

# Discussing Sexual Health with Older Clients: Are Primary Health Care Nurses Sufficiently Prepared?

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Primary health care (PHC) nurses are responsible for providing a comprehensive and accurate assessment of their clients' health to ensure holistic care and improve health outcomes. This paper reports a research in brief of some findings of a study which examined PHC nurses' preparedness for having conversations with older clients about sexual health.

KEYWORDS: sexual health; assessment; primary health care; older adult

**T**HE WORLD HEALTH ORGANIZATION (WHO) acknowledges the rights of older people to have equitable access to holistic health care including sexual health (World Health Organization, 2010). However, older adults may miss out on age-appropriate sexual health care and services. Related international studies have shown that older adults, (65+ years) regard intimacy and sexual activity as important parts of their lives; sexual desire endures to an advanced age (Garrett, 2015; Malta, 2013). Intimacy may be of even greater significance to the older adult if social isolation or sexual dysfunction related to long-term health issues is their reality (Gott & Hinchliff, 2003a).

The older adult may be reluctant to initiate conversation with their health provider about a sexual health problem (Gott & Hinchliff, 2003b) but may be unperturbed if the enquiry is initiated by their General Practitioner (GP) (Moreira et al., 2005). Sexual health conversations with older clients can involve discussions related to sexual health disease; changes in intimate relationships and partnering; decreased libido or

erectile dysfunction; effects of ageing on the sexual organs; or sexual orientation. Nurses may be reluctant to discuss sexual health issues with their older clients, resulting in fewer opportunities for older adults to access care possibilities for sexual health related problems or appropriate referral to sexual health services (Zeiss & Kasl-Godley, 2001).

A systematic review of current literature on this topic confirmed that research conducted in New Zealand and internationally was very limited. Thirty-nine articles were found relevant to the topic of sexuality and the sexual health of older adults. Two were conducted in New Zealand; one in aged residential care (Gilmer, Meyer, Davidson & Koziol-McLain, 2010) and one about lesbian, gay and bisexual people's perceptions of PHC services (Neville & Henrickson, 2006). None of the literature focused on communication of sexuality with older clients by registered nurses within a PHC setting. The purpose of this research was to gain an understanding of the way PHC nurses engage older clients to discuss issues related to their sexual health.

## METHOD

Following approval from a tertiary institute research ethics & approval committee in 2015, this qualitative, exploratory and descriptive research examined the experiences and beliefs of PHC nurses working with older clients. Purposive sampling enabled the recruitment of registered nurses working with clients over the age of 65 years and employed in a PHC setting as participants.

Researchers conducted a pilot focus group of six participants not involved in the study to test the environment, equipment and the study process using topic questions to generate discussion. Sixteen New Zealand participants from one region in New Zealand, with greater than 10 years' nursing experience in PHC, and with postgraduate academic qualifications, collectively made up three focus groups. Participants offered their experiences, values and perceptions on their preparedness for conversations on sexual health with older clients. The focus group sessions were then transcribed and thematically analysed to give clarity to verbal and nonverbal data.

## FINDINGS AND DISCUSSION

Most nurse participants had postgraduate degrees, with five qualified at Masters or higher. Over 60% of the participants had worked in PHC for 10 years or more and four participants for 20 or more years. Participants were either working as nurses employed by a Primary Health Organisation (PHO) or practice nurses, and all had experience working with older clients.

Although the nurses in this study acknowledged that sexual health conversations with clients were part of their holistic care practices, they felt insufficiently prepared in their undergraduate and postgraduate education to successfully engage in such conversations with older clients. According to the participants, nursing education in relation to sexual health was more likely to focus on contraception, maternal health, reproduction, fertility and sexually transmitted infections – the needs of younger clients.

Older adults have age-related sexual health issues which are often associated with existing long-term conditions (Heath & White, 2001).

Due to the complexity of these conditions, health professionals often overlook the sexual health needs of older adults during PHC consultations (Bauer, McAuliffe, & Nay, 2007). This may be due to time constraints, lack of preparedness and service-related issues such as unavailability of private conversation areas (Gott & Hinchliff, 2003b). However, in this study PHC nurse participants highlighted their lack of preparedness and discomfort in engaging in conversations on sexual health with their older clients.

It's certainly nothing that we were ever prepared in any way to ask about. (P1, Focus Group 1, 22/9/15)

So you're doing a post grad paper in sexual health and nobody's talking to you about how you should be talking to the patients and what the options are. That's just bizarre. (P5, Focus Group 2, 24/9/15)

For some participants sexuality-related questioning was likened to 'opening Pandora's box' which could lead to time-consuming consultations involving writing referrals to other health professionals or spending a proportionately large amount of time dealing with the issue at hand.

Comfort and discomfort were common themes in the focus group conversations. PHC nurses said they were more comfortable if sexual health consultations began during an ongoing episode-of-care or if they used questions from a health assessment tool.

It's easier to talk about sexual health in a urology appointment because there is potential for that to be an issue. (P3, Focus Group 2, 24/9/15)

[T]he assessment tool does help navigate that question really or initiate the question. (P5, Focus Group 1, 22/9/15)

The nurses' personal backgrounds, attitudes and beliefs about sexuality also influenced their willingness to begin sexual health conversations with older adults. It was also important for them to gauge whether the older client was comfortable within the nurse–client professional relationship.

