**Original Article**

# Patient's Sexual Health and Nursing: A Neglected Area

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**Abstract**

**Aim:**The aim of this study is to define the views of the nurses about the evaluation of the sexual health of the patients and the obstacles they experienced during the evaluation of sexual health.
**Method:**This descriptive study was conducted between September and December 2016 in a university hospital at Turkey. 188 nurses who agreed to participate in the survey and completed the questionnaires were included in the study. Research data were collected using questionnaire. Research data were analyzed using SPSS 16.0 software. Descriptive statistical tests were used during the evaluation process.
**Results:**47.3% of the nurses were in the 26-35 age group. 35.1% of the nurses found their level of knowledge about the subjects related to sexuality in inadequate. 66% of the nurses considered the evaluation of the patient's sexuality to be part of the holistic care but only 58.5% of the nurses provided sexual counseling in patient care. Only 13.8% of them knew there were models available for evaluating sexual health. The most known model among nurses was PLISSIT (88.4%). 79.8% of the nurses reported that there were several obstacles to evaluate patients' sexuality in clinical practice. Seen of sexuality as a taboo (%94.0%) is the most important obstacle to the evaluation of the patient's sexuality.
**Conclusion:** It is necessary for nurses to have the knowledge and skills to evaluate patient sexuality. It is recommended that nurses participate in field-specific courses / in-service training programs and the use of the model be encouraged.

**Keywords:** Sexual Health, Sexuality, Patient, Nursing, Care

## Introduction

Sexuality is an integral part of human life. Sexual health is an important indicator of both physical and mental health and is an essential component of general health (Nusbaum & Rosenfeld, 2004; French, 2009). Sexual health is negatively affected by many factors including physical / mental health status, chronic illnesses, surgery, changes in body structure or function. The impairment of sexual health paves the way for the emergence of sexual dysfunctions (Basson et al., 2005).Sexual dysfunctions lead to disruptive problems that lower self-confidence and self esteem and impair interpersonal relationships. They can also develop as a secondary comorbid condition due to an illness or treatment process whereas they can be a major health problem (Pınar, 2010). For this reason, regardless of their diagnosis, it is important to create a setting in which the problems related to sex can be easily expressed by the patients / individuals who need care, to take sexuality seriously into consideration during the caring process, and to allocate more time for the protection of sexual health in patient education. This approach is seen as an important element in the promotion and protection of sexual health and development of quality of life (Higgins et al., 2006; Quinn & Browne, 2009; Saunamaki et al., 2010).

Within the multidisciplinary team, especially nurses play a key role in the presentation of sexual health counseling since the assessment of the sexual health of the patient is an important part of professional nursing role and holistic care. However, nurses who care for the patients according to the biomedical model for many years have not been able to consider the individual patient in a different manner except for the physiological dimension. The orientation of nurses to holistic nursing care has enabled the bio-psycho-social-spiritual dimensions of the patients to be included in the care process while evaluating the patients. Nevertheless, a significant number of nurses today are neglecting to evaluate the sexual health of patients due to various factors (Haboubi & Lincoln, 2003; Magnan et al., 2005; Higgins et al. 2006; Lavin & Hyde, 2006; Rana et al.,2007;Vassiliadou & Stamatopoulou, 2008; Quinn & Browne, 2009; Byrne et al., 2010; Saunamaki et al., 2010; Jaarsma et al., 2010; Pınar, 2010; Olsson et al., 2011).

## Methods

### Study design

The aim of this study is to define the views of the nurses about the evaluation of the sexual health of the patients and the obstacles they experienced during the evaluation of sexual health.

### Setting and Sample

This descriptive study was conducted between September and December 2016 in a university hospital.The study sample consisted of 230 nurses working in adult internal medicine and surgical wards. A sample selection was not made in the survey, and the entire sample was tried to be included in the study. 188 nurses who agreed to participate in the survey and completed the questionnaires were included in the study.

### Data Collection Tools

Research data were collected using Personal Information Form and Questionnaire Obstatcles and Views About Patient Sexuality. Personal Information Form: In the personal information section, there were 11 questions about some socio-demographic characteristics such as age, gender, marital status, educational status and some professional characteristics such as occupational study period, working clinic, number of daily care, weekly working hours.Questionnaire Obstatcles and Views About Patient Sexuality: The questionnaire form consisted of 15 questions to determine the nurses' views on assessing the sexual health of the patient and the factors they consider to be impeding their evaluation.

