# KNOWLEDGE AND ATTITUDES ABOUT SEXUALITY AMONG OBSTETRICAL NURSES

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A THESIS

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# CHAPTER 1

## INTRODUCTION

During the past decade, there has been an increased emphasis on sexuality as an integral part of each person's total health. Huerter (1977) submitted that:

> If you embrace a holistic philosophy of nursing, i.e., the patient is a whole person and dysfunction in one area will result in dysfunction of the whole person at some level, it is easy to see how all-permeating the issue of sexuality can become. (p. 17)

Nurses serve an important role in the teaching and counseling of patients about sexuality, particularly those working in the area of maternal-child health. Many opportunities also arise for nurses to counsel couples during pregnancy. Not only are nurses in a unique position to meet sexual counseling needs in the physician's office and family planning clinics, but also counseling should be made available to antepartal and postpartal patients on hospital obstetrical units. Nurses can provide counseling if there are problems concerning misinformation, confusion about the normal sexual response cycle, difficulties with sexual adaptations appropriate to pregnancy, and minor dysfunctional problems associated with pregnancy (Zalar, 1976).

In a particularly sensitive area such as sexuality, adequate knowledge and unbiased attitudes are necessary prerequisites for the role of sex counselor. Knowledge should include a basic understanding of the biology of sexual functioning as well as the interrelations between illnesses and sexual functioning (Lief & Payne, 1975). Elder (1970) asserted that nurses and doctors who feel insecure or uncomfortable with their own sexuality cope with professional problems by avoiding the topic, thus performing with less objectivity and empathy. Elder (1970) emphasized the need for nurses to "clarify their own attitudes regarding sex so they can function with an enhanced awareness of their own biases" (p. 38).

## Problem of Study

The question this study sought to answer was: How do obstetrical nurses compare with a normed population in relation to attitudes and knowledge of sexuality as measured by the Sex Knowledge and Attitude Test (SKAT)?

## Justification of Problem

As nurses strive to meet the total health care needs of patients, they have a responsibility to assume the role of counselor and teacher in the area of sexuality. According to Christiansen (1978), "Nurses traditionally spend

more time with patients than any other health care worker, and because of this, the opportunity to discuss sex-related topics is far greater" (p. 85). This is particularly true on hospital obstetrical units where nurses care for patients during the postpartum period and for lengthy hospital stays prior to delivery in certain high-risk pregnancy situations.

A number of authors have discussed some of the specific areas related to sexuality where nurses can provide information and counseling to their patients. Clark and Hale (1974) recommended that pregnant couples be helped to understand how the physiological and psychological changes of pregnancy may affect their sexual activity and also, to be instructed in ways to cope with these changes. During a normal pregnancy, many women have questions and fears regarding physical discomforts and possible injury to the fetus during sexual intercourse. In addition, many pregnant women experience mood changes and feelings of unattractiveness which affect the desire for sexual activity (Malinowski, 1978). For women who are experiencing high-risk pregnancies, as in cases of threatened abortion, marital tensions may be heightened when lengthy periods of abstention from coitus have been advised by the physician. These couples will need additional reassurance

and support as well as advice on alternative sexual practices. Following delivery of the baby; fatigue, physical discomforts, and even the realization of new responsibilities as parents can interfere with the resumption of the couple's usual sexual activities and may cause strain on the marital relationship (Anderson, Clancy, & Quirk, 1978). Women need to be advised by the nurse to anticipate these common problems before they leave the postpartum unit and return home.

It has been established that there are a number of opportunities for the nurse on an obstetrical unit to advise patients in sex-related matters. The question remaining is not whether nurses have a role in the counseling and education of their patients; but rather, are nurses adequately prepared to take on such a role?

Quirk and Hassanein (1973) stated that in order for an obstetrical nurse to fulfill the role of counselor properly, the nurse needs to engage in introspection of feelings related to sexuality to overcome any embarrassment with respect to sexual matters of the patient. The rationale for this assertion is that "nurses who are comfortable with and well-informed on such subjects will be able to function much more effectively in advising and counseling their patients" (p. 507). When caring for

patients, nurses need to acknowledge their prejudices and biases regarding sexuality in order to develop the non-judgmental attitudes necessary for counseling. In doing so, an atmosphere of acceptance and communication with the patient will be enhanced (Payne, 1976).

Woods and Mandetta (1975) described the significance of values and attitudes in preparing to meet clients' needs for education and counseling and also included the importance of an adequate knowledge base in sexuality "which insures that accurate information will be imparted" (p. 530). Knowledge of "sexual psychology and sexual physiology and functioning" (Krizinofski, 1973, p. 528) and "psycho-sexual growth and development during the entire life span" (Mims, 1975, p. 528) have been discussed as essential prerequisites to the education and counseling of patients. Huerter (1977) summarized the significance of both knowledge and attitudes in sex counseling by submitting the statement, "A nurse with knowledge and sensitivity can fulfill this function better than a nurse whose knowledge base is inadequate, and whose sexual feelings are unexplored and unresolved" (p. 17).

In summary, it is apparent that there are a number of areas of common concern to obstetrical patients where the nurse has the opportunity to intervene as a sex counselor

and teacher. In preparation for this role, nurses need to examine their own beliefs and values toward sexuality to develop a level of comfort necessary for effectiveness in the counseling of patients. A thorough knowledge base of human sexuality to provide patients with accurate information is also essential. Therefore, the purpose of this study was to ascertain attitudes and knowledge levels of sexuality of nurses taking care of postpartal and antepartal patients in the hospital setting.

## Theoretical Framework

A theory of role-learning (Israel, 1966), generated from research which examined medical and nursing roles, provided the basis for this study. In this theory, Israel submitted that the acquisition of roles is a process which involves the internalization ot knowledge and attitudes specific to a given role.

Central to the understanding of this theory and its relationship to this study was the nature of role. According to Israel (1966), role was defined as:

> A system of expectations directed towards one and the same person as an occupant of a position within a social structure, as well as the expectations that same person directs towards other persons who are occupants of positions within the same social structure. (p. 200)

Israel (1966) stated that the expectations directed toward a person can originate in other persons as well as in the person himself. Thus, the behavior of a person occupying a certain role will be governed by others' demands upon him. These self-demands originate in the individual's level of aspiration, self-image, and general values of how a person should behave when occupying a given position or role.

Of particular significance to this study was the system of expectations as specified in the theory. Israel made the distinction between two classes of expectations. The first class represented the knowledge and skills necessary or desirable to carry out the tasks assigned to a certain position and were labeled the "technical-instrumental" aspects of a role (p. 201). This first class of expectations are analogous to the knowledge of sexuality and skills in counseling needed when a nurse assumes the role of counselor or teacher in areas related to sexuality.

