

# Addressing sexuality concerns in women with gynecologic cancer: Chinese nurses' attitudes and practice

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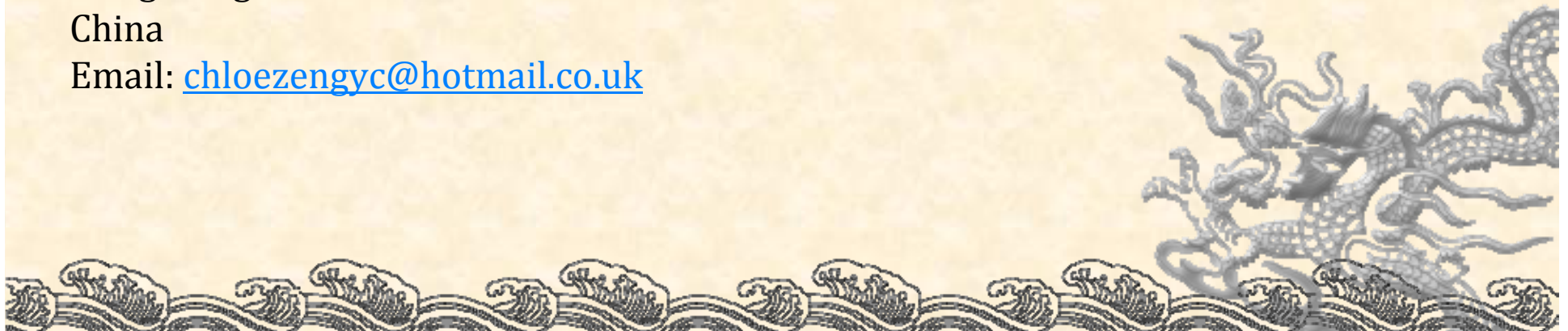
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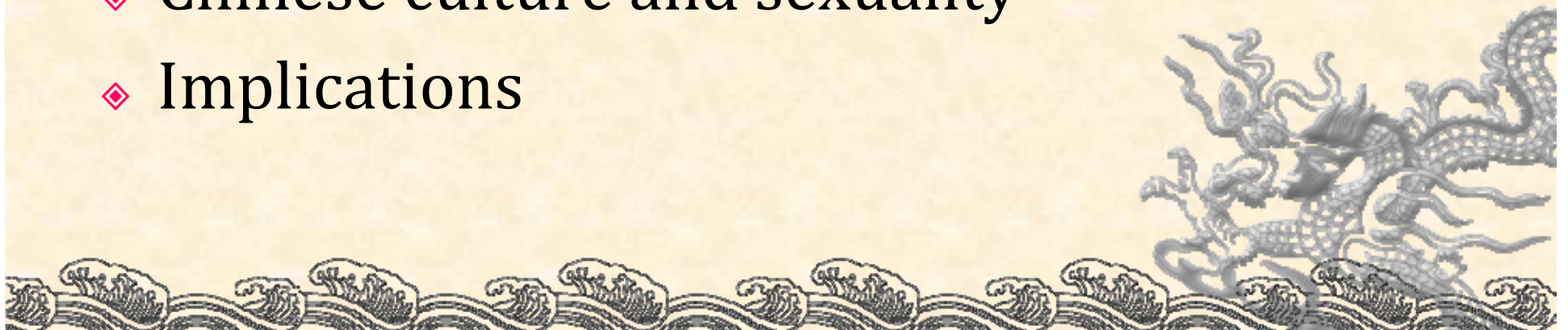
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# Outline

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- ◆ Methods
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- ◆ Chinese culture and sexuality
- ◆ Implications



