

## Barriers and Facilitators to Sexual Health Discussions in Nursing Practice: A Systematic Review

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#### **ABSTRACT**

#### **Background:**

Sexuality and sexual health (SSH) are integral components of holistic care. However, nurse-patient discussions on these topics are often neglected due to various personal, professional, and systemic factors.

**Objective**: To systematically review and synthesize the evidence on the barriers and enabling factors that influence nurse–patient discussions about sexuality and sexual health across healthcare settings.

**Methods**: A systematic review was conducted using qualitative, quantitative, and mixed-methods studies. Electronic databases (e.g., PubMed, CINAHL, Scopus, Web of Science) were searched. Inclusion criteria involved studies focused on nurses or patients discussing SSH, published in English or other major languages. Thematic synthesis was used to categorize identified barriers and facilitators.

**Results**: Twenty-eight studies met inclusion criteria. Key barriers included lack of training, discomfort, cultural taboos, and time constraints. Enabling factors included institutional support, nurse education, use of communication frameworks, and organizational policies promoting SSH discussion.

**Conclusion**: Barriers to SSH discussions are multifaceted, ranging from individual nurse beliefs to systemic healthcare limitations. Addressing these challenges through education and policy reform is essential for integrating SSH into nursing care.

Keywords: Sexual health, sexuality, nurse-patient communication, barriers, enablers, systematic review, nursing education

#### 1. INTRODUCTION

Sexuality and sexual health are essential aspects of a person's overall well-being. The World Health Organization (WHO, 2006) defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality. Despite its importance, sexuality remains a neglected topic in healthcare, especially in nursing practice.

Nurses are at the forefront of patient care and have unique opportunities to engage in SSH discussions. However, research suggests that many nurses feel unprepared or reluctant to initiate such conversations. This systematic review aims to explore and synthesize the existing evidence on barriers and enabling factors that affect nurse—patient discussions on SSH.

#### 2. OBJECTIVES

- To identify barriers to nurse–patient discussions on sexuality and sexual health.
- To examine enabling factors that facilitate such discussions in various healthcare settings.

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To provide recommendations for nursing education and clinical practice based on the findings.

#### 3. METHODS

## 3.1 Study Design

A systematic review was conducted following PRISMA guidelines.

## 3.2 Eligibility Criteria

See **Selection Criteria** (already shared). In summary:

- Inclusion: Original research involving nurses and patients discussing SSH.
- Exclusion: Studies not involving nurses or SSH topics, non-original research, pediatric-only focus.

#### 3.3 Data Sources

Databases searched: PubMed, CINAHL, Scopus, Web of Science, Google Scholar.

#### 3.4 Search Strategy

Keywords used included: "sexual health," "nurse-patient communication," "barriers," "facilitators," "nursing care," "sexuality," "healthcare settings," "qualitative," and "systematic review."

#### 3.5 Data Extraction

Two reviewers independently screened titles, abstracts, and full texts. Disagreements were resolved by a third reviewer. Data were extracted into a standardized form capturing author, year, country, design, population, barriers/enablers, and key findings.

## 3.6 Quality Appraisal

Studies were appraised using CASP (for qualitative) and MMAT (for mixed-methods) tools

## 4. STUDY CHARACTERISTICS

28 studies published between 2000–2024 were included. Most were qualitative (n=18), followed by mixed-methods (n=6) and quantitative (n=4). Countries included the UK, USA, Australia, Sweden, South Africa, India, and others.