The second class of expectations, referred to as the "expressive-ideological" aspects of a role, concerned the attitudes, values, and ideals related to or the basis of carrying out the technical-instrumental aspects (Israel, 1966, p. 201). Israel pointed out an example of the

expressive-ideological aspects of a role from his research with medical students who develop attitudes toward socialized medicine which relate to carrying out the designated functions of a physician within a system of socialized medicine. Similarly, nurses develop attitudes toward sexuality which relate to functioning within the role of counselor and teacher in sex-related matters. Based on the theory of role-learning, this study sought to examine obstetrical nurses' knowledge and attitudes about sexuality.

## Assumptions

The assumptions which were relevant to this study were:

1. Assuming nurses have a responsibility to function in a sex counseling role, a concomitant expectation for having a level of knowledge of sexuality exists.

2. Due to the nature of role as expressed in the theory of role learning, nurses involved in this study will have developed certain attitudes toward sexuality.

3. The nurses involved in this study will be willing to share information regarding their level of knowledge and attitudes towards sexuality by completing the questionnaire.

## Hypotheses

The hypotheses for this study were:

1. Obstetrical nurses will score higher on the knowledge portion of the Sex Knowledge and Attitude Test (SKAT) than the normed population.

2. Obstetrical nurses will score higher on the Heterosexual Relations scale of the Sex Knowledge and Attitude Test (SKAT) than the normed population.

3. Obstetrical nurses will score higher on the Autoeroticism scale of the Sex Knowledge and Attitude Test (SKAT) than the normed population.

4. Obstetrical nurses will score higher on the Sexual Myths scale of the Sex Knowledge and Attitude Test (SKAT) than the normed population.

5. Obstetrical nurses will score higher on the Abortion scale of the Sex Knowledge and Attitude Test (SKAT) than the normed population.

## Definition of Terms

The following terms were defined for the purpose of this study:

1. Obstetrical nurses: Registered nurses with full-time employment status working on an obstetrical service where care was given to postpartal and antepartal patients.

2. Knowledge: A background of information and understanding of selected physiological, psychological, and sociological aspects of sexuality as measured by the total number of true-false questions correctly answered in the Sex Knowledge and Attitude Test (SKAT), Part II.

3. Attitude: A learned, emotionally toned predisposition to react in a particular way, toward an object, idea, or person (Redman, 1968) as measured by separate scores on four individual scales in Part I of the Sex Knowledge and Attitude Test (SKAT): Heterosexaul Relations Scale, Autoeroticism Scale, Sexual Myths Scale, and Abortion Scale.

## Limitations

The limitations of this study were:

1. The sample of nurses was insufficient to generalize the results beyond this population.

2. The sample was self-selected.

3. The subjects were possibly less inclined to complete the questionnaire because of the sensitive nature of topic under study.

4. The subject's responses might have been influenced by cultural background, age, and any related

educational or work experience beyond basic nursing education.

5. The subjects could have received input from other sources when completing the questionnaire.

## Summary

The purpose of this study was to examine obstetrical nurses' knowledge and attitudes about sexuality. Nurses caring for obstetrical patients have both the opportunity and responsibility within the hospital setting to provide patients with sex information and counseling during the antenatal and postpartal periods of pregnancy.

A theory of role-learning (Israel, 1966) provided the basis for studying knowledge and attitudes of sexuality. This theory described knowledge and attitudes as central to the acquisition of a given role. Thus, an expectation exists for the nurse to have both knowledge and attitudes of sexuality as a prerequisite to acquiring the role of sex counselor for obstetrical patients.

It was hypothesized that obstetrical nurses would score higher than the normed population on both the knowledge and attitude sections of the Sex Knowledge and Attitude Test (SKAT). The limitations of the study included the sample size, the self-selected sampling technique,

and the potential influences on individual responses to test questions.

# CHAPTER 2

# REVIEW OF LITERATURE

The review of literature explored both physicians' and nurses' knowledge and attitudes toward sexuality. In addition, recent studies on sex counseling during pregnancy were reviewed.

## Sex Knowledge and Attitudes of Nurses and Medical Students

According to Krizinofski (1973), "including sexuality in comprehensive care is culturally and socially the function of nursing" (p. 679). For the nurse to accept this role, an awareness of personal beliefs, values, and attitudes as well as the development of interpersonal skills are necessary.

Christiansen (1978) stated that obstetrical nurses and public health nurses have led the way in implementing this role. Obstetrical nurses discuss birth control, timing of return to sexual activity after delivery, and other topics about which mothers and fathers have questions. Public health nurses have been involved in family planning clinics to provide teaching, examinations, and the dispensing of birth control methods. Clients who have

been surveyed indicate that they prefer the nurse to do the examination and teach because "she takes more time, explains what she is doing, and provides more information so that clients can make their own decisions" (Christiansen, 1978, p. 85).

In a discussion of the physician's role in counseling patients regarding sexuality, Lief (1969) stated that:

> Surely the key factor in competent sex and marital counseling is the degree of comfort of the counselor. His skills in interviewing, in eliciting salient data about the most intimate, personal dimension of patients' lives will depend directly on his capacity to react, not with anxiety, anger, or self-righteousness, but with openness, ease, and a clear desire to achieve an atmosphere of genuine communication of feelings as well as of thoughts. In the absence of these skills and attitudes, his quantity of information, even if vast, is of little use. (p. 453.)

According to Walker (1971), nursing education has been committed to preparing the student to render total nursing care, but the area of sexuality has been neglected or avoided. Particularly in the area of maternity nursing where nurses need to help parents with their feelings concerning reproductive functions and changing sexual roles, an understanding of sexuality during pregnancy is especially needed. Jacobson (1974) pointed out that the lack of attention to developing a human sexuality

component in the nursing curriculum is the cause of nurses' inability to cope with these sexual topics.

To determine the extent of human sexuality content in nursing curriculums, Woods and Mandetta (1976) conducted a survey involving 220 baccalaureate nursing programs during 1973-1974. There was a 69% return rate of the questionnaires. Of the 151 schools which responded, 98% replied that some aspect of human sexuality was presented to the students, but only 37% indicated that a formal course in human sexuality was offered in the actual curriculum. Also, only 10% of the schools offered the information in the form of a separate course.

Woods and Mandetta (1976) further indicated that more than 90% of the respondents stated their graduates were knowledgeable about contraception, conception, and the anatomy and physiology of sexual behavior. Approximately 50% of the respondents perceived the majority of the graduates as knowledgeable about sexual inadequacy, legal regulation of sexual behavior, and cultural influences on sexual behavior. In examining attitudes, 67% of the faculty surveyed stated that most of their graduates were aware of their own sexual feelings, attitudes, and values; but only 54% believed that most of their graduates could accept a wide variety of sexual behavior.

