

**Research Article**

## **An Evaluative Study of Breast Cancer Screening Practices and Associated Risk Factors among Female Nurses of allied Hospital, Faisalabad**

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### **ABSTRACT**

**OBJECTIVES:** The research paper is aimed at the screening routine of nursing staff in the risk involvement for breast cancer.

**STUDY DESIGN:** This research was an observational and cross sectional in nature.

**PLACE AND DURATION:** Hospital of public sector was the source of the research. Allied Hospital Faisalabad were focused for the research from June, 2017 to November, 2017.

**METHODOLOGY:** Convenient sampling method was used for the selection of sample of 200 female nursing staff. Trainee nursing staff was excluded from the research; whereas, charge nursing staff was made a part of the research paper. The sample was collected from the nursing staff of the public-sector hospitals. The principal tool of the research was questionnaire. Standard deviation, percentage and frequency were included in the questionnaire. The questions related to awareness, breast self-examination and screening were asked in the research paper.

**RESULTS:** Out of the total sample seventy percent of the nurses had heard about the self-examination of breast, thirty percent said they had heard about it ever. Numerous respondents almost 71.5 percent stated that they never participated in the self-examination of breast and practice was reported in 28.5 percent. Out of the total population four percent had the examination of their breast but ninety-six percent had never gone through this examination by a nurse or doctor.

**CONCLUSION:** There was a poor ration of awareness of breast cancer in nurses about the screening process, improvement is required in this regard.

**KEY WORD:** Screening, Breast Cancer, Public Hospitals and Female Nurses.

### **INTRODUCTION**

High rate of mortality and morbidity is caused due to breast cancer in women. It is a common practice in women about breast cancer. In both the under-developed and developed countries it is commonly spread and poses a great risk specially in women. It is a burden on health department and poses extra pumping of funds in the health sector. The rate of breast cancer among the developed countries is increases or stabilized. Decrease in the mortality rate is also observed. There is an increase in breast cancer in middle east countries

like UAE, Dubai, Saudi Arabia and Qatar. Over the world the rate of deaths caused due to breast cancer is counted as six billion and its proportion in the death toll is twelve percent. Early diagnosis decreases the rate of mortality and morbidity and also decreases the burden of expenses with additional effective health (Shankar et al., 2017). Mammography is recommended in the patients of breast cancer by WHO. This treatment helps in the decrease of the disease by one-third. Other detection techniques include Breast clinical

examination and breast self-examination. Awareness in this regard is of prime importance as it helps in the development of method and strategies for the effective treatment programme. Underutilization and obstacles in this regard have been studied in Western countries for the selection of examination and screening tools. The concerns include privacy, disease perception, detection of fear, lack of facilities, poverty and cultural issues. At advanced stage of breast cancer, it is diagnosed in Pakistan (Zhou et al., 2017).

Women reflect the advanced stage of breast cancer that is at the stage III & IV. This disease can be handled by early screening and diagnosis as per the international guidelines through the screening of mammography. No screening programme exists in Pakistan. The first step in the treatment and handling of breast cancer is awareness program about breast cancer (Akram, Iqbal, Daniyal, & Khan, 2017).

Awareness leads to the behavior of treatment for the breast cancer. The practice of breast screening has been observed in the doctors and students of the university but the nursing staff was not adhering this practice specially in South Punjab of Pakistan. For the collection of data, the in-hand study was carried out for the overall promotion of this disease of breast cancer. Screening practices of female nursing staff are carried out in his research paper for the evaluation of risk factor involvement (Sohail, Yasin, & Ahmad, 2017).

## **METHODOLOGY**

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staff of the public-sector hospitals. The principal tool of the research was questionnaire. Standard deviation, percentage and frequency were included in the questionnaire. The questions related to awareness, breast self-examination and screening were asked. For the quality improvement the questionnaire was discussed with an expert of Sociology Department, Faisalabad, Pakistan. Two other expert doctors were also contacted for the verification of questions having more than eight years' experience in Ontology Department of Allied Hospital. Respondents were noted for their responses as 184 respondents had never underwent any breast disease, 16 were positive in their response with the incidence of breast disease, the proportion of the both was 92% and 8% respectively. Ninety-seven percent of the respondents said that in their family their mother, daughter and sister were never diagnosed of breast cancer but six of them responded in yes. The proportion of these respondents is 97% and 3% respectively. Fifty-nine percent of the respondents were having permanent family physician and reminding forty-one percent were out of this facility. The number count of was 118 and 82 respectively as reflected in Table-II.

Out of the total sample seventy percent (140) of the nurses had heard about the self-examination of breast, thirty percent (60) said they had heard about it ever. Numerous respondents almost 71.5 percent (143) stated that they never participated in the self-examination of breast and practice was reported in 28.5 percent (57). Out of the total population four percent had the examination of their breast but ninety-six percent had never gone through this examination by a nurse or doctor. A total of 55.5 percent (111) were knowing about mammogram and 44.5 percent (89) were not aware of mammogram. Respondents with mammogram were 95 percent (190) and 5.0 percent (10) were with mammogram. USG was heard by the 184 female nurses; whereas, 16 were unaware of USG the respective proportions were

92% and 8%. USG practice and administration are reflected in Table-III.

