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CROSS-SECTIONAL STUDY

Sexuality in Maslow's Hierarchy: A Cross-Sectional Study on Italian Nurses' Competence

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Findings:

This cross-sectional study assessed Italian nurses' competencies regarding patient sexuality, revealing generational differences in comfort and engagement, and emphasizing the need for enhanced education and cultural competence in nursing practice.

ABSTRACT

BACKGROUND: Sexuality in patients has long been considered a taboo topic within the nursing profession and is rarely discussed among healthcare providers. This study aimed to assess the competencies of Italian nurses in relation to patient sexuality.

METHODS: A cross-sectional study was conducted involving Italian nurses (n = 141), using the Comfort and Willingness Scale (CWS).

RESULTS: Nurses with more than 30 years of experience were more likely to engage in therapeutic discussions about patients' sexual concerns compared to their younger counterparts. Conversely, younger nurses appeared to be more comfortable discussing sexuality than more experienced colleagues. The data revealed a statistically significant difference in senior nurses' approach to patient satisfaction with sexual life ($p < 0.01$), sexual dysfunctions ($p < 0.05$), and sexual orientation ($p < 0.05$).

CONCLUSIONS: Deficiencies in nursing communication regarding sexuality and the absence of standardized terminology were identified, highlighting the need for advanced training in this area of Maslow's paradigm. Nursing education programs should include appropriate teaching strategies to effectively address sexuality. Additionally, promoting cultural competence within the profession by challenging sexuality-related taboos represents a critical action strategy.

KEYWORDS: *Sexuality, Nursing, Education, Caring, Patients*

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STUDIO TRASVERSALE

La sessualità nella gerarchia di Maslow: uno studio trasversale sulle competenze degli infermieri italiani

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Riscontri:

Questo studio trasversale ha valutato le competenze degli infermieri italiani in merito alla sessualità dei pazienti, evidenziando differenze generazionali in termini di comfort e coinvolgimento, e sottolineando la necessità di una formazione più efficace e di una maggiore competenza culturale nella pratica infermieristica.

ABSTRACT

INTRODUZIONE: La sessualità nei pazienti è sempre stata un argomento tabù all'interno della professione infermieristica e raramente viene discussa tra i professionisti. Questo studio mirava a valutare le competenze degli infermieri italiani in merito alla sessualità dei pazienti.

METODI: È stato condotto uno studio trasversale che ha coinvolto infermieri italiani (n = 141) utilizzando la Comfort and Willingness Scale (CWS).

RISULTATI: Gli infermieri con oltre 30 anni di esperienza hanno mostrato maggiori probabilità di impegnarsi in discussioni terapeutiche sulle preoccupazioni sessuali dei pazienti rispetto alle loro controparti più giovani. Al contrario, gli infermieri più giovani sembrano essere più a loro agio a discutere di sessualità rispetto ai colleghi più esperti. I dati hanno riscontrato una differenza statisticamente significativa nell'approccio che gli infermieri "senior" hanno in merito alla soddisfazione del paziente in merito alla vita sessuale ($p < 0,01$), alle disfunzioni sessuali ($p < 0.05$) e all'orientamento sessuale ($p < 0.05$).

CONCLUSIONI: È stata riscontrata una comunicazione infermieristica carente concernente la sessualità e la mancanza di un vocabolario standardizzato, sottolineando la necessità di una formazione avanzata in quest'area del paradigma di Maslow. È necessario che i programmi di formazione infermieristica includano tecniche didattiche adeguate ad affrontare il tema della sessualità. In aggiunta, la promozione della competenza culturale in ambito professionale attraverso il superamento dei tabù legati alla sessualità, rappresenta una strategia d'azione fondamentale.

