Student nurses' competence in sexual health care: A literature review

Emma Pascale Blakey, Helen Aveyard

Abstract

Aim: The aim of this literature review is to explore the way in which sexual health care is perceived and experienced by students in clinical practice.

Background: Student nurses understand the need to learn about sexual health but report a variety of learning needs and experience challenges acquiring skills to deliver such care in part due to varied clinical experience. Furthermore, there is a paucity of data exploring clinical competence of sexual health care among student nurses.

Design and methods: A literature review of the published literature was conducted following a search of online databases. Articles were selected for analysis according to inclusion and exclusion criteria. Eight articles were critically appraised and thematically analysed.

Results: The following themes were identified: student nurses report having a positive attitude towards sexual health care; however, many felt uncomfortable about addressing sexual health and are reluctant to initiate a conversation; many student nurses lack knowledge about sexual health; they also lack role models at university and on clinical placement. Student nurse care giving in relation to sexual health was also noted.

Conclusions: It is encouraging that student nurses have some knowledge but their knowledge assessed is narrow. Their attitude is generally positive though many feel uncomfortable discussing issues of sexual health and sexuality. Very few student nurses report delivering sexual health care. There is a lack of positive role models both on clinical placement and at university.

Relevance to clinical practice: The reasons behind a lack of sexual health care delivery by student nurses should be understood. Student nurses should be supported to assess patient need and provide holistic care. Positive role models should be established in clinical and educational environments along with a focus on wider sexual health knowledge and skills.

What does this paper contribute to the wider global clinical community?

- Sexual health remains an important concern for students but their contribution in this area remains largely undiscussed.
- The discomfort experienced by qualified staff regarding sexual health promotion is also experienced by students.
- Students lack role models in education and clinical practice regarding the delivery of sexual health care.

INTRODUCTION

There is much discussion in nursing about providing a holistic approach to care and sexual health forms part of this holistic approach (Bates 2011). Nurses are in an ideal and privileged position to deliver this (East & Hutchinson 2013) as they have a clear and recognised role in health promotion, including sexual health promotion (Wills 2014, Irwin 1997) and this has long been recognised by many nurses themselves (Lewis & Bor 1994). Providing holistic, person centred care is a central tenant of nursing (Manley et al. 2011, NMC 2015). The concept of holism is also widely taught in undergraduate nurse education and students are expected to deliver a holistic approach to patient care (NMC 2010). An important aspect of the nurse's role is the provision of a comprehensive assessment of the physical, psychological, social and spiritual needs of patients and this includes sexual health. There is evidence that student nurses understand the relevance of learning about sexual health during their undergraduate training (Bretas et al. 2008). Learning needs for student nurses in addressing sexual health have been outlined by Tsai et al (2013). However in addition to this recognition, there is also evidence that delivering sexual health care might not be so easy to do. There are well documented barriers to broaching sexual health, including embarrassment, lack of knowledge, fear of causing offence, not having the skills to start a discussion on the topic, lack of time, or sexual health not seen as a priority (Bates 2011). These are issues that have been highlighted by nurses since at least the 1980s and 1990s (Lewis & Bor 1994, East & Hutchinson 2013) and need to be acknowledged within a holistic approach.

In this literature review, we will explore students' experience of the delivery of sexual health care in order to understand their role in this sensitive area. In order to do this, we explored students' experience, knowledge, attitude and skills in this area. Knowledge, attitude and skills are fundamental to clinical competence which is central to nursing and evidence based care (Watson et al. 2002) thus exploring these three elements is deemed key to understanding students experience of the delivery of sexual health care.

Background

The WHO (2000) defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the

possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (WHO 2000).

Sexuality is a complex term to define and is dependent on social and cultural elements (Roper et al. 2000). The WHO (2000) defines it as "…a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction". Sexuality has an impact on personality and behaviour (Roper et al. 2000). Sexuality encompasses so much more than just a physical act and has both physical and psychosocial elements (East & Hutchinson 2013). The way an individual expresses their sexuality may be dependent on a variety of issues such as culture, religion, society, economics, politics, law, history and spirituality (WHO 2000).

