Sexuality is an intrinsic characteristic of all humans, which is multifactorial and encompasses aspects of the physical, social, spiritual, and moral person. It is an important aspect of the human experience and comprises a portion of how people view themselves. Patients, even if they are ill, still are sexual beings and nurses must open communication about sexuality and sexual problems. If nurses are to treat the whole person, sexuality issues must be addressed. It is important to address these issues because sexual dysfunction is a prevalent problem. In a study of approximately 3,000 men and women, Laumann, Paik, and Rosen (1999) found that greater than 30% of men and over 40% of women reported sexual dysfunction. With the advent of new therapies for both men and women, now more than ever, it is the health care clinician’s responsibility to identify sexual problems and facilitate patients in finding appropriate treatment options.

Barriers to Discussing Sexuality

Unfortunately, often times sexual health issues are not addressed by health care clinicians, and patients do not always feel comfortable initiating discussion about these issues (Araujo, Durante, Feldman, Goldstein, & McKinlay, 1998; Baldwin, Ginsberg, & Harkaway, 2000). It is important to identify some of the barriers to dealing with sexuality, to understand why sexual issues are not always dealt with. Maurice (1999) identified some of the barriers as a fear of being offensive to patients, fear of legal ramifications, lack of knowledge about treatment options and what to do with the patients’ answers, and a perception that there is no need to ask about sexual problems. Clinicians do not feel comfortable exploring patients’ problems for which they have no knowledge base for solutions. Even in the urology clinic, sexual issues may not be addressed (Araujo et al., 1998), possibly related to the time it takes to evaluate and treat the problems. Although the reasons for not identifying sexual issues are varied, it is crucial that clinicians ask about and identify sexual problems in an effort to treat patients holistically. Once these problems are identified, patients can be referred to an expert in the treatment of sexual dysfunction.

How Should Clinicians Approach Patients?

Annon (1974) first described the model many clinicians use to approach sexual issues as the PLISSIT (Permission, Limited Information, Specific Suggestions, and Intensive Therapy) model. This approach to patients begins with asking for and giving permission (the P in the model) to the patient to discuss sexual concerns. Giving permission opens the channels of communication and legitimizes the patient’s concerns. Next the clinician gives specific limited information (the LI in the model) about sexuality. This information may include normal anatomy and physiology, dispelling myths about sexuality, and discussing common sexual problems. The next step in the model is to give specific suggestions (the SS in the model). It is important to ascertain a full history of the sexual problem and sexual practices to understand how treatment options might be incorporated into love-making practices. It is also important at this stage to define the course and potential treatment options. The suggestions should be driven by the patient’s sexual health goals. Whenever possible, the partner should be included in the treatment plan and educative process. The final step in the PLISSIT model is to provide intensive therapy (the IT of the model). While instituting the model the clinician should be cognitive of the patient’s and partner’s goals, feelings, and expectations. If clinicians are not comfortable providing patients with comprehensive care for sexual problems, it is most essential that they simply identify the problem and refer the patient to an appropriate specialist.

The approach to patients and partners must always be nonjudgmental and caring. The patient...
and partner are sharing very private information and it is important to make them comfortable. Comfort level will also be increased by a confident, knowledgeable expert clinician who is empathetic to the needs and feelings of patients. The clinician should be extremely knowledgeable about sexuality, anatomy and physiology, sexual dysfunction, and treatment options. Information should be given in a matter of fact, nonjudgmental, unbiased manner. If the clinician is not comfortable with discussing sexuality, the patient will be uncomfortable too. Once the problem has been identified the patient can be referred to an appropriate expert clinician.

**Asking the Questions**

All clinicians in a variety of settings can identify sexual problems by asking a question. It is important for the clinician to **directly** inquire about sexual issues. It can be as simple as asking the patient if he/she is having any problems with sex or sexuality. The question or questions can either be part of an initial health history form or it can be asked in a face-to-face situation. It can be done through a question or questionnaire. There are questionnaires available such as the Sexual Health Inventory for Men (SHIM) (Rosen, Cappelleri, Smith, Lipsky, & Pena, 1999). This is a brief, validated scale, which can identify erectile dysfunction. A national consensus group described excellent ways of identifying sexual problems and asking about sexual issues (Albaugh et al., 2002). The initial question should be directed at the patient using terminology that he or she is comfortable with and can clearly understand. Asking questions about sexual problems acknowledges these problems, while opening the communication dialogue between patients and the caregiver. After identifying the problem it is essential that clinicians follow through by ensuring patients receive a full evaluation, treatment, and followup.

**Conclusion**

Sexuality is an integral part of the human process and it is essential for nurses to identify sexual problems. Problem identification can be accomplished by simply asking patients if they are having any sexual issues. The clinician must assume the initiative to open the channels of communication about sexual problems. The clinician’s approach must be nonjudgmental and confident. It is important to acknowledge the patient’s and partner’s feelings while exploring sexual problems. Lastly, it is imperative that clinicians convey realistic hope in treating sexual problems. With the caring help of a knowledgeable clinician, most patients can be successfully treated for sexual dysfunction.

**References**