Nurse intervention in cervical screening programmes

Nurses deliver care to patients in an ever-changingenvironment that revolves around changes in local and governmental policies aswell as technology and pharmaceutical advancement for effective practice,(Ellis, 2016). According to Nursing and Midwifery Council (NMC) Code of Conduct(2015), nurses assess patients' needs and deliver timely, efficient andeffective patient care based on the best available evidence. Evidence BasedPractice is the integration of best research evidence with nursing practice andpatient needs and values to facilitate effective care, it also promotesquality, safe and cost-effective treatment for patients, families, healthcareproviders and health care system, (Brown, 2014; Craig and Smyth 2012). Thisassignment aims to explore an area in nursing, identifying gaps between theoryand practice. Using research and discussing strength of the literature andovercoming related issues in the specified area.

The assignment will focus on barriers to cervical screening and nurses' intervention to improve screening programmes. Cervical cancer screening can be detected early and treatment of precancerous cells and cervical cancer, (White et al., 2015) continues to exist. Cervical cancer starts from a pre-invasive stage known as cervical intraepithelial neoplasia (CIN) however, it can be detected through cervical screening, (Foran et al., 2015). Cervical cancer is the second most common cancer among women globally after breast cancer, (World Health Organization, 2016). According to the Department of Health (DH) (2012a) detecting cervical cancer at an early stage can prevent around75% from developing. World Health Organization (WHO) (2015a) asserts that prevention and early detection of cervical cancer is cost –effective and a long-term strategy. Hoppenot et al (2012) points out

that screening can reduce incidence and death rates. Research shows cervical screening is associated with improved treatment for invasive cervical cancer, (Andrea et al., 2012). This highlights the importance of cervical screening programmes.

Cervical screening reduces the occurrence of cervical cancer and research shows it prevents approximately 4500 deaths annually in Britain, (Bryant, 2012). In England, there is an invitation for screening for women aged 25-64. Women aged 25-49 should attend screening appointment every three years and women aged 50-64 every five years, (Health and Social Care Information, 2012). However, the last fifteen years has seen a gradual increase in more women being left unscreened for five years or above, from 16% in 1999 to 22% in 2013 (Health and Social Care Information Centre, 2013). Research shows differences in screening is among women who are younger, lower income earners, less educated or women frommminority ethnic backgroundand sexually abused women, (Waller et al., 2012; Cadman et al., 2012; Marlow et al., 2015; Albrow et al., 2014).

A comprehensive search of databases for literature reviewnamely, Medline, Science Direct, CINAHL, National Institute for Health and CareExcellence (NICE) and Cochrane. An advance search strategy including ‘ CervicalScreening, Barriers to Cervical Screening, Early Detection Cervical Cancer andCervical Screening Adherence’. The search was refined to literature in the pastfive years and incorporated international literatures from United Kingdom, Australia, Sweden and Korea to give an insight of those barriers from a globalperspective.

Firstly, as regards discussion of non-attendance amongwomen from minority ethnic background. Marlow et al (2015) conducted bothqualitative and quantitative study titled ‘ Understanding cervical screeningnon-attendance among ethnic minority women in England’. The study investigatedand compared differences in attendance among 720 women from minority ethnicbackground and White British women. For clarification purpose, ethnic minorityare black, Asian and minority ethnicity (BAME). The study found that BAME womenwere less likely to attend cervical screening with 44-71% non-attenderscompared to 12% white British women. This highlights the need for moreintervention by nurses to improve practice. Reducing inequality in cancerpathway particularly among minority ethnic groups is a policy priority (Dept. of Health 2011).

Marlow et al (2015) found that women from ethnic minorityviewed that they were not sexually active so they did not have to do the test. This is an important aspect for nurses to educate in order to improve practiceand to promote attendance with educational materials in various languages forbetter interpretation. The study also found 65% women from minority ethnic backgroundbelieved they do not need to attend smear test in the absence of any symptomscompared to 6% white British women. These barriers are primarily associatedwith lower education and lower socio-economic status, (Fang and Baker, 2013). It is surprising that women are still notaware of cervical cancer screening when people should have received letters andleaflets as part of the NHS programme, this highlights that women who havenever attended screening had not read any information, (Kobayashi, 2016). Furthermore Benito et al. (2014) argued that nursing

activities were mainly inareas namely health education and promotion, clinical, research, training, andprogram evaluation. Nurses' intervention to educate thereby improving knowledgeand understanding of cervical cancer and the benefits of screening isessential.

