Oncosexology and health care offer a specific survey in 320 health care professionals in order to specify the perceived needs for information or training.

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Conflicts of interest

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Context

- Sexual health and intimacy in case of cancer = **pertinent parameters** for both quality of life and well-being (patient / couple) explaining their demands of information / care.

- Both perceptions and attitudes of health care professionals remain badly-known.

- Before to open a specific consultation in 2007, a **preliminary survey** in our hospital has pointed up: *JSM 2008; 5 (suppl 2): PP 10-282 p 135*
  
  - excellent awareness to this dimension
  - usual confrontation in daily practice
  - large agreement to this specific consultation
  - clear lack of knowledge's and of skills ++
  - strong demand for a better care offer: visibility / access ++
Objective

- To realize a similar survey in other health care professionals groups outside of our region
  - for minimizing any local bias
  - to analyze and evaluate the level
    - personal and professional awareness concerning the oncosexological both dimension and care
    - professional skills (aptitudes to listen, inform, cure and care)
  - to identify the perceived needs and specific requests of information and / or training of French health care professionals.
As in our first study, we used the same:

- selection criteria for health care professionals = to be in regular contact with cancer patients
- survey tool = FSP questionnaire i.e. a valid method for evaluate both professional exercises and continuous training

At the difference of our first study for practical reasons:

- we used a simplified FSP questionnaire by selecting only the main questions (as FSP questionnaire is time-consuming for the surveyors)
- we selected mainly targeted physicians groups (residents and urologists)
This validated method of **analysis of training needs** aims to improve the quality of care by including 7 questions with the following screening:

- **F** = frequency with which the subject is confronted with the problem
- **S** = given seriousness (importance and awareness) for the professional exercises
- **P** = problems of skills to bring a response in terms of:
  - theoretical knowledge's
  - how to do (practical knowledge's and technical abilities / skills)
  - how to be = relational aptitudes

*Jouquan, Pédagogie Médicale 2004,5:133; UNAFORMEC*
Method (3)

- 7 specific questions quoted
  - 0 = rarely or few
  - 1 = some times or fairly
  - 2 = often or many

- Two open complementary questions:
  1. “Do you think that a specific response is needed?”
  2. “If an oncosexological consultation is opened in your hospital, what will be your expectations for the patient?”
**FSP Questionnaire**

**B /// QUESTIONNAIRE CIBLE À PROPOS DE L'ONCO SEXOLOGIE**

**niveau de sensibilisation des soignants**

Le cancer et ses traitements peuvent retentir sur
la santé sexuelle, la vie sexuelle, et la qualité de vie
dans les différentes dimensions de la sexualité
(reproductive, identitaire, relationnelle, ludique, etc...)

L'objectif de cette étude préliminaire est de connaître
les niveaux de sensibilisation et de compétence
des soignants du CH Chambéry impliqués dans la prise
en charge des patients porteurs d'un cancer
en matière d'ono sexologie

La consigne est de répondre pour chaque case,
d'attribuer une valeur de niveau 0, 1, ou 2
Il est conseillé de répondre par colonne
- votre fréquence de confrontation,
- l'importance à vos yeux,
- les types de difficultés que cela vous pose

<table>
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<tr>
<th>FÉQUENTÉ</th>
<th>IMPORTANCE TEH</th>
<th>PROBLÈMES POSÉS AU SOIGNANT QUE VOUS ETES</th>
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<td>2</td>
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**QUELLE EST VOTRE NIVEAU DE SENSIBILISATION HUMAINE ET PERSONNEL À CETTE DIMENSION**

**VOTRE CONFRONTATION PROFESSIONNELLE À CETTE DIMENSION (avis global)**

**ATTITUDE PROACTIVE À CE SUJET AUPRÈS DU PATIENT (vous abordez le thème avec le patient)**
Material

Selected populations
320 different French health care professionals

- **Hospital health care professionals** = heterogeneous (n = 161)
  - **Our public hospital** (n = 126)
    - 58 physicians: mean age 43 (67% female including 31 GP and 27 hospital specialists)
    - 68 no physicians: 68 mean age 38
  - **Private hospital in North of France** (n = 35)
    - 3 physicians
    - 32 non physicians

- **Residents** (n = 76)
  - urologists = 18 (mean age: 27.8, 17 M / 1 F)
  - oncologists = 31 (mean age: 26.4, 11 M / 20 F)
  - radiotherapists = 27 (mean age 26.6, 17 M / 10 F)

