

A COMPARATIVE STUDY:
THE IMPORTANCE PLACED ON SEXUAL COUNSELING
BY
THE QUADRIPLAGIC MALE
AND
THE REGISTERED NURSE

by
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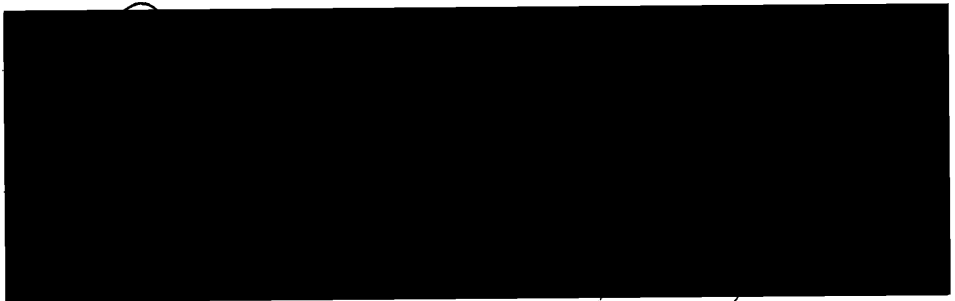
A COMPARATIVE STUDY:
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This thesis or project submitted by Judith V. Hodnett
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of the requirements for the degree of Master of Science in Nursing.

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CHAPTER I

INTRODUCTION

In the culture of the United States a high value is placed upon one's physical appearance, physical abilities, and ability to function independently. Perhaps in no situation are these qualities more important than when interacting with someone on a sexual level. Frankel (1974) found that the individual with a spinal cord lesion has his very psychosocial existence threatened because sex is so interwoven with our interpersonal life.

Each year, in the United States alone, there are approximately ten thousand new cases of spinal cord-injury. Of these ten thousand, most are twenty-five years old or younger (Bucy, 1969; kersenbrock, 1973). The latest statistics from the Public Health Service (1973) show that there were one hundred fifty seven thousand (157,000) individuals in the United States who were paralyzed due to injury in 1971. Of these one hundred fifty seven thousand (157,000) paralyzed individuals, one hundred seventeen thousand (117,000) were males. According to O'Connor (1971) these young men are in their active years, and they are faced with a threatening injury to their self-esteem directly related to sexual function. More and more the young spinal cord-injured are demanding counseling and straight answers to questions regarding sex and their own lives. Yet, according to Comarr (1972) the topic of sexual function is a topic too frequently avoided by the spinal cord-injury team. There

has been little written or taught in the field of nursing concerning sexual function of the cord-injured patient. This raises the question: How important do nurses view sexual function and counseling?

Problem and Purpose

Why is there limited material written in the nursing field concerning the importance of sexual function and counseling for the cord-injured patient? According to Hanlon (1975), in too many cases, we are apt to ignore the cord-injured's unspeakable loss (sexual function), or pretend it does not matter. It is surprising that the medical and nursing professions should cope so poorly with the implications of spinal injuries as they relate to sexuality. Why does the nursing profession deal poorly with the sexual needs of the cord-injured patient? Does the registered nurse not view sexual counseling as important as other areas of management for the cord-injured patient? How important does the cord-injured patient view sexual counseling?

The purpose of this study, therefore, was to investigate the importance placed on sexual counseling by the registered nurse and by the quadriplegic male in order to hopefully find some answers to the questions raised.

Significance of the Study

A literature review failed to cite any nursing research concerning the importance placed on sexual counseling by the male with quadriplegia or the registered nurse. With the growing number of spinal cord-injured patients in the United States, the registered nurse should be aware of the importance of sexual counseling to a person who has suffered cord-injury.

This study attempts to show the importance the quadriplegic male places on sexual counseling as compared to the importance the registered nurse places on sexual counseling. The hypothesis that the quadriplegic male places more importance on sexual counseling than the registered nurse was tested. The null hypothesis is that there is no difference in the viewing of importance of sexual counseling by the registered nurse and quadriplegic male.

Limitations of the Study

This study was limited by the following factors:

1. A small population was surveyed. Three hospitals in Georgia participated in the study with only a limited number of registered nurses responding. Fifteen quadriplegic males were surveyed.
2. The subject of sexual function was a delicate one. Many factors enter into the responses, such as religious background, reluctance, shame, and psychological block, etc.

Definition of Terms

The following terms are operationally defined for the purposes of the study.

1. Registered nurse refers to a nurse registered in the State of Georgia and currently employed in either a neurology or rehabilitation unit.
2. Quadriplegic male refers to a male who has suffered a spinal cord-injury resulting in quadriplegia.
3. Sexual counseling refers to guiding and teaching the quadriplegic male in making knowledgeable choices, and on compensations and the use

of what he has in order to live a satisfying and responsible life (Roman, 1972).

CHAPTER II

REVIEW OF THE LITERATURE

Krifinefski (1973) notes that nursing, as a cultural institution, is the only helping profession given social sanction to "touch the body" and be generally concerned about intimate and bodily personal care activities. Yet, little is written or taught in the field of nursing concerning sexual function following spinal cord-injury. According to Comarr (1972) the topic of sexual function is a topic too frequently avoided by the spinal cord-injury team. Several authors agree that nurses are often unwilling to discuss sexual function with the patient (Lawson, 1974; Hohmann, 1973; Cole, 1973; Fonseca, 1970). According to Stevens (1974), this unwillingness to discuss sexual function often leads the quadriplegic male to believe: "I guess I just can't do it anymore."

