

Determination of Nurses' Attitudes and Beliefs on Sexual Care Towards Urology Patients

Hemşirelerin Üroloji Hastalarına Yönelik Cinsel Bakıma İlişkin Tutum ve İnançlarının Belirlenmesi

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Özet

Amaç: Tanımlayıcı tipteki bu araştırmanın amacı üroloji hemşirelerinin cinsel bakıma ilişkin tutum ve inançlarının belirlenmesidir.

Gereç ve Yöntemler: Bu çalışmanın verileri Mayıs-Ağustos 2020 tarihleri arasında internet üzerinden toplanmıştır. Çalışmanın örneklemini, çalışmaya katılmayı gönüllü olarak kabul eden, internet kullanabilen, üroloji hastalarına bakım verilen kliniklerde çalışan 118 hemşire oluşturmuştur. Araştırmanın verileri hemşirelerin sosyodemografik özelliklerine yönelik sorular ve Cinsel Tutum ve İnanç Ölçeği'ni içeren veri toplama formu kullanılarak toplanmıştır. Verilerin analizinde sayı ve yüzde dağılımı, Kruskal-Wallis, Mann-Whitney U testi, Spearman Korelasyon Analizi kullanılmıştır.

Bulgular: Hemşirelerin yaş ortalaması 32,61±6,73 (min:22, maks:46) yaş olarak belirlenmiştir. Bu çalışmada Cinsel Tutum ve İnançlar Ölçeği ortalama puanı 40,86±8,57 (min:15 maks:65) olarak belirlenmiştir. Hemşirelerin %79,7'sinin (n:94) hastalarının cinsel sorunlarını tartışmak için zaman ayırmadığı saptanmıştır. Hemşirelerin medeni durumu (U:1190,00 p:0,010) ve cinsel bakım konusunda eğitim alma (U:1052,00 p:0,007) durumlarının cinsel tutum ve inançlarını etkilediği saptanmıştır. Hemşirelerin hastalarına cinsel bakıma ilişkin danışmanlık verme konusunda kendilerini yeterli hissetme puan ortalamalarının 10 üzerinden 4,25±2,39 (min:0 maks:10) olduğu belirlenmiştir. Hemşirelerin hastalarına cinsel ba-

Abstract

Objective: The aim of this descriptive research is to determine the attitudes and beliefs of urology nurses regarding sexual care.

Material and Methods: The data of this study were collected via internet between May and August 2020. The sample of the study consisted of 118 nurses who voluntarily agreed to participate in the study, able to use internet and working in clinics which urology patients are cared for. The data of the study were collected using data collection form that consists questions regarding the sociodemographic characteristics of the nurses and Sexual Attitudes and Belief Scale. Number and percentage distribution, Kruskal-Wallis, Mann-Whitney U test, Spearman Correlation Analysis were used in the analysis of the data.

Results: It was determined that the average age of the nurses was 32.61±6.73 (min:22, max:46) years. In this study, the mean score of the Sexual Attitudes and Beliefs Scale was determined as 40.86±8.57 (min:15 max:65). It was found that 79.7% (n:94) of the nurses did not spare time to discuss the sexual problems of their patients. It was found that the marital status of the nurses (U:190.00 p:0.010) and being educated about sexual care (U:1052.00 p:0.007) affected their sexual attitudes and beliefs. It was determined that the mean score of the nurses to feel themselves competent in providing counseling regarding sexual care to their patients was 4.25±2.39 (min:0, max:10) out of 10. It was determined that the

The study was approved by the Ethics Committee of İzmir Bakircay University (Approval number: 2020/08-08) and the Board of Directors of the Association of Urology Nurses. All research was performed in accordance with relevant guidelines/regulations, and informed consent was obtained from all participants.

kıma ilişkin danışmanlık verirken kendilerini rahat hissetme puan ortalamalarının ise 10 üzerinden $4,32 \pm 2,63$ (min:0 maks:10) olduğu saptanmıştır.

