

Knowledge, Attitudes and Practices Regarding Breast Cancer Screening among Female Nurses at a Tertiary Level Hospital of Sri Lanka

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Background

Breast cancer is the commonest cancer amongst women worldwide and in Sri Lanka. It has a better cure rate if detected early. Regular screening promotes early detection of breast cancer. However, the practice of breast cancer screening in Sri Lanka is still low.

Aims & Objectives

To assess knowledge, attitudes and practices regarding breast cancer screening among female nurses at a tertiary level hospital of Sri Lanka.

Material & Methods

This was a descriptive, cross sectional study, carried out in the National Hospital of Sri Lanka. The study population consisted of female nurses between 25-55 years of age, working at National Hospital of Sri Lanka in August, 2011. Nurses already diagnosed as having breast carcinoma or have undergone treatment for breast carcinoma, and nurses working in specialized units were excluded from the study. Cluster sampling method was used. The wards to be sampled were selected randomly and all the nurses in the selected wards were included in the study, based on the inclusion and exclusion criteria. A Self administered questionnaire was used to collect the data. The data was analysed using SPSS 19.0 software. Chi-square Test was used for testing associations.

Results

The response rate was 73%. Among the 128 female nurses who participated in this study, 67% had poor knowledge regarding Breast Self Examination (BSE). Their knowledge level is significantly associated with their working environment and the presence of family history of breast cancer. Eighty-six-percent of participants

obtained good scores for practicing BSE. The practise of BSE is significantly associated with working environment, number of children, and menopause. Seventy-two-percent had poor overall knowledge regarding breast cancer screening (knowledge about BSE, mammography and Clinical Breast Examination). Eighty-four-percent and 31% of women above 40 years of age had undergone mammography and Clinical Breast Examination(CBE) respectively. There was no significant association between family history of breast cancer and undergoing screening with mammography and CBE. The knowledge, attitudes and practises on breast cancer screening(KAP score) level was good in 84% of participants. KAP score level is significantly associated with district of residence, district of schooling, working environment, occupation of spouse, number of children, number of pregnancies, and whether menopausal or not.

Conclusions

The knowledge regarding the proper technique of BSE among nurses is poor. But their practise of BSE is good. When considering the overall knowledge regarding breast cancer screening methods (i.e.BSE, mammography and CBE taken together), majority has a poor knowledge. Majority of nurses have good knowledge, attitudes and practises regarding breast cancer screening as a whole. Majority of the nurses in the 40-55 years age group had undergone mammography, whereas majority of them had not undergone CBE. Health educational programmes should be carried out to improve knowledge regarding the proper technique of breast self examination. They should also emphasise on the importance of undergoing CBE in the >40 years age group. Further studies need to be carried out on the >40 years age group to assess the influence of socio-demographic factors on breast cancer screening.