The Sexuality Discussion: Tools for the Oncology Nurse

Marcelle Kaplan, RN, MS, AOCN®, CBCN®, and Rita Pacelli, MS, RN, OCN®

Receiving a cancer diagnosis and experiencing the effects of antineoplastic therapies can have a devastating effect on a person’s emotional, physical, and psychological well-being and a significant negative effect on sexual desire and function. Oncology nurses are the ideal healthcare professionals to assess the sexual health status of their patients and to intervene to sensitively address sexuality issues. Having this discussion can be uncomfortable for both nurses and patients, but using communication tools can help nurses gain confidence in their abilities to address sexuality concerns in an effective and comfortable manner and to provide patients with useful information and insights.

M.R. is a 35-year-old married woman diagnosed with acute myeloid leukemia (AML). She has been married for two years and reports having a good marriage. Her husband has been closely involved with her treatment and appears to be very supportive. She has completed her second cycle of chemotherapy as an inpatient on the oncology unit and is being discharged later in the day. The oncology nurse enters the room and sees that M.R. is alone in her hospital room, sitting on her bed, crying. She immediately asks what is wrong. M.R. states that she is afraid of going home. When the nurse asks her what she fears about going home, M.R. responds, “I’m just so tired, I don’t know how I’ll be able to have sexual relations with my husband. And I don’t care if I never have sex again.” She says that she is afraid of being thought of as a “bad wife” who doesn’t try to please her husband after all he’s done for her. This is the point at which the oncology nurse has the opportunity to address M.R.’s sexual concerns in a knowledgeable and sensitive manner.

Sexuality and Cancer

Receiving a cancer diagnosis and experiencing the effects of therapy can have a devastating effect on a person’s emotional, physical, and psychological well-being and self-image and can lead to significant quality-of-life changes in sexual desire, function, and pleasure (Horder, 2008). Any of the therapies used in cancer treatment, including chemotherapy, hormonal agents, biologics, surgery, and radiation, can cause sexual dysfunction during or after treatment, either of a temporary or prolonged nature. Survivors of cancers of the breast, the female reproductive system, and the prostate are especially likely to experience sexual dysfunction (Krebs, 2006).

Studies have confirmed that patients prefer their healthcare providers to take the lead in inquiring about their sexual health (Julien, Thom, & Kline, 2010); however, many nurses wait for the patient to open this discussion. Among the reasons for this inaction may be that nurses feel inadequately prepared or embarrassed to speak about issues of sexuality and intimacy, do not wish to offend the patient, presume that issues of survival should take precedence over issues of sexuality, or feel that it is not part of their role. Nurses also cite a lack of relevant education and time and patients’ poor physical conditions as barriers to sexual health assessment and intervention (Julien et al., 2010). However, as part of holistic oncology nursing practice, the Oncology Nursing Society (ONS) and the American Nurses Association (ANA) recommend assessment and data collection about patients’ past and present sexual relationships, effects of disease and treatment on body image and sexual function, and the psychological response of patients and partners to disease and treatment (ONS & ANA, 2004).

Sexuality Intervention and Assessment Tools

Nurses are experienced and comfortable in discussing issues related to diagnosis, treatment, and rehabilitation with patients, but often are uncomfortable and unsure of themselves in initiating conversations about sexuality with patients or responding to their concerns about...
specifically for oncology nurses to help
levels requiring increasing knowledge
provides a systematic approach to learn
first conceptualized by Annon (1976). It
PLISSIT Model
PLISSIT is a four-step model that was
assessment and intervention are described:
levels of sexual dysfunction (Mick, 2007; Mick, Hughes,
PLISSIT and BETTER.

two models for sexual as
with patients, two models for sexual issues (Mick, 2007). To help sup-
support nurses in addressing intimate issues
with patients, two models for sexual as-

specific suggestions to help
functions of sexuality and intimacy, or interventions to provide vaginal lubrication or diminish fatigue.

P = Permission
By being open and honest and initiating a
discussion about sex, the healthcare pro-
fessional gives the patient permission to
express concerns, needs, and feelings related to
sexual function. Patients also are re-

LI = Limited Information
Patients are given limited information spe-
cific to their situation and sexual concerns,
such as adverse physiologic changes from
effects of treatment or disease on sexual
function, change in body image, and lack of
libido.

SS = Specific Suggestions
Specific suggestions are provided to help
patients manage or compensate for sexual
dysfunction. Suggestions may include discus-
sion of comfortable sexual positions and al-
ternate methods of expressing closeness and
intimacy, or interventions to provide vaginal
lubrication or diminish fatigue.

IT = Intensive Therapy
Intensive therapy is the step where the
sexuality intervention has reached the level
at which the services of a trained specialist
are indicated. The first three levels of sexual
counseling on the part of the healthcare
professional have not resulted in resolution
of the patient’s problems and an outside
referral is needed.

P = Permission
By being open and honest and initiating a
discussion about sex, the healthcare pro-
fessional gives the patient permission to
express concerns, needs, and feelings related to
sexual function. Patients also are re-

LI = Limited Information
Patients are given limited information spe-
cific to their situation and sexual concerns,
such as adverse physiologic changes from
effects of treatment or disease on sexual
function, change in body image, and lack of
libido.

SS = Specific Suggestions
Specific suggestions are provided to help
patients manage or compensate for sexual
dysfunction. Suggestions may include discus-
sion of comfortable sexual positions and al-
ternate methods of expressing closeness and
intimacy, or interventions to provide vaginal
lubrication or diminish fatigue.

