



Holistic Cancer Support Program in Rural Area

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Abstract

The long-term survival rate for cancer patients is increasing. Cancer patients and survivors continue to experience limited resources in rural areas. It is crucial that researchers and health professionals work together to enhance the quality of life of cancer survivors. Providing holistic care can enhance patients' and survivors' wellbeing and reduce their stress derived from fighting cancer.

Keywords: rural health, holistic care, cancer support

1 Introduction

Cancer has become a major factor where many individuals' health and wellbeing are concerned. There are over 14.5 million cancer survivors in 2014 (ACS, 2014). The long-term survival rate is increasing, and over one million cancer survivors have lived over 25 years after the initial diagnosis (ACS, 2008). Dealing with a cancer diagnosis and coping with treatments could be intimidating and stressful for cancer patients, survivors, and their family members. Maintaining good health and attending routine health examinations can cause financial strain. Resuming full-time career duties would consume energy of cancer patients. Patients and survivors residing in rural areas with limited medical resources and fewer career opportunities would experience more challenges and financial concerns when traveling to an urban city for medical appointments. It is recommended that researchers and health professionals establish a holistic cancer support program to ease the burden for cancer patients and survivors fighting with cancer, enhance their quality of life, and increase survivorships.

2 Survivorship

With the increase of survival rates, health professionals and researchers should focus on enhancing support and the quality of life among survivors and their family members. Morrison and Thomas (2014) reported that survivors need to adjust to normalcy after a cancer diagnosis. Cancer survivors would experience new normalcies of fatigue, low white blood cell count, the anxiety of cancer reoccurring, or visible scars on the body. Being aware of and accepting the new normal can help survivors develop strategies for coping. Finding your new normal would help cancer patients

and survivors enhance their holistic wellness (Shannonhouse et al., 2014). Cancer patients and survivors can discuss with their oncologists and doctors how to identify their new normalcy. When cancer patients and survivors recognize and accept their new normal, they can better adjust to life differences and enhance their wellbeing.

3 The Holistic Wellness Approach for Cancer Patients

In previous research on 51 immigrant breast cancer patients in a southern state, we noted that cancer diagnosis, treatment, and staging has an affect on survivors' wellbeing (Deng, Liang, La Guardia & Sun, 2016). It is essential to keep cancer patients alive and maintain their wellness (Park, 2016). Supporting environments can affect cancer patients' adjustments (Deng et al., 2016). Most counselors are well educated with a holistic approach to advocate for individuals' wellness and health in society (Myers & Sweeney, 2008). Many researchers declared the need for holistic care for cancer patients (Park, 2016; Sekse et al., 2014; Shannonhouse et al., 2014). The focus of a holistic approach is to promote wellbeing instead of focusing on illness or diagnoses (Myers & Sweeney, 2008; Sekse et al., 2014). Social support, medication, exercises, and a holistic approach can increase patients' abilities to complete treatments and reduce depressive symptoms associated with a cancer diagnosis and treatment (Park, 2016). Clinical care would only focus on disease management, but a holistic support program can help patients address their psychosocial needs and existence (Sekse et al., 2014). Health professionals are encouraged to comprehend survivorship through holistic group interventions on patients' wellness (Shannonhouse et al., 2014). In the Indivisible Self (Is-Wel) model,

social, coping, physical, creative, and essential are defined as five factors for enhancing individuals' wellness in manifold capacities (Myers & Sweeney, 2008). One study of 26 cancer patients and 14 caregivers, participants expressed extensive psychosocial concerns, unique personal needs, and their appreciation toward sharing thoughts and feelings (Hannon, Swami, Rodin, Pope & Zimmermann, 2017).

