

The Facilitating Factors and Barriers for Nurses, to Utilize the Screening Services for Cervical Cancer in Tertiary Hospital of South India

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ABSTRACT

Background: Cervical cancer screening needs to be considered as an integral part of maintaining women's health including the healthcare providers.

Objective: The objective of the study was to assess the barriers and facilitators, women health professionals face, when accessing the cervical cancer screening services.

Research Method: This is a descriptive, cross-sectional, mixed method study. The participants of the study were female nurses from selected tertiary level hospital from Tamilnadu, India. For quantitative method, standardized validated tool was used with author's permission. The participants participated were 125 in number. Qualitative interviews were conducted.

Results: The result showed that the common perception about the pap-smear procedure was being uncomfortable, anxiety provoking and painful as expressed by (35.2%, 33.6 and 33.6%) respectively. This overall poor attitude and carelessness of the female nurses may greatly hamper the screening program. Major barriers for cervical cancer screening among the nurses were found to be as follows: 31.2% said Taking off Clothes for the screening procedure is considered as a barrier, 20% said they do not prefer the presence of male staff during the procedure and 20% said its time consuming.

Conclusion: To conclude, if health care providers lack health awareness, they cannot motivate their patients to do the same. Thus, the initial step in breast and cervical cancer screening is health care providers should focus of their own health.

Keywords: cervical cancer, pap smear, screening, nurses.

INTRODUCTION

Cancer of the cervix is a preventable disease. In spite of its preventable nature, both cancer cervix and breast poses a serious burden on the reproductive health of women globally. Statistics from WHO's International agency for research on cancer reveals that there were 604 000 new cases in 2020 . of the estimated

342,000 deaths from cervical cancer in 2020 (WHO, 2020)¹. WHO launched a new tool kit to guide the countries in the collection and use of standardized data on cervical cancer and support the countries in tackling the cancer cervix threat to women's health. Every year cervical cancer kills over 300 thousand women out of which 85% of the death are due

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to cancer cervix occurring in less developed regions of the world. It is one of the most preventable and treatable form of Cancer if it is identified early and managed effectively.

a. Background: Persistent infection with one or more of the high risks on oncogenic type of HPV is one of the reasons for acquiring cancer cervix. In an immune potent woman, the progression of the disease is low, which is from healthy to precancer, then to invasive cancer which is potentially fatal. The progression from pre cancer to cancer has 20 year lag which serves as an ample opportunity to screen, detect and treat precancer and stop its progression to cancer. Also, if HPV vaccines if given before they are sexually active can prevent cancer cervix to a larger extent.

The cervical cancer screening aims at identifying and treating the cases thereby reducing the incidence of morbidity and mortality. In spite of steps taken towards the screening and combating the disease, it is still increasing in incidence, due to poor uptake of the cervical cancer screening. This is influenced by the degree of knowledge of the disease, screening services and also the perceived barriers to utilize the same². Cervical cancer is the reason for high mortality rates than any other cancer and in comparison to any other country³.

Cervical cancer is the commonest cancer among women. Cancers are of public health awareness relevance since screening services can yield a better outcome than the treatment outcomes, in other words detection at an early stage can improve the mortality rates. It is mentioned that one woman is dying of cervical cancer every 8 minutes in India. This study was undertaken to explore the facilitating factors and barriers for female health professionals, the nurses, to utilize the screening services for cervical cancer . The result of the study is intended to recommend strategies and interventions to improve uptake of screening services Ca.Cervix.

b. Objectives: The objectives of the study is to assess the barriers and facilitators women health professionals face when accessing the

screening services. To understand the extent of importance perceived for barriers and facilitators for the health professionals while accessing the screening services and to explore the recommendations of interventions and strategies to increase the uptake of cervical cancer screening among women health professionals.

