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Barriers and facilitators for oncology nurses discussing sexual issues with men diagnosed with testicular cancer

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A B S T R A C T

Purpose: Testicular cancer occurs at a time in a man's life when major social life changes are occurring and when body image, fertility, sexual desire and performance can be central issues. Oncology nurses, as members of the multidisciplinary team, are in an ideal position to address men's concerns. The aim of this study was to investigate oncology nurses' self-perceived knowledge and comfort in relation to discussing sexuality concerns with men diagnosed with testicular cancer and to identify the barriers and facilitators to such discussions.
Methods: This study employed a self-completion, anonymous survey design with a sample of registered nurses working in five, randomly chosen, oncology centres in Ireland.
Results: In total, 89 questionnaires (45% response rate) were included for analysis. Findings suggest that although nurses were open to addressing concerns, few informed patients they were available to discuss sexual concerns. Nurses reported lacking knowledge of, and discomfort in, discussing the more intimate aspects of sexuality, including: ejaculatory difficulties, erectile dysfunction, impotence, prosthesis options and testicular self examination.
Conclusions: Findings reinforce the need for more comprehensive education on sexuality issues and testicular cancer. Nurses need to take a more proactive approach to sexuality care, as opposed to the 'passive waiting stance' that permeates the current culture of care. Education programmes need to include specific information on sexual issues associated with testicular cancer, and oncology nurses must subsume sexuality as an essential aspect of their role through changes in policies and nursing care planning.

Introduction

Testicular cancer is the most common cancer in men aged 15–40 (Chia et al., 2010) and it can strike at any age (Sanden et al., 2000; Brown, 2003; Jemal et al., 2007), with approximately 168 new cases diagnosed in Ireland each year (National Cancer Registry of Ireland, 2011). Testicular cancer assaults an organ associated with sexuality and reproduction and occurs in a period of life which is characterised by major social life changes and when sexual desire and performance, sense of masculinity, body image and fertility can be central issues (Moore and Higgins, 2009; Jankowska, 2012). Nurses, because of their ongoing contact with patients are in an ideal position to provide information, support and counselling in relation to sexuality. To date, no research has been conducted exploring how oncology nurses address sexuality concerns in men with testicular cancer. Therefore, this study aimed to address this gap by investigating oncology nurses' self-perceived knowledge and comfort in relation to discussing sexuality concerns with men diagnosed with testicular cancer and to identify the barriers and facilitators to such discussions.

Background

Testicular cancer treatments, such as surgery, chemotherapy and radiotherapy may damage reproductive organs and peripheral nerves resulting in reduced testosterone and libido, a ceasing of the production of semen, erection and ejaculatory difficulties, and impaired fertility or impotence (Rudberg et al., 2002; Fay, 2003; Gurevich et al., 2004; Algier and Kav, 2008; Moore and Higgins, 2009; Rossen et al., 2012). In addition, treatments may not only interfere with the anatomy and physiology of the sexual system, but they can also impacts on a person's sexual identity and body image (Gurevich et al., 2004; Moore and Higgins, 2009; Robertson,

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2010). Research suggests that men with testicular cancer may feel less virile, less sexually attractive and have lower self-esteem, giving rise to reduced sexual interest, activity and enjoyment (Heidenreich and Hofmann, 1999; Jonker-Pool et al., 2001; Reese, 2011; Rossen et al., 2012). For men that are concerned with physical appearance, the absence of a testis can lead to feelings of shame and cause a man to avoid certain activities, such as sport, which could lead to social isolation (Van Basten et al., 1999). A diagnosis of testicular cancer and the subsequent treatment can also put a strain on relationships due to periods of hospitalisation, separation from partners, role change and financial difficulties, all of which can lead to or exacerbate relationship difficulties (Syse and Kravdal, 2007).

