collection

Data collection began in February 2010, and the surveying was complete by the middle of March. Electronic surveys were submitted directly to the University depository created via Survey Monkey. This tool is an online application that gave the participants a choice of when and where they wished to complete the survey. The participants were asked to: (i) read the cover letter and informed consent statement carefully; (ii) read and follow the instructions for the online questionnaire and to fill it out completely; and (iii) submit the completed survey electronically at the end. The online survey took approximately 10 minutes to complete. The survey consisted of 41 questions devised by the researcher in the hopes of capturing the respondents' opinions about complementary therapies.

Plan for Data Analysis

In addition to identifying why cancer patients utilize complementary therapies, how satisfied cancer patients are with complementary therapies, and how complementary therapies meet cancer patient's needs, the following information was gathered: participant's type of cancer, type of therapy utilized, gender, age, and racial/ethnic background. The survey data were gathered and entered into the computer program using the Statistical Package for the Social Sciences (SPSS). Univariate statistical analyses were used to analyze the data. This statistical analysis included frequency distributions and measures of central tendencies to identify why cancer patients utilize complementary therapies, how satisfied they are with complementary therapies, and how complementary therapies meet their needs.

The survey also included one open-ended question. For this qualitative question, a thematic analysis (Spencer, 1994) was performed using a 4-stage process to insure the trustworthiness of the data (Lincoln & Guba, 1985). In the first stage, the researchers read the comments to become familiar with the data, then searched for and noted main points. In the second stage, a framework was constructed to code the data. The third stage of the data analysis involved a process wherein the data were coded according to the thematic framework. The final stage, mapping and interpretation, consisted of a summary of the key characteristics of the data and interpreting the data as a whole.

RESULTS

Overview of Participants

A total of 67 persons (out of the 212 letters of invitation) completed surveys for this research. It is important to note that there were 11 different complementary therapy classes offered in 2009, and the sample for this study included representatives from each of the classes.

The complementary therapies offered by Memorial Medical Center in 2009 included the following 11 classes: Images and Cancer Art Program, Writing through Cancer, Moving towards Healing, Sounds of the Heart Music Group, Talking Photographs, Hope Blooms Garden Club, Triumph Strength/Fitness Program, Triumph Cycling Team, Triumph Walking Club, Starr Power Pilates Level II, and Healing Yoga.

Virtually all of the participants (96.4%; n=54) self-identified as White/Non-Hispanic. There were two participants who self-identified as Hispanic/Latino and Asian/Pacific Islander (3.6% n=2). African-American and Native-American were categories included on the questionnaire; however, there were no participants in these categories. Table 1 presents the prevalence of race/ethnicity of the participants. Seventy-nine percent (n=49) of the participants were female and 21.0% (n=13) were male. The largest number of participants (42.9%; n=27) were between the ages of 55--64, and 31.7% (n=20) were above 65 years. Those between the ages of 18--24 were included on the demographic portion of the questionnaire; however, no participants included themselves in this category.

Table 1

Frequency of Race / Ethnicity

<u>Race/Ethnicity</u>	<u>Response Rate (%)</u>
<u>White/Non-Hispanic</u>	<u>95.7</u>
<u>Hispanic/Latino</u>	<u>2.1</u>
<u>African American</u>	<u>0.0</u>
<u>Asian/Pacific Islander</u>	<u>2.1</u>
<u>Native American</u>	<u>0.0</u>

Breast cancer was the most prevalent diagnosis (56.6%; n=30) for the participants, with gynecologic cancer (11.3%; n=6) as the second most prevalent. Table 2 presents the cancer diagnosis prevalence. It is also important to note that the vast majority of the participants in the study were cancer patients (80.6%; n=50) followed by family members (12.9%; n=8), and friends/significant others (6.5%; n=4).

Table 2

Frequency of Cancer Diagnosis

Type of Cancer Diagnosis Specified	Response Rate (%)
Breast Cancer	56.6
Gynecologic Cancer	11.3
Brain Tumor	7.5
Gastrointestinal Cancer	7.5
Lung Cancer	7.5
Colon Cancer	7.5
Head and Neck Cancer	7.5
Bone Cancer	3.8
Lymphoma	3.8
Leukemia	1.9
Endocrine System Cancer	1.9

The demographic section also examined the type of complementary therapies the participant completed. Fifty-four percent (n=33) of the participants used the Triumph Strength

and Fitness Program. The second most popular complementary therapy was the Images and Cancer Art Program. The complementary therapies used less frequently were Healing Yoga (19%, n=12), Moving Towards Healing (14%, n=9), followed by Triumph Cycling Team (9.8%, n=6). Table 3 presents the breakdown of complementary therapies completed.

