Nurse's Perception of Barriers Toward Discussing Female Sexual Issues in Nursing Practice

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Abstract

Background: Nursing as a holistic practice, address all dimensions of human health and functioning including sexuality to identify any alterations of health.

Aim: This study aims to assess nurse's perception of barriers toward discussing female sexual issues in nursing practice.

Subjects and Methods: A descriptive exploratory research design was adopted for this study.

Sample: A total of 200 convenience samples of nurses working in different setting at teaching hospital affiliated to Cairo University were participated in this study.

Tool: Data was collected through six months during 2013 utilizing (I) interviewing questionnaire sheet was developed by the research investigator which includes three parts: A) Socio demographic profile of the subjects, B) Subject's previous education, experience and training related to sexuality, C) Nurse's knowledge regarding issues affecting female sexual function; (II) Scale for perceived barriers using Likert scale scoring ranged from 1-5.

Result: Findings of this study revealed that barriers includes three parts: A) Nurses perceived barriers such as: Lack of knowledge (67%), feeling embarrassed (65.5%) lack of experience (64%) and afraid of violating woman privacy (59%); B) Women barriers as perceived by nurses such as: Woman concerned with other problems (58%), woman embarrassed (57%) and woman feel that nurses are too young or not married to understand them (55.5%); and C) Work and community barriers: Lack of a private setting (68%), sexuality representing a low healthy priority (61%) and lack of a role model (58.%) were the common barriers as perceived by the study sample

Conclusion: Finding of this study indicate that there are numerous barriers which hinder nurses to discuss sexuality with woman.

Recommendation: Sexual education in nursing curriculum, developing an evaluation tool to integrate sexuality history as a routine screening issue in clinical settings, as well as, increase the awareness of nurses about their role in sexuality care.

Key Words: Perception – Female – Nurses – Barriers – Sexual issues.

Introduction

SEXUALITY is a basic human right and a fundamental part of a healthy life [1]. Sexual health is defined as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity [2]. Sexual health and issues related to human sexuality are becoming increasingly important areas of concern for healthcare professionals both nationally and globally [3].

There are numbers of diseases and conditions that may affects female sexuality, a study conducted by [4] to assess the impact of cervical cancer on women's sexual function, the study showed that 57% of the women experienced altered or limited sexuality after chemotherapy and/or radiotherapy, and another study by [5] showed that sexual ill-health was predictable after treatment in patient who had had breast cancer. Moreover, [6] mentioned that, woman suffering from gynecological cancer face numerous challenges to sexuality including threats to their body image, alter sexual response (interest, function and satisfaction) as well as, distorted sexual role and relationships.

Moreover, [7] mentioned that, 26% of woman who had radical pelvic surgery for cervical cancer and vulva stated that they needed more information about sexual matter related to impact of surgery. Also, a qualitative study among woman who had been treated for cervical and endometrial cancer, the study sample mentioned that at treatment initiation, they wanted more information from the health care providers about anatomy and physiology of reproductive system, information about long term physical, emotional effects of treatment on their sexual functioning as well as reassurance...
about safety of sexual activity [8]. Also, other studies conducted by [9] documented that long term urinary catheterization and incontinence affects sexuality and sexual relations.

There are various barriers causing patients' sexuality concerns to be overlooked by healthcare providers. One of the reasons may be the myths and prejudices that are prevalent among nurses about patients diagnosed with cancers being too ill to be interested in sex or sexual issues [10]. Other myths include that nurses may avoid discussing sexual issues with their patients because they believe that dealing with patients' sexual issues is not within their professional responsibility [11], and they are afraid of offending patient's privacy [7]. Some nurses feel that they are not adequately prepared with relevant knowledge and skills to discuss issues of sexuality with their patients [12]. Moreover, beliefs that patients do not expect to discuss their sexuality concerns with nurses [13]. In addition, lack of referral resources, unsuitable environment to discuss sexual concerns with woman [14], shorter stays in hospital and multiple care providers, all these barriers limited opportunities to address sexual concerns with woman [15].

