

Selected Abstracts from Unpublished Works

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THE HEALTH BEHAVIOR OF PERSONS UTILIZING DIAGNOSTIC CANCER SCREENING

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The purpose of the study was to investigate the predominant variables of health behavior in persons who use diagnostic cancer screening. The hypothesis was that there was no predominant variable of health behavior in the test population. The study was conducted at two cancer screening clinics in the Chicago metropolitan area during 1978 through April 1979.

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Theoretical Basis

Health behavior is defined here as any activity undertaken by a person who believes himself or herself healthy, for the purpose of preventing disease or detecting disease in an asymptomatic stage.

Rosenstock's model of health behavior was used in this study to explain and investigate the reasons people use diagnostic cancer screening. Rosenstock's theory of health behavior identifies four variables that explain health behavior:

1. Perceived susceptibility: Subjective risks of contracting a condition.
2. Perceived seriousness: Judged by both the degree of emotional arousal created by the thought of a disease as well as by the kinds of difficulties the individual believes a given health condition will create for him or her.
3. Perceived benefits of taking action and barriers to taking action:
 - a. Perceived benefit of taking action: The direction the action will take is influenced by beliefs regarding the relative effectiveness of known available alternatives in reducing the disease threat to which the individual feels subjected. The individual's behavior will thus depend on how beneficial he or she thinks the various alternatives to be.
 - b. Barriers to taking action: An individual may believe that a given action will be effective in reducing

the threat of disease, but at the same time, may see that action itself as being inconvenient, expensive, unpleasant, painful, or upsetting. These negative aspects of health action arouse conflicting motives of avoidance.

4. Cues to action: A factor that serves as a cue or trigger that serves as an instigating event. Such events or cues may be internal (eg, perception of bodily states) or external (eg, interpersonal interactions, the impact of medium of communication, knowledge that someone else has become affected, or receiving a postcard from the dentist).

Methodology

The study was conducted at two cancer screening clinics in the Chicago metropolitan area. The sample consisted of 186 persons who used these diagnostic cancer screening centers. Of this number, 92 were men and 84 were women. People who participated in this study completed a questionnaire based on the four variables of health behavior. The questionnaire was used to measure the variables of health behavior.

Results

The hypothesis was rejected by the results of this study. The study group rated the variable of perceived seriousness as most important. Perceived seriousness deals with the individual's convictions concerning the seriousness of a disease. Cues to action were the variables of health behavior ranked as least important by this population.

The findings revealed some interesting information about this sample in relation to their health behaviors. First, personal contact and personal interaction greatly influenced their coming to a cancer screening clinic. One hundred fifty-nine persons (90%) stated they knew someone who had previously used a cancer screening clinic. Eighteen persons (10%) did not know anyone who had previously used a cancer screening clinic. Another question that dealt with personal interaction ("What effect has a person [spouse, family member, friend] had on your coming here today?") received a high mean response from this sample.

Another finding indicated by the analysis of the data was the group's dissatisfaction with physicians and medical care. One hundred two persons (55%) of this sample stated they did not depend on their physician for medical care.

Seven major diseases were ranked by this sample, indicating that cancer was perceived as the most serious. Heart disease ranked second; tuberculosis and arthritis ranked last.

Implications

The variables of health behavior are essential factors in persons seeking diagnostic cancer screening. Further research is necessary to investigate the motivation of persons seeking diagnostic cancer screening. Studying the variables of health behavior will contribute useful information on changing and promoting health behavior. Research on the health behavior of the population that does not seek diagnostic cancer screening will contribute valuable insight to this field of knowledge.

The implications for nursing are vast. Trends in health care and nursing make it increasingly important that nurses understand the dynamics of human behavior to function optimally, both in administration of direct client care and in health education. The effectiveness of nurses in promoting diagnostic cancer screening will depend on communicating the elements that determine health behavior. Nurses must assume this responsibility and attain knowledge to establish a role in this area.

Nursing has traditionally been concerned with clinical management. Nursing research directed toward a greater understanding of human behavior would add new dimensions to client care and health education.

TERRITORIAL BEHAVIORS AND THE EFFECT ON SOCIAL INTERACTION IN A NEONATAL INTENSIVE CARE UNIT

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The problem of the study was to determine if nurses exhibited territorial behaviors that control social interaction in a neonatal intensive care unit (NICU). Purposes of the study were (1) to develop a set of tools for measuring territorial behaviors in nurses in NICUs, (2) to determine if relationships exist between behaviors and the personality characteristic of control, and (3) to determine if perceptual differences exist between nurses and parents participating in a social interaction.

The study was conducted in a Level IV