



Effectiveness of the sexual healthcare education in nursing students' knowledge, attitude, and self-efficacy on sexual healthcare[☆]

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SUMMARY

Few researchers and curricula have experimentally tested sexual healthcare education on nursing students' knowledge, attitudes and self-efficacy improvement towards sexual healthcare – a gap in the nursing evidence-base that this study was designed to address. A quasi-experimental design was used to evaluate the effectiveness of the sexual healthcare education on nursing students' knowledge, attitude, and self-efficacy related to sexual healthcare. The experimental group (95 subjects) received the 12-week program, but the control group (95 subjects) didn't. The hierarchical linear model (HLM) was used to analyze the longitudinal changes. The results revealed that the students in the experimental group showed significant improvements over those in the control group on knowledge ($\beta = -0.27$, $P < 0.001$), attitude ($\beta = -0.38$, $P < 0.001$), and self-efficacy ($\beta = -0.90$, $P < 0.001$). This study demonstrates that the sexual healthcare education can help nursing students enhance their knowledge and explore their own values as well as feelings on patient sexuality, and play an important role in preparing students to meet future challenges related to sexual health.

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Introduction

Sexuality is basic to our personal physical, mental, psychological, emotional, and ethical well-being as well as to interpersonal relationships. People are sexual beings at every age and at all stages of development. As people grow and develop they encounter a variety of experiences with implications for their sexuality (Bruess and Greenberg, 2009) and these can be severely affected by ill health and medical treatment (Muir, 2000). Nurses are an ideal member of the healthcare team to counsel patients in the sensitive and highly charged area of human sexuality. Providing patients with information concerning their sexual health and related treatment to enhancing their quality of life outcomes is an important task to nurses. Unfortunately, sexuality is still not openly discussed, nursing clinical pathways seldom reflect an attention to a person's sexuality, and nurses do not routinely inquire about their patients' sexual practices nor provide teaching or counseling in the area (Jolley, 2009; Sung et al., 2010). Education is clearly essential to improve the skills, knowledge and ability of nurses to offer patients holistic care that includes a focus on sexual health (Dattilo and Brewer, 2005; Johnston, 2009; Saunamaki et al., 2010). Therefore, a nurse needs to receive appropriate

training related to sexual healthcare before approaching patients on their sexual health matters in the clinical practice. It is important to begin as soon as possible and certainly before a student graduates as a nurse so that barriers can be broken down early on (Kong et al., 2009; Saunamaki et al., 2010).

Background

It is well documented that sexual problems can often result from many common illnesses or treatments. There are numerous examples of potential sexual dysfunction arising from illness and treatment. Examples include significant negative sexual dysfunction associated with treatment experienced by cervical cancer patients (Tsai et al., 2009), and the need for sexual counseling for patients with myocardial infarction due to communication issues of a lack of sexual information and intimacy concerns (Mosack and Steinke, 2009). Furthermore, psychiatric patients show difficulties in expressing their sexual concerns, and have a high rate of sexual dysfunction associated with mental illness and medication side effects (Raja and Azzoni, 2003). After delivery, many women experience reduced sexual desire and reduced vaginal lubrication, as well as weaker and shorter orgasms (Rathfisch et al., 2010). If a person's sexual concerns are not properly addressed, or left unresolved, this can not only impact on their self-concept, but also put them at a higher risk of maladjustment to altered body image or altered body function (Mosack and Steinke, 2009; Tsai et al., 2009).

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Although most nurses recognize sexual healthcare as an important nursing role, and feel responsibility to discuss sexual concerns with their clients, especially when patients initiate a discussion (Jaarsma et al., 2010; Kotronoulas et al., 2009; McFadyen, 2004; Sung et al., 2010), in practice nurses do not give sufficient attention and/or seldom initiate a conversation (Ho and Fernandez, 2006; Jaarsma et al., 2010; Kotronoulas et al., 2009; Sung et al., 2010). Barriers identified to engaging in discussion include lack of time and training (Jou et al., 2003; McFadyen, 2004), limited sexual knowledge and communication skills to effectively respond to patients' sexual concerns (Kotronoulas et al., 2009), lack of confidence (Jaarsma et al., 2010), and incorrect perspectives that patients will think sexual matters are not relevant to the treatment (Tsai et al., 2009).

