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Exploring Nurses' Practices in Supporting Sexual Wellbeing of People Living With Inflammatory Bowel Disease: An International Qualitative Study

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ABSTRACT

Aim: To explore how nurses across international settings support the sexual wellbeing of people living with inflammatory bowel disease through their clinical practice.

Design: Qualitative descriptive study.

Methods: Online semi-structured interviews and one focus group were conducted with nurses from Australia, Canada, Japan, the Republic of Ireland and the United Kingdom. The interviews were conducted in Japanese (for Japanese participants) and English (for the rest). A total of 28 nurses with extensive experience caring for people living with inflammatory bowel disease were recruited between May 2023 and December 2024 through snowball sampling. Data were analysed using thematic analysis.

Results: The overarching theme identified was 'careful exploration in real life practice' with the following primary themes: (1) building the foundation for sexual wellbeing care, (2) addressing sexual wellbeing issues as a team, (3) identifying sexual wellbeing needs and (4) providing personalised nursing support. These themes highlighted the lack of sexual wellbeing care education in nursing, leading to unpreparedness and low confidence among nurses who nonetheless strived to support people living with inflammatory bowel disease despite limited training and communication barriers.

Conclusion: Nurses supported the sexual wellbeing of people living with inflammatory bowel disease by building trust and working collaboratively. They offered individualised care based on each patient's life context, fostering open communication. Despite cultural taboos surrounding sex, similar challenges and training needs were reported across target regions.

Implications for the Profession and/or Patient Care: This study highlights the importance of addressing sexual wellbeing as a key component of holistic care for people living with inflammatory bowel disease. To achieve this, sexual wellbeing should be treated as a routine and important aspect of everyday nursing practice. Furthermore, nurses need to be empowered to play an active role in supporting sexual wellbeing and work in environments that facilitate open and respectful discussions.

Impact: This study addresses the long-neglected issue of sexual wellbeing in inflammatory bowel disease care, which has rarely been explored in nursing research. Drawing on qualitative data from multiple countries, primarily Japan, it offers a new international perspective by illustrating how nurses engage with and support sexual wellbeing. The findings have implications for clinical practice, nurse education and global research on holistic chronic illness care.

Reporting Method: The Consolidated Criteria for Reporting Qualitative Research checklist was followed.

Patient or Public Contribution: This study did not include patient or public involvement in its design, conduct or reporting.

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What Does This Paper Contribute to the Wider Global Clinical Community?

- It explores nurses' perceptions of attitudes toward and beliefs about discussing sexual wellbeing in clinical settings.
- It examines how sexual wellbeing care is addressed in current nursing practice.
- It identifies nurses' educational needs to support sexual wellbeing care.

1 | Introduction

Inflammatory bowel disease (IBD) is a chronic disease that includes Crohn's disease (CD) and ulcerative colitis (UC). Curative medical therapy has yet to be established for people living with IBD. The peak onset of IBD occurs at approximately 20 years of age (Bernstein et al. 2016), meaning that many people are diagnosed during life stages that involve significant life events such as building a career and starting a family. IBD is associated with various symptoms such as abdominal pain, bloody diarrhoea and fatigue, while people with CD may additionally develop perianal or rectovaginal fistulas (Byron et al. 2020; Lichtenstein et al. 2025; Rubin et al. 2025).

IBD symptoms have also been shown to affect patients' sexual wellbeing and intimacy (Elias et al. 2025). Sexual wellbeing is conceptualised as a multidimensional construct encompassing physical, psychological and relational aspects of sexuality, including sexual safety and security, sexual respect, sexual self-esteem, resilience in relation to past sexual experiences, forgiveness of past sexual events, self-determination in one's sex life and comfort with one's sexuality (Lewis et al. 2025; Mitchell et al. 2021, 2025). This concept includes not only current sexual activity and partnership status but also future prospects and emotional aspects pertaining to sexuality.

Support systems for the sexual wellbeing of IBD sufferers differ across settings and may involve IBD specialists, IBD nurses and multidisciplinary teams. Nurses are often accessible and trusted healthcare professionals who are well positioned to address sensitive concerns, including those related to sexuality. The second Nurses of the European Crohn's and Colitis Organisation consensus statement explicitly states that nurses should listen to patients' concerns related to sexuality, provide appropriate information and facilitate referrals to specialised services when needed (Kemp et al. 2018). However, despite its importance, sexual wellbeing remains insufficiently addressed in routine IBD care and there are challenges in providing relevant support.

2 | Background

Previous studies show that IBD affects sexual function, causing erectile dysfunction, decreased sexual desire and poor body image (Marín et al. 2013; Zhang et al. 2021; Zhao et al. 2019). In addition, those living with IBD face limitations in intimate relationships owing to frequent toileting (Byron et al. 2020; Devlen et al. 2014), decreased sexual satisfaction related to fatigue and mental health (Wakai et al. 2025) and difficulties with their sex lives (Fourie et al. 2024; Fretz et al. 2024; Ma et al. 2024). For example, people living with IBD report reduced sexual activity, avoiding certain positions and slowing down during intercourse, and interruptions caused by bowel symptoms (Fretz et al. 2024). Other studies have reported diminished self-confidence, hesitation in engaging in intimate relationships and avoidance of dating owing to concerns about bowel leakage (Ma et al. 2024). Indeed, the impact of IBD on sexual wellbeing extends across the physical, emotional and relational domains, underscoring the importance of addressing sexual wellbeing as a core component of holistic IBD care (Fretz et al. 2024; Ma et al. 2024).

