

Original Research Article

Preferences and Perceptions of Female Patients undergoing Mammography: A Retrospective study

Abstract

Mammography is most important in the detection of breast cancer but due to its intimate nature and the perception that it is uncomfortable and painful; many women do not optimally support mammography as a diagnostic and screening tool for breast cancer. Many factors influence the experience of patients. This research explored the preferences and perceptions of patients regarding mammographer's gender and personality traits as well as students' involvement in mammography. The study was empirical in nature and data was collected using a valid and reliable self-formulated questionnaire. The approach was quantitative and a small qualitative component added dimension to the quantitative results. A no probability, convenience sampling method was employed and questionnaires were distributed in radiography section. Data analysis indicated that while many women accept males in the mammography setting, most prefer female mammographers and students. In general, women accept student presence during mammogram procedures. Personality traits that enhance effective communication and promote patient emotions such as trust, being safe and being cared for are favored by patients. This research adhered to stipulations of the Indian Patients' Rights Charter and the call of the Breast Cancer research into breast health care. The findings serve as benchmarks for patient opinions regarding mammography staff and will be of use in various fields concerning mammography, such as human resources, training and education and quality assurance of care.

Keywords: Mammography; Breast Cancer; Gender; Women; Screening.

INTRODUCTION

Mammography (also known as mastography) is the technique of using low- energy X-rays (usually approximately 26kVp to 30kVp) to examine the human breast for study and screening[1]. Along with all X-rays, mammograms use doses of ionizing radiation to produce images. Breast cancer is mainly diagnosed with Mammography as Breast cancer is an important cause of all cancer deaths and is associated with life span In India the finding and handling of lesions at a very early stage can reduce the breast cancer death rate by 18-22%[2]

Comment [KRISH1]: How many students were there in your study?

Comment [KRISH2]: There is great discrepancy between way of writing between the sections introduction and material and methods. Please see the comments and answer appropriately.

34 A mammogram engrosses a mammographer managing the patient`s bare breasts whereas
35 positioning them to acquire the required X-ray images. To generate breast images with the
36 best possible diagnostic clarity, the mammographer must relate a performance where the
37 breasts are compressed between two inflexible surfaces in order to obtain breast images with
38 the finest potential diagnostic clarity. Many patients describe this compression approach as
39 throbbing or at the very least unpleasant.[3,4].Patients who have not before been notice with
40 breast cancer panic the finding of a malignant or cancer lesion and the linked subsequent
41 events and cure. Patients who have been there analyzing with breast cancer earlier may fear
42 that the mammogram images determination release more tumor growth for these cause; the
43 number of women believe the mammogram examination as a harmful practice. A successful
44 mammography, according to the investigator, entails the creation of the most favorable
45 analytic images, whereas the patient views the test as a positive skill. The ability of the
46 mammographer to establish a faith relationship with the patient in a short period of time is
47 critical to the creation of the most favorable images, which are the foundation of early breast
48 cancer detection and subsequent victorious cure. Mammographers play a vital role in given
49 that a secure and thoughtful mammogram experience by graciousness, encouraging, polite,
50 cooperative, responsive, thoughtful, kind and caring for patients requirement and learning
51 illustrate that patients convey preferences for definite character traits that donate to optimistic
52 perceptions[5] As a result, extreme attention must be paid to all aspects that may affect the
53 successful completion of a mammography examination.[6].

