

Women sexuality in nursing appointments: potencialities and limits

A sexualidade feminina na consulta de enfermagem: potencialidades e limites

La sexualidad femenina en la consulta de enfermería: potenciales y limites

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Abstract: Objective: to identify the potencialities, limits and necessities related to women sexuality during nursing appointments. **Method:** it is a quantitative and descriptive study from a qualitative view, performed with 14 nurses actives in Family Health Strategies, from a town in the south of Minas Gerais. **Results:** the attendance in nursing appointments, the stablished bond and professional experience were considered potencialities; the limits were: the first approach to the subject, the existence of taboos and cultural aspects and the burocratic roles of the nurse. It is noticed, as necessities, a greater professional training, population orientation and the implementation of public policies, programs and protocols. **Conclusion:** in order to promote women health it is necessary a more mindful and safer look of the nurse, whereas sexuality should be seen as an inseparable part of women life.

Descriptors: Sexuality; Nursing; Women's health; Family health strategy; Nursing Appointments

Resumo: Objetivo: identificar as potencialidades, limites e necessidades relacionadas à sexualidade de mulheres durante a consulta de enfermagem. **Método:** estudo descritivo e exploratório, de abordagem qualitativa, realizado com 14 enfermeiras atuantes em Estratégias de Saúde da Família, de um município do Sul de Minas Gerais. **Resultados:** a assiduidade nas consultas de enfermagem, o vínculo estabelecido e a experiência profissional foram

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considerados potencialidades; os limites foram: a primeira abordagem do assunto, a existência de tabus e questões culturais e as funções burocráticas do enfermeiro. Perceberam-se, como necessidades, uma maior capacitação profissional, a orientação da população e a implementação de políticas públicas, programas e protocolos. **Conclusão:** para promover a saúde da mulher é necessário um olhar mais atento e seguro do enfermeiro, pois a sexualidade deve ser vista como parte indissociável da vida feminina.

Descritores: Sexualidade; Enfermagem; Saúde da mulher; Estratégia de saúde da família; Consulta de enfermagem

Resumen: **Objetivo:** identificar los potenciales, límites y necesidades relacionadas a la sexualidad de mujeres durante la consulta de enfermería. **Método:** estudio descriptivo y exploratorio, con enfoque cualitativo, realizado con 14 enfermeras que trabajan en Estrategias de Salud Familiar, en un municipio del Sur de Minas Gerais. **Resultados:** la asistencia en consultas de enfermería, el vínculo establecido y la experiencia profesional se consideraron potenciales; los límites fueron: El primer acercamiento al asunto, la existencia de tabúes y cuestiones culturales y las funciones burocráticas del enfermero(a). Se percibió como necesidades, una mayor capacitación profesional, orientación a la población y la implementación de políticas, programas y protocolos. **Conclusión:** para promover la salud de las mujeres, es necesario que el enfermero(a) sea muy meticuloso, ya que la sexualidad debe verse como una parte inseparable de la vida femenina.

Descriptores: Sexualidad; Enfermería; Salud de la mujer; Estrategia de salud familiar; Consulta de enfermería

Introduction

Human sexuality is a continuous process which comprehends biological, psychic, social, cultural and historical aspects, configuring itself to a complex dimension in human life, not only restricted to reproductive goal, but also composed by romantical relations and the affective bond between people, and this may directly intervene in self-esteem, body image, interpersonal relations and physical health in general. In the early decades of the 20th century, women health was incorporated to national health policy, the implemented programs were still dedicated to pregnancy assistance and child-delivery. Thus, the ministry of health launched the Women Health Integral Assistance Program, and that constituted a historical mark, since it introduced a new standpoint in health public policies, suggesting a global approach to women health in all phases of their life cycle.¹⁻³

It is notorious that sexuality and reproductive health are the main issues in brazilian politics, it is clear that the situation related to sexual reproductive rights has not progressed enough, turning itself into important aspects of a women's health integral approach.⁴ Therefore,

nursing appointment is crucial, as seen that instituted communication will provide the establishment of a trusting bond, besides providing to the user an assistance that brings forth health, autonomy and co-responsabilization in better life quality and health promotion.⁵⁻⁶

Upon so much progress and information access, women sexuality still remains suppressed, and nursing professionals go through barrels as taboo, preconcept and difficulties to approach the subject. It is understood that this professional has a fundamental role so that these women cut free from their existent fears and taboos about sexuality. Besides, nursing should establish itself as a caregiving occupation, which develops complex actions, ruled by a practice of inclusion, wholeness and efficiency.⁷⁻⁹

In this context, this study is justified by means of contribution to building scientific knowledge in women sexuality approach during nursing appointments, and the research question is: What are the potentialities, limits and necessities related to women sexuality during nursing appointments? That said, this study has the objective to indentify the potentialities, limits and necessities related to women sexuality during nursing appointments.

