



Factors that influence mammography screening behaviour: A qualitative study of Greek women's experiences

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A B S T R A C T

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Aim: To identify the factors that influence mammography screening behaviour in a sample of Greek women.

Methods/Sample: Data were collected in Athens-Greece, from individuals who were members of six women's associations. A subset of 33 women were interviewed about their screening behaviour and experiences out of the 186 women who completed an initial questionnaire. This paper focuses on the findings revealed from the interviews. Women's associations were approached for the recruitment of the interviewees.

Results: Influences arising from women's immediate networks, such as family and close friends, appeared to be of essential importance in relation to their screening behaviour, while influences from their broader networks were of moderate impact. Fear acted as a motivator but also as a barrier in relation to mammography screening participation. Experiences that arose from engagement with the mammography screening processes were mostly characterized by having to overcome a variety of obstacles, such as long bureaucratic procedures and distrust in doctors.

Conclusions: The interpersonal relationships between women and their social networks appeared to have an important and influential role in relation to breast screening behaviour. The quality of these relationships appeared to determine women's participation in mammography screening. It would appear that future practice needs to focus on these relationships in order to utilize them in a positive way. Future research is needed to explore this further.

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Background

Breast cancer is the third largest cause of cancer deaths in Europe (Ferlay et al., 2007). It accounts for 29% of all cancer incidences (Linos, 2005; Ioannidou-Mousaka, 2006).

Early detection of breast cancer can decrease mortality rates. Indeed mortality resulting from breast cancer has decreased by an average of 1.7% per year in the European Union during the period

1995 to 2000, mainly due to early diagnosis and effective treatment (Levi et al., 2007). However, despite the general decrease of mortality rates in most of Europe, mortality rates due to breast cancer are still high in Greece (Mauri et al., 2009). The falls in breast cancer mortality rates in Greece, Portugal and France are smaller compared to those in the rest of Europe throughout the last decade (Levi et al., 2005). Greece and Portugal are at the top of the list of breast cancer incidences (Boyle et al., 2003), while in Greece between 1500 and 1800 women die from breast cancer every year out of the 4000 who develop the disease (Ioannidou-Mousaka, 2005). This could be due to breast cancer detection at an advanced stage resulting from the low participation of Greek women in mammography screening test (Keramopoulos et al., 2005).

Preventive healthcare tests including mammograms are offered by the Greek health care system to the population on an opportunistic basis. This means that participation in mammograms, often after a Clinical Breast Examination (CBE), depends on advice from primary care providers and on individuals' requests for screening, since a centralised invitational register is lacking (Kamposioras

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et al., 2008). Women use either the National Sector, where they pay a minimum fee, or the Private Sector, where they pay the full cost of screening. There are no National guidelines on the age mammograms should start on a regular basis. Women are, however, being informed by media and health care providers on this issue, influenced by worldwide guidelines.

Role of screening

The role of mammography screening is to detect tumours before they are clinically palpable, minimising the probability of diagnosing breast cancer at an advanced stage (Kimberly and Hogan, 2003). For women with an average risk, mammography screening constitutes one of the most effective ways to detect cancer (McCaul and Tulloch, 1999; Hoffken, 2001; Kimberly and Hogan, 2003), and official global recommendations support its use. Even though the benefits of mammograms and particularly the mammography's efficacy related to reduction of mortality rates have been questioned by several researchers (Gotzsche and Olsen, 2000; Gotzsche, 2004; Gotzsche et al., 2009; Jorgensen and Gotzsche, 2009; Autier et al., 2010; Jorgensen et al., 2010), this has provoked adverse criticism from many who believe that screening saves lives (Dilhuydy and Barreau, 1997; Thornton, 2001). Many others maintain that mammography screening reduces breast cancer mortality in women aged 50–74 years by approximately 26% (McCaul and Tulloch, 1999; Hoffken, 2001; Heath, 2009; Savage, 2009). Nevertheless, each woman should be able to make her own decision regarding the utilisation of mammography screening; this presupposes them to be well-informed about the benefits, possible harms and efficacy of this test (Chamot and Perneger, 2001; Gotzsche, 2004; Heath, 2009; Jorgensen and Gotzsche, 2009; Welch, 2010). It is argued that a balanced and easily understandable way of providing such information is needed throughout invitation letters for mammograms (Jorgensen and Gotzsche, 2006).