54 Other factors determining the intensity of pain experienced when compression is applied to
55 the breasts include anxiety. Pain is linked to the menstrual cycle and breast diseases such as
56 breast tumours, fibrocystic illness, and pre-existing breast pain in pre-menopausal women.
57 The presence of underlying diseases, as well as the use of hormone replacement therapy[4,7]
58 Excessive pain and/or discomfort experienced during the compression of the breasts will
59 result in patients not allowing the mammographer to apply optimum compression, which will
60 lead to the production of suboptimal images that may result in a cancer not being detected.
61 Women also fear the outcome of a mammogram. Patients who have not previously been
62 diagnosed with breast cancer fear the detection of a malignant lesion and the associated
63 subsequent procedures and treatments. Patients who have been diagnosed with breast cancer
64 previously may fear that the mammogram images will reveal further tumor growth [8]. For
65 these reasons, many women consider the mammogram examination as a negative experience.
66 It is the opinion of the researcher that a successful mammogram entails the Production of

67 optimal diagnostic images while the patient perceives the examination as a positive
68 experience. Great attention therefore needs to be given to all aspects that may affect the
69 success of a mammogram examination. This research study focused on the preferences and
70 perceptions of patients with regard to the qualified- and student staff members who
71 participate in mammogram procedures. A study of the literature revealed that not all patients
72 feel comfortable with the Presence of students for training purposes during a mammogram
73 examination. Although the majority of patients (91%) do not object to the presence of female
74 students, a substantial percentage (43%) objects to the presence of male students [6]. In line
75 with this differentiation between male and female students, it was also reported that women
76 express a definite preference for female mammographers (83%). Women feel in general more
77 comfortable and less embarrassed with a mammographer of the same gender. However, the
78 majority of female patients (62%) will allow a male mammographer to conduct the
79 mammogram procedure provided that he is professional, competent and qualified [11].The
80 significant role of mammographers in carrying out successful, completely apparent
81 mammographic procedures will be recognized in India when mammographers turn
82 synchronized by the Health Professions Medical Council. the severe strategy was supplied
83 concerning the training of mammographers and standard for the academic constituent and
84 clinical coverage and capability were particular, severe quality control measures for
85 mammography were initiate by the Directorate of Radiation India (AERB) to ensure the most
86 favorable carrying out of mammography tools. Even although the mammography regulatory
87 program is still in its untimely phases it will ultimately bring the standard of mammography
88 to India.

89 MATERIALS AND METHODS

90
91 The retrospective study was carried out at Maharishi Markandeshwar Hospital, Mullana,
92 Ambala, Haryana in between December to April, examine of different age groups were as
93 both female and male patients were to be performed with mammography apparatus. Female as
94 well as male patients of age group ≥ 21 years old, and who was come near to participate in this
95 study. The lower age limit was 21 while there was no, higher age limit set. As the reason was
96 also to review the information of younger women, and first course their viewing practices
97 while they become skilled for examination. Frequents were ask to entire a self-administered
98 survey or questionnaires in English. A subsequent before and after moment response was
99 requested, and the questionnaires were together upon achievement. For those who were

Comment [KRISH3]: Rewrite the entire materials and method – very poorly written. Year of study period for this retrospective study? How was data collected in a retrospective study when your write up is suggestive of prospective study?

Do you do a retrospective study with questionnaire? Please mention clearly how many parts were there in the questionnaire with clearly mentioning each question in each part with the appropriate answer codes. The authors have jumbled up everything in the write up.

Please mention whether your study population included only diagnosed breast cancer individuals or they included all patients (with or without biopsy/FNAC proven breast cancer or any benign disease) who undergo mammography as screening / diagnostic procedure.

Comment [KRISH4]: Retrospective or prospective study?

Comment [KRISH5]: Year?

Comment [KRISH6]: Rephrase the sentence.

Comment [KRISH7]: Rephrase the sentence.

Comment [KRISH8]: Who are these frequents?

Comment [KRISH9]: Rewrite.

100 illiterate, the study plotter could be read the questions to them and record their answer.
101 ~~Collection of all was made indefinite, store, and forbidden by the department.~~ Basic
102 demographic informations like race, age, education level, occupation, family income and type
103 of accommodation ~~was were~~ collected. ~~Frequents were ask rather they have any past history~~
104 ~~of friends or relatives with breast cancer.~~ -Any information about friends and relatives with
105 breast cancer history was recorded. A self formulated strength test was performed on the
106 questionnaire.

