

# A Qualitative Study of Factors Influencing Thai Women with Breast Cancer to Use Complementary and Alternative Medicine

Ausanee Wanchai\*, Jane M. Armer, Bob R. Stewart

**Abstract:** While taking conventional medicines to cure cancer, some people also use complementary and alternative medicine to improve their health and well-being. This study used Leininger's ethnonursing method to identify cultural factors influencing 17 Thai women with breast cancer to select complementary and alternative medicines for their health and well-being. They were recruited from a hospital in the lower northern part of Thailand and in-depth interviews and field notes were utilized with each participant. Data were analyzed by using Leininger's method. Findings revealed that factors influencing them to select complementary and alternative medicine centred on (1) kinship, (2) social factors, (3) economic status, and (4) beliefs and lifestyles. Findings suggested that many important factors influenced participants' decisions about using complementary and alternative medicines. Family members and significant others were the most important resources of information. Financial issues were a barrier to continue or discontinue use of complementary and alternative medicines. The beliefs and lifestyles of Thai people also influenced the selection of types of alternative medicine used by the participants. Therefore, nurses should assess patients' perspectives, such as their beliefs and their social networks. Moreover, significant persons should be involved between the health care provider and the patient regarding care practice decision-making.

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## Introduction

Breast cancer is the leading cause of cancer death (after lung cancer) among women worldwide.<sup>1</sup> In Thailand, during the period 1998–2000, breast cancer was the second most common cancer after cervical cancer among Thai women with the incidence rate of 20.5 per 100,000 women.<sup>2</sup> However, within this current decade, breast cancer has been reported to be the leading cancer among Thai women with an incidence rate of 20.9 per 100,000.<sup>3</sup>

**Correspondence to:** Ausanee Wanchai, RN, PhD\* Nursing instructor at Boromarajonani College of Nursing Buddhachinarak, 90/6 Srithammatravidok Road, Muang, Phitsanulok, Thailand, 65000  
**Email:**awkb4@mail.missouri.edu, wausanee@hotmail.com

**Jane M. Armer, RN, PhD, FAAN, CLT.** Professor at Sinclair School of Nursing, University of Missouri; Director, Nursing Research, Ellis Fischel Cancer Center, EFCC 408 DC 116.05, Columbia, MO 65212  
Telephone Number: 573-882-0287. **E-mail:** armer@missouri.edu

**Bob R. Stewart, EdD.** Professor Emeritus of Education and Adjunct Clinical Professor at Sinclair School of Nursing, University of Missouri, Ellis Fischel Cancer Center, EFCC 408 DC 116.05, Columbia, MO 65212. **E-mail:** stewartb@missouri.edu

Previous studies have shown that many physical and psychosocial problems persist after completion of treatment.<sup>4</sup> For example, one study<sup>5</sup> reported that at the end of treatment, common stressors for women with breast cancer include uncertainty about treatment and follow-up, physical concerns, difficulty concentrating, and attitudes about body changes. Another study<sup>6</sup> also reported that the greatest source of stress for women with breast cancer following treatment completion is the side effects of treatment such as hair loss, fatigue, and lymphedema. Further, approximately 33.3% of Thai patients with cancer use complementary and alternative medicine (CAM) as a complement to mainstream treatment,<sup>7</sup> while a cross-sectional study reported that Thai patients with cancer who used CAM therapies selected types of CAM based on their cancer-related symptoms.<sup>8</sup> In addition, findings from a cross-sectional study<sup>9</sup> showed that to improve their quality of life, Thai women with breast cancer take herbal medicines (38.1%), change their nutrition (36.5%) or lifestyle (31.7%), or practice praying (16.8%). A qualitative study<sup>10</sup> described that the meaning of complementary therapy as perceived by Thai women with breast cancer included: cancer-controlling treatment, mental strengthening, mind and body therapy, self-determination, natural therapy, and conventional therapy integration. Some participants believed that CAM could cure cancer. However, there are a few studies which have confirmed the efficacy of CAM as being appropriate for women with breast cancer. This is a challenge that health care providers should address as some usage may lead to problems such as a delay in seeking medical treatment or even more serious problems, such as interactions between CAM and conventional treatment.<sup>11</sup> If we know why breast cancer survivors use CAM, it may provide important information about the beliefs, values, expectations, and hopes of consumers.<sup>12</sup> In addition, since culture shapes how people respond to disease, it is essential that health care providers explore perspectives of patients regarding their health care practice within a cultural context.<sup>13</sup>

Leininger<sup>13</sup> asserted that cultural and social structure factors, including education, economics, politics, cultural values and lifeways, kinship, religion, and technology, also influence individuals' care practices. Accordingly, if nurses understand what factors motivate survivors to use CAM as their care practices, better counseling related to CAM use may be effectively provided.<sup>14</sup> Study results serve as a foundation for better understanding the significance of cultural influences on health behaviors, and help nurses to develop cultural nursing interventions to improve health outcomes for Thai women with breast cancer, and enhance provision of culturally-consistent care.

