



FACTORS INFLUENCING HEALTHCARE PROVIDERS AND BARRIERS IN CONDUCTING SEXUAL HEALTH CARE DISCUSSIONS WITH CANCER PATIENTS: A SYSTEMATIC REVIEW

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ABSTRACT

Sexuality is often overlooked in the context of cancer treatment for women. Healthcare providers in providing holistic care for cancer patients have not focused on the aspect of sexuality. Objective to identify the various factors that influence healthcare providers to discuss sexual care and the barriers they face when addressing sexuality in cancer patients. A systematic review using databases such as Science Direct, Proquest, Wiley, Springer with a time range of 2019-2024 in English, resulting in 10 articles. Factors influencing healthcare providers in discussing sexual care include internal factors such as knowledge, attitude, self-efficacy, age, years of work, and competency, as well as external factors such as the work environment and cultural norms. Barriers include limited service time, lack of training, and insufficient institutional support.

Keywords: cancer; nurses; sexuality; sexual healthcare

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INTRODUCTION

New cancer cases in 2022 in Indonesia are more than 408,661 with deaths reaching 242,099 cases (International Agency for Research on Cancer, 2022).. Cancer and its treatment have a serious impact on quality of life. The treatment process poses its own challenges in women's cancer, namely reproductive organ surgery, chemotherapy, and radiation will change aspects of sexuality. Uterine cancer attacks women which will have a direct impact on fertility and affect sexuality. Therefore, sexuality can have a negative impact on the biopsychosocial aspects of sufferers (Bae & Park, 2016).

Research shows that sexuality issues during treatment are not a priority for cancer patients (Pitcher et al., 2020). However, along the way, cancer survivors will adapt to the changes that occur in them. So that sexuality becomes a problem that will interfere with the quality of life of cancer survivors. Sexuality that affects the quality of life of cancer patients is considered a core component of nursing care (WHO, 2019). However, the many cancer problems, one of which is sexuality, require health workers to approach carefully because this area is considered sensitive and taboo by health workers, especially nurses (Afiyanti & Pratiwi, 2017).

Communication that occurs during the treatment period between patients and nurses can help patients to improve their quality of life in dealing with sexual problems they feel. In a study conducted by Pratiwi in 2017, it was revealed that assessments related to sexuality problems

in patients were rarely carried out by nurses. Discussions on sexuality issues between nurses and patients were also rarely carried out (Afiyanti & Pratiwi, 2017).

The importance of discussing sexuality issues between nurses and patients can provide an understanding of concerns related to the side effects of cancer therapy. The emergence of the effects of treatment on sexual function is a challenge for health workers to overcome post-therapy sexuality complaints (Sousa Rodrigues Guedes et al., 2022). Health workers have an important role in managing changes experienced by patients related to their sexual problems. In the study (McGowen, 2019) showed that nurses can help overcome patient anxiety and stigma about their sexual lives by discussing the sensitive issue of their sexual needs. Open discussions between nurses and patients can provide holistic care in the nursing care process (Tumwine et al., 2020).

With this very large role, health workers are still uncomfortable in discussing sexuality with cancer patients. There are factors that influence the readiness of health workers in discussing this sensitive issue. There have been many studies related to nurses in providing sexual nursing, so some have concluded regarding things that influence health workers in discussing sexuality and obstacles in doing so. The aim of this study is to identify the various factors that influence healthcare providers in discussing sexual care with cancer patients and to explore the barriers they encounter when addressing issues related to sexuality. Understanding these factors and challenges is essential for improving communication and ensuring comprehensive patient-centered care that includes sexual health as a crucial aspect of cancer management.

