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Letter to the Editor

Sexual history taking in male psychiatry OPD : Perspective of a nurse

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Sexual history taking is a sensitive method, and a nurse should prepare herself before interviewing a patient with a sexual problem. This commentary article draws the attention of all the nurses working in a psychiatric setting and dealing with patients with sexual issues. History taking is the fundamental function of a nurse, but sexual history taking is a tough nut to crack. Sexual history taking is an integrated part of the general history taking from a psychiatric patient along with birth history, childhood history, developmental history, educational history, play history, pubertal history, substance abuse history, marital history, fantasy life history, and so on. The majority of male patients with sexual problems are visiting psychiatric OPD. However, to reduce the stigma and develop more trust in nurses, there is a need for more and more understanding and interviewing skills in nurses.

A few barriers nurses commonly face while taking sexual history and guidelines for gathering more accurate sexual history. Levels of comfort and confidence in discussing sexuality are also the most needed criteria to get sexual history from patients. Hence, sexual history taking is the most crucial and sensitive area of assessing a patient having sexual problems, and nurses need more intense knowledge and skill to hit the nail on the head. There is a need for continuous education in the field of sexuality for nurses working in a psychiatric setting and dealing with patients having sexual problems so that they can do a thorough assessment of the sexual issues of patients and help consultants report an actual potential problem of the patients.

Sexual history taking in male psychiatric OPD: Perspective of a nurse

- Exploring the patient's sexual history is a sensitive method that should be taken seriously. Before the interview, it is important to take a few minutes to prepare. For a brief sexual history, begin interviewing the patient with a request for the main complaint; A straightforward approach would work best (Saleh, 2020). Here are some common answers given by nurses as to why they fail to take an adequate sexual history (Singh, 2018)

- Strange feeling: In the conservative society of India, this is considered inappropriate; therefore, without adequate training, nursing staff feel embarrassed to ask questions about their sexual history.

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- The time limit in the overcrowded outpatient department (OPD)
- Inability to develop rapport due to poor soft skills and negative attitude.
- Lack of privacy in OPD

Asking for sexual complaints is irrelevant because it is often unrelated to the patient's main complaint. Most staff are not sure what to do with the answer and what the next question should be

- Inadequate training and education in sexual health at the undergraduate level
- Worry that the patient might feel bad or embarrassed to answer.
- What will the patient think of them?
- What if the questions are treated as misconduct?

Significant barriers exist between a nurse's ability to ask questions and a patient's ability to respond. Nurses are comfortable talking about all systems, and patients are asked questions without worry or inhibition. Similarly, the patient feels little or no hesitation in answering truthfully on these tests. The same environment is not usually present with sexual history taking (CDC, 2018).

How to take a sexual history?

Here are some basic principles that should be followed for taking an adequate sexual history, which is as follows:

- Be a good listener
- Assure of patient's confidentiality
- Know the patient as an individual (e.g., partner, children, job, and living conditions)
- Patients will not discuss their sexual complaints unless they are comfortable with their consultants. Therefore, developing a relationship with one's patient is a pillar of sexual history.
- Be gender sensitive at all times and not discriminate against the patient based on their sexual preferences
- It is necessary to use simple language for the patient to understand. Use words in the patient's local language as far as possible. Rephrasing the words for better understanding should be done. Hesitation in asking the patient what it means to say should be avoided (CDC, 2018).
- Make no assumptions about anything
- Charts, pictures, pen, and paper, can be used to explain the minimum details
- Do not be critical or judgmental at anytime
- One must know where to stop. Pay attention to someone's reactions and be sensitive to nonverbal cues (Huang et al., 2013).
- Involve partners, if necessary, after discussion with the patient
- If the patient is not ready or uncomfortable continuing the discussion, reduce the debate further. If the patient is comfortable, try on the next visit.
- The length of time included in the patient's "history" is not fixed, but a general rule of thumb is to ask about the past 12 months. It is important to ask about the patient's gender expression, gender identity, sexual orientation, and preferences. It is important not to assume heterosexuality when obtaining a sexual history. Getting information about sexual behaviour and types of sexual behaviour is a part of a sexual assessment.
- Five areas need to be discussed thoroughly with the patient, which the 5P can cover: Partner, Practice, Protection from STDs, Past history of STDs, and Pregnancy details (Huang et al., 2013).
- In particular situations or circumstances, one needs to ask some additional questions.
- Also, ask about the history of sexual abuse
- In primary care, reassure patients that these questions are asked of all adults, regardless of their age or marital status; insist on privacy
- Sometimes, simply inquiring about patients'

sexual practices helps identify their sexual problems and gives an idea about how to proceed with treatment.