### Evaluation of Data

Research data were analyzed using SPSS 16.0 software. Descriptive statistical tests were used during the evaluation process.

### Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration. Before the draft scale was administered, the volunteer information form was read to the students who were to fill out the form, their verbal permissions were obtained, and they were told that the data obtained would only be used for scientific purposes and that the participants' names would be kept confidential.

## Results

A 47.3% of the nurses were in the 26-35 age group and 73.9% were female. 59.6% of them were married. 80.3% had undergraduate level of education. 43.1% of the nurses had 6-15 years of vocational working time and 58% were working in internal medicine clinics. 80.3% of the participants were working for 41 hours or more weekly and 36.2% of they were caring for 21 patients daily on mean (Table 1).

A 35.1% of the nurses found their level of knowledge about the subjects related to sexuality in inadequate and 70.2% of them thought that the training provided in vocational education programs related to sexuality and sexual health assessment was unsatisfactory.Only 5% of the nurses thought that they received special training to improve their sexual health assessment skills, and 51.1% reported that the ability to diagnose the sexual problems of the patient they cared for was sufficient (Table 2).

A 66% of the nurses considered the evaluation of the patient's sexuality to be part of the care. 75% of them thought that communication should be started by the "nurse" while talking about sexual issues.Only 13.8% of them knew there were models available for evaluating sexual health.

The most known model among nurses was PLISSIT (88.4%). 79.8% of the nurses reported that there were several obstacles to evaluate patients' sexuality in clinical practice.

The most common obstacles in assessing patient sexuality were sexualityadopt as a taboo (94.0%), lack of time (87.3), and self-disturbance / feeling ashamed (86.6%) while talking about sexual issues (Table 3).

**A** 58.5% of the nurses provided care in the sexuality-related issues. 40% of those who reported they offered counseling foundthat inadequate. Changes in body image (66.4%), contraception (65.5%) and disease / treatment effect on fertility (65.5%) were among the top three consulted topics in sexual issues (Table 4).

**Table 1. Nurses' some descriptive characteristics**

| **Characteristics** | **n (%)** |
|---|---|
| **Age** | |
| 19-25 years | 43 (22.9) |
| 26-35 years | 89 (47.3) |
| ≥36 years | 56 (29.8) |
| **Sex** | |
| Female | 139 (73.9) |
| Male | 49 (26.1) |
| **Marital status** | |
| Married | 112 (59.6) |
| Single | 76 (40.4) |
| **Education status** | |
| VocationalHigh School | 22 (11.7) |
| Undergraduate | 151 (80.3) |
| Master and above | 15 (8.0) |
| **Vocational working time** | |
| ≤ 5 years | 78 (41.5) |
| 6-15years | 81 (43.1) |
| ≥16 years and over | 29 (15.4) |
| **Working clinic** | |
| Internalmedicine clinic | 109 (58.0) |
| Surgicalclinic | 79 (42.0) |
| **Weekly working time** | |
| 40 hours | 37 (19.7) |
| ≥41 hours | 151 (80.3) |
| **Daily number of patients** | |
| 1-10 patients | 55 (29.3) |
| 11-20 patients | 65 (34.6) |
| ≥21 patients | 68 (36.2) |
| **Total** | **188 (100.0)** |

**Table 2. Nurses' themselves adequate in the sexuality**

| Characteristics | n (%) |
|---|---|
| **The views on relevant knowledge about sexuality** | |
| Adequate | 122 (64.9) |
| Inadequate | 66 (35.1) |
| **The views on relevant educational knowledge about sexuality in vocational training** | |
| Adequate | 56 (29.8) |
| Inadequate | 132 (70.2) |
| **The views on receiving special training related to sexual health status** | |
| I got training. | 10 (5.3) |
| I didn't training. | 178 (94.1) |
| **The ability of diagnosing sexual problems of the patients** | |
| Adequate | 96 (51.1) |
| Inadequate | 82 (48.9) |
| **Total** | **188 (100.0)** |

