

Attitude, behavior, and barriers towards screening **colonoscopy** participation among physicians in **Mashhad University of Medical Sciences, Iran**

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Introduction

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Colorectal cancer is one of the most common cancers among men and women worldwide. Patients who are diagnosed at the early stages of the disease have a significantly better prognosis, lower mortality, and lower burden of the disease. Thus, screening methods, namely colonoscopy, and fecal occult blood test are effective means of a timely diagnosis.

Introduction

However, there are pearls and pitfalls among doctors in the decision to participate and implement these methods. This article aims to evaluate and discuss the attitude and behavior of physicians toward colonoscopy screening.

Materials and Methods

This cross-sectional study was performed on 81 physicians working in academic hospitals of Mashhad University of Medical Sciences, Iran, between February and May 2019.

Materials and Methods

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Data were gathered using demographic information checklists and a researcher-developed checklist to evaluate the attitude of physicians towards the benefits and necessity of colonoscopy.

81 physicians with a mean age of 58.9 ± 6.6 years were studied. Most of the participants were male (n = 60, 74.1%), married (n = 79, 97.5%), and had fellowships in their specialty (n = 44, 54.3%).

13 (16.0%) of the participants mentioned a history of gastrointestinal cancers in their first family members.

A total of 32 participants (39.5%) had a history of screening using colonoscopy or FOBT, of them 22 (27.1%) had undergone a colonoscopy, and 10 (12.3%) had done FOBT. Also, 41 participants (50.6%), in addition to not having undergone colonoscopy before, were also reluctant to do it.

Although 72 participants (88.9%) reported being aware of the benefits of screening colonoscopy, the most frequent barriers against CRC screening as stated by physicians were unwillingness (n = 24, 29.6%), and lack of time (n = 14, 17.3%).

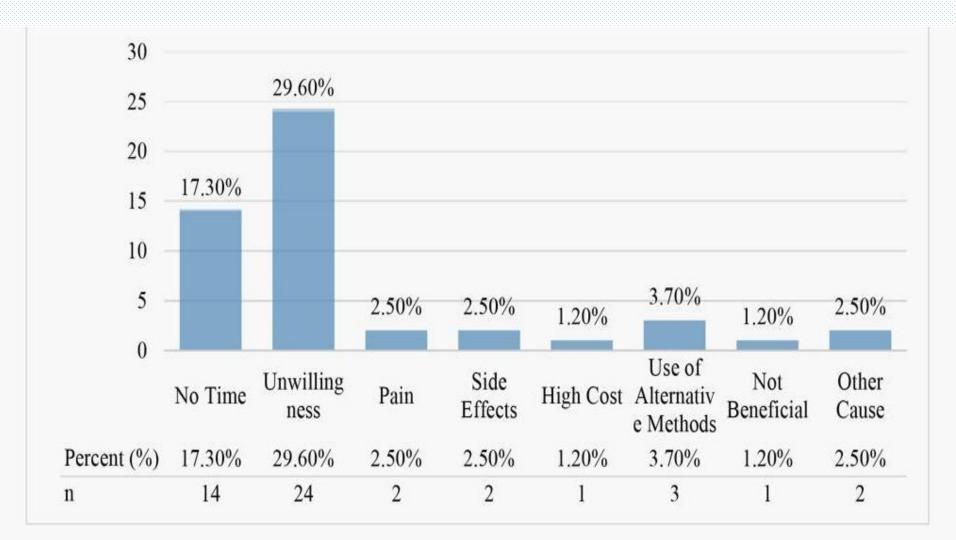


Figure 1. Barriers against screening colonoscopy among physicians

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There was no significant association between physicians' sex and their screening colonoscopy history (p = 0.98). Moreover, no significant association was detected between the physicians' level of education and undertaking colonoscopy (p = 0.15).

When asked about whether or not the physicians recommend patients older than 50 years of age to undergo screening colonoscopy, 47 (61.8%) physicians recommended colonoscopy to clients over 50 years of age.

This rate was significantly related to the physician's history of colonoscopy or FOBT, so that in the group with a history of CRC screening, 82.8% of physicians recommended screening to clients over 50 years of age, while this rate was 48.9% in the other group of physicians (p< 0.05).

Conclusion

This study revealed that a large number of physicians are not willing to undergo screening colonoscopy despite the fact that they have a positive attitude towards the method. Although physicians are knowledgeable about the benefits of colonoscopy, it is not sufficient, and creating the right cultural context is also needed.