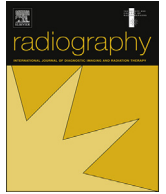




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Perceptions of Australian clients towards male radiographers working in breast imaging: Quantitative results from a pilot study

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ABSTRACT

Aim: Breast cancer is the second most common cause of cancer-related death in Australian women, therefore early breast cancer detection is essential. Female radiographers currently conduct breast screening in Australia; however there is a projected shortage. With many women already feeling apprehensive about attending a breast examination, possible proposals to fill this shortage must be carefully considered. Training male radiographers is one proposal however, this raises some gender concerns. This study aimed to pilot an investigation into whether it would change women's willingness to attend breast screening if conducted by a male radiographer.

Method: A questionnaire completed by 146 women aged over 40 asked questions on attitude, initial reaction and how they would proceed if attended to by a male in three clinical situations (Mammography; Ultrasound and Breast Surgery).

Results: The results revealed that women would have had their mammogram (90%), ultrasound (95%) and surgery (100%) conducted by a male, though some would have preferred a female for mammography (25%), ultrasound (24%) and surgery (12%). A total of 9% of women agreed to the statement 'if there were male radiographers I would not return for another screening appointment' and 9% agreed to the statement 'if I heard there could be male radiographers it would change my opinion of Breast Screening for the worse'.

Conclusions: This first Australian study investigating the perceptions of women to male radiographers in the breast screening arena suggest that a mix of male and female radiographers could be accommodated and indicates the need for a larger national survey.

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Introduction

Breast cancer is the second most common cancer in the world and, by far, the most frequent cancer among women with an estimated 1.67 million new cancer cases diagnosed world-wide in 2012 (25% of all cancers). It is the most common cancer in women in both more and less developed regions and while it is the most frequent cause of cancer death in women in less developed regions, it is now the second cause of cancer death in more developed regions, after lung cancer.¹ In Australia, breast cancer represents 28% of all reported cancers, with an estimated 15,270 women diagnosed and 3,000 deaths in 2014.²

Due to the increasing incidence of breast cancer, BreastScreen Australia (BSA) was established in 1991 as part of the National Program for the Early Detection of Breast Cancer.³ The program provides free 2-yearly screening and targets women aged between 50 and 74.³

The age-standardised mortality rate decreased by 36% between 1991 and 2010 as detection of breast cancer at an earlier stage is associated with increased treatment options.² Additional mortality reductions are attributed to independent treatment advances. There has been an associated 80% increase in the 5 year survival rate.²

Many women feel anxious about attending a breast examination, which in part can be represented by uptake rates. Approximately 55% of eligible women participate in Breast Screening in Australia.² These rates are significantly lower than those seen in the UK (73%), USA (75.7%), Ireland 76%, and Northern Ireland (79%).^{4–7} While Europe has an average participation rate of 64%, there are

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significant variations between countries; the highest uptake rate being in the Netherlands (86%) and the lowest in Denmark (26%).⁷

Radiographer recruitment has been a challenge and poses a projected shortage of Australian breast screening radiographers in the near future. The results from a 2009 Australian survey of breast screening radiographers reported that 80% of radiographers were over 40 years old, with those over 50 years accounting for 53% of the workforce.⁸ There were only 12% of participants younger than 35 years old. Most breast screening radiographers (63%) worked part-time. It is estimated that 30% of radiographers will reach retirement age within the next five years.⁸ This shortage is coupled with Australia's ageing and increasing size of the population, leading to an increase in the number of women attending screening.

Currently, only qualified female radiographers conduct breast screening in Australia. Thus, one proposed idea to address future radiographer shortages is to train and employ male radiographers. As the Australian participation rates are not outstanding it is vitally important to ensure that any future changes do not further deter women from attending screening.

