Sexuality Assessment: 10 Strategies for Improvement

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Although nurses are aware that assessing sexuality, diagnosing sexuality problems, and evaluating outcomes of interventions to address patients’ sexuality concerns are part of holistic care, they often do not perform sexuality assessment in practice. Understanding sexuality as patients’ perceptions of body image, family roles and functions, relationships, and sexual function can help nurses improve assessment and diagnosis of actual or potential alterations in sexuality. In addition, nurses should increase their knowledge and understanding of sexuality, identify available information and resources, apply practice standards, and develop a skill set to incorporate sexuality questions routinely in clinical assessments. This article provides 10 strategies to help address and validate patients’ sexuality experiences and quality-of-life concerns. By promoting sexual health, nurses can help patients regain a sense of normalcy after cancer diagnosis and treatment. Holistic care is provided when nurses acknowledge the importance of sexuality in patients’ lives.

Cancer and its treatments can negatively affect patients’ sexuality. Promoting sexual health improves quality of life (QOL) and is a fundamental part of holistic cancer care. Although nurses are aware that assessing sexuality, diagnosing sexuality problems, and evaluating the outcomes of interventions to address patients’ sexuality concerns are part of holistic care, they often do not perform sexuality assessment in practice. This article will provide 10 strategies for nurses to improve sexuality assessment.

1. Understand Sexuality

Nurses often omit sexuality in patient assessments because they perceive it only in terms of sex and sexual function. As a result, nurses may miss opportunities to provide support for patients by not addressing the many aspects of sexuality that are unrelated to sexual intercourse. To better understand sexuality, consider how patients’ concerns about sexuality affect their QOL. Body image, feelings of femininity or masculinity, roles and responsibilities in the family, and relationship concerns all are aspects of sexuality that can be affected by cancer and its treatments. Sexual function and fertility also can be affected (Guthrie, 1999). Nurses can assess patients’ sexuality concerns by inquiring about patients’ roles in their families, how cancer and its treatments have affected their responsibilities at home, and whether medications or treatments have changed their emotional feelings or self-image. If patients mention their relationships with partners or significant others, nurses should ask whether treatment is affecting their relationships or feelings of intimacy. When nurses approach sexuality assessment from a QOL perspective, they acknowledge that cancer can disrupt life and relationships and affect feelings of self-worth and intimacy.

At a Glance

✦ Nurses can assess patients’ sexuality concerns by inquiring about patients’ roles in their families, how cancer and its treatments have affected their responsibilities at home, and whether medications or treatments have changed their emotional feelings or self-image.

✦ By developing an understanding of underlying causes of discomfort with sexuality assessment, nurses are more likely to manage personal feelings and effectively meet professional responsibilities.

✦ When nurses do not feel comfortable inquiring about patients’ sexuality, they must encourage patients to ask any questions and share concerns regarding sexuality.

2. Provide Information

Nurses provide patients with information on a variety of health conditions. Patient education via information and instruction provided by nurses supports patients’ achieving and maintaining a state of wellness. Nurses proactively educate patients on diagnoses and treatment choices to ensure patients understand their illnesses as well as support patients’ abilities to manage concerns.

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In regard to sexuality, however, many nurses rely on patients to ask questions or request information before providing it. Often, nurses will not approach the topic in patient assessments because they believe the topic of sexuality is approachable only after a nurse-patient relationship has been established. Nurses also acknowledge that patients rarely ask about sexuality concerns; therefore, actual or potential sexuality concerns often are not identified or addressed by nurses and patients are not provided with a supportive, comfortable environment in which to have discussions about sexuality concerns (Gamel, Hengeveld, Davis, & Van der Tweel, 1995).