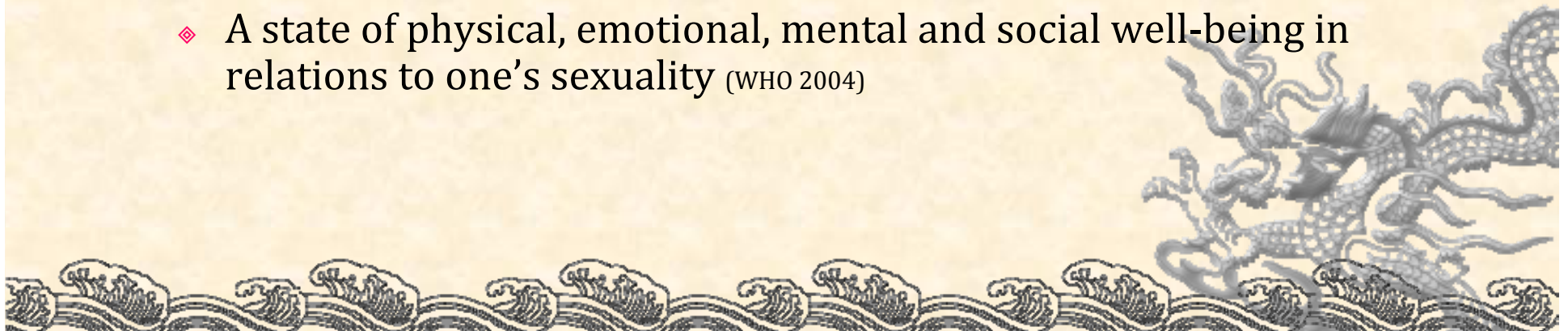
# Introduction

## ◆ **Sexuality** (Byers 1998, Rice 2000, Kozier et al. 2004)

- ◆ ***Sexual activity***: not limited to sexual intercourse and including any intimate activity of a sexual nature
- ◆ ***Sexual function***: the ability to engage in the act of sex
- ◆ ***Body image***: pervading individuals' biological being and sense thereof
- ◆ ***Role identity***: gender and sexual identity
- ◆ ***Sexual relationships***: including marital and other intimate relationships

## ◆ **Sexual health**

- ◆ A state of physical, emotional, mental and social well-being in relations to one's sexuality (WHO 2004)



# Sexuality and sexual health in women with gynecologic cancer

- ◆ **Reduced sexual activity:** with between 33% and 50% of this population reporting a complete void of sexual activity (Lutgendorf et al. 2002)
- ◆ **Sexual dysfunction:** the estimating rate ranging from 20% to 100% (Tabano et al. 2002). e.g. loss of sexual desire, decreased arousal, dyspareunia, and difficulty in achieving orgasm (Jensen et al. 2003, 2004)
- ◆ **Poor body image:** loss of hair, loss of attractiveness, and worrying about how they feel sexually (Juraskova et al. 2003)
- ◆ **Role identity disturbance:** disturbances of gender identity, loss of child-bearing capacity (Gotheridge & Dresner 2002)
- ◆ **Sexual and marital relationship problems:** women were concerned that a lack of sexual activity would affect their relationship and cause marital problems (Stead et al. 2007).





# The importance of considering sexuality issues

- ◆ Sexuality and sexual health has been increasingly recognized as **an integral aspect of quality of life** during and after gynecologic cancer treatment (Juraskova et al. 2003)
- ◆ Gynecologic cancer patients rated sexuality as one of three issues of central importance for the quality of their daily living (Ekwall et al. 2003)
- ◆ There is a growing acknowledgement that these needs are not being adequately addressed by healthcare providers (Park et al. 2009, Stead et al. 2003, 2007)



# Possible barriers in addressing women's sexuality concerns

- ◆ Nurses' prevalent myths and prejudices:
  - ◆ *Patients with cancer being too ill to be interested in sex*  
(Sunquist & Yee 2003)
  - ◆ *Sexual activity may negatively impact women's recovery from gynecologic cancer* (Molassiotis et al. 2000)
- ◆ Inadequately prepared with knowledge and skills  
(Stilos et al. 2008)
- ◆ Feeling of embarrassment (Tsai 2004)
- ◆ Not within professional responsibility (Katz 2005)



# Objectives

- ◆ To **describe** Chinese nurses' attitudes and beliefs toward the sexuality concerns of gynecologic cancer patients
- ◆ To **investigate** their current practice in addressing gynecologic cancer patients' sexuality concerns
- ◆ To **explore** possible facilitators or barriers influencing their nursing practice



# Methods

- ◆ Study design:

- ◆ A descriptive and correlational study

- ◆ Research settings:

- ◆ 3 tumor and 3 general hospitals' gynecologic units
  - ◆ 3 cities: Changsha, Wuxi, Xi'an