METHOD

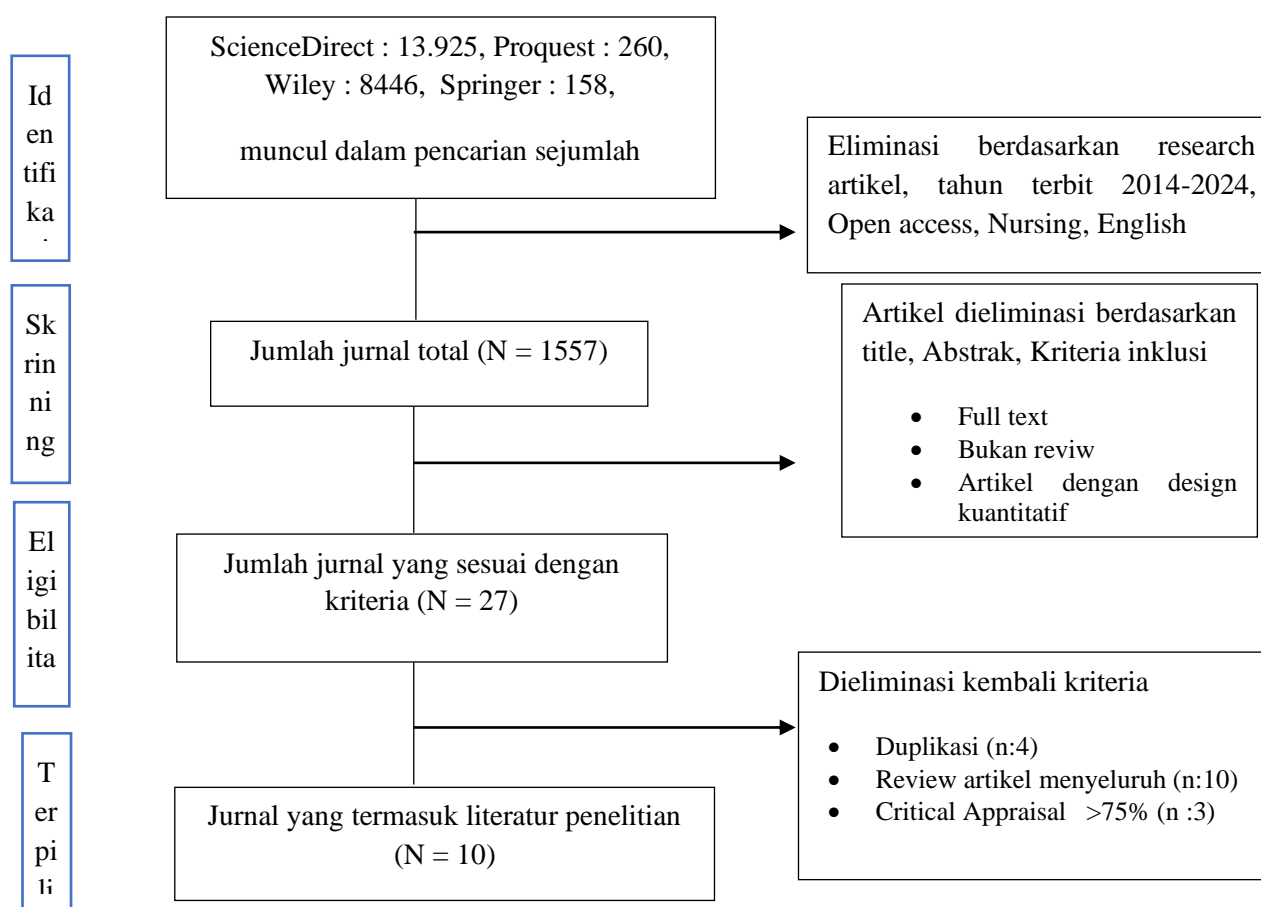


Figure 1. PRISMA article selection process flow.

The electronic databases used in searching for this article are Science direct, Proquest, Wiley and Springer with the years used starting from January 2014 to October 2024. This study uses a *systematic review method*, the articles used in this study are various articles that discuss topics with three search words using PICO, namely; 1) *Nurse*, 2) *Influencing factor Discussion* ; and 3) *Sexuality in cancer*. Articles were independently assessed for eligibility by screening articles, titles and abstracts from 1557 articles. The inclusion criteria used were 1) Participants were experienced cancer nurses and aged > 21 years, 2) factors influencing the provision of sexual health care in cancer patients used were discussion, communication, knowledge, attitudes, barriers. The selection of restrictions used English and *full text*. From each study article that meets the selection criteria, data in the article is extracted based on the characteristics of this study, namely 1) title 2) author 3) research methodology 4) research results obtained.