KEYWORDS: *Sessualità, Assistenza infermieristica, Istruzione, Assistenza, Pazienti.*

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BACKGROUND

In 2002, the World Health the World Health Organization, (WHO) formerly recognized sexuality as a fundamental and dynamic dimension of human existence. Emphasizing its critical role in overall health and quality of life[1] . This recognition underscores the importance of integrating sexual health into comprehensive health care delivery. Within in the nursing profession Maslow's hierarchy of needs has long served as a foundational theoretical framework guiding clinical practice and patient care. Sexuality is explicitly identified as a core human need within this model reflection its essential role in psychological and physiological well-being [2].

A Comprehensive examination of sexuality and sexual health in health care settings is vital for several reasons. First, it supports the promotion of optimal sexual well-being, which is closely linked to emotional intimacy, self-esteem and life satisfaction. Second, addressing sexual health is integral to patient recovery processes, particularly in populations with chronic illnesses, disabilities, or those undergoing medical interventions that may affect sexual function. Third, sexual health is a key component of overall health influencing mental health outcomes and quality of life. Finally, assessing and responding to the patients' knowledge and educational needs regarding sexuality fosters empowerment and informed decision making [3,4].

Despite notable historical advances in social attitudes and health care practices, disparities in sexual health care persist, particularly among marginalized groups. Factors such as ethnicity, religion, gender identity, and sexual orientation continue to influence access to and quality of care, often resulting in inequities and unmet needs [5]. These disparities highlight the ongoing challenges health care providers face. In delivering culturally competent, inclusive and patient centered care, nurses as frontline health care professionals play a pivotal role in addressing these challenges. Their unique position allows them to advocate for patients. Sexual health needs facilitate open and non-judgmental communication and implement evidence-based interventions tailored to diverse populations, enhancing nursing education and training on sexual health and cultural competence. Is therefore essential to reduce disparities and improve health outcomes across all patient groups. Patients sexual needs are often overlooked by nurses, with one contributing factor being the insufficient training on sexual health provided during nursing education [6,7]. While nurses routinely address topics such as bowel continents, stool assessment, and end of life preparation, subjects like sexuality remain largely taboo [8,9].

Sexuality is often shaped by societal judgments and a persistent misconception remains that older adults or asexual and lack sexual desire or emotional intimacy this misconception frequently renders discussions of sexuality among older adults as well as among. LGBTQ + individuals, sensitive or even taboo subjects within healthcare settings, particularly among nursing professionals [10,11].

Multiple barriers impede the effective addressing of sexual health needs in these populations. These include inadequate privacy in hospital environments and discomfort among nursing staff. When discussing sexuality with patients [12,13]. Furthermore, insufficient time allocated to exploring patients' sexual concerns and a lack of comprehensive education on sexual health within nursing curricula further exacerbate these challenges [14,15]. Cultural or religious beliefs held by health care professionals may also contribute to these barriers, especially when caring for patients with diverse sexual orientations [16]. The literature also highlights that cultural competence regarding sexual health and diversity is often insufficiently addressed in nursing education [17]. LGBTQ+ patients as well as older adults are

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particularly vulnerable to substandard care and discrimination during hospitalization. As evidenced by reports of inadequate treatment and negative experiences [5,18,19]. Nursing professionals play a pivotal role in overcoming these barriers by advocating for inclusive, patient centered care. Fostering open communication and seeking ongoing education in cultural competence and sexual health, nurses are uniquely positioned to recognize and address the specific needs of older adults and LGBTQ+ individuals. Thereby promoting equity and dignity in healthcare delivery.

Objective

The aim of this work is to analyze the principal obstacles to addressing sexual health in elderly and LGBTQ+ populations within healthcare settings. The particular emphasis on the critical role of nurses in promoting culturally competent, inclusive and equitable care.

Study Design

Between September and December 2024, a cross-sectional study was carried out employing self-administered anonymous survey questionnaire.

MATERIAL AND METHODS

Inclusion and Exclusion criteria

The survey was administered to nurses who met the following criteria:

- Italian nationality;
- Employment in professional support services, both hospital and territory setting;
- Possession of the educational qualifications required by the relevant category (non-retired individuals);
- Access to an Internet connection.

