

Breast Cancer Survivors' Perspectives of Care Practices in Western and Alternative Medicine

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According to the American Cancer Society (ACS), 2009a), an estimated 40,610 breast cancer deaths were expected in 2009. However, as a result of advances in early detection and treatment, many patients with breast cancer can expect survival that is similar to age-matched women without the disease (Rockson, 2002). The five-year relative survival rate for localized breast cancer has increased substantially from 63% in the 1960s to 89% (ACS, 2009a).

Although breast cancer survivors are living longer, they are not necessarily as healthy as the general population (Yabroff, Lawrence, Clauser, Davis, & Brown, 2004). Furthermore, they have to face many treatment-related problems that may impact them physically and psychosocially, such as lymphedema, which affects 10%–25% of the nearly 2 million breast cancer survivors in the United States (Loudon & Petrek, 2000). In addition, treatment effects of fatigue, weight gain, sleep disturbance, and osteoporosis have been reported (Mayer et al., 2007). Common psychological and social problems in breast cancer survivors include fears of recurrence; normative mood changes; uncertainty; an increased sense of vulnerability; feeling of loss; concern about body image, self-concept, and sexuality; emotional distress related to role adjustments and family response; and concern about finances and employment (Knobf, 2007).

Breast cancer survivors use health care not only from Western medicine, but also from the alternative medicine sector. According to Buettner et al. (2006), the reported use of complementary and alternative medicine in women with breast cancer ranges from 36%–83%. However, Yeh, Lin, Tsai, Lai, and Ku (1999) pointed out that although application of alternative, generic, or folk care alone or simultaneously with professional healthcare practices may be commonplace in breast cancer survivors, patients are reluctant and afraid to communicate their beliefs or practices to professionals.

Purpose/Objectives: To explore perspectives of breast cancer survivors about their care with Western medicine and alternative medicine.

Research Approach: Qualitative, ethnographic.

Setting: Cancer center in the midwestern region of the United States.

Participants: 9 breast cancer survivors who had experienced health care involving Western medicine and alternative medicine.

Methodologic Approach: Semistructured interviews were conducted to elicit each participant's perspective about care practices. Data were analyzed with an ethnographic qualitative data analysis method.

Main Research Variables: Care practices in Western medicine and care practices in alternative medicine.

Findings: Western medicine was seen as traditional or mainstream treatment, whereas alternative medicine was seen as anything not involving hospitals and doctors or as complementary. Perceived outcomes from alternative therapies were coping with disease and treatment, holistic care, and emotional support, whereas perceived outcomes from Western medicine were negative things that they had to go through and as an instrument of God. Kinship, social, economical, educational, and belief factors influenced care practices.

Conclusions: Care practices from alternative medicine or Western medicine vary for breast cancer survivors. Many factors influence their selection decisions about care practices.

Interpretation: Nurses should be concerned about what care practices mean to breast cancer survivors. Further research should be considered to evaluate the potential contribution of each factor to breast cancer survivors' decision making about care practices.

Exploring patients' perceptions of healthcare practices within a cultural context is helpful. According to Nishimoto and Foley (2001), healthcare professionals who recognize and appreciate cultural diversity can positively impact outcomes. Patients who are more satisfied with their care are less likely to discontinue their treatment, particularly if their cultural beliefs are