

## Sexual Perception: An overlooked psychological barrier to nursing

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### ABSTRACT

**Objective:** Patient care is one of the most important functions of nursing. Nurses are responsible legally and ethically to take care of male patient without any discrimination. Sexuality perceptions and embarrassment effect negatively on intimate care particularly between male patients and female nurses. In this study we aimed to; determine nurses' attitudes, towards male patient and evaluate some factors that can improve this situation.

**Methodology:** This cross sectional study was performed from March-June 2009, in Gulhane Military Medical Academy School of Nursing. A total of 300 female nursing students voluntarily participated out of 310 students, and responded to the questionnaires. The questionnaire comprised of 29 questions 8 questions were about socio-demographic characteristics of participants, and 21 questions were about attitude towards male patient.

**Results:** Results showed that (71.3%) students indicated that performing any application to a male patient was as easy as performing on a female patient 78.3% indicated that same age male patients were the most difficult age group for taking care. Calculated attitude point of Year III students about body cleaning, rectal lavage, perineal cleansing, rectal tube application, and naso-gastric tube applications are higher than other students'. Similarly; the attitude was more positive among the students that chose their school intentionally, than others as regards taking care of a male patient which was considered as easy as performing to a female patient.

**Conclusion:** Many students have negative attitudes towards specific physical care needs of male patients, especially genital area related applications. Applied education methods, professionalism and providing ethical information and insight can resolve this gap.

**KEY WORDS:** Nursing, Sexual perception, Care, Male, Patient, Gender discrimination.

Pak J Med Sci January - March 2012 Vol. 28 No. 1 179-182

### How to cite this article:

Turk YZ, Turker T, Acikel C, Yasar M, Cetin M, Kilic S. Sexual Perception: An overlooked psychological barrier to nursing. Pak J Med Sci 2012;28(1):179-182

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- \* Received for Publication: November 23, 2010
- \* 1<sup>st</sup> Revision Received: December 4, 2010
- \* 2<sup>nd</sup> Revision Received: December 20, 2011
- \* Final Revision Received: December 25, 2011

### INTRODUCTION

Patient care is one of the most important function of nursing.<sup>1,2</sup> Nurses' responsibility is to take care to male patients without any discrimination. Given that nursing is a female dominated vocation world-wide<sup>3,4</sup> this may exacerbate the negative influences which are caused by nurses' negativity during the provision of genital care to male patients. Sexuality issues and embarrassment surrounded intimate care particularly between male patients and female nurses. Nurses use desexualization and distraction to cope with such situations.<sup>5</sup>

Cultural values effect this perception commonly, but studies show that almost in all countries these

perceptions exist, less or more.<sup>6</sup> For example; Xiang et al., investigated Chinese female nurses' psychological responses during the provision of care in the male private area. Nearly 90% of participants reported that they had many different psychological problems, for example, aversion and psychological strain, blushing, discomfort, and over 95% thought that it was more appropriate for male nurses to do these tasks.<sup>7</sup>

Nurses should perform their jobs without discriminations or gender preferences. In many countries gender discrimination in health services is banned by law.<sup>8,9</sup> In US, gender can be an occupational qualification criteria just for mental health care takers.<sup>10</sup>

In this study we aimed to determine female nurses' attitude towards male patients and evaluate some factors which can improve this situation.

## METHODOLOGY

This cross sectional study was performed from March-June 2009, in Gulhane Military Medical Academy School of Nursing. At the study time, school had 310 students. All students were female, 300 students voluntarily participated in the study and responded the questionnaires. We used a questionnaire form as data collecting tool. In the questionnaire form eight questions were about socio-demographic characteristics of participants, and 21 questions were about attitude towards male patient care. The self reported questionnaires were filled under observation. Results were evaluated by using SPSS for Windows V 15.0. As descriptive statistics, frequencies, and percentages for categorical variables and chi square tests were used to compare groups.<sup>11</sup>

Table-I: Opinions of participants about some patient care issues (Ankara, 2009).