Sample size

Convenience sampling was used to select participants via an algorithm available on the LinkedIn platform. Strengthening the reporting of observational studies in epidemiology was used to ensure the appropriate methodological rigor [20]

Data Collection

The comfort and willingness scale CWS was employed for the analysis [21]. This instrument comprises two sub scales the Sexuality discussions with Client scale (SDCS) and the Sexual Comfort scale (SCS). Both subscales utilize a 7-point Likert type response format, with scores ranging either from 1 (strongly disagree) to 7 (strongly agree) or from 1 (never) to 7(very often). The CWS consists of self-report items designed to assess respondents' comfort and willingness in discussing sexuality related topics. The selection of this scale is justified by its comprehensive coverage of the subject matter as it evaluates both the nurses' comfort across various themes and their direct interactions with patients. Authorization for the use of the CWS was obtained from the original author prior to its implementation in this study.

The instrument was translated into Italian using the rigorous back translation method to ensure semantic and conceptual equivalence [22]. This process involved an initial translation by an expert, followed by a separate specialist who retranslated the Italian version back into English, allowing for the identification and resolution of any discrepancies.

Data analysis

Descriptive statistics were computed to characterize the sample, including means and standard deviations (SD) continuous variables, and absolute frequencies along with percentages for categorical variables. To evaluate the internal consistency and reliability of the subscales, Cronbach's alpha coefficient was

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calculated, providing an assessment of the reliability measurement of the instrument.

The assumption of normality for the quantitative data was tested using the Shapiro Wilk test, which supported the appropriateness of applying parametric statistical methods for subsequent analysis. Following this, graphical representations were created to compare mean scores across different groups categorized by years of professional experience, facilitating a visual examination of potential trends or differences.

For inferential analysis a one-way analysis of variance (ANOVA) was conducted on individual scale items to determine whether statistically significant differences existed between groups. The threshold for statistical significance was set at $\alpha = 0.05$ for all primary analysis. However, for multiple pairwise comparisons, the significance level was adjusted. Accordingly, to control for the increased risk of type 1 error, employing appropriate correction methods based on the number of comparisons performed.

This comprehensive analytical approach ensured a robust evaluation of the data, allowing for both descriptive insights and inferential conclusions regarding the variables of interest.

Ethical considerations

Ethical review and approval were deemed unnecessary for this study due to its nature as totally anonymous online observational investigation. The data provided in the questionnaire were collected and shared in an anonymous manner to ensure participant confidentiality. The study enrolled all Italian nurses who voluntarily consented to participate. Ethical considerations were explicitly addressed at the beginning of the questionnaire in accordance with the guidelines established by the Italian Data Protection. Authority (DPA).

Before completing their questionnaire, participants were provided with comprehensive information regarding the studies aims and were required to electronically provide informed consent. No monetary compensation or incentives. Were offered to promote participation throughout the research process. Strict adherence to the ethical principles outlined in the Declaration of Helsinki was maintained.

RESULTS

Table 1 presents overview of the demographic and professional characteristics of the study sample, which consists of 141 participants. The majority of the sample is composed of female gender, accounting for 56.7% of the total respondents. Geographically the largest proportion of participants is located in the northwest region of the peninsula, representing 38.3% of the sample population. Regarding professional experience, nearly half of the participants, 48.2%, report having between. Zero and nine years of work experience, indicating a relatively early to mid-stage career level among the respondents.

In terms of educational attainment, the most common qualification held by participants is a three-year nursing degree, which constitutes 34.8% of the sample. Additionally, a significant portion of the sample, approximately 39%, has pursued further education by obtaining a first-level master's degree, reflecting a trend toward advanced specialization within the nursing profession. When examining the distribution across clinical specialties, the surgical field emerges as the most frequently represented sector, encompassing 28.3% of the participants. This suggests a notable concentration of professionals working within surgical settings.

