

Addressing the Sexual Health Needs of Patients With Gynecologic Cancers

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Research indicates that sexual health and function frequently are overlooked by healthcare professionals despite being identified as an essential aspect of patient care. This article discusses the topic of sexuality as it pertains to women with gynecologic cancers, highlights barriers to addressing sexuality with patients with cancer, and provides nurses with a framework to guide them in providing information and support to patients who are experiencing sexual difficulties or who need information about sexual function. A case study addresses the challenges a woman with cervical cancer faces and the role of the nurse in supporting the patient and her partner within the PLISSIT model.

Advances in the diagnosis and treatment of cancer suggest that patients will live longer while experiencing the effects of their treatments (Colyer, 1996). Sexual dysfunction is the most common long-term consequence of cancer treatment, affecting 50% of the survivors of breast, gynecologic, and many other cancers (National Cancer Institute, 2004). With this in mind, it is particularly important for healthcare professionals to understand how patients with cancer live with the debilitating outcomes of treatment and how their quality of life is affected (Carmack Taylor, Basen-Engquist, Shinn, & Bodurka, 2004; Mitchell & Pilkington, 2004). Patients with cancer have identified sexuality issues as being of equal importance to other quality-of-life issues (Ananth, Jones, King, & Tookman, 2003; Dudas, 1991; Hughes, 1996).

Research indicates that sexual function is a health topic frequently overlooked by healthcare professionals, despite being identified as an essential aspect of patient care since the 1970s (American Nurses Association & Oncology Nursing Society, 1980). The World Health Organization (2002) defines sexual health as a state of physical, emotional, mental, and social well-being related to sexuality, not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences that are free of coercion, discrimination, and violence.

Literature Review

Many types of cancer and cancer therapies are associated with sexual dysfunction. According to Jensen et al. (2003), 85% of women who were diagnosed with cervical cancer and treated with radiation reported little to no interest in sexual activity, 55% reported

At a Glance

- ◆ Patients benefit from information pertaining to their diagnosis and treatment for sexual function.
- ◆ Nurses identify many barriers as to why they do not address sexual health issues.
- ◆ Oncology nurses play a pivotal role in addressing patients' sexual health issues.

dyspareunia, 45% had difficulties in completing sexual intercourse and in attaining orgasm, and 30% reported dissatisfaction with their sexual lives, highlighting the issues facing many women and their partners.

Gynecologic malignancy and its treatment can significantly impact quality of life for women facing advancing disease (Fitch, 2003). The most common sexual issues experienced after gynecologic cancer treatment are a loss of desire and pain associated with sexual activity (Booth & Bruera, 2004).

Studies also reveal a lack of communication about sexual health between patients and healthcare professionals, as well as between patients and their partners (Hordern & Currow, 2003). Research indicates that healthcare professionals, including those using a holistic approach to patient care, are reluctant to discuss sexual issues with their patients, possibly because of

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