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ORIGINAL ARTICLE

Discussing sexuality in the clinical setting: The impact of a brief training program for oncology health professionals to enhance communication about sexuality

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Abstract

***Aim*:** Cancer and its treatments can profoundly affect a person's sexuality and self-image. However, oncology health professionals (OHP) are often reluctant to discuss these issues with patients. Cancer Council Victoria developed a short workshop to increase OHP's discussion of sexuality issues with cancer patients. We examined the immediate and longer term effect of workshop participation on perceived barriers to these discussions, their confidence in initiating the discussions, and changes in the frequency of their discussing sexuality issues with patients.

***Method*:** Twenty-one workshops were conducted involving 155 OHP. The workshops were run by trained facilitators and incorporated cognitive, behavioral and experiential components. A major part of the workshop involved role-playing with simulated patients (trained actors). Questionnaires assessing 20 perceived barriers, seven confidence items and seven practices concerning sexuality discussion were completed by the participants pre-workshop, immediately post-workshop, and 8-weeks post-workshop.

***Results*:** Overall 89 participants completed all three assessment phases. Data were analysed to assess change in perceived barriers, confidence and behavior across the three assessment points. Mean scores on 16 of the 20 barriers significantly decreased and scores on all seven confidence measures significantly increased between pre- and immediate post-workshop. Most these changes were maintained 8 weeks later. The mean frequency of sexuality issue discussion in the previous 2 months increased significantly from 3.34 times at pre-workshop to 3.82 times 8 weeks later ($P = 0.003$).

***Conclusion*:** This workshop appeared to reduce perceived barriers, increase confidence and increase actual practices around discussing sexuality issues with cancer patients.

Key words: attitudes, barriers, cancer, communication, sexuality.

INTRODUCTION

A diagnosis of cancer can alter the way individuals view themselves and their ability to connect with others at sexual and intimate levels,[1–5] irrespective of their age, gender, culture, partnership status or cancer site.[6] Yet few health professionals feel comfortable or confident in raising the topic of patient sexuality after a cancer diagnosis or discussing the sexual and intimate changes that may occur after treatment.[7]

People who have experienced cancer often search for ways to deal with: altered self-perceptions and body image, negotiating relationships and roles with partners, and desire for information regarding practical ways to adjust to living with sexual and intimate changes after a cancer experience.[1,5,8,9] Often a cancer experience results in patients asking how other people cope in similar

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situations and what is "normal", and seeking ways to adapt to the many side effects of cancer treatment that impact upon their sexual and intimate world.[6] Overwhelmingly, patients report that few health professionals are willing to engage in open and honest discussions about these issues throughout their trajectory of care.[1,10–13]

Some discussion about why the topic of sexuality and intimacy after cancer remains taboo in clinical settings has been published.[2,6,14] Other authors have suggested that the attitudes and barriers that prevent these discussions occurring include a lack of time, the belief that the cancer patient is too ill or is not interested in sex, the belief that disfigured bodies are not sexually attractive, the fear of opening a Pandora's Box or of transgressing medico-legal boundaries, as well as third parties being present at the consultation.[15,16] Health professionals may also believe their discussions may be construed as disrespectful and inappropriate by the patient, with research suggesting that gender, age, culture, socioeconomic factors and religion all contribute to health professionals' avoidance of the topic.[15–17]

Hordern and Street[6,7] suggest that oncology or palliative care health professionals worry about what their patients or colleagues would think of them if they raise the topic of sexuality with the patients in their care, particularly when they have had little sexual experience themselves, or struggle to talk about such topics in their personal lives. Roberts[18] and Monturo *et al.*[19] highlight the importance of health professionals reflecting on their own feelings of discomfort, embarrassment or awkwardness when raising the topic of patient sexuality, and examining the personal barriers they may be bringing to the communication process.[18,20] Psychosocial guidelines into the care of adults with cancer advocate the need to overcome personal attitudes and beliefs related to patient sexuality and intimacy in order to promote patient-centered styles of communication.[21,22] Substantial evidence[23] suggests that patients have a better quality of life and are more satisfied with their care when the health professionals caring for them are effective communicators. Benefits are experienced both ways, as doctors who communicate more effectively experience less burn-out and reduced malpractice litigation.[24] Considerable effort has been made to establish and evaluate communication skills training programs. A Cochrane review has supported the efficacy of this kind of training to improve the type of communication patients receive from health professionals in clinical practice.[25,26]

