

Nurses' attitudes and beliefs towards provision of Sexual Health Care to in-patients: A cross-sectional study of the South Rift, Kenya

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ABSTRACT

Sexual health forms an essential domain of human health and wellness and significantly contributes to the quality of life for people of all ages. It is integral to holistic patient care but often neglected by health providers including nurses in routine practice. Guided by the Donabedian model, this study examined how nurses' attitudes and beliefs influence provision of sexual health care to in-patients in the South Rift, Kenya. A cross-sectional study design was employed and the Sexual Attitudes and Beliefs Survey (SABS) was adopted to collect data from a sample of 171 nurses working in medical and surgical units of selected level four and five hospitals. Data analysis was done using descriptive statistics together with chi-square test to determine the relationships between independent and dependent variables. The P-values were set at <0.05 . Necessary ethical clearances were sought from relevant authorities during the study. The results showed 65% of nurses provided sexual health care satisfactorily to their patients with a statistically significant relationship between nurses' attitudes and beliefs and provision of such care ($X^2=79.271$, $p\text{-value}=0.016$). Nurses' attitudes and beliefs towards sexual matters greatly determine how nurses care for patients with sexual health care needs during hospitalization. It is recommended that hospitals should train nurses on sexual health care through Continuous Professional Development programs while nursing schools include practical aspects of the attitude domain in pre-service training curricular to empower nurses on sexual health matters.

Keywords: Attitudes, Beliefs, In-Patients, SABS, Sexual Health

I. INTRODUCTION

Sexual health is considered an important aspect of holistic care, but research has shown that this domain of health is often not considered as it should be, in health services in many parts of the world (Verrastro et al., 2020). Among sexually active people of all ages, more than 50% of men and women consider good sexual health to be a major determinant for good quality of life and wellbeing (Manninen et al., 2021; Pascual et al., 2021).

World Health Organization (WHO) emphasizes that sexual health encompasses various aspects of human health, including physiological, emotional, intellectual, social, and spiritual health; all of which contribute to high quality of life of an individual (WHO 2020). During hospitalization, a person's sexual health can be temporarily or permanently affected by diseases, medical treatments, and body image disturbances if not well addressed (Dikmans et al., 2018). Chronic illnesses and treatment approaches such as drugs and surgery greatly influence a person's sexual health by causing impairment of sexual, partner or family relationships (Bdair & ConsTantino, 2017; Edey, 2017; Macleod & Nhamo-Murire, 2016; Yilmaz et al., 2017). Adequate sexual health care therefore improves patient coping with illness, promotes better healing, strong social interactions, higher medication compliance, acceptance and improved quality of life (Id et al., 2022). This makes it essential for health care providers and particularly nurses to have the competence in taking the initiative to address sexual health matters with their patients.

Global statistics show that more than 70% of practicing nurses are not competent enough to handle sexual needs of patients with lack of sexual health care knowledge and negative attitudes cited as the major barriers (Mohamed AbdRabo et al., 2019; Barnhoorn et al., 2021). Across the African continent, most studies have focused on sexual and reproductive health services with a few research studies conducted in Kenya, Nigeria, South Africa and Ethiopia, revealing an increasing prevalence of sexual health related problems among patients hospitalized with chronic non-communicable diseases like diabetes mellitus, hypertension, cancer and renal failure among others (Asefa et al., 2019; Udo & Effiong, 2018). Despite the increasing prevalence, health workers and particularly nurses are not comfortable in addressing the issue because it is culturally considered sensitive and too personal (Asefa et al., 2019).

Addressing a patient's sexual health is a primary nursing role in holistic patient care and efforts to include it in routine nursing care have been implemented both locally and internationally guided by frameworks like the nursing process (NANDA-I, 2024). A nurse's view of sexuality and sexual health of patients has a great influence on how the nurse provides sexual health care (Aguiar Frias et al., 2021). Positive attitudes support nurses' competence while negative attitudes bar them from handling patients unmet sexual health needs (Pascual et al., 2021). This study therefore

sought to explore nurses' attitudes and beliefs as determinants of implementation of sexual health care to hospitalized patients in the South Rift, Kenya in order to improve sexual health care outcomes and quality of life.

