Sexuality in Irish Women With Gynecologic Cancer

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Advancements in cancer detection and treatment have led to increased survival rates among patients with cancer (Tierney, 2008), but cancer survivorship is associated with distressing long-term side effects that can negatively influence patients’ sexual health (Stilos, Doyle, & Daines, 2008). According to the National Cancer Institute (2010), sexual dysfunction is the most common side effect of cancer treatment, affecting 50% of gynecologic cancer survivors. However, Sheerin and McKenna (2000) proposed that the nursing literature is lacking in a holistic conceptualization of sexuality that has contributed to a dominant focus on the physical aspect of sexual functioning with a neglect of broader dimensions of sexuality in nursing research. Nursing research exploring the sexuality of patients with a diagnosis of cancer within an Irish context is scarce (Lavin & Hyde, 2006). In addition, traditional Irish culture and the influence of strong religious beliefs may have contributed to the consideration of sexuality as a taboo subject among Irish women (Lavin & Hyde, 2006). However, since the mid-1990s, the influence of the Catholic Church has declined, resulting in a change of attitudes toward sexuality (Higgins, Barker, & Begley, 2009; Lavin & Hyde, 2006), enabling nurses and healthcare professionals in Ireland to address sensitive issues such as sexuality more easily.

Literature Review

A review of the literature surrounding the construct of sexuality in female cancer care highlights a lack of consensus. Although numerous definitions of the term sexuality exist (Butler, Banfield, Sveinson, & Allen, 1998; Krebs, 2006; Thaler-DeMers, 2001; Tierney, 2008), few theoretical frameworks aim to provide a deeper understanding of the construct of sexuality in cancer care. However, Woods’ (1987) conceptualization of sexuality has been acknowledged by various researchers in cancer-related studies (Bruner & Boyd, 1999; Butler et al., 1998; Gamel, Hengeveld, & Davis, 2000). Woods (1987) proposed a multidimensional view of sexuality composed of three inter-related concepts: sexual self-concept, sexual relationships, and sexual functioning. Through an examination of empirical and theoretical literature surrounding sexuality in a female cancer

Purpose/Objectives: To investigate sexual self-concept, sexual relationships, and sexual functioning, and the relationship between these and certain demographic variables of Irish women, following a diagnosis of gynecologic cancer.

Design: Descriptive, correlational.

Setting: Outpatient gynecologic oncology clinic in a large university hospital in Southern Ireland.

Sample: 106 women with a diagnosis of and treatment for various gynecologic cancers (cervical, ovarian, endometrial, and vulvar).

Methods: The Body Image Scale, Sexual Esteem Scale, and Sexual Self-Schema Scale were administered to women a minimum of six weeks postdiagnosis of any form of gynecologic cancer to measure sexual self-concept; the Intimate Relationships Scale to measure sexual relationships; and the Arizona Sexual Experiences Scale to measure sexual functioning.

Main Research Variables: Sexual self-concept, body image, sexual esteem, sexual self-schema, sexual relationships, and sexual functioning.

Findings: Participants reported negative changes in relation to their sexual self-concept, sexual relationships, and sexual functioning. Participants reported negative changes in relation to all stages of the sexual response cycle.

Conclusions: Gynecologic cancer has the potential to negatively affect a woman’s sexual self-concept, sexual relationships, and sexual functioning. Sexuality is a multidimensional construct and must be measured in this way.

Implications for Nursing: Healthcare professionals must use a holistic approach when providing information and support to patients with gynecologic cancer. Information must be provided to women on how cancer and its treatment may affect their sexual self-concept, sexual relationships, and sexual functioning, including information on how to overcome these alterations.