Development of a Practice Model for Sexuality Nursing Care in Gynaecological Cancer Patients

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Background

- Gynecological cancer (GC) refers to cancer involving the female reproductive tract

- World Health Organization (2012)
  - GC: 2nd most common types of cancer in women worldwide

- In China, the number of cases of GC is increasing due to an expanding and aging population (Kim, Zang, Choi, Ryu, & Kim, 2009)

- In Hong Kong (HK), GC was the 3rd common cancer and the 5th leading cause of cancer death in women (Hong Kong Cancer Registry, 2017)

Background (con't)

- According to the National Cancer Institute (2012), 50% of GC survivors suffered from long-term sexual dysfunction
- Such adverse effects do not dissipate with time and may last for a long period (Audette & Waterman, 2010; Gonçalves, 2010)
- Any adverse changes in sexual functioning may reflect problems in all areas of psychosocial aspect and quality of life (Molassiotis, Chan, Yam, & Chan, 2000; Stead, Brown, Fallowfield, & Selby, 2003)

Background (con't)

- Information needs of GC patients (Rasmusson & Thomé, 2008)
  - They wanted to get sufficient information about the sexual consequences of GC and treatment from doctors or nurses
  - Such knowledge would minimize the risk of any negative effects on a couple's relationship

- In Chinese culture, sexuality is viewed as a taboo topic (Tsai et al., 2011)
  - Patients often hesitated to raise questions or concerns about sex with health care professionals
  - Women were reluctant to discuss sexual concerns with their partners

Current clinical situation

1. Both care and interventions in the area of sexuality are still neglected

2. No routine nursing care to address sexuality needs

3. Limited information available when specially requested

Objectives

- To address the knowledge gaps in understanding nurses' and GC patients' concerns about sexual functioning and sexuality care
- To identify ground-breaking information
  - What unmet supportive needs in the sexuality area exist among Hong Kong Chinese GC patients
  - How to handle barriers and deliver the right kind of care to them in a practical, feasible and acceptable way
- To develop a practice model to guide and promote the provision of sexuality nursing care to Hong Kong GC patients

Concept mapping approach

Phase I

- Literature review & qualitative interviews
- To explore and elicit perceptions of sexual functioning and ideas about good nursing practice in sexuality care
  - 30 GC patients
  - 30 spouses/partners
  - 20 Registered nurses and Physicians

Phase II

- Same participants rate the perceived importance as to how the statements generated in Phase I will affect
  - Acceptability
  - Appropriateness
  - Feasibility of providing sexuality care
- A concept map illustrating the relationships and clustering between the statements

Phase III

- The concept map will be used to inform the development of a practice model and local protocol
  - ✈ *To guide nurses and promote the provision of timely, effective and economical nursing care in the area of sexuality*
- The newly-developed protocol will be returned to the participants in Phases I and II for further validation

Phase I: Qualitative entity

- **Step 1: Literature review**
  - To extract themes and statements pertinent to the factors affecting the acceptability and provision of sexuality care for GC patients

- **Step 2: Qualitative interviews**
  - Recruit 30 GC patients, 30 spouses/partners, 20 registered nurses and physicians
  - Individual interview lasts for 30-40 minutes

