

Attitude and Practice of Nurses in Imparting Knowledge on Breast Self Examination to Women in Ajman, United Arab Emirates

Muttappallymyalil J¹, Sreedharan J¹, Venkatramana M², Thomas M²

Abstract

Background: Breast Cancer is a life threatening disease affecting women. Awareness should be created among women for early detection of breast cancer. Nurses should provide information on BSE to women population as a part of their profession. The aim of this study was to assess the attitude and practice of nurses in imparting knowledge on BSE to female patients.

Methods: This cross-sectional study was conducted among 154 nurses from different hospitals of UAE during the period June –November 2009. Self-administered questionnaire was used for data collection. Data was analysed using PASW 17 version.

Results: Age group of the participants ranged between 20 and 59 years with a mean age of 31 years and SD of 7.3 years. Majority 90.3% have positive attitude in providing knowledge regarding risk factors of breast cancer and about the purpose of performing BSE. Eighty eight point three percent of the nurses were with a positive attitude toward providing information about BSE to all females who come to the hospital irrespective of their demand. Majority, 83.8% of the nurses reported, teaching method of BSE. Among the respondents 60.4% reported that they follow up their clients after imparting knowledge on BSE. There was a statistically significant ($p < 0.001$) positive correlation between attitude and practice.

Conclusion: The results suggest the need of proving continuing educational programs to change the attitude and behavior towards imparting knowledge of BSE which in turn will have a positive effect on their practice of teaching and motivating the women group to perform BSE.

Key Words: Breast Self Examination; Attitude; Practice; United Arab Emirates

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Introduction

Cancer is the third leading cause of death after cardiovascular diseases and accidents in UAE. Cancer data from the Ministry of Health of UAE showed that cancer accounts for 568 deaths in the year 2006 comprise multiethnic population of all nationalities including UAE citizens. The population of UAE has 78% expatriates and remaining nationals [1]. Breast cancer is a life threatening disease that can affect women's sense of self esteem her sexuality and femininity [2]. Breast Self Examination is of significant value as it plays the role of a screening tool in the early diagnosis of breast cancer [1]. Global statistics points to a swift increase in the breast cancer in countries which previously reported

low incident rates [3, 4]. Incidence and mortality data of cancer for the year 2000, reported that there were 10.1 million new cases, 6.2 million deaths and 22.4 million persons living with cancer [5]. Annually breast cancer accounts 10% of all cancers and constituted 22% of all new cancers in women in 2000 [5]. In United States, each year about 210,000 women are diagnosed with breast cancer, and around 40,000 die from breast cancer. Globally Breast cancer is the fifth leading cause of death among women [6]. WHO reports of 2005 illustrates that breast cancer is the fifth leading cause of death after cancers of lung, stomach, liver and colon [7]. During the year 2005, breast cancer caused 502,000 deaths in the world [8].

Breast cancer is the second ranking cause of cancer deaths in the Eastern Mediterranean region [9-10]. A higher incidence of breast cancer (50/100 000) is seen in Middle Eastern and North African countries. The relative frequency of breast cancer in majority of the countries in the Middle Eastern region is between 15% and 25% of all cancers diagnosed [3]. The primary attempt against reducing the mortality rate of breast cancer is its early detection through techniques such as Mammography, Clinical Breast Examination (CBE) and Breast Self Examination (BSE) [11]. Examining the breast termed as breast awareness, help women to become familiar with their body so that they could sense any unusual changes. BSE is considered to be a simple, inexpensive and non invasive technique which on prolonged performance could detect changes in the breast tissues [11].

Among the Arab women the main reason of receding from regular breast examination is reflected on social customs and this usually results in late presentation to the hospital. Hence it is an important aspect for inducing positive impact on women with regard to the concept of breast cancer need to carry out diagnosis and the outline of treatment [1].