Sexuality forms part of the Activities of Daily Living (Roper et al. 2000) which frame nursing care and which is incorporated into many nursing assessments and in the revised Code of Conduct (NMC 2015), which requires nurses to respond to the physical, social and psychological needs of the patient or client. It is by conducting a thorough assessment that a practitioner can discover what self-defined needs the patient has. We must take the time to listen to patients and provide them with the information they require. The consideration of sexuality and the promotion of sexual health can take many forms within nursing, for example, the prevention and treatment of sexually transmitted infections (STIs), altered body image following reconstructive surgery, or recovery from many surgical interventions. Sexual health is broad and nurses have a potential role in many situations, too numerous to mention here, but including supporting people who have been vulnerable to sexual violence, exploitation or female genital mutilation. Not only is the scope of sexual health broad, but what constitutes sexuality can be perceived differently by different people (Southard & Keller 2009), which increases the complexity of the role of the nurse in its promotion.

The NMC Code of Conduct (2015) also requires nurses (including students) to work within their competence. Given the complexity, it is not surprising that in studies undertaken in the UK (Lewis & Bor 1994), USA (Magnan et al. 2005) and Sweden (Saunamaki et al. 2010), many qualified nurses reported feeling uncomfortable discussing sexual health, which may or may not be indicative of a lack of competence. However in addition to feeling uncomfortable, Magnan et al (2005) found that only a minority of qualified nurses actually believed that discussing sexual health was important to patient health outcomes. This rate was higher among the students surveyed. Magnan et al (2005) found that

77.6% students felt that discussion of sexual health was important to health outcomes and in another study, 62% of students felt this way (Bal & Sahiner 2015).

From the other side, it is clear that patients think it is important and there is evidence that patients want nurses to discuss sexual health (Al-Zahrani 2010, Southard & Keller 2009). A small study of 52 oncology patients found overwhelmingly that initiation of the subject would be welcome (Southard & Keller 2009). This study also confirmed that sexuality is unique, incorporating physical and emotional elements and emphasised the importance of not making any assumptions about sexuality. Other studies focusing on older adults (Farrell & Belza 2012) and following prostatectomy (Burt et al. 2005) observed similar findings. Whilst these are small scale studies focusing on specific conditions they are helpful in highlighting the relief patients felt being able to discuss sexual health with healthcare professionals.

The purpose of this literature review was to explore the experiences, knowledge skills and attitudes of student nurses to the promotion of sexual health. For the purposes of this literature review a student nurse is defined as being in the pre-registration phase i.e. undertaking degree level studies to become a qualified registered nurse in any field of nursing (adult, paediatric, learning disability or mental health) (NHSC 2015). The interest in knowledge, attitude and skills was deemed appropriate as they form the basis of clinical competence which is vital to nursing practice (Holloway et al. 2002, NMC 2010).

AIM

The aim of this literature review is to explore the way in which sexual health care is perceived and experienced by students in clinical practice in order to develop insight into the role of the student in this complex area and to develop our understanding of the concept of holism regarding sexual health care. In order to do this, student nurses´ experience, knowledge, attitude and skills were examined.

METHODS

A literature review was conducted using the following subject specific databases: British Nursing Index (BNI), Cumulative Index of Nursing and Allied Health Literature (CINAHL) and PubMed (which includes MEDLINE). Particularities of each database were navigated accordingly to ensure searches were

consistent in each database. The following two limiters were used in all three databases: English language and evidence from the past 10 years (2005 – 2015).

Key words were identified using a linear figure method (Glasper & Rees 2013). The thesaurus of the searched databases was consulted and key terms used by the World Health Organisation (WHO) for sexual health were included.

Key words with truncation and Boolean logic used in all databases: *pre-registration OR student OR trainee OR undergraduate AND nurs* AND knowledge OR theor* OR attitude* OR feeling* OR view* OR belie* OR opinion* OR experience AND approach* OR perspective* OR skill* OR competenc* OR capabilit* OR expertise AND sexual health OR sex OR Sexually Transmitted Infection OR Sexually Transmitted Disease.*

Articles were considered if their research explored student nurses' experience, attitudes, knowledge and skills regarding the delivery of sexual health care.