In response to feedback from patients about the lack of discussion of this taboo topic, Cancer Council Victoria developed a communication skills workshop "Discussing sexuality with cancer patients, their families and friends" as part of their Victorian Cancer Clinicians Communication Program (VCCCP).[27] The aim of this article is to present findings from this VCCCP workshop, to determine whether this communication training framework can reduce the perceived barriers to discussing sexuality, and increase participants' confidence and frequency in discussing sexuality with patients.

METHOD

Each workshop was run over 4.5 h and delivered in the workplace by VCCCP trained facilitators. Each consists of a maximum of eight participants. A unique feature of this workshop is that a professionally trained actor takes on the role of a cancer patient,[27] giving participating health professionals the opportunity to practice different communication practices and styles. The participants receive feedback from the other group participants, the facilitators and the actor, as well as being encouraged to reflect on the experience themselves. This process facilitates the identification of personal barriers and beliefs that may impact on the participants' communication style.

A questionnaire assessing possible barriers to discussing sexuality with cancer patients, participants' confidence in these discussions and their actual discussion of sexuality issues in clinical practice was distributed to workshop participants at three distinct time points: before the workshop, immediately after the workshop and again 8 weeks post-workshop. The timing of the questionnaire allowed participants to assess the immediate impact of the workshop and also captured any changes in attitudes and behavior over a longer time period.

Questionnaire

The pre-workshop questionnaire consisted of four sections. Section A contained 20 items assessing the barriers to discussing sexuality with patients that had emerged from the work of Hordern and Street[6,7] (see Table 1). The participants were asked to indicate whether they agreed or disagreed with items on a Likert scale anchored between 1, indicating "strongly disagree" and 5, indicating "strongly agree". Section B contained seven items assessing the participants' confidence in discussing sexuality issues with their patients. The responses were made on a Likert scale ranging from 1, "not at all confident" to 5, "very confident". Section C asked the participants to indicate how often they had

Table 1 Mean scores for each barrier to discussing sexuality issues with patients at the pre-workshop questionnaire, immediate post-workshop questionnaire and 8-week follow up, and level of significance for change over time (items assessed on 5-point scale where 1 = "strongly disagree" and 5 = "strongly agree")

Barrier	Pre-workshop questionnaire	Immediate post-workshop questionnaire	8-week follow up	Overall *P*
I might become embarrassed	3.115	2.379	2.391	0.000
I worry about what my colleagues would think of me	1.718	1.553	1.518	0.147
I fear patients will react negatively	2.529	2.082	2.082	0.000
The patient might become embarrassed	3.494	2.518	2.659	0.000
I worry about intruding on or offending patients	3.276	2.379	2.322	0.000
I feel uncomfortable discussing sexuality with patients who are older than I am	2.605	2.151	2.116	0.000
I feel uncomfortable discussing sexuality with patients who are younger than I am	2.221	1.953	1.779	0.000
I feel uncomfortable discussing sexuality with patients who are not married or in a relationship	2.279	1.930	1.802	0.000
I feel uncomfortable discussing sexuality with patients who are the opposite sex to me	2.895	2.407	2.395	0.000
I worry about opening up a Pandora's box	2.942	2.337	2.360	0.000
I don't have the words to talk about sexuality with my patients	3.126	1.966	2.000	0.000
I wouldn't know where to start	3.072	1.940	1.928	0.000
It is not my area of expertise	3.391	2.333	2.356	0.000
A third person (e.g. partner) being present	3.275	2.600	2.738	0.000
My patients are too ill to be concerned about sexuality	2.299	1.989	2.161	0.725
It's not my responsibility	1.705	1.557	1.625	1.000
In my culture it would be inappropriate for me to discuss sexuality	1.826	1.779	1.744	0.990
I am concerned about medico-legal implications	2.356	1.816	1.897	0.000
I don't have enough time	2.729	2.247	2.188	0.000
It is hard to find somewhere private to talk	2.976	2.388	2.624	0.010