Although people living with IBD desire information and support on sexual wellbeing (Fretz et al. 2024; Gabova et al. 2024; Rivière et al. 2017), discussions with healthcare professionals rarely occur (Fourie et al. 2021). Despite the recognised importance of nursing involvement in this area, little is known about how nurses actually support the sexual wellbeing of people living with IBD. Previous studies have emphasised the roles of nurses without providing concrete descriptions of their practices (Rosso et al. 2021), and there is a marked lack of research evaluating the effectiveness of nursing interventions.

By contrast, in other conditions such as cancer and diabetes, nurses have been reported to play a significant role in supporting patients' sexual wellbeing. For example, in cancer care, nursing interventions demonstrated effectiveness in improving patients' sexual quality of life through systematic reviews and meta-analyses (Lu et al. 2022). Research on diabetes care highlights both the importance of nurses' roles and existing barriers to providing support, with a lack of skills and organisational support affecting the delivery of sexual healthcare (Yin et al. 2023). These studies highlight nurses' potential to provide integrated care that addresses both the physical and the psychosocial aspects of patients' lives.

However, in the context of IBD, there is a gap in the research on the role and practices of nurses in supporting the sexual wellbeing of patients, indicating a clear need for evidence that could be used in practice. Sexual wellbeing concerns in IBD patients are closely intertwined with disease-specific factors such as abdominal symptoms, perianal complications, fistulas and stoma management, which may shape patients' experiences and support needs in ways that differ from other chronic conditions. Consequently, nursing practices that address sexual wellbeing among IBD patients may involve unique clinical considerations and decision-making processes that are not captured in previous research. Clarifying how these issues are managed in daily nursing practice is essential for identifying condition-specific challenges and informing strategies to strengthen support for the sexual wellbeing of people living with IBD.

Additionally, most evidence is based on Western populations and culture and people's experiences of care in other cultures are relatively unknown. Understanding the actual practices of nurses with experience in IBD care can offer valuable insights and guidance for less experienced nurses who may feel uncertain about approaching this sensitive aspect of care. Therefore, this study addresses the following research question: How do nurses from different international settings contribute to the sexual wellbeing of people living with IBD?

3 | The Study

3.1 | Aim

This study aimed to explore how nurses from diverse international settings contribute to the sexual wellbeing of people living with IBD based on nurses' accounts of their clinical practices.

4 | Methods

4.1 | Design

This study adopted a qualitative descriptive design (Sandelowski 2000). This approach is suitable for this study, as it enables a comprehensive description of nurses' experiences and the contextual influences they themselves describe (Sandelowski 2000, 2010). Data were analysed using reflexive thematic analysis (Braun and Clarke 2006, 2022). This approach offers flexibility and allows both realistic and constructive methods (Braun and Clarke 2006), making it suitable for the description of diverse practices.

The reporting of this study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Data S1) (Tong et al. 2007), ensuring transparency and rigour throughout the qualitative research process.

4.2 | Theoretical Framework

As the qualitative descriptive design does not require a theoretical framework, we did not follow a particular theory and aimed to remain close to participants' accounts. This research was instead broadly informed by a social constructivist worldview (Vygotsky 1978), which sensitised the team to how nursing practices are shaped by the social and clinical contexts. This worldview helped the researchers avoid pre-existing assumptions and interpret the findings based on participants' narratives. Attention was also paid to the contextual influences described by participants to support the broad generalisability of the findings; hence, no comparative cultural framework was applied.

4.3 | Study Setting and Recruitment

This study was coordinated from Japan and the United Kingdom (UK), where the research team was based and ethical approval was obtained. Participants were recruited internationally between May 2023 and December 2024 using snowball sampling (Flanagan and Beck 2025).

4.3.1 | Japanese-Speaking Participants (Japan)

In Japan, Japanese-speaking participants were invited to take part in the study via email and through direct introductions from colleagues of IBD nursing teams. All participants approached accepted to take part in the study. Participants received a gift voucher worth 3000 yen as a token of appreciation after the interviews.

4.3.2 | English-Speaking Participants (Australia, Canada, the Republic of Ireland and the UK)

English-speaking participants were recruited through social media advertisements and those interested contacted the researcher directly to express their willingness to participate. No voucher was provided to the English-speaking participants.

4.4 | Inclusion and Exclusion Criteria

Inclusion criteria were as follows: (1) registered nurses who were able to participate in an interview in either Japanese or English; (2) at least 3 years of clinical experience in IBD nursing (as this duration was considered sufficient for acquiring specialist clinical skills and being exposed to diverse patient concerns, including sexual wellbeing issues); and (3) experience in assessing the concerns of people living with IBD about their sexual wellbeing. The exclusion criterion was unwillingness to participate.

4.5 | Data Collection

Data were collected through online semi-structured interviews and one focus group. The focus group, conducted in Japan, was arranged because three nurses from the same institution preferred to participate together. The focus group interview was conducted during the same data collection period as the individual interviews. In Japan, all the interviews and the focus group were conducted for the Japanese-speaking participants via videoconference from private settings, with all participants joining with their cameras on. In the UK, interviews were conducted for the English-speaking participants (Australia, Canada, the Republic of Ireland and the UK) via videoconference with the option for the camera to be off or on the phone. Interviews lasted 40–90 min.

