

Attitudes Towards Initiating a Discussion About Sexual Health

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Background

Low sexual desire in women is common; recent data reports that in premenopausal women over 30:¹

- 27% had low sexual desire
- 8% had distress about their low desire

Previous studies have shown that primary care physicians and OB/GYNs are unlikely to initiate discussions regarding sexual health and low desire with their female patients and also hold sexual health as a lower priority than other components of their practice.²

Little is currently known about the attitudes and perceptions of allied health practitioners regarding sexual health discussion.

The purpose of this study is to determine the attitudes that nurse practitioners hold concerning initiation of sexual health discussions with their patients.

Methods

The survey instrument was designed using the Theory of Planned Behavior³ as a model (Figure 1).

Nurse practitioners (NPs) were identified from a database file provided by their professional society. Names were randomly selected and emailed or faxed a link to an online survey hosted by CE Outcomes, LLC. Respondents received a small incentive for completion of the survey and completed the survey between February and May 2009.

Figure 1. The Theory of Planned Behavior

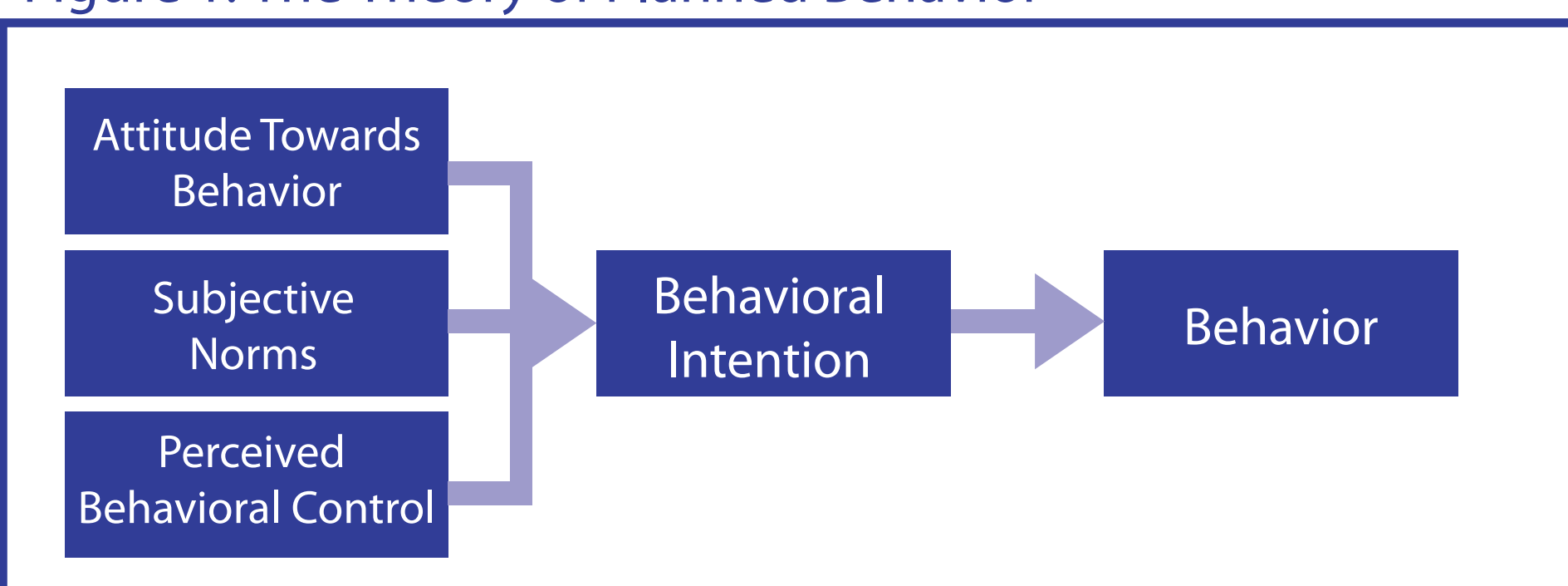


Table 1. Demographics of survey sample

	Nurse practitioner (NP) (n=266)
Years in practice (mean)	12
Female gender	95%
Clinical focus:	
Primary care	31%
Women's health	41%
OB/GYN	29%
Number of patients seen per week (mean):	
18-30 years of age	35
31-50 years of age	23
Number of patients/week reporting low sexual interest (mean):	
18-30 years of age	3
31-50 years of age	6
Prior education in discussing sexual concerns with female patients	17%
Consider assessing low desire important	84%
Have healthcare professional to refer a patient with sexual concerns	46%