Overall, the data illustrate a sample predominantly composed of relatively early-career female nurses, primarily educated at the undergraduate and master's

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levels, with a strong representation in surgical practice areas and a regional concentration in the North-West of the peninsula.

Table 1. Sample characteristics n=141

	N	(%)
GENDER		
Male	60	42.55
Female	80	56.74
Non Binary	1	0.71
GEOGRAPHIC AREA		
North-West	54	38.30
North-East	14	9.93
Center	26	18.44
South	39	27.66
Islands	8	5.67
WORK EXPERIENCE		
0-9	67	48.23
10-19	42	29.79
20-29	13	9.22
Over 30	18	12.77
DEGREE		
Nursing Diploma	8	5.67
University Diploma	3	2.13
Bachelor 'S Degree	49	34.75
Post Graduate Master Degree (I Level)	55	39.01
Master Of Science Nursing (Mscn)	21	14.89
Post Graduate Master Degree (Ii Level)	4	2.84
Phd	1	0.71
WORK AREA		
Medical Area	37	26.24
Surgical Area	40	28.37
Maternal And Child Area	1	0.71
Mental Health-Area	3	2.13
Home-Care Area	21	14.89
Management Department	9	6.38
Critical Area	17	12.06
Ambulatory Area	10	7.09
Other	3	2.13
GENERATIONAL COHORT		
Baby Boomer	1	0.71
Gen X	89	63.12
Millenials	33	23.40
Gen Z	18	12.77
AGE	**Mean ± SD** 37.0 ± 9.84	

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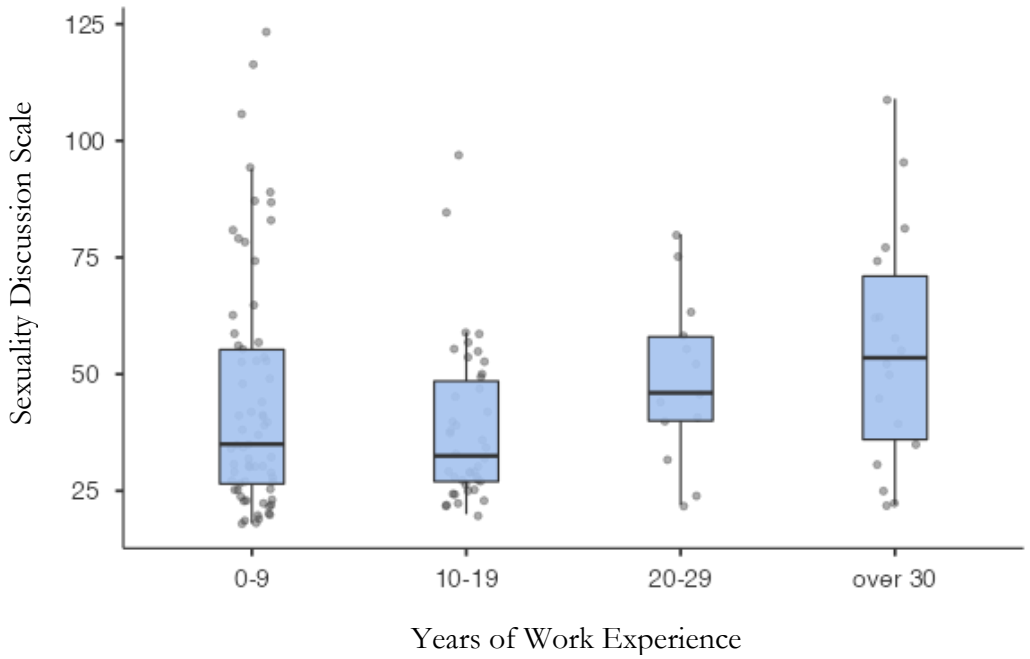
SEXUAL COMFORT SCALE	**Mean ± SD** 119.26 ± 28.27
SEXUALITY DISCUSSIONS WITH CLIENTS SCALE	**Mean ± SD** 44.52± 22.91

The present study reports descriptive statistics and reliability analyses for two key psychometric instruments: the Sexuality Discussions with Clients Scale (SDCS) and the Sexual Comfort Scale (SCS). The mean score for the SDCS was found to be 44.5 with a standard deviation of 22.9, indicating a moderate level of variability in participants' reported frequency or comfort in discussing sexuality with clients. In contrast, the SCS demonstrated a higher mean score of 119, accompanied by a standard deviation of 28.4, suggesting a generally elevated level of sexual comfort among the sample population, albeit with considerable individual differences.