Ultrasonography is currently used as a follow-up of an abnormality and to clarify features of a potential lesion. The ultrasound examination could equally be performed by a male or female sonographer. If an abnormality is confirmed the women will be referred to a breast surgeon. In Australia, the gender of the surgeon will most probably be male. As such the study will also explore the perception of women who may be referred to a male sonographer and surgeon.

Due to limited Australian research in this area, the aim of this study was to pilot an exploration into the perceptions of Australian women attending breast screening if they were presented with a male radiographer and how this compares to their attitude with attendance for an ultrasound and a breast surgeon consultation. More explicitly, this study aimed to investigate whether it would change women's willingness to attend breast screening if it were to be conducted by a male radiographer.

Materials and methods

Study design

A cross-sectional descriptive survey design was used for this study.

Participants

Participants were recruited from volunteers registered with the Hunter Medical Research Institute (HMRI), New South Wales, Australia. Recruitment was limited to 200 invitations which were randomly allocated by HMRI and restricted to women over the age of 40 years. Women under the screening target age were invited to participate to compare the perceptions of women who had been screened with those who had not been screened and thus unable to provide an informed opinion.

Questionnaire design

A review of the literature identified previous research proposed by the authors of this article.⁹ The research questionnaire used in the previous study formed the basis of the current study to allow direct international comparison. The survey was divided into five sections (Fig. 1). Section A asked basic demographic questions. Sections B – D aimed to investigate respondents' attitude, initial reaction and how they perceive they would proceed if their examination for either a mammogram (Table 1), ultrasound or for breast surgery would be conducted by a male. The questionnaire

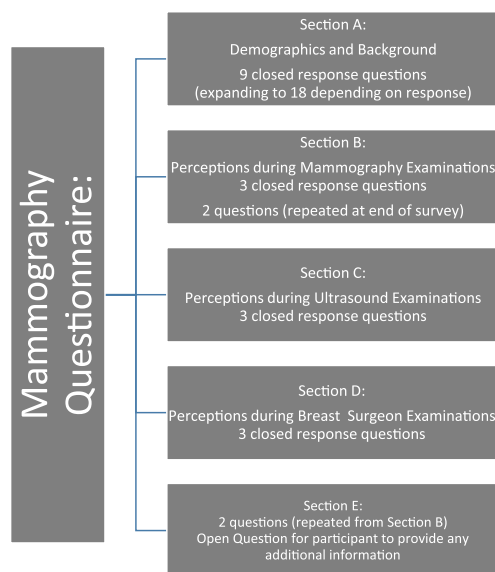


Figure 1. Overview of questionnaire design.

ended with a repeat of 2 questions from Section B (to assess any changes in attitude following reflection of answers to Sections C and D) and an open question for participants to add any further comments. Results from the open ended question is not presented in this paper.

A 5-point Likert scale was used to allow respondents to indicate their level of agreement with statements regarding their attitudes on the gender of the medical practitioner undertaking their examination. Seven initial reactions were given, where participants could choose as many as they thought appropriate. Respondents were then asked to choose the most appropriate response out of four possible statements regarding how they would have proceeded.

Procedures

The study was approved by the Ethics Committee of The University of Newcastle, Australia. Written invitations were circulated by HMRI, for purposes of confidentiality. The invitation contained a participant information statement, a paper-based questionnaire and a link to an online survey (Survey Monkey) for those participants wishing to complete the survey on-line. Informed consent was implied through the return of anonymous surveys.

Data analysis

Data from the paper surveys was entered into Survey Monkey. Numerical values were assigned to each response on the Likert scale (strongly agree 1; agree 2; unsure 3; disagree 4; strongly disagree 5) to enable easier comparison between women attitudes to male practitioners. Data was exported into SPSS for generation of summary statistics. Chi-square analysis was performed to assess statistical variations (tested at the 0.05 level) between Australian and Irish attitudes.

Results

One hundred and forty-six (146) questionnaires were returned, representing a 73% response rate. In the results, male practitioner has been used as the generic term for radiographer, sonographer and surgeon.

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