

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 (Fronek, Kendall, Booth, Eugarde, Geraghty, 2011).
- If the rehabilitation plan of care is not addressing sexuality, then the plan is not representing a holistic reflection of 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 self-report low levels of self-efficacy with regard to sexual orientation diversity (Burch, 2008).
- After sexuality educational training, Fronek'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 SCID patient (I) impact the care providers' Knowledge, Comfort, Approach, and Attitudes toward sexuality (KCAASS) and subsequent documentation of sexuality care planning for SCID patients (O) during their inpatient stay over a three month time period (T)?

Objectives

- Improvement of 15 % of IDT's sexuality knowledge post intervention.
- Improvement of 15% of IDT sexuality comfort toward sexuality post intervention.
- Improvement of 15 % of IDT sexuality attitude and approach toward sexuality post intervention.
- Develop a sustainable source of education that support the SCID interdisciplinary team educational needs toward sexuality.

MATERIALS AND METHODS

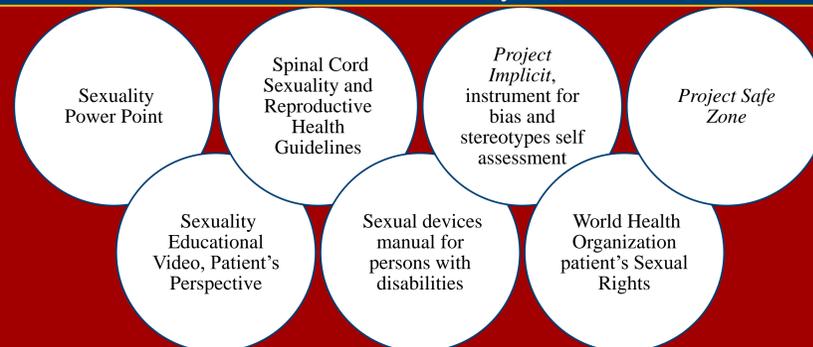
Design: Pre and post intervention questionnaire

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

Instrument: Knowledge, Comfort, Approach and Attitudes toward Sexuality Scale -KCAASS (Fronek, P., Booth, S., Kendall, M., Miller, D., & Gerathy, T. 2005).

Intervention:

SCID SharePoint Sexuality Education



Measures:

- Demographics: staff veteran's status, gender, generation, race/ ethnicity, discipline, years of experience in SCID.
- KCAASS pre and post educational intervention ordinal data analyzed using the Wilcoxon signed-ranks test with level of significance at $p \leq .05$.
- Vargha and Delaney (A) effect size measures utilized to determine the clinical significance of the KCAASS questions, using values of small (.56), medium (.64), and large (.71) effect size.
- Kruskal-Wallis H test determined if there were differences in scores between the participant's generations.

RESULTS

Knowledge	Pre	Post	Negative	Positive	Ties	pa	ESb
Sexual Anatomy and Physiology	n = 29	n = 29	2	14	13	.003	1.12
Comfort							
"When You are changing a catheter, the patient gets an erection"	n = 29	n = 29	4	3	22	.529	2.66
Approach							
Patient says: "Let's do it, I've got the double bed"	n = 29	n = 29	14	2	13	.001	1.12
Attitudes							
People with physical disability are not sexuality attractive to others	n = 29	n = 29	12	2	15	.008	1.29

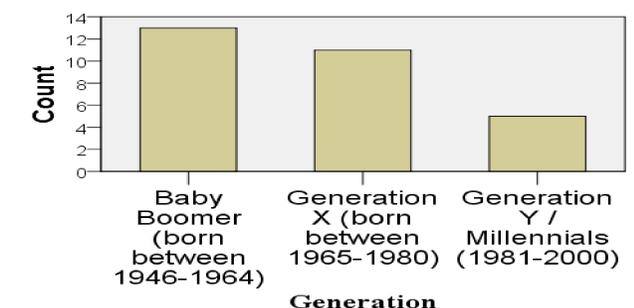
Results:

- Wilcoxon signed-ranks test revealed statistical significance with a large effect in multiple questions, like: knowledge, Anatomy and physiology question ($p = .003$, $A = 1.12$), approach, Patient says: "Let's do it, I've got the double bed" ($p = .001$, $A = 1.12$), attitudes, "People with disability are not sexually attractive to others" ($p = .008$, $A = 1.29$)
- 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 ($p = .529$, $A = 2.66$).

RESULTS

Improvement Post Intervention

Improvement in Knowledge	Improvement in Comfort	Improvement in Approach	Improvement in Attitudes
57%	38%	48%	30%



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 statistical significance 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.

RECOMENDATIONS

- 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.

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