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An integrative review of the Literature on the determinants of health outcomes of women living with breast cancer in Canada and Nigeria from 1990 to 2014: A comparative study

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ABSTRACT

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1. Introduction

Breast cancer is the most common cancer diagnosed in women in many regions of the world (GLOBOCAN, 2012). The incidence of breast cancer is rising especially in developing countries (Tfayli, Temraz, Murad, & Shamseddine, 2010; WHO, 2012). The global burden of breast cancer in women measured by incidence, mortality, and economic costs is on the increase. Worldwide, it is approximated that more than one million women are diagnosed with breast cancer yearly, and more than 400,000 will die from the disease (Ferlay et al., 2010; Tfayli et al., 2010).

More than 1.7 million women will be diagnosed with breast cancer globally in 2020, a 26% increase from current magnitude (Ferlay et al., 2010). The increase in incidence will mostly be in the developing world (Tfayli et al., 2010). It is approximated that 45% of the 1.35 million new cases diagnosed yearly and more than 55% of breast cancer-related deaths happen in the low-and middle-income countries (Anderson et al., 2008). According to GLOBOCAN (2012) record, the survival rate of breast cancer in Canada is 81% while that of Nigeria is 48%. The purpose of this integrative review was to explore and identify the determinants of health outcomes of women living with breast cancer in Canada, a developed country, and Nigeria, a developing country.

2. Background

In low-middle-income countries like Nigeria, breast cancer burden and mortality rates are increasing (Jedy-Agba et al., 2012; Pruitt et al., 2015). Advanced disease stage diagnosis and delayed treatment represent important problems in Nigeria (Oluwatosin, 2010). There are many potential barriers that prevent women from seeking treatment when they first notice a breast cancer symptom including misconceptions about breast cancer and its treatment outcomes, economic, and logistic obstacles (Anyanwu, Egwuonwu, & Ihekwoaba, 2011). Other obstacles are cultural and social factors such as stigma and inadequate healthcare infrastructure (Bello, 2012; Pruitt et al., 2015).

It is predicted that the burden of breast cancer will increase in the years to come, not only because of the steep increase in incidence rate that is seen in many low-middle-income countries, but also because of the rise in the population and lack of appropriate infrastructure to handle the illness in those countries (Anderson et al., 2008; Ferlay et al., 2010). There could be a nearly 50% increase in global incidence and mortality between 2002 and 2020 due to population changes alone (Anderson et al., 2008). The few data available from low to middle-income countries reveal a rise in breast cancer age-specific incidence and mortality rates caused at least in part by the adoption of Western lifestyles. The adopted Western lifestyles tend to promote decreased parity, delayed childbirth, decreased physical exercise, and dietary habits associated with earlier menarche. All these factors have been found to be related to increasing rates of postmenopausal breast cancer (Porter, 2008).

In most parts of the Western world breast cancer related mortality has decreased by almost 25–30% (Ragaz, 2011a, 2011b). The factors known to impact this reduction in mortality rate are a) widespread public education about breast cancer leading to earlier diagnosis, b) evidence-based therapy which includes effective surgery, adjuvant chemotherapy, hormonal therapy, radiotherapy, post-recurrence therapy, and access to care (Ragaz, 2011a, 2011b).

Incidence rates of breast cancer have also stabilized due to the reduced use of hormonal replacement therapy, weight reduction, diet focused on vegetables and fruits, reduction in alcohol consumption, and exercise (Ragaz, 2011a, 2011b). There are variations in breast cancer incidence and mortality rates across Canadian provinces. The variations are related to socioeconomic status, geographic distance, and population heterogeneity related to Canadian immigration policies (Ragaz & Shakeraneh, 2014). However, the utilization of comprehensive community oncology programs which encourage the use of guideline-driven care policies, introduction of mammography screening, and access to breast cancer care have resulted in significant reduction in mortality rate from breast cancer in Canada (Ragaz & Shakeraneh, 2014).

Notwithstanding remarkable scientific advances and improvement in breast cancer management and care, many regions of the world still face resource restrictions that limit their competence and ability to improve early detection, diagnosis, and treatment of breast cancer (Anderson et al., 2008). In low-middle-income countries, worsened cancer longevity is mostly related to late disease stage at presentation, which leads to particularly poor outcomes when combined with limited diagnosis and treatment options (Anderson et al., 2008, 2012; Bray, McCarron, & Parkin, 2004; Hisham & Yip, 2003; Yip & Taib, 2012).

Although most low-middle-income countries have not yet declared breast cancer as a priority healthcare issue, it will most likely become a significant health problem as the control of communicable diseases are updated (Kangolle & Hanna, 2010; Parkin & Fernandez, 2006). With this predicted increase in the burden of breast cancer, it is important that the determinants of the health outcomes of breast cancer in women living with the disease be identified so as to plan the healthcare strategies that will assist in reducing the mortality rate from the illness.

3. Aims of the study

The aims of this comparative study between Canada and Nigeria were a) to explore and identify the factors that impact seeking medical care after breast cancer symptom discovery in women, and b) to identify the factors that influence participating in breast health activities by women in the two countries from 1990 to 2014.

4. Research method and design

The framework used for this study was the format outlined by Cooper (1982) and modified by Whittemore and Knafle (2005) to enhance the rigor of the review. This framework conceptualizes the integrative review as occurring in five stages: problem formulation, literature search or data collection, data evaluation, data analysis and interpretation, and presentation of the result (Cooper, 1982; Russell, 2005). The last step in the integrative review is the reporting of results to readers, which Kirkevolt (1997) suggests is necessary to enhance both the science and practice of nursing. In this study, an integrative review of the literature on the factors that impact seeking medical care after breast cancer symptom discovery in women in Canada and Nigeria from 1990 to 2014 and the factors that impact participating in breast health activities by women in the two countries during the same period were explored. It was a comparative study. The variables of interest were the factors that impact seeking medical care after breast