- ◆ Sample

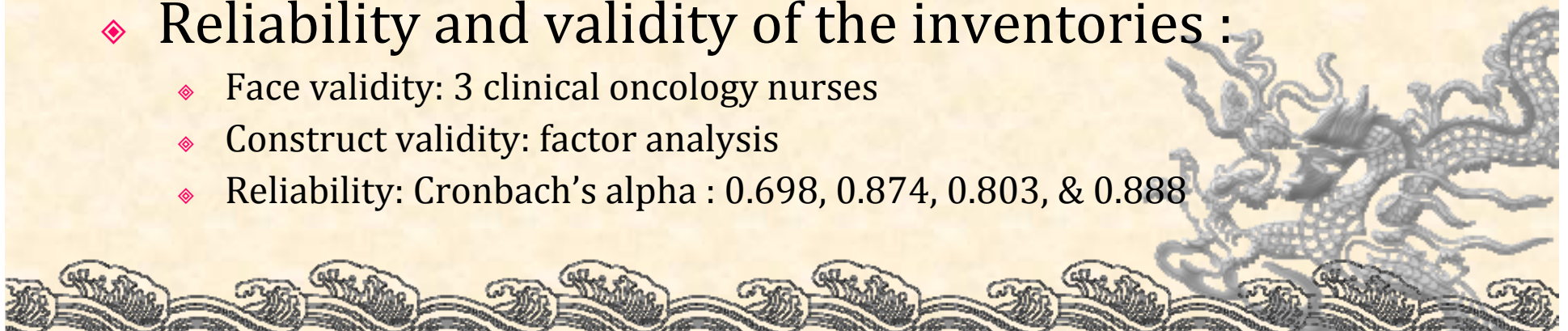
- ◆ Sampling strategy: a convenience sample
  - ◆ Inclusion criteria: Chinese nurses working in above research settings, and front-line clinical nurses in the delivery of direct patient care





# Instruments

- ◆ A demographic sheet: age, education levels, working experience, etc.
- ◆ A 50-item inventory:
  - ◆ Part 1: The SABS (12 items)
  - ◆ Part 2: Inventory of practice in Addressing Sexuality Concerns (10 items)
  - ◆ Part 3: The Inventory of Facilitators about Sexuality Issue Discussion (8 items)
  - ◆ Part 4: The Inventory of Barriers about Sexuality Issue Discussion (20 items)
- ◆ Reliability and validity of the inventories :
  - ◆ Face validity: 3 clinical oncology nurses
  - ◆ Construct validity: factor analysis
  - ◆ Reliability: Cronbach's alpha : 0.698, 0.874, 0.803, & 0.888



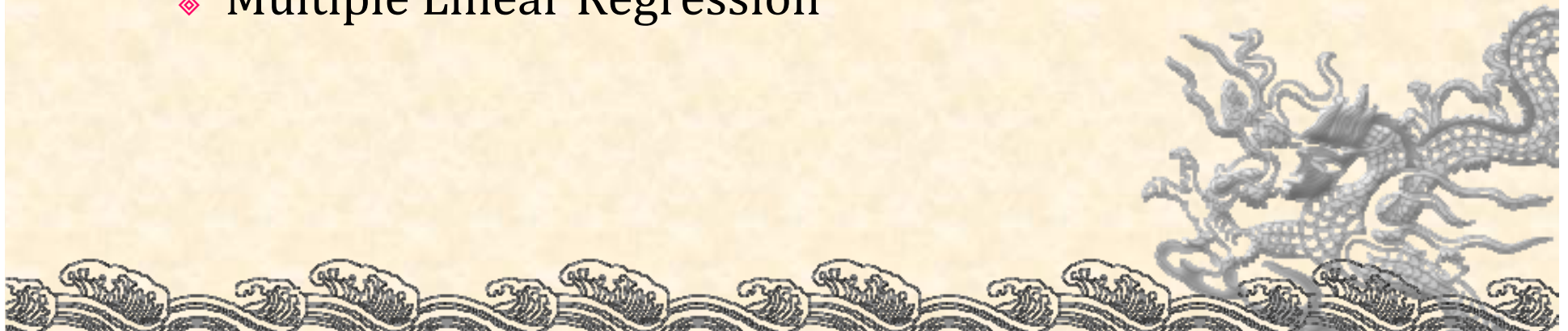
# Data collection & data analysis

## ◆ Data collection:

- ◆ Ethical consideration
- ◆ Data collection periods: from Dec 2009 to Feb 2010 by a clinical nurse with research training

## ◆ Data analysis: SPSS 16.0

- ◆ Descriptive analysis
- ◆ Pearson correlation coefficient
- ◆ Multiple Linear Regression



