

This material is protected by U.S. copyright law. To purchase quantity reprints, e-mail reprints@ons.org. For permission to reproduce multiple copies, e-mail pubpermissions@ons.org.

Identification of Barriers to Sexual Health Assessment in Oncology Nursing Practice

Jerelyn O. Julien, BSN, RN, OCN[®], Bridgette Thom, MS, and Nancy E. Kline, PhD, RN, CPNP, FAAN

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 a 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

Purpose/Objectives: To explore oncology nurses' attitudes about and knowledge of sexual health. Sexual health is an integral component of quality of life, which is an Oncology Nursing Society research priority.

Design: A descriptive, cross-sectional design.

Setting: A National Cancer Institute–designated comprehensive cancer center in the northeastern United States.

Sample: A convenience sample of 576 RNs working in acute care, ambulatory, and perioperative services were approached during an annual mandatory training day.

Methods: Attitudes and beliefs about patients' sexual health assessment in nursing practice were evaluated with the Sexual Attitudes and Beliefs Survey and 10 demographic questions.

Main Research Variables: Oncology nurses' attitudes and beliefs regarding sexual health assessment of patients.

Findings: A statistically significant difference was found in scores based on age and nursing experience, whereby younger and less experienced nurses had higher scores, indicating greater discomfort in discussing sexual health with patients. Statistical significance also was found in scores based on oncology certification and practice setting, whereby oncology certified nurses and outpatient nurses identified fewer attitudinal barriers than noncertified nurses and nurses working in the inpatient setting.

Conclusions: The results suggest that this patient population may not be receiving a complete sexual health assessment.

Implications for Nursing: Nurses in the sample believed that sexuality was not too private an issue to discuss with their patients and claimed to understand how disease and treatment may affect patients' sexuality. Nurses also believed that their patients should not expect nurses to ask about their sexual concerns and often defer to the physician for any sexually related questions.

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,

Langridge, & Fallowfield, 2006; Lewis & Bor, 1994). Matocha and Waterhouse (1993) reported that nurses are likely to wait for patients to initiate the discussion and believe that such a discussion is someone else's responsibility. Nurses do not believe that patients expect nurses to ask about sexual concerns (Magnan, Reynolds, & Galvin, 2005). Reynolds and Magnan (2005) identified significant barriers to incorporating a sexuality assessment and counseling in nursing practice, including patients' expectations, time availability, and nurses' confidence. The common barriers that exist to performing a sexual health assessment are perceived relevance to patient's current diagnosis, inadequate training for healthcare professionals, embarrassment, fear of offending patients, and lack of resources to provide support (Dattilo & Brewer, 2005; Warner et al., 1999).

Relevance

Because the nurse-patient relationship is immediate and ongoing, it offers an opportunity for dialogue about sexual issues (Warner et al., 1999). Through patient-nurse contact, nurses can establish that patients' sexual concerns are relevant and that, at some point, nurses will be available to discuss them. However, nurses who believed that sexuality was too private an issue to discuss with patients were more apt to believe that hospitalized patients were too ill to be interested in sexuality (Magnan et al., 2005). To perform a sexual history, one group of nurses reported that it needed to pertain to the patients' illness or when the patient reported to experience sexual issues (Dattilo & Brewer, 2005; Tsai, 2004). Matocha and Waterhouse (1993) reported that nurses were more likely to include sexuality in their practice if their work place emphasized the relevance of sexuality in nursing care.

Sexuality Training for Healthcare Professionals

Lewis and Bor (1994) reported that although 70% of their study sample (N = 161) had sex education in nursing school and sexuality was included in basic nursing training, only 18% said they had been instructed on how to take an adequate sexual history. The discrepancy magnifies the need for education and the development of guidelines and policies for sexual health assessment. Throughout all levels of nursing education, absence of a theoretical framework related to sexuality inhibits the opportunity to develop communication and counseling skills related to patient's sexual health. Sexual health still is perceived by nurses as a taboo subject within nursing education as well as healthcare practice settings.

