Identification of Barriers to Patient Education Regarding Sexuality by Nurses among Oncology Patients

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Objectives:
• Describe the elements needed for the development of the project
• Critique the process used for the development of this research project
• Translate the results and determine how it applies to your practice
• Identify information that can be integrated into your practice

Getting Started
• ENVIRONMENT

World Health Organization (WHO) and Oncology Nursing Society (ONS):
1. WHO defines sexual health as integrating the somatic, emotional, intellectual and social aspects of a sexual being
2. Recognize sexuality as an important aspect of health care
3. ONS has written specific standards of care for this component of nursing care (ANA and ONS) 1996

Staff beliefs that prevent intervention directed toward client sexuality
• They never bring up the subject
• I do not know how to help
• I do not have the time
• Only perverts have questions
• I do not believe in sex for single people
• They should be grateful to be alive
• They are not worried about it
• They are too (young, old, sick, etc)
• It will offend them if I ask
• There is no privacy
• I am not married
• I do not have specialized education
THE TEAM

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PICO

• What is the practice issue? Identification of barriers to patient education regarding sexuality by nurses among oncology patients
• What is the current practice? Presently, we have some education on sexuality for cancer patients, but we suspect that it is minimal and not being done for all types of cancer patients.
• How was the practice issue identified? My question
• What is the scope of the problem: Cancer patients on the Oncology Service Line

PICO Components

• P: All nurses in Oncology Service Line
• I: Have nurses volunteer to complete an assessment tool to determine beliefs and barriers to discussing sexuality with oncology patients. Address the barriers
• C: Compare the education that nurses give on sexuality to oncology patients prior to and after addressing the barriers
• O: Always have a competent provider available to educate the oncology patient on sexuality issues.

PLISSIT Model

• Permission to discuss: Give the patient permission to initiate sexual discussion
• Limited Information: Provide the limited information needed to function sexually
• Specific Suggestions: Give specific suggestions for patients to proceed with sexual relations
• Intensive Therapy: Provide intensive therapy surrounding the issues of sexuality

Strength of High Quality (A) Articles

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>NUMBER</th>
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<tbody>
<tr>
<td>Level 1: Experimental study or meta analysis of RCTs</td>
<td>1</td>
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<tr>
<td>Level 2: Quasi-experimental</td>
<td>0</td>
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<td>Level 3: Non-experimental or qualitative</td>
<td>8</td>
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<tr>
<td>Level 4: Opinion of nationally recognized experts based on scientific evidence</td>
<td>5</td>
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<tr>
<td>Level 5: Opinion of nationally recognized experts based on experiential evidence</td>
<td>6</td>
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TOOL REQUIREMENTS

• Identify barriers
• Reliable and valid tool
• Short and easy to complete
Sexuality Attitudes & Beliefs Survey (SABS)

- Found it
- Asked permission to use it
- Used it:
  1. 29 of 56 (51.8%) nurses took part in the study
  2. The nurse completed questions on demographics, SABS, and an open-ended question regarding barriers (< 10 minutes).

RESULTS

- SABS scores can range from 12 to 72 with higher scores indicating more barriers to incorporating human sexuality assessment/counseling into nursing practice.
- No relationship among age, years in nursing, years in oncology, and SABS scores.

IDENTIFIED BARRIERS

<table>
<thead>
<tr>
<th>SABS Tool</th>
<th>Open-Ended Question</th>
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<tbody>
<tr>
<td>1. Lack of comfort discussing sexuality</td>
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<tr>
<td>2. Time</td>
<td>2. Time</td>
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<tr>
<td>3. Education</td>
<td>3. Education</td>
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<td>4. Question of who should do the teaching</td>
<td>4. Question of who should do the teaching</td>
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<tr>
<td>5. Privacy issues</td>
<td>5. Privacy issues</td>
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<tr>
<td>6. Other (fatigue, forget to do, not a priority at this time)</td>
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Triangulation: 2 methods used to double check/cross-reference results

Plans

- Plan to address the issues
- Chart review pre and post
- ONS credits
- Try to disseminate results (paper and poster)
“Seeks to answer an important question regarding a significant quality-of-life issue among patients afflicted with malignancy”

Ronald E. Hempling, M.D.
Medical Director-Service Line Leader