Women should be imparted with knowledge regarding BSE so as to take responsibility by themselves to detect breast cancer. Nurses should educate women about BSE for early detection breast cancer by providing information, advice and support, thus increasing their commitment towards health profession. Tackling this sensitive and emotional subject by disseminating information to the women population and educating them for BSE practice would enable more women to start self breast examination. This in turn will lead to early recognition, intervention and as a result more successful treatment of cancer [12]. Hence this study was conducted to explore the attitude and practice of nurses in imparting knowledge on BSE to women patients.

Materials and Methods

This cross-sectional study was conducted by research division in collaboration with department of surgery and department of Nursing at Gulf Medical University (GMU), Ajman, UAE during the period June –November 2009 and was carried out among 154 nurses from different hospitals of UAE who participated in the breast cancer awareness program week, conducted at GMU, Ajman. The information regarding the desired topic was obtained through a pre-tested structured close ended self-administered questionnaire developed by the

researchers. The questionnaire recorded information such as socio-demographic characteristics which includes participant's age, gender, nationality, marital status and educational qualification. Participants' attitude in imparting knowledge about BSE to women and their attitude to undergo training was generated from them. Information regarding teaching BSE by participant's, to generate information, develop responsibility concerning teaching BSE, and availability of materials for briefing about BSE were collected. The respondents were instructed on how to fill the questionnaire. Each questionnaire was attached with a consent form which provided information to the participants in regard to the purpose of the study and assuring strict confidentiality of the data provided. The participants were also made to sign the consent form certifying their awareness to its content and agreement to participate in the study. The data collected were fed into Excel sheet and analyzed using PASW 17 after coding and recoding. Descriptive statistical methods were carried out for each question evaluating their frequency and chi-square test as used to find the association. A "p" value of less than 0.05 was considered statistically significant.

Results

Socio Demographic Characteristics

The participants were between the age group of 20 - 59 years with a mean age of 31 years and SD of 7.3 years. 10.4% of the participants were not willing to reveal their age. Maximum respondents, (44.2%) were found between 20 - 29 years of age. With regard to gender 82.5% were females and 17.5% males. Among 154 participants, 88.3% reported to have an educational qualification of general nursing diploma and 11.7% nursing graduates. 70% of the participants were ever married. With regard to nationality, 83.8% constituted Indian nationals. The details are given in figure 1.

Attitude of nurses towards Breast Self Examination

Majority of the nurses, 90.3% have a positive attitude in imparting knowledge regarding risk factors of breast cancer and about the importance of performing BSE, to bystanders through leaflets and other aids before giving hands on experience in BSE. Eighty eight point three percent of the nurses were with a positive attitude toward providing information about BSE to all females irrespective of their demand. Among the respondents 27.9% showed positive attitude to educate female bystanders who were keen to know about BSE.

Table1. Distribution of participants according to attitude and practice score

Attitude	Practice						Total
	Below Average		Average		Above Average		
	No	%	No	%	No	%	
Below Average	--	--	3	27.3	8	72.7	11
Average	1	14.3	--	--	6	85.7	7
Above Average	--	--	1	.7	135	99.3	136
Total	1	0.6	4	2.6	149	96.8	154

Table2. Distribution of participants according to their practice

Practice	Group	Advice female patients on BSE				Total
		Yes		No		
		No	%	No	%	
Teach BSE to Female Patients	Yes	119	90.8	10	43.5	129
	No	12	9.2	13	56.5	25
Motivate Female by Standers	Yes	118	90.1	8	34.7	126
	No	13	9.9	15	65.2	28

Table 3. Distribution of participants according to their practice

Motivate Female Patients and by Standers	Advice on BSE				Total
	Yes		No		
	No	%	No	%	
Yes	109	86.5	17	13.5	126
No	7	25	21	75	28
Total	116	75.3	38	24.7	154

Eighty one point eight percent were confident to influence bystanders on educating about BSE. Ninety point three percent nurses showed a positive attitude in participating in the breast disease screening program. Ninety point nine percent of the participants were eager/ willing to undergo training program on BSE. Teaching BSE to female patients and bystanders