The interview guide (Table 1) was reviewed and modified by researchers from Japan and the UK. The interviews began with a closed-ended question asking whether the nurses discussed sexual wellbeing with patients and, if so, how frequently. This was followed by open-ended questions exploring respondents' provision of sexual wellbeing support during IBD care. These open-ended questions were used to elicit in-depth narratives, encouraging nurses to express themselves freely without being limited by predefined response options. Interviews were conducted by MT and SW for Japanese-speaking participants and by SF for English-speaking participants. All the interviewers were female. MT and SF had experience in IBD nursing practice and research, and SF had previously conducted qualitative research on sexuality in IBD. SW was an undergraduate student engaged in research on sexuality in IBD. Before conducting the interviews, SW received training through internal practice sessions within the research group. The interviews were audio-recorded and transcribed verbatim. Transcripts

TABLE 1 | Interview guide.

- Do you routinely talk to your patients about sexual wellbeing?
- What practices do you have regarding caring for the sexual wellbeing of people living with IBD?
- Please describe how you open conversations and what do you include in the advice you provide.
- How important is it to support patients with their sexual wellbeing concerns?
- Tell me a bit about your role in sharing and collaborating with other healthcare professionals on discussing sexual wellbeing with patients.

Abbreviation: IBD, inflammatory bowel disease.

were not returned to participants for member checking, as credibility was established through peer discussions within the research team.

4.6 | Data Analysis

A reflexive thematic analysis approach was employed to analyse the interview data (Braun and Clarke 2006, 2022). The analysis followed six phases. First, all the transcripts were read and re-read repeatedly by researchers in each country, who noted their initial impressions. Second, inductive coding was conducted in the original languages to preserve contextual richness. Japanese coding was performed by MT, SW and MN using Microsoft Excel 2024 and NVivo 14 QSR. English coding was performed by SF using NVivo 14 QSR. Third, codes were clustered into preliminary themes separately in Japan and the UK. For example, codes such as 'initiating conversations when life events change' and 'eliciting concerns owing to bowel-related issues' were grouped into a tentative theme related to identifying sexual wellbeing needs. Fourth, the process of generating initial themes to naming themes involved translating from Japanese to English through multiple rounds of peer discussions. Fifth, themes were refined iteratively and clear definitions and labels were established. The criteria for theme development were carefully discussed and refined in regular meetings with the international research team to ensure consistency, transparency and analytical rigour. Finally, the themes were integrated into the narratives, supported by representative quotes from participants. The iterative relationship between analysis and writing was followed throughout. As Braun and Clarke's (2022) approach to reflexive thematic analysis does not require confirmation of data saturation, recruitment was discontinued when similar narratives began to emerge repeatedly across interviews and the data were considered to provide sufficient depth to meet the aims of the study. In line with Braun and Clarke's reflexive thematic analysis the researchers adopted a reflexive stance, recognising that themes were actively generated through engagement with the data, and the perceptions and assumptions of researchers shaped the analysis.

4.7 | Ethical Considerations

All participants provided informed consent to participate in the study and their privacy and anonymity were strictly assured. All personal identifiers were removed during transcription, and each transcript was assigned a numerical ID. Audio data were deleted after transcription and transcripts were securely stored with access limited to the research members. This study was performed in accordance with the Declaration of Helsinki and approved by the Ethical Review Committee of the Faculty of Medicine, Tokyo Medical and Dental University (approval number: M2022-338) and University of Oxford (approval number: R 82054_RE003).

4.8 | Rigour and Reflexivity

To ensure scientific rigour, this study followed the criteria proposed by Guba and Lincoln (1994) and Lincoln and Guba (1985), including in terms of credibility, transferability, dependability and confirmability. Credibility was enhanced through peer debriefing face-to-face, by email and over video conferencing among the research team. Furthermore, all transcripts were reviewed repeatedly to ensure consistency and avoid discrepancies in interpretation. Transferability was supported by using thick descriptions of participant characteristics, their specific practices and the data collection process. This enabled those seeking to apply the findings to other contexts to assess transferability. Dependability was supported by maintaining close communication and adopting reflexive journaling between Japan and the UK to ensure that similar interview procedures were employed in both countries. Additionally, the interview guide was collaboratively reviewed and refined throughout data collection to maintain methodological coherence. Confirmability was strengthened by verifying that the themes and sub-themes were grounded in the data, demonstrating that the findings were supported by the interview data and maintained internal consistency. The process was fully documented and is available for external review.

5 | Findings

A total of 28 participants took part in the interviews (Table 2). Their mean experience in IBD nursing was 12.6 ± 6.4 years and 24 (85.7%) were female. Participants were from the following countries: 20 (71.4%) from Japan, 4 (14.3%) from the UK, 2 (7.1%) from the Republic of Ireland, 1 (3.6%) from Australia and 1 (3.6%) from Canada. All participants were registered nurses. Among them, 2 (7.1%) were certified nurse specialists in chronic care nursing and 3 (10.7%) were certified nurses in wound, ostomy and continence nursing.

