

An Attempt to Assess Nurses' Competence in Field of Sexual Counseling and Education

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ABSTRACT

Objectives: we try to assess what is the proportion of nurses, who admit that they are "embarrassed by talking with other people about sexuality" and which is their level of sexuality self-awareness. **Material and methods:** we collected the data from 160 nurses, using our own elaborated, anonymous questionnaire. The respondents were obliged to react also for the statement: "I am embarrassed by talking with other people about sexuality". Other statements of the questionnaire allowed assessing the level of sexual self-awareness of the responders, expressed by so called "Index S", which could take at maximum the value equal to 23. **Results:** It occurred that the level of sexual self-awareness among nurses, who admitted that they are "embarrassed by talking about sexuality", is different towards nurses, who are not "embarrassed". This difference is statistically significant ($t = 5,40$, $p < 0,001$). **Conclusions:** The presented results of the conducted survey show that a quarter of examined nurses are reluctant to talk with patients on the subject of sexuality. These nurses have low level of awareness of their own sexuality. It seems, therefore, that only a part of nurses are predisposed to carry out supportive therapy related to sexual problems and conduct sexual education. The question of whether modification of nurses' attitudes in the field of sexual awareness is possible and indicated requires a separate study.

KEYWORDS: Nurse; Sexual counseling; Education; Embarrass

Introduction

There are many reasons why nurses should be familiar with the issue of human sexuality. The ability to respond to problems related to this sphere results from the overriding requirement for nurses to be able to provide advice and support, sometimes referred to as supportive psychotherapy [1-4]. Some nurses also work in health care institutions where the frequency of problems related to sexuality issues is significant [4]. Having extensive knowledge of sexology is useful when working in

gynecological wards, obstetrics departments, specialized counseling centers for women and youth, and even for older people [4]. Recently, the relationship between the cognitive performance of older people and their sexual activity is being increasingly emphasized in literature. Therefore, organizing counseling and even special seminars on this subject, carried out in institutions that take care of seniors, which nurses could undertake, is suggested [5-9]. Other reasons for the increased demand for nurses' skills in the area of information on the sphere of sexuality arise from the intentions of

introducing sexual education in schools [10-13]. Therefore, the question arises whether nurses are competent to carry out the mentioned supportive psychotherapy covering sexuality problems, and possibly advice for the elderly, or in the realm of sexual education.

At the same time, it is necessary to be able to answer the question if a given person has the appropriate competences in this area. Nurses have specialist knowledge about the anatomy and physiology of the human body, diagnostic and therapeutic methods in the field of gynecology, and even andrology and psychiatry. Sexology, however, also includes issues from the border of psychology and the field of cultural products. These issues are often perceived as embarrassing, intimate and difficult.

There are different scales describing the sexual activity of individuals, but many authors emphasize that the impact of sexuality on cognitive performance consists not so much on sexual activity itself, but on a positive attitude, acceptance and interest in sexuality [5,7]. Therefore, these arguments earlier prompted us to perform assessments of the level of one's own sexuality awareness among nurses. We published the results of these attempts in our former surveys we used our own questionnaire, with the help of which we tried to estimate not

just the level of sexual activity itself, but rather the acceptance of and interest in the sphere of sexuality [14-17].

The obtained results and further considerations on the above issue prompted us to repeat and extend this research using a modified questionnaire that would allow us to draw conclusions better justified by objective findings. Namely, we repeated the survey after adding three questions to the questionnaire, examining how many the surveyed nurses accept conducting conversations with patients, without embarrassment, on subjects related to sexuality.

MATERIALS & METHODS

The research consisted in obtaining data using the questionnaire presented in table 1. The questionnaire of this survey contains 23 statements that should be answered with the terms: yes, in the middle, no. It is possible to calculate the obtained number of points for the answers given by a certain person, assuming that we assign 1 point to "yes" answers, 0.5 to the answers "in the middle" and 0 points to "no" answers.

We kindly ask you to fill in the following questionnaire.

