The Impact of Attitudes/ Beliefs and Work Environment on Pediatric Nurse Practitioners’ Intention to Address Adolescent Sexual Health

Tonya M. Schmitt DNP, APRN, CPNP
University of Toledo, College of Nursing

BACKGROUND AND SIGNIFICANCE

• Adolescent high-risk sexual behavior, including engaging in unprotected sexual activity and experiencing multiple sexual partners, leads to an increased likelihood of acquiring a sexually transmitted infection and unwanted pregnancies.

• 2017 Youth Risk Behavioral Study shows that adolescents ages 11-21 have been engaging in high-risk sexual behaviors.

• Less than 40-50% of adolescents, ages 12-17 are receiving comprehensive sexual health assessment and counseling services.

• Only age exhibited a significant (p<.05) although weak correlation (r=-.18) with the SABS score.

METHODS

SEXUAL ATTITUDES AND BELIEFS SURVEY

1. Adolescent patients expect nurse practitioners to ask about their sexual concerns.
2. I make time to discuss sexual concerns with my adolescent patients.
3. I am uncomfortable talking about sexual issues with my adolescent patients. (Q5)
4. I am uncomfortable talking about adolescent sexual issues.
5. Adolescent sexuality should be discussed only if initiated by the patient.
6. I make time to discuss sexual concerns with my adolescent patients.
7. I feel confident in my ability to address adolescent patients’ sexual concerns.
8. It is my usual intention to address adolescent sexual health concerns during adolescent health care visits.
9. It is my usual intention to address adolescent sexual health concerns during adolescent health visits.
10. It is my usual intention to address adolescent sexual health concerns during adolescent health care visits.
11. It is my usual intention to address adolescent sexual health concerns during adolescent health visits.
12. It is my usual intention to address adolescent sexual health concerns during adolescent health care visits.
13. It is my usual intention to address adolescent sexual health concerns during adolescent health visits.
14. I plan to address adolescent sexuality only if the patient brings it up.
15. I plan to address adolescent sexuality only if the patient brings it up. (Q5)
16. I feel confident in my ability to address adolescent patients’ sexual concerns.
17. It is my usual intention to address adolescent sexual health concerns during adolescent health care visits.
18. I plan to address adolescent sexuality only if the patient brings it up.
19. I make time to discuss sexual concerns with my adolescent patients.
20. It is my usual intention to address adolescent sexual health concerns during adolescent health care visits.

• Descriptive correlational study involving emailing all PNPs who were members of the National Association of Pediatric Nurse Practitioners.

• Recipients invited to participate in an anonymous online survey to identify barriers to addressing high-risk sexual behaviors among adolescents.

• Online survey included a brief demographic questionnaire and the Sexuality Attitudes and Beliefs Survey (SABS).

CONCEPTUAL/THEORETICAL FRAMEWORK

The Theory of Planned Behavior predicts that PNPs who report fewer barriers to discussing high-risk sexual behaviors with adolescent patients will be more likely to engage in this behavior.

RESULTS

• 144 PNPs completed the survey.

• Internal consistency of the 12 items on the SABS was acceptable (Cronbach’s alpha=.77).

• Mean value for the SABS was 61.65+5.65 indicating a high degree of barriers to addressing high-risk sexual behaviors.

• Only age exhibited a significant (p<.05) although weak correlation (r=-.18) with the SABS score.

REFERENCES


Future studies should examine interventions to mitigate these barriers.

• Despite national recommendations from professional health organizations including the American Academy of Pediatric and National Prevention Council, many health care practitioners remain reluctant to address adolescent sexual health at annual visits (AAP 2016; NPC 2011 & CDC 2018).

• Therefore less than 40-50% of adolescents, ages 12-17 are receiving comprehensive sexual health assessment and counseling services (Baldridge & Symes, 2017; Daley, Polfino, & Sadler, 2017; Henry-Reid et al., 2010; USDHHS, 2014).

• Strongly held attitudes and beliefs can act as a barrier and have a restrictive influence on PNPs’ intentions to address adolescent sexual health.

• The findings from this study indicate that most PNPs’ intend to address adolescent sexual health in the clinical setting.

• Organizational capacity (leadership & infrastructure) are barriers that affect their intention.

• Future studies should examine interventions to mitigate these barriers.

• The findings from this study have the potential to add to the disciplinary body of knowledge by providing information about the effect of advanced practice nurses’ attitudes and beliefs related to their intention to address adolescent sexual health.

