**Oncology Articles**


  In recent years, the term integrative medicine has gained acceptance in medical academia. The Consortium of Academic Health Centers for Integrative Medicine defines this term as “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing.” Integrative oncology has been specifically described as both a science and a philosophy that focuses on the complex health of people with cancer and proposes an array of approaches to accompany the conventional therapies of surgery, chemotherapy, molecular therapeutics, and radiotherapy to facilitate health.

  Read the full article [here](#).


  Spiritual practices are one way that individuals cope with cancer pain. The purpose of this study was to describe and contrast expressions and values about the use of spirituality for pain in African American (AA) and White (WH) oncology patients. Six groups (3 AA; 3 WH; n=42; mean age 58) were conducted. Focus group and qualitative methodology with a cultural interpretive lens was utilized. The Model of Integrated Spirituality provided the conceptual framework for understanding the narratives.

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  Although physical activity (PA) is associated with improved survival and quality of life of cancer patients, few are actively engaged. We intended to analyze the perceived and expected effects of physical activity (PEEPA) and the ascribed significance of PA aims (SPAA). To operationalize these complex dimensions, we developed a research tool that should be validated in female cancer survivors. Enrolling 395 women with cancer, we performed reliability and factor analysis of the German language PEEPA and SPAA questionnaires.

  Read the full article [here](#).

The purpose of this literature review is to determine the current state of the science for the effectiveness of patient navigation on improving outcomes of cancer care across the continuum among Native Americans. The research will help healthcare professionals ascertain potential evidence-based practice guidelines and gaps in knowledge, which may provide direction for future research. Data synthesis included the use of Native navigation for cancer care, which has been demonstrated in limited, nonrandomized studies to improve cancer knowledge, access to care, and quality of life for Native Americans. Those studies had limitations, including small sample size, self-report of outcome measures, and lack of randomization. Evidence is insufficient to conclude that the use of Native navigation is superior to usual cancer care for Native American patients. Oncology nurses have a role in training personnel to serve as cancer navigators. Nurses need to be supportive of culturally appropriate navigation programs and know about services provided by navigators. In addition, nurse educators need to encourage Native Americans in their communities to consider choosing nursing as a profession. If an oncology nurse has an interest in research, opportunities exist to assist with or conduct research projects regarding Native cancer navigation. A particular need exists for addressing the gaps in research identified in this article. Read the full article here.


This community-based participatory research (CBPR) study was based on patient navigation (Navigator) among three original sites: Colorado, Michigan, and South Dakota. During 2010, the study added two sites: the Comanche Nation and the Muscogee (Creek) Nation (Oklahoma). The intervention includes 24-h of a Navigator-implemented cancer education program that addresses the full continuum of cancer care. The partners include agreements with up to two local Native American organizations each year, called Memorandum Native Organizations, who have strong relationships with local American Indians. Family fun events are used to initiate the series of workshops and to collect baseline data and also to wrap up and evaluate the series 3 months following the completion of the workshop series. Evaluation data are collected using an audience response system (ARS) and stored using an online evaluation program. Among the lessons learned to date are: the Institutional Review Board processes required both regional and national approvals and took more than 9 months. All of the workshop slides were missing some components and needed refinements. The specifics for the Memorandum Native Organization deliverables needed more details. The ARS required additional training sessions, but once learned the Navigator use the ARS well. Use of the NACR website for a password-protected page to store all NNACC workshop and training materials was easier to manage than use of other online storage programs. The community interest in taking part in the workshops was greater than what was anticipated. All of the Navigators' skills are improving and all are enjoying working with the community. Read the full article here.
Considering the paucity of studies dealing with the holistic aspect of the cancer experience, this grounded theory study seeks to conceptualize the process of cancer survivorship among Filipinos. Twenty-seven Filipino cancer survivors were purposively selected, and a two-part instrument, specifically robotfoto and focus group interviews, was used to gather data. The Glaserian method of grounded theory analysis was used, and extended texts were analyzed inductively via a dendrogram. Member checking and correspondence were observed to validate the surfacing stages, leading to the conceptualization of a theoretical model termed as the Ribbon of Cancer Survivorship. The said model describes the trifling (living before), transfusing (accepting the reality), transforming (being strong), and transcending (living beyond) phases of cancer survivorship. Ten interesting substages were also identified, namely: tainting, desolating, disrupting, and embracing for the transfusing phase; tormenting, distressing, awakening, and transfiguring for the transforming phase, and trembling and enlivening for the transcending phase. The resulting theoretical model has clearly and successfully described the entire process of cancer survivorship among Filipinos. It is hoped that the model be used as a reference for future studies about cancer survivorship and as a guide for nurses in providing a more empathetic care among cancer patients.


