

Complementary Health Approaches

Overcoming barriers to open communication during cancer therapy

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BACKGROUND: Complementary health approaches (CHAs) have been widely used by patients with cancer for many reasons. However, some patients choose not to disclose their use of CHAs to their nurses, fearing that this use will be viewed as unacceptable. Nurses may be uncomfortable talking about CHAs because of a lack of evidence-based research on the subject.

OBJECTIVES: This article promotes ways in which nurses can overcome barriers to open communication about CHAs with patients during cancer therapy.

METHODS: The literature related to CHAs and communication was reviewed.

FINDINGS: To encourage open communication between nurses and patients regarding the use of CHAs, nurses need to be more knowledgeable about CHAs through training or by conducting research related to CHAs.

KEYWORDS

complementary health approaches; communication; patients; disclosure

DIGITAL OBJECT IDENTIFIER

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THE NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH ([NCCIH], 2016) uses the term *complementary health approaches* (CHAs) when discussing practices and products of non-mainstream origin. The NCCIH also categorizes CHAs into two categories: (a) natural products and (b) mind and body practices. Other CHAs that may not neatly fit into either of these two groups are the practices of traditional healers, Ayurvedic medicine, traditional Chinese medicine, homeopathy, and naturopathy.

A study by Mao, Palmer, Healy, Desai, and Amsterdam (2011) found that about 67% of cancer survivors had used CHAs. Reasons for using CHAs are diverse. Mao et al. (2011) reported that, when compared with the general population, cancer survivors used CHAs more often for general disease prevention, immune enhancement, and pain. Another study reported that patients with cancer often turned to CHAs when they had a long-lasting problem (Kumar, Goel, Pandey, & Sarpal, 2016). Some patients decided to use CHAs to cope with emotional distress from the cancer experience (Bismark, Chen, Dy, Gage-Bouchard, & Mahoney, 2014).

Patient and nurse communication about CHAs becomes an extremely important part of cancer care as the use of these complementary treatments increases (Cui, 2013). Nurses should be well informed about the use of CHAs by patients with cancer (Üstündağ & Demir Zencirci, 2015); however, many patients do not communicate their use of CHAs to their nurses (Mao et al., 2011). Data indicate that about 40%–50% of patients with cancer did not disclose use of CHA to their healthcare providers (Davis, Oh, Butow, Mullan, & Clarke, 2012). The purpose of this article is to summarize common reasons for nondisclosure of CHAs and ways for nurses to become better informed about CHA use by their patients.

Reasons for Nondisclosure

Previous studies have shown that nondisclosure about CHAs may result from differences in personal views about CHAs between patients and nurses, therefore raising the complexity of interactions. For example, from the viewpoint of the patient, the most common reasons for nondisclosure were the nurse's lack of inquiry, the patient's anticipation of the nurse's disapproval, the nurse's disinterest, fear of termination of therapy by the nurses upon patient disclosure of CHA use, inability to provide information about the CHA,