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EXPLORING PATIENT-CENTERED CARE FOR CERVICAL CANCER SCREENING SERVICES AND UPTAKE IN SAGAMU LOCAL GOVERNMENT AREA, OGUN STATE.

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ABSTRACT: *Cervical cancer remains a significant public health issue in Nigeria, with low screening uptake despite established programs. Patient-centered care (PCC) has emerged as an effective approach to enhancing screening services. This study aims to explore the integration of PCC into cervical cancer screening services in Sagamu LGA, Ogun State. A qualitative descriptive study was conducted using in-depth interviews with healthcare providers and patients. Data were collected from three healthcare facilities, analyzed thematically using Braun and Clarke's framework version 2022, and guided by the PCC approach. Ethical approval was obtained from the OOUTH Health and Research Ethics Committee (Approval No: OOUTH-HREC/2024/011). Five key themes were analyzed: holistic care and patient limitations, factors influencing screening uptake, quality of care perception, barriers to screening uptake, and strategies to enhance screening. Patient perspectives highlighted the importance of culturally sensitive communication, while healthcare providers emphasized integrated care models. Incorporating PCC in cervical cancer screening is essential for improving uptake. Addressing socio-cultural barriers and fostering collaborative care practices can significantly impact public health outcomes.*

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INTRODUCTION

Cervical cancer is an insidious illness associated with only females. This type of cancer represents a significant global health concern and estimates a substantial percentage of the global burden of diseases (WHO, 2023). In terms of incidence and prevalence, cervical cancer is ranked as the fourth most occurring cancer among women globally (World Health Organization, 2021). The gravity and burden of this illness is underscored by the statistics provided by the World Health Organization (WHO, 2023), revealing a global estimate of 604,000 new cases and 342,000 deaths in 2020 alone. Cervical cancer is a major public health concern in low and middle-income countries (LMICs), with Nigeria ranking second in the world. Over 12,000 women are diagnosed annually and 8,000 die, with an age-standardized mortality rate of 18.3 per 100,000 women (Oluwole et al., 2019). This is lower than the regional average but still higher than the global average (WHO, 2021).

Patient-centered care (PCC) is a fundamental principle in healthcare that emphasizes involving patients in their care, considering their preferences, needs, and values. Despite the importance of patient-centered care in significantly improving screening uptake, barriers persist in the utilization of cervical cancer screening services. Patient-centered care (PCC) is a multifaceted approach to improving the quality of care in cervical cancer screening services. It was developed by Carl R. Roger in the 1950s and advocated by George Engel in the late 1970s (Lateef et al., 2022)

PCC works by inducing mediating factors like self-discipline, self-management and has been found to be most effective in low resource settings, where there are limited available resources , high population density , high demand for healthcare services and the transitioning of healthcare issues from infections to chronic illnesses (Lateef et al., 2022). PCC was systematically reviewed and reported to be a crucial component of high quality care, featuring other components such as effectiveness, safety, efficiency, timeliness, equity, and coordination (Stewart et al., 2011). Effectiveness represents the use of evidence-based medicine, safety ensures minimal errors, efficiency ensures desirable results in a timely manner, timeliness prevents unnecessary delays, and equity ensures reduced disparity and discrimination. Cervical cancer screening uptake can be improved by adopting these components, especially PCC (Paolo et al., 2011).

There are key and pivotal determinants that can influence effectively the outcomes of cervical cancer screening services utilization, one of which is patient-centered care. Without employing a more resource efficient and effective approach, where patients are more involved in their health decision making and receptive to healthy interactions with their healthcare providers, it will be nearly impossible to achieve maximum uptake of cervical cancer screening services and early detection and treatment of this chronic disease. The limited and opportunistic nature of cervical cancer screening in Nigeria, coupled with a multitude of barriers at both government, provider and patient levels, poses significant challenges to the maximization of the benefits of utilization of cervical cancer screening services treatment. The underdeveloped state of the national control program, combined with the lack of comprehensive research on the determinants of cervical cancer screening services uptake, especially from the approach of patient-centered care in improving utilization outcomes, contributes to the persistence of cervical cancer incidence and prevalence in the country. A well documented study on the pivotal role of patient-centered care as determinants

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in cervical cancer screening uptake outcomes is crucial to inform the development of cost effective strategies towards eradicating the burden of cervical cancer in Nigeria.

