

Interfaculty Chair and Department of Public Health, Medical University of Lublin

TERESA BERNADETTA KULIK, HANNA SKÓRZYŃSKA,  
EWA RUDNICKA-DROŻAK, ANNA PACIAN

*Prophylactics of breast cancer among nurses in health care  
settings in Lublin city*

Recently a constant increase of breast cancer among women in Poland has been noticed. At present breast cancer constitutes about 17% of the total amount of malignant tumours and it is the reason for 14% of all the deaths resulting from neoplasms (1). This bad situation is still worsened by characteristic for Poland late detection of neoplastic lesions, and in many cases further the inability of effective and radical treatment resulting in a lower rate of survival of patients. In this situation we must not underestimate the role of prophylactic activities and early diagnostics because this kind of disease can be effectively treated if it is detected at the early stage of development. According to the experiences of western countries prophylactics together with screening are the most effective and the cheapest methods of combating the neoplasms from the social and medical point of view (2). Fragmentation of so far performed screening tests has not influenced the decrease of morbidity and mortality rate due to breast cancers significantly (3,4). Insufficient health education and information on the prophylactics and health promotion are important problems. And they surely influence the insufficient awareness of women and lack of appropriate attitudes to this disease (5,6).

The purpose of the paper was the evaluation of activities aiming at breast cancer prophylactics taken up by women employed in health care settings. The studied population were the nurses with medical education background and thus with a broader knowledge in this field and potentially bigger possibilities for realization of the prophylactic examinations. How have these factors influenced the selected women's discipline to undergo the examinations?

MATERIAL AND METHODS

The research was carried out during the first half of 2001. The selected group consisted of nurses working in three hospitals in Lublin: University Children's Hospital, Independent Public University Hospital No 1 and Independent Public University Hospital No 4. For the purpose of the research a survey was developed based on the references. The first part of the survey included questions determining the level of knowledge and the scope of activities taken up by the respondents within the prophylactics of breast cancer. In the subsequent parts the questions took into account the risk factors for breast cancer (according to the guidelines of Polish Foundation of European School of Oncology). It made the evaluation of risk factors in the

tested population of nurses possible. There were 180 surveys prepared and 167 completed and sent back. Finally, 150 surveys were analyzed statistically.

## RESULTS AND DISCUSSION

Among the interrogated respondents the biggest number was constituted by women aged 30–40 (44%), and the smallest group by women below 30 years of age (6%). The percentage of respondents aged 41–50 and 51–60 was 32% and 11%, respectively. Most of the respondents were registered nurses with secondary nursing school diploma (78%) and 11% had graduated from medical university. Mean work seniority in the studied group was 13 years.

At the initial stage the purpose of our analysis was the evaluation of nurses' knowledge about neoplastic diseases of breast. They evaluated their knowledge of breast tumour risk factors. A considerable majority, as much as 96%, admitted their knowledge about the risk factors, and only 4% thought their knowledge was insufficient. Next, the notion and the scope of activities on primary and secondary prevention of breast cancer was evaluated. Such knowledge is necessary as implementation of appropriate activities may considerably decrease the risk of the disease. On the basis of the received responses one could notice that the concept of primary and secondary prevention were not known and defined precisely by the nurses. However, the knowledge about the principles of prophylactic examinations was satisfactory in this group. Individual and systematic testing of breasts according to prophylactic recommendations should be performed by each woman over 20 years of age. Adequate knowledge in this field was confirmed by 51% of the respondents and 34% thought that only after 30 years of age the self-control of breasts was indicated. The remaining nurses said that the systematic examination of breasts concerns the women at the menopause (9%) or the ones who delivered children (6%). The respondents knew better how to examine breasts. The majority (80%) thought that the appropriate time of self-examination is on 2–3<sup>rd</sup> day after menstruation. 20% of the respondents gave wrong answers.

Further, the study evaluated the prophylactic activities taken up by the interviewed nurses. Self-control of breasts was considered an important method for detection of cancer. Self-control

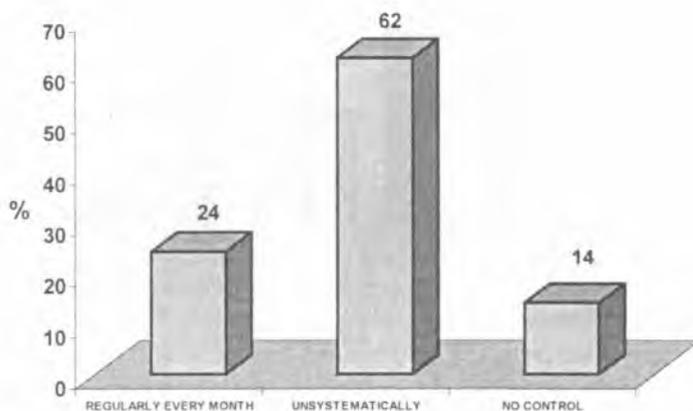


Fig. 1. The frequency of self-examination of breasts performed by the respondents

of breasts is an easy and cheap method of an early detection of cancer, however it is only efficient if the examination of breasts is performed regularly and correctly. Systematic self-control of breasts—once a month—was confirmed only by 24 % of the interviewed women. But as much as 14% do not control their breasts at all, and the remaining group does that rarely and not systematically (Figure 1).

