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Handling Sexuality Concerns in Women with Gynecological Cancer: Egyptian Nurse's Knowledge and Attitudes

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Abstract

Sexuality is an important part of normal human functioning. Gynecological cancer diagnosis and treatment has devastating effect on Sexual issues. **Study aim** was to investigate Oncology Nurses knowledge and attitudes in Relation to Provision of Sexual Health Care to Women Diagnosed with Gynecological Cancer. The **study setting** was conducted at oncology center, at Mansoura University Hospitals after obtaining hospital director approval. **A Subject was** consisted of 72 nurses who worked in gynecological oncology department. **Tools:** four tools were used by the researchers to collect pertinent data consisted of **1st** The Self Administered Structured Schedule, **2nd** tool, Sexual Health Care Scale–Attitude, **3rd** tool, Facilitators about Sexuality Issue Discussion in nursing practice and **4th** tool, Barriers about Sexuality Issue Discussion in Nursing Practice. **Results** revealed that 100% of nurses were having poor knowledge score regarding sexual health care with mean score 7.3 ±2.5. There was statistically significant relation between knowledge score and discomfort in providing sexual health care and Afraid of college's negative response (P< 0.05). While there were no statistical significant relation between knowledge score and Feeling uncertain about patient's acceptance and Lack of environmental support (P> 0.05). Majority of nurses reported that limited resources, patient embarrassment, staff shortages, patients having more things to be concerned about than having sex, inadequate education preparation, are the most important barriers to provide health sexual education. Provisions of relevant training, availability of private environment, having good nurse patient relationship, good communication are factors which facilitate provision of sexual health care. **Conclusion** oncology nurses have poor knowledge score and decrease feeling of discomfort domain was the most representative nurses attitude in provision of sexual health care, there are many of issues act as barriers and facilitators affecting nurses for providing sexual health care. **Recommendations** It is important to put sexual health education into the curriculum of nursing, in order to assess the sexual health of patients within the health care system, continuing education activities and availability of education materials could assist nurses to adequately address sexual concerns while caring for patients with cancer and More research is needed on training of the nurses to overcome the barriers and guidelines or procedures in place for dealing with sexuality-related issues with patients.

Key words: Sexuality Concerns, Gynecological Cancer, Egyptian Nurses, Knowledge, Attitudes

1. Introduction

Gynecologic cancer is any cancer that starts in a woman's reproductive organs. Cancer is always named for the part of the body where it starts. Gynecologic cancers begin in different places within a woman's pelvis. The five main types of gynecologic cancer are: cervical, ovarian, uterine, and vaginal and vulvar (Nesrin et al., 2010).

Sexuality is a complex, multidimensional phenomenon that incorporates biological, psychological and behavioral part. Sexuality have feeling about one's body , the need for touch , interest in sexual activity and ability to engage in satisfying sexual activities (Nadine and Jill Keller 2009). Sexual health problems are higher in oncology patients, especially in those with breast and gynecologic cancers, *(*Lavin and Hyde, 2006; Krebs 2008). In gynecological cancer, reported that between 30% and 63% of women who underwent treatment for cervical cancer experienced some sexual problems and most of women are at greater risk for developing vaginal stenosis and agglutination within the first three months of radiotherapy (Burwell et al, 2006).

The National Health and Social Life Survey propose that 43% of all women are affected by some form of female sexual dysfunction (FSD) (Elena et al, 2010). This number is strongly, higher in women with gynecologic cancers. FSD is defined by the American Foundation of Urological Disease as absent feeling of sexual interest or desire, a lack of responsive desire absent sexual thoughts or fantasies. FSD includes sexual desire disorder, female orgasmic disorder, sexual arousal disorder, and sexual pain disorders (Hollingsworth & Berman, 2006).

Sexual oncology is gaining appreciation as major area needing attention in nursing practice and research (Julien et al, 2010). Oncology nurses need to possess a high level of sensibility in dealing with patients' sexual health needs (Kim, 2010). However, sexual health care still inadequate addressed due to barriers such as incorrect assumptions and beliefs toward sexual issues (Kotronoulas et al., 2009).

Nurses are at the first degree, among health personnel to whom patients can easily explain themselves and can be effective in removing their concerns related sexual health (Taylor & Davis 2006).Nurses have important duties as counselor and guide in determining the factors affecting sexual functions of cancer patients, problems that may be experience in sexual matters, and providing help to these individuals in order to get over these problems (Jolley, 2002; Dattilo & Brewer, 2005)

Apart from cultural ones, many factors prevent nurses to assess the sexual health of patients and providing counseling to them (Algier and Sultan, 2008; Hordern, 2008; Krebs, 2008; Pınar, 2010; Gölbaşı & Evcili, 2013). Even though sexual counseling is known as an important part of nursing care Shell, 2007; Julien et al., 2010; Oskay et al., 2011; Chun, 2011 reported that nurses have difficulties in dealing with this issue. Societal factors, work environment, discomfort, perceived conflict with the professional nursing role, have been reported as barriers for sexual health care provision (Kotronoulas et al., 2009). Furthermore, the nurses observe patients as being too ill and too anxious to discuss sexual concerns (Magnan et al., 2005). Most oncology nurses were unwilling to initiate the discussion about sexuality and preferred to respond to patients' questions *(*Nakopoulou et al., 2009).