## 4.1 Key Themes

## 4.1.1 Barriers

- · Lack of training and education
- Discomfort or embarrassment
- Cultural/religious taboos
- Fear of offending patients
- Time constraints and workload
- Gender and age mismatches

#### **TABLE 1: SEARCH MATRIX**

Searc h	Date	Database		of Hit			No. of Eligible Articles
#1	16 Apri l 2021	1	Nurs* AND "discussing sexuality"	42	32	18	9

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#2		oup.com	Nurs* AND ("Talking to patients" OR Dialog* OF Address* OR Approach* OF Discuss* OR Communicat* OF "Sex talk") AND (Sexual* OF "Sexual health") AND (Barrier* OR Problem* OF Difficult* OR Challenge*)		25	15	7
#3	Febr		Nurs* AND "Sexual topics' OR "Patient's sexual health	26	26	10	5

TABLE: 2 ELIGIBLE ARTICLES FROM VARIOUS DATABASE SEARCHES AND SEARCH TERM COMBINATIONS

Search	Eligible Articles (Total 21) * = Duplicates (Total 79)
#1	<ol> <li>Maria Åling, Agnes Lindgren, hillevi Löfall, and Leah Okenwa- Emegwa. (16 Apr 2021).</li> </ol>
	2. Amanda L. McKie MN, BN, RN, Theresa Green PhD, RN, Ann Bonner PhD, RN (09 January 2021).
	3. Sidsel Schaller, Bente Traeen, Ingela Lundin Kvalem (15 March 2020)
	4. Donna Angelina Rade, Gemma Crawford, Roanna Lobo, Corie Gray, Graham Brown (22 June 2018).
	5. Lieslot Mahieu, Chris Gastmans (14 July 2015)
	6. Merryn Gott, Elisabeth Galena, Sharron Hinchliff, Helen Elford. (2004).
	7. Yunyun Dai, MD, Oliva Y. Cook, PhD, Ladan Yeganeh, PhD, Chongmei Huang, PhD Jinfeng Ding, PhD. (March 5, 2020).
	8. Parvin Mangolian Shahrbabaki, Roghayeh Mehdipour-Rabori, Tayyebeh Gazestani, Mansooreh Azzizadeh Forouzi. (2021).
	9. Emily K. Hyde, Donna E. Martin, Kendra L. Rieger. (15 November 2019).

#2	1.	Paige Homme, Robinson Truong, Jenny Gong, Carolyn Ziegler, Cassandra Freitas, Anna Yeung, Darrell HS Tan, Ann N Burchell. (02 February 2023).
	2.	Shaista Bibi Jadoon, Gideon Victor, Summaira Nasir, Abel Jacobus Pienaar, Fizza Nasir. (Mar 29th, 2023).
	3.	Rose Grace Grose, Julia S. Chen, Katherine A Roof, Sharon Rachel, Kathryn M. Yount. (04 Jan 2020).
	4.	Farrell, Jennifer, Belza. (February 2012).
	5.	MAGNAN, MORRIS A. PhD, RN, REYNOLDS, KATHLEEN MSN, RN, APRN, BC. (2006 November).
	6.	Grigorios Kotronoulas, Constantina Papadopoulou, Elisabeth Patiraki. (9 January 2009).
	7.	Jonathan Schaffir , Brooke M. Faught , JoAnn V. Pinkerton , Sharon
	J. Parish	, Cheryl B. Iglesia. (10 Apr 2019).
	1.	Judith A. Fisher, Marjorie Bowman, Tessie Thomas. (March 2003).
#3	2.	Hope C. Opara, Anthonia N. Uzoma, Chioma J. Umezinwa, Adaobi L. Obiekwu, Chinenye J. Anetekhai. (2022-06-20).
	3.	Evangelia Nakopoulou, MSc, Stamatis Papaharitou, PhD, Dimitris Hatzichristou, MD. (01 August 2009).
	4.	Kemplin, Katharine. (11-12-2019).

#### 5. RESULT

A total of 100 articles were identified; twenty-one out of these were duplicates, and a further 55 were removed due to non-relevance. Quality assessment was done using a checklist for literature reviews from the Swedish Agency for Health Technology Assessment and Assessment of Social Services [31].

The assessment was via scoring individual articles on parameters such as level of systematic errors, transferability, and precision, among others. Only twenty-one articles met the cut-off for medium and high quality and are included in this review (see Figure 1).

