Direct Patient Care and Sexuality: The Nursing Perspective
nurse nurses, nursed, nursing. 1. A trained person who works in a hospital or home taking care of the sick, of babies, or of old people.
Sexuality: A Priority for Nursing

Patient sexuality has been recognized as an important domain for nursing practice and a priority for research by many specialty organizations.

(American Nurses Association [ANA], 2004; Gordon, Sawin, & Basta, 1996; Kim & Moritz, 1982)
Research has shown that many nurses believe sexuality assessment, evaluation, and counseling should be considered a part of their professional role

(Cort, Attenborough, & Watson, 2001; Shuman & Bohachick, 1987; Wilson & Williams, 1988).
Nurses have had difficulty integrating this awareness into their patient care

(Cort et al., 2001; Krueger et al., 1979; Shuman & Bohachick, 1987; Webb, 1987)
Nurses may be reluctant to engage patients in discussions about sexuality

- embarrassment,
- a belief that sexuality is not an important concern given the patient's immediate problem,
- concern about inadequate training,
- a belief that doing so might increase patient anxiety

(Guthrie, 1999; Haboubi, & Lincoln, 2003; Kautz et al., 1990; Merrill & Thornby, 1990; Wilson & Williams, 1988).
Some nurses believe that asking about sexuality...

- invades the patient's privacy
- they state they do not know appropriate nursing interventions for problems that patients may identify (MacElveen-Hoehn, 1985)
- avoid addressing sexuality because trained professionals are not readily available for referral and follow-up consultation with patients (Tsai, 2004)
Barriers to providing sexuality information
(Herson, Hart, Gordon, & Rintala, 1999)

- Too little time
- Lack of knowledge
- Perception as someone else’s job
- Own attitudes and beliefs about sexuality
- Patient lack of readiness
ミיניות האדם

مشתנין ביוולוגיים, פסיכולוגיים,
הברטים,רוחניים וטורובייטים,
כולל כל מאפייני המין, לא רק
הבדלים פיזיוולוגיים ואדירים
השוריים внешнеים מין. (WHO, 2002)
הנחות יסוד

診斷:
פרטיות
מידע
הבטאות מיניות
יעוץ
הפתחות אישה
Sexual Assessment

- Self-assessment
  - culture
  - personal feelings, attitudes
  - religion
  - personal experiences
- Professional knowledge assessment
- Assessment of resources
- Patient assessment
Patient assessment

✓ Admissions, Patient teaching, Discharge
✓ Health history
  ADL
  Social support
  Habits
✓ Comprehensive health assessment
  Urology
  Ob/Gyn Hx
✓ Body Language. Signs of abuse
Hospitalization and the Individual

- Admissions
- Room assignment
- History taking
- Dress
- Address
- ADL/ Bathing
- Spirituality
- Support person
- Advanced interventions
Admissions

- Presenting problem
- Pain
- Mobility
- Medication
- Significant other/Support person
- ADL
- Living arrangement
- Skin
- Urology/gynecology
- Sexuality
Room assignment
Health history
Client Assessment

- **Experiences**: family affections/values, life cycle events, personal (home, job), previous sexual experience

- **Medical history**: conditions (health, anorexia, bulimia), abuse medications, vitamin or hormone deficiency, surgeries, chronic pain, mental health (depression), trauma

- **Personality**: locus of control, happy/sad, curious, self-expression, experimentation, creative, sense of humor, somatic

- **Over-sensitivity**: smell, touch, visual/audio

- **Worries**: fears, concerns (real or imagined), financial

- **Education**: knowledge, source of knowledge, body awareness

- **Reference point**: attitudes, opinions, religious beliefs & upbringing
Patients Voice Issues of Dress and Address

Holistic Nursing Practice. 17(6):290-294, November/December 2003
DeKeyser, F., Woloski-Wruble, A., Margalith, I.