Twenty-five individual interviews were conducted in Australia, Canada, Japan, the Republic of Ireland and the UK, in addition to the focus group in Japan (which included three participants from the same clinic). The focus group session followed the same semi-structured interview guide as the individual interviews, and responses were primarily based on participants' clinical experiences rather than group interactions.

TABLE 2 | Characteristics of participants across the target countries ($n = 28$).

Characteristic	*n*	% or mean (SD)
Country[a]		
Japan	20	71.4
The UK	4	14.3
the Republic of Ireland	2	7.1
Australia	1	3.6
Canada	1	3.6
Sex		
Male	4	14.3
Female	24	85.7
IBD nursing (years)		12.6 (6.4)
Certifications		
Registered Nurse	28	100.0
Certified Nurse specialist[b]	2	7.1
Certified Nurse[c]	3	10.7

Abbreviation: IBD, inflammatory bowel disease.
[a] 'Country' refers to the participant's country of residence.
[b] Certified nurse specialist in chronic care nursing.
[c] Certified nurse in wound, ostomy and continence nursing.

The thematic analysis led to the overarching theme of 'careful exploration in real life practice', which had four primary themes: 'building the foundation for sexual wellbeing care', 'addressing sexual wellbeing issues as a team', 'identifying sexual wellbeing needs', and 'providing personalised nursing support'. Each primary theme included 2–4 sub-themes that further illustrated specific practices. These themes collectively described the international nursing practices used to provide sexual wellbeing care to people living with IBD. Figure 1 illustrates an overview of the findings, showing how the identified themes branched into their respective sub-themes.

5.1 | Theme 1: Building the Foundation for Sexual Wellbeing Care

This theme revealed the rapport and environment that participants routinely make as the basis for their sexual wellbeing care. This tended to be particularly important when discussing aspects of their intimate life. Similarly, the influence of cultural taboos on the care given was mentioned as important to address, while building the foundations for sexual wellbeing care was common among both Japanese and English-speaking participants:

> I still think, particularly in British culture, there's this, like, barrier of talking about sex. We don't talk about sex. We're all a bit kind of prudish, or there's this kind of, "Oh, that would be very invasive, to talk about that. That would, you know, be almost disrespectful, to talk about that." So, I think it's about realigning our attitudes to it, and saying, "Actually,

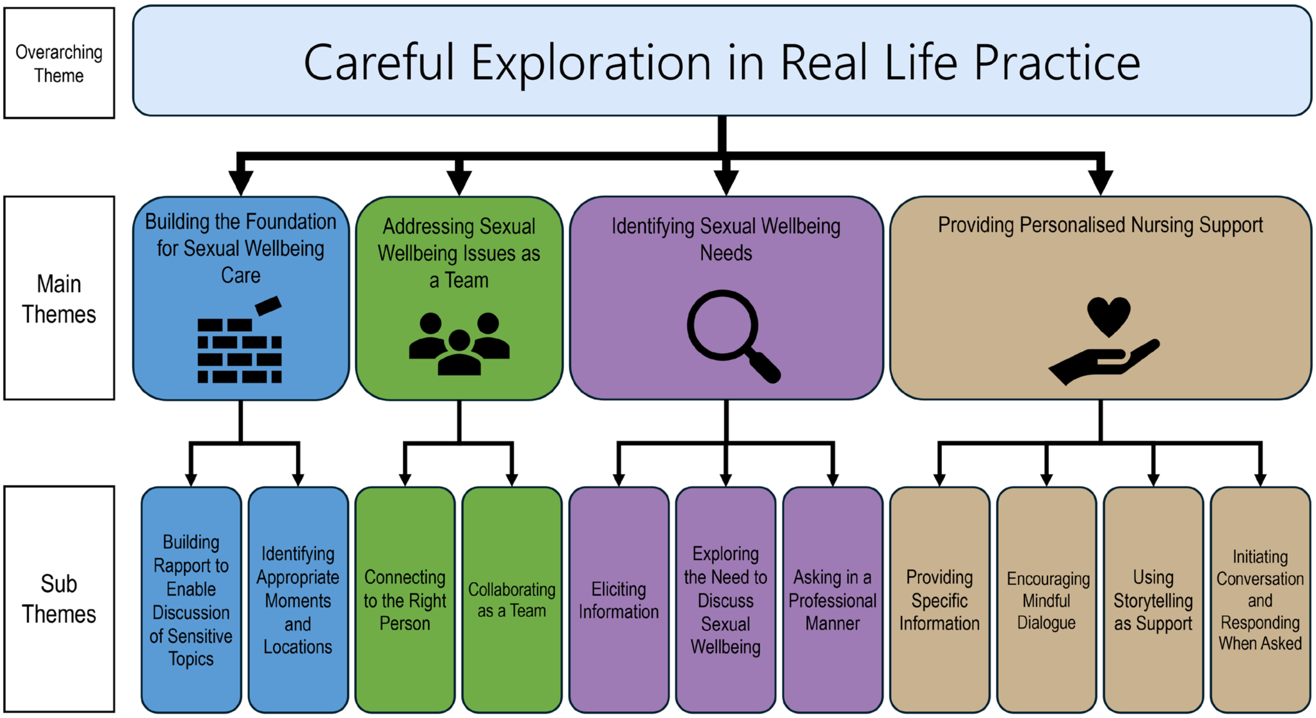

FIGURE 1 | Themes and subthemes derived from the overarching theme of 'careful exploration in real life practice'.

