Using the BETTER Model to Assess Sexuality

JoAnn Mick, RN, MSN, MBA, AOCN®, Mary Hughes, MS, RN, CNS, and Marlene Z. Cohen, RN, PhD, FAAN

A component of the American Nurses Association (ANA) and the Oncology Nursing Society (ONS) standards of nursing practice is systematic assessment and collection of data about the health status of each patient; this process includes sexuality (ONS & ANA, 1996). Many tools are available to nurses when obtaining a sexual history, assessing sexual function, and providing interventions that will assist patients in the management of any identified problems. Models such as PLISSIT, PLEASURE, and ALARM can support nurses by providing a guide for appropriate steps to address sexuality with patients (Andersen, 1990; Krebs, 2001; Mick, Hughes, & Cohen, 2003; Shell, 2001). The BETTER model also can be used to provide information to help oncology nurses conduct sexuality assessments more effectively (Mick et al.) (see Figure 1). Test your knowledge of sexuality assessment by answering the following questions, which are based on the BETTER model.

1. Sexuality is best described by which of the following definitions?
   a. Sexual function
   b. A composite of feelings and behaviors specific to gender
   c. Sexual activity and the love and caring that accompany it
   d. Body image, gender roles, patterns of affection, family and social roles, and genital sex

2. Mrs. A, a 63-year-old woman with stage II breast cancer, comes to the clinic for her chemotherapy follow-up visit. While the nurse performs her assessment, Mrs. A states that she has been feeling very tired most of the time. The nurse can use this comment to bring up the topic of sexuality and accurately provide information by saying,
   a. “Tiredness can change your sexual life, too. Many women notice changes in their sexual lives. If you have any concerns, you should let your doctor know.”
   b. “You’ll have to make major adjustments in your sexual life because fatigue is an expected consequence of undergoing cancer treatment.”
   c. “Fatigue can impact all areas of your life. Being diagnosed with cancer may present challenges to your role as a wife or mother. How have fatigue and role changes affected your sexuality?”
   d. “Have you noticed any changes in your energy level when having sexual intercourse?”

3. Mr. B, a 45-year old man who completed treatment for rectal cancer, returns for his six-month follow-up visit. He asks the nurse if it is all right to ask about sexual issues because the discussion is taking place in a cancer center. The nurse bases her response on her knowledge that linking sexuality with health
   a. Emphasizes the importance of maintaining normal activities and relationships during cancer treatment and recovery.
   b. Is inappropriate because discussions in the cancer center should focus on cancer, treatment, symptoms, and problems that patients experience.
   c. Misleading because cancer treatment is expected to affect sexuality in a negative way.
   d. Offers unrealistic hope for patients with cancer.

4. At which point in time should sexuality be discussed with patients with cancer?
   a. At diagnosis
   b. At the first scheduled cancer treatment, when explaining the treatment plan and potential side effects
   c. At diagnosis, throughout the treatment period, during recovery, and while rebuilding a sexual life
   d. When treatment is completed and patients’ focus shifts from survival to rebuilding their lives

5. Mr. J, a 24-year-old man with testicular cancer, is admitted for his first chemotherapy treatment. While completing an assessment and reviewing the treatment plan, the nurse notes that Mr. J will receive cisplatin chemotherapy. An appropriate nursing diagnosis to record in Mr. J’s nursing care plan is
   a. Actual alteration in sexuality.
   c. Knowledge deficit related to prevention and early detection of cancer.
   d. Potential for alteration in sexuality.

Discussion

Question 1: The correct answer is choice d, body image, gender roles, patterns of affection, family and social roles, and genital sex. Sexual function and sexuality are distinct concepts. Sexual function is a specific aspect of sexuality that includes gender and...
involves the mind and body. Sexuality is a combination of feelings and behaviors that are unique for each person. It includes aspects of behavior or sexual response, intimacy with expressing feelings and emotions, fertility, and hormonal function (Gamel, Hengeveld, & Davis, 2000). Changes in body image can cause distress beyond the physical effects of cancer and cancer treatment. Alterations in physical appearance can significantly influence self-perception of sexual activity, attractiveness, and worthiness. A diagnosis of cancer can reduce quality of life by disrupting relationships and interfering with the sexual relationship. A partner’s affectation and acceptance can make a big difference in how well a patient copes with cancer. Sociocultural beliefs and values influence every individual’s expression of sexuality (Cohen, Kahn, & Steeves, 1998). Recognizing the influence of culture and value differences is important to ensure acceptance of what each patient describes as normal. Clinicians should place a great deal of importance on patient self-image, relationships with significant others, and individual lifestyles and recognize sexuality as a component of holistic care (Schwartz & Plawecki, 2002).

