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Grant ID: 095



College of Radiographers Industrial Partnership Research Grants

Final Report Form

1. Principal Investigator	Patsy Whelehan
2. Project Title	Exploring women's experiences of mammography: a qualitative study
3. Amount of Grant	£7,244
	y as indicated in your proposal (if not why)?
Spent as indicated except that	at there was an underspend on transcription costs as these had been
overestimated. Following per	mission from Rachel Harris, the balance was put towards an open access
publishing fee.	
5. Did you reach your inten	ded project outcomes (if not why)?
Yes	
6. What are your significant	t findings?
Thematic analysis of semi-str	ructured qualitative in-depth interviews with 22 clients and 18 staff revealed
-	des to breast screening and mostly low knowledge about potential harms.
-	e women attend for breast screening under pressure from others. Pain and
	t themes, with wide variations in pain experiences. Clients recognised
	ers' abilities to put them at ease. Staff difficulties included
	e confines of a taxing technique, and maintaining compassionate care wher
	ion development should focus on the information and support needs of
	ent and on effectively training and supporting mammographers to deal with
challenging encounters.	
	work for publication (if so where)?
	d in the European Journal of Cancer Care and a copy is supplied.
	work at a national/international event (if so where)?
	presented as a poster at the NCRI conference in November 2014:
http://conference.ncri.org.uk/	abstracts/2014/abstracts/A182.html
2. A subset of the findings wa	as presented orally at the British Society of Breast Radiology conference in
.	tract was published: https://breast-cancer-
research.biomedcentral.com/	
	ull findings was presented at Symposium Mammographicum in July 2016
	ed: http://www.birpublications.org/doi/book/10.1259/conf-symp.2016 (P79;
page 47).	
	tive summary of your work (two sides of A4 maximum)
	Iraft or final version of the proposed publication can you please
attach.	
	nlinelibrary.wiley.com/doi/10.1111/ecc.12580/epdf

CoRIPS grant 095 – Exploring women's experiences of mammography: a qualitative study

Executive summary

Background

Relatively few qualitative studies of the mammography experience have been performed in the UK and they have mostly involved specific population subgroups or focussed on particular aspects of the process (1-3). An exception is a 2003 focus group study of breast screening experiences which highlighted the importance of physical pain and discomfort in mammography, and the need for high-quality staff with good interpersonal skills (4). That study provided only limited information on the nature of the mammographer interpersonal skills required to optimise client experience.

Given the continuing lack of effective interventions to improve mammography experiences, we wished to engender a thorough and current understanding of the experience to help identify the best targets for intervention. We therefore conducted a qualitative study to explore experiences of mammography from the perspectives of both clients and radiographic staff within the UK breast screening programme. We aimed to examine clients' and practitioners' cognitive and emotional responses to the mammography experience, and understand factors which are important in determining good or bad experiences.

Methods

Following NHS and university ethical, management and information governance approvals, individual in-depth semi-structured interviews were undertaken to explore experiences and opinions about mammography in the context of breast screening, from the perspectives of both clients and practitioners (specialist mammography radiographers and assistant practitioners). Participants were recruited from three different screening services, two in Scotland and one in London. Purposive sampling enabled a range of demographic variables to be represented.

The interviews were recorded and transcribed verbatim, and qualitative thematic analysis (5) was undertaken with the aid of NVivo software (QSR International) and Microsoft Excel.

Key findings

Clients generally perceived a high level of threat from breast cancer and displayed a strong belief in early detection. There was limited apparent knowledge of the potential harms of breast screening, which was a source of concern for practitioners. While most clients were keen to be screened, there was evidence of some coercion by family members or occasionally even by GPs.

Sources of anxiety prior to the appointment included the expectation that the examination would be painful but some women were ill-prepared for the first-time experience of mammography.

The levels of pain described by women ranged from nil to almost unbearable. Coping strategies included stoicism underpinned by strong motivation to be screened.

Women described feelings of vulnerability and lack of control during the examination and while mammographers wished to minimise such feelings, there was evident tension between so-doing and at the same time achieving good-quality mammographic images.

The human interaction between mammographer and client was important to both groups. Clients valued mammographers' ability to put them at ease, and recognised that such skills vary among

practitioners. Mammographers highlighted the reciprocity of the relationship; for example, uncomfortable feelings engendered in a mammographer by a client's behaviour can result in diminished ability to maintain compassionate and empathetic care within an episode and throughout the day.

Conclusions

By accessing in-depth perspectives of both practitioners and clients, this study has added to the qualitative evidence base on the experience of mammography.

Issues around informed choice remain significant in breast cancer screening, highlighting the need for further interventions to support women in making the choice that is right for them. In addition, some women need better preparation for the actual experience of having a mammogram.

While pain remains a key challenge in the optimisation of women's experiences of mammography, the interaction between client and mammographer is at least equally important. Interventions are needed to optimise practitioners' empathetic communication skills and their emotional resilience in encounters which can sometime be highly challenging.

1. Mathers SA, McKenzie GA, Robertson EM. 'It was daunting': Experience of women with a diagnosis of breast cancer attending for breast imaging. Radiography. 2013;19(2):156-63.

2. Truesdale-Kennedy M, Taggart L, McIlfatrick S. Breast cancer knowledge among women with intellectual disabilities and their experiences of receiving breast mammography. Journal of Advanced Nursing. 2011;67(6):1294-304.

3. Robinson L, Hogg P, Newton-Hughes A. The power and the pain: Mammographic compression research from the service-users' perspective. Radiography. 2013;19(3):190-5.

4. Hamilton EL, Wallis MG, Barlow J, Cullen L, Wright C. Women's views of a breast screening service. Health care for women international. 2003;24(1):40-8.

5. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006;3(2):77-101.