4 Challenges for Cancer Patients and Survivors

Based on the report of patients, it is challenging to re-adjust to life expectancies after the treatment completion (Haigh et al., 2019). After cancer patients complete the necessary treatments, they would need to overcome side effects of surgery, chemotherapy, radiation therapy, and medications for several years or the rest of their life. Cancer patients in full remission might continue experiencing different levels of fatigue, discomfort, anxiety, and other negative emotions without tangible support from health professionals, especially those survivors in rural areas with limited competent doctors and professional counselors. Most survivors would only have a routine follow up appointment every six months, once a year, or every other year. Continuing to experience constant side effects such as fatigue, pain, anxiety, or negative emotions without receiving support for adjustments would lead to depressive symptoms. A study on 14 cancer patients who participated in a cancer support group revealed that patients wanted to comprehend physical changes after the treatment, to acquire knowledge for managing emotions, and to be prepared of what they will be facing (Shannonhouse et al., 2014). Offering cancer support can prepare cancer patients and survivors with knowledge, support, and strategies for positive survivorships.

5 Hindrance for Attending Cancer Support

Several factors such as fatigue, low immune system, physical discomfort, and transportation issues would hinder patients' ability to attend a cancer support program, which reduces their opportunities to acquire knowledge and strategies to cope with side effects of cancer. Many cancer patients are unable to drive themselves and might not have family members offering transportation or might experience financial restraints to arrange transportation (Haigh et al., 2019). Cancer patients who never receive counseling services or attend a support group prior to the cancer diagnosis might disregard the advantages of cancer support. Other factors such as uncomfortable feelings with group members and resistance to share personal experiences in a support group might negatively affect patients and survivors to attend a cancer support program (Shannonhouse et al., 2014). Survivors in full remission would lack motivations to attend a cancer support program because there is no emergent need for them to fight cancer. Haigh et al. (2019) emphasized the importance to maintain psychosocial support for cancer patients in rural areas. Physical isolation would hinder rural patients in seeking medical appointments, vital resources, and supporting services.

6 Theoretical Framework and Research Design

A holistic care model acknowledges health professionals going above and beyond to provide excellent clinical care to patients (Haigh et al., 2019). This model covers patients' financial, psychosocial, and logistical needs as well as providing effective information and functional networks to patients in rural areas (Haigh et al., 2019). A holistic care model allows researchers to investigate factors affecting patient support and deliver services to patients. Over four decades, researchers have asserted

the need to promote rural health based on minimal services provided by competent Ph.D. health professionals and well-trained M.D. practitioners in rural communities (Cristancho, Peters & Graces, 2016; Hollingsworth & Hendrix, 1977). Survivors tend to participate in a support group without the lead of licensed professionals or doctoral level health professionals. "Can a blind man lead a blind man? Will they not both fall into a pit? (Luke 6:39)" The purpose of this research study is to establish a holistic cancer support model led by professionals and investigate how the holistic cancer support program would enhance cancer patients', survivors', and their family members' wellness and resilience.

A longitudinal research design was adopted for this research. Researchers repeated collecting data and observing the same research participants over a period of time (Creswell, 2013). A longitudinal research design allows researchers to study social relationships and health processes over a period of time (Smyth, Juth, Ma & Sliwinski, 2017). The 10-month longitudinal research on cancer patients, survivors, and their family members' wellbeing was conducted. A group of diverse licensed health professionals and educators with a doctoral degree co-facilitated this holistic cancer support group in a southern state. With the research grant support from the Office of Research and Graduate Studies at Texas A&M University-Kingsville, a 10-month holistic support program and various therapeutic instruments were offered to the group members and research participants at free of charge. The program included a monthly light supper, healthy meal planner with recipes, fighting cancer songs, music experiences, education of physical therapy and lymphedema therapy, education of current oncology, Q&A for cancer treatments, relaxing techniques, sandtray therapy, member sharing, and group support. The group facilitators included a professional counselor and certified humanistic sandtray therapist, an oncologist, a registered nurse, a lymphedema and physical therapist, and educators in education and music.

6.1 Participants

Several individuals attended the monthly holistic support group program. Three females participated in this longitudinal research. The age of the three participants ranged from 50 to 79 years old. One was between 50 and 59, one was between 60 and 69, and one was between 70 and 79 years old. One participant dropped out of the research due to feelings of fatigue after chemotherapy. Two participants completed the research.

