



## Newsletter

# Discussing sexuality with patients

This article is based on a presentation by Birgitte Schantz Laursen (RN, PhD), given at the Coloplast Ostomy Days 2018.

**Birgitte is a Senior Researcher at Aalborg University Hospital, Denmark. A specialist in sexology, Birgitte's research focuses on the impact of cancer and chronic diseases on the patient's sexuality. During the past 10 years, she has worked closely with nurses and other healthcare professionals to help them become more confident in addressing sexuality and intimacy issues with their patients.**

Addressing patient sexuality is a critical part of the holistic approach to care – particularly when working with patients living with chronic conditions. In this article, we explore how living with a stoma affects patient sexuality and how you can tackle this important area when caring for your patients.

### Six ways you can address patient sexuality

- Educate yourself
- Be professional and personal – not private
- Be aware of your own personal biases and limitations – and challenge yourself
- Role playing – practice situations with your colleagues
- Identify available resources and take advantage of them
- Make your own toolbox of rehearsed questions and sentences

### The importance of sexuality

The World Health Organisation<sup>1</sup> defines sexuality as: "...a central aspect of being human...[It] encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships." And the definition goes on to highlight that sexuality is influenced by a variety of factors, including biological, physiological and social influences.

Most scientific studies<sup>2</sup> on the subject also emphasize the importance of sexuality to our well-being and quality of life. For example, research indicates that having a healthy sex life can actually make it easier to overcome illness and have better disease control. These findings came out of a study of diabetic patients, which revealed that the glucose level was better among patients with a good sex life and good relationships, than among patients who had problems with their relationships and sexuality.

*"As nurses, we often talk about providing holistic care, and we have to remember that addressing sexuality is a part of this approach to care."* – Birgitte Schantz Laursen

Swedish researchers<sup>3</sup> have examined the role of the hormone, oxytocin, which is released during sexual intercourse and intimacy. One of the unique properties of this hormone is that it makes us feel relaxed and content, which is why it has often been connected with stress reduction and overall health improvement. Since oxytocin is released as a result of intimate contact, it underlines the importance of sexual intimacy to our general well-being.

## How living with a stoma impacts sexuality – physically and psychologically

“We always experience illness as a total event that impacts all aspects of our existence,” explains Birgitte Schantz Laursen. “Even an illness with strictly biological implications also affects the psychological and social parts of our lives.”

So it’s not surprising that living with a stoma can have a profound effect on patients’ sexuality. Research<sup>4</sup> indicates that there are a number of physical and psychological challenges that patients have to deal with. They not only have to accept the fundamental changes to the body that come with the stoma surgery; they also have to face the fear and anxieties that the changed body generates, when it comes to sexual intimacy.

For males, operations in the pelvic region can result in nerve damage, leading to erectile dysfunction, ejaculation difficulties, and problems with climaxing. For females, operations and treatments (such as radiation therapy) can result in vaginal dryness, dyspareunia (pain during intercourse), and problems climaxing.

The position of the stoma bag can impact positioning during sex and can call for role changes during sexual intercourse. If a person has to switch from an active role to a more passive role during intercourse, this might challenge that person’s view of their own sexual prowess and identity. Patients also report being afraid that the stoma bag will detach during intercourse.

Some in committed relationships begin to sleep separately out of fear that the partner will come too close to the bag during the night and cause it to detach.

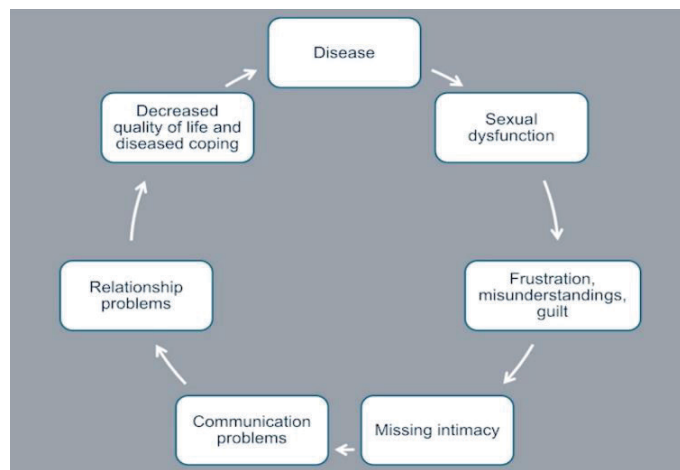
These types of coping mechanisms obviously have an impact on the overall intimacy in a relationship.