Embarrassment and Fear of Offending

In Lewis and Bor's (1994) study, 54% of surveyed nurses reported embarrassment during sexual discussions,

although 79% reported adequate training with regard to sexual matters and 87% stated that sexual counseling is the role of nurses. In a study investigating baccalaureate nursing students' experiences with sexual health assessments, many felt the topic was "too personal," and their own personal experiences inhibited them from having the discussion with their patients (Dattilo & Brewer, 2005). Nurses fear upsetting their patients by saying "the wrong thing." However, most patients are not offended by discussion of their sexuality; most want relevant information and want to be validated about their concerns (Matocha & Waterhouse, 1993).

Theoretical Framework

Sexuality is one of the 12 activities of life named in the Roper-Logan-Tierney Model of Nursing (Roper, Logan, & Tierney, 2000). According to this model, nurses must care for patients holistically by attending to each activity of the model, rather than focusing solely on the care of the disease. Nurses can be an invaluable resource for the provision of sexual counseling. Therefore, nurses require factual information relating to the sexual health issues of their patient population for sexual health to be incorporated effectively into nursing care. Nurses also must adopt a positive attitude regarding their patients' expression of sexuality. Perceived knowledge and comfort level are key predictors of nurses' willingness to incorporate sexual health assessment in their practice (Katz, 2005; Matocha & Waterhouse, 1993; Wilmoth, 2006). Unless nurses can overcome the barriers and have the skills necessary to broach the topic of sexual health in an appropriate and sensitive manner, patients likely will suffer in silence.

The current study aimed to determine oncology nurses' attitudes and knowledge of sexual health and the effect on their nursing practice. Nursing practice is translated into the performance of a sexual health assessment upon patient admission and the integration of the concept into routine nursing care. Demographic variables of the study participants will be considered to determine any significant influence on nursing practice.

Methods

Design and Setting

A descriptive cross-sectional design was used to elicit information about oncology nurses' attitudes and knowledge about patient sexual health. A National Cancer Institute-designated hospital in a large metropolitan area of the northeastern United States was used for the study.

Sample and Data Collection Procedures

A convenience sample of 576 RNs working in acute care, ambulatory, and perioperative RN services was surveyed

Table 1. Sample Characteristics

| Characteristic | n | % |
|------------------------------|-----|----|
| Ethnicity | | |
| Caucasian | 417 | 72 |
| Asian or Pacific Islander | 64 | 11 |
| African American | 39 | 7 |
| Hispanic, Latino, or Spanish | 39 | 7 |
| Other | 10 | 2 |
| Age (years) | | |
| 20–30 | 161 | 28 |
| 31–40 | 190 | 33 |
| 41–50 | 136 | 24 |
| 51 or older | 88 | 15 |
| Level of education | | |
| High school diploma | 20 | 4 |
| Associate's degree | 64 | 11 |
| Bachelor's degree | 334 | 58 |
| Graduate degree | 158 | 27 |
| Years in nursing | | |
| 1–5 | 173 | 30 |
| 6–10 | 116 | 20 |
| 11–15 | 78 | 14 |
| 16–20 | 87 | 15 |
| 21 or more | 122 | 21 |
| Clinical setting | | |
| Inpatient | 318 | 55 |
| Outpatient | 209 | 36 |
| Perioperative | 42 | 7 |

N = 576

Note. Because of rounding, not all percentages total 100.

Note. Some participants did not answer all questions.

during an annual mandatory training day from April–November 2007. Mandatory training days are held throughout the year at the hospital, and all nurses of the institution are required to attend one session. Yearly competencies of nursing skills are reviewed, including basic cardiac life support, chemotherapy administration, and hospital policies. During the data collection period, the primary author attended each mandatory day to introduce the study and its purpose. All participant responses were voluntary and anonymous.

