

# Development of an Instrument to Examine Nursing Attitudes Toward Fertility Preservation in Oncology

Maria C. Grabowski, MSN, RN, OCN®, Deborah A. Spitzer, MSN, RN, OCN®,  
Sonja E. Stutzman, PhD, and DaiWai M. Olson, PhD, RN, CCRN, FNCS

Grabowski is a program manager and Spitzer is an RN and nurse educator, both in the Harold C. Simmons Comprehensive Cancer Center; and Stutzman is a clinical research manager and Olson is an associate professor, both in the Department of Neurology and Neurotherapeutics, all at the University of Texas Southwestern Medical Center in Dallas.

No financial relationships to disclose.

Grabowski and Spitzer completed the data collection. Olson provided statistical support. Grabowski, Stutzman, and Olson provided the analysis. All authors contributed to the conceptualization and design and the manuscript preparation.

Grabowski can be reached at maria.grabowski@utsouthwestern.edu, with copy to editor at ONFEditor@ons.org.

Submitted July 2016. Accepted for publication November 21, 2016.

Keywords: oncology nursing; fertility; fertility preservation; adolescent and young adult patients

ONF, 44(4), 497–502.

doi: 10.1188/17.ONF.497-502

**Purpose/Objectives:** To develop an instrument to measure staff nurse perceptions of the barriers to and benefits of addressing fertility preservation (FP) with patients newly diagnosed with cancer.

**Design:** A prospective, nonrandomized instrument development approach.

**Setting:** Harold C. Simmons Comprehensive Cancer Center at the University of Texas Southwestern Medical Center in Dallas.

**Sample:** 224 RNs who care for patients with cancer.

**Methods:** The instrument was developed with content experts and field-tested with oncology staff nurses. Responses to a web-based survey were used in exploratory factor analysis. After refining the instrument, the authors conducted a confirmatory factor analysis with 230 web-based survey responses.

**Main Research Variables:** Self-perceived barriers to providing FP options to patients newly diagnosed with cancer.

**Findings:** The results supported a 15-item instrument with five domains: (a) confidence, (b) self-awareness, (c) external barriers, (d) time barriers, and (e) perceived treatment barriers.

**Conclusions:** This instrument can be used to explore oncology nurses' attitudes toward FP in newly diagnosed people with cancer in their reproductive years.

**Implications for Nursing:** A more comprehensive understanding of attitudes and barriers related to FP will guide the building of optimal systems that support effective FP options, resources, and programs for individuals with cancer.

The American Cancer Society (2017) estimated that about 1.7 million people would be newly diagnosed with cancer in 2017. In 2015, an estimated 70,000 of those diagnosed with cancer were adolescents and young adults aged 15–39 years, still of childbearing age (National Cancer Institute, 2015). Individuals in their childbearing years have reported that fertility is of high concern and, at times, trivialized by clinicians (Peate, Meiser, Hickey, & Friedlander, 2009). Many cancer treatments reduce fertility, and some eliminate its possibility. A diagnosis of cancer is unexpected and life-changing. Healthcare providers fully understand the implications of treating the malignancy as soon as possible, but many overlook the options related to survivorship when treatments are effective (Ethics Committee of the American Society for Reproductive Medicine, 2005; King et al., 2008; Peate et al., 2009). Knowing that time to treatment is a factor in survival, therapy, including surgical resection, chemotherapy, systemic therapies, and radiation, is often started as soon as possible. The delivery of information about fertility may also be confounded by the type of cancer, insurance provider, and socioeconomic resources available to the patient and clinic (Loren et al., 2013).