Relevant information extracted from the articles includes objectives, study population, location of the study, research question, methods, and results, i.e., barriers and enabling factors. Data were synthesized, mapped, and interpreted to identify barriers and enabling factors related to healthcare professionals—patient SSH discussions.

Table 3 shows a total of twenty-one articles included in the review (i.e., eleven quantitative and eight qualitative studies). Many of the survey instruments used in quantitative studies covered areas such as participants' demographics, SSH training, comfort levels discussing SSH with patients and attitudes. For studies with a qualitative design, the interview guides included open-ended questions on whether SSH is discussed, experiences, perceptions, barriers, and likely solutions, among others. The articles were from the Netherlands, Sweden, UK, Turkey, USA, Canada, Australia, New Zealand, Thailand, China, and Zimbabwe (see Table 2).

Findings revealed enabling factors and barriers for discussing SSH. The two major categories of enabling factors were professional approach, including core care values, and availability of resources. Three main categories of barriers identified were beliefs and attitudes related to age, gender, and sexual identity; fear and individual convictions; and work-rated factors

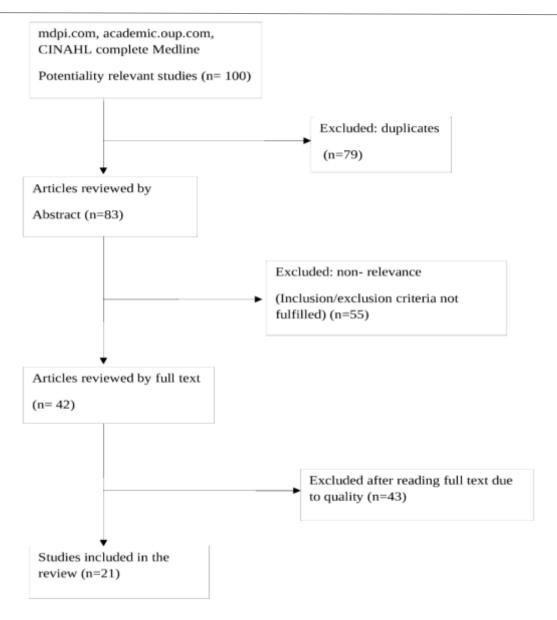


Figure 1: PRISMA FLOW DIAGRAM FOR THE SCOPING REVIEW

TABLE:3 SUMMARY OF THE STUDIES INCLUDED IN THE REVIEW

Author (Year)	Study Location	Aim	Study design	Participants
Maria Åling (2021)		To summarize barriers and enabling factors for the nurse– patient SSH discussions within healthcare.		Nurses and patients were eligible for inclusion.
Amanda L (2021)		To conduct a scoping review of studies about renal nurses' practice and attitudes towards sexual health, wellbeing, and function in people with kidney failure receiving	framework,	Four studies met the review criteria (two cross-sectional surveys and two qualitative).

-		hemodialysis.		
Sidsel Schaller (2020)		To Barriers to help- seeking for sexual issues endanger sexual health rights of the growing population of older adults.		Thirty-two men and women aged 65–85 years.
Donna Angelina Rade (2018)		To explore, from the perspective of migrants, types of help-seeking	•	Fifteen studies met the inclusion criteria for the review.
		behavior and the barriers and enabling factors that influence documented migrants in gaining access to SRH services.		
Lieslot Mahieu (2015)			review.	Twenty-five appropriate studies were identified.
Merryn Gott (2004)		To identify barriers perceived by GPs and practice nurses to inhibit discussion of sexual health issues in primary care and explore strategies to improve communication in	interviews	22 GPs and 35 practice nurses recruited from diverse practices throughout Sheffield.
Yunyun Dai, MD (2020)	Australia	this area.  To explore the patient-reported barriers to seeking and accessing support for sexual problems in gynecologic and breast cancer		20 studies met the inclusion criteria
Parvin Mangolian Shahrbabaki (2021)				169 nurses who worked in CCUs, Post CCUs, and cardiac surgery wards
Emily K. Hyde (2019)		To inform health care providers about factors shaping	A scoping review	Twenty-four studies are included in this review