The study aims to establish patient-centered care (PCC) as determinant for uptake of cervical cancer screening, which when practiced can lead to improved screening rates and better health outcomes. It focuses on Sagamu LGA, a community with high cervical cancer incidence and mortality rates (Ogunsowo et al., 2022). The findings can inform policy formulation, healthcare planning, workforce training, and resource allocation, ultimately improving cervical cancer prevention and control efforts.

The study aims to inform best practices to surmount the barriers to early detection and screening services for cervical cancer, promoting healthcare equity and reducing the economic burden of the disease. It aims to dispel misconceptions, reduce stigma, and encourage women to participate in screening services. By exploring patient-centered care as determinants of cervical cancer screening uptake, the study can inform strategies to reduce the economic impact of cervical cancer through early detection, timely treatment, and prevention of advanced-stage cases. The research involved stakeholders such as patients, healthcare providers, government, and policymakers to develop effective public health strategies and government interventions.

METHODOLOGY

Study Design

The study employed an exploratory descriptive qualitative design ,This paper explored patient centered care as one of the determinants of cervical cancer screening services uptake. Using a qualitative research approach, it delved into the lived experiences, perceptions, and cultural intricacies of individuals in selected healthcare facilities in Sagamu Local Government Area of Ogun State. The study collected context-specific data, fostering a deeper understanding of socio-cultural dynamics shaping healthcare-seeking behaviors. Engaging with the community, it aims to amplify the voices of individuals, healthcare providers, and stakeholders involved in cervical cancer prevention.

Research Instrument and Data Collection

The research method chosen for this study was qualitative in nature. To create a reliable and valid instrument for data collection, the researcher gathered information from various sources including a review of relevant literature, as well as examining instruments used in similar studies. With this information, an appropriate instrument was developed for use in collecting data from the participants. The instrument was designed to ensure that it aligns with the research objectives and the research questions.

A purposive sampling strategy was employed to ensure diverse representation among participants. A total of 28 participants were selected and interviewed, consisting 19 Female patients who had undergone cervical cancer screening in Sagamu LGA were specifically targeted, as were 9 healthcare professionals involved in screening services. Healthcare professionals comprised 3 experienced gynecologists, 1 oncology nurse, 3 Histopathologists and 2 lab technicians. Recruitment continued until data saturation was achieved, meaning no

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new themes emerged during interviews. Potential participants were approached through the collaborating healthcare facilities, and informed consent was obtained prior to participation. This strategy enabled the capture of rich, context-specific insights regarding patient-centered care and its influence on screening uptake.

Data Analysis

The collected data was analyzed in line with the objectives of the study. After recordings were transcribed verbatim, data was thematically categorized into main themes and sub themes. A coding scheme developed following the major constructs of patient centeredness established in the interview guide prior to analysis. The developed codes were reviewed thoroughly to ensure consistency before it was applied to the report, developed themes were also validated with respondents.

Ethical Clearance

An application for ethical approval for this study was submitted to the Babcock University Research Ethics Committee, Olabisi Onabanjo University Teaching Hospital Health and Research Ethics Committee (OOUTH HREC). The purpose of the study was explained to all participants, after which verbal consent was given by each participant, while they also signed the consent forms.

RESULTS

The analysis was conducted using the identified five primary themes from the methods, reflecting key factors influencing cervical cancer screening uptake:

1. Holistic Care and Patient Limitations
2. Factors Influencing Screening Uptake
3. Quality of Care Perception
4. Barriers to Screening Uptake
5. Strategies to Enhance Screening

Table 1: Demographic Characteristics of Participants

Variable	Frequency	Percentage
Age (21-30)	5	26.3%
Age (31-40)	5	26.3%
Age (41-50)	7	37.0%
Age (51-60)	1	5.2%
Age (61-70)	1	5.2%

Patient Perspectives: A participant stated, 'Clear communication about the importance of screening would encourage more women to participate.'