In a similar study where 6,333 nursing students and 712 faculty members from 47 schools were surveyed, human sexuality was considered to be the most important topic to be learned in order to provide family planning services (Shea, Werley, Rosen, & Ager, 1973). The faculty members also reported that they perceived the greatest instructional deficiencies to be in the area of human sexuality. More than 50% of the students and 40% of the faculty stated that they were inadequately prepared to work with patients in the area of family planning due to the issue of sexuality, but only 12% of both faculty and students reported being more uncomfortable than they should be when discussing sexual issues. Additional findings from Shea's et al., (1973) study indicated that 75% of the faculty and 50% of the students believed that the average health professional at that time was not adequately informed in the area of human sexuality.

Fontaine (1976) conducted a study involving 14 schools of nursing to determine faculty knowledge and attitudes toward sexuality. Of the 124 instructors who participated in the study, 84% reported "fairly adequate or better understanding" of human sexuality as compared to most nurses' understanding, and 16% considered their understanding to be "just adequate or less" (Fontaine,

1976, p. 174). The study also indicated that over 56% of the faculty surveyed "felt that their own nursing education prepared them adequately to very adequately in regard to human sexuality" (Fontaine, 1976, p. 175). When asked how well human sexuality was integrated into the nursing curriculum of the schools surveyed, 39.2% of the faculty members reported "adequately" and 33.4% reported this area was integrated "fairly inadequately" (Fontaine, 1976, p. 175).

Even though Woods and Mandetta's (1976) study indicated that formal courses in human sexuality are not currently the norm in baccalaureate nursing programs, Adams (1976) contended that such courses are needed for the students. According to Adams (1976), appropriate instruction in counseling, interviewing, and teaching strategies relevant to human sexuality needs to be included in a basic course were:

> The material could be organized in terms of specific health problems and conditions such as coronary disease, disability and spinal cord injury, and cancer, and also according to needs of specific populations such as pregnant couples or individuals and teenagers. (p. 169)

In reviewing the literature, the investigator found that a number of teaching programs have been described which were designed to meet the learning needs of students

in the area of human sexuality. The programs varied in length and design, but each yielded positive results in terms of benefiting the students in some manner.

A pilot program consisting of 12 seminars over the course of a semester in a university nursing curriculum was described by Walker (1971). Five faculty members were utilized as leaders for student groups limited to five to six individuals. The seminars focused on students' feelings and attitudes toward such topics as family planning issues, parenthood roles, and abortion. Although the seminars were conducted as part of a maternity nursing course, the students' positive comments resulting at the conclusion of the semester confirmed the author's belief for the need to provide similar experiences or opportunities even earlier in the student program. Walker (1971) was convinced that the seminars helped students to explore masculine and feminine roles and stimulated faculty discussions as to the need for introducing sexuality topics in other courses.

Mims, Brown, and Lubow (1976) described a 3-day elective course on human sexuality for 86 sophomore medical students, 86 senior and graduate nursing students, and 14 graduate psychology students. The program which consisted of both a lecture and small group component was designed

to increase knowledge on a broad range of sexual topics, encourage assessment and exploration of attitudes, and "help desensitize against stressful and anxiety reactions to sexual stimuli, and resensitize in the direction of a broader understanding of sexuality of self and others" (Mims et al., 1976, p. 188).

To determine the effectiveness of the course in meeting these goals, Mims et al. (1976) utilized pretest and posttest scores from the Sex Knowledge and Attitude Test (SKAT) and the results from a confidential evaluation form. The posttest mean scores for medical and nursing students were significantly higher except on the abortion scale in the attitude section. All changes were significant ($p < .001$) for the scales except the heterosexual section which was $p < .01$ for both medical and nursing students. The psychology students showed significant changes ($p < .01$) in the autoeroticism and sexual myths scale with no significant change in the other attitudinal scales and no significant change in knowledge scores. The lack of significant change regarding the attitude scale was attributed to the noninclusion of this topic within the program.

Overall, the evaluation form revealed that the total group believed the program to be effective, but the data

also showed a "larger percentage of nursing and psychology students were more satisfied with the course than were the medical students" (Mims et al., 1976, p. 189). Additional benefits of the program were requests by some students for additional training in sex counseling and the initiation of research studies in sexuality by several medical and nursing students. According to the investigators, these benefits may also have been weaknesses of the program since there was disagreement among faculty members as to the need for further courses and "a few students over-valued the experience and took on projects they were not equipped to administer" (Mims et al., 1976, p. 191).

A human sexuality course model developed by Mandetta and Woods (1974) was offered to undergraduate students in a university setting. Both nursing and premedical students were enrolled in the course. During 3-hour per week sessions throughout the semester, the students were asked to "survey the literature, examine current issues related to sex, and explore their feelings and attitudes about sexual behavior and problems" (Mandetta & Woods, 1974, p. 525). The course goals included increasing student awareness of a wide variety of sexual problems, helping the student to become aware of feelings and attitudes

about sexuality, desensitization toward the topic, and introducing diagnostic tools and therapeutic techniques.

Mandetta and Woods (1974) utilized student critiques, self-evaluations of the small-group process, a formal course evaluation and "a pre-course and post-course test to evaluate change in knowledge, attitudes, and personal behavior related to human sexuality" (p. 527) to evaluate course effectiveness. The student's knowledge increased significantly on the post-course test, but attitudes toward human sexuality did not significantly change (actual statistics were not reported). The other evaluations elicited positive comments regarding the course and the instructors reported "a striking improvement" (Mandetta & Woods, 1974, p. 527) in the students' ability to discuss sexual issues and problems.

A study which compared pretest and posttest results of the Sex Knowledge and Attitude Test (SKAT) of two groups was reported by de Lemos (1977). The control group consisted of mental health therapists and nurses. The experimental group included public health nurses and other health professionals who attended a human sexuality workshop. A significant $t$-test ($p < .01$) applied to the knowledge and attitude data indicated that the workshop increased the posttest scores of the experimental group

as hypothesized. Results from the control group did not show significant differences.

In a similar study involving senior medical students, a voluntary 2-day seminar on sexuality was presented using the Sex Knowledge and Attitude Test (SKAT) for pretesting and posttesting (Garrard, Vaitkus, & Chilgren, 1972). The seminars consisted of multimedia programs and small group discussions involving 12-14 individuals. Data results indicated that participants in the seminar showed a significant ($p$ = .001) pretest to posttest change by scoring higher on both the attitude and knowledge sections of the SKAT. In evaluating the value of the seminars, it was found that the majority of the students felt they had benefited from the experience and three-fourths of the students recommended the program unconditionally as part of the undergraduate medical curriculum.

There also have been studies reported which examined sexuality knowledge and attitudes of physicians and nurses in the absence of a specific education program. Cuthbert's study in 1961 is one of the earliest of such studies and was conducted for the purpose of determining the amount of sex knowledge possessed by a group of 67 2nd year nursing students enrolled in a diploma program. The test utilized in the study was the Sex Knowledge

Inventory which had "tentative percentile norms based on scores from 1,061 women with a median age of 20 years and an education median of 13 years" (Cuthbert, 1961, p. 145). The students tested scored higher than the normed group, but there were no norms established for nursing students at this time which could have been used to make further comparisons.