Comment [KRISH10]: Meaning?

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107 The primary division or part of the questionnaire contained questions to review the
108 ~~patients as well as frequents-~~ basic information, advanced knowledge, comprising of
109 questions on the knowledge of breast cancer risk and screening, as well as the thoughtful for
110 mammographic examination (Table 1). These questions were ~~scored as such as point was~~
111 awarded for a correct response and zero (tick) for wrong or (cross) 'not sure' response. An
112 accurate response was based on Breast viewing in hospitals at Maharishi Markandeshwar
113 Hospital, Mullana, Ambala, Haryana, protocol, and the Ministry of Health(MOH) guidelines
114 on breast cancer examination. The second part of the questionnaire ~~seems recored at~~ the
115 patient's awareness of examining mammography and if they frequently performed breast self-
116 examination (BSE).

Comment [KRISH11]: Who are these frequents?

Comment [KRISH12]: Clarify.

117 ~~Individuals who were greater and lesser or equal to~~ ≥ 40 years old were enquired
118 regarding their viewing examinations and their reasons for and adjoining to being the
119 reviewing mammography. The final and last part of the questionnaire focused on the needs
120 and preferences of the patients with seeming careful to knowledge about breast cancer risk
121 and viewing preferences. ~~Multi varieties of the study investigation were carried out on the~~
122 ~~statistically important variables, by using logistic deteriorating investigation.~~

Comment [KRISH13]: Why only 40 years and above were questioned? You seem have introduced bias in your study population selection.

Comment [KRISH14]: What is this logistic deteriorating investigation.

123 A questionnaire formerly developed and validated to recognize determinants of the
124 use of breast cancer screening methods among female patients in India, was used in this study.
125 Before women were enrolled in the study reported herein, a steer study (n=30) was carried out
126 to validate the questionnaire along with. One of the study goals was to establish if the
127 questionnaire used in India would also be appropriate to women from Maharishi
128 Markandeshwar hospital. Socio-demographic information together using the questionnaire
129 built-in the ~~women's~~ age (continuous), educational achievement (< high school, \geq high
130 school), marital status (married, unmarried), occupational status (state civil service, self-
131 employed, homemaker), age at primary pregnancy. All patients were asked whether they had
132 conducted any previous breast scan, especially mammography or not and whether they had

Comment [KRISH15]: Your subset population included both male and female individuals.

133 undergone any imaging in the earlier year. ~~Patients who were older than 40 years of age were~~
134 ~~asked if they had undergone mammography in the previous year, and the applicant who was~~
135 ~~between 35 and 40 years of age were inquired if they had undergone any mammography in~~
136 ~~the preceding year.~~

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137 ~~The questionnaire also built in questions about the study of participants' collected~~
138 ~~information about breast cancer risk screening strategy and participants' ~~their~~ awareness of~~
139 ~~the quality of care made available. Patients were requested to evoke their breast cancer~~
140 ~~information and awareness before they were analyzing with breast cancer, where as~~
141 ~~mammographers were inquired about their breast cancer information and awareness.~~

Comment [KRISH16]: Irrelevant after the previous line.

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142 ~~Though possible answers were provided for each question (only 1 was the correct~~
143 ~~answer), I determined the responses to specify whether patients know the current strategy or~~
144 ~~not (tick=know; cross=does not know).~~

Comment [KRISH17]: The authors seem to repeat

145 ~~Perceptions of the breast cancer viewing technique were elicited through the~~
146 ~~questions concerning participants' approach to each screening technique. Participants were~~
147 ~~inquired, "Do you believe that performing a breast scan examination BSE is significant for~~
148 ~~your health?" Five answers were possible, variety from 1(no, not important at all) to 5(yes,~~
149 ~~very important). For the experimental screening methods cancer breast examination (CBE,~~
150 ~~mammography, participants were asked 2 questions:"Are you scared of having a screening~~
151 ~~technique and "Do you feel embarrassed of having a screening method, Five answers were~~
152 ~~probable, ranging from 1(yes, very scared/embarrassed) to 5 (no, not scared/embarrassed).~~
153 ~~After the consistency of the panic and disgrace items was confirmed, we reverse-coded the~~
154 ~~objects and summed the scores to generate a single perception-of-screening uneven for each~~
155 ~~of the 3 experimental screening techniques.~~

