

**NURSING INTERVENTION LEADING TO HEALTH DECISIONS  
FOR BREAST CANCER SCREENING AMONG  
WORKING WOMEN**

***PROTOCOL***

Submitted in Partial Fulfillment of the Requirement  
of the Doctorate Degree in Community Health Nursing

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In  
Nursing Science  
Community Health Nursing

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**NURSING INTERVENTION LEADING TO HEALTH DECISIONS FOR BREAST  
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**Abstract**

*Breast cancer is one of the most commonly diagnosed cancers in women; Worksites are potentially cost-effective and convenient for breast cancer screening education due to their ability to educate several women at one time. The study aims at exploring the impact of nursing intervention leading to health decisions for breast cancer screening among working women. The study was conducted in three types of industry :firstly; pharmaceutical industries, secondly; food processing industries, thirdly; textile industries. The subject of the study included 520 working women. For data collection four tools were used the first tool was pre-post self-administered assessment questionnaire, the second tool was health beliefs assessment format, the third tool was women's attitude scale regarding mammogram screening, and the fourth tool was breast self examination observation checklist. The results showed that less than one fifth of them had previous breast problem and less than one tenth had family history of breast cancer The program had a positive effect on women's knowledge, practice, health beliefs and attitude towards breast cancer screening and early detection. The results projected the needs for continuous and comprehensive worksite educational health programs should be provided for working women about risk factors, breast cancer screening and early detection methods.*

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**Key words: breast cancer screening, early detection.**

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## INTRODUCTION

**B**reast cancer is a significant disease with higher incidence and death rates than other cancers and other diseases. Breast cancer screening facilitates early detection. Screening and early detection of breast cancer through a combination of monthly breast self-examination (BSE), regular clinical breast examination, and annual mammography beginning at age 40 are the best ways to limit morbidity and mortality from breast cancer (*Lauver et al, 1999*).

Approximately one million new cases of breast cancer are diagnosed each year worldwide. It is the commonest malignancy in women and comprises 18% of all female cancers and it accounts for nearly 1 in 4 cases of cancer among all. Fifty five percent of cases occurred in more industrialized countries and the rest in less industrialized countries. Nearly two thirds of the cancers which will appear in the next 25 years will occur due to unawareness of the public. In Alexandria, Egypt, Out of 9,587 female cancer cases registered in the last 10 years by the Alexandria Cancer Registry, 3250 (33%) were breast cancer (*Bedwani et al 2001*).

In Egypt, breast cancer is the most common cancer in women, however , the disease is usually diagnosed at an advanced stage and the survival rate is poor. It is therefore important to promote awareness about early diagnosis of breast cancer and to evaluate

the role of screening, recognizing that resources are not available to permit the introduction of mass mammography screening. Although mammography is established as a screening modality for women age 50-69, it is out of reach of many socially disadvantaged women in Egypt, and another approach has to be considered for the early detection of breast cancer (***Boulos,2002***).

Physical assessment of the breast is part of periodic health maintenance examinations. Breast cancer can not be prevented, but early detection offers more treatment options, and a great chance of cure. Teaching the client to perform monthly breast self examinations, discussing risk factors, and prompting the client to seek recommended mammograms are essential for early diagnosis and treatment of breast cancer (***Altman, 2004***).

Women are crucial to social and economic development. Their health and well-being matters to themselves, to their families and to communities. Moreover, the health and well-being of women is a critical ingredient of the generation of the future. Women undertake a vital function of bearing and raising our children. Yet insufficient attention has been paid to ensuring that they do so in safety (***Manuel, 2003 and Scholle,2003***).

Worksites are an important venue for efforts to reduce cancer morbidity and mortality. Through worksites, it is possible to influence

the health behaviors of large proportions of the population based on providing educational risk reduction message targeting individual behavior changes, promotion of environmental supports, and use of natural social network structures (***Mary et al, 2003***).

Nurses have been challenged to utilize their capacity to bring out positive health gains. The preventive services delivered by nurses (health assessment, screening, and counseling) are necessary tools to empower clients to promote and maintain optimal health and well-being. Achieving holistic health is possible only by a comprehensive implementation of health promotion and protection activities at the community level, including worksites, schools, homes, and neighborhood settings. In collaboration with other professional and business groups, nurses can empower clients to become active participants in defining their health needs, in making informed decisions to meet such needs, and ultimately, in bringing about health improvements (***Lefebvre and Potvin, 1999***).

**Aim of the study:**

The study aims at exploring the impact of nursing intervention leading to health decisions for breast cancer screening among working women through:

- 1- Assessing knowledge, attitude, practices and health beliefs regarding breast cancer screening.
- 2- Identify relative risk factors for breast cancer among working women.
- 3- Plan, implement and evaluate structured nursing intervention meeting the identified needs and beliefs.
- 4- Estimate post-intervention change in health decision for breast cancer screening among women under study.

