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Awareness About Breast Self-Examination Among Young Nurses of Jinnah Hospital Lahore

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Abstract

Breast self-examination is a screening method used in an attempt to detect breast cancer. The method involves the woman herself observing and feeling each breast for possible lumps, distortions or swelling. Breast self -examination is recommended because it is safe, easy, feasible, private, painless and require no specific equipment. Breast self- examination plays important role in preventing breast cancer by using standard guidelines. **Objectives:** Current study was designed to evaluate nurse's knowledge and practice of BSE in order to decrease breast cancer. The objectives of study were to assess nurse's knowledge about breast cancer and its relationship to BSE and barriers toward BSE. **Method**: The descriptive cross- sectional design was used. Study population included 120 nurse's working in JHL. Nurse's knowledge was evaluated using a modified questionnaire on Breast cancer prevention awareness. Non- probability sampling technique was used**. Results**: The response rate was 100%. Females constituted 100% of study participants. 66% nurses were university graduate having Post RN degree. Majority of participants (80%) stated that breast self-examination is a useful tool for early detection of breast cancer but only half of them (47%) were practicing breast self-examination. Majority of the participants had satisfactory level of knowledge but less satisfactory level of practices 50% and 47% respectively. **Conclusion:** The results of current study revealed nurses' high level of knowledge but somehow low level of practice about breast self-examination. Therefore, hospital should organize adequate training programs in order to enhance nurses' practice of breast self-examination according to standard guidelines to prevent or detect breast cancer.

Keywords: Breast self-examination, Breast cancer, Young Nurses

Introduction

Breast self- examination is a screening method used in an attempt to detect breast cancer. The method involves the woman herself observing and feeling each breast for possible lumps, distortions or swelling (Baxter and Care 2013). Breast self -examination is recommended because it is feasible, easy, safe, private, painless and requires no specific equipment. It has also been shown to improve breast health awareness and does potentially allow for early detection of breast anomalies (Karayurt, Özmen et al. 2008). The woman from the age of 18 years onward should be educated on the benefits of performing breast self- examination monthly (Karayurt, Özmen et al. 2008). According to World Health Organization (2014) breast cancer is the most prevalent type of

cancer in young women of reproductive age both in high income and middle-income countries. The incidence of breast cancer is increasing due to increased life expectancy, urbanization and adoption of western life style. Early detection of breast cancer plays an important role in improving breast cancer outcome and survival. However, the practice of breast self-examination has been seen to empower women, taking responsibility of their own heatlh. Therefore, breast self-examination is mentioned for rising awareness among women at risk. American cancer society (2015) The recommends that breast self-examination is an option for women starting in their 18s. According to cancer Association of South Africa Women should be communicated about the benefits and limitations of breast self-examination. In a number of countries breast self-examination is monthly recommended. South Africa. Study conducted by (Wardle et al.1995) among university students from 20 European countries 54% of women reported as never having BSE and 8% practiced monthly. Another study revealed that 27% of university student in Korea reported engaging in breast self-examination (Shin et 12 al.,2012). Studies among female university students in low and middle income and emerging economic countries found that in Egypt.1.3% monthly BSE (Boulos & Ghali,2013). In Malaysia (36.7%-55.4%) had practiced BSE (Al-Naggar et al.,2011; Akhtari-zavare et al.,2013) in United Arab Emirates (UAE), 22.7% practiced breast self-examination ,3% monthly practiced breast self-examination (Al-Sharbatti et al.,2013), and in Yemen, 17.4% BSE practice (Ahmed,2010). Various factors, including lack of BSE awareness, poor attitudes towards BSE, fearing of finding lump, unimportant test, not having breast problem were identified as barriers to BSE (Wardle et al.,1995; Ahmed,2010; Shin et al.,2012; Al-sharbatti et al.,2013). One important strategy in reducing breast cancer mortality is the use of screening to achieve earlier detection of cancer (Christmas & Nicholas 2007). Women should practice breast self-examination for early detection because the most common symptom of breast cancer is a painless lump (Dhanessar 2005). Breast self-examination is a unique procedure in many ways: it is inexpensive, noninvasive, involves little time and physical energy, is simple and does not depend on professional help (Lauver 2010). In developing countries, breast self-examination is considered to be simple, inexpensive, non-invasive, and non-hazardous intervention, which is not only acceptable, cost effective and appropriate, but also encourages women to take an active responsibility in preventive health (Narimah et al.2003). In Asia, there were 3 million new cancer cases and over 2 million cancer deaths. Projection suggest that the number of new cases in Asia will increase to 7.1 million by the year 2020 if existing preventive and management strategies remain unchanged (Mackay et al.,2012). Unlike developed nations, the mortality rate associated with breast cancer among women remains a matter of serious concern in the developing nations. According to World Health Organization the bad news is that 10 million people will be diagnosed with cancer in the developing countries and 6 million people will die of cancer every year around the world. The good news is that there is evidence-based research which showed that one third of all cancers are preventable and a further one third, if diagnose early, is potentially curable. This observation demands that cancer control should be of increasing priority in health care programs of developing countries (Parkin 2014, WHO 2017). Breast cancer can lead to increased length of hospitalization, increased healthcare cost, risk of further associated complications and death. (Jeong et al., 2013). Internationally, considerable attention has been paid to breast cancer prevention; but in Pakistan, there are limited studies about incidence and prevention of breast cancer. While standard guidelines on BSE have been there since past two decades, yet very limited data is available about nurses actual practice and how closely standard guidelines are followed in their practice. To date there has been no research in Pakistan which describes the BSE practices among nurses in JHL.Therefore, there was a great need to explore the awareness and practice of BSE among nurses working in JHL.