		n	%
Have you chosen your school intentionally?	Yes	216	72.0
	No	84	28.0
Do you make gender discrimination between your patients?	Yes	13	4.3
	No	287	95.7
Is performing any application to a male patient as easy as performing to a female patient?	Yes	221	71.3
	No	86	28.7
Which is the most difficult age group for taking care?	Kids	27	9.0
	My peers	235	78.3
	Aged	38	12.7
Have you ever had a negative experience while giving care to male patient?	Yes	16	5.3
	No	284	94.7

## RESULTS

A total 300 nursing students had participated in this study. The largest group were 2nd grade students (28.3%). 38.7% of all participants reported their father education level as high school graduate, and this percentages was found 28.3% for mother education level. Most of the students lived in urban areas (62%). 22% of students declared that, they had at least one health professional in their family or their relatives. Although most of the students indicated that performing any application to a male patient was as easy as performing to a female patient (71.3%), 78.3% of them indicated that same age male patients were the most difficult age groups for taking care. Only 5.3% of students reported that they had negative experience (Table-I).

Year III students more commonly approve that, age of patient effects attitudes of nurses ( $p < 0.001$ ). No differences were found between grades about gender of patients, education level of patient, patient care environment, compliance of patient, and expression of patients ( $p > 0.05$ ) (Table-II).

Year III students had most negative attitude about body cleaning, rectal lavage, perineal cleaning, rectal tube application, and naso-gastric tube applications. These differences were statistically significant (Table-III).

Although the settlement places of students' family and having health service professional in family did not influence gender discrimination or care the students that chose their school intentionally indicated that they have more positive attitude about taking care of a male patient which was as easy as taking care of a female patient (Table-IV).

Table-II: Answers of students about factors that effect their attitude towards their patients by their grades (Ankara, 2009).

	1st grade	2nd grade	3rd grade	4th grade	p*
Gender of patient	3.6	4.7	3.0	7.7	0.101
Education level of patient	77.1	85.8	77.6	73.8	0.061
Age of patient	40.9	48.2	74.6	30.8	<0.001
Patient care environment	48.2	42.4	67.1	38.5	0.086
Compliance of patient	84.0	94.1	89.6	84.6	0.367
Expressions of patients	33.7	37.7	47.8	36.9	0.512

\* Chi square test

Table-III: Attitudes of students by their grades about delivery of care (Ankara, 2009).

Applications	1st grade	2nd grade	3rd grade	4th grade	p*
Urinary catheter applications	22.9	17.6	31.3	23.1	0.287
Body cleansing	20.5	11.8	29.8	16.9	0.012
Rectal lavage	27.7	12.9	35.8	24.7	0.006
Perennial cleansing	25.3	15.3	49.2	27.2	<0.001
Mouth care	7.2	2.4	3.0	1.5	0.180
Rectal tube application	16.9	10.6	32.9	26.1	0.004
Nasogastric tube	18.1	3.6	4.5	0.0	<0.001
Hair cleansing	4.8	1.2	1.5	0.0	0.585
Intramuscular injection on back	6.0	1.2	1.5	1.5	0.490

\* Chi square test

## DISCUSSION

Although there are some studies about gender role and nursing in Turkey, this study is a unique on this topic? Most existing studies are about gender of care deliverer from patient. New aspects have been studied from nurses perception. In this study new findings have been added from nursing point of view.

According to Tortumluoglu, gender is an important issue in nursing, and this situation has transcultural status. She opined that in many countries gender of caregiver effect health care quality, and sharing of responsibility about self care.<sup>6</sup> Another aspect of this issue is patients' opinions. Ozbasaran found that, 63.2% of patients indicated that the gender of the physician was not important but 72.8% of them preferred a female nurse. Almost all female patients indicated that they prefer female nurses. A correlation between patient gender and nurse gender choice was found.<sup>12</sup>

Steinke and Patterson found that just 15% of nurses give information to their patients about sexual issues.<sup>13</sup> In Turkey, Yildiz and Pinar found that 97.1% patients didn't give information about sexuality even if they need.<sup>14</sup> However, some authors have pointed out lack of time as an important factor. This finding support that both nurses and patients like each other gender. In our study, 95.7% of nurse students indicated that performing any application to a male patient was more difficult than performing to a female patient. Moreover, 73.3% of them thought they made gender discrimination among their patient for some care practices.

