

# ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING BREAST CANCER AMONG HEALTH CARE PROFESSIONALS OF TERTIARY CARE HOSPITAL

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## ABSTRACT

**Objective:** To evaluate the knowledge and practice of risk factors, symptoms and screening for breast cancer amongst health care professionals.

**Material and Methods:** It was a descriptive cross sectional study conducted in a Tertiary care Hospital of larkana Sindh-Pakistan from June 2016 to feb 2017. A total 500 questionnaires were distributed among the health care professionals of tertiary care Hospital of larkana, the sample was taken using the sample random technique. From a total of 500 about 485 returned the filled questionnaire leaving the response rate 97%.

**Results:** From the total sample, 54.(63%) were females and 45.(36%) were the males. Among the health care professionals 92% consultants were aware that obesity is one of the risk factor for breast cancer and the 75% nurses were knowing the same. Moreover 80% Pharmacist are knowing that late menopause is a risk factor for breast cancer and 62.7% dispenser were knowing this.

**Conclusion:** Health care professionals have fairly good awareness regarding the risk factors, symptoms and role of mammography.

**Keywords:** Knowledge, Attitude, Practice, Breast cancer, Health professionals

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## INTRODUCTION

Breast cancer is widely recognized malignancy causing mortalities and tumor concerned morbidities among ladies. This tumor is influencing both the developed and the developing countries. Pakistani ladies are not the only victim of this disease.<sup>1-2</sup> In reality frequency of breast malignancy among Pakistani ladies is more comparatively to ladies of neighboring countries. One in each 9 females is suffering from breast cancer. Dietary or hereditary variables can both be embroiled.

This has likewise been discovered that Pakistani ladies show metastases at younger age when contrasted with western ladies and disease is very chronic. Various potential elements are related to breast malignancy.<sup>3-4</sup> One noteworthy hazard factor is the risk is increasing with increase in age. The genetic history including individual or both is very strong cause for the breast cancer as well as few particular hereditary changes and hyperplasia which are affirmed by biopsy. Moreover elements which are potential to cause breast malignancy are: a premature menarche and late menopause, stoutness after menopause, utilization of iatrogenic hormones (both oral contraceptives and postmenopausal hormone treatment are involved), infertility principally the youngster crossing 30s', or using liquor on regular basis are more prone.<sup>4-5</sup> The optimum life quality lies in the early diagnosis and then to exercise the proper

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therapy. Breast self-examination (BSE), clinical breast examination (CBE) and mammogram are utilized as diagnostic techniques to confirm breast tumor disease on the initial basis. Among those, yearly mammography is accepted and supposed to be very valuable strategy to distinguish breast cancer at the early stage, where it will even now be a well structured development and hence numerous receptive methods to therapy. Standard utilization of mammography as a diagnostic methodology triggered a decrease in breast malignancy mortalities. Hence, appropriate use of mentioned and other diagnostic tools requires awareness and training of the majority of health professionals and sound approach to hospital structure. Developing nations like our own fall behind in both the approaches<sup>6-7</sup>. Lack of awareness, among most ladies, with respect to basic knowledge showed manifestations or breast tumor risks components like poor breast malignancy screening practices.<sup>7-8</sup> Several investigations have demonstrated that enhancing ladies' familiarity with breast disease reduces the difficulty to detect and initiate effective therapy<sup>9-11</sup>. Healthcare experts are having key position and direct way of knowledge for patients & has access to overall population . Since the health professionals have the imperative role thus it is very important that the awareness they pass on is exact and conducive to spread extra awareness<sup>12-13</sup>. Breast tumor is one of the major problem prevailed among women globally<sup>15-16</sup>. It is effecting especially the ladies having age 50 or more than this<sup>17-18</sup>. If the breast cancer is not paid proper concentration than it can pose a serious threat to the patient and the more economical burden on the families than on the country.<sup>19-20-21</sup> Consequently health professional workforce of the tertiary care Hospital of Larkana were chosen to be objective sample of current research. The object of current research was to assess the level of learning of medicinal services experts regarding breast cancer and with respect to risk elements, manifestations, diagnosis techniques and routine with regards to BSE, part of surgery, chemotherapy and radiation treatment/ use in therapy of breast cancer.

## MATERIAL AND METHODS

The descriptive cross-sectional study was done at the tertiary care Hospital larkana Pakistan from June 2016 to Feb 2017. Sample was chosen by sample random technique. The required data acquired from a self-directed questionnaire that was distributed among the Specialists, residents, interns, nurses and Pharmacists at tertiary care hospital of larkana. As the matter of fact no standard questionnaire on breast

cancer knowledge was accessible, so researchers developed a questionnaire carrying queries regarding basic knowledge of breast cancer and common beliefs in regards to breast cancer. The 1st segment was on the respondents' academia and job background. While on the other part the questions those will highlight the subjects' information regarding hazard elements. Symptoms, diagnostic devices and therapy modalities of breast cancer. The 3rd part of the questionnaire was carrying the ladies subjects ' own particular practices with regards to screening, particularly BSE. The questionnaire circulated and, informed approval was gotten, a prompt feedback sought and questionnaire gathered back. Aggregate of 485 respondents out of 500 gave back/ returned filled questionnaires. SPSS form 19 was utilized to analyse the information. Ethical approval was sought from the higher authority of Chandka Medical College Hospital Larkana and verbal consent was sought from the subjects after telling them details of the research. Healthcare professionals who were interested in the study were included while those HCP who were uninterested, and who were no healthcare but part of hospital were excluded from the study.

