

THE SEXUALITY IN NURSING CARE: REMOVING VEILS

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ABSTRACT

This study aimed to understand how nursing students experience sexuality in their care practice. This descriptive, exploratory study was performed in a public university in the south of Brazil, with 14 nursing college students, using a qualitative approach. Data were collected using the focus group technique, applying thematic analysis for interpretation. Results showed that, in the care practice, sexuality has been experienced in association with feelings such as anxiety, insecurity, distress and embarrassment. Regarding the students' attitude towards their experience of sexuality in the care practice, they keep it veiled, i.e. hidden, changing topics to avoid making it explicit, focusing more on technical subjects, thus belittling this issue, and report being unprepared to deal with it. The study also found that some students worry about preserving the patient's intimacy and privacy, and they use the dialogue to deal with this issue. Sexuality should be discussed and reflected upon throughout academic education, which could provide the development of a more ethical, dignified and qualitative care.

Keywords: Sexuality. Nursing Students. Nursing.

INTRODUCTION

In nursing care, the interaction between the bodies of the person who delivers the care and the one receiving it allows sexuality to emerge. However, when veiled, it may be a mechanism that generates anxiety, uncertainty and mutual embarrassment⁽¹⁾.

In this sense, it is understood that it is necessary to unveil this theme in the academic education of nurses, because sexuality is not approached among students, patients and professors. The discussion and reflection regarding sexuality in nursing academic education would permit to teach students skills to deal with the several issues that sexuality may rise in the everyday practice of nursing care, and to deliver that care at ease and free of questions and embarrassments⁽¹⁾.

Regardless the way that the students were treated regarding their sexuality throughout their childhood and adolescence, the university cannot omit or relegate the discussion of human sexuality if it is truly committed to educating students towards developing a holistic view of

the human being, for their professional activity and self-knowledge, as beings of relationships⁽²⁾. This theme should not be limited to any specific nursing area, as the inclusion of contents that address human sexuality must involve the faculty as a whole, considering its multidisciplinary⁽³⁾.

By approaching this theme in the educational context, students are allowed to experience their own sexuality in a less conflicting way and to be informed and free of prejudice to deliver care to people of different ages and with various health needs⁽⁴⁾. On the other hand, the lack of this approach may reflect on the sexuality of care, the impersonality of the relationships, the absence of dialogue, restrained emotions, among other issues that may emerge at the moment of care.

Moreover, the relevance of this study stands on its contribution to the construction of knowledge in sexuality studies and to the creation of opportunities for those involved in care practices to reflect on this theme. This could permit to redefine concepts, reflect about the prejudice and tensions that permeate this theme,

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and visualize perspectives to approach sexuality in this specific moment of education.

This study presents an extract from a master's program dissertation, which was based on the following guiding question: "How do nursing undergraduate students experience sexuality in care?" In order to answer this question, the authors aimed to understand how nursing undergraduates experience sexuality when providing care.

METHODOLOGY

This descriptive, exploratory study was performed using a qualitative approach. The study sample consisted of 14 undergraduate students, male and female, aged between 19 and 23 years, attending the nursing program of a public university in Rio Grande do Sul. Inclusion criteria applied to: nursing undergraduate students of the studied institution who, during the period of data collection, were attending between the third and the eighth terms of the program. Nursing undergraduates who did not meet these terms were excluded. This academic period was chosen because it is when practical classes take place. It is important to highlight that the study subjects were selected intentionally⁽⁵⁾, according to the study purpose and inclusion criteria.

Data production was grounded on the focus group technique, a research technique proposes to perform a deep investigate of a theme, and is a valuable resource to explore issues that are more sensitive or poorly studied, creating an opportunity for interaction and debates within a specific group^(6,7).

A theme guide was elaborated for the development of the group sessions, serving as a guiding scheme for each focus group. This theme guide consisted of a script containing a brief list of questions to encourage the group to discuss⁽⁵⁾. Discussions were promoted with the use of problem-situations involving the care practice, and the application of the following triggering questions: "How would you feel in this situation?"; "How would you react in this situation?" and "Besides these situations, in which moments do you perceive that sexuality is revealed in the care practice?".

Three sessions with the focus groups were developed in the period between May and June of 2009. The groups were formed following the criterion that members should share at least one important feature⁽⁵⁾. Hence, the group composition considered common traits that united the participants, for instance the fact that they were undergraduate nursing students from the same institution and attended practical classes in the program.

The meetings had the duration of two hours, which allowed to discussion to be developed well. The location of the sessions was a comfortable room of easy access for the undergraduates, which provided good lighting, ventilation and assured their privacy⁽⁸⁾. A digital recorder was used to register the speeches of the participants.