Within Greece, evidence has identified low participation rates in the participation in mammography screening (Kamposioras et al., 2008; Dimitrakaki et al., 2009; Mauri et al., 2009). For example, Simou et al. (2010) found that 38% of women in Greece had never undergone a test, while 25% had one within the last 2 years. This lack of engagement with a programme, in terms of identifying breast cancer early, warrants further investigation to explore the influences upon screening behaviour.

Barriers and facilitators to mammography screening use

Previous studies have identified a variety of barriers to women's participation in mammography screening. Poor interactions with physicians and the mammography screening procedure itself (such as painful mammograms and discomfort) were identified through a review on the benefits and harms associated with screening (Meissner et al., 2004), as well as in other studies (Dilhuydy and Barreau, 1997; Nekhlyudov et al., 2003). Anxiety, fear of breast cancer diagnosis (Trigoni et al., 2008), and low-level of risk perceptions and worry (Nekhlyudov et al., 2003) were also found as barriers to participation in mammography screening. Lack of information relating to breast cancer and its early detection (Borgias et al., 1998; Giakimoba et al., 2003), as well as the long distance from the screening centre (Simou et al., 2010) contributed to non-participation in mammography screening.

Other factors, have been identified as facilitators to engaging with the mammography screening test. Broadcast media were viewed as an important source of information regarding the benefits of breast screening on reducing risks from breast cancer, having an important role in motivating women to undergo mammography screening (Nekhlyudov et al., 2003). Others,

however, identified personal communication with health care providers and other women to be of greater importance (Clover et al., 1996; McCaul and Tulloch, 1999; Trigoni et al., 2008). High socio-economic status was further identified to facilitate women in mammography screening participation (Meissner et al., 2004).

Nevertheless, it was not clear whether the afore-mentioned factors were identified within a national screening program or under private initiative of women. Osterlie et al. (2008) and Willis (2008) emphasized that within the context of a public screening program women's decision for mammography screening is not made according to the concept of informed choice. This could place doubt upon the strength of the above barriers and facilitators when women decide to participate in a pre-scheduled appointment for a mammogram provided by a system in which they have trust (Osterlie et al., 2008; Willis, 2008). However, within the Greek context women participate in mammography screening outside of a National screening programme.

Only a few academic studies (Borgias et al., 1998; Giakimoba et al., 2003; Trigoni et al., 2008; Simou et al., 2010) have investigated the factors that influence Greek women to participate in mammography screening. Contrary to the variety of studies carried out in other countries in the same field, the subject has only been superficially explored in Greece.

Theoretical framework – Transtheoretical Model of behaviour change (TTM)

The study was informed by the Transtheoretical Model of behaviour change (TTM), which is a multilevel, psychologically-based model (Kelaheer et al., 1999). The TTM emphasizes that each individual has different needs, since they belong to different behavioural stages of their effort to change or adopt a behaviour (Pasick and Burke, 2008). Based on its construct of “decisional balance”, the decision to adopt a behaviour depends on the actual number (quantity) of positive and negative factors (pros and cons) (Rakowski et al., 1996; Maxwell et al., 2006; Pasick and Burke, 2008).

The TTM has been utilized in a variety of studies which aimed to investigate the influential factors towards mammography screening (Pearlman et al., 1997; Chamot et al., 2001; Wu and West, 2007), however, the majority of them were quantitative in nature, focussing on pre-identified factors. This study offered the opportunity to explore the topic using a more in-depth qualitative approach.

Aim of the study

The aim of the study was to explore the factors that influence mammography screening behaviour in Greece in order to better understand women's behaviour and identify their needs in relation to this test. More specifically, the study's objectives were 1) to examine women's perceptions of mammography screening and to understand the factors that influence screening behaviour.

The study

Design

The study was conducted in Athens (Greece), using questionnaires and interviews as data collection tools. Prior to the interviews a survey was conducted in order to recruit the sample for the interviews and to provide descriptive information about the sample. For the analysis of the interviews, a qualitative, interpretative approach was adopted.

The TTM was utilized to guide and influence the formation of the interviews. Questions on women's breast screening behaviour stage were used, influenced by the TTM's stages of change. Such

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