Among 154 participants, 42.2% nurses used leaflets and 76% made use of oral communication as the initial tool in providing information on BSE to female patients and bystanders. Seventy four point seven percent of the nurses provide information on BSE to patients and 29.9% to bystanders. It was observed that 85.1% of the respondents advice their female patients and 75.3% advice female bystanders on importance of BSE. Eighty three point eight percent of the nurses reported teaching method of performing BSE to female bystanders. Among the respondents 60.4% reported doing follow up after

imparting knowledge on BSE. Eighty eight point three percent participants indicated that they provide information to patients on what to be done if the result is suspicious. Eighty nine point six percent of the participants create awareness on mammography to their female patients and 81.8% to bystanders. In the past one month only 29.2% of nurses actively participated in teaching BSE to female patients.

The questionnaire consisted of six questions on attitude and 13 practice based questions. The variables of attitude and practice were computed on the basis of the participants response to the relevant question, those with positive attitude/practice was given a score of '1' and those with negative attitude/practice was given a score of '0'. Thus the maximum score observed for attitude was 6 and minimum observed was zero. With regard to practice the minimum score observed was 5 and maximum observed was 13. Spearman's rank correlation coefficient was calculated to find the relationship

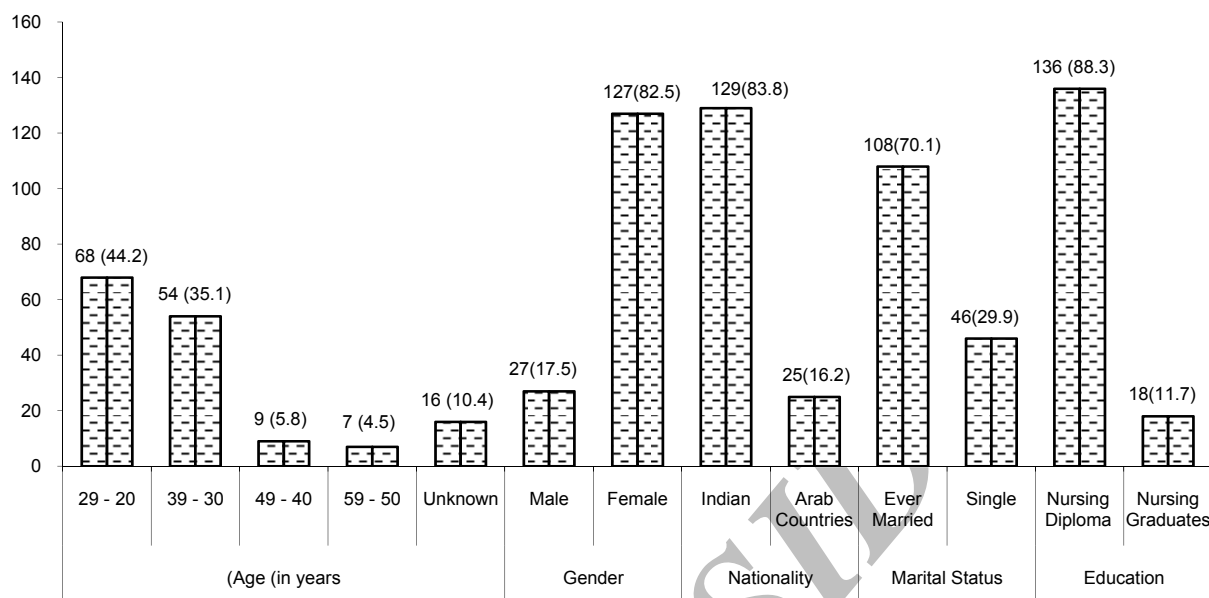


Figure1. Distribution of participants according to socio-demographic characteristics

between attitude and practice by using score. The coefficient observed was 0.3 and was statistically significant ($p < 0.001$) showing a positive correlation between attitude and practice. This was further divided into three groups as below average, average and above average. The details are given in table 1.

