

ORIGINAL RESEARCH

The Sociocultural Aspects, Professional Characteristics, and Motivational Factors of the First Fellows of the European Committee of Sexual Medicine

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ABSTRACT

Introduction. After a century of development in the field of sexology and decades of attempts to establish the field of sexual medicine, the first examination that led to the qualification as Fellows of the European Committee of Sexual Medicine (FECSM) was held in December 2012.

Aim. This study aims to describe the first European specialists in sexual medicine, their clinical practice, motivation, and professional self-identification.

Methods. A web-based survey of the first FECSM on demographic data, data on the practices of their work (gender of clients, setting, and time frame), and reasons for entering the sexual medicine (five-point Likert rating of motives and open question on other reasons) was conducted.

Main Outcome Measure. Gender, religion, specialty, region, and their association with professional practices of the first FECSM.

Results. The first FECSM have a wide range of experience in the field of sexual medicine (0–30 years) and were mainly men (79%) and urologists (56%). Only 15.5% had other qualifications related to sexual medicine and 60% self-identified as sexual medicine specialists. Only a small proportion of the professional time was dedicated to the practice of sexual medicine. The primary speciality influenced the gender of their patients seen, setting of work (couple vs. individuals), and time spent with patients. Only a minority managed sexual problems in women; hypoactive sexual desire is treated by 41% of FECSM and dyspareunia by 17%. The participants were motivated by the pleasure of knowing new things and desire to understand and to help patients, whereas prestige, finances, and own sex lives are less important.

Conclusions. The first FECSM are very diverse in terms of age, culture, religion, and primary specialty. Their practice is strongly influenced by their primary specialty, and this needs to be taken into account in future development of the speciality. **Arbanas G, Reisman Y, and Andrews S. The sociocultural aspects, professional characteristics, and motivational factors of the first Fellows of the European Committee of Sexual Medicine. J Sex Med 2015;12:1368–1374.**

Key Words. Sexual Medicine; Sexology; FECSM; Sexual Therapy

Introduction

The professional study of sexuality was increasingly recognized in the second half of the 19th century in Western Europe and developed in

the United States in the early 1960s [1,2]. Sexology, the scientific study and clinical practice related to sexuality, has in the past few decades developed in four major directions: sexual health, sexual rights, sexuality education, and sexual medicine [3]. The

medical profession that had previously had a negative attitude to sexuality is now increasingly involved in treating sexual dysfunction [2]. However, sexual medicine is not yet a recognized medical speciality in most European countries, and there is a need to set standards for education, training, and assessments, as well as quality assurance and regulation of professionals practicing in the field. A landmark development in this area is the establishment of the Multidisciplinary Joint Committee of Sexual Medicine (MJCSM) in 2011. It set the curriculum for training, standards of care, and assessment of doctors on the field of sexual medicine [4]. The MJCSM under the auspices of the European Union of Medical Specialists (UEMS) organized the first examination for the newly formed title of Fellow of the European Committee on Sexual Medicine (FECSM) in December 2012 that was successfully completed by 283 specialists from around the world. Although this qualification is not a licence to practice sexual medicine, like other titles awarded by the UEMS, it is a mark of excellence for medical doctors. It offers professional recognition for those practicing or wishing to practice in the field of sexual medicine.

There has been research in the past to identify the characteristics of sexologists and sexual medicine clinicians that showed that there is a huge diversity in age, gender, professional background, educational level, training in sexology, time spent with patients, and sexual problems managed [5–7]. Their practice was anchored in their national culture and healthcare systems [5]. Although the FECSM are all medical doctors and are unified by their training to obtain the MJCSM qualification, there is considerable diversity within the group that is explored in this study.

Aim

This study aims to capture the diversity in professional training and experience, motivation, and sociocultural background within the first qualified professionals in sexual medicine at this historically important time in the development of the speciality. This will enable a greater understanding of the professional training and development needs of future FECSM.

Methods

Procedure and Participants

All successful candidates of the examination held in 2012 were invited by email to participate in a

web-based survey, after obtaining permission from the MJCSM. Two further emails were sent at 4 and 8 weeks after the initial invitation.

Measures

The survey contained questions relating to participants' demographic characteristics, training, current professional activity, motivation to enter the field, and influence on their sexual life. Demographic questions included the participant's age, gender, country of origin and country of residence and work, religious affiliation, and the importance of religion in ones' personal and family life. Questions on professional training included details of primary speciality, years of experience, and further qualifications in sexual medicine. Current professional activity questions identified gender of patients, proportion of professional time dedicated to sexual medicine, the time spent managing individual patients, and conditions managed. Questions on motivation included five-point Likert rating of pleasure of knowing new things, desire to understand sexual phenomena, contributing to sexual well-being of others, employment and financial benefits, status/prestige, and opportunity to improve quality of personal sexual life. There was also an open-ended question on possible influence of working in the field on one's own sexual life.

Data Analysis

Statistical package SPSS 20 (SPSS Inc., Chicago, IL, USA) was used for analysis. Chi-square tests and *t*-tests were used for comparing two groups, and logistic regression was used for examining correlations between the elements of professional practices and demographic data.

Main Outcome Measure

Demographic data and professional experience, both as a specialist and in the field of sexology were determined. Analysis of their professional practices in terms of time spent, conditions treated, and motivation for working in the field was undertaken with gender, religiousness, speciality, and region as independent variables.

Results

One-half, 141 (50%) of the 283 FECSM, responded to the survey. The median age was 43 years, range 29–79. The majority (111), 79% of respondents, were men, which was representative

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