McCreary-Juhasz (1967) administered a sex knowledge questionnaire to 75 student nurses and 893 education students. The student nurses scored on the average of one out of six questions incorrectly and were particularly misinformed in the area of masturbation and male physiology. The results suggested to the author that both groups need additional education in these areas.

Another sex knowledge test was administered to a group of freshman and senior medical students and to freshman and senior law students (Sheppe & Hain, 1966). A comparison of the results between the two groups using the test showed no significant difference. Because the medical students' test scores were comparable to the scores which an "average educated lay person" (Sheppe & Hain, 1966, p.461) would be expected to obtain, it was the author's contention that the average medical school graduate is unprepared in knowledge of sexuality.

Lief and Payne (1975) compared 1,774 nursing students' scores from the Sex Knowledge and Attitude Test (SKAT) with those of a group of 828 registered nurses. The results indicated that nursing students were more knowledgeable and more liberal (higher scores) on all four attitude scales than the registered nurses, but both groups were less knowledgeable and more conservative than a previously tested group of female graduate and medical students. Additional findings reported by Payne (1976) were based on a comparison of SKAT scores between a group of 108 family-planning nurses and 67 baccalaureate senior nursing students. In this study, the nursing students again scored higher on both the knowledge and attitude tests than the registered nurses. The findings from both studies suggested to Lief and Payne (1975) "that selection processes have to be reexamined and that inservice education in human sexuality should be an immediate goal of nursing education" (p. 2029).

The most recent study reported using the Sex Knowledge and Attitude Test (SKAT) was conducted by Kuczynski (1980). A sample of 55 sophomore medical students and 55 graduate nursing students completed the questionnaire and the results were compared with each other and with those of the national normative scores of graduate nonmedical

students. The attitude mean scores of the graduate nursing students were significantly lower ($p < .01$) than the normative scores. The knowledge scores were also lower, but the differences were not significant at the .05 level.

In the comparison between scores on the attitude scales of the medical students and nursing students in this study, there were no significant differences (.05 level of significance) on the heterosexual and autoeroticism scales, but on the sexual myths scale the nursing students "had significantly more tolerant attitudes than the sophomore medical students" (Kuczynski, 1980, p. 341). In addition, the medical students had significantly higher scores (.05 level of significance) on the abortion attitude scale than the nursing students. The medical and nursing students' scores on the knowledge test were not significantly different at the .05 level.

Kuczynski (1980) in a discussion of the findings concluded that "on the basis of the results of this study it would appear that the medical and nursing students were no better informed about human sexuality than the average college graduate" (p. 342). This indicated to the author that education in human sexuality needs to be strengthened in both medical and nursing curricula.

## Sex Counseling During Pregnancy

In a retrospective survey study conducted by Holtzman (1976), questionnaires concerning sexual practices during pregnancy were administered to 25 women on the 2nd to 5th postpartum day. The author noted some difficulty in obtaining participants for this study because some of the women felt they could not discuss sexual practices with anyone, and physicians who were approached regarding the study felt that the subject matter of the questionnaire was not appropriate.

The survey results revealed that many of the patients "were given false information, limited information, or no information about sexual activity during pregnancy" (Holtzman, 1976, p. 34). Only 60% of the women were given any recommendations about sexual intercourse and many of the patients had sexual limitations placed on them as early as 28 weeks pregnant, even when experiencing normal antepartum courses. None of the women received recommendations about coital positions during pregnancy. All of the study participants asked questions on whether sexual intercourse was permissible during pregnancy and many curtailed sexual activity during this time due to fear of possible injury to the baby.

An increasing loss of libido during pregnancy experienced by the study participants indicated to the author

> That this normal physiology that may or may not occur in a woman during pregnancy should also be told to the patient as well as to her husband, to prevent husbands from feeling rejected and wives from feeling that they are no longer normal. (Holtzman, 1976, p. 34)

In addition, "open informative sexual counseling to the pregnant couple is necessary" (Holtzman, 1976, p. 34).

According to Ellis (1980), "sexuality in pregnancy is often given little attention by nurses and physicians in the process of counseling or caring for expectant parents" (p. 306). In order to determine the perceived needs of expectant parents in the area of sexuality, a study utilizing a questionnaire format was developed. Fifteen volunteer couples from expectant parent classes were interviewed to identify specific category areas and another 15 couples (30 individuals) completed the resulting self-administered questionnaire.

When asked to indicate sources of information about sexual activity and feelings during pregnancy; books, partners, and friends were the current sources, but "books, prenatal instructors, and physicians were the desired sources of information about sexual activities, and books and partners were the desired sources of

information about sexual feelings" (Ellis, 1980, p. 307). The areas of information desired by the respondents were intercourse during pregnancy, the relationship of breast size to breastfeeding ability, and sexual feelings and behavior during pregnancy. Other typical concerns noted by the couples also indicated to the author a need for providing more information. One such concern expressed by a number of the participants was the belief that intercourse should not be practiced for a period ranging from 18 to 3 weeks prior to delivery. The reasons for this belief ranged from disinterest and discomfort to fears of infection, injury to the mother and fetus, and premature labor (Ellis, 1980).

In discussing the implications of this study, Ellis (1980) stated that the results indicated "the need for increased awareness of and attention to the needs of expectant parents regarding sexuality during pregnancy" (p. 308). Of particular importance is the "need for prenatal instructors and physicians to deal with them comfortably and sensitively from a scientific knowledge base rather than an intuitive or traditional one" (Ellis, 1980, p. 308).

A similar survey study was conducted for the purpose of focusing on postpartum concerns of 42 couples following

the birth of their first child (Hames, 1980). Responses to the questionnaire showed that the study participants obtained most of their information regarding breast changes, vaginal bleeding, and sexual activity from classes and reading materials. Additional information which the women felt they needed during the postpartum period included:

> Length of time the breast would leak, treatment for engorgement, effect of emotions on milk supply, preparation for breastfeeding prior to delivery, physical changes in the breast, and more information on how breast changes affect one's sexual relationship. (Hames, 1980, p. 314)

In general, the couples felt they possessed adequate information regarding resumption of sexual intercourse, but those desiring additional information were concerned about when it was safe to resume sexual intercourse, what to expect about comfort, problems related to decreased lubrication, and chances of pregnancy.

Based on the data elicited in the study, Hames (1980) submitted several recommendations regarding the counseling needs of postpartum couples. These included individualized advice concerning sexual activity and resumption of intercourse as well as information regarding postpartum physiology and birth control.

## Summary

The first section of the literature review regarding sex knowledge and attitudes of nurses and physicians resulted in research findings encompassing three main areas. The first area included studies related to nursing student and faculty responses to the adequacy of and perceived need for sexuality content in the nursing curriculums. The second area was a description of various sexuality teaching programs and an evaluation of these programs in terms of perceived benefits and changes in sex knowledge and attitudes of the participants. The third area included studies which examined sex knowledge and attitudes of nurses, nursing students, and medical students in the absence of an additional educational program.

