



ABI JOURNAL CLUB



Nova Scotia
ABINETWORK

Sexuality after stroke: Exploring knowledge, attitudes, comfort and behaviours of rehabilitation professionals - M. Low, E. Power, M. McGrath

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LAND ACKNOWLEDGEMENT

The Nova Scotia Rehabilitation & Arthritis Center (NSRAC) is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People, and we acknowledge them as the past, present, and future caretakers of this land.

This territory is covered by the “Treaties of Peace and Friendship” which Mi'kmaq Wəlastəkwiyyik (Maliseet), and Passamaquoddy Peoples first signed with the British Crown in 1725. The treaties did not deal with surrender of lands and resources but in fact recognized Mi'kmaq and Wəlastəkwiyyik (Maliseet) title and established the rules for what was to be an ongoing relationship between nations. We are all Treaty people.

Mi'kma'ki includes all of Nova Scotia, Prince Edward Island, part of New Brunswick, the Gaspé region of Quebec, part of Maine, and southwestern Newfoundland.



Disclaimer

The goal of the ABI Journal club is to foster skills of research critique, promote interprofessional interaction and encourage the inclusion of evidence-based practice.

Please join us in creating a safe and approachable learning environment.

Please note that although presenters may have an interest in the article that is presented, they may not necessarily be an expert in that field.

This event is for your learning only. Please do not distribute slides or recordings. Recordings can be distributed by Journal Club organizers only.

Sexuality after stroke: Exploring knowledge, attitudes, comfort and behaviours of rehabilitation professionals

February has been Sexual Health month at the NSRAC!

We thought this article would be fitting to continue the conversation of sexual health as part of rehabilitation.



Discussing Sexual Health at Rehab

- Many patients who experience a stroke will experience sexual dysfunction as a result.
- Sexual health meets criteria of rehabilitation, however health care worker's experience & comfort can vary.

The authors' objectives were to “investigate the knowledge, comfort, approach, attitudes, and practices of rehabilitation professionals toward supporting stroke survivors with their sexuality concerns.”



HISTORICAL INITIATIVES

- After a stroke, sexual dysfunction is common
- Sexual health is part of overall health & contributes to quality of life
- Access to support with sexual health post stroke is important
- Rehabilitation professionals are not always prepared to discuss sexual health, or are unclear to what extent is appropriate



INTENDED OUTCOMES

The listed objective of this study was to investigate the *knowledge, comfort, approach, attitudes,* and *practices* of rehabilitation professionals toward supporting stroke survivors with their sexuality concerns.



PARTICIPANTS

- Recruitment: Organizations/leaders of stroke rehabilitation were emailed an online survey to distribute to their networks. Social media also used to recruit participants.
- Participants- stroke rehabilitation professionals with min 6 months stroke rehab experience in past 5 years
 - Physicians, nurses, OTs, PTs, speech pathologists, social workers, psychologists, & rehabilitation counsellors
 - From Canada, United States, Australia, New Zealand, United Kingdom, Ireland, Singapore & South Africa.
- 770 completed online surveys



METHODS

- Online surveys given to participants (Jan-Jun 2019)
 - Demographic info
 - Clinical practice questions
 - Knowledge, Comfort, Approach and Attitudes towards Sexuality Scale
- Data analysis
 - SPSS 24
 - Standard multiple regression

RESULTS

Knowledge, Comfort, Approach and Attitudes towards Sexuality Scale

	Scale (score range)			
	Knowledge (13-52)	Comfort (20-80)	Approach (5-20)	Attitudes (5-20)
Physician	32.3 (6.6)	62.5 (15.8)	10 (3.6)	17.2 (2.4)
Nurse	29.5 (7.3)	63. (16.7)	10.9 (4.3)	17.3 (2.9)
Physiotherapist	24.6 (6.7)	58.0 (13)	8.8 (3.1)	17.6 (1.9)
Occupational therapist	26.4 (6.4)	59.4 (14.1)	9.8 (3.5)	17.9 (1.9)
Speech pathologist	22.6 (6)	56. (14.4)	8.9 (3.4)	17.7 (1.8)
Psychologist	33.6 (6.4)	67.9 (13.4)	10.8 (3.6)	17.7 (1.9)
Social worker	28.3 (7.8)	60.4 (16.4)	9.1 (3)	17.4 (2.3)
Other	24.3 (7.3)	68.1 (12.3)	11.5 (3.6)	18.0 (2.2)

