Health Promotion-Breast Cancer Awareness

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Health care providers strive to not only treat patients while they are sick, but also encourage healthy living and health promotion. The World Health Organization (2012) define health promotion as being able to enable people to improve and increase their control over their health, not only on the actual individual behavior but to a vast range of environmental and social interventions. Health promotion is moving people into their optimal health by changing their lifestyles (Dunphy, Winland-Brown, Porter, & Thomas, 2011). Optimal health incorporates a balance of psychological, physical, and spiritual health (Dunphy et al., 2011). Nurse practitioners aid in health promotion not only during sick exams, but on routine annual exams by educating patients on healthy lifestyle choices, disease prevention, immunizations, and many more. By promoting health, the nurse practitioner allows the patients to take an active role in their health. Health promotion consists of three levels. The levels are primary consisting of disease prevention; secondary which is early screening of disease; and tertiary consisting of restoring health after disease has happened (Dunphy et al., 2011). Breast cancer awareness will be discussed in the following paragraphs, specifically focusing on primary and secondary prevention.

Breast Cancer

Breast cancer happens when breast cells divide and grow, not having usual control (Susan G. Komen for the Cure, 2012). Approximately somewhere between 50 to 75 percent of cancer in the breast begin in the ducts, 10 to 15 percent of breast cancers start in the lobules, and a small percentage start in other various breast tissues (Susan G. Komen for the Cure, 2012). In women, breast cancer is the most common cancer, regardless of ethnicity or race, and in Hispanic
women, it is the most common cause of death (Centers for Disease Control, 2011). In white, Asian/Pacific Islander, black, and American Indian/Alaska Native women, breast cancer is the second leading cause of death from a cancer (CDC, 2011). With breast cancer being so common in women, it is imperative to detect it early. Some risk factors for breast cancer include but are not limited to age, early menarche, chest wall radiation, family history, atypical hyperplasia, late menopause, sex, race, hormone therapy, obesity, parity, and alcohol consumption (Ko, Files, & Pruthi, 2012). However, age itself is one of the greatest risk factors (Ko et al., 2012). Possible signs and symptoms of breast cancer can include a hard, painless mass that has irregular edges and also some experience a soft, tender mass that can be rounded (American Cancer Society, 2012). Some other possible signs and symptoms of breast cancer are a new mass or lump, skin irritation, dimpling, swelling of part or all of the breast, nipple or breast pain, redness, thickening of the nipple, nipple retraction, or nipple discharge differing from breast milk (ACS, 2012). However, there may not always be signs and symptoms of breast cancer. Nurse practitioners can play a vital role in health promotion for women to get proper screening in relation to their breast health. There are three methods of screening that will be discussed including the breast self exam, clinical breast exam, and mammogram.

**Breast Self-Exam (BSE)**

Breast self exam is having a woman use her own eyes and hands to methodically examine her breasts for skin changes, shape changes, and for unusual lumps and/or masses (Corbex, Burton, & Sancho-Garnier, 2012). This self-exam is more than just touching and feeling the breasts; it is a way for women to get to know their own breasts so that they can report any changes to their health care provider (Corbex et al., 2012). Health care providers should teach women the methods of the BSE and should then review the technique the woman is performing.
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(ACS, 2012). Women should be told about the limitations and benefits of BSE, and that not every change is cancer (ACS, 2012). The American Congress of Obstetricians and Gynecologists (2012) explain the systematic approach to be taken and that the BSE should be performed in good light, involving standing in front of a mirror to look and then lying on the back to feel the breast (see Appendix A). Breast self-exam is a simple task that women can incorporate into their routine on a monthly basis. By starting this at a young age, women can form a habit of performing BSE throughout their lives, making them more aware of any changes.