This study suggests that, similar to the student nurses in many countries<sup>15-17</sup>, Turkish female nurses

Table-IV: Evaluation of some possible variables that effected gender discrimination and provision of care (Ankara, 2009).

Is gender of your patients a problem for you?		Yes n (%)	No n (%)	p*
Family settlement	Village	1 (4.2)	23 (95.8)	0.483
	Country	2 (2.2)	88 (97.8)	
	Urban area	10 (5.4)	176 (94.6)	
Health professional in family	Yes	48 (72.7)	18 (27.3)	0.777
	No	166 (70.9)	68 (29.1)	
Have you chosen your school intentionally?	Yes	158 (73.1)	58 (26.9)	0.265
	No	56 (66.7)	28 (33.3)	
Have you ever had a negative experience while taking care of male patient?	Yes	14 (87.5)	2 (12.5)	0.167**
	No	200 (70.4)	84 (29.6)	

  

Is performing any application to a male patient as easy as performing to a female patient?		Yes n (%)	No n (%)	p*
Family settlement	Village	15 (62.5)	9 (37.5)	0.232
	Country	60 (66.7)	30 (33.3)	
	Urban area	139 (74.7)	47 (25.3)	
Health professional in family	Yes	1 (1.5)	65 (98.5)	0.203**
	No	12 (5.1)	222 (94.9)	
Have you chosen your school intentionally?	Yes	5 (2.3)	211 (97.7)	0.006
	No	8 (9.5)	76 (90.5)	
Have you ever had a negative experience while taking care to male patient?	Yes	1 (6.3)	15 (93.7)	0.517**
	No	12 (4.2)	272 (95.8)	

\* Chi square test \*\*Fischer's exact test

may perceive some care activities as embarrassing. Zang et al, found that Chinese female nurses indicated that they felt stressed about genital care, mental cleansing, pubic area shaving, perennial hygiene, urinary catheter removal, and urinary catheterization.<sup>18,19</sup> In our study, nurse students expressed that; they have difficulties about perennial cleansing (28.3%), rectal lavage (24.6%) and urinary catheter (23.4%) applications. These results suggest that this is a transcultural issue. As Chur Hansen and Pomfret noted the technical difficulties may influence nurses' perceptions (for example urinary catheter applications).<sup>17,20</sup>

In many studies, it was found that nurses may regard perineal cleaning, urinary catheterization etc. as dirty, stigmatizing, sexual, and intimate.<sup>15,21-23</sup> This study examined attitudes of nursing students to various applications. However 78.3 % of students reported that peers were the most difficult male age groups for delivering care. This finding could support sexual perception. Attendants indicated that taking care of kids and old groups was easier than peers. Hweidi at al, found same results in Jordanian nurses.<sup>24</sup>

One of the most remarkable results of this study is that 'year III students' attitudes and perceptions were more negative than others. The clinical prac-

tices started at year III in the school when the study was carried out. Before this grade curriculum included theoretical lectures and some observations at clinics. After 3rd year student had started to work as a trainee. During this period, students may behave differently. After this period, as a result of development of professionalism, the perception problem may be reduced. After all taking care of patient is not only a professional, but also an ethical issue. However in this study ethical aspects of the event wasn't considered.

Moreover, it was the first study on this topic, hence it had some limitations. First of all, there wasn't any valid and reliable scale to measure nurse students' attitudes and we didn't attempt to develop a new one. Secondary, re-test could not be applied again. Additionally, this study was performed among nurse students. Attitudes can change after graduation and gaining professionalism. Study can be repeated among these groups.

