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ORIGINAL PAPER

Turkish Nursing Students' Attitudes and Beliefs Regarding Sexual Health

Meltem Demirgoz Bal · Nejla Canbulat Sahiner

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Abstract The aim of this study was to explore nursing students' attitudes and beliefs towards discussing sexual health with patients. A descriptive design was adopted. Data were collected by an inventory of Sexuality Attitudes and Beliefs Survey. All participants were Muslim. According to study results most of these Turkish nursing students (75.5 %) assumed that most hospitalized patients lacked interest in sexuality because of their illnesses and 67.7 % did not feel comfortable talking about sexual issues. The sexual education was not satisfactory. Students under influence of cultural and religious beliefs did not provide sexual health care. Sexuality and sexual health should be included regularly into fundamental nursing curricula in Turkey.

Keywords Sexual counseling · Teaching · Sexual health · Student · Turkey

Introduction

Sexual health training has been defined as a necessity for healthcare professionals by the World Health Organization (WHO) [1]. It is important that sexuality be a research-based nursing diagnosis with interventions for sexual healthcare in the Nursing Interventions Classification [2]. Sexual healthcare is a complementary part of an overall health and wellness plan [3]. Published data shows that healthcare providers do not address sexual health in their clinical practice [4–6]. Additional research shows that patients have expectation of receiving sexual healthcare from their providers on or about their disease process and it's affects on their sexuality [7–9]. Unfortunately, other published studies show that most patients were not satisfied with the provided information or support related

M. D. Bal (✉) · N. C. Sahiner
School of Nursing, Karamanoglu Mehmetbey University, Karaman, Turkey
e-mail: meltemdemirgoz@gmail.com

N. C. Sahiner
e-mail: ncanbulat@gmail.com

to sexual life and intimacy from their healthcare provider [9, 10]. These findings correlate with negative quality of life indicators from study results related to cumulative health problems and questions about sexual life [11, 12].

Nurses are actually ideal members of healthcare team to advice patients on the highly sensitive area of sexual life. For instance, two studies have shown that nurses are responsible for diagnosis and treatment of sexual health [2]. One of the most important tasks of nurses is to provide patients with information about their sexual health and related treatment to increase their quality of life outcomes. Unfortunately, nursing clinical pathways rarely reflect an attention to a person's sexuality. Nurses do not routinely inquire about their patients' sexual practices nor provide advice on the subject [13–15].

The barriers to discussion of sexual health, such as; the lack of time and training [16, 17], limited sexual knowledge and communication skills to effectively respond to patients' sexual concerns [6], lack of confidence [18] and incorrect feelings and/or perceptions that patients will think about sexual issues, and no relevance to treatment [19], were identified by nurses. Teaching about diagnosis and treatment related to sexual health should be an integral part of nursing curricula. Nursing schools in Turkey have nursing curricula similar to those used in European and American countries, but only rarely they include in courses/programs related to patients' sexuality or sexual health care. Sexual health education is not a compulsory part of general nursing education in Turkey.

Evidence of inadequate training for nursing students on patients' sexual health issues and related care has been revealed in previous studies. A phenomenological study was applied to discover nursing students' experiences about sexual health of patients. Dattilo and Brewer [20] found that while nursing students recognized sexual assessment as being important, they described experiencing personal discomfort when assessing sexual health of patients. A recent study also confirmed that levels of student nurses' willingness for participating in related activities were low [21]. Nurses' giving sexual counseling might be affected by socio-cultural-traditional and religious characteristics.

In Turkey health care professionals are unwilling to help for sexual problems [11–22]. Cultural and religious (Muslim) taboos compel that sexual problems should remain a private issue between husband and wife [23]. The sexual issues of Muslim family cannot be easily and openly discussed and there are more conservative attitudes toward sexuality than those of found in Western countries [24–26]. A large part of Muslims (99 %) in Turkey have religious values about sexuality that is a sensitive issue and only relates exclusively to husband and wife. Muslim prophet Muhammad said "Do not talk about sexual life clearly. A men and women talking about sexual life is like a devil". Another cultural factor in Turkey, men are dominant and women even can't talk about sexuality problems without permission of their husbands. Both health care professionals and patients have no communications about sexuality due to all these reasons. Evidence of this is that there is a lacking of attitudes and beliefs in assessment of sexual problems of patients in Turkey. The aim of this study was to identify nursing students' attitudes and beliefs towards discussing the sexual health care.

