



The knowledge and attitudes of student nurses towards patients with sexually transmitted infections: Exploring changes to the curriculum



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ABSTRACT

Evidence suggests that nurses can struggle to care for patients with sexually transmitted infections in a non-judgemental way. It is unknown how targeted education can influence the knowledge and attitudes of student nurses towards caring for patients with sexually transmitted infections. This study aimed to investigate how a change in curriculum influenced the reported sexual health knowledge and attitudes of pre-registration adult student nurses in a University in the UK.

A two phase mixed methods study, using a sequential explanatory strategy, collected quantitative questionnaire data ($n = 117$) followed by qualitative group data ($n = 12$). Data were collected from one cohort of students before a curriculum change and then from a subsequent cohort of students. Those students who had increased educational input in relation to sexual health reported higher degrees of knowledge and demonstrated a more positive attitude towards patients with a sexually transmitted infection. Both cohorts of students identified that education in this subject area was essential to challenge negative attitudes and positively influence patient care. Active learning approaches in the curriculum such as small group debates and service user involvement have the ability to allow students to express and challenge their beliefs in a safe and supportive environment.

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Introduction

Sexual health is a public health issue both globally and nationally which has remained a key government priority within the UK over the last few decades (Department of Health (DH), 2013; DH, 2004; DH, 2001). Within the United Kingdom the current coalition government are committed to improving the sexual health and wellbeing of the population and they recognise that to do so there must be the right support and services available to people (Department of Health (DH), 2013). They highlight that there remains a need to reduce the rates of sexually transmitted infections and to continue to tackle the discrimination and stigma associated with sexual health matters (DH, 2013). The provision of holistic care for patients involves addressing their sexual health needs, where sexual health is defined not just as the absence of disease, dysfunction or infirmity, but includes a state of physical, emotional, mental and social wellbeing in relation to sexuality (WHO, 2002). It

is imperative that this aspect of a patient's life is addressed by health professionals, however studies that have considered how nurses feel about discussing sexuality with patients (Saunamaki et al., 2010; Gott et al., 2004) and their perceptions of how it relates to patient care (Guthrie, 1998) suggest that both students and qualified nurses can have difficulty tackling issues related to sexuality and sexual health. It has been suggested that increased education relating to sexuality can have a positive impact on nurses' attitudes towards addressing sexual health within patient care (Saunamaki et al., 2010). It is argued that pre-registration programmes are an ideal opportunity to address these issues (Saunamaki et al., 2010; Johnstone, 2009) and that this education should equip students to understand that a patient's sexuality is a natural part of nursing care (Saunamaki et al., 2010).

Background

Although the provision of non-judgemental patient care is regarded as a professional requirement of nurses (NMC, 2008), it is important to recognise that professionals within the health service are exposed to the same stereotypes and influences of stigma

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present in every day society (Martino-Maze, 2006; Evans, 2004). Interestingly a study by Relf et al. (2009) indicated that a number of student nurses may possess attitudes and beliefs that are not reflective of the codes of ethics provided to guide nursing care within the United States and South Africa. Professionals' knowledge and attitudes towards HIV and AIDS may affect their ability to care for patients with this condition (Pickles et al., 2011, 2009; Li and Scott, 2008). A thematic literature review by Pickles et al. (2009) suggested that there is evidence that nurses can be reluctant to care for patients with HIV/AIDS especially when there is a perceived risk or fear of contagion.

Whilst there are a number of studies relating to nurses both pre and post registration and their knowledge of, and attitudes towards, HIV/AIDS there is a paucity of studies that focus on other sexually transmitted infections such as Chlamydia, Syphilis or Gonorrhoea. The few studies which do address these STI's, focus on sexual health in young people, with school nurses (Westwood and Mullan, 2006), children's pre-registration nurses (Johnstone, 2009) and qualified child health professionals (Bray et al., 2010) demonstrating gaps in knowledge and a lack of competence or confidence in dealing with sexual health issues. Even gynaecology nurses, who could be assumed to have confidence and competence in dealing with sexual health issues, have demonstrated deficits in sexual health knowledge (Jolley, 2001).