Sonuç: Bu çalışma sonucunda üroloji hemşirelerinin hastalara cinsel bakıma yönelik danışmanlık vermesinde orta düzeyde engel olduğu, kendilerini yeterli ve rahat hissetmedikleri belirlenmiştir. Hemşirelik eğitim müfredatlarının cinsel sağlık ve bakım konusunda güçlendirilmesi önerilmektedir.

Anahtar Kelimeler: Üroloji; cinsel bakım; tutum; inanç

mean score of the nurses for feeling comfortable while giving counseling to their patients regarding sexual care was 4.32 ± 2.63 out of 10 (min:0 to max:10).

Conclusion: In conclusion, it has been determined that urology nurses have a moderate obstacle in providing consultancy to patients about sexual care, and do not feel comfortable and comfortable. It is recommended to strengthen nursing education curricula on sexual health and care.

Keywords: Urology; nurse; sexual care; attitude; belief

INTRODUCTION

Sexuality and healthy sexual life are important and inseparable parts of being human as they are considered to be significant indicators of life quality(1,2) practice, attitude and beliefs toward sexual health assessment of patients with coronary artery diseases in practice. Descriptive correlational design was used; the sample consisted of 84 nurses in cardiac clinics at two major educational hospitals. Data collection included demographic data and nurses' knowledge and practice of sexual health assessment. Nurses' attitude was measured using Sexuality Attitude and Belief Survey (SABS). There are many factors that affect individuals' sexual lives. One of the most important factors is the diseases that especially affect the systemic structure and functions of the urinary system and surgical treatment methods. Urinary system diseases and treatments may cause certain symptoms and complications that affect life quality negatively by making changes in genital hormones, organs, and structures(3). Sexual dysfunction is one of the most important complications of the disease and the treatment process. Along with sexual dysfunction, these patients also experience problems with sexual desire and mental health, sexual function disorder due to the different ejaculation and orgasm process, and different dynamics of the couple's intimacy(3). However, if the patient has a stoma, the change in the physical appearance may cause changes in sexual life. When the sexual lives of individuals are affected due to any diseases or treatments, their physical, social, and mental healths are also affected. This leads to a decrease in the life qualities of individuals(2,4,5)epidemiologic data on sexual dysfunction are relatively scant for both women and men. Objective To assess the

prevalence and risk of experiencing sexual dysfunction across various social groups and examine the determinants and health consequences of these disorders. Design Analysis of data from the National Health and Social Life Survey, a probability sample study of sexual behavior in a demographically representative, 1992 cohort of US adults. Participants A national probability sample of 1749 women and 1410 men aged 18 to 59 years at the time of the survey. Main Outcome Measures Risk of experiencing sexual dysfunction as well as negative concomitant outcomes. Results Sexual dysfunction is more prevalent for women (43%).

According to the American Nursing Association (1974), 'evaluation of the individuals' sexual healths and revealing their sexual concerns' are parts of professional nursing applications(6). According to The North American Nursing Diagnosis Association (Nanda, 1980), 'Sexual Function Disorder' is among nursing diagnosis(7). This shows that sexual problems should be addressed by nurses around the world.

Urology nurses also have significant responsibilities for giving counseling on sexual care. The responsibilities of urology nurses for sexual care are the evaluation of sexual health, determination of the problem, solving the problem by applying proper nursing initiatives, and maintaining sexual health(8,9). Studies on sexuality show that patients are willing to tell their sexual problems to nurses; however, nurses cannot be efficient in sexual care both because their knowledge about sexuality is not adequate and their beliefs about sexual care. (10–14)beliefs, and practices regarding sexuality care for patients with cardiovascular disease. Background: Limited sexual activity is common among patients with cardiovascular disease, yet assessment of sexuality

and counselling is frequently not undertaken by nurses. Design: Cross-sectional study. Methods: This study recruited 268 cardiac nurses from seven tertiary hospitals in five cities of Henan province. The Sexual Attitudes and Beliefs Survey, along with investigator-developed questions regarding practices and perceived barriers, was administered to the nurses. The STROBE checklist was used to ensure quality reporting during this observational study (see Supporting Information Data S1 Nurses do not consider sexual care as their responsibility, which leads to insufficient time for sexual problems. However, nurses are health professionals that individuals meet the first and for the longest time in healthcare organizations, and they have a key role in giving sexual care. Also, it is important that factors which affect the nurses' attitudes and beliefs about the evaluation of sexuality and counseling to increase the life quality of the patients. For this reason, the present study was conducted to identify the attitudes and beliefs of urology nurses regarding sexual care.

