Original Article

The Relationship Between Sexual Satisfaction and the Holistic Wellness among Women with Gynecological Cancer

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Abstract

Background and Aim: This study aimed to determine the relationship between sexual satisfaction levels and the holistic well-being of women with gynecological cancer.

Methodology: The sample for the study comprised 272 women with gynecological cancer gathered through the snowball sampling method. Data were collected online using the personal information form, new sexual satisfaction scale, and holistic well-being scale. Normality of data distribution was tested with the Kolmogorov-Smirnov test. In statistical evaluations, mean, standard deviation, numbers, percentile, and Pearson's correlation were used.

Results: The study determined that 38.2% of the women were between 42 to 53 years old and that half of the women had treatment for less than 12 months and the other half for over 12 months. The research found a weak positive relationship between the "new sexual satisfaction scale's self-centered sub-dimension" and "holistic well-being scale's spiritual self-care sub-dimension." Furthermore, there was a weak negative relationship between the "new sexual satisfaction scale's spousal/partner sexual activity-centered sub-dimension" and the "holistic well-being scale spiritual deterioration sub-dimension."

Conclusions: There was no relationship between the other sub-dimensions of the "new sexual satisfaction scale" and other sub-dimensions of the "holistic well-being scale." The researchers observed a limited relationship between the "new sexual satisfaction scale" and the "holistic well-being scale."

Keywords: gynecological cancers, sexual satisfaction, holistic well-being, women

Introduction

Gynecologic cancers start in any part of a woman's reproductive system (the cervix, ovaries, endometrium, vagina, vulva, or fallopian tubes) and get their names according to the anatomical region where they occur (Ledford & Lockwood, 2019). The American Cancer Society stated that 116,760 women in America could be diagnosed with any gynecological cancer in 2021 and that 34,080 women could die (Siegel, et al., 2021)

Having a gynecologic cancer diagnosis may negatively impact the dimensions of sexuality of women (Sercekus, et al., 2020). During this period, surgical interventions such as radical hysterectomy, vulvectomy, total pelvic exenteration, and the treatments such as radiotherapy and chemotherapy can change women's physiology (Sercekus, et al., 2020; Terzioglu & Alan, 2015). Physical changes resulting from gynecological cancer treatments can present with dyspareunia, vaginal scarring, shortened vagina, vaginal atrophy, and vaginal dryness. These changes

can lead to sexual dysfunction and sexual reluctance in women by decreasing their sexual desire, sexual arousal, sexual intercourse frequency, sexual satisfaction, orgasm, and by causing dyspareunia, deterioration of body image, decrease in self-esteem (Sercekus, et al., 2020; Bilge, et al., 2016).

All these changes affect sexual satisfaction in women with gynecological cancer (Bilge, et al., 2016). Sexual satisfaction is a significant component of human sexuality and consists of physical and affective components. "Physical satisfaction" refers to pleasure or satisfaction from sexual intercourse, while "emotional-sexual satisfaction" denotes happiness in a continuous relationship (Ozturk, et al., 2020). Women often have problems with sexual satisfaction at the initial diagnosis of cancer or after the start of treatment (Abedini, et al., 2020). Sexual satisfaction, which is the primary criterion in the evaluation of sexual health, is an important part of quality of life and shows whether sexual health is good or bad (Wang, et al., 2020).

The World Health Organization (WHO) has stated that sexuality is related to holistic health (Martin & Woodgate 2020). The concept of well-being refers to the people's state of being physically, mentally, and spiritually comfortable, healthy, and happy in their social and natural environment. Well-being is subjective data dependent upon how individuals perceive their own lives. It is expressed by general judgments about life satisfaction and feelings ranging from joy to depression (Toptas & Oz, 2020). It has been determined that well-being is a subjective and relative notion with a multidimensional but holistic structure, reflecting the characteristics of healthy people (Korkut-owen, et al., 2017). It is thought that it will be very important to determine the holistic well-being levels of cancer patients, to control them at regular intervals, to identify problem areas and to intervene in them (Toptaş & Oz, 2020).

