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Attitudes of nurses toward early detection of Breast Cancer at Teaching Hospitals in Hilla City/ Iraq

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Abstract: *worldwide breast cancer considered the most conmen type of malignancy among females Avoiding the risk factors can reduce its incidence, and adhering to screening and early detection can reduce its mortality In Iraq, breast cancer is the most common type of malignancy among Iraqi women. It accounts approximately one third of the registered female cancers according to the latest Iraqi Cancer Registry which shows a trend for the disease to be affected younger age groups.*

Objectives**:** *To assess attitudes of nurses toward early detection of Breast Cancer and to determine the relationship between the socio demographic characteristics & attitudes.*

Methodology: *A descriptive analytic design was conducted on Probability (purposive sample) of (107) nurses at Babylon Teaching Hospital for maternal and Children & Hilla general Teaching Hospital in Hilla City . A questionnaire has been used as a tool of data collection for the period form 1st of May to July 20th 2015, consists of three part ;including : Socio Demographic data, Health History, and Attitudes . A descriptive and inferential statistical analyses are used to analyze the data .*

Results**:** *The results of the study revealed that (50.47%) of women aged (20 - 26) years, (50.5%) were secondary school graduates ; (72.9%) were married; (79.4%) resident in urban areas; (78.50%) have years of experience of (1-10) year; (45.8%) were registering enough economic status , and (82.2%) were not smoking, according to the family history of the sample (78.51%) they don't have one of the family member has tumors, (47.83%) was mothers, according to the nurse medical history (7.5%) affected with one type of tumors, while (22.4%)developed One of breast problem previously,(54.17%)they have an infection in the breast ,(54.17%)in the right breast,(50%)were medically dealing with infection . There is no significant relationship at P≤ 0.05 with all attitudes and demographical characteristics .*

Recommendations**:** *Nurses need to change their attitude toward the treatment of the cancer and activate their role as health educators in their work place.*

Keywords: *Breast cancer, attitudes of nurses.*

I. Introduction

Breast cancer is the commonest cancer type in females worldwide. Avoiding the risk factors can reduce its incidence, and adhering to screening and early detection can reduce its mortality[(1)]. In Iraq, breast cancer is the most common type of malignancy among Iraqi women. It accounts approximately one third of the registered female cancers according to the latest Iraqi Cancer Registry which shows a trend for the disease to be affected younger age groups.[(2)] Protective behaviors of prevention and early detection play an important role in decreasing the incidence of, and mortality from, breast cancer. Excluding skin cancer, breast cancer is currently the most commonly diagnosed cancer in women. Statistics suggest that one out of every nine women will develop the disease between the ages of 20 and 80. Approximately 2.3 million women were alive at the beginning of 2002 who had direct experience with breast cancer [(3)]. Breast self examination(BSE), mammography, and clinical breast examination are considered as screening methods for early detection breast cancer.[(4)]. Breast self-examination (BSE) is a screening method used to detect early breast cancer which involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling. BSE is a simple, inexpensive, non-invasive procedure which helps a woman to know her breast and allows her to detect changes in the breast. [(5)]. Breast cancer is the most common type of malignancy among the Iraqi women. It accounts approximately one third of the registered female cancers according to the latest Iraqi Cancer Registry shows a trend for the disease to affect younger age groups.[(2).] The incidence of breast cancer(BC) in Saudi Arabia is 1%. The overall survival rate is lower compared with the United States and the UK. There is evidence that the occurrence of BC in Arab countries including Saudi Arabia is about 10 year younger than in USA and European countries [(6)] . Avoiding the risk factors can reduce its incidence and adhering to screening and early detection can reduce its mortality[(1)]. Elsewhere BSE remains a cost-effective method to detect breast cancer. A woman who performs regular BSE may be more motivated to seek medical attention, including mammography

and clinical breast exams if available [7]. Fear of the BCS procedure and fear of finding cancer, low perceived risk of cancer or effectiveness of BCS, time, cost, preference for a female health professional, accessibility of the health care system, and embarrassment related to the BCS procedure are barriers to clinical breast examination and mammogram practice among Arab women [8].Related to their cultural and religious background. Women knew that Islam encouraged health promotion and disease prevention but still expressed their belief that Allah divinely controlled their lives[9].

II. Methodology

2.1 Design of the study: A descriptive analytic study

2.2 Sample of the study: probability (purposive sampling) was selected by randomized system which consists of (107) nurses.

2.3 Setting of the study: Babylon Teaching Hospital for gynecology and Children & Hilla Teaching Hospital, data collected from the period of 1st of May to July 20th 2015

.**2.4 Instruments**: The questionnaire was constructed for the purpose of the study. The Instruments consisted three parts:

2.4.1Part 1: Demographic Date Sheet:

This part concerned with personal information include, the nurses (age, educational level, social status, Residency, years of experience ,economic status and smoking).

