Title:
Exploring Sexual History Taken in One Health Center: A Focused Ethnography

Timothy Joseph Sowicz, PhD
Interdisciplinary Addiction Program for Education and Research (VIPER), VA Pittsburgh Healthcare System, Pittsburgh, PA, USA
Christine K. Bradway, PhD
School of Nursing, University of Pennsylvania, Philadelphia, PA, USA

Session Title:
Scientific Posters Session 1

Keywords:
Ethnography, Homelessness and Sexual histories

References:


Abstract Summary:
Participants will learn about factors that likely contribute to the absence of sexual history taking in a single health center serving vulnerable persons experiencing homelessness and opioid use disorder.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learner will be able to understand the current state of the science on sexual history taking.</td>
<td>The sexual history taking literature focuses on the content and documentation of sexual histories, interventions to improve these two areas, and the barriers to sexual history taking. Data from advanced practice registered nurses is scant and the research methods have been homogenous (i.e. questionnaires and health record audits).</td>
</tr>
<tr>
<td>The learner will be able to articulate the factors likely contributing to the absence of sexual history taking in a single health center.</td>
<td>The characteristics of patients’, patient-health care provider communication, the prioritization of patients’ basic needs, and time constraints are the factors likely contributing to the absence of sexual history taking in the health center studied.</td>
</tr>
</tbody>
</table>
Abstract Text:

**Purpose:** The purpose of this study was to understand the sexual history taking practices of health care providers as they occur within the context of various health care encounters. Specifically, this study explored the following research question: How do health care providers collect, evaluate, and use sexual history data during health care encounters with patients? The recent literature on sexual history taking has been concerned with the content and documentation of sexual histories, interventions to improve both of these areas (Lanier et al., 2014), and barriers to collecting sexual histories. In general, many of the studies have included data from physician providers. Data obtained from advanced practice registered nurses and physician assistants is scant (Maes & Louis, 2011) and, for the most part, data collection methods include questionnaires and health record audits, which fail to capture the day-to-day, practice-specific context in which discussions of sexual health occur. Unlike previous studies that have focused on the content and documentation of sexual histories, this study is a broader exploration of sexual history taking within the context of a particular health care setting. While any health history taking is concerned with the collection of data, this study also aimed to examine how, or if, health care providers evaluate these data and use them in planning care for patients. By focusing on a previously un-examined area of scholarship, this study has the potential to address sexual history taking beyond simply the content and documentation of the phenomenon by providing an in-depth description of the context in which patients and health care providers discuss health-related information, in particular, sexual health. In addition, this study provides a foundation for what currently occurs in day-to-day practice and for future work in this important area.

**Methods:** The study was a focused ethnography conducted over approximately eight months at a single health center. Symbolic interactionism and the theory of culture care diversity and universality were used to guide the design and implementation of the study. Data were collected through passive observations of health care encounters, situational conversations and semi-structured interviews with health care providers, and field notes. Data were analyzed continuously, informed by Leininger’s Phases of Ethnonursing Data Analysis Enabler for Qualitative Data (Wehbe-Alamah & McFarland, 2015).

**Results:** No specific sexual history taking was observed during 79 health care encounters involving many patients who were homeless and who had concomitant mental health and opioid dependence concerns; this was likely influenced by the characteristics of the patients, communication between patients and health care providers, the prioritization of patients’ basic needs, and time constraints imposed upon encounters. This study provided an in-depth description of a single health center and adds to the evidence that sexual history taking may not routinely occur in the primary care practice setting. To our knowledge this is the only focused ethnography exploring sexual history taking.

**Conclusion:** The results from this study have implications for education, practice, research, and policy. Education: Exposing, and allowing trainees, to obtain sexual histories from patients across the lifespan and among diverse patient populations is recommended. Practice: The realities of daily clinical practice require adaptation (and at times deviance) from current sexual history taking guidelines. Continuing education for health care providers in sexual history taking and managing patients’ sexuality-related needs is recommended. Research: Incorporate data from electronic health records into qualitative data (e.g. exploring data longitudinally to exam if/when sexual histories are documented). Policy: Including sexuality-related quality of care measures that must be reported by health centers who receive federal funding.