Table 3

Frequency of Complementary Therapies Completed

Type of Complementary Therapies	Response Rate (%)
Triumph Strength/Fitness Program	54.1
Images and Cancer Art Program	47.5
Starr Power Pilates Level II	34.4
Hope Blooms Garden Club	29.5
Writing Through Cancer	27.9
Triumph Walking Club	24.6
Sound of the Heart Music Group	23.0
Healing Yoga	19.7
Moving Towards Healing	14.8
Triumph Cycling Team	9.8

Reasons for Complementary Therapy Utilization

The reasons surrounding the utilization of complementary therapies varied. Nevertheless, four prominent reasons were given by the majority of all of the participants. These common reasons appear to converge on one central theme: Quality of Life. That is, 97.0% (n=65) of the participants indicated that their reason for utilizing complementary therapies was to improve quality of life. The second most prevalent reason for use was to sustain a desire to feel hopeful

(86.6%; n=58). The third most popular reason (83.5%; n=56) was to return to or gain a level of physical fitness. Finally, 77.2% (n=51) of the participants believed that complementary therapies would assist in controlling their anxiety and fear.

Conversely, a vast majority of participants, 85.1% (n=57), disagreed that complementary therapies were used because of the lack of medical treatment. Eighty percent (n=53) did not agree that a poor chance of recovery with traditional treatment was a reason for complementary therapy utilization. Seventy-five percent (n=50) of participants expressed disagreement in the belief that complementary therapies were used because of dissatisfaction with traditional treatment, 55.2% (n=43) disagreed that complementary therapies were utilized to deal with the cancer-problem without the assistances of others. Table 4 provides a complete presentation of the primary reasons for complementary therapy usage surrounding the issue of quality of life.

Table 4.

Primary Reasons for Use

Reason for Use	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
To improve quality of life	0.0	0.0	1.9	16.7	81.5
To sustain desire to feel hopeful	0.0	1.9	7.4	35.2	55.6
To return to or gain a level of physical fitness	0.0	7.4	7.4	35.2	50.0
To control anxiety and fear	0.0	4.5	18.2	33.3	43.9

Table 5 presents the additional reasons for complementary therapy use, and highlights those factors which are NOT particularly important to participants' decisions to utilize complementary therapies.

Table 5.

Reasons for Utilization Continued

Reason for Use	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
To avoid symptoms/side effects of oncological therapies	7.5	19.4	20.9	32.8	19.4
Because a friend or co-worker recommended this treatment	12.3	23.1	16.9	33.8	13.8
To prolong life	6.1	22.7	24.2	25.8	21.2
To have a health care provider who listens and cares	9.1	15.2	25.8	25.8	24.2
To deal with the problem without assistance from others	16.4	38.8	25.4	11.9	7.5
To be involved in the decision making process in regards to therapy	3.1	21.5	29.2	27.7	18.5
Because primary physician recommended the use of them	7.6	30.3	24.2	24.2	13.6
Because of dissatisfaction with "traditional treatment."	30.3	45.5	15.2	4.5	4.5
Because a family member has used these treatments for the same problem	20.0	33.8	35.4	6.2	4.6
Because of the poor chance of recovery with "traditional treatment"	37.9	42.4	10.6	6.1	3.0

An additional noteworthy point revealed in Table 5 is the fact that only 37% of the participants indicated that the primary physician recommendation was their reason for utilizing the complementary therapy. At the same time, an equal percentage (37%) of the participants disagreed or strongly disagreed with the statement that a primary physician recommendation was the reason for their use of complementary therapies.

