Sexual health assessments in primary care: a qualitative study of nurse practitioners' lived experiences

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Abstract: *Sexual and reproductive health is a global health, development, and human rights priority. In addition, universal access to sexual and reproductive health is essential. Unfortunately, many nurses feel uncomfortable talking to their patients about sexual health. The purpose of this qualitative study is to illuminate the lived experiences of family nurse practitioners in primary health care when performing sexual health assessments on their adult clients. Using van Manen's interpretive phenomenological approach, ten interviews were transcribed and analyzed. Understanding the lived experience of these female FNPs, illuminated some of the common experiences when performing a sexual health assessment on their adult clients. Three themes were identified: self-concept, presence, and prudence. There are global nursing implications from understanding these experiences on nursing education, practice, and research.*

Keywords: *nurse practitioners, phenomenology, sexual health assessment, primary health care, self-concept.*

Introduction

Sexual and reproductive health (SRH) is fundamental to individuals, couples, and families, and to the social and economic development of communities and nations (1). It should be available and accessible for all persons regardless of sexual identity, religious beliefs or ethnic background and integrated into primary care (2,3). In the United States, national health improvement priorities in SRH continue to be identified in Healthy People 2020 because this ongoing priority has been unmet for decades and is a neglected area in primary care (4). According to Loeb, Lee, Binswanger, Ellison & Aagaard (5), 75% of primary care providers including nurses do not take a sexual history despite being an important component of holistic nursing care (6,7). Holistic care encompasses many facets of a client's life and it is important for nurses to recognize how sexual development depends upon particular family, cultural, physiological, religious, and psychological circumstances. Additionally, nurse practitioners (NPs) educated in primary care specialties, such as pediatrics, adult, family nurse practitioners (FNPs) need to integrate SRH into their primary care in ways that reduce barriers to access (2,3).

Despite recent nursing curriculum changes, SRH content remains optional for pre-licensure nursing students and questions have been raised as to whether present primary care nurse practitioner (NP) curriculum includes sufficient training in both women and men SRH to assure competency and to prepare the full scope of SRH care (8). A national study by Maes & Louis (2011) (9) reported only 2% of the NPs questioned conducted a sexual history with their clients aged 50 years and older, while 23.4% never or seldom do sexual health assessments.

This phenomenological study arose from this author's clinical practice as a FNP. In that clinical setting, interprofessional students and colleagues have at times over looked the sexual history or shut down their questioning of patients who bring up topics on libido, orientation, satisfaction, and sexually transmitted infection screenings. Patients would often not be given opportunities to explore their sexual health as close questions were asked and the health care professionals' biases and preconceptions of sexuality did not allow for an open dialogue free of judgment. A review of the literature showed that over the past 20 years researchers have focused on nurse's attitudes, comfort, knowledge, fears, and barriers to providing sexual health care using predominately quantitative methods (9, 10, 11,12). There are no qualitative studies on family nurse practitioners (FNPs) in primary care illuminating their lived experiences when performing sexual health assessments on their adult clients. Understanding the lived experiences of FNPs is the first step towards improving sexual health outcomes.

Family nurse practitioners pride themselves in providing holistic and patient centered care; however, sexual health and associated care regarding sexuality into practice is challenging (13). This may be in part due to knowledge, education, and confidence (14). Sexuality is complex and the ability for FNPs to deliver culturally sensitive care and adapt health promotion strategies to meet all, including sexual-minority groups, the elderly, the young, disabled, chronically ill and immigrants is taxing

(13). Furthermore, human sexuality is multidimensional incorporating social, biological, and emotional, psychological, cultural, and spiritual dimensions (6). There is a need to understand the many dimensions that raise clinical, practical, and ethical concerns for FNPs when performing sexual health assessments to work towards providing comprehensive, holistic nursing care that includes sexual health. It is important that FNPs embrace, engage and contribute to the discourses on sexuality and safe sex (15).

The foundation of a comprehensive sexual health assessment begins with a thorough sexual history (16). It is the first step toward appropriate diagnosis and therapeutic intervention for most clients, and is a fundamental part of holistic nursing care (17). Knowing more about this experience provides new knowledge to guide further nursing and interdisciplinary research, education and practice. The purpose of this qualitative, phenomenological study is to understand what is the lived experience of FNP when performing sexual health assessments with their adult clients in primary care?