- **Urologists** (n = 83)
  - all from other private or public institutions (mean age: 49.7; 80 M / 3 F)
Seriousness (S)

• “I think that it is important” (to be listening to sexual complaint)
  1. both hospitals = 1.9 for all
  2. urologists = 1.8
  3. residents = 1.4

• “I think that it is important to be reactive” (to sexual / intimacy complaint / question)
  1. both hospitals and urologists = 1.8 for all
  2. residents = 1.2

• “Importance to know how to inform and where to send”
  1. public hospital = 1.9
  2. private hospital = 1.8
  3. urologists = 1.7
  4. residents = 1.1

* little (0), fairly (1), very (2)
Frequency \((F)\) (1)

- « I am awareness of this problem”
  1. urologists = 1.7*
  2. both hospitals = 1.6* (every age and professional categories joined)
  3. residents = 1*

- « I am personally confronted with it”
  1. urologists = 1.8*
  2. public hospital = 1.4* (clear category dispersal)
     - physicians = 0.4 (except for urologist = 1.2 and gynecologist = 1.1)
     - hospitalization nurse, nurse chief, secretary, psychologist,
     - radiotherapy technical = 1.2
     - GP, nurse’s aide, physiotherapist, dietician, consultation nurse = 1.5
  3. private hospital (less category dispersal) and residents = 1.2*

* rarely (0), some times (1), often (2) and all numbers = mean
• “I have a reactive attitude”
  1. urologists = 1.7*
  2. residents = 1.3*
  3. both hospitals = 1.1*

• “I have a proactive attitude”
  1. urologists = 1.7*
  2. residents = 0.8*
  3. both hospitals = 0.5* (except for urologists and oncology care nurses = 1.4; no difference M / F)

* rarely (0), some times (1), often (2) and all numbers = mean
Problems (P) (1)
knowledges’

• “Theoretical knowledge's”
  1. urologists = 1.6*
  2. residents = 1*
  3. public hospital = 0.3* (physicians = 0.5, no physicians = 0.1)
  4. private hospital = 0.2*

• “How to do” (technical skills)
  1. urologists = 1.6*
  2. residents = 1.1*
  3. both hospitals = 0.1* i.e. clearly insufficient

* often (0), some times (1), no problem (2)
Problems (P) (2)

knowledges’

• “How to be” (relationship skills)

1. urologists = 1.5*
2. residents = 1.2*
3. both hospital = 1* (physicians = 1.1, no physicians = 1)

• “To know how and where to inform or to orientate patients”

1. both hospital = 1.8*
2. urologists = 1.7*
3. residents = 1.1*

* often (0), some times (1), no problem (2)
Two additional questions

- **Closed question**: “Do you think that a specific response is necessary in oncological care supports?”
  - **public hospitals** (100% responses) : 117 YES vs. 9 NO (without explanation including 6 GP, 1 gynecologist, 1 psychiatrist, 1 nurse)
  - **private hospital** (35/35 responses) : 34 YES vs. 1 NO
  - **residents** (69/76 responses) : 57 YES vs. 12 NO
  - **urologists** (83/83 responses) : 52 YES vs. 31 NO
  - **clear differences** (youngest and urologists = less needs ?)

- **Open question concerning “both personal and patient expectations due to the opening of a specific consultation in oncosexology”**
  - most frequent demands and needs
    - specific identified geographic sites
    - passive (booklets) / active (web 2.0) information tools....
    - education and training
    - health professional specific guidelines....
    - to break the silence / taboos...
• Whatever the health care professional group, our additional surveys confirm our first data and points up again, in all these non selected health care professionals

  - excellent both survey acceptance and awareness to this dimension
  - usual confrontation to oncosexological problems
  - to inform and to take care of “sexual” problems of cancer patient are a very important focus
  - real expectation and strong demand for a better visibility, access and organization of care offer.
Conclusions (2)

• Several differences can be pointed up:
  - theoretical and technical knowledge's of residents and of urologists = clearly higher than other physicians and no physicians ones’ in hospital but without difference for relationship skills
  - urologists (senior / junior) = clearly as the most prepared and thoughtful in our selected samples (but reduced gynecologists number +++).

• Except for urologists, the rarity of the double skill (oncology and sexual medicine) logically explains the strong demands and needs for a better:
  - information and specific guidelines for all
  - training for the most concerned and motivated
  - visibility for this specific health care access.
MERCI!
THANK YOU!