Talking about sexuality is an important task for nurses in clinical practice and nurses are actually the ideal members of healthcare team to advice woman on the highly sensitive area of sexual life. Unfortunately, nursing clinical path-ways rarely reflect an attention to a person's sexuality. However, few studies have reported about nurses' barriers in talking with woman about sexuality among Egyptian nurses, therefore, this study was carried out to identify nurses' barriers to discuss female sexual issues.

Significance of the study:

Nurses are expected to work with a holistic approach that includes physical, psychological, social, sexual and spiritual dimensions of health to support the woman's to cope with all kind of problems in their daily life. The information gained from this study may be useful to highlight educational needs and practice suggestions for better integration of client sexuality concerns with holistic care. Unfortunately, the current nursing curriculum in Egypt rarely includes information related to human sexuality. This deficit should be addressed and new teaching strategies should be integrated helps nurses to integrate sexuality care in their clinical practice. Also, this study will contribute to improve the nursing practice especially in relation to women follow-up and monitor for early detection of any problems that may predispose to female sexual dysfunction since nurses are considered a member in health care team and work in a variety of settings, they have unique opportunities to address client sexuality during a routine health care that might help the women to understand how sexual feelings may be affected by illness, childbirth, and some treatments.

Aim of the study:

The aim of the current study was to assess nurse's perception of barriers toward discuss female sexual issues in nursing practice.

Research question:

To fulfill the aim of this study, the following research question was formulated:

- What are nurse's perceived barriers to discuss female sexual issues in nursing practice?

Subjects and Methods

Research design:

A descriptive exploratory research design was adopted for this study.

Sample:

Based on the rules of sum, which is calculated by the number of variables multiply by constant of 10 a total of 200 convenience sample of nurses working in the following settings were recruited in this study. All nurses working in the three different shifts were participated in this study. According to the following criteria: Female nurses only, working with female clients and not less than three years of experience.

Setting:

The study was conducted at Obstetrics and Gynecology, Medical, Surgical, Oncology Inpatient Departments and Outpatient Clinics at Teaching Hospital affiliated to Cairo University during 2013.

Tool of data collection:

Data was collected through utilizing the following tool:

I- Interviewing questionnaire sheet was developed by the researcher which includes three parts:

A- Demographic profile of the nurses, such as age, level of education, marital status, years of experience and work setting.

B- Nurse's previous education, experience and training inventory to ascertain their perceived level of experience and education related to sexual health issues.

C- Nurses knowledge regarding issues affecting female sexual function.
II- Scale for perceived barriers: This scale was developed by the researcher after reading the related literatures, the nurses were asked to rate the items that hinder them from discussing female sexual issue. The scale includes twenty four items divided into three categories: A) Ten items are a nurse’s barriers, B) Eight items are a patient barriers and C) Six items are work and community barriers. Using a 5-point likert-scale format in which 1=strongly disagree and 5=strongly agree. The scores for the scale were computed by calculating the sum of the responses for all items in the scale. The higher score denotes the barriers among the study sample.

Tool validity and reliability:

Tool was submitted to a panel of three medical and nursing experts in the field of obstetrics and gynecology to test the content validity. Modification was carried out according to the panel judgment on clarity of sentences and the appropriateness of content.

Ethical consideration:

An official permission was obtained from research ethical committee of the Faculty of Nursing, Cairo University to approve the tools and the study. Also an official permission was taken from hospitals administrators to collect data from nurses working in different previous setting. Written informed consent was obtained from each participant in the study after clarification of the nature and aim of the study. The research investigator emphasized that participants in the study is entirely voluntary and can withdraw at any time. Anonymity and confidentiality were assured.

Pilot study:

A pilot study were conducted among (10%) of the sample to ensure the clarity, feasibility and validity of the tool. The pilot study lasted one week and modifications in some questions not appropriate with Egyptian culture were done based on the pilot results. Also, the sample included in the pilot study was excluded from the total sample.