Figure 2. Geographic distribution of survey sample

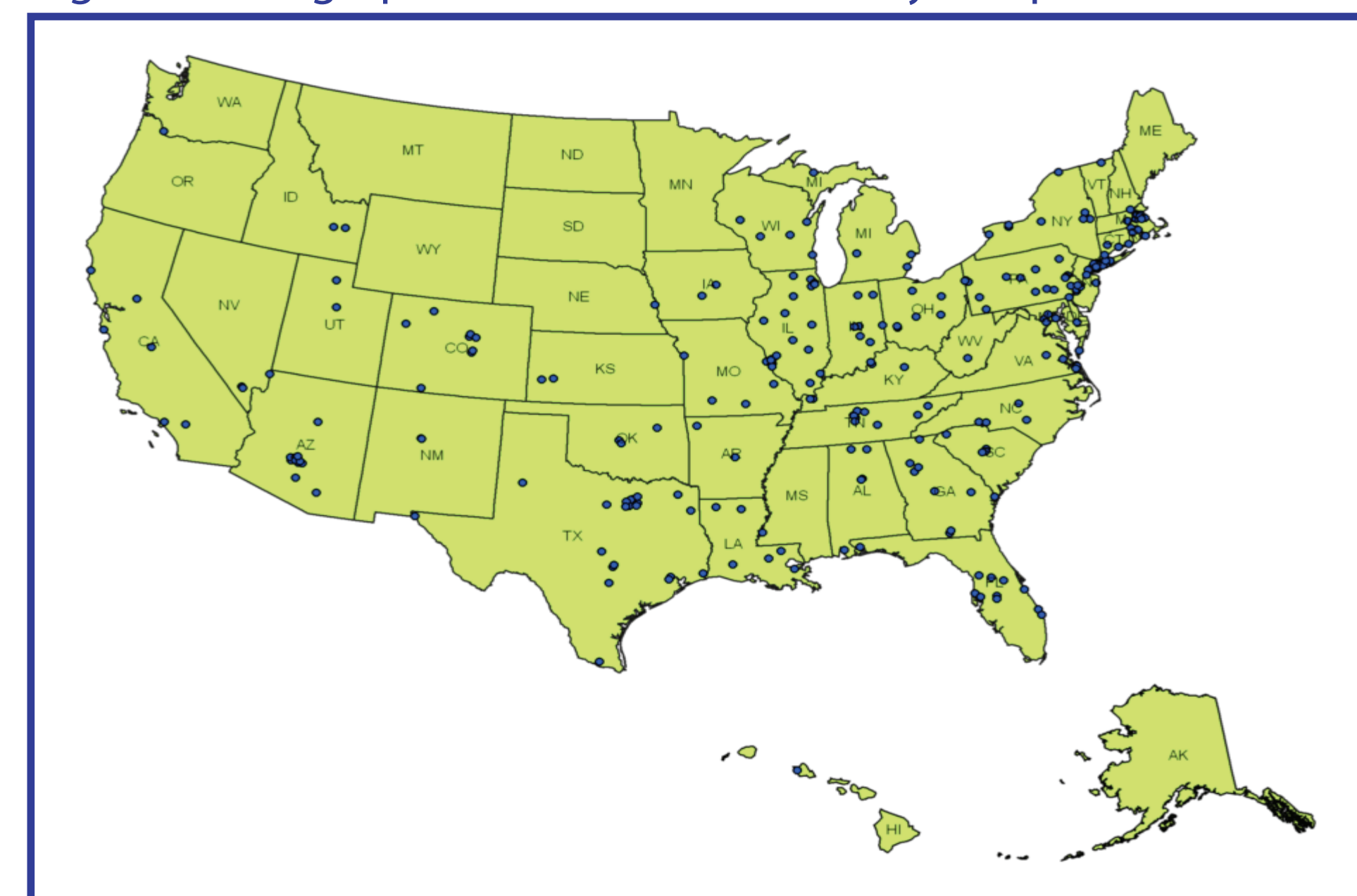
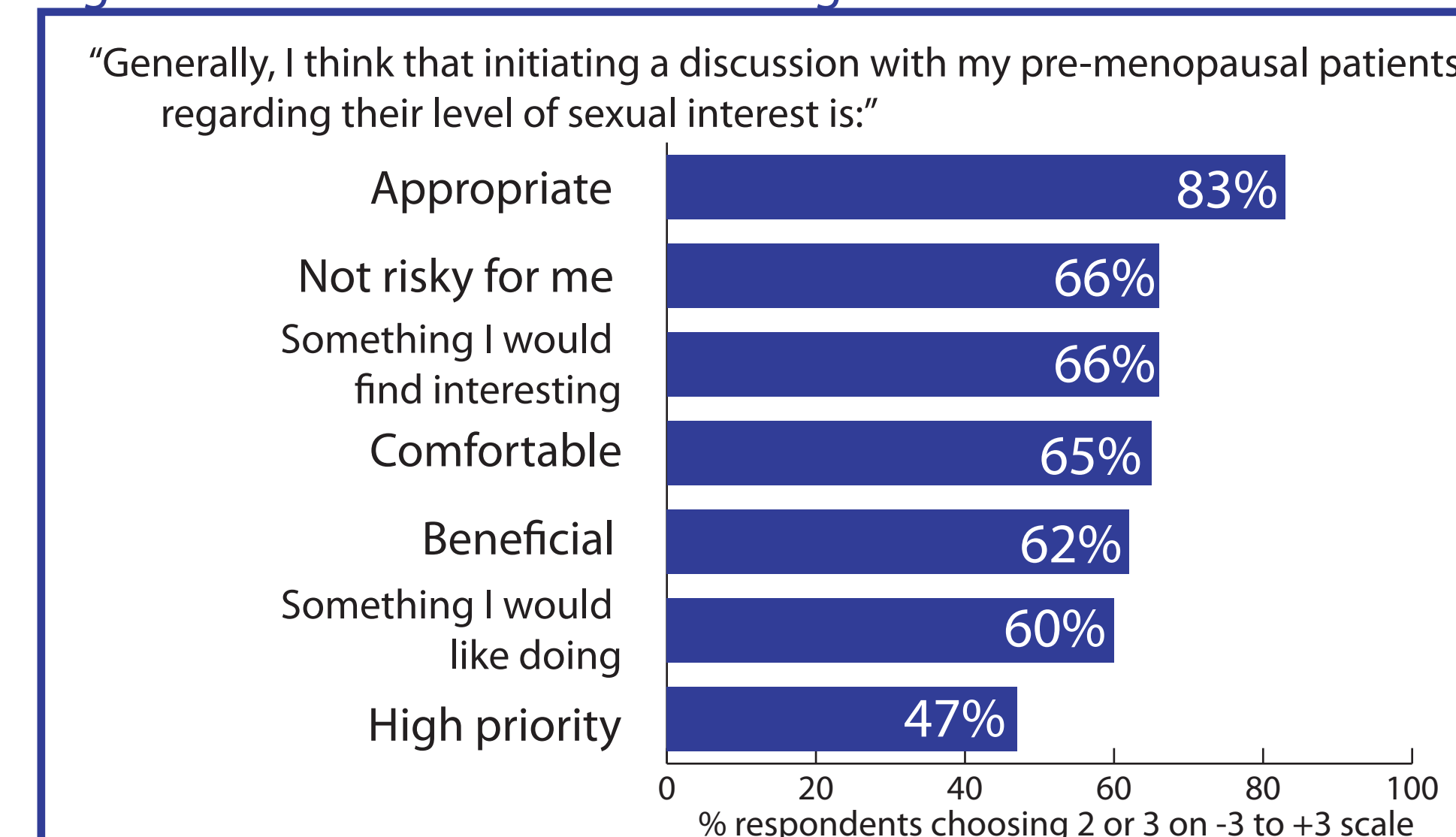


