



Assessing Behavior, Knowledge, and Attitudes About Melanoma: An Educational Intervention for Female College Athletes

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ABSTRACT

The aim of this study was to determine the effect of an educational intervention on knowledge, behavior, and attitudes of female college athletes regarding melanoma. An educational intervention was performed on behaviors, knowledge, and attitudes in female college athletes (N=72). Data were obtained before an educational session; immediately after the intervention, a post-test was administered. Preintervention behaviors included sun exposure (mean = 15.03 h/wk), poor attitude, and concern; 83.3% reported no care related to skin. Post-test results showed a significant improvement in behaviors, attitudes, and knowledge. Female college athletes are at risk for melanoma related to sun exposure and self-care behaviors. Melanoma education can improve knowledge, behaviors, and attitudes.

Keywords: college athletes, female college athletes, melanoma, skin cancer © 2016 Elsevier, Inc. All rights reserved.

elanoma is the second most common type of cancer among those 15 to 29 years old. The rates of melanoma have drastically increased over the past 30 years in non-Hispanic white men and women.² There were 960,231 people living with melanoma in 2011 in the United States, and the most recent data suggest that 2.1% of men and women will be diagnosed with melanoma at some point in their lives.³ Between 2001 and 2006, the incidence of melanoma has significantly increased in both men and women (1.6% and 1.4%, respectively). The increase of nearly 1,018 deaths (13.7%) between 2000 and 2006 has amounted to 166,261 years of potential life lost, an 8.7% increase over those years.⁵ It is estimated that there will be 73,870 new cases of melanoma and 9,940 deaths from melanoma in the year 2015. On average, melanoma takes 20.4 years of potential life from each person diagnosed. This is a greater loss of life than the 4 major cancers (breast, prostate, colorectal, and lung).⁵ The annual economic burden

of melanoma has been estimated at nearly \$3.5 billion.⁵

With respect to population-focused care, young adults are at high risk for melanoma. There is a 7-fold increase in relative risk of being diagnosed with melanoma between 15 and 19 years old. Protective behaviors, such as proper application of sunscreen, seeking shade, and wearing protective clothing have increased in use over time, but the prevalence of sunburns remains high. According to a 10-year study by the Centers for Disease Control and Prevention, approximately 65.5% of 18- to 29-year old white people report suffering from at least 1 sunburn over the course of a 12- month period. The data suggest that current preventative measures are not being used appropriately, supporting the need for improved strategies to prevent sunburns in this particular age group.

Specific to gender, young adult females present a greater risk of being diagnosed with melanoma compared with their male counterparts.⁷ The incidence of melanoma was higher in female

adolescents and young adults when compared with males in all age, racial, and ethnic groups.⁷ One explanation for the increased incidence in females may be the continued popularity of indoor tanning. In 2010, 21.2% of 18– to 24–year–old females reportedly used an indoor tanning device.⁹

Considering the amount of time spent outdoors for collegiate and recreational activities, college athletes are significantly more at risk for sun-related skin damage and melanoma. It is estimated that a collegiate athlete spends 4 hours per day for 10 months of the year outdoors for sports; this amounts to 1,000 hours of sun exposure per year. ¹⁰ Even more concerning, college athletes often lack the basic knowledge and understanding of melanoma, skin cancer risks, and sun protective methods. 11,12 In a study of 343 collegiate athletes, only 20.7% understood that spending time outdoors increased their risk for skin cancer. 11 In another study of 139 college students, the majority of the college students reported rarely or never using sunscreen in the winter (94.6%), spring (80.4%), fall (89.1%), and even the summer (30%). ¹³ A study that examined the behaviors of National Collegiate Athletic Association athletes (N = 290) found that 84% of athletes reported a sunburn over the course of 1 year, and over 40% of athletes reported never using sunscreen. 10 When college athletes were asked about perceived barriers to sunscreen use at sporting events, the following excuses were reported: forgetting to put sunscreen on, liking to be tan, inconvenience, belief that they will not burn, teammates were not using sunscreen, and coach did not provide reminders to put on sunscreen. 10,13 Athletes also reported that sunscreen was too greasy, burned their eyes, caused acne, and took too much time to put on. 10 In general, the nature of outdoor-related sporting events does not promote healthy behaviors. Very few athletes report practicing in the shade or indoor facilities; in fact, many sports are practiced between 11:00 AM and 3:00 PM when the sun is the strongest and the ultraviolet rays the most harmful. 12 The length of the sporting event may also increase sun exposure with some competitions extending for 3 hours without much shade or other protection. Even when sunscreen is applied initially, the intended effect is

short-lived because sunscreens can wear off quickly because of water exposure, sweating, and/or friction during practice and games.¹² In some instances, the rules of competition and required uniforms do not afford the athlete much protection from the sun.

In a study conducted by Wysong et al, 10 collegiate athletes were asked if a coach or athletic administrator discussed sun protection with the team; of those participating in the study, 73% said never or rarely. When coaches and administrators encouraged and promoted sun protective behaviors, the use of sunscreen increased significantly among the college athletes (P = .04). Many students play sports from childhood into young adulthood. Collegiate athletes have years of cumulative sun exposure from practices and competitions, and this considerably increases their risk for melanoma. 12

METHODS

Design

A quasi-experimental 1-group pretest/post-test design was used to evaluate the knowledge, behaviors, and attitudes of college athletes regarding skin cancer. The study was approved by the institutional review board at the host academic institution. Informed consent was obtained from each study participant before the educational intervention. There were no conflicts of interest to disclose, and there was no financial assistance or gain from any person or corporation. Upon completion of the study, participants were provided with samples of sunscreen. The manufacturers of those samples did not provide any of the products nor offer financial support. The researchers were not paid to distribute, endorse, or display any of the products.

The research questions were specific to behaviors, knowledge, and attitudes. Regarding behaviors, the following questions were investigated: 1) what are the behaviors of the female college athletes related to sun exposure and sun protection, 2) is there a relationship between behaviors and the type of sport, and 3) does an educational intervention improve self-care behaviors. Knowledge was established by determining if an educational intervention can improve knowledge and ability to correctly identify moles. Finally, the following research question was asked to

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