In addition, participants had deep-seated personal opinionsincluding fear and embarrassment. Ethnic minority women were more likely to befearful and preferred female health practitioner. To improve practice supportgroups in the community may be a good avenue to discuss about screening. Theseinterventions should lay emphasis on the efficacy of cervical screening andaddress concerns regarding shame and embarrassment. The main strength of thisstudy is information from a large population that makes it a relevant and reliablestudy to improve cervical cancer screening programme.

A qualitative study conducted by Cadman et al (2012) titled' Barriers to cervical screening in women who have experienced sexual abuse; anexploratory study. Women from the age oftwenty and above who visit the Website of the National Association for PeopleAbused in Childhood (NAPAC), a United Kingdom Charity who provide support andinformation for people from abusive background were invited to complete aweb-based survey of their opinions and experiences of cervical screening. Thissurvey included closed questions assessing social class, screening history andpast records of abuse. Participants indicated the type of abuse they hadexperienced either physical, sexual, emotional, neglect, spiritual or any otherform of abuse. Study shows women who have a history of sexual abuse are at riskof gynaecological problems and cervical neoplasia compared to women who havenot. Women who have been sexually abused are more likely to smoke,

take drugsand consume alcohol. The study revealed that a number of barriers impeded theirattendance and adherence to cervical screening including embarrassment, lack oftrust on meeting someone for the first time, gender of smear taker, pain, tension, fear and anxiety. The findings indicated that some study participantsmade remarks about the intrusive nature of the test. Some participantsmentioned they were not comfortable with interventions performed while on theirbacks. The argument suggest that womenwho have history of sexual abuse may be fearful and anxious because oftriggering memories of the trauma so they may avoid such responses which istrue therefore this study is valid and reliable. In relation to evaluation andanalysis of the study, the findings also revealed that further training shouldbe provided to increase nurses' knowledge and sensitivity. NMC Code (2015) points out that health careproviders respect individual choices and deliver care without delay. In an event of a sensitive discussion, nursesare required to ask patient preference and should remain professional notexpressing any sign of shock. Fujimori et al. (2014) argues that to attaineffective communication, nurses should inquire patients' preferences andexpectations at the start of the screening process. To improve this skill canbe taught in communications skills training which has proven to be an effectiveapproach. Nurses could show empathy by explicitly asking women about theirexpectations of the screening encounter and whether they have any concerns. This may help to surface issues that the nurse and patient could tackle togetherto minimise anxiety and fear. For example, it could be to provide the option ofa female practitioner for the cervical screening appointment, maintain dignityand sensitivity. Effective communication between nurses and patients isessential. To achieve this, however, nurses

must be sensitive to their specificneeds and demonstrate empathy. Having nurses who are adequately trained withspecial knowledge of abuse is essential. There should be interventions such ascounselling and support activities as part of ways of ensuring that they attendscreening. This is particularly important at cervical screening appointmentsfor sexually abused patients to deliver safe and sensitive practice.

The Waller et al (2012) conducted a qualitative studyevaluating differences to barriers among women from different ages. Thestudy interviewed practitioners workingin the screening programme and other related charities as well as women whonever attended screening focusing on their views on how age can influence non-attendance and non-adherence in cervical screening. The study found that womenwere classified into two distinct groups, which were those who wanted to go forscreening but did not attend which consisted younger women and others who haddecided not to attend were mainly older women. Wardle (2016) argues thatnurses' intervention at improving uptake could be beneficial by consideringdifferent approaches for various age groups to improve practice.

The findings of the following analysis identified barriersthat included many described in other studies namely fear of discomfort, pain, embarrassment and lack of education. There is a reliable argument thatproviding support with when, where and booking an appointment is effective. Additionally one of the key themes emerging from the study is that older womenare more conscious about their bodies as they age. For example, one participantdiscussed about changes in her self-image as she grew older and how it hasaffected her self-esteem and how she feels reluctant to undergo

invasiveprocedures. Nurses could encourageaction by reassuring older women and to remind them of the importance and benefitsof cervical screening. Sabatino et al (2012) argued that effectivecommunication improves cervical screening.

