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Identification of Barriers to Sexual Health Assessment in Oncology Nursing Practice

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Sexual health can relate directly to the ability to recover from or adapt to various medical conditions. Illness affects a person's physical being as well as self-image, desire, emotional and sexual intimacy between partners, and reproductive decisions (Warner, Rowe, & Whipple, 1999). Sexual health is affected by all aspects of cancer, including cancer's biologic processes of growth and metastasis, the effect of undergoing cancer treatment (e.g., surgery, chemotherapy, radiation therapy, hormonal agents, stem and marrow transplantation), and the psychological issues that occur as a result of having cancer and receiving treatment for it (Krebs, 2006).

As cancer becomes accepted as a chronic illness, patients are expected to cope and adapt to various symptoms such as fatigue, pain, and sexual health. As patients attempt to improve their quality of life after treatment, recovery of sexual health becomes a priority. Open discussions and exploration of methods (not limited to intercourse) to foster sexual expression, intimacy, and communication are critical. Performing a sexual health assessment should be the first step toward appropriate diagnosis and therapeutic intervention for most patients and is a fundamental part of holistic nursing care. A comprehensive sexual health assessment provides a baseline for nursing care and lays the groundwork for an open dialogue about sexuality. Avoiding discussions of sexual health omits a valuable opportunity to educate patients and provide comprehensive care. The relationship between nurses' attitudes and knowledge of sexual health in relation to their nursing practice should be explored to better understand why oncology nurses often fail to complete a sexual health assessment throughout the care continuum.

Background

Various research studies suggest an inconsistency between what patients want and what nurses provide in their care. Healthcare professionals believe that an

Purpose/Objectives: To explore oncology nurses' attitudes about and knowledge of sexual health. Sexual health is an integral component of quality of life, which is an Oncology Nursing Society research priority.

Design: A descriptive, cross-sectional design.

Setting: A National Cancer Institute–designated comprehensive cancer center in the northeastern United States.

Sample: A convenience sample of 576 RNs working in acute care, ambulatory, and perioperative services were approached during an annual mandatory training day.

Methods: Attitudes and beliefs about patients' sexual health assessment in nursing practice were evaluated with the Sexual Attitudes and Beliefs Survey and 10 demographic questions.

Main Research Variables: Oncology nurses' attitudes and beliefs regarding sexual health assessment of patients.

Findings: A statistically significant difference was found in scores based on age and nursing experience, whereby younger and less experienced nurses had higher scores, indicating greater discomfort in discussing sexual health with patients. Statistical significance also was found in scores based on oncology certification and practice setting, whereby oncology certified nurses and outpatient nurses identified fewer attitudinal barriers than noncertified nurses and nurses working in the inpatient setting.

Conclusions: The results suggest that this patient population may not be receiving a complete sexual health assessment.

Implications for Nursing: Nurses in the sample believed that sexuality was not too private an issue to discuss with their patients and claimed to understand how disease and treatment may affect patients' sexuality. Nurses also believed that their patients should not expect nurses to ask about their sexual concerns and often defer to the physician for any sexually related questions.

accurate sexual history is an important component of understanding their patients' medical issues. Studies also have shown that patients prefer discussions about sexual health to be initiated by healthcare professionals, yet only a small percentage of nurses are discussing such concerns with their patients (Cox, Jenkins, Catt,