Discussing HPV with oropharyngeal cancer patients: A cross-sectional survey of attitudes in health professionals

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Abstract

Background: Human papillomavirus (HPV) is now known to cause a significant proportion of head and neck cancers (HNC). Qualitative research has shown that some health professionals find it difficult to discuss HPV with patients due to its sexually transmitted nature, and have concerns about their own knowledge of the virus. We used a survey to quantify attitudes towards discussing HPV among HNC health professionals.

Methods: We carried out a cross-sectional survey of HNC health professionals (n = 260) in the UK and Ireland, assessing participants’ knowledge of HPV, their experiences of and attitudes towards discussing HPV with patients, and their willingness to discuss HPV with their patients in the future.

Results: Overall, health professionals had good knowledge of HPV (mean score: 9.97 out of 12). Oncologists had significantly greater knowledge than specialist nurses, speech and language therapists and ‘other’ health professionals. Most were willing to discuss HPV with patients (mean = 4.3 out of 5). Willingness to discuss HPV in the future was associated with higher HPV knowledge (r = 0.35, p < 0.001), fewer negative and more positive attitudes towards discussing HPV (r = –0.23 and r = 0.20 respectively, both p < 0.001), fewer personal barriers (r = –0.49, p < 0.001) and greater confidence (r = 0.58, p < 0.001).

Conclusion: Knowledge, experiences and attitudes to discussing HPV varied across HNC health professionals. Addressing gaps in health professionals’ HPV knowledge and improving their confidence in discussing HPV with patients may increase their willingness to have such conversations. This may help minimise the negative psychosocial consequences of an HPV diagnosis in this patient group.

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Introduction

Overwhelming evidence has demonstrated that human papillomavirus (HPV) plays a causal role in some oropharyngeal squamous cell carcinomas (OSCC) [1], in addition to cervical, anal, penile, vulva and vaginal cancers [2]. In the US, HPV is detected in two-thirds of oropharyngeal cancers [3]. Studies have shown HPV-OSCC is prevalent worldwide and incidence rates are expected to rise [4], with numbers in the US predicted to exceed cervical cancer cases by 2020 if the current trend continues [5]. Research has shown both oral sex and open mouth kissing are associated with acquisition of oral HPV infection [6].

Consistent with findings from the cervical cancer literature [7,8], studies conducted with head and neck cancer (HNC) health professionals have identified psychological and communication challenges associated with the discussion of HPV, primarily due to its sexually transmitted aetiology [9,10]. In a UK-based study, some health professionals also expressed concern that their knowledge about the role of HPV in HNC was limited and that this made it difficult for them to respond to the questions and concerns of patients [9].

There is wide variation in awareness of the association between HPV and HNC among health professionals involved in the diagnosis and treatment of HNC. A recent review [11] has shown that knowledge of the association between HPV and HNC ranges from 26 to 88% in dentists [12,13] and 34 to 91% in other medical professionals [14,15]. Variation has also been shown within oral health professionals in the US, ranging from a complete lack of knowledge, to understanding of some details, but none had high levels of knowledge [10]. Participants in the study wanted to improve their knowledge and have training to aid in communicating with patients and this may be important in implementing consistent messages about HPV.

Previous studies suggest that greater knowledge influences communication related to HPV, for example health professionals

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with greater knowledge about HPV and the HPV vaccination, are more likely to recommend the vaccine [16] and self-rated knowledge about HPV vaccination has been shown to be an important determinant of willingness to recommend the HPV vaccination among doctors [17]. Some dental professionals say that they need more information and materials which could help them facilitate conversations about HPV-OSCC with their patients [10], but this has not been investigated with HNC health professionals.

This study was carried out in the UK and Ireland, and aimed to assess knowledge of HPV, experiences, and attitudes to discussing HPV across different groups of health professionals involved in the treatment of HNC. We also examined how these factors were associated with willingness to discuss HPV with patients in the future.

Methods

Participants

Health professionals in roles working directly with HNC patients (surgeons, oncologists, specialist nurses and allied health professionals) in the UK or Ireland completed an online or paper survey. A number of methods of recruitment were used. Professional organisations (e.g. National Cancer Research Institute, National Cancer Intelligence Network, NHS Cancer Networks [18]), and existing contacts in the NHS and from previous research studies were contacted. Delegate lists from relevant conferences were used to help provide the names of HNC health professionals and email addresses were sourced for these names where possible (n = 246). Health professionals were also recruited at three HNC conference days where data were collected using paper questionnaires (n = 160). Further information about the methods of recruitment is provided as supplementary material.

We also asked participants who had already taken part in the study to contact others who they thought might also be eligible and willing to take part; a technique known as ‘snowballing’ [19]. Where possible, reminders were sent to those who received the online link to the survey two and four weeks after the initial email.

Because of this method of recruitment, the response rate is unknown. The size of the cancer networks and organisations was unknown and some health professionals may have received the email. Twenty-five items assessed health professionals’ attitudes towards discussing HPV with patients (see supplementary information). Responses to these questions were on a 5-point Likert scale (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree). These items were developed based on the findings from the existing literature [7,9,14]. Principal component analysis (PCA) yielded five factors: confidence in discussing HPV (5 items; a = 0.89), negative attitudes to discussing HPV (5 items; a = 0.75), positive attitudes to discussing HPV (5 items; a = 0.76), personal barriers to discussing HPV (6 items; a = 0.78) and needing more information (4 items; a = 0.64). Two items in the factor ‘personal barriers to discussing HPV’ were reverse scored before running further analysis (see supplementary information).

Participants with missing data on any of the 25 items were excluded from this analysis (n = 6).

Willingness to discuss HPV in future: Health professionals were asked, ‘Generally, how willing are you to discuss HPV with your patients in the future?’ (not at all willing; not very willing; neither willing or unwilling; somewhat willing; very willing).

Socio-demographic and professional background items assessed age, sex, profession (surgeon, oncologist, specialist nurse, speech and language therapist, other), number of years in profession, whether they had trained in the UK and their main place of work (hospital, hospice, rehabilitation centre, other). Participants were also asked, ‘Have you ever looked for any information on human papillomavirus (HPV) and head and neck cancer?’ and ‘if yes, where have you looked?’: internet, medical journals, other colleagues, conferences, professional organisations, media, other.

Analysis

Chi-square tests were used to compare responses to individual knowledge items across health professional groups and ANOVA was used to compare total knowledge score between groups.

ANOVA was used to compare each attitudinal factor from the PCA across health professional groups. Pearson’s correlations were run to explore the relationships between the attitudinal factors, willingness to discuss HPV in the future, years practising in their profession and knowledge. A binary logistic regression was carried out to investigate the factors that predicted willingness to discuss HPV in the future (dichotomised for these analyses as ‘not at all’ and ‘not very willing’ versus ‘somewhat’ or ‘very willing’).

Results

Sample characteristics

260 health professionals from the UK and Ireland completed the survey (193 online and 67 on paper). It was not possible to calculate a response rate because an accurate denominator could not be calculated. Table 1 shows the sample characteristics. The majority of the sample were female (59.6%, n = 155), had trained in the UK
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