The Role of Nurses in Screening Breast Cancer

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Introduction

An active search for disease among healthy people is a fundamental aspect of prevention. This is embodied in screening which is defined as "the search for unrecognized disease or defect by means of rapidly applied tests, examinations or other procedures in apparently healthy individual.' Today screening is considered a preventive care function, and some consider it a logical extension of health care. Screening differs from periodic health examinations in the following aspects: it is capable of wide application, is relatively inexpensive, and requires little of physician's time. In fact physician is not required for it. He or she only has to interpret the finding which other health workers can make.

Cancer - The Extent of the Problem

Until recently it was only in developed countries that cancer was a relatively serious disease in terms of morbidity and mortality. However, with the increasing control of infectious and nutritional diseases, it is rapidly becoming a major cause of morbidity and mortality and a heavy burden on health care systems throughout the world. Under present conditions every fifth person will succumb to cancer (WHO, 1980). WHO 1988-89 Biennial Report shows that among cancers of various sites, breast cancer occupies third rank in developed countries and fifth rank in developing countries. A study conducted by Yeole B.B. and others (1990) shows that breast cancer is a leading cancer among women in Bombay while cancer of cervix and uterus predominates in the rest of the country. "If early marriage and multiple pregnancies caused the high incidence or cervical cancer among Indian women, the urban woman's ability to postpone marriage and space children - or even avoid pregnancy - have made her vulnerable to breast cancer", says Dr. D.J. Jussawala, Director, Indian Cancer Society.

In spite of high degree of concern, few Indian women seek medical advice at an early stage. Preventive health behaviour, and the responsibility of an individual in monitoring her own state of health have not been given due attention. This can be depicted by Cause and Effect Fishbone Diagram. It is a tool promoted for Quality Assurance by analyzing problems and processes. It is a tool for generating and organizing a host of possible causes which may contribute to a problem, for instance in India, we can analyze the various possible reasons for women not doing BSE; then organize these reasons into major categories. Each category becomes a "bone" of the Fishbone Diagram, which helps us to think, and prompts us to consider additional root causes.

Women's failure to seek early medical advice for any change in breast may be either due to their lack of knowledge, or inability to detect change or lump, and in some cases even if it is discovered women probably do not seek medical advice due to psycho-social reasons. Educating women about risk factors associated with breast cancer can be effective in promoting and reinforcing positive health behaviours that increase opportunities for early detection of the disease. (Nash, 1984).

Prevention, Screening and Early Detection

Prevention of non-communicable diseases is an issue about which there has been growing concern throughout the world. The need for cancer prevention and detection programmes in developing countries is of vital significance. The need for prevention has been created by the burden of human suffering and the costs involved in maintaining health services.

The primary prevention of any cancer is not a simple matter. Considerable efforts have been put into secondary prevention, but quite often without careful evaluation of their efficacy.

Realistic Screening

When resources are limited, the setting of priorities becomes very important. Ideally, of course, all women above 35 years should be screened regularly for breast cancer. However, in developing countries like India, it is important to adopt potentially cost-effective strategies

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involving priority setting. It would be unrealistic to imitate screening programmes of developed countries. Some ways to improve the efficacy of screening in developing countries are described below:

- Older women should be the target - The first routine screening should be performed between 40-45 years. The routine use of mammography for women 35-50 years is discouraged. However, it has been established that for women of 50 years and above the combined use of mammography and physical examination was of definite value.
- Reduced frequency - A policy of covering the largest possible number of women at risk at least once is preferable to no policy at all or to repeated screening of the young, which is what usually happens. Instead of screening every 2-3 years as is conventional, a frequency of 5-10 years could be adopted in countries where resources are limited and cost effectiveness has to be taken into consideration.
- Primarily, a woman herself plays an important role in detecting any change in breast at an early stage. As for breast cancer, self examination as Dr. Stjernsward believes, is probably the only feasible approach particularly in Third World Countries. Through regular BSE a woman can often pick up the abnormalities that may be an early indication of breast cancer. It is therefore highly essential to promote early detection measures like BSE in India, which is now widely accepted as an inexpensive and valuable screening procedure.
- Nurses working in various settings like hospitals, community health centres, schools, colleges, industries, etc., should make use of the opportunity for providing to women and their families correct information regarding potential risk factors of breast cancer, and for teaching them BSE for early detection of breast cancer.

