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 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

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**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 negatively influence patients’ sexual health (Stilos, Doyle, & Daines, 2008).