Method

This study was planned as a descriptive cross-sectional research. It was conducted between dates of October–December 2013 at a nursing school in Turkey. The study protocol was approved by local ethics committee. This study sample was totally composed of 155 volunteer nursing students. The 62 of them were in second year (sophomore) (77.5 %), the

47 in their third year (junior) (84.6 %) and 46 in their fourth year (senior) (89.3 %) at the nursing school. Only second, third, and fourth-year students were included in this study because they only were allowed directly for clinical practice with patients. The data were collected through a data collection form developed by researchers and the Sexual Attitudes and Beliefs Survey (SABS). Before starting the research, students were informed and their written consent was taken, following a detailed explanation on this study objectives and methods to be used.

The Sexual Attitudes and Beliefs Survey

As a reliable and validated scale, SABS was created by Reynolds and Magnan [27]. Ayhan et al. [28] found that the Turkish version of the SABS was a safe, reliable and valid scale to be used to interpret a nursing student's attitude and beliefs which affect their ability to provide sexual counseling to patients. In Turkey nurses have not been taking any further knowledge after their graduation from their schools. That's why education and training have of special importance during their school years. Determining barriers by SABS during school years can give a contribution to reduce level of barriers. The SABS have been composed of 12 items. The participants make markings on a Likert-type 6-point scale. For every statement in survey participants mark option that fits their thoughts on a scale from 1 to 6 (1 = absolutely agree, 6 = absolutely disagree). In order to prevent the tendencies in answering, 7 out of the 12 items (items 1, 2, 4, 6, 8, 10, and 12) were scaled in reverse order (i.e., 1 = absolutely disagree, 6 = absolutely agree). The total points obtained from survey may change between 12 and 72. The higher scores of the total survey and the article points imply the existence of more barriers in assessment of sexual problems in patients and giving advice accordingly by nurses [28].

Statistical Analysis

The data was transferred manually to the computer, and SPSS 20.0 (Statistical Package of Social Sciences Inc. Chicago, IL, USA) was used. Descriptive statistics are shown in numbers (n) and percentages (%) for the variables obtained by counting and in mean ± standard deviation (X ± SD) for variables obtained by measurement. Parametric data were compared by using Student's t test and Anova analysis. p values smaller than $p < 0.05$ were considered as statistically significant.

Results

Participants' characteristics are summarized in Table 1. The ages of participants ranged from 19 to 23 years (20.8 ± 1.3). Student nurses were mostly female (73.5 %) and all participants were Muslim.

Nursing Students' Attitudes and Beliefs Regarding Sexuality Care of Patients

The mean and percentage of agreement and disagreement for each item are shown in Table 2. All positive-stated items in this scale were reversely scored to get for the mean score. The higher mean SABS scores indicate that nurses feel higher levels of barriers to addressing the patients' sexuality concerns in practice. Items in Table 2 were listed

Table 1 Characteristics of nursing student (n = 155)

	n	%
Age		
19	24	15.5
20	44	28.4
21	40	25.8
22	21	13.5
23	26	16.8
Gender		
Male	41	26.5
Female	114	73.5
Class		
2	62	40.0
3	47	30.3
4	46	29.7
Information resources		
Lectures	93	60.0
Book/journal	50	32.0
Internet	64	41.0
Congress	9	6.0

Table 2 Nursing students' attitudes and belief regarding sexuality care in patients

Items	Mean ± SD	Agreement (%)	Disagreement (%)
Positively stated item			
Discussing sexuality is essential to patients' health outcomes	2.98 ± 1.43	62.0	38.0
I understand how my patients' diseases and treatments might affect their sexuality	3.10 ± 1.49	51.6	48.4
Giving a patient permission to talk about sexual concerns is a nursing responsibility	3.95 ± 1.43	36.1	63.9
I feel confident in my ability to address patients' sexual concerns	4.06 ± 1.66	39.4	60.6
Patients expect nurses to ask about their sexual concerns	3.85 ± 1.34	41.9	58.1
I am more comfortable talking about sexual issues with my patients than are most of the nurses I work with	3.50 ± 1.20	31.0	69.0
I make time to discuss sexual concerns with my patients	3.79 ± 1.46	30.3	69.7
Negatively stated item			
Most hospitalized patients are too sick to be interested in sexuality	4.22 ± 1.37	75.5	24.5
I am uncomfortable talking about sexual issues	4.07 ± 1.43	67.7	32.3
Whenever patients ask me a sexually related question, I advise them to discuss the matter with their physician	3.30 ± 1.62	58.1	41.9
Sexuality should be discussed only if initiated by the patient	3.79 ± 1.46	67.1	32.9
Sexuality is too private an issue to discuss with patients	3.85 ± 1.34	61.9	38.1