Nurses' Role in Screening and Early Detection

The nursing profession has an obligation to teach health practices which will help individuals maintain good health. Since nurses are often more approachable and available to patients than physicians, they should take responsibility for health education in their daily clinical practice.

Together with other professionals concerned, nurses should actively participate in action programmes against cancer and collaborate in informing and educating the general public about the positive benefits of prevention, screening, detection and early treatment of cancerous conditions. To fulfil this task, nurses through their own training must acquire a positive attitude towards this very real social problem and should equip themselves with a sound base of knowledge which they can use in their clinical practice.

Nurses in India working in the area of cancer care cannot be immune to the new directions that our health care system is taking. Of major importance is our commitment to primary health care and the enormous impact this will have on nurses and nursing, the economics of health care, an enhanced emphasis on self care, self reliance and independence of the individuals and families. Meeting the health needs of cancer patients adopting a holistic approach presents a challenge to nurses, and the nursing profession should move in this direction. Therefore, early detection measures for breast cancer such as BSE should be taught within the context of self care and holistic approach to health.

Nursing Education

M.P.H.W. (Male and Female) are responsible for meeting the basic health needs of the community particularity rural population in India. The training of these vital first- level health workers does not include care of cancer patients. This needs to be strengthened as these health workers make a worthwhile contribution to the health services of the country. They are the first and at times the only contact available to rural people. They can be taught early detection measures for common cancers so that they in turn would be able to educate the women on BSE for early detection of breast cancer.

The basic training of nurses in India includes teaching of certain unit(s) related to care of patients with cancer as part of courses in Medical-Surgical and Paediatric Nursing. Theoretically the focus is on prevention of cancer, nurses' role in participation in detection and diagnosis, and modalities of therapy. But there is not much scope for students to gain skill in screening and early detection of common prevalent cancers in India due to heavy course contents covering various subjects within the limited training time framework.

Speciality oriented courses are offered at Masters level, and for R.N.'s doing Diploma in Nursing and Administration. Ten months programme on Oncology and Oncology Nursing is conducted for R.Ns at Tata Memorial Hospital, Bombay, a poineer institute on Cancer Care in South East Asia. They include in a systematic way the preventive aspects of cancer, participation in screening, detection and diagnosis, identification of problems of cancer patients and responding to their specific needs, the administration of anti-cancer therapy programmes, participation in rehabilitation as well as care of patients at the terminal stage of illness, and the care of family of cancer patients.

Training programmes for nurses however, need to be improved, to

meet the new demands of cancer prevention and treatment as nurses are expected to encounter increasing number of cancer patients and their families as part of their professional practice.

Continuing Education

Nurses who want to practise in oncology settings or participate actively in care of cancer patients and in prevention and control of the diseases must recognize that their basic nursing preparation needs to be augmented by advanced knowledge of theoretical and clinical aspects of cancer care. Short-term speciality courses in cancer nursing should be undertaken by nurses to gain increased knowledge and clinical expertise needed for providing specialized care to cancer patients, and to keep abreast of latest developments.

There is a genuine need for continuing education of nurses, particularity for those who are working in hospital departments dealing with cancer patients. In India at present, short term continuing education courses are conducted at times for practising nurses.

Proposals for future plans should include continuing education courses/programmes related to cancer care which should be made available to as many nurses as possible by setting up organizational procedures that can adjust to personal and professional constraints. Organization of such activities should be encouraged and the means for raising necessary resources should be explored.

Nursing Practice

Nurses working in hospital setting, both in inpatient and outpatient services, play an important role in educating women about the risk factors and measures for early detection of breast cancer. They carry out health education both on one to one basis and in groups in varied settings.

Community nurses participate in the assessment of community needs and surveillance of various diseases including cancer.

Organization of health and cancer detection camps is encouraging more and more women to come forward for periodic check up, including breast examination. More and more cancer detection centres, both by the Government sector and Voluntary Organizations like Indian Cancer Society, National Cancer Foundation, etc., are being set up in the community for simple and effective screening. A nurse's role as a member of multi-disciplinary team in educating women about BSE is increasingly being recognized. If nurses' potential as health educators, which at present is clearly under exploited in India, is to be utilized, they must have facts about breast cancer and BSE readily available with them.

