Assessment of Female Sexual Health by Advanced Practice Nurses in Primary Care Setting: A proposed study

Marina Moiseyeva, RN, BS, FNP Student, Aimee Uchytil RN, BS, FNP Student and Jennifer Baxter, PhD, RN (Faculty Advisor)

College of Nursing

SUNY Downstate Medical Center
University Hospital of Brooklyn

Introduction

- Female Sexual Dysfunction (FSD) - a recurrent or persistent problem with sexual response or desire affecting ~43% of women in the US (Shifren, Monz, Russo, Segretti, & Johannes, 2008).
- Female sexual health (FSH) - essential to overall health & well-being (Douglass & Fenton, 2013; Yglesias, 2012).
- Primary care providers face challenges while conducting FSH histories (Association of Reproductive Health Professionals, 2010).
- Advance Practice Nurses (APNs) may not be adequately assessing FSH (Maes & Louis, 2011).

Purpose

- To explore primary care APN FSH assessment practices:
  - Barriers & facilitators to initiating/completing sexual health assessments
  - Perceptions of the current assessment process

Research Question

- What are the current processes of female sexual health assessment by APNs in the Primary Care setting that prevent or empower adequate assessment of sexual function for female patients?

Literature Review

Sexual Health Assessment: Perceptions and Attitudes

Primary Care Providers

APNs:

Only 2% always conduct sexual health history (Maes & Louis, 2011)

- Barriers:
  - Interruptions
  - Lack of time
  - Limited communication skills
  - Fear of not being able to treat problem (Maes & Louis, 2011)

Physicians:

- Barriers:
  - Time constraints
  - Perceived lack of effective therapies
  - Patient-provider gender discordance
  - Personal beliefs & attitudes (Abdolrasulnia et al., 2010)
  - Lack of sex/gender specific training (Henrich et al., 2008)

Female Patients

- Overall positive attitude toward discussing sexual issues (Briedite, Ancane, Ancans, & Erts, 2013; Shifren et al., 2009)
- 78.2% initiate the conversation about sexual health, not providers (Shifren et al., 2009)
- Shame, embarrassment, feeling of judgment, disrespect (Alli, Maharaj, & Vawda, 2012)
- More comfortable with providers of same gender (Kim, Lee, & Park, 2008; Politi, Clark, Armstrong, McGarry, & Sciamanna, 2009)
- Age of provider is irrelevant (Kim et al., 2008)

FSD: Associated Conditions

Physical & Psychosocial

Physical:

- Diabetes Mellitus (Vafaeimanesh, Raei, Hosseinzadeh, & Parham, 2014)
- 68 % of women with Migraine Headaches (Ghajarzedeh et al., 2014)
- Advanced age (Cabral et al., 2014; Vafaeimanesh et al., 2014)

Psychosocial

- Depression (Cabral et al., 2014)
- Sleep disturbances (Ghajarzedeh et al., 2014)
- Physical activity level (Ghajarzedeh et al., 2014)
- Post-partum status (Woolhouse, McDonald, & Brown, 2014)

Methods

Design

- Grounded theory - to explore and describe the FSH assessment from the perspective of APNs

Setting

- At least 3 urban primary care health centers

Sample

- Inclusion: APNs, New York State Certified, full-time in a community based health clinic (cis-gendered female, ages 18+)

Sampling plan

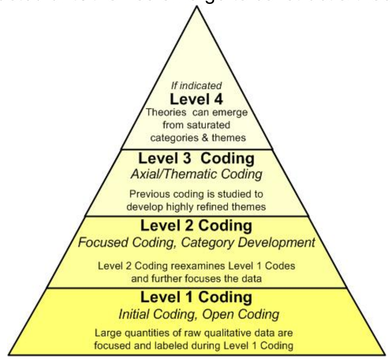
- Recruitment via email/postal service to members of identified APN associations

Data collection

- Survey:
  - Demographic characteristics (i.e. age, gender)
  - Clinical background (i.e. years in practice)
  - Working conditions (i.e. patient load, clinic zip code)
- Interviews:
  - Semi-structured, digitally recorded, transcribed verbatim

Data Analysis

- Constant comparison of data, coding, categorizing, and memoing will be conducted until themes emerge to construct a theory



Implications for Practice

The results may provide a description of the current female sexual health assessment process among APNs, which may provide valuable groundwork to improve clinical practice and contribute to better health outcomes for female patients in the primary care setting.

