Seksuell rehabilitering etter behandling for gynekologisk kreft

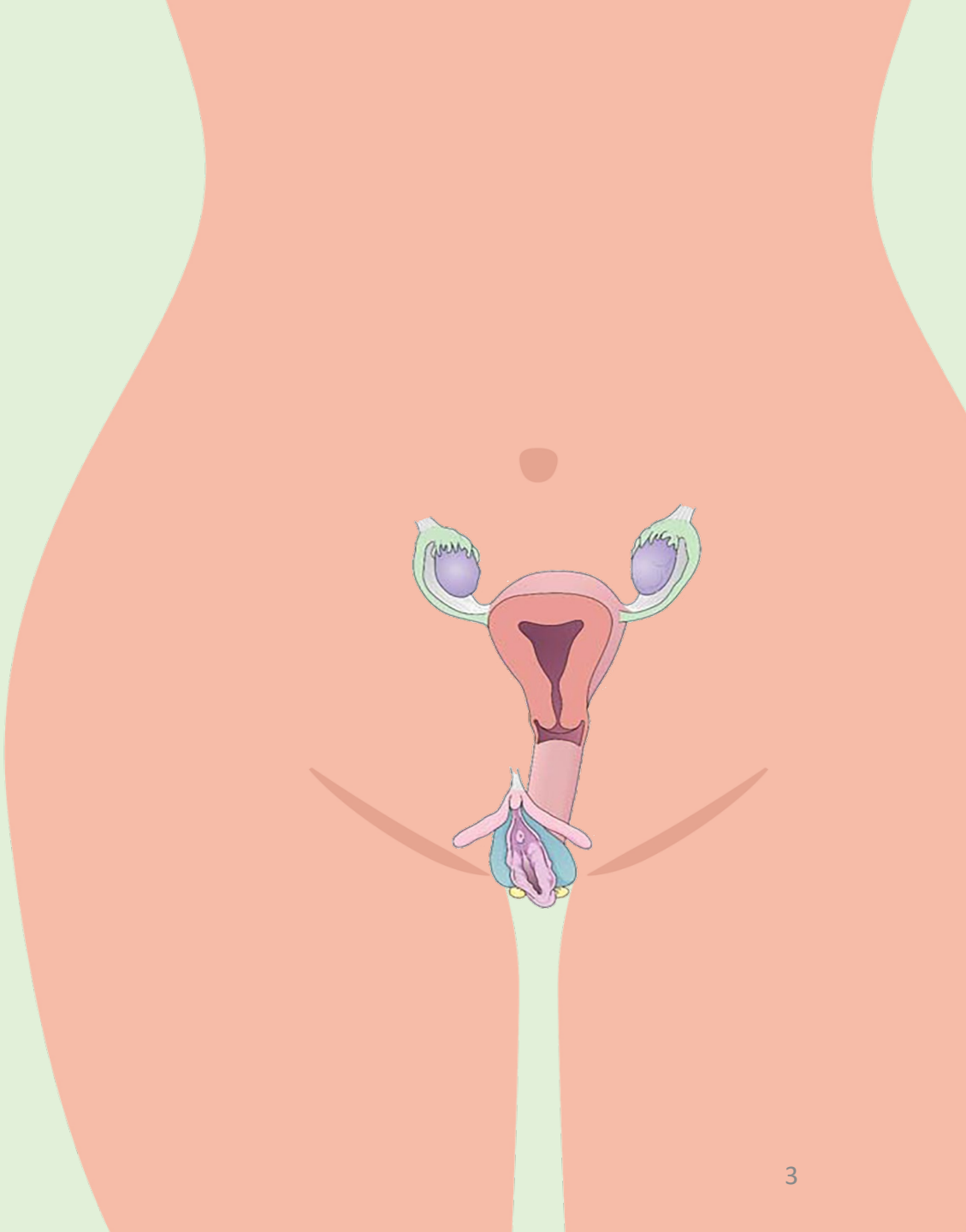
Anita Paulsen
PhD stipendiat

UNIVERSITETET I AGDER

SØRLANDET SYKEHUS

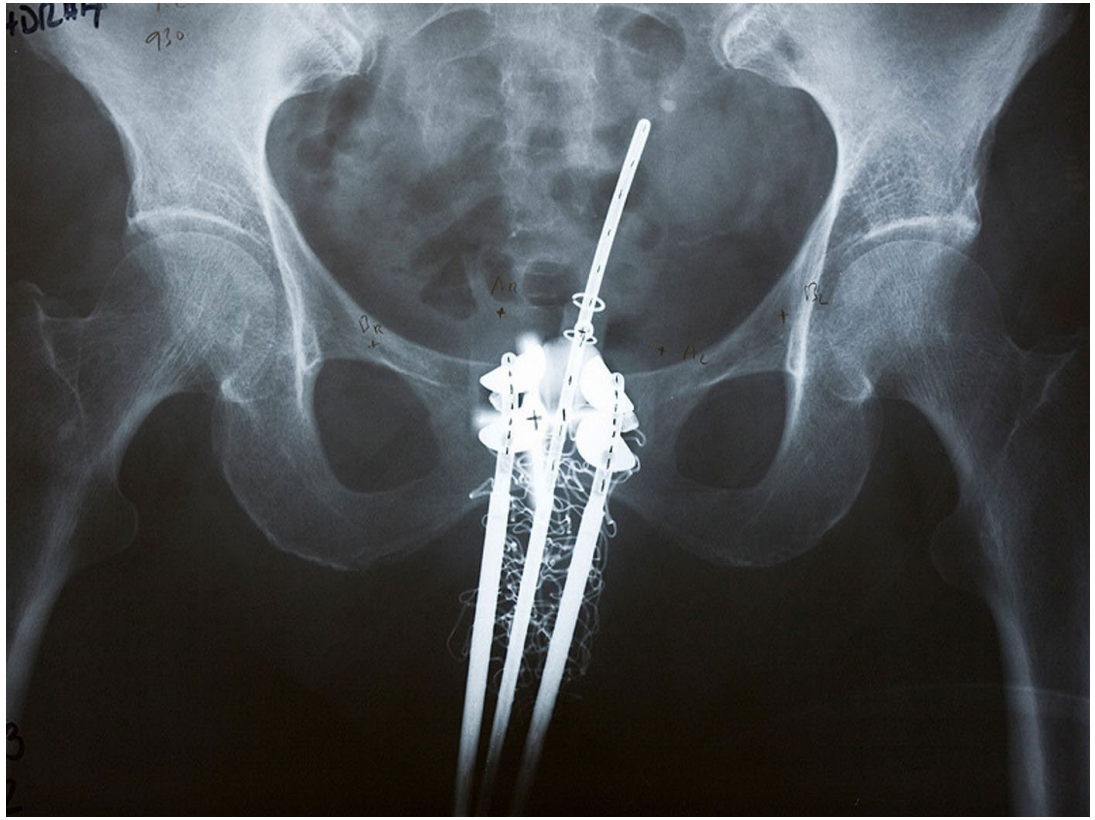

24 SIDERS EKSTRA BILAG:
SPAR SKATT MED EKSPERTENES RÅD
Fradrag Frynsegoder Ferieboliг
SKATT PÅ PENSJON
VG
DIGITAL OPPFØLGING OG HJEMMEMEDISINERING:
Slik kan corona endre kreft-behandling