Gynecological cancers negatively affect the sexual life, holistic well-being, and the quality of life of the patients (Bilge, et al., 2016; Toptas & Oz, 2020). At the same time, it is important for nurses to be aware of the problems experienced by patients with gynecological cancer regarding sexuality, to deal with patients with a holistic approach and to provide adequate care (Sercekus & Goral, 2015). However, no study has been found in the literature examining the relationship between holistic well-being and sexual satisfaction in patients with gynecological cancer. This study aimed to investigate the relationship between holistic well-being and sexual satisfaction in patients with gynecological cancer.

Methodology

This descriptive study sought the relationship between concepts.

Population and sample: The population of the study consisted of women diagnosed with gynecological cancer. Before starting the study, the study sample size was calculated as 266 using statistical power analysis software G power 3.1.9.7. accepting correlation=0.20, alpha=0.05, and the power (1-beta)=0.95. Considering that there may be a deficiency in the data, 300 women were taken into the sample. 28 women who did not meet the inclusion criteria were excluded from the study and the study was terminated with 272 women. The Snowball sampling method, one of the non-probability sampling methods, was used to select participants from the population. The research data were collected online between 10.02.2021 and 10.12.2021 through the research questions shared on social media platforms (Instagram, Facebook, WhatsApp, etc.). During the first communication, the women informed about the study were invited to participate and obtained their consent prior to starting the process. The women participating in the survey were allowed to give only one answer.

Data collection tools: The research data were collected using the personal information form, the New Sexual Satisfaction Scale, and the Holistic Well-Being Scale.

Personal information form: This form, created by the researcher scanning the literature, comprised questions to assess women's personal information and sexuality-well-being (Sercekus, et al., 2020; Bilge, et al., 2016; Toptas & Oz, 2020; Sercekus & Turkcu, 2015; Pinar, et al., 2018).

New Sexual Satisfaction Scale: The "New Sexual Satisfaction Scale" was developed by Stulhofer et al. (2010) and tested by Tugut

(2016) for Turkish validity and reliability. The 5-point Likert type 20-item scale has two sub-dimensions: "self-centered" and "spouse/partner sexual activity-centered." While the "self-centered sub-dimension" (items 1-10) measures the satisfaction with one's own sexual behavior and sexual feelings, the "spouse/partner sexual activity-centered sub-dimension" (items 11-20) measures the satisfaction with the partner's sexual behavior. The scores obtained from the scale vary between 20 to 100. An increase in the scale's score shows high sexual satisfaction. The scale's Cronbach's alpha internal consistency coefficients were 0.940 for women and 0.950 for men (Tugut, 2016). In this study, the "new sexual satisfaction scale" internal consistency coefficient (Cronbach's alpha) was found 0.87

Holistic Well-Being Scale: Developed by Chan et al., in 2014 for measuring human well-being, the 10-point Likert type scale with 30 items and seven sub-dimensions ranges from (1) Totally disagree to (10) Totally agree. Sub-dimensions of the scale: Being non-addicted (18, 12, 24, 5, 25), distressing emotion (6, 21, 1, 28, 3), distressing perception (17, 8, 7, 29, 30), spiritual deterioration (20, 26, 2, 4), cognitive awareness (22, 13, 19, 11), mood (15, 10, 14, 23), spiritual self-care (9, 16, 27). The fourth item on the scale is reverse coded. There is no cut-off point on the scale. The score on the scale is between 30 to 300. The Cronbach's alpha values of each subscale are 0.892, 0.885, 0.823, 0.880, 0.844, 0.792, and 0.670, respectively (Toptas & Oz, 2020). The holistic well-being scale's internal consistency coefficient (Cronbach's alpha) was 0.782, 0.835, 0.723, 0.810, 0.874, 0.762, and 0.683, respectively in this study.

Ethical Issues: Ethics committee permission was obtained from Firat University Social and Human Sciences Ethics Committee to collect the data (Protocol number: E-54027019-100-19608).

Data collection: The data were collected online.

