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Practices and perceived barriers to colorectal cancer screening by nurses and physicians working in primary care settings: Implications for cancer prevention and nursing education

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Cancer is a leading cause of death worldwide and accounts for 7.6 million deaths annually. In the Middle East, an increase in cancer mortality of approximately 181% is expected during the next 15 years. We explored the barriers to colorectal cancer (CRC) screening in primary care settings in Oman. The participants were nurses (57.7%) and physicians (42.3%) with an average age of 32.5 years and clinical experience of 9.5 years. The majority (64.8%) of the participants reported that they rarely ordered, referred to, educated about, or recommended CRC screening for eligible patients. The factors perceived by nurses and physicians to have the most influence on their CRC screening practices were regular availability of patients who need CRC screening, continuing professional education about cancer prevention, availability of cancer specialists, and health facility policy about cancer screening. The only patient-related barrier to CRC screening rated as “major” by the majority of participants (63.7%) was patients’ lack of awareness about CRC tests. Significant differences existed between nurses’ and physicians’ rating of patient-related barriers, such as fear of finding out about a cancer diagnosis ($P \geq 0.05$), belief that screening is not effective ($P \geq 0.05$), embarrassment or anxiety about screening tests ($P \geq 0.03$), and culture ($P \geq 0.0$). The reported major system barriers to CRC screening were lack of hospital policy or protocols, shortage of trained healthcare providers, availability of screening services, and waiting time for screening appointments. These findings indicate a need to increase patient awareness and interventions to enhance healthcare providers’ practices. Nurse educators, researchers, and nurse administrators have major roles to play in cancer prevention.

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Coping with the experience of having a child with cancer: A Lebanese perspective

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Background: Families with a child with cancer face significant emotional and psychosocial stressors. The frequency of childhood cancer is increasing in Lebanon with more than 282 child diagnosed each year. This condition is reported to evoke a range of challenging emotions for parents, yet no studies reported about Lebanese parents’ coping strategies with a child with cancer.

Objectives: The purpose of the study is to gain more in depth understanding of the coping strategies of Lebanese parents with a child with cancer.

Methods: The study followed purposeful sampling and saturation principles in which 12 parents (mother or father) of a child were interviewed. Data were analyzed following the Utrecht School of phenomenology. Seven core themes emerged from the data describing the coping strategies of Lebanese parents with a child with cancer: the waiting time and the hospital stay; change in the couple’s relationship; siblings’ rivalry; social/family support; talking about it makes a big difference; dependence on God and communication style of health workers.

Conclusions: These results cannot be directly generalized, but they could act as a basis for additional research on which to base a development of a structure for an approach to care that endorses coping processes in Lebanese parents with a child with cancer.

Implications for Practice: Nursing and medical staff need to be conscious of parents’ coping strategies and its impact on the interaction process between the family and the health care team and the family dynamics.

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