Materials and Methods

Study Design

Quantitative research approach using a descriptive cross-sectional research design.

Sampling Technique

Non-probability sampling technique was used.

Inclusion Criteria

All young nurses of Jinnah Hospital Lahore registered from PNC.

Exclusion Criteria

All nurses of Jinnah Hospital Lahore above 40 years of age. The persons who have specialty and trained in breast examination centers\clinics.

The study was carried out at CON, AIMC, Lahore., while data was collected in Jinnah Hospital Lahore. Population of the current study included all young nurses of JHL. The duration of our study was 6 months July 2018- Dec 2018 and for data collection was one week. A sample of 120 young nurses, all those who have been working in JHL was selected.

Data Collection Tool

The data collection tool was designed and utilized to collect pertinent to the current study i.e a modified questionare. The informed consent was taken from the participants to participate in the study. A meticulous help was taken from literature review, subject experts and research scholars to develop valid and reliable tool for data collection. Questionare on Nurses "Awareness about BSE and BC prevention." The questionare was designed after thorough review of relevant literature. The study objectives and literature review guided the design of the questionare. It was mainly divided into five parts: **Part I** Consist of Demographic characteristics such as age, marital status, education and attendance of training about breast self-examination. **Part II:** Consist of 4 items on knowledge of breast cancer and breast cancer prevention. Each item is close ended question with 02 answers yes or no. Each question is scored 01 for yes and 02 for no. **Part III:** Consist of 17 items on knowledge and practice of breast self-examination in this part 8 items are close ended questions with 02 answers yes or no and each question is scored 01 for yes and 02 for no and other 09 items are close ended question with 04 answers choice (01 correct and 03 incorrect). Scores of less than 75% were considered unsatisfactory level of knowledge; however, scores of 75%-100% were considered satisfactory level of knowledge. **Part IV:** Consist of 5 items on knowledge and practice of clinical breast examination in this part 2 items are close ended with 02 answers yes or no and each question is scored 01 for yes and 02 for no and other 3 items are close ended question with 04 answers choice (01 correct and 03 incorrect) Scores of less than 75% were considered unsatisfactory level of knowledge; however, scores of 75%-100% were considered satisfactory level of knowledge. **Part V:** Consist of 6 items on knowledge and practice of clinical breast examination in this part 3 items are close ended with 02 answers yes or no and each question is scored 01 for yes and 02 for no and other 3 items are close ended question with 04 answers choice (01 correct and 03 incorrect) Scores of less than 75% were considered unsatisfactory level of knowledge; however, scores of 75%-100% were considered satisfactory level of knowledge.

Validity and reliability of Data Collection Tool

The two most essential criteria to evaluate the data collection instrument are validity and reliability. Validity is termed as the degree to which an instrument measures what it is intended to measure. In this study content validity was assessed by panel of field experts who checked the

appropriateness and relevance of the question in relation to study objectives. Reliability is the consistency with which an instrument measures the attribute. It is accuracy of the measuring instrument.

