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Oncosexology: Knowledge, Attitudes, And Barriers Among Academics And Healthcare Providers In King Abdulaziz University Hospital

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Abstract:
Background*: In Saudi Arabia (SA), more than 24000 cases of cancer are estimated to exist in 2018. Side effects of cancer treatments involve sexual and infertility issues. Despite the high prevalence of cancer, sexual health is not discussed.*
Purpose: *To assess the levels of knowledge, attitudes and barriers, and to examine the relationship between knowledge and attitudes.*
Materials and Methods*: A descriptive, correlational cross-sectional design. A self-administered structured English questionnaire. A convenient sample of 150 academics and HCPs (nurses, physicians, radiation therapists) was used. This study was conducted in KAUH, Jeddah, SA. Data were analyzed using IBM SPSS statistics software version 25.0.*
Results*: The average age of participants was 34.4 years old. Participants had poor knowledge (M=2.68, SD=2.64) and negative attitudes (M=8.33, SD=5.96) toward oncosexology. Absence of routine and clinics, and the loss of privacy were chosen as the main barriers. A positive significant relationship was found between knowledge and attitudes (r=+0.322, P≤0.01).*
Conclusion: *This study may give raise to the issue of sexual health care in SA. Guidelines and policies can be established on the level of healthcare system and delivery.*
Keyword*: Attitudes; Barriers; Healthcare Providers; King Abdulaziz University Hospital; Knowledge; Oncosexology; Sexual Health.*

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I. Introduction

Cancer is a term for a group of disorders with various etiologies, manifestations, treatment and prognoses [3]. Cancer, or malignant tumor or neoplasm; is characterized exclusively by growth of abnormal cells beyond the body's usual boundaries. These cells can invade the surrounding structures of the body, and even spread to organs, basically cancer can invade and spread to any part within the body and consists of many anatomical or molecular subtypes that require specific management strategies [4]. More than 17 million cases of cancer occurred in 2018 alone, lung cancer, prostate cancer, and colorectal cancer as the most widespread cancers for male worldwide, and breast cancer, colorectal cancer, and lung cancer being the most common cancers for females worldwide [1]. With mortality commonly occurring from lung cancer, liver cancer, and stomach cancer for males, and breast cancer, lung cancer, and colorectal cancer for females [1]. In SA, more than 24,000 cases were estimated to occur in 2018, breast cancer being the most common for females, followed by corpus uteri cancer, thyroid cancer, colorectal cancer, and leukemia. The most widespread cancer for males was colorectal cancer followed by liver cancer, prostate cancer, lung cancer, and leukemia [1]. The cancer mortality rate has increased from the period of 1990-2016 in SA. However, the death rates from cancer and treatment side effects have decreased after 70 years of age in the Saudi population [2]. The current treatment modalities of cancer include surgeries (prophylactic, palliative, and reconstructive surgeries), chemotherapies in all routes, radiation therapy (internal and external), hyperthermia, hematopoietic stem cell transplantation, targeted therapies such as biological response modifiers (BRM) therapy, and gene therapy [3]. The most common side effects of cancer treatments are myelosuppression; thrombocytopenia, anemia, neutropenia, and leukopenia, peripheral neuropathy, kidney damage, thrombophlebitis, cognitive impairment commonly known as chemo brain affecting memory, multitasking, distractibility, motor and behavioral changes, stomatitis, xerostomia, nausea, vomiting, mucositis, anorexia, diarrhea, fatigue, alopecia, skin problems; ranging from erythema and dry desquamation to moist desquamation, sexual dysfunction, and sleep problems [3]. Late side

effects include permanent damage to tissues, fibrosis, atrophy, ulceration and necrosis, dysphagia, and incontinence [3].

