



Concept Analysis of Sexual Health in Patients with Gynecological Cancer

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ABSTRACT

Gynecological cancer causes severe problems in a woman's life because it attacks the reproductive organs, which are very important and related to sexual health problems. Sexual health is an often-overlooked need when it comes to treating cancer patients. This article aims to explain the concept of sexual health or sexual well-being in patients with gynecologic cancer. The method used is the Walker and Avant concept approach. To advance knowledge, concept analysis will aid in refining and clarifying sexual health. The Walker and Avant Framework clarifies current sexual health understanding and use in practice and research across multiple disciplines. This concept's critical attributes include a person's ability to perform sexual functions, sexual satisfaction, self-esteem, and self-efficacy. The conclusion of this analysis concept is to increase nurses' knowledge about sexual health in patients with gynecological cancer to improve the patient quality of life.

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ABSTRAK

Kanker ginekologi menyebabkan masalah serius bagi kehidupan seorang wanita karena menyerang organ reproduksi yang merupakan bagian yang sangat penting yang erat kaitannya dengan masalah kesehatan seksual. Kesehatan seksual adalah kebutuhan yang sering diabaikan ketika datang ke perawatan pasien kanker. Tujuan dari artikel ini adalah untuk menjelaskan konsep kesehatan seksual atau kesejahteraan seksual pada pasien dengan kanker ginekologi. Metode yang digunakan adalah pendekatan konsep Walker dan Avant. Analisis konsep akan memungkinkan penyempurnaan dan klarifikasi kesehatan seksual untuk memajukan pengetahuan. Kerangka kerja Walker dan Avant digunakan untuk mengklarifikasi pemahaman saat ini dan penggunaan kesehatan seksual dalam praktik dan penelitian di berbagai disiplin ilmu. Atribut kritis dari konsep ini termasuk kemampuan seseorang untuk melakukan fungsi seksual, kepuasan seksual, harga diri, dan efikasi diri pada pasien dengan kanker ginekologi. Kesimpulan dari konsep analisis ini adalah untuk meningkatkan pengetahuan perawat tentang kesehatan seksual pada pasien dengan kanker ginekologi sehingga meningkatkan kualitas hidup pasien.

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INTRODUCTION

Cancer is one of the causes of death worldwide. It is estimated that 1.3 million new gynecological cancer cases

are diagnosed yearly (Bray et al., 2018). Cancer can attack all ages and all types of work. According to WHO data (2018), all women are at risk of developing gynecological cancer, and the probability increases with age. Every year as many as

71,500 women are diagnosed with gynecological cancer. As many as 26,500 women die from gynecological cancer, which includes gynecological cancer, namely uterine cancer, ovarian cancer, cervical cancer, vaginal cancer, endometrial cancer, and vulvar cancer (WHO, 2018). There are 348 809 new cases in Indonesia, and the incidence rate is 23.4 per 100,000 women. In 2018 it was predicted that there would be 569,847 cases of cervical uteri, 382,069 corpus uteri, 295,414 ovaries, 44,235 vulvas, and 17,600 vaginal cases (Rees et al., 2020).

Most gynecological cancer cases are found in women over 50, but cancer is also diagnosed in many women of reproductive age (Hailu et al., 2020). Gynecological cancer treatment typically consists of surgery, chemotherapy, radiation, or a combination of these modalities (Gultekin et al., 2017). The standard treatment strategy for gynecological cancer involves the total or partial surgical removal of the reproductive tract organs (Akladios et al., 2020).

Women with malignancy have not only experience physical and psychological disorders but also sexual disorders. The problem of sexual disorders is not limited to sexual interest and arousal, orgasm, pain in the pelvis and genitalia, and early menopause (Harris, 2019). These sexual problems are often related to the medication's emotional and physical side effects (Boa & Grénman, 2018). Women with gynecological cancer also experience hormonal changes and body image disturbances due to the effects of surgery, radiotherapy, and chemotherapy, all of which can reduce intimacy and sexual desire. Additionally, psychological factors (e.g., depression related to cancer diagnosis and toxicity treatment) can significantly contribute to the decline of female sexual function (Bai Jing Bing et al. I, 2019) (Wilson et al., 2021). Cancer significantly impacts female sexuality, sexual function, intimate relationships, and self-esteem (Albers et al., 2021). The diagnosis and management of cancer affect every aspect of the quality of life of patients and their partners. Unhappy marriages are related to morbidity and mortality in cancer patients (Nalbant et al., 2021).

