Receiving a cancer diagnosis and experiencing the effects of antineoplastic therapies can have a devastating effect on a person’s emotional, physical, and psychological well-being and a significant negative effect on sexual desire and function. Oncology nurses are the ideal healthcare professionals to assess the sexual health status of their patients and to intervene to sensitively address sexuality issues. Having this discussion can be uncomfortable for both nurses and patients, but using communication tools can help nurses gain confidence in their abilities to address sexuality concerns in an effective and comfortable manner and to provide patients with useful information and insights.

Sexuality and Cancer

Receiving a diagnosis of cancer and experiencing the effects of therapy can have a devastating effect on a person’s emotional, physical, and psychological well-being and self-image and can lead to significant quality-of-life changes in sexual desire, function, and pleasure (Hordern, 2008). Any of the therapies used in cancer treatment, including chemotherapy, hormonal agents, biologics, surgery, and radiation, can cause sexual dysfunction during or after treatment, either of a temporary or prolonged nature. Survivors of cancers of the breast, the female reproductive system, and the prostate are especially likely to experience sexual dysfunction (Krebs, 2006).

Studies have confirmed that patients prefer their healthcare providers to take the lead in inquiring about their sexual health (Julien, Thom, & Kline, 2010); however, many nurses wait for the patient to open this discussion. Among the reasons for this inaction may be that nurses feel inadequately prepared or embarrassed to speak about issues of sexuality and intimacy, do not wish to offend the patient, presume that issues of survival should take precedence over issues of sexuality, or feel that it is not part of their role. Nurses also cite a lack of relevant education and time and patients’ poor physical conditions as barriers to sexual health assessment and intervention (Julien et al., 2010). However, as part of holistic oncology nursing practice, the Oncology Nursing Society (ONS) and the American Nurses Association (ANA) recommend assessment and data collection about patients’ past and present sexual relationships, the effects of disease and treatment on body image and sexual function, and the psychological response of patients and partners to disease and treatment (ONS & ANA, 2004).

Sexuality Intervention and Assessment Tools

Nurses are experienced and comfortable in discussing issues relating to diagnosis, treatment, and rehabilitation with patients, but often are uncomfortable and unsure of themselves in initiating conversations about sexuality with patients or responding to their concerns about