The world health organization (WHO) defines the sexual health as "a state of physical, mental and social well-being in relation to sexuality", and sexuality as" a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction" [4]. Furthermore, pertaining to the sexual life; the side effects of cancer treatment that can result in destruction of reproductive cells, would consist of dyspareunia, loss of libido, vaginal dryness, vaginal stenosis and fistulas [12], early menopause, erectile dysfunction, premature ejaculation, and infertility [6], which can alter the quality of life and the patient self-concept from a physical, psychological, sexual, and social aspects; despite the presence of many treatments for sexual dysfunction and rang of sexual and intimate practices [5]. Based on this, discussing and providing information about sexuality problems to cancer patients must be considered by the healthcare providers in their daily clinical practice.

Despite the high prevalence of cancer and the sexual problems pertaining to it, the issue is not being discussed even with the fact that academics and HCPs realize their responsibility regarding it. Generally, HCPs don't seem to be confident or comfortable with the topic, neither do they take time to counsel or initiate the conversation due to the cultural and religious background that can lead to communication impairments [7]. Likewise; lack of training / knowledge / experience, language and ethnicity barriers, limited time to discuss issues in the clinic, feeling 'embarrassed' to broach the topic, lack of resources, and the lack of normalizing the experience of sexual life throughout the treatment process [8]. Saudi Arabia is a country where sexuality is not articulated in the family, as well as, sexual education is not included in the school programs and sexual issues believed as taboos by persons and patients are common, especially when the prevalence of cancer in SA is increasing. Sexual health in patients with cancer frequently are ignored by academics and HCPs despite being recognized as a vital aspect of care. Patients with cancer have acknowledged sexuality problems as being of equal significance to other issues quality of life [9]. A review of previous studies available on oncosexology or sexual health and HCPs concluded that there was a lack of studies regarding oncosexology in SA. This study may approach the issues of academics and HCPs about oncosexology, their knowledge level, attitudes and barriers toward providing sexual health counseling and education. Upon the conduction of this study, the issue will be brought to light among academics and HCPs along with the healthcare system which can lead to the establishment of new necessary guidelines and policies regarding this issue in SA. The aim of this study is to assess the levels of knowledge, attitudes, and barriers towards oncosexology, and to examine the relationship between the levels of knowledge and attitudes among KAUH's academic and HCPs. Study Questions: What is the level of oncosexology knowledge of academics and HCPs working at KAUH? What are the academics and HCPs' attitudes toward oncosexology at KAUH? What are the barriers to sexual health counselling among KAUH's academics and HCPs? And what is the relationship between knowledge and attitudes of academics and HCPs toward oncosexology in KAUH?

II. Material And Methods

A descriptive, correlation cross-sectional design was used to answer the research questions in this study. All healthcare providers were recruited from one of the top university-teaching hospitals providing cancer and palliative care in Jeddah, SA. The data was collected through a self-administered questionnaire. A cross-sectional design was chosen because it "involves the collection of data at one point in time", as the researchers do not intend to manipulate the main study variables [20]. "Descriptive is to observe, describe, and document aspects of a situation" [20], since the academics and HCPs' knowledge, attitudes and barriers toward oncosexology were described. "Correlation examines relationships between variables" [20], was used to examine the relationship between academics and HCPs' knowledge and attitudes toward oncosexology. This study was conducted in KAUH, specifically in obstetrics and gynecology, medical, surgical, radiation oncology units, and chemotherapy treatment area/daycare. The KAUH is a governmental and private educational hospital in Jeddah city that started operating in late 1396H. Now, KAUH has 845 beds with the edition of 157 beds devoted for the critical care units, general, and specialized clinics that more than 200 clinics. It is working now at its full capacity of 1002 beds with 16 medical departments and seven supporting departments. [21]. The purpose for selecting this hospital was that the researchers are students at Kind Abdulaziz University (KAU) and doing their clinical practice in KAUH, therefore they have the access and ability to reach and communicate with the academics and hospital's staff. A convenient sampling method was utilized to select the study participants. Convenience sampling method is appropriate for data collection because it is relatively fast, inexpensive, and easy [20]. The total number of participants is 150. The sample size was calculated using https://www.surveymonkey.com/mp/sample-size-calculator/. All academics and HCPs working/training students in the selected units who met the inclusion criteria were asked to take a part in this study in order to account for incomplete surveys and non-responses. The response rate for this study was calculated by dividing the numbers

of participants who submitted the questionnaire by the total of eligible participants asked to involve in the study, and it was 70.42%.

