

# Systematic Review Determinate the Barriers and Facilitators to Gastric Cancer

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## Description

Gastric cancer is the fifth most prevalent malignancy and the fourth leading cause of cancer-related death. GC is a tough challenge for the global cancer burden which adds over one million new cases and almost 769,000 deaths in 2020. Statistics showed that the incidence of GC is high in high-income Asia Pacific region and relatively low in high-income North America and southern and eastern sub-Saharan Africa. Approximately 44.1% of the new cases and 49.9% of the deaths are in China, making gastric cancer a particularly challenging malignancy [1-3].

## Introduction

What's more, the incidence of GC has been increasing among young adults in both high-risk and low-risk countries, which has caused heavy disease burden globally recently, the advancement of medical technology, changes in population structure, and healthcare policies have necessitated the need for healthcare workers to quickly adapt to changes in the medical field while maintaining a professional role. Nursing educational institutions also aim to educate professional nurses to solve health problems through theoretical and practical training. Clinical practise allows students to apply the theoretical concepts they have learned in school in a hands-on setting. It is a method for students to integrate and participate in knowledge and practise. The prognosis and survival rate of GC are closely related with cancer stages. Compared with the advanced stage, there is a significant improvement in the five-year survival rate of patients with GC in the early stage. Therefore, the early detection and treatment of GC are of great significance. Endoscopic screening is cost-effective in countries with high incidence of GC, which can increase the rate of early detection and early treatment of GC to slow down its progression to improve GC survival. However, the national GC screening program is carried out in a few countries with high incidence of GC such as Korea and Japan. In Singapore, the GC screening is targeted at high-risk populations. The national GC screening program is lacking in China and many other countries especially for those with relatively low incidence.

The previous studies revealed that the GC screening adherence was relatively low. The adherence of GC screening is influenced by many factors such as cultural differences, national policies, and personal related factors. However, few studies have comprehensively investigated the influencing factors of GC screening adherence. There are, however, significant differences in the roles and responsibilities of nursing students and professional nurses. Existing tools do not take into account the characteristics of nursing students because their questions assume that nurses, as members of the workplace, are licenced to perform medical practises.

Nursing students, on the other hand, typically practise observation, and existing tools measure excessive work. As a result, it is questionable whether previous quantitative studies accurately measured nursing students' transition shock. As a result, it is critical to concentrate on the unique experiences of nursing students experiencing transition shock through clinical practise. Furthermore, when transitioning from a familiar to a new clinical practise environment, it is necessary to understand how to deal with transition shock. The goal of this study is to better understand the nature and meaning of transition shock experienced by nursing students in clinical practise, as well as to collect data for the development of clinical practise conversion shock tools for nursing students [4,5].

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