Guttmann (1971-72) notes this attitude is often false and can lead to anxieties during the rehabilitation program. Several studies have been done on quadriplegic males to determine sexual function (Wahle, 1971; Weber, 1971; Lindh, 1974; Comarr, 1971). Griffith et al. (1973) have compiled the results of nine surveys of 2,252 cord-injured patients to give the percentage of sexual function in five areas. The first area, erections, shows that 54 to 87% of the cord-injured may have erections. The second area, coitus, shows that 5 to 50% of the cord-injured are successful with coitus. The third area, ejaculation, shows 3 to 20% can ejaculate. The fourth area, orgasm, shows 2 to 14% may have an orgasm. The fifth and final area, fertility, shows 0 to 5% may sire a child.

These percentages certainly show that sexual function is not totally lost to the spinal cord-injured patient.

According to Hanlon (1975) nurses, in too many cases, are apt to ignore this unspeakable loss (sexual function), or pretend it does not matter. Why do nurses ignore this area of rehabilitation of the cord-injured? Is it, perhaps, because there is such a critical need for information regarding sexual function and sexual counseling (Sadoughi, 1971)? According to Elder (1970), perhaps it is because of lack of knowledge on the registered nurses' part. Several other authors, however, feel it is because this subject is too threatening to the nurses' views (Elder, 1970; Talbot, 1971-72; Fonseca, 1970; Russier, 1971-72). Fitzpatrick (1974) feels it is often assumed that the cord-injured's sex life is dispensable and less important to his well-being than good bladder or bowel function. Whatever the reason Crigler (1974) cites it is especially evident that spinal cord-injured patients are not encountering professionals who are able or willing to discuss sexual concerns and functions when this help is needed.

CHAPTER III

METHODOLOGY

Selection and Description of the Sample

Registered nurses employed in either the neurology or rehabilitation unit of three hospitals in Georgia and fifteen males with quadriplegia comprised the sample for the study.

One of the hospitals is a large teaching hospital located in Augusta, Georgia. It contains a neurological unit which treats acute and chronic spinal cord-injured patients. This hospital is a referral hospital for the eastern section of Georgia, thereby, treats many of the acute and chronic spinal cord-injured patients from this area.

The next hospital is a large medical center, also a teaching hospital, located in Macon, Georgia. This hospital contains a neurological unit that treats both chronic and acute spinal cord-injured patients. This hospital services the central region of Georgia.

The third hospital is a rehabilitation hospital located in Warm Springs, Georgia. This rehabilitation complex serves Georgia and much of the southeast. The majority of the patients treated there have suffered spinal cord-injury. These patients are both chronic and acute cord-injured.

Factors influencing the selection of the above hospitals were that they contained either a neurological or rehabilitation unit, and they treat either or both acute and chronic spinal cord-injured patients. Also, they are distributed throughout Georgia to better sample the entire state.

Fifteen males with quadriplegia with an injury time of five years or less were sampled. The names of the fifteen males with quadriplegia were obtained from the Georgia Association of Paraplegics. These males were distributed throughout each section of Georgia. The limitation of five years or less from injury was imposed because the writer felt the quadriplegic male might not remember the feelings he had following his injury and during his rehabilitation if the injury was more than five years. Complete or incomplete cord lesion was not a factor considered in the choice of the males with quadriplegia. The study dealt not with the function of the participants, but with what the participants felt about sexual counseling following their cord-injury.

Instrumentation and Collection of Data

The instrument used to collect the data was a questionnaire. The questionnaire was composed of 24 items adapted from the studies of Dr. Theodore M. Cole (1973) of the University of Minnesota. The questionnaire was mailed, with a letter explaining the purpose of the study, to the fifteen quadriplegic males individually. A self-addressed stamped envelope was enclosed for the return of the questionnaire. Confidentiality was maintained by requiring no name on the questionnaire.

A letter was written to the Director of Nursing Service in each of the three hospitals explaining the purpose of the study. The number of registered nurses employed on either the neurological or rehabilitation unit was requested. The questionnaires were then mailed to the Director of Nursing Service according to the number of registered nurses she had on these units. The Director of Nursing Service distributed the questionnaires

to maintain confidentiality of the responses. A self-addressed stamped envelope was mailed with the questionnaire for convenience in returning the questionnaires. The questionnaires were returned by the Director of Nursing Service when completed.

Appendices A, B, C and D present the form letter to the quadriplegic male, Director of Nursing Service, and the questionnaires to each sample.

CHAPTER IV

ANALYSIS OF DATA

A discussion of the responses to the questionnaire by the registered nurses (10) and the quadriplegic males (11) is presented separately. A comparison of the two groups is then presented.

The findings of the study constitute a comparison of attitudes and perceptions of the registered nurses and the males with quadriplegia regarding the importance of sexual counseling during the rehabilitation period. The registered nurse sample was comprised of registered nurses currently employed in either a neurological or rehabilitation unit where spinal cord-injured patients are treated. The males sampled, who had quadriplegia, had been cord-injured for five years or less.

The responses have been divided into three sections for the analysis of the data. The first section is the analysis of the registered nurses' responses, the second section, the analysis of the quadriplegic males' responses, and the third section is a comparison of the two groups.