Nick I am M, F Age field of study

	Statements or questions related to body awareness, sensuality and libido. Please put an "X" in the appropriate box:	Yes	In the middle	No
1	I accept my body fully			
2	As a woman - I dress to look sexy; being a man I admit that I pay attention to the sensual attire and appearance of women			
3	Erotic life and sex have always been important to me			
4	I accept sensuality and I perceive sexuality in myself and other people and even in the heroes of novels and movies			
5	I like to read articles about sex and watch erotic movies (videos)			
6	I don't care about the various objections regarding sensuality and sex coming from the clergy and various moralists			
7	I treat erotic life and sex as a reward for the effort in everyday life			
8	I think my sensuality is higher than average			
9	As a woman, I act - in a discreet and elegant manner – in order to inspire male desire. Being a man, I behave to increase my potential opportunities to make acquaintances with women.			
10	I very often use erotic imagery.			
11	I try to realize some of my erotic fantasies.			
12	I constantly enrich the repertoire of my erotic fantasies			
13	My collection of erotic fantasies determines to a large extent my way of spending free time or even my life strategy.			

14	Do you have at least one person who you tell about, at least a part of your erotic fantasies?			
15	Being on a walk or in cafés or other places, I notice people of the opposite sex who draw my attention by reason of their beauty and/or sensuality			
16	Are you so determined when you have a date that you would only resign from it because of dramatic obstacles?			
17	Do you sometimes feel guilty about the content of your erotic fantasies?			
18	Do you like to watch movies containing hard and cruel (sadistic) scenes?			
19	Are you impressed or deeply moved by the view of the sunset, a full moon or the starry sky?			
20	I think that participation in the program of sexuality education at school helps to get to know one's sexuality (needs, interests)			
21	I am embarrassed by talking to other people about sexuality			
22	As a nurse, I am able to talk with patients about their sexuality			

For item 20 put a √ beside one of following possible answers:

23	My sexual activity is rich and satisfies me	I experience erotic contacts, but I feel their lack	My sexual activity is scarce and does not satisfy me	I'm not sexually active, but it's not important to me
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Table 1: Questionnaire for anonymous survey.

Question number	Question Content	Yes %	In the middle %	No %
15.	Being on a walk or in cafés or other places, I notice people of the opposite sex who draw my attention by reason of their beauty and/or sensuality	83	4	13
4.	I accept sensuality and I perceive sexuality in myself and other people and even in the heroes of novels and movies	81	5	14
19.	Are you impressed or deeply moved by the view of the sunset, a full moon or the starry sky?	75	5	21
20.	I think that participation in the program of sexuality education at school helps to get to know one's sexuality (needs, interests)	67	5	29
3.	Erotic life and sex have always been important to me	65	3	31
1.	I accept my body fully	63	3	34
9.	As a woman, I act - in a discreet and elegant manner - in order to inspire male desire. Being a man, I behave to increase my potential opportunities to make acquaintances with women.	62	4	34
22.	As a nurse, I am able to talk with patients about their sexuality	62	9	29
2.	As a woman - I dress to look sexy	59	5	36
6.	I don't care about the various objections regarding sensuality and sex coming from the clergy and various moralists	52	10	38
11.	I try to realize some of my erotic fantasies.	51	3	45
14.	Do you have at least one person who you tell about, at least a part of your erotic fantasies?	48	2	50
5.	I like to read articles about sex and watch erotic movies (videos)	42	4	54

8.	I think my sensuality is higher than average	33	10	57
10.	I very often use erotic imagery.	33	7	60
16.	Are you so determined when you have a date that you would only resign from it because of dramatic obstacles?	31	7	63
12.	I constantly enrich the repertoire of my erotic fantasies	29	11	60
21.	I am embarrassed by talking to other people about sexuality	23	1	76
17.	Do you sometimes feel guilty about the content of your erotic fantasies?	17	4	79
13.	My collection of erotic fantasies determines to a large extent my way of spending free time or even my life strategy.	15	6	79
7.	I treat erotic life and sex as a reward for the effort in everyday life	15	6	79
18.	Do you like to watch movies containing hard and cruel (sadistic) scenes?	10	1	89

Table 2: Proportion of answers to questions in the questionnaire.

For questions 17, 18, 21, a positive value is assigned when the respondent answered “no”. The answer to question 23 concerns sexual activity and can take the values a, b, c, d. We assigned the value of 1 point to answers “a” and “b”, 0.5 point to, answers “c”, and “d” 0 points. The number of obtained points we called Index S. A person with a high level of sexual awareness can obtain a maximum of 23 points.

