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









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

#### 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)

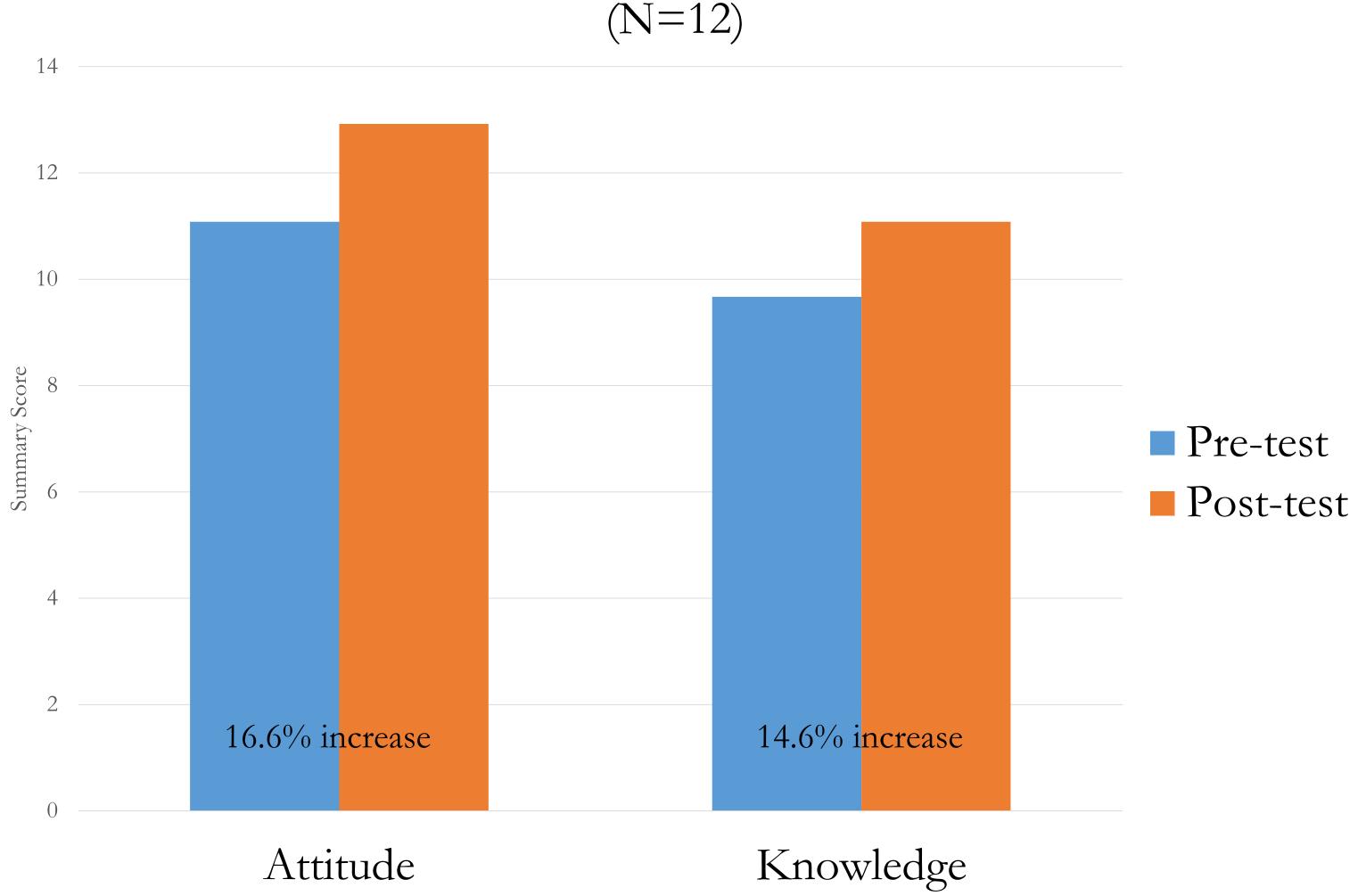


Figure 3. Percentage of Patients Screened for Sexual Health (N=60)