MATERIAL AND METHODS

The data of the present study (descriptive type) were collected by using an online survey system between the dates May-August 2020. The sample of the study was 118 service and polyclinic nurses who worked in clinics that provided care for urology patients during study time, who could use the internet, and who agreed to participate in the study. Surgical and intensive care nurses were not included in the study.

The data of the study were collected by the researchers through the internet data collection form which was created in accordance with the related literature. The data collection form consisted of two sections. The first section consisted of 24 questions that aimed to evaluate the nurses' socio-demographic information and their experiences in sexual care. Socio-demographic characteristics included age, gender, marital status, educational status, the hospital, working time in the profession, and urology clinic where they worked. Experiences in sexual care evaluated their information resources about sexual care and sexual counseling experiences for the patients that they provided care for. The second section of the form included the sexual attitude and belief scale (SABS). The scale was used to

determine nurses' attitudes and beliefs about sexual care. The sexual attitude and belief scale was developed by Reynolds and Magnan in 2005. Cronbach's Alpha value of the original scale was 0.75 and 0.82 in repetitive measurements. Adaptation of the scale to Turkish was made by Ayhan et al. Cronbach's alpha value of the Turkish scale was 0.73. The scale consisted of 12 items. Marking was performed on a 6-point Likert-type scale for each item. To avoid biasness when answering the scale, 6 of the 12 items (1., 2., 4., 6., 8., 10., 12. items) scored in reverse. The lowest score that could be taken from the scale was 12, the highest score was 72. A high scale score indicated an increase in negative attitudes and beliefs about sexual care(12).

The data collection form was published electronically on May 26, 2020, at <http://www.surveey.com/SurveyStart.aspx?lang=1&surv=6c8c55f1f2054e7b-92496fc6d90e9637>. An invitation that consisted of the objective and link of the study was sent to nursing groups on social media and nurses registered in the Urology Nurses Association via e-mail. To increase participation, a reminder message was sent to nurses two weeks after the first invitation letter was sent. IP auditing was provided to ensure that the participant completed the survey only once. It took the nurses about 7-10 minutes to complete the data collection form. Data collection forms that were filled out online were backed up daily by researchers.

The study was approved by the Ethics Committee of Izmir Bakircay University (Approval number: 2020/08-08) and the Board of Directors of the Association of Urology Nurses. The necessary explanations about the objective and application of the study were given to the nurses who participated in the study in the first part of the data collection form. Filling out the question form in accordance with this information was accepted as an approval for participation in the study. Written permission was obtained by e-mail for the sexual attitude and belief scale to be used in the research.

The data that were obtained from the study were analyzed in the Statistical Package for the Social Sciences (SPSS) 20.0 program. Number and percentage distributions were used to evaluate the data. The Shapiro Wilk test was used to determine whether the data

showed normal distribution. Kruskal-Wallis, Mann Whitney U test, Spearman Correlation Analysis were used for nonparametric data. In all results, values that were less than p-value 0.05 were considered statistically significant ($p < 0.05$).

RESULTS

Of the nurses who participated in the study, 89.8% (n: 106) were women, 61.0% (n: 72) were married. The average age of nurses was 32.61 ± 6.73 (min: 22, max: 46) years old. Of the nurses, 5.1% (n: 6) graduated from the vocational school of health, 5.1% (n: 6) had associate degrees, 62.7% (n: 74) had bachelor's degrees, and 27.1% (n: 32) had master degrees. The study found that of the nurses, 11.9% (n: 14) worked in private hospitals, 40.7% (n: 48) worked in a hospital affiliated to the Ministry of Health, and 47.5% (n: 45) worked in university hospitals. The median working time of nurses in the profession was 9 (min: 1, max: 25) years, and the median working time as a urology nurse was 2 (min: 1, max: 20) years. It was found that 47.5% (n: 56) of the nurses who participated in the study provided care only for urology patients in the clinics where they worked.