Table 1.
Summary of article extraction

No	Author Title	Objective	Method	Results
1	Sexual health care in cancer patients: A survey of healthcare providers' knowledge, attitudes and barriers By(Wazqar, 2020a)	Exploring the knowledge, attitudes, and barriers faced by health workers in providing sexual health care to cancer patients.	Cross-sectional design The sample consisted of 150 health workers who were screened using convenience sampling. The research was conducted in Jeddah, Saudi Arabia	Knowledge: 63.3% of health workers have low knowledge about sexual care , 62.7% do not know about sexual dysfunction caused by cancer and its treatment. Education level: health workers influence the knowledge and attitudes of health workers in providing sexual care (p<0.003) The profession of health workers consisting of doctors and nurses has a significant influence in discussing sexual health problems (p<0.001) Attitude: negative attitude towards sexual health care for cancer patients , health workers with higher knowledge about sexual health care will have positive attitude towards sexual health care in cancer patients (p<0.001) Barriers: 55.3% of nurses do not have enough time to discuss sexual problems with patients, 66% have difficulty finding the right place to talk to their patients about sexual problems.
2	Knowledge, attitude, and practice of sexual healthcare and its influencing factors among oncology nurses: a multicenter study By(Xie et al., 2023)	to describe the knowledge, attitudes, and practices of oncology nurses regarding sexual health services from a national perspective	Cross-sectional design The sample consisted of 2530 nurses selected using stratified random sampling from 55 Research in Provincial Hospitals in South China Area	Attitude: Nurses' attitudes in providing sexual health services to patients are influenced by communication competence (P <0.01) Knowledge: Nurses' knowledge will influence the nurses ' professional values. It is positively related to knowledge (P < 0.01). Clinical communication competency is positively related to nurses' attitudes (P <.01). Practice : nursing skills are influenced by the nurse's self-efficacy (P < 0.0 1) Professional values of nurses: influenced by the knowledge possessed by nurses P < 0 .01 Nurses' communication skills: influenced by nurses' attitudes in providing sexual care (P < 0.01) Self-efficacy: Nurses' attitudes are influenced by the nurses' self-efficacy when providing sexual health services (P < 0.01)

No	Author Title	Objective	Method	Results
3	Patients' perceived barriers to discussing sexual health with breast cancer healthcare providers By(Almont et al., 2019)	to evaluate the clinical practices, attitudes, knowledge, communication, and professional interactions of health care providers in addressing the sexual health of cancer patients.	Cross-sectional design Sample of 165 participants at the meeting "Cancer, Sexuality and Fertility" 44% doctors, 47% nurses, psychologists and radiographers, 7% other professions The research was conducted in Toulouse, France	Practice : Doctors more often discussed sexual issues at cancer diagnosis (p<0.005) and after treatment (P<0.017) while Paramedics discussed sexual issues during treatment (p<0.004) Attitude: Paramedics are uncomfortable discussing sexual issues (p<0.05) Obstacles: 96% complained Time constraints in clinical schedules, Lack of relevant training, particularly in oncosexology, Difficulty in referring patients to specialists due to lack of resources, Professional concerns about patient reactions and personal comfort levels.
4	Nurses and Midwives Role in Patient Sexual Health Assessment: A Cross-Sectional Study By(Azar et al., 2022)	aiming to explore the attitudes and beliefs of nurses and midwives in Lebanon towards patients' sexual health. to identify the barriers they face in conducting sexual health assessments	Cross-sectional design The sample was taken by convenience sampling method totaling 305 participants consisting of 61.2% nurses, 8.6% midwives, and 30.1% nursing students from 5 universities in Beirut. The research was conducted in Beirut	Attitudes and Beliefs : A score of 48.4 indicates high barriers , namely lack of self-confidence and lack of comfort in discussing sexual health. Barriers: 72.2% did not take the time to discuss patient sexual concerns, 68.9% felt that sexual topics were too personal to discuss , 30.3% felt confident in dealing with patient sexual concerns major barriers, including cultural and religious norms, shame , and lack of adequate knowledge and training
5.	Clinician attitudes towards sexual counseling in women with gynecologic malignancies By(Kacperczyk-Bartnik et al., 2022)	to explore the prevalence, strategies, difficulties, and ideas for improvement in sexual counseling among specialists treating patients with gynecologic malignancies.	Cross-sectional The research sample consisted of 150 respondents from 46 countries consisting of health workers who play a role in gynecological cancer care. The study was conducted at the European Network of Young Gynecological Oncologists (ENYGO)	Patient age: Sexual health counseling is rarely performed in older cancer patients. Health Services: 28% of institutions provide sex therapists, clinicians learn independently from medical literature (39%) Awareness: 4 9% of respondents stated that sexual counseling is very important , and 31% considered it important. The main barriers to sexual counseling included lack of time (74%), lack of specialist knowledge (55%), and patient embarrassment (48%).
6.	Discussing Sexuality with Cancer Patients: Oncology Nurses Attitudes and Views By(Oskay et al., 2014)	to determine the views and attitudes of nurses caring for cancer patients towards sexual counseling.	Descriptive quantitative design Sample of 87 oncology nurses The research was conducted in Istanbul, Türkiye	Awareness: 87.4% of nurses agree that discussing sexual issues is part of their duties. Gender: 43.7% of nurses felt more comfortable discussing it with patients of the same gender. The view of 47.1% of nurses is that they only discuss sexual issues if the patient asks for it. Health services: do not have guidebooks or information materials on sexual issues for cancer patients, Nurses' work experience: 15+ years of work experience or postgraduate education are more likely to feel comfortable and active in providing sexual counseling. Length of service: Nurses with more than seven years of experience in an oncology unit showed higher rates of sexual evaluation. Barriers : Lack of routines or standard procedures related to sexual counseling in clinics (88.5%), Perception that patients will feel embarrassed or consider the discussion to be an invasion of their