### The patient perspective

Although quite prominent in literature and entertainment, sex and sexuality are still sensitive subjects that can be difficult to discuss, even between sexual partners. So discussing these topics with a complete stranger – even if that person is a healthcare professional – can be rather daunting.

Nevertheless, studies show that 85 per cent of patients want healthcare professionals to speak with them about their sexual problems.<sup>5</sup> However, 68 per cent are afraid to bring the subject up themselves out of concern that they will embarrass their doctor or nurse.<sup>6</sup> And 71 per cent are afraid that their doctor or nurse will not address the problem.<sup>7</sup>

It’s clear that patients expect their healthcare providers to address this subject and provide them with tools or advice to help them cope with their sexual challenges.



*“As healthcare professionals, part of our role is to stop this vicious cycle.” - Birgitte Schantz Laursen*

### The healthcare professionals’ perspective

With sexuality playing such a key role in human existence, and the focus on providing holistic care dictating that healthcare professionals treat the whole person, why is this area not addressed as a standard?

Research<sup>8</sup> suggests that there are many reasons why healthcare professionals avoid the topic of sexuality. They range from lack of time, to concerns about offending or embarrassing the patients. Some feel that it’s not their responsibility; that sexuality is something the patients don’t prioritise, neither before nor during treatment; or that this is something patients prefer to discuss with their partners.

All of this gives rise to what Birgitte Schantz Laursen calls “two-way taboo”. As she explains, “We answer the patient’s silence with silence, confirming for them that they are on their own.”

### Why addressing sexuality can be a challenge

One reason why addressing sexuality can be a challenge has to do with the approach healthcare professionals use when dealing with patients.

“In our dialogues with a patient, we usually use ourselves as an instrument. So our own feelings can impact our ability to communicate effectively,” says Birgitte. Another obstacle has to do with lack of training. If healthcare professionals are not trained to speak about sexuality, they become dependent on their own personal experience. This, in turn, makes them feel vulnerable and unprofessional.<sup>9</sup>

“As nurses, we are taught to isolate our private from our professional sphere. We should always connect personally with our patient, but we should never allow our private feelings to influence the way we interact with the patient. And since sexuality is something that belongs to the private sphere, it can be difficult to address this topic in a professional manner,” Birgitte explains.

## Tips for addressing sexuality

So how can healthcare professionals overcome these barriers and provide the counseling and assistance patients expect and need?

“Sometimes, it’s enough just to mention the topic,” says Birgitte. “In that way, you validate the patient and acknowledge that this can be an issue.” If the barrier is lack of time, you can always mention sexuality while training the patient on how to use the stoma bag. And if you are concerned about approaching such a private subject, you can try to speak about sexuality in the third-person, using phrases like, ‘Some patients experience this problem...’ rather than the more personalised, ‘You may experience this problem...’ Another technique is to use open-ended questions, which then allow patients to tell their story in their own words.

For those of you who might feel you lack the knowledge or competences needed to address sexuality, Birgitte shares her vote of confidence: “You have the knowledge, because you know how stoma surgeries can impact sexual functions. So don’t be shy! Just get started.”

- 
1. WHO 2006
  2. Brody J sex med 2010
  3. Uvnäs-Moberg et. al Frontiers in psychology, 2015
  4. Vural et. al 2016, Houston 2017, Smith & Simpson 2016
  5. Southard & Keller 2009
  6. Persson et al. 2005
  7. Marwick 1999, Traumer 2018
  8. Moore et. al 2013; Houston 2017
  9. Almås & Bennested 2016