Implementing an Evidenced-based Intervention to Improve Female Sexual Health in Gynecologic Cancer Survivors

Courtney Beeckler, DNP(C), MSN, RN, Bryan Hansen PhD, RN, APRN-CNS-ACNS-BC, Brigit VanGraafeiland DNP, CRNP, FAAN, and Roberta Anderson, DNP, RN-PMH, OCN

Johns Hopkins Hospital, Baltimore, MD; Johns Hopkins University, Baltimore, MD

Introduction & Background

• Vaginal stenosis and sexual dysfunction are side effects of therapeutic interventions for gynecologic cancers
• These side effects are uncomfortable, negatively impact a patient’s overall quality of life, and reduce their provider’s ability to detect local disease recurrence
• Providers often lack knowledge on the topic and have discomfort with sexual health conversations, creating barriers to effective treatment

Purpose & Aims

Implement and evaluate the effectiveness of an education session and toolkit for nurses using the following two aims
1. Improve nurses’ attitude and knowledge on the prevention, evaluation, and treatment of vaginal stenosis and sexual dysfunction after in-person education session and receipt of a toolkit by 20%
2. Improve nurses’ practice behavior through achieving an 80% compliance rate of routine sexual health screening during follow up appointments for gynecologic cancer survivors

Methods

Study Design: Pre-test/post-test
Setting: An outpatient oncology department in a comprehensive cancer center
Participants: All nurses employed in the department and working at the study site
Exclusion criteria: Nurses with a primary work site different than the study site or functioning in an administrative role
Intervention: Evidence-based education session and toolkit covered
1. Pathophysiology and treatment of vaginal stenosis and female sexual dysfunction
2. Facilitation of a productive sexual health conversation

Measures/Instruments
• Nurses’ Attitude: Sexual Health Care Scale-Attitude
• Nurses’ Knowledge: Sexual Health Care Scale-Knowledge
• Behavior Change: Creation of the screening sexual checklist

Statistical Analysis
• Nurse Characteristics: Descriptive statistics
• Attitude & Knowledge Summary Score: One sample paired t-test
• Behavior Change: Descriptive statistics

Results

Figure 2. Attitude and Knowledge Summary Scores (N=12)

Pre-test
Post-test
16.6% increase
14.6% increase

Figure 3. Percentage of Patients Screened for Sexual Health (N=60)

Performed 77%
Not Performed 23%

Figure 1. Evidence-based intervention addressed three measures: attitude, knowledge, and behavior change/screening checklist creation

Table 1. Nurse Demographic Data (N=12)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>Female, n (%)</td>
<td>11 (91.7%)</td>
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<tr>
<td>Age, median (IQRa)</td>
<td>33.5 years (17)</td>
</tr>
<tr>
<td>Years as a nurse, median (IQRa)</td>
<td>8.5 (17)</td>
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<tr>
<td>Years as a nurse in Radiation Oncology</td>
<td>2.8 (4)</td>
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<tr>
<td>Highest Nursing Degree Achieved, n (%)</td>
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<tr>
<td>Associate degree</td>
<td>2 (16.7%)</td>
</tr>
<tr>
<td>Bachelor of Science</td>
<td>9 (75%)</td>
</tr>
<tr>
<td>Master of Science</td>
<td>1 (8.3%)</td>
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*Interquartile range

Conclusion

• Significant improvement in nurses’ attitude and knowledge on the topic of vaginal stenosis and female sexual health
• Fewer obstacles hindering nurses from addressing female sexual health in gynecologic cancer survivors
• Positive behavior change with the creation of screening checklists during follow up appointments
• Organizational and cultural barriers remain, negatively impacting the facilitation of sexual health conversations

Figure 4. Nurses can improve outcomes for gynecologic cancer survivors

Please see reference list