**Table 3. Nurses' views about the evaluation of patients' sexuality**

| Views / Obstatcles | n (%) |
|---|---|
| **Is the assessment of patients' sexuality apart of care?(n=188)** | |
| Yes | 124 (66.0) |
| No | 64 (34.0) |
| **Who should initiate communication while talking on sexual issues?(n=188)** | |
| Patient | 47 (25.0) |
| Nurse | 141 (75.0) |
| **Do you know the models used to assess sexual health?(n=188)** | |
| Yes | 26 (13.8) |
| No | 162 (86.2) |
| ***Do you know which models are used to assess sexual health?(n=26)** | |
| PLISSIT Model | 23 (88.4) |
| ALARM Model | 14 (53.8) |
| **Are there any situations preventing you from evaluating patients' sexuality?(n=188)** | |
| Yes | 150 (79.8) |
| No | 38 (20.2) |
| ***Factors preventingyou from evaluating patients' sexuality(n=150)** | |
| Adopt sexuality as a taboo | 141 (94.0) |
| Lack of time | 131 (87.3) |
| Self-disturbance / feeling ashamed | 130 (86.6) |
| Knowledge inadequacy | 125 (83.3) |
| Do not accept sexuality as a priority in patient care | 121 (80.6) |
| A large number of patients | 114 (76.0) |
| Inadequate clinical guidelines | 102 (68.0) |

**Multiple alternatives were marked; the percentages were calculated based on n.*

**Table 4. Nurses's sexual counseling experiences**

| Characteristics | n (%) |
|---|---|
| **Do you provide counseling foryour patients onsexuality-related issues?(n=188)** | |
| Yes | 110 (58.5) |
| No | 78 (41.5) |
| **Do you find your counseling on sexual issues satisfactory?(n=110)** | |
| Yes | 66 (60.0) |
| No | 44 (40.0) |
| ***Sexual counselingsubjects given by nurses (n=110)** | |
| Body image changes | 73 (66.4) |
| Contraception | 72 (65.5) |
| Disease / treatment effect on fertility | 72 (65.5) |
| Communication with spouse or partner | 49 (44.5) |
| Disparoni | 45 (40.9) |
| Decrease in sexual desire | 43 (39.1) |
| Disease / treatment effect on sexual activity | 43 (22.9) |
| Sexuality during menopause | 39 (35.5) |
| Decrease in sexual satisfaction | 35 (31.8) |
| Vaginal dryness | 35 (18.6) |

** Multiple alternatives were marked; the percentages were calculated based on n.*

**Discussion**

The study revealed that 2/3 of the nurses considered the assessment of patient sexuality as a part of nursing care, but only 58.5% of them reported that they offered counseling their patients on the sexuality-related issues. Many recent studies have shown that nurses considered sexual health and sexual functioning as an important aspect of nursing and holistic care, but they were inadequate and reluctant to fulfill these roles(Haboubi & Lincoln, 2003; Magnan et al., 2005; Higgins et al. 2006; Lavin & Hyde, 2006; Rana et al.,2007;Vassiliadou & Stamatopoulou, 2008; Quinn & Browne, 2009; Byrne et al., 2010; Saunamaki et al., 2010; Jaarsma et al., 2010; Pınar, 2010; Olsson et al., 2011).

The inadequacies and reluctance of nurses are closely related to various factors.In our study, the nurses noted the presence of various factors (such as sexual taboos, lack of time, uncomfortable feelings / embarrassment, disregarding sexuality as a priority in patient care, excessive number of patients, inadequacy of clinical guidelines) that impede patient sexuality assessment in clinical practice. The major factor is that sexuality is regarded as "taboo" by the participant nurses. In a conservative society like Turkey, it is not easy to talk about sexual issues. In our society due to the rearing styles, cultural, social and religious factors "sexuality" is neglected and ignored. As a result of these factors, while talking about these subjects, feelings of discomfort and embarrassment can be experienced.First of all, the nurse must be aware of his/her own feelings, attitudes and beliefs in order to communicate effectively with the patient aboutsexuality-related issues. Nurses should determine the potential impact of personality traits that will be effective in discussing sexuality with the patient. If the nurse is having difficulty in assessing patient's sexuality due to personal factors, she or he should improve her/his level of comfort (Mick, 2004; Katz 2005; Lally, 2006; Mick, 2007; Taylor & Davis, 2006; Oskay et al.,2010).