The initial assessment is a door for health workers to find out how the patient feels about discussing their sexuality and sexual health (Cathcart-Rake et al., 2020) comfortably. Patients need more information about sexual health before therapy and counseling to deal with sexual health problems (Chen et al., 2021). Barriers to dealing with patients' sexual problems that have been identified include discomfort and feelings of shame or lack of confidence in dealing with sexual problems, so treatment professionals often fail to effectively inform and educate patients about sexual changes during and after treatment (Gerchow et al., 2021a). Although sexual health is critical to a person's overall health, it is unfortunate that sexual health interventions are not included in routine health care. According to the literature, additional training is required for health professionals to feel comfortable and competent in dealing with sexual health and well-being issues (Afyanti, 2017). With this phrase, both sexual safety and sexual health have been used interchangeably (Nayak et al., 2018). To raise awareness, concept analysis can clarify and improve sexual well-being.

METHODS

The Walker and Avant concept technique has eight steps and is used in concept analysis to clarify a concept's meaning. The steps are as follows: 1) choosing the concept to be analyzed; 2) deciding the analysis's goal; 3) identifying all

applications of the concept; 4) deciding the attribute definition; 5) identifying case models; 6) identifying borderline, related, contradictory cases; 7) identifying artificial and invalid cases; 8) defining empirical references (Walker & Avant, 2014).

Using the Walker and Avant concept approach, which has eight steps, concept analysis clarifies a notion. The steps are: 1) selecting the concept to be analyzed, 2) figuring out the analysis's goal, 3) figuring out all the ways the concept has been used, 4) figuring out its attributes, 5) discovering the case model's definition, 6) locating border cases that are connected, incongruous, artificial, and invalid, 7) selecting antecedents and consequences, and 8) defining empirical references (Walker & Avant, 2014). The terms "sexual health" and "gynecological cancer" were frequently utilized in the literature findings. Articles published within the last ten years, written in English and Indonesian, must also meet specific inclusion requirements.

RESULTS AND DISCUSSION

Select a concept

The concept chosen in the phenomenon above is sexual well-being; the reason for choosing it is because sexual well-being is essential for humans as a whole; sexual health will affect a person's quality of life, but even though sexual health is essential health team has not prioritized conducting studies related to sexual needs and sexual education in patients with gynecological cancer.

Defining the Purpose of an analysis

The analysis aims to explain the concept of sexual health and clarify the many notions of sexual health in patients with gynecological cancer, using the attributes used as model cases, borderline, related cases, and vice versa, explaining antecedents and consequences, considering the empirical references obtained.

Identify Concept Uses

According to Walker & Avant (2014), the definition of an attribute is to find as many uses of the concept as possible using dictionaries, thesaurus, colleagues, and available literature. A literature search was conducted using EBSCOhost, ProQuest, Science Direct, Google Scholar, and PubMed databases to identify different definitions of sexual health. Identifying the characteristics or characteristics of the definition used in each field of knowledge is the first step to determining the definition of an attribute.

Sexual Health

All elements of sexuality, including sex, connections and roles, gender identity, sexual orientation, eroticism, pleasure, and reproductive intimacy, are fundamental to human existence. In thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships, sexuality is experienced and expressed. Biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors interact to create the phenomenon of sexuality (WHO, 2016).

Sexual health is not just the absence of sickness, malfunction, or infirmity but a condition of total physical,

emotional, mental, and social well-being about sexuality. A positive and respectful view of sexuality and sexual relations is essential for sexual health, as is the opportunity of having enjoyable and memorable sexual experiences free from manipulation, prejudice, and violence (WHO, 2016).

Adolescent sexual well-being can be described as relatedness, connectivity distribution, and relationships with other close friends (Brunelli et al., 2022). In addition to the lack of sexual issues, sexual well-being is defined as the cognitive, psychological, and social components of a good sexual experience (Mitchell et al., 2021). The harmony of the emotional and physical facets of a sexually gratifying relationship is sexual well-being.