• The knowledge gained from this study has potential to provide evidence that might enrich and advance practice pediatric nurse-practitioner relationships if they become aware of their own attitudes and beliefs that may act as a barrier or facilitator to assessing adolescent sexual health behaviors.

• From a nursing practice viewpoint, this project may have potential to make pivotal changes in the way PNP's approach adolescent sexual health care, which can decrease health care disparities and meet the expectations for best practice.

CONCLUSIONS

• The impact of this study was to identify barriers that predict pediatric nurse practitioners’ (PNPs’) intention to address high-risk sexual behaviors among adolescents ages 11-21 during primary care visits.

Table 1

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<tr>
<th>Demographic Characteristics</th>
<th>Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Age</td>
<td>20.18</td>
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<tr>
<td>Gender</td>
<td>Male</td>
<td>2.12</td>
</tr>
<tr>
<td>Female</td>
<td>2.12</td>
<td>1.32</td>
</tr>
<tr>
<td>Years of experience</td>
<td>6.50</td>
<td>2.01</td>
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• The impact of this study was to identify barriers that predict pediatric nurse practitioners’ (PNPs’) intention to address high-risk sexual behaviors among adolescents ages 11-21 during primary care visits.

Table 2

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<th>Correlations Between Sexual Attitudes and Beliefs Survey (SABS) and Intention to Address Sexual Health</th>
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<tr>
<td>Variable Entered</td>
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• The impact of this study was to identify barriers that predict pediatric nurse practitioners’ (PNPs’) intention to address high-risk sexual behaviors among adolescents ages 11-21 during primary care visits.

DISCUSSION
Discussion Question: Have you ever experienced a time in your clinical practice when your personal attitudes or beliefs affected your decision to address adolescent sexual health?

Title: Identifying Factors Associated with Pediatric Nurse Practitioners Intention to Address Adolescent Sexual Health Behaviors

Purpose: The purpose of this study was to identify barriers that predict pediatric nurse practitioners’ (PNP’s) intention to address high-risk sexual behaviors among adolescents age 11-21 during primary care visits.

Background and Significance: Adolescent high-risk sexual behavior, including engaging in unprotected sexual activity and experiencing multiple sexual partners leads to an increased likelihood of acquiring a sexually transmitted infection and unwanted pregnancies. During primary care visits adolescents rarely disclose their participation in high-risk sexual behaviors without direct questioning from their health care provider. The American Academy of Pediatrics recommend that PNPs’ discuss such behaviors at primary care visits. To date no study has identified barriers that predict pediatric nurse practitioners’ intention to address high-risk sexual behaviors among adolescents age 11-21 during a primary care visit.

Conceptual/Theoretical Framework: The theory of planned behavior was used to identify barriers that in theory affect PNP’s intention to address adolescent sexual health.

Methods: This descriptive correlational study involved emailing all (PNP’s) who were members of the National Association of Pediatric Nurse Practitioners. Recipients were invited to participate in an anonymous online survey to identify barriers to addressing high-risk sexual behaviors among adolescents. The online survey which included a brief demographic questionnaire and the Sexuality Attitudes and Beliefs Survey (SABS). The SABS assesses the attitudes and beliefs of nursing professionals related discussing sexuality within the context of their practice with. higher indicating more barriers to address high-risk sexual behaviors with adolescent patients in their practice.

Results: Of the 144 PNPs who completed the survey. The internal consistency of the 12 items on the SABS was acceptable (Cronbach’s alpha=.77). The mean value for the SABS was 61.65+5.65 indicating a high degree of barriers to addressing high-risk sexual behaviors. Only age exhibited a significant (p<.05) although weak correlation (rp=.18) with the SABS score.

Discussion: Despite recommendations from professional health organizations including the American Academy of Pediatrics and National Prevention Counsel, many health care practitioners remain reluctant to address adolescent sexual health at annual visits. (AAP, 2016; NPC, 2011 & CDC, 2018). Therefore, less than 40-50% of adolescents, ages 12-17 are receiving comprehensive sexual health assessment and counseling concerns (Baldridge & Symes, 2018; Daley, Polifroni, & Sadler, 2017; Henry-Reid et. al, 2010; USDHHS, 2014). Strongly held attitudes and beliefs can act as a barrier and have a restrictive influence on PNP’s intentions to address adolescent sexual health. The findings from this study indicate that most PNP’s intend to address adolescent sexual health in the clinical setting however organizational capacity (leadership & infrastructure) are barriers that affect their intention. Future studies may wish to examine interventions to mitigate these barriers.