6.2 Instruments

The Functional Assessment of Chronic Illness Therapy-Fatigue Scale (FACIT-F Scale) comprises 13 items of a self-reported questionnaire assessing fatigue and daily functions and activities of cancer patients (FACIT, 2013). Over 200 research investigators from educational and medical institutions had adopted the FACIT-F scale on 40,000 research participants and contributed more than 150 research publications. The FACIT-F scale is verified as a reliable and valid assessment (FACIT, 2013). A survey package including a demographic questionnaire and the FACIT-F scale was offered to the research participants every three-month participating in the holistic cancer support group program to assess their wellbeing.

7 Results and Discussions

Participants appeared to enjoy meeting with each other and sharing their experiences during the monthly group supper. Having a light supper appeared to help participants feel relaxed and comfortable. The super served

as an icebreaker to engage participants spontaneously getting to know each other and share their experiences. Participants were able to share their thoughts and emotions during supper. One participant shared that “There are so many cancer patients in this town. Why are they not coming to this group?” It is possible that the majority of cancer patients and survivors are elderly individuals. Most elderly individuals might not be familiar with counseling and might not feel comfortable enough to attend a support group. It is also possible that fatigue and inconvenience of driving themselves would hinder cancer patients attending the support group.

Participants described that they liked the healthy meal planner with recipes, had fun experiencing music instruments, and learned practical tips from physical and lymphedema therapy. One participant mentioned that she found the healthy meal recipes were very useful. She made a copy and mailed it to her family. Both participants expressed that it was fun to play the ukulele, but it was challenging for them to put fingers in the proper positions to play chords. Learning how to play chords appeared to be challenging for participants. Practitioners can focus on encouraging participants to enjoy music experiences instead of steps of playing an instrument. Participants shared that they enjoyed learning current oncology for treating cancers and Q&A. Participants reported that participating in sandtray therapy helped them felt relaxed and explored their concerns, stressors, and coping.

The following figures indicated the research participants’ self-administered reports on FACIT-F. Five scales were administered. They were physical well-being, social/family well-being, emotional well-being, functional well-being, and additional concerns. The research participants responded to each scale of their wellbeing based on the past seven days of their evaluations. A score of 0 refers to not at all, a score of 1 refers to a little bit, a score of 2 refers to somewhat, a score of 3 refers to quite a bit, a score of 4 refers to very much.

Both participants scored 0 on most items of physical well-being, which indicated that they were satisfied with their physical well-being. Both participants reported a *little bit lacking energy* at a low score of 1 out of a 4-level scale. Case #1 rated her pain level from 2 (*somewhat*) to 3 (*quite a bit*) on a 4-level scale and reported feeling ill at a low score of a *little bit* only one time throughout the 10-month research. It appeared that Case #1 is adjusting well and accepting her new normalcy after a cancer diagnosis. Even though Case #1 had been experienced physical pain throughout the research, she did not consider that it was an illness. It appeared that she accepted the physical pain as a new normal in her new life.