No	Author Title	Objective	Method	Results
				privacy (85.1%), Lack of training, experience, and knowledge about sexual counseling among nurses (80.1%), Culture that considers sexuality as taboo (79.3%), Lack of referral facilities to handle sexual problems (69%)
7.	Addressing changed sexual functioning in cancer patients: A cross-sectional survey among Dutch oncology nurses By(Krouwel et al., 2015a)	exploring oncology nurses' knowledge and attitudes towards sexual function issues in cancer care and their barriers to discussing sexual issues	Cross-sectional Design Research sample 477 oncology nurses in various hospitals The research was conducted in the Netherlands	Attitudes and practices: 87.6% of nurses agree that discussing sexual problems is the responsibility of nurses, only 33% practice discussing sexual function problems with patients. Age: Nurses aged > 44 years more often discuss sexuality issues (p<0.0001) Experience working in oncology: Nurses with >10 years of experience were more likely to discuss sexuality issues (p<0.0001) Education level: Nurses with Oncology certification were more likely to discuss sexuality issues (p<0.0001) Barriers: Lack of training 42%, presence of a third party 41.2%, lack of motive to initiate discussion from the nurse 32%, Language differences 30.8%, Barriers of the patient's advanced age 30%
8.	Sexual Health Education By(Eid et al., 2020)	Evaluating the impact of sexual health education training on nurses' knowledge of sexual problems in cancer patients,	Quasi experimental design 65 oncology nurses (out of 77 eligible total) at UCI Health Intervention: A 4-hour educational workshop using the "train-the-trainer" training method. The workshop included lectures, discussions, role-plays, and provision of model cards. The study was conducted at an academic medical center in California.	Knowledge: Mean scores increased significantly from 8.5 before the intervention to 10.9 immediately after, and these results were maintained at 6 months.
9.	A brief intervention to enhance breast cancer clinicians' communication about sexual health By(Reese et al., 2019)	Evaluate the effectiveness of the iSHARE intervention to reduce communication barriers and increase confidence in communicating with patients about sexual issues.	Mixed Method for Post Intervention Evaluation Participants: 9 participating breast cancer clinicians from Fox Chase Cancer Center eight clinicians The study was conducted in Philadelphia, Pennsylvania	Confidence: medical staff increased after intervention Communication skills about sexual health increase Barriers: communication decreased slightly, frequency of sexual health topic raising increased from 28% to 48%, and discussion duration remained short.
10.	Changes in attitudes, practices and barriers among oncology health care professionals regarding sexual health care By(Jonsdottir et al., 2016)	Evaluating changes in attitudes, practices, and barriers faced by oncology health professionals in providing sexual health care following an educational intervention.	Quasi experimental (pre-test design) Along term intervention The sample at T1 was 206, T2 was 216, and T3 was 210. Consisting of nurses and doctors in the fields of medical oncology, surgery, and gynecology. Intervention: Two workshops with methods such as lectures, group discussions, and case studies. The research was conducted in Iceland	Attitude: participants (90%) considered communication about sexuality as part of their responsibility. Knowledge: changes in knowledge from training undertaken, increasing significantly over time. Practice: increase in 6 of 8 aspects of health workers, namely the initiative to ask about patient sexual health, provide opportunities for discussion, and provide written materials. Barriers to discussing sexuality include lack of training (38%) and issues that are difficult to discuss (27%). lack of time (65%) and less supportive work environment (50%).