1.1 Statement of the Problem

Most of the studies on sexual health and nursing care have been done in Europe and America with varied study designs and nursing specialty areas (Manninen et al., 2021). Sexuality related data available in Kenyan setup is more inclined towards promotion of sexual and reproductive health services among women and youth clients with very limited information on sexual health provision among the hospitalized patients. Despite the importance of integrating sexual health into routine nursing practice, there is limited context-specific evidence on how nurses assess, discuss and address the sexual health needs of hospitalised patients in Kenya. This evidence gap makes it difficult to establish the extent of the problem and identify the professional and institutional barriers affecting service provision.

1.2 Research Objective

To determine the influence of nurses' attitudes and beliefs on provision of sexual health care to in-patients in the South Rift, Kenya.

II. LITERATURE REVIEW

2.1 Theoretical Review

This study was guided by the Donabedian Model (Donabedian, 2005.). This is a model used to measure the quality of health care by applying three components namely structure, process and outcomes. Outcome measures: these demonstrate the impact or end result of services on the patient and whether it has ultimately achieved the aims set. In this study, it refers to patient's quality of life in relation to sexual health. Process measures: they reflect how health systems and processes work to deliver the desired patient outcomes. In this study, nurse specific interventions on sexual health care explained the process. Structure measures: these entail the attributes of the services being offered or the provider delivering the service. According to this study, structure measures refer to nurses' characteristics and the categories of sexual health services offered to patients.

This model has been widely used across the globe for over five decades including during the Covid-19 pandemic to measure the quality of care and the quality of life among patients (Cairenn et al, 2020) This study focused on process and structure measures. Process was conceptualized by way of determining nurses' performance in delivering quality sexual health services to hospitalized patients whereas structure examined attitudes beliefs of nurses in relation to implementation of sexual health care to hospitalized patients.

2.2 Empirical Review

A nurse's view of sexuality and sexual health of patients has a great influence on how he or she provides sexual health care (Aguiar Frias et al., 2021). Studies done globally on attitudes of nurses in relation to sexuality related care have pointed out that nurses' willingness, comfort and confidence to discuss and address sexual health concerns with patients was higher with positive attitudes compared to negative attitudes on sexual matters (Al-Leyva-Moral et al., 2020, Ghabeesh et al., 2019, Afiyanti, 2017; Ekstrom & Nilsson, 2016). Nurses' attitudes and beliefs regarding sexual health may have a great impact on holistic patient care despite being a nurse's responsibility. This consequently hinders patient sexual health assessments, diagnosis of problems and provision of sexuality directed curative, preventive and rehabilitative services (Åling et al., 2021, Evcili & Demirel, 2018).

Various studies have demonstrated an array of attitudinal barriers to sexuality related care among nurses which include the view of sexuality as a taboo, a non-priority issue, self-embarrassment or ashamed and offending the patient. One study conducted in a university hospital in Turkey looked in to the attitudes of nurses a found out that 66% of them accepted that sexuality care is a nursing responsibility that forms part of holistic care but only 58.8% of the nurses who took part in the study provided care in the sexuality-related issues (Evcili & Demirel, 2018). In this study, most nurses (94%) did not include sexual health in routine nursing care of patients because they considered it as a taboo in their culture while another 86.6% felt ashamed while talking about sexual issues hence avoided any discussions on sexuality matters. This was also seen to hinder sexual health service provision in Sub-Saharan Africa according a study conducted across many countries e.g. Kenya, Zimbabwe, Ethiopia and Zambia among others (Jonas et al., 2017). According to Wang & Rong, (2019), nurses who whose training included sexology related education demonstrated a notable change in their attitudes towards sexuality care and at the same time were more comfortable providing sexual health counselling and guidance to patients.