Fig. 1. Case 1: Physical Well-Being

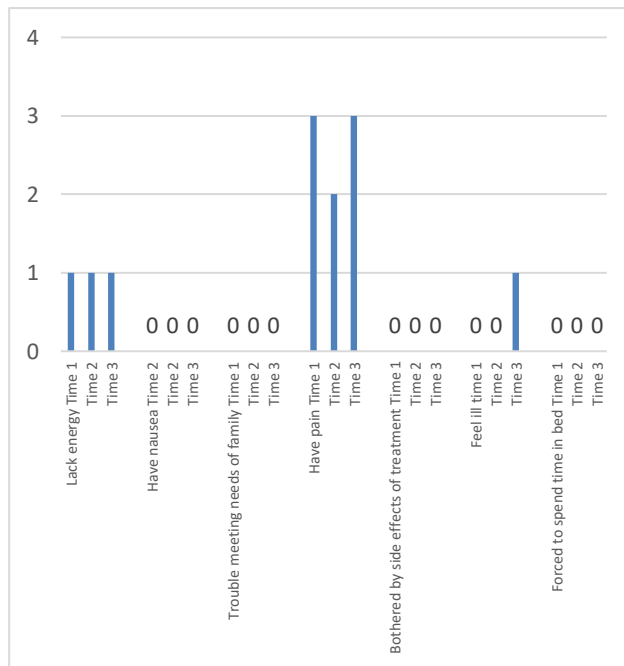
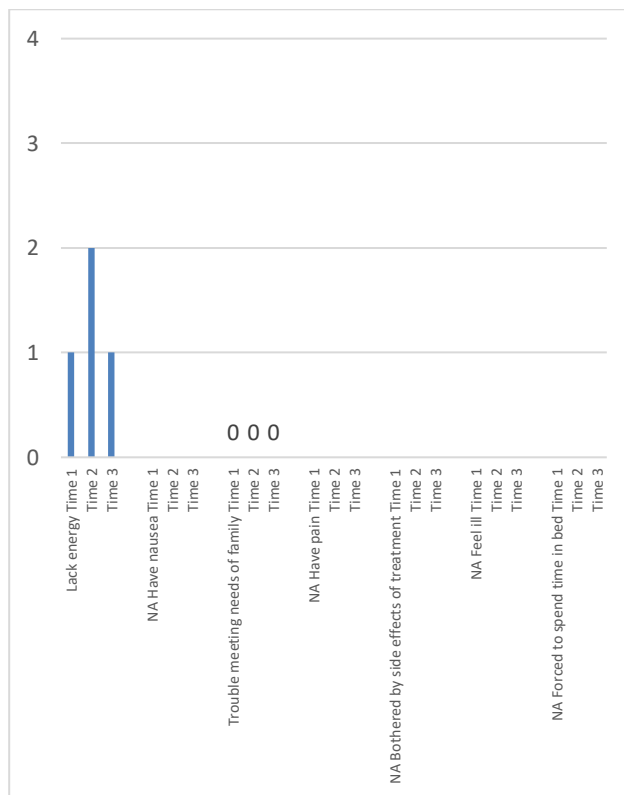


Fig. 2. Case 2: Physical Well-Being



Both participants scored 4 (*very much*) on most items of the social-family well-being, which implied that they were satisfied with their social/family well-being. Case #1 did not rate her satisfaction on sex life, and Case #2 did not rate her family acceptance of illness or communication about the illness. The research participants can refuse to respond to any questions that they do not want to answer, and researchers respect their choices. By the end of the research, Case #1 increased her score of *feeling close to friends* from “*somewhat*” and “*a little bit*” to “*very much*”, which is a significant improvement for Case #1. Case #1 shared that it was the first time in many years that she decided to take a trip to visit an old friend during the holiday and she very much enjoyed the friendship and visit.

