

Early Detection of Breast Cancer by Self-Examination: The Influence of Perceived Barriers and Health Conception

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Purpose/Objectives: To discover the factors that influence the decision to perform breast self-examination (BSE).

Design: Quantitative, correlational.

Setting: Institutional; urban and suburban.

Sample: A nonrandomized convenience sample of 93 women.

Methods: Willing participants were asked to complete by mail a short demographic form, the Reduced Laffrey's Health Conception Scale, Champion's Health Belief Instrument, and a BSE questionnaire.

Main Research Variables: Health conception, barriers to BSE, frequency and thoroughness of BSE practice.

Findings: A wellness conception of health and frequency were not significantly related, nor did a significant relationship exist between a wellness conception of health and thoroughness of BSE. A negative relationship between barriers and thoroughness was highly significant. A statistically significant relationship did not exist between barriers and frequency of BSE.

Conclusions: Those with a clinical conception of health practiced BSE less frequently. If health is viewed as the absence of disease, BSE may be perceived as looking for trouble. Subjects with greater barriers were less thorough when they practiced BSE. The specific barriers tested in this study (i.e., feelings about practicing BSE, worry about breast cancer, embarrassment, time, unpleasantness of procedure, lack of privacy) interfered more with the thoroughness of the behavior than with the frequency of the behavior. The most reported barrier was worry about breast cancer. The data suggest that worry may interfere with performing BSE thoroughly.

Implications for Nursing: This work offers insight into the thoughts and behavior of women to promote a behavior that could save their lives. Potential implications for nursing practice could include issues related to better education and assessment of barriers to practicing BSE in women.

Key Points . . .

- ▶ The thought of a cancer diagnosis often promotes fear and anxiety.
- ▶ Worry data suggest that worry may interfere with practicing breast self-examination (BSE) in a thorough manner.
- ▶ Thoroughness of BSE practice may be improved by addressing barriers, such as worry. Nurses are in a unique position to do this.
- ▶ Women who view health as the absence of disease practice BSE less frequently.

Salazar (1994) studied 52 working women between the ages of 21–65 and reported that nearly 29% of the sample performed BSE. Lierman et al. (1990) investigated 93 women and found that 47 women (51%) performed BSE.

Motivating a woman to perform a simple, potentially life-saving behavior remains a challenge. Barriers to BSE have been studied in relation to frequency of BSE among samples of predominately Caucasian women (Champion, 1985, 1987, 1992). Although frequency of examination is an important part of BSE, thoroughness also must be considered. What barriers are related to frequency and thoroughness of BSE practice in a racially diverse group of women? Perhaps the importance women place on taking control of their health is influenced by factors such as health conception or the women's perceptions of the meaning of health.

Breast Self-Examination Behaviors

The behavior of BSE is very different from other early detection behaviors in that it is a personal behavior that does not always depend on professionals or healthcare facilities. Regular and thorough BSE can detect smaller lumps than accidental detection of breast cancer (Susan G. Komen Breast Cancer Foundation, 2000). In addition, women are more likely to conduct accurate assessments if they learn to detect subtle differences in breast tissue and distinguish normal from questionable breast tissue.

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Breast self-examination (BSE) is an early detection behavior that has been advocated by the American Cancer Society for approximately 25 years. Women must learn and incorporate the behavior into their healthcare routines because the earlier lumps are detected, the sooner they can be evaluated and treated. Although the behavior of BSE has been advocated for years, monthly practice rates are very low (Lierman, Young, Kasprzyk, & Benoliel, 1990; Salazar, 1994).