MATERIALS AND METHODS

In this study, the concept or the phenomenon that is identified to be studied is about the barriers and facilitators regarding the uptake of cervical cancer screening. This will ultimately inform the researcher about the strategies or intervention that can enhance the cervical cancer screening practices among the female health professionals of the hospital (Nurses) are being focused in this study. ⁴The result that is expected plays an important role in selecting the most appropriate and suitable research approach and not only that, the focus of the study, is another vital factor that informs the researcher either qualitative, quantitative or the mixed method is to be adopted⁵.

a. Design: This study followed mixed method. The qualitative method not only precedes the quantitative one, in the next phase of the study, the qualitative method is again employed, and therefore this project would be identified as multiphasic mixed method. The convergent parallel mixed method design, also called as concurrent mixed methods design is when both quantitative and qualitative data are collected at the same time, to address the research problem⁵.

This type of mixed methods is also referred as triangulation design, which will add credibility of the study. Also, as a constructivist researcher, the author will be relying on combination of both qualitative and quantitative methods. ⁵The mixed method is defined as a “procedure for collecting, analyzing and “mixing” both quantitative and qualitative methods in a single study or a series of studies to understand a problem”. Author would utilize the Quantitative data in a way, it can support or expands upon

qualitative data and effectively deepen the description.

b. Setting: The study was carried out in selected hospitals of Tamil Nadu, India. The hospitals are situated in Chennai which is the capital city of Tamil Nadu. The bed capacity of the Institutions ranges from 300 to 500 beds. The hospitals were chosen as the target site of the study based on the convenience of the researcher. The hospitals also provides state of the art facilities in many departments with general Medical, Surgical, Gynecology, antenatal postnatal ENT oncology diabetic unit. The hospital is managed by Board of trustees and is privately owned. The female health professionals constitute of around 60% of the total workforce in the hospital.

c. Demography: A total of 125 female nurses participated in the data collection for the study. As shown in Table 1, out of 125, majority of the participants are within the age group of 20 -24 years (76.8%) and 12.8 % of the nurses were 25-30 years,. 81.6% were unmarried. 8% were staying with parents, 7.2% with the spouse, 10.4% with spouse and his family and most of the participants were residing in the hostel 93 (74.4 %).

Educational Qualification varied, as 10.4% were Diploma holders, 87.2% were B .Sc graduates and 2.4% were masters qualified. Participants' work experience varied from less than 2 Years were (63.2%) 2 to 5 years (26.4%), 10 Years (3.2%), 10 to 15 Years (0.8%) and 15 Years and Above were (6.4%).

RESULTS AND DISCUSSION

It has been shown that health care provider recommendations are strong predictors of cervical cancer screening for the general population. These health professionals, who had not tested for themselves, may not initiate, and recommend others for screening. The main factor reported for not getting screened was carelessness. The overall poor attitude and carelessness of these female nurses may greatly hamper the screening program.

a. Pap Smear Test Reflections

The diagnosis of cervical cancer invokes a deep emotional factor among any person. The Figure 1 depicts the responses of nurses on their reflection related to pap test. The procedure being uncomfortable, anxiety provoking and painful (35.2, 33.6 and 33.6%) respectively is the common perception about the pap- smear among the nurses in a tertiary hospital. The other reflections mentioned are comfortable, reassuring and painless which are expressed by 3.2%, 6.4 % and 6.4% of them respectively.

b. Encouraging Factors

While exploring the factors that might facilitate the cervical screening, As shown in Figure 2, it was found that 47.2% of the nurses mentioned that the supportive colleagues and health professionals are one of the most important facilitating factors that encourages them to utilize the cervical screening services. 32% mentioned that encouragement from

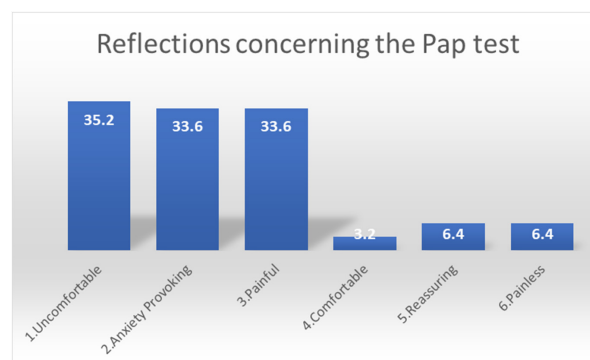


Fig. 1: Distribution of Responses of nurses on their reflection concerning Pap Test

