

Researchers find that sociodemographic characteristics are related to a patient's willingness to participate in cancer s

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(Boston)- Boston University School of Medicine's (BUSM) researchers have found that sociodemographic characteristics are related to a patients' willingness to participate in cancer screenings. They found this was more important than both attitudinal barriers and medical facilitors. This study appears in the March issue of the *Journal of the National Medical Association*.

Prior studies have shown that screenings are crucial in identifying cancer in its early stages and minorities have lower screening rates for certain types of cancer, such as cervical and [colorectal cancer](#). Researchers at BUSM were seeking to find out why the screening rates among racial and ethnic minorities vary compared to those of the white, non-Hispanic community.

Researchers examined patients' agreeability to engage in [cancer screening](#), in the context of varied symptoms and screening settings among a diverse group of individuals from multiple geographic areas. The study assessed the influences of race and ethnicity, relative to sociodemographic factors of both positive and negative attitudes and beliefs concerning cancer screening, as well as the willingness to utilize screenings in general.

A random sample was conducted using telephone interviews from three cities: San Juan, Puerto Rico, Baltimore and New York City.

Respondents reported their sociodemographic characteristics and attitudes about barriers and facilitators of cancer screenings. These individuals also reported their amenability to have cancer screening within four scenarios: when done in the community as opposed to one's doctors' office and whether or not they had symptoms.

Less-educated individuals with lower incomes received fewer cancer screenings than those with higher levels of each. These rates may lead to disparities in cancer-related mortality. Racial and ethnic minority status, age and lower income were frequently associated with willingness to receiving a cancer screening. Prior findings suggest that negative attitudes towards screenings include fear of pain or diagnosis, disbelief in the efficiency of the tests or generalized distrust of others were most predominant among racial and ethnic minorities, and accounts for their lower rates of cancer screening.

The researchers also found that individuals were most willing to participate in a screening when they were examined by their personal doctor and had symptoms of cancer. Cancer screening campaigns should affect attitudinal changes whenever possible, and recognize that targeting specific population groups may be necessary.

"It is important to identify barriers for specific subsets of the population for different types of cancer screenings," explained lead author Nancy Kressin, PhD, director of the Healthcare Disparities Research Unit and associate professor, in the section of General Internal Medicine at Boston University School of Medicine. "There is value in understanding general attitudes of patients concerning cancer screenings in general, in order to highlight common barriers for future interventions. With this research, measures will be taken to educate this vulnerable population, allowing us to treat cancer in its early stages when the disease is more amenable to treatment or cure," said Kressin.

Provided by Boston University Medical Center

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