Analysis of the Registered Nurses' Responses

A total of fifty-two questionnaires were mailed to the Directors of Nursing Service in the three hospitals participating in the study. Ten of the fifty-two questionnaires were returned. The following is an analysis of the responses of the ten registered nurses who participated.

Table I shows the characteristics of the registered nurses. All were female, the majority (6) were married, and the majority (6) were between the ages of seventeen and twenty-eight. None of the ten had graduate-level nursing education.

The registered nurses were asked to rank in importance from "1" (the most important) to "10" (the least important) what they considered most important for the quadriplegic male during his rehabilitation. Table II indicates the ten items to rank, and the responses of the registered nurses to the items in order of "1" (most important) to "10" (least important).

The registered nurses placed "expressing frustration" (5) and "showed motivation" (4) as most important for the quadriplegic male during his rehabilitation, whereas, sexual counseling was seen as the least important.

Items six, seven, eight, nine and ten pertain to a workshop, counseling session or lecture given on sexual function of the cord-injured patient. The majority (9) of the registered nurses had never attended a workshop or counseling session on sexual function of the cord-injured patient. The majority (8) also responded that sexual function of the cord-injured was not taught in their basic nursing program. All ten felt that sexual function should be taught in the nursing program. Also, that

it would be helpful to give the cord-injured patient either a workshop or counseling session on sexual function following cord-injury. One of the registered nurses had attended a workshop or counseling session on sexual function as part of a rehabilitation program and felt this program was helpful.

Five nurses strongly agreed, and four agreed that it is very important to the personal happiness of the quadriplegic male to have a satisfactory and active sex life. Table III indicates what problem the registered nurses saw as the most serious problem encountered by the male with quadriplegia preventing a satisfactory and active sex life. The lack of knowledge on the part of the injured person about prospects for a satisfactory sex life was seen by the majority (7) as the most serious problem encountered by the quadriplegic male. The unavailability of meeting places that have wheelchair accessibility, and the unavailability of sexual partners were seen as the second and third most serious problems respectively.

All ten registered nurses felt a program dealing with human sexuality should be offered on a voluntary basis to all spinal cord-injured males, and the majority (6) felt that it should be first mentioned during the first hospitalization. Nevertheless, the majority (6) felt that the attention paid to a cord-injured's sexual counseling in the neurological or rehabilitation unit was almost none.

Table IV indicates who the registered nurses identified as giving the most information on sexual function to the cord-injured. The doctor was identified by the majority (7) as giving the most information. The physical therapist as giving the least information. The registered

nurse was seen by the majority (4) as the second person to give information, being second to the doctor.

Although the registered nurses saw themselves as being second to the doctor in giving information on sexual function, none of the ten said they felt confident in their ability to manage the psychosexual needs of the cord-injured. Five had been, and five had not been, asked about sexual function by a quadriplegic male. The majority (7) felt the cord-injured patient does not ask about sexual functions in indirect ways.

Six of the ten registered nurses felt there was an unwillingness on the part of the nurse to discuss sexual function. Table V indicates, in order of "1" (most often) to "4" (least often), the reason they felt caused this unwillingness. The majority (5) felt the lack of knowledge of sexual function following spinal cord-injury was the main reason for the nurses unwillingness to discuss sexual function. Personal anxieties regarding sexuality (4), and the myth of sexual inadequacy (4), were identified as second and third respectively. The reason they felt had the least influence on the unwillingness was that sexual counseling was not seen as being as important as other areas of care, such as bowel and bladder training.

None of the nurses felt all nurses were comfortable discussing sexual function with the cord-injured patient. Nevertheless, the majority (8) said they were allowed by the hospital to answer questions concerning sexual function if asked by the cord-injured patient. One nurse said she felt she could not answer the cord-injured's questions concerning sexual function because nursing service did not allow this. (The policy at this center allows nurses to answer questions concerning sexual function.)

Analysis of the Quadriplegic Males' Responses

A total of fifteen questionnaires were mailed to males who had suffered a spinal cord-injury of five years or less in duration that had resulted in quadriplegia. Eleven questionnaires were returned for the study. The following is an analysis of the responses of the eleven quadriplegic males participating in the study.

Table VI gives the characteristics of the respondents. All were between the ages of seventeen and thirty-four with the majority (5) between the age of twenty-three to twenty-eight. All had completed high school, and eight of the eleven had attended college. Ten were single, and one was married.

The quadriplegic males were asked to rank from "1" (most important) to "10" (least important) what they considered most important during their rehabilitation period. Table VII indicates the ten items and the ranking of each.

"Teaching proper skin care" was chosen by the majority (5) as most important during their rehabilitation period. "Vocational counseling" and "showing motivation" were ranked as least important of the ten items. "Sexual counseling" was ranked ninth in importance.

Items five, six, seven, eight and nine pertain to either a workshop, counseling session, or lecture given on sexual function of the cord-injured. The majority (9) had never attended a workshop or counseling session on sexual function, and ten said sexual function was not taught during their rehabilitation period. All felt sexual function should be taught during the rehabilitation period because it would be helpful in relieving frustration and anxiety. Two of the quadriplegic males had attended a

session on sexual function. One session was given as part of the training for a rehabilitation course, and the other was given at the National Paraplegic Foundation Convention.

