



# Predictors of Women's Self-Efficacy and Profiles of Sexual Wellbeing After Cancer

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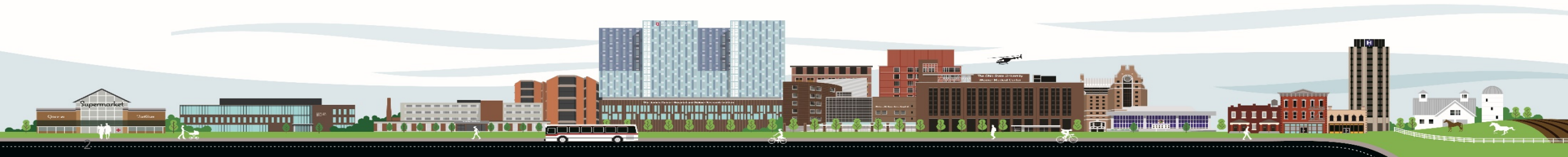
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# Conflict of Interest Disclosure

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No financial conflict of interest.



# Clinical Significance



- Cancer often negatively affects women's sexual wellbeing
- Sexual wellbeing is not addressed by most clinicians
- *How can we identify women who would benefit from intervention?*



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# Self-Efficacy to Communicate about Sex and Intimacy (SECSI) Scale

2. I can talk with my partner about how I feel about my body
6. I can talk with my partner about different ways of being physically intimate without having sex (such as kissing or hugging) .....
9. I can talk with my partner about how taking care of me when I was/am sick from treatment affects our sexual relationship.....
10. I can talk with my partner about how our sexual relationship is/has been affected by my symptoms and/or treatment.....

- N= 250 partnered women with a history of cancer
- Online Survey
  - SECSI scale
  - 10 Measures



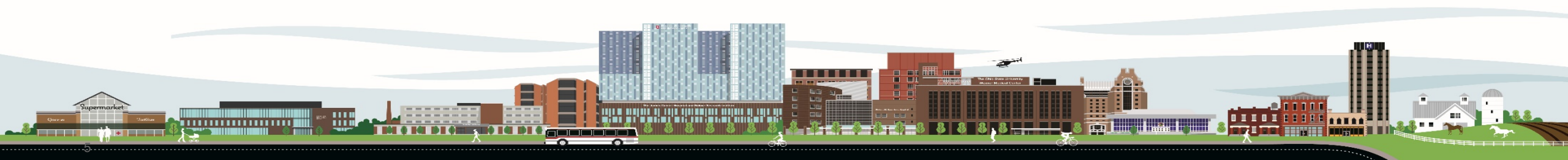
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# Objectives

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- To examine predictors of SECSI scores in women treated for cancer
- To explore the data for profiles (subgroups) of women based on sexual wellbeing outcomes and other variables



# Predictors of SECSI scores

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Variables included:

- 1) Relationship Satisfaction and Sexual Communication
- 2) Sexual Function and Distress
- 3) Anxiety and Depression
- 4) Cancer-related characteristics
- 5) Quality of Life
- 6) Sociodemographic characteristics



# Regression Results

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- The model explained **57.8% of variance** in SECSI scores
- Two blocks contributed significant incremental variance:
  - Relationship Satisfaction and Communication,  $\text{adj}R^2 = 0.55$ ,  $p < .001$
  - Quality of Life,  $\text{adj}R^2 = 0.59$ ,  $p < .05$
- Individual variables predicted SECSI scores
  - Satisfaction with sexual communication ( $\beta = .59$ ,  $p < .001$ )
  - Social/family QOL ( $\beta = .34$ ,  $p < .001$ )
- Based on this model, these may be important variables to help us identify subgroups of women who may benefit from intervention

# Profiles of women based on sexual wellbeing outcomes

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Very Exploratory!