#### **Purpose of Study**

To identify the cultural and social structure factors that influence Thai women with breast cancer to select CAM care practices to promote their health and well-being.

#### **Research Question**

What are the factors that influence the selection of CAM care practices by Thai women with breast cancer?

## **Methods**

**Design:** The qualitative ethnonursing method of Leininger<sup>15</sup> was used in this study. This uses naturalistic and open inquiry modes to discover the participants' world of knowing and experiencing life.<sup>15</sup> This method is unique and essential to the study of caring and healing practices, beliefs, and values in diverse cultural and environmental perspectives. The theory of Culture Care Diversity and Universality developed by Leininger<sup>15</sup> was chosen to inform this study as it was only theory explicitly focused on the close interrelationship of culture and care on well-being, health, illness, and death. It also focuses on the complex interrelationship of many factors, including lifeways, religion, kinship, politics, law, education, technology, language, environment context, and

worldview, that contribute to culturally congruent care.

**Participants:** were recruited using a purposive selection process from one hospital in the lower northern part of Thailand. Inclusion criteria were: >18 years of age; able to read and speak Thai; diagnosis of breast cancer at least one year previously; and experienced in CAM use. A list of possible participants who gave permission to be contacted by the researcher was obtained from a nurse who was a referral source. The researcher then contacted these possible participants to explain details of the study and invite their participation,

**Ethical Considerations:** The study was approved by the Health Sciences Institutional Review Board of Buddhachinraraj Hospital, Phitsanulok, Thailand and the University of Missouri. All participants were informed about standard principles of protection of human subjects and were provided with written informed consent under the principle of full disclosure. Efforts to maintain participant confidentiality included keeping information secure and private throughout the study. All participants signed an informed consent form.

**Data Collection:** Two in-depth interviews were performed with each participant, for 30 to 60 minutes, with at least two weeks between each of the two interviews, during two months of 2011. Examples of open-ended questions for the interview were: 'Tell me about your decision to use particular health care practices?'; How do you care for yourself to promote health and well-being?'; 'How do these factors influence your decision-making regarding care practices?'; and 'How do you care for yourself to promote health and well-being?'. Data saturation was achieved by continuing to collect data until no further new information was obtained.<sup>15</sup>

*Verbatim* data obtained from audiotaped and transcribed interviews were translated and back-translated into English before analysis by the first author who is fluent in both Thai and English and confirmed by a second bilingual person. Finally, a

translated English version was reviewed by two monolingual English-speaking collaborators and co-researchers.

**Data analysis:** This was conducted using the four phases of the ethnonursing qualitative data analysis method proposed by Leininger<sup>15</sup>. Data analysis began on the first day of research and continued with regular data coding, processing, and analysis until all data were collected. The second phase began with organizing all recurrent components into the NVivo software program to clarify their meanings line by line and word by word. Thereafter, data were reviewed to discover patterns related to the research question, what factors influenced them to use CAM. Finally, the main themes and sub-themes were formulated to explain how those factors influence their decision-making regarding care practices.<sup>15</sup>

**Trustworthiness and Rigor of the Study:** The six qualitative criteria described by Leininger<sup>15</sup> were used in this study to establish trustworthiness and rigor of the study: credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability. To achieve credibility, a triangulation method including observation, field notes, and interview were performed. To achieve confirmability and meaning-in-context, the transcription, field notes, on-going data analysis, and findings were shared with research team. To achieve recurrent patterning, re-reading and re-checking the transcripts several times were performed. To achieve saturation, continuing to collect data until no further new information was obtained. To achieve transferability, providing rich, thick description in describing more details about phenomenon was undertaken.