The majority (7) strongly agreed that it is very important to the personal happiness of the cord-injured to have a satisfactory and active sexual life. Table VIII indicates what the quadriplegic males identified as the most serious problem preventing a satisfactory and active sex life. Lack of knowledge on the part of the injured person about prospects for a satisfactory sex life was identified by the majority (7) as the most serious problem. Unavailability of sexual partners and meeting places that have wheelchair accessibility were evenly ranked as the next most serious problems encountered by the cord-injured.

All felt a program dealing with sexual function should be offered on a voluntary basis to all cord-injured patients. Also, the majority (6) felt that sexual function should first be mentioned during the patient's first hospitalization. However, at the present time all felt the attention paid to sexual function was almost none following cord-injury. Of the information given on sexual function, Table IX indicates who the quadriplegic males saw as giving the most information. The majority saw non-professionals such as friends, girlfriends, and other patients as giving the most information in sexual function. The registered nurse was seen as being second in giving information, and the doctor as giving the least information.

Even though, the registered nurse was seen as the health professional who gave the most information on sexual function, the majority (7) felt only slightly confident about her ability to manage the psychosexual

needs of the cord-injured patient. The majority (8) had never asked a registered nurse about sexual function because they felt she did not know about sexual function of the cord-injured patient. Three of the quadriplegic males had asked registered nurses about sexual function, but the nurses did not answer their questions. The quadriplegic males (9) felt if the nurses had answered their questions this would have relieved much of their anxiety and frustration during their rehabilitation program.

All felt that registered nurses were not comfortable discussing sexual function, and there was an unwillingness to do so. Table X indicates what the male with quadriplegia saw as the reason for the unwillingness on the nurses part to discuss sexuality. The reason most often causing this unwillingness was seen as lack of knowledge of sexual function following cord-injury. Myth of sexual inadequacy and personal anxieties regarding sexuality were second and third respectively. They felt sexual function being seen as not as important as other teaching such as bowel and bladder care was the reason least often causing the unwillingness on the nurses part to discuss sexual function.

Comparison of the Registered Nurse and
Quadriplegic Males' Responses

The two samples were asked to rank in importance the ten areas they felt were most important during the rehabilitation period. The registered nurses chose the psychological areas of "expressing frustration" and "showing motivation" as the most important area during the rehabilitation program. While the quadriplegic males chose the physical care area of "teaching proper skin care" as the most important area. The greatest difference in the two groups was shown in the psychological area of "showing motivation", which the nurses placed as "1" (most important) and the quadriplegic males placed as "10" (least important). "Sexual counseling" was seen by both groups as being last in priorities.

The majority of both groups had never attended a workshop or counseling session on sexual function of the cord-injured patient. Nevertheless, they felt it would be helpful to the cord-injured patient. Sexual function was not taught in either the rehabilitation or nursing program of the two groups, but the two groups felt it should have been taught.

The majority of both groups strongly agreed it was very important for the personal happiness of the cord-injured to have a satisfactory and active sex life. The lack of knowledge on the part of the injured person about prospects for a satisfactory sex life was seen by both groups as the most serious problem encountered by the cord-injured patient. The registered nurses identified the unavailability of meeting places having wheelchair accessibility, and the unavailability of sexual partners as the second and third most serious problems respectively,

while the quadriplegic males saw these two problems as equal in severity.

Both groups felt that a program dealing with human sexuality should be offered on a voluntary basis during the cord-injured's first hospitalization. Both groups felt there was almost no attention paid to sexual function following cord-injury at the present time. Of the information the cord-injured patient did receive on sexual function, the registered nurse saw the doctor as giving this information, while the quadriplegic males saw the doctor as giving the least information. The quadriplegic males received most of their information on sexual function from friends, girlfriends, and other patients, while the registered nurses did not see these people as providing information on sexual function. Even though both groups saw the registered nurse as being second in giving information on sexual function, neither group felt confident in the registered nurses' ability to manage the psycho-sexual needs of the cord-injured patient.

The majority of the quadriplegic males had never asked a nurse about sexual function because they felt she did not know about sexual function following a cord-injury. Three of the quadriplegics had asked a nurse about sexual function, but she did not answer his questions. However, the registered nurses stated they were allowed by their hospitals to answer questions regarding sexual function.

Both groups felt there was an unwillingness on the nurses part to discuss sexuality because of lack of knowledge of sexual function following cord-injury. The nurses' personal anxieties regarding sexuality was seen by the registered nurses as the second reason given for the

unwillingness, but the quadriplegic males placed this as third. The myth of sexual inadequacy was seen as second by the quadriplegic males. Both groups agreed that the reason least often causing an unwillingness on the nurses part was that she saw sexual counseling not as important as other teaching such as bowel and bladder care. Whatever the reason for this unwillingness, both groups felt that all registered nurses were not comfortable discussing sexuality. The quadriplegic males stated that if their questions concerning sexual function had been answered much of the anxiety and frustration they experienced following spinal cord-injury could have been alleviated.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to compare the importance place on sexual counseling by the registered nurse and the male with quadriplegia. The comparative method of research was employed. The ten registered nurses who participated in the study were currently employed in either a neurological or rehabilitation unit that treats spinal cord-injured patients. The units were located throughout Georgia. The eleven males who participated in the study had sustained a spinal cord-injury of five years or less in duration that resulted in quadriplegia. Questions pertaining to sexual function and sexual counseling were responded to by both groups.