Data analysis and interpretation were grounded on the thematic analysis, which was developed in three stages. The first stage was the pre-analysis, which consisted of the first reading of the set of information, the constitution of the corpus and the formulation and reformulation of hypotheses and purposes. The second stage consisted of the material examination, in which the author organized the data based on categories, reducing the text to significant words or expressions. The third stage comprised the treatment of the results obtained and their interpretation, in which inferences and interpretations were made, correlating them with the initial theoretical framework and with new theoretical and interpretative dimensions⁽⁹⁾.

This study complied with the ethical principles of the resolution 196/96 of the National Health Council⁽¹⁰⁾. The research proposal was approved by the local Research Ethics Committee of the study institution, under the protocol no. 23081.018415/2008-48. The participants were included in the study once they had signed the Free and Informed Consent Form. In order to assure the subjects' anonymity, they were identified by the word S (abbreviation for subject) followed by a number.

RESULTS AND DISCUSSION

The thematic analysis of the participants' speeches suggested three categories, which will be described as follows.

Nursing undergraduates' feelings in the experience of sexuality in care practices

Some of the studied undergraduates mentioned they feel nervous, insecure and distressed when performing certain procedures, as it may be observed below:

The first time I had to collect a pap smears she was very nervous. I find it uncomfortable, and it is not because of the shame, but because it is an uncomfortable physical sensation. (S5)

Once I had the experience of performing a urinary catheterization. The feelings I had at that moment were insecurity, anxiety and distress, when I put myself in his shoes. (S6)

It is observed that such feelings emerge in the development of nursing techniques that interfere in the intimacy and privacy of the patients. The delivery of nursing care is permeated with countless sensations and feelings, since the undergraduate has to interact with the intimacy of the patient. Moreover, this process of interaction between them may be revealing, embarrassing or rewarding for both.

Another issue that deserves to be analyzed is the fact that, for some undergraduates, the contact with the naked body of someone else is experienced for the first time in the moment of performing a procedure. In addition, their young age and immaturity may aggravate this situation, generating feelings of anxiety and insecurity in care.

Similarly, these feelings may be revealed in the practical classes, intrinsic to the fear of performing the procedure incorrectly for the first time, to the discomfort of dealing with the patient's sexuality and to the empathy for the patient's feelings.

In a different study, nursing undergraduates also reported feeling anxiety, fear and insecurity in face of the contact with the patient's body, when experiencing situations involving sexuality⁽¹¹⁾. Another study revealed that the students presented a certain fear of touching the patient's body to develop nursing actions, considering that they do not feel prepared to do so and, when facing this situation, they may feel more embarrassed than the patient⁽¹²⁾.

The embarrassment regarding sexuality in nursing care was one of the aspects revealed, as it may be observed in the next speech:

I have already performed urinary catheterization in both men and women. In my case, the difficulty I found was not in the procedure, but in putting myself in her shoes. It makes you feel empathy. It is not only our sexuality at stake, it is the fact that you know you may be embarrassing someone else. (S1)

Embarrassing experiences with the patient may derive from several factors, for instance the exposure and invasion of the patient's privacy, the development of procedures involving intimacy, body nudity and the difficulty to talk about sexuality, both their own and the other's, showing marks that were left during the construction of their sexuality.

Nevertheless, there are no ready answers or behavior rules to deal with sexuality, since its cultural construction, which shapes biologically sexual beings into socially sexual, is going to guide the conduction of this human dimension in interpersonal relationships⁽¹³⁾.

Confirming this question, a study that analyzed the perspective of nursing undergraduates as for the nudity of the patients during care procedures evidenced their embarrassment when facing situations involving sexuality⁽¹²⁾. Such situations cannot be seen in isolation, since they are part of a continuous process that starts in the perception of the individual and goes through all his/her life story, receiving constant influence from biological, emotional, social and cultural factors.

Embarrassment was also related with gender issues. The undergraduates reported difficulty to perform nursing care procedures, mainly those in the intimate scope, with patients from the opposite sex. This may be verified in the following speeches:

At the occasion, a nursing technician and I were delivering a bed bath. The patient was an older man, he had an erection and his wife was there with us. It was a tense mood, she was embarrassed, he had a tracheostomy and he went out of air, so I felt really bad and did not know what to do. (S5)

It is really difficult for us, men, to watch the exam (pap smears), let alone performing it, because of the shame since the person knows you are a nursing undergraduate. (S7)

The embarrassment associated with gender issues refers to the sociocultural construction of

male and female roles, which were internalized through the process of socialization of these students. It is important to highlight that the behavior of parents regarding the approach of the sexuality of their daughters and sons interferes directly in the formation of their identity and in the attitude they assume as for experiencing sexuality⁽¹⁴⁾.