Gynekologisk kreft



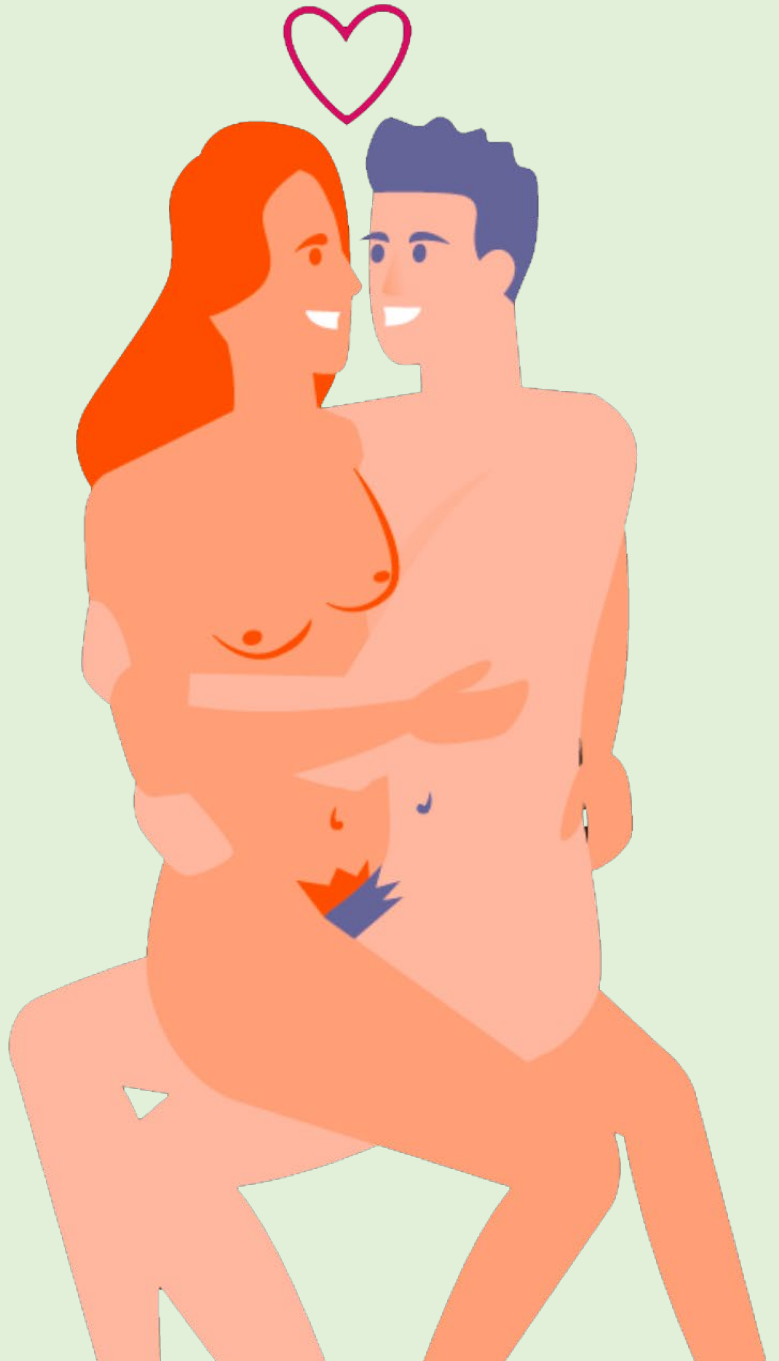
Illustrasjoner: Thomas Fiskå, PULS, UiA

Vanlige seksuelle seneffekter etter gynekologisk kreft



Bekker 2019
Bradford et al., 2015
Ratner et al., 2010

Seksuell helse



LETSGO®

Lifestyle and Empowerment Techniques in Survivorship of Gynecologic Oncology

Vistad, I. et al. (2021). Lifestyle and Empowerment Techniques in Survivorship of Gynaecologic Oncology (LETSGO) study: A study protocol for a multicentre longitudinal interventional study using mobile health technology and biobanking

I QUAL
What characterized the nurse- patient communication on sexual health from the nurse perspective?

II QUAL
What characterized the nurse- patient communication on sexual health from the patient perspective?

