

Attitudes Among Nurses Toward the Integration of Complementary Medicine Into Supportive Cancer Care

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Purpose/Objectives: To explore the attitudes of nurses treating patients with cancer regarding the use of complementary and integrative medicine (CIM) therapies to reduce symptoms and improve quality of life (QOL).

Design: Prospective and descriptive.

Setting: 12 hospital and community care settings in Israel.

Sample: 973 nurses working in oncology and non-oncology departments.

Methods: A 26-item questionnaire was administered to a convenience sample of nurses treating patients with cancer.

Main Research Variables: Interest in CIM integration and training in supportive cancer care.

Findings: Of the 973 nurses who completed the questionnaire, 934 expressed interest in integrating CIM into supportive cancer care. A logistic regression model indicated that nurses with a greater interest in integration tended to be older, believed that CIM improved patients' QOL, and had no structured postgraduate oncology training. Nurses who believed CIM to be beneficial for QOL-related outcomes were more likely to express interest in related training. The goals of such training include improving QOL-related outcomes, such as anxiety, insomnia, gastrointestinal symptoms, and pain.

Conclusions: Most nurses working with patients with cancer are interested in the integration of CIM into supportive cancer care.

Implications for Nursing: Most nurses would like to undergo training in CIM to supplement conventional care. CIM-trained integrative nurses can help promote the integration of patient-centered CIM therapies in supportive cancer care settings.

Oncology centers worldwide are making complementary and integrative medicine (CIM) services available to patients. The stated goal of these treatments is to improve patients' quality of life (QOL) during the various stages of cancer therapies (Ben-Arye et al., 2013). Like palliative care, CIM embraces a patient-centered and patient-tailored approach, which is based on a biologic, psychological, social, cultural, and spiritual model of holistic care, in keeping with patients' health belief models. Research has shown that CIM can reduce cancer-related fatigue; chemotherapy-induced nausea, anxiety, insomnia, pain, and a range of other QOL-related concerns (Greenlee et al., 2014). However, potential safety concerns exist, particularly regarding the use of herbal medicine, which could potentially lead to herb–drug interactions that affect the bioavailability and activity of chemotherapy agents (Zeller et al., 2013).

The prevalence of complementary medicine use among patients with cancer is high, with more than half of those undergoing chemotherapy reporting the concurrent use of CIM-related therapies (Davis, Oh, Butow, Mullan, & Clarke, 2012). Many CIM treatments are unmonitored by an informed healthcare professional,