**Title:** BARRIERS AND FACILITATORS TO ASSESSING ADOLESCENT SEXUAL HEALTH AMONG ADVANCED PRACTICE REGISTERED NURSES

**Background:** Adolescents age 11–21 are at risk for sexual health problems and morbidity including pregnancy and sexually transmitted diseases. Adolescents with alternative sexual identity are at increased risk for specific morbidity such as depression, suicide, pregnancy and substance abuse which may go undetected. Despite national recommendations, clinicians remain reluctant to address adolescent sexual health concerns. It is unclear what factors influence advanced practice registered nurses (APRNs’) intentions to address adolescent sexual health concerns.

**Purpose:** The purpose of this study was to determine to what extent the attitudes and beliefs as well as perceived sense of control influence APRNs’ intentions to address adolescent sexual health concerns.

**Research Question:** What factors influence APRNs’ intentions to assess the sexual health concerns confronting their adolescent patients?

**Questions:** What policies do you have in place in your practice to promote adolescent sexual health assessment?  
Do you feel you have enough time during a clinic visit to address and discuss adolescent sexual health concerns?  
Do you feel it is your responsibility as a pediatric nurse practitioner to address adolescent sexual health, and do you feel there is a difference between PNPs and other advanced practice registered nurses?

**Method:** Guided by the Theory of Planned Behavior (TPB) a descriptive correlational study was conducted to evaluate the predictive and explanatory value of APRNs’ attitudes and beliefs as well as their perceived sense of control on their intentions to address adolescent sexual health concerns. A convenience sample of APRNs (N=42) were recruited electronically and completed research questionnaires in a secure electronic environment (Qualtrics). This study attained IRB approval through the University of Michigan in July of 2015. The ID # is HUM00101399.

**Results:** Attitudes and beliefs along with perceived sense of control accounted for 43.5% ($f^2 = 10.58; p<.001$) of the variance in APRNs’ intentions to address adolescent sexual health concerns. Of the two predictors, perceived sense of control ($β = .552$) was a better predictor of APRNs’ intentions than attitudes and beliefs ($β = .44$).

**Implications for practice:** Based on the results of this research, the focus of nursing practice should be on promoting facilitators by helping APRNs achieve a greater sense of autonomy and control in the work environment in relation to assessing adolescent sexual health. Additional advantage can be gained by directing attention to helping APRNs overcome personally held attitudes and beliefs that create barriers to addressing adolescent sexual health. From a nursing practice viewpoint, knowledge gained from this study may have potential to make pivotal transformations in the way APRNs approach adolescent health care, which can decrease health care disparities and meet the expectations for best practice.

**Conclusion:** Findings support the idea that personally held attitudes and beliefs about adolescent sexuality can act as a barrier to assessing sexual health. In contrast, perceived sense of control in one’s work environment facilitates addressing adolescent sexual health.

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### Conceptual Framework

Theory of Planned Behavior (TPB) was adapted for use as the guiding framework for this project. TPB, developed by Ajzen and Fishbein in 1988, seeks to explain the effect one's attitudes and beliefs about a behavior and their perceived sense of control over the behavior have on their intention to perform the behavior.

### Specific Aims

1. To describe APRNs' attitudes and beliefs about talking to adolescents about sexual health concerns.
2. To determine to what extent work environment and attitudes and beliefs predict APRNs' intentions to address adolescent sexual health concerns.
3. To determine whether alternative sexual identity of adolescent patients affects APRNs' intentions beyond any observed effect from attitudes and beliefs and work environment, on addressing adolescent sexual health.

### Methods

Guided by the Theory of Planned Behavior (TPB) a descriptive correlational study was conducted to evaluate the predictive and explanatory value of APRN's attitudes and beliefs as well as their perceived sense of control on their intentions to address adolescent sexual health concerns. A convenience sample of APRNs (N=42) were recruited electronically and completed the Beliefs Survey (SABS; Reynolds & Magnan, 2005) was used to measure attitudes and beliefs. Some adolescents 11-21 are at risk for sexual health problems and morbidity including pregnancy and sexually transmitted diseases (CDC, 2012; Salyerno, Marshall, & Pickens, 2012). Adolescents with alternative sexual identity are at increased risk for specific morbidity such as depression, suicide, pregnancy and substance abuse which may go undetected (Colen, Austin, & Schuster, 2010; Hoffman, Freeman, & Swani, 2006; Meckler et al., 2006). Despite national recommendations, clinicians remain reluctant to address adolescent sexual health concerns (Goyal et al., 2014). It is unclear what factors influence advanced practice registered nurses (APRNs) attitudes and beliefs as well as perceived sense of control influence APRNs' intentions to address adolescent sexual health concerns.

### Background and Significance

Some adolescents age 11-21 are at risk for sexual health problems and morbidity including pregnancy and sexually transmitted diseases (CDC, 2012; Salyerno, Marshall, & Pickens, 2012). Adolescents with alternative sexual identity are at increased risk for specific morbidity such as depression, suicide, pregnancy and substance abuse which may go undetected (Colen, Austin, & Schuster, 2010; Hoffman, Freeman, & Swani, 2006; Meckler et al., 2006). Despite national recommendations, clinicians remain reluctant to address adolescent sexual health concerns (Goyal et al., 2014). It is unclear what factors influence advanced practice registered nurses (APRNs) attitudes and beliefs as well as perceived sense of control influence APRNs' intentions to address adolescent sexual health concerns.

### Results

By linear regression, the two predictors: APRN attitudes and beliefs and work environment together significantly (F = 10.58, p < .001) account for 43.6% of the variance in APRN intentions to address adolescent sexual concerns.

### Discussion

Based on the results of this research, the focus of nursing practice should be on promoting facilitators by helping APRNs achieve a greater sense of autonomy and control in the work environment in relation to addressing adolescent sexual health. Additional advantage can be gained by directing attention to helping APRNs overcome personally held attitudes and beliefs that create barriers to addressing adolescent sexual health. From a nursing practice viewpoint, knowledge gained from this study may have potential to make pivotal transformations in the way APRNs approach adolescent health care, which can decrease health care disparities and meet the expectations for best practice.

### Limitations of Study

Strongly held attitudes and beliefs can act as a barrier and have a restrictive influence on APRN intentions to address adolescent sexual health concerns. This seems to be especially true if the attitudes and beliefs provide a basis for diverting responsibility for sexual health assessment away from the APRN to the physician, displace responsibility for initiating the dialogue on the patient or support the notion that patients are too sick to be concerned about sexual health concerns. In contrast, a supportive work environment seems to be a strong facilitator of APRN intentions to address adolescent sexual health concerns.

### Specific Aim #3: Affect of LGBT Beliefs on intentions

APRN LGBT beliefs explain an additional 5% of the variance in intention to address sexuality concerns but these beliefs are not a significant predictor of intentions.