Findings

The psychological areas of "showing motivation" and "expressing frustration" were seen by the registered nurse as the most important areas during rehabilitation, while the quadriplegic males saw them as the least in importance. The male with quadriplegia identified the physical area of "teaching proper skin care" as the most important area during rehabilitation. Both groups saw "sexual counseling" as one of the least important areas during the rehabilitation period. This supports the null hypothesis that there is no difference placed on the importance of sexual counseling by the registered nurse and the quadriplegic male.

The study's findings also show that the sexual function of the cord-injured patient was not taught in either the nursing program of

the registered nurse or the rehabilitation program of the quadriplegic male, and both groups felt it should be taught.

Lack of knowledge on the part of the injured person about prospects for a satisfactory and active sex life was identified by both groups as the most serious problem encountered by the cord-injured patient. The quadriplegic males felt that registered nurses did not know about sexual function following cord-injury, and this was why they did not ask them about sexual function.

Both groups felt a program dealing with sexual function should be offered during the cord-injured's first hospitalization. At the present time, both groups feel the attention paid to sexual function is almost none.

Another finding of the study was that non-professionals such as friends, girlfriends, and other patients were the people giving the cord-injured the most information on sexual function; but the registered nurses did not recognize these people as giving information. The nurse saw the doctor as being the person who gave the most information, but the quadriplegic males stated the doctor gave the least information. Both groups saw the registered nurse as being second in giving information, but neither group felt confident in the nurses' ability to manage the psychosexual needs of the cord-injured. The reason they gave for this lack of confidence was because of the lack of knowledge in the registered nurses' part concerning sexual function following cord-injury. They also felt this was the reason for the unwillingness of the nurse to discuss sexual function. The quadriplegic males felt that if the nurses had answered their questions much of the anxiety and frustration they felt following spinal cord-injury could have been alleviated.

Conclusions

Within the limitations of this study the following are concluded:

1. The registered nurse and quadriplegic male sample do not place the same importance on the same areas during the rehabilitation program.
2. Sexual function of the cord-injured patient was not taught in either the nursing program of the registered nurse or the rehabilitation program of the quadriplegic male.
3. Lack of knowledge of sexual function following cord-injury was seen by both groups as the most serious problem they encountered.
4. Sexual function is not being dealt with following spinal cord-injury.
5. A program dealing with sexual function should be offered on a voluntary basis to all cord-injured patients during their first hospitalization.
6. Non-professional people are giving the cord-injured the most information on sexual function.
7. The registered nurse is seen as the health professional who gives most of the information on sexual function, but neither the nurses or quadriplegic males felt confident in the nurses' ability to do so because of the nurses lack of knowledge concerning sexual function following cord-injury.
8. Lack of knowledge was also seen as the reason for the nurses' unwillingness to discuss sexuality.
9. Anxiety and frustration could be relieved if questions concerning sexual function were answered.
10. Sexual counseling is viewed by both the registered nurses and quadriplegic male as being last in priority during the rehabilitation period.

Recommendations

The following is recommended:

1. Schools of Nursing incorporate content on sexual function of the spinal cord-injured patient into their curriculum.
2. Rehabilitation programs offer a program on sexual function of the spinal cord-injured patient on a voluntary basis.

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TABLE I
CHARACTERISTICS OF THE REGISTERED NURSE SAMPLE

SEX	MALE			FEMALE			
				10			
AGE	RANGE						
	17-22	23-28	29-34	35-39	40-49	50-over	N.R.
	3	3	0	1	2	0	1
EDUCATION	LEVEL OF NURSING EDUCATION						
	Associate	Diploma	Baccalaureate	Masters	Doctorate		
	3	4	3	0	0		
MARITAL STATUS	PRESENT MARITAL STATUS						
	Single	Married	Separated	Divorced	Widowed		
	4	6	0	0	0		

TABLE II . . . IMPORTANCE GIVEN TO VARIOUS ASPECTS OF REHABILITATION BY REGISTERED NURSES

ITEMS	IN IMPORTANCE									
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Vocational Counseling	0	1	2	1	1	0	0	1	2	2
Feeding Training	0	1	0	1	3	0	2	1	2	0
Teaching Proper Positioning	0	0	2	3	1	1	0	2	1	0
Expressing Frustration	5	2	1	1	0	0	1	0	0	0
Sexual Counseling	0	1	2	1	1	1	0	0	1	3
Teaching Transfers	0	0	0	0	0	2	0	4	2	2
Teaching Proper Skin Care	0	2	2	2	1	0	1	0	0	0
Bowel Training	0	1	0	1	0	4	4	0	0	0
Showing Motivation	4	2	1	0	1	0	0	0	0	2
Bladder Training	1	0	2	0	1	2	2	2	0	0

TABLE III
REGISTERED NURSES' RESPONSES TO THE
MOST SERIOUS SEXUAL PROBLEM OF THE SPINAL CORD-INJURED

PROBLEM	MOST SERIOUS PROBLEM			
	1st	2nd	3rd	N.R.
Unavailability of Sexual Partners	0	3	5	2
Unavailability of Meeting Places that Have Wheelchair Accessibility	1	4	3	2
Lack of Knowledge on the Part of the Injured Person about Prospects for a Satisfactory Sex Life	7	1	0	2