Till 50 years of age women do not perform regular self-control of breasts but the frequency of regular breast control gets increased in the group of nurses after 50 years of age. This control is systematically performed in the studied population by women below 30 years of

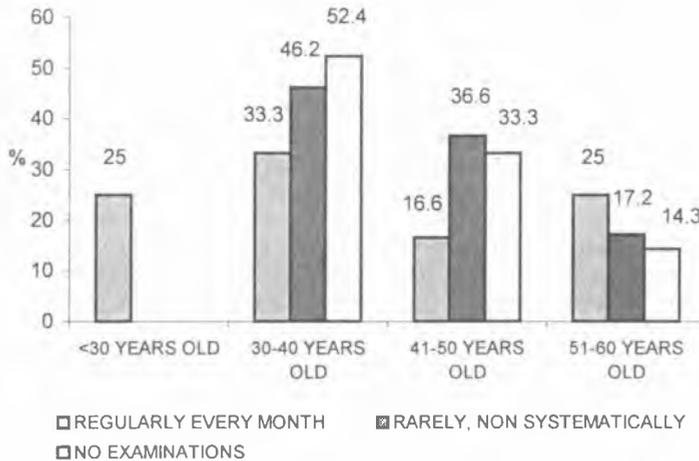


Fig. 2. The age and regularity of self-control of breasts by the respondents

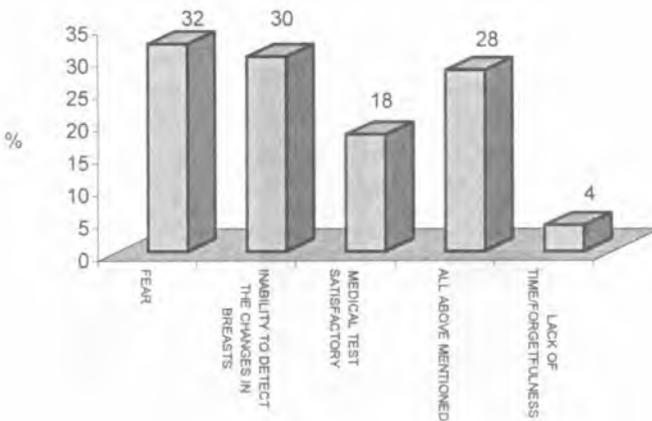


Fig. 3. The reasons for avoiding breast self-control

age (Fig. 2). The most frequent reasons for avoiding breasts control were: fear (32%), inability of differentiation of pathological changes (30%), too limited knowledge in this field (33%) and confidence that medical examinations are sufficient (18%). Other reasons (4%) were the following: lack of time, forgetfulness (Figure 3).

In the group of nurses who regularly examined their breasts – 79% did not notice any changes. The remaining 21% detected some alarming changes. In these cases the majority (16% out of 21%) referred to the doctor within a week (8%), or within a month (8%). The remaining 5% out of 21% delayed their appointment with the doctor. An early diagnosis in such cases may play a significant role in treatment and prognosis for the future.

The subsequent stage of study was the analysis of the prophylactic specialist examinations and evaluation of their availability. It is commonly thought that every health care worker has an easier access to counseling and medical examinations. From among the questioned nurses 43% confirmed this opinion. The remaining 57% stated that in spite of being employed in health care services they do not have an easier access to diagnostic services as far as breast cancer diagnosis is concerned. As much as 79% of the respondents stated that mammography is not easy accessible due to a long time of awaiting. Only 21% thought differently. A positive phenomenon that can be observed nowadays is a bigger interest of companies in arranging screening examinations for their employees as far as breast cancer is concerned. 51% of the interviewed respondents admitted that such actions were organized in their workplaces. Almost 25% of them could benefit from such a possibility of examination. They were the women aged 41–50. However, the responses of the nurses concerning examining of breasts by physicians were worrying. Almost half of the respondents (49%) experienced such examinations by physicians. The remaining 51% have never experienced such examinations during their appointments with the doctor. This is not considered by all of the physicians as routine examination, particularly by the primary health care doctors and gynaecologists.