- Privacy
- Personals
- Hospital gowns
- Respect
ADL/Bathing

- Independence vs. Support vs. full care

- Women
  - Gender issues
  - Privacy zones
    - Chest
    - Genitalia

- Men
  - Gender Issues
  - Privacy zones
    - erections
Support person
Hospitalization, the Couple, the Family, and Sexuality
Although patients have said that discussion of sexual concerns with nurses is appropriate (Waterhouse, 1996; Waterhouse & Metcalfe, 1991).

Prefer having nurses initiate the discussion about sexual concerns (Krueger et al., 1979).

Nurses are more apt to wait for patients to introduce the subject (Guthrie, 1999; Matocha & Waterhouse, 1993).
Sexuality Education Timeline
Topics

- Human development
- Relationships
- Personal skills
- Sexual behavior
- Sexual health
- Society and culture
גדילה והתחתות מיני(ת) ושלבים ודגימה(אות) (שלבים ודגימה(אות))

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Early Childhood

- Proper names for body parts
  - Girl: Vulva, clitoris, vagina, uterus, ovaries, breasts
  - Boys: Penis, Scrotum, Testicles
- Reading informative age appropriate books about physiology
- Issues of Privacy
- Respect and Body Appreciation
- Masturbation/Sexual Exploration
- Initiative, Respect for Self and Others
Middle Childhood (Ages 5-8)
Early Elementary School Years

- Open to questions
- Factual and concrete
- Reinforce respect, self protection and love
- Positive Decision making
- Assertive behavior
- Use opportunities that arise
  - TV
  - Pets
  - Movies
  - Books, internet
Preadolescence (Ages 9-12)
Later Elementary School Years

- How bodies change for both sexes
- Explain value system
- Breast development, erections, menstruation, acne, ejaculation, wet dreams, masturbation, homosexuality, bisexuality, and reproduction
- Continue with self reflection on self respect, respect for others, self protection
- Decision making exercises
Teens

- Relationships
- Depression
- Hygiene
- Contraception
- Body Image
Adults: Challenges

- Getting to know the adult body
- Sexual partner choices
- Relationships
- Body Image
- Pregnancy
- Juggling
- Pleasure
- Disease
Adults: Midlife changes

- Reduced hormones levels
- Menopause
- Reduced fertility
- Reduced sexual desire
- Menstruation
- Reduced sexual desire
- Reduced fertility
- Reduced sexual desire
- Menstruation

- Reduced hormones levels
- Menopause
- Reduced fertility
- Reduced sexual desire
- Menstruation
- Reduced sexual desire
- Menstruation
- Reduced sexual desire
- Menstruation

- Increased stress
- Increased anxiety
- Increased depression
- Increased fatigue

- Increased stress
- Increased anxiety
- Increased depression
- Increased fatigue
Questions To Guide Sexuality Assessment of Adults

- What concerns or questions do you have about your continuing sexual needs?
- In what ways has your sexual relationship with your partner changed as you have aged?
- What interventions or information can I provide to help you?

शलבम ביניים מייני
(PLISSIT)

P  ○ Permission - מתן רשות
L  ○ Listening ; Limited Information - הקשבה
I  ○ Specific Suggestions - עצות ספציפיות
S  ○ Intensive Therapy - טיפול מקצועי

(Annon, 1976)
Research on sexuality-related practice suggests that nurses acknowledge their professional responsibility to address sexuality with clients, but may not feel comfortable doing so.

Continuing education on sexuality is of questionable value in improving practice.

Improving sexuality-related practice include requiring multiple experiences addressing sexuality of nursing students and new staff,

Increased research to identify more specific nursing strategies for addressing clients' sexual concerns.
למה דוקאاختו?  

- משאבים עם סמכות
- מוקד של תוכניות הלימודים
- אמון והיטחון
- מקור למקרוות
- תקשורת
- ייעוץ מקצוע
- הדרכות متואמות

Holistic care