TABLE IV
 REGISTERED NURSES' RESPONSES TO THE
 MOST INFORMATION GIVEN ON SEXUAL FUNCTIONING

PERSON	IN GIVING INFORMATION					
	1st	2nd	3rd	4th	5th	N.R.
DOCTOR	3	4	1	1	0	1
PSYCHIATRIST	2	2	3	0	2	1
REGISTERED NURSE	2	1	4	2	0	1
PHYSICAL THERAPIST	0	1	1	6	1	1
OTHER	2	1	0	0	1	1

TABLE V
 REGISTERED NURSES' RESPONSES TO THE
 REASON FOR UNWILLINGNESS TO DISCUSS SEXUALITY

REASON	MOST GIVEN REASON				
	1st	2nd	3rd	4th	N.R.
Lack of Knowledge of Sexual Function Following Spinal Cord Injury	5	2	1	0	2
Myth of Sexual Inadequacy	0	1	4	3	2
Personal Anxieties Regarding Sexuality	2	4	2	0	2
Sexual Counseling not seen as Important as Other Teaching Such as Skin Care, Bowel and Bladder Care, Etc.	1	1	1	5	2

TABLE VI
CHARACTERISTICS OF THE QUADRIPLÉGIC MALE SAMPLE

	RANGE						
	17-22	23-28	29-34	35-39	40-49	50-over	N.R.
	4	5	2	0	0	0	0
AGE							
	LEVEL OF EDUCATION COMPLETED						
	Grade School	High School	(A.D.) Jr. College	(B.S.) College	Masters	Doctorate	
EDUCATION	0	3	4	3	1	0	
MARITAL STATUS	PRESENT MARITAL STATUS						
	Single	Married	Separated	Divorced	Widowed		
	10	1	0	0	0		

TABLE VII IMPORTANCE GIVEN TO VARIOUS ASPECTS OF REHABILITATION BY THE QUADRIPLÉGIC MALES

ITEMS	IN IMPORTANCE									
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Vocational Counseling	0	0	0	0	1	1	1	3	0	2
Feeding Training	0	0	0	3	0	1	1	0	2	1
Teaching Proper Positioning	0	0	0	2	0	1	1	3	0	1
Expressing Frustration	0	2	1	1	1	1	0	0	2	0
Sexual Counseling	1	0	0	1	1	1	0	1	2	1
Teaching Transfers	0	0	0	0	3	0	2	0	2	1
Teaching Proper Skin Care	5	1	1	0	0	1	0	0	0	0
Bowel Training	1	1	4	0	0	0	1	1	0	0
Showing Motivation	1	1	0	0	2	1	1	0	0	2
Bladder Training	0	3	2	1	0	1	1	0	0	0

TABLE VIII
 QUADRIPLEGIC MALES' RESPONSES TO THE
 MOST SERIOUS SEXUAL PROBLEM OF THE SPINAL CORD-INJURED

PROBLEMS	MOST SERIOUS PROBLEM		
	1st	2nd	3rd
Unavailability of Sexual Partners	2	3	4
Unavailability of Meeting Places that Have Wheelchair Accessibility	0	4	5
Lack of Knowledge on the Part of the Injured Person about Prospects for a Satisfactory Sex Life	7	2	0

TABLE IX
 QUADRIPLLEGIC MALES' RESPONSES TO THE
 MOST INFORMATION GIVEN ON SEXUAL FUNCTIONING

PERSON	IN GIVING INFORMATION				
	1st	2nd	3rd	4th	Discarded
DOCTOR	2	1	0	3	4
PSYCHIATRIST	1	1	1	2	4
REGISTERED NURSE	0	3	1	2	4
PHYSICAL THERAPIST	0	2	5	0	4
OTHER	4				4

TABLE X
 QUADRIPLLEGIC MALES' RESPONSES TO THE
 REASON FOR UNWILLINGNESS TO DISCUSS SEXUALITY

REASONS	MOST GIVEN REASON				
	1st	2nd	3rd	4th	Discarded
Lack of Knowledge of Sexual Function Following Spinal Cord Injury	5	2	2	0	2
Myth of Sexual Inadequacy	0	4	3	2	2
Personal Anxieties Regarding Sexuality	1	1	4	3	2
Sexual Counseling Not Seen as Important as Other Teaching Such as Skin Care, Bowel and Bladder Care, Etc.	3	2	0	4	2



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Medical College of Georgia
Augusta, Georgia 30902

School of Nursing
Office of Graduate Programs in Nursing
Graduate Student Desk

July 8, 1975


Dear Sir:

I am currently enrolled as a graduate nursing student in rehabilitation nursing at the Medical College of Georgia, Augusta, Georgia. One of the requirements of the graduate program at the Medical College is a graduate thesis. My thesis is concerned with sexual counseling of the quadriplegic male. The data collection for my thesis will be obtained by questionnaire. These questionnaires will be sent to registered nurses in rehabilitation units, neurology units, and to quadriplegic males with injuries of five years or less.

I would like to request your permission to use your hospital and the registered nurses on the rehabilitation unit or neurology unit for this study. If you would be willing to send me the number of registered nurses you have in the rehabilitation unit, then I will mail the questionnaires to be distributed to these nurses. In this way confidentiality of the responses will be maintained.