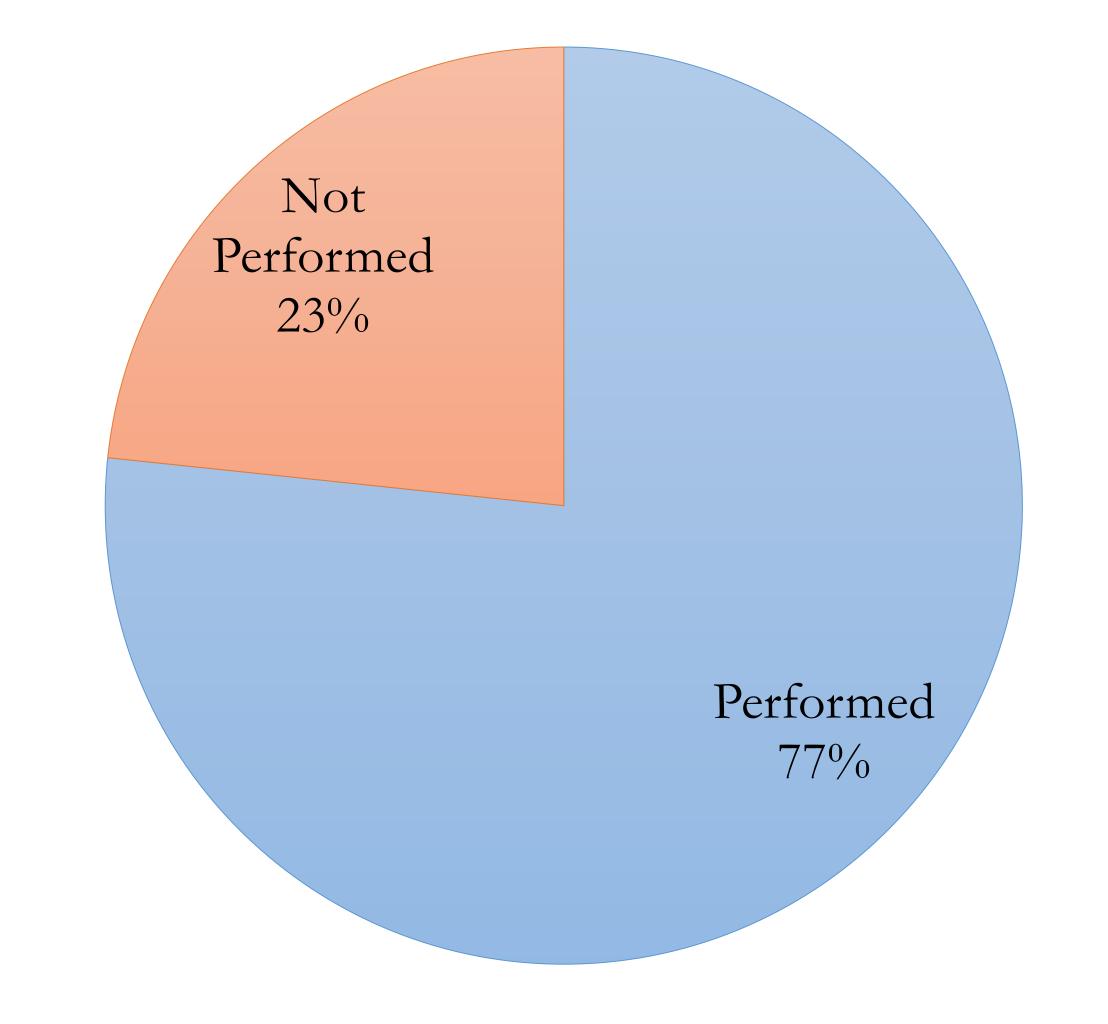


Table 1. Nurse Demographic Data (N=12)

Female, n (%)	11 (91.7%)
Age, median (IQRa)	33.5 years (17)
Years as a nurse, median (IQRa)	8.5 (17)
Years as a nurse in Radiation Oncology	2.8 (4)
Highest Nursing Degree Achieved, n (%)	
Associate degree	2 (16.7%)
Bachelor of Science	9 (75%)
Master of Science  aInterquartile range	1 (8.3%)

### 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





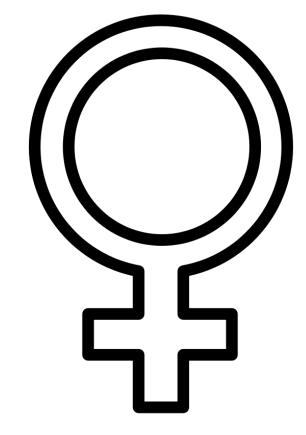


Figure 4. Nurses can improve outcomes for gynecologic cancer survivors

Please see reference list