Method

This is a quantitative and descriptive study from a qualitative view, fulfilled within 14 Family Health Strategies unities with the participation of 14 nurses who acted on nursing appointments with at least 6 months experience due to rearing up and bonding with population. The forthcoming with the nurses happened, at first, by scheduling the interview through phonecall. As of the nurses acceptance to participate in this research, it was solicited their signing in a Free Informed Consent Form, then initiating the half structured interview at the Family Health Strategies. In order to safeguard the nurses identities it was used their abbreviation and a color codiname, chosen by the interviewed.

Data gathering happened between November 2016 and January 2017, by means of interview, taking average 30 minutes long, which happened in the afternoon in a reserved room at the Family Health Strategies, being used a instrument that gathered the nurses description data and two guiding questions: "What are the easiness and the difficulties to develop a qualified assistance to women towards sexuality in nursing appointment?" and "what do you think is important to make nursing appointment better concerning women sexuality?" The population description instrument approached the following sociodemographic variables: date of birth, gender, marital situation, religion, time working at the unity, work regime and specialization.

The interviews were recorded at a Samsung Galaxy S5 new edition cellphone device and the study's process of analysis started with their authentic transcriptions, being lately organized in categories, and codified by colors. The testimony of each participant was identified by initials Nur. (Nurse), followed by color, to safeguard the anonymity.

Data was analyzed content analysis method¹⁰. To analyze data from the guiding questions, the following steps were taken: preview-analysis, interview exploration, of which emerged thematic categories, and results analysis. It was obtained the thematic categories: "Facilities found in nursing appointment towards women sexuality", "Difficulties found in nursing appointment towards women sexuality", "Necessities to improve nursing appointment towards women sexuality", they were posteriorly argued between themselves and with the literature.

The study complied with the etical aspects of the National Health Council 455/2012 Resolution, and the project was approved by the Federal University of Alfenas' Research Ethics Committee, on October 13th, 2016, under feedback number 1.775.386, CAAE: 60755216.2.0000.5142 and authorized by the Municipal Health Secretary, the research was fulfilled by signing the intititional authorization form.

Results

14 nurses from the investigated town's FHS (Family Health Strategies) were interviewed. As about the age group, six participants were between 30 and 39 years old, three between 40 and 49 years old, and five between 50 and 59 years old. As about the marital status, four were single, six were married or lived with a partner, and four were separated or divorced. As about religion, nine were catholics and five were christians.

As about the active time, of the 14 nurses interviewed, six worked at the FHS for less than 10 years, and seven said to be acting in this field between 6 to 11 years. All of them worked 40 hours weekly and one of them had more than one job. They all had specialization on some area, seven of those being Family Health.

In order to identify the potentialities and limits to work the qualified nursing appointment, towards sexuality and the needs to improve it at the Family Health Strategies in a town in the south of Minas Gerais, the following tematics categories were established:

Facilities found in nursing appointment towards women sexuality

The approach on women sexuality during nursing appointments at the FHS unities was realized as a potentiality particularly at the time of preventive examination for cervical cancer. It is advisable to notice that the age group and the PCC (Prevention of Cervical Cancer) positively and directly intervene in the woman's consulting, as it can be shown in the excerpts:

I have a grater easiness to approach sexuality with adult women, around their 40, 50 years old, because they have the need to talk about how is their sexual life and as I have a wide open method to pick the preventive exam, I let them speak freely, and like this I am able to keep the exchange and the talk. (Nur. Green)

The greater easiness I use is talking during the preventive, it's the time we have[...]. (Nur. Blue)