Instruments

Oncology nurses' attitudes and beliefs about patient sexual health assessments in nursing practice were assessed with the Sexual Attitudes and Beliefs Survey (SABS) (Reynolds & Magnan, 2005). The SABS consists of 12 self-report items with a six-point Likert response format (1 = strongly disagree; 6 = strongly agree), some of which are reverse coded. The theoretical range of the scale is 12–72, with a higher score indicating more attitudinal barriers to addressing sexual health in nursing practice. The tool exhibits internal consistency, with a Cronbach alpha over two separate administrations of 0.75 and 0.82, respectively, and a test-retest reliability of 0.85 ($p < 0.001$) (Reynolds & Magnan, 2005). A demographic data collection form was used to obtain

information such as age, ethnicity, level of education, and years of nursing experience.

Data Analysis

Information was analyzed with SPSS® 15.0 software. Descriptive and inferential statistics were used to analyze the data. Inferential statistics included Pearson correlation, t test for independent samples, and one-way analysis of variance (ANOVA).

Results

Sample

A total of 576 nurses completed the survey, representing 67% of the nurses who attended mandatory training day during the data collection period. Ninety-two percent of respondents were female, and 8% were male. Thirty-six percent were certified by the Oncology Nursing Certification Corporation (ONCC), and 57% reported being married or living with their partner. Additional characteristics of the sample are reported in Table 1.

Attitudinal Barriers Identified

Total SABS scores ranged from 14–56 ($\bar{X} = 33.7$, $SD = 7.01$). Central tendency for each of the 12 SABS items is reported in reverse rank order in Table 2. Analysis of individual items suggest that nurses do not think that sexuality is too private an issue to discuss with their patients ($\bar{X} = 2.03$, $SD = 1.11$) and claim to understand how disease and treatment may affect their patients' sexuality ($\bar{X} = 2.24$, $SD = 1$). The greatest barrier to incorporating a sexual health assessment into nursing practice is nurses' perception that patients do not expect nurses to discuss sexual concerns ($\bar{X} = 3.52$, $SD = 1.07$).

In general, responses to individual SABS questions showed statistically significant weak positive correlations with each other. The strongest correlations were found between questions whose tones reflected a barrier toward discussion of sexuality. For example, nurses who believed that sexuality was too private to discuss with patients also felt sexuality should only be discussed when a patient initiates the conversations ($r = 0.41$, $p < 0.001$). The same nurses customarily defer to a physician to discuss sexuality with patients ($r = 0.5$, $p < 0.001$). Concomitantly, moderate positive correlation was found between responses to nurses' confidence in discussing sexuality with their understanding of how disease and treatment affect sexuality ($r = 0.36$, $p < 0.001$) and the likelihood that they would make time to discuss sexuality with patients ($r = 0.43$, $p < 0.001$). The findings altogether suggest that a strong relationship exists between nurses' attitudes toward sexuality and their nursing practice as related to sexuality.

Table 2. Central Tendency for Nurses' Responses to Sexuality Attitudes and Beliefs Survey Items

| Item | \bar{X} | SD |
|--|-----------|------|
| Patients expect nurses to ask about their sexual concerns. ^a | 3.52 | 1.07 |
| I make time to discuss sexual concerns with my patients. ^a | 3.44 | 1.2 |
| I am more comfortable than most nurses I work with in talking about sexual issues with my patients. ^a | 3.37 | 1.12 |
| I am uncomfortable talking about sexual issues. | 3.16 | 1.38 |
| I feel confident in my ability to address patients' sexual concerns. ^a | 3.09 | 1.12 |
| Hospitalized patients are too sick to be interested in sexuality. | 2.71 | 1.25 |
| Sexuality should be discussed only if initiated by the patient. | 2.69 | 1.22 |
| Discussing sexuality is essential to patients' health outcomes. ^a | 2.61 | 1.05 |
| When patients ask me a sexually related question, I advise them to discuss the matter with their physician. | 2.46 | 1.21 |
| Giving a patient permission to talk about sexual concerns is a nursing responsibility. ^a | 2.36 | 1.08 |
| I understand how my patients' diseases and treatments might affect their sexuality. ^a | 2.24 | 1 |
| Sexuality is too private an issue to discuss with patients. | 2.03 | 1.11 |

^a Item is reverse coded.