Figure 3. Attitudes toward initiating a discussion



Results

Figure 4. Frequency in initiating a discussion about sexual health

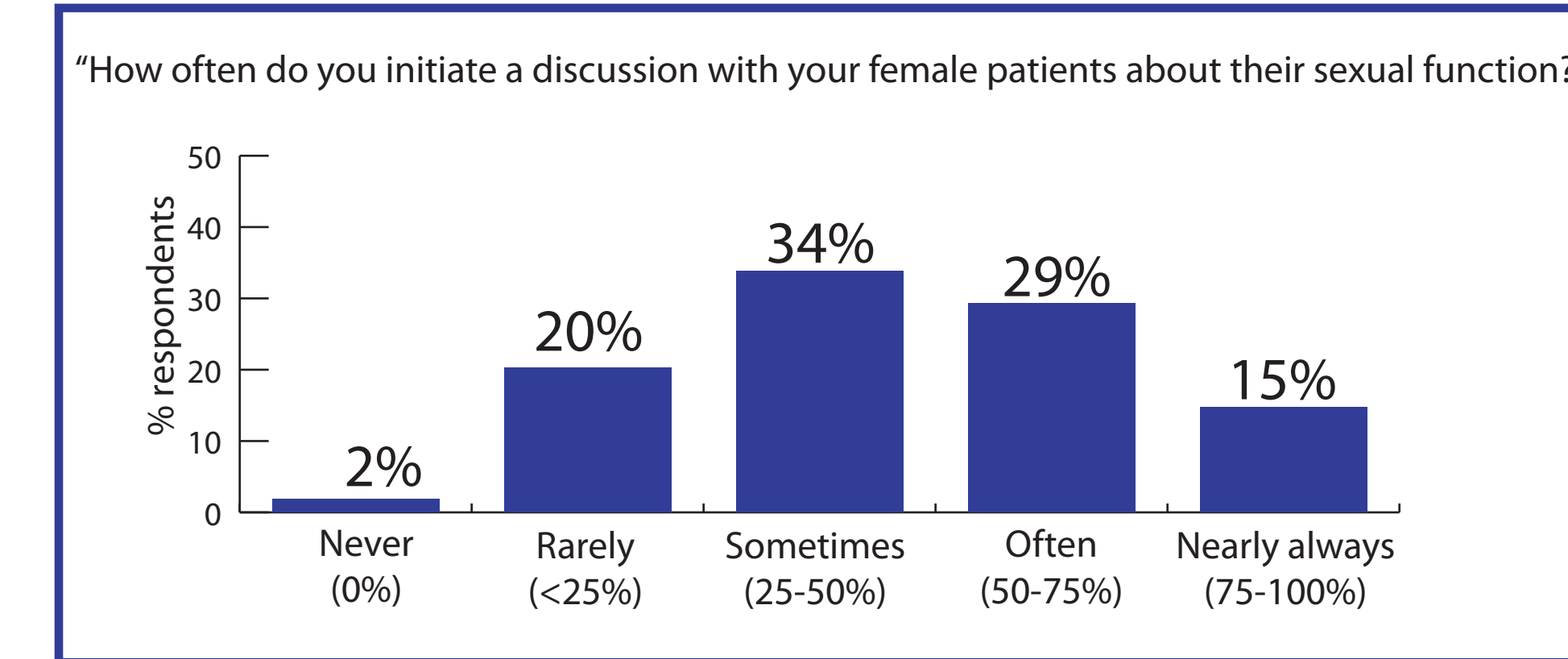


Figure 5. Subjective norms

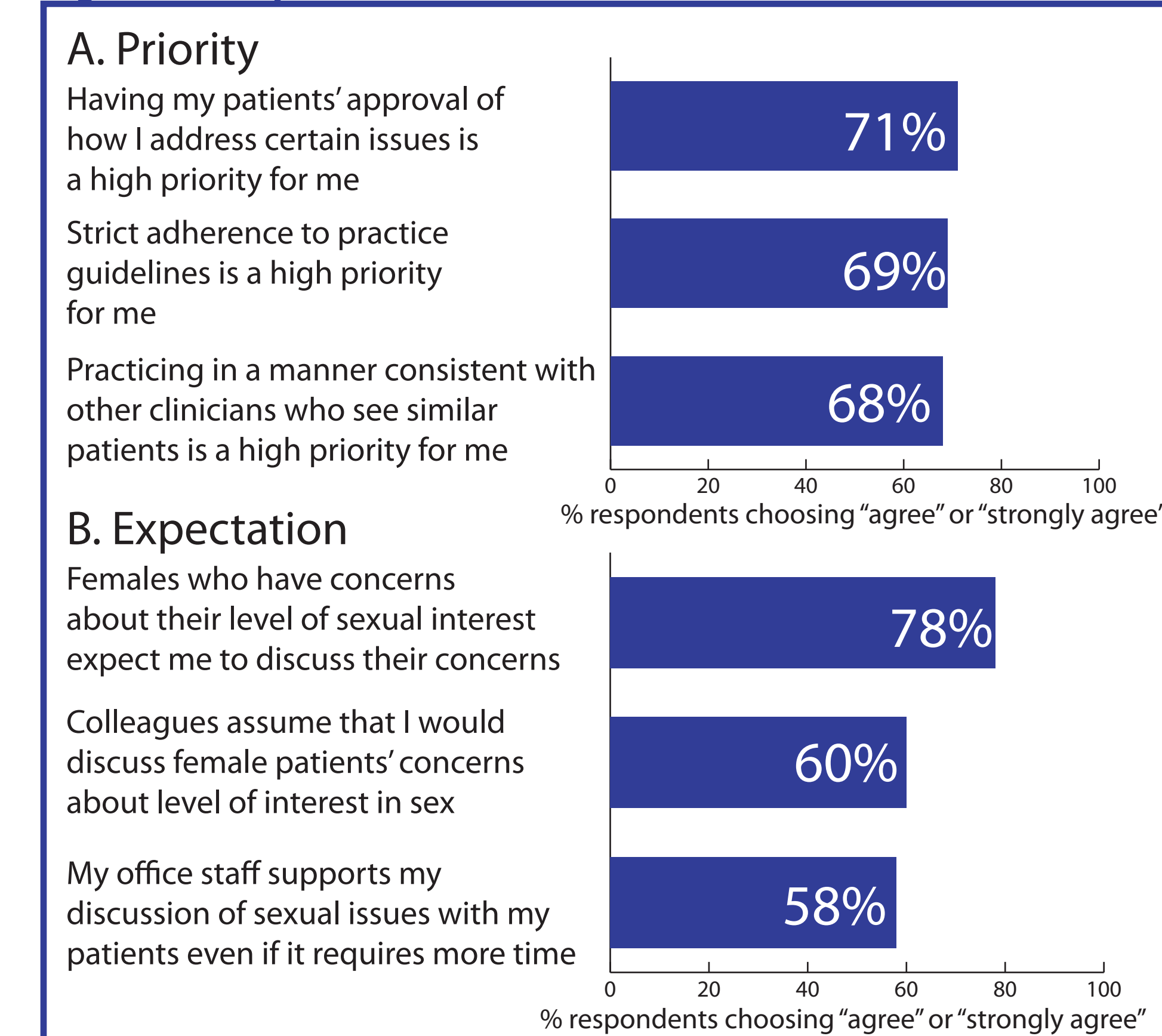


Figure 6. Perceived behavioral controls

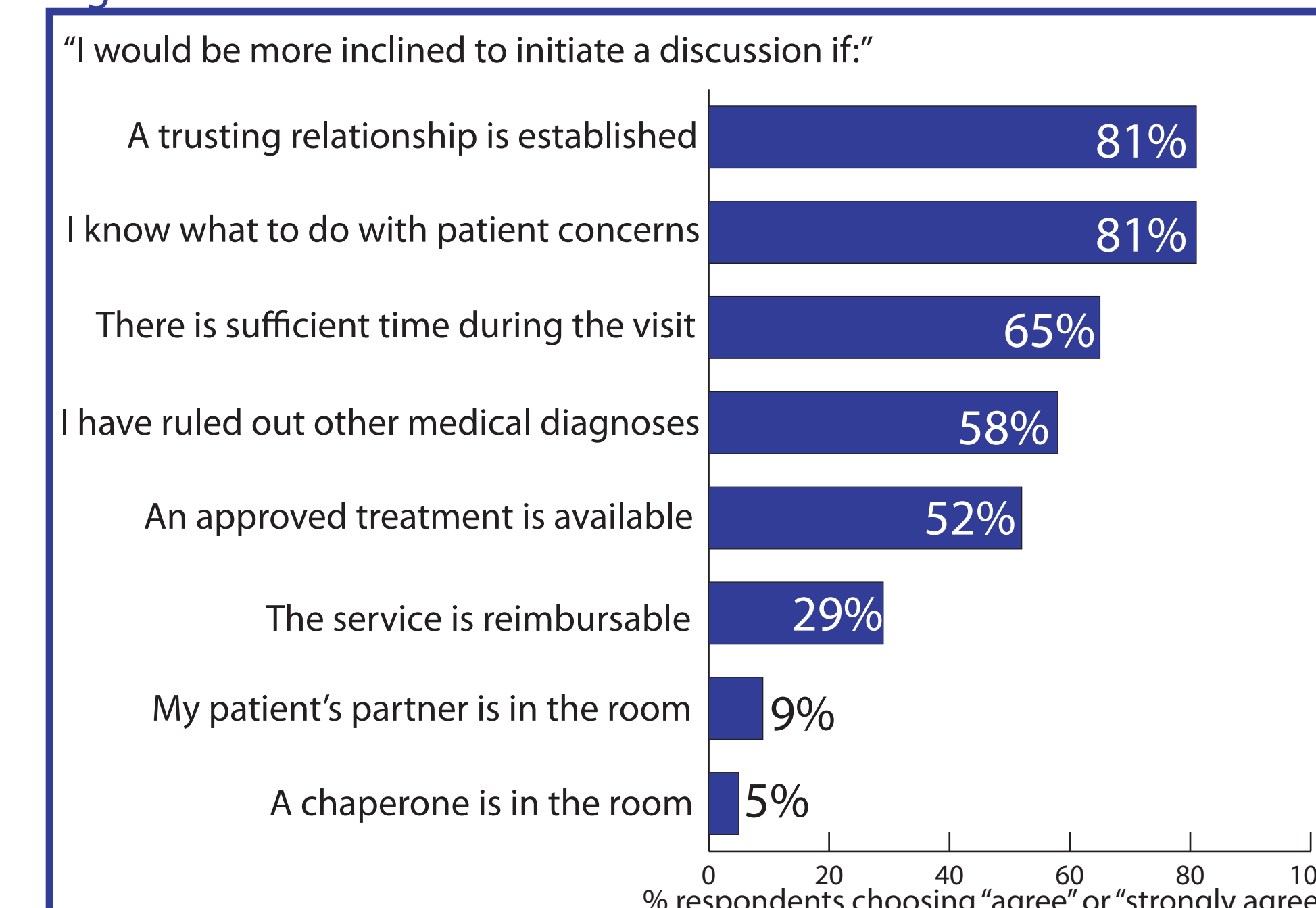
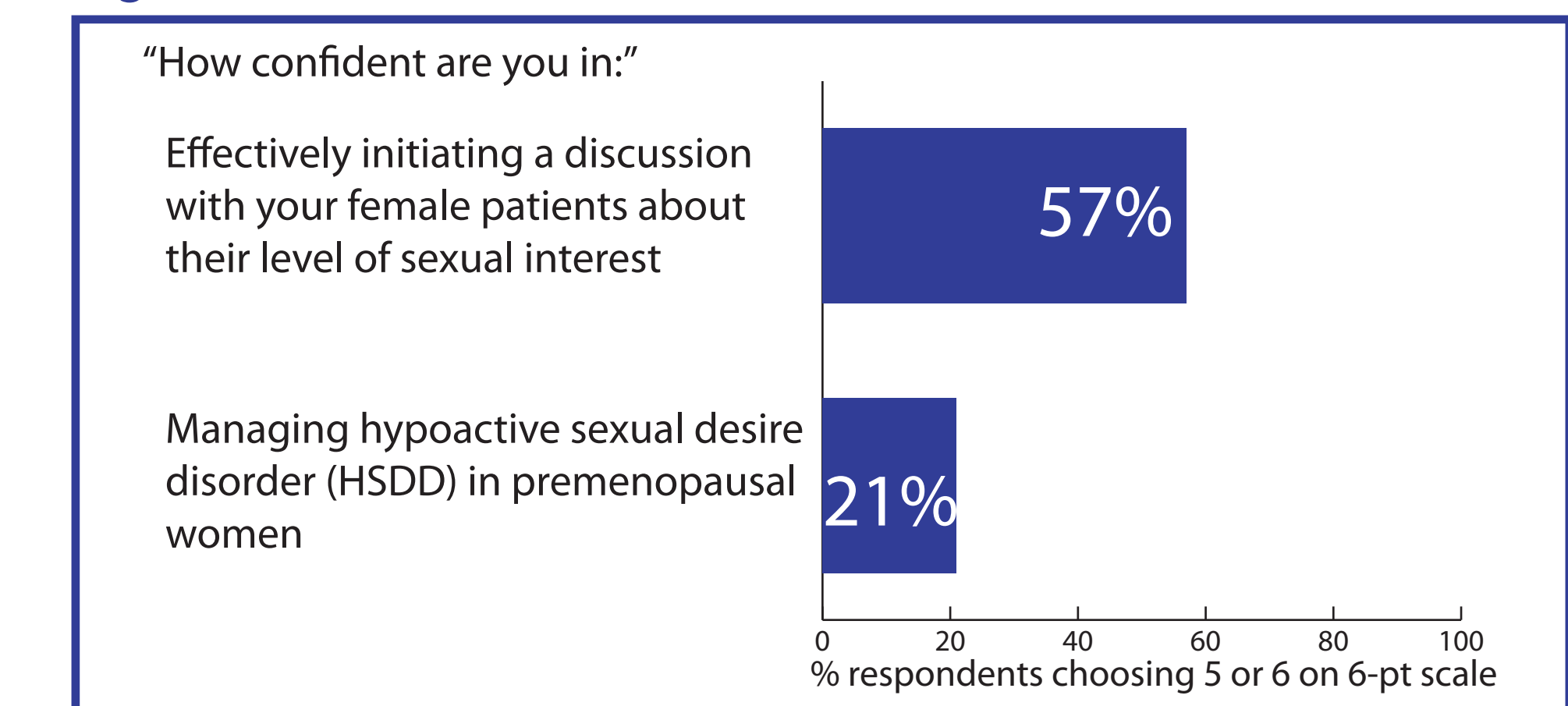


Figure 7. Confidence



Conclusions

NPs perceive low sexual desire as appropriate to discuss, but lack confidence and training in addressing patients' concerns.

The majority of NPs do not perceive addressing sexual concerns to be a high priority in their practice and more than half of respondents initiate a discussion regarding sexual health less than 50% of the time; they would be more inclined to initiate a discussion if they develop a trusting relationship with their patient and if they know how to address patients' concerns.

Education may be needed by the following:

- Basic instructional content on female sexual health
- Increasing confidence and attitudes in addressing sexual health with the use of role playing and case studies
- Interactive activities to give clinicians opportunities to practice communication skills in initiating discussions

References

1. West SL, et al. Prevalence of low sexual desire and hypoactive sexual desire in a nationally representative sample of US women. Arch Intern Med. 2008 Jul 14; 168(13): 1441-9.
2. Abdolrasulnia M, et al. Management of female sexual problems: perceived barriers, practice patterns, and confidence among primary care physicians and gynecologists. J Sex Med. 2010 July; 7(7) 2499-508.
3. Ajzen I. The theory of planned behavior. Organizational Behavior and Human Decision Processes. 1991;50(2):179-211.

Acknowledgements

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