In the present study, among 131 respondents who provide information to their female patients on the importance of BSE, 90.8% teach BSE techniques to their female patients. This association was found to be statistically significant ($p < 0.001$). Among participants who used to inform female patients on BSE 90.1% motivate female bystanders to participate in breast disease screening program. This association was found to be statistically significant ($p < 0.001$). Details are provided in table 2.

Among 116 nurses who provide advice on BSE, 86.5% reported influencing their female patients and bystanders to participate in breast disease screening program. This association was found to be statistically significant ($p < 0.001$). The details are shown in table 3.

The potential barriers identified in teaching BSE were that the doctors were not keen on nurses explaining BSE to patients and bystanders (32.5%). The participants (13.6%) also stated that teaching BSE has no role in their work context. The other barriers cited by the respondents were their lack of confidence (9.1%) and time (20.8%). Twenty point

eight percent considered language as a barrier for explaining their clients on BSE.

Discussion

It is the responsibility of health care workers to endow general population with information on BSE which mainly involves prompt reporting of breast symptoms which are considered as early detection messages for women of all ages, and to make women familiar with both the appearance and the feel of their breasts at an early age. Early diagnosis could influence early treatment and to yield a better survival rate [2]. Health education is the preliminary step in primary prevention program by which health care workers could disseminate information and influence BSE practice among wide range of population ultimately providing service to humanity.

In the present study majority of respondents were in the age group 20- 40 years, 70.1% of the nurses were ever married and majority 88.3% with an educational qualification of nursing diploma and 11.7% nursing graduates. Many studies reported similar demographic characteristics as shown in the present study [13-15].

In the present study among 154 participants majority with a positive attitude in participating in the breast disease screening program and they also believe responsible in providing information on BSE which is in accordance with the study done by Agboola et al. showing 91.4% nurses having a positive attitude towards BSE [15]. In a study

accomplished by Chong et al. observed that factors influencing knowledge scores were related to the nursing profession, and one among them is qualification level [16]. Some studies reported a decrease in attitude of nurses against regular examination of breast which is not in accordance with the observation made in the present study [13, 17]. Dermirkiran et al [17] reported that 48.8% nurses find themselves responsible for teaching BSE to their patients and this observation is in accordance with the findings of the present study.

Lin et al. in their study observed that 86% of the Chinese American women had mammogram one time and only 48.5% had a mammogram within the past year. The measure described for increasing awareness among the women population was to increase the influence rate of nurses among women by providing health education to patients and their family members on breast cancer, reducing perceived barriers to mammogram [18]. In the present study 89.6% nurses were imparting awareness on mammography and 81.8% were motivating female patients and bystanders to undergo mammography. Potential barriers for not teaching BSE, identified in the present study were, the doctors not keen on nurses teaching BSE, their lack of confidence, lack of time, language barriers and they also had the belief that teaching BSE has no role in their work context which is in accordance with the findings from other studies [19, 20]. Present study revealed an increase in the attitude and decrease in the level of practice of nurses on teaching technique of BSE. Observations disclose that an increase in the attitude of nurses on BSE enhances their practice on teaching BSE.

Conclusion

The study concluded that nurses' teaching clients, both female patients and bystanders may be increased if more emphasis on BSE occurs in the workplace and in undergraduate and postgraduate courses. Also, the provision of BSE educational programs is necessary to increase nurses' knowledge, confidence, performance, and teaching of BSE. These findings suggest the necessity of proving continuing educational programs to change the attitude and behavior towards BSE which in-turn will have a positive effect on their practice of teaching and motivating the general population to perform BSE.

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Conflict of Interest

None

Authors' Contribution

MJ was responsible for the original concept and contributed in writing the article, SJ designed the study protocol, data management, analysis, and contributions to writing of the article. VM was questionnaire development, conducted the study, and contributed in writing the article while TM was responsible for conducting the study, and contributions to writing of the article.

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