Satisfaction with Complementary Therapies

Participants were asked a series of questions regarding how satisfied they were with the complementary therapies they utilized. Participants were overwhelmingly satisfied (97%). In addition to general satisfaction, the study sought to determine “reasons” for participant satisfaction (or dissatisfaction). Responses showed that nearly all of the participations were highly satisfied with the complementary therapies for mental health/psychosocial reasons. The reasons for satisfaction stemmed from the reduction in fear, depression, anxiety, anger, sadness, and irrational thoughts or behavior as a result of participating in the therapy. Satisfaction with complementary therapies for friendship, support, companionship, and inspiration from others was also extremely common among the participants (90.8%; n=59). A vast majority (84.7%; n=55) of participants were satisfied with complementary therapies for increased energy and a decline in fatigue. Pain reduction was an indicator that received the lowest rating from participants in terms of their satisfaction. Table 6 shows a frequency distribution indicating participants’ satisfaction with complementary therapies.

Table 6

Satisfaction with Complementary Therapies

Complementary Therapy Satisfaction	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Overall Satisfaction	0.0	0.0	1.5	13.8	84.6
Social Functioning	0.0	0.0	9.2	20.0	70.8
Mental Health	0.0	0.0	17.5	25.4	57.1
Physical Functioning	0.0	0.0	21.5	30.8	47.7
Energy / Fatigue	0.0	1.5	13.8	38.5	46.2
Pain	1.6	3.2	50.0	29.0	16.1

Participants' Needs Met with Complementary Therapies

Consistent with the satisfaction data, the results of the analyses revealed that there was strong consensus among the participants (90.4%; n=57) that complementary therapies met their needs. Ninety-two percent (n=58) of users reported their needs were met by increasing theirs or their loved one's quality of life, and 65.1% (n=41) believed that complementary therapies had met their needs to feel in control of their cancer compared to 9.6% (n=6) of participants who disagreed. Slightly more than half (57.9%; n=37) expressed that the complementary therapies met their needs by boosting their immune systems. Twenty-eight (43.7%) believed that the complementary therapies helped relieve symptoms from conventional medicine compared to 39.1% (n=25) who remained neutral.

Table 7

Percentage Needs Met with Complementary Therapy Use

Complementary Therapy	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Increased / Increasing my quality of life	0.0	0.0	7.9	38.1	54.0
Met/ Meeting my needs	0.0	0.0	9.5	46.0	44.4
Made/ Making me feel control over cancer	4.8	4.8	25.4	38.1	27.0
Boosted / Boosting my immune system	4.7	9.4	28.1	43.8	14.1
Relieved / Relieving my symptoms	1.6	15.6	39.1	35.9	7.8
Cured/Curing my cancer	23.4	40.6	25.0	6.3	4.7
Prevented/Preventing my cancer from spreading	19.4	41.9	25.8	9.7	3.2

What is particularly noteworthy in Table 7 is the fact that participants in this study have a clear sense of the “complementary” nature of complementary therapies. Consistently throughout the responses, participants expressed the fact that complementary therapies are not an “alternative” to traditional therapy. Rather, complementary therapies are viewed as a “complement” to traditional treatment. Participants did not view complementary therapies as a cure for their cancer, and they did not holistically believe that the therapies would prevent the cancer from spreading. As a matter of fact, a couple of the participants were “bold” enough to articulate their views on this issue in the open-ended question of the survey. One participant

stated: “*Complementary Therapy is just that, it's complementary. I don't believe it to be a substitute for conventional cancer treatments.*” Another participant added, “*I feel the term complementary therapies was misunderstood by the writer. These are not cancer treatments at all, but merely a way to express ourselves after cancer.*”

Stories connected to Complementary Therapies

The electronic survey also invited participants to record qualitative comments about their expectations of/experiences with complementary therapy. When we originally created the survey, we did not expect that many of the participants would take (extensive) time to write narratives about their experiences. Nevertheless, it was clear from the overwhelming response that the participants in this study desired to tell their stories. Out of the 67 participants who responded to the survey, 40 opted to take the time to respond by providing very detailed qualitative statements related to their complementary therapy use. Four themes emerged from the participants’ comments that captured the core issue that they wanted to express about their experiences with the complementary therapy program: hope; community/support care; quality of life/physical strength; and sense of self-worth/self-esteem. Comments provided by participants about complementary therapy use are listed in each subcategory.

Hope.

