Talking about sexuality: the perceptions of gynaecological cancer nurses

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Delivering a Healthy WA

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Background

• Gynaecological cancer treatment results in significant psychosexual healthcare needs

• Sexuality is multi-dimensional: body image, sexual self-concept, sexual esteem

• Literature shows:
  – Women want to discuss issues of sexual health
  – Psychosexual care correlates with improved quality of life outcomes
  – Under-addressed in clinical setting amongst all disciplines
Aim

• To examine nurses’ perceptions of providing psychosexual care for women with gynaecological cancer
Funding

• Nursing and Midwifery Office, Department of Health, Western Australia

• Managed by Curtin University
Methodology

- Qualitative descriptive design
- Nurses in outpatient clinic and post-op ward
- One-on-one interview
- Recorded and transcribed verbatim
- 17 nurses interviewed
Results

Psychosexual Nursing Care

The Conversation
- Supporting the woman
- Strategies to engage

The Woman
- Diversity
- Receptiveness

The Nurse
- Confidence
- Values
- Making assumptions

The System
- Being supported by the system
- Working as a team

Society
The Nurse

- Confidence
  - Confidence and comfort
  - Level of nursing experience
  - Education/knowledge
  - Having all the answers
  - Experiencing fear

“the word sex scares people”

“I felt uncomfortable and wasn’t ready for that question”

“I developed my confidence through experience”

“I don’t want them to open up a box that I’m going to go, oh I don’t have a clue what to do from here”

“You don’t have to fix it... it’s ok not to have the answers”
The Nurse

- Values
  - Sense of responsibility
  - Experience influencing practice
  - Personal beliefs & self-awareness
  - Age

“I just feel it’s part of our job, it’s part of our responsibility”

“I always remember her because that was quite a moving one...made me realise why you need to ask the questions”

“my own childhood experience was you never talked about sex so that overflows into this because I think oh no, no, no I can’t talk to her about it”

“the perception that maybe it’s more appropriate to talk with someone younger...they assume that everyone talks about it all the time anyway”
The Nurse

Making Assumptions

- Age
- Sexual history
- Appearance
- Health status
- The “right” time

“It’s usually the last thing on their mind…unless they’re extremely young”

“You can almost…pick the patients who you know that their appearance is extremely important…you’d probably be more careful to address the subject with them than with others who you think it’s more important for them just to be well”

“I don’t think when you’re tired after post, after surgery that you want to be sitting down reading or having a discussion about sex”

“the first couple of days they’re not feeling well enough for anything”
The Relationship Between Nurse and Woman

– Rapport described as a key facilitating factor
– Nurses: important to feel comfortable and confident
– Some inferred rapport was equally important to the woman
– Further investigation: perspective of the women
The Relationship Between Nurse and Woman

• Trusted Profile of the Nurse
  – Is this underestimated by nurses?
  – Do women/patients have a pre-conceived notion of rapport with nurses even on first meeting?
The Relationship Between Nurse and Woman

- Self-awareness

- Further investigation: influence of nurses’ self-awareness of sexuality on rapport
- Evidence shows nurses’ level of personal comfort and philosophy of care predicts the practice of sexual health care
- Australian study: HCPs relate conversations to personal experiences and “expose their vulnerability”
The Relationship Between Nurse and Woman

• “Difficult” conversations
  – Parallels between other types of conversations, i.e. end-of-life care/dying
Assumptions

• Assessment vs Assumption
• Assessing clinical indications vs psychosocial issues
• Making assumptions can be risky and result in insufficient care
Assumptions

- Literature

- Mismatched expectations between HCPs and patients around communication
- Assumptions based on stereotypes (i.e. age, gender, diagnosis, culture, partnership status)
- Attitudes formed around societal myths and assumptions prevent nurses from conceptualising the need to provide sexual health care
Assumptions

• Many nurses acknowledged they made assumptions

• Others did not acknowledge, but described their assumptions

• Discrepancy around the actual assumptions, suggesting they are based on attitudes rather than assessment
Limitations

• Translation of findings may be limited by the specific nursing population investigated
• Perspectives of patients were not investigated
• Perspectives of other members of the MDT not investigated
• Influence of cultural and societal views
Recommendations

• Centres that provide gynaecological cancer treatment: implement guidelines and documentation as standard care

• Encourage shared responsibility of psychosexual care amongst multidisciplinary team

• Education programs focussing on confidence, communication skills and reflection on attitudes
References

Questions?