A Workshop for Educating Nurses to Address Sexual Health in Patients With Breast Cancer

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Breast cancer is associated with significant sexual side effects. However, nurses and other healthcare providers are often reluctant to initiate a discussion about sexual health with their patients because of numerous barriers, including knowledge, time, and confidence. This article describes the development and implementation of a sexual health workshop for oncology nurses intended to increase their knowledge about common sexual side effects in patients with breast cancer, strengthen their confidence in addressing sexual health, and provide them with tools and resources to educate their patients.

At a Glance
• Sexual health should be an integral component of patient assessment and education.
• Nurses should review management strategies and address common sexual side effects related to the disease and its treatment with their patients.
• To increase knowledge and confidence, nurses should practice the communication strategies and review the content and resources provided in the workshop.

Breast cancer is associated with significant sexual side effects. However, nurses and other healthcare providers are often reluctant to initiate a discussion about sexual health with their patients because of numerous barriers, including knowledge, time, and confidence. This article describes the development and implementation of a sexual health workshop for oncology nurses intended to increase their knowledge about common sexual side effects in patients with breast cancer, strengthen their confidence in addressing sexual health, and provide them with tools and resources to educate their patients.

Before J.W., a 51-year-old woman with breast cancer, was scheduled to begin neoadjuvant chemotherapy, her nurse provided her with information about common side effects associated with the treatment and management strategies. The nurse discussed hair loss, nausea, fatigue, weight gain, hot flashes, vaginal dryness, pain during intercourse, and loss of libido. She encouraged J.W. to ask questions at any time and stressed that no question would be considered silly or embarrassing. At the end of the discussion, J.W. gave the nurse a big hug and expressed her gratitude, saying that she had been experiencing vaginal dryness for a year. Being intimate with her partner had been so painful that she avoided it at all costs. J.W. said she wished one of her doctors or nurses would have brought it up earlier and admitted to being too embarrassed to discuss the topic on her own.

Background

Nurses like J.W.’s, who initiate the discussion about sexual health, are often the exception rather than the standard of practice (Kelvin, Steed, & Jarrett, 2014). Nurses play a significant role in educating patients and often discuss sensitive topics, such as incontinence and constipation. However, nurses and other healthcare providers are sometimes reluctant to initiate discussions on sexual health (Kelvin et al., 2014; Park, Norris, & Bober, 2009), which is surprising because breast cancer, the most common cancer among women in the United States, is associated with significant sexual side effects related to the physical and psychosocial sequelae of the disease and its treatment. Various treatments for breast cancer (e.g., surgery, radiation therapy, chemotherapy, hormone therapy) may contribute to sexual dysfunction (Cho et al., 2014). Many survivors report that sexual problems persist long after treatment has been completed (Cho et al., 2014). Barriers reported by healthcare providers that prevented them from initiating the discussion about sexual health include limited knowledge, discomfort or embarrassment, personal values or biases, fear of invading privacy, a lack of time, and the discussion not being a priority (de Vocht, Hordern, Notter, & van de Wiel, 2011; Flynn et al., 2012; Julien, Thom, & Kline, 2010). However, patients consistently report that they prefer their healthcare providers to initiate the discussion (de Vocht et al., 2011; Flynn et al., 2012).

To determine current practice and possible barriers to discussions of sexual health, a survey was conducted to evaluate nurses’ knowledge about sexual health, their confidence in discussing it, and barriers preventing them from initiating the discussion. Institutional review board approval was not necessary because this initial survey was conducted to determine nurses’ educational needs. Survey questions were developed to evaluate whether the nurses faced barriers similar to those that have been reported in the literature. The survey was distributed to 60 nurses working in the outpatient breast center (i.e., in breast surgery, medicine office practice, and the chemotherapy infusion unit) at Memorial Sloan
Kettering Cancer Center in New York. All responses from the nursing staff were voluntary and anonymous. Forty-eight of the 60 nurses surveyed (80% response rate) completed the 13-question survey that used a Likert-type scale ranging from “strongly agree” to “strongly disagree.” Of the nurses surveyed, 41 (86%) responded that sexual health is an important topic to discuss with patients. However, only 14 (29%) reported actually initiating the discussion either “most of the time” or “always” prior to the patient starting treatment. In addition, just 17 (35%) of the surveyed nurses reported feeling as though they had received adequate training to educate patients about sexual health. Of the 45 (75%) nurses who responded to the survey’s questions about barriers, 23 (51%) identified “not enough knowledge” as the most common. Twenty-two (49%) nurses responded that the next most common barrier was “not enough time in clinic,” followed by “not enough confidence” (n = 14, 31%) and “not sure where to refer patients for help in addressing their concerns” (n = 14, 31%). Based on the survey results, the content and structure of a sexual health workshop for oncology nurses was developed through a review of the sexual health literature, as well as content expertise provided by oncology social workers and sexual medicine and women’s health practitioners. The workshop content included a review of common sexual side effects related to surgery, radiation therapy, chemotherapy, and hormone therapy; strategies to manage side effects; barriers to patient-provider communication; models to enhance communication; communication strategies; a referral algorithm; and patient education materials and resources.