This feeling may still reflect the mechanisms of control and interdiction applied to sexuality in the family environment and reproduced in the education of the nurse. Parents may feel intimidated to approach the theme of sexuality with their children, especially when their education was permeated with repression⁽¹⁴⁾. In addition, a study developed with female undergraduate teenagers showed that they were afraid of being censured or grounded by their parents, which indicates a conservative structure in family education, whose values of approval or disapproval help define when and how they will experience sexuality⁽⁴⁾.

In the academic environment, on the other hand, embarrassment may be related with the denial of sexuality in this place, the impersonality in the care of the other, the assexualization of care, the manipulation of the patient's body in the development of the technique and the control of emotions and feelings.

Nursing undergraduates' attitude to distance from sexuality in care experiences

It is possible to infer, in some speeches, that the undergraduates react keeping their sexuality veiled in situations involving nursing care, for instance being silent, distant or hiding its existence.

A situation we went through was the case of a boy, who I saw having an erection, when my colleague was applying a urinary catheter, and then I thought: I am not getting close to her, I will go to the corner, and I will be really quiet. Later, I did not say anything to my colleague. I did not think I should, because talking could make her feel even more embarrassed. (S2)

I could not watch, let alone perform the exam [pap smears]. Being a man influences it, because most of the times I was with my colleague, and then they stayed and only I left. (S7)

It is important to highlight that educators rarely include human sexuality as a theme for debate, even when it comes to courses in the health area, which is the case of nursing. The discussion regarding this theme, when veiled through silence and little interdictions, may permeate the experience of sexuality in education with embarrassment, doubts and difficulties⁽¹¹⁾.

Therefore, it is necessary to stop talking about sexuality through silence, rigor with attitude, non-involvement with patients and a hidden curriculum. Similarly, it is worth remembering that this sexuality issue is probably not worked among professors as well⁽¹¹⁾.

Another student had a different reaction in face of a situation involving sexuality, changing the focus from the subject, in an attempt to avoid making it explicit in nursing care. This may be observed in the next speech:

I always try to change the focus from that. I ask: where are you from? I always escape from it, because, then, the person can feel more relaxed and less embarrassed, they start thinking of something else and relax. (S10)

Changing the focus of attention in care is perceived as an attitude of coping with the situation. This search for other subjects may also denote their own difficulties to handle a situation involving sexuality, and, in this sense, this theme is reinforced as a veiled subject.

Having this attitude, they lose the opportunity of not only discussing this theme, but also that of deconstructing negative meanings that were interiorized throughout the life of the subjects involved in the care act. If dialogical practices were used in the moment when these questions emerge, it would be possible to end with embarrassments, taboos and prejudice.

In another study, the students also tried to escape from situations involving the discussion of questions regarding sexuality⁽¹²⁾. This possibly happens because, although the current society shows certain freedom regarding such questions, there are still a lot of taboos and prejudices to be overcome, and many rules and principles preventing it⁽¹²⁾.

In the next speech, the student invested in the technique as the main support to perform the nursing care procedures:

In the application of the first catheter, we are focused on the technique. The professor and the colleagues want to see it. They have that speech: do not touch, do not contaminate your field, raise this hand higher. So you do not have time to think of the patient's situation, of sexuality, because you are under tension to do that. (S7)

In order to deliver care, the undergraduates rely on techniques, in the attempt to meet the patients' needs. If on one hand this is necessary in their academic education, on the other hand it denotes that the student finds it difficult to prioritize the subjectivities inherent to the care act.

Hence, the technical procedure may be used by the professional as a strategy to neutralize sexuality, turning those who deliver the care and the ones receiving it into asexual beings⁽¹¹⁾. In addition, it may be considered a strategy for these moments, as an ideal support to prevent the relationship between the bodies of those involved, aimed to neutralize sexuality. Its use implicates impersonality, and, consequently, assexualization in care⁽¹¹⁾.

The approach of the sexuality theme in care must focus on several aspects influencing the life of the subjects, not only limited to the biological and technical scope. It is understood that it is necessary to approach this theme in its several forms of expression, in the academic nursing education. Sexuality must be comprehended in its several dimensions, for instance socially, biologically and culturally, and the comprehension of these dimensions is fundamental to understand the multiplicity of factors interfering and determining the expression of sexuality as a human and multidimensional action⁽¹⁵⁾.