III QUAN
Sexual health after gynecological cancer treatment. One year data

SEXUAL REHABILITATION IN WOMEN TREATED FOR GYNECOLOGICAL CANCER

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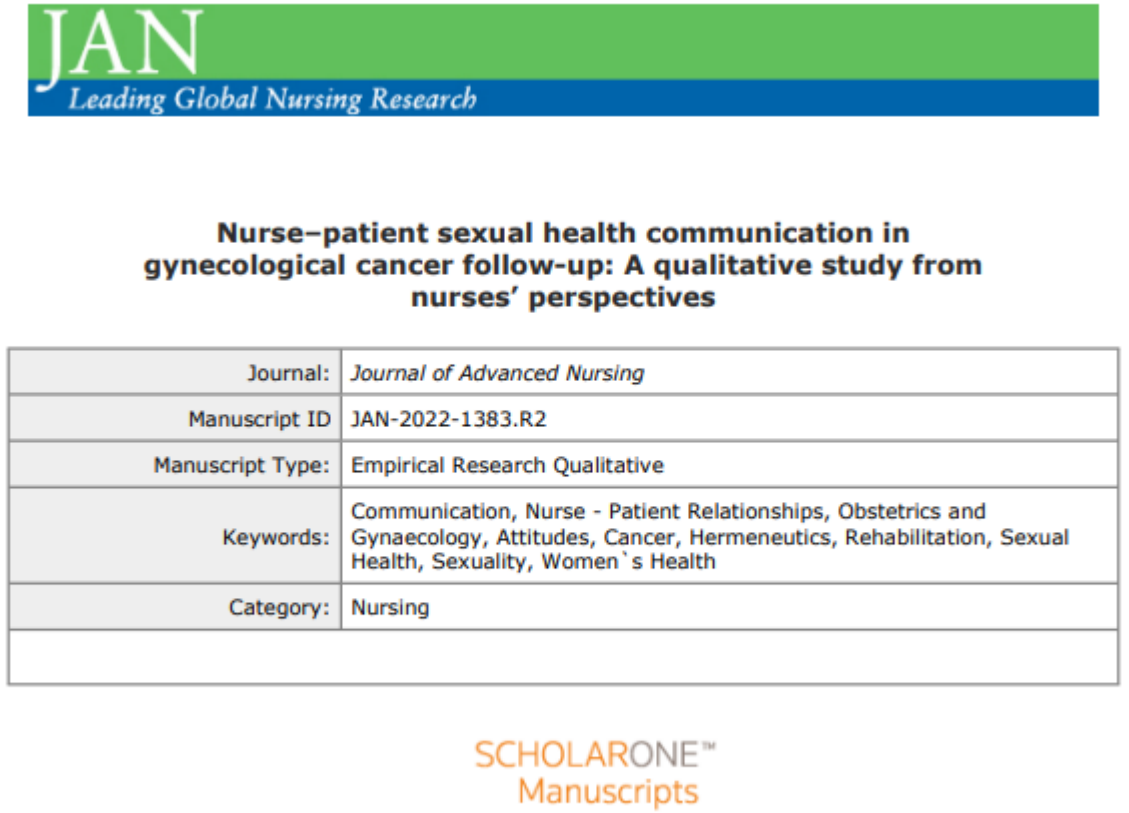
Lifestyle and Empowerment Techniques in Survivorship of Gynecologic Oncology

Studie 1: Sykepleiernes erfaringer

- Hvordan erfarer sykepleiere å kommunisere om seksuell helse med pasienter behandlet for gynekologisk kreft?
- Kvalitative intervjuer med 10 sykepleiere på intervensjonssykehusene
- Ett år



JAN
Leading Global Nursing Research

Nurse–patient sexual health communication in gynecological cancer follow-up: A qualitative study from nurses' perspectives

Journal:	*Journal of Advanced Nursing*
Manuscript ID	JAN-2022-1383.R2
Manuscript Type:	Empirical Research Qualitative
Keywords:	Communication, Nurse - Patient Relationships, Obstetrics and Gynaecology, Attitudes, Cancer, Hermeneutics, Rehabilitation, Sexual Health, Sexuality, Women`s Health
Category:	Nursing