It is highlighted the bonding with the patient through communication and active hearing, through time set apart for women and through familiarity. The nurses punctuated that they understand this freedom and openness that they have to talk about sexuality establishes this proximity, but also trust because of previous handlings with the population:

Whatever they don't have the freedom to talk to their mothers, friends and doctors, they come and talk to me. I am open to their speech, it's the beginning of a bond [...]. (Nur. Red)

She trusted me because she's had a previous treatment with me, people that have had sexual life for longer and started it early, see this with naturality, they speak freely. (Nur. Pink)

I am very outgoing, I guess I let them feel truly free! As we have a long time of good acquaintanceship with the population they already talk about what they feel [...]. (Nur. Brown)

The professional experience and how it is used on treating women regarding their sexuality is primordial to communicate safety and professionalism during the nursing appointment, by the way. it is part of a holistic assistance for women. The worries about what women think about the professional experience were pointed out by the nurses concerning the need to show a knowledge baggage and how much the practice helps in assistance as time goes, thus:

Experience and our age. There are things we don't learn in college, learn in day by day practice and the people you approach and life itself, the experience baggage helps a lot [...]. (Nur. Pink)

A nurse needs experience, when we start working, at the beginning, we face fear and insecurities, but we learn and get better, passing on confidence to the patient. (Nur. Brown)

Difficulties found in nursing appointments towards women sexuality

The difficulties related to women sexuality during nursing appointment were highlighted in the approach of the subject with them right at the first contact, that meaning the first appointment, with different women life cycles stages as with the married as with the really young:

I see it as a difficulty, when it's the first appointment with the professional. They may even have some difficulty or questions, and they don't ask, they rather say it's everything fine, i believe this is because it's ther first time going, or they have a different religion, just don't feel comfortable to approach this kind of questioning. (Nur. Pink)

One of the things that worries me a lot, especially with married women, is to refuse having sexual relations with their partners, and I don't know how to deal with this situation. I advice going to a gynecologist or to a psychologist. When I treat an underaged girl, that comes alone, I then get worried, afraid, about what to inform, what can I say, or even how far can I go. (Nur. Brown)

Another point identified as difficulty is about taboo, cultural aspects and the lack of approach about the subject in the schools and families.

I verify the cultural aspect may impose difficulties, because many times a woman understands she has to have a sexual relation just to satisfy someone else, not thinking about her own desires. Sexuality is complicated for women, because it's taboo, she is ashmed of her body and she is afraid! There's submission in sex, if the partner wants, the woman doesn't, but she has to give in [...] sexuality is spoken about at school but still restricted, family had to talk a bit more, since the stage when starts the 'whys' [...]. (Nur. Red)

Because a lot of women are raised in a way which everything is a sin, it's forbidden, not allowed and the man is allowed everything [...]. (Nur. Green)

And it is also highlighted the difficulties that come from the great demand and the burocratic aspects of a nurse's role

It is hard to work this theme, because it is a very big population, there are almost 10,000 people in this area. In primary attention, it is a subject that should be approached with more time [...] to have a lot more time with the patient to talk about it. (Nur. Red)

It is a daily struggle, so many things coming in, such a system to feed, that sometimes assistance is indeed left out. (Nur. Off White)

Necessities to improve nursing appointment towards women sexuality

There is a necessity of professional capacitation regarding sexuality, and this as of age group multifactorial form to accomplish integral assistance to women health, as well as the importance of instruments to guide the counseling:

I think there should be a better capacitation about the subject, so we could counsel better the patients. To know what are the points that must be approached, spoken about during the appointments, about the age range to prioritize. (Nur. Pink)

It would be interesting if the town dedicated a kinder look to the assistance for the patients that arrives to the appointments. And that professionals looked for a capacitation to improve their approach to these women. (Nur. Purple)

I still believe it's required capacitation! Planning is necessary. If you are going to work with instruments to guide counseling, so you can approach, then what instrument would that be; or are we going to plan this instrument because when you make this guided assistance, you just come and approach the subject, sometimes it gets easier [...]. (Nur. Yellow)

It is verified that education/orientation as an strategy to improve assistance, by means of lectures, workshops on sexuality, operatives groups with teenagers at schools and with women in different age ranges, to establish experience exchange and greater proximity to nursing so of being able to work prevention:

Maybe more lectures, because here there is a more individual approach, we don't have time to the collective you know, I think that sometimes collective, this

approach would be easier. I think it would be good a health education [...]. (Nur. Off White)

Perhaps sexuality workshops, operative groups, to work with teenagers, because I say that today we are working on damage control and reduction, they have a sexual life very early, so we have to be close somehow to explain the importance of controlling future damages in these young girls' lifes. So, if they are not able to follow my orientation here, perhaps it would be interesting to try associating them to an operative group. It would be girls sharing experience. I believe that would solve this problem. (Nur. Grey)

The basic unity has to work the preventive part with the women, has to make a women's group, lectures regarding women sexuality [...]. (Nur. White)

To have groups which make demonstrations and may go to the schools and lecture, I think it would be good. (Nur. Golden)

It would be interesting to work with a group of women for the purpose of getting to know what are their doubts about sexuality, their taboos, what are their difficulties regarding their partners, during the intercourse, that were from the same age group, so we would be dealing with variable situations. (Nur. Red)

The nurse as a facilitating agent, during nursing assistance to women, practices an important function to provide information regarding sexuality, not only on sexual scope, but multifactorial, which includes spiritual, physical, social and moral aspects. Besides the fact there is a knowledge shortfall regarding orientations about human sexuality. This professional may act as a counsel to different questionings about the subject, but in the appointments it is seen most assistance focused just on intercourse:

I offer them the gel, because many suffer from vaginal dryness. I try to give orientation towards what she can do, to get herself stimulated, I talk about preliminaries, and what she can do to make the sexual relation better [...]. (Nur. Blue)

I counsel the use of lubricants, and in last case I refer to the doctor so of he proposes hormonal replacement. Basically, these are the orientations. (Nur. Off White)

To guide the patient to search for new experiences with her partner, trying to escape sameness, so she improves her pleasure during the intercourse. The routine ends up outwearing. Depending on the complaint we continue on that approach [...]. (Nur. Pink)

Ultimately, it is necessary to realize that sexuality is worked on multifactorial context, as well as in professional procedure to ensure integral approach to women health.

I believe there should be more implemented activities to women health, to supply their demands, as groups, workshops, discussion meetings, that includes different age groups [...]. (Nur. White)

One of the things I believe it's important is to change the FHS opening hours to assist more women, maybe once a week, at night, until 8 p.m. [...]. (Nur. Brown)

Discussion

The nurse has a central role in nursing appointment and PCC collecting, because the focus during the appointment is not only the main complaint or the women routine exams. Therefore, this moment is used for a qualified hearing, carrying out orientation and information, bonding and trusting each other.

This is the context where the nurse is a health and well-being generator to women, because in this appointment the nurse has the opportunity to listen to the woman, to understand the difficulties she faces, if she feels safe, confident and peaceful; it is also part of the job to fulfill integral support to the women who look for the health unity, in all stages of the vital cycle, paying attention to the transformations still happening in order to break rules or taboos together, so they can enjoy all types of pleasures and feelings.¹¹⁻¹²

The bond between nurse and patient helps establish a horizontal relation of hosting, sensible hearing, conversation and guiding, showing interest on the women's complaints and doubts, which contributes to the establishment and fortification of the bond. Thus, nursing wishes to have in this moment an opportunity for appreciation of each patient, contributing to

the establishment of mutual reponsabilization for the produced care and also bringing an easiness to discuss sexuality subject.¹³

It was also possible to deduce that building up a professional identity happens throughout the career. Although, showing typical occupation features and having experience, showing confidence, professionalism and knowledge, helps the approach towards women.

The nurse, in their responsibility context, presents commitment to knowledge and action in their professional practice. In this context, it is noteworthy the understandig and appreciation of the multiple relations that permeate the process of communication and interaction in caring and facing the challenge of being an agent of change, adopting a practice based on sensible communication, in way that builds up a strong and trustworthy relation with the patients, contributing to the installment of a humanized assistance.¹⁴

Studies match the findigs, highlighting that the sexuality subject still is slightly discussed or not debated in several stages of the vital cycle, the influence of culture on women education and family conduct towards sexuality influences on the difficulty to approach this subjetc at the appointment. The refer to other preffessionals is common facing the demands regarding women sexuality, when this theme cannot be understood or solved by the nurse. It is noteworthy too that, in their professional practice, they do not find the means to discuss sexuality or sexual health because there are gaps in qualification, conservative attitudes derivated from the absence of knowledge about the subject and how to approach it.¹⁵⁻¹⁶