The next speeches express attitudes of neutralization and belittling that have been used to deal with sexuality in nursing care, which undergraduates believe to be associated with the routine, the professional's selfishness and the patient's passivity, generating embarrassments to the subject receiving care.

There are patients who already know they are going to receive a catheter when we arrive, they remove the sheet and the diaper and expose themselves. But there are others who do not, and you get there imagining the patient is also used with that. You get there and the screen is not even

ready, and you see the patient is embarrassed [...]. The person relaxes as time goes by. (S7)

Actually the professional gets comfortable and thinks: I am not going to get it [the screen], it is just a quick and normal procedure [...]. They trivialize the procedure and its importance. (S4)

In these speeches, the subject is belittled in the idea that, if the patients already know the procedure then they are used to it, and they will not feel embarrassed. It is also possible to perceive the attitude of normality regarding the body exposure in the development of a technique, underappreciating the need for a screen to protect and intimacy of the patient. Thus, the nursing professional touches the body and exposes the patient, often without asking for permission, adopting an attitude of power.

A study revealed that, from the perspective of the patients, physical privacy is interconnected with dignity and respect, and demands a relationship of intimacy as it involves body touch, depending on personal space and the assurance of autonomy⁽¹⁶⁾. Hence, if health professionals and, in this case, nursing undergraduates, observe and consider these aspects when performing care actions, the feeling of privacy invasion may be minimized, even in face of nudity and intimate body contact⁽¹⁶⁾.

Some undergraduates reported the lack of preparation of the professionals with whom they had practical classes to deal with this theme in nursing care, as it may be observed in the next speech:

I have already seen them mocking about it. [...] Because they are not prepared to talk about sexuality and because it is not a natural topic. Thus, the extreme opposite of being quiet is mocking, a false naturalness towards the situation. (S5)

Sexuality is not faced as something natural in society and among health professionals as well. This is the main way of mocking, because you do not know how to deal with the situation. (S3)

These findings evidence a gap in the professional education of the undergraduate to deal with questions regarding sexuality in nursing care. This happens because the nursing undergraduates do not have the opportunity to express their difficulties and feelings towards this issue in care, thus, keeping it veiled. The

undergraduates do not discuss their experience in cases contemplating these situations and the subjectivities that emerge in each of these situations. Thus, it is perceived that sexuality is left out of the curriculum of nursing undergraduate programs⁽¹⁷⁾.

A study revealed that nursing undergraduates do not feel confident as for the instructions received in college, and this may be a result of the insecurity of some professors to deal with questions involving sexuality in care. Hence, it is recommended that undergraduate courses approach the contents involving this theme more broadly, since its superficiality is perceptible⁽¹²⁾.

Approaching this theme in the educational context allows to expose not only the meanings, concepts, prejudices and taboos associated with this topic, but also other issues that generate anxieties and uncertainties in nursing undergraduates.

Nursing undergraduates' attitude to approach sexuality in nursing experiences

Some undergraduates referred their concern to preserve the intimacy and privacy of the patient, as revealed in the next speeches:

I think it is our duty to observe them and perceive this side of sexuality, providing a screen and explaining what we are doing. (S10)

There have been situations when the patient got aggressive, because he did not want me to apply the urinary catheter. I asked if he would like me to call a male nurse and he agreed, so I left and called someone else. (S5)

It is possible to perceive that the undergraduate respected the patient's feeling patient, a fundamental attitude in nursing care, in this case, when he would like to be treated by someone from the same sex.

The speeches demonstrate the sensitive view of the undergraduates towards the patients, in the moment they deliver care. It is possible to perceive they expand their comprehension of the concept of sexuality to aspects comprising the concern with the privacy, respect, ethics, feelings and appreciation of the dignity of the patient.

The act of delivering care to a naked body requires some cautions with the privacy of the patient, observing ethical principles. Hence, the educational experience of the undergraduates is

crucial in their professional qualification and should not involve only technical qualification, but also the reflection on values, aimed at the development of their ethical consciousness. The respect towards the situation of the other and his/her frailty may minimize the effects of the power embedded in care⁽¹²⁾.

Another speech showed the concern with a dialogical action in the moment of care, evidenced as follows:

One thing I find important is explaining the technique, because it really calms them [...] tell them everything I am going to do and where I am going to touch. (S11)

Dialogue may allow to demystify many taboos and prejudices, and to lead a more responsible and interactive care. Therefore, it is important to create opportunities for undergraduates, in their professional education, for moments of self-knowledge and reflection regarding sexuality, since, once they understand their own sexuality and have appropriate information to guide someone on this matter, they will be more prepared and confident to talk about it and to experience sexuality in care in a less conflicting way.

