

SEXUALITY

Fundamentals of Nursing
Nurs B20
Unit II-D

Introduction to Sexuality

- Sexuality is a vital part of our lives
- Sexuality is important to:
 - Relationships
 - Self Esteem
 - Our concept of maleness and femaleness

Sexual Developmental Tasks of the Adult

- Developmental tasks involve:
 - Adjusting sexual values
 - Negotiating sexual behavior with other adults
 - Learning what they believe and putting these beliefs into practice with other adults
 - Belief systems and values are developed and influenced by many things including:
 - Self, family, religion, social environment, ethnicity, culture, etc

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- Infancy & Early Childhood
 - School-Age Years
 - Puberty/adolescence
 - Young adulthood
 - Middle Adulthood
 - Older Adulthood

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- Sexual Orientation
 - Contraception: Non-Rx & Rx
 - Sexually Transmitted Ds (STD)
 - HIV –human immunodeficiency virus
 - HPV – human papillomavirus infection
 - Chlamydia

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- Sociocultural
 - Pregnancy & menstruation
 - Discussing sexual issues
 - Decisional issues
 - Contraception, abortion & STD prevention “safe sex”
 - Alterations in sexual health
 - Infertility, sexual abuse,

Sexual Response Cycle

- Masters and Johnson defined the sexual response cycle, the phases of the cycle are the result of:
 - Vasocongestion
 - Def- Pooling of blood in the genitals and female breasts during sexual arousal
 - Myotonia
 - Def- Neuromuscular tension which gradually increases throughout the body during the sexual response cycle- peaks during orgasm

Phases of the Sexual Response Cycle

- Excitement phase
 - Sexual arousal gradually increases
 - Sex organs begin to change
- Plateau phase
 - Vital signs increase
 - Sex organs change
- Orgasm phase
 - Sexual excitement climaxes
 - Peaking of vital signs
- Resolution phase
 - Physiological & psychological return to unaroused state

Effects of Illness on Sexuality

- Sexual behavior depends on intact neural, vascular, and hormonal systems
 - Problems with systems= problems with sexuality
- Chronic illness- Affects body systems which affects sexuality
 - Diabetes, DJD, COPD, Chronic pain, stroke, alcoholism, Parkinsons

Sexual Dysfunction p432 Box 28-3

- Sexual dysfunction is the absence of complete sexual functioning.
- 52% males, 63% females
- Erectile dysfunction (ED) or Impotence: unable to obtain an erection or maintain an erection
- Vaginismus – spastic contraction or tightening of the vagina during or before penetration for intercourse

Effects of Illness on Sexuality

- Medications
 - Medications can affect potency, libido, orgasm, and ejaculation
 - Examples:
 - Anticholinergics
 - Cytotoxic agents
 - Digoxin
 - Sedatives
 - Thiazide diurectics
 - Tricyclic antidepressants
 - Tranquillizers

Effects of Illness on Sexuality

- Hospitalization
 - No privacy
 - Feel sick
 - Dealing with new medications or new diagnosis
 - Dealing with treatments

Sexuality and the Nursing Process

- Assessment
 - Consider that many things affect sexuality:
 - Physical well being, relationships, lifestyle, self esteem.
 - Sexuality is very individual (avoid pre-judging or making assumptions)
 - Consider what might affect client's sexual behavior or their risk of sexual dysfunction:
 - Illness, medications, fatigue, lifestyle (alcohol, lack of sleep, lack of time, children)
 - Provide leading open-ended questions that will help client express needs, fears, concerns (pg. 531)

Sexuality and the Nursing Process

- Nursing Diagnosis:
 - Anxiety
 - Ineffective coping
 - Sexual dysfunction
 - Ineffective sexuality patterns
 - Social Isolation
 - Knowledge deficit
 - Body image disturbance

Sexuality and the Nursing Process

- Planning and Implementation
 - Assurance for the client
 - Provide accurate information to dispel misinformation and reduce anxiety
 - Suggest specific courses of action such as communication exercises or new behaviors
 - Refer client to specialized therapist for more intensive therapy

Sexuality and the Nursing Process

- Evaluation
 - Resolution of sexual concerns must meet the client's perceptions of improvement.