Hope was the most dominate theme embedded within all the data. Overall, participants’ comments implied a sense of hope. One participant reported,

Complementary therapies have been a wonderful experience. I have found so much support and positive feedback going on through the therapy sessions. The people are so

caring and involved and we all just look forward to any time spent together. The projects give hope and purpose to everyone involved and I believe it helps to make the community in general more involved [with] not only the art but [also] the idea of treatment like this. It has enriched my life to be a part of this group. Thank you.

Another participant stated,

Complementary therapies have given all of us a happier and healthier outlook on our lives and gives us so much to look forward to these days. I hope they never run out of funding so these programs can continue assisting patients that so deserve these opportunities.

These are additional comments related to hope.

- ❖ Complementary therapy has been my LIFELINE! I can honestly say that I would not be here today if it not for the complementary therapies..... I fell into a very dark hole and was ready to just give up on life that I could not get out of until after I started the complementary therapies.... Cancer took a lot away from me but the complementary therapies have given me so much more....
- ❖ Complementary therapies have given all of us a happier and healthier outlook on our lives and given us so much to look forward to these days.

Social network and support.

Participants expressed the fact that the program provided them with a social network and support system that was desperately needed. This theme was expressed in almost all of the comments provided. One participant said, “I believe the social interaction with other cancer

patients is one of the most beneficial aspects of the program. I also found all coaches to be very supportive and encouraging.” Another participant expressed, “Complementary therapies has helped me feel more connected to people who are going through the same things as I am. It gave me a place to feel comfortable with me and what I’m going through.” An additional participant stated,

I did not start complementary therapy until after my traditional therapy was complete. For the socialization, the new friends and getting out and not feeling different or alone was what this therapy did for me. The camaraderie of other survivors gave me strength.

However, despite the vast number of participants who shared positive opinions regarding complementary therapy use for community/support care, one negative comment was also expressed:

I became involved with complementary therapies because our local hospice would not allow me to participate in their support group due to having multiple difficult personal situations occurring at the same time—divorce, suicide, cancer. At first I thought I had found my niche, and I did for a time. However, in time I grew frustrated with what seems to me to be the lack of directions or goal. It became more of a social gathering.... We pretend alright—a lot of denial...Going through all that we are is hard enough—too hard! and it is frustrating to feel that here is one more social club where one has to pretend....

Additional comments related to social network and support are listed below, but keep in mind that hope and quality of life are embedded within some of the listed comments.

- ❖ Complementary therapies helped me to regain a sense of self worth and importance to the community.

- ❖ I believe the social interaction with other cancer patients is one of the most beneficial aspects of the program.
- ❖ It gives me an opportunity to meet with other cancer survivors.
- ❖ Cancer patients participate in activities, with other mobile cancer patients; they feel less alone in their battle with cancer. And the mentors in these programs have been supportive and caring.
- ❖ These are amazing programs. I believe they speed healing and bring comfort and good friends.
- ❖ All the Complementary therapy programs that I have been involved in have been well thought out and managed by caring individuals. They are safe places where cancer survivors can laugh or cry without the fear of judgment.
- ❖ Make new friendships with people who have had many of the same feelings and experiences, experience social acceptance, and improve both their mental and physical well-being.
- ❖ I love getting together with other cancer survivors.
- ❖ I have thoroughly enjoyed being a part of both programs and have made many friends, all of whom are going through the same thing I'm going through.
- ❖ You are able to reveal your symptoms with someone who knows what you are going through.

- ❖ Everyone that you met in these classes all share a common bond. To be able to laugh about your ordeal and share one's thoughts is beautiful.

 - ❖ The cancer society and my close friends were wonderful. Also my neighbors brought food and keep checking on me daily. The cancer society was wonderful to me.
-

Quality of life and physical strength.

Quality of life is a theme that is related to life's limitations and possible improvements in health and well-being. Many participants mentioned the importance of health improvement and the classes motivating them to get out and be more active. One participant said:

The program was instrumental in bringing me back to living a quality of life I thought I had lost. I climbed to Nevada Falls in Yosemite last year and before the therapy fitness programs, I had difficulty walking from one room to another. Pilates was and continues to be my favorite fitness program and I love my Ukulele class and all the other programs I have participated in. The leaders are amazing.

Another participant stated, "Complementary therapies are empowering...and that in itself provides a better quality of life."

