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Nurses' approach to sexuality-related issues in patients receiving cancer treatments

LALE ALGIER, SULTAN KAV

Başkent University Faculty of Health Sciences, Department of Nursing, Ankara-Turkey

ABSTRACT

The purpose of this descriptive study was to identify the nurses' approach to sexuality-related issues of oncology patients in Turkey. Seventy seven nurses from three universities and one state hospital in Ankara, who take care of the cancer patients, were involved. Data were collected via 13 item-questionnaire, five items were scaled (always-often-occasionally-never) to evaluate the nurses' approach to sexual concerns of cancer patients. Only 20.8% of them took education on sexuality; 46.8% of them "never" explain to male patient and their partner about birth control methods and "never" explore patients about the effects of the treatments on sexual desire. Only 18.2% of nurses stated that they "always" explore female patients who are in their fertility ages about the early menopause risk. Body image changes and their effects on sexuality were "occasionally" (45.5%) or "never" (33.8%) explored in patients. Possible effects of chemotherapy on fertility also were "occasionally" (31.2%) or "never" (39.0%) explored in patients. The reasons about not to give any information to patients were; "patients don't tell any problems about this issues" and "not have knowledge base on this subject". Nurses should be suggested to get education on sexual problems in cancer patients, how to communicate and counsel to the patients and their partners. The results of this study give us a perspective on nurses' approach to sexuality-related issues in patients receiving cancer treatments and shows education needs of nurses. [Turk J Cancer 2008;38(3):135-141]

KEY WORDS:

Cancer patients, sexuality, nursing

INTRODUCTION

Sexuality is a complex, multidimensional phenomenon that incorporates biological, psychological, and behavioral parts (1). Biologic dimensions include the reproductive organs and physical appearance; psychological dimensions include body image, self-esteem, and self-concept; and social aspects include gender roles, cultural expectations, and stereotypes (2). Emotional satisfaction, reproduction, physical attractiveness to others, and formation of relationships are all aspects of sexuality (3). Sexuality includes feelings about one's body, the need for touch, interest in sexual activity, communication of one's sexual needs to a partner, and the ability to engage in satisfying sexual activities (4). All cancers can impact sexuality and intimacy but having cancer does not eliminate sexual feelings (5).

In recent years, as cancer treatments improve and patients with cancer don't only live longer but also live with enhanced quality of life, issues related to sexual function have increased (6). Cancer treatments often cause sexual dysfunctions that remain very long duration after therapy. Cancer therapy, such as surgery, chemotherapy, radiation therapy, and bone marrow transplantation may have physiological and psychological impact on sexual function (1,7,8). Literature shows that 50% of women with breast or gynecologic cancers and 70% of men undergoing treatment of prostate cancer report some level of sexual dysfunction (6,9,10). Cancer and its therapies affect the

physical, psychological, and social ability of the patient to maintain sexual health. The most common changes associated with sexuality are erectile dysfunction, loss of desire for sexual activity, the inability to reach orgasm, vaginal dryness and stenosis, which contributes to dyspareunia, changes in genital sensations due to pain or a loss of sensation and numbness, premature menopause, loss of body hair, increased fatigue, weight gain or loss, amenorrhea, surgical removal of limbs, breast, testicle, vulva, penis and body image problems, fears and anxieties, depression, loss of self-esteem, family role, social role, relationships and health and risk of infertility (7,11,12).

Because sexual function is one important aspect of quality of life, it is important for health care providers to find out if a patient is experiencing sexual problems. While sexuality is an important aspect of human health and quality of life, a research indicated that nurses ignore it for a variety of reasons (13). Nurses do not routinely inquire about sexual practices and do not provide teaching or counseling in this area. Nurses have the knowledge and can acquire the skills to deal with sexual issues and becoming aware of their own sexual attitudes can affect their clinical practice. It is important for oncology nurses to know that the patient's sexual dysfunction can be a significant source of emotional morbidity. Without a sexual assessment, the nurse has no idea if the oncology patients have sexual dysfunction. An open dialogue on sexuality must begin soon after the cancer diagnosis is made and after treatment is planned, and must continue through the cancer trajectory well into the survival phase (7,14). In spite of suggestions and advice found in the literature, research findings continue to demonstrate that nurses rarely address sexual issues, provide little teaching and sexual counseling (5,15-17).