# Cluster Analysis Results

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Samantha



Carrie

Miranda



# Cluster Analysis Results

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Samantha



- ↑ Age
- ↑ Time since last treatment
- ↑ SECSI
- ↑ Sexual communication satisfaction
- ↑ Sexual function & ↓ sexual distress
- ↓ Anxiety/depression
- ↑ Quality of life
- ↑ Sexual desire and activity
- ↑ Education
- ↓ Children in the home

# Cluster Analysis Results

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- ↓ Age
- ↓ Time since last treatment
- ↓ SECSI
- ↓ Sexual communication satisfaction
- ↓ Sexual function & ↑ sexual distress
- ↑ Anxiety/Depression
- ↓ Quality of life
- ↓ Sexual activity (avoid or decline sex)
- ↓ Household income
- ↑ Not employed, disabled or SAHM

Miranda



# Cluster Analysis Results

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Carrie

- ↓ Sexual function & ↑ sexual distress
- ↓ SECSI
- ↓ Anxiety/depression
- ↑ Household income

46% have not had intercourse or equivalent activity in the last 4 weeks

# Conclusions

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*How can we identify women who would benefit from intervention?*

- Extent of sexual dysfunction and sexual distress do not necessarily predict self-efficacy to communicate with partner
- Anxiety and depression don't always co-exist with diminished sexual wellbeing
- Even years after treatment, ask women about their sexual wellbeing, including impact on intimacy and their relationship

These results inform development of a tailored intervention approach based on the subgroups of women identified

# The Scientific Network on Female Sexual Health and Cancer



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The Ohio State University, Columbus, OH

[www.cancersexnetwork.org](http://www.cancersexnetwork.org)



**Thank You**



**@OncScienceNurse**

Extra Slides [Not part of Presentation]

Measure	Concept	Cluster			Sample means N=226
		1 N=74	2 N=85	3 N=67	
Years Since Last Treatment	Years Since Treatment	5.00	4.27	3.61	4.32
FSFI (High is more function)	Sexual Function	24.308	14.694	11.115	16.43
FSDS (High is more distress)	Sexual Distress	8.803	15.634	36.032	19.26
SECSI (High is more self-efficacy)	Self-Efficacy to Communicate	23.543	16.123	14.333	17.75
DSCS (High is Good)	Satisfaction with Sexual Communication	67.800	47.350	48.578	54.41
GAD-7 (High is more anxious)	Anxiety	2.616	3.988	9.060	5.06
PHQ-8 (High is more depressive symptoms)	Depression	3.419	4.148	9.478	5.51
FACT-G Physical (High is better)	Physical QOL	24.000	23.096	19.333	22.27
FACT-G Social/Family (High is better)	Social/Family QOL	23.214	20.351	15.968	20.01
FACT-G Emotional (High is better)	Emotional QOL	20.524	19.068	15.492	18.46
FACT-G Functional (High is better)	Functional QOL	21.825	20.972	16.036	19.81

# Scale Development

Mixed Methods	
Qualitative	Aim 1: Refine the SECSI scale based on cognitive interviews with women treated for cancer.
Quantitative	Aim 2: Describe self-efficacy and other sexual wellbeing variables in a sample of women treated for cancer.
	Aim 3: Describe the psychometric performance of the SECSI scale in a sample of women treated for cancer.

# Phase II Sample

Sociodemographic Characteristics (N = 226)			
	Mean	Std Dev	Range
Age	51.09	12.64	21 - 86
Years with Partner	19.99	13.81	1 - 65
	N	Percent	
<b>Race/Ethnicity</b>			
White	195	89	
Hispanic, Latino or Spanish origin	1	0.5	
Black or African American	10	4.6	
Asian	1	0.5	
American Indian or Alaskan Native	4	1.8	
Middle Eastern or Northern African	2	0.9	
Other race, ethnicity or origin	6	2.7	



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# Phase II Sample

Sociodemographic Characteristics (N = 226)		
	N	Percent
<b>Education Level</b>		
Some college, vocational, Associates Degree	52	25.4
Bachelors degree	80	39
Masters degree	51	24.9
Post-Masters degree or Professional degree	22	10.7
<b>Cancer Type</b>		
Breast	121	54
Thyroid	21	9.4
Cervical	14	6.3
Melanoma	13	5.8
Ovarian	8	3.6
Colon	8	3.6
Endometrial	8	3.6
Other	39	13.7



