

Baccalaureate nursing students' application of social-cognitive sexual counseling for cardiovascular patients: A web-based educational intervention☆



Elaine E. Steinke ^{a,*}, Susan Barnason ^b, Victoria Mosack ^a, Twyla J. Hill ^{a,c}

^a School of Nursing, Wichita State University, 1845 Fairmount, Wichita, KS 67260-0041, United States

^b College of Nursing-Lincoln Division, University of Nebraska Medical Center, Suite 131, 1230 "O" Street, PO Box 880220, Lincoln, NE 68588-0220, United States

^c Department of Sociology, Wichita State University, 1845 Fairmount, Wichita, KS 67260, United States

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ABSTRACT

Background: A gap in knowledge and practice exists for sexual counseling of cardiovascular patients, and innovative approaches are needed to address patients' sexual quality of life.

Aim: To evaluate a web-based social-cognitive intervention for evidence-based sexual counseling by baccalaureate nursing students with cardiovascular patients.

Methods: A pre- post-test survey design was used: pre-test (T1), immediate post-test after intervention (T2), and at 4 to 6 weeks post-intervention (T3). Data were collected using the Survey of Sexuality Related Nursing Practices –Cardiac version (SSRNP-CV). Data were analyzed using descriptive statistics and *t*-tests.

Results: From T1 to T2, students (N = 95) significantly increased their responsibility and confidence in sexual counseling; from T1 to T3 (N = 57), students significantly improved sexual counseling for confidence and practice subscales, total SSRNP score, and cardiac-specific subscales of sexual counseling, sexual activity, and gender.

Conclusion: This study clearly demonstrated that a web-based social-cognitive sexual counseling intervention was effective in improving students' ability to provide evidence-based sexual counseling of cardiovascular patients.

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1. Introduction

The integration of evidence-based practices in baccalaureate nursing curricula is essential to prepare graduates who can apply evidence for the improvement of patient outcomes (American Association of Colleges of Nursing, 2008). Nurse educators' use of active learning strategies are critical to the integration and application of evidence-based nursing practices by baccalaureate nursing students (Melnyk and Gallagher-Ford, 2015). Increasingly, web-based applications provide a mechanism to support such learning, allowing knowledge acquisition regardless of time or location.

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* Corresponding author at: School of Nursing, Wichita State University, 1845 Fairmount, Wichita, KS 67260-0041, United States.

E-mail addresses: Elaine.Steinke@wichita.edu (E.E. Steinke), sbarnaso@unmc.edu (S. Barnason), Victoria.Mosack@wichita.edu (V. Mosack), Twyla.Hill@wichita.edu (T.J. Hill).

2. Background/Literature

There is a gap in nursing care in the provision of psychosocial and sexual counseling for cardiovascular patients. Both male and female cardiovascular patients report the importance of receiving sexual functioning information (Addis et al., 2005; Drory et al., 2000; Kazemi-Saleh et al., 2008; Medina et al., 2009; Steinke and Wright, 2006). Without counseling, patients express anxiety and fear regarding the risks associated with sexual activity, and may experience depression and decreased quality of life (Hamilton and Seidman, 1993; Jaarsma et al., 2010a; Steinke and Patterson-Midgley, 1998). Additionally, current nursing practices to provide education and counseling fall short of meeting cardiovascular patients' needs (Steinke et al., 2011a). Thus, educational strategies are needed for both nurses and nursing students to facilitate the application of sexual counseling in practice.

2.1. Gaps in Knowledge and Practice of Sexual Health Counseling

The gap between cardiovascular patients' need for psychosocial sexual counseling and the limited information provided by nurses is multifaceted. In one study, cardiac nurses rated themselves as

“somewhat knowledgeable” and “somewhat comfortable” in discussing patients’ sexual concerns (Steinke et al., 2011b), and barriers to sexual counseling included sexual information judged by the nurse as not a priority; discomfort discussing the topic; and inadequate knowledge, skills and confidence to address patients’ concerns (Ivarsson et al., 2009, 2010; Jaarsma et al., 2010b; Kautz et al., 1990; Magnan et al., 2005; Özdemir and Akdemir, 2008; Saunamaki et al., 2010; Steinke et al., 2011a, 2011b). Several studies of cardiac nurses have shown that while nurses feel some responsibility to provide sexual counseling in practice (Steinke et al., 2011a; Steinke and Patterson-Midgley, 1996), they feel uncomfortable in having such discussions (Jaarsma et al., 2010b; Steinke and Patterson-Midgley, 1996). Studies reveal that sex is rarely discussed, and in one study, 70% of staff reported infrequently addressing patient sexual concerns, including in cardiac rehabilitation, where 61% stated the topic was poorly addressed (Byrne et al., 2013). Among heart failure nurses, 61% of nurses rarely or never discussed sexuality with patients, although 75% felt it was their responsibility to do so. In this study, lack of training was cited by 43% of nurses who did provide and 80% of nurses who did not provide sexual counseling (Hoekstra et al., 2012). Thus, nurses’ practice of sexual counseling is underdeveloped and opportunities exist to integrate evidence-based strategies for holistic care of cardiovascular patients.