Analysis of data: The licensed SPSS 22 package program was employed for statistical processing of the data collected through Google Questionnaire Forms. Statistical significance was accepted as $p<0.05$. Conformity to the normal distribution of continuous variables was tested using the Kolmogorov-Smirnov test. Mean, standard deviation, percentile, and Pearson's correlation test were used to evaluate the data. Collecting data online and using the snowball method are the limitations of the research.

Results

Table 1 shows the distribution of women diagnosed with gynecological cancer according to their descriptive characteristics. Of the women, 38.2% were between 42-53 years old, 47.1% lived in the district, 51.1% were secondary school graduates, 60.3% were stay-at-home moms, 51.4% had income less than expenses, 20.6% smoked, 4.8% consumed alcohol, 59.9% did not eat healthily, 78.3% did no regular physical activity, 20.6% had a family history of cancer, 50.0% had 12 months or more of treatment, 52.6% received no psychological support, and 71.0% had fear of death.

The total "Holistic Well-Being Scale" mean score of the women diagnosed with gynecological cancer was 162.24 (11.92), and the total "New Sexual Satisfaction Scale" mean score was 44.89 (4.61) (Table 2).

Table 3 shows the correlations between the "Holistic Well-Being Scale" and the "New Sexual Satisfaction Scale" scores of the women diagnosed with gynecological cancer. There was a very weak positive correlation between the "self-centered" sub-dimension and the "Spiritual self-care" sub-dimension. Besides, there was a very weak negative correlation between the "Spousal/partner sexual activity centered" sub-dimension and the "Spiritual disruption" sub-dimension (Table 3).

Table 1. Socio-demographic distribution of women diagnosed with gynecological cancer

Descriptive features (272)	N	%
Age		
18-29	22	8.1
30-41	65	23.9
42-53	104	38.2
54 and over	81	29.8
Where they live		
City	65	23.9
District	128	47.1
Village-Town	79	29.0
Education		
Primary	89	32.7
Secondary	139	51.1
Higher schools	44	16.2
Working status		
Housewife	164	60.3
Working	108	39.7
Income status		
Income more than expenses	26	9.6
Income equals expenses	106	39.0
Income less than expenses	140	51.4
Smoking		
Yes	56	20.6
No	216	79.4
Alcohol Use		
Yes	13	4.8
No	259	95.2
Having healthy nutrition		
Yes	109	40.1
No	163	59.9

Regular physical activity		
Yes	59	21.7
No	213	78.3
Having a family history of cancer		
Yes	56	20.6
No	216	79.4
Treatment time		
1-12 months	136	50.0
Over 12 months	136	50.0
Receiving psychological support		
Yes	129	47.4
No	143	52.6
Having fear of death		
Yes	193	71.0
No	79	29.0

Table 2. Total "Holistic Well-Being Scale" and the "New Sexual Satisfaction Scale" mean scores of women diagnosed with gynecological cancer

Holistic Well-Being Scale sub-dimensions	Min	Max	Mean	SD
Being Non-addicted	12.00	37.00	24.82	5.07
Distressing emotion	15.00	35.00	26.08	4.47
Distressing perception	24.00	44.00	35.46	4.18
Cognitive awareness	8.00	32.00	20.97	4.93
Mood	9.00	31.00	18.07	4.36
Spiritual self-care	6.00	25.00	15.64	3.34
Spiritual degradation	11.00	32.00	21.14	4.66
Total	129.00	193.00	162.21	11.92
New sexual satisfaction scale sub-	**dimensions**			
Self-centered	14.00	31.00	21.29	2.67
Spouse/partner sexual activity-centered	14.00	38.00	23.60	3.77
Total	34.00	63.00	44.89	4.61

Table 3. Correlations between the "Holistic Well-Being Scale" and the "New Sexual Satisfaction Scale" scores of women diagnosed with gynecological cancer

