



Original article

Knowledge and feelings about colorectal cancer among the Jewish adult population in Israel: A mixed methods study

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ABSTRACT

Background: Few previous studies found that people's knowledge of colorectal cancer (CRC) risk factors and symptoms is a predictor of high compliance with CRC screening. Feelings about CRC have rarely been examined.

Aim: This mixed method study is aimed at examining knowledge and feelings about CRC among the Jewish adult population in Israel.

Methods: One hundred and ninety six Jewish Israelis were interviewed using semi-structured face to face personal interviews. Clinical characteristics and knowledge about CRC were analyzed by quantitative methods. Feelings about CRC were analyzed by the qualitative constant comparative method.

Results: Most of the participants were at risk for developing CRC due to their native background as Jews of Eastern European origin. The most well known risk factor was family history of CRC, but only a third were aware of it. Screening for CRC by colonoscopy was known to about half the participants. CRC evoked negative feelings of fear of contracting an oncological disease, stress as a result of a new reality, sadness at the possibility of late discovery, disgust and embarrassment because of the involvement of an intimate area and the connection to body secretions. Positive feelings of optimistic faith and hope were found with regard to survival.

Conclusion: The knowledge level of the participants about CRC symptoms, risk factors, and recommended screening was low to moderate. CRC evoked mainly negative feelings. Increasing knowledge about CRC and reducing negative feelings evoked by CRC are essential.

1. Introduction

Colorectal cancer (CRC) is the third most common type of cancer diagnosed in both men and women worldwide and the second most common cancer in Europe (Kotronoulas et al., 2017). The American Cancer Society (2017) estimates that 95,520 new cases of CRC will be diagnosed and about 50,260 people will die from it during 2017. In Europe, 470,000 new CRC cases are diagnosed and 228,000 people die from the disease every year, with the highest mortality rates found in Central and Eastern Europe (Globocan, 2012). Israel is among the 20 countries with the highest incidence rates of CRC in the world, where men are ranked 14th and women 8th of 20 with regard to the CRC incidence rate. However, the CRC morbidity rate in Israel is close to the OECD average. In 2014, age-adjusted mortality rates (per 100,000) of CRC for men and women were, respectively, 11.0 and 8.0 among Jews, and 8.5 and 8.0 among Arabs (Israel Ministry of Health, 2017). Knowledge of CRC risk factors and symptoms among the general public has previously been found to be a predictor of high compliance with CRC screening (Wong et al., 2013).

Risk factors of CRC include being over 50 years old, a family history

of CRC or adenomatous polyps, a personal history of CRC or colorectal polyps, having inflammatory bowel disease (IBD), an inherited syndrome or type 2 diabetes, as well as racial and ethnic background (African Americans and Jews of Eastern European origin). Lifestyle-related factors include obesity, physical inactivity, unhealthy nutrition (red/processed meat or insufficient fruit/vegetable consumption), smoking, and heavy alcohol use (The American Cancer Society, 2017). Bowel-specific CRC symptoms include rectal bleeding, changes in bowel habits, fecal occult blood, false feeling of a bowel movement, and abdominal pain. Systemic symptoms are weakness and losing weight (The American Cancer Society, 2017; Walter et al., 2016).

The five-year survival rate for early-stage, localized CRC is 90% (Simon, 2016). CRC mortality rates have declined worldwide due to screening, which is a cost-effective prevention and control strategy leading to early detection (Kiviniemi, Jandorf, & Erwin, 2014). The US Preventive Services Task Force (2016) and the European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis (von Karsa et al., 2013) recommend that population CRC screening should start with asymptomatic adults who are at average risk of CRC, aged 50 to 74 years. Recommended screening includes stool based tests, such as

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fecal occult blood tests (FOBT) and fecal immunochemical tests (FIT), and direct visualization, such as colonoscopy, sigmoidoscopy, and computed tomography colonography (McCarthy, 2016). People who are at increased risk of CRC due to a family history of known genetic disorders (such as familial adenomatous polyposis or Lynch syndrome), a former adenomatous polyp, a personal history of inflammatory bowel disease, or previous colorectal cancer, should receive personal recommendations regarding the screening according to their personal risk (The US Preventive Services Task Force, 2016).

However, compliance with CRC screening is suboptimal internationally, with only about 65% of the target population complying with screening guidelines in the USA (Winawer, Fischer, & Levin, 2016) and 1.9% to 54% across Europe (OECD, 2012).

In Israel, the Israel Cancer Association and the Ministry of Health initiated a national CRC early detection program, according to which every citizen between the ages of 50 and 74 is proactively invited to undergo a FOBT once a year. For a high-risk population due to a family history of CRC of a first-degree relative, it is suggested to perform a periodic colonoscopy once every three to five years. In 2015, the rate of those diagnosed at an early stage of CRC increased from 20% to 34% and 59.1% of the target population complying with the recommended screening (Israel Ministry of Health, 2017).