IT = Intensive Therapy
Intensive therapy is the step where the
sexuality intervention has reached the level
at which the services of a trained specialist
are indicated. The first three levels of sexual
counseling on the part of the healthcare
professional have not resulted in resolution
of the patient’s problems and an outside
referral is needed.

The PLISSIT Model
The BETTER model was developed
specifically for oncology nurses to help

The BETTER model was developed
specifically for oncology nurses to help

Figure 1. The PLISSIT Model

The Sexuality Discussion
After hearing M.R.’s concerns about
how she can manage to be a sexual
person in the face of fatigue and lack
of sexual desire, the oncology nurse
understands that this is the appropriate
moment to intervene and decides to do
so using the steps in the PLISSIT model.
First, the nurse gives M.R. permission
(P) to address the topic by asking her if
she would like to discuss her sexual con-
cerns at this time. When she says “yes,”
the nurse provides privacy by closing
the door and then sits beside M.R. in the
bedside chair. The nurse listens carefully
as M.R. expresses her feelings of sexual
inadequacy and then responds with limit-
ed information (LI) appropriate to M.R.’s
situation. The nurse explains that fatigue
and lack of sexual desire are frequent side
effects of the chemotherapy she received
to treat AML and that many patients under-
going cancer therapies have the same
experience. However, M.R. exclaims
“But what am I supposed to do?” This
statement prompts the nurse to offer M.R. specific suggestions (SS) for sharing
intimacy with her husband. The nurse
explains that sexual intercourse is not
the only way to show love and affection
and that they both might enjoy hugging,
kissing, touching, and mutual massage.
The nurse also describes strategies for
energy conservation, including choosing
a time of day for intimate contact when
her energy level is highest, such as in the
morning. M.R., although still skeptical
that the suggestions will work, appears
calmer and less fearful about going home.
The nurse suggests that M.R. and her
husband try the specific strategies and
reassures her that a follow-up discussion
will take place after discharge. Two days
later, when the oncology nurse makes
the discharge phone call to M.R. at home,
the issue of sexuality is brought up and
M.R. states that she and her husband have
been using some of the suggestions and
they seem to be adequate for now. They
have not attempted sexual intercourse
because she is still fatigued, but she feels
close to her husband and realizes that she
isn’t a “bad wife.” M.R. thanks the nurse
for her concern and useful suggestions.
In this case, M.R. and her husband did not
need to advance to the intensive therapy
(IT) step of PLISSIT because the specific

Figure 2. The BETTER Model
Note. Based on information from Mick et al., 2003, 2004.
Table 1. Selected Online Sources of Information About Cancer and Sexuality

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>TOPIC</th>
<th>WEB SITE</th>
</tr>
</thead>
</table>
| American Cancer Society | Chemotherapy side effects on sexuality in women and men | http://nccu.cancer.org/docroot/MIT/MIT_7_1x_Cancer-SexualitySideEffects.aspx?sitearea=&level=0
| American Society of Clinical Oncology | Sexual and reproductive health | www.amcsonline.org/chapter/clinical/practice/sexual-issues
| BreastCancer.org | Sex and intimacy | www.breastcancer.org/tips/intimacy
| Fertile Hope | Reproductive information and support | www.fertilehope.org
| Gynecologic Cancer Foundation | Sexuality issues | www.wcn.org/articles/quality_of_life/sexuality/overview
| LIVESTRONG™ | Female sexual dysfunction | www.livestrong.org/Get-Help/Learn-About-Cancer/Cancer-Support-Topics/Male-Sexual-Dysfunction
| | Male sexual dysfunction | www.livestrong.org/Get-Help/Learn-About-Cancer/Cancer-Support-Topics/Female-Sexual-Dysfunction
| National Cancer Institute | Sexuality and reproductive issues | www.cancer.gov/cancertopics/pdq/supportivecare/sexuality/Patient
| Network of Strength | Intimacy and sexuality issues | www.networkofstrength.org/support/relationships/intimacy.php
| OncoLink | Sexuality and fertility issues | www.oncolink.org/coping/subsection.cfm?c=42&s=90
| Prostate Cancer Foundation | Erectile dysfunction | www.pcf.org/site/c.1eJRIROrEpH/b.5836625/k.75D7/Erectile_Dysfunction
| Sexuality Information and Education Council of the United States | – | www.seicus.org

suggestions have been sufficient at this time to help M.R. and her husband mutually express their intimate feelings for each other despite her cancer diagnosis and treatment side effects.

Conclusion

Having a discussion regarding sexuality can be uncomfortable for both nurses and patients. Using communication tools such as PLISSIT or BETTER can help nurses gain confidence in their abilities to address sexuality concerns in an effective and comfortable manner and to provide patients with useful information and insights. Nurses are the healthcare providers who spend the most time with patients and, as part of holistic nursing practice, they are expected to possess the knowledge and level of confidence to sensitively address issues of sexuality with their patients.

Author Contact: Marcelle Kaplan, RN, MS, AOCN®, CBCN®, can be reached at marcelle.kaplan@gmail.com, with copy to editor at CJONEditor@ons.org.

References


Do You Have an Interesting Topic to Share? 

Supportive Care provides readers with information on symptom management and palliative care issues. Length should be no more than 1,000–1,500 words, exclusive of tables, figures, insets, and references. If interested, contact Associate Editor Marcelle Kaplan, RN, MS, AOCN®, CBCN®, at marcelle.kaplan@gmail.com.