

HAVING CONVERSATIONS WITH CANCER PATIENTS ABOUT SEXUALITY: CONTRASTING PERSPECTIVES OF NURSES IN CANADA AND AFRICA

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Background

- Cancer treatment can have a significant impact on an individual's quality of life as there are multiple physical, emotional, psychosocial, spiritual, and practical changes.
- Whole person-care means paying attention to all aspects of a person, including issues of sexuality.



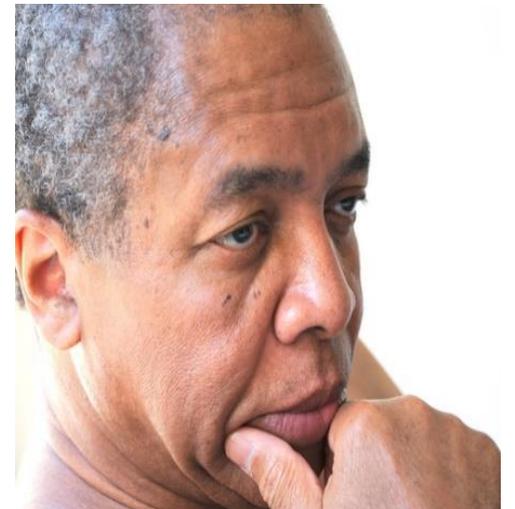
Sexuality and Cancer

- Sexuality is an important aspect of quality of life and a central aspect of being human.
- Body changes and alterations in bodily functions can influence body image, self-esteem, fertility, and sexual functioning.
- Cancer treatment can impact sexuality depending on the cancer site and treatment type.
- Unresolved issues regarding sexuality stemming from cancer treatment can contribute to heightened emotional distress.



Clinical Care Challenges

- Studies have documented that sexuality needs frequently remain unmet
- Patients report their concerns about sexuality are not always addressed during their visits with physicians and nurses.
- There is increasing evidence that conversations about sexuality are not happening often between cancer patients and health care providers, especially in busy ambulatory settings.



Objectives

- To gain an increased understanding about the dialogue between cancer care professionals and cancer patients regarding the topic of sexuality
- To identify barriers that exist, which limit dialogue
- To gain insight regarding how to overcome such barriers in a busy clinical setting
- To contrast Canadian and African experiences in talking about the topic of sexuality with cancer patients



Methods – Qualitative Descriptive Design

- Canada
 - Individual in-depth semi-structured interviews (n=34)
 - Interviews were audiotaped and transcribed verbatim
 - Content/theme analysis of verbatim transcripts
- Africa
 - Small group focus sessions (n=27)
 - Written notes outlining small group discussions/verbal reports.
 - Content analysis of notes completed and salient themes identified.

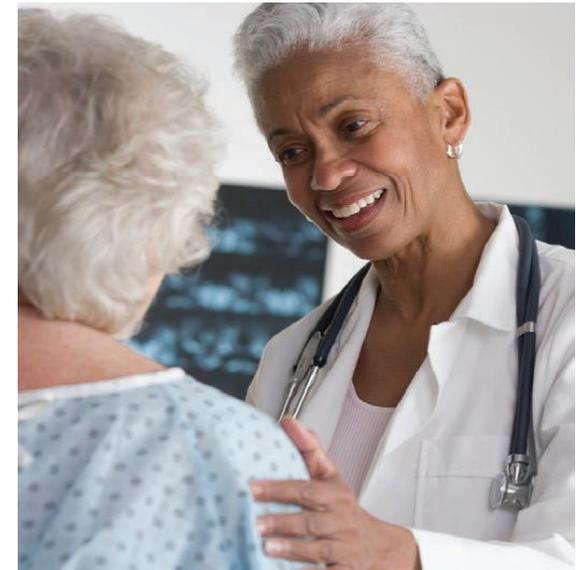
Similar Themes

- The extent of the impact cancer and cancer treatment can have on a person's sexuality varies by the site of the cancer.
- Sexuality is not perceived as a priority for cancer patients, especially during diagnosis and treatment.
- If sexuality is going to be a concern for cancer patients it will occur after treatment is finished.



Similar themes

- Conversations about sexuality occur most often in the context of informed consent discussion prior to surgery or treatment or if the patient raises a specific question.
- If cancer patients have difficulties or concerns about sexuality, they will ask questions or tell the health professional.



Why cancer patients find it difficult to talk about sexual concerns

Canada – factors identified

- *age, culture, private/personal topic, embarrassment, gender, language, being overwhelmed from the cancer, trust and rapport with the professional, time, sexual orientation, relationship between partners, perceived role of professional*

Africa – factors identified

- *Culture/tradition/taboo*
- *Age/gender*
- *Stigmatization/fear*
- *Embarrassment/mistrust*
- *Religion*
- *Private personal topic*

Why health care professionals find it difficult to talk about sexual concerns

Canada – factors identified

- *Time, patient load, clinic flow, priority efforts are on disease care, personal comfort, lack of training and experience, privacy in the clinic, perceived role, incentive*

Africa – factors identified

Culture/tradition

Lack of knowledge and skill regarding the topic

Time/workload

Lack of privacy

Suggestions for managing conversations about sexual matters with cancer patients - Canada

- *Set a standard of care that all patients are informed about the impact of cancer treatment on sexuality.*
- *Ensure information is about side effects and the impact on various aspects of sexuality.*
- *Basic assessment is patients ought to include questions about sexual concerns and whether the person wants help with them.*
- *Staff ought to check in with patients on a regular basis about whether sexual concerns have changed.*
- *Include educational resources about sexuality for patients in the clinics.*
- *Hold staff accountable for focusing on sexuality as a routine part of their practice.*
- *Offer staff training programs on sexuality (assessment and interventions)*
- *Develop a list of resources so that referrals can be made appropriately.*

Suggestions for managing conversations about sexual matters with cancer patients - Africa

- *Have someone from same cultural group talk with patient*
- *Put posters on the wall of clinic*
- *Have someone who is same gender and age talk with patient*
- *Hold classes with same age groups and one gender*
- *Emphasize health in conversations*
- *Use an education approach*
- *Offer staff training programs*