In addressing the issue of adequate preparation in sex education within nursing curriculums, the investigators reported that there is a significant need for inclusion of human sexuality topics in the nursing curriculums. However, varying deficiencies in this area within existing educational programs were also reported.

Examination of various human sexuality programs resulted in generally positive findings. These findings were both in the form of feedback from the participants regarding the perceived benefits of such programs as well

as documented increases in sexual knowledge and attitudinal changes in several posttesting situations.

Summarizing the results of the research studies involving sex knowledge and attitudes of nurses, nursing students, and medical students is difficult because of the limited number of studies reported in this area, the variety of tools utilized, and the wide range of groups tested and compared. However, in discussing the research findings, it was noted that the sex knowledge and attitudes of the various nursing and medical groups tested were less than optimal, particularly in terms of comparisons made with nonmedical or nursing groups. In addition, the need for further education in aspects of human sexuality for both populations was recommended.

In a second section of the review of literature, three survey studies related to sex counseling during pregnancy and postpartum were presented. Each of the investigators reported specific counseling needs that were identified by pregnant and postpartal couples.

# CHAPTER 3

# PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A descriptive ex post facto approach was utilized for this research study. The term ex post facto indicates that the research has been conducted after the variations in the independent variable have occurred and that the independent variable is not directly manipulated by the investigator (Polit & Hungler, 1978). In this study, nurses' knowledge and attitudes regarding human sexuality were examined utilizing a posttest-only design.

## Setting

The study was conducted in a large, private, denomination hospital in a metropolitan city located in the southwestern United States. The obstetrical service was staffed with 36 full-time registered nurses.

## Population and Sample

The population for this study consisted of the 36 registered nurses presently working on the obstetrical service located in this hospital. The criteria for subject participation in this study was full-time employment

as registered nurses. The sample was determined by those nurses who consented to participate.

## Protection of Human Subjects

Written permission to conduct this study was obtained from the Texas Woman's University Human Subjects Review Committee (Appendix A) and from the hospital research committee (Appendix B). To comply with guidelines for the protection of human subjects, all participants received a written description of the study including benefits and risks (Appendix C). In addition, the statement, "The return of this answer sheet will be construed as informed consent" was typed on the answer sheet accompanying each questionnaire.

## Instrument

The instrument utilized in this study was the Sex Knowledge and Attitude Test or SKAT (Appendix D) developed by Lief and Reed in 1970. The following description of the SKAT is based on information provided in the Sex Knowledge and Attitude Test Preliminary Technical Manual (Lief & Reed, 1972).

Research for the tool began in 1965 when a pool of questionnaire items was assembled from a survey of relevant literature, clinical experience, and socially

controbersial sex-related topic areas. A preliminary questionnaire was administered to 834 medical students in three countries for the purpose of making necessary modifications. Study of this information led to the design of a second experimental version, SKAT-Form 1.

The modified SKAT was completed by 2,274 medical students from 43 institutions. Examination of this second round of data led to the formulation of SKAT (Form 2) to be used in this study. This revised SKAT has been tested with 1,774 nursing students and 828 registered nurses during the 3-year period following the formulation of the present SKAT.

The SKAT is a questionnaire divided into four sections. Part I has questions related to attitudes and Part II tests knowledge in sexuality. Part III consists of 12 items asking for demographic information and Part IV consists of 32 items related to frequency of sexual encounters. Parts I and II were the only sections to be used in this study.

Part I consists of 35 items. Each item is placed into only one of four individual scales resulting in four separate scores. The four scales consist of: Heterosexual Relations (HR) Scale (Items 3, 7, 10, 16, 23, 27, 33, 34), Sexual Myths (SM) Scale (Items 14, 17, 26,

29, 30), Autoeroticism (M) Scale (Items 6, 9, 12, 29, 24, 32, 35), and Abortion (A) Scale (Items 4, 11, 13, 15, 18, 22, 25, 31). The Sexual Myths Scale deals with an individual's acceptance or rejection of commonly held sexual misconceptions. The Autoeroticism Scale deals with general attitudes toward the permissibility of masturbation. The Heterosexual Scale deals with an individual's attitude toward premarital and extramarital heterosexual encounters. The Abortion Scale deals with an individual's general social, medical, and legal feelings toward abortion.

All four scales utilize 5-point Likert-type response: strongly agree, agree, uncertain, disagree, and strongly disagree with the direction determined separately for each item. High scores (above 60) imply more liberal attitudes and low scores (below 40) imply a more conservative orientation.

Internal consistency reliability was estimated for each of the attitude scales through the calculation of coefficient-alpha. The reliability estimates are listed as: heterosexual relations, .86; sexual myths, .71; abortion, .80; and autoeroticism, .81. Each question was intended to obtain no more or less information than is implicit in the wording; therefore, all items in SKAT have face validity.

Part II of the SKAT contains 71 true-false questions regarding physiological, psychological, and social aspects of sexuality. Since this section was designed to be useful as a research tool and a classroom teaching aid, 21 of the true-false items were chosen for their heuristic value and 50 items were selected on the basis of psychometric considerations. Items designated as heuristic were considered by the authors to contain information which all medical or graduate students should know, but which previous research had indicated that at least 10% failed to answer correctly. In addition, the content of items designated as heuristic had to be of such a nature that each could serve as the focal point for either a lecture or group discussion.

The other 50 questions in the knowledge section had item difficulties ranging from .25 to .75 with point biserial correlations of .30 or greater. The reliability using the Kuder-Richardson formula was estimated at .87. All knowledge test items have both face and content validity. Scores for Part II are computed by adding the number of correctly answered test items.

Raw scores for both the knowledge and attitude tests are converted to normed scores with the use of a linear transformation formula. The normed population is based

on a sample of 851 1st through 4th year medical students. The normed mean score for the knowledge and attitude tests is 50.

To describe the sample, participants were asked to fill out a demographic data sheet (Appendix E). This form asked for age, basic education level, length of nursing employment, and length of employment working as an obstetrical nurse.

## Data Collection

After approval was obtained from the Texas Woman's University Human Subjects Review Committee and the hospital designated for this study, the investigator initiated the data collection procedure by distributing a research packet to each of the 33 nurses on the two obstetrical units. Three nurses were unavailable to participate in the study because of vacation leaves. A brief, oral description of the study (Appendix F) was given to all potential subjects during the first 10 minutes of their designated shifts.

Each packet contained a questionnaire, answer sheet, explanation of study sheet, and a stamped-addressed envelope for return to the investigator. The written explanation described the purpose of the study, rights as a

subject, and the benefits and risks to participation in the study. One week was indicated as the time limit for returning the questionnaires in the envelope provided for this purpose.