# Results

- ◆ Demographics
  - ◆ Table 1 →
- ◆ Nurses' SABS scores
  - ◆ Table 2 ↓
- ◆ Sexuality issue discussion in nursing practice
  - ◆ Figure 1 ↓
- ◆ Facilitators or barriers about sexuality issue discussion in nursing practice
  - ◆ Table 3 ↓
- ◆ Predictors of sexuality issue discussion in nursing practice
  - ◆ Table 4 ↓

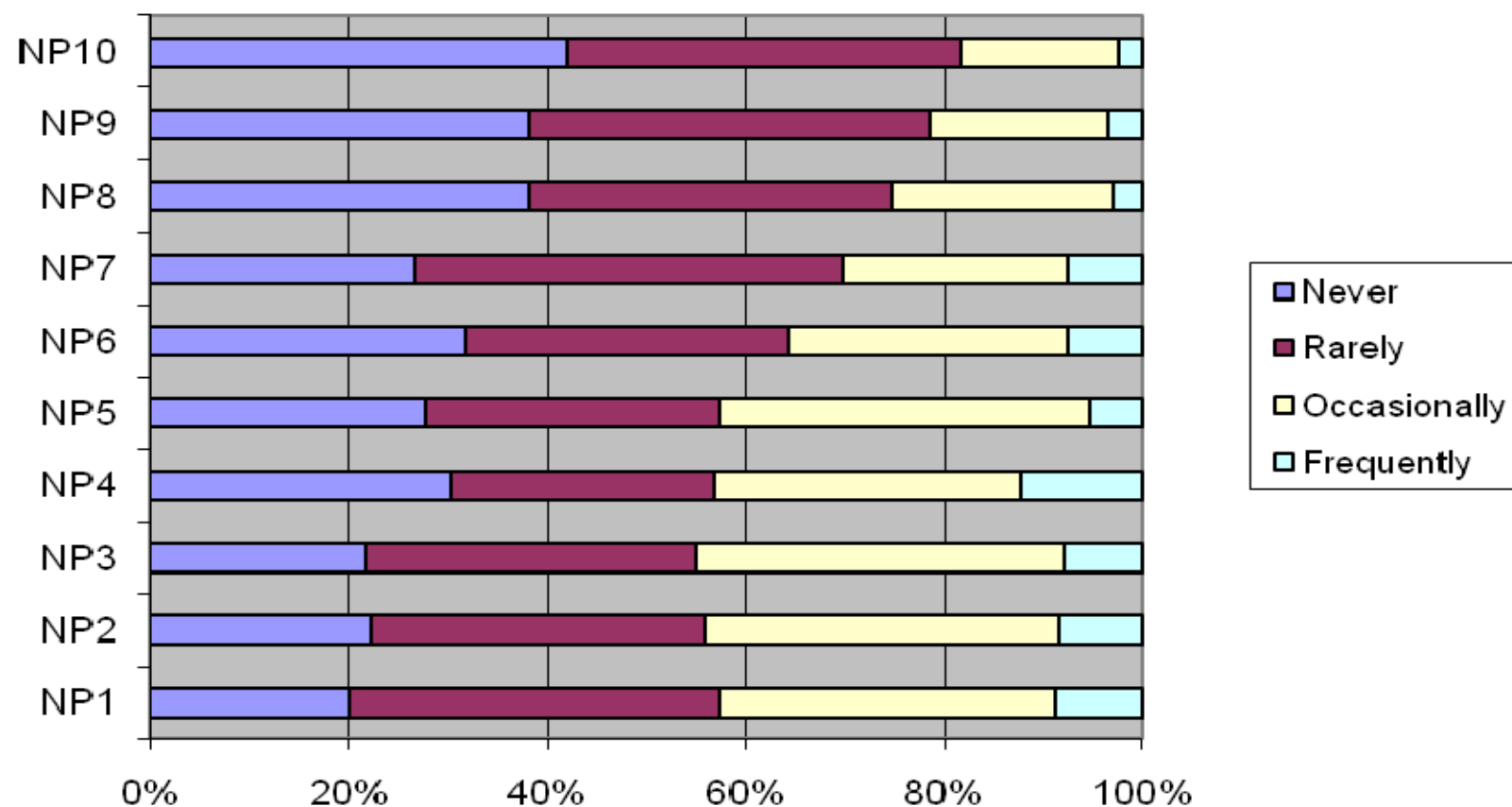
Characteristics	No. (%) (n = 202)
<b>Age group, y</b>	
<20	5 (2.5)
20-30	121 (59.9)
31-40	65 (32.2)
41-50	11 (5.4)
<b>Working experience, y</b>	
< 1	28 (13.9)
1-5	56 (27.7)
6-10	54 (26.7)
11-20	46 (22.8)
>20	18 (8.9)
<b>Work position</b>	
Nurse	14 (7.0)
Experienced Nurse	57 (28.2)
Nurse-in-Charge	91 (45.0)
Nursing Officer	40 (19.8)
<b>Education levels</b>	
Diploma	96 (47.5)
Associate degree	75 (37.1)
Bachelor degree	29 (14.4)
Master degree	2 (1.0)
<b>Marital status</b>	
Single	77 (38.1)
Married	124 (61.4)
Others	1 (0.5)
<b>Hospital types</b>	
Tumor hospital	99 (49.0)
General hospital	103 (51.0)