> this is a normal, healthy part of adult life, and it's okay to talk about it," and raise those things.
>
> (ID-E2, Female, 8 years, UK, Interview)

This theme combined two interrelated sub-themes: 'building rapport to enable discussion of sensitive topics' and 'identifying appropriate moments and locations' highlighting the importance of both factors in the foundation for sexual wellbeing care.

5.1.1 | Sub-Theme 1: Building Rapport to Enable Discussion of Sensitive Topics

Many participants reported that it was difficult to talk about sex with patients with whom they had not established rapport. Deep and personal dialogues can only be meaningfully established when there is sufficient relational trust and understanding of an individual's background. Otherwise, inquiries may be perceived as intrusive or inappropriate. It was also evident that consideration was given to patients who did not wish to discuss their sexual wellbeing.

> If nurses who don't know about the patients' background suddenly talk about sex, the patient may feel like, "What are you talking about?" So, in my opinion, I thought I would first address the issues that I had to do before this.
>
> (ID-J10, Female, 15 years, Japan, Interview)

> I think it is very much built on the relationship that you have with the patient. And there are some patients that, no matter what, you will never be able to approach the subject, and they don't want to talk. I totally respect that.
>
> (ID-E2, Female, 8 years, UK, Interview)

5.1.2 | Sub-Theme 2: Identifying Appropriate Moments and Locations

Most participants were seeing their patients in an outpatient clinic and reported that they were creative about the time (e.g., during infusion therapy or stoma care) and place (e.g., in a private room) to discuss sensitive topics with them. The diversity of settings in which sexual wellbeing concerns were addressed suggests that participants did not rely on a designated space for these conversations. Instead, opportunities emerged during routine care. Additionally, participants considered this an important discussion related to life events and some specifically set aside time for it.

> When I have an in-depth talk with a patient, I ask them to come to a private room, and I set up a place where we can talk for 30 minutes or so, undisturbed.
>
> (ID-J9, Female, 12 years, Japan, Interview)

5.2 | Theme 2: Addressing Sexual Wellbeing Issues as a Team

This theme defined how all participants—regardless of their country of practice—worked with other healthcare professionals by passing on information from the appropriate people as well as working as a team to provide the highest quality of care. This theme comprised two interrelated sub-themes: 'connecting to the right person' and 'collaborating as a team'.

5.2.1 | Sub-Theme 1: Connecting to the Right Person

Participants often acted as mediators between patients and other healthcare professionals. If participants did not have answers, they sought answers for their patients by connecting them with other healthcare professionals.

> So, I will provide you with as much information as I can, and I'm very happy to say, "This is not my area of specialty, but I know somebody who is."
>
> (ID-E5, Female, 15 years, UK, Interview)

Participants most frequently mentioned physicians as the healthcare professionals they consulted, whereas others mentioned pharmacists, licensed professional nurses and colleagues.

> I told the patient that we could refer them to a doctor who specialises in erectile dysfunction.
>
> (ID-J15, Male, 13 years, Japan, Interview)

5.2.2 | Sub-Theme 2: Collaborating as a Team

Only a few participants attempted to solve problems on their own. Most participants demonstrated genuine commitment to their patients by listening, discussing and exchanging information.

> We cooperate as a team—for example, by switching to a nurse of the same gender as the patient when appropriate, or by covering each other's tasks so that someone can take the time to talk with the patient.
>
> (ID-J3, Male, 7 years, Japan, Interview)

> Nurses work together, sometimes asking the nurse in charge [to tackle the patient's case] to better suit the patient's comfort and communication needs.
>
> (ID-J9, Female, 12 years, Japan, Interview)

5.3 | Theme 3: Identifying Sexual Wellbeing Needs

The participants assessed patients' needs before talking to them. They saw this step as necessary to avoid making the patient feel uncomfortable and facilitate discussing their sexual wellbeing in a professional manner. This theme was organised around three sub-themes: 'eliciting information', 'exploring the need to discuss sexual wellbeing', and 'asking in a professional manner'- all of which indicated that the assessment process was ongoing to identify areas of information need, alongside communication skills employed throughout.

5.3.1 | Sub-Theme 1: Eliciting Information

Participants elicited information through daily conversations from which they identified patients' needs. Some participants asked about sexuality in conjunction with discussions on toileting.

> I'll be sure to ask about toilet frequency. If it is too frequent, the difficulty of daily life will go up dramatically, I think it was easy to tie it in that way and talk about that kind of sexuality with young people.
>
> (ID-J13, Female, 25 years, Japan, Interview)

Discussing toileting was a nursing practice designed to elicit potential concerns of people living with IBD. Others explored the source of concern from patients who seemed distressed or emotional:

> A female patient was in [the] clinic talking about [her] disease activity, and then became very emotional. And I had the time to explore what was driving that, and then she did relay a full story about how her and her partner hadn't been intimate for a number of months, and actually that was one of her biggest concerns.
>
> (ID-E2, Female, 8 years, UK, Interview)

These findings suggest that identifying sexual wellbeing needs involved an initial process of eliciting information with participants using their communication skills and situational judgement within everyday conversations.