Question 2: The correct answer is choice c, “Fatigue can impact all areas of your life. Being diagnosed with cancer may present challenges to your role as a wife and mother. How have fatigue and role changes affected your sexuality?” Every evaluation of a patient with cancer should include questions about sexual concerns and difficulties. The diagnosis of cancer or the impact of cancer treatment on sexual function often can result in a painful, existential crisis. Altered body image or sexual functioning can lead to feelings of bewilderment, powerlessness, and isolation in patients and their caregivers. The concepts of masculinity, femininity, and body image as traditionally viewed in society often impact identity. Sexual stereotyping, the diagnosis of cancer, and the possibility of dying are stigmas that patients may face. Although sexuality most often is considered when cancer involves sexual organs, other cancers, cancer treatment, and associated symptoms and side effects also affect sexuality and body image. A holistic approach is essential to address patients' and families' appraisals and adjustments of existing social attitudes and relationships (Colyer, 1996). Addressing the sexual consequences of cancer and its treatment will improve patients’ quality of life.

All of the various cancer treatments have the potential to negatively affect sexuality. Many patients verbalize changes in their sexual relationships related to their treatment. Asking patients what changes have occurred and accepting their responses are important nursing roles. Nurses must recognize the need, accept responsibility, and develop the skills for assessing sexuality and discussing intimate topics (Schwartz & Plawecki, 2002). Nurses are in an ideal position to provide this information because they have frequent patient contact that involves personal care and emotional support. Discussions about sexuality may occur only when nurses are prepared, schedule time, and are willing to initiate the interaction. Responding to questions about sexuality is standard nursing practice. Nurses must provide realistic hope and help patients to maintain a positive self-image (Gamel et al., 2000). Some patients may not be interested in receiving specific suggestions about sexual activity (Hughes, 2000), but patients will feel more comfortable talking about sexuality with nurses who are nonjudgmental, at ease, and open to discussing any concerns about sexuality.

Question 3: The correct answer is choice a, emphasizes the importance of maintaining normal activities and relationships during cancer treatment and recovery. Linking sexuality with health stresses the importance of maintaining usual activities and intimate relationships during and following cancer treatment (Mckee & Schover, 2001). Wellness is a concept that includes sexual health. Sexual changes may be caused from side effects of treatment or symptoms of depression and may include decreases in or the complete absence of sexual desire and difficulty with arousal or orgasm. Poorly controlled pain, anxiety, nausea, insomnia, fatigue, and bowel or urinary symptoms may affect sexuality. Other treatment side effects that can impact sexuality are hormonal imbalances, electrolyte imbalances, anemia, thrombocytopenia, muscle atrophy, insomnia, shortness of breath, central nervous system changes, menopausal symptoms, sterility, alopecia, pain, fatigue, nutritional disturbances secondary to nausea and vomiting, mucositis, anorexia, diarrhea, constipation, dry mouth, and alterations in taste. Any of these conditions can affect patients’ moods, quality of life, and activities of daily living, including sexual activities (Hughes, 2000). Discussing sexuality indicates that it is a legitimate aspect of quality of life and places it on par with discussions about the disease, cancer treatment, and other symptoms or problems (Mckee & Schover).

Question 4: The correct answer is choice c, at diagnosis, throughout the treatment period, during recovery, and while rebuilding a sexual life. Discussing sexuality indicates that it is a legitimate topic that can be discussed any time that patients have a question or want to clarify information (Hughes, 2000). Adequate time must be provided for discreet discussion about the impact that cancer treatment can have on appearance, self-esteem, and sexual function. These discussions should occur privately to facilitate interaction. Patients need information about sexuality at three periods: during diagnosis and the treatment period, recovery and resumption of sexual activity (for those patients who have abstained from this activity for any reason, which often is related to treatment), and rebuilding of their sexual lives. Patients may have difficulty comprehending changes in sexuality during the first time period because of the shock of the diagnosis and the overwhelming aspects of initiating treatment. When initially diagnosed, patients may be thinking about survival only. In every patient contact, nurses must reiterate that all quality-of-life issues, including sexuality, are important. In this way, nurses acknowledge that patients can discuss concerns whenever they need information. During recovery and resumption of sexual activity for patients who have been sexually inactive, patients may inquire whether sexual activity, such as intercourse, will differ. They also need to be informed of any restrictions and need to be told that pain or bleeding may occur (Wilmoth & Spinelli, 2000). Loss of desire or difficulty with sexual performance is common. Rebuilding a sexual life is an ongoing process, and nurses should remain available to discuss concerns that patients may have at any time (Paice, 2003).