To assess the internal consistency and reliability of these scales, Cronbach's alpha coefficients were computed for each subscale. The results indicated excellent reliability, with the SDCS yielding an alpha of 0.96 and the SCS an alpha of 0.95. These coefficients surpass the commonly accepted threshold of 0.70, thereby affirming the scales' internal consistency and reliability. Figure 1 depicts the trajectory of the variable "Discussion with clients," categorized according to nurses' years of professional experience. The data reveal a clear trend indicating that nurses with more extensive experience demonstrate a greater propensity to initiate conversations related to sexuality.

Figure 1. Representation of Sexuality Discussions Scale by years of work experience



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Based on the graphical examination of the means and standard deviations of the responses. Nurses with over 30 years of working experience appear to engage in therapeutic discussions about patients' sexual concerns more frequently than their younger counterparts. ANOVA one-way tests, for the separate subscales were then computed, categorizing items by years of experience, as shown in Tables 2 and Table 3.

Table 2. Summary Table of SCS with descriptive indices and one-way ANOVA Test divided by years of experience

Sexual Comfort Scale	Mean ± SD	Median (IQR)	Anova (p)
Please indicate how comfortable you are or would be discussing sexuality issues with the following groups. *1_Very Uncomfortable 7_Very Comfortable*			
ITEM 1- Students/Trainees	5.0 ± 1.63	6 (4-7)	0.500
ITEM 2- Supervisors	4.31± 1.92	5 (3-6)	0.887
ITEM 3- Colleagues	5.89±1.28	6 (5-7)	0.146
ITEM 4- Male Clients	5.03±1.52	5 (4-6)	0.994
ITEM 5- Female Clients	5.23±1.64	6 (4-7)	0.567
ITEM 6- Client Ethnicity Difference from my own	4.84±1.70	5 (4-6)	0.391
ITEM 7- Elderly Clients	4.43±1.68	4 (3-6)	0.980
ITEM 8- Teenaged Clients	5.00±1.68	5 (4-6)	0.419
ITEM 9- Pre-teenaged Clients	4.66±1.68	4 (3-6)	0.843
ITEM 10- Physically Disabled Clients	4.26±1.72	5 (3-5)	0.562
ITEM 11- Mentally Disabled Clients	3.86±1.80	4 (3-6)	0.456
Please indicate how comfortable you are or would be discussing sexuality issues in the following modalities 1_Very uncomfortable to 7 _Very Comfortable			
ITEM 12- Individual	5.43±1.82	6 (4-7)	0.127
ITEM 13- Couple	5.17±1.98	5 (4-7)	0.711
ITEM 14- Family	4.31±2.14	4 (3-6)	0.905
ITEM 15- Supervision	4.40±1.96	5 (3-5)	0.723
Please indicate your reactions to the following statements using the following scale: *1 (strongly disagreed) a 7 (strongly agreed)*			
ITEM 16- I respond openly and confidently when my sexual values are challenged.	5.23±1.68	5 (4-7)	0.413
ITEM 17- I communicate effectively about sexuality.	5.03±1.65	5 (4-6)	0.067
ITEM 18- I use sexual vocabulary which is appropriate to the situation.	5.11±1.51	6 (4-6)	0.120
ITEM 19- I am sensitive to and respectful of others' feelings and anxieties towards sexual matters	5.77±1.44	6 (5-7)	0.121
ITEM 20- I encourage clients to explore their own sexual issues.	4.77±1.88	5 (3-6)	0.094
ITEM 21- I encourage clients to explore their own sexual values.	4.71±1.92	5 (3-6)	0.194
ITEM 22- I am not concerned about how I influence client sexuality.	3.57±1.91	4 (2-5)	0.235
ITEM 23- I am confident in my knowledge about sexuality.	4.83±1.67	5 (4-6)	**0.053**
ITEM 24- I appear poised in session when addressing sexual matters.	5.06±1.78	6 (4-7)	0.328
ITEM 25- I find myself lacking respect for and feeling intolerant of others sexual values and practices.	2.46±2.05	1 (1-3)	0.893

