ORIGINAL ARTICLE

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Evaluation of Knowledge, Attitudes and Behaviors on the Breast Care of Patients and Health Care Personnels Who Apply to Family Medicine Policlinic

ABSTRACT

Objective: Breast cancer is the second most common cause of cancer-related mortality in women after lung cancer in the World. Early diagnosis and treatment is life-saving. Our aim with this study is to evaluate the knowledge, attitudes and behaviors of breast cancer awareness of health care professionals and patients who apply to our Family Medicine Policlinic in Eskisehir.

Methods: A total of 424 female patients were included in the study. "Evaluation of the Knowledge, Attitudes and Behaviors of Breast Health of Patients and Healthcare Personnels Attending to the Family Physician Policlinic Form" which was prepared by the researchers was applied with a face-to-face interview method.

Results: A total of 424 female patients were included in the study, 178 of them were health professionals. The average age was 40.2 ± 11.1 years. 54.1% (n= 153) of 283 patients who performed BSE were health care personnels and health care personnels' performances of BSE were found to be statistically higher than non-health care personnels. 47.9% (n= 203) of participants in study are over 40 years of age and 66.5% (n= 135) of them are screened by mammogram, 33.5% (n= 68) of them did not have a mammogram. There was no significant difference about screened by mammography between health care personnels and non-health care personnels.

Conclusions: While attending preventive health services, they should have positive attitudes towards developing health for health care personnels, which is also an example for cancer screenings.

Keywords: Breast Cancer, Cancer Screening Programs, Women Health

Aile Hekimliği Polikliniğine Başvuran Hasta ve Sağlık Çalışanlarının Meme Sağlığı Hakkında Bilgi, Tutum ve Davranışlarının Değerlendirilmesi

ÖZET

Amaç: Meme kanseri, akciğer kanserinden sonra kadınlarda kansere bağlı mortalitenin en yaygın ikinci nedenidir. Erken tanı ve tedavi hayat kurtarıcıdır. Bu çalışmanın amacı, Eskişehir'de Aile Hekimliği Polikliniğimize başvuran hasta ve sağlık çalışanlarının meme kanseri hakkındaki bilgi, tutum ve davranışlarını değerlendirmektir.

Gereç ve Yöntem: Çalışmaya toplam 424 kadın hasta alındı. Araştırmacılar tarafından hazırlanan "Aile Hekimliği Polikliniğine Başvuran Hasta Ve Sağlık Çalışanlarının Meme Sağlığı Hakkında Bilgi, Tutum Ve Davranışlarının Değerlendirilmesi" anket formu yüz yüze görüşme yöntemiyle uygulanmıştır.

Bulgular: Çalışmamıza 424 kadın hasta dâhil edilmiştir. Bu hastaların 178 i sağlık çalışanı olan katılımcılardı. Katılımcıların yaş ortalamaları 40.2±11.1 yıldır. BSE uygulayan 283 hastanın% 54.1'i (n= 153) sağlık personeli ve sağlık personelinin BSE performansının sağlık çalışanlarına göre istatistiksel olarak daha yüksek olduğu bulunmuştur. Çalışmaya katılanların% 47.9'u (n= 203) 40 yaşın üzerindedir ve bunların% 66.5'i (n= 135) mamografiyle tarandığını belirtmiştir ,% 33.5'i (n= 68) mamografi taramasına sahip değildi. Sağlık personeli ve sağlık personeli olmayan kişiler arasında mamografi yaptırma ile ilgili anlamlı bir fark yoktu.

Sonuç: Sağlık çalışanlarının koruyucu sağlık hizmetlerini yerine getirirken, aynı zamanda kanser taramaları konusunda da örnek olunacak tutumlarda bulunmaları hiç şüphesiz sağlığın geliştirilmesinde olumlu etkilere sahip olacaktır.

Anahtar Kelimeler: Meme Kanseri, Kanser Tarama Programları, Kadın Sağlığı

INTRODUCTION

Breast cancer is the second most common cause of cancer-related mortality in women after lung cancer in the World (1). Breast cancer rank is first among cancers in women with a rate of 23.4% in Turkey. 1 in every 4 females has breast cancer (2). Cancer is one of the most important health problems and causes of mortality. Early diagnosis and treatment is life-saving.

Although it is rare under 30 years of age, breast cancer shows a rapid increase in the reproductive years following this age. Prevention of breast cancer is possible if women have knowledge of breast cancer. Cancer-related mortality rates are expected to decrease with the public awareness of cancer early diagnosis. There is serious responsibility for health care personnels in this regard. It will be taken as an example that healthcare personnel who provide disease education to all parts of the society should firstly perform their own cancer screenings on a regular basis.