To address patients’ concerns about sexuality effectively, nurses need to learn how to approach sexuality as they would any other topic and be proactive in providing opportunities for patients to present concerns. Several models, such as PLISSIT, BETTER, PLEASURE, and ALARM, are available for nurses to use as supportive frameworks to conduct sexuality assessments (Andersen, 1990; Annon, 1976; Mick & Cohen, 2003; Mick, Hughes, & Cohen, 2004; Schain, 1988) (see Figures 1 and 2). In addition, nurses should include appropriate information about potential sexual side effects of treatments in patient education plans. For example, patients routinely should be provided with sexuality information whenever they receive treatments that are known to change body image or have possible side effects related to fertility, intimacy, or sexual function. Nurses may want to request assistance from clinical experts or inquire about consultations or referrals to resources with information about cancer and the effects of its treatments on sexuality. By providing resources where patients can obtain needed information related to sexuality or sexual function, nurses reinforce the importance of sexuality in patients’ lives (see Figure 3).

### Address Causes of Discomfort

Nurses comfortably discuss many sensitive topics with patients; however, when considering or initiating discussions of sexuality, they can experience intense feelings of discomfort. The primary source of nurses’ discomfort can be associated with their having a limited concept of sexuality or other complicating factors related to age, gender, and culture of patients and nurses. Furthermore, nurses may experience discomfort caused by their own perceptions of patients’ willingness to discuss sexuality or by other types of barriers to comfortable communication (Jolley, 2002; Quinn, 2003). Many nurses have difficulty moving past feelings of discomfort to assume their roles as professionals and address sexuality with the efficiency they would any other assessment topic. When experiencing discomfort about discussing any topic with patients and their significant others, nurses must develop an understanding of underlying causes (Stokes & Mears, 2000). In doing so, nurses are much more likely to manage personal feelings and effectively meet professional responsibilities (Koh, 1999).

#### Be an Objective Listener

Healthcare providers come to their professions with predetermined values, opinions, and attitudes resulting from emotional, spiritual, cultural, and intellectual experiences; parental influences; peer pressure; and cognitive information (Koh, 1999). Nurses’ individual characteristics can predispose them to respond in definitive ways when providing patient care. The potential for nurses’ bias and prejudice exists when sensitive subjects, such as sexuality, are discussed. Nurses’ beliefs and values are influenced especially by their individual ideas about the morality or immorality of sexual practices. Being cognizant of potential differing values allows nurses to prevent themselves from responding to patients’ questions in a biased or prejudiced manner. Remaining objective when listening and responding to patient concerns about sexuality prevents communication barriers and assures patients that they can discuss any healthcare topic with nurses.

#### Perform Independent Assessments

Although nurses independently are able to perform sexuality assessments, identify nursing diagnoses, and develop and evaluate interventions, they often limit their assessments to asking only the questions included on an assessment form. If a question about sexuality is not present on an assessment form, nurses may reason that it is not necessary or important information to ask or provide to patients. Assessment forms may be designed to ensure that an organization meets certain regulatory requirements for documentation,
but nurses should not believe that they are limited to conducting their patients’ sexuality assessments according to questions on a form. Nurses must incorporate their own skill sets in patient sexuality assessments, exploring patients’ individual needs and developing a nursing plan of care to address each concern identified by individual patients. Sexuality assessment models and QOL tools that consider sexuality are resources nurses can use to gain confidence and skills for conducting sexuality assessments.

When assessments are initiated, let patients know that cancer and its treatments can affect many aspects of QOL by altering physical and emotional well-being. Tell patients that they may ask questions about sensitive topics, such as intimacy, so that possible side effects of treatments can be addressed. Ask patients to identify any changes they have experienced related to their illness or treatment, including physical, emotional, social, or spiritual changes. Encourage patients to ask questions or describe their concerns, and assure them that resources are available. Continually convey the importance of being open about any symptoms they may experience during their treatments, especially when they feel embarrassed or unsure they should ask. When the stage is set for patients to openly share all concerns, information may be offered by patients that might not have been obtained in response to specific assessment questions.