Oncology nurses appear to be ignorant of their role in the potential sexual side effects of chemotherapy (Quinn, 2003; Lavin & Hyde, 2006). Also nurses might not see other nurses addressing patients' sexual concerns and may consider patients' sexual concerns a low priority (Nakopoulou et al., 2009). Magnan & Reynolds, (2006) reported that one of the barriers that ranked high in addressing patients' sexual concerns was the nurses' failure to discuss the patient's sexuality concerns. The negative expectations of nursing colleagues affecting the behaviors of providing sexual health care in oncology nurses (Gamel et al., 1995).

Sexuality is an important part of normal human functioning, but this is one aspect of care that has been largely ignored by health care providers for a number of reasons. While patients want to talk about this issue, they want the health care provider to raise the topic. In turn, health care providers are reluctant to initiate the discussion, preferring to wait for the patient to voice concerns. Health care providers may be reluctant to ask questions about their patients' sexual functioning because they are embarrassed and not comfortable with their own sexuality, may not believe that sexuality is part of the presenting problem, or may feel that they are not trained adequately to deal with sexual concerns (Katz, 2005).

Talking about sexuality may be perceived as a large barrier that is difficult to overcome; however, there are some relatively simple strategies to include this as part of clinical care. The first is to address personal attitudes that may be preventing the health care provider from including this topic in physician or nursing assessment and care. Personal attitudes to sexuality need to be assessed, and this can be done privately or at workshops, where opportunities for discussion abound (Hyde et al 2001).

Egypt is a country where sexuality is not talking, about within the family; sexual education is not included in the curriculum of schools. Sexuality is regarded as shameful and guilty in this community that is becoming more and more conservative. In Egypt, since many parents received no education regarding sexuality from their parents, they do not have much knowledge about sexuality and generally avoid spoken about the theme with their children. Loss of sexual health education in the curriculum of schools giving health education causes problems regarding the assessment of a patient's sexual health, the discussion of their sexual problems and to provide counseling for health personnel who are responsible for the nursing and treatment of patients (Golbaşı & Evcili, 2013).

In oncology center of Mansoura University Hospital until know no study done to identify nurse's attitude in relation to discussing sexuality concerns with women diagnosed with gynecological cancer so the aims of the

study was to investigate oncology nurse's knowledge and attitudes regarding to provision of sexual health care to women diagnosed with gynecological cancer and explore possible facilitators and barriers to such discussions.

2. Significance of the Study

One of the main roles of oncology nurses is to assess problems in this area to be able to provide anticipatory guidance related to treatment and the resumption of sexual activity but this is one aspect of care that has been largely ignored by health care providers.

Sexuality issues have not being adequately addressed by healthcare providers. Juraskova et al., (2003) showed that it is importance of considering sexuality issues because sexuality and sexual health has been increasingly recognized as an integral aspect of quality of life during and after gynecologic cancer treatment.

3. Aim of the study

The aim of the study was to investigate oncology nurse's knowledge and attitudes regarding provision of sexual health care in women with gynecological cancer and explore possible facilitators and barriers to such discussions.

4. Research Questions

To achieve the purpose of the study the following research questions was formulated:

1. Does the Egyptian nurse have knowledge regarding sexuality concerns in women with gynecological cancer?

2. What is the Egyptian nurse's attitude regarding sexuality concerns in women with gynecological cancer?

3. What are the facilitators and barriers affecting their attitude in provision of sexual health care to women diagnosed with gynecological cancer?

5. Materials and Method:

5.1. Research Design

A descriptive design was utilized in this study.

5.2. Research Settings:

This study was conducted at oncology center, Mansoura University Hospital, in Gynecological Department from the period of June 2014 until July 2014.

5.3. Subject of the Study

Purposive sampling technique was used. The subject of the study included 72 nurses who worked in gynecological department, had experiences not less than 6 months and willing to participate in study.

6. Tools for Data Collection

Four tools were used for data collection.

Tool 1: The Self Administered Structured Questionnaire:

This tool was developed by the researcher after reviewing the relevant literature. It consisted of two parts:

Part I:

Socio-demographic characteristics of the nurses as age, marital condition, educational level, position, years of experience, experience of sexual health training, intention of sexual health care.

Part II:

This part included a series of question, covering knowledge of nurses regard sexual health. The expected range of score is considered poor (50%) ≤15, Average (50-75%), (16-22) and Good (>75%) >22.5.