I will greatly appreciate your help in this study. The results of this study will be made available to you on completion if you wish.

Sincerely yours,

Judy Hodnett, R.N.




Medical College of Georgia
Augusta, Georgia 30902

School of Nursing
Office of Graduate Programs in Nursing
Graduate Student Desk

July 8, 1975

Dear Sir:

I am currently enrolled as a graduate student at the Medical College of Georgia School of Nursing. I am doing my graduate work in Rehabilitation Nursing. A requirement of the graduate school is a graduate thesis. My graduate thesis is concerned with the importance placed on sexual counseling by the registered nurse and the quadriplegic male.

I obtained your name along with several other names from the Georgia Association of Paraplegics. I am sending to each the enclosed questionnaire. I would like to request that you complete the questionnaire to assist me in my study. An envelope is enclosed for your convenience in returning the questionnaire.

No name is requested on the questionnaire so that confidentiality will be maintained. The results of this study depend on the return of the questionnaires, and your help in this study is needed and will be appreciated.

Yours truly,

Judy Hodnett, R.N.



Enclosure

APPENDIX C

QUESTIONNAIRE
(Quadriplegic Males)

1. What is your age?

- ☐ 17-22
- ☐ 23-28
- ☐ 29-34
- ☐ 35-39
- ☐ 40-49
- ☐ Fifty or over

2. What level of education have you completed?

- ☐ Grade School
- ☐ High School
- ☐ Jr. College (A.D.)
- ☐ College (B.S.)
- ☐ Masters
- ☐ Doctorate

3. What is your present marital status?

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

4. Rank the following as to what you consider as most important for the quadriplegic male during his rehabilitation program. (Rank from "1" = most important to "10" = least important.)

- ☐ Vocational counseling
- ☐ Feeding training
- ☐ Teaching proper positioning
- ☐ Expressing frustration
- ☐ Sexual counseling
- ☐ Teaching transfers
- ☐ Teaching proper skin care
- ☐ Bowel training
- ☐ Showing motivation
- ☐ Bladder training

5. Have you ever attended a workshop or counseling session on sexual function in spinal cord injury?

- ☐ Yes
- ☐ No

6. If so, was the workshop or counseling session part of a rehabilitation program for the spinal cord injured patient?

- ☐ Yes
- ☐ No (please specify where)

Appendix C cont'd.

7. Do you feel a workshop or counseling session would be helpful or harmful to the spinal cord injured male?
- ☐ Helpful
☐ No effect
☐ Harmful
8. Was sexual function of the spinal cord injured male taught during your rehabilitation program?
- ☐ Taught
☐ Only mentioned
☐ Not taught
9. Do you feel more should be taught in the rehabilitation program concerning sexual function of the spinal cord injured male?
- ☐ Yes
☐ Enough taught now
☐ No
10. Do you agree, it is very important to the personal happiness of the quadriplegic male to have a satisfactory and active sex life?
- ☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree
11. Which do you feel is the most serious sexual problem encountered by the spinal cord injured male? (Rate "1" most serious to "3" least serious.)
- ☐ Unavailability of sexual partners
☐ Unavailability of meeting places that have wheelchair accessibility
☐ Lack of knowledge on the part of the injured person about prospects for a satisfactory sex life
12. Do you feel a deliberate program dealing with human sexuality should be offered on a voluntary basis to all spinal cord injured males?
- ☐ Yes
☐ No
13. Do you feel the attention paid to a spinal cord injured male's sexual counseling in a rehabilitation unit or neurological unit is:
- ☐ Almost none
☐ Poor
☐ Fair
☐ Good
☐ Excellent

Appendix C cont'd.

14. Do you feel of the information the spinal cord injured male did receive on sexual function most of it came from: (Rank in order "1" most information to "4" least information.)
- ☐ Doctor
 - ☐ Psychiatrist
 - ☐ Registered Nurse
 - ☐ Physical Therapist
 - ☐ Other (please specify)
15. When should sexual function first be mentioned to the spinal cord injured male?
- ☐ During first hospitalization
 - ☐ Six months after injury
 - ☐ One year after injury
 - ☐ Not at all
 - ☐ Only when the patient asks
16. How confident do you feel about the Registered Nurse's ability to manage the psychosexual needs of the quadriplegic male?
- ☐ Not at all confident
 - ☐ Slightly confident
 - ☐ Mostly confident
 - ☐ Very confident
17. Have you ever asked a registered nurse about sexual function?
- ☐ Yes
 - ☐ No
18. If no, was it because:
- ☐ You did not feel she knew about sexual function
 - ☐ You were embarrassed to ask
 - ☐ The registered nurse stopped you from asking
19. If yes, did the registered nurse answer your questions?
- ☐ Yes
 - ☐ No
20. If your questions about sexual function were answered would this relieve anxiety and frustration during your rehabilitation program?
- ☐ Yes
 - ☐ No
21. Did you ever ask a registered nurse about sexual function in ways other than directly stating that you wanted to know about sexual function?
- ☐ Yes
 - ☐ Don't know
 - ☐ No

Appendix C cont'd.

