

Talking about sexuality: the perceptions of gynaecological cancer nurses

Presented by:

Natalie Williams, Gynae Nurse Researcher, Curtin University & King Edward Memorial Hospital, Women & Newborn Health Service (WNHS)

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Prof Yvonne Hauck, Curtin University & WNHS

Anna Bosco, Lecturer, Curtin University

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

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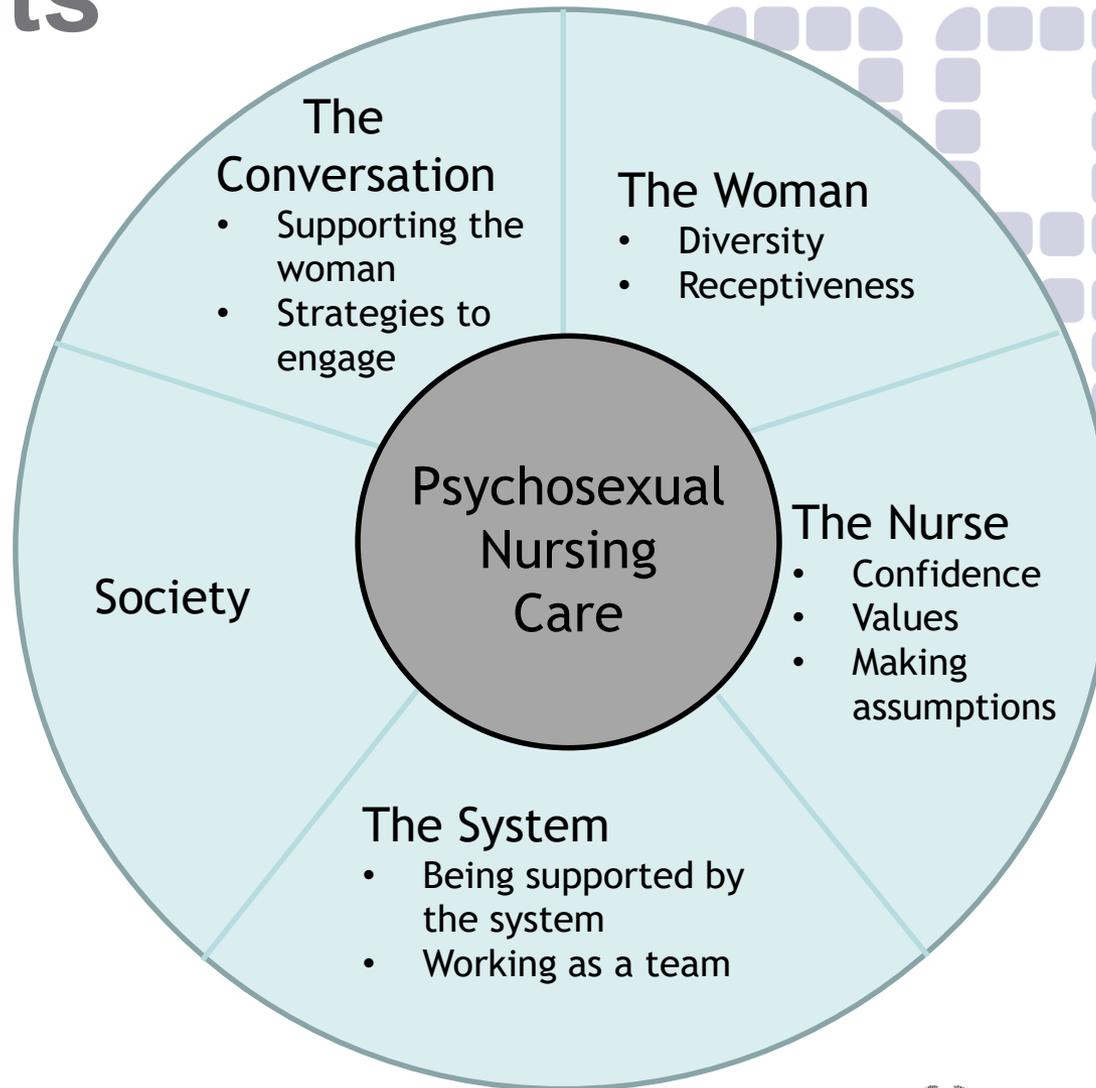


Methodology

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



Results



The Nurse

"I felt uncomfortable and wasn't ready for that question"

- Confidence

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

"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"

"the word sex scares people"

"You don't have to fix it...it's ok not to have the answers"

The Nurse

"I just feel it's part of our job, it's part of our responsibility"

- Values

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

"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



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Questions?

