FEATURE ARTICLE

Sexuality Assessment: 10 Strategies for Improvement

JoAnn M. Mick, PhD, MBA, RN, AOCN®, CNAA, BC

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.

ancer 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 inquring 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.

JoAnn M. Mick, PhD, MBA, RN, AOCN[®], CNAA, BC, is the assistant director of nursing research at the University of Texas M.D. Anderson Cancer Center. This study was funded by an ONS Foundation Oncology Nursing Research Grant, which was supported by Oncology Education Services, Inc. (Submitted April 2007. Accepted for publication July 14, 2007.)

Digital Object Identifier: 10.1188/07.CJON.671-675