A limited number of studies examining public knowledge about CRC focused mainly on willingness to undergo CRC screening (Almadi et al., 2015). Feelings about CRC have rarely been examined. Colonoscopy screening was related in a previous study to positive affective associations, such as relaxation and satisfaction, and to negative affective associations, such as disgust and embarrassment. Both associations were found to be significant predictors of colposcopy uptake among African American adults (Kiviniemi et al., 2014). Since increased compliance with CRC screening recommendations has the potential to improve patients' health and well-being and to eventually decrease CRC morbidity and mortality rates (Simon, 2016), it is important to examine the knowledge and feelings of the general population about CRC. The aim of this study was to examine the knowledge and feelings about CRC among the Jewish adult population in Israel.

2. Methods

2.1. Study design

A complementary mixed method design was applied in this study. This method increases the ability to validate and interpret studies dealing with people's perceptions (Bryman, 2006). The complementary mixed method allows the uncovering of additional meanings of a phenomenon by searching for explanations and enhancing the results produced by quantitative methods in addition to the results produced by qualitative methods (Bryman, 2006).

2.2. Procedure

Semi-structured face to face personal interviews were conducted, beginning with an open question: "Please describe your feelings about colorectal cancer", followed by 19 multiple-choice questions: 10 demographic questions, 6 clinical characteristics questions clarifying whether the participant had performed stool based tests, colonoscopy, and virtual colonoscopy and who had recommended that they be performed, and 3 questions evaluating knowledge about CRC, risk factors, symptoms, and early detection. The multiple-choice questions were based on the Israel National Health Interview Survey INHIS-2 (2012), examining knowledge of CRC among the Israeli population. Eight registered nurses studying a research seminar at the Nursing Department of Tel Aviv University conducted the interviews. During nine sessions of 90 min each, the author trained the nurses in skills of qualitative semi-structured personal interviews, based on Arksey and Knight's (1999) principles of creating honest and reliable interpersonal communication

while refraining from judgment or prejudice. Each interviewer recruited about 25 interviewees, who were friends, acquaintances, and family members, by the snowball method. Though a convenience sample was used, the final sample comprised representatives of the different Jewish sub-groups from the country's different geographical regions. Inclusion criteria were Jewish people over the age of 18, who could be interviewed in Hebrew, and without restriction of communication abilities due to a poor cognitive state. Each interview lasted between 20 and 40 min and was conducted at the interviewee's home or workplace. The interviews were tape recorded and transcribed verbatim.

2.3. Data analysis

The constant comparative method was used to analyze the qualitative data (Glaser & Strauss, 1967). Initially, all the interviewees and the author each read about 25 questionnaires. Constant recoding was conducted by labeling repeated data and developing primary categories when comparable codes were identified. Then, in four discussion meetings of 90 min each, held by the eight interviewees and the author, encoded data were compared and similar meanings labelled until a consensus was reached as to the identification of themes and categories arising from them (Fram, 2013). To ensure trustworthiness and credibility, a peer debriefing process was conducted (Lincoln & Guba, 1985). The interviewees and the author presented the findings to nine registered nurses during two meetings in a research seminar at Tel Aviv University, at the initial and final analysis. These meetings enabled peer discussions, reflection, and feedback regarding the identified themes and categories, as suggested by Lincoln and Guba (1985).

Participants' clinical and demographic characteristics, as well as their knowledge about CRC, were analyzed by quantitative methods. Descriptive statistics were used to evaluate variables' frequencies. IBM SPSS Statistics for Windows, Version 21.0 (IBM Corp., Armonk, NY, USA) software was used for the quantitative analysis.

2.4. Ethical considerations

Tel-Aviv University's ethics committee approved the study. An explanation about the study was given to the participants and informed consent was obtained. The interviewees explained that the interview is anonymous and participation is voluntary.

3. Results

3.1. Demographic characteristics of the participants

A total of 196 Jewish Israelis were interviewed, 62.2% women and 37.7% men, mean age (SD) 43.86 (15.38) years. Most of the participants were secular (77.6%) and born in Israel (50.5%) or the FSSU (40.8%). Mean education (SD) was 14.72 (2.95) years. Demographic characteristics of the participants are presented in Table 1.

3.2. Clinical characteristics of the participants

Most of the participants reported good general perceived health (83.6%). A stool based test had been done by 23% of the participants, where 9.2% of them stated that a family physician had recommended doing the test and only 2.5% that it had been recommended by a hospital/community nurse. A colonoscopy test was done by 21.9% of the participants, where 10.2% of them stated that a family physician and 6.6% that a gastroenterology physician recommended the test. Only 1% stated that it had been recommended by a hospital/community nurse. A virtual colonoscopy/CT colonoscopy had been done by only 1.5% of the participants. Most of the participants (87.2%) said that no one in their nuclear family had or has CRC (see Table 1).

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