**Use Practice Standards**

The American Nurses Association ([ANA], 1974) supported the premise that patients’ sexual problems are a concern of nurses and provided professional nursing standards that include patient sexuality assessment as a component of holistic care. In addition, the Oncology Nursing Society (ONS) and ANA (2004) published statements on the scope and standards of professional sexuality assessment.
performance in oncology nursing, which included assessment of sexuality to identify the effects of cancer and its treatments on body image, sexual function, psychosocial responses, and past and present sexual patterns and functioning. Nursing diagnosis and outcome measurement are designated as nursing responsibilities, which aid nurses in identifying potential or actual changes in sexuality or sexual function related to cancer and its treatments. ONS and ANA practice responsibilities related to sexuality assessment should be incorporated into nurses’ clinical practices.

Ask Broad Questions

Nurses may feel uncomfortable talking about sexuality unless a nurse-patient relationship is established. For example, nurses may omit sexuality assessment when conducting patients’ admission assessments because they are meeting patients for the first time. Nurses need to consider including the broader concepts of sexuality in conversation when forming nurse-patient relationships. Asking whether patients have children, whether they are in a relationship, and how their illness affects their roles or functions in a family or work situation can initiate the topic of sexuality to explore patients’ actual or potential concerns. Nurses can include questions in conversations to ask their patients about motherhood or fatherhood, self-image, and intimacy concerns (Thaler-DeMers, 2001). Nurses should express an understanding that some topics are difficult to discuss and reassure patients about nurses’ willingness to listen to any concerns their patients may have.

Avoid Making Assumptions

Nurses often view sexuality as a low-priority health concern and may have misconceptions or make assumptions regarding patients’ age, palliative care status, or sexual orientation (Smook, 1992; Stausmire, 2004). Because many nurses limit their concept of sexuality to sexual intercourse and view sex as unimportant during illness, they do not assess patients’ concerns about sexual function and neglect to assess other aspects of sexuality that might be affected by cancer and its treatments.

Nurses need to recognize how their practices are influenced by assumptions about sexuality in relation to age, gender, and culture, which often are not based on fact or actual experience (Bruner & Boyd, 1999). Identification of risk factors for sexual dysfunction, such as age, preexisting problems in relationships, treatment-induced menopausal status, and treatments that directly impair sexual function or pelvic organs, can identify sexuality as a possible priority. Nurses who believe that sexuality is a low priority for patients should prompt patients to rank sexuality in terms of QOL.

Learn About Sexuality

ANA’s (2001) Code of Ethics for Nurses defines nurses’ professional obligation to examine and update their clinical skills and competencies that affect patient care. Nurses are responsible for educating themselves to meet the requirement for performing a high-quality sexuality assessment. Included in the World Health Organization’s (1975) list of the fundamental rights of an individual is the right to sexual health. Nurses need to stay informed and develop appropriate interventions when patients’ sexuality is altered or affected by acute or chronic phases of illness. To be adequate counselors, nurses must know how a disease process may affect sexuality.

Taking advantage of educational opportunities can improve nurses’ assessments of patients’ sexuality. Educational topics for consideration include the influence of culture and religion on individual beliefs related to sexuality, the effects of disease on sexuality and sexual function, and the correct verbiage to use when discussing patients’ sexuality. By continuing their education, nurses can maintain and improve their professional knowledge and competencies, enabling them to assess patients’ concerns related to sexuality effectively and implement appropriate interventions (Treacy & Randle, 2004; Tsai, 2004; Tsai & Hsiung, 2003). Expanding knowledge to encompass psychosocial aspects of sexuality is essential for nursing.

Encourage Questions About Sexuality

When nurses decide to not ask their patients about sexuality or assess for actual or potential sexuality concerns, they must be willing to tell patients that they can ask questions, including questions about sex or sexuality. When nurses cannot ask, they must give their patients permission to do so by making it clear that patients can ask nurses any questions or talk about any concerns relating directly or indirectly to cancer and its treatments.

Conclusion

Nurses have an important role in providing holistic care by helping patients to regain a sense of normalcy after cancer diagnosis and treatment, including sexuality. Nurses can incorporate assessment of sexuality concerns into their clinical practices by addressing sexuality through patients’ perceptions of body image, family roles and functions, relationships, and sexual function. Ten strategies to improve sexuality assessment may provide support for nurses to validate patients’ experiences and enhance their QOL.

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