

Özgün Araştırma

HEMŞİRELİK ÖĞRENCİLERİNİN CİNSEL SAĞLIK BAKIMI VERMEYE İLİŞKİN TUTUM VE İNANÇLARI

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ÖZET

Amaç: Cinsel sağlık iyilik halinin sürdürülmesinde önemli rol oynar. Buna karşın hemşireler cinsel sağlığı değerlendirmede sınırlılık yaşamaktadır. Bu nedenle geleceğin klinisyen hemşirelerinin etkili cinsel sağlık bakımı verebilmesi için onların bakım verme sürecini etkileyen faktörlerini bugünden bilmek önemli ve gereklidir. Araştırmanın amacı, hemşirelik öğrencilerinin hastaların cinsel sağlık bakımına ilişkin tutum ve inançlarını belirlemektir. **Yöntem:** Tanımlayıcı tipte olan bu araştırmanın evrenini Selçuk Üniversitesi Akşehir Sağlık Yüksekokulu Hemşirelik Bölümü'nde 2017-2018 eğitim-öğretim yılında kayıtlı 282 öğrenci oluşturmaktadır. Çalışmaya 161 öğrenci dahil edilmiştir. Çalışmanın yapılması için kurumdan ve katılımcılardan yazılı izin alınmıştır. Veri toplama aracı olarak araştırmacılar tarafından literatür doğrultusunda geliştirilen soru formu ile Cinsel Tutum ve İnançlar Ölçeği kullanılmıştır. Araştırmanın verileri, IBM SPSS 14.0 paket programında değerlendirilmiştir. Verilerin normal dağılıma uyma durumları değerlendirilmiş, sonuca göre parametrik/nonparametrik ilişki arayıcı testler kullanılmıştır. **Bulgular:** Çalışmaya katılan öğrencilerin, SABS puan ortalamaları (Mean±SE) 39.55±.55 (Min-Max=25-60)'tir. Öğrencilerin devam ettiği sınıf, kişisel değerleri, cinsellik hakkında soru sorduğunda kendini rahat hissetme durumu, cinsel sağlığın önemi hakkındaki görüşü, cinsel sağlık bakımı verme durumu ile cinsel sağlık bakımı vermeye ilişkin tutum ve inançları arasında istatistiksel olarak anlamlı bir fark olduğu bulunmuştur (p<0.05). **Sonuç:** Bu araştırmadan elde edilen sonuçlar; hemşirelik öğrencilerinin cinsel sağlık bakımı verme konusunda olumsuz inanç ve tutuma sahip olduğunu göstermektedir. Çalışmanın farklı gruplarda yeniden çalışılması ve sonuçların nitel çalışmalar ile de desteklenmesi önerilmektedir.

Anahtar Kelimeler: Cinsel Sağlık, Cinsel Sağlık Bakımı, Hemşirelik, Bakım, Öğrenci Hemşire

ATTITUDE AND BELIEF OF NURSING STUDENTS TOWARDS SEXUAL HEALTH CARE

ABSTRACT

Aim: Sexual health plays an important role in maintaining the wellbeing. Nevertheless, nurses have restrictions with examining sexual health. Therefore, understanding as of today the factors affecting nurses in the process of providing sexual health care is necessary for future clinician nurses to provide efficient sexual health care. The purpose of this research is defining the attitudes and beliefs of nursing students regarding sexual health care. **Method:** In this study,

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161 nursing students were included. Written consents of the institution and participants were taken. Questionnaire developed by the researchers in accordance with the literature and Sexuality Attitudes and Beliefs Survey (SABS) were used as means of gathering the data. Data was analyzed by IBM SPSS 14.0 package software. The conformity of the data to normal distribution was analyzed and according to the results, it was decided to utilize parametric/nonparametric relation identifying tests. **Results:** SABS score average of the students is (Mean±SE) 39.55±.55. It was seen that there were statistically significant difference between attitude and belief towards providing sexual health care and academic class, personal values, feeling comfortable in case of a question regarding sexuality, view regarding the importance of sexual health, the condition of providing sexual health care ($p<.05$). **Conclusion:** Results obtained from this research are as follows: it shows that nursing students have negative attitude and belief on providing sexual health care. It is suggested to make these studies on different samples and support the results with qualitative studies.