Procedure:

Upon receiving the official approval through the formal channels, permission was obtained from the previous settings to collect the data. Data of the current study were collected through a period of six months from January to December 2013. The researcher introduced herself to the study sample to discuss the purpose from the study and obtain their acceptance to be recruited in the study. The sample was interviewed individually and self administer questionnaire were plotted by the study sample through the three different shifts (morning, afternoon and night shifts). For study sample working at afternoon and night shifts, the researcher admitted at 6pm to 10pm to meet the nurses during these shifts. For the study sample working at morning shift, the researcher was admitted to the previous setting at 10am to collect the required data. The researcher collected the data 2 days/week (Saturday, Sunday). The time consumed to fulfill the questionnaire ranged from 25-30 minutes.

Statistical design:

The collected, data were categorized, tabulated and analyzed using Statistical Package for Social Science (SPSS) program version 20. Descriptive and inferential statistical tests were applied (e.g. mean, standard deviation, frequency and percentage.

Limitations of the study:

- Small sample size limits the generalization of the study results.
- Nurses were busy and very loaded due to work over load.
- Unavailability of private setting to conduct the interview.

Results

Findings of this study are presented in two major sections:

I- Findings related to subjects characteristics, their educational background and training related to female sexual issues as well as, nurse’s knowledge regarding issues affecting female sexual function.

II- Findings related to nurse’s perception of barriers toward discussing female sexual issues in nursing practice.

Section (I): Subjects characteristics:

This section includes three parts, (A) Demographic characteristics of the subjects such as age, education, experience and marital status. (B) Subjects previous educational background and training regarding female sexual issues. (C) Nurse’s knowledge regarding issues affecting female sexual function.

A- Demographic characteristics: Table (1) shows that the age range of the subjects ranged between >30 and >50 years, more than one third of the sample (43.5%) their age under 30 years old. Compared to (8%) of them above 50 years old. More than half of the sample (75%) were diploma nurse’s compared to (4%) of them had baccalaureate degree Fig. (1). Regarding years of experience, half of them (50%) have more than nine years’ experience compared to (12%) of
Nurse’s Perception of Barriers Toward Discussing Female Sexual Issues

A- Nurses knowledge regarding issues affecting female sexual function:

As shown in Fig. (4) more than two third 76.5% and 74.5% of the study sample were agreed that pregnancy, mode of delivery and psychological status can affect female sexual function compared

B- Previous educational background and training related to female sexual health:

More than three quarters of the study sample 91.5% didn’t receive any educational background and training related to female sexual issues in their curriculum compared to 8.5% had received this type of education or training. Some of the nurses who received this education or training n=17, 82.5% didn't apply this information in their practice, either due to patient not concerned with this sensitive issue, not required in clinical training or feeling of embarrassment (57.5%, 21.5% and 14% respectively).

Table (2): Nurse’s previous education and training related to female sexual issues.

<table>
<thead>
<tr>
<th>Variables</th>
<th>(n=200)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous educational background or training:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>- No</td>
<td>183</td>
<td>91.5</td>
</tr>
<tr>
<td>Application in clinical practice:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>3</td>
<td>17.5</td>
</tr>
<tr>
<td>- No</td>
<td>14</td>
<td>82.5</td>
</tr>
<tr>
<td>Why:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Not required in clinical training</td>
<td>3</td>
<td>21.5</td>
</tr>
<tr>
<td>- Feeling of embarrassment</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>- Women didn’t ask</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>- Women not concerned with this sensitive issues</td>
<td>8</td>
<td>57.5</td>
</tr>
</tbody>
</table>

Table (1): Description of the subjects in relation to demographic characteristics (n=200).

<table>
<thead>
<tr>
<th>Variables</th>
<th>(n=200)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;30</td>
<td>87</td>
<td>43.5</td>
</tr>
<tr>
<td>31-40</td>
<td>57</td>
<td>28.5</td>
</tr>
<tr>
<td>41-50</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>&gt;50</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Experience:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;3 years</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>4-6 years</td>
<td>27</td>
<td>13.5</td>
</tr>
<tr>
<td>7-9 years</td>
<td>49</td>
<td>24.5</td>
</tr>
<tr>
<td>&gt;9 years</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>Marital status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>56</td>
<td>28</td>
</tr>
<tr>
<td>Married</td>
<td>130</td>
<td>65</td>
</tr>
<tr>
<td>Widow</td>
<td>14</td>
<td>7</td>
</tr>
</tbody>
</table>

Fig. (1): Distribution of the sample according to their educational levels.