Comment [KRISH18]: Repetition

156 Women's perceptions concerning the superiority of care established at the health
157 care hospitals they concentrate, which they offer, mammography, were elected with 4
158 questions: Two of the questions address excellence: "Do you imagine that upon your access to
159 the health center to obtain a screening technique, there were adequate workers and apparatus
160 available to carry out the procedure, and "How do you rate the excellence of service
161 acknowledged when you had your viewing technique, The probable response to these
162 questions were 0 = did not obtain service/do not know; 1 = very low; 2 = low; 3 = okay; 4 =
163 good; and 5 = very good. Two extra items review the women's professed coming uptime to
164 obtain screening and results: "How lengthened did you have to stay before your viewing

Comment [KRISH19]: Okay just mention it under which part of questionnaire it was included.

165 technique was carried out, and “How long did you have to stay before receiving the outcome
166 of your screening technique The probable response to these questions were 0 = did not take
167 delivery of service/do not know;1 = no wait at all; 2 = very little; 3 = a little; 4 = somewhat
168 long; 5 = very long. The waiting-time questions were evaluated for consistency.

169 Questions were codified in the same dimensions. ~~Achievements~~ Scores from all 4
170 awareness items were summed to generate a single perception-of-quality-of-care score.

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171 **RESULTS**

172 A self formulated Questionnaire was developed and used to acquire the following
173 Useful, expressive, tentative, and fundamental information from the participants: Frequents
174 indicate their level of education with observation of secondary and tertiary education. As the
175 last two items had moderately low scores, they were amalgamated, which indicated that (n=4)
176 of the respondents had university degrees. The socio-demographic information discovered that
177 overall respondents were females; the overall amount was 30 with an effective rate of
178 60%.There were 4 age segments, (21 -29 years), (31-39 years), (41-49 years), and (51-
179 60years).The separation of every segment was as showed: 38%, 10%, 6%, and 10% of the
180 entire number correspondingly. The next variable was among alone, married, and others
181 (separated/widowed).Thirty-six percent of the sample consisted of married women, 36% were
182 alone, and10%were separated or widowed. The third group concerned the women’s education,
183 vary from primary education and below (24%.) secondary education and(16%) to University
184 and higher, which complete up the greater part, 8%. The fourth variable was regarding
185 occupation, with responsibilities ranging from a housewife. Regarding the pre-mammography
186 questions, they were ~~alienated~~ separated into 3 segments. The first and main segment
187 regarding women’s who predictable the mammography to be hurting, not painful, and those
188 who did not know whether it was going to be hurting or not.

Comment [KRISH20]: please mention
1. The total sample size of the study and male and female patients ratio.
2. Separate out the entire into paragraphs like basic demographic profile , patients’ opinion regarding pain, mammography procedure, attending technician’s gender or as per your questions, whichever is understandable to readers.

Comment [KRISH21]: Which 2 items?

189 Regarding the mammography pain probability regarding virtual risk factors and whether
190 they were statistically considerable in influencing pain observation, factors were addressed: a
191 history of earlier mammography, history of breast diseases/cancer, history of breast
192 examination treatment, background information of mammography, relations history of breast
193 cancer, marital status, and lactation status. Out of the patients who were expecting a hurtful
194 mammogram, 98% ~~have had~~ had an earlier mammography practice and this was the main object in
195 the women’s pain observation. In the classify of 16%_of the women have earlier breast
196 examinations and that were statistically important in determining their pain belief.