		Being Non-addicted	Distressing emotion	Distressing perception	Cognitive awareness	Mood	Spiritual self-care	Spiritual degradation	Holistic Well-Being Scale Total
Self-centered	r	-0.034	-0.016	0.069	0.018	0.050	0.158	0.078	0.104
	p	0.577	0.798	0.257	0.772	0.410	**0.009**	0.202	0.086
Spouse/partner sexual activity-centered	r	0.038	-0.101	0.039	0.050	-0.093	-0.026	-0.124	-0.077
	p	0.535	0.097	0.524	0.413	0.126	0.665	**0.042**	0.203
New sexual satisfaction scale sub-dimensions Total	r	0.011	-0.092	0.072	0.051	-0.047	0.070	-0.056	-0.003
	p	0.855	0.132	0.283	0.403	0.440	0.250	0.358	0.962

Pearson correlation

Discussion

The balance of protecting/maintaining sexual health is affected by many factors, and cancer is one of them. Cancer-related tissue loss and changes in body image are among the factors affecting sexuality (Aygin & Yaman, 2017). Negatively affected body image may lead to social isolation, depression, and deterioration of sexual life between spouses (Taylan & Kolac, 2021). The concept of well-being is concerned with investigating the functions of healthy people. Well-being is a process of individual self-care that involves understanding the emotional and physical needs and regulating lifestyle to satisfy these needs. In other words, well-being is living more meaningfully and healthily in all social, personal, and ecological areas by functionally integrating the body, mind, and spirit and aiming at individual goals (Korkut-Owen, et al., 2017). This research examined the relationship between sexual satisfaction and holistic well-being in cancer patients and discussed the research results considering the literature findings.

The literature review has shown that the diagnosis of gynecological cancer and the concomitant treatments affect the sexuality of women negatively (Sercekus & Turkcu, 2015). The current study has found that women's sexual satisfaction was between low and moderate (Table 2). Sexual function and satisfaction consist of six parts: libido, sexual arousal, wetness following sexual stimulation, orgasm, sexual satisfaction, and pain (Soleimani, et al., 2018). The most common sexual problems in cancer patients are vaginal dryness, dyspareunia, early menopause, loss of libido, and changes in body image (Kang, et al., 2018). In this respect, it is thought that sexual satisfaction may be adversely affected in patients with gynecological cancer. The finding is in parallel with the literature.

Spiritual self-care, including prayer and religious beliefs, contributes significantly to managing the illness, especially psychologically (Azar, et al. 2020). The study has determined that as women's sexual satisfaction shaped by their personal experiences and emotions increases, their

spiritual self-care increases ($p<0.05$; Table 3). Some have stated that cancer affects sexuality (Kocaman Yildirim, et al., 2013). Spirituality is a significant dimension in helping people reach their sexual potential and is a collection of learned cognitive-behavioral skills that help individuals cope with stressful situations that may impact their well-being (Au, et al. 2012). The research finding supports the literature.

The current study has observed that as a woman's sexual satisfaction with her partner's sexual behaviors and reactions increases, her spiritual deterioration decreases ($p<0.05$; Table 3). Spiritual distress can be defined as a deterioration in a cancer patient's value system that gives strength and hope and adds meaning to their life (Dedeli & Karadeniz,2009). Spiritual distress is a situation in a group or individual who has a disturbance in the belief and value system that gives meaning to life and provides hope and strength (Ozcan Yuce, et al., 2017). Sexuality has a spiritual aspect (Karakoyunlu & Oncel, 2009). Joshi has stated that spirituality and sexuality have features in common; both originate from the desire to be whole. Spirituality and sexuality are linked in a cyclical pattern and affect individuals positively (Joshi, 2015). Our finding is in parallel with the literature.

Conclusion and Recommendations

The present study has found a weak relationship between "holistic well-being" and "sexual satisfaction" in women with gynecological cancer. Care with a holistic approach should be offered to cancer patients, considering their sexuality and holistic well-being. There is no research in the literature examining the relationship with this issue. More studies examining the relationship between "holistic well-being" and "sexual satisfaction" in women with gynecological cancer will strengthen the holistic approach of healthcare professionals caring for cancer patients and increase the quality of care.

Acknowledgements: The authors thank the patient who participated in this study.

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