A major attitudinal element affecting many nurses pertains the initiation of sexuality related discussions. Studies show that about $\frac{3}{4}$ of practicing nurses believe that the topic should be initiated by nurses while about $\frac{1}{4}$ think that patients should always begin the talk (Blakey & Aveyard, 2017; Evcili & Demirel, 2018 & Pascual et al., 2019). It has however been noted that nurses often hesitate to initiate the discussions. In one study, a significant impedance was that

addressing sexuality needs of patients was described as “emotionally difficult thing”, with 44% of the nurses who participated experiencing negative emotions which include discomfort, fear for a negative reaction from patients and shame (Pascual et al., 2021). For the nurse to overcome this challenge, first of all, he or she must be aware of own feelings, attitudes and beliefs in order to have a clear sexual self-concept which in turn allows him/her to effectively and therapeutically communicate with the patient about sexuality-related issues.

The perception among nurses that very sick patients do not have sexual needs and that sexuality is not a priority for such clients has also been cited by researches as another factor that contributes to the negative attitudes among nurses. A research study carried out in Jordan revealed that 67% of the nurses did not prioritize sexuality issues during routine nursing care practices (Al-Ghabeesh et al., 2019). Another study among Indonesian oncology nurses noted that about 73.3% of nurses held their attitude and belief on the fact that most hospitalized patients are too sick to be interested in sexuality and that sexual problem could only be discussed if the patients addressed them (Afiyanti, 2017) meaning that nurses put more emphasis on the medical problem of the patient than on sexuality matters. The results suggested strongly that sexual health issues were given very low priority during the acute phase of a disease with nurses directing more of their energy and time on ensuring the patient regains health and therefore sexual health had no place during hospitalization (Ekstrom & Nilsson, 2016).

III METHODOLOGY

3.1 Research design

The study employed descriptive cross-sectional design because it aimed at describing nurses' attitudes and beliefs as well as explaining the relationship with provision of sexual health care at the points of care.

3.2 Study area

The study was carried out in Kericho and Bomet Counties in the South Rift-Valley region of Kenya. The choice of the study area was based on clinical practice experience and findings of research studies showing that implementation of sexual health care within in-patient set-ups was poorer among culturally conservative societies (Asefa et al., 2019). The community in the study area uphold a very rich and conservative culture where sexual health matters are not always openly discussed because it is considered a taboo and too sensitive. This is likely to compromise the implementation of sexual health care as required by the nursing care standards.

3.3 Target population

The target population for this study was all qualified, registered nurses working in adult medical and surgical wards of level four and five hospitals in the two counties.

3.4 Sampling and sample size

The sampling procedure followed a multistage sampling approach. Choosing the counties was done purposively while stratified random sampling was employed in grouping facilities according to the Kenya Essential Package for Health (KEPH) Levels and the type of ownership i.e. Public, Faith-Based and Private. Finally nurses in medical and surgical wards were selected randomly. The sample size was determined using Yamane (1968) formula which was suitable since the estimated targeted population of nurses was small. From a targeted 300 nurses, 171 were sampled to participate in the study as shown in the table below.

Table 1

Distribution of study subject according to categories of Health Facilities

Category	No. of Hospitals	No. Of Subjects(Nurses)
Public	4	125
Faith Based	2	28
Private	2	18
Total	8	171

3.5. Data collection instruments and procedures

A self-administered questionnaire was used to collect data from the study participants. The questionnaire contained three sections (A,B&C) as follows: - *Section A:* Socio-demographic characteristics of nurses: The section covered age, marital status, highest level of educational, years of clinical experience and the source of information about sexual health.

Section B: The self-reported performance questionnaire: It is a self-reported performance tool in the management of sexual health issues among health care providers during practice. The tool was adopted from a study by

Manninen et al, 2021 and adapted to capture the frequency to which nurses provided sexual health care during general clinical practice in medical and surgical wards.

