



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.

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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