However, one participant had a negative view point of use for quality of life, "I loved getting together with other cancer survivors. However, some of the exercises were too strenuous and am now dealing with a hernia (naval)." The recurrent comments related to quality of life are below, but please note that hope, social network and support, and self-esteem are embedded within these comments.

- ❖ Complementary therapies have given our family a wonderful quality of life.
 - ❖ These are wonderful programs and make our lives so much better.
 - ❖ The fitness classes were a tremendous help to regaining my strength. The massages were wonderfully relaxing and stress reducing.
 - ❖ The complementary therapies gave me a place to relax and get my mind off of my cancer and my family members various medical problems.
 - ❖ Massage therapy during radiation helped my mental state as well as my physical comfort.
 - ❖ Your life is nourished and continues forward as you deal with disease and the fallout with the support of these people and activities.
 - ❖ It provides a better quality of life.
-

Sense of self worth and self-esteem.

Participants recognized the chronic nature of their or their loved ones problems and wanted to find ways to cope with them; they also expected guidance and a sense of self worth/self-esteem. One participant stated:

Complementary therapy is just that, it's complementary. I don't believe it to be a substitute for conventional cancer treatments. But my experience with the Triumph Fitness Program was great, and being a bone marrow transplant survivor having to deal with years of side effects, all I wanted to achieve through the therapy was to start to regain some of the strength that I had lost over the years. I think I achieved that. Which

is actually a good point about Complementary Therapies; what does the patient expect to achieve through the course of therapy? If it's something small and attainable, like regaining some strength or learning not to cry every time they think about having cancer, then it's more likely patients will be happy with the results of the therapy. On the other hand, if a patient thinks his cancer is going to be cured by the therapy, then more often than not the patient will be dissatisfied with the results. Does that make any sense? Anyways, thanks for your efforts in studying these things; anything that can make cancer a little easier to deal with is welcomed and appreciated.

Another participant expressed, "This is the most remarkable program that offers support, hope, love and many ways to find ones inner strength, talent and creativity. It changes your life." The prevalent comments made related to self-esteem/self-worth are listed below, but please note that hope, social network and support, and quality of life are also embedded within them.

- ❖ I believe it helps to make the community in general more involved not only with the art but the idea of treatment like this. It has enriched my life to be a part of this group.
- ❖ Complimentary therapies are empowering.
- ❖ It has enriched my life to be a part of this group.

MAJOR FINDINGS & IMPLICATIONS

The results of this study reveal that the participants are extremely satisfied with their experiences as members of the complementary therapy program at Memorial Medical Center. The findings revealed that there is a clear match between the participants' needs and their reasons for using complementary therapies. This match or fit appears to be the driving force for participants' overall satisfaction with their experience. In this study, there is a resounding

justification (reason) for why participants utilize complementary therapies: enhanced Quality of Life. In this study, participants indicated that their quality of life involves maintaining a desire to remain hopeful, experiencing a reduction in fear/anxiety, having a strong and caring support system, and gaining physical strength and independence. The participants in this study overwhelmingly agree that the complementary therapies at Memorial Medical Center are improving (significantly contributing to) their enhanced quality of life in all of these areas.

The findings also reveal that the participants have a clear sense of the role of complementary therapies in their cancer treatment. The participants do not view the therapies as an alternative to conventional treatment. This finding clearly suggests that the medical staff is providing the participants with clear messages regarding the role that the therapies play in the treatment process.

While the findings of this study overwhelmingly express the strengths of complementary therapies, the results also highlight areas that might be improved or, at minimum, considered in the future. The sample of participants in this study was very homogeneous: Caucasian women, over the age of 55, with a primary diagnosis of breast cancer. Given the tremendous strengths that are associated with participation in these classes, the need to reach or target a more diverse group of cancer patients seems warranted. Again, we do not believe that the homogenous sample is a limitation of the study (non-representative sample); rather, it is our working assumption that the sample most likely mirrors those persons who utilized the complementary therapy program at Memorial Medical Center. Clearly, the results of this study suggest that the hospital will want to examine strategies that are currently being used to engage participants in the complementary therapy program.

Related to the issue of attracting a more diverse contingent of cancer patients, one of the findings of the study was that a relatively small number of participants who utilize the complementary therapy classes did so because they were referred by their primary care physician. This finding suggests that primary care physicians might be able to increase program use by making referrals to all patients. Naturally, this is an area that might be considered for closer examination.