Tool 2: Sexual Health Care Scale–Attitude (English version) (Sue Kim et al 2011) was adopted by the researchers and filled by the participants. It consist of 4 domain related to attitudes toward sexual health care. **Domain one** was interpreted as (1) discomfort in providing sexual health care (7 items) 1- It is uncomfortable to discuss sexual issues with patients.2. I am reluctant to discuss sex with patients. 3. I feel uncomfortable discussing specific sexual activities with patients.4.I feel uncomfortable discussing sex with patients.5.Iam not ready to talk about sexual issues with patients.

6. Discussing sex is a difficult thing to do. 7. I may be embarrassed if patients broach sexual issues. **Domain two,** feeling uncertain about patient's acceptance (4 items) 1. Patients would be uncomfortable if I broached sexual issues. 2. I am afraid patients would feel their privacy was invaded if I asked specific questions about sex. 3. I am afraid patients would be offended if I broached sexual issues. 4. I am afraid conversation about sex with patients would bring about a distance between me and them. **Domain three**, afraid of colleagues' negative response (3 items). 1. I am afraid my fellows would think it is unusual that I deal with patients' sexual issues. 2. I am afraid my fellows would feel uncomfortable dealing with patients' sexual issues. 3. My fellows also seem to be reluctant to talk about sex with cancer patients. **Domain four,** lack of environmental support (3 items). I am too busy to deal with sexual issues. 2. It is hard to find a proper place where I can talk about sexual issues with patients. 3. I do not have enough time to talk about sexual issues with patients. Each item has three possible answers, with scores from zero, indicating disagree response, to two indicating agree response (lowest possible total score= 0, highest possible total score= 34).

Tool 3: Facilitators about Sexuality Issue Discussion in Nursing Practice: was developed by researchers and filled by the participants as having a good nurse-patient relationship, Possessing good communication skills, Availability of private environment, Possession of sound sexuality knowledge, Provision of relevant training. Each item has two possible answers, with scores from zero, indicating disagree response, to one indicating agree response (lowest possible total score= 0, highest possible total score= 5).

Tool 4: Barriers About Sexuality Issue Discussion In Nursing Practice : Was developed by researchers and filled by the participants as Women with cancer having more things to be concerned about than having sex, Staff shortages resulting in limited time and energy, Limited resources, Inadequate education preparation, Patients' possible embarrassment at discussing their sexuality concerns, Feeling embarrassed at addressing patients' sexuality concerns, Sexuality care not being part of nursing routine, Fear that sex will weaken the potency of the cancer treatment, Cancer may recur if patients have sex after treatment. Cancer is contagious. Each item has two possible answers, with scores from zero, indicating disagree response, to one indicating agree response (lowest possible total score= 0, highest possible total score= 10).

6.1. Development of Study Tools Validity

Tools used in the study were developed by the researchers after reviewing of the current local and international related literatures using books, articles and scientific magazines. This helped them to be acquainted with the problem, and guided them in the process of tools' designing.

Tools were translated into Arabic and reviewed by jury of 5 expertises in the field of the study to test its contents and face validly.

6.2. Reliability

Reliability of methods and tools were tested using Cronbach's Alpha coefficient test was 0.92, and its coefficient for sub factors was between 0.82 and 0.91which suggested that the SHCS-A scale has good reliability in assessing sexual health care attitude. It has been generally accepted that self-report measures should have a reliability of more than 0.70 and/or 0.80 for it to be used as a screening tool (Kim, et al 2011).

6.3. A Pilot Study

A pilot study was conducted on ten nurses from the aforementioned setting to measure the feasibility of the study setting, content validity of the tools and time required for the completion of each tool. Results obtained were useful in appraisal and modification of the tools; these subjects were later excluded from the study sample.

6.4. Written Approval

A letter containing the title and aim was directed to the director of oncology center, at Mansoura University Hospital then the approval for data collection was obtained. The aim of the study was explained to each participant before applying the study to gain their confidence and trust. Witten consent was obtained from each nurse to participate in the study, after ensuring that data collected will be treated confidentially. All ethical considerations were clarified to each nurse before explaining the nature of the study

7. Field Work

At first an official letter was issued to the administrator of the pre-mentioned settings to get the permission for data collection. A descriptive study was conducted to investigate oncology nurses knowledge and attitudes regarding provision of sexual health care in patients with gynecological cancer and explore possible facilitators and barriers to such discussions. A questionnaire was prepared by the researchers based on the literature, was used for data collection. The questionnaires consist of four tool **Firstly**: The Self Administered Structured Questionnaire: Was developed by the researchers and focused on two different parts: the first part included socio demographic data of the sample and the second part included a series of question covering knowledge of nurses about sexual problem related to cancer itself and treatment. **Second** Sexual Health Care Scale–Attitude to investigate attitude of nurses in relation to discussing sexuality concerns with women diagnosed with gynecological. **Third & Fourth:** Facilitators and barriers about Sexuality Issue Discussion in nursing practice. The questionnaire was pretest with nurses and correction were made .Data were collected over two months from June to July 2014.A purposive sample of nurses was obtained from previous mentioned setting. Researchers approached the nurses who work with gynecological cancer patients (both inpatient and outpatient) and explained about the study. Participation was on a voluntary basis. The nurses were notified about the purpose of the study and questionnaire. All nurses with the previous criteria were invited and seventy two (72) nurses responded to this study.