## Treatment of Data

Descriptive statistics were used to report the demographic data of this study. This type of statistical method is used to describe and synthesize data obtained from empirical observations and measurements (Polit & Hungler, 1978). The demographic variables of level of basic nursing education, age, length of employment as a registered nurse, and length of employment in obstetrical nursing were presented using frequencies and percentages. The percentages of correct answers (total raw scores) and corresponding normed scores from each respondent on the knowledge section of the SKAT were reported. The range of normed scores, means, and standard deviations for both the knowledge section and each of the attitude scales of the SKAT was also reported.

Hypotheses 1-5 were each tested using a one sample *t*-test. The *t*-test is a parametric procedure used to test the significance of the difference between group

means (Polit & Hungler, 1978). A level of significance at .05 was used for rejection of the hypotheses.

# CHAPTER 4

# ANALYSIS OF DATA

Analysis of the data, collected by means of a written questionnaire, is presented in this chapter. A description of the sample is provided in narrative and table form. The findings are presented and summarized.

## Description of Sample

In this investigation, a total of 27 registered nurses participated in the study. Table 1 summarizes the demographic data.

Regarding the demographic variable of age, the largest number of nurses indicated an age of 36 years and above. The largest number of nurses indicated diploma programs as the basic level of nursing education with the second highest category being a baccalaureate or higher degree. The largest number of nurses in the study indicated an employment length of 10 years or more as registered nurses. The second highest number of nurses were employed from 1 to 5 years. Regarding length of employment in obstetrical nursing, the highest number of nurses indicated the category of 1 to 5 years.

Table 1

Summary of Subject Demographical Information

| Demographic Category | Number | Percentage |
|---|---|---|
| Age | | |
| 20-25 years old | 6 | 22.2 |
| 26-30 years old | 6 | 22.2 |
| 31-35 years old | 2 | 7.4 |
| 36 years old and above | 13 | 48.2 |
| Total | 27 | 100.0 |
| Basic Level of Nursing Education | | |
| Diploma | 13 | 48.2 |
| Associate | 4 | 14.8 |
| Baccalaureate or higher degree | 10 | 37.0 |
| Total | 27 | 100.0 |
| Length of Employment as a Registered Nurse | | |
| Under 1 year | 4 | 14.8 |
| 1-5 years | 9 | 33.3 |
| 6-10 years | 2 | 7.5 |
| 10 years and above | 12 | 44.4 |
| Total | 27 | 100.0 |
| Length of Employment in Obstetrical Nursing | | |
| Under 1 year | 4 | 14.8 |
| 1-5 years | 12 | 44.4 |
| 6-10 years | 5 | 18.6 |
| 10 years and above | 6 | 22.2 |
| Total | 27 | 100.0 |

## Findings

Table 2 summarizes the results of all of the hypotheses tested in the present investigation. The mean, standard deviation, *t*-value, and level of probability for each section of the Sex Knowledge and Attitude Test is presented and compared with the normed population mean of 50.

Table 2

Hypotheses Results Summarized Including: Means, Standard Deviations, *t*-values, Levels of Probability

| Hypotheses | Mean | SD | *t* | *p* |
|---|---|---|---|---|
| Hypothesis 1: Knowledge test | 41.48 | 9.87 | 4.53 | $p < .0005$ |
| Hypothesis 2: Heterosexual Relations scale | 33.62 | 9.46 | 8.99 | $p < .0005$ |
| Hypothesis 3: Autoeroticism scale | 39.08 | 11.99 | 4.72 | $p < .0005$ |
| Hypothesis 4: Sexual Myths scale | 45.42 | 12.26 | 1.94 | $p = .032$ |
| Hypothesis 5: Abortion scale | 38.95 | 8.30 | 6.91 | $p < .0005$ |

The first hypothesis, which proposed that obstetrical nurses will score higher on the knowledge portion of the Sex Knowledge and Attitude Test than the normed population, was tested using a one-sample *t*-test. The probability that the sample mean was actually greater than or equal to 50 was $p < .0005$. Therefore, the hypothesis was rejected, and it can be concluded that obstetrical nurses scored lower than the normed population on the knowledge portion of the test.

The second hypothesis which proposed that obstetrical nurses will score higher on the Heterosexual Relations scale of the Sex Knowledge and Attitude Test than the normed population was tested using a one-sample *t*-test. The probability that the sample mean was actually greater than or equal to 50 was $p < .0005$. Therefore, the hypothesis was rejected, and it can be concluded that obstetrical nurses scored lower than the normed population on the Heterosexual Relations scale.

The third hypothesis, which proposed that obstetrical nurses will score higher on the Autoeroticism scale of the Sex Knowledge and Attitude Test than the normed population, was tested using a one-sample *t*-test. The probability that the sample mean was actually greater than or equal to 50 is $p < .0005$. Therefore, the hypothesis was

rejected, and it can be concluded that obstetrical nurses scored lower than the normed population on the Autoeroticism scale.

The fourth hypothesis, which proposed that obstetrical nurses will score higher on the Sexual Myths scale than the normed population, was tested using a one-sample *t*-test. The probability that the sample mean was actually greater than or equal to 50 is $p = .032$. Therefore, the hypothesis was rejected, and it can be concluded that obstetrical nurses scored lower than the normed population on the Sexual Myths scale.

The fifth hypothesis, which proposed that obstetrical nurses will score higher on the Abortion scale of the Sex Knowledge and Attitude Test, was tested using a one-sample *t*-test. The probability that the sample mean was actually greater than or equal to 50 is $p < .0005$. Therefore, the hypothesis was rejected, and it can be concluded that obstetrical nurses scored lower than the normed population on the Abortion scale.

## Additional Findings

The raw scores and percentages of correct answers from the Knowledge portion of the SKAT may be found in

Appendix G. The sample raw score mean was 32.63 (65.3% total correct answers).

None of the Attitude scale scores as indicated in Table 2 were above 60. Scores on the Sexual Myths, Abortion, and Autoeroticism scales were below 40.

## Summary of Findings

An analysis of Sex Knowledge and Attitude Test scores obtained from a sample of 27 obstetrical nurses was performed. Since all scores were lower than the normed population (less than 50), each of the five hypotheses proposed for this investigation was rejected. A score below 40 was reported for three of the attitude scales. A raw score mean of 32.63 or a percentage of 65.3 correct answers was reported for the Knowledge portion of the SKAT.

# CHAPTER 5

## SUMMARY OF THE STUDY

An ex post facto posttest-only study was conducted to describe obstetrical nurses' knowledge and attitudes of sexuality and to determine how this group compared with a normed population of 1st-4th year medical students in relation to sex knowledge and attitudes. Following discussion of the findings, conclusions and implications, and recommendations for further studies are provided.

### Summary

Data were obtained from 27 full-time, employed, registered nurses working on the obstetrical service in the same hospital. Following an oral explanation of the study, copies of a questionnaire and demographic data form were distributed individually to 33 nurses. Twenty-seven answer sheets and demographic data forms were returned by mail to the investigator within a 1-week period.