Researches point that even nowadays, to discuss sexuality is to face common taboos originated from the received education, lack of information or personal opnion. Most women show retraction towards questions about sexual health/sexual relations. This happens because of social constructed cultural barrels involving women and their sexuality, and also due to detachment from this theme at primary attention in nursing appointments. Besides, the lack of

a school sexual education and familiar context are one of the probable causes of the lack of knowledge regarding sexuality.¹⁷⁻¹⁸

It is considered that nursing may collaborate to eliminate some sexuality myths, however, these professionals many times do not feel prepared to deal with the subject. In this context, it is valid to exist activities, programs and orientations about sexual education in the several social and educational scenarios, so that this theme be discussed in a natural way among society. This way, women sexuality may be approached by nurses, not only in the biological aspect but as well in other aspects and values, establishing a trustworthy bond with the patients.¹⁹⁻²⁰

In order to facilitate the handling of sexuality during an assistance, it is necessary the use of instruments, protocols, orientation scripts and educational programs. Another satisfactory strategy to help in this process is health education and the creation of operative groups in the schools too, with purpose of promoting the right education to students, parents and employees about sexuality and the deconstruction of prejudice regarding this subject.²¹ It is important that family and community also develop a part in sexual counseling, with information about sexuality and the positive aspects of sex.²²⁻²³

Another question regards the short break between assistance to a patient and other bureaucratic and technical activities that consume a lot of time. Thus, should be considered activity planning to achieve time optimization determining the priority actions using, for example, the Nursing Assistance Sistematization (NAS), in a way that nursing care be fitting, individualized and effective. The population demand and the lack of time are relevant complaints and act as barrels compromising the nursing assistance.^{12,24}

However, nurses try to solve the women's demands and situations they suffer from. So of it is up to them to use the available resources which may help the sexual relation,¹⁶ for example, the prescription or indication to use gel lubricant, allowing a more satisfactory sexual experience.

Finally, the study highlighted the need to develop specific policies regarding sexuality in the town, despite the creation of new programs. Besides, an adaptation of the unity opening hours, looking at improvement of access, just as well as health education towards the subject.

Final considerations

Nursing appointments are relevant in the Family Health Strategies due to the fact the nurse the team bonding element and is qualified to assist women in the coverage area, including teenagers, adults, pregnant and puerperal women, climacteric and elderly, strengthening their professional autonomy and promoting welcoming that facilitates their access to the services, fortifying the bond and creating a more embracing and resolute evaluation.

The study's participants nurses listed as potentialities the realization of the preventive exam, once it helps communication between patient and professional. They also claim that an existent bond favors the sexuality approach, concomitantly it allows an active hearing.

The noticed limits in nursing appointments are about gynecological, social, pshycological and, specially, sexuality issues right in the first appointment, and difficulty highes up when concerning married women or young girls. Another difficulties found out were the taboos and religious influence questioning, short appointments time, facing the job's demands, the excess of burocratic issues intervenc on integral assistance, besides insecurities and the lack of professional qualification.

The interviewd professionals suggests the need to improve the nursing appointments quality, which can be achieved through professional qualification, health education and orientation, time managment to organize operative groups in the community, specially among young women, and partnerships with schools/universities to a more in-depth educations, besides also extending the health unities opening hours. Thereby, offering to women, during the

nursing appointment, an integral, qualified and humanized attention, ethical and respectful, approaching all phases of the vital cycle, putting them as the main element in an assistance.

However, it is noteworthy that the study is limited by the number of interviewed nurses, when realized in only one town. It is advised that new researches be conducted with a bigger number of nurses, towns and different regions, with distinct cultural contexts, so of to obtain broaden results, multiple visions. Furthermore, the shortage of developed investigations regarding nursing appointments, specifically towards women sexuality, as well as presenting as limitation to discussion of collected data is propellant fact to development of new findings. Knowledge about this subject on different regions with such cultural background and still so far from health professional eyes is fundamental to think about an efficient assistance to these women.

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