8. Statistical Analysis

Statistical Package for Social Sciences (SPSS) version 17.0 was used for quantitative data analysis. Quality control was done at the stages of coding and data entry. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Qualitative variables were compared using T test and Correlation (r) test. Cronbach's α (alpha) is used for test score reliability measure of sample Statistical significance was considered at p-value <0.05, highly significant difference obtained at P < 0.0l and non significant difference obtained at P > 0.05.

9. Results

Table (1) Numbers and Percentages Distribution of Study Subjects according to Socio- Demographic Characteristics

ITEMS	NO (72)	(100)%
Age		
• <20	8	11.1
• 20-	58	80.6
• ≥30	6	8.3
Marital Status		
• Unmarried	14	19.4
• Married	58	80.6
Educational Level		
• Diploma	32	44.4
• Technical institute	27	37.5
• High education	13	18.1
Job Description		
• Nurse	62	86.1
• Nurse supervisor	10	13.9
Years Of Experience		
• <7	36	50
• ≥7	36	50
Experience In Sexual Health Training		
• Yes	9	12.5
• No	63	87.5
Intention for sexual health training		
• Yes	68	94.4
• No	4	5.6

Table (1): Demonstrates the socio-demographic characteristics of study sample. All of the subjects were female nurses and approximately 80% of them have age 20 to >30.The majority of nurses (80.6%) were married. Diploma education represented the higher percent by (44.4%) followed by those who had technical institution (37.5%). About 86.1% of study subjects were nurses. Regarding their experience years were equal ranged 50% between (<7 - ≥7) year. The majority of nurses (87.5%) hadn't experience in sexual health training. While most of them (94.4%) of them were have intention for sexual health training.

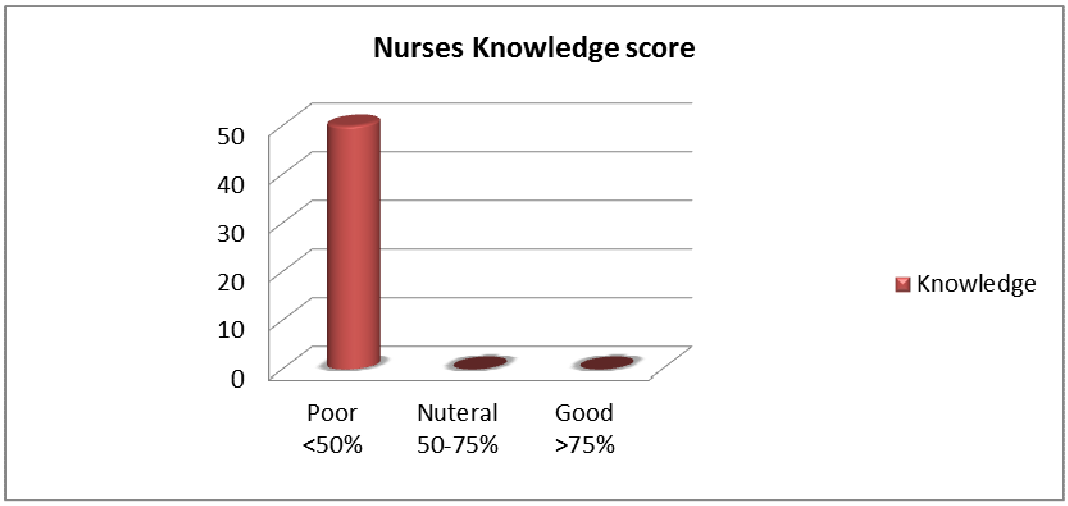

Figure (1): **Knowledge Score of Oncology Nurses Regarding Sexual Health Care**

Figure (1): Represented nurse's knowledge score regarding sexual health care. It was found that 100% of nurses were having poor knowledge with mean score 7.3 ±2.5.

Table (2): represented attitude of oncology nurses toward provision of sexual health care to women with gynecological cancer. Nurses were asked about four domains that may be affected provision of sexual health care. Regarding to first domain **''Discomfort In Providing Sexual Health Care''** nurses agree that three subscale served as discomfort to provide sexual health care, feel uncomfortable to discussing specific sexual activities with patients (87.5%), Discussing sex is a difficult thing to do (79.2%) I am reluctant to discuss sex with patients (75%)

Second domain "**Feeling Uncertain About Patients Acceptance**" it was found that one third of nurses agree with subscale items, I am afraid patients would feel their privacy was invaded if I asked specific questions about sex (34.7%), I am afraid patients would be offended if I broached sexual issues (34.7%), Patients would be uncomfortable if I broached sexual issues (33.3%).while another one third of nurses disagree about the same subscale items.