2.2. Nursing Students’ Ability to Address Sexual Health Counseling

Within nursing and health professions education, opportunities to learn and apply sexual counseling are often lacking. A few studies have examined the inclusion of sexual information in nursing curricula. In one study, the inclusion of a human sexuality course improved nursing students’ knowledge, but did not shift attitudes pertaining to human sexuality (Roy, 1983). In contrast, the integration of an advanced sexuality course in nursing curricula did improve students’ (N = 58) knowledge and attitudes associated with increased openness to sexual concerns of patients (Katzman and Katzman, 1987). Baccalaureate students acknowledged that holistic patient care includes sexual assessment, but students believed that such assessment was indicated only if interrelated with the patient’s medical diagnosis (Dattilo and Brewer, 2005). These same students reported feeling uncomfortable discussing patients’ sexual health. Despite this, nursing students reported the greatest comfort and confidence at the “permission” level of providing sexual health care by accepting patients’ expression of sexual concerns, initiating discussions, and encouraging patients to talk (Huang et al., 2013). While these studies provide context for the problem, there is a need for innovative approaches to integrate sexual health care in education and practice.

2.3. Application of Social-Cognitive Theory

According to Bandura (1986), cognitive processes play a key role in both the acquisition of knowledge and retention of new behaviors. A key component of social-cognitive theory (SCT) is building self-efficacy, the belief in one’s ability to succeed in a given situation. The principles of SCT informed the study intervention and served to build self-efficacy of student nurses to successfully implement sexual counseling in practice. This is supported by a systematic review that found that cognitive factors most prominent in health care professionals behaviors were self-efficacy and intention related to the behavior (Godin et al., 2008). Fig. 1 illustrates the concepts of SCT applied in the intervention. The primary concepts of Bandura’s theory used in this study are observational learning, facilitation, self-efficacy, and outcome expectations (McAlister et al., 2008).

Bandura (2004) states that web-based programs for psychosocial approaches to health promotion will continue to grow, and the present study provides an exemplar of application of psychosexual approaches in counseling patients. The use of interactive computer-assisted systems can inform, enable, guide, and motivate individuals to change (Bandura, 2004). Thus, SCT provided an appropriate framework for the intervention used in this study, with the goal to enhance capability and awareness of student nurses beginning efforts to provide sexual counseling in practice.

2.4. Use of Technology as an Educational Strategy

Online learning has the advantage of being self-directed and learner centered. Nursing students reported e-learning was valuable in developing clinical skills to augment traditional learning methods; video clips were perceived as most helpful and online readings least useful (Bloomfield and Jones, 2013). In a systematic review and meta-analysis of student nurses and nurses, e-learning showed some improvement in knowledge, skills, and satisfaction, when compared to traditional learning methods, although not statistically significant. E-learning does offer an alternative method of education (Lahti et al., 2014). It has been used effectively for staff development, and viewed as having good usability, accessibility, and providing needed education, allowing the learner to access the information at a convenient time and at their own pace (Elliott and Dillon, 2012). Home care staff using online learning modules increased completion rates for annual competency training from 40–50% before, to 98% afterwards; it was cost effective and associated with high staff satisfaction (Elliott and Dillon, 2012). Gormley et al. (2012) found online nursing grand rounds increased attendance in comparison to synchronous video formats. Similarly, a web-based program was effective in promoting work-based learning and in supporting new nurses (Jamieson et al., 2012). Preferences for

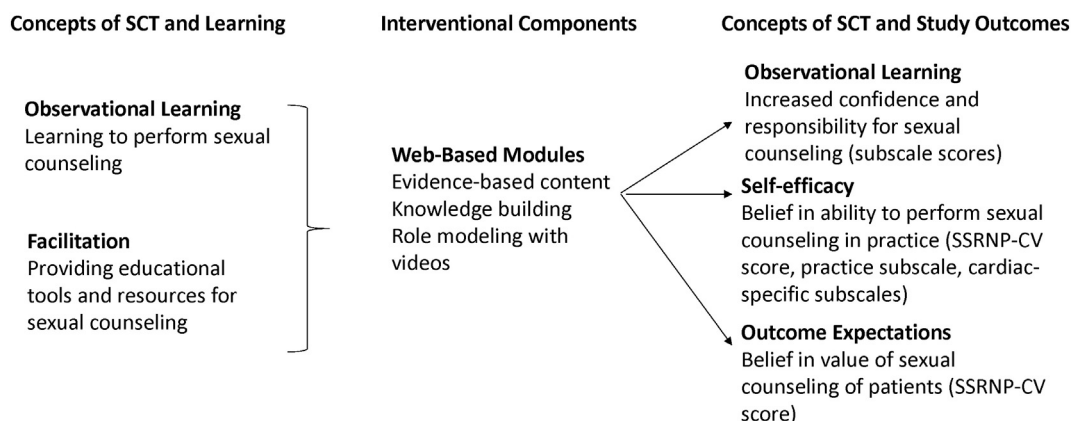


Fig. 1. Application of social cognitive theory (SCT) to interventional components (McAlister et al., 2008).

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