Inclusion criteria:

The target population for this study consisted of all academics, nurses, physicians, and radiation therapists who have a chance to provide direct care to patients with cancer or train students of KAUH that would soon graduate to become HCPs on cancer care. Academic and HCPs was selected on the following criteria:

1. Saudi and non-Saudi academics and HCPs,
2. Academics and HCPs who are currently working/supervising students at KAUH,
3. Academics, nurses, physicians, and radiation therapists; preferably with oncology training,
4. Have some experience in cancer care,
5. Speak and read English easily and agree to participate.

Exclusion criteria:

1. Participants were working in administrative position,
2. dealing with pediatric patients with cancer.

Procedure methodology

First, ethical approval was obtained from Faculty of Nursing - KAU between the 1st and the 6th of February, 2023. Second, ethical approval from KAUH was obtained within 4 to 5 weeks of action. The consent required to complete the questionnaire was a part of the letter of information as the first page and it contained the purposes and the inclusion criteria for the study. Returning the completed surveys back is construed as implied consent, indicating that they agree to participate in the study. Researchers aimed to fulfill the ethical duty of protecting participants' information and confidentiality, and it was viewed and handled by the research team and was kept secured at the supervisor's office in KAU (Faculty of Nursing). The research team was divided into two groups to recruit participants and collect completed questionnaires from radiotherapy and chemotherapy treatment area/daycare for the first week. Obstetrics and gynecology for the second week, medical and surgical departments for the third week. Each researcher explained the study purpose, data collection process, and confidentiality measures to participants, and those who agreed to be involved in the study were asked to fill in the questionnaires. Participation was voluntary and there are no benefits or detriment for the participants. The study questionnaire will take around 10 to 15 minutes to complete. A self-administered structured English questionnaire was used, including demographic and work characteristics items, Sexual Health Care Scale-Attitude [22], and knowledge about oncosexology and barriers to providing sexual health counseling scale developed by researchers after reviewing the previous studies. Demographic and work characteristics questionnaire consisted of age, gender, marital status, specialty, the highest level of education, years of clinical experience, years of oncology experience, sexual health education experience, and source of education. The first section of the questionnaire involves 11 items under the Attitudes; the participants' answers range from agree to disagree; the Cronbach's alpha of the attitude scale in this study was .89. To score this scale, all items are summed to obtain the attitudes score, higher scores reflect positive attitudes. The second section consisted of 5 statements that can relate to the participant's knowledge ranging from not so much, to sufficient to a lot; and the Cronbach's alpha of the knowledge scale in this study was .88. Items were scored using 0 or 2 (0= not so much knowledge/ 1= sufficient knowledge/ 2= a lot of knowledge). This scale scores ranging from 0 to 10 and then calculated to a percentage score from 0 to 100, with lower scores suggesting a poor level of sexual health knowledge. The last part was concerned with the barriers that the participant might agree with Yes and disagree with No; and the Cronbach's alpha of the barriers scale in this study was .60. The lower the score, the more attitudinal problems HCPs have. Questionnaires were included for analysis when the participant had completed all the items.

Statistical analysis

Data were analyzed using IBM SPSS statistics software version 25.0. Descriptive statistics, percentages, frequencies, means, and standard deviations were used to analyze demographic and work characteristics, and main study variables. Correlation coefficient performed to "describe the direction and magnitude of a relationship between two variables." [20], it was used to examine the relationship between knowledge and attitudes of academics and HCPs. Cronbach's alpha "a measure of internal consistency" [20], was performed for all study instruments to check the internal reliability. The Level of significance was set up at $p \leq 0.05$. To handle missing data, the researcher used the imputation method to replace them.

