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Motivational interviewing–based training vs traditional training on the uptake of cervical screening: a quasi-experimental study

Z. Zolfaghari ^a, N. Rezaee ^b, M. Shakiba ^c, A. Navidian ^{d,*}^a Department of Nursing, Zahedan University of Medical Sciences, Zahedan, Iran^b Department of Nursing, Community Nursing Research Center, Zahedan University of Medical Sciences, Zahedan, Iran^c Department of Psychiatry, Zahedan University of Medical Sciences, Zahedan, Iran^d Pregnancy Health Research Center, Zahedan University of Medical Sciences, Zahedan, Iran

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ABSTRACT

Objectives: Cervical cancer, a major health issue affecting women, is preventable and can be successfully treated. It is essential that measures are taken to improve the uptake of screening for this cancer. The aim of this study was to compare the effects of motivational interviewing (MI)–based training and traditional training on the frequency of cervical cancer screening tests in a group of working female teachers.

Study design: This is a quasi-experimental study.

Methods: This research was conducted in 2017 among 134 teachers (aged 30–60 years) working in southeastern Iran. The participants were selected from among the eligible individuals and subsequently divided into MI-based training and traditional training groups ($n = 67$ for each group). Each group received a three-session training program, and 20 weeks after the end of the last training session, the information obtained from cervical cancer screening tests was documented. To analyze the data, independent t-test and Chi-squared test were run in SPSS, version 21.

Results: There was no significant difference between the two groups in terms of demographic characteristics such as age, age at the first pregnancy, age of marriage, the number of parities, and educational level. Twenty weeks after intervention, 20.9% of the MI-based training group underwent Pap smear screening test, while 9% of the women in the traditional training group took the test, indicating a statistically significant difference between the two groups ($P < 0.05$).

Conclusion: MI-based training has a significant positive effect on women's compliance with cervical cancer screening tests. Therefore, it is recommended that this technique be adopted in women's health centers.

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* Corresponding author. Department of Counseling, School of Nursing and Midwifery, Zahedan University of Medical Sciences, Mashahir Square, PO Box 98139-1379, Zahedan, Iran. Tel.: +98 054 33442482, +98 09151430542 (mobile); fax: +98 054 33442481.

E-mail addresses: z.zolfaghari15@yahoo.com (Z. Zolfaghari), nasrin_rezaee2005@yahoo.com (N. Rezaee), Dr.mansoorshakiba2006@gmail.com (M. Shakiba), alnavidian@gmail.com (A. Navidian).

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Introduction

Cancer is the third leading cause of death worldwide.¹ Cervical cancer is one of the most acute problems of adult women in developing countries.² Cervical cancer is the fourth most prevalent cancer causing mortality among women throughout the world. Two-thirds of women with cervical cancer present in the advanced stages of this disease, often as a result of failure to undergo regular screening. Consequently, its mortality rate is high. Nearly 87% of deaths from cervical cancer occur in underdeveloped countries.³

The key to reducing the complications and mortality of cervical cancer is early diagnosis and treatment of precancerous cervical lesions. Among all malignant tumors, cervical cancer is one of the cancers that can be effectively controlled by systematic screening programs.⁴ Thanks to its pre-invasive stage, cervical cancer can be controlled by regular screening, early detection, and effective treatment techniques. Screening of cervical cancer via the Pap smear test is the most cost-effective diagnostic method.⁵ Notably, systematic screening programs have reduced the incidence of mortality by 80% in developed countries.⁶

Worldwide, only a small proportion of women undergo cervical screening on a regular basis. For instance, it is estimated that only 5% of women in developing countries have had the Pap smear test. In a study in Iran, 20% of women had never undergone this test, 68.7% had undergone it only once in their life (and that not based on standard guidelines), and only 11.3% of them had taken it at the standard intervals.⁵ Nonetheless, in spite of having satisfactory knowledge and information, even educated women and female healthcare providers do not perform screening tests according to the national^{7–9} and international guidelines.^{10,11} Studies on the barriers to screening behaviors have shown that reluctance to perform diagnostic tests could be related to lack of awareness of its necessity and importance, feelings of shame and anxiety resulting from the test, fear of the possibility of diagnosis of malignant tumors,¹² no sense of being at risk, and fear of painful pelvic examinations.¹³ Therefore, it is mandatory to use new interventional methods that can address factors such as women's cognitive and behavioral beliefs which play decisive roles in non-compliance with screening tests.

One of these methods is motivational interviewing (MI), initially used in the field of substance abuse and addiction but later extended into other behavioral domains. Today, it can be used for any type of behavioral change in the field of health.¹⁴

Instead of adopting a didactic approach that triggers the patient's resistance, MI uses a communication style which emphasizes commitment, participation, and involvement of the patient in the process of behavior change, as well as a positive emotional atmosphere that arises from empathy and unconditional positive respect. In this process, the healthcare provider leads patients to the point where patients themselves become keen on changing their behavior and promoting their health.^{15,16}

MI is fundamentally different from other counseling and training techniques that highlight therapeutic alliance with patients. In this technique, the patient's resistance is minimized and discussion about the patient's active role in change

is encouraged.¹⁵ MI is a patient-centered approach that aims to promote behavioral change and provide a framework that facilitates lifestyle modifications. In this method, the therapist interacts with patients and listens to their points of view on why they want to change and how they can succeed in doing so.¹⁷ It is worth mentioning that MI has been used to initiate difficult and worrisome treatments.¹⁶

Considering the high prevalence and mortality rates of cervical cancer in developing countries, as well as the low compliance with screening tests including the Pap smear among Iranian women compared with developed countries, it seems that designing and implementing interventions based on new behavioral change models is essential in promoting women's cancer screening behaviors.

However, some studies in Iran have observed that in some cases, women still do not have the necessary awareness and desirable attitude towards screening tests. On the other hand, routine training methods meant to raise awareness and improve attitudes have not adequately increased the extent of performing screening tests among educated women and those working in the health system in Iran and even in some developing countries around the world. In conventional training approaches, it is assumed that individuals have the motivation and readiness to change and that the behavior in question can be changed by teaching and providing information and knowledge. Therefore, the aim is to provide appropriate and complete training content in a variety of ways. MI is a holistic approach that can be applied to facilitate behavior change through evoking and enhancing intrinsic motivation in the client for change. Hence, MI can be adopted as a different approach to health education and behavioral change with the aim of influencing cognitive and psychosocial factors associated with cervical cancer screening behaviors in women. In this study, the authors have sought to investigate the effect of MI-based training on screening behaviors of teachers. The cognitive behavioral constructs used in MI could help women overcome the barriers to screening for cervical cancer.

Methods

This semi-experimental study was conducted on two groups with a pretest post-test design. The study population consisted of all the female teachers with at least a bachelor's degree working in girls' schools in 2017. The inclusion criteria were the absence of breast and cervical cancers in study subjects and their family members in recent years, lack of history of breast cancer and uterine infections in study subjects and their family members in recent years, lack of participation in training programs on cancer screening in the past year, age of 30–60 years, being married, and incomplete screening tests based on national guidelines. The history of cancer—especially female genital cancers—in a person, her family, or relatives may increase fear and anxiety in the individual, thereby increasing the desire and incentive for screening. Also, if women refer to a physician or clinic for any type of disease or genital tract infection, there is a potential of receiving recommendations for screening tests. Therefore, such experiences could influence the effect of

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