RESULT

The search results obtained 22,789 articles. After screening based on the year of publication 2014-2024, *open access*, research articles and English articles, 1157 articles were obtained. Based on screening of titles, abstracts, full text, and inclusion criteria, 57 articles were obtained. Articles that were excluded because they were not relevant and included as review articles were scooping, systematic reviews. Articles that were not in accordance with the content (n = 17), not full text (n = 1) and inappropriate design (n = 14) were obtained so that they were excluded, 13 articles were obtained for *critical appraisal*. *Critical appraisal* was conducted using CASP tools for cross-sectional and quasi-experimental. The results of *critical appraisal* conducted on 13 articles showed that there were 10 articles that exceeded 75% or had good value. The ten articles consisted of 7 articles with cross-sectional research designs with values of more than 80% and 3 articles with quasi-experimental designs with values of more than 75%. Of the ten articles, the research was conducted in developed countries, there were 4160 health workers who participated in the research mentioned in the articles. The results of the article extraction found factors that influence health workers in discussing aspects of sexuality in patients with cancer, namely factors within health workers and external factors. The following are internal factors that influence health workers in discussing aspects of sexuality in cancer patients.

- 1) Knowledge that is closely related to information about sexuality will influence health workers in conducting discussions about sexuality issues that are relevant in sexual health care for cancer patients. Nine out of ten studies (Almont et al., 2019; Azar et al., 2022; Eid et al., 2020; Jonsdottir et al., 2016; Kacperczyk-Bartnik et al., 2022; Krouwel et al., 2015a; Noh & Kang, 2024; Oskay et al., 2014; Wazqar, 2020b; Xie et al., 2023) Knowledge is the main factor that influences health workers in providing sexual health services to cancer patients.
- 2) negative (Almont et al., 2019; Wazqar, 2020b; Xie et al., 2023) attitude of health workers towards sexual health care services which influences the readiness of health workers to discuss sexual health with patients has been revealed in several studies, namely:
- 3) Self-efficacy or self-confidence of health workers in providing sexual health services to cancer patients also influences. Explained in the study (Xie et al., 2023).
- 4) The communication skills of health workers have a role in the implementation of sexual health care services carried out by nurses, which is depicted in the study. (Oskay et al., 2014; Reese et al., 2019; Xie et al., 2023) This communication skill will affect nurse and patient counseling and this makes nurses reluctant to do it. Nurse communication can also be improved through training as expressed by (Reese et al., 2019).
- 5) The skills of health workers will influence health workers, especially nurses, in providing sexual health services as discussed in the research. (Xie et al., 2023)
- 6) Age of health workers in the study (Krouwel et al., 2015b) stated that age is a determining factor for a health worker to provide sexual health services. The study (Kacperczyk-Bartnik et al., 2022) confirmed that the age of health workers influences the patient's desire to discuss sexual health issues in cancer patients .
- 7) The clinical experience of health workers is also a factor that influences health workers in carrying out sexual health care as in the study (Jonsdottir et al., 2016). The clinical experience experienced by health workers is in line with their length of service and age. The longer health workers work, the older they are, the more clinical experience they will get.

External factors from health workers that influence discussions regarding sexual aspects in patients with cancer are:

- 1) Health service providers /health service facilities, namely hospitals, do not provide material guidance related to sexual problems in cancer patients. (Oskay et al., 2014) The provision of

IT-based services in hospitals has been proven to be able to influence improving communication between health workers and patients with sexual problems as revealed in the study (Reese et al., 2019).

- 2) The professions involved, namely doctors and nurses, have an influence in the process of delivering sexual health services, (Wazqar, 2020b) while the study (Kacperczyk-Bartnik et al., 2022) stated that specialists must be responsible for delivering sexual health to patients with cancer. While specialists do not have much time to discuss sexuality in cancer patients.
- 3) A culture where culture still believes that sexual stigma is a taboo topic (Azar et al., 2022; Oskay et al., 2014).

Barriers during sexual health care for cancer patients are that health workers do not have much time to discuss patient sexual problems (Azar et al., 2022; Kacperczyk-Bartnik et al., 2022; Wazqar, 2020b). Research (Azar et al., 2022; Jonsdottir et al., 2016; Oskay et al., 2014; Wazqar, 2020b) reveals that barriers to sexual health care are a less supportive work environment (50%) such as the absence of guidance in counseling related to sexual problems in cancer patients, difficulty finding a place to discuss sexual problems with patients and the presence of other people or third parties near the patient also affects communication in providing sexual health services. Health workers' perceptions that sexuality is embarrassing to discuss, so they feel it is not necessary to discuss it, and health workers who are less confident in doing so (Kacperczyk-Bartnik et al., 2022; Oskay et al., 2014). Cultural and religious issues are barriers to discussing sexuality issues between nurses and patients as explained in the study (Azar et al., 2022). In several studies, language between health workers and patients is a barrier because there are differences in language and the age of the patient affects understanding in the discussion process (Jonsdottir et al., 2016; Krouwel et al., 2015a).

