

RELATIONSHIP BETWEEN THE KNOWLEDGE, ATTITUDE, AND SELF-EFFICACY ON SEXUAL HEALTH CARE FOR NURSING STUDENTS☆☆☆



SU-CHING SUNG, PhD, RN*, HUI-CHI HUANG, MSN, RN†, AND MEI-HSIANG LIN, PhD, RN‡

Promoting patients' sexual health for better quality of life is an important task for nurses. Little is known about the factors impacting nursing students to better prepare for the future nursing practice on sexual health care. The purpose of the study is to address the need for nursing education on sexuality by exploring the relationship between nursing students' knowledge, attitude, and self-efficacy for patients' sexual health care. A total of 190 senior nursing students were purposely enrolled to the study by answering a self-report questionnaire, and the data were analyzed using structural equation modeling (SEM). The results demonstrated positive correlation of the relationship between knowledge of sexual health care (KSH) and attitude to sexual health care (ASH; $\gamma = .35$, $t = 3.31$, $P < .001$), the relationship between KSH and self-efficacy for sexual health care (SESH; $\gamma = .29$, $t = 2.98$, $P < .01$), and relationship between ASH and SESH ($\gamma = .34$, $t = 4.30$, $P < .001$). Therefore, nursing educators need not only provide students the knowledge and skills on sexual health care but also educate them about positive attitudes on sexuality to enhance their efficacy to deal with the patients' sexuality matters in the future nursing practice. (Index words: Attitude; Knowledge; Nursing student; Self-efficacy; Sexual health care) *J Prof Nurs* 31:254–261, 2015. © 2015 Elsevier Inc. All rights reserved.

SEXUALITY IS AN essential part of being human, and it is expressed throughout one's lifetime. Problems linked to sexual health can often accompany ill health, and therefore, sexual health care is required to mitigate negative outcomes and promote positive quality of life. Promoting patients' sexual health for better quality of life is an important mission for nurses. However, although

most nurses and nursing students acknowledge that they have a role in sexual health care, their preparation and willingness to address it in practice are limited (Tsai, Huang, Liao, Tseng, & Lai, 2013). It is argued in this article that it is important to teach nursing students about the centrality of sexual health care for patients as a core part of their undergraduate education program to facilitate the breaking down of barriers around what is often thought of as a taboo subject.

A review of the literature shows that disease and health conditions may affect sexuality. For example, female cancer survivors would experience significantly negative sexual dysfunction due to treatment (Krychman & Millheiser, 2013), and cancer-related female sexual dysfunction did not seem to be appropriately acknowledged and addressed in primary care treatment settings (Bober, Carter, & Falk, 2013). Another survey in a gynecological outpatient department found that 51.8% of the participants ($n = 137$) reported sexual problems with the highest complaints of pain during intercourse (71.8%), reduced desire (54.9%), and orgasmic problem (43.66%; Jahan,

*Assistant Professor, Graduate Institute of Health Care, Chang Gung University of Science and Technology, Taiwan.

†Lecturer, Department of Nursing, Chang Gung University of Science and Technology, Taiwan.

‡Associate Professor, School of Nursing, Taipei University of Nursing and Health Sciences, Taiwan.

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Address correspondence to Dr. Sung: Assistant Professor, 261, Wen-Hwa 1st Rd., Kwei-Shan, Tao-Yuan, Taiwan. E-mail: scsung@gw.cgust.edu.tw
8755-7223

Billah, Furuya, & Watanabe, 2012). For males diagnosed with rectal cancer, sexual dysfunction was reported frequently following treatment mainly caused by surgical damage resulting from lateral lymph node dissection (Nishizawa et al., 2011). In a study on chronic obstructive pulmonary disease patients, 74% of respondents reported at least one sexual dysfunction, with erectile dysfunction being the most common, and most were dissatisfied with their current and expected sexual function (Collins et al., 2012).