5.3.2 | Sub-Theme 2: Exploring the Need to Discuss Sexual Wellbeing

Participants perceived more subtle changes than the actual content of the conversations. Owing to the long-term nature of caring for patients with chronic illnesses, participants were attuned to slight shifts in facial expressions and posture, which sometimes prompted discussions about sexuality.

> I can say that patients don't tend to disclose their sexual concerns. I suppose the other thing is, do I ask them about it? Erm, unless it becomes very obvious that there's something, and I'm getting signals, then no …
>
> (ID-E1, Female, 16 years, the Republic of Ireland, Interview)

> Because they've got so much information that they're trying to take in. That's probably the last thing that's on their mind but it might not be. It could be something that's really, really up there and important, but they might just not feel comfortable talking to you at that stage.
>
> (ID-E4, Female, 21 years, UK, Interview)

Furthermore, it was evident that participants conducted meticulous assessments based on various factors such as changes in life events, transitions in treatment and the timing of approaching younger patients.

> When a young girl tells me she is married, I ask, "What do you think about getting pregnant?"
>
> (ID-J11, Female, 10 years, Japan, Interview)

5.3.3 | Sub-Theme 3: Asking in a Professional Manner

Participants emphasised the importance of professional communication approaches because of the sensitivity of the topic. Most perceived the information as clinically necessary and initiated dialogues with a clear purpose to reassure patients. As shown in the following quote, participants maintained a professional stance by indicating that their questions were not driven by curiosity.

> I know that the patient has incontinence and sexual troubles, because she has a vaginal fistula, so I asked, "How do you handle your sexual life?" I'm asking them for information that I need, so I don't ask them just for the sake of interest. I try to make that appealing to them.
>
> (ID-J4, Female, 15 years, Japan, Interview)

The participant normalised the experiences of living with a vaginal fistula to reassure the patient about the reason for questioning and acknowledge the difficulties with empathy. Other participants referred to assessments related to perianal fistulas and stomas as ways to engage in providing sexual wellbeing care. Furthermore, some clarified their nurses' role to legitimise bringing up such a sensitive topic.

> Some patients do not understand how their disease spills over into their sexual lives, or in fact, they want to talk to healthcare professionals, but the patient may not think they are the right person to talk to, so I tell them about my role …
>
> (ID-J3, Male, 7 years, Japan, Interview)

5.4 | Theme 4: Providing Personalised Nursing Support

This theme captured rich and varied narratives, highlighting strategies shaped by participants' knowledge, extensive experience and personal qualities. Differences in practices among individuals often stemmed from a lack of education on sexual wellbeing, leading participants to rely on their own judgement and communication style. The four sub-themes were 'providing specific information', 'encouraging mindful dialogue', 'using storytelling as support', and 'initiating conversation and responding when asked', representing complementary ways in which participants tailored their support.

5.4.1 | Sub-Theme 1: Providing Specific Information

This describes the view that information pertaining to sexual wellbeing provided to address patients' concerns was seen as critical, and participants often employed innovative ways to identify the needs for such information.

> I think they need information from a healthcare professional rather than Google. I think that people who have enough information make a better educated, informed decision and they can go and look further into it themselves.
>
> (ID-E8, Female, 20 years, Canada, Interview)

> If I must ask about sexual issues, I think some patients prefer not to answer the question. If anything, I would like to pick it up in the conversation and ask if they're having trouble.
>
> (ID-J5, Male, 9 years, Japan, Interview)

The information provided covered a wide range of topics, from medication adjustments for erectile dysfunction to the use of assistive tools to support sexual activity such as lubricants and methods to raise sexual arousal. In addition, practical advice was provided regarding the use of stoma covers during sex and adjustment of the angle of intercourse to accommodate physical conditions. Information on pregnancy and fertility was provided through pamphlets. Participants also provided information to support partner relationships.

> I advised the younger male patients who wished their partners to become pregnant to take supplements that provide zinc and other nutrients.
>
> (ID-J5, Male, 9 years, Japan, Interview)

> I provide information about the lack of vaginal lubrication and pain during intercourse caused by surgery. Adjusting the angle can make it less painful and lubrication is recommended. I want to help patients recognize that there is nothing wrong or strange about using these things and to be able to talk about it with their partners.
>
> (ID-J14, Female, 21 years, Japan, Interview)

5.4.2 | Sub-Theme 2: Encouraging Mindful Dialogue

Most participants reported that patients rarely asked them questions pertaining to sexual wellbeing-related matters. Therefore, it was important for them to listen attentively to patients' concerns. They did not necessarily provide answers but aimed to jointly address these concerns. As indicated in the quote below, one participant described that providing answers was not always necessary and simply talking itself held value for people living with IBD.

> I would definitely raise it as a topic. Will I have all the right answers for them? Absolutely not, but I absolutely feel confident in having a conversation with them.
>
> (ID-E3, Female, 3 years, Australia, Interview)

Additionally, practices such as creating a safe environment listening to patients' stories without judgement and waiting for an appropriate moment helped make it easier for people living with IBD to talk.

> Basically, from my standpoint, when people want to do something, I don't tell them that it's impossible, but I try to find the best possible way to help them.
>
> (ID-J15, Male, 13 years, Japan, Interview)

5.4.3 | Sub-Theme 3: Using Storytelling as Support

Occasionally, the stories and experiences of patients with the same disease can be more informative than the advice of healthcare professionals. Therefore, several participants provided emotional support by sharing anonymous stories of other patients.