- Start the next session with the revision of the previous session. Listen carefully to the myths of patients. The patient must feel that the physician is interested
- Try to counsel and psycho-educate them about their myths and misconceptions. The approach to such problems should include the involvement of partners, if possible

Levels of comfort and confidence in discussing sexuality

Most nurses either feel uncomfortable discussing sexuality-related issues with patients or insecure in their ability to discuss sexuality with patients, or both. In an Irish study on mental health nurses' responses to issues of sexuality, nurses desexualize patients and do not fully accept their sexual rights. Nurses report a lack of positive and effective role models (Quinn et al., 2011). Nurses can act as surrogates and role models to establish and maintain effective communication that can help the clients to communicate freely about their sexual health and related problems (Higgins et al., 2008).

Magnan etal. reported that nurses who are more confident in their ability to address patients' sexual concerns are also more likely to take time to discuss sexuality with patients. According to Quinn et al., age, training, and experience contribute to ease and belief in bringing up the topic of sexuality with patients (Magnan et al., 2005).

Julian et al. reported similar findings where participants under the age of forty have more barriers than those with less than ten years of experience discussing sexuality with patients compared to older nurses with more experience (Julien et al., 2010). If it is hard for nurses to discuss sexuality, it is also hard to discuss sexuality with patients. If society influences how we see sexuality, it is fair to assume that nurses and patients are equally affected within the same society in terms of sexuality. Patients want their nurses to be technically competent and are more concerned with physical than psychological care (Guthrie, 1999). Although there may be patients for whom sexuality may not be an urgent issue, there may be patients for whom it may be too much of an issue. Therefore, the opportunity for discussion should be available to all patients. Contemporary nurse education does not prepare nurses to deal with the sexuality of patients. It does not challenge the beliefs and values about sexuality that nurses have acquired through life experiences that are not based on objective evidence and reflects normal prejudice and generalization (Magnan et al., 2005; Zeng et al., 2012). Sexual history taking and sexual counseling should be included in nurse education programs so that nurses learn to accept sexuality as a clinical issue and feel confident in their ability to discuss sexuality (Julien et al., 2010). Nurses need to be imparted education in sexuality and communication skills so that the knowledge learned can be put into practice (Zeng et al., 2012). Education strategies must consider nurses' communication style and socio-cultural beliefs and values, focusing on knowledge, skill, comfort, and confidence levels. In addition to education in sexuality and related skills such as communication, teaching, and counseling skills, the focus of education should be aimed at helping nurses to be aware that everyone has personal biases and that part of learning is to provide a non-judgmental environment by setting the professional role apart from patient care.

Conclusion and recommendation

Hence, sexual history taking is the most crucial and sensitive area of assessing a patient having a sexual problem. Nurses need more intense knowledge and skill to hit the nail on the head. There is a need for continuous education in the field of sexuality for nurses who are working in a psychiatric setting and dealing with patients having sexual problems so that they can do a thorough assessment of the sexual difficulties of patients and can help consultants to report an actual potential problem of the patients.

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References

CDC. (2018). A Guide to Taking a Sexual History. https://www.cdc.gov/std/treatment/sexualhistory.pdf

Guthrie, C. (1999). Nurses' perceptions of sexuality relating to patient care. J Clin Nurs, 8, 313-321. https://doi.org/10.1046/j.1365-2702.1999.00253.x

Higgins, A., Barker, P., Begley, C.M. (2008). "Veiling sexualities": a grounded theory of mental health nurses responses to issues of sexuality. J Adv Nurs, 62, 307-317. https://doi.org/10.1111/j.1365-2648.2007.04586.x

Huang, L.L., Pu, J., Liu, L.H., Du, X.B., Wang, J., Li, J.Y. et al. (2013). Cancer department nurses' attitudes and practices in response to the sexual issues of pelvic radiation patients: a survey in Sichuan, China. Contemp Nurse, 43, 146-151. https://doi.org/10.5172/conu.2013.43.2.146

Julien, J.O., Thom, B., Kline, N.E. (2010). Identification of barriers to sexual health assessment in oncology nursing practice. Oncol Nurs Forum, 37, E186-190. https://doi.org/10.1188/10.ONF.E186-E190

Magnan, M.A., Reynolds, K.E., Galvin, E.A. (2005). Barriers to addressing patient sexuality in nursing practice. MedsurgNurs, 14, 282-289; quiz 290.

Quinn, C., Happell, B., Browne, G. (2011). Talking or avoiding? Mental health nurses' views about discussing sexual health with consumers. Int J Ment Health Nurs, 20, 21-28. https://doi.org/10.1111 / j.1447-0349.2010.00705.x

Saleh, M. (2020). How to talk to patients about their sexual history. MDLinx. https://www. mdlinx. com/article/how-to-talk-to-patients-about-their-sexual-history/lfc-3576 (accessed 24 May 2022).