

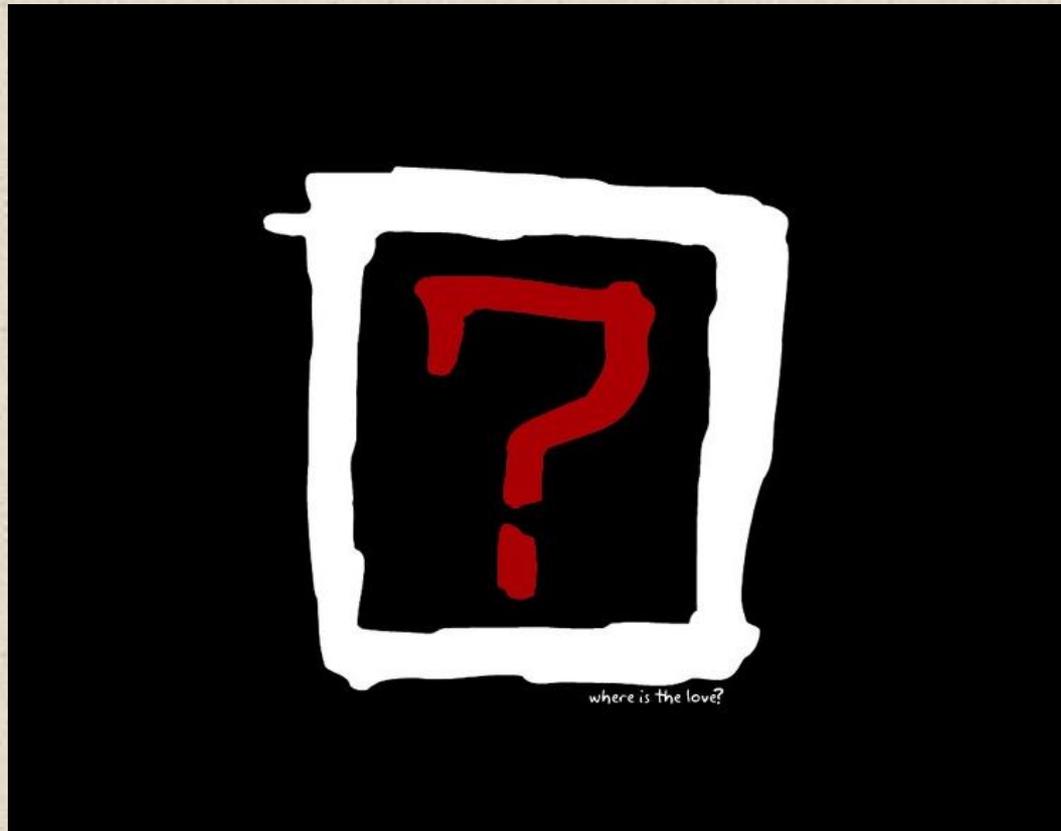
NURSING IMPLICATION IN SEXUAL REHABILITATION FOLLOWING SPINAL CORD INJURIES: A QUALITATIVE STUDY

BACKGROUND



- ✘ sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction
- ✘ thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships
- ✘ interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors

HOW MANY OF US THINK TO MEET THESE NEEDS



AIM

**Define the Role of Nurses
in Sexual Rehabilitation
through a Qualitative Approach**

METHODS

- ✘ PARTICIPANTS: 6 Nurses working in SCU
- ✘ DATA COLLECTION: Semi-structured Interviews
- ✘ FOCUS: Meaning of Activities,
Elements Effective Sexual Rehabilitation
- ✘ DATA ANALYSIS: Phenomenological Approach

RESULTS

SAMPLE: 5 Females, 1 Male
Mean Age 44 years
Mean 22 years of service

THEME	MEANING UNIT
Taking charge of the patient	Priority Interest Neurourologist Differences between gender
Nursing contribution	Inconsciousness Awareness Dignity
Perceived difficulties	Lack of knowledge Time Intimacy
Suggestions and ideas for the future	Courses Dedicated places

TAKING CHARGE OF THE PATIENT

- ✘ *If clinical or otherwise social issues arise, they are addressed before... (Nurse 1)*
- ✘ *Generally it's the patient himself who tells you it's time...in sense that either openly tells you, or bringing up certain issues that makes you understand, or with jokes and so on... (Nurse 2)*
- ✘ *Surely we have seen, even comparing ourselves with our neurourologist, that this initial phase, it is never the right step to address those issues related to clinical sexuality (Nurse 4)*
- ✘ *It is always seen the issue of sexuality towards the man, because man has this active role with the erection...in women is a bit more left out (Nurse1)*

NURSING CONTRIBUTION

- ✘ *Well, from my long experience, I sincerely ... in practice did little ... that is, dare I say almost nothing (Nurse 2)*
- ✘ *...Interventions... we can not do many ... if not to administer treatment that your doctor prescribes .. no other methods come to mind (Nurse 5)*
- ✘ *Why enter into relationship with human beings, can not escape from this things here, it is inevitable... and then from there... the voice, how you move your hands, the things you say, the things you do etc... you can not dispense, so you can have all the mental taboos you want, but you are always in relationship with the patient about his sexual rehabilitation, negatively or positively (Nurse 4)*
- ✘ *Today, for example, I taught a patient to pull up his pants from the toilet... I understood that he has appropriated another piece of his sexuality, which is to be able to stay in the bathroom for men, from family man and man without needing someone to pull up his pants (Nurse 3)*

PERCEIVED DIFFICULTIES

- ✘ *Concerning us nurses there, never have been done, there's no course for us, for how to deal with the patient sexuality... (Nurse 2)*
- ✘ *I don't feel ready to deal with my patients, so frankly for me it's easier to delegate to other professionals (Nurse 3)*
- ✘ *Absolutely not, It's not a topic that we usually talk with patients, because is very intimate... consider the fact that they're almost only males here... it becomes an embarrassing situation (Nurse 6)*

SUGGESTIONS AND IDEAS FOR THE FUTURE

- ✘ *Reproduction would be more interesting... They do it in other hospitals and you never know what to do [...] And then also it would be interesting to know the new medications, their strenghtness and weakness (Nurse 6)*
- ✘ *Surely periodic trainings would be indispensable and necessary, I just ask complete sessions about sexual rehabilitation of both man and woman (Nurse 3)*
- ✘ *We would like a place where couples can have intimate moments, to create a peaceful situation, to allow the partners to live one night together. This things are not considered in anyway (Nurse 4)*

DISCUSSION

- ✘ High attention to sexuality in last decades
- ✘ Secondary issue in SCU
- ✘ Role in taking action
- ✘ Barriers related to embarrassment
- ✘ Gender differences



LIMITATIONS

- ✘ Small sample size
- ✘ Bias in the recruitment of participants motivation
- ✘ Caution in generalization



CONCLUSION

- ✘ Standardization
- ✘ Reference Points
- ✘ Educational Support
- ✘ Structural Modifications



NEED FURTHER INFORMATION?

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**LET'S TALK
ABOUT SEX.**