III. Result

Overall, 213 questionnaires were distributed, and 150 HCPs and academics responded to the questionnaire (35 males, and 115 females), and generally the response rate was 70.45%. The age of the

participants ranged from 22 to 64 years old, with a mean of 34.4 (SD=8.72), more than half of participants were Saudi and 44.7% were non-Saudi. Sixty-two percent were married, and 48.7% had a bachelor's degree, 37.3% had a master's degree and 14% had a diploma. Our sample consisted of 52.7% nurses, 23.3% physicians, 17% academics, and 6.7% radiation therapists. Participants had an average of 7.95 years in their current position, with a minimum of 1 year and a maximum of 30 years, and regarding their experience with cancer patients; the average years of experience was 5.66 (SD=6.02) with a minimum of 1 year and a maximum of 28 years of experience. Pertaining to their previous sexual health education; only 32.7% received education regarding sexual health and their main source of information was self-study and in-service training in hospital (Table 1). The mean score for total attitudes scale for our participants is 8.33 (SD=5.96) with a maximum score of 22; which represent the negative attitudes most academics and HCPs possess over oncosexology. Fifty-four percent of respondents disagreed about being uncomfortable while discussing sex with cancer patients, half of them disagreed about feeling reluctant to start a conversation with a patient from the opposite sex and about the difficulty of starting a conversation, in contrast; 9.3% of participants believed that cancer patients would be uncomfortable if the HCP broached the topic, 12% agreed about their fear of offending patients, and 14.7% of respondents agreed about their fear of invading cancer patients privacy by asking some specific questions about sex. The average score of the total knowledge scale was 2.68 (SD=2.64) with a maximum score of 10. Which report the poor knowledge academics and HCPs have. Over 60% of participants didn't have sufficient knowledge regarding medical intervention and management for sexual health dysfunction, assessment and evaluation of sexual health in cancer patients, nor a knowledge about sexual dysfunction resulting from cancer, therefore less than 8% had a lot of knowledge regarding this issue and the medical interventions and management associated with it, and a knowledge regarding the assessment and evaluation criteria, and about 45% of participants had sufficient knowledge about common sexual side effects resulting from cancer treatment and the body image issues associated. The mean score for the total barriers scale was exactly 5.69 (SD=2.02) with a maximum of 9. Eighty-nine percent of HCPs who participated chose the absence of routine regarding sexual health as a barrier, 74.7% agreed that discussion about sexual health can breach patients' privacy. Consecutively, 70% chose the absence of sexual health clinics, more than half of participants agreed about the issue being taboo and didn't regard it as the primary focus during diagnosis and treatment, and chose their lack of knowledge/ skills/ education about sexual health as barrier for them. More than half of participants disagreed that discussing sexuality with elderly cancer patients is unnecessary and only around 40% of respondents didn't expect the patient to start the conversation, and didn't regard their limited time as barrier. The statistical analysis found that there is a significant positive relationship between the levels of knowledge and attitudes for participants ($r= +0.322$, $P \leq 0.01$), as the more knowledge the participants had, the better attitudes they possess over oncosexology.