2.4.2 Part 2: Health History(2)items related to nurses family and (5)items related to nurses health history

2.4.3 Part 3: Nurse's attitudes: personal Attitudes(11)items, Attitudes related to exam &disease (11)items.

These items are rated according to two level Likert scale (Yes, No)and scored (1,2). Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 19. Through the application of descriptive statistical data analysis include (Frequencies, Percentages, and Cum. Percent) and arithmetic mean with standard deviation, Mean of score (M.S.) with their Standard Deviation (SD), Cutoff point =2+1/2=1.5 and inferential statistics

III. Results

Table (1): Distribution of Socio Demographic Characteristics of (107) Nurses .

Variables	Groups	Freq.	%	Cum. Percent
Age	20-26	54	50.47	50.47
	27-33	20	18.69	69.16
	34-40	10	9.35	87.51
	41-47	17	15.89	94.4
	48-54	3	2.80	97.2
	55-61	3	2.80	100
		107	100	100
	Mean ± SD	31.14 ± 8.806		
Educational level	Secondary	54	50.5	50.5
	Institute	26	24.3	74.8
	College more	27	25.2	100
		107	100	100
Social Status	Married	78	72.9	72.9
	Single	22	20.6	93.5
	Separate	5	4.7	98.1
	Others	2	1.9	100
		107	100	100
Residency	Urban	85	79.4	79.4
	Rural	22	20.6	100
		107	100	100
Years of experience	1-10	84	`78.50	78.50
	11-20	14	13.1	91.6
	21-30	6	5.61	97.2
	31-40	3	2.80	100
Total(107)	Mean ± SD	7.22±8.440		
Economic Status	Enough	49	45.8	45.8
	Just Enough	36	33.6	79.4
	Not Enough	22	20.6	100
		107	100	100

Smoking	No	88	82.2	82.2
	Yes	19	17.8	100
		107	100	100

Freq=Frequency %=Percentage SD= standard deviation

Table (2): Distribution of medical History of (107) Nurses

Variables	Groups	Freq.	%	Cum. Percent
- One of your family member have tumors (Nurse 's family history)	No	84	78.5	78.5
	Yes	23	21.49	100.0
		107	100	100
Consanguinity	Mother	11	47.83	47.83
	Father	7	30.43	78.26
	Brother	3	13.04	91.3
	Sister	2	8.69	100
		23	100	100
Nurse 's history)affected with type of tumors	No	99	92.5	92.5
	Yes	8	7.5	100.-0
	Total	107	100	100
(Nurse)experience any type of breast problem previously at any of breasts	No	83	77.6	77.6
	Yes	24	22.4	100.0
	Total	107	100	100
Type of problem	infection	13	54.17	54.2
	pain in one of breast	5	20.83	75.0
	both	1	4.17	79.2
	other	5	20.83	100.0
		24	100	100
Side of breast	right	13	54.17	54.2
	left	11	45.83	100.0
	other	0	0	100
	Total(24)	24	100	100
Type of treatment conducted	surgical	11	45.83	45.8
	medical	12	50.0	95.8
	neglect	1	4.17	100.0
	Total	24	100	100

Freq.=Frequency %=Percentage

Table (3): Distribution of Personal attitudes of (107)nurses

Personal Attitudes	Scoring Levels	No.	%	χ^2-test	P_{-value} (*)	MS	SD
1.I believe in the early detection of the cancer	Yes	95	88.8	64.383	0.000 HS	1.89	0.32
	No	12	11.2				
2-I feel l need to investigate my breasts	Yes	88	82.2	44.495	0.000 HS	1.82	0.38
	No	19	17.8				
3. it is useful to examine the breast myself	Yes	87	81.3	41.953	0.000 HS	1.81	0.39
	No	20	18.7				
4- I have courage to perform the examination	Yes	89	83.2	47.112	.000	1.83	0.38
	No	18	16.8				
5. breast screening is embarrassing procedure	Yes	49	45.8	0.757	0.384 NS	1.46	0.50

	No	58	54.2				
6. I prefer to do the examination by a female doctor	Yes	103	96.3	91.598	0.000 HS	1.96	0.191
	No	4	3.7				
7. Conducting breast examination makes me feel that it's the right s step.	Yes	98	91.6	74.028	0.000 HS	1.92	0.28
	No	9	8.4				
8. Thinking of doing the procedure makes anxious & scared	Yes	61	57.0	1.849	0.174 NS	1.57	0.49
	No	46	43.0				
9. - I have the desire to conduct the examination.	Yes	92	86	55.411	0.000 HS	1.86	0.35
	No	15	14				
10. I accept the results of the examinatior	Yes	88	82.2	44.495	0.000 HS	1.82	0.38
	No	19	17.8				
11. Family encourage me to do examinati	Yes	97	90.7	70.738	0.000 HS	1.91	0.29
	No	10	9.3				