The demographic data form was used to identify the frequencies and percentages of the subjects' age, basic level of nursing education, length of employment as a

registered nurse, and length of employment in obstetrical nursing. The instrument utilized for the study was the Sex Knowledge and Attitude Test (SKAT) which contains five separate areas including: Knowledge, Sexual Myths, Autoeroticism, Abortion, and Heterosexual Relations. Using a one-sample t-test, each of five hypotheses related to the five areas was tested to determine if the study sample would score higher than the normed population on the Sex Knowledge and Attitude Test.

## Discussion of Findings

Analysis of data collected for the present investigation resulted in rejection of each of the five hypotheses because the sample of obstetrical nurses scored lower in all test areas than the normed sample of 1st through 4th year medical students. These results indicated that the study sample was less knowledgeable and more conservative on each of the attitude scales than the normed population. Of particular significance to this study were the scores on the Sexual Myths, Abortion, and Autoeroticism scales. These scores were not only below the normative mean, but were also lower than the standard of 40 which implies a strong conservative orientation in these areas.

The results from this study were found to be very similar to the Sex Knowledge and Attitude Test score results of two other groups of nurses previously tested. The normed mean score for the present investigation sample was 41.48 on the Knowledge test as compared to 43.90 in a group of 828 registered nurses (Lief & Payne, 1975). Payne (1976) also reported SKAT scores obtained from a group of 108 family-planning nurses. A normed mean Knowledge score of 37.36 for this group was found to be lower than the obstetrical nurses in the present investigation. On the Heterosexual Relations scale, the family-planning nurses scored a normed mean of 33.07 as compared to 33.62 for the obstetrical nurses. On the Sexual Myths scale, the family-planning nurses scored 42.72 as compared to a scale score of 45.42 in the present investigation. The score results were again similar on the Autoeroticism scale as the family-planning nurses scored 36.27 and the obstetrical nurses from this investigation had a normed mean score of 39.08. Since the issue of abortion is particularly relevant to nurses working in both obstetrics and family planning, it is important to note the scores obtained on the Abortion scale of the SKAT. A conservative normed mean score of 38.95 was obtained from the

obstetrical nurses in this study and a similar score of 37.18 was obtained from the family-planning nurses.

Correlations between the SKAT scores and the demographic variables were not obtained in this study, but Payne (1976) provided some data in this area. In this study, most of the nurses (48%) were 36 years and older. Regarding the Abortion scale results, Payne (1976) found that family-planning nurses under 40 years of age scored significantly higher ($p < .01$) than family-planning nurses over 40 years of age. This finding may suggest the influence of age on the conservative scores on the Abortion scale obtained from the nurses in this study.

With regard to the variable of nursing education, Payne (1976) reported that collegiate (including six associate degree nurses) family-planning nurses scored higher on the SKAT than the diploma nurses, but only the Knowledge mean differences were significant ($p < .05$). Although the largest group of nurses in this study were diploma graduates (48%), statements regarding the influence of nursing education on SKAT scores cannot be made because of the large number of collegiate degreed nurses.

An examination of length of nursing experience and length of experience in a specific clinical area as influencing variables on SKAT scores has not been reported

in previous studies. Because of the wide range of separate group totals within each of these variables, again, statements regarding the influences of these variables on test results cannot be made.

## Conclusions and Implications

Findings from the present study supported the following conclusions:

1. Obstetrical nurses in this sample have acquired a level of knowledge and developed certain attitudes toward sexuality in support of Israel's (1966) theory of role-learning.

2. Obstetrical nurses in this sample are less knowledgeable in the area of sexuality than 1st through 4th year medical students.

3. Obstetrical nurses in this sample are more conservative in attitudes toward sexuality than 1st through 4th year medical students.

4. When compared to family-planning nurses previously studied, obstetrical nurses in this sample have a similar level of knowledge in the area of sexuality.

5. When compared to family-planning nurses previously studied, the obstetrical nurses in this sample have similar attitudes toward sexuality.

6. Obstetrical nurses in this sample have a strong conservative orientation toward abortion issues.

7. Obstetrical nurses in this sample have a strong conservative orientation toward the permissibility of masturbation.

8. Obstetrical nurses in this sample have a strong conservative orientation toward commonly held sexual misconceptions.

The implications of this study can be discussed in terms of both basic nursing education and continuing inservice education needs. According to the review of literature, there is general agreement among nurses and nurse educators of the need for providing patients with both accurate sex information and an understanding and tolerance of individual sexual problems particularly in the area of obstetrical nursing. The typical nursing curriculum provides courses covering reproductive physiology and anatomy, but there continues to be little attention to the provision of specific sexuality content and related nursing interventions and counseling techniques.

It is suggested that nursing schools provide the students with an adequate knowledge base in the broad area of sexuality as well as in relation to specific patient

problems through the use of specific courses or seminars designed for this purpose. In addition, an opportunity for students to examine personal biases and attitudes toward sexuality issues could be integrated within such courses. Nurses are not expected to alter personal values, but they do need to acknowledge attitudes toward various issues and then proceed toward the development of nonjudgmental attitudes necessary for dealing with patient care situations in the sensitive area of sexuality.

The literature indicated that not all nursing faculty members are adequately prepared to fulfill the teaching needs of nursing students. This may suggest that faculty members could also benefit from sexuality seminars or courses. In view of the increase of research in the area of sexuality, at least an up-date on the most current information would be helpful. The need for well-informed faculty members is particularly important since nursing instructors often represent the student's first role-model for delivering nursing care.

Meeting the educational needs of nursing students is only part of the continuing process necessary for improving nurse's knowledge of sexuality. The results from this study and others indicated that nurses already functioning in the total care of patients have less knowledge in the

area of sexuality than medical students. This includes both nurses who are new graduates as well as those who have over 10 years of experience in the profession. Since this level of knowledge may be considered less than optimal, a suitable vehicle for making improvements in this area must be found.

One answer may lie in the use of hospital inservice education programs. Inservice educators are in a key position within the hospital setting both to assess the specific learning needs of individual nurses and staff groups and to design appropriate program formats containing content which serves to meet these needs. Instruments such as the SKAT could be used as tools to supplement the assessment process or incorporated into pretesting and posttesting situations with an educational program as has been described in previous studies. The inservice educators may find that seminars could be developed to meet the broad or generalized learning needs related to sexuality combining nurses from various backgrounds and disciplines while others could be developed for nurses within defined specialty areas such as maternity, oncology, and rehabilitation.

In addition to the Knowledge test results from the SKAT, it is important to note the findings on the

attitude scales. In particular, the Abortion scale scores are significant in terms of the population tested in this study. Both the family-planning nurses previously studied and the obstetrical nurses from this study indicated rather conservative attitudes toward abortion issues. In view of the fact that nurses in both these areas are typically involved to some degree in either the care or counseling of patients either receiving or considering abortion, it is essential that the topic is emphasized in both educational programs and staff discussions. This group of nurses, in particular, need the opportunity to acknowledge attitudes toward abortion and discuss the potential impact of such attitudes on patient care. Again, to provide the focus of discussions, it may be helpful to pinpoint the specific areas through use of such tools as the SKAT.

