



Shedding light on women's help seeking behaviour for self discovered breast symptoms



Máirín O'Mahony^{a,*}, Geraldine McCarthy^a, Paul Corcoran^{b,c}, Josephine Hegarty^a

^aCatherine McAuley School of Nursing & Midwifery, Brookfield Health Sciences Complex, University College Cork, Ireland

^bNational Suicide Research Foundation, Cork, Ireland

^cDepartment of Epidemiology and Public Health, University College Cork, Ireland

A B S T R A C T

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Purpose: To describe women's help seeking behaviour (HSB) and the associated influencing factors on self-discovery of a breast symptom.

Methods: A descriptive, correlational survey design was used. Following ethical approval, survey data were collected from women ($n = 449$) attending the breast clinics of two large urban hospitals within the Republic of Ireland.

Results: The majority of women (69.9%; $n = 314$) sought help (by visiting their General practitioner, GP) within one month, 30.1% ($n = 135$) delayed help seeking for more than one month following symptom discovery and 16.7% ($n = 75$) delayed for three months or more. The factors most significantly associated with delayed HSB were knowledge around symptom identity (Odds Ratio (OR) = 4.80, $p = 0.005$); ignoring the symptom and hoping it would go away (OR = 10.72, $p < 0.001$) and women's belief that the symptom would persist for a long time (OR = 1.18, $p = 0.023$). Being afraid on symptom discovery (OR = 0.37, $p = 0.005$) was associated with reduced risk of delayed HSB.

Conclusions: It is encouraging to see that the majority of women who find a breast symptom seek help promptly. However, a small cohort of women delay seeking help from their GP. HSB is influenced by multiple factors which can impact on patient outcomes. Findings are important for oncology nurses who have a key role to play in promoting breast awareness, prompt help seeking and early detection and treatment of breast cancer, amongst women.

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Introduction

Breast cancer is the most frequently diagnosed cancer and the leading cause of death amongst females worldwide (Jemal et al., 2011). According to the National Cancer Registry (2012), in Ireland an average of 2670 women were diagnosed with breast cancer annually during 2007–2009 and 736 women died from breast cancer in Ireland in 2008 (National Cancer Registry, 2012). Furthermore, an estimate of the 2008 cancer deaths demonstrated that Ireland had the 4th highest breast cancer mortality rate of 30 European countries (European Cancer Observatory, 2012). It has been established that the earlier the diagnosis of breast cancer is made the more likely it is that women will have a favourable outcome (Richards et al., 1999a, 1999b).

Women themselves detect most breast cancers (Facione et al., 2002). Nonetheless, despite the association between delayed help seeking and poorer survival statistics, a considerable number of

women wait for three months or longer before presenting to a health care professional (HCP) with a breast symptom (Nosarti et al., 2000; Burgess et al., 2001; O'Mahony, 2001; Arndt et al., 2002; Meechan et al., 2002; O'Mahony and Hegarty, 2009a). This initial contact with a HCP has been defined as "help seeking behaviour" (HSB) occurring in response to health changes (O'Mahony and Hegarty, 2009b). However, lack of consensus exists in the literature as to what constitutes delay. Some authors categorised delay in time periods of less than one month, one to three months and more than three months (Arndt et al., 2002); others have used a cut off of 31 days (Scott et al., 2008), while a delay of three months has also been referred to as "prolonged delay" (Burgess et al., 2001). Furthermore, it is suggested that the factors relating to delay of four weeks or more are similar to those relating to delay of three months or more (Nosarti et al., 2000). Nonetheless, most studies support the urgency of early detection of cancer which necessitates prompt presentation of symptoms to a Health Care Professional (HCP).

In an effort to address the problem of delayed presentation to a (HCP) in the event of symptom discovery, efforts need to be directed at promoting early diagnosis for the 90% of cancer patients

* Corresponding author. Tel.: +353 21 4901458; fax: +353 21 4901493.
E-mail address: mairin.omahony@ucc.ie (M. O'Mahony).

who will present symptomatically (Richards, 2009a). To this end, the National Awareness and Early Diagnosis Initiative (NAEDI) was established in the United Kingdom (UK) to meet one of the key commitments of the UK's Cancer Reform Strategy i.e. to improve cancer outcomes (Department of Health, 2007). Late presentation of symptoms to a family physician/general practitioner (GP) is the first point of delay outlined on the NAEDI pathway (Richards, 2009b). Richards (2009a) emphasised the need for measuring the extent of delay in the diagnosis of cancer and the contributing factors. Additionally, the need for more theoretically based research into delayed presentation (help seeking), diagnosis and treatment of illness has been highlighted (Scott et al., 2012). Furthermore, earlier detection and treatment of cancer would help to address the current global burden of cancer (Jemal et al., 2011). Thus, a study on women's help seeking behaviour (HSB) for self-discovered breast symptoms is timely.

A review of the theoretical literature on help seeking for breast symptoms identified various theories and models used in research with women who are symptom free to determine their intentions to seek help in the event of breast symptom discovery (Facione et al., 2002; Hunter et al., 2003; Burgess et al., 2009). However, it was emphasised that intentions to seek help are not always indicative of what happens in the real life situation of symptom discovery (de Nooijer et al., 2002). The Judgement to Delay Model (Facione et al., 2002) identified the factors (demographics, symptom appraisal, knowledge and beliefs, health related habits, health service system issues, affective responses, relationship constraints and personality attributes) hypothesised to influence women's HSB should they discover a breast symptom. However, this model had not previously been used in its entirety to test HSB amongst women who have actually found a breast symptom.

