



Using the BETTER Model to Assess Sexuality

JoAnn Mick, RN, MSN, MBA, AOCN®, Mary Hughes, MS, RN, CNS,
and Marlene Z. Cohen, RN, PhD, FAAN

A component of the American Nurses Association (ANA) and the Oncology Nursing Society (ONS) standards of nursing practice is systematic assessment and collection of data about the health status of each patient; this process includes sexuality (ONS & ANA, 1996). Many tools are available to nurses when obtaining a sexual history, assessing sexual function, and providing interventions that will assist patients in the management of any identified problems. Models such as PLISSIT, PLEASURE, and ALARM can support nurses by providing a guide for appropriate steps to address sexuality with patients (Andersen, 1990; Krebs, 2001; Mick, Hughes, & Cohen, 2003; Shell, 2001). The BETTER model also can be used to provide information to help oncology nurses conduct sexuality assessments more effectively (Mick et al.) (see Figure 1). Test your knowledge of sexuality assessment by answering the following questions, which are based on the BETTER model.

1. Sexuality is best described by which of the following definitions?
 - a. Sexual function
 - b. A composite of feelings and behaviors specific to gender
 - c. Sexual activity and the love and caring that accompany it
 - d. Body image, gender roles, patterns of affection, family and social roles, and genital sex
2. Mrs. A, a 63-year-old woman with stage II breast cancer, comes to the clinic for her chemotherapy follow-up visit. While the nurse performs her assessment, Mrs. A states that she has been feeling very tired most of the time. The nurse can use this comment to bring up the topic of sexuality and accurately provide information by saying,
 - a. "Tiredness can change your sexual life, too. Many women notice changes in their sexual lives. If you have any con-

cerns, you should let your doctor know."

- b. "You'll have to make major adjustments in your sexual life because fatigue is an expected consequence of undergoing cancer treatment."
 - c. "Fatigue can impact all areas of your life. Being diagnosed with cancer may present challenges to your role as a wife or mother. How have fatigue and role changes affected your sexuality?"
 - d. "Have you noticed any changes in your energy level when having sexual intercourse?"
3. Mr. B, a 45-year old man who completed treatment for rectal cancer, returns for his six-month follow-up visit. He asks the nurse if it is all right to ask about sexual issues because the discussion is taking place in a cancer center. The nurse bases her response on her knowledge that linking sexuality with health
 - a. Emphasizes the importance of maintaining normal activities and relationships during cancer treatment and recovery.
 - b. Is inappropriate because discussions in the cancer center should focus on cancer, treatment, symptoms, and problems that patients experience.
 - c. Is misleading because cancer treatment is expected to affect sexuality in a negative way.
 - d. Offers unrealistic hope for patients with cancer.
 4. At which point in time should sexuality be discussed with patients with cancer?
 - a. At diagnosis
 - b. At the first scheduled cancer treatment, when explaining the treatment plan and potential side effects
 - c. At diagnosis, throughout the treatment period, during recovery, and while rebuilding a sexual life
 - d. When treatment is completed and pa-

tients' focus shifts from survival to rebuilding their lives

5. Mr. J, a 24-year-old man with testicular cancer, is admitted for his first chemotherapy treatment. While completing an assessment and reviewing the treatment plan, the nurse notes that Mr. J will receive cisplatin chemotherapy. An appropriate nursing diagnosis to record in Mr. J's nursing care plan is
 - a. Actual alteration in sexuality.
 - b. Fluid volume deficit related to disease process and treatment.
 - c. Knowledge deficit related to prevention and early detection of cancer.
 - d. Potential for alteration in sexuality.

Discussion

Question 1: The correct answer is choice d, body image, gender roles, patterns of affection, family and social roles, and genital sex. Sexual function and sexuality are distinct concepts. Sexual function is a specific aspect of sexuality that includes gender and

JoAnn Mick, RN, MSN, MBA, AOCN®, is a patient care nurse manager at the University of Texas M.D. Anderson Cancer Center in Houston and a doctoral student at Texas Woman's University in Houston; Mary Hughes, MS, RN, CNS, is a clinical nurse specialist in the Psychiatry Section of the Neuro-oncology Department at the University of Texas M.D. Anderson Cancer Center; and Marlene Z. Cohen, RN, PhD, FAAN, is a John S. Dunn, Sr., distinguished professor in oncology nursing in the School of Nursing at the University of Texas Health Science Center at Houston and the director of applied nursing research at the University of Texas M.D. Anderson Cancer Center.

Key Words: sexuality, quality of life

Digital Object Identifier: 10.1188/04.CJON.84-86