(*) HS: Highly Sig. at P<0.01;NS: Sig. at P>0.05. χ^2ChiSquare,P_Probabilityof chance, MS-Mean of Score, SD-Standard deviation

Table (4): Distribution of attitudes Related to Exam& disease of (107)nurses

Attitudes **Related to Exam**	**Scoring Levels**	**No.**	**%**	**χ^2-test**	**P_{-value}(*)**	**MS**	**SD**
1- Early examination help to detect abnormal changes	Yes	100	93.5	80.832	0.000 HS	1.93	0.248
	No	7	6.5				
2- Early screening help to prevent complications	Yes	101	94.4	84.364	0.000 HS	1.94	0.231
	No	6	5.6				
3. Early examination reveals the occurrence of malignant tumors	Yes	98	91.6	74.028	0.000 HS	1.92	0.279
	No	9	8.4				
4. I feel that breast examination by ultrasound or mammogram is the best methods	Yes	98	91.6	74.028	0.000 HS	1.92	0.279
	No	9	8.4				
5. Early detection gives a greater chance of cure	Yes	100	93.5	80.832	0.000 HS	1.93	0.248
	No	7	6.5				
6. It costs me a lot when doing it by non self examination	Yes	55	51.4	0.084	0.772 NS	1.51	0.502
	No	52	48.6				
7- breast cancer depends on many	Yes	94	87.9	61.318	0.000	1.88	0.328

predisposing factors					HS		
	No	13	12.1				
8-I believe breast cancer hereditary disease	Yes	55	51.4	0.084	0.772 NS	1.51	0.502
	No	52	48.6				
9.Breast cancer is widespread among women	Yes	98	91.6	74.028	0.000 HS	1.92	0.279
	No	9	8.4				
10- There is no cure for cancer	Yes	20	18.7	41.95	.000 HS	1.19	.392
	No	87	20				
11- I believe that the disease is a God will	Yes	85	33.5	37.093	.000 HS	1.79	0.406
	No	**22**	**8.7**				

Table (5): Association of Socio-Demographical Characteristics variables with the overall assessment of the Personal Attitudes

Association of Demographical Characteristics and Personal Attitudes	Personal Attitudes		
	C.C.	Sig.	C.S.
Age Groups	0.835	0.660	NS
Educational level	0.445	0.100	SN
Social Status	0.395	0.855	SN
Residency	0.333	0.160	SN
Years of experience	0.823	0.412	SN
Socio-Economic Status	0.386	0.428	SN
Smoking	0.279	0.451	SN

NS: Non Sig. at P>0.05

Table (6): Association between Attitudes Related to Exam& disease and demographical Characteristics variables

Attitudes Related to Exam& disease and Demographical Characteristics variables	Attitudes Related to Exam & disease		
	C.C.	Sig.	C.S.
Age Groups	0.830	0.754	NS
Educational level	0.416	0.214	SN
Social Status	0.457	0.395	SN
Residency	0.323	0.189	SN
Years of experience	0.814	0.748	SN
Socio-Economic Status	0.379	0.463	SN
Smoking	0.302	0.295	SN

NS: Non Sig. at P>0.05

IV. Results:

Table (1) shows the highest percentage of the sample at age ranged from (20- 26) yrs and they are accounted (50.47%), with (Mean ± SD=31.14 ± 8.806).The greater number of them Secondary levels of education, they are accounted for (50.5%) of the total sample. The highest percentage of the sample was married they are accounted (72.9%).The highest percentage of the sample was represented in urban (79.4%),. The highest percentage of the sample have Years of experience(1-10)they are accounted (78.50%)(Mean ± SD=(7.22±8.440).. Economic Status the highest percentage of the sample was enough. The highest percentage of the sample no smoking they are accounted (82.2%). **Table (2)** shows the highest percentage of the sample

the family member don't have tumors and they are accounted(78.51%). (47.83%)mothers of the sample being effected by tumor. According to the nurse history (22.4)were sample affected by problem in one of breasts previously.(54.17%) have infection in right breast. They use medication to treat the infection. **Table (3)** shows that majority of sample has passed all items except the item of breast screening is an embarrassing procedure**. Table (4)** illustrates the distribution of attitudes Related to Exam& disease all are pass except there is no cure for cancer. **Table(5)** shows that there is No significant association between Demographical Characteristics & Personal Attitudes. **Table(6)** shows there is No significant between Demographical Characteristics & Attitudes Related to Exam & disease.