Fig. 3. Case 1: Social-Family Well-Being

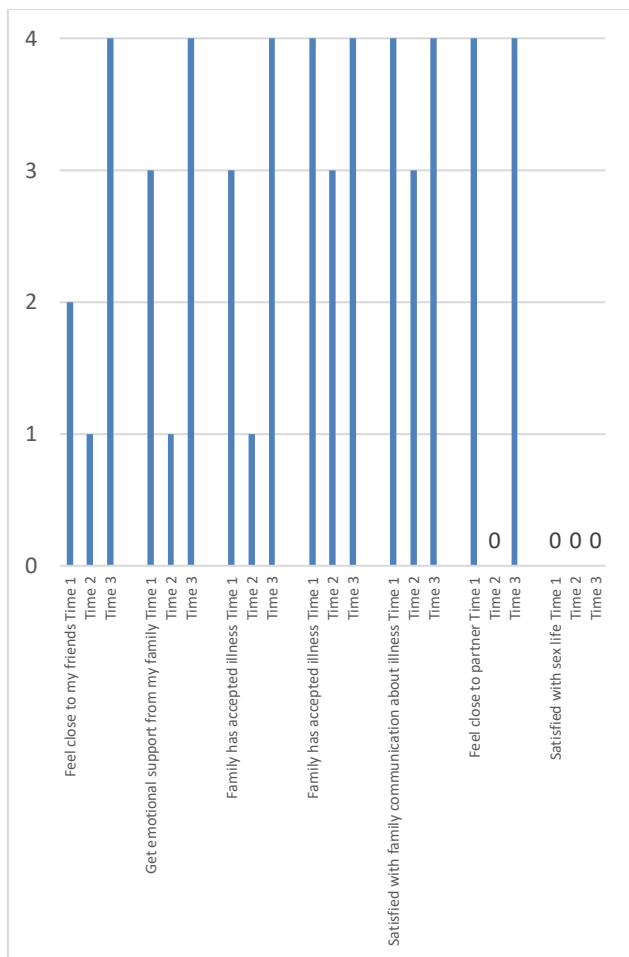
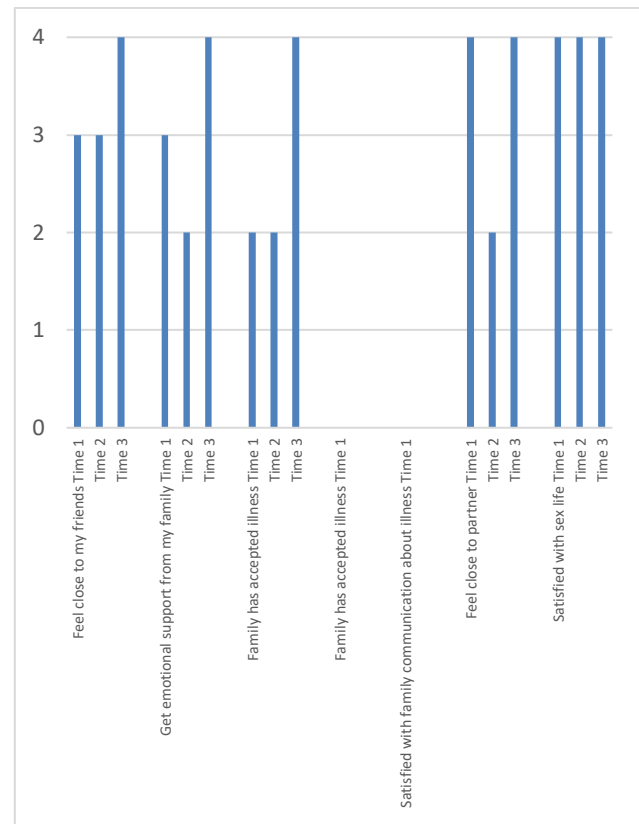


Fig. 4. Case 2: Social-Family Well-Being



Both participants rated a score of 0 on most items of emotional well-being, which signified that both participants were satisfied with most items regarding their emotional well-being. The score of GE2 is a reversed item. We have revised the score in the figure. Case #1 reported “*very much*” not satisfied with her coping with her illness. Case #1 described that there was no cure for her diagnosis; therefore, she would need to take medications for the rest of her life. She expressed that she sometimes would feel anxious what if the medication loses its potency. Dealing with incurable cancer could be anxiety provoking and would significantly affect patients’ emotional well-being. However, Case #1 reported that she did not lose hope of fighting with cancer. She described that “*the medication has been working well*”.