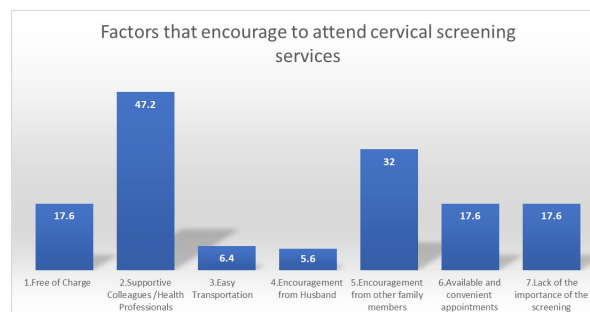


Figure 2: Distribution of Responses of nurses on factors that would facilitate cervical cancer screening

other members of the family is an important facilitating factor.

The other factors that plays an important part is that the screening services are available free of cost, the appointments are available in a convenient time for them and also their perception of the importance of getting the screening done which accounted for 17.6% related to all of the three factors. About 5.6% of them also mentioned that they would be encouraged if they are encouraged by their husband specifically to go for it. This was also expressed by the participants during the interview.

c. Barrier Factors

The responses of nurses on factors that are barrier for cervical cancer screening is shown in Figure 3. 31.2% said Taking off Clothes for the screening procedure is considered by them as a barrier to avail the screening service. It is found that the lack of access to the Services were an important factor for In Malaysia⁷. The female medical students were involved in focus group discussions to explore their perceptions regarding Pap smear test. They expressed that barriers to such screening were: lack of awareness, shyness, and the cost of the test⁸. Most of these women agreed that physician's gender would affect the women's decisions to uptake the test.

The findings of this study suggest that it is important to provide information about the

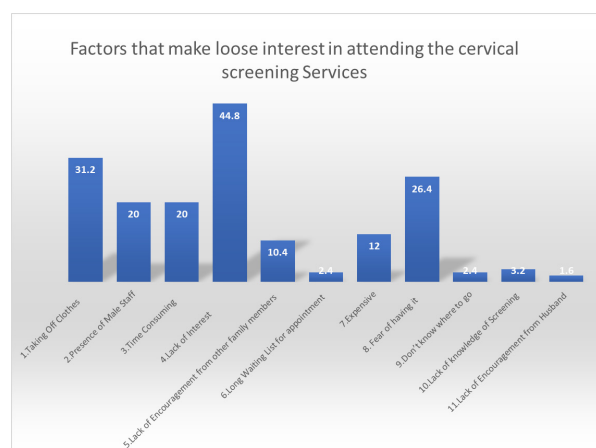


Fig. 3: Distribution of Responses of nurses on factors that would be a barrier for cervical cancer screening

value of cervical smear test to the women who are not taking screening tests for both cancer cervix and cancer breast. 20% said presence of male staff, 20% said its time consuming 44.8% mentioned lack of interest, 10.4% said lack of Encouragement from other family members.

Good practice involves attention to structural and practical challenges, and an understanding of the role of relationships in shaping screening intentions. Experienced practitioners adapt procedures to increase sensitivity, and balance time invested in problem solving against the benefits of reaching practice targets for attendance⁹. This indicates that social support has a positive effect on the regular practice of self-care. 2.4% chose Long Waiting List for appointment, 12% said its expensive, 26.4% said fear of having it, 2.4% said Don't know where to go, 3.2% indicated Lack of knowledge of Screening and 1.6% said lack of Encouragement from Husband. Among the deaths of the world due to cervical cancer, 88% of the deaths occurs in developing countries. Developed countries have significantly able to reduce the cervical cancer incidence and the deaths due to cervical cancer by extensively improving the cervical cancer screening programs (CCSP)¹⁰.

d. Improvement Strategies

The responses of nurses regarding suggestions to improve cervical cancer screening is given in figure 4. 28% mentioned Staff Attitudes as one of the points of suggestion to improve cervical cancer screening. 46.4% mentioned the presence of female staff can facilitate the tests carried out. 29.6% nurses chose attending Educational Program such as seminars and events can improve the situation.