DISCUSSION

A comprehensive systematic review aims to identify factors that influence health workers in providing sexual health care to cancer patients and barriers to health workers in doing so. The results of the systematic review analyzed that there are two factors that play a role in sexual health care in cancer patients carried out by health workers, namely internal factors and external factors from the health workers.

Internal factors of health workers in providing sexual health care

The internal factor that most influences health workers in providing sexual health care is health worker knowledge. Where knowledge is a strong foundation for health workers to make behavioral changes (Wazqar, 2020b). The knowledge possessed will encourage health workers to have a positive attitude. While self-efficacy guides health workers in making behavioral changes. Self-efficacy plays a role in the communication skills, competence and self-confidence of health workers in providing sexual health care to cancer patients (Sung et al., 2015). Low self-efficacy results in a lack of professionalism as indicated by the failure to provide sexual health care to patients with cancer (Xie et al., 2023). So that in its application to care, the knowledge possessed by health workers will encourage appropriate attitudes and skills accompanied by the health worker's self-confidence.

While work experience, age of health workers has a positive relationship to the implementation of sexual health care carried out by health workers (Azar et al., 2022). Health workers with more than seven years of experience have a higher level of understanding of sexuality, compared to those who are new to work, work experience will be directly proportional to the age of health workers, the older the health worker will be more experienced in discussing sexual issues with cancer patients (Zimmaro et al., 2020).

External factors of health workers in providing sexual health care

External factors that influence the implementation of sexual health care for cancer patients are related to the lack of hospital support for infrastructure where this will support health workers in providing sexual health care for cancer patients. There is no special place for conducting sexuality counseling, there is no guide or material for conducting counseling. Because the hospital does not have a policy that regulates that discussing sexual issues is part of cancer care, sexual health care has not been a priority for health workers (Kacperczyk-Bartnik et al., 2022). A stressful and busy environment forces health workers to focus on care issues that have a direct effect on cancer patients in the treatment process (Almont et al., 2019). So that in external factors health workers must be encouraged by hospital policies, providing space and time in communication discussing sexual function in cancer patients.

Culture and religion play an important role in discussing sexual issues according to the background of nurses and patients (Sheppard et al., 2024). Discussing sexual issues is considered taboo and embarrassing to discuss. Culture influences social life, so there is a strong connection between the internalization of culture in everyday life and work with aspects of sexuality that are considered taboo by society. In the study, (Wazqar, 2020b) the discomfort of health workers was associated with factors that made communication difficult, namely culture, age and inadequate knowledge. So that to increase the comfort and confidence of health workers, it can be done by routinely discussing sexual health services to handle sexual health problems of cancer patients.

Obstacles experienced by health workers

The obstacles described in the study can be reduced by a Training program related to sexual health services. Training will improve the knowledge and competence of health workers in providing care for cancer patients (Jonsdottir et al., 2016). By routinely applying the knowledge they have along with self-confidence, it will have a positive effect on changes in the behavior of health workers in communicating so that the professionalism of health workers in their work is directly increased. In the study, (Eid et al., 2020) it has been proven that increasing the knowledge of health workers can be done through training and workshops based on practice to improve patient communication with nurses using the PLISSIT or BETTER models (Afiyanti & Pratiwi, 2017). The training conducted will provide knowledge to health workers as a basis for changing attitudes. Changes in attitudes accompanied by self-confidence and self-confidence can be started by means of simulation or continuous training. Periodic evaluations carried out by superiors will also affect health workers in their implementation (Chow et al., 2022).

In the systematic review, the author refers to ten quantitative studies with cross-sectional and quasi-experimental designs. The results of the study contained seven articles with cross-sectional designs showing that the variables described have a positive relationship to sexual health services in developing and developed countries. Three quasi-experimental design articles strengthen that the factors that have been described affect the implementation of sexual health care and these factors can be modified with certain interventions. The weakness in the article review lies in the author's limitations in collecting articles consisting of only four databases. There are several articles with cross-sectional designs that do not perform multivariate analysis, so it is not clear which variables are most influential. Meanwhile, articles with quasi-experimental designs do not use a control group in the interventions carried out, making it difficult to ensure that the observed changes are solely due to the interventions given.