Exclusion criteria

- Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) (The stigma surrounding these issues can be specific and not within the remit of the research question).
- Qualified nurses undertaking further training i.e. to become school or district nurses.
- Sexuality in terms of attitudes towards Lesbian, Gay, Bisexual, or Transgender (LGBT) patients (This is recognised as an important issue to consider, perhaps also a confounding factor in some ways, but not within the remit of the question) or reproductive health.
- General explorations of the preparedness of student nurses to practice as qualified nurses.
- Explorations of the knowledge around sexual health issues held by student nurses as they relate to their own health – as opposed to how their knowledge, attitude or skills may impact on patient care.
- Articles exploring interventions or learning needs (As not primarily assessing knowledge, attitude and skills).

Abstracts of the articles were matched against the inclusion and exclusion criteria. A total of 16 articles were identified as relevant. After retrieval of the full copies of these articles, a total of eight

articles were judged to meet the criteria. Five out of the eight were quantitative, two involved mixed methods and one qualitative.

The reference lists of the eight articles were hand searched and a citation search was conducted. The Web of Science website was used to conduct this search on the eight selected articles. This revealed three potential articles, however, having carefully read the abstracts none fitted the inclusion criteria. The PRISMA diagram outlines the searches undertaken.

A critical appraisal was conducted on all the articles using an appropriate critical appraisal tool. The qualitative CASP tool (CASP 2013), "*questions to ask of questionnaires*" (Aveyard & Sharp 2013) and a mixed method tool (Long 2005) were used. Due to the lack of research on the topic area, critical appraisal was not used to eliminate articles from the review and all articles contributed to the final analysis. Articles were however colour coded according to the strength of data they contributed (Aveyard 2014). Data extraction was undertaken whereby study findings were inputted into Microsoft Excel so they could be viewed in relation to each other. Thematic analysis was undertaken (Braun and Clark 2006). Colour coding was used and was helpful in visualising the strength of each article and its contribution to a theme. This was reviewed over a two-month period and changes were made and themes refined until the final themes were identified. Despite variance in the quality of the research, as identified through critical appraisal, and the geographical spread of the studies, commonalities of themes were noted throughout (Table Y).

RESULTS

Student nurses report having a positive attitude towards sexual health care

A common theme to arise in the research articles identified was that students generally reported a positive attitude towards their role in sexual health care and there was consensus that patients should express their concerns and that nurses should be part of these conversations (Magnan & Norris 2008; Kong et al. 2009; Akinci et al. 2011; Huang et al. 2013; Bal & Sahiner 2015). Students viewed sexual health assessment as important (Dattilo & Brewer 2005) and thought that sexual health was integral to holistic nursing care, for example, in Bal and Sahiner's (2015) study, 64% of students believed it to be the nurses' responsibility to discuss sexual health. A positive attitude was further inferred as studies reported students agreeing sexual health should be part of the nursing curriculum (Akinci et al. 2013). Furthermore, students reported that they had no concerns about working with patients who had STIs and they believed all patients should be treated equally regardless of their STI status (Bell &

Bray 2014). However, behind this confidence, many student nurses were hesitant as to where their role should begin and end, reporting low confidence levels and low self-rated competence (Magnan & Norris 2008; Kong et al. 2009).

Student nurses felt uncomfortable about addressing sexual health

Akinci et al (2011) found that less than half of the students felt comfortable discussing sexual health with patients; although this did depend on the condition of the patient and reason for admission. Bal and Sahiner (2015) found that 67.7% of students were uncomfortable talking about sexual issues and 75.5% believed most hospitalised patients were too sick to be interested in sexual health. Kong et al (2009) found that only 53.7% of respondents felt comfortable discussing sex and related issues with patients. This discomfort was linked to worries that patients and colleagues would react negatively to these conversations. Dattilo and Brewer (2005) found that students were uncomfortable and would avoid sexual health conversations with one student stating sexual health was not important to discuss, whilst others rated it as a low priority. Anxiety was a reaction noted in Bell and Bray's (2014) findings, who note student nurses felt anxious about caring for a patient with an STI.

Many studies identified that students felt that sexuality was too private to discuss, (Dattilo & Brewer 2005, Magnan & Norris 2008, Huang et al. 2013, Bell & Bray 2014). In addition, the age difference between student nurse and patient was noted as a contributory factor to this feeling in Dattilo & Brewer's study (2005).