## Results

There were 17 Thai women with breast cancer with an average age of 49.5 (ranged from 24 to 63 years) years. Ten had less than a high school education and the rest had higher than a high school

education. Twelve women reported it was <6 years since the diagnosis of their breast cancer; the rest reported diagnosis between 9–16 years earlier. Nine women reported they were at stage II of diagnosis, whereas five women had stage III, and three had stage I. Eleven women had received three types of treatment (surgery, chemotherapy, and radiation); five women had received surgery and chemotherapy; and one had been treated by surgery only. Sixteen were Buddhists. Ten women earned < 10,000 baht (<US\$333) a month and the rest earned more than 10,000 baht (>US\$333) a month

There were four themes that emerged: kinship, social factors, economic status, and beliefs and lifestyles.

#### *Kinship*

When making decisions about their care practices in CAM, participants with breast cancer stated that they were influenced by kinship, including recommendations of family members and friends.

One participant said that she decided to take herbs because of her father:

*I have been interested in using herbs because my father knew about herbal medicines, as my grandmother was a traditional midwife. She gave him Thai traditional medicine textbooks, so he was an expert in herbs. When I was sick, he sought out and studied from his old textbooks.* (P1)

Another participant decided to use CAM because she had direct experience in taking care of her mother who was diagnosed with breast cancer and also used CAM:

*After my mom was diagnosed with cancer, I studied a lot, whatever could be helpful for my mother, both alternative medicine and Western medicine. So from this direct experience, I have used it for myself when I found out that I had breast cancer.* (P8)

Friends were also identified in care practices in CAM. For example, a participant explained that she first decided to be treated with alternative medicine because of the recommendation from her friend:

*At first, I did not want to be treated with Western medicine. My friend, a Thai traditional medicine doctor, recommended that I be treated with alternative medicine. She suggested to me to take herbal medicines. So at that time, I took herbal medicines for my self-care practice.* (P13)

#### *Social Factors*

Social factors that contributed to CAM practices were support group and media. In terms of participating in a support group, one participant stated,

*At that time, when I was diagnosed with breast cancer, I started to get involved with the volunteer club. So, they suggested that I take herbal medicine.* (P10)

In addition, media, such as radio, TV, the internet, and books, also influenced their CAM care practices, for example:

*I heard about it on the radio, and then I found it in a book. I love to read books. The book stated that there are many types of therapeutic food that we can eat.* (P3)

*I did research through books about cancer, through word of mouth from friends who have cancer, and also from the TV. I like to watch TV because I'm like this: I must learn about things directly because I want to have a long life.* (P5)

#### *Economic status*

Economic status was identified as an important factor to continue or discontinue with those CAM practices. The categories of this theme included costs outweigh benefits and benefits outweigh costs. Participants reflected on the cost of CAM as costs

outweigh benefits in performing care practices in CAM. For example, one participant said that the cost of alternative products was a barrier to continue with CAM practices. She said:

*I used to eat some food supplement, but I do not eat it anymore because it is too expensive. I could only eat one package in one month. I took it for three packages, and then I quit because it is so expensive. (P6)*

Another participant chose a product that she could afford, instead of using one was too expensive for her:

*Now, I eat rice germ oil. It's very cheap, only 12 baht (US40 cents) per tablet. I do not buy other herbs that are too expensive. (P14)*

Despite the cost of CAM, selected participants decided to use this as they perceived the benefits outweighed the costs. For example, a participant with an income of US\$666 a month realized how expensive CAM products were, but she still continued to use those products for her health:

*Now I eat supplementary product of one company. I also drink mineral water from this company. It's a little bit over 3000 baht (~US\$100) to help the kidneys. Although I have no money, I am more concerned about my health. (P7)*

#### *Beliefs and Lifestyles*

Participants reflected that personal beliefs and lifestyle were significant factors contributing to their CAM care practices. This theme contains two subthemes: beliefs and lifestyles.

It was evident that one important factor to CAM use was beliefs in participants' natural lifestyle. For example, one participant shared her view regarding how her beliefs and lifestyles affect the selection of care practices in CAM by returning to natural food.