## RESULTS

From 485 sample size 265 (54.63%) were females and 220 (45.36%) were males as shown in Table 1. Questions regarding knowledge of breast cancer questioned and feedback recorded as 'Yes', 'No' or 'Not Sure'. Table 2 shows the knowledge level about risk factors of different health care professionals. Knowledge about the symptoms of the breast cancer:

Table 3 shows the knowledge of health care professionals about diagnostic techniques of breast cancer. Knowledge attitude regarding the therapy: BSE (breast self-examination): There was particular segment for the ladies subjects for BSE. About 95 % of the sample size was in the favor that BSE is very effective early diagnosis of the breast cancer. However opinion difference was observed regarding the time 71% said it should be performed after one week of the menses 18% said just after the menses and remaining said that it should be done before the menses.

**Table 1: Gender distribution of sample.**

| Gender | Number with %ages |
|--------|-------------------|
| Male   | 220(45.36%)       |
| Female | 265(54.63)        |

## DISCUSSION

In the current study the main outcomes was to assess the knowledge level regarding risk factors of the breast cancer and awareness regarding the diagnostic

**Table 2: Knowledge regarding the risk factors (n=485)**

| Screening tools               | Consultant   | M.O | PGS | Nurses | Pharmacists | Dispensers | Residents | Interns |
|-------------------------------|--------------|-----|-----|--------|-------------|------------|-----------|---------|
| Mamogram                      | Yes(25)      | 74  | 103 | 73     | 09          | 36         | 45        | 71      |
|                               | No(-)        | 01  | 03  | 7      | -           | 4          | 03        | 6       |
|                               | Not sure(-)  | 03  | 2   | 8      | 01          | 3          | 4         | 04      |
| Ultrasound                    | Yes(23)      | 71  | 100 | 81     | 09          | 35         | 42        | 71      |
|                               | No(01)       | 4   | 03  | 03     | 01          | 04         | 04        | 06      |
|                               | Not sure(01) | 03  | 05  | 04     | -           | 04         | 6         | 04      |
| MRI                           | Yes(25)      | 72  | 101 | 70     | 08          | 34         | 39        | 67      |
|                               | No(-)        | 01  | 03  | 05     | 1           | 06         | 05        | 09      |
|                               | Not sure(-)  | 5   | 04  | 13     | 1           | 3          | 8         | 05      |
| BSE( breast self examination) | Yes(24)      | 63  | 92  | 71     | 07          | 26         | 34        | 54      |
|                               | No(-)        | 06  | 05  | 8      | 02          | 12         | 11        | 15      |
|                               | Not sure(1)  | 07  | 11  | 09     | 01          | 05         | 07        | 12      |

**Table 3: Knowledge about diagnostic methods for breast cancer:**

| Risk Factors            | Consultant   | M.O | PGS | Nurses | Pharmacists | Dispensers | Residents | Interns |
|-------------------------|--------------|-----|-----|--------|-------------|------------|-----------|---------|
| History of breast tumor | Yes(25)      | 65  | 96  | 73     | 08          | 34         | 41        | 63      |
|                         | No(-)        | 5   | 5   | 7      | -           | 6          | 9         | 14      |
|                         | Not sure(-)  | 8   | 7   | 8      | 02          | 3          | 2         | 04      |
| Increased BMI           | Yes(23)      | 68  | 95  | 66     | 07          | 29         | 35        | 61      |
|                         | No(01)       | 2   | 04  | 13     | 03          | 08         | 15        | 12      |
|                         | Not sure(01) | 08  | 09  | 09     | -           | 06         | 02        | 09      |
| Genetic History         | Yes(25)      | 73  | 99  | 73     | 09          | 36         | 41        | 69      |
|                         | No(-)        | -   | 02  | 04     | -           | 5          | 4         | 5       |
|                         | Not sure(-)  | 5   | 07  | 11     | 1           | 2          | 7         | 7       |
| Late Menopause          | Yes(24)      | 65  | 81  | 61     | 08          | 27         | 38        | 51      |
|                         | No(-)        | 07  | 12  | 09     | -           | 09         | 09        | 18      |
|                         | Not sure(1)  | 04  | 15  | 18     | 02          | 07         | 05        | 12      |
| Early menarche          | Yes(19)      | 57  | 77  | 40     | 07          | 19         | 31        | 29      |
|                         | No(02)       | 12  | 14  | 20     | 1           | 11         | 15        | 17      |
|                         | Not sure(04) | 09  | 17  | 28     | 02          | 13         | 06        | 35      |
| Smoking                 | Yes(20)      | 60  | 72  | 48     | 08          | 21         | 34        | 33      |
|                         | No(04)       | 11  | 22  | 27     | 01          | 18         | 13        | 23      |
|                         | Not sure(01) | 7   | 14  | 13     | 01          | 04         | 5         | 25      |
| Increase In Age         | Yes(23)      | 65  | 88  | 58     | 09          | 22         | 31        | 40      |
|                         | No(1)        | 5   | 8   | 14     | 01          | 15         | 10        | 31      |
|                         | Not sure(1)  | 8   | 12  | 16     | -           | 08         | 11        | 12      |