This study was intended to establish a foundation for future research. Upon completion of this study, there are a number of suggestions for next steps. As this study examined complementary therapies in their totality, the next logical step for future research is to begin examining the therapies in isolation. Focusing on individual complementary therapies will allow us to better understand how and why each program is important to the overall well being of cancer patients and their support systems. Another area for investigation stems from a direct limitation of this study. This study was specifically designed to examine perceptions. While participants' perceptions are critical to understanding satisfaction, it is also important to understand psychological, physical and behavioral changes that are connected to the therapies. The key findings from this study (quality of life, mental health, physical independence) could form the basis for future research designed to measure (quantify) these factors in relationship to the complementary therapy that was used.

Conclusions

Holistically, the findings from this study provide compelling evidence to suggest that the Complementary Therapy Program at Memorial Medical Center is a valued component of cancer treatment for program participants. The quantitative and qualitative data generated by this study

overwhelmingly indicate that the program is successfully meeting the needs of participants. It is vital to note that embedded in the qualitative data is an underpinning theme which contributes to the Program's overall success. The participants continuously spoke of the importance of a support system. One critical element of that support system is a caring, committed, and highly competent hospital staff. Throughout the stories shared by the participants in this study, it was clear that the participants have an incredibly positive view of all members of the Medical Center staff, be they staff connected to the "traditional" cancer treatment or staff connected to the complementary therapy programs. This finding cannot be overlooked. The success of the complementary therapy classes appears contingent on a quality hospital staff.

BIBLIOGRAPHY

(Includes works cited & works considered)

- American Cancer Society. (n.d). Cancer.org: Electronic References. Retrieved October 18, 2009, from http://www.cancer.org/docroot/STT/content/STT_1x_Cancer_Facts_Figures_2009.asp?form=fast
- American Cancer Society. (n.d). Cancer.org: Electronic References. Retrieved October 19, 2009, from <http://wwwcancer.org>
- American Cancer Society. (n.d). Cancer.org: Electronic References. Retrieved November 15, 2009, from http://www.cancer.org/docroot/ETO/ETO_5.asp
- Boon, H., Stewart, M., Kennard, MA., et al. (2000). Use of complementary/alternative medicine by breast cancer survivors in Ontario: Prevalence and perceptions. *Journal Clin Oncol.* 18, 2515-2521.
- Bridgen, L. (1995). Unproven (questionable) cancer therapies, *West Journal of Medicine*, 163, 463-469.
- Bryman A. Burgess R, eds. *Analyzing Qualitative Data*. London, England: Routledge.
- Burnard, P.A. (1991). A method of analyzing interview transcripts in qualitative research. *Nurse Education Today*, 11, 461-466.
- Burnstein, H., Gelber, S., Guadagnoli, E., Weeks, JC. (1999). Use of alternative medicine by women with early-stage breast cancer. *New England Journal of Medicine*, 340, 1733-1739.
- Cassileth, BR. (1989). The social implications of questionable cancer therapies. *Cancer*63: 1247-1250.

Center for Disease Control and Prevention. (2008). Leading causes of death, 2008.

Electronic References. Retrieved October 16, 2008, from <http://www.cdc.gov>

Chen, Z., Gu, K., Zheng, Y., Zheng, W., Lu, W., & Shu, X. (2008). The Use of Complementary and Alternative Medicine Among Chinese Women with Breast Cancer. *Journal of Alternative and Complementary Medicine*. 14 (8), 1049-1055.

Cwikel, J. G., & Behar, L.C. (1999a). Organizing social work services with adult cancer patients: Integrating empirical research . *Social Work in Health Care*, 28 (3), 55-76.

Cwikel, J. G., & Behar, L.C. (1999b). Social work with adult cancer patients: A vote count review of intervention research. *Social Work in Health Care*, 29 (2) 39-67.

Davis, C. (2004). Psychosocial needs of women with breast cancer: How can social workers make a difference? *Health & social work*, 29, 330-334.

Downer, SM ., Cody, MM., McKluskey, P., et al. (1994) Pursuit and practice of complementary therapies by cancer patients receiving conventional treatment. *BMJ* 309:86-89.