Section C: Sexuality Attitude and Beliefs Survey (SABS) (Reynolds & Magnan 2005). The tool was developed to assess the attitudes and beliefs of nurses in relation to patient's sexual health in nursing practice. It is a 12 item gender neutral self-report tool designed in a six-point Likert scale addressing the attitudes related to personal comfort and confidence in addressing sexual health with patients in nursing practice, making time to address patients' sexuality concerns, and meeting patient's expectations (Magnan et al., 2005). In this study the researcher adapted SABS to 4-point Likert response (1=strongly disagree 2=disagree 3= agree 4=strongly agree). In order to prevent mistakes during answering the scale, 7 out of 12 items were scored inversely (1, 2, 4, 6, 8, 10, 12 items). Overall score obtained from the scale ranges from 12 to 48, with 12 being lowest score and 48 being highest score. Scores of 50% and above of the total points (≥ 30 points) implied more conservative or negative attitudes while lower scores (≤ 29 points) reflected more positive attitudes towards sexual health care.

3.6 Data analysis

Computations were done using the Statistical Package for the Social Sciences (SPSS) version 28.0. Descriptive statistics (frequency and percentages) were used to identify nurses' demographic characteristics and responses to the questionnaire items while a chi-square test was performed to examine the influence of nurses' attitudes and beliefs on actual provision of sexual health care to patients hospitalized with medical and surgical conditions. The statistical significance level was set at P value < 0.05 .

3.7 Ethical consideration

All study subjects were accorded the freedom to voluntarily participate and to withdraw at any point if not comfortable as well as free-will to share or withhold information. No any form of coercion was applied. All subjects were treated fairly through nondiscriminatory selection process, respecting their cultural and social diversity and honoring all agreements made during the study. Privacy and confidentiality of the study subjects and their information was protected by use of serial numbers on data collection tools without identifying any individual subjects. Data collected was stored in password secured computer files with hard copies kept in lockable cabinets by the researcher so that it was only available to the research team.

Study participants signed an informed consent form prior to participation in the study after receiving full explanation of the research process from the researcher and assistants. They were also protected from harm through pretesting of the tools and putting up of adequate data collection plans. Institutional ethical approvals as well as hospital's clearances were sought during the study.

IV. FINDINGS & DISCUSSION

4.1. Findings

Table 2 Shows the demographic characteristics of the participants where majority of nurses who took part in the study were between the age of 30 and 40 years with 60.2% being females. 74.3% were married and 57.9% had diploma as the highest level of education. Majority of them also (40.9%) had work experience of 5-10 years since attaining first qualifications.

Table 2

Socio-demographic characteristics of the respondents (n=171)

		Frequency	Percent
Age (in years)	< 30 years	48	28.1
	30-40 years	76	44.4
	40-50 years	32	18.7
	>50 years	15	8.8
Gender	Male	68	39.8
	Female	103	60.2
Marital status	Married	127	74.3
	Single	38	22.2
	Widowed	4	2.3
	Divorced/separated	2	1.2
Educational level	Certificate	3	1.8
	Diploma	99	57.9
	Higher national diploma	18	10.5
	Degree	51	29.8
Years of experience	Less than five years	42	24.6

	5-10 Years	70	40.9
	Above 10 years	59	34.5

Table 3*Performance of sexual health care among nurses (n=171)*

	Frequency (n)	Percentage (%)
Satisfactory	112	65.5
Unsatisfactory	59	34.5

Table 3 shows that 65.5% (n=112) of the studied nurses offered sexual health care services satisfactorily to their patients by reporting a performance of above 50% (≥ 35 points), while 34.5% (n=59) exhibited unsatisfactory performance.

4.1.1 Examination of nurses' attitudes and beliefs towards sexual health care provision to in-patients in the South Rift, Kenya

Using the sexuality attitudes and beliefs survey (SABS) tool and in a score of one to four, the responses were divided into groups of disagreement (1 & 2) and agreement (3 & 4) Magnan *et al.*, (2005). The scores were then computed to categorize nurses into those with negative and positive attitudes based on the SABS scoring criteria. The summary was then presented as follows.