Table 3 The relationships the nursing students' characteristics' among total SABS scores

	n	M ± SD
[a]State of giving sexual counseling?		
Yes	25 (16.1)	36.48
No	130 (83.9)	42.53
	t = 3.77	$p = 001$
[a]Are you conservative about sexual issues?		
Yes	73 (47.1)	43.09
No	82 (52.9)	40.18
	t = 2.40	$p = 001$
[b]Classroom		
Second	62 (40.0)	43.98
Third	47 (30.3)	37.97
Fourth	46 (29.7)	41.93
	F = 1.68	0.01

SABS sexuality attitude and belief survey

[a] Student's *t* test

[b] One way Anova

according to the levels of barriers. The percentage of disagreement or agreement was undertaken by dichotomizing the item response options at the midpoint between the scores of three and four: as recommended by Magnan et al. [29]. Response options from 1 to 3 and from 4 to 6 in the Likert scale were classified as disagreement and agreement, respectively. As shown in Table 2, the mean SABS scores of each item varied from 2.98 to 4.22. More than three quarters of nurses (75.5 %) mentioned that the most of the hospitalized patients are too sick to be interested in sexuality, and 67.7 % of students assumed uncomfortable talking about the sexual issues. These 2 items had the highest SABS scores, with means of 4.22 ± 1.37 and 4.07 ± 1.43, respectively. Furthermore more than half of the respondents (62.0 %) believed that discussing the sexuality concern was essential to patients' health outcomes, and 51.6 % of the respondents agreed on understanding the patients' diseases and treatments might affect their sexuality positively. These 2 items had the lowest SABS scores, with means of 2.98 ± 1.43 and 3.10 ± 1.49, respectively.

To identify the relationships between total SABS scores and characteristics of nursing students, the sexuality about opinion statistics were performed using student t test and Anova. Total SABS scores ranged from 20 to 65 (mean 41.55 ± 7.65). Level of barriers for 3rd-year class of nursing students about discussing sexuality was lower statistically significant ($p < 0.05$). In addition, statistical relationship between total SABS and the status of giving sexual counseling and conservative attitude has been investigated by student's *t* test (Table 3).

Discussion

The limitation of this study was that the data were collected from a relatively small sample size. So the results of this study cannot be generalized. Students might have felt under a pressure to be a part of this study although their names were not asked and the survey carried out after their resit exams.

This study have indicated that these Turkish nursing students' attitudes and beliefs about sexuality concerns were different from those done in studies in Western and Eastern countries. The total SABS scores of these Turkish nursing students (mean 41.55 ± 7.65) were higher than those of nurses in United States of America (USA; mean 37.48 ± 8.19) [30] and Swedish nurses (mean 40.0 ± 7.8) [31] and had lower than those of Chinese nurses (mean 45.83 ± 8.14) [32]. It has been indicated that these Turkish students have higher levels of barriers to discussing sexuality concerns with their patients than American and Swedish nurses and lower than Chinese nurses. This conclusion is perhaps coming from the decreasing level of sexual taboos from East to West. In other words, it may be concluded that sexuality is still a taboo in Eastern countries much more than in Western countries. In this country people cannot easily and openly talk about sexuality because they are more strictly faithful to their beliefs and traditional values.

According to this study these Turkish nursing students considered that the thought of "Most hospitalized patients are too sick to be interested in sexuality" was the top barrier. Nurses, who had strong sexual taboos in China, had also the second common barrier which most hospitalized patients had lack of interest in sexuality [32]. This is not a surprising result. Although WHO [3] indicated that there is a very strong relationship between sexuality and well-health, health care professionals give a priority to the survivals of patients in Turkey. They have ignored sexuality as a significant part of quality of life [11, 22]. It is strongly recommended for health care professionals to take regular education and training to change their mind on the subject [6].