The questions and responses asked about the breast cancer screening and other detection techniques were asked from the respondents. Frequency to visit the physicians is reflected in Table-IV, it reflects that respondents visited the physicians two times in a year ( $\mu=3.78$ ). Confidentiality and secrecy was confirmed to the participants about their participation in the research. In the act of data collection, the rationale of the research was shared with the participants. Participation was on volunteer basis in the research. Additional information collection was also encouraged in this research process and two parts were made out of the questions. Demographic questions about income, marital status and education were included in the first part; whereas, in the second part breast cancer practices, risk factor involvement and mammographic examination questions were

included. According to the recommended developments the questions were revised. Pilot study on fifteen participants helped in the validation of the questionnaire. Data was analyzed through SPSS V-20, descriptive statistics including SD, mean, frequency and percentage was used by the researcher.

### RESULTS

Our analysis reflected that a major number (159, 79.5%) of the participants received information about breast cancer and remaining (41, 20.5%) were unaware of breast cancer. The practice of breast examination was carried out by most of the participants once per year ( $\mu=2.53$ ). Other twice per year by a nurse or doctor ( $\mu=3.52$ ). Question about the administration of mammogram was also asked, it was done once per year.

**TABLE – I: FREQUENCY OF DEMOGRAPHIC INFORMATION OF THE RESPONDENTS (N=200)**

Variables	Frequency (%)		
		Under 25	96(48.0%)
<b>Age</b>			
26-35	53(26.5%)	<b>Education level</b>	
36-45	35(17.5%)	Matriculation	02(1.0%)
46-55	09(4.5%)	Intermediate	62(31.0%)
56-65	05(2.5%)	Bachelor	103(51.5%)
Above 65	2(1.0%)	Master Degree	27(13.5%)
<b>Marital Status</b>		M.Phil.	06(3.0%)
Unmarried	110(55.0%)		
Married	79(39.5%)		
Divorced	04(2.0%)		
Separated	03(1.5%)		
Widowed	4(2.0%)		

**TABLE – II: FREQUENCY OF AWARENESS OF BREAST CANCER (N=200)**

Statements	Yes (n %)	No (n %)
Have you ever received breast health information?	159(79.5)	41(20.5)
Have you ever had any type of Breast disease?	16(8.0)	184(92.0)
Has your mother, sister or daughter ever been diagnosed with breast cancer?	6(3.0)	194(97.0)
Do you have family physician?	118(59.0)	82(41.0)

**TABLE – III: FREQUENCY OF AWARENESS OF BREAST CANCER SCREENING PRACTICES (N=200)**

Statements	Yes (n %)	No (n %)
Have you ever heard of breast self-examination?	140(70.0)	60(30.0)
Have you ever practiced breast self-examination?	57(28.5)	143(71.5)
Have you ever got your breasts examined by a doctor or a nurse (clinical breast examination)?	8(4.0)	192(96.0)
Have you ever heard of a mammogram?	111(55.5)	89(44.5)
Have you ever had a mammogram?	10(5.0)	190(95.0)
Have you ever heard of USG (Ultrasonography)?	184(92.0)	16(8.0)
Have you ever had USG?	52(26.0)	148(74.0)

**TABLE – IV: FREQUENCY OF BREAST CANCER SCREENING PRACTICES (N=200)**

Ranks	Statements	Mean	Std. Deviation
1	You visit your Physician	3.78	1.644
2	You examine your own breast	2.53	1.907
3	you have got your breast examined by a doctor or nurse CBE	3.52	.634
4	You have a mammogram	3.13	1.360

Scale: 1= Never, 2= Once a month, 3= Once a year, 4= once every two years, 5= only when I have a problem

## DISCUSSION

This current research paper explores the practice of screening of breast for the diagnosis of cancer in the nurses of South Punjab, Pakistan in the hospitals of public-sector.

For the objective of the research the tool utilized was questionnaire. Poor results were observed regarding the awareness, practices and screening of the breast cancer (Jawaid, 2017). Many of the respondents were never underwent any self-examination as the count was 71.5 percent, only 28.5 percent had self-examination for the breast cancer. These findings are less than Malaysia as their count is 57 percent (White, 2017). BSE was reported in Malaysia as 62 percent and in the nurses of Singapore the count was 94 percent. Initially the breast cancer was diagnosed by radio images (Jackson et al., 2017). Mammography was the method for the diagnosis of breast cancer in the developed nations at the initial stage with the size of few mm. Diagnostic was very poor in the under developed countries because of non-availability of these instruments for the diagnosis of breast cancer (McCool, 2017). Mammographic

screening is less available in the under developed nations. Mammography was discussed in the current studies held on the breast cancer diagnosis. Current research study practice of mammograph was absent in 95 percent of the participants (Jha, 2017). Sixty percent of the participants had no idea about mammography, including the seventy percent of the ladies in Urban India. USG was heard by the majority of the female nurses, but the practice of the same was missing because no one asked or told them about USG (Velez-Moller, 2017). Few of the participants were administered for the chronic disease. Breast cancer screening and awareness is also in the major agenda of breast cancer society. The BSE in the shape of screening is at least endowed to their efforts.

## CONCLUSION

There was a poor ration of awareness of breast cancer in nurses about the screening process, improvement is required in this regard.

## RECOMMENDATION

Awareness programme for the adherence and information of breast cancer is the need of the hour. The improvement about the breast cancer knowledge and improvisation in the practice of breast cancer screening also needs improvement. Nurses are to be engaged in regular and periodical awareness courses about the breast cancer which will aid the healthcare maintenance practices.

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