Dy, G., Bekele, L., Hanson, L., et al. (2005). Complementary alternative medicine use by patients enrolled onto phase I clinical trials. *Journal Clin Oncol*, 22, 4810-4815.

Ernst, E., Cassileth, BR. (1998). The prevalence of complementary/alternative medicine in cancer:A systematic review. *Cancer*, 83, 777-782.

Fayed., L. (2006). *Understanding the Development of Cancer*. Retrieved October 18, 2008 from <http://cancer.about.com/od/cancerfactsandstatistics/f/dailydeaths.htm>

Fawzy, F., Kemeny, M., Fawzy, N. (1990). A structured psychiatric intervention for cancer patients:changes over time in immunological measures. *Arh Gen Psychiatry*, 47, 729-735.

Fouladbakhsh, J., Stommel, M., Given, B., & Given, C. (2005). Predictors of Use of

- Complementary and Alternative Therapies Among Patients With Cancer. *Oncology Nursing Forum*. 32 (6), 1115-1122.
- Fowler, Floyd J., Jr. (1993). An overview of survey research methods. *Survey Research Methods* (2nd.). Newbury Park, CA: Sage.
- Fury, M. (2006). Symptoms and Diagnosis of Cancer. Retrieved November 24, 2009, from <http://www.merk.com/mmhe/sec15/ch181a.html>.
- Fredette, L.(1995). Breast Cancer Survivors: Concerns and Coping. *Cancer Nursing*, 18, 35-46.
- Gadalla, T. (2007). Cancer Patients' Use of Social Work Services in Canada: Prevalence, Profile, and predictors of Use. *Health & Social Work*, 32, (3), 189-192
- Harpham, W.S. (2001). Complementary and alternative methods—Alternative therapies for curing cancer: What do patients want? What do patients need? *CA: A Journals for Clinicians*, 51, 131-136.
- Helyer, L., Chin, S., Chui, B., Fitzgerald, B., Verma, S., Rakovitch, E., Dranitsaris, G., Clemons, M., (2006) The use of complementary and alternative medicines among patients with locally advanced breast cancer -- a descriptive study. *BMC Cancer*; 39 (4), 39-8.
- Lerner, M. (1994). Choices in Healing: Integrating the Best of Conventional and Complementary Approaches to Cancer. Cambridge, MA: MIT Press.
- Lewin, A, J., (1986). Aerobic Exercise and Blood Pressure. *JAMA*, 255:1877. *Disease*, 10(8), 781-784. doi:10.1111/j.1463-1318.2007.01425.x
- Lloyd-Williams, M., Dennis, M., & Taylor, F. (2004). A prospective study to determine the association between physical symptoms and depression in patients with advanced cancer. *Palliative Medicine*, 18 (6), 558-563.
- Lillquist,P.,& Abramason, J.(2002). Separating the apples and oranges in the fruit cocktail: The

mixed results of psychosocial interventions on cancer survival. *Social work in Health Care*, 36(2), 65-79.

Lincoln, YS., Guba, E. (1985). *Naturalistic Inquiry*. Beverly Hills. Calif:Sage Publications.

Lubeck, D., P., Litwin, M., S., Flanders., S., Henning., J., M., & Carroll, P., R. (1999). The Relationship between Health-Related Quality of Life and the Use of Complementary and Alternative Medicine among Prostate Cancer Patients. *Quality of Life Research*, 8 (7), 560.

Lyman, G. (2000). A New Approach to Maintain Planned Dose Chemotherapy on time: A decision-making tool to improve patient care. *European Journal Cancer*, 36, 15-21.

Knisely, J. (2007). Ready resource for radiotherapists. *The Cancer Oncology*, 8 (1), 17-18.

Medline Plus. (2009). Complementary and Alternative Medicine. Retrieved November 23, 2009, from <http://www.nlm.nih.gov/melineplus/complementaryandalternativemedicine.html>

Misona, K., Weiss, T., Fann, T., Pedman, L., & Yeh, R. (2008). Incidence of Suicide in Persons with Cancer, *Journal of Clinical Oncology*, 26 (29), 4731-4738.

Molassiotis, A., Scott, J., Kearney, N., et al. (2005). Complementary and alternative medicine use in Breast cancer patients in Europe. *Supportive Care in Cancer*, 14, 260-267.