As regarding third domain **"Afraid Of Colleges Negative Response**" subscale reflect that more than one third of nurses disagree about afraid my fellows would think it is unusual that I deal with patient' sexual issues (36, 1%) afraid my fellows would feel uncomfortable dealing with patients' sexual issues (37.5%) and also seem to be reluctant to talk about sex with cancer (36.1%).

"Lack Of Environment Support" is the fourth domain subscale reflect that majority of nurses (73.6%) were too busy to deal with sexual issues nearly half of them (47.2%) have difficulty to found a proper place to talk about sexual issues with patients and (45.8%) of them do not have enough time to talk about sexual issues with patients.

Table (2): Attitude of Oncology Nurses toward Provision of Sexual Health Care to Women with Gynecological Cancer

Items	Agree	Uncertain	disagree
	No (%)	No (%)	No (%)
Discomfort In Providing Sexual Health Care			
• It is uncomfortable to discuss sexual issues with patient	32(44.4)	3(4.2)	37(51.4)
• I am reluctant to discuss sex with patients	54(75)	6(8.3)	12(16.7)
• I feel uncomfortable to discussing specific sexual activities with patients	63(87.5)	5(6.9)	4(5.6)
• I feel uncomfortable discussing sex with patients	30(41.7)	6(8.3)	36(50)
• I am not ready to talk about sexual issues with patients	18(25)	7(9.7)	47(65.3)
• Discussing sex is a difficult thing to do	57(79.2)	3(4.2)	12(16.7)
• I may be embarrassed if patients broach sexual issues	30(41.7)	12(16.7)	30(41.7)
Feeling Uncertain About Patients Accept			
• Patients would be uncomfortable if I broached sexual issues	24(33.3)	21(29.2)	27(37.5)
• I am afraid patients would feel their privacy was invaded if I asked specific questions about sex	25(34.7)	22(30.6)	25(34.7)
• I am afraid patients would be offended if I broached sexual issues	25(34.7)	22(30.6)	25(34.7)
• I am afraid conversation about sex with patients would bring about a distance between me and them	23(31.9)	25(34.7)	24(33.3)
Afraid of Colleges Negative Response			
• I am afraid my fellows would think it is unusual that I deal with patient' sexual issues	24(33.3)	22(30.6)	26(36.1)
• I am afraid my fellows would feel uncomfortable dealing with patients' sexual issues	23(31.9)	22(30.6)	27(37.5)
• My fellows also seem to be reluctant to talk about sex with cancer patients	24(33.3)	22(30.6)	26(36.1)
Lack of Environment Support			
• I am too busy to deal with sexual issues	53(73.6)	11(15.3)	8(11.1)
• it is hard to find a proper place where I can talk about sexual issues with patients	34(47.2)	14(19.4)	24(33.3)
• I do not have enough time to talk about sexual issues with patients	33(45.8)	16(22.2)	23(31.9)

Table (3): Correlation between Knowledge Score and Attitude of Oncology Nurses toward Provision of Sexual Health Care to women with Gynecological Cancer

Nurse's Attitude		*Knowledge score*
• Discomfort in providing sexual health care	Correlation Coefficient p	-.347** .003
• Feeling uncertain about patients accept	Correlation Coefficient p	-.199 .094
• Afraid of colleges negative response	Correlation Coefficient p	-.244* .039
• Lack of environmental support	Correlation Coefficient p	-.105 .379
Total	**No**	**72**

Table (3) Demonstrates correlation between knowledge score and attitude of oncology nurses toward provision of sexual health care to women with gynecological cancer**.** There was statistically significant relation between knowledge score and discomfort in providing sexual health care and Afraid of college's negative response (P< 0.05). While there were no statistical significant relation between knowledge score and Feeling uncertain about patient's acceptance and Lack of environmental support (P> 0.05).

Table (4) Attitude Domains according to Socio-demographic Characteristics

Socio-Demographic Characteristics	Discomfort In Providing Sexual Health Care	Feeling Uncertain About Patients Acceptance	Afraid Of Colleges Negative Response	Lack Of Environmental Support
	Median (Minimum- Maximum)			
Age				
• <20	9(0-14)	1.5(0-8)	1.5(0-6)	1(0-6)
• 20-	8(0-14)	4 (0-8)	3(0-6)	2(0-6)
• ≥30	12(6-14)	6.5(4-8)	6(2-6)	0(0-3)
P value	0.2	0.1	0.1	0.1
Marital status				
• Unmarried	8(4-14)	4(0-8)	3(0-6)	3(0-6)
• Married	8(0-14)	4(0-8)	3(0-6)	2(0-6)
P value	0.5	0.9	0.5	0.5
Educational level				
• Diploma	8(0-14)	4(0-8)	3(0-6)	2.5(0-6)
• Technical institute	9(0-14)	4(0-8)	3'(0-6)	2(0-6)
• High education	6(2-14)	0(0-8)	0(0-6)	2(0-4)
Position				
• Nurse	8(0-14)	4(0-8)	3(0-6)	2(0-6)
• Supervisor	6(2-14)	0(0-8)	0(0-6)	2(0-4)
P value	0.1	0.06	0.08	0.8
Years of experience				
• **<7**	10(0-14)	4(0-8)	3(0-6)	2(0-6)
• **≥7**	7.5(0-14)	4(0-8)	3(0-6)	2(0-6)
P value	0.06	0.2	0.1	0.3
Experience in sexual health				
• Yes	8(0-14)	4(0-8)	3(0-6)	3(0-6)
• No	6(0-13)	0(0-8)	0(0-6)	1(0-2)
P value	0.05	0.09	0.1	0.07

