Interpersonal factors impacting the decision to (continue to) use Complementary and Alternative Medicine (CAM) in men with cancer – a mixed-methods study

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Thesis submitted for the degree of Doctor of Philosophy

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May 2013
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OVERVIEW OF CHAPTERS

Chapter One:
Reviews the literature on CAM in cancer care, gender differences in CAM uptake, and the influence of cancer patients’ social network.

Chapter Two:
Provides the rationale for the mixed-methods methodology of the research.

Chapter Three:
Presents a published integrative review of the literature on family involvement in cancer patients’ decision-making about CAM. (Paper one)

Chapter Four:
Reports about the prevalence and predictors of CAM use in Australian male cancer patients, and describes which CAMs have been discussed within the cancer patients’ social network. (Paper two)

Chapter Five:
Demonstrates an analytical model of male cancer patients’ reasons/motivations for CAM use, that can be divided into individual and social/interpersonal reasons. (Paper three)

Chapter Six:
Explores how, when, and why family members are involved in male cancer patients’ uptake and maintenance of CAM, highlighting that CAM is practised as a shared and/or private activity. (Paper four)

Chapter Seven:
Illustrates how satisfied male CAM users practise and integrate CAM routines and CAM rituals in their everyday life, and use CAM with or without their family members over time. (Paper five)

Chapter Eight:
Summarizes the findings and implications of the current research.
SUMMARY

There has been an increase in the use of Complementary and Alternative Medicine (CAM) in cancer populations, with reported higher prevalence rates in women than in men. Men with a variety of cancers have been understudied in CAM research, as well as the contribution and involvement of their significant others, like close family members or/and close friends. The aim of this thesis was to investigate the use of CAM in men after a diagnosis of cancer. Specifically, the research aimed to explore how significant others impact on men’s decisions to (continue to) use CAM, how they negotiate, talk, and practice CAM in everyday life, and how this affects their interpersonal relationship. A mixed methodological approach with two independent but related studies addressed the research aims: one quantitative study (survey) and one qualitative study (semi-structured interviews). The results are presented in two published and three submitted papers that contribute to our understanding of CAM use in men affected with cancer and how their CAM uptake is shaped by their social networks.

Paper one reports the results of an integrative review of the literature, and indicates that significant others of patients with cancer often act as information seekers, advocates, and/or role models in patients’ decision-making about CAM. Despite the limited number of reviewed studies about familial involvement available, the results suggest that there may be important interpersonal consequences following patients’ decision to use or not use CAM, that need to be further explored.

Paper two reports the results from the Study 1 survey involving 403 Australian men affected with cancer, a convenience sample of consecutive patients visiting two public and two private outpatient cancer clinics in Metropolitan Adelaide. The results indicate that the majority of male cancer patients (61.5%) have experience with CAM at some point during their cancer treatment, while more than half of the study sample (52.9%) were currently using CAM whilst receiving conventional medical treatment. It was also shown that family were the most frequent providers of information about CAM, and were significantly more often involved in patients’ discussions about CAM use than medical professionals.

Papers three, four, and five report the results of Study 2, involving qualitative analysis of 43 semi-structured interviews with 26 men and 24 significant others, thereby exploring in-depth participants’ perceptions and experiences of CAM. Paper three indicates that men with cancer use CAM for individual and social/interpersonal reasons, a unique category augmenting those previously discussed in the literature. Discourse analysis highlighted how the interpersonal dimension impact on men’s
decisions to uptake CAM, and how the use of CAM functions to connect the male cancer patient with his social network. Paper four reports on the variations of significant others’ involvement in men’s CAM uptake and maintenance, and indicates that CAM is sometimes practised as a shared and/or private activity in everyday life. The shared practice of CAM was associated with interpersonal benefits, working to strengthen the bond between men and their significant others, but there were instances when men expressed a need to practice CAM as a private activity. It was found that CAM benefited both men and their significant others to reduce uncertainty and to regain control. Paper five reports on how regular and habitual male CAM users integrate CAM routines and CAM rituals in their everyday life. The discursive analysis illustrates how CAM routines provide male cancer patients with certainty and control. By contrast, CAM rituals function for cancer patients and their significant others as a means to create and maintain meaning, thereby working to counter fear and uncertainty consequent upon a diagnosis of cancer.

In summary, the results of these studies have shown that the majority of men with a variety of cancers use CAM in addition to conventional cancer care. Family members and/or close friends are a significant source of influence in men’s CAM uptake and maintenance. The interactions about CAM between men and their significant others functioned to help them to connect with each other or strengthen their social bond, and constitute a beneficial effect of CAM use. In addition, it was found that regular CAM use helped men and their significant others to regain control and to reduce uncertainty. These findings may help healthcare professionals to better understand how interpersonal processes impact on men’s CAM decisions. The results might also be translated into clinical practice, for example, in designing supportive cancer care programmes tailored specifically to men affected with cancer, with or without involvement of their significant others.
DECLARATION

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree. I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968. I acknowledge that copyright of published works contained within this thesis (as listed below) resides with the copyright holder(s) of those works.