Table 1 shows the distribution of the sexual care experiences of the nurses who participated in the study. Of the nurses, 78.0% (n: 92) stated that providing care and counseling about sexual subjects was one of the responsibilities of nurses. The average score of nurses' feeling adequate in giving sexual counseling to patients was 4.25 ± 2.39 (min: 0 max: 10) over 10. The average score of nurses' feeling comfortable when giving sexual counseling to patients was 4.32 ± 2.63 (min: 0 max: 10) over 10.

Table 2 shows the distribution of factors affecting nurses' giving counseling to their patients on sexual concerns/care.

Table 3 shows the nurses' average scores of sexual attitude and belief scale. The study found that SABS item score averages varied between 2.59 and 4.34, and scale total score average was 40.86 ± 8.57 (min: 15 max: 65).

The study found that there was no statistically significant difference between the nurses' ages, sexes, the hospitals where they worked, their working time at the profession as urology nurses, and the patient group for

which they provided care and the SABS total score average ($p > 0.05$).

It was determined that the average SABS score of married nurses was significantly higher than the average SABS score of single nurses (U: 1190.00 p: 0.010).

The study found that the SABS score averages of nurses who did not receive training on sexual care were significantly higher than those who received training (U: 1052.00 p: 0.007).

The study found that SABS score averages of nurses who did not believe that it was one of the nurses' responsibilities to provide care and counseling on sexual subjects were higher than those who believed it was nurses' responsibility (U: 530.00 p: 0.0001).

The study found that there was a negatively significant correlation between the SABS score averages and nurses' feeling adequate ($r: -0.318$ p: 0.0001) and comfortable ($r: -0.464$ p: 0.0001) in giving counseling on sexual care.

DISCUSSION

The present study, in which the Sexual Attitude and Belief Scale score average was 40.86 ± 8.57 (min:15 max:65), found that there was a mediocre obstacle to the nurses to evaluate the patients' sexual problems and give counseling accordingly. The SABS score averages in the studies that were conducted in Turkey varied between 41.58 and 44.65(10,15-18). When compared to the similar studies that were conducted in Turkey, the lowest score average was determined in the present study. Thus, it can be said that the nurses who participated in the present study had fewer obstacles to the evaluation of sexual problems and giving counseling accordingly. It is believed that this difference is since the sample group consisted of urology nurses who may be more experienced as they encounter a group of patients with more needs for sexual care when compared to other nurses' group.

The results of the present study were found to be similar to the study that was conducted by Saunamäki et al. (2010) in Sweden(5). Also, it was found that the results of the present study were lower than the results of the studies that were conducted in countries where eastern culture is dominant, such as China and Jordan(1,2,11). The results were found to be higher

Table 1. Distribution of nurses' experience of sexual care

	n	%
Status of receiving training for sexual care		
Received	38	32.2
Did Not Receive	80	67.8
Willingness to receive training in sexual care and counseling		
Willing	90	76.3
Not Willing	28	23.7
Status of giving counseling to patients on sexual care		
Provides	44	37.3
Does Not Provide	74	62.7
Status of the existence of a protocol regarding sexual care in the institution		
Exists	2	1.7
Does Not Exist	80	67.8
Does Not Know	36	30.5
Frequency of conversation with patients about sexual concerns/care		
Never	42	35.6
Rarely	58	49.2
Sometimes	14	11.9
Often	2	1.7
Always	2	1.7
Frequency of actively initiating conversation with patients about sexual concerns/care		
Never	48	40.7
Rarely	40	33.9
Sometimes	22	18.6
Often	6	5.1
Always	2	1.7

Table 2. Distribution of factors that affect nurses to give counseling to their patients on sexual concerns/care