A *P* value of <0.05 is taken to indicate statistical significance.

discussed sexuality issues with their patients in the past two months, from 1, "never", to 5, "all the time". In addition, the participants were asked to estimate the number of times they had discussed sexuality issues with their patients in the previous 2 months on a scale ranging from 1, "none, no appropriate situations" to 6, "more than 10 times". The final part of the questionnaire asked participants whether they had taken part in any other communication training workshop, and assessed the participants' expectations of the workshop.

The immediate post-workshop questionnaire consisted of sections A and B from the pre-workshop questionnaire. In addition, questions assessing the participants' perceptions that the workshop had helped to overcome barriers, increase confidence and change their current practices were included, with response options ranging from, 1 "not at all" to 5, "very much", or "never been a problem for me". Questions assessing the participants' age, gender, area of clinical practice and length of time working in oncology were also included. Participant satisfaction with the style and content of the workshop was also captured. These findings will not be reported here.

The third questionnaire (referred to as the 8-week follow-up questionnaire) consisted of sections A, B and C from the pre-workshop questionnaire and the item assessing the number of times that the participants had discussed sexuality in the previous 2 months. Two extra questions were included: a yes/no question asking whether the participants' practices had changed as a result of the workshop, and a space where participants could comment on the workshop if they chose.

Data analysis

Data were analysed using SPSS version 14.0 (SPSS, Chicago, IL). Open-ended responses were back-coded to

summarize the data. Frequencies were used to describe the data; while changes over time in perceived barriers to discussing sexuality, confidence and current practices were analysed using repeated measures ANOVA and paired *t*-tests. Paired *t*-tests were also used to determine if there had been a significant change in the participants' average frequency of discussion, and the number of times they had discussed sexuality issues in the previous 2 months.

The participants' age was dichotomized into two groups: under 45 years and 45 years and above. Similarly, the number of years in which participants had been working in oncology was dichotomized into two groups: 6 years and under, and 7 years and above. Repeated measures ANOVA were used to determine if the mean scores across time for each barrier, confidence and discussion item were similar for both age and work experience groups.

RESULTS

Sample

Over an 18-month period a total of 21 workshops were conducted. Overall 155 participants completed the pre-workshop questionnaire and, of these, 152 completed the immediate post-workshop questionnaire, while 94 completed the 8-week follow-up questionnaire. A total of 89 participants completed all three surveys (a 58.6% response rate to the 8-week follow-up questionnaire from those participants who had completed both previous questionnaires). We are reporting on the results from the 89 participants who completed all three surveys.

We examined whether the participants who completed all three questionnaires differed from those who did not return the final survey in terms of their socio-demographic characteristics (age, work experience in oncology) and baseline barrier, confidence and discussion scores. There were no differences on the two sets of variables, only one significant difference for the 20 barrier items ("I might become embarrassed"), and two differences for the eight discussion items ("initiating a conversation about sexuality", "validating and normalizing sexuality issues"). No significant differences in baseline confidence were found between the participants who completed all three questionnaires and those who did not. The lack of significant difference between the two groups suggests that the number of participants lost to follow up does not heavily influence the results of the workshops.