A review of the empirical literature highlighted the complex nature of the relationship between knowledge and beliefs about cancer symptoms and their impact on HSB (Nosarti et al., 2000; Meechan et al., 2002; Montazeri et al., 2003; McMenamin et al., 2005; Burgess et al., 2008, 2009; Linsell et al., 2009; O'Mahony and Hegarty, 2009a; Jones et al., 2010; Unger-Saldaña and

Infante-Castañeda, 2011). This emphasises the need to explore these variables in more depth. Subsequently, the theoretical underpinnings of the Common-Sense Model of Self-Regulation of Health and Illness (Leventhal et al., 2003) and its focus on the threats inherent in the illness representations (i.e. symptom cause, time-line, consequences, control/curability) was used to explore women's beliefs about their actual breast symptom.

In addition, the empirical literature demonstrates that the emotional responses to symptom discovery vary from initial unconcern to concern, uncertainty, fear/scared, worry, anxiety, distress/psychological distress/symptom distress to depression (Meechan et al., 2003; Tjemsland and Soreide, 2004; Friedman et al., 2006; O'Mahony and Hegarty, 2009a; Unger-Saldaña and Infante-Castañeda, 2011). Defence mechanisms of avoidance and denial are also utilised, oftentimes to the detriment of appropriate HSB (O'Mahony et al., 2011; Unger-Saldaña and Infante-Castañeda, 2011). The need to further explore women's emotional responses to actual breast symptom discovery and how they influence their HSB was apparent. The review further identified the key dimensions of the variables (socio-demographics, social factors, health seeking habits and health service system utilisation factors) leading to the development of the conceptual framework (Fig. 1) which guided the study. A previous qualitative descriptive study (O'Mahony et al., 2011) confirmed the relevance of this framework to the study of women's HSB following self-discovery of a breast symptom. In the current study, HSB was operationalised as 'the time from symptom discovery to presentation of the symptom to a general practitioner (GP)'. Help seeking within one month (≤ 4 weeks) of symptom discovery was categorised as 'prompt' HSB and more than one month (>4 weeks) was categorised as delayed HSB.

Aim

The aim of the research was to describe women's help seeking behaviour (HSB) and the associated influencing factors on self-discovery of a breast symptom as depicted in the conceptual framework (Fig. 1). In particular, the study sought to: ascertain the

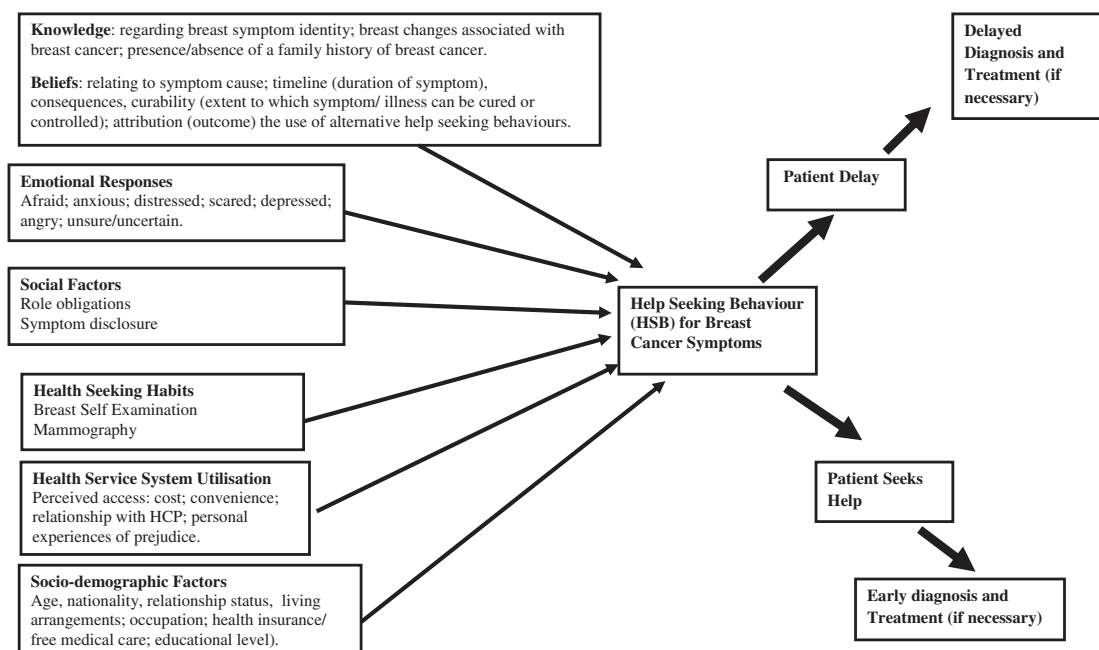


Fig. 1. The conceptual framework of 'factors potentially influencing women's help seeking behaviour on self discovery of a breast symptom' used to guide the study design developed from an amalgamation of the empirical (Facione et al., 2002; Meechan et al., 2003, 2002; O'Mahony and Hegarty, 2009a; O'Mahony et al., 2011) and theoretical (Facione et al., 2002; Leventhal et al., 2003) literature.

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