tools of breast cancer. Breast malignancy is the most widely occurring disease and the most well-known reason for tumor triggered mortalities in ladies globally<sup>14</sup>. The burden however, isn't similarly divided as concern of breast cancer is arising in developing nations which is far higher than western countries<sup>15</sup>. The frequency

in our nation is very high too. Health care providers not just play a critical part in treating patients but on the other hand responsible to enhance the patients' behaviour and detecting, as year wise mammography and clinical breast examination is the very essential tool which doctors use to lessen suffering and deaths due to

breast cancer. Outcomes of current study with respect to knowledge about the majority of the risk elements are very satisfying. Many subjects, somehow, didn't know about late menopause as a potential risk factors. The symptoms of the breast cancer are very important to be kept in the mind. Most of the ladies ignore painful breast lump which is also one of the indication of breast tumor, therefore the proper knowledge regarding signs and symptoms should be conveyed<sup>16</sup>. The majority of the sample thought regarding BSE and mammography as diagnostic techniques however not for Ultra Sound and MRI. In spite of the fact the majority thought about the significance of BSE, this was not clear from their perception as general routine with regards to BSE was little. Information regarding therapy of breast tumor observed sufficient as most of them observed against single modality approach. Local data regarding matter is limited because just three different examinations that could be referred to, to be specific; a KAP on Breast malignancy by Daghighaleh H et al. carried out among female medical nurses and doctors of Services hospitals Lahore, KAP by Mahbobi A with respect to breast cancer screening in ladies belonging to different social status and kap study on breast cancer at Agha Khan university by shiyam kumar. Comparing our results and the examination by Daghighaleh H et al. We observed that soundness of awareness is practically identical however the practice of BSE is greater in our specimen (76% among nurses when compared with their 5%; 46% among ladies doctors when contrasted with their 25%). The practice of BSE seen more in respondents' of current study when compared with examination by Mehdi-pour P et al done in Tehran, however it was less in comparison with the level observed in Singapore study. In the examination on awareness and understanding of breast malignancy screening among public health nurses by PN Chong.<sup>9</sup> The level of knowledge, nonetheless, was comparative. The part and value of BSE in distinguishing breast growth at beginning period is disputable as there are opinions about favoring it and few are refuting its significance. The American Cancer Society (ACS) doesn't suggest month to month BSE as it builds tension, extent of breast biopsies, biopsies for benign lesions and does not enhance total survival. Despite a meta-analysis of studies researching advantages of BSE demonstrated that standard practice expands likelihood of identifying breast cancer at an initial period. Hence BSE ought to be proceeded as a detective approach because it trains the ladies more 'to breast cancer awarded' thus can be conducive in quick detection<sup>20</sup>. The outcomes of current study on ultrasound and MRI for screening are clarified in a way that albeit both are valuable instruments, nor is prescribed, so far, as screening modalities. A ultrasound is viewed as

valuable in determining a lesion seen on mammography and addressing on its harmful potentiality; a screening MRI is esteemed better than a mammogram in intense prone populace. A huge comparisons were acquired concerning sex or marital status<sup>21</sup>. This immensely accentuates the significance of indispensable medical issues awareness for all healthcare professionals customized to their level, since this is basic for them to be familiar with data regarding imperative therapeutic issues particularly because of their parts as public educators.

## CONCLUSION

Health care professionals of tertiary care hospital has sound awareness regarding the risk factors, signs and diagnostic tools of breast cancer.

## RECOMMENDATIONS

Female should undergo examination of breast and armpit every year. Apart from this BSE should be performed on monthly basis, since it is very much conducive for the early detection and makes the women more breast aware. The women who are aged more than 40 year should have mammogram after every two years as it can assess the lesion and its' malignancy potential. Apart from this breast ultrasound in line with mammogram is very much effective to evaluate the clinical aspect of abnormal breast tissue.

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#### **AUTHOR'S CONTRIBUTION**

Following authors have made substantial contributions to the manuscript as under:

**Mangi AA:** Study design and final article review.

**Juno AA:** Concieved idea.

**Malhani WA:** Collection of data.

**Lund N:** Manuscript writing.

**Shah SMM:** Literature search.

**Joyo SA:** Literature review

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.