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197 Approximately 6% of the women have background information concerning mammography,
 198 which is the destined analysis about the examination or gathering knowledge from siblings
 199 /relatives/physicians, and that have a statistical consequence on their mammography pain
 200 awareness.

Comment [KRISH23]: rewrite the sentence.

201 Out of the 6% of the women who predictable the mammography to be hurtful, 36%
 202 knowledgeable about the same stage of pain as predictable, 9% practiced more pain than they
 203 have predicted, and 24% feel less pain. On the other, 18% of the surveyed women did not
 204 expect the mammography to be hurtful. Following the mammogram, 4% of them did not
 205 practice several pain and 6% originate the mammography to be painful. Lastly, 15% of the
 206 surveyed women did not know whether the mammography was going to be hurtful or not.
 207 After the mammogram, 7% of them found the mammography to be hurtful. The pain scale
 208 pre-mammography and post-mammography demonstrates a major difference. While as the
 209 table (1) shows the post mammography questions.

Comment [KRISH24]: What about other women who were predictable? What do you mean by predictable?

Comment [KRISH25]: What pain scale did you use and how is it possible in a retrospective study?

210 Table 1: Post Mammography Questions

Questions	Yes	No	Don't Know	Value
Are you accepting painful mammography?	12	10	8	0.001
Normal pain	10	12	8	
Severe Pain	8	12	10	
less pain	5	22	23	

211

212 **Discussion:**

213 This research enlarges earlier studies on an aspect that may apprehension the pain
 214 perception allied to mammography and whether they were significant, as well as to measure
 215 up to the pain knowledgeable with the pain expected. The factors consequential in a painful
 216 practice during a mammography examination are of particular significance and should be
 217 more careful, as the mammogram is a necessary constituent for the achievement of early
 218 breast cancer avoidance campaigns. In our research, 67% of our patients expected hurting
 219 mammography before going away for the examiner. Post- mammography, the whole
 220 percentage of women who experienced pain was 18%. There was a significant difference in
 221 the mean attain of pain ($p < 0.001$). The results portrayed a logical age distribution with the
 222 lowest number of respondents in the 20-30 years age group, which is statistically the group

223 with the lowest incidence of breast cancer. The breast tissue of the patients in this group is
224 also usually too dense (due to their young age) to be accurately evaluated by mammographic
225 imaging. Most respondents were in the 40-49 years age group which usually includes those
226 who are referred for their first screening mammogram examination. Almost half (48%) of the
227 respondents were 50 years and older with only a 5% decline from the group 50-59 years to
228 the group 60 years and older. This is meaningful when placed into context with reports from
229 [9] and [8] who report a decline in the number of mammogram examinations done on older
230 women. Of the four ethnic groups that participated in the study, namely Asian/Oriental,
231 black, coloured and white, the white group was best represented at 50% of the respondents.
232 This statistic is similar to that of studies done in America which report that white women
233 have more mammograms performed than any other ethnic group [8],[10],[11]. Explanations
234 could also be of a purely demographic nature, namely that most women over 40 years of age,
235 which constituted the majority of respondents, are usually already married, or that the
236 targeted areas are located in or close to suburbs where mostly families reside. 43% of the
237 respondents had tertiary education, while 57% had only a school leaving certificate (matric)
238 or lower level of education. According to [8] and [12] well-educated women are more likely
239 to adhere to recommendations regarding regular mammogram examinations and the
240 researcher therefore proposes that the current finding is due to demographic features and the
241 service areas of the targeted mammogram spots. Regarding History of mammogram 66.4%
242 of the respondents stated that the current mammogram was their first ever. Diagnostic versus
243 screening patient preferences It is important to distinguish between the preferences of
244 screening and diagnostic mammogram patients, as their priorities may differ considerably.
245 While it is expected that a patient attending a diagnostic mammogram will priorities the
246 competence of the mammographer, the patient undergoing a screening mammogram
247 examination may feel more strongly about the physical and emotional discomfort caused by
248 the examination. In the case of a screening mammogram, the patient may therefore be more
249 particular about factors that may exacerbate general discomfort, such as a mammographer of
250 the opposite gender. Results of the current study indicated no statistically significant
251 correlation between the status of the respondents' breast health and their objections to either
252 male or female mammographers. Choice regarding mammographer gender_53% of the
253 respondents stated that they would like to have a choice with regard to the gender of their
254 mammographer. The current research did not quantitatively probe the relation between
255 mammographer gender and professionalism. However, responses to the open ended question
256 requesting reasons for the opinions regarding mammographer gender suggest that many