Methodology

Design

A descriptive, phenomenological study based on the philosophical underpinnings of Merleau-Ponty (18) and van Manen (19) methodology was used to study the phenomenon of FNPs performing sexual health assessments in primary care with their adult clients. By utilizing a phenomenological approach the essence of behavior, based on meditative thought, promotes an understanding of FNPs' subjective experiences (20).

Sample

After the ethics review board of a university in New York City approved this study. Recruitment was obtained through purposeful sampling and participant snowballing in January 2015. Sample criteria consisted of being a board certified, female, FNP with a minimum of 3 years of primary care experience. Written informed consent was obtained once this inclusion criterion was met. All participants agreed to performing sexual health assessments routinely on adults 18 years and above. To ensure participants' privacy pseudonyms were used to protect confidentiality.

Data collection

Participants were met in a private location of their choice and the same open-ended, lead question was asked to all: "Tell me about your experience when performing sexual health assessments on your adult clients". All interviews were voice recorded and lasted approximately 70 minutes. Following each interview, a journal was used for the researcher's observations, thoughts, and feelings about each interview, including the participant's nonverbal behaviors such as posture, tone of voice, emotional responses, and eye contact. The data was transcribed verbatim and credibility was established as each participant was asked to read their transcripts for validation of truth and offer additional comments after it was transcribed.

Data analysis

Consistent with van Manon (19) analysis, the researcher became immersed in the data, reading and rereading transcriptions and field notes and through rewriting themes, uncovering, seeing, pondering then reflecting, the process of bringing

meaning to the surface happened. By interpreting what the participants said, the dialogue was edited into meaning units, sub themes, themes and meanings giving description and definition to the phenomenon. Through listening, transcribing, and reflecting on the emerging themes, the phenomenon was revealed. As van Manen (21) stated "A high-quality phenomenological text cannot be summarized..rather one must evaluate it by meeting with it, going through it, encountering it, suffering it, consuming it, and as well, being consumed by it." (p.355). Narrative phrases and meaning units provided the sub themes and essential themes to capture the lifeworld that the FNPs illuminated. Narrative phrases from every interview illustrated these themes, which related the parts of the research to the wholeness of the phenomenon.

The researcher incorporated each theme from the FNPs' experiences with an open mind to culminate into an interpretive statement about the experiences of FNPs performing sexual health assessments. Three expert researchers independent of each other read transcripts, meaning units, subthemes, and essential themes and agreed about them. A portion of the data analysis can be found in Table 1.

Results

The ten FNP participants ages ranged from 32 years to 63 years, 3 were doctoral prepared and they all had a mean work experience of 13 years in an urban primary care setting. Three essential themes were derived from the emergence of the initial sub themes and meaning units to identify internal and external knowledge, which made the themes specific to the phenomenon researched (19). The essential themes give order to the research and disclose the evolving meaning and imagery of the lived experiences. The essences of that experience include self concept, presence and prudence.

The final thematic interpretative statement of the lived experience of FNPs performing sexual health assessments captured the totality of the themes. The performance of a sexual health assessment by FNPs on their adult clients in primary care is the development of presence and prudence in relation to their self-concept. This interpretive statement was derived from the combination of the three essential themes that emerged from this research. This statement reflects the connection of all themes and the overall essence.

Self-Concept

Self-concept in this study was a composite of beliefs and feelings that the FNP participants think about themselves at a given time as individuals. The self-concept is formed from internal perceptions and perceptions of others. Self-concept directs behavior (22). The FNP's self-concept is significant because it is the sense of self as a physical, social, and spiritual or moral being and is central to everything that they do. The self-concept is involved in nursing assessment and planning when performing sexual health assessments.

The self-concept mode according to Roy Adaptation Model has two components; the physical self and the personal self. The physical self includes body sensations ("I feel great") and body image ("I need to lose weight"). This physical self, therefore, includes appearance, sexuality, functioning, and health and illness states.