CONCLUSION

Health workers have an important role in providing sexual health services, especially to cancer patients. However, sexual health care for cancer patients faces major challenges that are influenced by various internal and external factors. Knowledge, attitudes, practices or skills, self-efficacy, age of health workers, communication skills, experience of health workers and even gender affect the quality of services provided. External factors such as the availability of infrastructure and culture and religion are important factors in supporting the availability of sexual health services for cancer patients. On the other hand, barriers such as time constraints, cultural norms, and lack of training are also major obstacles in providing such care.

REFERENCES

- Afiyanti, Y., & Pratiwi, A. (2017). *Sexuality and Women's Reproductive Health Promotion, Problems and Handling in Health and Nursing Services* (2nd edition). PT Rajagrafindo Pustaka.
- Almont, T., Farsi, F., Krakowski, I., El Osta, R., Bondil, P., & Huyghe, É. (2019). Sexual health in cancer: the results of a survey exploring practices, attitudes, knowledge, communication, and professional interactions in oncology healthcare providers. *Supportive Care in Cancer* , 27 (3), 887–894. <https://doi.org/10.1007/s00520-018-4376-x>
- Azar, M., Kroll, T., Chakhtoura, H., Gebran, V., & Sallian, S. D. (2022). Nurses and Midwives Role in Patient Sexual Health Assessment: A Cross-Sectional Study. *Sexuality and Disability* , 40 (3), 583–598. <https://doi.org/10.1007/s11195-022-09739-x>
- Bae, H., & Park, H. (2016). Sexual function, depression, and quality of life in patients with cervical cancer. *Supportive Care in Cancer* , 24 (3), 1277–1283. <https://doi.org/10.1007/s00520-015-2918-z>
- Chow, K.M., Porter-Steele, J., Siu, K.Y., Choi, K.C., & Chan, C.W.H. (2022). A nurse-led sexual rehabilitation program for rebuilding sexuality and intimacy after treatment for gynecological cancer: Study protocol for a randomized controlled trial. *Journal of Advanced Nursing* , 78 (5), 1503–1512. <https://doi.org/10.1111/jan.15208>
- Eid, K. Al, Christensen, S., Jennifer, Drake, D., Yadav, K., Burtson, P., Kuriakose, M., Patton, H., & Nyamathi, A. (2020). Sexual health education: Knowledge level of oncology nurses and barriers to discussing concerns with patients. *Clinical Journal of Oncology Nursing* , 24 (4), E50–E56. <https://doi.org/10.1188/20.CJON.E50-E56>
- International Agency for Research on Cancer. (2022). *Indonesia - Global Cancer Observatory* . <https://Gco.Iarc.Who.Int/Media/Globocan/Factsheets/Populations/360-Indonesia-Fact-Sheet.Pdf>.
- Jonsdottir, J.I., Zoëga, S., Saevarsdottir, T., Sverrisdottir, A., Thorsdottir, T., Einarsson, G.V., Gunnarsdottir, S., & Fridriksdottir, N. (2016). Changes in attitudes, practices and barriers among oncology health care professionals regarding sexual health care: Outcomes from a 2-year educational intervention at a University Hospital. *European Journal of Oncology Nursing* , 21 , 24–30. <https://doi.org/10.1016/j.ejon.2015.12.004>
- Kacperczyk-Bartnik, J., Nowosielski, K., Razumova, Z., Bizzarri, N., Pletnev, A., Lindquist, D., Lanner, M., Nikolova, T., Theofanakis, C., Strojna, A.N., Bartnik, P., Gómez-Hidalgo, N.R., Vlachos, D.E., Selcuk, I., & Zalewski, K. (2022). Clinician attitudes towards sexual counseling in women with gynecologic malignancies: European Network of Young Gynecological Oncologists (ENYGO) survey. *International Journal of Gynecological Cancer* , 32 (10), 1309–1315. <https://doi.org/10.1136/ijgc-2021-003309>
- Krouwel, E.M., Nicolai, M.P.J., van Steijn-van Tol, A.Q.M.J., Putter, H., Osanto, S., Pelger, R.C.M., & Elzevier, H.W. (2015a). Addressing changed sexual functioning in cancer