A study in 1986 showed that a majority of participating nurses believed as sexual counseling was not a part of their profession [33]. In study of Dattilo [20], all nursing students supported the notion that a client's sexual health was indeed an integral part of holistic nursing care. In this study, 64 % of students believed that it was nurse's responsibility to talk about sexuality. However, present findings confirm what earlier studies have shown: nurses do not take time to discuss sexual concerns with patients [11, 31, 34–36]. The studies in Magnan et al. [29] and Saunamakı et al. [31] have shown that most of the nurses understand how patients' sexuality can be affected by treatment and diseases. But Turkish students had another (second) common barrier and (67.7 %) of them was uncomfortable while talking about sexual issues [29–31]. In these Turkish students were not comfortable to talk about this with patients. This can be explained as embarrassment and hiding as a part of the cultural understanding of sexuality by Turkish people, which makes it difficult to find a help and get an advice from relevant sources when a problem arises [37]. The cultural issues could therefore prevent the patients from discussing their sexuality and affect nurses negatively who share the same culture.

In this study and Ayhan's study [28], it has been observed: nurses believe that patients do not have expectations from nurses to discuss their sexuality concerns. In addition, in qualitative studies, patients have declared that the most of health staff is not eager to talk about sexuality [38, 39]. It has also been stated that patients continue to live with their problems demanding not to discuss this topic by thinking "if sexuality was important, the health staff would tell us anyway" [40, 41]. This is possibly because there is a cultural sexual conservativeness in Turkey; discussing the issues about sexuality remains as a cultural and religious taboo in Turkish communities.

According to the WHO (2002), there is a very strong connection between sexuality and health [1]. The 62 % of nursing students in the study agreed with the statement that discussing sexuality is essential to patients' health outcomes. These findings are compatible with those of Magnan et al. [29] and Saunamaki et al. [31]. But most of Turkish nursing students explained that they are not willing to give advice on sexual issues (80 %).

The number of students giving advice on sexuality was limited (16 %). This may be due to two reasons: (1) more than half of the students who express themselves as conservative and (2) not enough professional experience. The results in the study of Dattilo et al. [20] were compatible to this study. This study students explained personal discomfort when confronted with performing a sexual health issue on any patient. Specifically, students stated that they were particularly uncomfortable if their patients were male or older than them. One student shared that the topic and subject was "too personal… and I am too young". But a Finnish study by Hautamaki [42] showed that experience in nursing practice increased the chance of initiating a discussion about sexuality, and Wilson and Williams [43] found that years of experience increased sexuality-related practices.

In this study third-year class students had a lower level of barriers about sexuality. The possible reasons of this may be from: (1) they are students of Obstetric and Gynecologic nursing classes. In these classes, students take much more information about sexuality and sexual health training and this can cause a decrease in SABS score.

It is pleasure to discover that training and knowledge had a positive effect on nurses' attitudes towards discussing sexuality, and other studies also confirm this [31, 43, 44]. In study of Saunamaki et al. [31] nurses having further education thought of that discussing the sexuality was more essential to patients' health outcomes and took more time to discuss sexual concerns than nurses having no further education.

The relationship between further education and nursing practice about sexuality is not a new finding: Wilson and Williams found such a relationship already in 1986 and Saunamaki et al. [31] confirmed it in the year of 2010. First-line managers have a responsibility to make sure that nurses are educated. It is also vital that nursing students encounter this topic in their undergraduate studies, so barriers can be broken down in an early stage of their career. That's why the classes about sexuality and sexual health should be included routinely into the fundamental nursing curricula (surgical nursing + sexual health/pediatric nursing + sexual health etc.).

Sexual health care is an important area of nursing care that should not be ignored. But more than half of these Turkish nursing students (58.1 %) would discuss the issues of sexuality only if the physician addressed the topic. The results of the study of Nusbaum et al. [45] are compatible with those of this study. Turkish students thought of that they could not deal with those problems, so they sent the patients to the physicians. However, in a quantitative study, Wakley [46] surveyed physicians about their preparedness to discuss sexual issues with their clients. A majority of physicians in the study shared that they felt ill-equipped to address the sexual health and sexual concerns with their clients.

Conclusions

The sexual education is not satisfactory. Students who took sexuality classes had less barriers about sexuality. Turkish nursing schools should teach students how to address patients' sexuality, making it a natural part of nursing care. In this way nurses can give holistic care by detecting early and prevent sexual problems that otherwise would not surface. In addition we could comment on this that education might prevent the pressure coming from cultural and religious taboos. Teachers can support their students by listening to them actively, helping them on their decisions, enhancing the communication, reducing anxieties, increasing self esteem and behavior modification their attitudes during their education period.

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Conflict of interest Authors declare that they have no conflict of interests.

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