IV. Discussion

The purpose of this study was to examine the relationship between knowledge and attitudes toward oncosexology among academics and HCPs in a university-teaching hospital. This study results provided some sufficient finings, which are discussed below. Prior studies have shown that discussing sexuality with the patients is not something HCPs are comfortable with, such as [7,9,11] similarly to the results being shown in this study regarding the attitudes of HCPs and their average score of 8.33 out of 22. Even though, a study reported conflicting findings [8] as 71% of participants were ready to talk about sexual health. Additionally, 90% of HCPs regarded communication as a part of their responsibility [8,15]. Continuous assessment, in-service training along with communication workshops would aid in improving the perception and attitudes of HCPs regarding oncosexology as presented with [15]. The participants of this study showed a lack of knowledge with a mean of 2.68 out of 5 which indicate similar results to [8,5] proving limited knowledge especially among oncology HCPs, and according to [9] 73% of HCPs reported no past education in sexual health training, yet 84% stated the importance of discussing sexual concerns. Opposing to these results; [12] presented that only 23.4% of HCPs received training about sexual dysfunction in cancer patients yet more than half of participants expressed their interest in sexual health education. Courses, workshops, and training programs possess such an influential part in enhancing the levels of knowledge as reported by [15]. In this study, absence of routine, loss of privacy and additionally the absence of clinics were chosen as the most common barriers encountered, representing identical results from [13,9], which is in comparison to [17] who reported health organization factors, HCPs, personal and structural factors as their main set of barriers. According [16] cultural and religious factors were the major barrier encountered in SA; the results of this study did not represent culture and religion as a preserved barrier. On the other hand, the language and elderly patients were perceived as barriers by [8] along with what the participants of this study chose. Evaluation of these barriers, and additional training can be performed to modify and improve the perceived barriers regarding oncosexology. In comparison with the results of this study, which reported a significant positive relationship between the levels of knowledge and attitudes; [7] reported a significant positive relationship between the levels of attitudes and demographic characteristics.

Yet no reviewed study presented a result with a relationship between knowledge and attitudes. More studies are needed to facilitate the knowledge regarding the relationship among these two variables in specific. This particular issue is regarded as sensitive among the society of SA and as results of this study have shown; the academics and HCPs wouldn't differ much. The response of the academics and HCPs toward oncosexology would differ greatly through the development of sexual health courses and communication workshops, sexual education programs for undergrad students to normalize the conversation about sexual health and sex, and the development of specialized sexual health clinics and sex therapy in various healthcare settings would greatly affect the levels of knowledge and attitudes toward sex and sexual health. In addition, it would greatly reduce the barriers the academics and HCPs possess over this issue, which will lead to the modification of cancer patients and the general population' beliefs about sexual health, the stigma and impact of the culture, that will eventually produce a significantly increase in the quality of life, maximize self-concept in all its different aspects; physically, psychologically and socially, for cancer patients in specific, and the Saudi society in general as sexual health is not only pertaining to cancer but also many other chronic diseases and comorbidities.

V. Conclusion

The overall goal of this study was to assess the levels of knowledge, attitudes, and barriers regarding oncosexology among KAUH's academics and HCPs. The results concluded that most academics and HCPs have a negative attitude regarding the provision of sexual health care, and only less than 8% of participants have a lot of knowledge regarding sexual health dysfunction resulting from cancer, medical interventions and assessments. Academics and HCPs chose the absence of routine, loss of privacy for patients, and the absence of clinics as the main barriers. The results also showed a presence of a positive relationship between the levels of knowledge and attitudes among academics and HCPs, as the more knowledge the participants have, the better is their attitude toward oncosexology. The scope of this study was limited to its design which is cross-sectional, and one disadvantage is that it won't aid in analyzing participants' attitudes regarding oncosexology. The convenient sampling led to high number of nurses compared to physicians and academics. Another limitation to this study was that the only included one setting is KAUH due to lack of time to include any additional setting. And lastly, the most important limitation was the lack of published studies regarding oncosexology in SA to compare and contrast between the results. Regardless of these limitations, the present study has contributed significantly to the body of knowledge and provided valuable finings regarding sexual health care knowledge, attitudes, and barriers among HCPs working with cancer patients in SA. This study can assist in establishing a constructed sexual health education programs, courses and workshops to increase the level of knowledge and modify attitudes related to sexual health care. More formal, sexual health training is required for HCPs who care for cancer patients in SA. Helping HCPs overcome barriers to addressing cancer patients' sexual problems need a careful assessment of their knowledge and attitudes. Along with the development of new guidelines and policies on the level of the healthcare system and delivery. The impact this study is aiming to reach would be achieved if the healthcare system in SA would finally take steps closer to achieve sexual health and integrate it into the components of healthcare delivery, medical care of hospitals and medical centers in various regions and cities of SA.

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