By mammography and other screening methods, 63.7% of breast cancers can be diagnosed early. The 5 year survival of patients diagnosed early is reported to be 97.9%. It is recommended that women begin the screening of mammograms from the age of 40 and repeat the mammography screening every two years up to the age of 69 years (3). And, it is suggested that a breast-self-examination (BSE) should be performed every month starting from the age of 18, and a clinical breast examination should be performed once a year by the doctor.

The purposes of the screening programs are providing a healthier and longer life through early diagnosis and effective treatment, increasing survival rates and duration, improving life quality in survival (4). Our aim with this study is to evaluate the knowledge, attitudes and behaviors of breast cancer awareness of the health care professionals and the patients who apply to our Family Medicine Policlinic in Eskisehir.

MATERIAL AND METHODS

Our study was planned as a descriptive and cross-sectional study, and was conducted between October 2017 and December 2017 after the approval of our Ethics Committee on Clinical Research of Eskişehir Osmangazi University. A total of 424 female patients were included in the study, 178 of them were health professionals and 246 were not. Women from 18 to 69 years of age, literate and female, were included in the study. All participants were applied to Eskişehir Osmangazi University Medical Faculty Hospital Family Medicine Policlinic because of general health control or any health complaints. "Evaluation of the Knowledge, Attitudes and Behaviors of Breast Health of Patients and Healthcare Personnels Attending to the Family Physician Policlinic Form" which was prepared by the researchers was applied with a face-to-face interview method.

In the questionnaire age, education status, occupation, marital status, number of children, cancer story in family and background were asked as sociodemographic characteristics of participant. Breast cancer screenings were also asked as BSE, follow-up breast examinations by a doctor, make mammography screening for participants aged 40 years or older, and whether breast imaging or follow-up was performed by ultrasound guidance for any reason until the moment of evaluation. "Do you think that breast cancer screening is important in early diagnosis and treatment?" was also asked at the end of the questionnaire to the participants.

In the statistical analysis of the data, continuous data were given as Mean ± Standard Deviation. Categorical data are given as percent (%). IBM SPSS Statistics v21.0 (IBM Corp. released 2012. IBM SPSS Statistics for Windows, Version 21.0, Armonk, NY: IBM Corp.) was used to implement the analyzes by using Pearson Chi-square test. For statistical significance, $p < 0.05$ was considered the criterion.

RESULTS

A total of 424 female patients were included in the study, 178 of them were health professionals and 246 were not. The average age was 40.2 ± 11.1 years. 67.7% (n= 287) of them were married and 65.3% (n= 277) had 1 or more children. According to educational level, 1.9% (n= 8) of the participants are literate, 18.6% (n= 79) are primary school graduates, 3.8% (n= 16) are junior high school graduates, 20.5% 87) are high school graduates and 55.2% (n= 234) are university / graduate graduates. When we looked at the working conditions, 42% of the participants (n= 179) are civil servants, 20% are private sector workers, 6.4% (n= 27) are workers, 5 (n= 21) are retired and 20% (n= 85) are not working.

When examining the situation of doing BSE 33.3% (n= 141) of the participants stated that they did not BSE. 54.5% (n= 154) of the participants who did the BSE, did one or more frequent checks per month while 45.5% (n= 129) did not do the BSE as recommended. 54.1% (n= 153) of the 283 patients who performed BSE were health care personnels and the health care personnels' performances of BSE were found to be statistically higher than non-health care personnels ($p<0.001$). 40% of the participants (n= 170) had breast examinations by a physician, 47.1% (n = 80) of them are health care personnels and 52.9% (n= 90) of them are non-health care personnels. There was no statistically significant difference between health care personnels and non-health care personnels (p= 0.083).

47.9% (n= 203) of the participants in the study are over 40 years of age and 66.5% (n= 135)

of them are screened by mammogram, 33.5% (n= 68) of them did not have a mammogram. There was no significant difference about mammography and breast cancer screening between health care personnels and non-health care personnels (p= 0.078). Overall, 39.1% (n= 166) of the participants had mammogram screening. 69.9% (n= 116) of the participants who stated that they had had mammography, had regular mammograms at least every 2 years. While 23.8% (n= 101) of the participants stated that they were evaluated by breast ultrasonography, 76,1% (n= 323) stated that they were not evaluated by breast ultrasonography before. There was no significant difference about breast cancer screening by breast ultrasonography between health care personnels and non-health care personnels (p= 0.406).