In this cross-sectional, retrospective, explanatory secondary analysis of the 2002 National Health Interview Survey, complementary and alternative modality (CAM) use by women with female-specific cancers is described. The effect of personal factors on the odds of CAM use was measured using the researcher’s model, based on Pender’s Health Promotion Model, as a framework. Women age 40 and older, with high levels of education, presence of pain, and presence of depression/anxiety were more likely to use CAM. Because women with female-specific cancers who report depression/anxiety are more likely to use CAM, they need to be targeted by mental health nurses for education regarding safe CAM use.


The purposes of this study were to describe the personal factors of women with female-specific cancers and the prevalence and types of complementary and alternative modalities (CAM) used by these women. The study also tested 2 hypotheses regarding personal factors and CAM use. Using a cross-sectional, retrospective, explanatory secondary analysis of the 2002 National Health Interview Survey data set, estimations were made with an initial sample of 725 women with female-specific cancers, using a framework on the basis of Pender’s Health Promotion Model. Results of the study include that personal factors associated with those who used CAM include presence of pain and depression/anxiety. Those women having 2 or more types of female-specific cancers were associated with the use of alternative medical systems. The findings provide information for nurses about patients with female-specific cancers who use CAM for health promotion.

Read the full article [here](#).


This phenomenological study explores the “lived experience” of 8 women with stage I or II breast cancer who used mindfulness-based stress reduction (MBSR). The following 4 themes were identified: (1) the cancer journey: a shift in perception, (2) the treatment journey: the experience of MBSR, (3) the journey toward recovery, and (4) the journey toward self.
The purpose of this study was to determine predictors of use of complementary and alternative medicine (CAM) therapies among patients with cancer. Patients with lung, breast, colon, or prostate cancer (N = 968) were interviewed at two points in time. 97% received conventional cancer treatment, and 30% used CAM. The sample was divided evenly between men and women, who ranged in age from 28-98; the majority was older than 60. Methods: Data from a patient self-administered questionnaire were used to determine CAM users. Responses indicated use of herbs and vitamins, spiritual healing, relaxation, massage, acupuncture, energy healing, hypnosis, therapeutic spas, lifestyle diets, audio or videotapes, medication wraps, and osteopathic, homeopathic, and chiropractic treatment.

Fouladbakhsh, J. M. & Stommel, M. (2008). Comparative analysis of CAM use in the U.S. cancer and noncancer populations. *Journal of Complementary & Integrative Medicine, 5*(1):1-23. Complementary and alternative medicine (CAM) therapies are often used with conventional medical treatments, hence it is important for healthcare providers to understand factors influencing use and implications for patient care. This study compared patterns and predictors of use of CAM providers, practices, and products among the U.S. cancer and noncancer population. Predisposing, enabling, and need factors in the CAM Healthcare Model were examined for ability to predict CAM use from a health service utilization perspective. A secondary analysis of the 2002 National Health Interview Survey was conducted for population estimation using STATA 9.2 software. The analysis compared CAM use by cancer survivors (N=2,262; estimated cancer population=14.3 million) and individuals without cancer (N=28,734; estimated population=191.5 million). Multinomial Logistic Regression identified between-subject differences and allowed for population comparison.

