

**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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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.

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Klafke, N., Elliott, J., Olver, I., & Wittert, G. (2013). How Social Reasons Impact on Complementary and Alternative Medicine (CAM) Decision-making Processes in Australian Men with Cancer: a Qualitative Study. (*Manuscript submitted for publication*)

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KEY TO ABBREVIATIONS

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