The sexual concerns of patients have often been neglected in health care. Unfortunately, sexuality still is not openly discussed in many cultures, including Turkish society. As a result, clients often hesitate to raise questions or concerns about sexual issues with their health care providers (18). Little is known about nurses' approach to sexuality-related issues in patients with cancer in Turkey. This study aims to determine the approaches and status of the nurses caring for cancer patients regarding their sexuality.

MATERIALS AND METHODS

This descriptive study was conducted to identify nurses' approaches to sexuality-related issues in patients receiving cancer treatments. A questionnaire prepared by researchers based on the literature, was used for data collection. The questionnaire consisted of 13 open-ended and multiple-choice questions on nurses demographics (age, educational status, years in nursing and working years in oncology), education related to sexuality issues in cancer and source of education, questions related to nurses' approach to patients about sexuality issues were scaled as "always", "often", "occasionally", and "never". There was one open-ended question asking the nurses' experiences with patients on this subject and their suggestions. The questionnaire was pretested with ten nurses and preliminary testing responses were examined and corrections were made.

Data were collected over three months from January 2005 to April 2005. A convenience sample of nurses was obtained from three universities and one state hospital in Ankara, Turkey. Researchers approached the nurses who work with cancer patients (both inpatient and outpatient) and explained about the study. Participation was on a voluntary basis. The nurses were notified about the purpose of the study and the questionnaire. Total one hundred and ten nurses were invited and seventy-seven (70%) nurses responded to this study.

The data collected was analyzed by SPSS® 11.5 for windows program. Percentages and Fisher's Exact Chi-Square significance tests were used in the statistical assessment.

RESULTS

Table 1 shows the characteristics of the nurses included in the study. 59.7% of the nurses were between the ages of 25-29 years, 54.5% of the nurses reported that they had a bachelor degree and 29.9% of them had an associate degree in nursing. When the years in nursing and oncology were examined, it was determined that 35.1% of the nurses were for 1-4 years in nursing and 44.2% of nurses were for 1-4 years in oncology.

An evaluation of education about sexuality and information sources (Table 2) showed that 20.8% of nurses

Table 1
Nurses' demographic characteristics

Demographic characteristics	n	%
Age		
24 and below	13	16.9
25-29	46	59.7
30-34	10	13.0
35 and over	8	10.4
Education		
Diploma	10	13.0
Associate degree	23	29.9
BSN	42	54.5
Master	2	2.6
Years in nursing		
Up to 1 year	8	10.4
1-4 year	27	35.1
5-8 year	22	28.6
9-12 year	9	11.7
13 and over	11	14.3
Working years in oncology		
Up to 1 year	20	26.0
1-4 year	34	44.2
5-8 year	9	11.7
9 year and over	8	10.4
Not respond	6	7.8
Total	77	100.0

Table 2
Nurses' education on sexuality issues for patients receiving cancer treatments and sources of education

	n	%
Received education on sexuality (n=77)		
Yes	16	20.8
No	61	79.2
Sources of education (n=16)		
During basic nursing training	8	50.0
In-service education	3	18.7
"Sexuality in Cancer Patients" course by TONA*	3	18.7
Self-studied from books	2	12.6

TONA: Turkish Oncology Nursing Association

received education about sexuality while 79.2% did not. Half of the nurses (50.0%) received information on sexuality during basic nursing training, three (18.7%) had in-service education and three (18.7%) attended a post-graduate course "Sexuality in cancer patients" which was held by TONA (Turkish Oncology Nursing Association).

Table 3 shows nurses' approach to patients about sexuality issues. As seen in the table most of the nurses (46.8%) "never" explain to male patient and their partner about birth control methods and "never" explore about the effects of the treatments on sexual desire. Only 18.2% of nurses stated that they "always" explore female patients who are in fertility ages about the early menopause risk whereas 39.0% of them "occasionally" or 33.8% of them "never" explore. Exploring about body image changes and their effects on sexuality were "occasionally" (45.5%) or "never" (33.8%). Exploring possible effects of chemotherapy on fertility also were "occasionally" (31.2%) or "never" (39.0%).