Education about altered desire, erectile dysfunction, and estrogen deficiencies is important (Hughes, 2000). Nurses have an important role in dispelling myths such as the following: Sexual activity may make the cancer worse, cancer can be spread through sexual contact, sexual activity during cancer treatment may be harmful, and birth control is not necessary during treatment. Nurses also must
reinforce safe sex practices. Nurses can describe possible changes in sexual function; assess physiologic, psychological, emotional, social, and pharmacologic factors that may contribute to alteration in sexuality; and provide information about specific concerns. When nurses are unable to provide the necessary support or information, they should offer patients written materials about sexuality, such as the American Cancer Society Cancer and Sexuality booklets for men and women and their partners. For information regarding the booklets, visit www.cancer.org. Nurses also may request assistance from clinical experts or request a consultation or referral to a resource with information about cancer and cancer treatment effects on sexuality. Nurses then should follow up with patients to ensure that their concerns have been addressed (Paice, 2003).

Question 5: The correct answer is choice d, potential for alteration in sexuality. Cisplatin is an alkylating agent that can affect sexual or reproductive function. Males may experience delayed or arrested pubertal maturation, loss of secondary sex characteristics, loss of libido, erectile dysfunction, decreased bone density and muscle mass, and other metabolic disturbances. Females may experience delayed or arrested puberty, primary or secondary amenorrhea, and menopausal symptoms (hot flashes, vaginal dryness) secondary to ovarian failure (Brown et al., 2001). Problems associated with patients’ disease or treatment should be anticipated and reflected in the nursing care plan so that symptoms or adverse treatment effects can be prevented or minimized (Hughes, 2000).

For all of the patients they care for, nurses should identify potential or actual changes in sexuality or sexual function related to disease and treatment such as infertility, decreased or lack of libido, erectile dysfunction, dry mucous membranes, and early menopause. For instance, nitrogen mustard, cyclophosphamide, and procarbazine can alter sexuality in as many as 80%–90% of patients. When used without an alkylating agent, doxorubicin, bleomycin, vinblastine, and dacarbazine cause gonadal dysfunction in 30%–50% of patients. Combination therapies (e.g., etoposide, alkylating agents) elevate follicle-stimulating hormone levels and/or cause azoospermia or oligospermia in 30%–50% of pubertal and postpubertal males with stage I–IIa Hodgkin’s disease (Brown et al., 2001). Each patient’s care plan should address potential and actual alterations in sexuality. The medical record also should include information about consultations with appropriate experts and referrals to community resources. Therefore, when noting that chemotherapy will be administered for treatment, nurses should identify the potential for problems with sexuality and include this diagnosis in the nursing care plan. In the event that patients report adverse sexual health symptoms, the diagnosis should be revised to identify the actual sexuality problem. The expected health outcomes, developed in collaboration with patients, should be described in the care plan. For continuity of care, all documentation should reflect patients’ responses to interventions to determine progress toward expected outcomes (Brown et al.).

Summary

The BETTER model was developed as a tool to assist nurses to include sexuality in their patient assessments. First, bring up the topic. When performing the assessment, create the opportunity for patients to discuss sexuality and what it means to them and identify any concerns. Explain that you are concerned with quality-of-life issues, including sexuality. Tell patients that you will find appropriate resources to address their concerns. Determine the severity of any concern and patients’ independence in managing their concerns regarding sexuality. Determine patients’ perceptions of familial and external help and help needs, and acknowledge that patients can ask for information at any time. Patients’ initial focus is usually on survival, but introducing your willingness to hear sexuality concerns will open the door for future communication. Educate patients about the side effects of their cancer treatments. Determine patients’ knowledge of symptoms and symptom management related to sexuality, their understanding of what is happening and why, and what to anticipate. Education must include the influence that cancer treatment may have on this aspect of their lives so that patients can maintain or resume intimate relationships. Lastly, record your assessment and interventions.

Integrating information about sexuality into clinical practice can validate patients’ experiences and enhance their quality of life. Nurses have an important role in helping patients to regain a sense of normalcy after cancer diagnosis and treatment. The BETTER model can assist nurses to include sexuality in their assessments to ensure practice standards are met to provide holistic care.

Author Contact: JoAnn Mick, RN, MSN, MBA, AOCN®, can be reached at jmick@mdanderson.org.

References