FINAL CONSIDERATIONS

The results of this study reveal that sexuality has been experienced, in nursing care, in association with feelings such as nervousness, insecurity, distress and embarrassment. It is believed that such feelings reveal the silence, refusal of information and prohibitions intrinsic to the construction of this theme in the life of the undergraduates.

Regarding the attitudes of the undergraduates towards sexuality in care, some of them reacted keeping it veiled, and even changing the focus from the subject, in order to avoid making it explicit. Others used the technique as a defense mechanism to deal with the sexuality of the other, also using attitudes that belittled the intimacy and privacy of the patient. It was also evident that there is a lack of preparation in the academic education to deal with this matter, which may generate conflicts and difficulties in care. It is understood that such attitudes may distance sexuality from the care experiences, since it is restricted to the silence scope. Other

students, on the other hand, reacted with attitudes approaching the sexuality of these situations, which is observed in the concern to preserve the intimacy and privacy of the patient and through the use of dialogue to deal with this question.

Therefore, sexuality must be discussed and reflected upon in the academic nursing education, dealing with the experience of both undergraduates and professors involved in the teaching-learning process.

Furthermore, the authors did not have the purpose, with this study, to exhaust the studied

theme, and believe that new reflections regarding this matter are important. The present study is expected to contribute to build knowledge and develop nursing as a science, considering the lack of studies, discussions and reflections regarding the theme in the academic scope. Based on the results of this study, the authors suggest the development of new studies and researches to identify how patients, professors and nurses experience sexuality in care practices.

A SEXUALIDADE NO CUIDADO DE ENFERMAGEM: RETIRANDO VÉUS

RESUMO

Este estudo objetivou compreender como a sexualidade é vivenciada pelos estudantes de enfermagem no cuidado. Trata-se de uma pesquisa descritiva, exploratória, com abordagem qualitativa. Foi realizada em uma universidade pública do sul do Brasil, junto a 14 estudantes do curso de graduação em enfermagem. Os dados foram coletados pela técnica do grupo focal, sendo aplicada a análise temática para a interpretação destes. Os resultados revelaram que a sexualidade tem sido vivenciada, na prática do cuidado, relacionada a sentimentos como nervosismo, insegurança, angústia e constrangimento. Quanto às atitudes dos estudantes frente à vivência da sexualidade no cuidado, estes a mantêm velada, mudam o foco do assunto para não explicitá-la, se investem na técnica, banalizam essa questão e referem falta de preparo para lidar com ela. O estudo evidenciou, também, que alguns estudantes preocupam-se com a preservação da intimidade e privacidade do paciente e utilizam o diálogo para tratar essa questão. Acredita-se na necessidade de discutir e refletir acerca da sexualidade no âmbito da formação acadêmica, o que pode proporcionar o desenvolvimento de um cuidado mais digno, ético e qualitativo para com quem nos relacionamos.

Palavras-chave: Sexualidade. Estudantes de Enfermagem. Enfermagem.

LA SEXUALIDAD EN EL CUIDADO DE ENFERMERÍA: RETIRANDO VELOS

RESUMEN

Este estudio tuvo como objetivo comprender cómo la sexualidad es vivida por los estudiantes de enfermería en el cuidado. Se trata de una pesquisa descriptiva, exploratoria, con abordaje cualitativo. Fue realizada en una universidad pública del sur de Brasil, con 14 estudiantes del curso de grado en enfermería. Los datos fueron recolectados por la técnica del grupo focal, siendo aplicado el análisis temático para la interpretación de estos. Los resultados revelaron que la sexualidad ha sido vivida, en la práctica del cuidado, relacionada a sentimientos como nervosismo, inseguridad, angustia y turbación. Las actitudes de los estudiantes acerca de la sexualidad en el cuidado son de mantenerla velada, cambiar el foco del tema para no explicitarlo, hacer uso de la técnica, volverla banal a esa cuestión y referir falta de preparo para tratar del asunto. El estudio también evidenció que algunos estudiantes se preocupan con preservar la intimidad y privacidad del paciente y utilizan el diálogo para tratar esa cuestión. Se acredita en la necesidad de discutir y reflejar acerca de la sexualidad en el ámbito de la formación académica, lo que puede proporcionar el desenvolvimiento de un cuidado más digno, ético y cualitativo con quien nos relacionamos.

Palabras clave: Sexualidad. Estudiantes de Enfermería. Enfermería.

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