Data Collection Procedure

After obtaining official permission, data were collected over a period of one week from Nov 15th to 21th Nov ,2018. The selected hospital was visited on daily basis and nurses were approached during morning and evening shifts. After detailed information regarding purpose and benefit of the study. Then the nurses were submitted with data collection tool; Questionnaire on awareness about BSE and BC prevention. Proper guidance was provided for understanding to the questions asked. Nurses were requested to answer as per their own understanding to the question. It took 20-30 minutes in average for each nurse to fill in the questionnaire.

Data Analysis

Data analysis refers to "the systematic organization and synthesis of research data and the testing of research hypotheses" (De Vos et al 2005). A total of 120 completed Questionnaires were collected and coded, hence the response rate was 100%. Each questionare was scrutinized to examine the response pattern and identify abnormalities in the completion of questionnaires. Data was processed and analyzed through SPSS software version IBM 21. Descriptive statistics (mean, standard deviation, frequencies and percentages) were used to describe the demographic and practice characteristics of study participants and other important variables. Inferential statistics such as analysis of variance test (ANOVA) was used to identify the relationship between specified variables such as level of education and experience with knowledge and practice scores.

Ethical consideration

Ethical approval was taken from Ethical Review Committee of UHS Lahore. Written permission was obtained from deans/principals/medical directors of respective study hospital. Written consent describing the purpose and benefits of the study, was taken from study participants. Ethical considerations were followed according to the Ethical Review Board. Confidentiality and privacy of the participants were taken care of. The collected information was used for research purpose only. Any risk or harm to the participants was avoided.

Results

This chapter deals with the analysis and interpretation of data for current study "Awareness about Breast self -examination: Nurses knowledge and practice according to standard guidelines. SPSS version IBM 21 (Statistical Package for Social Science) was used to analyze data. The demographic and other variables are presented in the form of Frequencies, Percentages, Graphs see table 4.1

Table 4.1: Demographic Profile of Participants

Demographic information	**Demographic data**	**Frequency**	**Percentage**	
Age	20-25 25-30 35-40	102 10 8	79.7 7.8 6.3	
Marital status	Married Single	30 90	70.3 23.4	
Education	Diploma	26	20.3	

	BSN MSN Speciality	84 2 8	65.6 1.6 6.3	
Seminar	No Yes	44 74	34.4 57.7	

Demographic Information:

According to table 4.1 Out of total sample 120 ,102 were lying between 20-25 years of age comprise of 80%. 90 were single and 30 were married 71% and 24% respectively. 84 were post RN -BSN and comprise of 66%.

Table 4.2: Breast Cancer Awareness and Family History

Statement	**Data**	**Frequency**	**percentage**
Have you heard of BC	No Yes	24 95	20.2 74.2
Source of Information	Books Media Hospital Lectures Conference	82 76 74 82 62	64.1 59.4 57.8 64.1 48.4
Any family member diagnosed with BC	Yes No	16 104	12.5 81.3
According to above Q relationship to you	Mother Cousin Aunt	2 4 10	1.6 3.1 7.8

Knowledge of BC:

According to table 4.2 Out of total respondents 82 considered books and lecture their source of information comprise of 65%.

Table 4.3: Breast Self-Examination (BSE) Awareness and Practices

Statement	**Data**	**Frequency**	**Percentage**
Have you heard of BSE	No Yes	18 100	14.1 78.1
Is BSE useful tool for early detection of BC	No Yes	18 102	14.1 79.7
Have you been taught how to do BSE	No Yes	32 88	25 68.8
Above Q who taught you	Parents Doctor Teacher	2 20 66	1.6 15.6 51.6
Age to start BSE	After menopause From birth From 20 years No idea From puberty	2 6 24 24 64	3.1 4.7 18.8 18.8 50
How often should BSE be done	Yearly Daily	4 6	3.1 4.7

	No idea	22	17.2
	Weekly	28	21.9
	Monthly	60	46.9
What is the best time to do BSE	During menstrual flow	16	12.5
	No idea	40	31.3
	A week after period	61	47.7
BSE should be done by	Others	2	1.6
	Doctor	10	7.8
	Trained nurse	16	12.5
Do you practice BSE	No	46	35.9
	Yes	70	54.7
Above Q if Yes How often	Weekly	17	13.3
	Occasionally	18	14.1
	Monthly	20	15.6
	Rarely	28	21.9

Knowledge of BSE: According to table 4.3 Out of total respondents 66 were taught by their teachers to do BSE comprise of 52%. 64 were aware about the age to start BSE comprise of 50% and 60 were aware about that BSE should be done monthly comprise of 47%.