Qualitative interview

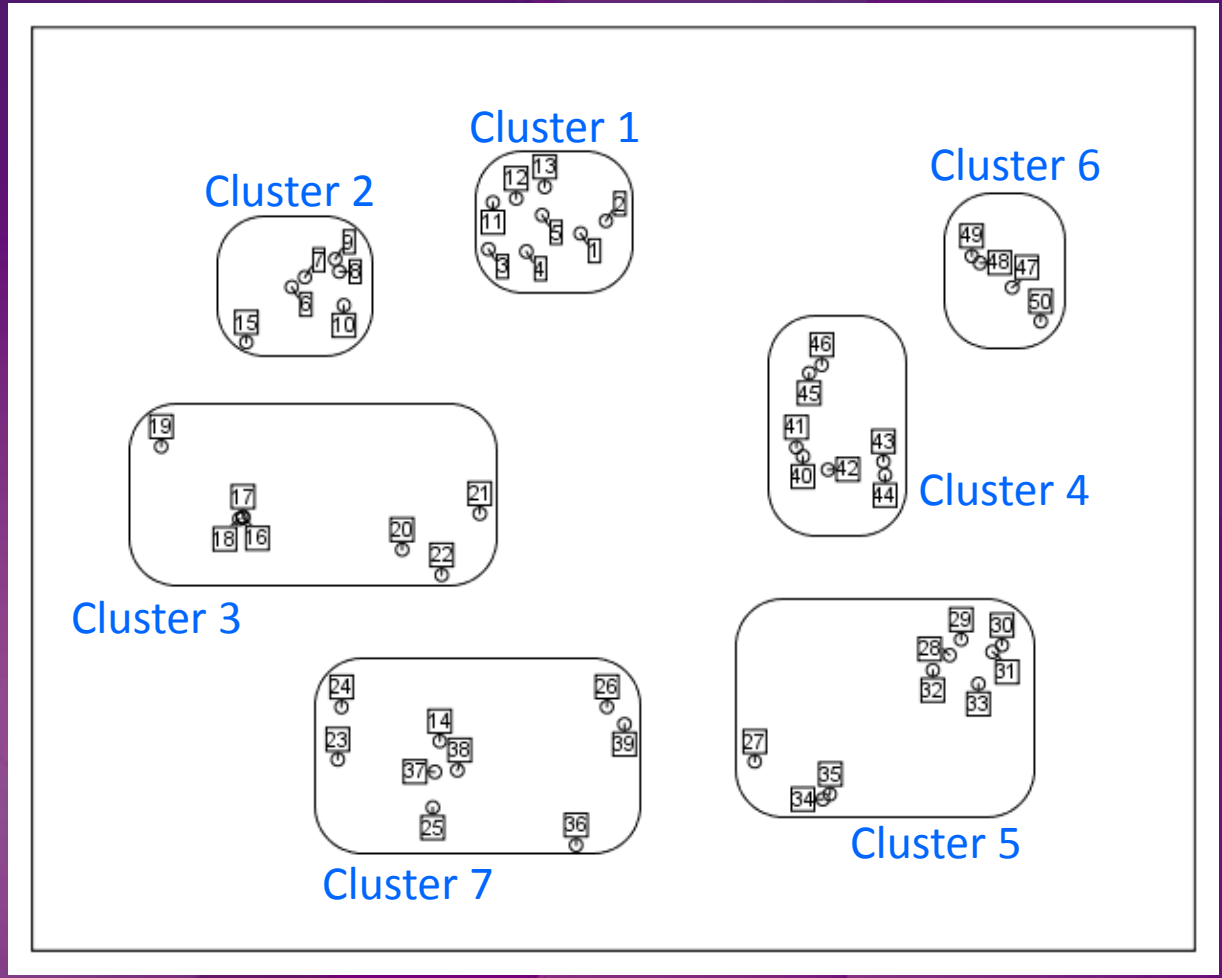
- **A broad statement**
  - *“Many patients with GC are concerned about sexuality and we would like to hear from you about your own perceptions and experiences in the area of sexuality and sexuality care, the scope/ content of such care, any concerns you might have, and your views regarding the use/ provision of sexuality care by nurses”*
- **Appropriate prompts**
  - *‘How are these two ideas related?’*

Phase II: Quantitative entity

- All participants in Phase I contacted again
  - To rank the level of similarity of each statement on a seven-point Likert scale
    - *1 = strongly unlike to 7 = strongly alike*
  - To rank the importance of each statement on a seven-point Likert scale
    - *1 = least important to 7 = most important*

- Quantitative data entered into the concept mapping software for multi-dimensional scaling and cluster analysis
  - To group individual statements on the map into clusters of statements
  - To reach a better understanding of the relationship between the statements

Concept map


Cluster 1
Cluster 2
Cluster 3
Cluster 4
Cluster 5
Cluster 6
Cluster 7

Findings of Phase II

- **50 Statements in 7 themes**
  - Theme 1: Information giving *(8 Statements)*
  - Theme 2: Counselling topic *(6 Statements)*
  - Theme 3: Attitude towards sexuality care *(7 Statements)*
  - Theme 4: Mode of sexuality care delivery *(7 Statements)*
  - Theme 5: Delivery channel of sexuality care *(9 Statements)*
  - Theme 6: Timing of sexuality care delivery *(4 Statements)*
  - Theme 7: Organizational support *(9 Statements)*

Theme 1 – Information giving

Statements	Importance
1. Provision of information related to possibility of sex life resumption	5.6 (0.8)
2. Provision of information related to suitable timing for resumption of sex life	5.2 (1.3)
3. Provision of information related to adaptation of changes in sex life	5.4 (1.2)
4. Provision of information related to potential impact of sex life resumption on physical health	5.4 (1.1)
5. Provision of information related to symptom management such as inability to have sex because of vaginal dryness and painful sexual intercourse	5.6 (1.1)
11. Provision of information related to potential impact of gynaecological cancer and its related treatment on sexual functioning	5.9 (0.9)
12. Provision of information related to potential impact of gynaecological cancer and its related treatment on physical functioning	5.4 (1.1)
13. Provision of information related to potential impact of gynaecological cancer and its related treatment on psychological functioning	5.8 (1.1)
Cluster average	5.6 (0.8)