> I told the patient that some other patients have been successfully married.
>
> (ID-J8, Female, 16 years, Japan, Interview)

> I start by saying, "You know, people living with your condition [perianal disease] often mentioned having difficulties being intimate with their partner. Is this something that you have experienced?"
>
> (ID-E3, Female, 3 years, Australia, Interview)

These practices helped reduce the taboo associated with sexual topics by storytelling other patients' concerns, and normalising the topic. Additionally, referring to the experiences of other patients allowed participants to approach the topic less directly, which lowered the sense of ownership of the topic.

5.4.4 | Sub-Theme 4: Initiating Conversation and Responding When Asked

Although some practices involved participants assessing and initiating questions when deemed necessary, for example, when patients had a stoma or were experiencing a life event such as marriage, many revealed a more passive attitude. This was due to the need to prevent patient discomfiture, nurses' challenges and a lack of education.

> These are the exact questions that I ask my patients these days: "What are your goals for care? What

> matters to you? Help us understand your life so that we can make a decision that aligns with your goals"; all of that was missing from my care.
>
> (ID-E8, Female, 20 years, Canada, Interview)

This illustrates that understanding the patient is the first step to providing support. Furthermore, other participants recognised the challenges of the early onset of IBD and responded sensitively to psychological concerns such as age and embarrassment.

> I feel that sometimes, if you don't bring it up, it will never be asked, but if you do bring it up, patients can be embarrassed. So, I think it's about reading the room and, obviously, if you have a young person who's come in with a parent, it may not be appropriate.
>
> (ID-E4, Female, 21 years, UK, Interview)

> It's hard to ask…it may be [that] the patient doesn't want to say. If the patient says anything, I try to listen. But, I can't ask too much.
>
> (ID-J7, Female, 20 years, Japan, Focus group)

6 | Discussion

The purpose of this study was to explore how nurses across different geographical and cultural regions approached the sexual wellbeing concerns of people living with IBD in practice. Although participants were recruited internationally, nurses' narratives revealed more commonalities than differences across regions. The differences observed in this study may thus reflect individual clinical experiences rather than country-specific approaches. Across the four main themes, nurses' approaches to sexual wellbeing reflected an overarching emphasis on careful exploration in real life practice, although actual engagement varied by the individual circumstances and perceived priorities. Although not all nurses were consciously aware of their respective practices, narratives from those with substantial experience in caring for people living with IBD provided valuable insights into clinical practice. Several barriers to addressing sexual wellbeing were mentioned: the sensitive nature of the topic, uncertainty about whether patients desired to discuss it, limited time to engage in conversations during busy daily routines, and the perception that it is a lower priority in the context of medical treatment. These barriers aligned with those previously identified in people living with IBD (Fourie et al. 2024; Ma et al. 2024; O'Reilly et al. 2025). However, most nurses recognised the importance of sexual wellbeing as part of holistic care. Therefore, they shared several approaches to address patients' concerns. These practices were part of their routine interactions with patients, in which sexual wellbeing care was naturally embedded.

Our study found that nurses considered building rapport and creating a supportive environment as the foundation for providing sexual wellbeing care. Previous studies have similarly highlighted the importance of nurses' consultative role and relationship building regarding sexuality (Rosso et al. 2021). However, the existing literature on sexual wellbeing care for people living with IBD does not address the practical aspects of rapport building between nurses and patients. Our study provides valuable information to clarify these aspects.

Multidisciplinary work is crucial in team-based care for people living with IBD, with nurses playing a central role (Tanaka et al. 2024). This study identified two sexual wellbeing practices that facilitate connections with appropriate professionals and promote responsive, collaborative care, enhancing patients' sexual wellbeing by leveraging the strengths of multiple healthcare professionals (Williams et al. 2017). These findings, consistent with practices in other chronic diseases, indicate that building rapport and engaging in multidisciplinary collaboration are basic, yet essential components of patient-centred care.

This study revealed that nurses gathered a range of information and identified the need to assess sexual wellbeing. Williams et al. (2017) reported that nurses assessed nonverbal expressions and elicited information through daily conversations with patients with gynaecological cancer. In this study, IBD-specific assessment focused on clinical and life situations, including frequent toileting, changes in disease activity or relationship status and the presence of vaginal/perianal fistulas or stomas. As sexual concerns are highly individualised and closely tied to privacy and personal values, nurses reported difficulties in establishing clear criteria for when and how to initiate assessments thereon. Several nurses reported learning through trial and error during their daily practice.

The most varied practice that emerged from our findings was the delivery of personalised nursing support. Although some nurses could draw on their experience and knowledge to support patients, not all possessed these competencies, primarily because of a lack of sexual wellbeing education. This gap was consistent across nurses regardless of their demographic backgrounds. In previous studies, the narratives of people living with IBD reflected a lack of discussion with healthcare professionals (Fourie et al. 2021; Fretz et al. 2024; Ma et al. 2024), which was confirmed in the present study. Educating medical professionals is a prerequisite for overcoming this hurdle.

