

Nurses' attitudes towards sexual relationships between patients in high security psychiatric hospitals in England: An exploratory qualitative study

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Abstract

Background: The issue of relationships between patients in long-term care settings can present nurses with numerous challenges. However, addressing this element of patient care is recognised as an important element of nursing in this sphere of practice. What nurses think about patient sexual relationships and the difficulties of incorporating these into care is closely linked to the care they provide. However, the issue of patients sexual relationships within high security psychiatric hospitals is a relatively poorly researched area of clinical practice.

Aim: To explore the attitudes towards patients' sexual relationships held by nurses working in high security psychiatric hospitals in England.

Methods and participants: A qualitative methodology was employed with data collected from 10 in-depth interviews with nurses working within secure psychiatric hospitals in England. Interview data were subjected to thematic analysis.

Results: Practitioners reject permissive policy in relation to patients' sexual relationships on account of perceived perpetuation of abuse and exploitation. Practices and attitudes are dominated by personal (lay) values that seek to restrict patient experience and undermine professional mores whilst also seeming to uphold a professional duty of care.

Conclusion: Lay understandings are constructed as moral rights and priorities that are of higher order concern than professional values or the rights of the individual. This constitutes a clash of values and the minimisation of professional mores within the clinical context raises questions about the role of professional teaching, knowledge and policy in relation to professional socialisation.

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Keywords: Sexuality; Mental health; Attitudes

What is already known about this topic?

- The recognition of individual patients' rights to express their sexuality through intimate relationships is a key element of health care-related policy—particularly in long-term care settings.
- Incorporating sexual relationships into patient care is a challenging area of practice which is heavily determined by nurses' attitudes to the subject.

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- Mental health nurses seem to have particular difficulties with the sexual relationships of their patients, but the literature on this is dated and relatively scarce.

What this paper adds

- Empirical evidence that proactive practices within high security care in relation to patients sexual/intimate relationships are resisted by practitioners.
- Practitioners accomplish, through *personal* value systems, a seemingly *professional* argument which constructs facilitative relationship policies as inappropriate and attempts to justify a position that rejects equality of opportunity for developing sexual/intimate relationships.
- A demonstrable clash of values between policy directives and practitioner expectations and practices in mental health nursing.

1. Introduction

Addressing the ability of patients to form sexual relationships is recognised as an important element of nursing care, particularly in long-term care contexts (Heath and White, 2002; Mangan and Reynolds, 2006). In mental health spheres there has been a growing literature challenging the myths that psychiatric patients tend to be uninterested in sexual experiences or have uncontrollable, animalistic sexual urges (Davidhazir et al., 1991; Commons et al., 1992; Vandereycken, 1993; McCann, 2004; Higgins et al., 2006). Indeed, the notion that equitable sexual relationships and experiences are important aspects of physical and mental well-being has been acknowledged by national health policy (Department of Health, 2001). Therefore, central to the philosophy of this study is the notion that sexuality, sexual health and sexual relationships are central elements of human activity and the right to equitable relationships is at the heart of contemporary definitions of sexual health—including the one guiding this study from within the United Kingdom (UK) sexual health strategy;

‘Sexuality is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are **equitable relationships and sexual fulfilment** with access to information and services to avoid the risk of unintended pregnancy, illness or disease.’. (Department of Health, 2001: 5)

However, what nurses think about patient sexual relationships has been the subject of several studies which often highlight that the attitudes nurses hold about this area of care is a key factor influencing the care they provide (Waterhouse, 1996; Haboubi and Lincoln, 2003; Katz, 2005; Hayter, 1996; Propst et al., 2001). Furthermore, although attention to patients’ sexuality and sexual relationships has

been given an increasing importance within the nursing literature this issue is still under-researched within secure psychiatric settings. This paper addresses this gap in the empirical literature by presenting findings from a study exploring nurses’ attitudes towards patients’ sexual relationships within secure psychiatric hospitals in England.

2. Background

2.1. Sexuality and psychiatric hospitals

Although limited and dated, the existing international literature on sexual relationships in psychiatric hospitals centres on their lack of visibility, or their dependence on principally negative, staff attitudes. The literature often describes a lack of recognition for sexuality or intimate relationships amongst patients (Perlin, 1993) or attempts to prevent them by segregation strategies Greenberg (1993). Religious and moral beliefs of nurses also play a part in the development of negative and restrictive practices towards patients’ sexual relationships (Loza and Zaki, 1993) and even when staff are sometimes tolerant of some sexual behaviour, for example masturbation, sexual relationships between patients is generally perceived as wrong (Commons et al., 1992; Vartiainen, 1993; Hickling, 1993).

2.2. High security psychiatric hospitals in England

There are three special hospitals in England. These are high security mental health establishments that accept persons detained under mental health legislation for admission who require psychiatric treatment under conditions of special security on account of their dangerous, violent or criminal propensities. This branch of psychiatric care is often also referred to as ‘forensic’.

Being detained in a special hospital does not legally bar patients from marrying. The rights of patients within these establishments to express their sexualities, to have intimate relationships and the intrinsic worth to be had from such relationships has been recognised by the special hospitals for over a decade (Taylor and Swan, 1999). These rights have been further formalised through International Law (Human Rights Act, 1998; Gostin, 2000) and within the UK’s national sexual health strategies (DOH, 2001). However, sexual intercourse between patients within special hospitals has never been endorsed (Special Hospitals Service Authority, 1992; Taylor, 1998) and to date, no legal challenges have culminated in a change of policy. However it has been recognised that this has not prevented patients from engaging in mutual sexual activity and forming intimate relationships. However, much of this activity is claimed to be covert, leaving patients vulnerable to abuse, unwanted pregnancy, disease and the potential to continue in the role of perpetrator without detection (Swan and Taylor, 1999; Taylor, 1998; Special Hospitals Service Authority, 1992). Arguably then,

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