Table (4) shows that there was statistically significant relation between nurse's experience in sexual health and their feeling of discomfort in providing sexual health care (P< 0.05).It also represented that there were no statistical significant relation between other attitude subscale and socio-demographic data.

Table (5): Regression Analysis for Predictors of Nurse's Attitude to Sexual Health Care.

Knowledge Score (Predictor)	**Attitude "Discomfort In Providing Sexual Health Care"**
β Constant	 -0.4 11.7
R R^2 P	0.26 0.07 0.02*
#SEE	**4.04**

Table (5) shows the regression analysis for Predictors of nurse's attitude to sexual health care and revealed that Knowledge increase predicts decrease in feeling discomfort among studied nurses. Knowledge score was significant predictor for discomfort domain in attitude by linear regression model (p<0.05).

Table (6): Barriers to Provide Sexual Health Care to Women with Gynecological Cancer.

Barriers	**Agree**	**Disagree**
	No (%)	**No (%)**
• Women with cancer having more things to be concerned about than having sex	53(73.6)	19(26.4)
• Staff shortages resulting in limited time and energy	56(77.8)	16(22.2)
• Limited resources	68(94.4)	4(5.6)
• Inadequate education preparation	53(73.6)	19(26.4)
• Patients' possible embarrassment at discussing their sexuality concerns	61(84.7)	11(15.3)
• Feeling embarrassed at addressing patients' sexuality concerns	51(70.8)	21(29.2)
• Sexuality care not being part of nursing routine	49(68.1)	23(31.9)
• Fear that sex will weaken the potency of the cancer treatment	46(63.9)	26(36.1)
• Cancer may recur if patients have sex after treatment	29(40.3)	43(59.7)
• Cancer is contagious	30(41.7)	42(58.3)
Mean± SD	**6.8 ±3.1**	

As regarding nurses views for barriers to provide sexual health care to women with gynecological cancer. Nurses were asked about ten factors that may barriers to provide sexual health care (table 6). Nurses agreed that seven of the factors served as barriers: limited resources (94.4%), Patients' possible embarrassment at discussing their sexuality concerns (84.7), Staff shortages (77.8), Women with cancer having more things to be concerned about than having sex (73.6), Feeling embarrassed at addressing patients' sexuality concerns (70.8), Sexuality care not being part of nursing routine (68.1), Fear that sex will weaken the potency of the cancer treatment (63.9).