Theme 2 – Counselling topic

Statements	Importance
6. Discuss potential impact of sex life resumption on wound healing	5.9 (1.0)
7. Discuss potential impact of sex life resumption on vaginal infection	5.9 (1.1)
8. Discuss potential impact of sex life resumption on disease progress	6.0 (1.2)
9. Discuss potential impact of sex life resumption on cancer recurrence	6.1 (1.0)
10. Discuss potential impact of sex life resumption on transmission of cancer to partner	5.5 (1.5)
15. Discuss potential impact of sex life resumption on wound healing	5.7 (1.2)
Cluster average	5.9 (0.9)

Theme 3 – Attitude towards sexuality care

Statements	Importance
16. Health care professionals should take initiative in discussing sexual issue	5.4 (1.2)
17. Doctors should take initiative in asking problems of sex life	5.3 (1.2)
18. Nurses should take initiative in asking problems of sex life	5.0 (1.1)
19. Survivors and their partners should be open to discuss sexual issue	5.7 (1.0)
20. Health care professionals should be open to discuss sexual issue	5.6 (1.1)
21. Sexuality care should be provided to all survivors, irrespective of their age, type or severity of cancer, treatment modality and availability of sexual partner	5.6 (1.1)
22. Health care professionals should not be judgmental when delivery of sexuality cancer	5.9 (1.2)
Cluster average	5.5 (0.8)

Theme 4 – Mode of sexuality care delivery

Statements	Importance
40. Sexuality care could be delivered via face-to-face individual consultation	5.6 (1.2)
41. Sexuality care could be delivered via group session	4.4 (1.4)
42. Sexuality care could be delivered via telephone consultation	4.9 (1.2)
43. Sexuality care could be delivered via promotional pamphlet	5.1 (1.3)
44. Sexuality care could be delivered via internet access	5.1 (1.5)
45. Survivors and their partners receive sexuality care together	5.6 (1.3)
46. Survivors and their partners receive sexuality care individually	5.1 (1.4)
Cluster average	5.1 (0.9)

Theme 5 – Delivery channel of sexuality care

Statements	Importance
27. Sexuality care could be delivered by male or female doctors	5.3 (1.1)
28. Sexuality care could be delivered by doctors who are in the same gender	5.3 (1.3)
29. Sexuality care could be delivered by nurses	5.9 (1.2)
30. Sexuality care could be delivered by Nurse Consultant or Advanced Practice Nurse	5.4 (1.2)
31. Sexuality care could be delivered by health care professionals who have received professional training	5.7 (1.1)
32. Sexuality care could be delivered by gynaecological cancer survivors who have similar previous experience	5.5 (1.1)
33. Development of guideline or practice model on delivery of sexuality care	5.2 (1.4)
34. Management support from health care institute to the provision of sexuality nursing care	5.5 (1.2)
35. Doctors support nurses to provide sexuality care	5.4 (1.3)
Cluster average	5.5 (0.8)

Theme 6 – Timing of sexuality care delivery

Statements	Importance
47. The suitable time to deliver sexuality care is pre-operation	4.8 (1.5)
48. The suitable time to deliver sexuality care is post-operation but in-hospital	5.6 (1.2)
49. The suitable time to deliver sexuality care is post-operation and rehabilitation	5.9 (1.1)
50. The suitable time to deliver sexuality care is pre-operation and rehabilitation	5.3 (1.3)
Cluster average	5.4 (1.0)

Theme 7 – Organizational support

Statements	Importance
14. Provision of a channel for enquiry	5.9 (1.2)
23. Adequate time during follow up	6.0 (1.2)
24. Prolonged hospitalisation during treatment process	4.9 (1.4)
25. Adequate manpower in health care institute	6.2 (1.2)
26. Routine work no more busy so that manpower can be assigned to provide sexuality care	5.7 (1.2)
36. Include sexual therapy into nursing training curriculum	5.3 (1.3)
37. A channel for referral when difficulty is encountered	6.2 (1.1)
38. Sexual therapy is available in health care institute for referral	5.9 (1.1)
39. Health care institute produces pamphlet to disseminate sexual health information	5.8 (0.9)
Cluster average	5.8 (0.8)

Phase III: Application of the concept map

- **Transform the concept map into**
  1. A practice model guiding and promoting the provision of sexuality care for GC patients and their spouses/ partners
  2. To inform the development of a local protocol of sexuality nursing care to support GC women and their spouses/ partners
  3. To produce clinical indicators to measure practice standards
- **The newly-developed protocol will be returned to the participants in Phases I and II for further validation by means of Likert scales**
  - *'very appropriate/acceptable' to 'very inappropriate/unacceptable'*

Conclusion

- GC patients' sexuality has been surrounded by silence, especially among the Chinese
- A concept map has been developed based on the perspectives from GC patients, their partners and health professionals
- The constructed concept map will be used to inform the development of a practice model and local protocol to guide and promote sexuality nursing care in clinical practice in Hong Kong

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Thank you!

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