The personal self has three components: self-consistency ("I'm really anxious about doing an examination"), self-ideal (I want to do a pap smear better"), and moral-ethical-spiritual self ("I believe that every person deserves a sexual health assessment") (22). Therefore, the perceived feelings by the FNP participants, which was brought on when performing sexual health assessments, is derived from their self-concept and, therefore influences the FNP's behavior.

Some of the participants described adapting the sexual health assessment depending on the client's behaviors. In this excerpt, the participant highlighted how she evaluated her belief system and who she is in relation to the universe (23). She says,

The topic of sex brings up a lot of personal issues, societal issues, to be in a position to then have your own issues or beliefs or whatever it is and then talk to some people about it... Sometimes complete strangers, people of other genders, of different ages.

Comfort

Comfort is a substantive need throughout life and is a constituent of holistic nursing care that has been cited by influential leaders over the past four decades (24, 25). All of the participants' stories had a varying intensity of "comfort" when performing a sexual health assessment. These were heard throughout their stories when describing their client's gender, client's age, client's health complexities, and the client's sexual orientation to name a few.

The participants described feelings of being "alone", "scared", and "uncomfortable" when performing sexual health assessments at the beginning of their career. Moments of discomfort for the more experienced FNPs lessened with clinical exposure and experience but some of the participants spoke about still feeling "embarrassed", "being unsure", the need for "acquiring new knowledge and skills", and "figuring it out" when performing sexual health assessments especially for gender minorities' sexual issues.

Most of the participants described feeling uncomfortable when performing sexual health assessments on clients that were older than them; especially if male. Some of the participants spoke of interactions with sexual health areas that they had none or limited exposure, education or training as either pre license nurses or FNPs such as lesbian, gay, bisexual, and/or transgender (LGBT) clients, sexual abuse, domestic violence and rape. In this research the FNP's comfort level varied depending on their personal self. The FNP's personal self behaviors were expressed in verbalization of thoughts and feelings as well as actions, as seen in the following statement when, first experience with a male to female transgender client who had had genital reassignment surgery but she was unaware of her client's surgery or sexual orientation prior to her physical examination. This statement described the way the participant felt when she did not obtain all of the sexual history assessment data prior to the physical examination:

I didn't know what to do with myself. I couldn't even look at her afterwards because it was so shocking to me and that is something I will never forget. I was also kind of upset because I could have hurt her. I didn't know what I was doing. I have never been trained in that.

The FNP's sense of self was influenced by their prior experiences, reactions and social interactions. Striving for integrity and self-consistency played a role in the self-concept of the FNP as the participants described "normalizing" the sexual health assessment for gender minorities as they became more comfortable.

Self-awareness.

The personal self is affected by how accurate the FNP is in knowing themselves and perceptual self-awareness is a stimulus affecting the self-concept (22). The FNP's perceptual ability to take in and interpret feedback of others allows for the perception of self to be more accurate. Self-awareness included for some participants a cultural self-awareness. This allowed them to practice more effectively and improved their ability to intervene in certain cultural sensitive situations. Self-awareness progressed with clinical experience, professional, and personal maturity for the FNP. The participants spoke about how their prior exposure to sexual health issues or lack of exposure to life experiences (e.g. personal relationships) influenced their lived experience when performing sexual health assessments.

Presence

Presence was a central theme described by all participants. They all spoke of having "a relationship" with the client in terms of "sounding that you care", "open communication", "trust" and the importance to educate and be a resource for their clients. Most described being present as a "partnership" with their client and work environment.

Presence as a concept is a widely elusive concept in nursing and a valuable part of the shared human experience for the nurse-client relationship (26,27,28). Client-centered care is made possible with the nurse's knowledge of the social, emotional, and interactional factors that influence a person's behaviors and includes a biopsychosocial-spiritual assessment. The promotion of human betterment is a nursing goal through presence (22).

Involvement.

In this study involvement meant that the FNP participant recognized the client as a person who at times was "scared", "vulnerable", and in need of reassurance and safety. The participants described providing holistic nursing care, having a commitment to their work, and "closeness" to the client. They described a sense of connection that went beyond the physical but described the connection as a kind of "energy". The sub theme involvement determined at times their job satisfaction, connectedness, and open communication. For example, establishing a LGBT friendly environment promoted trust and engagement, free of judgment or bias. Involvement means more than just providing for the client's physical needs by merely completing a nursing intervention or treatment and maintaining a distanced approach to care. Involvement is goal-directed and open attendance encompassing both being with and doing for patients (29).