The ability to cause or induce orgasm in a partner during sexual activity, including kissing, hugging, caressing, sexual intercourse, genital contact or stimulation, and foreplay, is referred to as sexual behavior (Correia et al., 2020). Individuals' perspectives of sexuality, sexual self-esteem, sexual life, and relationship with them are all components of their sexual well-being (Soleimani et al., 2018). The literature demonstrates how crucial self-esteem is to sexual health. An individual's assessment of their sexual wants is referred to as their sexual self-esteem. Self-efficacy is another sign of healthy sexual behavior (Kafaei Atrian et al., 2019).

Defining Attribute Definitions

According to Walker and Avant (2011), attributes are characteristics of a concept that are recorded repeatedly in the literature. Based on reviews and analysis of various definitions shows that several attributes are concepts of sexual well-being.

- 1) A person must be capable of engaging in sexual activity.
- 2) One must have healthy sexual organs, in particular
- 3) Possessing the physical capacity for sexual activity.
- 4) In addition, a person without sexual organs cannot develop some psychological traits required for proper sexual functioning.
- 5) Sexual self-esteem is correlated with one's sexual orientation and outward appearance, which is one of the psychological requirements for sexual well-being. The operational definition of sexual well-being is a physical, emotional, mental, and social condition about sexuality based on these characteristics (de Souza et al., 2022; Mitchell et al., 2021).

Cases model

The case model, in this case, uses the concept of sexual health in gynecological cancer cases by showing all the attributes determined by the concept (Walker & Avant, 2014). The case below is a case model using all the attributes obtained from the concept of sexual health in patients with gynecological cancer.

Mrs. R is 50 years old with stage 1 endometrial cancer and has undergone surgery and chemotherapy treatment. When chemotherapy complained of hair loss, even to the point of baldness. Moreover, the skin is dull, the patient feels ashamed and has low self-esteem, and the patient feels nauseous and so tired that he does not have sex. Moreover, now that the therapy is over, Mrs. R undergoes a consultation every three months. After therapy, the patient dared to immediately ask the doctor when she and her husband could have sexual intercourse, and the doctor said they could have sexual intercourse.

Furthermore, the patient has had sexual intercourse and has no complaints. The patient realizes that cancer can recur

anytime, so the client remains diligent in consulting. The patient said that from the outside, he looked healthy, but he did not know about the internal organs, so he was still diligent in consulting. The patient said that now he is confident because his hair has grown again; the patient says that now her husband also feels no difference and feels good and comfortable when having sexual intercourse.

This situation demonstrates all the necessary qualities for achieving sexual well-being. This example makes it clear that Mrs. R was vigilant about maintaining her sexual health. He visited the doctor frequently to ensure he was in good physical condition. He can discuss when it is okay to have sexual intercourse after therapy, and the patient can also recognize that when he recovers, he can have sexual intercourse. Moreover, he shows sexual satisfaction and is happy in his marriage relationship.

Border case (borderline)

The borderline case is an example of using most attributes that define a concept as checked but not all (Walker & Avant, 2014).

Mrs. A, 42 years old, has become a survivor of ovarian cancer. The treatment included the removal of the uterus and intestines, and the patient had a colostomy placed. During the diagnosis experienced loss of sexual desire associated with fatigue and pain and also felt embarrassed because there was a colostomy wound which was feared to interfere with sexual intercourse; the patient felt sad that her uterus had been removed even though she still wanted to have children, and felt guilty because she could not take care of anything which God has given. Mrs. A was worried that her husband was playing with other women because she felt she was no longer perfect and had no uterus and a colostomy wound. Mrs. A and Mr. S have been married for 20 years. Mr. S supports and accepts his wife during treatment and medication. Her husband says there is no need to think about negative things. Trust your husband. The husband also said that if you want to be naughty, you also need capital, it is already a sin, and Allah will punish you. The husband still loves his wife.

They have regularly consulted doctors regarding their illness and asked when they could have sexual intercourse. Furthermore, the client says the doctor has allowed it and is related to the colostomy wound, which is feared to interfere with the client and has a way of tying it with a scarf. By consulting, the client has achieved sexual pleasure, feels supported by her husband, and is not worried about being abandoned. All characteristics were present in this research except sexual self-esteem. She feels unattractive to men since she has a colostomy and no uterus. However, Mrs. A now feels physically fit and has attained sexual self-efficacy and sexual happiness thanks to regular consultations with the medical staff.