These results illustrate an inconsistency between the acknowledgement of the importance of sexual health care and a discomfort towards delivering this care. The following theme is therefore unsurprising.

Student nurses are reluctant to initiate a conversation about sexual health

Many research studies identified that student nurses did not initiate conversations about sexual health. Kong et al (2009) identified that students preferred the patient to initiate a conversation and many did not feel that this should be initiated by nurses. Bal and Sahiner (2015) identified that nearly 60% of students stated they would only discuss sexual health if a doctor addressed the topic first, or if the patient brought up the topic. Furthermore, Bal and Sahiner (2015) found that student nurses believed that patients did not expect nurses to discuss sexual health with them. This is echoed by Magnan and Norris (2008) who found that only 33.6% of student nurses anticipate that patients expect nurses to ask questions regarding their sexual health.

Although there is acknowledgement that discussing sexual health does form part of the nurse's role this is contrasted with a discomfort about doing so and feelings that the onus for beginning these discussions lies with others, either the medical team or patients themselves.

Student nurses lack knowledge about sexual health

There is evidence in the research articles identified for this study that many students felt they lacked knowledge about sexual health care (Bell and Bray 2014, Kong et al 2009, and Magnan and Norris 2008), indicating a low level of knowledge around STIs and contraception. Kong et al (2009) found that final year nursing students lacked accurate knowledge around contraception and underline that only 8% students gave 100% correct answers to the knowledge items on a questionnaire. On the specific topic of sexually transmitted infections, Bal and Sahiner (2015) report that 51.6% of students identified the link between disease or treatment and sexuality whilst 89.1% did so in Magnan and Norris's study (2008). The considerable difference in percentage of students understanding the link in Turkey and the United States of America (USA) cannot be ignored but could originate from methodological or cultural differences.

There is evidence that student nurses have some knowledge about some aspects of sexual health however; given the complexity of the topic, many students did not feel equipped to discuss sexuality with their patients.

Students lack role models at university and clinical placement

Another theme to arise was that students perceived a lack of role modelling regarding sexual health care. Bell and Bray (2014) and Dattilo and Brewer (2005) found their participants felt they needed more education and knowledge around sexual health and a need for concrete skills, either by having a specific sexual health placement (Bell & Bray 2014) or by being shown how to conduct a sexual health assessment whilst on clinical placement (Dattilo & Brewer 2005).

Notably, both these studies highlight students' feelings that their university or clinical mentors do not have the appropriate positive attitude regarding approaches to sexual health. Bell and Bray (2014) and Dattilo and Brewer (2005) outline the lack of role models and existence of far from satisfactory placement mentors. Kong et al (2009) identified that students lack role models in practice and found that less than half the participating students had worked with nurses and doctors who addressed sexual health issues with their patients. A common student response noted by Dattilo and Brewer (2005) was to mention how faculty did not feel comfortable with sexual health and did not view it as important.

Student nurses´ care giving in relation to sexual health

Several studies reported on student nurses' care giving regarding sexual health care. Bal and Sahiner (2015) state that only 16% of respondents had ever given advice to patients about sexual health. Dattilo and Brewer (2005) observed that even those who had worked with patients with conditions such as myocardial infarction or post-mastectomy did not initiate any conversations about sexual health, despite acknowledging these conditions could have a direct impact on sexual health. Furthermore, they found that respondents did not perceive they possessed the required level of skill to deliver sexual health assessments. Magnan and Norris (2008) and Kong et al (2009) highlighted the low numbers of student nurses (32.1%) reporting making time to discuss sexuality, with second-degree nurses doing this the least.

Kong et al (2009) considered behaviour, but they focus on intention rather than reported behaviour. For example, only one third of respondents stated they would be prepared to provide sexual health care and 52.4% would obtain a sexual health history. Neither Kong et al (2009) nor Sung (2015) report on actual behaviour, rather the potential for it. Sung (2015) focus on knowledge, attitude and self-efficacy finding they are positively correlated. Barriers to delivering sexual health were considered by Bal and Sahiner (2015) who note they are the highest when considering this behaviour in practice. Magnan and Norris (2008) highlight how lack of time is considered a barrier to delivering sexual health care in practice.