This systematic review by Albrow et al (2014) found similarfindings with Waller et al (2012) further evaluated the influence ofintervention in cervical screening evidence uptake amongst women less than 35years. The findings from the study increased validity and reliability from theargument that younger women are less likely to attend cervical screening. Ninety-two records were screened and four studies investigated. One of thestudies evaluated the use of invitation letters and reported no significantincrease compared to standard invitation. Three studies investigated the effectof reminder letters. Study participants described how screening was yet anotherdemand on their time and often competed with work and childcare, which are ofhigher priority. For others, they could not attend due to inconvenientlocation, fear, discomfort and embarrassment, (Waller et al., 2012). There wasa widely view among 30 year old women as sickness was associated with old ageand felt they had no reason to attend screening (Blomberg, 2011). Analysis ofthe findings indicate an increase in thenumber of women attending cervical screening after receiving reminder letterscompared to those that were not given, however the increase was relativelysmall. For this reason, cervical screening programmes need to look beyond theuse of invitation and reminder letters among younger women and to develop otherinterventions to overcome as many barriers. Another study reported no increaseamongst women aged 20-24, although in some places

these women are below the agethreshold. However, the same study reported an increase among 25-29 (95%) and30-34 that also reported (95%) increase. It could be argued that there is someevidence to suggest that reminder letters had positive effects on adherence tocervical screening programmes. The results also showed that telephone reminderfrom a female nurse, which had 6. 3% and 21. 7% increase. The study also reported2. 4% increase after a physician reminder. In evaluation of how nurses canimprove practice among these, age group there is a need to remove practicalbarriers and provide other incentive methods that includes mass media campaignsand educational intervention. There are so many users of social mediaespecially within this age group and if used properly it will play asignificant role in creating awareness and educating patients (Merolli et al., 2013). Concerning low perceived risk, this may relate to misperceptions of thepurpose of the screening programmes with patients focusing on detection ratherthan prevention of cervical cancer. Again, patients should be empowered through social support in the community. In addition, nurses can educate, givinginformation regarding importance and benefits of cervical screening. Lastly, the review of GP incentive such as nurses providing flexibility in appointmenttimes and out of clinic days will improve practice.

In conclusion, cervical cancer is preventable andrelatively easy to diagnose. Several barriers upon women’s decision to attendcervical screening programme have been identified. Given this, there is a needfor how women view cervical cancer and make screening decision. This assignmentcollates available evidence in order to investigate potential psychosocialinfluences on women from different perspectives. It is essential that patientsadhere to

nurses' advice and educational interventions. In order to improvecervical cancer patient experience, there is a need that nurses receiveadequate training and develop skills that can improve practice. One possiblestrategy is being sensitive to the screening process as a result of itsintimate nature combined with effective communication. Nurses can play animportant role in treating patients with dignity, respect and showing empathy. This can make a difference to all women most especially women who haveexperienced sexual abuse. Another contributing factor is to respect patients'choice; an example is providing preferred gender of the sample taker. Thiscould encourage more attendance and adherence to the cervical screening programme.

PART 2

Reflective practice is essential to nursing profession. Mysearch for the best evidence for cervical cancer screening interventions beganby doing literature search. Designing a research study is an advanced andcomplex skill that requires clinical experience as well as analysing andevaluating the research design. While doing my research I focused on the needsof patients and effectiveness of nursing interventions. The result of my searchenabled me acquire knowledge and skills in patient care by extensive literaturesearch using electronic databases and advanced search with combined words. Discovering how to refine my search using full text and finding up to dateevidence in the last five years. Myskills have greatly improved using electronic databases. This was done in orderto obtain relevant up to date search. NMC (2015) requires nurses use up to dateevidence and competent to practice. Such insight in itself is relevant

tonursing competency and can help to improve patient care. I read and understood articles relevant tonursing practice, clinical expertise and understanding patient values. Readingthe research articles and reflecting on each one, identifying assumptions, keyconcepts and methods and determined whether the conclusions were based on theirfindings. Appraising the steps of the research process in order to criticallyanalyse and use it to inform practice. This developed my assessment skills andI was able to identify valid and reliable studies. Reviews and ratings of theevidence resulted in recommendations for practice. According to NationalInstitute of Nursing Research (NINR) 2013, nursing research is defined asresearch that involves and develops nursing care in order to promote patienthealthcare. Nurses play an important role in the National Health Service (NHS)they provide front line services, support patients and contribute to healthresearch. Furthermore, research generates knowledge for nurses and contributetowards health care (Parahoo, 2014). I am more enlightened about the importanceof analysing and evaluating research studies, which helps nurses to acquiremore knowledge and be up to date with evidence thereby promoting patient care. Itis evident that evidence base practice will continue to have great impact onthe professional practice of nursing. Evidence based practice is important innursing because it improves patient outcomes, care is delivered moreeffectively and efficiently and it minimises error, (Houser, 2016). I have acquired more knowledge, skillsduring the duration of this evidence based practice assignment and recognisedmy strengths, and areas that I needed to improve on.

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