Concepts	Measures	Items
Health-Related Quality of Life	Functional Assessment of Cancer - General	27
Anxiety Symptoms	Generalized Anxiety Disorder - 7	7
Depression Symptoms	Patient Health Questionnaire - 8	8
Self-Efficacy for Communication about Sex & Intimacy	Self-Efficacy for Communication about Sex & Intimacy (SECSI)	10
Self-Efficacy for Sexual Response	Sexual Self-Efficacy Scale for Female Functioning	37
Clinical Characteristics	Cancer diagnosis & treatment self-report	6
Relationship Satisfaction	Dyadic Adjustment Scale	7
Satisfaction with Sexual Communication	Dyadic Sexual Communication Scale	13
Sexual Function	Female Sexual Function Index	19
Sexual Distress	Female Sexual Distress Scale	13
Sexual Behaviors	Sexually-related behaviors self-report	10
Sociodemographic Characteristics	Sociodemographic self-report	10



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# Reliability & Validity

- Cronbach's Coefficient Alpha 0.94
- Content Validity
- Construct Validity



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# Means for Standardized Measures

	Standardized Scales (N = 226)			
		Mean	Std Dev	Range
Quality of Life	FACT-G	79.9	17.35	33 - 108
Anxiety	GAD-7	5.06	4.75	0 - 20
Depression	PHQ-8	5.51	5.07	0 - 20
Sexual Function	FSFI	16.43	10.04	2 – 34.6
Sexual Distress	FSDS	19.26	13.61	0 - 52
Self-Efficacy for Sexual Function	SSES-F	59.89	23.43	0 – 100
Relationship Satisfaction	DAS-7	23.99	5.3	8 - 36
Sexual Communication	DSCS	54.41	13.17	21-78
Self-Efficacy to Communicate about Sex and Intimacy	SECSI	17.75	6.9	0-30

# Correlation Matrix

	SECSI	FACT-G	GAD-7	PHQ-8	FSFI	FSDS	SSES-F	DAS-7
<b>SECSI</b>								
<b>FACT-G</b>	.279**							
<b>GAD-7</b>	-.242**	-.670**						
<b>PHQ-8</b>	-.204**	-.757**	.756**					
<b>FSFI</b>	.344**	.280**	-.309**	-.263**				
<b>FSDS</b>	-.403**	-.426**	.480**	.490**	-.316**			
<b>SSES-F</b>	.494**	.473**	-.435**	-.422**	.595**	-.537**		
<b>DAS-7</b>	.442**	.151*	-0.1	-0.103	0.056	-.260**	.308**	
<b>DSCS</b>	.757**	.244**	-.284**	-.216**	.342**	-.437**	.581**	.490**

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

# Relationships, Intimacy and Cancer Study

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# Relationships, Intimacy and Cancer Study

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*Exploratory Secondary Analysis*

# Stepwise block regression

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Independent variables in blocks included:

**1) Dyadic Adjustment Scale and Dyadic Sexual Communication Scale**

2) Female Sexual Function Index and Female Sexual Distress Scale

3) Generalized Anxiety Disorder and Patient Health Questionnaire

4) Cancer-related characteristics

**5) Functional Assessment of Cancer Therapy–General subscales**

6) Sociodemographic characteristics

# Two Cluster Model

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# Relationships, Intimacy and Cancer Study

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*Descriptive, Instrument Development*

Intercourse Frequency			
	Cluster 1	Cluster 2	Cluster 3
	Percent of Participants in Cluster	Percent of Participants in Cluster	Percent of Participants in Cluster
We have not had intercourse or equivalent activity	16.2	45.8	41.5
1-2 times per month	20.3	24.1	30.8
Once per week	25.7	20.5	20.0
Twice per week	21.6	6.0	6.2
Three times per week	8.1	3.6	
4-6 times per week	8.1	0	1.5
Total	100.0	100.0	100.0

# Three Cluster Model

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Rate Sex Life			
	Cluster 1	Cluster 2	Cluster 3
	Percent of Participants in Cluster	Percent of Participants in Cluster	Percent of Participants in Cluster
Could not be worse	0	12.0	32.8
Poor	18.9	45.8	48.4
Average	18.9	32.5	12.5
Good	37.8	8.4	6.3
Excellent	20.3	1.2	0
Could not be better	4.1	0	0
Total	100.0	100.0	100