Fig. (2): Distribution of the sample according to job title.

Fig. (3): Distribution of the sample according to work setting.

Fig. (4): Distribution of the sample according to educational levels.
to 58.5% and 51.5% of the study sample disagree that surgeries and hormonal contraceptive methods can affects female sexual function.

Section II: Nurse's perceived barriers toward discuss female sexual issues in nursing practice:

This section divided into three parts of barriers toward discussing female sexual issues as perceived by the study sample: A) Nurse's barriers; B) Women barriers; and C) Work and community barriers.

A- Nurse's barriers:

Table (3) showed that the total mean barrier score towards discussing female sexual issues among nurses were 30.13 ± 5.537. Findings of this study revealed that 67% of the study sample reported lack of knowledge was the highest barriers to discuss female sexual issues. Feeling embarrassed, lack of experience, fear of violating women privacy, not building a good nurse-patient relationship and women refuse to discuss this issue were found as other barriers to discuss sexuality issues with women, (65.5%, 64%, 59%, 58 and 57% respectively). Moreover, 36% of the study sample agreed that discussing female sexual issues is the doctor's role.

B- Women barriers:

As shows in (Table 4), the total mean barrier score were 23.10 ± 3.332. Women concerned with other problems, embarrassed and nurses are too young or not married were the main women barriers to discuss female sexual issues in nursing practice as perceived by the study sample 58%, 57% and 55.5% respectively. In addition, sexual problems were not the main reasons for women to requesting checkup (38%).

Table (3): Nurse's barriers toward discussing female sexual issues in nursing practice.

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly disagree (1)</th>
<th>Disagree (2)</th>
<th>No opinion (3)</th>
<th>Agree (4)</th>
<th>Strongly agree (5)</th>
<th>( \chi^2 \pm SD )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of knowledge.</td>
<td>12 6 8 4</td>
<td>12 6 124 67 44 22</td>
<td>5.3 ± 7.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling embarrassed.</td>
<td>24 12 3 1.5</td>
<td>3 1.5 131 65.5 39 19.5 3.8 ± 1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lack of experience.</td>
<td>– – 16 8</td>
<td>10 5 128 64 46 23 3.8 ± 1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fear of violating women privacy.</td>
<td>7 3.5 24 12 – –</td>
<td>– – 118 59 51 25.5 3.9 ± 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good nurse-patient relationship.</td>
<td>16 8 15 7.5</td>
<td>20 10 116 58 33 16.5 3.7 ± 1.1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Worry about women refusal.</td>
<td>19 9.5 14 7</td>
<td>6 3 114 57 47 23.5 4 ± 0.8</td>
<td></td>
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<tr>
<td>Unable to use appropriate words</td>
<td>17 8.5 20 10 8</td>
<td>4.0 100 50 55 27.5 4.5 ± 6.4</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Colleague's opposition.</td>
<td>19 9.5 26 13</td>
<td>23 11.5 82 41 50 25 3.6 ± 1.3</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Doctor's role.</td>
<td>55 27.5 49 24.5 – –</td>
<td>– – 72 36 24 12 2.8 ± 1.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality is too private issue.</td>
<td>3 1.5 26 13 – –</td>
<td>93 46.5 78 39 4.1 ± 1</td>
<td></td>
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</tbody>
</table>

*: Total mean nurse's barriers score 30.13 ± 5.537 SD.
Nurse’s Perception of Barriers Toward Discussing Female Sexual Issues

Table (4): Women barriers toward discussing female sexual issues in nursing practice.