22. Do you feel there is a general unwillingness of the registered nurse in the rehabilitation or neurological unit to discuss sexuality with the spinal cord injured patient?
- ☐ Yes
☐ Sometimes
☐ No
23. If so, is this unwillingness to discuss sexuality due to: (Rate from "1" = most often to "4" = least often.)
- ☐ Lack of knowledge of sexual function following spinal cord injury
☐ Myth of sexual inadequacy
☐ Personal anxieties regarding sexuality
☐ Sexual counseling seen as not as important as other teaching such as skin care, bowel and bladder care, etc.
24. Do you think all registered nurses are comfortable discussing sexual function with the spinal cord injured male?
- ☐ Yes
☐ No

Parts of this questionnaire were reprinted from a questionnaire devised by Dr. Theodore Cole, at the University of Minnesota.

APPENDIX D

QUESTIONNAIRE
(Registered Nurse)

1. What is your sex?
☐ Male
☐ Female
2. What is your age?
☐ 17-22
☐ 23-28
☐ 29-34
☐ 35-39
☐ 40-49
☐ Fifty or over
3. What level of nursing education have you completed?
☐ Associate Degree
☐ Diploma
☐ Baccalaureate
☐ Masters
☐ Doctorate
4. What is your present marital status?
☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
5. Rank the following as to what you consider as most important for the quadriplegic male during his rehabilitation program. (Rank for "1" = most important to "10" = least important.)
☐ Vocational counseling
☐ Feeding training
☐ Teaching proper positioning
☐ Expressing frustration
☐ Sexual counseling
☐ Teaching transfers
☐ Teaching proper skin care
☐ Bowel training
☐ Showing motivation
☐ Bladder training
6. Have you ever attended a workshop or counseling session on sexual function in spinal cord injury?
☐ Yes
☐ No
7. If so, was the workshop or counseling session part of a rehabilitation program for the spinal cord injured patient?
☐ Yes
☐ No (please specify where)

Appendix D cont'd.

8. Do you feel a workshop or sexual counseling session would be helpful or harmful to the spinal cord injured patient?
- ☐ Helpful
☐ No effect
☐ Harmful
9. Was sexual function of the spinal cord injured patient taught during your nursing program?
- ☐ Taught
☐ Only mentioned
☐ Not taught
10. Do you feel more should be taught in nursing school concerning sexual functioning of the spinal cord injured patient?
- ☐ Yes
☐ Enough taught now
☐ No
11. Do you agree it is very important to the personal happiness of the quadriplegic male to have a satisfactory and active sex life?
- ☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree
12. Which do you feel is the most serious sexual problem encountered by the spinal cord injured male? (Rate "1" most serious to "3" least serious.)
- ☐ Unavailability of sexual partners
☐ Unavailability of meeting places that have wheelchair accessibility
☐ Lack of knowledge on the part of the injured person about prospects for a satisfactory sex life
13. Do you feel a deliberate program dealing with human sexuality should be offered on a voluntary basis to all spinal cord injured males?
- ☐ Yes
☐ No
14. Do you feel the attention paid to a spinal cord injured male's sexual counseling in a rehabilitation unit or neurological unit is:
- ☐ Almost none
☐ Poor
☐ Fair
☐ Good
☐ Excellent

Appendix D cont'd.

15. Do you feel of the information the spinal cord injured male did receive on sexual function most of it came from: (Rank in order "1" most information to "4" least information.)
- ☐ Doctor
 - ☐ Psychiatrist
 - ☐ Registered Nurse
 - ☐ Physical Therapist
 - ☐ Other (please specify)
16. When should sexual function first be mentioned to the spinal cord injured male?
- ☐ During first hospitalization
 - ☐ Six months after injury
 - ☐ One year after injury
 - ☐ Not at all
 - ☐ Only when the patient asks
17. How confident do you feel about your ability to manage the psycho-sexual needs of the spinal cord injured male?
- ☐ Not at all confident
 - ☐ Slightly confident
 - ☐ Mostly confident
 - ☐ Very confident
18. Have you ever been asked about sexual function by a quadriplegic male?
- ☐ Yes
 - ☐ No
19. Do you think quadriplegic males ask about sexual function in ways other than directly asking about sexual function?
- ☐ Yes
 - ☐ Don't know
 - ☐ No
20. Do you feel there is a general unwillingness of the Registered Nurse in the rehabilitation unit or neurological unit to discuss sexuality with the spinal cord injured patient?
- ☐ Yes
 - ☐ Sometimes
 - ☐ No
21. If so, is this unwillingness to discuss sexuality due to: (Rate from "1" most often to "4" least often.)
- ☐ Lack of knowledge of sexual function following spinal cord injury
 - ☐ Myth of sexual inadequacy
 - ☐ Personal anxieties regarding sexuality
 - ☐ Sexual counseling seen as not as important as other teaching such as skin care, bowel and bladder care, etc.

Appendix D cont'd.

22. Do you think all nurses are comfortable discussing sexual function with the spinal cord injured male?
- ☐ Yes
☐ No
23. If a spinal cord injured male asks for information about sexual function, are you allowed to answer his questions on your unit?
- ☐ Yes
☐ Sometimes
☐ No
24. If you are not allowed to answer about sexual function, which of the following is the reason?
- ☐ Must have doctor's permission
☐ Nursing service doesn't allow this
☐ Policies of institution does not allow this

Parts of this questionnaire were reprinted from a questionnaire devised by Dr. Theodore Cole, at the University of Minnesota.