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Healthcare Provider Perspectives: One provider remarked, 'Understanding cultural beliefs helps us address patient hesitancy more effectively.'

DISCUSSION

Five central themes emerged from the methodology that underpins the challenges and opportunities for improving cervical cancer screening uptake through patient-centered care (PCC) in Sagamu LGA.

Holistic Care emerged as a vital theme, emphasizing the need for culturally sensitive and multidisciplinary approaches. Patients valued care that acknowledged their cultural norms (subtheme: Cultural Sensitivity), while the integration of educational, counseling, and clinical services (subtheme: Multidisciplinary Approach) was seen as essential to support overall well-being.

Patient Awareness and Empowerment was another crucial theme. Educational interventions (subtheme: Educational Interventions) significantly improved patients' understanding of screening benefits, while clear, empathetic communication (subtheme: Communication and Trust) fostered trust, motivating patients to participate more actively in their care.

The theme of Systemic Constraints highlights the structural barriers within the healthcare system. Resource limitations (subtheme: Resource Limitations) such as staffing shortages and inadequate equipment, combined with infrastructural challenges (subtheme: Infrastructure and Referral Pathways), were identified as key factors impeding service delivery.

Our findings are reinforced by several studies conducted in diverse contexts. For instance, Adeyemi et al. (2019), in a study conducted across Nigeria and Ghana, demonstrated that community-driven healthcare initiatives significantly improved patient engagement and adherence to cervical cancer screening through culturally tailored interventions. Similarly, Makwetu and Ndlovu (2020) conducted research in Kenya and reported that integrating patient-centered care within rural healthcare settings led to improved health outcomes and increased utilization of screening services. On a global scale, Chen and Patel (2021) conducted a study in the United States, finding that the integration of digital health solutions with patient-centered strategies effectively mitigated logistical barriers and enhanced patient participation in preventive care.

Adewole et al. (2022) noted the impact of patient-centered counseling on screening uptake, a finding mirrored in our study where enhanced communication was associated with increased participation. Similarly, Adepoju and Eze (2019) demonstrated that telemedicine strategies can mitigate access barriers, a strategy supported by our providers' recommendations. Afolabi et al. (2019) emphasize factors influencing patient satisfaction in primary healthcare, which aligns with our findings on quality of care perceptions. Amoah et al. (2019) identified communication barriers that hinder effective care, similar to our theme on screening barriers. Ayanniyi and Adegoke (2022) discussed cultural barriers affecting screening uptake in low-resource settings, consistent with our findings.

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Collectively, these studies support our discussion by underscoring that tailored, patient-centered approaches, which address both cultural and systemic challenges and are effective in increasing cervical cancer screening uptake across varied settings.

CONCLUSION

Finally, Recommendations for Improvement encapsulate actionable strategies proposed by participants. These include policy-driven interventions (subtheme: Policy Interventions) like subsidizing screening and increasing community outreach, technological solutions (subtheme: Technological Solutions) such as telemedicine, and enhanced training (subtheme: Training and Capacity Building) for healthcare providers. Together, these themes and subthemes illustrate a comprehensive, patient-focused approach, one that considers both personal and systemic factors and is essential for enhancing cervical cancer screening uptake. The consistency of our findings with comparative evidence underscores the potential for broader application of these PCC strategies across similar low-resource settings. Integrating patient-centered care into cervical cancer screening is pivotal for increasing uptake in Nigeria. By addressing socio-cultural, economic, and systemic barriers, healthcare providers can improve early detection and reduce mortality. Our findings underscore the need for tailored interventions and continuous evaluation of screening programs to optimize public health outcomes.

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