This study focused on female nurse students attitudes towards male patients. Many students have negative attitudes towards male patients, especially genital area related applications. These findings cannot be explained by just conservative local culture. According to literature this situation has a trans cultural characteristic. Students negative attitudes are changing after they gain same experience. Applied education methods and providing ethical information can help improve this situation.

## ACKNOWLEDGEMENT

The authors would like to thank Pelin Bahadır, Nursemin Unal, Ozge Guzel for their assistance during data collection.

## REFERENCES

1. Karagozoglu S. Nursing as a scientific discipline. Cumhuriyet University J School of Nursing 2005;9:6-19. (Turkish)
2. Ellis J, Hartley C. Nursing in today's world: Trends, issues & management: Lippincott Williams & Wilkins. 2004.
3. Anthony A. Retaining Men in Nursing--Our Role as Nurse Educators. Annual Review of Nursing Education: Innovations in Curriculum, Teaching, and Student and Faculty Development, 2005: 211.
4. Evans J. Men nurses: A historical and feminist perspective. J Adv. Nurs. 2004;47:321-328.
5. Edwards S. An anthropological interpretation of nurses' and patients' perceptions of the use of space and touch. J Adv Nurs. 1998;28(4):809-817.
6. Tortumluoglu G. Transcultural nursing and cultural care models, Cumhuriyet University J School of Nursing. 2004;8:47-57. (Turkish).
7. Xiang H, Dong XLL. Investigation on female nurses' mental state of male patients while manipulating their privacy. J Nurs Sci. 2004;19:6-8.
8. Hendrick J. Law and ethics in nursing and health care: Nelson Thornes. 2000.
9. Rumbold G. Ethics in nursing practice: Bailliere-Tindale. 1999.
10. Staunton P, Chiarella M. Nursing & the law: Churchill Livingstone, Sydney; Edinburgh. 2004.
11. Acikel CH, Kilic S. Selecting Statistical Methods in Medical Researches. TAF Preventive Medicine Bulletin. 2004;3(7):162-163.
12. Ozbasaran F, Taspinar A, Cakmakci A. What are patients think about the Gel/der of the people W/w look after them? Ataturk University, J Nursing School 2002;5:62-68. (Turkish)
13. Steinke E, Patterson P. Sexual counseling of MI patients by cardiac nurses. J Cardiovascular Nursing. 1995;10(1):81-87.
14. Yildiz H, Pinar R. Sexual dysfunction in patients with myocardial infarction. Anadolu kardiyoloji dergisi: Anatolian J Cardiology. 2004;4:309-317.
15. Seed A. Crossing the boundaries--experiences of neophyte nurses. J Adv Nurs. 1995;21:1136-1143.
16. Wolf ZR, Bender PJ, Beitz JM, Wieland DM, Vito KO. Strengths and weaknesses of faculty teaching performance reported by undergraduate and graduate nursing students: A descriptive study. J Professional Nursing. 2004;20:118-128.
17. Pomfret I. Urinary catheters: selection, management and prevention of infection. British J Community Nursing. 2000;5(1):6-13
18. Zang Y, Chung L, Wong T. A review of the psychosocial issues for nurses in male genitalia-related care. J Clin Nurs. 2008;17:983-998.
19. Zang Y, Chung L, Wong T, Chan M. Chinese female nurses' perceptions of male genitalia-related care-Part 2. J Clin Nurs. 2009;18:826-837.
20. Chur-Hansen A. Preferences for female and male nurses: The role of age, gender and previous experience. J Adv Nurs. 2002;37:192-198.
21. Williams A. A literature review on the concept of intimacy in nursing. J Adv Nurs. 2001;33:660-667.
22. Twigg J. Carework as a form of bodywork. Ageing and Society. 2000;20:389-411.
23. Jervis L. Working in and around the chain of command': Power relations among nursing staff in an urban nursing home. Nursing Inquiry. 2002;9:12-23.
24. Hweidi I, Al-Obeisat S. Jordanian nursing students' attitudes toward the elderly. Nurse Education Today. 2006;26:23-30.