Keywords: care, nursing, nursing student, sexual health, sexual health care

INTRODUCTION

According to World Health Organization (WHO) sexuality is crucial for maintaining well-being and health, also it constitutes a substantial part of human life (WHO, 2006). For Balami, sexuality which comprises intimacy, romance, emotionality, eroticism and relationships, contributes to the life quality of individuals is important for young as well as old people (Balami, 2010). Sexual health is a holistic concept with physical, psychological, social and moral aspects (Taylor and Davis, 2006). On the other hand sexual health care involves respecting, protecting and fulfilling sexual rights of everyone (Bal, 2014).

It was stated that ensuring sexual safety of individuals under their care and providing sexual counseling to them are among the duties of the nurses (Bal, 2014). In 1974 American Nursing Association (ANA) described the care concerning sexuality as an inseparable part of the professional nursing care (Dattilo and Brewer, 2005). The North American Nursing Diagnosis Association (NANDA) included sexual dysfunctions and ineffective sexuality patterns in the list of nursing diagnosis (Melo Ade et al., 2007).

The first person with whom patients share their worries concerning sexuality and sexual health is a nurse (Haboubi and Lincoln, 2003). Nevertheless, sexual health and worries of the patients are disregarded by nurses (Davis et al, 1993). Sexual health care can't be provided by nurses due to reasons such as insufficient education, personal attitudes and lack of role models (Davis et al, 1993; Hautamaki et al 2007). In studies with nursing students as sample, constraints regarding sexual health care are similar and categorized as insufficient education, disregarding the importance of the subject and personal values concerning sexual health (Dattilo and Brewer, 2005; Huang et al 2013).

In this research, as sexual health care providers affecting the society nursing students' attitudes and beliefs regarding providing sexual health care and the factors influencing these were evaluated. The results obtained in this research will guide planning the educations in case students have generally negative attitude and belief towards providing sexual health care to bring forth positive attitude and belief, in other case with generally positive attitude and belief towards providing sexual health care to maintain these positive attitudes and beliefs.

MATERIAL AND METHODS

Aim: The main purpose of this research is defining the attitudes and beliefs of nursing students regarding sexual health care of patients.

Universe and Sample of The Research: Universe of this descriptive research consists of 282 students registered at Nursing Department of Selcuk University Aksehir School of Health in 2017-2018 academic year. In this research sample selection was not implemented, it was attempted to reach the universe. Criteria for including in the study were as follows: being a student of the nursing department, volunteered to participate in the study and over 18 years old. The data of the study was gathered between December 21 and 29 2017. Data gathering process was completed with 161 students meeting the inclusion criteria.

Means of Data Gathering: In this research, questionnaire developed by the researchers determining socio-demographic characteristics and conditions of providing sexual health care of the students and "Sexuality Attitudes and Beliefs Survey (SABS)" were used as means of gathering the data.

Sexuality Attitudes and Beliefs Survey (SABS): Sexuality Attitudes and Beliefs Survey (SABS) comprises of six point likert type 12 subjects. Each aspect of the scale is interpreted individually and shouldn't be combined to a single score. Six of the 12 subject of the scale (subjects 1, 2, 4, 6, 8, 10, 12) are reverse pointed. Total score of the scale ranges between 12 and 72. Having both a high total score from the scale and high subject scores indicates a negative attitude and belief against sexual health care. The increase in negative attitude and belief of nursing students affect adversely their evaluation of individual's sexual problems and providing counseling in this regard (Reynolds and Magnan, 2005). Turkish validity and reliability study was carried out in 2010 and the Cronbach's alpha value was determined as .73 (Ayhan et al 2010). In this study it was determined as .61.

Ethical Considerations: We obtained permission from the director of Aksehir Health College of Selcuk University to conduct this study (Date: 20/12/2017 No: E.129924). The participants were assured about the confidentiality, protection, and anonymity of the data. Informed consent was obtained in writing from the subjects participating voluntarily. This study was conducted in accordance with the Helsinki Declaration.

