



Correction to: Nursing Students' Experiences on Assessing the Sexuality of Patients: Mixed Method Study

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Correction to: Sexuality and Disability

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The original version of the article was published with incorrect tables. The correct version of the tables is presented in this erratum (Tables 1, 2, 3, 4).

The original article can be found online at <https://doi.org/10.1007/s11195-019-09567-6>.

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Table 1 Descriptive characteristics of students

Characteristics	n	%
Gender		
Female	55	52.9
Male	49	47.1
Place of birth		
City center	64	61.5
District	20	19.2
Village	20	19.2
Income level		
Less income than expenses	35	33.7
Equal income and expenses	60	57.7
More income than expenses	9	8.7
Marital status		
Single	101	97.1
Married	3	2.9
Family type		
Nuclear family	90	86.5
Extended family	13	12.5
Fragmented family	1	1.0
Places where they live		
With family	68	65.4
Dormitory	24	23.1
Other (with relatives, alone)	12	11.5
Age ^a	21.3 ± 2.1	

^aMean age

Table 2 Students' clinical experiences on sexuality care in patients

Questions	Answer	n	%
Could you collect data about patients' sexuality during clinical practices?	Yes	67	64.4
	No	37	35.6
Could you make a nursing diagnosis regarding patients' sexuality during clinical practices?	Yes	48	46.1
	No	56	53.9
Could you perform nursing care regarding patients' sexuality during clinical practices?	Yes	31	29.8
	No	73	70.2
Did the patients' gender affect your care?	Yes	82	78.8
	No	22	21.2
Which patient group could you more easily provide the nursing care regarding patient's sexuality? ^a	Young patients	55	52.9
	Young adults	47	45.2
Information sources related to sexuality ^a	Adults	31	29.8
	Elderly	15	14.4
	Married	31	29.8
	Single	25	24.0
Knowledge about sexual health and counseling	Participants with high education level	40	38.5
	Education in school	82	78.8
	Magazine/book	42	40.4
	Internet	72	69.2
Knowledge about sexual health and counseling	Friend	46	44.2
	Family/relative	28	29.9
	I have no knowledge	2	1.9
	I have some knowledge	26	25.0
Knowledge about sexual health and counseling	I have a moderate level of knowledge	67	64.4
	I have so much knowledge	9	8.7

^aParticipants who answered "yes"

Table 3 Nursing students' attitudes and belief regarding sexuality care in patients

	Mean \pm SD		Agree		Disagree	
			n	%	n	%
Positive items						
Discussing sexuality is essential for patients' health outcomes	2.16 \pm 1.20		87	83.7	17	16.3
I understand how my patients' diseases and treatments might affect their sexuality	2.84 \pm 1.13		76	73.1	28	26.9
Giving permission to a patient to talk about sexual concerns is a nursing responsibility	2.24 \pm 1.17		87	83.7	17	16.3
I feel confident about my ability to address patients' sexual concerns	3.69 \pm 1.17		41	39.4	63	60.6
Patients expect nurses to ask their sexual concerns	3.27 \pm 1.37		55	52.9	49	47.1
I feel more comfortable to talk about sexual matters with my patients than most of the nurses I work with	3.84 \pm 1.403		42	40.4	62	59.6
I make time to discuss sexual concerns with my patients	3.63 \pm 1.35		44	42.3	60	57.7
Negative items						
Most hospitalized patients are too sick to be interested in sexuality	2.78 \pm 1.41		85	81.7	19	18.3
I feel uncomfortable to talk about sexual matters	2.54 \pm 1.35		74	71.2	30	28.8
Whenever patients ask me a sexuality-related question, I advise them to discuss the matter with their physician	2.93 \pm 1.41		68	65.4	36	34.6
Sexuality should be discussed only if initiated by the patient	2.93 \pm 1.50		68	65.4	36	34.6
Sexuality is too private to be discussed with patients	3.78 \pm 1.54		47	45.2	57	54.8
Total mean score	36.69 \pm 7.03					

^aThe higher scores indicate more negative attitudes, beliefs and comfort level scores