V. Discussion

The present study identified the attitudes of the nurses toward the early detection of breast cancer. The age group revealed that nurses of early ages ,cultural ,socio economic &some health habits play an important role in the development of attitudes toward the subject of early detection of the diseases .A study conducted in Addis Ababa found that median age of nurses was 40 years ,another study by [10]. revealed that(38.9%) of the sample aged between(20-25)years which match the present study [11,10]. In Nigeria a study was carried out on (347)participants , most of them were either secondary or tertiary graduation [12]. Regarding social &marital status the results agree with a study done in Qatar which presented that the majority of their sample were married , same study reported that highest percentage were an urban residency [13] 2013. As years of experience ,findings in a study accomplished in Jordan observed that (64%) of the sample reported had (11)years or less[9]. .This study confirm that economic state is an important facilitator, In 2012 Donnelly et al. Emphasized this issue which affects breast cancer screening [14]. In Turkey a study came in agreement with the present study regarding smoking habits [15].

Family past history of the disease can influence the level of feeling &approach toward the measures of screening as results showed that majority of the samples family history were not experiencing any type of cancer as well as same sample was found to be with negative history of any tumors . this findings was supported by a result of a study performed in Turkey whose respondents were found to be with no family history of any type of tumor[15,13] .

Related to attitudes :

The results demonstrate the scoring levels of the study subjects which emphasized that most were believing in the early detection through the investigation of breast especially by themselves which is called Breast self examination (BSE)[16] .Though most of the sample found breast screening to be embarrassing procedure. It is preferable for them to be examined by female doctors according to cultural matters. It came in agreement with a study in Qatar where sample preferred female physicians, and show fear and embarrassment[13,17,18]. Sample of this study reported encouragement from their family that agree with family of Gaza families encouragement to get a mammogram (53% versus 32%) as well as encouragement from friends (64% versus 39%)[19] . Also majority of the sample had the desire to conduct the procedure and accept the results .The examination and other procedure were very essential in detecting any abnormalities ,preventing the complication ,providing greater chance to cure [20] .. Screening by the technical methods like ultrasound and mammography were favorable ,the study highlighted that breast cancer can be cured throughout the early detection ,while half of the sample found it costly ;as many predisposing factors regarding the disease that is agree with other study Nigeria,Turkey Pakistan. South Korea[20,21,7,22,23] . In the present study almost majority believed the disease is a god will, Agree with UAE women because all of sample was Muslim[24] . Most of the study sample verify that breast cancer means death, this agree with study found is the second leading cause of cancer death and accounts for 24% of female cancers in Turkey [25]. Breast cancer is one of the most frequent cancers occurring among Iranian women. Delay in diagnosis and treatment of this disease decreases survival rates [4].

It was found that there was an encouragement to perform the examination .by the nurses ,also majority of the sample had the desire to conduct the procedures and accept the result, agreement with study reported encouragement from family to get a mammogram (53% versus 32%) as well as encouragement from friends (64% versus 39%),breast cancer is the most common cancer in women[19].

The examination and other procedures were very essential in detecting any abnormality ,preventing the complication ,providing greater chance to cure Also other study found Breast cancer is curable 78.4%[20].

Examination by the technical methods like mammogram were favorable ,the study has high light that breast cancer can be cured throughout the early detection .While half of sample found it costly; as many respondents answered that there are many predisposing factors regarding the disease[8].In the present study almost majority believed that the disease is God will, also most of Qatari women are Muslim and report having a strong faith in God [24].Sample personal attitudes, examination &disease were found significantly negatives related to demographics characteristics variable ,like age ,educational levels ,social status ,Residency, years of experience and Socio economic status at P>0.05. Present study found no significant between age &attitudes this agree with study findings from this study

demonstrated that there is no significant relationship between age of the respondents and their awareness about breast self examination ($X^2 = 8.322$, $p = 0.0800$ and $df = 4$)[(26)].

In a cross-sectional study accomplished in Qatar researcher found that culture may interfere with the fear of one might know the positive result of the screening ,that in return will influence the women's life or her family .And the diagnosis of the disease means death [(13)].

VI. Conclusion

Based on the findings of this study, it can be concluded that the attitudes of nurses in the current study have modest, however it is found that the overall attitudes have no significant association to the demographic variables.

VII. Recommendations:

Activating the educational programs as early as in adolescence about importance of early screening, emphasis should be directed to encouraging women to practice Breast self examination especially the women who have any risk factors. There is a require to improve the nursing curriculum, teaching at the workplace and motivate others for screening practices. Nurses should be encouraged to talk to their patients and their female attendants about prevention and early detection of breast cancer and encourage women on breast feeding.

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