Reviewer’s report

Title: Knowledge of risk factors, beliefs and practices of Nigerian female healthcare professionals towards breast cancer: A cross-sectional study.

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Reviewer: Oladimeji Oladepo

Reviewer’s report:

(1) Originality of value
The issue of breast cancer and preventive practices is topical and essential to understanding at risk behavior. This is an important work in this direction.

(2) Areas requiring correction

Major Compulsory Revisions

1. Title: The title needs to be reframed since the study was conducted in one institution. The present title gives the impression that the study was conducted in diverse sites.

Introduction

2. Although the author referenced at least 8 Nigerian studies on breast cancer, the key issues from these studies should have been used in presenting a stronger justification. It is unclear what the operational definition of ‘Regular Breast examination’ as used in the text is. This must be properly defined.

3. While the author presents an introduction reflecting the importance of cancer research, the justification for conducting this study is not adequately described. The research questions, study Hypothesis and conceptual framework are not available for review. Furthermore, the sampling and data collection processes are not clearly described.

Sampling.

4. Although the author selected 207 respondents randomly from the eligible population, the process of selection is unclear. It is difficult to determine the appropriateness of the technique in the absence of full description.

5. In page 5, the statement: “The institution had about 65 female health care professionals……” is of concern as accurate number of female professionals in the study institution is vital and must be provided.

6. The administration of the study tool needs to be clarified. Were the questionnaires completed immediately on receipt by the respondents in the presence of the author or were they collected and returned some hours or days later?

7. While the sample size selection based on proportional allocation is in theory desirable for this study, the final sample sizes of different professionals in this study is skewed much in favor of nurses (141 respondents) and doctors (45...
respondents) compared with other professionals -laboratory scientists(13 respondents), pharmacists (4 respondents) and physiotherapists (4 respondents). This raises serious validity concern which the author must provide convincing explanation.

Analysis

8. Comparison of groups of professionals with skewed sample sizes diminishes the opportunity for reaching valid conclusions. A comparison of the two dominant professional s (nurses and Doctors) might help address this concern. This is critical and needs full explanation.

9. Grouping the knowledge scores into > 50 = 'Good' and <50= poor' seems less discriminatory for health workers given their professional preparation. Categorizing the scores into four dimensions 'Excellent' 'very good', 'Good' and 'poor' will provide deeper insight.

Results

10. Re-present the demographic characteristics of the study professional groups in Table 1; and disaggregate in other tables.

11. Although laboratory scientists were merged with pharmacists (4 respondents) and physiotherapists (4 respondents), these sample sizes were disproportionately lower compared with the two dominant groups-nurses (141 respondents) doctors (45 respondents), raises serious validity concern. The author needs to justify this.

Measurement of Breast Cancer screening practices

12. Two statements under the measurement of Breast Cancer screening practices: “Two hundred and five participants (99%) were aware of BSE” and “However, a lesser proportion of (85%) was familiar with CBE” are NOT measures of BSE practice. Similarly awareness of mammography does NOT constitute practice. These should be expunged and put under awareness and knowledge sub heading.

13. While one of the objectives of the study is to assess beliefs concerning breast cancer treatment, a few variables Some variables that were measured such as , “cancer is major problem in Nigeria” and “There is significant breast cancer awareness in Nigeria” are not direct measurements of breast cancer treatment.(pg 22). These should be deleted from the analysis.

14. The comparison of BSE practice between the different professional groups with skewed sample sizes raises validity concerns.

Discussion

14. In light of the sample size challenge, the attribution made in respect of the findings of this study is weak.

15. The author in many instances, inappropriately compared findings from community based studies on BSE knowledge /awareness with this hospital -based study.

Minor Essential Revisions
16. The statement in the last paragraph, “Mammography is a more …… sensitive method …… breast cancer in Nigeria” does not add value to the discussion but can be reframed around health care professionals.

Discretionary Revisions

Nil