Table 4 Themes, sub-themes and quotations

Themes	Sub-themes	Quotations
Barriers	Some characteristics of the patients (age, sex, educational level)	<p>“I can talk anything with woman patients. But with male patients, no. For example, when I was at the 1st year, I was hesitating asking male patients if they had constipation or diarrhea. I do not know why, but I was hesitating so much (laughing). Really very much.” (Female—1st Group)</p> <p>“Usually, I can speak with middle aged and married patients more easily.” (Female—2nd Group)</p> <p>“I can speak with young and newly-married patients more easily because they lack of knowledge.” (Female—6th Group)</p> <p>“Single patients are ashamed and do not want to express themselves. They say they are not married and do not want to talk about these issues.” (Female—2nd Group)</p> <p>“I think it is easier when patient and nurse are in the same sex.” (Male—3rd Group)</p> <p>“I can talk about these issues more comfortably with the patients with high education levels and receive information from them.” (Male—4th Group)</p>
	Attitudes toward sexuality	<p>“These issues (sexual matters) are kept private; patients think whether to say their problems or not while they are talking to us. They think these are very private issues, so they do not share them with us. Therefore, I have difficulty in collecting data from patients.” (Female—1st Group)</p> <p>“Sexuality is considered as a deficiency. They do not even talk about this issue with their spouses.” (Male—1st Group)</p> <p>“Even we still have these hesitations. For example, a couple of days ago I saw a male doctor examining (vaginal examination) a female patient, and I said I would never get examined by a male doctor. As I said, even we have these hesitations. We hesitate asking a question about sexuality to the patients. When I ask a question, I think couple of times about how to ask it.” (Female—6th Group)</p> <p>“They say it is sinful for example; it is sinful for a woman to go a male doctor.” (Female—1st Group)</p> <p>“In general, we are afraid. Would patients misunderstand me when I ask this question? To tell the truth, I am afraid of asking questions. Patients give such a different look at me that I wish it finished immediately so I can go.” (Male—4th Group)</p>
	Idea of disturbing patients	<p>“I feel disturbed when I feel that the patient is disturbed. I think I should not ask such questions”</p> <p>“Patients find it useless to answer these questions. They think ‘I am sick already, why are you asking me these questions?’ Their approach to this issue (sexuality) is very important.” (Female—4th Group)</p> <p>“Patients are ashamed when I ask question to them. I hesitate asking questions not to disturb them. Their disturbance makes me feel disturbed too.” (Male—5th Group)</p>

Table 4 (continued)

Themes	Sub-themes	Quotations
	Not prioritizing sexuality	<p>“The patient was an oncology patient and it did not even cross my mind that I should ask about her sexuality. For example, a couple of days ago, a 55-year-old woman asked me something about sexuality and I found it very awkward” (Female—3rd Group)</p>
	Assessment of sexuality in practice	<p>“People do not talk about these issues in the clinics, so I think if I asked I would draw attention, which is not necessary.” (Female—3rd Group)</p> <p>“There is not a question about patients’ sexual health in the hospitals’ form. Patients ask what this is about because they see it in this hospital for the first time. They would not react if it were something routine.” (Female—4th Group)</p>
Recommendations	Communication	<p>“It would be easier if we inform the patients about the topic and say that these are natural issues. But if we are ashamed and stutter in front of them, they get affected too.” (Female—3rd Group)</p> <p>“For example, when we directly ask patients if they have vaginal secretion, itch or any problems about their sex life, they hesitate and think what is going on. So, we should ask these questions in a conversation.” (Female—3rd Group)</p>
	Change in education system	<p>“None of us receive sexual education in schools or in families. For example, we learn these subjects in our senior year of undergraduate education. I wish we had learned them in the first year, it is too late.” (Male—1st Group)</p> <p>“I think the only solution is that we should acquire experience in the hospital so that we could reduce our hesitation. For example, we can talk here, we can do it, but we do not know what to do in the hospital. We need to gain experience in clinics” (Female—1st Group)</p> <p>“Yes, we know it in theory but the important thing is that we should overcome our fears. And we should be able to perform these practices in hospitals.” (Female—6th Group)</p> <p>“We do not know how to approach patients about this issue. We do not know if it is a hesitation or fear; we should be educated first.” (Female—4th Group)</p>

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