- patients: A cross-sectional survey among Dutch oncology nurses. *European Journal of Oncology Nursing* , 19 (6), 707–715. <https://doi.org/10.1016/j.ejon.2015.05.005>
- Krouwel, E.M., Nicolai, M.P.J., van Steijn-van Tol, A.Q.M.J., Putter, H., Osanto, S., Pelger, R.C.M., & Elzevier, H.W. (2015b). Addressing changed sexual functioning in cancer patients: A cross-sectional survey among Dutch oncology nurses. *European Journal of Oncology Nursing* , 19 (6), 707–715. <https://doi.org/10.1016/j.ejon.2015.05.005>
- Noh, S., & Kang, Y. (2024). The Relationships among communication competence, professional autonomy and clinical reasoning competence in oncology nurses. *Nursing Open* , 11 (8). <https://doi.org/10.1002/nop2.70003>
- Oskay, U., Can, G., & Basgol, S. (2014). Discussing sexuality with cancer patients: Oncology nurses attitudes and views. *Asian Pacific Journal of Cancer Prevention* , 15 (17), 7321–7326. <https://doi.org/10.7314/APJCP.2014.15.17.7321>
- Pitcher, S., Fakie, N., Adams, T., Denny, L., & Moodley, J. (2020). Sexuality post gynecological cancer treatment: a qualitative study with South African women. *BMJ Open* , 10 , 38421. <https://doi.org/10.1136/bmjopen-2020-038421>
- Reese, J.B., Lepore, S.J., Daly, M.B., Handorf, E., Sorice, K.A., Porter, L.S., Tulskey, J.A., & Beach, M.C. (2019). A brief intervention to enhance breast cancer clinicians' communication about sexual health: Feasibility, acceptability, and preliminary outcomes. *Psycho-Oncology* , 28 (4), 872–879. <https://doi.org/10.1002/pon.5036>
- Sheppard, S., Culliford, D., Glen, T., Lee, S., Sheppard, Z. A., & Porter, S. (2024). Care for sexual health in oncology survey: discussions about sexual health with people with cancer in the context of the obligation to provide informed consent. *European Journal of Oncology Nursing* , 102669. <https://doi.org/10.1016/j.ejon.2024.102669>
- Sousa Rodrigues Guedes, T., Barbosa Otoni Gonçalves Guedes, M., de Castro Santana, R., Costa da Silva, J.F., Almeida Gomes Dantas, A., Ochandorena-Acha, M., Terradas-Monllor, M., Jerez-Roig, J., & Bezerra de Souza, D.L. (2022). Sexual Dysfunction in Women with Cancer: A Systematic Review of Longitudinal Studies. In *International Journal of Environmental Research and Public Health* (Vol. 19, Issue 19). MDPI. <https://doi.org/10.3390/ijerph191911921>
- Sung, S. C., Huang, H. C., & Lin, M. H. (2015). Relationship Between the Knowledge, Attitude, and Self-Efficacy on Sexual Health Care for Nursing Students. *Journal of Professional Nursing* , 31 (3), 254–261. <https://doi.org/10.1016/j.profnurs.2014.11.001>
- Tumwine, G., Agardh, A., Gummesson, C., Okong, P., & Östergren, P. O. (2020). Predictors of health care practitioners' normative attitudes and practices towards sexual and reproductive health and rights: a cross-sectional study of participants from low-income countries enrolled in a capacity-building program. *Global Health Action* , 13 (1). <https://doi.org/10.1080/16549716.2020.1829827>
- Wazqar, DY (2020a). Sexual health care in cancer patients: A survey of healthcare providers' knowledge, attitudes and barriers. *Journal of Clinical Nursing* , 29 (21–22), 4239–4247. <https://doi.org/10.1111/jocn.15459>
- Wazqar, DY (2020b). Sexual health care in cancer patients: A survey of healthcare providers' knowledge, attitudes and barriers. *Journal of Clinical Nursing* , 29 (21–22), 4239–4247. <https://doi.org/10.1111/jocn.15459>
- Xie, J., Zhou, Y., Luo, X., Cheng, Q., Luo, Y., Kang, Y., Wan, Z., Xiao, P., Zhou, X., Liu, Knowledge, attitude, and practice of sexual healthcare and its influencing factors among oncology nurses: a multicenter study. *Sexual Medicine* , 11 (2). <https://doi.org/10.1093/sexmed/qfad001>
- Zimmaro, L.A., Lepore, S.J., Beach, M.C., & Reese, J.B. (2020). Patients' perceived barriers to discussing sexual health with breast cancer healthcare providers. *Psycho-Oncology* , 29 (7), 1123–1131. <https://doi.org/10.1002/pon.5386>