*When looking back at food, I saw that grilled food, fried food, and fast food were my favorite foods. So I thought, are these risk factors of cancer or not? So I reduced these foods and chose more natural food. Natural food is eating organic food, reducing meat, but increasing more fruits and vegetables. I think this links to natural healing. (P8)*

Some participants believed that herbal medicines were not as harmful as the Western medicine, so they tried them. For example, one participant stated,

*I think it is a folk medicine that is not dangerous. So I try to eat some. (P1) Another agreed, saying: It's like this is the way that Thai people believe. There's no big loss with these kinds of things, especially herbal medicine. Most herbs are not harmful, unlike Western medicines (which) are dangerous drugs. (P10)*

In addition to belief in a natural lifestyle, religious belief was identified as influencing the use of CAM. For example, one Buddhist participant believed that prayer helped her to be able to take all the courses of chemotherapy courses:

*The first time that I received chemotherapy, I could not eat anything and vomited all the time for about three days. The second time, my sister told me to pray any chapter from a chanting book that I wanted. So when they started my injection, I closed my eyes and prayed. Believe it or not, the second time I never vomited. I ate like a pregnant woman. Although my mouth was burned, I was able to eat everything. (P2)*

Another Buddhist participant shared her story of how meditation and prayers changed her personality:

*When my breast was cut off, I thought too much about my body image. I was afraid that my husband would leave me one day. I was so stressed. Later, when I practiced meditation and pray, I found I did not depend on him. I can let him go. (P12)*

## Discussion

Participants explained that their care practices in CAM were influenced by many factors, including: kinship, social factors, economic status, and beliefs and lifestyles. This concurs with Leininger's theory of Culture Care Diversity and Universality,<sup>13</sup> in that religion, cultural value and lifeways, economic, kinship factors and social factors are the most significant forces influencing care which help people to face disabilities, illness, and death. A Western study found that kinship, economic, education, and belief factors were the important influencing factors for American breast cancer survivors in making decisions about their care practices, using both Western and alternative medicines.<sup>16</sup>

Family members and friends were important in influencing participants to make decisions about using CAM to promote their health and well-being. This might be explained by the fact that the majority of our participants were young women in stage II of breast cancer. They hoped to live longer and sought out health information from other people around them. This finding is consistent with another study in that sources of information about CAM for Thai women with breast cancer were family members, or friends.<sup>17</sup> Our findings are also consistent with previous studies conducted in other countries that demonstrated the most common source of CAM information for women with breast cancer were family members and friends.<sup>18-19</sup> In the Thai context, particularly in the north of Thailand, Thais live with or near their parents, and they have a strong family relationship with each other. Moreover, Thai Buddhists also perceive that sickness is often dealt with through strong family ties. Therefore, when someone in the family is ill, others support that person as much as they can.<sup>17,20</sup> Additionally, a method involved in finding care practices in CAM for Thai women with breast cancer may result from Thai culture. Thais usually learn how to use herbal

medicines from old books or from the records of their older family members.<sup>21</sup> As can be seen from this study, one participant decided to use herbs in her care practices because her father had the traditional medicine textbooks, received from her grandmother.

In addition to kinship, social factors, particularly media (i.e., radio, television, books, and the Internet), also played an important role as a source of CAM information for participants. This finding is consistent with a study which found that mass media, such as television, radio, and magazines, influenced the use of herbal medicine of Thai elderly people.<sup>21</sup> Likewise, a cross-sectional study<sup>22</sup> reported that the majority of Thais in Bangkok, Thailand, received information about herbal medicines from mass media, similar to another study in Korea.<sup>23</sup> Similarly, in a cross-sectional study to assess patterns of CAM use by patients with breast cancer from 11 countries in Europe (N = 282), about one-third of participants reported that they received their information about CAM from media.<sup>18</sup> Moreover, one study conducted a cross-sectional study with patients with breast cancer in Malaysia to identify their information sources of CAM.<sup>24</sup> The results showed that, in addition to friends or family members, mass media was also the common information source about CAM for women.

Another study reported that social factors can influence the selection of care practices in CAM by patients with cancer through their personal experience, social interaction, and the interface with the mass media.<sup>25</sup> The challenge is that most media describe CAM in a positive fashion, and more specifically, as a potential cure for cancer, but did not describe the risk and the cost information.<sup>26,27</sup> This is a clear indication that the knowledge base about CAM needs to be improved for patients with breast cancer.