Table 2 Selected characteristics of workshop participants ($n = 89$)

Characteristic	*n*	%
Age		
44 years and under	45	51.7
45 years and above	42	48.3
Gender		
Male	2	2.2
Female	87	97.8
Profession		
Nurses	83	93.3
Allied health professionals	13	14.6
Work hours		
Full time	41	46.6
Part time	47	53.4
Years working in oncology		
6 years and under	36	50.0
7 years and above	36	50.0
†Reason for attending workshop		
Required to attend	3	3.4
Word of mouth	20	22.7
To up-date skills	26	29.5
Interest in the area	38	43.2
To address a gap in knowledge	44	50.0
Attended previous communication training workshops?		
Yes	37	41.6
No	52	58.4
†Area of previous communication training		
General communication skills	12	34.3
Sexuality	8	22.9
Breaking bad news to patients	6	17.1
Grief and bereavement	6	17.1
Listening	3	8.6
Other or not specified	38	108.6

†Percentages do not equal 100 as more than one answer was possible.

Participants' characteristics

The participants' characteristics are presented in Table 2. Notably, most participants were women, most of whom were nurses. The average age for the participants was 41.49 years (SD = 10.99 years, range 23–65 years), most of whom had worked in oncology for 5 years or more (mean = 7.81 years, SD = 5.85 years, range = less than 1 year to 27 years). The most frequently reported sub-specialities were medical oncology ($n = 31$), surgical oncology ($n = 20$), palliative care ($n = 15$) and breast care ($n = 12$).

Perceived barriers to discussing sexuality with patients

Table 1 shows the mean scores for each perceived barrier at each of the three assessment points. For all

barriers examined, the mean scores decreased from the pre-workshop to post-workshop, and from the pre-workshop to the 8-week follow up questionnaire, indicating that barriers to discussing sexuality issues with patients were thought to be less problematic after the workshop. Changes were significant for 17 of the 20 barriers from the pre-workshop to the immediate post-workshop. Changes from the pre-workshop questionnaire to the 8-week follow up were significant for 16 of the 20 barriers studied.

Longer effects of workshop participation on perceived barriers to discussing sexuality were examined by comparing mean barrier ratings immediately post-workshop and at 8-week follow up (Table 1). There was little change in average scores over this time period, suggesting that the positive effects of the workshop did not decay over the 8-weeks. However, there was a trend ($P = 0.073$) towards a decrease in the mean rating for "I feel uncomfortable discussing sexuality with patients who are younger than I am".

Analyses were conducted to determine if barrier item scores in the pre-workshop questionnaire differed for participants aged under 45 years and those aged 45 and above. The only difference found was for the item "a third person (e.g. partner) being present" ($P = 0.040$); with younger participants having higher mean scores at baseline compared with older participants. We also examined whether the pattern of change in barrier scores over the three questionnaires was consistent across the two age groups. Of the 20 barrier items, there was only one significant interaction between age group and questionnaire period, for the item "it's not my responsibility" ($P = 0.007$). This suggests that the pattern of change was generally similar across the two age groups.

Work experience had little effect on the mean barrier scores, with significant differences found for only two items: "I fear patients will react negatively" ($P = 0.016$), and "in my culture it would be inappropriate for me to discuss sexuality" ($P = 0.012$). In the case of "I fear patients will react negatively", participants who had worked for 6 years or less showed a higher initial mean score than those who had worked 7 years or more, implying that the former saw patients' negative reactions as a significant barrier to discussing sexuality in the pre-workshop questionnaire. For the culture item, participants who had worked in oncology for 7 years or more had higher mean scores in the pre-workshop questionnaire compared to participants who had worked for 6 years or less. We also examined whether the pattern of change for the barrier items was consistent across the two work experience groups. There was only one significant interaction between work experience and questionnaire period. This was for the item "I feel uncomfortable discussing sexuality with patients who are the opposite sex to me" ($P = 0.016$). Once again, this suggests that the pattern of change was generally similar across the two work experience groups.