The data were obtained anonymously from 160 nurses working in various health care institutions, both hospitals and clinics in the Opole Voivodship, in the following cities: Nysa, Opole, Krapkowice and Moszna, from January to March 2019. Among these people, 8 persons filled in only in the first part of the questionnaire concerning personal data such as age, work experience, education, place of residence and marital status. The second part of the questionnaire, in which there are substantive statements, was not been filled by these people. Two people refused to complete the survey. Finally, 150 nurses fully completed the survey. The results were gathered in a computer database, followed by descriptive and statistical analysis. It was not necessary for the IRB to agree to conduct our research.

RESULTS

The group of nurses who completed the anonymous questionnaire was women whose average age was 39.9 years (median 40) and the average length of professional work was 17 years. Most of the examined nurses (67%) had a higher education (bachelor of nursing) and lived in cities (65%). The majority of the surveyed women were married (67%), the remaining women were single (17%), divorced (11%) or widowed (5%).

The number of answers, in percentages for the options “yes”, “in the middle”, “no” for the questions of the questionnaire 1 – 22 is presented in table 2. The percentages of answers for the 4 possible options for question 23 are presented in table 3. The distribution of the frequency of the total number of points (Index S) obtained in the whole examined group of nurses is presented in figure 1. The calculated measures of central tendency and dispersion for the sums of points (Index S) are as follows: mean 13.3 standard deviation 4.19 median 13, minimal value 4.5, and maximum value 23.

	Options in item 23	Frequency of indication in percentages [%]
1	My sexual activity is rich and satisfies me	50.7
2	I experience erotic contacts, but I feel their lack	26.7
3	My sexual activity is scarce and does not satisfy me	14.0
4	I'm not sexually active, but it's not important to me	8.7

Table 3: Frequency of indicating four possible options in question No. 23.

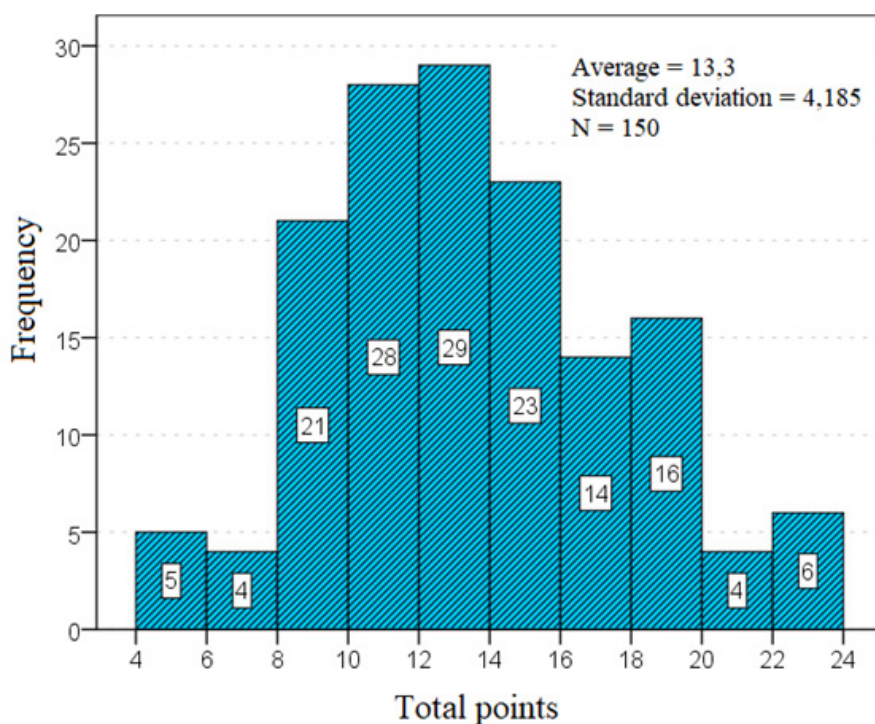


Figure 1: Whole examined group of nurses.

The calculated mean Index S and its standard deviation for the nurses who answered “yes” or “no” to questions 21 (I am embarrassed by talking to other people about sexuality)

and 22 (As a nurse, I am able to talk with patients about their sexuality) are presented in table 4. The differences are statistically significant. The t- value is also given in table 4.