<table>
<thead>
<tr>
<th>Item</th>
<th>SD (1)</th>
<th>D (2)</th>
<th>No opinion (3)</th>
<th>Agree (4)</th>
<th>SA (5)</th>
<th>χ ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women concerned with other problems</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
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<tr>
<td>- Embarrassment</td>
<td></td>
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<tr>
<td>- Nurses are too young or not married</td>
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<tr>
<td>- Concealing information</td>
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<tr>
<td>- Avoidance of women to discuss her sexual concern</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>- Women obtained sexual knowledge from T.V and internet</td>
<td></td>
<td></td>
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<tr>
<td>- Sexual problems were not the main reasons for women to request checkup</td>
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<tr>
<td>- Woman feeling that sexuality assessment is not relevant to treatment</td>
<td></td>
<td></td>
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</tbody>
</table>

*: Total mean women barriers score as perceived by nurses’ 23.10 ± 3.332 SD.

C- Work and community barriers:

The total mean barrier scores related to work and community barriers were 39.27 ± 12.711. Lack of a private setting, sexuality representing a low healthy priority, lack of a role model to learn how to discuss sexual issues with woman were perceived as an environmental barriers as perceived by the study sample (68%, 61% and 58.5% respectively). Forty six point five percent of the study sample mentioned that negative attitude and beliefs about sexual health is another barrier within the community.

Table (5): Work and community barriers toward discuss female sexual issues in nursing practice.

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly disagree (1)</th>
<th>Disagree (2)</th>
<th>No opinion (3)</th>
<th>Agree (4)</th>
<th>Strongly agree (5)</th>
<th>χ ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of private setting</td>
<td>N 3 1.5</td>
<td>N 13 6.5</td>
<td>N 136 68</td>
<td>N 48 24</td>
<td></td>
<td>4.1±0.8</td>
</tr>
<tr>
<td>A low healthy priority</td>
<td>N 11 5.5</td>
<td>N 37 18.5</td>
<td>N 122 61</td>
<td>N 23 11.5</td>
<td></td>
<td>3.5±1.1</td>
</tr>
<tr>
<td>Lack of a role model</td>
<td>N 12 6</td>
<td>N 19 9.5</td>
<td>N 20 10</td>
<td>N 117 58.5</td>
<td></td>
<td>3.7±1</td>
</tr>
<tr>
<td>Shortage of staff</td>
<td>N 15 7.5</td>
<td>N 20 10</td>
<td>N 95 47.5</td>
<td>N 70 35</td>
<td></td>
<td>3.9±1.2</td>
</tr>
<tr>
<td>Negative attitude within the community</td>
<td>N 10 5</td>
<td>N 93 46.5</td>
<td>N 97 48.5</td>
<td>N 15 7.5</td>
<td></td>
<td>4.4±0.7</td>
</tr>
<tr>
<td>Not part of hospital routine</td>
<td>N 25 12.5</td>
<td>N 36 18</td>
<td>N 6 3</td>
<td>N 81 41</td>
<td></td>
<td>3.5±1.4</td>
</tr>
</tbody>
</table>

*: Total mean barrier score 39.27 ±12.711 SD.

Discussion

The aim of this study was to assess the nurse’s perception of barriers toward discussing female sexual issues in their nursing practice.

Findings of this study will be discussed within the following frame of references:

(A) Nurses perceived barriers, (B) Women barriers as perceived by nurses and (C) Work and community barriers.

A- Nurse’s perceived barriers:

Findings of this study revealed that lack of knowledge about female sexuality was the main barrier to discuss sexuality issues in nursing practice. This result is supported by [20,33,37] who report that ‘lack of knowledge was the main barriers perceived by nurses. Also, [47] report that ‘lack of knowledge about skills to identifying and managing female sexual dysfunctional disorders. On the contrary, [18,21] reported that sexuality is too private an issue to discuss with patient was the main barrier perceived by nurses. While, [19,26] report that lack of experience was the main barrier among Taiwan nurses. Moreover, [23,36] mentioned that nurses feel discomfort and embarrassment to providing sexual health care to patient’.

Moreover, feeling of embarrassment was perceived as the second barrier reported by nurses, this result congruent with [23,34,46] that ‘nurses were embarrassed when discussing sexual issues’. On the contrary, [18] reported that patients are too
sick to be interested in sexuality. While [19] reported that the nurses perceived that inability to use appropriate words to communicate with the patient was the second barriers to discuss sexuality care. Moreover, [20] reported that nurses believe that 'someone else's responsibility to talk about sexual matters'. Also, [27,36] reported the second nurse's barrier as 'inability to provide explicit information on specific sexual issues. Moreover, [35,37,40] report that 'inadequate sexual communication skills, lack of knowledge in addressing sexuality and lack of experience were the main barriers to discuss sexual issues.