Note. Higher values indicate more attitudinal barriers to addressing sexual health in nursing practice.

Note. From "Nursing Attitudes and Beliefs Toward Human Sexuality: Collaborative Research Promoting Evidence-Based Practice," by K.E. Reynolds and M.A. Magnan, 2005, *Clinical Nurse Specialist*, 19, p. 258. Copyright 2005 by Lippincott Williams and Wilkins. Adapted with permission.

Relationship Between Demographic Variables and Survey Responses

Level of education and gender of the nurses did not significantly correlate with total SABS score. However, one-way ANOVA did reveal significant findings for the effect of age and years of nursing experience. Post-hoc analyses with Bonferroni correction showed that nurses younger than age 40 identified more barriers than older nurses ($p < 0.0001$), and nurses with fewer than 10 years of nursing experience identified more barriers than more experienced nurses ($p < 0.0001$). T testing for independent samples revealed that ONCC certification, clinical setting, and time of shift (day versus night) were significant predictors on SABS scores. ONCC-certified nurses (oncology certified nurses, advanced oncology certified

nurses, and certified pediatric oncology nurses) identified fewer barriers than noncertified nurses ($p < 0.0005$). Nurses working in the ambulatory setting identified fewer barriers than acute care nurses ($p < 0.005$). In addition, night-shift nurses identified more barriers to performing a sexual health assessment than day-shift nurses ($p < 0.005$); this finding should be interpreted cautiously because day-shift nurses included inpatient as well as outpatient nurses.

Discussion

Patients with cancer have repeatedly identified the desire and necessity to discuss the affect of their cancer or treatment on their sexual function and feelings (Krebs, 2008). Analyses of individual items on the SABS indicated that nurses in the sample agreed that sexuality is essential to patient health outcomes and claim to understand how disease and treatment may affect their patients' sexuality. Although most nurses in the sample agreed that sexuality is not too private an issue to discuss with patients, many often defer to the physician to talk about this sensitive topic. In addition, nurses in this study did not agree that their patients expect them to ask about their sexual concerns.

Night-shift nurses identified more barriers than day-shift nurses. At the study institution, less-experienced nurses and, therefore, younger nurses typically tend to work the night shift. Fewer nurses work at night, which may limit opportunities for extended patient interaction. In addition, fewer opportunities to broach the subject of sexuality may be available on the night shift because patients often are asleep. Nurses working in the ambulatory care setting identified fewer barriers to performing a sexual health assessment. Several possible reasons include the amount of actual time spent with the patient during the clinic visit and the higher performance level of the patient population. Depending on the number of patients scheduled, the ambulatory care nurse may have more opportunities to inquire about patients' sexual health.

Sixty-one percent of RNs in the sample were younger than age 40, and 50% had fewer than 10 years of nursing experience. Because younger nurses tended to score higher on the SABS and because nurses' attitudes and beliefs may dictate their nursing practice and willingness to perform sexual health assessments, the study center's nurses probably are not performing a complete sexual health assessment.

Limitations

The sample of nurses was drawn from one comprehensive cancer center in the northeastern United States, which limits the generalizability of the findings. The use of a self-report instrument can lead to

inaccurate recall and questionable comprehension or interpretation of the individual items. In addition, social-desirability bias may threaten internal validity. Some individuals might feel that the topic of sexuality is too embarrassing or too private an issue to discuss with strangers and, therefore, may follow popular opinion when selecting an answer or may even decline to participate in the study.

