



Renal Nurses Lived Experience of Discussions about Sexuality (The NEEDS Study)

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Significance of sexual dysfunction in kidney disease

■ A high number of patients with kidney disease have problems with sexual function:

- * Erectile dysfunction
- * Reduced libido and fertility
- * Menstrual abnormalities
- * Low testosterone
- * Decreased level of desire, arousal and the ability to reach orgasm
- * Poor body image and relationship difficulties.

(Vecchio 2010, Navantheethan 2010, Strippoli 2012, Frazao 2014)

Why does it matter?

- Renal patients have more depression, anxiety and psychosocial issues than the general population (Cukor 2007, Akman 2004)
- Psychosocial issues in patients with kidney disease predict poorer outcomes; increased risk of hospitalisation, death and initiation of dialysis (Heyadati, 2010).

Preparedness for talking about sexuality what does the literature say?

- Nurses too narrowly focussed on illness and Medication
- Not knowing how to take a sexual history
- Feeling unprepared to discuss sexual issues
- Language, and religion barriers to discussing sexuality.
- Lack of resources
- Not enough time, stress and poor working environments

(Quinn 2013, Kit Fong Kong 2006,
Ho 2006 and Saunamaki 2013)

Aim and Method

- To gain a greater understanding about the complexities of discussing sexuality with patients and to establish what support is needed to deliver this element of care.
- Semi structured interviews with renal nurses:
 - Understanding the participants thoughts and encourage deep reflection through discussion.

Questions

■ Open ended questions

- How would you describe the nurses role in discussing sexual issues with patients?
- Can you describe situations where you have had to discuss sexual issues with patients?
- What influences how you feel about having conversations with patients about sexuality?

■ Prompts

- How do you feel about that?
- Could you tell me more about that?

Results Theme 1

■ Uncertainty about role and scope.

- Confusion about roles

“In three years it (sexuality) has never come up, when they’ve been given their dialysis options, that’s when the conversation should start, that could be consultant led or by the home care team, they might also go to their GP”

- Undervaluing the importance of sexuality for patients.

“I think as people get older their sexual needs and habits are, less vigorous or less complicated. I have a lot of widowed patients and I don’t think it’s something that’s thought about” (Fiona SpRN).

Results Theme 2

■ Competing communication demands in a technological environment.

- The clock and the conveyor belt
- Frustration

“sometimes I have four patients to put on in an hour and a half, then I have to do the Epo ..Iron ... maybe monthly bloods” (Mark HDN).

Results Theme 3

■ Anxiety surrounding human connection

- Vulnerability
- Humour as a coping strategy

“He’ll joke about not being able to get it up, ... he’ll say ‘my legs are floppy and that’s not the only thing!’ ... you kind of laugh with him. I don’t know how seriously people take it because he’ll say it in such a jokey manner”(Jane HDN).

Results Theme 4

■ Feeling Unprepared

- Preparedness for intimate conversations

“If somebody said ... ‘my sex drive is a lot lower’ I wouldn’t know how to explain why that is, or what we can do, or the best person to go to, I don’t think I would help properly” (Jane HDN)

- Identifying role models.

“If I saw others doing it, that’s how I’d learn best; I just wouldn’t know where to start” (Jean HDN)

Conclusions

- Challenge to move beyond the superficial and humorous when discussing sexuality.
- A change in culture required.
- Shared goals.
- Clinical supervision and training which supports individual learning needs.
- More research.

What's next?

- Explore Therapeutic Intimacy and Communication in haemodialysis settings with patients, nurses and other members of the multi disciplinary team.

?Ethnography, Qualitative interviews and/or Focus groups.

Thank you! Any questions?

Please email me or tweet me your thoughts on:



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