Comment [KRISH26]: Please complete the sentence.

257 patients regard the professionalism displayed by a mammographer as more important than the
258 gender of the mammographer.

259 Twenty four personality traits were listed on the personality trait scale and when they
260 were analyzed for interrelated factors, four were identified. The researcher named these four
261 factors according to the perceived combined and individual effects the personality traits may
262 have on the perceptions of mammogram patients. The factors are: The trust factor, which
263 includes the following personality traits: courteous, gentle, honest, approachable, informative
264 and considerate. The researcher deduced that these personality traits of a mammographer will
265 foster emotions of trust in the mammogram patient with regard to the mammographer. The
266 care factor, including personality traits such as patient, empathetic, positive attitude,
267 reassuring, supportive and friendly. The researcher believes that as a unit, these traits will
268 convey a caring attitude to patients. The being safe factor which consists of seven traits,
269 namely calm, dedicated, mature, tolerant, sincere, attentive and observant. In the opinion of
270 the researcher these personality traits will enhance a mammographer's ability to make the
271 patient feel safe.

272 66.6.% and more of the respondents reported experiencing various positive emotions
273 during the mammogram examination, while 13% and less experienced emotions with a
274 negative connotation. When the results of the emotional experience scale were statistically
275 analyzed for commonalities, two distinct factors emerged. The researcher named each of the
276 factors according to the mutual focus each group of emotions brought to mind. The
277 anxiousness factor includes the patient emotions of anxious, embarrassed, (experiencing) pain
278 and stressed, which are all negative emotions. As they were listed on a scale and therefore
279 also have positive values on the opposite end of the scale, it was decided to look for an
280 alternative commonality. It seemed to the researcher as if these four emotions are all related
281 to and will contribute to one key emotion that represents a state of anxiousness in varying
282 degrees. The contentment factor consists of the positive patient emotions of comfortable,
283 trust, content and (feeling) safe and the researcher believes that the collective focus of these
284 four emotions is a feeling of contentment which could be experienced in varying degrees[13].
285 The researcher accepts that the high score of the contentment factor indicates that at least in
286 the targeted areas, mammographic patient care and communication are of a very high
287 standard which should enhance positive perceptions of mammography and promote high
288 subsequent return screening rates.

289 **CONCLUSION:**

290 Mammography in mmimsr Mullana might currently be in a very encouraging position
291 observes to its perception among female patients if judged by the optimistic reaction to the
292 questionnaire used in this research. Preferences and perceptions of patients are important
293 considerations in the endeavours to promote the adherence of women to suggest screening
294 guidelines and the early detection of breast cancer. As women who qualify for screening
295 mammogram examinations are not motivated by disease, they need an alternative incentive to
296 undergo mammography. A pleasant ambiance, minimal emotional and physical discomfort,
297 and protocols that recognize and respect their opinions are powerful strategies to promote
298 screening mammogram attendance. An identical approach is indicated for women undergoing
299 diagnostic mammogram procedures to minimize their emotional turmoil and assist them with
300 empathy and professionalism on their journey with breast cancer.

Comment [KRISH27]: Meaning?

Comment [KRISH28]: Rewrite the sentence.

301 **Disclaimer regarding Consent and Ethical Approval:**

302
303 As per university standard guideline, participant consent and ethical approval have been collected
304 and preserved by the authors
305

306

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Comment [KRISH29]: Check formatting of the reference