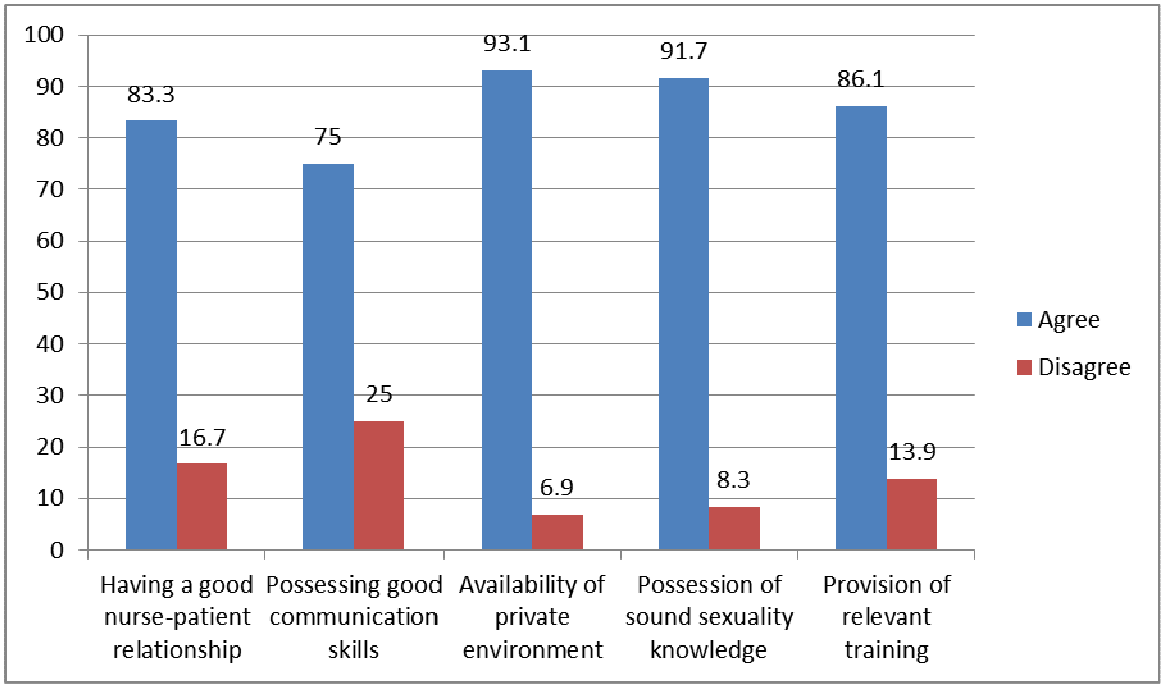

Figure (2): Facilitators to Provide Sexual Health Care to Women with Gynecological Cancer

Figure (2): Shows the facilitators to provide sexual health care to women with Gynecological Cancer. The nurses were asked about 5 factors that might facilitate provision of sexual health care to gynecological cancer patients. Across all 5 factors, about80% of nurses agree that the factors identified would facilitate them provide sexual health care to patients. Availability of private environment (93.1%), Possession of sound sexuality knowledge (91.7%), Provision of relevant training (86.1%) and having a good nurse-patient relationship (83.3%).

10. Discussion

Sexuality is a vital part of quality of life and overall health. A cancer diagnosis can affect many aspects of patients' daily routine, including their sexuality. Many oncology gynecological patients have fright and care about the fact that their marriage will be at risk and their sexual relationships with their partner will be influenced due to sexual problems that are caused by cancer and its treatment *(*Dattilo & Brewer, 2005; Quinn and Browne, 2009; Keskin & Gumus 2011). Nurses play an important role in determining and facing the sexual concerns and problems of gynecological cancer patients as a counselor and guide (Kotronoulas et al., 2009) However, it is stated that health care professionals focusing on the treatment of the disease might ignore the sexual problems observed in cancer patients. Therefore, this study was conducted in order to investigate oncology nurses knowledge and attitude in relation to provision of sexual health care to women diagnosed with gynecological cancer and explore possible facilitators and barriers to such discussions.

Regarding to nurse's knowledge score about sexual health care. Our study results showed that 100% of nurses were having poor knowledge about sexual health issues. Our study findings were in agreement with Kotronoulas et al., (2009) who reported that in almost all sample studies, oncology nurses indicate " lack of knowledge " as to be a major obstacle for not providing sexual health care in every day practice

As regarding nurse's attitude toward Provision Sexual Heath care to gynecological Cancer women. First domain" discomfort in provision sexual health care" subscale reflects that the majority of nurses feeling of discomfort to providing sexual health care to cancer patients. These study findings were in agreement with Sue Kim et al (2011*)* who reported that nurses have feeling of discomfort and embarrassment when discuss sexual issues with patients. Also our study results concordant with Kotronoulas et al (2009) who showed that discomfort is an important factor for sexual health care provision. While the present study finding were in disagreement with Katz (2008) who reported that professional nurses are much more likely to manage their feeling and effectively meet patients' needs and their role.

In relation to second domain (feeling uncertain about patient's acceptance), Our study findings showed that more than one third of nurses were agree with subscale items of feeling uncertain about patient's acceptance and also more than one third of nurses were disagree with the same subscale items .Theses study findings were in the same line with Sue Kim et al (2011) who reported that nurses might be anxious about breaking the nursing patient relationship which is based on trust and respect. These attitudinal barriers could induce the nurse to wait for the patients to initiate a discussion. Also our study results were in agreement with Jolley, 2002 and Quinn, 2009 whom showed that nurses may experiences discomfort caused by their own perception of the patients' willingness to discuss sexuality.

The third domain, (Afraid colleagues' negative response) the present study results revealed that more than one third of nurses disagree about subscale items of negative response of colleagues. These study results were disagreement with Nakopoulou et al (2009) who reported that the lack of role models and fear of rejection from others health care professional for sexual health care were barriers in providing sexual health care. Also our study results contract with s Sue Kim et al (2011) who showed that nurses have not seen their colleagues addressing patients' sexual concern, they cannot ask their peer for help. Involuntary, nurses consider addressing sexual concern as low priority. This contract may be due to culture difference and also due to provision sexual health care to gynecological cancer patients who are the same sex.

Regarding to fourth domain (lack of environmental support) the present study results showed that around two third of nurses reported that they are too busy to deal with sexual issues and around half of them showed it is hard to find proper place where she can talk with patients and also not have enough time to talk about sexual issues. These study findings were in agreement with Nakopoulou et al 2009 and Kim, 2010 who reported that nurses failed to provide sexual health care because they did not have enough time to make sexual assessment and intervention. Also these study results were in the same line with Sue Kim et al (2011) who founded that nurses should be encourage making time and place to provide sexual health care.