Data Analysis: Data of the research was evaluated by IBM SPSS 14.0 package software. Descriptive data was provided in accordance with the nature of the test being parametric or nonparametric as \pm standard error of mean or median (min-max). The conformity of the data to normal distribution was evaluated and according to the results it was decided to utilize parametric/nonparametric tests. The effect of socio-demographic characteristics and attitude and beliefs regarding sexual health care on scale scores were interpreted through relation finding tests. Since characteristics of the age, academic class, the first source of knowledge regarding sexual health and effect of the patient's gender on providing sexual health care didn't present a normal distribution nonparametric Kruskal-Wallis test was implemented. In case of a significant Kruskal-Wallis test, multiple comparison test was carried out to find which groups made the difference (Conover, 1980). Since characteristics concerning gender, being resident status, talking on sexual health with parents without embarrassment, effect of personal values on talking with individuals under their care about sexuality, feeling comfortable in case these individuals asked a question regarding sexuality, effect of the age of these individuals for them on providing sexual health care, view of the students regarding the importance of sexual function in their life and condition of providing sexual health care presented a normal distribution, in case of comparing two groups "independent samples t test", in case of comparing three groups "One Way ANOVA" was used. Statistical significance level was accepted as $p < .05$.

RESULTS

SABS score average of the participating students is (Mean \pm SE) 39.55 \pm .55 (Min-Max=25-60). Age of the students ranges from 18 to 28. When the relation of obtained SABS scores and characteristics of age, gender and being resident status examined, it was seen that there were no significant statistical difference ($p < .05$). However between their academic class and SABS score median there were a significant relation ($p = .003$). This difference was determined to be arising from the second class students (Table 1).

Table 1 SABS scores distribution in accordance with the identifying characteristics of the participants (n=161)

Variable	n (%)	SABS		Test value	df	sig.	Post hoc
		Median	(Min.-Max.)				
Age							
18	36 (22.4%)	39	(28-60)	KW=1.759	4	.78	
19	46 (28.6%)	39.5	(26-52)				
20	38 (23.6%)	40	(25-56)				
21	22 (13.7%)	37.5	(26-49)				
22 and over	19 (11.8%)	39	(26-53)				
Academic Class							
Reception Class ¹	67 (41.6%)	39	(25-52)	KW=13.77	3	.003	2>1,3,4
Second Class ²	36 (22.4%)	44	(32-60)				
Third Class ³	42 (26.1%)	37	(27-53)				
Fourth Class ⁴	16 (9.9%)	36.5	(26-45)				
Mean±SE							
Sex							
Female	120 (74.5%)	39.14±.654		t=-1.273	159	.205	
Male	41 (25.5%)	40.73±.948					
Being Resident Status							
Urban	123 (76.4%)	39.37±.629		t=-.569	159	.570	
Rural	38 (23.6%)	40.11±1.098					

When the relation between participants' the first source of knowledge regarding sexual health and SABS score median was analyzed, it was determined that the group obtaining knowledge solely from their family was larger than the group obtaining knowledge from their family as well as written/visual sources ($p=.011$). The condition of talking comfortably on sexual health with parents didn't affect SABS scores ($p>.05$). It was determined that SABS score average of the participants stating their personal values affected talking about sexual health were higher than the participants stating it doesn't affect or occasionally affects ($p<.000$). It was seen that the condition of feeling comfortable in case of an individual asking a question regarding sexuality affects SABS score average ($p<.000$). It was determined that the condition of the effects of individuals' age under their care on providing sexual health care doesn't affect SABS score average ($p>.05$). It was seen that the views of the participants regarding the importance of sexual function in individual's life ($p=.008$) and the condition of providing sexual health care ($p<.000$) affects SABS score average. It was confirmed that the condition of the effects of individuals' gender under their care on providing sexual health care doesn't affect SABS score median ($p>.05$). (Table 2). Only six of the participants reflected that they had knowledge on utilizing models for evaluating sexuality/providing sexual health care. Participants lined up their reasons for denying sexual health care as follows: "I don't have sufficient knowledge (n=65)", "I haven't worked in clinic yet

(n=27)”, “I feel uncomfortable talking on this subject (n=24)”, “Patients don’t need sexual health care (n=32)”, “I don’t have time (n=4)” and “Sexual health care is not the duty of nursing (n=1)”

Table 2 SABS score distribution in accordance with the characteristics of participants regarding providing sexual health care (n=161)