The objective of this study was to identify relationships among gender, physical and psychological symptoms (pain, insomnia, fatigue, and depression), and use of specific complementary and alternative medicine (CAM) practices among survivors in the U.S. cancer population. The CAM Healthcare Model, an extension of the Behavioral Model for Health Services Use, guided the study. 2,262 adults (aged 18 years and older) diagnosed with cancer representing more than 14.3 million cancer survivors in the United States. 2002 National Health Interview Survey (NHIS) interview data on use of CAM practices (diet, yoga, tai chi, qigong, meditation, guided imagery, relaxation, and deep breathing) were examined in relationship to gender and symptoms. Analysis was conducted using Stata® 9.2 software for population estimation. Binary logistic regression, the primary statistical model employed in the analysis, focused on between-subject differences in practice use.

Fouladbakhsh, J. M. (2011). *Yoga & Cancer*. *ONCOLOGY Nurse Edition, 25*(2): 40-45. Yoga, an ancient tradition that originated approximately 5,000 years ago in Central Asia, is a complete system of mental and physical practices for health and well-being. Predominantly practiced within the philosophical context of Ayurvedic medicine in India, yoga as a mind-body therapy is now also increasingly popular in the West, practiced by approximately 15 million individuals.

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Spirituality is often regarded as being helpful during an unwell person’s journey but definitions of the concept can be confusing, and its use synonymously with religion can be misleading. This research sought to answer the question, "What is the nature of spirituality in men with advanced prostate cancer," and to discover the role spirituality may have in these men as they face the challenges of living with their disease. A qualitative approach and narrative method was used to explore the spirituality of nine men with advanced prostate cancer who volunteered to participate and to tell the story of their cancer journey with particular focus on their spirituality. The study found that spirituality for these men, who were all Caucasians, was a “holistic thing” that involved physical, psychosocial, and spiritual matters that enabled them to transcend the everyday difficulties of their journey. Through their spirituality they obtained greater comfort and peace of mind during what was for many of them a very traumatic time. The central theme in the men’s stories was that of connectedness—to themselves, to their partners, sometimes to a higher being, to other people such as their family and friends, and to other aspects of their lives.

Read the full article [here](#).

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The purpose of this article is to describe the results of a national descriptive survey of 509 pediatric oncology nurses' interventions for managing patients' symptoms. The Nurses' Distress and Interventions for Symptoms Survey (NDISS) is used to assess nurses' management of patients' 7 most distressing symptoms. The average number of symptoms reported as being present is 6.0 (SD 1.3; range, 0-7). Pain is the most commonly reported symptom; trouble sleeping is the least common. The mean score for nurses' distress is 2.9 (SD 0.8; range, 0-4); nurses' distress is greatest with trouble sleeping and lowest with hair loss. Nurses use an average of 12.7 interventions to treat each symptom; pain has the greatest number of interventions to treat and hair loss the least. The average perceived effectiveness of interventions across symptoms is 2.5 (SD 0.5; range, 0-4). Pain is perceived as the most effectively treated symptom; fatigue is the least.

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The purpose of this article is to describe the results of a study examining the relationship between nurses' management of pediatric oncology patients' symptoms and job satisfaction. Surveys were mailed to a national sample of pediatric oncology nurses to assess the presence of symptoms in their patients, the nurses' distress from the patients' symptoms, the interventions used to manage the symptoms, the perceived effectiveness of the interventions, and the nurses' job satisfaction. Based on the stress response sequence model, study hypotheses proposed that nurses' symptom management affects nurses' distress and, in turn, job satisfaction. Hierarchical regression analyses were used to evaluate the hypotheses and study model. Results demonstrated that both the number of nursing interventions and the perceived effectiveness of nursing interventions were significant as mediators in predicting nurses' distress. The overall study model contributed significantly in predicting overall job satisfaction.

*Jennifer received a Charlotte McGuire Scholarship in 2007 to help with the cost of a research study for her dissertation, these articles came out of that research.*