Overall, when the participants were asked if they thought the workshop had been helpful in overcoming barriers to discussing sexuality with patients, 1.1% of participants thought the workshop had helped "a little bit", 11.4% stated the workshop helped "somewhat", 33.0% said "quite a bit", and 54.5% said "very much". No participant reported that the workshop had been unhelpful in overcoming barriers to discussing sexuality.

Confidence in talking about sexuality issues with patients

As shown in Table 3, the participants' average level of confidence in discussing sexuality with their patients increased significantly from the pre-workshop to immediately post-workshop questionnaire, and from the pre-workshop questionnaire to the 8-week follow up. In general, their confidence did not significantly change between immediate post-workshop questionnaire and the 8-week follow up, with the exception of: "knowing where to refer patients who need intensive counseling or therapy" ($P = 0.043$). Confidence levels regarding this issue significantly increased in the 8 weeks following the workshop. There were no significant effects of age or work experience on the participants' confidence scores.

All the participants said that taking part in the workshop increased their level of confidence to some degree, relative to the baseline levels. When asked how much the workshop had helped to increase the participants' confidence overall, 1.1% of participants responded "a little bit", 7.9% "somewhat", 41.6% "quite a bit", and 49.4% reported that the workshop had helped them "very much".

Discussing sexuality issues and current practices

Immediately post-workshop, the participants perceived that taking part in the workshop would lead to an increase in how often they would talk about sexuality issues with their patients: "a little bit" (4.5%), "somewhat" (15.9%), "quite a bit" (39.8%), or "very much" (38.6%). Just over 1 percent of the participants (1.1%) stated that they had never had a problem discussing sexuality issues with their patients and no participants viewed the workshop as unhelpful.

Table 3 Mean level of confidence in discussing sexuality issues with patients at pre-workshop questionnaire, immediate post-workshop questionnaire and 8-week follow-up, and level of significance for change over time (items assessed on 5 point scales where 1 "not at all confident" and 5 "very confident")

Confidence area	Pre-workshop questionnaire	Immediate post-workshop questionnaire	8-week follow up	Overall *P*
Initiating a conversation about sexuality	2.258	3.506	3.517	0.000
Validating and normalizing sexuality issues	2.348	3.472	3.618	0.000
Talking about emotional aspects of sexuality	2.402	3.322	3.506	0.000
Identifying key patient issues related to sexuality	2.080	3.391	3.402	0.000
Knowing when intensive counseling or therapy is required	2.136	3.466	3.511	0.000
Knowing where to refer patients who need intensive counseling or therapy	2.169	3.382	3.607	0.000
Initiating a referral when appropriate	2.416	3.629	3.753	0.000

A *P* value of <0.05 is taken to indicate statistical significance.

Table 4 Mean score for each current practice item and level of significance for change over time at pre-workshop questionnaire and 8-week follow-up (items assessed on a 5-point scale where 1 "never" and 5 "all the time")

Current practice	Pre-workshop questionnaire	8-week follow up	Overall *P*
Initiate a conversation about sexuality	2.45	2.90	0.000
Validate and normalize sexuality issues	2.51	3.10	0.000
Talk about emotional aspects of sexuality	2.33	3.06	0.000
Identify key patient issues related to sexuality	2.26	2.90	0.000
Know when intensive counseling or therapy is required	2.05	2.54	0.000
Know where to refer patients who need intensive counseling or therapy	2.13	2.65	0.000
Initiate a referral when appropriate	2.01	2.43	0.002
Estimated number of times discussed sexuality in previous 2 months.	3.32	3.88	0.000

A *P* value of <0.05 is taken to indicate statistical significance.

Table 4 shows the participants' current practices in discussing sexuality with their patients, as assessed in the pre-workshop questionnaire and the 8-week follow up. There was a significant increase in the mean frequency with which participants reported discussing sexuality issues with their patients, from the pre-workshop period to the 8-week follow up questionnaire. No main effects or interaction effects of either age or work experience were found. When asked at the 8-week follow up if their participation in the workshop had changed their overall practices around sexuality discussions, 93.2% of participants indicated that their practices had changed.