Table 4.4: Clinical Breast Examination

Statement	**Data**	**Frequency**	**Percentage**
Have you heard of CBE	No	22	17.2
	Yes	96	75.0
Is CBE useful tool for early detection of BC	No	12	9.4
	Yes	106	82.8
CBE should be done by	The individual	6	4.7
	Other	8	6.3
	Trained nurse	44	34.4
	Doctor	56	43.8
CBE is done using	Other	2	1.6
	Hand	22	17.2
	Ultrasound	24	18.8
	Mammography	66	51.6
How often should CBE be done	Daily	2	1.6
	Weekly	16	12.5
	Yearly	22	17.2
	No idea	26	20.3
	Monthly	28	21.9

Knowledge of CBE: According to table 4.1Out of total respondents 96 were aware of CBE comprise of 75%. 56 respondents were aware that CBE should be done by doctor and 22 were aware that CBE should be done by hand 44% and 18% respectively and 22 were aware that CBE should be done yearly and comprise of 18%.

Table 4.5: Clinical Breast Examination (CBE) Awareness and Practices

Statement	Data	Frequency	Percentage
Have you heard about mammography	No Yes	**20** **100**	**15.6** **78.1**
Is mammography useful tool for early detection of BC	Don't know Yes	24 96	18.8 **75.**0
At what age mammography should be started	From birth From 20 years From 40 years From puberty No idea	4 16 30 34 34	3.1 12.5 23.4 26.6 26.6
How often should mammography be done	Weekly When a lump is found Every 3 years Monthly No idea Yearly	2 4 20 30 30 32	1.6 3.1 15.6 23.4 23.4 26.6
Have you ever done mammography	Yes No	20 98	15.6 76.6
Above Q if Not Why not	Financial constraints Mammography is not available Others Not old enough	20 20 28 38	15.6 15.6 21.9 29.7

Knowledge of Mammography:

According to table 4.1Out of total respondents 30 were aware about that mammography should be done from 40 years and 20 were aware about mammography 24% and 16% respectively. 20 respondents have done mammography comprise of 16%. 38 have not done mammography as they thought they are not old enough.

Dicussion

Breast cancer is one of the major challenges in many countries including Pakistan. Up-to-date knowledge and practice of BSE can play a significant role in preventing ….BC. The purpose of this chapter is to provide a significant discussion of the results in the context of the current relevant empirical literature. In addition, limitations of the study will be identified. Lastly, implications for nursing practice, education will be discussed. Throughout the course of study, it has been noticed that all of the nurses who have been working in Jinnah hospital Lahore were female (100%). The finding is in agreement with Carlson-Babila study (2017) who reported that the majority (88%) in Higher teacher training institute Bambili were female. Predominance of female nurses in current study is due to the fact that our is totally for females because BSE is only related to females. The current study showed that the majority of the study participants were within age group 21-25 years which is in accordance with Babila (2017) who showed that the majority of the study participants (88%) were within age group 22 years old. However, the findings were disagreed with that of Kevin (2014) who reported that majority of the study sample was within age group 45-65 years

old. Nursing staff may have younger ages as government has recently induced in bulk through Punjab public service commission (PPSC). The current study showed that the majority of the study participants (66%) were Post RN-BSN which is disagreed with Supa Pengpid (2013) who reported that majority of the participants (60%) were diploma nurses. The finding is in agreement with Al-Sharbatti et al (2013) who reported that majority of study participants (70%) were Post RN-BSN. Our findings have shown considerable awareness about the existence of breast cancer, sufficient knowledge and as well as infrequent practice of breast self-examination. 75% respondents had been heard of BC and 79% respondents had been heard of BSE.

Conclusion

Based on the finding of the study, it is concluded that nurses working in JHL have satisfactory knowledge and less satisfactory practices of BSE guidelines regarding prevention of BC.

The lack of practice among nurses is indicative of the fact that few nurses have formal training on BSE. Hence structured training programmes should be introduced in order to decrease incidence of BC and resultant morbidity and mortality.

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