The economic status of participants influenced decisions to continue or discontinue CAM practices. Participants reported that they would select CAM types that were not too expensive for them. They would choose the one that they could afford. This

might be explained by the fact that the majority were likely to have low incomes and perceived the cost of CAM as a barrier to its use. There is no doubt that the Thai government realizes how important CAM is for Thai people's health, as the practices of Thai Traditional Medicine (TTM) have been integrated into the national health care service system in Thailand since 1978. The Thai government has set the policy to provide financial support for the use of TTM to promote health for Thai people.<sup>21</sup>

However, despite an increasing number of approved herbal medicines being included on the national list of essential drugs in Thailand so that doctors will have more herbal medicines to choose in hospitals,<sup>28</sup> many CAM types are still available only outside the hospitals. As a result, these CAM types are not reimbursed by the Thai Universal Coverage system. Thus, many patients need to pay entirely out-of-pocket for CAM products. Therefore, it is not surprising that CAM use can be an expensive undertaking for women with breast cancer who perceive economic factors as a barrier to the use of CAM. This finding is consistent with a qualitative study which reported that Taiwanese cancer patients would be less committed to expensive therapies.<sup>29</sup> Similarly, a cross-sectional study reported that when CAM became more costly and more difficult to access, Canadians with breast cancer were less likely to use these.<sup>30</sup> Likewise, a qualitative study reported that foreign-born Chinese women with breast cancer in the U.S. perceived that the high cost of CAM was a major barrier to CAM use because most treatments were not covered by medical insurance.<sup>31</sup>

However, although financial factors seem to be a barrier for CAM use by women with breast cancer, and the perceived value of CAM by patients could affect their decision-making as to whether they would choose to use CAM or not.<sup>32</sup> If they evaluate that the pros of CAM are higher than its cons, they may decide to use CAM for their care practices. In addition, if they perceive that CAM is beneficial for

their health, they will possibly decide to continue to use CAM for their care practices, despite its high cost, as mentioned by one participant in our study who decided to continue to use CAM in her care practice, even though its cost was high.

Study findings showed that beliefs and lifestyles had a strong influence for selection of care practices in CAM. Herbal medicines have been traditional household medications in Thai society for a long period of time.<sup>21</sup> Thai people have used herbs both as food and as medicine by the traditional learning from one generation to the next generation. In addition, as the majority of participants in this study had less than a high school education level, one influencing factor for their selection of care practices was by the nature of Thai people who usually believe in herbal medicines. Moreover, many participants believed that CAM therapies were more natural and less likely to be harmful to their health than conventional medicines. This finding is consistent with a qualitative study<sup>33</sup> which reported that CAM was seen to be less harmful than conventional treatments. Likewise, in family physicians' views, one reason that patients with cancer decided to use CAM was because they believed it was more natural and therefore less toxic.<sup>33</sup>

Regarding religious beliefs, it is noteworthy that Buddhism beliefs influenced the selections of some types of CAM by participants, namely mind and body medicine, such as meditation, making merit or prayer. According to Buddhism, the state of well-being is not dependent on external circumstances. On the other hand, mental balance will lead to greater well-being and the imbalance of the mind will result in mental suffering.<sup>34</sup> In addition, Thai Buddhists also believe that illness results from an individual's past karma (past actions).<sup>34-36</sup> Consequently, Thai people select to do good things, such as practicing meditation, making merits, chanting, or listening to Dharma, because they believe that these kinds of Buddhist practices are considered as good deeds which can promote their psychological well-being

and lead to a good life, both in the present life and in the future life.<sup>34,3</sup>

### **Strengths and limitations**

This qualitative study is one of a few known studies of care practices incorporating CAM in Thailand focused on patients with breast cancer. Our findings are important to inform the preparation of nursing care to promote quality of life of Thais who have had breast cancer. All participants were Thais living in the north of Thailand. Accordingly, the findings of this study may not represent Thai women with breast cancer in other parts of Thailand and in other countries. More work is required to explore whether there are similarities or differences in factors that influence Thai women with breast cancer to use CAM in other areas of the country.

## **Conclusions**

In essence, these findings emphasize many important factors in Thailand, namely kinship, social factors, economic status, and beliefs and lifestyles. Family members and significant others around them were the most important resources of information. Social factors, such as media and support group were also influenced factors for the participants to use CAM. Financial issues was a barrier to continue or discontinue use of complementary and alternative medicines. The beliefs and lifestyles of Thai people also influenced the selection of types of alternative medicine used by the participants.

### **Implications for nursing practice**

The findings of this study have several important implications for practicing health care professionals as a decision making to CAM use is related to many factors, namely kinship, social factors, economic status, and beliefs and lifestyles. Therefore, it is necessary that health care providers assess patients' contexts, such as their beliefs and their social network.