Nursing Implications

The primary goal of nursing is to provide holistic care to all patients. A lack of education and training on the subject of sexuality as well as fear of embarrassment may be preventing oncology nurses from delivering such care. Based on the current study's findings, an ongoing initiative in collaboration with the nursing education department will be launched at this institution. The educational initiative must include strategies to understand nurses' communication styles and socio-cultural beliefs and values as well as development of strategies to decrease barriers to conducting a sexual health assessment. It initially should entail focusing on nurses' knowledge and skills and then moving on to

their comfort level and confidence (Krebs, 2008). Future goals include incorporating sexual health assessments into routine nursing assessments and implementation of care. As nurses perform sexual health assessments and evaluate additional needs of patients with cancer, any necessary electronic referrals can be made to a multidisciplinary team of sexuality experts.

Future evidence-based research is needed to evaluate the effectiveness of sexual health education and treatment-related interventions. The research, in turn, can guide oncology nurses to deliver holistic nursing care in its truest form.

The authors gratefully acknowledge the Memorial Sloan-Kettering Cancer Center Nursing Education Department for its gracious support, particularly Sandra James, RN, MA, OCN®.

Jerelyn O. Julien, BSN, RN, OCN®, is a clinical nurse IV, Bridgette Thom, MS, is a research analyst, and Nancy E. Kline, PhD, RN, CPNP, FAAN, is the director of research of evidence-based practice in the Department of Nursing, all at Memorial Sloan-Kettering Cancer Center in New York, NY. No financial relationships to disclose. Julien can be reached at julienj@mskcc.org, with copy to editor at ONFEditor@ons.org. (Submitted October 2008. Accepted for publication May 26, 2009.)

Digital Object Identifier: 10.1188/10.ONFE186-E190

References

- Cox, A., Jenkins, V., Catt, S., Langridge, C., & Fallowfield, L. (2006). Information needs and experiences: An audit of United Kingdom cancer patients. *European Journal of Oncology Nursing, 10*, 263–272. doi: 10.1016/j.ejon.2005.10.007
- Dattilo, J., & Brewer, M.K. (2005). Assessing clients' sexual health as a component of holistic nursing practice: Senior nursing students share their experiences. *Journal of Holistic Nursing, 23*, 208–219. doi: 10.1177/0898010105275839
- Katz, A. (2005). Do ask, do tell: Why do so many nurses avoid the topic of sexuality? *American Journal of Nursing, 105*(7), 66–68.
- Krebs, L. (2006). What should I say? Talking with patients about sexuality issues. *Clinical Journal of Oncology Nursing, 10*, 313–315.
- Krebs, L. (2008). Sexual assessment in cancer care: Concepts, methods, and strategies for success. *Seminars in Oncology Nursing, 24*(2), 80–90. doi: 10.1016/j.soncn.2008.02.002
- Lewis, S., & Bor, R. (1994). Nurses' knowledge of and attitudes toward sexuality and the relationship of these with nursing practice. *Journal of Advanced Nursing, 20*, 251–259.
- Magnan, M.A., Reynolds, K.E., & Galvin, E.A. (2005). Barriers to addressing patient sexuality in nursing practice. *MedSurg Nursing, 14*, 282–290.
- Matocha, L.K., & Waterhouse, J.K. (1993). Current nursing practice related to sexuality. *Research in Nursing and Health, 16*, 371–378.
- Reynolds, K.E., & Magnan, M.A. (2005). Nursing attitudes and beliefs toward human sexuality: Collaborative research promoting evidence-based practice. *Clinical Nurse Specialist, 19*, 255–259.
- Roper, N., Logan, W.W., & Tierney, A.J. (2000). *The Roper-Logan-Tierney Model of Nursing: Based on activities of living*. Edinburgh, NY: Churchill Livingstone.
- Tsai, Y.F. (2004). Nurses' facilitators and barriers for taking a sexual history in Taiwan. *Applied Nursing Research, 17*, 257–264.
- Warner, P.H., Rowe, T., & Whipple, B. (1999). Shedding light on the sexual history. *American Journal of Nursing, 99*(6), 34–41.
- Wilmoth, M.C. (2006). Life after cancer: What does sexuality have to do with it? *Oncology Nursing Forum, 33*, 905–910. doi: 10.1188/06.ONF.905-910