Style of care.

The nurse participants spoke about establishing a routine, which they adapted, based on the client and their presence with

the client. Most participants described their FNP role as being a "resource" or "educator" to the client when performing sexual health assessments. Time management influenced their styles of care and "balancing" the sexual health assessment for complex clients (clients with HIV positive, diabetes) as they adapted the client encounter for the amount of time available. Participants described at times "stereotyping" the client's sexual health needs and type of sexual activity based on appearance, specific demographics, and other health related problems. The degree of inclusiveness of a sexual health assessment altered depending on the client's personal characteristics. Several participant spoke about opening the conversation by using "the gateway question" to set the tone for sexual health assessments. It was often a way of letting the client know that this was a "safe place" or a way of "probing more deeply". With experience their style of care became fluid, not so rigid and they could ask questions freely and less formatted by a template.

The identification of FNPs' style of care in this study is alluded to in the theoretical literature by Morse (1990) as one of the three components of nursing actions within The Comforting Interaction-Relationship Model. Morse describes the individual nurse's style of care as a number of patterned approaches, which develop from a combination of nursing strategies and selected according to the clinical context and client needs.

Prudence

Prudence was a central theme across all participants and were described behaviors and beliefs demonstrated within the context of their sexual health assessment. The participants spoke about sounding "non judgmental", and using this opportunity to teach and prevent. Ethically based decision-making is one of the hallmarks of professional practice. Ethical principles in nursing include autonomy, beneficence, and non-maleficence, justice, dignity, and truth. All of these major ethical considerations are required for delivery of quality care by FNPs to all clients without racial, ethnic, socio-economic, age, gender, religious or other bias. (30). Prudence is using reason to make sound judgments from provider to client. It is ethically mandated to provide care that is reasonable and appropriate given the circumstances at hand (30).

Professional conduct.

In this study, some of the FNP participants internally deliberated between their personal attitudes, beliefs, and judgments with their professional responsibilities when performing sexual health assessments. The FNP participants remained prudent as they adapted to their client's sexual health questions and answers and internally dealt with their personal values and individual beliefs. All participants spoke about the importance of being "non-judgmental" when listening to their client's stories. Having an exterior professional demeanor while at times being "judgmental internally" was pivotal to their professional conduct. Moral reasoning and the ability to distance their own beliefs from those of the clients were evident. One of the roles for the FNPs during the sexual assessment was to guide, provide education and help clients make good health care choices. Often there was a struggle between internal feelings and being prudent but most saw the assessment as "purely information" and "without bias".

Discussion

Having a strong self-concept when performance sexual health assessments influenced the FNP's presence and prudence with their adult client. Results of this study conceptually aligned with Roy's Adaptation framework and the self-concept mode. According to Roy (22), psychic and spiritual integrity is needed by the FNP to know who they are and this provides them with a sense of unity, meaning, and purposefulness in the universe. In this research study, the FNP participants' self-concept influenced their feelings, and overall performance of the sexual health assessment.

Generally, an individual starts to develop their sense of self at birth and is a process that continues to develop through life. Developmental theorist have provided an understanding of the process of the developing self such as Freud (31) and Neugarten (32). The developments of moral thinking and moral judgment are also relevant to the developing self of the FNP and have been studied by Kohlberg (33) and Gilligan (34). These theories suggest that the developing self of the individual, including the FNP is based on physical, cognitive, and moral development and taking in the reactions of others to themselves. These experiences are cognitively organized into self-schemas and involve both the physical and personal self. Markus, (35), studied self-schema and defined the term as cognitive generalizations about the self which are derived from multiple sources such as past experiences that organize and guide the processing of self-related information (36).

