# Complementary and Alternative Medicine: Oncology Nurses' Knowledge and Attitudes 

M. Teresa Rojas-Cooley, RN, BSN, and Marcia Grant, RN, DNSc, FAAN

According to the National Center for Complementary and Alternative Medicine ([NCCAM], 2009), complementary and alternative medicine (CAM) "is a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine." Although common to many patients with cancer, CAM use often is not discussed by healthcare providers. Issues arise when patients do not disclose CAM use to healthcare providers and rely on family and friends as primary sources of information. NCCAM (2009) suggests that nurses can be the members of the healthcare team who "initiate the conversation" about CAM. As a result, this article will explore oncology nurses' CAM knowledge and attitudes in the treatment of patients with cancer.

## Background Literature

Ernst and Cassileth (1998) reported that the prevalence of CAM use in people with cancer is $31 \%$; later studies found an increase in prevalence ranging from $34 \%-88 \%$ (Dy et al., 2004; Hlubocky, Ratain, Wen, \& Daugherty, 2007; Hyodo et al., 2005; Swisher et al., 2002). However, CAM communication between healthcare providers and patients remains inconsistent (Barnes, Powell-Griner, McFann, \& Nahin, 2004; Edgar, Remmer, Rosberger, \& Fournier, 2000; Eisenberg et al., 2001; Richardson, Sanders, Palmer, Greisinger, \& Singletary, 2000; Sparber et al., 2000). Irregular communication about CAM use results from patients' lack of disclosure and healthcare professionals' lack of assessment (Ashikaga, Bosompra, O'Brien, \& Nelson, 2002; Eisenberg et al.; Navo et al., 2004). Patients reported that a primary reason for not disclosing CAM use was fear of physician disapproval (Eisenberg et al.), and most attained information from family and friends (Boon et al., 2000; Edgar et al.; Kelly et al., 2000; Ohlen, Balneaves, Bottorff, \& Brazier, 2006). The trend of "not asking and not telling" about CAM can lead to unintentional and unanticipated issues when patients


#### Abstract

Purpose/Objectives: To describe oncology nurses' complementary and alternative medicine (CAM) knowledge and attitudes.

Design: Descriptive, cross-sectional. Setting: A national medical center and research institute. Sample: A random sample of 850 Oncology Nursing Society members who are RNs involved in direct care.

Methods: Respondents completed a demographic questionnaire and the Nurse Complementary and Alternative Medicine Knowledge and Attitude survey. Descriptive analysis was used to describe the participants' CAM knowledge and attitudes. In addition, participants' comments were transcribed and content analysis was conducted.

Main Research Variables: CAM knowledge and attitudes. Findings: The participants' mean CAM knowledge score was $70 \%$. Attitudes varied according to beliefs, practice, and role, but were positive overall. Conclusions: Assessing oncology nurses' CAM knowledge is important for developing appropriate educational programs that will help nurses support and advocate for patients. In addition, assessing CAM attitudes will provide insight for realizing and sustaining robust changes to health care. Implications for Nursing: Oncology nurses should be prepared with insightful CAM knowledge and attitudes to provide prudent and unbiased information to patients.


combine CAM with conventional therapies (NCCAM, 2009); for example, herb use can interfere with conventional treatment by altering electrolytes, increasing bleeding times, and prolonging anesthesia (Ang-Lee, Moss, \& Yuan, 2001; Norred, 2002; Tsen, Segal, Pothier, \& Bader, 2000).

To date, few studies have asked nurses whether they discuss CAM with patients, and only one study asked patients whether they reported CAM interest or use to their nurses. Fitch et al. (1999) found that patients were honest about CAM use only if oncology nurses conveyed openness and support. In a study of oncology nurses providing direct care by Rojas-Cooley and Grant (2006), patients disclosed the use of prayer, massage, relaxation, and megavitamins. Tovey and Broom