When we evaluated the nurses' demographics (age, educational status, having education about sexuality, working years in nursing and oncology) and nurses' approach to patients about sexuality issues; there is statistically significant relationship between having education on sexuality with nurses' approach (χ^2=12.19, p<0.001). (Table 4)

The reasons for not giving any information to patients were (Table 5); "patients don't tell any problems about this issues" (42.6%); "not have knowledge base on this subject" (21.8%) and "no time to discuss this subject" (14.9%).

Most of the subjects did not respond to open-ended question about their experiences and suggestions (data are not given in the tables). Those who responded (n=18) suggested to get education on sexual problems in cancer patients, how to communicate and counsel the patients and their partners, and to prepare a brochure for patients.

DISCUSSION

The results of this study give us a perspective on nurses' approach to sexuality-related issues in patients receiving cancer treatments. Most of the nurses who were involved in this study did not take any educational courses

Table 3
Nurses' approach to patients about sexuality issues for patients receiving cancer treatments

Nurses' approach to patients about sexuality issues (n=77)	Always n (%)	Often n (%)	Occasionally n (%)	Never n (%)
Do you explore male patients and their partners about birth control methods?	9 (11.7)	6 (7.8)	26 (33.8)	36 (46.8)
Do you explore female patients who are in fertility ages about the early menopause risk?	14 (18.2)	7 (9.1)	30 (39.0)	26 (33.8)
Do you explore patients about the effects of the treatments on sexual desire?	6 (7.8)	8 (10.4)	27 (35.1)	36 (46.8)
Do you explore patients about the body image changes and their effects on sexuality?	6 (7.8)	10 (13.0)	35 (45.5)	26 (33.8)
Do you explore patients about possible effects of chemotherapy on fertility?	10 (13.0)	13 (16.9)	24 (31.2)	30 (39.0)

Table 4
Comparison of nurses who had education on sexuality issues vs. nurses' approach to patients about sexuality issues*

	Nurses' approach to patients about sexuality issues		
Had education on sexuality	Always/often	Occasionally/never	Total
Yes	9	7	16
No	9	52	61
Total	18	59	77

*Fisher's Exact Chi-Square test, $p < 0.001$

about sexuality. Nurses, who had knowledge on sexuality, mostly received education at nursing school. However, mostly nursing curricula does not include sexuality issues of cancer patients and how to assess and counsel sexuality. Three nurses in this study had an education on sexuality in cancer patients which was given at inservice education. In general, education on sexual dysfunctions experienced by cancer patients and nurses' approach are very limited or never included at in-service educational programs for nurses who take care of oncology patients in Turkey. Dennison (19) found that 66% of healthcare professionals (n=33) had had no sexuality education within their professional training and 45% had none during their professional career.

It is found that there is a significant relationship between nurses approach to patient about sexuality with education on this subject. In a study from Lewis and Bor (20) which was conducted to determine the relationship between knowledge and attitude towards sexuality, the results showed a slight, but significant correlation between receiving teaching about sexual history taking and questioning patients about sexuality on admission. Unfortunately this study revealed that most of the nurses did not receive education on sexuality. That could be the main reason being naive about sexuality issues. This result indicates that there is a need for regular educational activities on sexuality, especially in cancer patients, and generally on all chronic illness patients.

Table 5
The reasons of "occasionally" or "never" giving information on sexuality issues to cancer patients

Reasons (n=65)*	n	%
Patients don't tell any problems about this issues	43	42.6
Lack of knowledge	22	21.8
No time to discuss this subject	15	14.9
Feeling uncomfortable to talk about sexuality	9	8.9
It is not nursing role	5	4.9
Other**	7	6.9
Total	101	100.0

*Some items may have multiple answers
**Others include: doctor informs the patients, patients are in older ages, there is no appropriate place to talk about this subject, patients having discomfort to talk about, give priority to patients' other problems

Most of the nurses in this study did not approach the patients about the effects of cancer treatments on sexuality. Various studies showed cancer patients and their partners' needs for information and support about sexuality (2, 21-27). Nurses do not need to be a sex therapist to assist their patients who are experiencing sexual dysfunction. However, nurses need to be knowledgeable about the etiology and management of sexual dysfunction and how to make appropriate referrals (1).