Fig. 5. Case 1: Emotional Well-Being

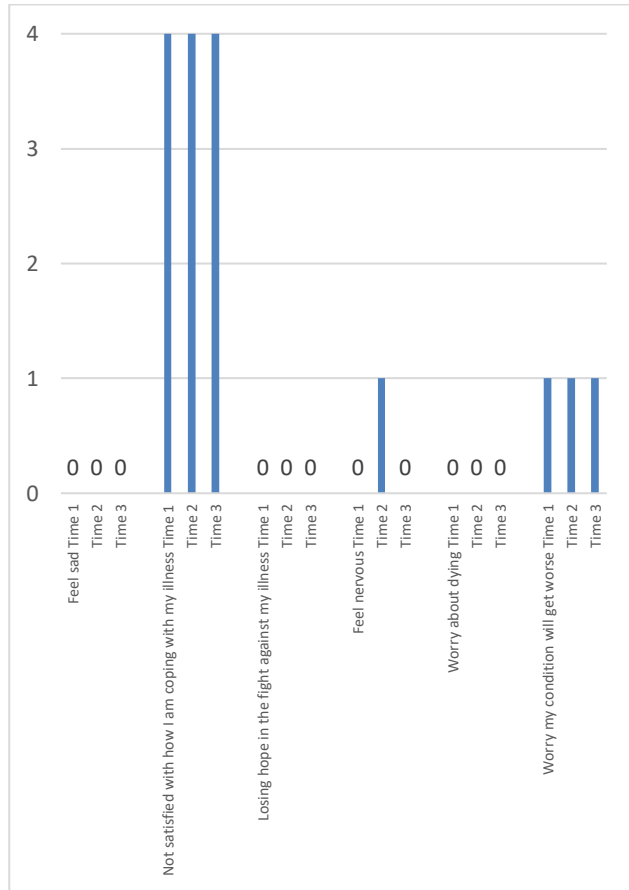
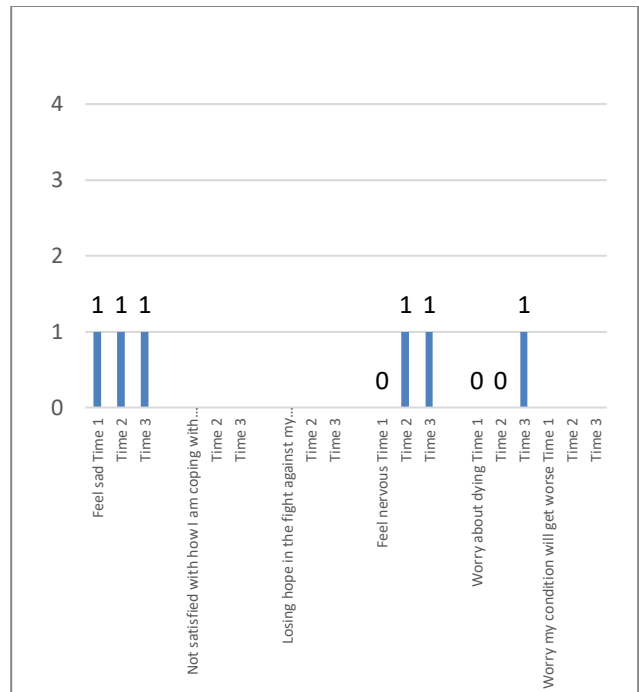


Fig. 6. Case 2: Emotional Well-Being



Both participants rated a score of 3 (*quite a bit*) and 4 (*very much*) on most items of the functional well-being, which denoted that they were satisfied with their functional well-being. The self-report indicated that all seven items on the functional well-being of Case #1 were increased compared to her initial assessment. It is possible that attending the holistic support program enhanced Case #1's awareness to enjoy her life. She felt content with the overall functions and quality of life after participating in the program.