## CHAPTER 1

### HEALTH DECISION MAKING

Health and wellness are related concepts. Health is the actualization of inherent and acquired human potential through goal-directed behavior, competent self-care, and satisfying relationship with others. Good health enables one to function independently within a constantly changing environment; wellness is a sense that one is functioning at his or her best level. The community health problems are not solved by medical attention and drugs alone, they are due to the way people act and behave. Any improvement in health depend on change of attitude and behavior **(Shams Eldin, 1999)** . Health behavior change is generally considered an area of personal responsibility, yet social responsibility for health behavior change is also important and includes provision for educational information and programs, equipment, and social support to encourage positive health **(Hitchcock et al, 2003)**. Health behavior is defined as any behavior that healthy individuals practice to maintain or enhance their status of well being by using community and individual approaches for healthy life style development **(Allen and Phillips, 1997)**.

Taking an active role in achieving and maintaining good health depends on certain personal factors: degree of vulnerability, level of motivation (willpower), sense of control, and perceived

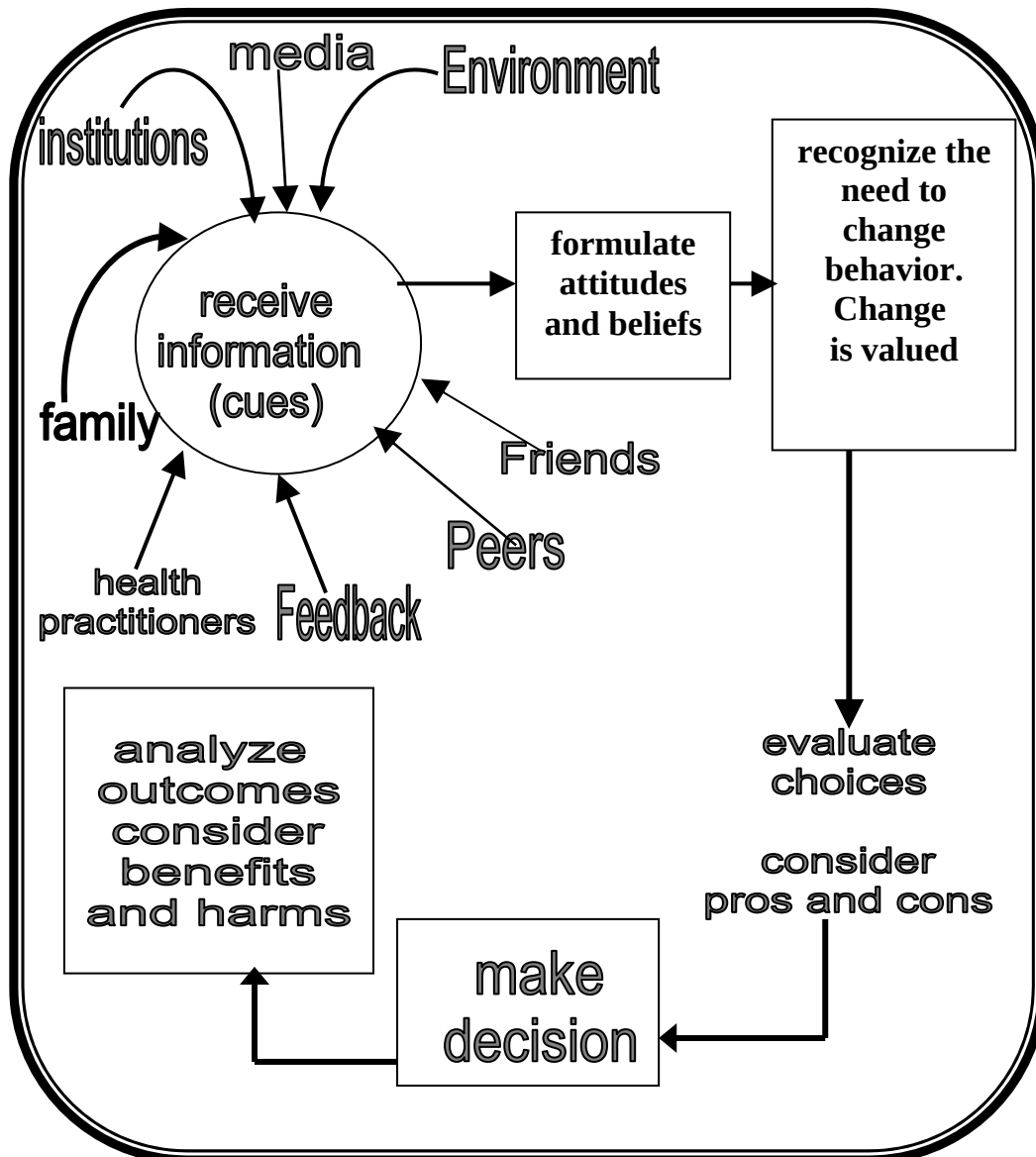
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value of behavior. People are motivated to take action if they feel that a sufficient threat to their health exists and the consequences of changing the behavior are worthwhile (**Alters and Schiff 2000**).