Table 4*Responses on attitudes and beliefs (SABS) of nurses regarding sexual health care*

	Disagree n (%)	Agree n (%)
Discussing sexuality is essential to patients' health outcomes	9(5.3)	162(94.7)
I understand how my patients' diseases and treatments might affect their sexuality	16(9.4)	155(90.6)
I feel uncomfortable talking about sexual issues	81(47.4)	90(52.6)
I am more comfortable talking about sexual issues with patients than with most of the nurses I work with	121(70.8)	50(29.2)
Most hospitalized patients are too sick to be interested in sexuality	69(40.4)	102(59.4)
I dedicate time to discuss sexual concerns with my patients	97(56.7)	74(43.3)
Whenever patients ask me a sexuality related question, I advise them to discuss the matter with their physician	115(67.3)	56(32.7)
I feel confident in my ability to address patients' sexual concerns	77(45.0)	94(55.0)
Sexuality is a too private issue to discuss with patients	102(59.4)	69(40.4)
Giving a patient permission to talk about sexual concerns is a nursing responsibility	48(28.1)	123(71.9)
Sexuality should be discussed only if initiated by the patient	109(63.7)	62(36.3)
Patients expect nurses to ask about their sexual concerns	80(46.8)	91(53.2)

Table 4 show responses for the 12 items. 7 out of the 12 were reverse scored to minimize response bias between positively and negatively worded items. Attitude was categorized as negative or positive according to SABS scoring criteria and summary presented in table below.

Table 5*Distribution of the studied nurses according to their total score of attitude regarding sexual health care*

	Frequency (n)	Percentage (%)
Negative	61	35.7
Positive	110	64.3
Total	171	100.0

Table 5 shows the distribution of nurses according to their attitudes towards sexual health care of patients. 64.3% of the nurses had positive attitudes after scoring less than 50% of the total points in the SABS while 35.7% had negative attitudes equivalent to more than 30 points. On determining the relationship between nurses' Sexuality attitudes and beliefs (SABS) towards sexual health and performance, chi-square tests were done and summary of the results are shown below.

Table 6*Relation between SABS and sexual health care provision*

Attitude	Performance level				Test of significance	
	Satisfactory(112)		Unsatisfactory(59)			
	n	%	N	%	χ^2	p-value
Negative(61)	19	17.0	42	71.2	79.271	0.016
Positive(110)	93	83.0	17	28.8		

Table 6 shows that there was a statistically significant relation between nurses attitudes and beliefs on sexual health and how they offered the services to in-patients ($p\text{-value} = 0.016 < 0.05$).

4.2 Discussion

Demographically, majority of the participants were aged between 30 and 40 years accounting for 44.4% while the female gender dominated the sample at 60.2%. Regarding the highest level of education, 57.9% of the studied nurses had a diploma in nursing while 29.8% had a bachelor's degree indicating that majority of the nurses in level four and five hospitals in the south rift Kenya are trained at diploma level. It was also noted that more than 70% of the study participants had a work experience of over five years since attaining their first nursing qualification. At the time of study, 25.7% were working in surgical units, 32.2% in medical units and 42.1% in both medical and surgical units.

The findings revealed that 65.5% of all nurses who took part in the study satisfactorily implemented sexual health care interventions while only 34.5% rated their performance level as unsatisfactory. Similar findings were seen in a study done in Spain by Leyva-Moral et al., (2020) whereby more nurses believed they could effectively manage sexual issues with either men or women patients. The current findings were slightly higher compared to many other similar studies in which less than 50% of nurses exhibit satisfactory levels of performance regarding provision of sexual health care.