Variable	n (%)	SABS Mean±SE	Test value	df	sig.	Post hoc
Effect of personal values on talking with individuals under their care about sexuality*						
Yes	45 (28%)	45.16±1.020	F=10.178	2	<.000	1>2,3
No	48 (29.8%)	37.29±.954				
Occasionally	68 (42.2%)	38.75±.765				
Feeling Comfortable In Case Of An Individual Under Their Care Asking A Question Regarding Sexuality						
Yes	67 (41.6%)	36.43±.772	t=-5.201	159	<.000	
No	94 (58.4%)	41.77±.668				
The effects of individuals’ age under their care on providing sexual health care						
Affects	106 (65.8%)	40.17±.690	t=1.595	159	.113	
Doesn’t Affect	55 (34.2%)	38.35±.867				
View regarding the importance of sexual health in individual’s life**						
Crucial	59 (36.6%)	37.63±.883	t=-2.691	158	.008	
Substantial	101 (62.7%)	40.62±.677				
Condition of providing sexual health care						
Provides	37 (23%)	35.68±.853	t=-4.754	78.506	<.000	
Doesn’t Provide	124 (77%)	40.70±.625				

*Since the variances were homogeneous, Tukey’s HSD was used as post hoc test. ** One participant responded as “not important”.

DISCUSSION

The need of improving sexual health increases in the world. On meeting the rising need, the attitude of nursing students against individuals with worries concerning sexual health is the first step in the efforts to be made on this subject (Kong et al, 2009). Yet a limited number of studies have evaluated the knowledge, attitude or self-sufficiency of nursing students related to sexual health care (Sung and Lin, 2013; Sung et al, 2015; Cesnik, and Zerbini, 2017). Hence it is considered that the findings obtained through this study will contribute to the literature.

Although preserving the sexual health of the patients and supporting them on this subject are important nursing duties (Sung et al, 2015), it was emphasized that nurses don't pay enough attention to the sexual health care and rarely start a discussion (Kotronoulaset al, 2009; Jaarsmaet al, 2010; Sunget al, 2010; Sung et al, 2015; Aaberg, 2016). In fact, nurses are the ideal member of health care team on providing sexual health care to patients (Sunget al, 2010). Therefore understanding as of today the factors affecting nurses in the process of providing sexual health care is important and necessary for future clinician nurses to provide efficient sexual health care (Sung et al, 2015). One of these factors is attitude and belief regarding providing sexual health care.

According to the findings obtained through this study, SABS score average evaluating the attitude and belief of the students regarding sexual health care is closer to scale's negative attitude and belief representing value. Accordingly we are confronted with the need of bringing forth positive attitude and belief in nursing students concerning sexual health care (Sung et al, 2015). Only descriptive characteristic affecting the SABS score of the students was determined as academic class.

Nursing students stated that they didn't feel comfortable when individuals under their care wanted to speak on sexual health and they didn't provide sexual health care; despite the fact that they believe sexual health is an important subject. These findings are similar to the literature and it was emphasized that students find evaluating sexual health as a part of the holistic care (Dattilo and Brewer, 2005; Blakey ve Aveyard 2017), they know this subject theoretically good (Kong et al 2009), but while providing sexual health care to patients they felt uncomfortable and abstained from it (Dattilo and Brewer, 2005; Kong et al 2009). These results reveal that nursing students need to realize their role in improving the sexual health of their patients (Sung et al, 2015). Within this scope allowing for sexual health care sufficiently in undergraduate education and creating a standardized curriculum on this subject can contribute in this regard to holistic care of the patients through nursing students (Aaberg, 2016).

In this study almost all of the nursing students stated that they were not aware of a model that they could use for providing sexual health care and a third reflected that they didn't have enough knowledge on this subject. The high scores can be related to the limited knowledge presented to the students. Also in other studies, it was likewise emphasized that the knowledge presented to the nursing students concerning providing sexual health care was not sufficient (Sunget al, 2015; Aaberg, 2016). Whereas presenting sexual health education to nursing students enhance their knowledge levels, enables them to know themselves and discover their feelings regarding patient sexuality (Sung, and Lin, 2013).

CONCLUSION

Results obtained from this research are as follows: it shows that nursing students have negative attitude and belief on providing sexual health care. It is suggested that the nursing curriculum should address the issue of sexual health more. Results shouldn't be generalized due to limited universe. It is suggested to make similar studies with greater sample numbers and support the results with qualitative studies.

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