In our study, it was found that nurses regarded lack of time as an important obstacle to the evaluation of patients' sexuality.Several studies have shown that the greatest obstacle encountered by the nurses to their communication with the patient about sexual issues is the failure to set aside enough time to discuss them(Magnan et al., 2005Byrne et al., 2010;Pınar, 2010; Zeng et al., 2011). In this study, about 2/3 of the nurses found their level of knowledge in the sexuality-related issues to be inadequate and 83.3% of the nurses listed the "lack of knowledge" as one of the most important obstacles to the evaluation of the patient's sexuality. This finding is similar to many studies in the literature. Other studies reveal that very few of the nurses feel themselves "adequate" in order to be able to talk about the issues in question, and that they can not initiate communication with the fear that the patients will not be able to answer their questions(Vassiliadou&Stamatopoulou, 2008; Kong et al., 2009; Jaarsma et al. 2010). It is extremely

important for nurses to increase their level of knowledge about the subject.

Many studies show that sick individuals are generally willing to talk to health care providers on related issues (Berman et al., 2003; Karadeniz et al., 2005; Flynn et al. 2012; Nusbaum et al., 2004). However, nurses have difficulty in initiating communication when they ask questions about sexual issues, thinking that patients will feel uncomfortable, nervous and anxious(Byrne et al., 2010; Pınar, 2010; Jaarsma et al., 2010). In this study, 3/4 of nurses think that communication should be started by "the nurse" while talking on sexual issues. In fact, it does not matter who initiates communication while talking about sexuality. What is important is that communication is initiated and maintained in the right environment at the right time and with the right questions.

It is recommended that nurses who have difficulty communicating in related issues should participate in training programs to enhance their level of knowledge and communication skills. In this study, only 5% of the nurses stated that they had received special training to improve their sexual health assessment skills. In another study, nurses' sexual health counseling rates were found to be quite low and 83.5% of the nurses did not participate in any educational program related to sexual counseling (Pınar, 2010). In the literature, it is emphasized that nurses trained in sexual dysfunctions and sexual counseling feel more comfortable and provide effective counseling in the evaluation of patient sexuality (Saunamaki et al., 2010; Jaarsma et al., 2010).

Models called PLISSIT, ALARM, ALLOW, BETTER, REST, PLEASURE acronyms provide effective guidance for nurses by listing the appropriate steps in the evaluation of patient sexuality. In this study, few of the nurses know that there are models that can be used in assessing sexual health. PLISSIT was the most known modelamong our sample of nurses. There are many studies showing that the use of the model contributes to the identification of factors that negatively affect sexual health, elimination of sexual abuse, and enhancement of the quality of sexual life (Mick, 2004; Katz 2005; Lally, 2006; Mick, 2007; Taylor & Davis, 2006; Oskay et al., 2010).In this study, it is seen that the issues related to fertility and contraception are ranked in the first place among the subjects the nurses give sexual counseling. Speaking rates about sexual function, sexual satisfaction, dyspareunia, vaginal dryness were found to be very low. In another study, it was determined that the most frequently consulted subjects were family planning (65%) and genito-urinary problems (58%) (Stokes & Mears, 2000). Sexual health includes sexual intercourse, sexual satisfaction and sexual functions as well as reproductive and fertility. For this reason, it is important that the sexual counseling is structured according to the needs of the individuals.

**Conclusion**

Although a considerable number of nurses consider it an important part of the evaluation of patient sexuality, they are unable to fulfill these roles effectively in clinical practice. Nurses are responsible for strengthening the sexual health of the individuals they care for, encouraging them to express their sexual problems, identifying the causes of these problems, making appropriate initiatives to resolve these identified problems, and raising their quality of life. It is necessary for nurses to have the knowledge and skills to evaluate patient sexuality and to be supported on these skills in clinical practice. It is recommended that nurses participate in field-specific courses / in-service training programs and the use of the model be encouraged.

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