Nurses' attitudes and beliefs regarding sexual health care were assessed using the Sexual Attitudes and Beliefs Survey (SABS) tool. The results were then categorized into two dimensions; negative and positive. From this study, a total of 64.32% of the nurses held a positive attitude towards sexual health care of in-patients while 35.68% had negative attitudes. As reported by many previous studies, more than 50% of nurses across the board understand that patients' diseases and treatments do affect their sexual health, and that provision of sexual health care is a nurses' professional responsibility and addressing sexual health matters is very essential to patient health outcomes (Al-Ghabeesh et al., 2019; Saunamäki et al., 2015; Culp, 2020; Mohamed AbdRabo et al., 2019). Results of this study also concurred with these revelations by total scores of 90.6%, 71.9% and 94.4% for the three elements respectively. It is clear therefore that nurses in the South Rift Kenya affirm the significant role played by sexual health in the overall wellbeing and quality of life of a patient who is hospitalized.

Despite the positive perceptions, the study findings showed that there exist a multitude of attitudinal barriers that hinder successful implementation of sexual health care services to in-patients. These barriers include 56.7% of nurses accepting that they were not able to dedicate adequate time to discuss sexual concerns with patients. Another 59.4% had a strong belief that sexual matters is a too private issue to discuss with a sick person and 63.7% could address the issue only if initiated by the patient. These barriers depict an avoidant behavior among nurses in the South Rift when it comes to managing patients' sexual health needs. The same challenges have also been highlighted across many previous studies. Bdair and ConsTantino (2017) and in their study of barriers to effective sexual health assessment cited that most of the nurses who never assessed patients' sexual health had negative attitudes towards sexual health discussions with some considering the topic as a taboo hence avoiding altogether. The same study also mentioned that nurses avoided dealing with sexual health matters hoping to spare their patients more pain, fear or even worries on top of what they are already experiencing.

Based on these negative attributes and beliefs, it implies therefore that nurses do not actively purpose to initiate a discussion or care related to sexual health but only respond when it comes from the patient or when another health care provider brings it up. This approach creates a care gap in which patients remain with unmet sexual health needs throughout the hospitalization period. Ekstrom and Nilsson, (2016) in their study reported that nurses' attitudes towards their participation on sexual health of in-patients in Nigeria were less challenging and more comfortable when the patients initiated the talks. With such inadequacies and discomfort, nurses are likely to shift the responsibility to the patients to overcome their prejudices.

A chi-square tests was performed to determine the relationship between nurses' attitudes and beliefs towards sexual health and performance level of such care to in-patients and the findings indicated that the relationship was statistically significant ($X^2=79.271$, $p\text{-value} = 0.016 < 0.05$). Nurses who possessed more positive attitudes towards sexual health, equally demonstrated better performance at provision of sexual health care interventions to in-patients. On the other hand, those with negative attitudes and beliefs exhibited lower level of performance. This association strongly concurs with many other reports pointing out that nurses with more positive attitudes are more willing, feel comfortable and confident to discuss and address sexual health concerns with their patients and clients compared to

nurses with more negative attitudes on sexual matters (Al- (Leyva-Moral et al., 2020, Ghabeesh et al., 2019, Afiyanti, 2017; Ekstrom & Nilsson, 2016). An Indonesian study on attitudes and beliefs of nurses towards sexual health of cancer patients concluded that, advanced and continuous education programs regarding sexual health topics along with availability of role models on matters sexual health, are necessary in order for nurses to overcome their negative perceptions (Afiyanti, 2017).

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

More than half of the participating nurses were able to address patients' sexual health needs satisfactorily during routine clinical practice. However there was minimal use of standard sexual health assessment models as well as patient centered, focused interventions during rehabilitation phase. Nurses' attitudes and beliefs on sexual health were noted as key determinants of how nurses considered and approached sexual health needs of hospitalized patients.

5.2 Recommendations

From the findings of this study, hospitals in the South Rift region of Kenya should develop and implement policies to promote incorporation of sexual health care interventions in every in- patients' routine care protocols through Continuous Professional Development(CPD) activities. This will help increase nurses' performance levels on provision of sexual health care to patients. There is also a greater need for nurse training schools and colleges to increase practical aspects of the attitude domain in the nurse training curricular. This will help nurses become more competent and confident in approaching the sensitive and complex area of sexual health that has remained inadequately addressed in routine nursing practice over time.

Declaration of Interest

The authors declare that they do not have any known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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