Fig. 7. Case 1: Functional Well-Being

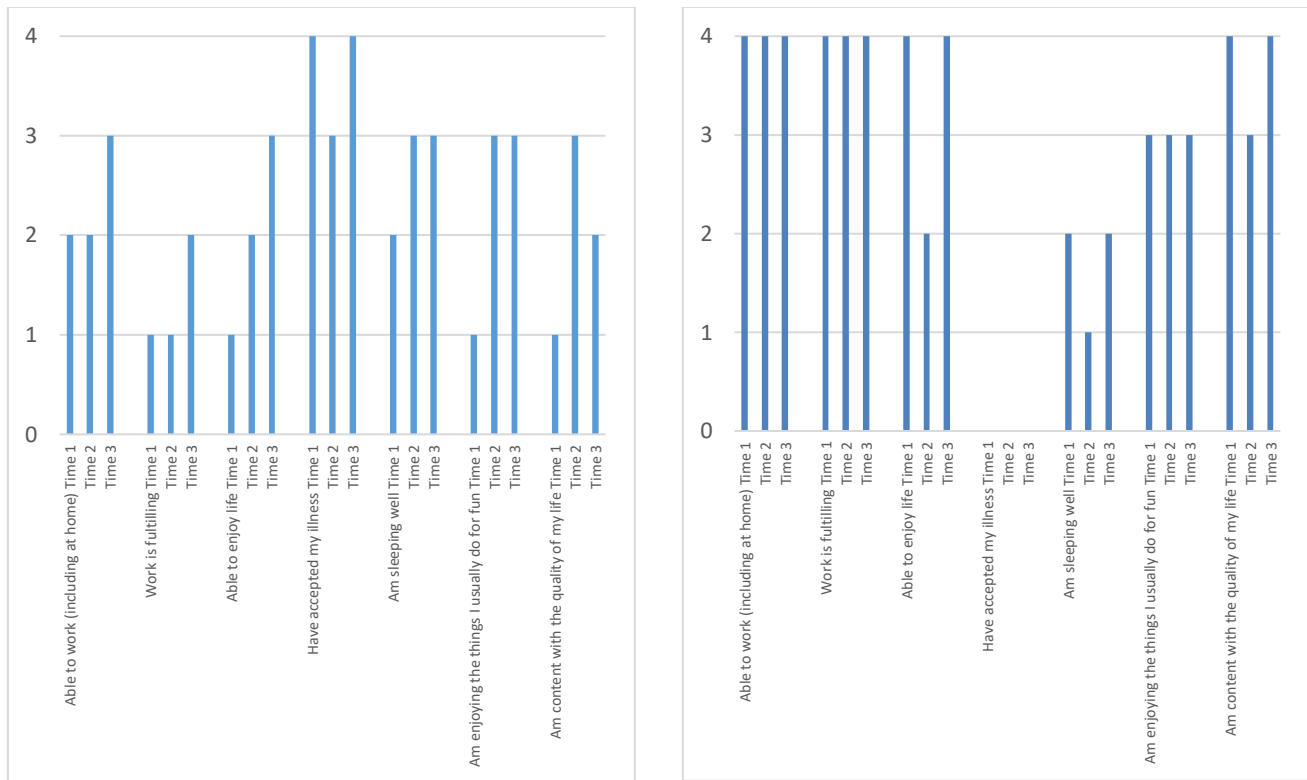


Fig. 8. Case 2: Functional Well-Being

An5 and An7 are revised items on this scale. We have revised the scores in the figure. A low score on this scale represented no additional concerns. Case #2 scored very low on most items of additional concerns with only one item rated *quite a bit* on *lacking energy* for the second survey throughout the research. She mentioned that she had a hectic day at work and felt exhausted. It appeared that career stress significantly impacted the energy level on Case #2. On the scale of additional concerns, Case #1 reported an average level of *somewhat* or *quite a bit* on most items. Her report indicated that she had concerns on *feeling fatigued, feeling weak all over, feeling washed out, feeling tired, having trouble starting things because I am tired, having trouble finishing things because I am tired, having no energy, and unable to do my usual activities*. Her self-report on additional concerns seemed different from her report on physical well-being. Case #1 gave a low score of 1 indicated *a little bit lacking energy* on her physical well-being throughout the research. Case #1 also rated the scores from 1 to 3 indicating *little bit, somewhat, to quite a bit* on I am able to enjoy life on the functional well-being scale. It appeared that when rating a score on well-being, Case #1 felt that she was satisfied with her physical well-being and functional well-being. When rated on additional concerns, Case #1 reported her concerns on feeling fatigue and inability to do usual activities. It is possible that social desirability is affecting the self-report of Case #1. It is possible that when addressing well-being, Case #1 desired to meet the social desirability of good well-being. When addressing concerns, Case #1 felt that it is okay to express her concerns.