A point made in several of the research studies concerns the issue of translating knowledge, attitude and skills into practice. Dattilo and Brewer (2005) reported on self-perceived skill and found that student nurses believe they lack expertise to do this and Kong et al (2009) highlight students feel inadequately prepared and lacking in competence. The above seems to indicate that knowledge levels are adequate, in so much as student nurses are aware of how biomedical conditions can impact on sexual health, but the numbers actively delivering or intending to deliver, are low, giving further credibility to a significant theory practice gap.

There is evidence from this literature review that despite a widespread acceptance and acknowledgement about its importance, student nurses are uncomfortable about the delivery of sexual health care and are therefore reluctant to initiate such conversations, and lack the confidence and knowledge to do so. There is also an apparent lack of role models to provide a lead in the provision of sexual health care. Students are interested in and aware of the importance of sexual health but this interest and awareness does not consistently result in application in practice due to limitations in students' knowledge, attitudes, and self-perceived skill and feeling at ease with the topic.

Limitations

This literature review was conducted systematically but was not a systematic review, has an absence of grey literature, expert opinion and policy perspectives, and the search and appraisal was conducted by one researcher. Additional research might have been located if a more comprehensive search had been possible by a team of researchers. The research articles identified for this review are taken from studies with varied methodologies and come from many different countries, adding diversity but leading to limited data from any one area.

A conscious decision was taken to exclude research on HIV, and sexuality in terms of sexual orientation, and reproductive health. Incorporating these issues would add an important element to the research. These issues were excluded due to the potential for confounding and the complex nature of stigma and discrimination surrounding these topics, not because they are not viewed as important. These are hugely significant aspects of sexual health and sexuality and further research is welcomed.

Finally, semantic and language issues were noted in many of the articles studied. Not all articles were written to the same standard of English, leading to some confusion, especially around the explanation of findings and when the terms attitude and comfort were used. Any further exploration of this topic should consider contacting the researchers directly and perhaps clarifying points with them. Furthermore, a search could be conducted in all languages with relevant articles not written in English professionally translated.

DISCUSSION

Despite these limitations we make the following observations about the themes we have identified.

A simple reason for the lack of delivery of sexual healthcare is that sexual health is not perceived as a priority with lack of time being cited as one reason for this (Bates 2011). East and Hutchinson (2013) agree that sexual health care is not prioritised in practice. They note registered nurses make assumptions about patients' age, ethnic, cultural or religious background which affects how they assess and prioritise care for those individuals, often viewing sexual healthcare as not essential due to these assumptions. An ambivalence to address sexual health care with patients has also been noted among mental health nurses (Quinn et al. 2011). This complex interplay between lack of education, skills and confidence is having an impact on nurses' ability to holistically assess and prioritise sexual

health care. However, Magnan et al (2005) illustrate that nurses who felt more confident in their ability to discuss sexual health were better at making time to do so, indicating that the barriers might be more complex. In the UK cuts to sexual health services and add barriers to delivering quality care and are worrying when there is evidence that investing in sexual and reproductive health has been found to be extremely cost effective (Singh et al. 2014). In addition, this reduction in spending may reinforce the ambivalence that many nurses have about the role of health promotion in their practice leading to feelings of frustration among nurses (Merrifield 2015).

Another reason for the lack of discussion about sexual health is lack of knowledge. Despite many studies in this literature review recording some satisfactory knowledge levels from students, the broad range of knowledge required to deliver sexual health was not evident. Many of the studies focused on sexual health knowledge in terms of contraception and safer sex, rather than a more comprehensive awareness. In order to provide holistic care, Al-Zahrani (2010) describes how the type of sexual health knowledge incorporated in the nursing curricula should include the impact of an illness on sexual function, self-esteem, relationships and psychosexual and relationship issues. Knowledge should include contraception and STIs but also incorporate more complex issues around consent, body image, and risky sexual behaviour. A suggestion could be for students to explore and reflect on the wide variety of knowledge needed and remember the requirement to practice using the best available evidence (NMC 2015).

