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Review article

Women's experiences of mammography: A thematic evaluation of the literature

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ABSTRACT

Aim: The aim of this study was to analyse relevant literature to understand women's experiences of mammography-both screening and symptomatic.

Method: A structured literature search was performed to locate relevant research. Research articles published between 2002 and 2013 were identified in CINAHL, MEDLINE and Science Direct. The quality of the research was assessed using an appropriate critical appraisal tool to enable a systematic and consistent assessment.

Results: Qualitative thematic analysis of the literature identified five themes: fear, pain and discomfort, waiting, the physical environment and staff interactions. Whilst it is accepted that women's experiences are unique and diverse, literature suggested that these themes do influence women's experiences.

Conclusion: Women's experiences of mammography were not limited to the examinations alone but encompassed the entire encounter. The themes identified influenced women's experiences and their perception of care.

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Introduction

Breast cancer is the most common cancer in the UK.¹ In 2009, 48,417 new cases were diagnosed.² Between April 2010 and March 2011, the NHS Breast Cancer Screening Programme invited 2.8 million women for routine screening and 73% (n = 2,044,000) attended.³ Women aged between 47 and 73 are invited every 3 years for a routine mammogram while symptomatic women are referred to an assessment clinic. Breast cancer screening and diagnostic examinations touch many women's lives in the UK.

The benefit and harm of breast cancer screening has always been a hotly debated topic. In a recent independent review, Sir Michael Marmot concluded that the major benefit was reduced breast cancer mortality.⁴ It was estimated that for every 250 women invited for screening, one death was prevented.⁴ It was also argued that the major harm was over-diagnosis: a detected cancer that would not be clinically significant in that woman's lifetime. It has been claimed that over-diagnosis has serious consequences, causes psychological distress and surgery that may be deemed unnecessary.⁵ However, as there was no reliable estimate on the extent of over-diagnosis, the Marmot review concluded that screening presented a significant benefit and should continue.⁴

* Corresponding author. E-mail addresses: PJANEC@aol.com, p.reeves@shu.ac.uk (P.J. Reeves). Literature suggests that women undergoing mammographic examinations can experience negative emotions and psychological distress.^{6–8} An abnormal result turns healthy woman into patients and many feel unprepared for this outcome.^{9,10} Mounting value is placed on understanding the patient experience as a means to inform and improve service delivery.^{11–13} Exploring and understanding patient experiences can provide a fresh and unique insight into a service.

Research question

What can a thematic analysis of the literature tell us about women's experiences of both screening and symptomatic mammography?

Aims and objectives

The aim was to use relevant literature to explore and understand women's experiences of mammography. Objectives were formulated:

- Undertake a structured literature search in order to locate relevant research.
- Conduct thematic analysis of the literature.





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- Identify themes and reach appropriate conclusions.
- Suggest recommendations for practice and further research.

Methodology

The aim of this literature review was to bring existing research together and analyse it as a whole in order to provide a broader perspective of the topic. A review can reveal the full impact of the body of research and demonstrate the current state of knowledge.¹⁴ There is a growing emphasis on evidence based practice; however, healthcare professionals are confronted by a continually expanding body of research.^{15,16} A literature review can provide a clear and condensed synthesis of relevant research and provide evidence to inform practice.¹⁷

Databases searched were CINAHL, MEDLINE and Science Direct. Searching a range of databases is important as no single database can include all published articles.¹⁸ Search terms were defined by identifying the key concepts of the question. Words to describe the concepts were collated. Initial articles were also scrutinised for key words. Fig. 1 illustrates this process and the resultant search terms:

The 'Subject Headings Tool' was used to identify the preferred key words for MEDLINE and CINAHL. Key words and concepts were located in abstracts and titles; titles alone can be unreliable indicators of article content.¹⁸ The '*Related Articles*' tool was used when available. Reference lists of key articles were examined for additional literature. With regard to the literature searching process, locating literature about breast cancer screening and mammography was very easy; there were numerous articles on the

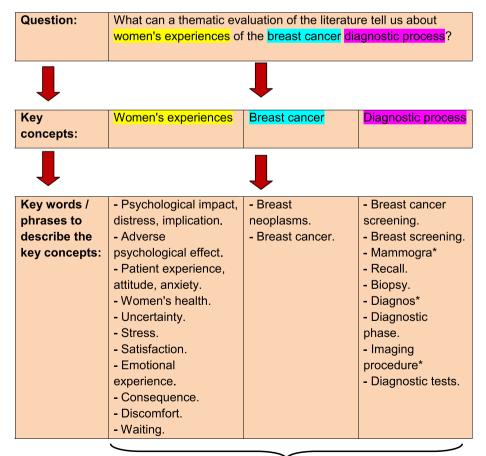
subject. The difficulty arose when trying to find articles specifically related to women's experiences. It was a lengthy, time consuming and, at times, frustrating process.

Inclusion and exclusion criteria provided a set standard for article selection and ensured applicable, reliable and current articles were collected.¹⁷ Fig. 2 details the inclusion and exclusion criteria employed. Research from different countries and health care systems was included. There was awareness that these articles would need to be carefully interpreted, as differences in health care provision (health insurance, technology and differently organised screening programmes) may not have made women's experiences perfectly comparable. Additionally, articles about: genetic counselling and testing, hereditary risk, surveillance and adherence to screening were specifically excluded as not being relevant to the experience of mammography. These particular exclusion criteria developed during the literature search as familiarity with the literature developed.

A critical appraisal tool was employed to assess the quality of the gathered literature.¹⁹ The tool enabled a focused, systematic and consistent assessment of the quality and reduced reader subjectivity. The articles selected were then subjected to manual thematic analysis. Each article was read and analysed and themes/topics were listed. Common themes were then sought and a spider diagram created. Links and overlaps between topics emerged and overarching themes were developed to incorporate similar topics.¹⁴

Ethical considerations

No ethical approval was required for this literature review because no primary data was collected.



Search Terms / Words

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