Nurses in India need to be equipped with advanced knowledge and skills to become involved in providing broader services to cancer patients through women/patient education programmes in order to motivate and encourage them to take self-care action for early detection of breast cancer.

Malik (1986) during her clinical practice examined certain variables that can be studied for the early detection of breast cancer with a view to suggesting measures to teach women about detection techniques. A conceptual model was developed drawing concepts from Orem's Self Care Theory and Health Belief Model and incorporating these into the nursing process for the practice of BSE for early detection of breast cancer.

On the basis of the objectives of clinical practice and the conceptual m ., an assessment proforma was developed for systematic examination of breasts and assessment of knowledge deficit related to early detection of breast cancer. The proforma was administered to a sample of 26 women attending the surgical outpatient department.

The information obtained was analyzed to present a comprehensive picture of breast cancer in the cases examined during the period of clinical practice. Important findings of the study were :

- Majority of women who came for either check-up for breast disease, or lump in breast, or follow-up following mastectomy were in the age group of 41-50 years.
- Majority of women belonged to Hindu community.
- Out of 26 cases, 14 presented with lump in breast and of these 10 were diagnosed as cases of breast cancer. Out of these 10 cases, 9 presented with lump in breast and one with enlarged lymph nodes in the axilla. All the 9 women had lump in the upper outer guadrant, irrespective of whether it was right or left breast.
- Out of the 26 cases interviewed 16 (61.54@) were not aware of BSE and only 10 (38.46%) were aware of BSE.
- Out of the 10 who were aware of BSE only 5 (50 %) practised BSE but with no set pattern of timing. A similar finding was also made by the author in her study on 'Women's Knowledge, Beliefs and Health Practices about Breast Cancer and BSE', in 1988.
- All the 10 women who were aware of BSE were not aware of the correct technique of doing BSE.

An assessment of these 26 women revealed that the women were well informed about some but not all aspects of breast cancer. However, after talking to there women it was clear that they were eager to get more information but were hesitant

to talk to doctors. The author then conducted a session for these women on the causes and factors related to breast cancer and also demonstrated to them the correct technique of BSE.

Hence, as the above study shows there is a scope for organized health education activities keeping in view women's level of understanding and interest. Primary prevention through health education can be one of the most cost effective interventions in early detection and prompt treatment of breast cancer, and for increasing survival rates.

A study conducted by Rubeena (1992) revealed that college girls of the experimental and control groups had low level of knowledge regarding breast cancer and BSE. Initially the subjects in both the groups did not differ in their knowledge level and both the groups did not know how to perform BSE. But after a planned teaching programme, the experimental group obtained a significantly higher knowledge score and could perform BSE correctly. Thus, it shows that planned teaching programme on breast cancer and BSE can benefit women in promoting preventive health behaviour. The use of nursing potential, in a multi disciplinary health team performing this work, will bring some hope as well as relief to those unfortunate women who suffer from this disease.

Nursing Research

Though nursing research in oncology nursing and cancer care is still in infancy in India, an increased number of studies related to cancer care, specifically breast cancer, are being taken up by nurses at Master's and Post Master's level in various Indian settings. Malik (1988), Sr. Mary (1991) and Sr. Rubeena (1992) studied the knowledge, beliefs and health practices of women about breast cancer and BSE in India in different settings. All these studies have revealed that women in general lacked knowledge about breast cancer and BSE , but showed improved knowledge and practice of BSE after planned teaching programme, as revealed by the study of Sr. Rubeena.

This shows the concern of nurses for the increasing incidence of breast cancer in India and the need for expanding the role of nurses for actively participating in the prevention and control of it.

Malik's study on 'Women's knowledge, beliefs and health practices about breast cancer and BSE' was the first ever study taken up by a nurse. A number of studies conducted in India on breast cancer have been on its epidemiological aspects and on the effectiveness of various treatment modalities.

Malik surveyed 200 women comprising of college teachers, working women, housewives and post-mastectomy women, using a structured questionnaire and performance checklist. A group of post-mastectomy women was selected since it was felt that these women might have greater preventive orientation than other women. Significant findings of the study showed that women, in general, had low knowledge about various aspects of breast cancer and BSE. Post-mastectomy women had poor knowledge of the follow-up care activities. Though 80 per cent of the women knew that BSE helps in early detection of breast cancer they showed a depressing knowledge about the correct technique of doing B.S.E.