Although the four themes were presented separately, they were closely interconnected and represented a sequence of related nursing practices. Building rapport and recognising the environment, including the time and place for the discussion of sensitive topics, were fundamental components of care. Building on this, nurses demonstrated their professional skills and identified needs through their intuition and careful assessment, thereby mitigating the discomfort of people living with IBD. Moreover, some nurses described concrete practices—adaptable even for inexperienced nurses—that could be adapted according to the clinical situation, available time and concerns of people living with IBD. All four themes demonstrated flexible practices for improving patients' sexual wellbeing.

6.1 | Strengths and Limitations

To the best of our knowledge, our study is the first to focus specifically on nurses' practices for supporting the sexual wellbeing of people living with IBD. Whereas most previous studies have focused on patients' perspectives, this study provides complementary insights by illuminating nurses' narratives and experiences, which are essential for aligning care priorities with those of patients. By incorporating cases from multiple countries, this study not only highlights context-specific practices but also identifies global trends in sexual wellbeing care. A notable strength is that nurses shared a common recognition of the importance of patients' sexual wellbeing despite nurses' different cultural backgrounds and adapted their practice accordingly, indicating the potential generalisability of the findings globally.

This study had some limitations. Although data analysis was conducted in the original languages to preserve contextual richness and Japanese categories were carefully translated into English through multiple peer discussions, challenges remained. Subtle cultural nuances may have been lost or altered during translation, and differences in linguistic structures and approaches between Japanese and English may have influenced category interpretation. To mitigate these limitations, the research teams in both language groups engaged in frequent and structured meetings (face-to-face meetings, emails and video conferencing) to discuss interview guides, share interim findings, integrate coding frameworks and collaboratively name themes. These efforts aimed to ensure consistency and foster a shared interpretive framework across cultural and linguistic contexts. Additionally, some participants were recruited using snowball sampling, which may have introduced selection bias by limiting participant diversity to those within certain networks. Therefore, the sampling method may have restricted the generalisability of the findings. Although participants were recruited from several countries, the number of participants from each country was small and uneven, making meaningful cross-cultural or cross-national comparisons impossible. Therefore, the differences found in this study were interpreted primarily as reflecting individual experiences rather than country-level characteristics. Furthermore, the practices described by nurses did not include accounts by sexual minorities. This absence suggests that the study may not have fully captured the diversity of nursing practices in this area. Future research could explore a broader range of practices, including those addressing the needs of sexual minority patients.

6.2 | Recommendations for Further Research

This study offers valuable insights by exploring nurses' perspectives across several countries, primarily Japan and the English speaking nations, thereby providing initial insights into sexual wellbeing care. This study highlights commonalities across contexts and offers a foundation for future investigations into region-specific approaches. While marked differences were not observed, the findings contribute to the development of culturally responsive care and underscore the need for further data accumulation and diverse methodological approaches. Future studies could build on this foundation by expanding the number of participants to further explore regional disparities and context-specific practices in sexual wellbeing. In addition, testing the applicability of the derived categories in other cultural contexts or through survey-based studies could enhance the generalisability of the findings.

6.3 | Implications for Policy and Practice

This study highlighted the importance of addressing sexual wellbeing in holistic and person-centred care for people living with IBD. Nurses require supportive environments, with adequate time, knowledge and training to engage in conversations with patients about their sexual wellbeing. Providing education and resources can help strengthen nurses' skills and confidence. By incorporating sexual wellbeing into everyday nursing practices, healthcare systems can promote more comprehensive and inclusive models of chronic illness care.

7 | Conclusion

In this study, nurses indicated that support for sexual wellbeing among people living with IBD was considered important and was provided after establishing rapport based on trust and collaboration as a team. Given the highly individualised sexual concerns of their patients, nurses conducted assessments based on each patient's life context and specific concerns and implemented care practices that were responsive to these concerns. To facilitate this, they intentionally created a supportive environment that encouraged their patients to express their concerns. Cultural factors that contributed to the difficulty of addressing sexual wellbeing were linked to societal taboos surrounding sexuality, which appeared to influence practices across the different regions in this study. The need for training in sexual wellbeing care was comparable across participants regardless of their demographic characteristics. Building on these findings, future research could focus on assessing the effectiveness of real-world nursing interventions and educational strategies in this area. Furthermore, development of communication tools to aid identifying sexual wellbeing concerns should be considered.

Author Contributions

Sayaka Wakai: conceptualisation, data curation, data analysis, investigation, methodology, validation, visualisation and writing (original draft preparation). **Simona Fourie:** conceptualisation, data curation, data analysis, funding acquisition, investigation, methodology, project administration, resources, supervision, validation, visualisation, writing (review and editing). **Aki Kawakami:** conceptualisation, data analysis, funding acquisition, validation, visualisation, writing (review and editing). **Mina Nozawa:** conceptualisation, data analysis, investigation, validation, visualisation, writing (review and editing). **Makoto Tanaka:** conceptualisation, data curation, data analysis, funding acquisition, investigation, methodology, project administration, resources, supervision, validation, visualisation, writing (review and editing).

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Ethics Statement

This study was performed in accordance with the Declaration of Helsinki and approved by the Ethical Review Committee of the Faculty of Medicine, Tokyo Medical and Dental University (approval number: M2022-338) and the University of Oxford (approval number: R 82054_RE003).

Consent

All participants provided informed consent to participate in this study and their privacy and anonymity were protected.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Peer Review

For transparency, the peer review documents associated with this article are available at https://doi.org/10.1111/jan.70602.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** jan70602-sup-0001-DataS1.docx.