**Table 2** Nurses' attitudes and beliefs regarding sexuality concerns of patients

SABS Items		Mean (SD)	Agreement (%)	Disagreement (%)
1.	Sexuality is too private an issue to discuss with patients	4.70 (1.45)	77.7	22.3
2.	Most hospitalized patients are too sick to be interested in sex	4.14 (1.49)	63.4	36.6
3.	I do not make time to discuss sexual concerns with my patients	4.12 (1.41)	65.8	34.2
4.	I am less comfortable talking about sexual issues with my patients than are most of the nurses I work with	3.99 (1.27)	65.3	34.7
5.	I feel less confident in my ability to address patients' sexual concerns	3.98 (1.45)	64.9	35.1
6.	Sexuality should be discussed only if initiated by the patient	3.78 (1.41)	59.4	40.6
7.	Patients expect nurses to ask about their sexual concerns	3.68 (1.48)	47.0	53.0
8.	When patients ask me a sexually related question, I advise them to discuss it with their physician	3.52 (1.44)	52.0	48.0
9.	Discussing sexuality is essential to patients' health outcomes	3.41 (1.69)	51.0	49.0
10.	I am uncomfortable talking about sexual issues	3.21 (1.47)	58.4	41.6
11.	I understand how my patients' disease and treatments might affect their sexuality	3.20 (1.38)	57.4	42.6
12.	Giving a patient permission to talk about sexuality concerns is a nursing responsibility	3.14 (1.48)	62.9	37.1



**Figure 1 The frequency of sexuality issue discussion with patients in daily nursing practice (n = 202)**



**Table 3** Facilitators and barriers influencing sexuality issue discussion in nursing practice

	Mean (SD)	Agreement (%)	Disagreement (%)
<b>Facilitators</b>			
Having a good nurse-patient relationship	4.97 (1.21)	87.6	12.4
Possessing good communication skills	4.74 (1.25)	82.7	17.3
Availability of private environment	4.38 (1.55)	72.3	27.7
Possession of sound sexuality knowledge	4.32 (1.42)	71.3	28.7
Provision of relevant training	4.18 (1.68)	66.8	33.2
<b>Barriers</b>			
Women with cancer having more things to be concerned about than having sex	4.51 (1.51)	72.3	27.7
Staff shortages resulting in limited time and energy	4.48 (1.47)	74.8	25.2
Limited resources	4.43 (1.40)	72.8	27.2
Inadequate education preparation	4.40 (1.65)	68.8	31.2
Patients' possible embarrassment at discussing their sexuality concerns	4.39 (1.59)	71.3	28.7
...	...	...	...
Feeling embarrassed at addressing patients' sexuality concerns	3.93 (1.70)	60.9	39.1
Sexuality care not being part of nursing routine	3.79 (1.74)	55.9	44.1
Fear that sex will weaken the potency of the cancer treatment	2.78 (1.57)	34.7	65.3
Cancer may recur if patients have sex after treatment	2.44 (1.60)	27.7	72.3
Cancer is contagious	2.33 (1.65)	26.2	73.8

