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ADMINISTRATIVE INFORMATION**Support** - None.**Review Stage at time of this submission** - Other - Final report writing.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202650052**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 9 May 2026 and was last updated on 9 May 2026.**INTRODUCTION**

Review question / Objective Through iterative team discussions and the PICO-based framework, the following questions were developed: (a) What types of nurse-led interventions are used to manage sexual dysfunction in cancer patients and survivors? (b) What is the effective nurse-led interventions used to manage sexual dysfunction in cancer patients and survivors? The questions are consistent to scope review of mapping and describe the nurse-led interventions for sexual dysfunction and their outcomes in people with cancer and cancer survivors, and the nature of existing research and gaps in knowledge.

Background Sexual dysfunction is one of the most prevalent and distressing late effects of cancer and its treatment.¹ Estimates suggest that up to 90% of gynecological cancer survivors experience some form of sexual difficulty compared with 40% of women in the general population, underscoring the magnitude of the problem. Sexual dysfunctions encompass multiple

aspects, and these include diminished sexual desire and arousal, dyspareunia, lubrication difficulties, altered orgasmic response, and avoidance of intimacy, often persisting for years after completion of cancer treatment. In addition, the physical sequelae of cancer and cancer treatments, such as premature menopause, pain, and body changes following surgery or radiotherapy, lead cancer survivors to navigate complex emotional responses, including shame, grief over loss of fertility or femininity, and fear of relationship breakdown. These sequelae also fuel sexual dysfunction. Consequently, sexual dysfunction exerts a profound negative impact on body image, intimacy with partners, psychological well-being, and overall quality of life.

Despite this burden, sexual health concerns frequently remain underrecognized, insufficiently documented, and inadequately treated in routine cancer care. Many survivors report that oncology professionals rarely discuss sexuality proactively, and they are left to manage distressing symptoms in isolation. Multiple studies indicate that individuals with cancer and their partners desire clear information about potential side effects of

treatment that affect sexual function, practical self-management strategies, and access to specialized support when problems related to sexual function arise. Moreover, a substantial proportion state they would engage sexologists or psychosexual services if these are explicitly recommended. This persistent mismatch between patient needs and routine care reveals a critical gap in supportive care for patients with cancer and cancer survivors.

Rationale To address this knowledge gap, we conducted a scoping review aimed at identifying and mapping the nurse-led interventions designed to address sexual dysfunction among individuals with cancer or cancer survivors and their outcomes. The review systematically maps existing approaches, clarifies their content and delivery, and identifies conceptual, methodological, and practice gaps. Such a synthesis can guide future intervention development and could improve implementation of evidence-based sexual rehabilitation within routine cancer care.

METHODS

Strategy of data synthesis A standardized data-charting form was developed in line with JBI and PRISMA-ScR recommendations. The form was piloted on a subset of included studies and refined iteratively to ensure consistency and completeness of extraction. Extracted data included study characteristics (authors, year, country, setting, aims, and design), participant characteristics (sample size, age, stage of disease, and treatment phase), intervention details (type and theoretical underpinning, core components, mode of delivery, intensity, duration, and provider, including the role and training of the nurse), contextual information (country income level, oncology nursing model, and implementation context), outcomes (symptom-related, quality-of-life, psychological, self-management, adherence, patient-reported outcomes, and healthcare-utilization measures and instruments), and key findings relevant to the review questions, including reported barriers and facilitators to implementing nurse-led interventions targeting sexual dysfunction.

Eligibility criteria Eligibility was specified in advance using the Population–Concept–Context (PCC) approach for scoping reviews.¹³ The population was adult patients with a confirmed diagnosis of cancer (of any stage), at any point along the cancer care continuum (diagnosis, active treatment, palliative care, or survivorship), and receiving a nurse-led intervention to address sexual dysfunction. A nurse-led intervention was defined as any intervention that is initiated,

developed, and/or delivered or coordinated by registered nurses, clinical nurse specialists, nurse navigators, or advanced practice nurses caring for patients with cancer. To be included, the study had to be reporting about a primary study or empirical research (quantitative, qualitative, or mixed methods) that described or evaluated a nurse led intervention for sexual dysfunction and reported at least one relevant outcome, such as symptoms, quality of life, psychological status, self-management, adherence, or healthcare utilization. Studies were excluded when the intervention was not clearly led by nurses (i.e., no identifiable nursing lead or the lead was a physician or psychologist); or when the focus was exclusively on screening.

Source of evidence screening and selection In accordance with PRISMA ScR and JBI guidance, a comprehensive search strategy was designed collaboratively with a senior health sciences librarian, combining controlled vocabulary (e.g., MeSH, Emtree, CINAHL Headings) and free text terms for three core concepts: cancer, nurse led/nursing interventions, and sexual health/sexual dysfunction outcomes.^{13,14} The electronic databases searched included MEDLINE (Ovid), EMBASE, CINAHL, Scopus, Web of Science Core Collection, and PsycINFO. The search focused on studies published from January 2015 to December 2025 to capture contemporary nurse-led interventions.¹⁴ Grey literature was sought via ProQuest Dissertations and Theses, OpenGrey/successor platforms, and targeted Google Scholar searches to identify theses, reports, and other non-indexed evidence on nurse-delivered sexual rehabilitation, consistent with scoping review guidance to cast a broad net. No language limits were applied at the search stage; for feasibility, screening was subsequently restricted to full-text articles in English, a customary practice in scoping reviews.¹⁴

Data management The data was managed using the tables recommended by the JBI.

Reporting results / Analysis of the evidence This scoping review followed the methodological framework proposed by Arksey and O'Malley, which comprises five stages: (1) identifying the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting the data, and (5) collating, summarizing, and reporting the results.¹¹ The framework was further refined using the recommendations of Levac et al. (2010) and the Joanna Briggs Institute guidance for conducting scoping reviews to ensure conceptual clarity, transparent study selection, and iterative data

extraction.^{12,13} Reporting followed the Preferred Reporting Items for Systematic Reviews and Meta Analyses extension for Scoping Reviews (PRISMA ScR) checklist.

Presentation of the results The results will be presented using Figures, Tables, and Narratives as recommended by JBI.

Language restriction Yes (English Only).

Country(ies) involved Oman.

Other relevant information None

Keywords Nurse-led interventions; cancer-related sexual dysfunction; psychoeducational programs; psychosexual rehabilitation; oncology nursing; scoping review.

Dissemination plans The findings will be published in a peer-reviewed article.

Contributions of each author

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