References

- Abdolrasulnia, M., Shewchuk, R. M., Roepke, N., Granstaff, U. S., Dean, J., Foster, J. A. ...Casebeer, L. (2010). Management of female sexual problems: Perceived barriers, practice patterns, and confidence among primary care physicians and gynecologists. *Journal of Sexual Medicine 7*, 2499-2508. DOI: 10.1111/j.1743-6109.2010.01857.x
- Alli, F., Maharaj, P., & Vawda, M. Y. (2012). Interpersonal relations between health care workers and young clients: Barriers to accessing sexual and reproductive health care. *Journal of Community Health 38*, 150-155. DOI: 10.1007/s10900-012095l95-3
- Association of Reproductive Health Professionals. (2010). Sexual Health Fundamentals:Talking with patients about sexuality and sexual health. Retrieved September 9, 2014 from http://www.arhp.org/publications-and-resources/clinical-fact-sheets/shf-talking
- Briedite, I., Ancane, G., Ancans, A., & Erts, R. (2013). Insufficient assessment of sexual dysfunction: A problem in gynecological practice. *Medicina (Kaunas), 49*(7), 315-20. Retrieved from http://medicina.lsmuni.lt/med/1307/1307-03e.pdf
- Cabral, P. U. L., Canario, A. C. G., Spyrides, M. H. C., Uchoa, S. A. C., Junior, J. E., Giraldo, P. C., & Goncalves, A. K. (2014). Physical activity and sexual function in middle-aged women. *Revista da Associação Médica Brasileira 60*(1), 47-52. DOI: 10.1590/1806-9282.60.01.01
- Douglass, J. M., & Fenton, K. A. (2013). Guest editorial: Understanding sexual health and its role in more effective prevention programs. *Public Health Reports 128*, 1-4. Retrieved from http://www.publichealthreports.org/issueopen.cfm?articleID=2933
- Ghajarzadeh, M., Jalilian, R., Togha, M., Azimi, A., Hosseini, P., & Babaei, N. (2014). Depression, poor sleep, and sexual dysfunction in migraineurrs women. *International Journal of Preventive Medicine 5*(9), 1113-1118. Retrieved from http://nsbi. nlm.nih.gov/pmc/articles/PMC4192772/
- Henrich, J. B., Viscoli, C. M., & Abraham, G. D. (2008). Medical students' assessment of education and training in women's health and in sex and gender differences. *Journal of Women's Health 17*(5), 815-827. DOI: 10.1089/jwh.2007.0589
- Kim, S. H., Lee, Y-M., & Park, J. T. (2008). Patients' perspectives on sexual history taking in Korea. *Patient Education and Counseling 70*, 370 -375. DOI: 10.1016/j.pec.2007.11.008
- Maes, C. A., & Louis, M. (2011). Nurse Practitioners' sexual history – taking practices with adults 50 and older. The Journal for Nurse Practitioners, *7*(3), 216-222. DOI:10.1016/j.nurpra.2010.06.003
- Politi, M. C., Clark, M. A., Armstrong, G., McGarry, K. A., & Sciamanna, C. N. (2009). Patient-provider communication about sexual health among unmarried middle-aged and older women. *Journal of General Internal Medicine 24*(4), 511- 516. DOI: 10.1007/s11606-009-0930-z
- Shifren, J. L., Johannes, C. B., Monz, B. U., Russo, P. A., Bennett, L., & Rosen, R. (2009). Help-seeking behavior of women with self-reported distressing sexual problems. *Journal of Women's Health 18*(4), 461-468. DOI: 10.1089/jwh.2008.1133
- Shifren, J. L., Monz, B. U., Russo, P. A., Segretti, A., & Johannes, C. B. (2008). Sexual problems and distress in United States women: Prevalence and correlates. *Obstetrics and Gynecology 112*(5), 970-978. DOI: 10.1097/AOG.0b013e3181898cdb
- Vafaeimanesh, J., Raei, M., Hosseinzadeh, F., & Parham, M. (2014). Evaluation of sexual dysfunction in women with type 2 diabetes. *Indian Journal of Endocrinology and Metabolism 18*, 175-179. DOI: 10.4103/2230-8210.129107
- Woolhouse, H., McDonald, E., & Brown, S. J. (2014). Changes to sexual and intimate relationships in the postnatal period: Women's experiences with health professionals. *Journal of Primary Health 20* (3). 298-304. DOI: 10.1071/py13001
- Yglesias, J. (April, 2012). Sexual health as a framework for addressing holistic prevention efforts: Connecting the dots between movements. Retrieved March 11 from http://threalitycheck.org/article/2012/04/24/sexual-health-as-framework-addressing-holistic-prevention-efforts-thoughts-on-con/