A study in Taiwan (Sung et al., 2010) revealed that 78% of nurses ($n=290$) seldom, or have never, undertook a nursing assessment on sexual health and 43% of nurses seldom discussed sexual difficulties with patients. In fact, 75% of nurses would talk about sexual matters with the patients only when they proposed to do so, even though 58% had experienced patients' requests to discuss difficult sexual issues. Another earlier study of nursing students (Dattilo and Brewer, 2005) found that although nursing students recognize sexual assessment as a component of holistic care, they revealed discomfort exploring patients' sexual health, and believed that sexual health assessment was warranted only if it was related to their diagnosis. Thus, sexual health assessment was deemed to be less important than other types of patient assessment. A similar study in Hong Kong (Kong et al., 2009) also found that though nursing students' knowledge of sexual health ($n=377$) was satisfactory, students were hesitant to take up an active role addressing issues in practice, and thus their readiness to participate in related activities were poor. Reasons for the approach was due primarily to a perception of inadequate knowledge, feelings of anxiety, worries about future colleagues' and clients' possible adverse responses to discussion. Furthermore, Julien et al. (2010) found that younger and less experienced nurses had greater discomfort discussing sexual health with patients.

To overcome such problems, in-service programs and formal curricula have been suggested to help enhance nurses' knowledge, attitude and confidence in sexual health care practices (Dattilo and Brewer, 2005; Kong et al., 2009; Sung et al., 2010; Muir, 2000). Nurse education can play an important role in preparing students to meet future challenges related to sexual health. Sexual healthcare education can help nursing students explore their own values and feelings as well as learn the effects of illness on patient sexuality (Katzman, 1990). Few researchers and curricula have experimentally tested sexual healthcare education programs on nursing students' knowledge, attitudes and self-efficacy improvement towards sexual healthcare – a gap in the nursing evidence-base that this study was designed to address.

Methods

Design

The research was based on a quasi-experimental, pre- and post-test design to evaluate the effectiveness of a sexual healthcare education program for nursing students in terms of Knowledge of Sexual Healthcare (KSH), Attitude to Sexual Healthcare (ASH), and Self-Efficacy for Sexual Healthcare (SESH). The use of a pre- and post-test outcome measure design is realistic when random assignments to conditions are not feasible to evaluation researchers (Trochim and Cappelleri, 1992).

Sexual Healthcare Education

The sexual healthcare education program was designed by the authors based on the content and structure of sexual healthcare-related

issues (Hogan, 1985; Katzman, 1990; Kong et al., 2009) and the results of a focus group in a prior study (Sung, 2011). The education program was designed to include three subjects. The first subject was to introduce the bio-psycho-social aspects of sexuality and nurses' role in promoting and maintaining sexual health in order to clarify current personal beliefs, values, experiences, own sexual identity, other personal views, and problems relating to nursing and sexuality. The second subject focused on the bio-psycho-social effects of illness, disability, and medical treatment to sexual problems in order to build students' knowledge on sexual functions. The last subject was to develop practice skills related to assessment and communication about sexual healthcare in order to assist the patient/client to maintain or attain sexual health. This subject included assessment of sexuality, nursing diagnosis related to sexuality, nursing process and implications to sexual problems, therapeutic skills and attitudes in dealing with sexual disorders. About intervention, teacher instruction, group discussion, role-playing exercise, case analysis, value clarification, brain storming, modeling, testing, visual media, pictures, handouts, reflection report, and the sexual health history report were used to illustrate and reinforce knowledge, increase tolerance to sexual differences, decrease judgmental attitudes, and further improve self-efficacy and build confidence to discuss sexual concerns with patients. There were a total of 12 sessions (one session per week with the duration of 100 min) in the education program. The details of the 12 sessions were listed in Table 1.

Sample and Setting

All participants were senior nursing students from the School of Nursing, Chang Gung University of Technology and Science in Taiwan. The participants at the present study were not strictly randomized, instead they were recruited through the recruitment seminar at campus which explained the study objectives, procedure, and program contents. A total of 190 nursing students were recruited and assigned to the experimental group and the control group based on factors of students' study activities, motivation, clinical practice schedule, and other personal issues. The experimental group ($n=95$) received a 12-week sexual healthcare education program, and the control group ($n=95$) did not undertaken any program.

Data Collection

Data were collected from nursing students' self-reports over 19 weeks from August 2010 to December 2010. A week before the sexual healthcare education program began (i.e., the 1st week), the authors explained the research purpose and procedure to the participants in both groups. Baseline data were collected through questionnaires. Each participant took 20–30 min to complete the questionnaires. Then, participants in the experimental group completed the 12-week sexual healthcare education program with one 100-minute session per week. The longitudinal changes from the 1st week (the baseline)

Table 1

The details of the 12 sessions in the sexual healthcare education program.

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- Multi-perspectives on human sexuality
 - Sexual problems throughout the life cycle
 - Sexual harassment in clinical workplace
 - Sexual arousal and response
 - Assessment of sexuality
 - Sexual dysfunctions and their treatments
 - Sexual orientation and gender identify;
 - Sexuality and chronic illness
 - Sexuality and disabilities
 - Sexuality and the reproductive health
 - Sexuality and mental illness
 - Domestic violence and sexual abuse
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