

Fertility Preservation in Patients With Cancer: Nurses' Views, Experiences, and Perceptions of Benefits and Barriers

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OBJECTIVES: To evaluate nurses' views, experiences, and perceptions of the benefits and barriers to fertility preservation (FP) care for patients with cancer.

SAMPLE & SETTING: The sample consisted of 236 nurses who provided care before gonadotoxic treatment for people with cancer in three university hospitals in Istanbul, Turkey, from January to June 2018.

METHODS & VARIABLES: The data were collected using a participant information form and the Oncology FP Survey. The main research variables were nurses' views, experiences, and perceptions of benefits and barriers to FP care. Data were evaluated using means, SDs, frequencies, and the Mann-Whitney U test.

RESULTS: Patients and their families were informed about FP most of the time. This information was given by physicians about half the time and by nurses less than one-fourth of the time. Mean scores on the Oncology FP Survey were moderate and indicated challenges among nurses in self-confidence, self-awareness of personal limitations, and perceived barriers when providing effective FP care.

IMPLICATIONS FOR NURSING: Nurses face challenges in providing counseling about FP options for patients with cancer and their families. Increasing self-confidence, reducing personal limitations, and decreasing perceived barriers to FP care through appropriate training may improve nurses' ability to provide FP counseling.

KEYWORDS fertility; cancer; nurses; fertility preservation

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Globally, about one million people aged 20–39 years are diagnosed with cancer every year (National Comprehensive Cancer Network [NCCN], 2022). The incidence of cancer in adolescents and young adults (AYAs) has increased since 2007; cancer has become the leading cause of disease-related (noninjury) death in AYAs (NCCN, 2022). Diagnosing cancer in AYAs can be challenging because of several factors. These include vague or non-specific symptoms, low suspicion among healthcare providers, misdiagnosis or underdiagnosis, and psychosocial factors like coping with cancer at a young age or overcoming the stigma associated with cancer (Miller et al., 2020; NCCN, 2022). With the development of early diagnosis technologies and treatments in the field of oncology, long-term survival rates in children and AYAs with cancer have increased to more than 80% (Janssen et al., 2021). Although long-term treatment and follow-up are recommended for disease management in children and AYAs with cancer, the issue of fertility preservation (FP) in survivorship may be overlooked (Campbell & Woodard, 2020; Crespi et al., 2021). However, these patients may experience significant loss of fertility because of symptoms of disease; gonadotoxic side effects of endocrine treatment, surgery, chemotherapy, or radiation therapy; and psychosocial symptoms and side effects (Halpern et al., 2020). Infertility and childbearing difficulties remain major concerns for all AYA cancer survivors who are of reproductive age, regardless of diagnosis, prognosis, or treatment (NCCN, 2022). Although the awareness among healthcare providers of treatment-related damage to fertility is improving, many AYAs lack understanding about gonadotoxic treatments and their reproductive impacts (Fidler et al., 2019).

The field of oncofertility developed because of concerns about the future reproductive health,