Moreover, it was found that a female patient's sexual function was inversely associated with the severity of depression and positively to her premenopausal status (Mezones-Holguin et al., 2011). In addition, in one study on HIV-infected patients ($N = 447$), 43% of the patients wanted to talk with health care professionals about sexual health. Of these patients, only 12–35% reported receiving regular advice or discussion on sexuality, and about 25% had never discussed topics of sexual health during their HIV care visits (Dukers-Muijers et al., 2012). The literature therefore highlights two key issues: first, patients' sexual concerns are not sufficiently taken care of, or indeed often remained unresolved, and second, that such avoidance of the topic can impact their self-concept and can result in unsatisfactory behavior patterns of altered body image and body function (Mosack & Steinke, 2009; Tsai, Chen, Tsai, Ho, & Su, 2009). Therefore, patients' sexual health care needs require a comprehensive approach, including consideration of the biological, physiological, psychological, and social dimensions of sexuality and sexual health.

The provision of care that focuses on sexual health is often an ignored area of nursing health care, although it has been widely recognized as a necessary component of holistic nursing practice (East & Hutchinson, 2013). A study ($N = 100$) in Swedish found that although more than 90% of nurses reported understanding the implications of patients' disease and treatment on their sexuality and about two-thirds felt comfortable discussing sexual concerns with their patients, 60% still did not have confidence in their ability to take care of patients' sexuality concerns (Saunamaki, Andersson, & Engstrom, 2010). Another study in Hong Kong found that although nursing students positively acknowledged the nursing role in sexual health care, they still felt hesitant to proactively participate in the related activities of nursing sexual health care. A variety of personal and contextual reasons are given as self-limiters with respect to nurses' willingness to address patients' sexuality concerns. Issues such as age and gender differences, lack of time, privacy, and knowledge and training on dealing with sexual dysfunction, and restricted perception of nursing role, discomfort, work environment-related issues, have been found by other researches (Huang, Tsai, Tseng, Li, & Lee, 2013; Kotronoulas, Papadopoulou, & Patiraki, 2009; Nakopoulou, Papaharitou, & Hatzichristou, 2009; Nicolai et al., 2013; Sung, Yeh, & Lin, 2010).

Helland, Garratt, Kjekken, Kvien, and Dagfinrud (2013) reported that having relevant education and being comfortable with the topic area were significant predic-

tors of nurses' willingness and likelihood of initiating sexual topics. An early study by Stoke and Mears (2000) demonstrated that education and knowledge had a positive effect on nurses' attitudes toward discussing sexuality. A study in Taiwan found that nurses who presented more knowledge on sexual health care would show a more positive attitude and self-confidence for sexual health care (Tsai, Yau, Hsu, & Hwang, 2005). Another study by Huang et al. (2013) reported that nursing students felt most comfortable with accepting patients' expression of sexual concerns, and nurses with higher level of nursing education showed greater responsibility, and were more comfortable and willing to be proactively address patient's sexual concerns (Saunamaki et al., 2010; Sung, Lin, Hong, & Cho, 2007; Sung et al., 2010). Furthermore, Tsai et al. (2013) found that nursing students' learning needs for addressing patients' sexual health care included knowledge of sexuality in health and illness, communication skills of discussing patients' intimacy, and ways to provide sexual health care. Moreso, in addition to physical issues associated with sexuality, nurses and nursing students stressed the need of further specialized training in preparing attitude to approach and self-confidence to communication behavior (Nakopoulou et al., 2009; Sung & Lin, 2013).

Therefore, the education program and clinical practice for nursing students by valuing the affective aspect of education, formal recognition of this extended role, and advancing related education would benefit the development of nursing sexual health care (Kong, Wu, & Loke, 2009). Although there were some studies on relationship of nurses' knowledge, attitude, and nursing practice about sexual health care, little is known about the factors of impacting nursing students to better prepare for the future nursing health care on sexuality. To understand the gap, the study tested the need for nursing education on sexuality by exploring the relationship between nursing students' knowledge, attitude, and self-efficacy for patients in the area of sexual health care. To evaluate the relationship, structural equation modeling (SEM) was used in the study. This study hypothesized that nursing students' knowledge of sexual health care (KSH) and attitude to sexual health care (ASH) would have a positive correlation. In addition, it was also hypothesized that nursing students' KSH and self-efficacy for sexual health care (SESH) would have a positive correlation, and so would ASH and SESH. The details of the study are discussed in the subsequent sections.

Methods

Design, Participants, and Procedure

This was a cross-sectional study. A total of 190 senior nursing students were recruited from a nursing college in Taiwan via the recruitment seminar at campus, which explained the study objectives, procedure, and program contents. The participants were purposely selected from senior grade because they all had nursing clinical practice experience. The study was approved by the ethics committee.

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