In relation to knowledge's score and attitude of oncology nurses, the findings of study revealed that there were statistically significant relation between knowledge score and feeling of discomfort in providing sexual health care and afraid of colleague's negative response. These study findings were in the same line with Ng and McCarthy (2002) who stated that there was significant improvement in the comfort level in discussing sexual issues with patients after workshop. Also these findings were in agreement with Kim et al (2011) who reported that some attitudes or beliefs that negatively influence nurses in providing sexual health care could be modifiable through continuing education. Moreover Kotronoulas et al (2009) founded that those respondents who had read a book or they had attending courses improve knowledge score and they held more liberal attitudes. Also Lewis, Bor (1994) reported that significant correlation between receiving information about sexual history and questioning patients about sexuality on admission.

In additional to Kotronoulas et al (2009) reported that the higher knowledge scores were correlated with more liberal attitudes as regards sexual myths. More recently, oncology nurses admitted that the lack of education and information often held them back from providing assistance to cancer patient's fertility concerns.

Regarding to Socio demographic characteristics of nurses and attitude toward provision of sexual health care, the present study examines the effect of age, educational level, marital status, position, years of experience, and experiences in sexual health. The evaluations found that the most important variable determining the attitudes of nurses toward sexual health care was experiences in sexual health especially in decrease feeling of discomfort. These study results were in agreement with Kotronoulas et al (2009), Fisher and Levin (1983) who found that higher experiences and knowledge in sexual health were correlated with more liberal attitudes .while our study findings were found no statistical significant relation between age, educational level, marital status, position, years of experience. The present study results were in the same line with Kotronoulas et al (2009) who found that nurses' age does not seem directly and independently to influence whether they discuss sexual issues with oncology patients. Also the present study results were in agreement with Williams et al (1989) who found that no significant relation between respondents' age and attitudes toward sexual health care. While our study findings were in disagreement with Oskoy et al (2011) they proposed that younger nurses may be more liberal in addressing sexual issues. On the other hand, Stead et al (2003) reported that both newly qualified nurse and nurses who had been in past for a longer time did not provide regular sexual health care.

Regarding to barriers to provide sexual health care to women with gynecological cancer, our study results showed that majority of nurses reported that limited resources, patient embarrassment, staff shortages, patients having more things to be concerned about than having sex, inadequate education preparation, are the most important barriers to provide health sexual education. These study results were in the same line with Moore et al (2014) who stated that the major environmental barriers identified to discussing sexuality with patient was lack of time, heavy workload and lack of privacy. Also the present study findings were in agreement with Herson et al (1999) who showed that barriers to providing sexuality health care are lacking of time, lack of knowledge. And our study results were in agreement with Stead et al (2003) who indicated that lack of time, lack of experience and embarrassment were given as the reason for avoiding discussion sexual change with ovarian cancer women.

In addition to Magnan and Reyolds (2005) examined the barriers to addressing sexuality across area of specialization, oncology, obstetrics/ gynecology and findings of the study indicated that the number one barriers was nurses' perception that patients do not accept nurse to address their sexuality concern, while the other high ranking barriers included failure to make time to discuss patient sexuality concern and lack of comfort an confidence in addressing sexuality. While Moore et al (2014) was in disagreement with study results who stated that all nurses should know that asking about sexuality is not much different from taking about any other physiological and psychological topic that we discuss with our patients such as bowel and bladder habit or death and dying.

Nurses were asked about factors that might facilitate provision of sexual health care to gynecological cancer patient. Our study results revealed that provision of relevant training, availability of private environment, having good nurse patient relationship, good communication are factors that facilities provision of sexual health care. Our study findings were in agreement with Moore et al (2014) who reported that more than 90% of the sample agree that the following factors would act as facilitator for discussion with patient, having knowledge on sexual difficulties, have a private environment and having sufficient time

11. Conclusion

The overall conclusion of the current study is 100% of nurses were have poor knowledge about sexual health issues, majority of nurses feeling of discomfort to providing sexual health care to cancer women. There were statistically significant relation between knowledge score and feeling of discomfort in providing sexual health care and afraid of colleague's negative response. The most important variable determining the attitudes of nurses toward sexual health care was experienced in sexual health especially in decrease feeling of discomfort. There are many of issues act as barriers and facilitators affecting nurses for providing sexual health.

12. Recommendations

1- It is important to put sexual health education into the curriculum of nursing, in order to assess the sexual health of patients within the health care system

2- Personal discomfort and lack of knowledge can be improved through education and role modeling.

3- Prepare guide booklets for cancer patients to be a aware of the sexual issue.

4- Continuing education activities and availability of education materials could assist nurses to adequately address sexual concerns while caring for patients with cancer.

5- More research is needed on training of the nurses to overcome the barriers and guidelines or procedures in place for dealing with sexuality-related issues with patients.

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