A further reason for the lack of discussion in practice can also be attributed to embarrassment and fear of causing offence (Bates 2011, Sleeper & Bochain 2013). Student nurses appeared reluctant to initiate conversations about sexual health. An explanation for this comes from a study of practice nurses (Gott et al. 2004) who viewed sexual health care as a 'can of worms' because they could not predict where the conversation would lead. Embarrassment and fear can also be underpinned by stigma, itself a complex and important barrier (DH 2013) that seems to affect both patients and health care professionals. It is useful to acknowledge that embarrassment and stigma are not unique to the discussion of sexual health care alone. There are many sensitive and difficult topics within nursing and many of these are associated with health promotion for example, the use of alcohol and illegal drugs and overweight/obesity. Discussions of these issues all require sensitivity and empathy from nurses and barriers to addressing these issues with patients have been documented (Steele et al. 2011, Swift et al. 2013), yet the need to provide holistic care requires that these conversations take place.

Students feel more confident to discuss sexual health if a doctor or the patient themselves has initiated the topic. This is problematic as such an approach places the onus on the patient rather than

the care provider. Students and their mentors need to be mindful that just because a patient does not bring up a topic this does not mean they do not want to discuss the issue, or do not have significant issues to discuss. Students need to be conscious of the need to develop their skills in this area and to be creative about exploring potentially sensitive and difficult topics. Furthermore, it could indicate students and registered nurses do not have confidence in their own assessment skills and require support in assessing and meeting patient needs.

A further reason why students do not engage with sexual health care is that they lack role models about how to deliver such care. The importance of the role universities and clinical placements play in forming nurses and how their attitude towards sexual health can impact on their students is evident in the research articles included in this review and should not be underestimated. This review highlights the desire among students to improve on and feel confident in their clinical skills. This recommends the need for positive role models in both these environments.

Recommendations

1. Sexual health needs more transparent discussion both within university and clinical practice in order to enhance students' knowledge and raise the profile of such discussions generally. Universities could consider ensuring their students are familiar with models, such as PLISSIT (Bates 2011) and have the skills and confidence to deliver them. The model can be used in a variety of settings and act as a reminder to students that they can encounter patients requiring sexual health care anywhere and links theory with practice. These skills could be taught alongside more general health promotion skills which are invaluable to delivering excellent nursing care. After all, nurses have a vital role in creating environments where patients feel able to express themselves and raise any concerns (Wills 2014).

2. Further detailed consideration of the role of the nurse and the student nurse in health promotion. There is an increasing recognition that students and registered nurses should embrace their role in health promotion and strive to 'Make Every Contact Count' (Bennett 2015). Sexual health should be included within this remit and requires the discussion of potentially difficult and sensitive topics. Yet there is currently little discussion in the literature about ways in which this should be achieved. Insensitive and poorly timed conversations will be unhelpful and students need to recognise their limitations in this complex area.

3. Before students can be expected to undertake this role, there is a clear need for role models.
Thus, a broad recommendation is to embed health promotion assessment into care settings by providing relevant tools and staff training. Training is vital as it greatly increases success in staff

delivering health promotion (Bickerstaffe 2013). Equally, further research may focus on larger studies of patient need and their expectations of nurses. In addition, there are barriers to identifying issues and healthcare professionals highlight a need for more education and training (Swift et al. 2013).

CONCLUSION

Providing holistic, person centred care is a central tenant of nursing (Manley et al. 2011, NMC 2015). However, there is no evidence that a holistic approach to sexual health is currently undertaken. Student nurses are not acting as holistic person-centred practitioners nor do they see qualified nurses acting as role models in this respect. If such an assessment is not undertaken, sexual health needs will not be identified; the consequences of which can range from failure to provide fundamental information about sexual health following routine surgery to the failure to identify and help those with a history of trauma or sexual exploitation, for whom contact with the health care professional might be the first opportunity for securing on-going support (Cooper 2014). This review has identified the complexities of approaching sexual health care, both in terms of knowledge required and associated embarrassment and stigma. This topic needs to be addressed by qualified nurses before we can realistically expect our students to engage with holistic care in this respect.

RELEVANCE TO CLINICAL PRACTICE

- Sexual health care is relevant in all clinical practice settings and not only expected in specialist areas.
- There is evidence that qualified staff and students find it difficult to engage with their patients about sexual health care.
- Students need qualified staff to role model effective care regarding sexual health.