More importantly, significant persons should be encouraged to be involved in conversations between the health care provider and the patient regarding care practice decision-making.

Mass media is a valuable source of information about CAM. The challenge is that, whereas the information from these media sources is likely to be accessible, it may be unscientific, and thus less likely to be accurate and unbiased.<sup>18,24</sup> Nurses for example could prepare educational printed materials which include a list of reliable sources about CAM, as well as giving reliable information for treatment decision-making, by providing an interpretive medical and nursing information guideline for them.

### **Implications for Research**

Finally, the findings of this study indicated that although CAM therapies have the potential for harm or benefit, some participants described CAM as more natural and harmless. Although sometimes they had to pay out-of-pocket expenses due to no types of CAM having been included on the national list of essential drugs in Thailand, they were still likely to use CAM in their care practices. Accordingly, future research to examine the efficacy and safety of CAM using a rigorous design such as a randomized control trial and cost-benefit economic research on CAM use are needed. This will lead to stronger evidence in supporting health policy and holistic implications.

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## วิจัยเชิงคุณภาพ: ปัจจัยที่มีอิทธิพลต่อการใช้การแพทย์ทางเลือกของสตรีไทยที่เป็นมะเร็งเต้านม

อัคนี วันชัย\* Jane M. Armer, Bob R. Stewart

**บทคัดย่อ:** ในขณะรักษามะเร็งด้วยการแพทย์แผนปัจจุบันผู้ป่วยบางรายเลือกที่จะใช้การแพทย์ทางเลือกเพื่อส่งเสริมสุขภาพตนเอง บทความนี้เป็นการศึกษาวิจัยเชิงชาติพันธุ์วรรณฯโดยใช้เทคนิคของไลนิ่งเกอร์เพื่อศึกษาปัจจัยทางวัฒนธรรมที่มีอิทธิพลต่อการเลือกใช้การแพทย์ทางเลือกของผู้ป่วยมะเร็งเต้านมไทย กลุ่มตัวอย่างคือผู้ป่วย มะเร็งเต้านมไทยที่ใช้การแพทย์ทางเลือกจากโรงพยาบาลแห่งหนึ่งในเขตภาคเหนือตอนล่าง เก็บข้อมูลโดยการสัมภาษณ์แบบเจาะลึกผลการวิจัยพบว่า ปัจจัยที่กระตุ้นให้ผู้ป่วยมะเร็งเต้านมเลือกใช้การแพทย์ทางเลือก คือปัจจัยทางด้านครอบครัวและสังคม เช่นชุมชน ความเชื่อและวิถีชีวิต จากการศึกษาบ่งชี้ให้เห็นว่ามีปัจจัยสำคัญมากมายที่กระตุ้นให้ผู้ป่วยมะเร็งเต้านมตัดสินใจใช้การแพทย์ทางเลือก ทั้งนี้สามารถในครอบครัวและคนใกล้ชิดเป็นแหล่งข้อมูลที่สำคัญที่สุด ส่วนปัจจัยทางด้านเศรษฐกิจจากเป็นอุปสรรคที่มีผลต่อการใช้หรือหยุดการใช้การแพทย์ทางเลือก ในขณะที่ความเชื่อและวิถีชีวิตของคนไทยเป็นปัจจัยหนึ่งที่มีอิทธิพลต่อการเลือกใช้การแพทย์ทางเลือกของผู้ป่วยมะเร็งเต้านม เช่นกัน ดังนั้นพยาบาลควรมีการประเมินบริบทของผู้ป่วย เช่น ความเชื่อและเครื่องข่ายทางสังคมของผู้ป่วย นอกจากนี้บุคคลที่มีความสำคัญกับผู้ป่วยควรได้รับการช่วยเหลือให้เข้ามามีส่วนร่วมในการพูดคุยกับการตัดสินใจดูแลผู้ป่วยร่วมกับแพทย์ผู้ดูแลด้วย

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**Jane M. Armer, RN, PhD, FAAN, CLT.** Professor at Sinclair School of Nursing, University of Missouri; Director, Nursing Research, Ellis Fischel Cancer Center, EFCC 408 DC 116.05, Columbia, MO 65212 Telephone Number: 573-882-0287.

**Bob R. Stewart, EdD.** Professor Emeritus of Education and Adjunct Clinical Professor at Sinclair School of Nursing, University of Missouri, Ellis Fischel Cancer Center, EFCC 408 DC 116.05, Columbia, MO 65212.