A sense of self arose in relation to the client and the wider society in the FNP's process of performing a sexual health assessment. In this study, there were examples of the FNP's self-concept guiding their ability to feel comfortable about their performance or feel comfortable to approach the client about their sexuality and perform a sexual health assessment. When the FNP's self concept was threatened stories described feeling alone, scared, and embarrassed, or a lack confidence. In turn, the FNP modified or avoided performing a sexual health assessment. Additionally, poor communication techniques such as not looking directly at the client or getting out of the examination room quickly were noted. This embarrassment and discomfort by nurses is supported by earlier studies (10,11, 37). Successful communication with the client and the coordination of care with health care team members including other disciplines was described as helpful to the development of the FNP's self concept. These forms of clinical support and guidance both informal and formal provided positive reinforcement to the FNP's self-concept, which in turn promoted holistic, client-centered nursing care.

Maes and Louis (9) surveyed 500 NPs (adult, family, and gerontolology) a only 2% had reported that they always conduct a sexual history with their clients aged 50 years and older and 23.4% never do. The NPs were more comfortable when the client was of the same gender supporting this researcher's findings. In this study, the FNP's versatility and the adaptability of the individual FNP participant's style of care were heard throughout their stories. The FNP's practiced different styles of care for younger and elderly clients, the anxious or embarrassed clients, and for men, women and transgender clients.

A strong nursing self-concept empowers nurses in their work (38). The FNPs in this study utilized their intuition and subjective measures to perform sexual health assessments and often perceived the feelings of their clients, which were expressed verbally and non-verbally. This dynamic illustrated the FNP's use of self in the nursing process. Increased self-awareness enhanced the FNP's use of self, which in turn influenced the quality and depth of the sexual health assessment. The use of self can be an effective therapeutic process or approach depending on the FNP's self-concept. For example, a strong self-concept resulted in increased self-awareness that the client was "hiding" their feelings, and the FNPs described probing questions, which ultimately unveiled a sexual abuse history. Alternatively, some of the FNPs did not continuing the sexual health assessment because the client was perceived as being uncomfortable when in fact it was the FNP who was uncomfortable.

The self-concept involves stability of the self over time, consistency, unity, and organization of self. This is referred to as the focusing of self (36). Two areas that influenced some of the FNP participants' stability of self were 1. the adoption of the electronic health records which created physical barriers between the participants and their client and 2. the diversity of the client's sexual behaviors such as multiple sexual partners and LGBT clients. Some of the FNP participants felt 'comfortable', 'matter-of-fact' or a desire to "normalize" every client and remove the individuality during sexual health assessments. This practice might cause the FNP to miss some of the unique health related conditions that pertain to each individual especially sexual minorities.

The FNPs experienced discomfort during sexual health assessments when, for example, there was a lack of knowledge on a particular aspect of sexual health, a lack of clinical exposure regarding sexual health topics or being unsure of clinical findings. In addition, some of the participants felt discomfort internally while maintaining professional integrity when dealing with clients who were LGBT, elderly clients in particular male, and when confronted with actions such as infidelity, single mother pregnancy, and removing foreign objects from orifices. As FNPs became more experienced in these areas of unfamiliarity the FNP's self-confidence and level of comfort level improved. A sexual health topic for several of the FNP participants that demonstrated this was asking their clients about sexual abuse. Over time, asking, knowing the available resources, and offering assistance became more comfortable for the FNP. Studies have highlighted the avoidance by nurses to address their client's sexual health needs due to lack of knowledge specially about sexual issues (7, 14, 39)

A standardized nursing style of care existed during the sexual health assessment. For example, every FNP participant asked clients about sexual preferences in the following manner, "Men, women, or both?" Three of the participants felt that the availability of standardized sexual health templates that are available through electronic health records (EHR) were helpful and five of the participants did not utilize sexual health assessment templates in as the questions and order of questioning were insufficient.

Nursing actions require that the FNP to intervene and consistently exhibit good

judgment in requesting and reviewing information provided by the client. A prudent nurse is attentive, vigilant, cautious, perceptive, and generally governed by common sense (40). Presence of prudent nurse concepts and practices are important to the FNP during sexual health assessments and were illustrated in this study by all FNP participants. For example, the FNP participants spoke of remaining non-judgmental despite their internal feelings.