		Yes	No	The result of the statistical verification, using t-test
21	I am embarrassed by talking to other people about sexuality	10,2 3,20	14,3 4,01	t = 5,40; p < 0,001
22	As a nurse, I am able to talk with patients about their sexuality	14,7 4,18	11,1 4,18	t = -5,01; p < 0,001

Table 4: The computed mean Index S and its standard deviation for nurse who answered “Yes” or “No” for questions 21 and 22.

DISCUSSION

The purpose of such outlined research was conceived on the basis of numerous reports in the literature that it is not only the fact of continuing sexual activity, but above all, a positive attitude and interest in the sphere of sexuality that affects the state of health, especially the cognitive performance of older people. Such a positive attitude and interest can be determined by the term “a high self-awareness of sexuality”, or possibly the term “the level of libido” [18-22]. A high level of self-awareness of sexuality undoubtedly facilitates conducting sexual education. We believe that the results obtained using the presented questionnaire allow one to determine the competences of a given person to provide advice to elderly

people regarding sexual activity as well as sexual education of children and adolescents.

The data obtained by our questionnaire enables us to calculate the total number of points for each examined person. This total number of points can be called Index S. In the examined group of nurses there were few, because only 23% of the women, who scored a high number of points. This results not only from considering the number of persons who obtained results greater than the median and third quantile, specified for the above mentioned Index S. An additional indication is provided by the proportion of answers to two distinguished questions No. 21 and 11.

The content of question No. 21 was: "I am embarrassed by talking with other people about sexuality." The proportion of answers to this question was: yes 23%, in the middle 1%, no 76%. The people who are not embarrassed to talk with other people about sexuality obtained a significantly higher average sum of points than those who were embarrassed by such a conversation.

Question 22 was: "As a nurse, I am able to talk with patients about their sexuality." The proportions of responses are: yes 62%, in the middle 9%, no 29%. People who are able to talk to patients about their sexuality scored significantly higher average points than those who cannot talk to them about it. It seems, therefore, that nurses who "are embarrassed by talking with other people about sexuality" and who openly admit that "they are unable to talk to patients about their sexuality" are not adequately predisposed to support sexually supportive psychotherapy or to provide advice for older people about sexual activities or support planned sexual education programs in schools. Sexuality counseling and possible sexual education by nurses who achieved a low "libido level" (below the median) on the scale presented here, may be ineffective.

It is an open problem whether those nurses who gained low values on the "libido scale" discussed here should make an effort to modify their attitude and competences. The content of individual questions of the questionnaire presented here, determines the direction of eventual attempts to make such modification possible. It should also be noted that the same scale can be used to determine the "level of libido" in older people who would join classes to modify their attitude and pattern of behavior conducive to better cognitive performance. However, the use of the proposed scale for this purpose requires separate studies.

CONCLUSIONS

1. It is possible to propose a questionnaire that also fulfills the role of a scale, enabling assessment of the awareness of one's sexuality.
2. It is helpful and useful to try to assess the level of sexuality awareness of nurses due to the existing expectations towards them that they would carry out psychotherapy support in the field of sexuality, participated in the implementation of sexual education for the elderly and in possible planned sexual education programs in schools.

3. The presented results of the conducted survey show that that more than half of the respondents had a low level of awareness of their own sexuality, and only a quarter of the respondents had high values of this characteristic. This corresponds to the proportion of respondents who say that they "are embarrassed by talking with other people about sexuality" and who openly admit that "they are unable to talk to patients about their sexuality"
4. It seems, therefore, that only a part of nurses are predisposed to carry out supportive therapy related to sexual problems and conduct sexual education.
5. The question of whether modification of nurses' attitudes in the field of sexual awareness is possible and indicated requires a separate study.