Next in the survey, the respondents assessed their own risk of suffering breast cancer. 29% of them thought it was a small risk; 33% – mean risk and 6% – increased risk, 4% – high risk. Finally, they filled in a questionnaire according to The Guidelines of Polish Foundation of European School of Oncology, which allowed for evaluation of their individual risk of breast cancer. This may allow us to state that in the studied population of nurses the percent of women with low risk of breast cancer was 95%, with mean risk – 3%, however high risk concerned 2% of the respondents. The presentation of the results of self-evaluation and actual risk of breast cancer showed marked differences. Only 25% of nurses described adequately their risk of the disease. Such results convince us that among the women (including nurses) fear and anxiety due to breast cancer risk is great. In spite of their medical knowledge and professional experience not all of the women-nurses demonstrate accurate attitudes and behaviour aiming at early diagnosis of neoplastic lesion in breasts. Therefore, health education on prophylactics of breast cancer should be carried on also among the nursing personnel.

## CONCLUSIONS

1. The studied nurses' knowledge about breast cancer is considered to be incomplete. Poor knowledge about risk factors with simultaneous good knowledge about early symptoms of breast cancer is visible. A considerable majority of the questioned nurses cannot define the notions and the scope of activities of primary (92%) and secondary (85%) prophylactics. Insufficient knowledge about prophylactic principles and methods of early detection may be the factor responsible for not realizing the preventive actions successfully.

2. The acquired knowledge has not a motivating influence on the women's attitudes towards the health problem of breast cancer. The studied group of nurses is showing a passive approach to screening tests. Self-control of breasts is performed regularly every month only by 24% of the studied nurses. From among the half of the respondents to whom mammography was made available by their employers, only 1/3 benefited from this opportunity.

3. The reasons for unsatisfactory participation of nurses in screening tests were mainly in their opinion: lack of time, lack of knowledge and fear of the disease.

4. The availability of mammography is problematic. The time of awaiting for the examination is too long in the opinion of the interviewed nurses and the fact of being a health care worker does not make the accessibility easier.

5. Only one in four nurses could really evaluate their own risk of breast cancer. The remaining women increased their risk of the disease and this confirms the increased fear of the disease.

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#### SUMMARY

The goal of this project was to assess the kind, extent and knowledge about the actions undertaken by nurses in the field of primary and derivative prophylaxis of breast cancer. The research was conducted with the use of an anonymous poll. We surveyed 180 nurses from medical centres in Lublin. The data included in 150 questionnaires which were qualified for the research were statistically analyzed. Despite medical education and theoretically easier access to medical services the research showed inadequate knowledge about the disease and lack of individual preventive actions of women employed in this sector. Insufficient knowledge about the ways of primary prophylaxis of the methods of early detection of breast cancer may be the reason why health-oriented habits are not given proper attention. Only 24 per cent of the polled women perform regular monthly breast self-control. The surveyed group of nurses display a rather passive attitude towards screening tests. Out of 51 per cent of the respondents who were

given a chance to have screening tests just a little more than one third took advantage of this opportunity. The reason, according to the surveyed, was too low awareness, lack of time and fear of the disease.

#### Profilaktyka raka piersi wśród personelu pielęgniarskiego lubelskich placówek służby zdrowia

Celem pracy była ocena wiedzy oraz rodzaju i zakresu podejmowanych działań przez personel pielęgniarski odnośnie do profilaktyki pierwotnej i wtórnej raka sutka. Badanie zostało przeprowadzone za pomocą anonimowej ankiety wśród 180 pielęgniarek lubelskich placówek służby zdrowia. Dane ze 150 ankiet zakwalifikowanych do analizy opracowano statystycznie. Pomimo wykształcenia medycznego i teoretycznie lepszego dostępu do świadczeń zdrowotnych wykazano w tej grupie zawodowej niedostatek zarówno w zakresie wiedzy, jak i w konkretnych, podejmowanych indywidualnie działaniach prewencyjnych. Niedostateczna znajomość zasad profilaktyki metod wczesnego wykrywania raka piersi może być czynnikiem powodującym, że zachowania zdrowotne realizowane są w niewystarczającym stopniu. Samobadanie piersi regularnie, co miesiąc, wykonuje tylko 24 % ankietowanych. Badana grupa pielęgniarek prezentuje raczej bierną postawę wobec badań skryningowych. Spośród 51% respondentek, którym zakład pracy umożliwił udział w badaniach skryningowych, tylko niewiele ponad 1/3 skorzystało z takiej możliwości badania. Przyczyną tego według ankietowanych była głównie zbyt niska świadomość, brak czasu oraz lęk przed chorobą.