In addition, lack of experience was perceived by the nurse as the third barriers. This result is supported by [20,25,41] that lack of nurse’s experience to addressing sexuality in clinical practice was the third barrier. This findings not supported with [18] who reported that China's' nurses was 'less comfortable to talk about sexual issues with patient. While [19,23,35] reported that lack of sufficient knowledge, lack of communication skills, lack of readiness to discuss sexual issues in clinical practice as well as, feeling embarrassed when discussing sexuality with patient were reported the third barriers perceived by nurses.

Moreover, afraid of violating women privacy was perceived by nurses as the fourth barriers, this finding is consistent with [19,18] who reported that "nurses were afraid of violating patient's privacy, that might be cause confusion in patient who believe that such a discussion is a sexual invitation. Moreover, [25,37,32] mentioned that nurses were worry about 'violating patient privacy. On the contrary, [29,41] report that 'nurses embarrassment' was perceived as the fourth nurses barriers.

In addition, not building up a good nurse-patient relationship was perceived as the fifth barriers to discuss female sexual issue in nursing practice. This finding is not supported by [18,20,22,23,34,35] mentioned that nurses not confident in their own ability to address sexual issues with patient. Also, [41] mention that 'lack of communication skills to initiate sexuality concern was reported a barriers among nurses.

B- Women barriers as perceived by nurses:

Finding of this study revealed that patient concerned with other problems more than discussing sexual issues was perceived by nurses as the main barriers. This result is supported by [18,39] who report that patient having more things to be concerned about than having sex. Also, [15,20] reveals that nurses viewing sexuality as a low priority issue among people with cancer. This findings in contrast with [11,18] who reported that patient might feel embarrassed and did not know how to answer nurses questions. Also, [32] reported that 'women are feeling uncomfortable confronting their health-care provider about sexual issues or sexual problem'.

Patient embarrassment' is the second barrier in this study as perceived by nurses. This result supported by [15,20,35,38] who reported that 'patient embarrassment' reported by nurses as the second patient's barrier. Moreover [42,43,48] reported that 'patients feel uncomfortable confronting their health-care provider about sexual issues or sexual problems. On the contrary, [18] revealed that patients might not want to talk about sexual issues if they felt it was not relevant to their treatment. While [19] mentioned that sexuality representing a low priority among women perceived by nurses as the second barrier.

Concerning third barrier, finding of this study revealed that 'patient feel that nurses are too young or not married to understand them' was perceived a patient barriers reported by nurses. This result is congruent with [19] who report that 'patient might refuse to talk or feel that a nurse was too young to understand them. On the contrary, [18,45] report that 'avoidance of woman to discuss her sexual problems and needs outside family frame and might purposefully conceals information. Also, [44] report that 'women would prefer that the nurse initiate the conversation about sexuality problems.

This discrepancy might be related to differences in sample size, beliefs, and different cultural and educational background.

C- Work environment and community barriers:

Finding of this study revealed that 'lack of private setting' was the main barriers related to work environment. This result supported by [36] who reported that 'lack of privacy' is the first environmental barrier. While [28] reported that lack of environmental support” is the first environmental barriers. On the contrary, [19] mentioned that nurses report that 'lacks of role models to provide guidance on how to discuss sexual issues with patient are the first barriers'. And, [11] reported that 'nurses working in clinical settings cited lack of privacy as one of their reasons for not discussing sexuality with patients in practice. While [24] reported that sexuality-related care has traditionally been a taboo in clinical practice. Also [18,30,31] report that nurses report that 'conservative cultures is the major environmental barrier'. And, [35] mentioned that 'heavy nursing workload' is the first barrier.
'Sexuality representing a low health priority' is the second barrier in this study. While [11] report that 'lack of time' is the second barrier. And [16] reported that the second barrier was 'sex is not the major problem for patient in their units'. Also, [35] report that 'lack of time' is the second barrier. And, [39] who report 'busy workload and lack of time' is the second barrier.