RESULTS

Knowledge, Comfort, Approach and Attitudes towards Sexuality Scale

	Scale (score range)			
	Knowledge (13-52)	Comfort (20-80)	Approach (5-20)	Attitudes (5-20)
Australia	27.1 (7.6)	62. (14.3)	10.1 (3.9)	17.8 (2.1)
New Zealand	26.0 (6.4)	57.5 (15.7)	8.7 (3.1)	17.6 (2.1)
United States	27.4 (7.1)	58.2 (14.5)	9.9 (3.9)	17.6 (2.0)
Canada	27.7 (8.3)	60 (15)	9.7 (3.7)	17.6 (1.8)
United Kingdom	27.5 (7.4)	63.2 (13.9)	9.8 (3.5)	18.3 (1.8)
Ireland	24.7 (6.9)	51.3 (17)	8.2 (3.3)	16.3 (3.0)
Singapore	22.2 (6.5)	56.6 (15.1)	9.1 (3.4)	15.4 (2.2)
South Africa	28.3 (8)	60 (16.5)	10 (3.4)	17.3 (2.1)
Total	26.9 (7.58)	60.2 (15.00)	9.7 (3.7)	17.6 (2.2)



RESULTS

Sexuality-related Practices

- 1/3 of participants did not address any aspect of sexuality
- Most participants who address sexuality use an indirect approach
- 91% of participants reported health professionals have a role in supporting sexuality
- Participants believe physicians have the greatest responsibility followed by the patients themselves

RESULTS

Sexuality-related Practices

- Knowledge was associated with:
 - addressing more aspects of sexuality
 - perceptions of healthcare role
 - receipt of training
- Comfort was associated with:
 - addressing more aspects of sexuality
 - receipt of training
 - absence of religious affiliation

RESULTS

Sexuality-related Practices

- Approach-related comfort was associated with:
 - older age
 - addressing more aspects of sexuality
- Positive attitudes was associated with:
 - perception of health professional roles in sexuality
 - absence of religious affiliation
 - living in an area with a small population

RESULTS

Sexuality Practice

- Health professional training was associated with higher frequency of patients asking about sexuality
- Patients initiating conversation was positively predicted by:
 - Frequency of professionals indirectly and directly raising the topic of sexuality
 - Absence of professionals training in sexuality

LIMITATIONS

- Convenience sample
 - Participants may have more positive attitudes toward sexuality and support their patients more
- Majority of data from Western context
- KCAASS originally designed for SCI

AUTHOR'S CONCLUSIONS

- Limited discussion of sexuality by healthcare professionals is likely a global issue
- Most healthcare professionals do not routinely include discussion of sexuality in their practice
 - Regardless of profession or location
- Many healthcare professionals believe it is the patient's responsibility to raise the topic of sexuality
 - Alternately, literature shows patients report it is the healthcare professionals' role
 - This mismatch may be due to lack of conversations of sexuality discussion at rehab

JOURNAL ARTICLE EVALUATION

Was there any issues with sampling? Do the participants adequately reflect that the group that they represent?

Was this paper published in the right journal to find the audience who should care the most about it?
(**Annals of Physical and Rehabilitation Medicine**)

What don't you like?

Can the results be used to solve other problems? How generalizable are the results?



SUMMARY

- Sexual health is part of overall health & quality of life
- Regardless of discipline or geographical location, rehab health care professionals are not likely to directly address the topic of sexual health
- There is lack of conversation regarding sexual health
- ❖ Does this study resonate with our staff & patients?
- ❖ If we know sexual health impacts overall health & quality of life, why isn't this topic addressed routinely as part of rehabilitation?
- ❖ What can we do at the NSRAC to bring awareness & achieve the best possible outcomes for our patients?



REFERENCES & RECOMMENDED READING

Sexuality after stroke: Exploring knowledge, attitudes, comfort and behaviours of rehabilitation professionals - M. Low, E. Power, M. McGrath

McGrath M., Lever S., McCluskey A., Power E.: How is sexuality after stroke experienced by stroke survivors and partners of stroke survivors? A systematic review of qualitative studies. Clin Rehabil 2019; 33: pp. 293-30

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