Research within this field supports that increased education and curriculum enhancement can assist in increasing the knowledge and/or improving the attitude of nurses towards patients with sexually transmitted infections (Johnstone, 2009; Jolley, 2001) specifically in relation to patients with HIV/AIDS (Yiu et al., 2010; Oyeyemi et al., 2006; Bacchus Cornelius, 2006; Peate et al., 2002; Lohrman et al., 2000; Uwakwe, 2000; Niven and Knussen, 1999; All and Sullivan, 1997). Despite this there is little published literature specifically examining how different approaches or input in pre-registration nurse training could impact on knowledge and attitudes. Within the United Kingdom the standards for pre-registration nurse education are governed by the Nursing and Midwifery Council (NMC). The recent 2010 standards emphasise the need for adult nurses to be able to 'practice in a holistic, non-judgemental, caring and sensitive manner that avoids assumptions, supports social inclusion, recognises and respects individual choice; and acknowledges diversity. Where necessary they must challenge inequality, discrimination and exclusion from access to care' (NMC, 2010; 13). Recent UK health service initiatives recognise the need for nurses to go beyond competent and confident practice and be committed and courageous in questioning assumptions, communicating with clients and providing compassionate care (DH, 2012). Further to this nurses who wish to register with the NMC must be aware and be able to recognise that the values, principles and assumptions that they have may affect their practice (NMC, 2010). There is a requirement that all pre-registration curriculums provide students with the theoretical knowledge and practical experience to allow them to become competent in these areas, which could be seen as fundamental to caring for patients with sexually transmitted infections or sexual health issues.

This study aimed to explore the influence of a change in curriculum on the reported sexual health knowledge and attitudes of pre-registration adult student nurses.

Methods

Design

The study took place in two distinct phases. The first phase aimed to collect data on the reported attitudes and knowledge of

pre-registration adult student nurses relating to caring for patients with a sexually transmitted infection. The second phase aimed to examine how a change in curriculum influenced a subsequent group of students' reported knowledge and attitudes. Data were collected over a three year period from 2007 to 2010. Both phases of data collection used a mixed methods approach which aimed to provide both rigorous and credible qualitative and quantitative data (Johnstone, 2004). Each phase involved the collection of quantitative questionnaire data followed by qualitative group data, this approach is defined as a sequential explanatory strategy (Creswell, 2009).

Data collection – phase 1

Sample

Phase one was conducted in 2007 and involved a convenience sample of pre-registration nursing students. A group of 68 students who were in their third and last year of an adult nursing programme in a University in the UK were approached to participate. The students had completed a public health module in their second year of training which had included one taught session on sexual health and sexually transmitted infections.

Structured questionnaire

A structured questionnaire was used to assess the student nurses' knowledge of and reported attitudes towards patients with sexually transmitted infections. Questions to judge the students' knowledge of a range of sexually transmitted infections were developed ($n = 19$) using a review of the literature and discussion with both practitioners and academics within the field to ensure up-to-date and factually correct questions. The questions relating to attitudes were adapted from The Nurses' Attitudes about HIV/AIDS Scale (NASS) (Bray–Preston et al., 1995) following approval from the author. Not all the original attitude statements were used and the wording of some of the statements was changed to ensure the focus was on sexually transmitted infections in general rather than just HIV/AIDS. Statements on the questionnaire included 'no-one deserves to acquire a sexually transmitted infection' and 'people with sexually transmitted infections should be treated in the same way as everyone else'. The statements had Likert scale responses from 0 to 5 including neutral (3). When using Likert scales to assess attitudes it is suggested by Parahoo (2006) that presenting the positive and negative statements in a mixed order will help to avoid respondents simply ticking boxes in the same columns, this method was utilised in the questionnaire. A pre-test of the questionnaire was undertaken by three students from a separate cohort of students who were on the same programme and in their third year of their training. This was done to gain feedback on the clarity of the questions and layout of the questionnaire. Following this no changes were required.

The questionnaires were distributed in a classroom setting by the researcher. The students returned the questionnaires into a box at the exit of the classroom, this approach aimed to maintain anonymity in order to facilitate honesty (Cohen et al., 2000). Students were asked to self-identify (on a separately returned sheet to the questionnaire) if they wished to be involved further in a qualitative graffiti group.

Graffiti groups

Qualitative data collection aimed to explore students' experiences of the curriculum relating to sexual health issues and provide an opportunity for the students to discuss and explore the quantitative questionnaire findings. A graffiti group format (Nilson, 2000) was used which involved the participants debating, discussing and recording their responses to questions prompted on flip

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