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 an 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 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,