A further examination of the data revealed that as part of preventive health practices none of the subjects under study regularly got the physical/medical check up done for detection of lump in breast of PAP smear for detection of cervical cancer even though both these cancers are commonly prevalent among women in India.

The implications derived from the study for clinical practice were that there is a strong need for developing health education packages to encourage women to practise BSE for early detection of breast cancer.

Conclusion

All nurses, regardless of nursing speciality, must assess their own commitment and address the issue of their involvement in prevention and early detection of breast cancer. Whether nurses realize it or not, they are a vital part of this battle against cancer. They could be involved as a generalist, specialist, independent practitioner, educator or researcher. Wherever they practise their responsibility encompasses prevention, detection and rehabilitation. Therefore, nurses need to have a proper armamentarium-the updated skills and sensitivity necessary for helping people to fight the problem of cancer. The opportunities are endless. Nurses committed to the belief that cancer prevention and its early detection is an important ally in the war against cancer can make a difference.

A critical element in the fight against breast cancer is education of the health professionals, the public, breast cancer patients and their families and friends. Knowing the facts about breast cancer will help all of us to work together to reach our ultimate goal - prevention.

References

Goodam M. (1982) "A Cancer Screening and Detection Programme in Texas" *Nursing Times*, 78 (44): 1855.

Goosage J. (1990) "Early Stage Breast Cancer: How Nurses Help" *American Journal of Nursing*, 90 (11): 3.

Harris G. (1987) "Breast Cancer

Screening: Progress and Pitfalls" *Nursing Times*, 83 (11): 18.

Indian Council of Medical Research (1990) '*National Cancer* Registry - Annual Report'.

Malik, Usha (1988) 'Assessment of Women's Knowledge, Beliefs and Health Practices about Breast Cancer and Breast Self-Examination'. M.Phil Dissertation, University of Delhi, Delhi.

Mary, M.K. (1991) 'A Study to develop and test the effectiveness of SIM on Breast Cancer and its early detection based on the identified learning needs of a selected group, of unmarried women (religious sisters) in Kerala'. Masters Thesis, University of Delhi, Delhi.

Murthy N.S. (1990) "Cancer Projection by Turn of Century: Indian Setting" *Indian Journal of Cancer*, 27 (2):

Nash, J.A. (1984) "Breast Cancer: Screening, Detection and Diagnosis" - Seminars in Oncology Nursing 1 (3): 163.

Panday, Gita Kumari (1991) 'A comparative study of the knowledge beliefs and practices of urban women with that of rural women regarding breast cancer'. Masters Thesis, University of Delhi, Delhi.

Park, J.E. (1991) *Textbook of Preventive and Social Medicine*, India: Bhanot Publishers.

Rubeena, S.D. (1992) 'A study to evaluate the effects of a planned teaching programme on knowledge of College Girls regarding breast cancer and BSE and the ability to perform BSE in selected Colleges of Kerala'. Masters Thesis, University of Delhi, Delhi.

Sharma, L.K. (1984) "Early Detection Helps Cure Breast Cancer" *Swasth Hind*, 28 (9) : 218

Stjernsward J. (1988) "Putting the Efforts on Prevention as Efforts grow to Control Cancer". *Education for Health*: World Health Organization, p.8.

Stjernsward J., Eddy D., Luthra U. and Stanley K. (1987) "Plotting a New Course for Cervical Cancer Screening in Developing Countries". *World Health Forum* 8: 42.

Stjernsward J., Eddy D., Teechkaski M. Sobin L., Kozal and Natoncy K.H. (1985) "Cancer Control: Strategies and Priorities ". *World Health Forum*, 6:160.

Wasan R.K. (1990) "Status of Health in India" *Nursing Journal of India*, 29 (8): 351.

World Health Organization (1980) 'Sixth Report on World Health Situation - Part-I: Global Analysis.

Yeole B.B., Jayant K. and Jussawala D.J. (1990) "Trends in Breast Cancer Incidence in Greater Bombay: An Epidemiological Assessment". *Bulletin of World Health Organization*, 68 (2) : 245-249.

This paper was presented at 7th International Conference on Cancer Nursing held in Vienna, Austria on August 18, 1992, under the title 'Rising to the Challenge: The Growing Role of Nurses in Screening Breast Cancer in India'.