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Women's meaning-making about engagement in cancer screening process

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The screening programs for the prevention of breast and cervical cancer are public health interventions to identify early disease risks and offer timely diagnosis and effective treatments. However, still several people in the recommended age groups do not participate in screening programs. In patient-care approach, the epistemological framework of shared decision-making recognizing the engagement as an essential part of the process. Engagement is a dynamic process of adaptation and emotional elaboration of the different positions of the subject as co-author of trajectories of well-being within partnership with the healthcare system. The literature highlights 3 phases of engagement process: recruit (why did I get engaged?), retain (why do I stay engaged?) and sustain (what do I need in order to keep being engaged?). Although engagement is a gold standard in healthcare we highlight a gap in the literature in particular about cancer screening. In a socio-constructivist perspective, the aim of this study is to identify how women who participate in breast cancer and cervical cancer screening articulate the relationship with preventive practices and meaning-making their engagement in the screening process. Forty ad-hoc semi-structured interviews were conducted with women involved in the practices of the breast and cervical cancer screenings as part of the Miriade project. The data are analyzed using the qualitative Framework Method. The results show 4 categories for each phase of the engagement. For Recruit: *Cancer Screening Monitoring; Self-Care Mastery; Fear of Death Management; By chance*. For retain: *A good Healthcare Relationship; Ease of Access; Recurrent Invitation; Informal Preview*. For sustain: *Continuity of healthcare providers; Driver for the Best Practices Spread Personalized Organization of the Healthcare Exams; Shorter results waiting times*. The study of the engagement meaning-making of the women involved in cancer prevention practices highlights the need for a personalization of preventive practices inserted in a relational dynamic to inform different fields of research in the health context.

Biography

Daniela Lemmo, Psychologist, Psychotherapist, PhD in Gender Studies, Post-doc Researcher Fellow in Clinical Psychology, University of Naples Federico II. Her research activity field is clinical health psychology with a particular focus on women's narratives about oncological prevention and cancer experience. Her studies are dedicated to women's health in a gender perspective. Also, her scientific production is on the themes of prevention choices, genetic mutation and sense-making of breast cancer experience in under-50 women. Today, she is Post-doc Research Fellow of research-action project MIRIADE "An Innovative Model of Research-Intervention for the identification of adherence profiles to cancer screening" aims at developing an integrated theoretical framework to identify the psychological, social, and cultural aspects that can promote or hinder screening decision-making.

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