For a sexual health discussion to continue, the nurses had to be alert and astute to pick up on the cues given by the older client, or they had to sensitively initiate the discussion.

But not ... bringing up something that could be potentially offensive to the person. You don't know, particularly if you don't know somebody, you don't know what's going to upset someone. (P3, Focus Group 3, 29/9/15)

I think it's giving them the cues, giving them the triggers, ... trying not to appear prudish when you approach the subject. (P1, Focus Group 2, 24/9/15)

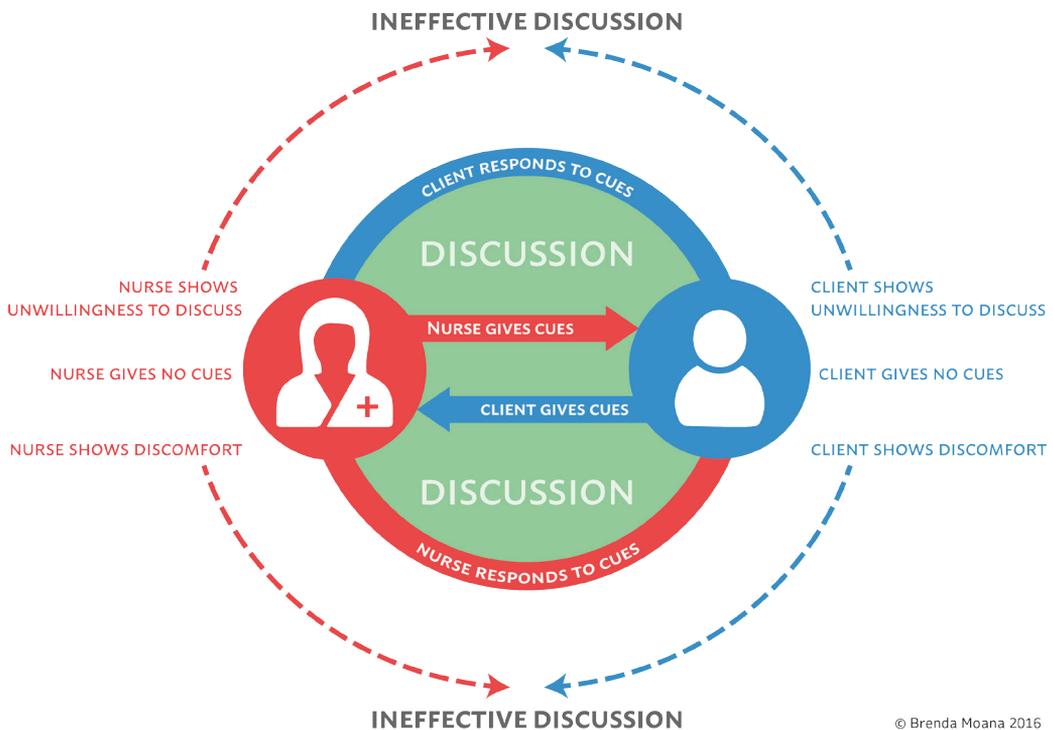
For effective discussions on sexual health to occur, the participants felt the need to rely on both their own and the patients' comfort and willingness to discuss sexual health concerns.

Figure 1 describes how the flow of discussion occurred between the nurse and client and emphasises the importance of cues in effective discussions. Ineffective discussion occurs when either the nurse or client shows discomfort, unwillingness to engage or gives no cues to initiate discussion.

### RECOMMENDATIONS

Participants noted the need for education in sexual health of the older adult at undergraduate and post-graduate levels and as part of the ongoing professional development of the PHC nurse.

Education providers will benefit from this research which underscores the importance of developing nursing education programmes that encompass a range of contemporary issues relating to sexual health of the older adult. The intention of these programmes is to develop confidence and



**FIGURE 1:** Nurse and client responses to cues during discussions.

increase communication effectiveness between the nurse and client.

**Sexual health education should include information on:**

- Lesbian, gay, bisexual, transgender and questioning (LGBTQ) lifestyles, the understanding of barriers that LGBTQ clients face in accessing PHC and how to provide accepting and appropriate care to LGBTQ clients while providing opportunity for disclosure of sexual identity,
- communication of sexual health with clients who are of a different age, gender or culture to the nurse, and
- the effects of long term health conditions on sexual health, effective communication of sexual health between older clients and PHC nurses, appropriate assessment and management of sexual health and where to appropriately refer the older client of sexual health treatment.

**CONCLUSION**

This study shows that communication on sexual health of the older adult between the PHC nurse and the client is not initiated or effectively addressed in PHC settings. Study participants said that they needed more preparation to successfully engage in sexual health conversations with their older clients. A recommendation arising out of this study is the need for education and professional development to include contemporary issues related to sexual health of the older adult. Additionally, this study highlights a lack of research in the provision of sexual health care for the older adult, especially within New Zealand. Nurses and service providers would benefit from further exploration of this topic.

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