34.9% (n= 148) of the participants included in the survey had relatives with breast cancer in their kith and kin (relatives, friends, etc.). 74.3% (n= 110) of the participants with breast cancer in their kith and kin had done BSE, while 62.7% (n= 173) of the participants with non-breast cancer had BSE. There was a statistically significant difference between the cases who have breast cancer in their kith and kin and the cases who do BSE (p= 0.015). Likewise, 55.4% (n= 82) of the participants who have breast cancer in their kith and kin had their mammography and / or breast ultrasonography scanned and 39.5% (n= 109) of those without breast cancer in their kith and kin had their mammography and / or breast ultrasonography. There was a statistically significant difference about breast cancer screening by mammography and / or breast ultrasonography between those who had breast cancer in their kith and kin and who did not have (p= 0.002).

When participants were asked if breast cancer screening was important in early diagnosis and treatment of breast cancer for them, 90.8% (n= 385) of the participants indicated that breast cancer screening was important, while 9.2% (n= 39) reported that breast cancer screening was insignificant. There was a statistically significant difference about the rate of indicating early diagnosis and treatment being important in breast cancer between health care personnels and non-health professionals (p< 0.001).

DISCUSSION

As the average age of the world increases day by day, the incidence of death due to cancer is increasing. Early diagnosis and treatment is life-saving. The prevalence of breast cancer and its increasing frequency, being treatable at an early stage, the possibility of early diagnosis in today's conditions increases the importance of breast cancer (5). Detection of knowledge, attitudes and behaviors against cancers is valuable in cancer prevention and early diagnosis.

In the studies, the results of the nurse's BSE practice rates were different from each other about 6% to 67% (6,7,8). In our study, 85.9% (n= 153) of the health care workers stated that they were doing BSE. The rate of BSE we achieved with this study is different from other studies in the literature and it is found high. BSE is a very good early diagnosis method because it is simple and practicable by everyone, does not require special tools and equipment and high costs (9). It is emphasized that practice of breast-cancer and BSE in curriculum programs in nursing schools and the in-service training programs to be planned for the subject are important in increasing the application of BSE (10).

Early diagnosis in cancer allows the disease to be diagnosed at an early stage without symptoms. Early diagnosis is aimed at reducing cancer-related deaths, increasing the chance of treatment and prolonging survival (11). In Europe, mammography screening is usually initiated around 50 years of age. The prevalence of breast cancer in our country is more prevalent in the premenopausal period than western countries, and 50% of the cases are under 50 years of age (12). For this reason, all women aged 40-69 years in our country are included in the mammography screening program every 2 years. While 66.5% (n = 135) of participants aged 40 years and over stated that they had mammography screening; 33.5% (n = 68) did not have a mammography screening. There was no significant difference about have mammography screening between health care personnel and non-health care personnel. In a study conducted by Açıkgöz and his colleagues, 44% of the female participants had regular mammogram screening (13). In another study conducted in the Aegean region; 40.6% of the women had done mammography, but only 48.9% of the women who had mammography as suggested had been reported to have done it regularly (14).

The occurrence of breast cancer in family is a well-known and powerful risk factor for the development of breast cancer (15). Many studies have shown that the likelihood of cancer recurrence in patients with breast cancer in family history is also increasing (16,17). In our study, the attitudes and behaviors of breast cancer participants about their protection from breast cancer were examined and there was a statistically significant difference between doing BSE who has a breast cancer in their kith and kin and who has not. Similarly, there was a statistically significant difference about have mammography and / or ultrasonography between those with and without breast cancer in kith and relatives. Some results were also reported by Özaydın and colleagues, indicating that women with breast cancer had more mammograms than those without breast cancer (18). This shows that women with breast cancer are more conscious about breast cancer prevention. Health care

personnels have great responsibilities in ensuring community health, informing about diseases and directing them to the right resources. In this sense, health care personnels should be aware of the benefits and risks of breast cancer screening methods. It is stated that the planned programs for breast health are effective in increasing have breast cancer screening rates. It emphasized in some studies that the importance of increasing women's awareness of breast cancer, teaching self-breast examination, promoting women with specially-prepared reminders and trainings based on model on women's regular mammography (19-20). Ozturk H et al. stated in their work that patient privacy was a complex concept that might be affected by many conditions in healthcare services (21). Women give more importance to privacy from men. We think that because of privacy women can be hesitate to be screened.

As a result, while attending preventive health services, they should have positive attitudes towards developing health for health care personnels, which is also an example for cancer screenings. In addition to the treatment services of family physicians in primary health care facilities, it is important that the desired level of screening programs is also great. Have enough knowledge about breast cancer by women, can provide being knowledgeable about cancer screening programs by the whole community.

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