'Lack of role model' is the third barrier in this study. This finding is supported by [19] who reported that the third environmental barrier was 'Sexual issues are not part of the hospital routine'. Also, [18] reported that 'lack of role model' as the third barrier. And, [34] who found that 'lack of guidance and role model' reported by nurses as a barrier. Moreover, [30] mention that 'lack of role model' consider as a barrier.

'Staff shortage resulting in limited time' reported by nurses as the fourth barrier. This result is congruent with [19,49] findings that 'staff shortage and lack of time consider as environmental barrier as reported by nurses'.

'Negative attitude and beliefs about sexuality among community' reported as the fifth barrier in this study. This result consistent with [18,19] findings that negative attitude and beliefs about sexuality among community are considered a community barriers regarding discussing sexuality issues outside family frame.

Conclusions:

Sexuality is a quality-of-life issue for all people and is especially important when the healthy enjoyment of one's sexuality is diminished. Illness and surgery can have a negative impact on people's sexuality. This study revealed that the nurses did not take an active role in sexual health education or counseling, because of embarrassment, lack of knowledge, lack of experience, lack of patient readiness and lack of private setting. In order to achieve the provision of holistic care, all patient needs, including their sexuality needs, must be addressed as a routine assessment tool in clinical settings.

Recommendations:

Based on the finding of this study, the following recommendations are suggested:

- Nurses felt less confident in discussing sexuality issues with patients, so more training related to sexuality care is needed, especially in equipping nurses with necessary communication skills.
- Exploring the importance of sexuality issue discussion from patients' perspectives.
- Sexual education is needed in basic nursing education to equip nurses with the relevant knowledge and competent to discuss sexuality issues for women.
- Developing an evaluation tool that involves sexual history taking as part of nursing practice within clinical settings.

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الملخص العربي

المقدمة: إن الصحة الجنسية هي مكن أساسي من مكونات الحياة لدى السيدات ولها الأبعاد البيولوجية، النفسية، الاجتماعية، الأخلاقية والثقافية. يعتبر دور الممرض في مواجهة القضايا الجنسية مع المرأة جزءا لا يتجزأ من تقديم العلاج التمريضي الشامل.

هدف الدراسة: التعرف على أبعاد الممارسات للمعوقات لمناقشة القضايا الجنسية للمرأة أثناء الممارسة التمريضية.

تصميم البحث: بحث توصيفي وصفي لإدراك الممارسات للمعوقات لمناقشة القضايا الجنسية للمرأة أثناء الممارسة التمريضية.

مكان الدراسة: أجريت هذه الدراسة في الميدان، والنتائج المختلفة المستمدة تابعة لجامعة القاهرة.

عينة الدراسة: أجريت هذه الدراسة على 200 ممرضة يعملن بالاقتصاد والطب الباطني بالجامعة السابق ذكره.

نتائج البحث: أسفرت الدراسة عن النتائج التالية: أن هناك ثلاث أنواع من المعوقات التي تؤثر على دور الممرضات في مواجهة القضايا الجنسية للمرأة. وهي كالآتي: معوقات متعلقة بالمرضى؛ معوقات متعلقة بالمرأة ومعوقات متعلقة ببيئة العمل ونظرية المجتمع.

أولاً: المعوقات المتعلقة بالمرضى مثل: نقص المعلومات بنسبة (77%) - الشعور بالخجل بنسبة (30%)- قلة الخبرة بنسبة (74%).

ثانياً: المعوقات المتعلقة بالمرأة وهي على سبيل المثال: المرأة لديها امور أخرى تشتكي بنسبة (58%) - شعور المرأة بالخجل عند مناقشتها القضايا الجنسية بنسبة (54%)- شعور المرأة أن المرضة صغيرة السن حتى تفهمها بنسبة (92%).

ثالثاً: المعوقات المتعلقة ببيئة العمل وهي: عدم وجود مكان مخصص لمناقشة القضايا الجنسية بنسبة (65%)- الصحة الجنسية لها أولوية بنسبة (87%).