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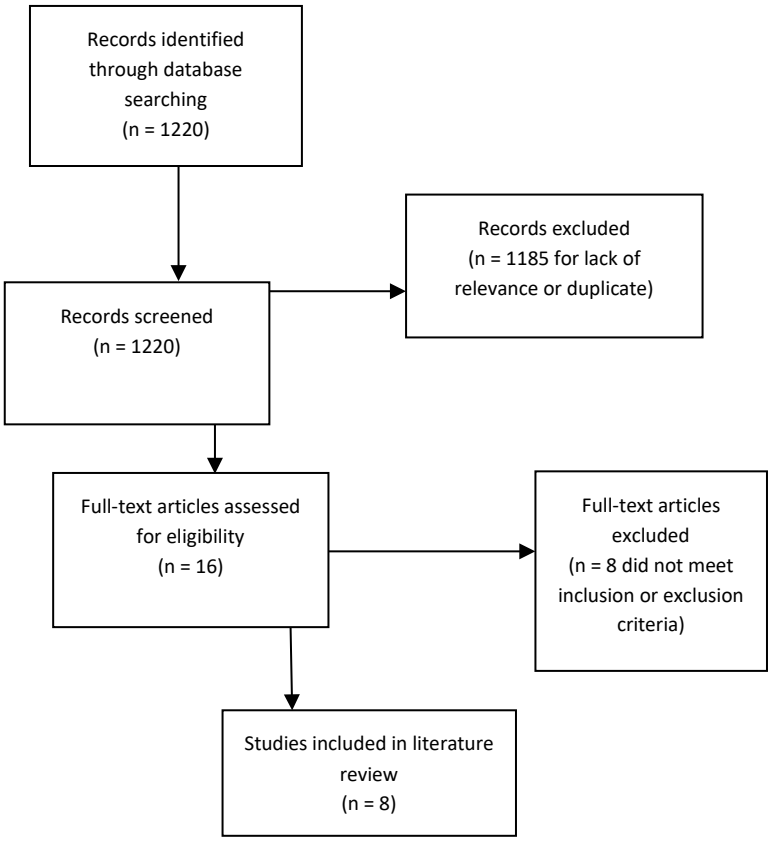

Figure 1: PRISMA diagram

Table Y – Main themes

Theme	Akinici et al, 2011	Bal and Sahiner, 2015	Bell and Bray, 2014	Dattilo and Brewer, 2005	Huang et al, 2013	Kong et al, 2009	Magnan and Norris, 2008	Sung et al, 2015
Student nurses report having a positive attitude towards sexual health care	✓	✓	✓		✓	✓	✓	
Student nurses felt uncomfortable about addressing sexual health	✓	✓	✓	✓	✓	✓	✓	
Student nurses are reluctant to initiate a conversation about sexual health		✓				✓	✓	
Student nurses lack knowledge about sexual health		✓	✓	✓		✓	✓	
Students lack role models at university and on clinical placement			✓	✓		✓		
Student nurses' care giving in relation to sexual health		✓		✓		✓	✓	✓

Table X								
Authors	**Title**	**Year of publication**	**Journal**	**Country**	**Design**	**Sample**	**Main findings**	**Strengths and Limitations**
Akinci, Yildiz, Zengin	The level of comfort among nursing students during sexual counseling to patients who have chronic medical conditions	2011	Sexuality and Disability	Turkey	Descriptive cross-sectional	n=161	More than half of the students reported being comfortable or slightly comfortable. Those that weren't: find initiating a conversation on future sexual problems with the patient inappropriate unless patient brings it up, nurses shouldn't talk about it routinely.	Limitations: use of non-validated questionnaire, narrow demographic range in terms of gender, age and religion. Strengths: Voluntary participation, authors acknowledge some weaknesses in the study, a Turkish perspective on this issue, all results shown.
Bal, Sahiner	Turkish nursing students' attitudes and beliefs regarding sexual health	2015	Sexuality and Disability	Turkey	Descriptive cross-sectional	n=155	Most of the study participants assumed most hospitalised patients lacked interest in sexuality due to their illness and 67.7% of nursing students studied did not feel comfortable talking about sexual issues. Sex education for the nursing students not satisfactory.	Limitations: Use of one small study population in one institution and country (A Turkish nursing school). Unclear whether sample size is adequate and whether it represents population. Narrow demographic range in terms of gender, age and religion. Quality of English means not all sentences very clear. Strengths: Use of a reliable and validated questionnaire (SABS).
Bell, Bray	The knowledge and attitudes of student nurses towards patients with sexually transmitted infections: Exploring changes to the curriculum	2014	Nurse Education in Practice	UK	Mixed methods - quantitative questionnaire and qualitative group data (n=12)	n=117 for questionnaire, n=12 for focus group	Those students who had increased educational input in relation to sexual health reported higher degrees of knowledge and demonstrated a more positive attitude towards patients with a sexually transmitted infection. Both cohorts of students identified that education in this subject area was essential to challenge negative attitudes and positively influence patient care.	Limitations: Study population from one University, small study population (especially for qualitative element), potential for many confounding factors, lack of third independent researcher. Strengths: Mixed methods approach, multiple student cohorts studied, authors acknowledge limitations.