DISCUSSION

Successful communication between patients and health professionals about sexuality after cancer often requires health professionals to be aware of the attitudes, values, beliefs and barriers that may inhibit these conversations in clinical practice.[21,22] Recognizing these personal barriers to communication is challenging and requires the type of communication skills framework that can facilitate a reflective style of practice.[21,22]

Our study utilized a highly participatory and interactive style of communication skills training that gave participants the opportunity to explore the personal barriers that might impact on their comfort and confidence and the frequency with which they discussed sexuality with patients in the clinical setting. The VCCCP sexuality workshops decreased the participants' perceived barriers to discussing sexuality with their cancer patients, and increased their confidence in discussing these issues. This increased confidence translated into increases in the reported number of sexuality discussions the participants had had in clinical practice. It appears that the workshop effects are maintained up to 8-weeks post-workshop, with no significant reduction in mean

confidence ratings or increase in mean barrier ratings between the immediate post-workshop and the 8-week follow-up questionnaire.

In considering the age of the oncology health professionals (OHP) and how this may impact on barriers to discussing sexuality in clinical practice, it was interesting to note that before the workshop the only difference between younger (aged under 45 years) and older participants (those aged 45 and above) was that younger participants found it more challenging to discuss sexuality with a patient when a third person (e.g. a partner) was present. Yet, when the pattern of change for barriers was examined at the three time points for the two age groups of participants, the only significant finding was that older OHP were more likely to believe "its not my responsibility"

Barriers such as "I feel uncomfortable discussing sexuality with patients who are younger than I am" decreased over the 8-week time period, suggesting that practice in the clinical setting over time may act to decrease this barrier further. Similarly, confidence levels in "knowing where to refer patients who need intensive counseling or therapy" significantly increased in the 8 weeks following the workshop, which might be related to participants practicing this skill and referring to the resources provided in the workshop manual when confronted with these challenges in the clinical setting.

By utilizing a professionally trained actor to take on the role of a cancer patient, participants were given the opportunity to practice different communication approaches in the safety of a highly structured facilitation process that focused on communication skills training. Participants received feedback about their communication style from other group participants, the facilitators (who were experts in the area of communication skills training and patient sexuality after cancer) and the actor. In the style of adult-centered learning, the participants were also encouraged to reflect on the communication experience themselves, in an attempt to identify personal barriers and beliefs that may impact upon their ability to talk about sexuality issues with patients after cancer. To date, no publication has attempted to offer a communications skills training framework to assist health professionals to communicate more effectively on patient issues of sexuality after a cancer experience.[28]

The limitations of this study include the relatively small number of self-selected participants, who may have been good communicators and particularly receptive to this kind of training. With only 89 participants returning questionnaires at all three time points, a larger sample of respondents completing all three questionnaires would allow a more detailed examination of responses to this kind of communication skills workshop. Similarly, a broader sample of participants, including more men and a cross-section of health professionals would strengthen our findings. All the results in this study were self-reported by participants, so a major limitation of these findings is a lack of objective measurement to capture the reductions in barriers, increases in confidence and frequencies of discussions in clinical practice. This study also lacked a control group or patient feedback on the benefit of being cared for by health professionals who had undertaken this type of training. However, even with these limitations, robust effects of workshop participation were seen – with decreased barriers to discussing sexuality, increased confidence and an increased number of sexuality discussions in practice post-workshop, compared to pre-workshop.

CONCLUSION

In conclusion, the VCCCP sexuality workshops reduced participants' barriers to discussing sexuality, increased the participants' confidence in having these conversations and led to the participants reporting more conversations on sexuality issues with patients in their practice up to 8 weeks post-workshop. The VCCCP education framework has the potential to assist health professionals to become aware of the barriers that may prevent discussions about patient sexuality after cancer, as well as increase the confidence of health professionals to raise this traditionally taboo topic.

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