Fig. 9. Case 1: Additional Concerns

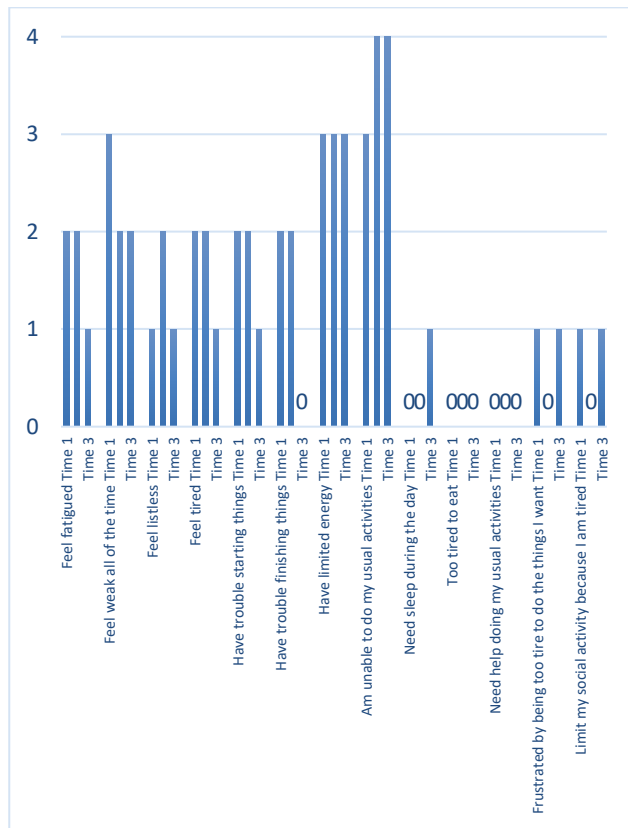
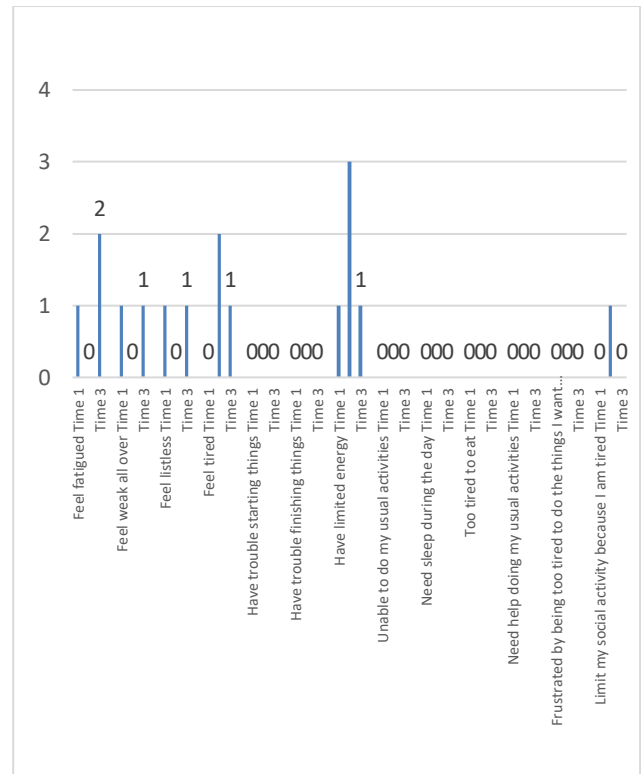


Fig. 10. Case 2: Additional Concerns



8 Conclusion

Facilitating a holistic cancer support program in a rural area helped connect diverse professionals to bring their specialties to cancer patients, survivors, and their family members. Participants appreciated the opportunities to gain trusted resources and professional support to enhance the quality of life. A monthly program led by professionals with different specialties appeared to help participants address the importance of holistic care. Participating in holistic cancer support brought participants awareness and strategies to enhance their wellbeing.

9 Implications and Future Research

Medical doctors and health professionals are recommended to advocate holistic care to enhance the quality of life for cancer patients and survivors. Fighting cancer not only could be challenging for cancer patients but also would bring stress to their family members. Providing a variety of educational workshops and stress reduction programs such as wellness workshop, yoga therapy, music experience, painting class, and sandtray therapy would help patients, survivors, and their family members reduce stress and enjoy a break from treatment. Connecting diverse medical doctors and a variety of helping professionals to establish a network for cancer patients and survivors would benefit them to acquire trusted information, enhance their awareness on promoting wellbeing, and increase survivorships. Researchers are recommended to explore innovative programs that can contribute to holistic care for cancer patients, survivors, and their family members.

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