		sexual health		
		education for ACS survivors.		
Paige Homme (2023)			search	articles in 12 medical and social science academic databases on interventions
Shaista Bibi Jadoon (2023)		To assessing the Knowledge, attitudes and readiness of nurses regarding patients' sexual health problems.		During the literature search, only 47 published research articles.
Rose Grace Grose (2020)		To synthesize research about the SRH outcomes of GBV for adolescent girls and young women in low- and middle-income countries.	Multiple Systematic Reviews (AMSTAR)	Twenty-seven reviews were quality-rated girls and young women ages 10–24.
Farrell (2012)	S	to ascertain whether older adults (a) have unanswered questions about their sexual health.	sectional study	A total of 101 surveys were completed. The participants' average age was 81 years.
KATHLEEN MSN, RN (2006)	Oakland	To examine the	descriptive correlational design	A sample of nurses (N = 302).
Grigorios Kotronoulas (2009)			literature	18 original research articles were retrieved and analyzed.
Jonathan Schaffir (2019)		proper medical counseling, support, and/or care for their sexual health	communication	
		needs and concerns.		
Judith A. Fisher (2003)	Indian	effectively to these patients, it is helpful for physicians to understand common cultural beliefs and		Two illustrative cases are reported.
		practices of South		

		Asian Indian patients.		
		This study investigated adult cancer patients' need for information and education on perceived sexuality challenges in Nigeria.	j	298 adult cancer survivors.
Evangelia Nakopoulou, MSc, (2009)		To sexual health issues and how these might inhibit or enhance Greek nurses' ability to incorporate sexual health assessment into everyday practice.	purposive	44 Greek staff nurses.
Keplin (2019)	Chattanooga (Tenn.)	1	scale survey	Participants (Nurse = 140).
EGHOLM (2015)	-			This section contains a review of the nine articles.
		patients by collecting, analyzing and reviewing the literature about nurses' attitudes and beliefs towards discussing sexuality with patients.		

## 6. DISCUSSION

Our findings show that despite the diverse study contexts of the studies included in this scoping review and their peculiarity (e.g., cancer care, renal care, cardiology, primary care, psychiatry, geographical differences etc.), the barriers and enabling factors for SSH discussions were similar. Findings reveal enabling factors that can counteract common barriers to discussing SSH in healthcare settings. Scoping reviews help to summarize vital evidence on a topic without necessarily going through the process of a formal systematic review. Knowledge production from scoping reviews often forms a part of a knowledge-to-action cycle, and the information generated is applied in practice, policy development, and research.

A norm-critical approach in education and practice will promote awareness and criticism of norms and power structures that result in exclusion within healthcare. Adopting a professional approach (such as training, providing vital tools and resources, and applying core care values such as trust and good care relations) may foster SSH discussions. Thus, it is essential to adopt a more reflective approach both in practice and training so that nurses are challenged to question their individual assumptions and practices. A reflective approach will be useful for norm awareness, fostering professionalism, and it will hopefully boost nurses' readiness to initiate and discuss SSH without bias or inhibitions.

#### 7. CONCLUSION

Nurse-patient discussions on sexuality and sexual health are essential for providing comprehensive and patient-cantered care. However, several barriers prevent open conversations from occurring regularly. Addressing these barriers and promoting enabling factors can foster an environment where patients feel comfortable discussing sexual concerns, leading to improved healthcare outcomes. By implementing targeted education, creating supportive work environments, and employing patient-cantered care models, healthcare institutions can empower nurses to engage in more effective discussions on sexuality and sexual health with their patients. Embracing a holistic approach to patient care that considers sexuality will ultimately lead to better overall health and quality of life for patients.

Conflict of interest: There is no conflict of interest to declare

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