**Table 4** Regression analysis of significant factors related to sexuality issue discussion in nursing practice

Significant predictors	Std $\beta$	SE	95% CI for $\beta$		P value
			Lower boundary	Upper boundary	
Work-related characteristics					
Years of nursing work	0.340	0.868	1.328	4.751	0.001
Work position	0.213	0.702	0.998	3.768	0.001
Education levels	0.259	0.911	1.705	5.300	<0.001
Hospital types	0.193	1.393	1.320	6.814	0.004
Overall model fit ( $F = 17.491$ , $p < 0.001$ , adjusted $R^2 = 0.330$ )					
Attitudes and beliefs					
When patients asked me a sex-related question, I advise them to discuss the matter with their physician	-0.249	0.526	-2.861	-0.786	0.001
Discussing sexuality is essential to patients' health outcomes	0.256	0.544	0.583	2.731	0.003
Most hospitalized patients are too sick to be interested in sex	-0.151	0.509	-2.074	-0.066	0.037
Overall model fit ( $F = 3.551$ , $p < 0.001$ , adjusted $R^2 = 0.132$ )					
Facilitators					
Patient requesting information related to sexual history and disease	0.430	0.464	1.741	3.572	<0.001
Sexuality care adding into routine nursing practice	0.277	0.455	0.917	2.711	<0.001
Private environment being available	0.215	0.543	0.389	2.532	0.008
Overall model fit ( $F = 7.304$ , $p < 0.001$ , adjusted $R^2 = 0.201$ )					
Barriers					
Staff shortage resulting in limited time and energy	-0.241	0.644	-2.999	-0.459	0.008
Sexuality care not being part of nursing routine	-0.258	0.590	-2.733	-0.404	0.009
Feeling embarrassment in addressing patients' sexuality concerns	-0.240	0.662	-2.801	-0.188	0.025
Overall model fit ( $F = 2.204$ , $p = 0.003$ , adjusted $R^2 = 0.107$ )					

Note. Std  $\beta$ - Standardized  $\beta$  coefficient; SE- Standard error; CI: Confidence interval

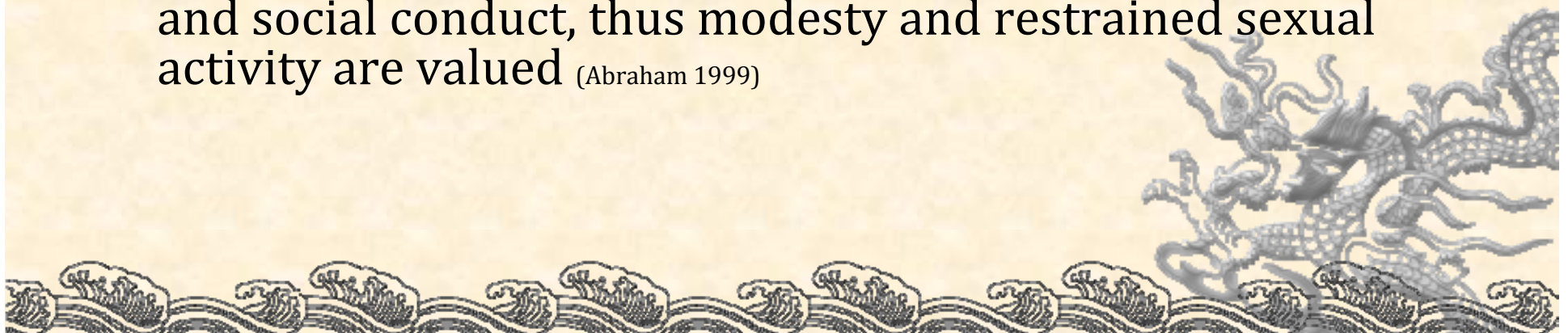
# Summary of findings

- ◆ Nurses' common attitudes and beliefs about patients' sexuality concerns:
  - ◆ “Sexuality is too a private issues to discuss”
  - ◆ “Most hospitalized patients too sick to interest in sex”
  - ◆ Less comfortable and confident in sexuality issue discussion
  - ◆ But Chinese nurses generally agree that “addressing sexuality concerns is part of professional responsibility and believe discussing sexuality is essential to patients' health outcomes”
- ◆ In daily nursing practice, nurses rarely addressed patients' sexuality-related concerns
- ◆ Both internal and external factors influencing sexuality issue discussion
  - ◆ Internal factors: personal demographics, misconceptions about cancer
  - ◆ External factors: hospital types, organization restrictions such as staff shortages, no private environment...