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Manuscripts

Studie 2: Gynekologisk kreft overleveres erfaringer

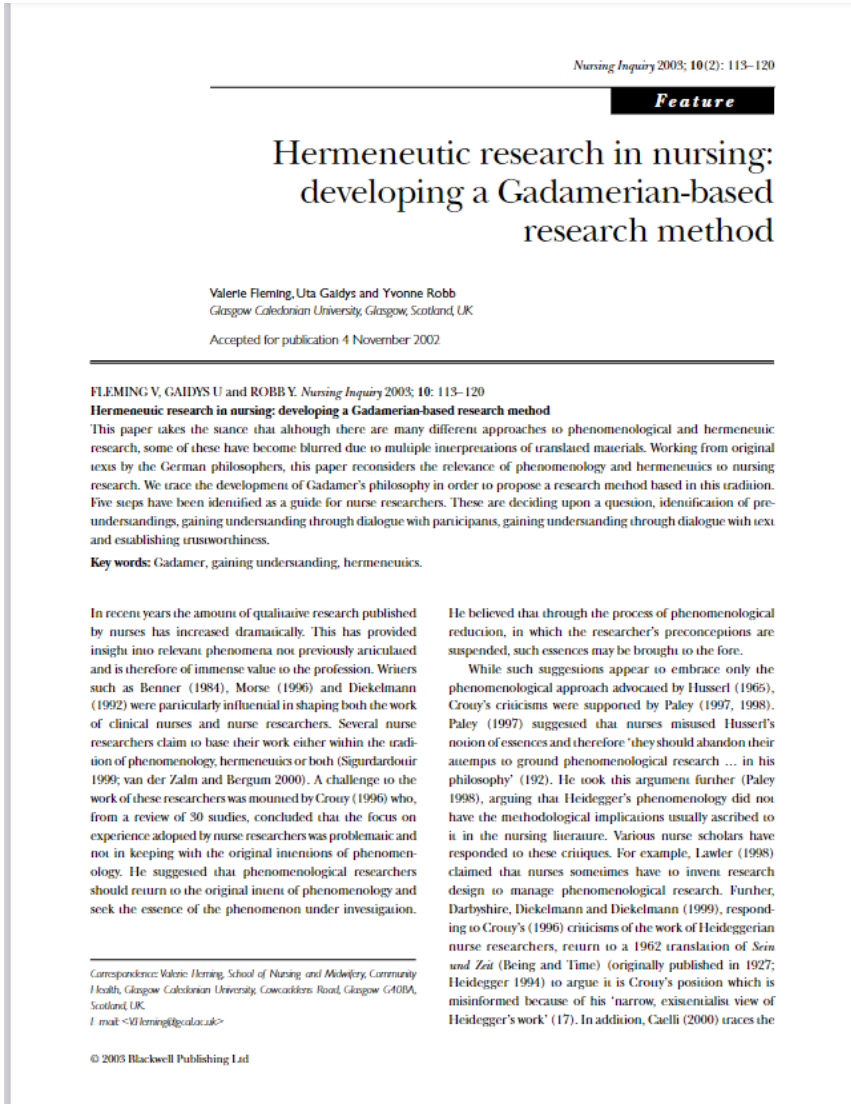
- Hvordan erfarer kvinner som er behandlet for gynekologisk kreft å kommunisere om seksuell helse med sykepleiere?

- Kvalitative intervjuer med 17 pasienter på intervensjonssykehusene.

- Ett år

METODOLOGI STUDIE 1 OG 2

- Inspirert av Fleming, Gaidys & Robb (2003)
- Gadamer's filosofi
- 5 steg i forskningsprosessen (metoden og analysen)



Nursing Inquiry 2003; **10**(2): 113–120

Feature

Hermeneutic research in nursing: developing a Gadamerian-based research method

Valerie Fleming, Uta Gaidys and Yvonne Robb
Glasgow Caledonian University, Glasgow, Scotland, UK

Accepted for publication 4 November 2002

FLEMING V, GAIDYS U and ROBB Y. *Nursing Inquiry* 2003; **10**: 113–120

Hermeneutic research in nursing: developing a Gadamerian-based research method

This paper takes the stance that although there are many different approaches to phenomenological and hermeneutic research, some of these have become blurred due to multiple interpretations of translated materials. Working from original texts by the German philosophers, this paper reconsiders the relevance of phenomenology and hermeneutics to nursing research. We trace the development of Gadamer's philosophy in order to propose a research method based in this tradition. Five steps have been identified as a guide for nurse researchers. These are deciding upon a question, identification of pre-understandings, gaining understanding through dialogue with participants, gaining understanding through dialogue with text and establishing trustworthiness.

Key words: Gadamer, gaining understanding, hermeneutics.

In recent years the amount of qualitative research published by nurses has increased dramatically. This has provided insight into relevant phenomena not previously articulated and is therefore of immense value to the profession. Writers such as Benner (1984), Morse (1996) and Diekelmann (1992) were particularly influential in shaping both the work of clinical nurses and nurse researchers. Several nurse researchers claim to base their work either within the tradition of phenomenology, hermeneutics or both (Sigurdardouir 1999; van der Zalm and Bergum 2000). A challenge to the work of these researchers was mounted by Crouy (1996) who, from a review of 30 studies, concluded that the focus on experience adopted by nurse researchers was problematic and not in keeping with the original intentions of phenomenology. He suggested that phenomenological researchers should return to the original intent of phenomenology and seek the essence of the phenomenon under investigation.