National Center for Complementary and Alternative Medicine: Definition and categories of CAM.

Retrieved December 1, 2009, from <http://nccarm.nih.gov/health/whatiscam/>

National Center for Complementary and Alternative Medicine. (2009). What Is Complementary and Alternative Medicine? Retrieved November 16, 2009, from <http://nccam.nih.gov/health/whatiscam/>

National Association of Social Workers. (1996) Code of Ethics. Retrieved April 1, 2010, from <http://www.socialworkers.org/pubs/code/default.asp>

Oneschuk, D., Hanson, J., & Bruera, E. (2000). Complementary therapy use: a survey of community-and hospital-based patients with advanced cancer. *Palliative Medicine, 14*(5), 432-434. Retrieved from Academic Search Elite database.

Ottawa: Author. (1994). Canadian Association of Social Workers. Social worker code of ethics.

Palinkas, L., Kabongo, M., & The Surf Net Study Group. (2000). The Use of Complementary and Alternative Medicine by Primary Care Patients. *Journal of Family Practice, 49* (12), 1121-1126.

Paltiel, O., Avitour, M., Peretz, T., Cherny, N., Kaduri, L., Pfeffer, R.M., & Soskolne, V. (2001). Determinants of the Use of Complementary Therapies by Patients with Cancer. *Journal of Clinical Oncology, 19* (9), 2439-2448.

Pascoe, S., Edelman, S., & Kidman, A. (2000). Prevalence of psychological distress and use of support services by cancer patients at Sydney hospitals. *Australian & New Zealand Journal of Psychiatry, 34*(5), 785-791.

Post-White, J. (1991). *The Effects of Mental Imagery of Emotions, Immune Function, and Cancer Outcomes* [disteration]. Mineapolis, Minn: Disertation Abstracts Interantioanl University of Minnesota.

Rakovitch, E., Pignol, JP., Chartier, C., et al. (2005). Complementary and alternative medicine use is associated with an increased perception of breast cancer risk and death. *Breast Cancer Res Trea, 90*, 139-148.

Redmond, K. (1996). Advances in supportive care. *Europe Journal Cancer Care, 5* (2), 1-7.

Reardon, C. (2008). Complementary and Alternative Therapies in Behavioral Health. *Social*

- Work Today*, 9(6), 8.
- Ritchie, J., Spencer, I. (1994). Qualitative data analysis for applied policy research. In *Analyzing Qualitative Data* (Bryman A. & Burgess R.G.eds). Routledge London, 173-194.
- Richardson, J. (2004). What Patients Expect From Complementary Therapy: A Qualitative Study. *American Journal of Public Health*, 94, 6, 1049-1052.
- Rosenbaum., E. & Rosenbaum, I. (2005). *Everyone's Guide to Cancer Supportive Care*. Andrews McMeel Publishing: Kansas City.
- Rustøen, A. (1997). *Literature Review of Secondary and Tertiary Prevention in Health of the Nation Key Areas*, Health Education Authority, London.
- Rubin, A. & Babbie, E. (2008). *Research Methods for Social Work*. 6th ed. Thomson Brooks/Cole.
- Salmenperä, L., Souminen, T., & Vertio, H. (2003). Physicians' attitudes towards the use of complementary therapies (CTs) by cancer patients in Finland. *European Journal of Cancer Care*, 12(4), 358-364. doi:10.1046/j.1365-2354.2003.00440.x.
- Shumay, DM., Maskarinec, G., Gotay, CC., et al. (2002). Determinants of the degree of complementary and alternative medicine use among patients with cancer. *Journal Altern Complement Med*. 8, 661-671.
- Sparber, A., Bauer, L, Curt, G., et al. (2000). Use of complementary medicine by adult patients Participating in cancer clinical trials. *Oncol Nurs Forum*, 27, 623-630.
- Tagllaferri, M., Cohen, I., & Tripathy, D. (2001). Complementary and alternative medicine in early-stage breast cancer. *Semin Oncology*, 28, 121-134.
- Wyatt., GK., Friedman, LL., Given., CW., et al. (1999). Complementary therapy use among older cancer patients. *Cancer Practice*, 7, 136-44.

