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Research Article

Study of Awareness about Breast Cancer among Female Nurses

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ABSTRACT

OBJECTIVES: This research paper is aimed at study of awareness 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. Nishtar hospital multan were focused for the research from November, 2017 to February, 2018.

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 researchpaper. The sample was collected from the nursing staff of the public-sector hospitals. The principal tool of theresearch was questionnaire. Standard deviation, percentage and frequency were included in the questionnaire. Thequestions 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, thirtypercent said they had heard about it ever. Numerous respondents almost 71.5 percent stated that they neverparticipated in the self-examination of breast and practice was reported in 28.5 percent. Out of the total populationfour percent had the examination of their breast but ninety-six percent had never gone through this examination by anurse 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, Nishtar 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 countries 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 expanses 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 andstrategies for the effective treatment programme. Underutilization and obstacles in this regard havebeen studied in Western countries for the selectionof examination and screening tools. The concernsinclude privacy, disease perception, detection offear, lack of facilities, poverty and cultural issues.At advanced stage of breast cancer, it is diagnosedin Pakistan(Zhou et al., 2017).Women reflect the advanced stage of breast cancerthat is at the stage III & IV. This disease can behandled by early screening and diagnosis as perthe international guidelines through the screeningof mammography. No screening programme exists in Pakistan. The first step in the treatment andhandling of breast cancer is awareness program about breast cancer. Awareness leads to the behavior of treatment forthe breast cancer. The practice of breast screeninghas been observed in the doctors and students ofthe university but the nursing staff was notadhering this practice specially in South Punjab ofPakistan. For the collection of data, the in-handstudy was carried out for the overall promotion ofthis disease of breast cancer. Screening practicesof female nursing staff are carried out in hisresearch paper for the evaluation of risk factorinvolvement.

METHODOLOGY

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mammogram and 44.5 percent (89) were notaware of mammogram. Respondents withmammogram were 95 percent (190) and 5.0percent (10) were with mammogram. USG washeard by the 184 female nurses; whereas, 16 wereunaware 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 (μ=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 remining (41, 20.5%) were unaware of breast cancer. The practice of breast examination was carried out by most of the participants once per year (μ=2.53). Other twice per year by a nurse or doctor (μ=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)

AGE	
VARIABLES	**FREQUENCY**
Below 25	96(48%)
26-35	53(26.5%)
36-45	35(17.5%)
46-55	09(4.5%)
56-65	05(2.5%)
Above 65	02(1.0%)

Education level	
Matric	02(1%)
Fsc	62(31%)
Bachelor	103(51.5%)
Master degree	27(13.5%)
M phil	06(3%)

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

Statements	**Yes**	**No**
Have you ever received breast health information?	159	41
Have you ever had breast disease?	16	184
Have your mother, sister, daughter diagnosed case of breast cancer?	06	194
Do you have family physician?	118	82

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

Statements	**Yes**	**No**
Have you ever heard of self breast examination?	140	60
Have you ever practiced breast self examination?	57	143
Have you ever got breast examination by doctor?	08	192
Have you ever heard of mammpgram?	111	89
Have you ever had mammogram?	10	190
Have you ever heard of USG?	184	16
Have you ever had USG?	52	148

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 ofpublic-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 selfexamination 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 nonavailability 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 administrated 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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