Related Cases

Related cases demonstrate ideas that are nearly identical to the primary notion yet differ when carefully considered (Walker & Avant, 2014).

Mrs. W, 41 years old, was diagnosed with cervical cancer and has already had surgery, chemotherapy, and radiation. Mrs. W has not had sexual intercourse after therapy because she feels traumatized by her history of bleeding during sexual intercourse. To fulfill the patient's husband's sexual desires, other ways are essential; the husband is satisfied, and even though the patient's sexual needs are not fulfilled,

the patient feels happy. Mrs. W feels good about her appearance, which is getting healthier, her hair has grown, and her skin color has brightened. It is just that the patient does not want to try to have sexual intercourse directly. The patient said he did not have self-efficacy because he still did not receive information on how to have safe sex for patients after being diagnosed with cancer.

Contrary Case

Mrs. A, 36 years old, is a stage III cervical cancer patient with a history of being married three times. Mrs. A felt that she contracted cancer from her second husband, who worked in mining, because every time she came home when she had sexual intercourse, she felt itchy and vaginal discharge, and Mrs. A was angry because she had cervical cancer; Mrs. A was divorced from her second husband. Furthermore, she is now married to Mr. A, her third husband. Nevertheless, after only being married for three months, there were complaints of bleeding every time they had sex, and when examined, Mrs. A was diagnosed with cancer. Mrs. A felt very sad; for three days, she did not leave her room and was angry with God about why she had cancer. Mrs. A wanted to seek alternative treatment using anti-cancer clothing, which is often read on the internet, regarding the treatment of cancer using jackets. Nevertheless, it turned out that the treatment was expensive, and Mrs. A was angry with her husband because he had no money.

Mrs. A came to the hospital because she could not defecate and felt great pain in the anal area. Furthermore, asked to be given high doses of analgesic drugs. She does not want to do chemo and radiation, the client does not have sexual intercourse, and the client allows her husband to have sex with other people who are young girls but not with commercial sex workers. Furthermore, no, she does not want a divorce.

In contrast to the scenario above, it is evident that Mrs. A does not exhibit any detrimental characteristics, indicating that her sexual health is terrible. The health of her sexual organs is disrupted because of pain in her female organs and anus. Furthermore, she does not see sex as sexual satisfaction because she is in pain and the fears in her mind (she does not feel beautiful and is angry about her condition with cancer). Mrs. A also has low self-efficacy in discussing sexual issues with her partner. Mrs. A also did not want to receive medical treatment, she wanted to use alternative medicine, and her medical treatment had no effect on healing, her older sister still died even though she had had surgery, chemotherapy, and radiation, and even her sister went to God in a condition that was not beautiful. Moreover, he thinks alternative medicine is better for him.

Antecedents and Consequences

According to Walker & Avant (2014), Antecedents are events or occurrences that occur before the concept's occurrence. Consequences are events or occurrences that result from a concept's occurrence, in other words.

Antecedents

The antecedents to the concepts I am discussing can be interpreted as factors that must be present to increase one's likelihood of experiencing sexual well-being initiated internally. The factors are:

1. Sexual health is defined as a state of physical, mental, and social well-being regarding sexuality (WHO, 2016)

2. An individual must have well-developed and effective coping mechanisms and self-confidence. Both of these traits must occur before the development of sexual self-esteem. To some extent, sexual experiences can help a person feel good about their body and facilitate the *development of sexual self-efficacy* and increase awareness of sexual satisfaction (Lee et al., 2015).
3. To improve self-efficacy, including discussion with partners about post-cancer sexual contentment, knowledge about post-cancer sex is also necessary. To establish sexual well-being, the requirements above must be fulfilled.

Consequences

The consequence of individuals showing that Being involved in sexual activity regularly is a sign of sexual well-being. The continuation of sexual activity indicates that there has been sexual satisfaction. Having sex and discussing sexual issues with a partner is comfortable for someone. In addition, the individual understands safe and comfortable sexual behavior due to the influence of his gynecological cancer treatment. Finally, the individual is safe and satisfied with their intimate relationship.