According to Roy (36), it is the nurse and their self-concept with his or her own sexuality that influences the FNP's behavioral response when performing sexual health assessments. The FNP consciously and/or unconscious evaluates the experience with their client and environment in order to label, clarify, define, and initiate a behavioral response (23). Roy (23) states that the self-concept develops when the FNP has a positive body image, remains objective, and has a healthy and open attitude towards sex. In this research, the prudent FNP participants performed sexual health assessments comfortably, with self-awareness, in partnership with their clients, while offering a "safe haven" to discuss sexual health issues when their self–concept was positive. This supports Roy's three propositions a) a positive body image, b) objectiveness, and c) a healthy and open attitude towards sex. Following this logic, the level of the FNP's self-concept may have a correlation with a nurse's tendency to perform sexual health assessments or fail to assess sexual functioning and related issues.

Implications for Nursing Education

The findings may be used to reviewed FNP curriculum to provide opportunities to promote and build a positive self-concept around sexuality for the students. Forums, such as clinical case studies, clinical conferences, simulation, and small seminar groups that address the student FNP's own body image, promote objectiveness, and allow for honest exploration of their attitudes towards sex is recommended prior to performing sexual health assessments. Findings of this study tell us that allowing the FNP to explore their beliefs and feelings and to have self-awareness may dispel the myths and overcome the stigma that may prevent the FNP from providing holistic nursing care.

The study findings support the need for increased provider awareness and education on the care of all sexual minority patients including LGBT. Providers need to be mindful of and assess for population specific risk factors, offer appropriate screening, and provide culturally sensitive care to all patients. FNP educators need to provide opportunities for FNPs to obtain feedback, to discuss personal beliefs around sexual health and sexuality, and to discuss gender and sexual disparities. Learning outside the classroom, from multicultural experiences in diverse and similar cultures worldwide is a challenge for today's nursing educators. Being able to provide both didactic and clinical education that it culturally sensitive, unbiased, and congruent to FNP students is necessary. Examining the ethics of being a prudent FNP when performing a sexual health assessment needs to be added to curriculum. Additionally, the FNPs in practice need opportunities such as on-line chat rooms, for honest discussions of their feelings and their desire to have a presence for their clients in a non-judgmental fashion despite cultural, social norms, and personal

beliefs. Clinical educators must provide training that includes multi-complex clients that have non-traditional sexual issues that ensure FNPs have appropriate training and offer continuing education for the more experienced FNPs who need to be updated on global, national and state policies surrounding sexual health goals and for positive sexual health outcomes.

Implications for Nursing Practice

The current study underscores the importance of communication skills and the use of open-ended questions. Clinical preceptors and FNP clinicians need to be supported, retrained, and educated on culturally congruent sexual health assessments for all clients in order to assess and maintain clinical competency-based education for today's primary care environments. This includes improving communication skills, sexual health education that includes gender and population care throughout the lifecycle, public health prevention models that address health disparities and promotion of social justice.

In this study most of female FNP participant reported significant gaps in the way they were prepared to address the sexual health of their adult clients. Providers of health care need to fund and support postgraduate FNP residency programs that provide guidance and feedback to less experienced FNPs to their build self-concept. A finding in this study suggests that having a colleague and an interprofessional team helped to develop their self-concept. Health care practices must provide better time management to allow for holistic primary care that is inclusive of sexual health assessments. It is easy to bypass important health maintenance component of sexual health, especially when feelings of discomfort and inadequacy are provoked as suggested from this study's findings.

Conclusion

The findings of this study suggest FNPs are often uncomfortable and unprepared to perform a sexual health assessment especially as a new graduate and when faced with a diverse populations and sexual minorities. Improvement in performing sexual health assessments may occur with more school preparation, continuing education, and time to reflect. It is time that nursing reexamines curriculums from undergraduate to doctorate level on how we educate nurses to perform sexual health assessments. Greater focus on nurses' self-concept through role development and creating time and space for self-exploration of biases and experiences is important. The current study contributes significantly to the nursing literature as it uncovered new knowledge and highlighted the many challenges and concerns that FNPs face when performing a sexual health assessment. More nursing research focusing on the three themes identified may assist nurses and other health care professionals to develop presence and prudence in relation to their self-concept when performing a sexual health assessment on their adult clients.

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