Affecting Factors	n	%
Fearing that sexual activity will affect the patient's health	34	28.8
The Patient's Being Single	38	32.2
The age gap between nurses and patients	38	32.8
Not considering sexual concerns as problems	44	37.3
Patients' being old	54	45.8
Shyness	64	54.2
Feeling uncomfortable	68	57.6
Believing that sexual issues are too private to discuss with patients	70	59.3
Lack of time	72	61.0
Lack of information	78	66.1
Uncertainty of how to communicate with patients	80	67.8
Lack of experience	80	67.8
Believing that patients would not want to talk about their sexual concerns with nurses	84	72.4
Lack of safe and private environments	86	72.9
Fearing that patients might be offended/embarrass	88	74.6

Table 3. Sexual attitude and belief scale score averages of nurses

Scale Items	$\bar{x}\pm SS$	Participated		Did Not Participate	
		n	%	n	%
* Discussion of sexuality is necessary for the health of the patient.	2.64±1.51	86	72.9	32	27.1
* I understand how my patients' diseases and treatments can affect their sexuality.	3.02±1.26	70	59.3	48	40.7
I am uncomfortable talking about issues related to sexuality.	2.93±1.39	88	74.6	30	25.4
*I am more comfortable talking to my patients about sexual issues than most nurses I work with.	3.64±1.51	50	42.4	68	57.6
I believe most hospitalized patients are too sick to deal with sexuality.	2.95±1.52	80	67.8	38	32.2
* I create time for my patients to discuss their sexual problems.	4.34±1.32	24	20.3	94	79.7
When my patients ask me questions about sexuality, I suggest they talk to their doctor about it.	3.61±1.55	64	54.2	54	45.8
* I trust my ability to diagnose the patient's sexual problems.	3.97±1.47	40	33.9	78	66.1
Sexuality is a too private to discuss with patients.	3.32±1.55	70	59.3	48	40.7
* It is a nursing responsibility to allow the patient to talk about their sexual problems.	3.63±1.62	50	42.4	68	57.6
Sexuality should only be discussed if it is initiated by the patient.	2.59±1.21	98	83.1	20	16.9
* Patients expect nurses to ask questions about their sexual problems.	4.22±1.33	26	22.0	92	78.0
Total Score	40.86±8.57				

* *Positive expressions*

than the results of the studies that were conducted in countries where western culture is dominant, such as America and Portugal(13,19). It is believed that this was because the attitudes and beliefs about sexual care show differences across cultures. It can be said that giving counseling on sexual care is an obstacle to nurses as a cultural taboo in eastern cultures.

In the literature, it is stated that the obstacles that the nurses face while giving counseling on sexual care show differences(10,16–20). The present study found that the average score of "I create time to discuss my patients' sexual problems" item was the highest (4,34±1,32). Also, it was found that the majority of the nurses (79.7%) did not take the time to discuss their patients' sexual problems. Similarly, it is stated that the biggest obstacle to nurses is to create time for their patients' sexual problems in the literature(5,16–18,21).

This attitude is believed to be due to the fact that nurses do not consider sexual care as a priority alongside workload.

The study found that the SABS score averages of nurses who did not receive training on sexual care were significantly higher than those who received training (U: 1052.00 p: 0.007). In other words, it was determined that nurses who received training on sexual care faced fewer obstacles when giving counseling to their patients on sexual care. This is an expectable result. It is known that as healthcare professionals become more knowledgeable about sexual care, their perceived obstacles to sexual care decrease(5,17,20,22). In this context, the results are similar to the literature.

A study by Gültürk et al. (2018) found that single nurses face fewer obstacles when giving counseling on sexual care than married nurses(18). The present study

also found that single nurses felt fewer obstacles when giving counseling on sexual care.

As a result, it was determined that the rates of urology nurses in giving counseling to patients on sexual care were limited. In addition, it was found that nurses had a moderate obstacle to giving counseling on sexual care, and they did not feel adequate and comfortable. In this direction, it is recommended that undergraduate, graduate, and in-service education programs include more issues related to sexual health and care.

Conflict of interest

All authors declare no conflict of interest.

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Ethical Approval

The study was approved by the Ethics Committee of Izmir Bakircay University (Approval number: 2020/08-08) and the Board of Directors of the Association of Urology Nurses and written informed consent was received from all participants. The study protocol conformed to the ethical guidelines of the Helsinki Declaration.

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