Defining Empirical Referrals

Looking at the sexual well-being measurement instruments, empirical concepts for sexual well-being include:

1. *The Sexual functioning Questionnaire measures sexual function* (Krishna et al., 2014) and the *Brief Sexual Function Inventory* (O' Leary et al., 2003).
2. Measuring sexual satisfaction with *The Global Measure of sexual satisfaction* (Mark et al., 2014)
3. *Self Esteem* can be measured through *the self-esteem subscale of the sexuality scale* (Byers et al., 2012), and *the sexual self-esteem scale* (Foster & Bayer, 2013, 2016; Zimmer-Gembeck & French, 2016).
4. Self-efficacy Instruments used in the global condom use self-efficacy Measures (Sanchez-Mendoza et al., 2020).
5. A multidimensional *sexual self-concept questionnaire* (MSSCQ) assesses 20 psychological aspects and human sexuality. This questionnaire includes some critical attributes discussed previously, including sexual self-efficacy, sexual self-esteem, and sexual satisfaction (Stoeber & Harvey, 2016).
6. *Female Sexual Function Index* (FSFI) to identify satisfaction levels, pain, orgasm, vaginal lubrication, sexual arousal, and sexual desire. The FSFI questionnaire consists of 19 questions (Pangastuti et al., 2018).
7. *The European Organization for Research and treatment of cancer (EORTC) Quality of life questionnaire cervical cancer: EORTC QLQ-CX24* (Mark et al., 2014; Greimel et al., 2006)
8. Self-Assessment of sexual function and vaginal changes (SVQ). The SVQ was developed to supplement the EORTC QLQ-C30 with items assessing sexual problems and vaginal change after gynecological cancer (Jensen et al., 2004)

DISCUSSION

Sexual health is crucial for a patient's quality of life, although it is rarely well-managed in gynecological cancer

patients (Wu et al., 2017) (Fischer et al., 2019). Many care providers are thought to have restrictions, and not all cancer patients are open to discussing their sexual health (Rahmah et al., 2020). Designing strategies to enhance sexual health care requires understanding the obstacles to sexuality and intimacy discussions with cancer patients (Abbott-Anderson et al., 2020). The results of the concept analysis show that many instruments can be used to assess sexual well-being, such as the Women's sexual function index (FSFI) (Pangastuti et al., 2018), The Sexual Function Questionnaire, and Measuring Sexual Satisfaction by A Global Measure of Sexual Satisfaction (Mark et al., 2014). When conducting patient assessments, the healthcare team must demonstrate sensitivity to the client's cultural factors, level of education and experience, and possible language barriers (al Shamsi et al., 2020; Gerchow et al., 2021).

Practitioners should consider how comfortable clients are discussing sexual health by asking questions such as: whether to prefer a written evaluation or oral evaluation and whether they want an interview with a partner or want to be alone. It is important to remember that instrument tools are not necessarily appropriate for all circumstances, so clinical judgments should also be used to determine instruments' use (Kelder et al., 2022).

Assessing a person's sexual well-being in healthcare can help improve their quality of life (Wu et al., 2017). Patient education is required in addition to the development of sexual health assessment tools. While sexual health education focuses on biomedicine and the negative consequences of unprotected sex, healthcare teams should educate patients on the positive aspects of healthy sex, including sexual well-being (Martin et al., 2020). This positive sex education will improve physical intimacy, self-image, and self-confidence. It reflects the overall characteristics of sexual well-being, including physiological and psychological factors (Lubotzky et al., 2016). As a result, positive sexual health assessments and sex education should be integrated into routine health care and reflected in the interactions of healthcare providers with the patient (Albers et al., 2021; Stabile et al., 2017).

Implications for Nursing Practice

Reviewing the concept of sexual well-being is to identify characteristics, antecedents, and consequences. It is defined based on the findings of the sexual welfare analysis. Sex, bonds and roles, gender identity, sexual orientation, eroticism, pleasure, and reproductive intimacy are aspects of human sexuality. Thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships are all ways sexuality is experienced and expressed. Sexuality results from biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors interacting. Sexual health improves the quality of life in gynecological cancer patients. Nurses must intervene to increase self-efficacy by implementing health promotion models, health belief models, and self-care theories.

CONCLUSIONS AND RECOMMENDATIONS

The concept analysis process is essential to the knowledge and understanding of nurses in general and, in particular, for nurses working in cancer departments by identifying the attributes, antecedents, and consequences of the concept of sexual well-being. Nurses need to develop

evidence-based practice or research for nursing interventions related to sexual well-being.

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