Contrasting African and Canadian Perspectives: Having Conversations about Sexuality

Margaret Fitch RN PhD¹, Johanna Maree RN PhD²

¹Bloomberg Faculty of Nursing, University of Toronto, Toronto, ON, Canada; ² Faculty of Health Sciences, University of the Witwatersand, Johannesburg, South Africa

INTRODUCTION

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 [1]. In particular, body changes and alterations in bodily functions can influence body image, self-esteem, fertility, and sexual functioning. In short, one’s sexuality can be compromised.

Sexuality is an important aspect of quality of life and a central aspect of being human [2,3]. Unresolved issues regarding sexuality stemming from cancer treatment can contribute to heightened emotional distress [4]. Whole person-care means paying attention to all aspects of an person, including issues of sexuality [5].

Studies have documented that sexuality needs frequently remain unmet [6] and patients report their concerns about sexuality as not always addressed during their visits with physicians and nurses [7,8]. There is increasing evidence that conversations about these specific consequences are not happening often between cancer patients and health care providers, especially in busy ambulatory settings.

PURPOSE

This work was undertaken to gain an increased understanding about the dialogue between cancer care professionals and cancer patients regarding the topic of sexuality. It was anticipated the effort would allow identification of barriers that exist, which limit dialogue, and insight regarding how to overcome such barriers in a busy clinical setting. Focal points in Canada and Zimbabwe allowed the topic to be explored in two distinct geographical situations.

METHODS

Qualitative approaches were utilized to complete this exploratory work.

In Canada

Individual in-depth semi-structured interviews were held with health care providers. Interviews were audiotaped and transcribed verbatim. A content analysis of verbatim transcripts was completed to identify salient themes.

In Zimbabwe

Small group focus sessions were held health care providers during an introductory course on cancer care. Written notes were maintained outlining the small group discussions and verbal reports. A content analysis of the notes was completed and salient themes identified.

DEMOGRAPHICS

Health Care Providers in Canada (n= 34)	
Oncologists	11
Nurses/Radiation Therapists	12/5
Social Workers	6

Health Care Providers in Africa (N = 27)	
Nurses	22
Technologists/Registry	5

RESULTS

There was a surprising amount of similarity in the perspectives held by the individuals. All acknowledged sexuality was an important dimension of being human and were aware of the potential for cancer treatment to have an impact upon sexuality.

All shared the perspective that having a conversation about sexuality was difficult for both health care professionals and for patients. However, it was clear that individual practices concerning conversations about sexuality varied considerably and were closely linked with individuals’ personal comfort, philosophy of care, perception of role, and preparation concerning the topic area (including education, skill training, and confidence). No one described policy or explicitly stated expectations about how this topic was to be handled in the clinical setting. The only consistency in practice regarding conversations about sexuality occurred within the informed consent processes for cancer treatment.

A major difference in the barriers to having conversations about sexuality between the two countries concerned the influence of culture and tradition. African participants placed considerable emphasis on the influences of traditional practices and shared public perception that talking about sexual topics was a taboo. Fear of being shamed and stigmatized was a strong influence on patients; they would opt to remain silent in light of this fear rather than talk about needing assistance with sexual concerns.

CONCLUSION

The findings support the need to clarify role expectations for cancer nurses, as well as other members of the cancer care team, about patient care regarding sexuality, and the provision of education for the staff to support the expected role.

PERSPECTIVES AND QUOTES

Themes	Canadian Participants	African Participants
The extent of the impact cancer and cancer treatment can have on a person’s sexuality varies by the site of the cancer.	<i>“If they [prostate patients] don’t bring it up, then I do because the treatment can affect sexuality in all of the patients.”</i> <i>“I never raise it with them [CNS patients] as they are so impaired, I just don’t.”</i> <i>I raise the topic with all my cervical patients but never with my breast patients because they only get radiation.”</i>	<i>Nurses see the impact of treatment but few patients will talk about sexuality.</i> <i>It is a cultural taboo to talk about it.</i> <i>Some cultures and religions do not allow talking about sexuality.</i>
Sexuality is not perceived as a priority for cancer patients, especially during diagnosis and treatment.	<i>“I think patients want to treat the cancer first and foremost.”</i> <i>“I would not bring up anything associated with sexuality to head and neck cancer patients. They are just too miserable to even think of sex. If you can’t eat, you can’t swallow, you can barely breathe, sex is the last thing on your mind.”</i>	<i>The doctor/nurse is in a hurry to see other patients so the issue of sexuality to him or her is not big business, rather would like to concentrate more on the disease than issues like sexuality.</i>
If sexuality is going to be a concern for cancer patients it will occur after treatment is finished.	<i>“it’s not an issue with patients on treatment; it is more an issue before and after treatment.”</i>	<i>Patients feel embarrassed expressing anything about sexuality and feel shame discussing their sexual problems; they fear being marked and stigmatized.</i>
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	<i>“I speak to the young men with testes cancer about sperm banking and fertility, but rarely initiate any conversations about the patient’s situation otherwise.”</i>	<i>Before some surgeries there is sharing of information. But nurses are so busy there is no time and conducive environment to give patients the opportunity to talk; most hospital settings are crowded with patients. No time and no privacy. And patients have many things to do when they come to the hospital, like lab tests and radiology.</i>
If cancer patients have difficulties or concerns about sexuality, they will ask questions or tell the health professional.	<i>“I think patients will raise any concerns they have.”</i> <i>“I wait until they raise the concerns.”</i>	<i>Patients do not trust nurses as they feel the nurses might tell others about them or tell their families, so they keep it all private. They are not willing to share their inner life.</i>

Perspectives about the conversations	Canadian Participants	African Participants
Why cancer patients find it difficult to talk about sexual concerns	<i>The following factors were named:</i> <i>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</i>	<i>The following factors were emphasized:</i> <i>Culture/tradition/taboo</i> <i>Age/gender</i> <i>Stigmatization/fear</i> <i>Embarrassment/mistrust</i> <i>Religion</i> <i>Private personal topic</i>
Why health care professionals find it difficult to talk about sexual concerns	<i>The following factors were named:</i> <i>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</i>	<i>The following factors were emphasized:</i> <i>Culture/tradition</i> <i>Lack of knowledge and skill regarding the topic</i> <i>Time/workload</i> <i>Lack of privacy</i>
Suggestions for managing conversations about sexual matters with cancer patients	<i>Set a standard of care that all patients are informed about the impact of cancer treatment on sexuality.</i> <i>Ensure information is about side effects and the impact on various aspects of sexuality.</i> <i>Basic assessment is patients ought to include questions about sexual concerns and whether the person wants help with them.</i> <i>Staff ought to check in with patients on a regular basis about whether sexual concerns have changed.</i> <i>Include educational resources about sexuality for patients in the clinics.</i> <i>Hold staff accountable for focusing on sexuality as a routine part of their practice.</i> <i>Offer staff training programs on sexuality (assessment and interventions)</i> <i>Develop a list of resources so that referrals can be made appropriately.</i>	<i>Have someone from same cultural group talk with patient</i> <i>Put posters on the wall of clinic</i> <i>Have someone who is same gender and age talk with patient</i> <i>Hold classes with same age groups and one gender</i> <i>Emphasize health in conversations</i> <i>Use an education approach</i> <i>Offer staff training programs</i>

[1] Fitch et al, 2008; [2] WHO, 2002; [3] Shell, 2002; [4] Tierney 2008; [5] IOM, 2007; [6] Harrison et al., 2009; [7] Fitch et al., 2013; [8] Lindau et al., 2011.