**Clinical Breast Exam (CBE)**

A health care provider performs the CBE by using a hands-on approach to examine and inspect both breasts, usually taking 7-10 minutes for it to be performed efficiently (Corbex et al., 2012). In the CBE, the health care provider will begin by looking at both breasts, checking for changes and/or abnormalities (ACS, 2012). Then the provider will gently palpate both breasts using the pads of the fingers, paying special attention to texture, shape, lumps and if the lumps are in deep tissues or if they are attached to skin. Attention will also be giving to the under arm area and them lymph nodes there (ACS, 2012). Beginning in their 20s and 30s, women should have CBE by their health care providers at least every three years, and beginning at age 40, it should be yearly (ACS, 2012). The CBE is a simple exam that could detect important changes in a woman’s breast.

**Mammogram**

A mammogram can either be a diagnostic or screening mammogram, and it is a breast x-ray (ACS, 2012). During a mammogram, two plates compress the breast, spreading and flattening the breast tissue to give a good view. The whole procedure takes approximately 20 minutes, with the compression aspect only lasting a few seconds (ACS, 2012). The amount of
radiation that is used in mammograms is the lowest dose possible and does not significantly raise the risk of breast cancer (ACS, 2012). Mammograms do not determine if an abnormal area is cancerous; a biopsy of that tissue determines whether it is cancer after viewing the tissue under the microscope. Sometimes, if a woman finds a lump, a biopsy may be recommended even though the mammogram is normal because mammograms typically are performed to find cancer that cannot be felt (ACS, 2012). Mammograms should be performed every year for women age 40 and up and these women should continue to get screened as long as they can (ACS, 2012). Mammograms are effective in detecting abnormal growth in the breast and in combination with the above screening, could greatly reduce breast cancer. Because breast cancer is the most common cancer in women and the first and second leading cause of cancer related deaths, it is imperative for women to act early by utilizing appropriate screening and detection techniques (CDC, 2011).

**Health Promotion Project**

**Implementation**

Two local clinics were utilized for the health promotion project, one being a women’s health clinic and the other was a family practice. After collaboration with several health care professionals, it was determined that one common theme among women patients was the patients were not performing and not knowing how to perform BSE. The population at both clinical sites combined was mostly consisting of Caucasian and African American females, most of which have insurance. Most patients state that they simply do not remember to perform the exam monthly or do not want to take the time to do so. The patients as a whole wanted the CBE, and understood the need for a mammogram when the time comes. Some patients cite that they trust their health care provider in performing the CBE to find any unusual findings and that they did
know if they could do that to their own breasts. Education on BSE and breast cancer awareness as a whole took place at annual well-woman exams by the Primary Care Nurse Practitioner (PCNP) student.

**Design**

The project design was focused on annual well-woman exams at both clinics performed by the PCNP student. Educating female patients about the benefits of BSE, CBE, and mammograms was the goal of the project, as well as teaching patients how to perform BSE. Upon entering the room, the PCNP student reviewed that they would perform a CBE to detect for any abnormalities of the breast and obtained verbal consent from the patient. While performing the CBE, the student educated the patient on how to perform SBE and the importance of getting to know your own breasts as well as reporting any changes to the health care provider. The student also taught about the importance of receiving a yearly mammogram beginning at age 40. Common breast cancer risk factors were also reviewed with the patients. A handout was given to the patients to keep on how to perform BSE as well as some quick facts about BSE (see Appendix A). In addition to time at the end of the exam for questions, time was also given for the patient to ask questions throughout the examination. The evaluation of the patient was assessed by having the patients explain the importance of the BSE, CBE, and mammogram and the ages to begin the mammogram. The patient was also evaluated on how they performed their own SBE.