Guided by figure one, assume, for example that breast cancer affects several members of your family. You have heard that breast cancer may be inherited, therefore you are aware that you have a good chance of developing this condition (vulnerability). You know that family members who have breast cancer suffer from complications as mastectomy. Since you want to avoid these consequences, you are motivated to change certain behaviors (motivation). Additionally, you believe that your actions influence the quality of your health (sense of control). Concerned, you decide to learn more about breast cancer and determine what actions can reduce your risk of developing the disease. You now have a reason to take action because you believe it is important (value) to prevent this disease, even if it means making lifestyle changes now while you are still healthy.

Medical consumerism emphasizes the importance of people assuming more bargaining power in their relationships with health care professionals. This process involves consumers actively listening to what the professional has to say, actively questioning the professional and seeking additional information if required, and subsequently taking responsibility for making their own health – related decisions. (**Bekker et al, 1999**).

Figure (1): Decision making process



Alters, S. and Schiff, W. (2000): Essential concepts for healthy living, 2<sup>nd</sup> ed., lippincott, New York , p10.

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Current support for this idea of medical consumerism is based on the assumption that most people desire some degree of control over treatment decisions and that exercising such control will have a positive influence on their survival and quality of life (*Mccorkle, et al, 1996*).

The current emphasis on increased patient involvement in health care decision making can be attributed largely to current ethical, legal and social concerns of a consumer conscious society. Ethically, the provision of information is necessary in a society that supports patient autonomy and self-determination. Legally, informed consent places respect for a patient's self—determination at centre of the physician –patient relationship and recognizes that an active role in treatment (screening) decision making is often the best guarantee that these decisions will promote well-being. Socially, patients as health consumers are advocating a more equal relationship with health care professionals (*Rothman, 2000*).

Decisions about health and health care are made daily at all levels - at the level of policy and regulation, management and administration, and in individual health care. There is a growing recognition that consumers want to participate in clinical decisions about their health. Prominent health organizations such as the General Medical Council UK, the National Health and Medical Research Council of Australia, Health Canada and the American College of Physicians state that good health decision making should take account of patients' preferences and values, and individuals should be informed of the harms as

well as the benefits of medical interventions. This shift in emphasis towards informed choice recognizes that consumers have a right to participate in decisions about their healthcare and that facilitating such participation may have beneficial outcomes for both the consumer and healthcare provider **(Gainer, et al, 2003)**.

In Egypt greater emphasis of the health care services is on curative rather than preventive and rehabilitative approaches. Although there are free of charge health care service at the university and ministry of health levels, private institutions that provide preventive and early detection services are expensive and therefore, available to few people. Despite lack of organized cancer epidemiology efforts in Egypt, empirical observations indicate that there are more patient with breast, stomach, colon, uterus, lungs, urinary bladder, and prostate cancer **(Ali and Khalil, 1996)**.

In Egypt, there is a social stigma associated with cancer. Being diagnosed with cancer is perceived as a death sentence. Therefore, health care professionals as well as the general public in Egypt avoid using the term “cancer” in communication. The term “tumor” is commonly used by professionals. However the phrase “the bad disease” or “the serious disease” is commonly used by the general public. Cancer institutions in Egypt are called “tumor institution” **(Abd El Kreim, 2003)**.

Cancer patients are faced with a complexity of diagnostic and treatment choices from the earliest point of entry into the health care system. For those at risk of getting cancer, there may be choices about preventative changes in lifestyle or undergoing anxiety-producing diagnostic procedures. These life events suggest an opportunity for patients to exercise their autonomy and individual preferences in making treatment decisions (**Rothman et al, 2004**).

The increasing amount of information and improvements in communication strategies are encouraging, and are enabling patients and the public at large to become more informed. Patients are asking for more information on disease and treatment options, and the public has told us that they wish to become more influential in health policy and program issues. They express an increasing reluctance to leaving system-wide decisions in the hands of experts and governments (**Butcher, 1997**).

According to (**Mccorkle, et al, 1996**) four main methods of information Interventions had been used to provide information to public at large and patients; providing written information; provision of taped information (audiovisual); and providing with an audiotape of their medical consultation, assisting patients to formulate questions to ask the physician.

**1-Provision of written information leads to:**

- Increased satisfaction with treatment choice and ability to make treatment decisions.