He believed that through the process of phenomenological reduction, in which the researcher's preconceptions are suspended, such essences may be brought to the fore.

While such suggestions appear to embrace only the phenomenological approach advocated by Husserl (1965), Crouy's criticisms were supported by Paley (1997, 1998). Paley (1997) suggested that nurses misused Husserl's notion of essences and therefore 'they should abandon their attempts to ground phenomenological research … in his philosophy' (192). He took this argument further (Paley 1998), arguing that Heidegger's phenomenology did not have the methodological implications usually ascribed to it in the nursing literature. Various nurse scholars have responded to these critiques. For example, Lawler (1998) claimed that nurses sometimes have to invent research design to manage phenomenological research. Further, Darbyshire, Diekelmann and Diekelmann (1999), responding to Crouy's (1996) criticisms of the work of Heideggerian nurse researchers, return to a 1962 translation of *Sein und Zeit* (Being and Time) (originally published in 1927; Heidegger 1994) to argue it is Crouy's position which is misinformed because of his 'narrow, existentialist view of Heidegger's work' (17). In addition, Caelli (2000) traces the

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Studie 3: Seksuell helse etter behandling for gynekologisk kreft. Sammenlikningen av to grupper etter ett år.

- Kommuninkasjon om seksuell helse med sykepleiere. Er det noen forskjell i den gruppen som har fått i sykepleiekonsultasjoner sammenliknet med den Gruppen som ikke har mottat det?
- Høsten 2023. Ett år.
- N = 354 pas. i hver gruppe
- PROM. Baseline + 3 + 6 + 12 mnd

Hva er nytt?

- Å utforske om seksuell helse bør implementers og standardiseres i gynekologisk kreftoppfølging
- Hvis ja, å bidra til at det implementeres

- Utvalget (N=700)


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Funn delstudie I:

Median alder: 48 år

Median arbeidserfaring: 15 år

Pasienter fulgt opp: 23

Alder	Arbeids-erfaring (år)	Pasienter (n)	Videreutd./ MD
35	9	5	√
62	24	15	√
55	32	25	√
63	27	23	-
50	20	43	-
46	12	9	√
54	18	8	-
35	7	30	√
33	12	23	√
45	10	22	√

Funn I: Sykepleieres erfaring med å kommunisere om seksuell helse

- I: **Bygger sykepleier-pasient relasjonen** gjennom kommunikasjonen
- II: **Øvelse gjør mester** – viktigheten av kunnskap og erfaring
- III: Holdninger som **fremmer eller hemmer** kommunikasjonen

Funn fra delstudie II:

- 36 – 77 år (57)
- Partner 14
  - seksuelt aktive 12
- Single 3
  - seksuelt aktive 2

  - Eggstokk/tuber 7
  - Livmor 6
  - Livmorhals 3
  - Vulva 1

  - Kir 7
  - Kir + kjemo 5
  - Kir + kjemo + vedlikehld 2
  - Kjemo + stråling 3

Funn II: Kvinnenes erfaring med å kommunisere om seksuell helse:

- I: Påvirket av **hva seksualitet betyr** for den enkelte
- II: Påvirket av **plager og bekymringer**
- III: Sykepleie-samtaler **kan bidra til omstilling** i forhold til seksualitet

For meg er seksualitet alt fra kjærlighet til det mer fysiske velbehaget….

P14

Det er en perle i parforholdet….

P2

I: Hva seksualitet betyr

P14

Kjønnsorganene mine fungerer ikke som før. Skjeden min er tørr. Jeg mangler sexlyst og bare å nærme seg seksualitet krever mye. Det er ganske vanskelig ...

P8

Det liksom bare ordnet seg. Det var vel bare første gang, ja, litt sånn.....jeg tror jeg var litt engstelig..... «Ville det føltes annerledes?» Og derfor klarte jeg ikke å slappe av. Senere erfarte vi at det ikke var så annerledes….

P13

Jeg kan ikke snakke om seksualitet med hvem som helst…Det må være en jeg har tillit til….en jeg har en connection med. Det må være noen som er personlig egnet

- Seksuell helse har en plass i oppfølgingen
- At sykepleier (som har fått opplæring) passer til å ha ansvar for at seksualitet ble tematisert
  - Samarbeide med lege