### Workshop Development and Implementation

A multidisciplinary group planned a one-hour workshop facilitated by a senior breast center nurse and clinical nurse specialist, as well as two social workers. Each session was limited to seven participants to encourage active discussion in a more intimate setting, and it included a combination of didactic information and discussion. A 20-minute slide presentation addressed common sexual side effects related to breast surgery, radiation therapy, chemotherapy, and hormone therapy, as well as strategies to overcome side effects and barriers. Some strategies included creating structure for the conversation, remaining nonjudgmental and respectful, avoiding assumptions, using neutral language, and ensuring patient privacy (Kelvin et al., 2014). Models that help to enhance communication, including the PLISSIT (permission, limited information, specific suggestions, intensive therapy) and BETTER (bring up, explain, tell, timing, educate, record) models, were reviewed (Krebs, 2008; Park et al., 2009). In response to the reported barrier “not sure where to refer patients to,” an algorithm was developed to assist the nurse in making referrals to the most appropriate specialist for patients requiring complex intervention (see Figure 1).

The remainder of each session was spent on role-playing activities that simulated actual patient scenarios. The facilitators created scenarios using different patient populations (e.g., premenopausal women, older women, women in same-sex relationships) and different side effects (e.g., vaginal dryness, loss of libido, depression) to ensure that a variety of topics were covered. The facilitator played the role of the patient; sometimes a second facilitator would act out the role of an accompanying family member. The participants took turns playing the role of the nurse and acted out each scenario with a facilitator. The goal of the role playing was to allow the participants to practice the communication strategies they had learned in a safe and nonjudgmental environment, as well as to receive immediate feedback, guidance, and support from the facilitators and other participants.

Each participant received a copy of the American Cancer Society booklet *Sexuality for the Woman With Cancer* and a laminated pocket card for quick and easy reference. One side of the card contained the algorithm for sexual health referrals, whereas the other side had helpful tips for discussing sexual health and examples of simple sentences to help facilitate the discussion. All of the information presented during the workshop (e.g., copy of the slide presentation, referral algorithm,

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**FIGURE 1. Algorithm for Sexual Health Referrals**

- **Gynecology**
  - Any gynecologic issues directly related to cancer diagnosis and treatment
  - Discussion about hormone replacement therapy beyond local treatment with vaginal estrogen

- **Psychiatry**
  - Counseling
  - Medication management of severe emotional issues or menopausal symptoms

- **Sexual medicine**
  - Concerns about future intimacy
  - Difficulties with sexual and vaginal health
  - Disruption of sexual response
  - Painful pelvic examination

- **Social work**
  - Counseling for emotional issues, as well as for difficulty coping and communicating

- **Female sexual medicine and women’s health program**

- **Male sexual and reproductive medicine program**
list of patient education materials and resources) was placed in an electronic folder that was accessible to the nurses for quick and easy reference. Figure 2 provides a list of patient education materials. In addition, the nurse facilitators created and distributed weekly emails to the nurses for several months following the workshop; these included educational highlights and various facts about sexual health. The nurses reported that they appreciated receiving the emails, which served as periodic reminders of the importance and relevance of this topic.

Findings

To date, five sessions have been conducted, with a total of 29 participants. At the end of each session, participants completed a brief program evaluation, and the feedback was overwhelmingly positive. Nurses expressed a feeling of empowerment and reported that role playing was an effective method for strengthening their communication skills in a supportive environment. However, they noted that more time to practice would have been beneficial. Several nurses suggested that future workshops should be longer to allow more time for role playing. To evaluate the effectiveness of the workshop, all participants completed a three-month postworkshop survey, and a comparison was made between pre- and postsurvey results. The postworkshop results showed an increase in the number of nurses who initiated discussions about sexual health prior to patients starting treatment (67% versus 37%). A higher percentage also reported having enough knowledge (60% versus 38%), receiving adequate training (87% versus 37%), and feeling more confident in their ability to address the topic (89% versus 60%). Figure 2 provides comments from nurses who reported initiating discussions with patients after attending the workshop, as well as comments from patients.

Future Directions

One of the challenges experienced by the workshop presenters was the limited time available in a one-hour session for content and role playing. Lengthening the sessions to 90 minutes would allow greater time for learning, but doing so would create scheduling and attendance issues for nurses with conflicting responsibilities. One possible strategy for future workshops could include providing the information for review ahead of time, then allowing more time for discussing communication strategies and role playing.

Other goals include incorporating the workshop into MSKCC’s orientation program for newly hired nurses, ensuring that all nurses are documenting their sexual health teaching in a standardized format, and providing future refresher workshops to reinforce the content and present any new information on the topic.

Conclusion

Educating patients about sexual health and strategies to manage sexual side effects is an integral component of providing holistic care and enhancing quality of life. The results of this workshop demonstrated that educating nurses and allowing time and experience for role playing in a sexual health workshop can increase nurses’ knowledge and confidence to address sexual concerns in survivors of breast cancer. The positive outcomes of this workshop can help other institutions to adopt the program to meet the needs of their specific patient population.

References


