Barriers and facilitors to primary care nurse’s having ‘early diagnosis-related discussions’

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Background

Primary care nurses (PCNs) can make an important contribution to cancer early diagnosis:

- Recognising and responding to potential cancer warning signs (e.g. during nurse-led clinics and triaging).
- Raising awareness of cancer warning signs, and cancer screening programmes.

However, little is currently known about the role of PCNs regarding cancer early diagnosis in the UK.
Aim:
- To identify the barriers and facilitators to PCNs having ‘early diagnosis-related discussions’ with patients

Method:
- Secondary analyses of Cancer Research UK’s 2016 Health Professional Tracker Survey
- Data on 393 PCNs included in analyses
- Participants were asked how often they have each of the four discussion types:
  1) Signs/symptoms, 2) bowel screening, 3) cervical screening and 4) breast screening
- Investigated possible associations between demographic (e.g. gender, ethnicity), professional (e.g. no. of GPs and patients at practice) and psychosocial variables (e.g. perceived confidence and skills), and how often PCNs have each type of discussion (using logistic regression analyses)
Results of multivariate analyses:

- ‘Feeling confident’ was significantly associated with having all four discussion types.

- ‘Believing that it’s part of their role’ was significantly associated with having signs/symptoms (OR=3.59, 95% CI=2.10, 6.14) and breast screening discussions (OR=1.94, 95% CI= 1.21, 3.11).

- Having more patients on their practice list (OR=8.73, 95% CI= 2.11, 36.24) and ‘feeling that they have the skills’ (OR=2.36, 95% CI= 1.10, 5.06) were significantly associated with having cervical screening discussions.

- ‘Feeling that they have the skills’ (OR=2.36, 95% CI= 1.10, 5.06) was significantly associated with having cervical screening discussions.

- Knowing that patients over the upper age limit can request a screening test (OR=1.70, 95% CI=1.05, 2.77) and ‘feeling they have the knowledge’ (OR=1.73, 95% CI=1.17, 2.58) were significantly associated with having bowel screening discussions.
Perceived confidence appears to influence how often PCNs have all four early diagnosis-related discussions.

Highlights further psychosocial variables which may act as barriers/facilitators, and could be addressed through nursing training and education (e.g. bowel screening knowledge, perceiving it to be part of their role).

Further research is needed to understand how and why these psychosocial variables influence how often PCNs have ‘early diagnosis-related discussions’.
Acknowledgements

» Katriina Whitaker (University of Surrey)
» Emma Ream (University of Surrey)
» Lindsay MacDonald (Cancer Research UK)
» Cancer Research UK for sharing their Health Professional Tracker Survey data.