**Delivery**

A handout was given to the patients at both clinical sites for them to take home and use as a reference if needed on the BSE. The Health Promotion Model by Nola Pender was used to assist with the health promotion project. This model encompasses the components of individual
experiences and characteristics, behavior-specific affect and cognitions, and behavioral outcomes (Pender, Murdaugh, & Parsons, 2011). The first component, which is individual experience and characteristics encompass previous experiences possibly at a prior women’s health appointment, prior CBE, or prior mammogram. If the patient has had a bad experience or felt uncomfortable with what was happening, she may be more hesitant to have the same thing performed again. The next component is the behavior-specific affect and cognitions would include the patient’s perception of the benefit of the screening. If she perceives the screening to be beneficial, she will be more likely to have the screenings performed and will be more likely to perform BSE at home. The last component is the behavioral outcome including the desired behavioral change which would ultimately be the patient changing their behavior end point to performing monthly BSE. For women age 40 and older, the behavioral end point would be making it to their scheduled mammogram appointment. This model helps to show background factors that could influence the health of the patient (Pender et al., 2011). Pender’s model can help change a person’s behaviors so that they may ultimately reach a healthier lifestyle (Pender et al., 2011).

Evaluation

During the implementation, 30 patients were evaluated with ages ranging from 20-72 years of age at their annual well-woman visit. The most common questions asked were if the patient was performing the BSE correctly and for those under age 40, the women wanted to know if they would be reminded about scheduling mammograms. Another common question was what they needed to do if they noticed something different in their breast. The patients questions were answered by the PCNP student and their fears were lessened. Overall, the patients appreciated the handout as a way to refer to when they were home performing the BSE. No patient reported that she would not perform BSE at home, no patient refused CBE, and for
the patients age 40 and above, no patient refused scheduling a mammogram. The patients were evaluated on their technique of BSE and before leaving, they were asked if they had any more questions. Patients were reminded of breast cancer statistics and were receptive to the information being taught. Patients were glad to have more knowledge in how they can be healthier and how they can be a part of examining themselves.

**Conclusion**

In conclusion, the project was successful in educating patients on breast cancer and how they can be active in early detection. Most patients were aware of the prevalence of breast cancer; however, not all of them realized that they could perform monthly BSE to detect for abnormal changes and getting to know their own breasts. The patients also were appreciative of the time taken into learning more about breast cancer awareness. One aspect the PCNP would change in order to make the project more effective would be to schedule the patients appointments 5-10 minutes longer in an effort to allow more time to focus on the breast. Some of the patients received the information in a more rushed time frame and may not have been given enough time to ask the questions they needed answered. In the world, breast cancer is the most prevalent form of cancer and cancer related deaths in women (Smith, Duffy, & Tabar, 2012). This health promotion project was informative not only for the patients, but for the PCNP student as well. By raising more awareness one patient at a time, there is a greater chance that breast cancer will be detected early and could potentially save lives.
References


The Breast Self-Exam
Breast self-awareness means being aware of how your breasts normally look and feel and reporting any changes to your healthcare provider. One way to learn what is normal for your breasts and to find any problems is to do a breast self-exam.

Looking
The self-exam should always be done in good light. Stand in front of a mirror. Place your hands on your hips, pressing down firmly. Look for dimpling, puckering, redness or scaliness of the breast skin or nipple, discharge from the nipples, changes in breast size or shape, or a nipple that has pulled inward or to the side.

Feeling
Lie flat on your back. To examine the left breast, place your left hand behind your head. With your right hand, starting in the underarm area, use the pads (not the tips) of your three middle fingers to feel your left breast.

Use overlapping dime-sized circular motions of the pads of the fingers to feel the breast tissue. Use three different levels of pressure to feel the breast tissue: light, medium, and firm pressure.

Slowly move your fingers down until you feel your rib cage. Move your fingers closer toward your nipple and go slowly back up to the collar bone in your neck, using the same dime-sized circular motions with your three middle fingers and three levels of pressure. Continue this up-and-down pattern all the way across your breast, from the underarm area to the middle of your chest.

Now examine the right breast. Place your right hand behind your head. Starting in the underarm area, use the middle three fingers of your left hand to feel the right breast.

Don't Forget
- When feeling in the underarm area, sit or stand and raise your arm slightly. Do not raise your arm over your head.
- Report any swelling or lump to your healthcare provider promptly.

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