REFERENCE

1. Levi AJ. (2017). Sexual and reproductive health in nursing education. *J Obstet Gynecol Neonatal Nurs.* 46(5):e147-e148.
2. Cappiello J, Coplon L, Carpenter H. (2017). Systematic Review of Sexual and Reproductive Health Care Content in Nursing Curricula. *J Obstet Gynecol Neonatal Nurs.* 46(5):e157-e167.
3. McLemore MR, Levi AJ. (2017). Expanding access to sexual and reproductive health services through nursing education. *J Obstet Gynecol Neonatal Nurs.* 46(5):e149-e156.
4. Simmonds K, Hewitt CM, Aztlan EA, Skinner E. (2017). Pathways to competence in sexual and reproductive health care for advanced practice nurses. *J Obstet Gynecol Neonatal Nurs.* 46(5):e168-e179.
5. Wright H, Jenks RA. (2016). Sex on the brain! Associations between sexual activity and cognitive function in older age. *Age Ageing.* 45:313-317.
6. Lee DM, Nazroo J, O'Connor DB, Blake M, Pendleton N. (2016). Sexual health and well-being among older men and women in England: Findings from the English Longitudinal Study of Ageing. *Arch Sex Behav.* 45:133-144.
7. Hartmans C, Comijs H, Jonker C. (2015). The perception of sexuality in older adults and its relationship with cognitive functioning. *Am J Geriatr Psychiatry.* 23:243-252.

8. Thompson WK, Charo L, Vahia IV, Depp C, Allison M, et al. (2011). Association between higher levels of sexual function, activity, and satisfaction and self-rated successful aging in older postmenopausal women. *J Am Geriatr Soc.* 59:1503-1508.
9. Lindau ST, Dale W, Feldmeth G, Gavrilova N, Langa KM, et al. (2018). Sexuality and Cognitive Status: A U.S. Nationally Representative Study of Home-Dwelling Older Adults. *Journal of the American Geriatrics Society.* 66(10): 1902-1910.
10. Herat J, Plesons M, Castle C, Babb J, Chandra-Mouli V. (2018). The revised international technical guidance on sexuality education - a powerful tool at an important crossroads for Sexuality education. *Reprod Health.* 15(1):185.
11. Breuner CC, Mattson G. (2016). Sexuality education for children and adolescents. *Pediatrics.* 138(2):pii: e20161348.
12. Ketting E, Friele M, Michielsen K. (2016). European Expert Group on Sexuality Education. Evaluation of holistic sexuality education: A European expert group consensus agreement. *Eur J Contracept Reprod Health Care.* 21(1):68-80.
13. Rashid S, Moore JE, Timmings C, Vogel JP, Ganatra B, et al. (2017). Evaluating implementation of the World Health Organization's Strategic Approach to strengthening sexual and reproductive health policies and programs to address unintended pregnancy and unsafe abortion. *Reprod Health.* 14(1):153.
14. Brodziak A, Różyk-Myrta A. (2018a). Attempt to evaluate sexual self-consciousness in selected groups of nurses. *Ann Nurs Res Pract.* 3(1):1028.
15. Brodziak A, Różyk-Myrta A. (2018b). Comparison of sexual self-consciousness of older patients and nurses undertaking health education regarding risk factors of cognitive impairment. *MOJ Gerontol Ger.* 3(4):346-349. DOI: 10.15406/mojgg.2018.03.00143.
16. Brodziak A, Rozyk-Myrta A, Kolat E. (2018a). The way to implementation of the educational programs, realized by nurses, about benefits of sexual activity for prevention of cognitive impairment of older patients. *Ann Nurs Res Pract.* (b). 3(1):1029.
17. Brodziak A, Rozyk-Myrta A, Kolat E. (2018b). The trial of the evaluation of sexual self-consciousness in older people. *J Ger Ag Res.* 1(1):106.
18. Van Nes Y, Bloemers J, Kessels R, van der Heijden P, van Rooij K, et al. (2018). Psychometric properties of the sexual event diary in a sample of Dutch women with female sexual Interest/Arousal Disorder. *The Journal of Sexual Medicine.* 15:722-731.
19. Iveniuk J, Waite J. (2018). The psychosocial sources of sexual interest in older couples. *Journal of Social & Personal Relationships.* 35:615-631.
20. Stark R, Kagerer S, Walter B, Vaiti D, Klucken T, et al. (2015). Trait sexual motivation questionnaire: concept and validation. *J Sex Med.* 12:1080-1091.
21. Meana M. (2010). Elucidating women's (hetero) sexual desire: definitional challenges and content expansion. *J Sex Res.* 47:104-122.
22. Khantzian EJ. (2008). Supportive psychotherapy: the nature of the connection to patients. *Am J Psychiatry.* 165(10):1355.