

# 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 diagnosis of cancer 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 (Hordern, 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 relating 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

Marcelle Kaplan, RN, MS, AOCN®, CBCN®, is an oncology nurse consultant in Merrick, NY; and Rita Pacelli, MS, RN, OCN®, is a nursing instructor in the Division of Nursing Education at New York Presbyterian Hospital, Weill Cornell Medical Center, in New York. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of the article have been disclosed by the authors or editorial staff.

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