Klafke, N., Elliott, J., Olver, I., & Wittert, G. (2013). The role of complementary and alternative medicine (CAM) routines and rituals in men with cancer and their significant others (SOs): a qualitative investigation. Supportive Care Cancer (accepted 5 Dec 2013)


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ACKNOWLEDGEMENTS

At the end of this adventurous PhD journey, I would like to sincerely thank the following people for their support and encouragement, as without them this thesis would not have been possible:

First and foremost, I would like to thank my principal supervisor Dr Jaklin Eliott for always challenging and encouraging me to go to the limit. Your belief in me and my ability to become a researcher has meant more than I can possibly say. I feel honoured and privileged to have learned so much by your advice, guidance, support, and friendship.

I would also like to thank my two co-supervisors Prof Gary Wittert and Prof Ian Olver for your wise and thoughtful words, and for the expertise that you have brought to this project. Throughout my candidature, your helpful advice and friendly guidance have been invaluable. It has been a pleasure to know and to work with you. Meeting, working with, and learning from my supervisory panel has been one of the richest parts of my doctoral research.

I acknowledge the funding without this research would not have been possible:

- International Postgraduate Research Scholarship (2010 – 2013)
- The University of Adelaide Scholarship (2010 – 2013)
- Florey Medical Research Foundation Postgraduate Cancer Research Top Up Scholarship (2011 – 2012)
- The Freemasons Masonic Club Travelling Scholarship (2012)

Also, I would like to specially thank all the 427 study participants of my research. Thanks must also go to the South Australian Psycho-Oncology (SA PoCoG) Group, from whose meetings I have learned so much. Special thanks also go to the thesis writing group within the School of Psychology and the School of Public Health for providing “writing up” support. Further my thanks go to all the friendly research and professional staff as well as all the kind and funny PhD fellows within the School of Psychology, particularly to Adella Bhaskara, Emma Stewart, Kristy Hodgson, Alicia Piteo, Sze Yan Cheung, Kaitlin Harkess, Laura Edney, Teresa Puvimanasinghe, Sharon Robertson and Dinis Gökaydin – thanks for your encouraging and inspiring words.
I would like to thank my dear and beloved friends, especially Elsa Dent, Marian Leek, Ana Sequeira, Andrea Barclay, Martin Hooker, Christian Linden, and Christian Haertel who have listened and talked and sometimes run with me when times were tough. I appreciate that you all have been there for me on the good days and the bad. I feel very lucky to have met each of you, as your support and encouragement, and our shared activities have made my life around the world colourful and joyful.

I would like to thank my soul mate and partner Michael Bromund for everything, for being there for me and for holding my hand. Your ongoing love, patience, and support have contributed a huge amount to my happiness, serenity, and career. I can find no words to describe how thankful I am for your constant encouragement and always making me laugh.

Last but not least, I would like to thank my wonderful family, especially my parents, Marzena Malgorzata Klafke and Dieter Klafke, who have always believed in me and encouraged me to follow my dreams. There are not enough words to describe my thanks and love.
DEDICATIONS

TO MICHAEL, THE LOVE OF MY LIFE

TO MY PARENTS, MARZENA AND DIETER, FOR SUPPORTING ALL OF MY DECISIONS AND FOR LAUGHING TOGETHER WITH ME
### KEY TO ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACC</td>
<td>Adelaide Cancer Centre</td>
</tr>
<tr>
<td>ACS</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>ARC</td>
<td>Adelaide Radiotherapy Centre</td>
</tr>
<tr>
<td>AIHW</td>
<td>The Australian Institute for Health and Welfare</td>
</tr>
<tr>
<td>CAM</td>
<td>Complementary and Alternative Medicine</td>
</tr>
<tr>
<td>CCA</td>
<td>Cancer Council Australia</td>
</tr>
<tr>
<td>CI</td>
<td>Confidence Interval</td>
</tr>
<tr>
<td>CINV</td>
<td>Chemotherapy-induced nausea and vomiting</td>
</tr>
<tr>
<td>CUP</td>
<td>Cancer of Unknown Primary</td>
</tr>
<tr>
<td>DP</td>
<td>Discursive Psychology</td>
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<tr>
<td>HREC</td>
<td>Human Research Ethics Committee</td>
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<tr>
<td>MBM</td>
<td>Mind-body medicine</td>
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<tr>
<td>NAFKAM</td>
<td>National Research Center in Complementary and Alternative Medicine</td>
</tr>
<tr>
<td>NCCAM</td>
<td>National Center for Complementary and Alternative Medicine</td>
</tr>
<tr>
<td>NCI</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>NICM</td>
<td>National Institute of Complementary Medicine</td>
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<tr>
<td>RAH</td>
<td>Royal Adelaide Hospital</td>
</tr>
<tr>
<td>RCT</td>
<td>Randomised Controlled Trial</td>
</tr>
<tr>
<td>RRMA</td>
<td>Rural, Remote, and Metropolitan Area</td>
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<tr>
<td>SEIFA</td>
<td>Socio-economic Index of relative socio-economic advantage and disadvantage</td>
</tr>
<tr>
<td>SES</td>
<td>Socio-economic Status</td>
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<tr>
<td>SO</td>
<td>Significant Other</td>
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<tr>
<td>TNM</td>
<td>Tumour Node Metastasis Classification of Malignant Tumours</td>
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<tr>
<td>VCCC</td>
<td>Victorian Comprehensive Cancer Centre</td>
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<td>WHO</td>
<td>World Health Organization</td>
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