

## QUALITATIVE

# During cervical screening, women desired good communication with their doctor and to be treated with sensitivity

Fitch MI, Greenberg M, Cava M, et al. *Exploring the barriers to cervical screening in an urban Canadian setting. Cancer Nurs* 1998 Dec;21:441-9.

### Question

What are Canadian women's experiences of accessing health care and cervical screening?

### Design

Focus groups.

### Setting

An urban centre in North York, Ontario, Canada.

### Participants

110 women between 20 and 60 years. All women were from low income households and most were married, had children, had had a Papanicolaou (Pap) test within the previous few years, and had a family doctor. Women were recruited by a coalition of community agencies using poster announcements placed in community centres and distributed in the neighbourhood.

### Methods

Skilled women facilitators conducted 11 focus group sessions using open ended questions about women's experiences of accessing health care, concerns about cervical screening, and suggestions for cervical screening recruitment strategies. Sessions were audiotaped and data were transcribed and analysed by individuals and the coalition to identify salient phrases or sentences, categories, and themes.

### Main findings

4 themes were identified. The first theme, *being able to talk with doctors is important*, described women's need to have access to the doctor without barriers (eg, limited office hours, difficulties in

getting child care or transportation, and long waiting times); conversations with the doctor that were unhurried, provided easy to understand information, and did not make the woman feel "stupid"; and a sense of comfort and trust with the doctor.

The second theme, *being treated as a person is important*, focused on women's interactions with the healthcare system. Women wanted to be cared for holistically rather than just for their physical health, to be sensitively listened to, and to have privacy during a Pap test.

The third theme, *finding answers to many questions about cancer is important*, emphasised that women had many questions about cancer treatment options, outcomes, and side effects; cancer prevention; and where to find good information sources.

The fourth theme, *having a Pap test is uncomfortable*, related to women's uncertainties about the purpose of the Pap test and the actual procedure. Many women needed to mentally prepare for the Pap test and felt it was an embarrassing, humiliating, and unpleasant experience.

### Conclusion

When accessing health care for cervical screening, women placed importance on having good communication with the doctor even with limited time, being respected as a person with emotions, having their many questions answered, and having their Pap test done with sensitivity and a caring attitude.

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## Commentary

Cervical cancer is an ideal target for screening. More than 90% of cervical cancer can be detected by the Pap test.<sup>1</sup> This test detects cellular changes in premalignant stages before symptoms of advanced cervical cancer arise. With appropriate use of this simple screening procedure, nearly all cervical cancer deaths are preventable. Yet, this ideal remains unachieved without widespread patient observance of cervical screening recommendations. Fitch *et al* examined how cancer screening programmes should be designed to entice more women to adopt established cervical screening recommendations.

The qualitative design of this study was its main strength. The use of focus groups for data collection permitted group interaction and captured social and community elements of the patients' perceptions.

The findings underscore the value of listening and seeking feedback from patients to improve services.

It is difficult to get data from non-users of health services, so it is uncertain whether women who do not get Pap tests feel similarly to those sampled here. Although there may be additional elements that prevent non-users from using services, the data offer insights into areas that need attention. These findings should be disseminated to a broad audience of healthcare providers, especially physicians, who do most Pap tests.

This research shows that there is much more to providing health services than medical science and technology; consumers do not relinquish their human qualities when they enter providers' offices. Nurses can play an active part in patient

education by helping women to identify their information needs and by ensuring that women understand the information they receive. They can also be patient advocates with the physician by identifying any negative previous experiences the patient has had with cervical screening.

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1 Daly MB, Lerman CE, Bookman MA. Female reproductive tract: cervix, endometrium, ovary. In: Greenwald P, Kramer BS, Weed DL, editors. *Cancer prevention and control*. New York: Marcel Dekker, 1995:585-610.



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