For many years, sexual functioning has been identified as an essential aspect of patient care, but it is a health matter rarely dealt with by health professionals (7, 28-30). The Oncology Nursing Society published nursing practice standards, which include a standard related to sexuality. This standard of practice holds nurses responsible for educating patients on the sexual side effects of treatment. The nurse must have an appreciation of the broad scope of sexual issues facing patients with cancer and be willing to meet this challenge, to attain this standard of practice (4,31,32).

The reasons of "occasionally" or "never" giving information on sexuality issues to cancer patients were mostly stated as "patients don't tell any problems about this issues"; "not have knowledge base on this subject" and "no time to discuss this subject". Although there is a declining trend towards the expression of sexual problems in Turkish people still there are some taboos concerning sexuality. This attitude is especially being observed in traditional families. This could be an important factor for not raising any question for the issue. But, it is expected that health personnel should take an active role in the area of sexual health. Nurses dealing with cancer patients have responsibilities to give information and counseling. As a nature sexual problems are complex, that are interconnected closely with patients beliefs and values as well as the society's attitudes and openness towards the sexual issues. Of course this also brings nurses beliefs to be taken into account when dealing with the issues, i.e. nurses may easily pass the problem if the patient does not raise the question because of his or her social background.

In a recent study from Finland, Hautamaki et al. (33) investigated healthcare professionals' (n=215) experiences of discussing sexuality-related issues with cancer patients at a university hospital. The results indicate that staff on the cancer ward regard discussions about sexuality as a part of their job. However, discussions on these issues are uncommon and only 35% of the respondents started these discussions on their own initiative. In this study the most important reason for not raising the issue is lack of training.

Herson et al. (3) identified the barriers to providing sexuality information as lack of time, lack of knowledge, personal attitudes about sexuality and patient lack of readiness. The results of the study by Stead et al. (34) indicat-

ed that lack of time, lack of experience, or embarrassment were given as the reasons for avoiding discussing sexual changes with women with ovarian cancer. Magnan and Reynolds (16) examined the barriers to addressing patient sexuality across areas of specialization: medical, surgical, rehabilitation, oncology, and obstetrics/gynecology. Findings of the study indicate that the number one barrier was the nurses' perceptions that patients do not expect nurses to address their sexuality concerns, while the other high-ranking barriers included a lack of comfort and confidence in addressing sexuality and failure to make time to discuss patient sexuality concerns.

Patients usually don't raise the issues about sexuality; Hughes (7) emphasized this barrier as "a silent coexistence". For breaking the silence, nurses must initiate the discussion with patients and their partners (35). Most nurses are skilled at communicating; which is one of the essential professional skills. Asking about sexuality is not much different from talking about any other physiologic and psychological topics that we discuss with our patients, such as bowel and bladder habits or death and dying (36). Nurses with knowledge of communication, counseling techniques and sexuality in cancer patients will provide an environment of trust and support for cancer people and will make a significant contribution to the sexual health of these individuals.

Limitations

There were certain limitations in our study. Sample size of the study is small and localized. Future studies should include higher number of nurses. Religious practices and beliefs may have effect on discussion for the sexual issues for both patient and nurse. Future studies could address this aspect of the problem. The second limitation was that the personal opinions of the nurses were emphasized in the study and therefore there was no control over information.

CONCLUSIONS

Many nurses avoid discussing sexuality with patients or encounter obstacles because they are not adequately prepared sexuality as a dimension of patient care. Evaluating and informing about sexual concerns of patient receiving cancer treatment will have a positive effect on their quality of life. The healthcare teams need to break the silence about sexuality, create a comfortable atmosphere and provide support. We recommend further research on the topic using a larger sample to identify the beliefs and attitudes. More research is needed on training of the nurses to overcome the barriers and guidelines or procedures in place for dealing with sexuality-related issues with patients.

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