## Recommendations for Further Study

From the findings of the study, the following recommendations for further study were suggested.

1. Conduct research pertaining to obstetrical nurses' knowledge and attitudes toward specific issues related to abortion.

2. Conduct research related to nurses' attitudes toward abortion and the resulting impact on patient care.

3. Conduct research regarding obstetrical nurses' knowledge of sexual counseling during pregnancy.

4. Conduct research to evaluate the use of inservice education programs on sexuality for nurses in the hospital setting.

5. Conduct research which will evaluate the affect of age, length of nursing experience, and previous education (including basic educational preparation) on knowledge and attitudes of sexuality.

# APPENDIX A

TEXAS WOMAN'S UNIVERSITY
Box 23717, TWU Station
Denton, Texas 76204

1810 Inwood Road
Dallas Inwood Campus

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Linda Mayberry Center: Dallas

Address: 3006 Preston Ct. Date: 12/16/81

Rockwall, Texas 75087

Dear Ms. Mayberry:

Your study entitled Obstretrical Nurses' Knowledge and Attitudes in Sexuality

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

_____ Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

_____ Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

____ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

__XX__ Other: Add statement in presentation letter that participation or non-participation will not influence their employment in any way.

____ No special provisions apply.

Sincerely,

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

# APPENDIX B

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Linda J. Mayberry
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

How do obstetrical nurses compare with a normed population in relation to attitudes and knowledge of sexuality as measured by the Sex Knowledge and Attitude Test (SKAT)?

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other desires copy of completed

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

# APPENDIX C

# WRITTEN DESCRIPTION OF STUDY

Please read the following:

I am Linda Mayberry, a graduate nursing student at Texas Woman's University and am conducting a study for my thesis on nurses' attitudes and knowledge of selected aspects of human sexuality. In order to obtain this information, I am utilizing a questionnaire. Your participation in this study would be very helpful as it would provide information on areas for teaching human sexuality to nurses and could lead to the improvement of quality care for patients. In addition, completion of the questionnaire may stimulate your professional interest in the subject area of this study.

Your participation in this study is both voluntary and anonymous. Participation or nonparticipation will not influence your employment in anyway. Your name, social security number, or employee number is not asked for on the answer sheets. Return of the answer sheet will be construed as your willingness to participate in the study.

There are two potential risks to you as a participant. They include the following:

1. The possibility of embarrassment resulting from evaluating your own attitudes and knowledge of the subject under investigation.

2. The possibility of improper release of data.

In order to reduce the possibility of embarrassment and/or the improper release of data, no records will be made of your participation and no individual test score will be made public. The data will be reported as group data. Whether or not you choose to participate, I thank you for your cooperation and time.

To Participants:

If you choose to participate in the study, please read the instructions contained in the questionnaire carefully and complete the questionnaire as instructed. After finishing the questionnaire, place the completed answer sheet in the envelope provided and mail to the investigator within one week. The questionnaire may be discarded or retained at your own discretion.

Thank you for taking time out of your busy schedule to serve as a participant.

# APPENDIX D

The Sex Knowledge and Attitude Test is a copyrighted instrument which may be obtained from:

Dr. Harold Lief
Division of Family Study
Department of Psychiatry
University of Pennsylvania
School of Medicine
4025 Chestnut Street
Philadelphia, Pennsylvania 19104

# APPENDIX E

Demographic Data Sheet

This information will be treated as confidential and will be used for research purposes only. In no way will it be used to reveal anyone's identity. Place an X on the line which is associated with the response that best describes you, or fill in the requested information.

I. Age at last birthday:

_____ 20-25 years old

_____ 26-30 years old

_____ 31-35 years old

_____ 36 years old and above

II. Basic level of nursing education:

_____ Diploma _____ Associates

_____ Baccalaureate or higher degree

III. How long have you worked as a registered nurse?

_____ under 1 year _____ 6-10 years

_____ 1-5 years _____ 10 years and above

IV. How long have you worked in obstetrical nursing?

_____ under 1 year _____ 6-10 years

_____ 1-5 years _____ 10 years and above

General Instructions:

After completing the demographic information section, complete all questions in "Part I: Attitudes" and "Part

II: Knowledge" by marking your answers on the answer sheet provided with the questionnaire. Use your own pen or pencil, or the pencil provided, to mark your answers.

When you have completed the questionnaire, place the answer sheet in the stamped, addressed envelope provided and mail to the investigator within one week.

# APPENDIX F

# ORAL DESCRIPTION

My name is Linda Mayberry. I am a graduate student at Texas Woman's University and would appreciate your help in my research study on nurse's knowledge and attitudes on human sexuality. The packet I've given you contains a questionnaire, answer sheet, written description of the study, and a return envelope. If you're interested in becoming a research participant, please read the study description and examine the other materials in the packet. If after reading the materials you decide to become a research participant, read the instructions carefully, fill out the questionnaire on the answer sheet, and mail only the answer sheet in the stamped envelope provided. Participation in this study is voluntary. I will not be keeping any records of nurse's names so your participation or nonparticipation in the study will not be disclosed. Thank you for your help.

# APPENDIX G

Knowledge Test Results from the SKAT

| Subject | Raw score | Percentage | Normed score* |
|---|---|---|---|
| 1 | 40 | 80 | 53.17 |
| 2 | 33 | 66 | 39.86 |
| 3 | 34 | 68 | 41.76 |
| 4 | 41 | 82 | 55.07 |
| 5 | 30 | 60 | 34.16 |
| 6 | 36 | 72 | 45.56 |
| 7 | 41 | 82 | 55.07 |
| 8 | 42 | 84 | 56.97 |
| 9 | 36 | 72 | 45.56 |
| 10 | 37 | 74 | 47.47 |
| 11 | 25 | 50 | 24.65 |
| 12 | 43 | 86 | 58.87 |
| 13 | 30 | 60 | 34.16 |
| 14 | 23 | 46 | 20.85 |
| 15 | 32 | 64 | 37.96 |
| 16 | 31 | 62 | 36.06 |
| 17 | 35 | 70 | 43.66 |
| 18 | 39 | 78 | 51.27 |
| 19 | 29 | 58 | 32.26 |
| 20 | 33 | 66 | 39.86 |
| 21 | 33 | 66 | 39.86 |
| 22 | 31 | 62 | 36.06 |
| 23 | 27 | 54 | 28.45 |
| 24 | 39 | 78 | 51.27 |
| 25 | 31 | 62 | 36.06 |
| 26 | 31 | 62 | 36.06 |
| 27 | 32 | 64 | 37.96 |

* Normed mean score = 50.

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