Research, however, suggests that despite advances in the use of evidence-based practice within nursing, there remains a sharp contrast between nurses' positive perceptions of their role and their actual practice in relation to sexuality. Studies involving nurses, working in areas other than with testicular cancer patients, have shown that nursing practice in sexuality counselling is inconsistent, with many nurses reporting that they did not always let patients know they were available to discuss sexual concerns and feel patients should initiate discussions around sexuality (Kautz et al., 1990; Gamel et al., 1995; Cort, 1998; Guthrie, 1999; Butler and Banfield, 2001; Magnan et al., 2005; Higgins et al., 2008). Personal feelings of embarrassment and discomfort when discussing sexual issues with patients is a possible cause for nurses' reluctance to engage in this area of practice (Gamel et al., 1995; Cort, 1998; Guthrie, 1999; Tsai, 2004; Magnan et al., 2005; Higgins et al., 2008). A further identified barrier was nurses' lack of knowledge regarding referral resources should a patient require for further consultation (Kautz et al., 1990; Tsai, 2004). Nurses also deemed hospital wards an unsuitable environment to discuss sexual concerns with patients (Guthrie, 1999; Lemieux et al., 2004) and felt that work stress, lack of time, heavy workloads, shorter stays in hospital and multiple care providers all limited opportunities to address sexual concerns with patients (Butler and Banfield, 2001; Lemieux et al., 2004; Tsai, 2004). Furthermore, Tsai (2004) found management not to be supportive in the facilitation of addressing sexual concerns, with nurses reporting being told that sexuality is the least important aspect of nursing care.

Overall, these studies demonstrated that despite increased recognition of the impact of testicular cancer on patients' sexuality, sexuality may not be addressed by nurses during clinical encounters with patients. As there are no existing studies that specifically explore how oncology nurses address sexuality concerns in men with testicular cancer, this study aimed to address this research gap.

Methods

Aim

The aims of the study was to investigate oncology nurses self-perceived knowledge and comfort in relation to discussing sexuality concerns with men diagnosed with testicular cancer and to identify the barriers and facilitators to such discussions.

Design

This study employed a self-completion, anonymous survey design with a sample of registered nurses working in five, randomly chosen oncology centres in Ireland.

Questionnaire

A structured, self-administered questionnaire was devised by the researchers and informed by the nursing literature (Kautz et al., 1990; Waterhouse and Metcalfe, 1991; Gamel et al., 1995; Guthrie, 1999; Tsai, 2004). The final questionnaire consisted of 71 questions divided into four sections. Section one contained 12, closed-ended questions around demographics including age, gender, religion, current position, years of experience and previous education in the area of sexuality education. In addition, it sought to establish the frequency the nurses informed their patients they were available to discuss sexuality concerns or were asked by patients about their sexuality concerns. Section two included a number of sections that addressed perceived barriers to discussing sexuality issues under the following headings: knowledge (12 items), comfort (12 items), environment (6 items), patient variables (7 items) and other potential barriers (11 items). Section three included 10 items that might potentially facilitate discussion. All the questions in sections two and three were in the form of statements and required participants to rate responses on a five point Likert scale ranging from strongly agree to strongly disagree or from very comfortable to very uncomfortable. The final section had a comments section to allow participants to write in any additional comments on discussing sexuality with testicular cancer patients.

Participants and sampling

In the absence of a comprehensive database of registered nurses currently employed in oncology settings, this study drew from a convenience sample of nurses employed in five oncology settings which were randomly selected from 13 centres in Ireland. Two centres were located in a major city and three were regional centres. All registered staff nurses, clinical nurse managers, clinical nurse specialists and advanced nurse practitioners employed in these settings were eligible to participate. Of the 200 oncology nurses in the sampling frame who fulfilled the inclusion criteria, 105 returned the survey, representing a 53% response rate. However, as 16 of these questionnaires had a significant amount of incomplete questions, only 89 questionnaires (45% response rate) were included in the final analyses.

Data collection

A letter was sent to all the Directors of Nursing and hospital management in the selected centres requesting permission for access. To maintain anonymity, questionnaires were distributed in each hospital by an appointed gatekeeper who, in turn, sent a sealed envelope containing a letter explaining the study, the questionnaire and a stamped addressed return envelope to all potential participants. In order to increase the response rate, a reminder letter and questionnaire was forwarded to each participant two weeks later encouraging them to complete the questionnaire and thanking those who had already returned the questionnaire.

Data analysis

Statistical Package for Social Sciences (SPSS) version 17.0 was used for quantitative data analysis. Frequencies and descriptive statistics were calculated for each variable. Mann Whitney *U*-test were used to examine statistically significant differences between those working as Clinical Nurse Specialist (CNS) and non-clinical nurse specialists on the following variables: discussing sexual concerns, knowledge, comfort, environmental barriers, patient variables and other variables. The qualitative comments at the end of the questionnaire were analysed using content analysis through which comments were classified into major categories