5.6% said Screening done by doctor, whom I am not familiar with. 6.4% said Screening done by doctor, whom I am familiar with, 16% mentioned permission time granted during duty hours screening made mandatory (compulsory) by working institution and 14.4% which matches with the statements mentioned during the interview with the participants.

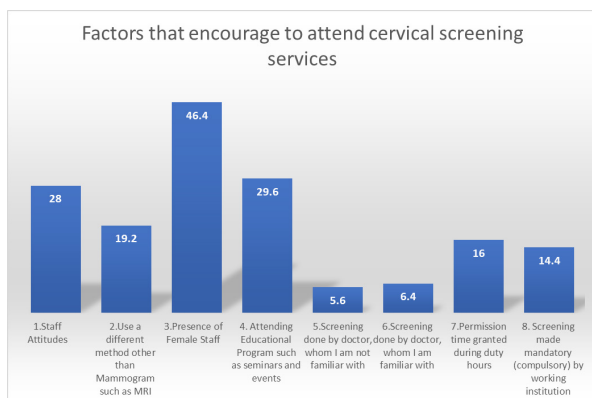


Figure 4 : Distribution of Responses of nurses as suggestions to improve cervical cancer screening, which are encouraging to utilize the screening services.

CONCLUSION

This study highlights several noteworthy implications. The results show the importance for women's preventive health care, not just with regards to education but also in practice. The study also highlights the need for educational programs to create awareness regarding regular breast cancer screening behavior and pap testing as per recommendations. The study showed that despite knowledge of the gravity of cervical cancer and prevention by screening using a Pap smear, attitudes, and practices among nurses towards cervical cancer screening were negative; especially uptake of Pap smear test is abnormally poor.

The study revealed that the major reasons for the low screening uptake was fear of the test, unavailability of the test, financial constraints and not feeling at risk. In addition, limited accessibility to well-equipped facilities was cited as a challenge to cervical cancer screening. Cervical cancer is a major public health concern in India and in the developing countries due to its prevalence, morbidity and mortality. If the fight against the disease is to be won, concerted efforts should be made to educate nurses who are involved in health education of the general population on the dangers posed by the disease and reassurance to overcome all possible barriers towards acceptance of the screening test.

a. Limitations

The sample of the study population includes female health professionals; hence the results of the study cannot be generalized to a larger population in India. The sample size is relatively small and may not be representative of all females of that age group;. Thus, it is recommended to conduct further studies using larger samples at various institutions in India. Those who were 40 years or older were found to be more conscious about their health. Yet, overall majority of female health care professionals did not take proper measures for their own health. If health care providers lack health awareness, they cannot motivate their patients to do the same. Thus, the initial step in cervical cancer screening must focus on health care providers being aware of their own health. "Be the change that you wish to see in the world, you must be first to change."

b. Implications to Healthcare Providers

The results of the study informs the health care providers to focus on their health and avail the cervical screening services. The study also insists that the female health care providers to improve the knowledge regarding cervical screening.

c. Implications to Institutions and Government

The institutions are informed about the barriers and the facilitators the female health workers face to utilize the cervical cancer screening services. The results calls for the institution to take appropriate interventions to support them with their barriers and facilitate the screening service utilization.

d. Implications to Family

The study informs the society that the support and encouragement is very important to the female member of the family and especially the health care professional who is expected to encourage their patients and families and be a role model.

Conflict of Interest: nil

Source of Funding: Self

Ethical Clearance: Ethical approval was obtained from the hospitals' ethical committee where the data collection was done.

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