

BELIEFS REGARDING MAMMOGRAPHY SCREENING AMONG WOMEN VISITING THE EMERGENCY DEPARTMENT FOR NONURGENT CARE

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Introduction: One in 8 US women will develop invasive breast cancer in their lifetime. Despite evidence that mammography is an effective method of early detection, certain vulnerable groups, such as those using the emergency department as a medical home, do not adhere to mammography screening guidelines, and suffer disparate mortality from breast cancer. The purpose of this study was to investigate differences in beliefs regarding mammography screening among women attending the emergency department for nonurgent care and ultimately to develop interventions that promote mammography for this vulnerable population.

Methods: We explored the relationship between stage of readiness to adopt mammography behavior and barriers, benefits, and perceived susceptibility by administering scales for risk, benefits, and barriers to a sample of 110 women who had presented to the emergency department of a public hospital for nonurgent complaints or were seated in the ED waiting room. We also collected sociodemographic information and stage of readiness.

Results: Mammography adherence was about 60%. Most women who were not compliant with current guidelines were

contemplators. Those who were not contemplating being screened were significantly less likely to perceive themselves to be at risk of getting breast cancer. Women who had more barriers to mammography perceived less benefit from having a mammogram. African American women perceived less benefit from having a mammogram.

Discussion: Mammography promotion is appropriately placed in the ED waiting room given the suboptimal rate at which this population is being screened. Beliefs regarding mammography differ for women in various stages of mammography adoption and for minority women. Understanding these differences will allow intervention in this setting to be tailored to the population. ED nurses are an important and sometimes sole point of health care contact for patients who routinely visit the emergency department. As such, they have a valuable opportunity to provide cancer screening promotion messages. It is critical that nurses in this setting understand the complexities of delivering this information and the need to do so.

Key words: Mammography; Nonurgent care; Cancer control; Stages of change

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Invasive breast cancer will develop in 1 in 8 women in the United States during their lifetime. The American Cancer Society (ACS) estimates that more than 40,000 women will die from breast cancer in 2013, making it the second leading cause of cancer death among American women, exceeded only by lung cancer.¹⁻³ Screening mammography is the single most effective method of early detection of breast cancer and can identify cancer several years before physical symptoms occur.⁴ Early detection by mammography generally leads to a greater range of treatment options, including less-aggressive surgeries and therapies.⁵ Women aged 50 to 69 years and 40 to 49 years who are regularly screened may experience a reduction in mortality by as much as 20% to 35% and 20%, respectively.⁴

Healthy People 2020 set a national standard for mammography utilization of 81% for women older than 40 years to be screened every other year.⁶ Despite increasing

adherence to screening recommendations and improvements in breast cancer treatments, certain vulnerable populations have not realized decreased mortality rates documented in the population at large.⁷ Such women may not receive health care providers' recommendations for screening, the strongest predictor of adopting screening.^{8,9}

Among the women most vulnerable to inadequate screening are women who lack a regular source of care, including those who visit emergency departments. Women who visit the emergency department for nonurgent care have had demonstrably lower mammography screening rates than the U.S. average, establishing the need for mammography-promoting programs aimed at this population^{10,11} and delivered in this setting.

Overall, 1 in 5 Americans visits the emergency department each year.¹² Many of these visits are made by the most vulnerable members of society and are for nonurgent complaints. Older adults are more likely to have had at least one ED visit in a 12-month period than are people in younger age groups. Non-Hispanic black persons are more likely to have had one or more ED visits in a 12-month period than are non-Hispanic white or Hispanic persons. As family income decreases, the likelihood of having one or more ED visits in the past year increases.¹² These persons are the same ones who are likely not to have been screened in a timely and regular manner for breast cancer.

This pattern of ED visits by these vulnerable persons may present an opportunity, because the emergency department may be the sole point of contact with the health care system for many of them.¹³ A "teachable moment" may occur when the patient is ready to accept new information.¹⁴ Patients are more likely to become motivated to make health behavior changes when they are approached during key times when their attention is focused on their health, such as while they are in the emergency department. Their attention to their health care needs is heightened at that time. This heightened attention of patients and family during ED visits may provide an important opportunity for patient education.¹⁵

The purpose of this study was to investigate differences in beliefs regarding mammography screening among women attending the emergency department for nonurgent care. To develop interventions that promote mammography for this vulnerable population, it is important to understand the beliefs that may influence the decision to obtain a mammogram.

Although the emergency department presents unique challenges to health promotion activity, it also may provide one of the few opportunities for intervention with a population that may likely be rarely or never screened for

breast cancer and is at high risk of increased mortality because of late-stage diagnosis.

Mammography Promotion in the Emergency Department

Despite the suggestion that the emergency department is a location where preventive health care would be feasible and welcomed,¹⁰ few interventions to promote mammography screening in this setting have been implemented. Most notable have been the studies conducted in the Harlem emergency department by Mandelblatt and colleagues¹⁶ and the work in the Boston Medical Center ED by Bernstein and colleagues.¹⁷ Mandelblatt and colleagues¹⁶ offered screening for cancers of the breast and cervix to women with nonemergency problems who presented to the emergency department of a large, urban public hospital. They concluded that it was indeed feasible to screen for breast and cervical cancer in the emergency department. They also concluded that a key barrier to this intervention was the involvement of the ED staff. The triage nurse and other staff members were busy with other patient care needs and did not screen all eligible patients. This study highlighted the need for interventions that involved others, such as lay health workers, who have been shown to be effective in similar settings.^{18,19}

Bernstein and colleagues¹⁷ conducted a similar study in the emergency department of Boston Medical Center that was designed to test a lay health worker-delivered intervention to increase the regularity of mammography in a diverse population of inner-city women, primarily older African American women. Although 65% of the 90 women had never had a mammogram, 60% of the women reported having a mammogram sometime in the 3 months after the intervention. The researchers concluded that the success of the intervention was attributable to the interactive format and the interchange that took place between peers. They suggested that more research, including a randomized controlled trial of several types of interventions, including lay health worker-delivered and negotiated interviews, be undertaken to establish comparative efficacy in this setting.

One important way to increase the efficacy of these interventions is to deepen our understanding of the variables related to mammography decision making for this population.²⁰ This study provides a foundation for designing mammography promotion interventions that are more tailored to the specific needs of the population served in the emergency department for nonurgent care by examining key beliefs regarding screening that may influence their screening decisions.

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