Dattilo, Brewer	Assessing Clients' sexual health as a component of holistic nursing practice: senior nursing students share their experiences	2005	Journal of Holistic Nursing	USA	qualitative, phenomenological study	n=10	Common themes are: a) recognised sexual assessment as a component of holistic nursing b) experienced discomfort exploring clients' sexual health c) believed that sexual assessment was warranted only if related to the diagnosis and d) held that the assessment was less important than other assessments.	Limitations: Small sample size, lack of cultural diversity and male participants, study conducted in one location, more critical analysis of researchers' role would have benefited this study. Strengths: rich data, thematic analysis, limitations acknowledged by researchers.
Huang, Tsai, Tseng, Li, Lee	Nursing students' attitudes towards provision of sexual health care in clinical practice	2013	Journal of Clinical Nursing	Taiwan	Descriptive cross-sectional	n=146	Nursing students had different attitudes towards different levels of sexual health care in the Permission/Limited Information/Specific Suggestions/Intensive Therapy model. Attitudes were associated with age and gender. A better understanding of nurses' attitudes towards provisional sexual health care will provide information needed to develop appropriate education programmes to improve delivery of sexual health care.	Limitations: Use of convenience sampling, one country, assumption that all students would have same exposure to knowledge and clinical practice. Narrow age range of participants. Strengths: Use of a validated questionnaire (Nursing Attitudes in Sexual Health Care scale: NASHC), research in two institutions, excellent discussion and recommendations.
Kong, Wu, Loke	Nursing students' knowledge, attitude and readiness to work for clients with sexual health concerns	2009	Journal of Clinical Nursing	Hong Kong	cross-sectional survey	n=377	Knowledge was satisfactory. Students' readiness to participate in related activities was below satisfactory. Improvement needs to be made to education and clinical placement (role models needed).	Limitations: One study setting, query whether sample size is adequate, potential for Hawthorne effect. Strengths: Combining quantitative and qualitative data, use of a validated questionnaire (developed by study authors, not given a name in article), a sample that was representative in terms of gender, research assistants instead of teachers gave out questionnaires and conducted interviews.

Magnan, Norris	Nursing students' perceptions of barriers to addressing patient sexuality concerns	2008	Journal of Nursing Education	USA	cross-sectional study	n=341	Important barriers to addressing patient sexuality concerns reported by the majority of the students included: not making time to address the concerns (67.9%) and believing that patients do not expect nurses to address the concerns (66.4%).	Limitations: Lack of explicit ethical approval, lack of limitations section, small sample size, research in one location. Time lapse between data collection and study publication. Strengths: Paper and online questionnaire, diverse participants in terms of age, gender and year of study, acknowledgement of potential for social desirability response bias.
Sung, Huang, Lin	Relationship between the knowledge, attitude and self-efficacy on sexual health care for nursing students	2015	Journal of Professional Nursing	Taiwan	cross-sectional (self-report questionnaire)	n=190	Positive associations found between knowledge and attitude, knowledge and self-efficacy, and attitude and self-efficacy. Thus, nursing educators need not only provide students the knowledge and skills on sexual healthcare but also need to educate them about positive attitude on sexuality to enhance their efficacy to deal with the patients' sexuality maters in the future nursing practice.	Limitations: Small sample size, purposive sampling could lead to bias / confounding factors. Narrow age range of participants. Strengths: use of validated questionnaire (developed by authors, not given a name in the article), limitations acknowledged by authors.