



Supporting the Couple With Female Dyspareunia

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Patients receiving treatment for cancer often experience changes in sexual functioning but may be hesitant to ask questions. This article focuses on ways in which nurses can support patients and their partners and address their concerns through various evidence-based interventions.

At a Glance

- Sexuality, as well as how it is affected by cancer and its treatment, is an important aspect of holistic nursing care.
- Sexuality is not often brought up by nurses because of concern about a lack of evidence-based interventions.
- Many of the skills needed to inquire about sexual concerns are those that nurses use daily: active listening, sensitivity, and knowledge about how cancer and its treatment can physiologically affect sexual functioning.

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Soon after 54-year-old M.J. was diagnosed with unresectable ovarian cancer, for which she would be receiving chemotherapy, a clinical nurse specialist (CNS) was consulted by M.J.'s gynecologic oncologist to work with her. After the CNS handed M.J. and her husband a business card at their initial meeting, M.J. raised her eyebrows and shushed her husband when he commented that the card mentioned "human sexuality." M.J. also noted that she and her husband were deeply religious. The CNS explained that sexuality often can be affected by cancer and its treatment, and then stopped the conversation about sexuality and focused on working with the couple to provide support and information about the diagnosis, possible side effects, and coping. As trust built, M.J. asked, "How can cancer af-

fect sexuality?" but immediately noted she did not have time to discuss that subject at the moment.

When M.J. experienced bleeding and pain with coitus, the couple made an appointment with the CNS. During the assessment, M.J. noted that prior to diagnosis, she had vaginal dryness and pain during coitus with deep thrusts. When asked about changes in her libido, M.J. became highly offended, remarking that, as a wife, she absolutely wanted to engage in coitus with her husband. M.J.'s husband reminded his wife that the CNS had to ask such questions to help the couple. In addition, the CNS explained that she had asked about libido because having pain with intercourse can affect libido and has nothing to do with how much a woman loves her husband.

Tearful, M.J. stressed that, as a Puerto Rican Catholic woman, the subject was very difficult to discuss and that it was her first time doing so. The CNS acknowledged M.J.'s comments and thanked M.J. for the honor of working with her and her husband during their cancer journey. The verbal acknowledgement seemed to help M.J., and the CNS explored the couple's understanding of how the cancer and the chemotherapy treatment could affect sexual functioning. The CNS emphasized that the brain is the most important sex organ, and that M.J. needed to teach her brain that sexual activity is safe, not painful.

Nursing Assessment

Because cancer and its treatment can have a significant impact on sexual functioning, every oncology nurse must be comfortable with the topic to be able to appropriately assess, intervene, or refer patients. To normalize the topic, nurses should create an environment that provides opportunities for discussion and encourages patients to ask about changes in sexuality (e.g., business cards, books about sexuality in the clinic office).

During patient assessments, nurses should remain aware of patients' cultural background, as well as employ sensitivity when asking questions about sexuality to learn about patients' specific ways of discussing the topic. Exploration of patients' knowledge of cancer and its treatment, perception of the cause of cancer and of how sexual functioning has changed because of the diagnosis, and goals surrounding sexual functioning is also essential; asking about patients' perception of the cause of cancer can be critical if they believe their cancer resulted from