# Chinese culture and sexuality issue discussion

- ◆ In China, more than 3,000 years of history of sexual suppression has lead to the formation of a culture of sexual conservativeness (Zeng 2004)
- ◆ Chinese thought and culture are heavily influenced by the teachings of Confucius (Woo et al. 2009)
- ◆ Sexuality is viewed as serving as a purely procreative role in Chinese culture, and discussing sexuality issues outside marriage is highly inappropriate (Khoo 2009)
- ◆ Chinese cultural traditions also emphasized strict moral and social conduct, thus modesty and restrained sexual activity are valued (Abraham 1999)



# Implications

## ◆ For nursing practice:

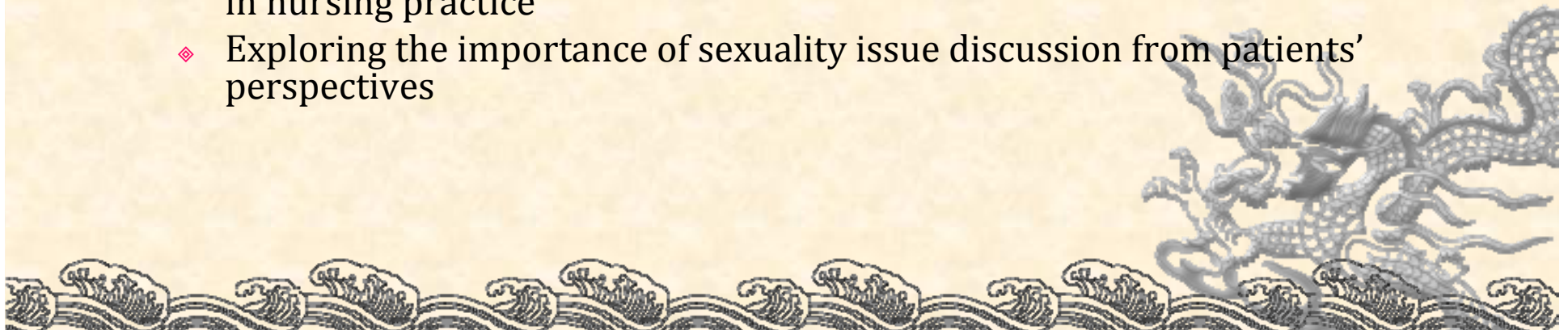
- ◆ The multi-disciplinary team is important in providing comprehensive support to address patient's sexuality concerns
- ◆ Nurses should refer to specialist sexual counselling services if the patients' problem is beyond the remit of nurses

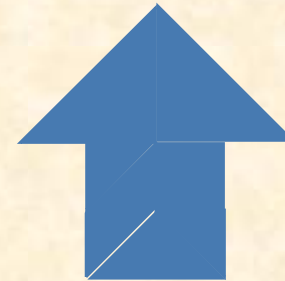
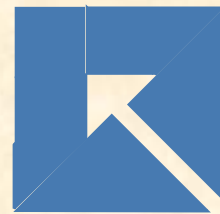
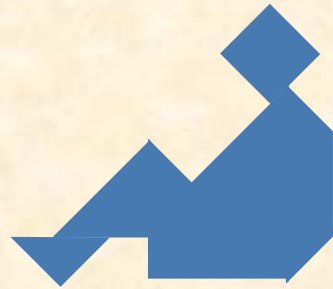
## ◆ For nursing education:

- ◆ Nurses felt less confident in discussing sexuality issues with patients, more training related to sexuality care is needed, especially in equipping nurses with necessarily communication skills

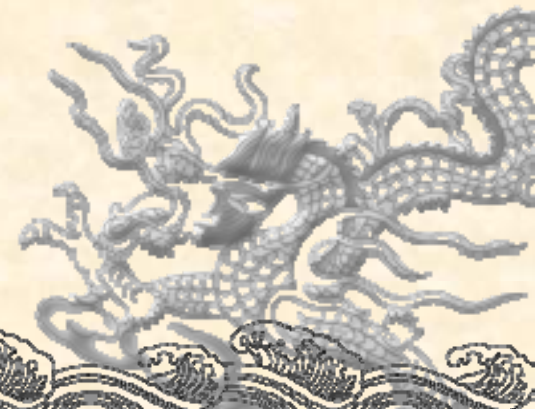
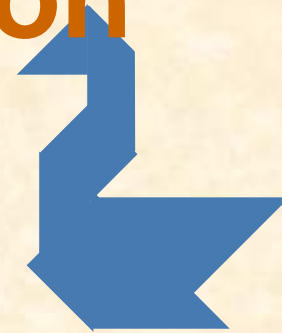
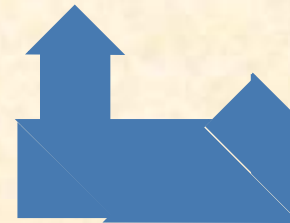
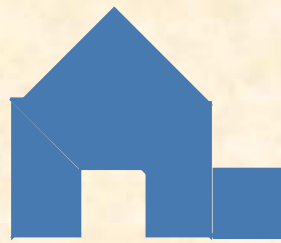
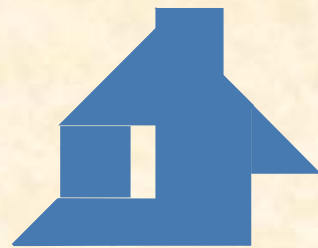
## ◆ For nursing research:

- ◆ Accumulating more data regarding predictors of sexuality issue discussion in nursing practice
- ◆ Exploring the importance of sexuality issue discussion from patients' perspectives





# Questions & discussion



## References

- Abraham M (1999). Sexual abuse in South Asian immigrant marriage. *Violence against Women*. 5: 591-618.
- Byers ES (1998) Sexual Activity Questionnaire. In Davis CM, Yarber WL, Bauserman R, Schreer G, Davis SL, eds. *Handbook of Sexuality-related Measures*. Thousand Oaks: Sage; p97-103.
- Ekwall E, Ternstedt BM & Sorbe B (2003) Important aspects of healthcare for women with gynecologic cancer. *Oncol Nurs Forum*, 30: 313-319.
- Gotheridge SM & Dresner N (2002) Psychological adjustment to gynecologic cancer. *Primacy Care Update for OB/GYNS*, 9:80-84.
- Jensen PT, Groenvold M, Klee MC, et al. (2003) Longitudinal study of sexual function and vaginal changes after radiotherapy for cervical cancer. *International Journal of Radiation Oncology, Biology, Physics* 56, 937-949.
- Jensen PT, Groenvold M, Klee MC, et al. (2004) Early-stage cervical carcinoma, radical hysterectomy, and sexual function. *Cancer* 100, 97-106.
- Juraskova I, Butow P, Robertson R et al. (2003) Post-treatment sexual adjustment following cervical and endometrial cancer: a qualitative insight. *Psycho-Oncology* 12, 267-279.
- Katz A (2005) Do ask, do tell: Why do so many nurses avoid the topic of sexuality? *American Journal of Nursing* 105, 66-68.
- Khoo SB (2009) Impact of cancer on psychosexuality: Cultural perspectives of Asian women. *Int J Nurs Pract*. 15: 481-488.
- Kozier B, Erb G, Berman AJ et al. *Fundamentals of Nursing: Concepts, Process and Practice*. 7th ed. Upper Saddle River, N.J.: Prentice Hall Health; 2004.
- Lutgendorf SK, Anderson B, Ullrich P et al. (2002) Quality of life and mood in women with gynecologic cancer: a one year prospective study. *Cancer* 94: 131-40.
- Molassiotis A, Chan CWH, Yam BMC et al. (2002) Life after cancer: adaption issues faced by Chinese gynecological cancer survivors in Hong Kong. *Psycho-Oncology* 11, 114-123.
- Park ER, Norris RL & Bober SL (2009) Sexual health communication during cancer care: barriers and recommendations. *Cancer* 15: 74-77.
- Rice AM (2000). Sexuality in cancer and palliative care 2: Exploring the issues. *Int J Palliat Nurs*. 6: 448-453.
- Stead ML, Brown JM, Fallowfield L & Selby P (2003) Lack of communication between healthcare professionals and women with ovarian cancer about sexual issues. *British J Cancer*, 88: 666-671.
- Stead ML, Fallowfield L, Selby P et al. (2007) Psychosexual function and impact of gynecologic cancer. *Best Practice & Research Clinical Obstetrics and Gynecology* 21: 309-320.
- Stilos K, Doyle C & Daines P (2008) Addressing the sexual health needs of patients with gynecologic cancers. *Clinical Journal of Oncology Nursing* 12, 457-463.
- Sunquist K & Yee L (2003). Sexuality and body image after cancer. *Aust Fam Physician*. 32: 19-22.
- Tabano M, Condosta D & Coons M (2002) Symptoms affecting quality of life in women with gynecologic cancer. *Seminars in Oncology Nursing*, 18 (3): 223-230.
- Tsai YF (2004) Nurses' facilitators and barriers for taking a sexual history in. Taiwan. *Applied Nursing Research* 17, 257-264.
- Woo JST, Brotto LA, Gorzalka BB (2009) The role of sexuality in cervical cancer screening among Chinese women. *Health Psychol*. 28: 598-604.
- Zeng JP (2004) Three ethical inequalities of sex purpose and sex morals. *Medicine and Philosophy* 25: 63-65. [in Chinese]