

## Breast Cancer Awareness among Female Nurses: Time to Scrub off Assumptions

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**Abstract :** Objective: The main aim of this research is to assess the knowledge, attitude and practices of female nursing staff and nursing students regarding breast cancer, to provide a baseline for monitoring trends of breast cancer awareness in them. Background: Healthcare professionals are a direct source of information for the patients and the general public as a whole. It is, therefore, essential that the information they convey be accurate and helps in building additional awareness. However, clinical experience does not influence the knowledge, attitude and practices regarding breast cancer. Nurses, being the prime part of the healthcare professionals, play a significant role and hence, their awareness regarding this pressing issue is pertinent. Lack of awareness regarding common presenting symptoms or breast cancer risk factors translates to poor breast cancer screening practices and late diagnosis. Methodology: A cross-sectional study of 280 female nurses was conducted at a tertiary care hospital in Islamabad, Pakistan. A pre-tested structured questionnaire with additional variables like cultural barriers to seeking medical help was used. The scores for outcome variables including knowledge, attitude and practices were pre-defined. Data was analyzed using SPSSv23. Results: Of the 280 participants with a mean age of  $28.99 \pm 9.98$  years, 142 (50.7%) were married, and 138 (49.3%) were unmarried. Mean scores were computed to be  $6.14 \pm 2.93$  (out of 12),  $0.30 \pm 0.7$  (out of 3) and  $9.53 \pm 1.92$  (out of 16) for knowledge, attitude and practice respectively. Using independent sample T-test, a statistically significant correlation was found when means for the score of Attitude was compared with age. With a p-value of 0.018, 117 nurses of age more than 30 years, faced more practical, financial, emotional and service barriers as compared to 163 women younger than 30 years of age. Knowledge of age-related lifetime risks was also significantly poor more in single women; with a p-value of 0.006 for identification of correct age as a risk factor and a p-value of 0.005 for correct identification of risk for development of breast cancer in the lifetime of women. By application of Chi-square test, there was a significant correlation between marital status and cultural barriers to seeking medical help, showing that single women (58.7%) shy away from talking about breast cancer considering it a taboo (p-value 0.028) whereas, more married nurses (59.2%) were apprehensive that they might be considered at fault by the society, as compared to 40.8% of single nurses. (p-value 0.038). Conclusion: Owing to the scarcity of awareness among nurses, this study recognizes the need for delivering effective information to the female nurses regarding breast cancer. Educating patients is likely to be effective if the female nurses play their part and have correct attitudes towards breast cancer practices. A better understanding of the knowledge and practices regarding breast cancer among the nursing population will enable high-risk patients to be recognized early. Therefore, we recommend arrangement of special courses and seminars for all healthcare professionals including the nursing staff.

**Keywords :** breast cancer, cultural barriers, kap, nurses

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