

Quality of Life and Patterns of Nontraditional Therapy Use by Patients With Cancer

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Purpose/Objectives: To describe the characteristics of patients with cancer that may be associated with use of or interest in nontraditional healthcare practices or therapies.

Design: Descriptive study using survey methodology with a large convenience sample.

Setting: Private, outpatient, adult hematology/oncology practice in the midwestern United States.

Sample: 89 outpatients who had received, were currently receiving, or were scheduled to receive chemotherapy for cancer. Participants ranged in age from 21–88 years ($\bar{X} = 63.26$), were predominately Caucasian and female, and had a high school education.

Methods: Patients presenting for treatment were handed surveys and asked to mail them back to the investigators. Instruments included Ferrans and Powers' Quality of Life (QOL) Index—Cancer Version and a questionnaire designed for the purpose of this study to obtain demographic information and information regarding interest in or use of nontraditional therapy (NT). Data were analyzed for frequency of use, interest in using NT, and relationship between use/interest and quality of life.

Main Research Variables: QOL, using NT.

Findings: 34 (39.5%) of the respondents initiated use of NT after receiving a diagnosis of cancer; they were more commonly female, less than 65 years of age, and more highly educated. New users of NT tended to have known about their diagnosis longer, had experienced a recurrence or metastasis, and had been told that the possibility of cure was unlikely. QOL scores were higher among new users versus continuous users of various individual categories of NT.

Conclusions: Adult patients with cancer in this study sample very commonly used nontraditional healthcare practices; more than one-third initiated their use after diagnosis

Implications for Nursing Practice: Practitioners are challenged and encouraged to become more knowledgeable regarding NT therapy use and more sensitive to issues surrounding patients' decisions to use them

Patients in increasing numbers are seeking to enhance their quality of life (QOL) through the use of nontraditional healthcare therapies (i.e., those therapies that are not yet considered “mainstream medicine” and that patients generally initiate on their own) (Burstein, Gelber, Guadagnoli, & Weeks, 1998). A large and widely publicized study suggested that Americans in 1990 already were visiting nontraditional therapy (NT) practitioners in numbers that far exceeded the number of visits to primary-care physicians (Eis-

Key Points . . .

- ▶ A large proportion of patients undergoing treatment for cancer use or begin using nontraditional or complementary therapies during the diagnostic and treatment process.
- ▶ Younger patients, patients who have known about their disease longer, and patients who have recurrence or less expectation for cure may be more likely to explore or use nontraditional or complementary therapies.
- ▶ Patients' use of nontraditional therapies may be a way of garnering some measure of control in an attempt at adaptation to stress.

enberg et al., 1993). The federal government has established an Office of Alternative Medicine within the National Institutes of Health to promote the scientific investigation of these so-called alternative or complementary therapies and their potential to improve health and well-being (Dunea, 1997). NTs generally are classified as complementary therapies—modalities used in combination with conventional or allopathic medicine, as opposed to alternative therapies, which may suggest a substitution or replacement of standard therapies (Weiss, 1998).

Reasons cited for the rapid increase in the use of NT include dissatisfaction with health care that is perceived as ineffective, expensive, and focused on curing disease rather than promoting wellness (Eisenberg et al., 1993). The use of NT may be widespread among patients with cancer. Burstein et al. (1998) reported a utilization rate of 57% among women with early-stage breast cancer. They found that these healthcare strategies were employed as adjuncts, rather than alternatives, to standard or allopathic therapies. Women with breast cancer who used complementary therapies were found to be more dissatisfied with their standard medical therapies than women not employing these strategies.

Traditional medical practitioners are being challenged to become knowledgeable about the value and limitations of

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