INTRODUCTION

Problem
- Esmail, Knox, and Scott (2010) defined sexuality as a central aspect of being human throughout life and encompasses sex, gender identities, roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.
- Sexuality in general, is not a topic that is discussed effortlessly between rehabilitation practitioners and the people they seek to assist (Fronk, Kendall, Booth, Eugarde, Geraghty, 2011).
- If the rehabilitation plan of care is not addressing sexuality, then the plan is not representing a holistic quality of life.
- Rehabilitation health professionals have the responsibility to protect patients’ rights that support the sexual health of the person served.

Review of the Literature
- Literature supports the importance of the assessment of knowledge, comfort, approach and attitudes for an effective sexuality education.
- Westgreen & Levi (1999) concluded that none of the SCID female participants felt that they had received support or advice from the professional staff about sexuality.
- SCI health care providers who treat people with SCI report low levels of self-efficacy with regard to sexuality orientation diversity (Burch, 2008).
- After sexuality educational training, Fronk’s et al. (2005) all concluded that the use of an individualized assessment for sexuality training program was effective in development staff.

PICOT
Within the SCID interdisciplinary rehabilitation team (IDT) (P), how does the IDT training on sexuality care of the SCI patient (I) impact the care providers’ Knowledge, Comfort, Approach, and Attitudes toward sexuality (KCAASS) (Q) and subsequent documentation of sexuality care planning for SCI patients (O) during their inpatient stay over a three month time period (T)?

Objectives
- Use a larger sample representing the interdisciplinary population from multiple VHA SCID sites.
- Inclusion of sexuality and intimacy as part of the nursing competencies for SCID.
- Inclusion of patient sexual identity as part of the initial assessment for the plan of care.
- Maintain the inclusion of sexuality as an activity of daily living (ADL), part of the holistic patient-centered care plan.
- Inclusion of Sexuality and Intimacy as part of the annual SCID Summit.

MATERIALS AND METHODS

Design: Pre and post intervention questionnaire
Population: 29 SCID Interdisciplinary Team (IDT) members at least 18 years old, from any gender, race or ethnicity, off of orientation.

RESULTS

Improvement in Knowledge

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre</th>
<th>Post</th>
<th>Ties</th>
<th>p</th>
<th>ESB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>62</td>
<td>75</td>
<td>16</td>
<td>&lt;0.05</td>
<td>1.12</td>
</tr>
<tr>
<td>Comfort</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Approach</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Attitude</td>
<td>-</td>
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</tbody>
</table>

Improvement Post Intervention

Counts

<table>
<thead>
<tr>
<th>Measure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Boomer (born between 1946-1954)</td>
<td>0</td>
</tr>
<tr>
<td>Generation X (born between 1955-1960)</td>
<td>0</td>
</tr>
<tr>
<td>Generation Y/ Millennials (1981-2000)</td>
<td>0</td>
</tr>
</tbody>
</table>

CONCLUSIONS

These results indicate that the intervention had a large significant beneficial effect on the interdisciplinary team’s improving in knowledge, comfort, approach attitudes toward sexuality.

This post hoc analysis revealed that the majority of the statistically significant between generational scores pre and post intervention occurred between Baby Boomers and Generation Y/ Millennials.

The educational intervention provided was found to be statistically significant, in different components of the knowledge, comfort, attitudes and approach interdisciplinary intervention.

These findings support the importance of an assessment of the interdisciplinary team needs in relation to sexuality, in order to support a comprehensive, patient centered approach to care.

RECOMMENDATIONS

- Use a larger sample representing the interdisciplinary population from multiple VHA SCID sites.
- Inclusion of sexuality and intimacy as part of the nursing competencies for SCID.
- Inclusion of patient sexual identity as part of the initial assessment for the plan of care.
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REFERENCES


Conversely, there were not statistical significances with large effects in other KCAASS questions, (e.g. When you are changing a catheter the patient gets an erection (p = 0.529, A = 2.66).