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Table 3. Summary Table of SDCS with descriptive indices and one-way ANOVA Test divided by years of experience

Sexuality Discussions with Clients Scale	Mean ± SD	Median (IQR)	Anova (p)
Please respond to the extent to which the following statements reflect your practice habits regarding assessing and initiating discussions about sexuality-related issues. *1_Never to 7_Very Often* *I assess for and initiate therapeutic conversations on:*			
ITEM 1- Sexually transmitted diseases/infections	2.56±1.75	2 (1-3)	0.628
ITEM 2- Sexual dysfunction	2.31±1.66	2 (1-3)	**0.018**
ITEM 3- Client satisfaction with their sexual life	2.01±1.45	1 (1-2)	**0.002**
ITEM 4- Client sexual interaction partner	1.81±1.28	1 (1-2)	**0.012**
ITEM 5- Reproduction	2.46±1.55	2 (1-3)	0.241
ITEM 6- Contraception	2.73±1.85	2 (1-4)	0.650
ITEM 7- Sexual orientation	2.12±1.56	1 (1-3)	**0.026**
ITEM 8- Sexual relationship enhancement	2.12±1.59	1 (1-3)	**0.022**
ITEM 9- The impact of drugs and alcohol on sexual health	2.66±1.78	2 (1-4)	0.675
ITEM 10- The impact of mental illness on sexual health	2.26±1.72	1 (1-3)	0.286
ITEM 11- The impact of medical problems on sexual health	2.55±1.77	2 (1-3)	0.145
ITEM 12- How sexuality was expressed/discussed in family of origin	1.94±1.49	1 (1-2)	0.074
ITEM 13- STI/HIV protection	3.07±1.97	3 (1-4)	0.727
ITEM 14- Client satisfaction with his/her body	2.62±1.63	2 (1-3)	0.056
ITEM 15- The impact of the presenting problem on client sexual health	2.45±1.62	2 (1-3)	**0.004**
ITEM 16- Cultural sexual values	2.21±1.64	1 (1-3)	0.116
ITEM 17- Religious sexual values	2.11±1.64	1 (1-3)	0.071
I only assess and initiate conversations on sexuality related issues when the client states that it is a concern. 1_Strongly disagree until 7_ Strongly Agree	4.65±182	5 (3-6)	0.408

Statistically significant differences were identified on the Sexual Comfort Scale, notably in item 23, "I am confident in my knowledge about sexuality" ($p < 0.05$). This indicates variability in practitioners' self-assessed confidence regarding their sexual health knowledge. Those findings suggest differential levels of comfort and competence in sexual communication among practitioners.

Regarding the Sexuality Discussions with Clients Scale, which assesses the frequency and depth of therapeutic dialogues related to sexuality within professional practice, significant differences emerged across several items. Specifically, significant results were found for item 2, "Sexual dysfunction" ($p < 0.05$); item 3, "Patients' satisfaction with their sexual life" ($p<0.01$); item 4, "Patient's sexual interaction pattern" ($p < 0.05$); item 7, "Sexual orientation" ($p < 0.05$); item 8, "Improvement of sexual relationship" ($p < 0.05$); and item 15, "The impact of the presented problem on the patient's sexual health" ($p<0.01$). These outcomes highlight variability in practitioners' engagement with specific sexual health topics during clinical interactions, underscoring potential areas for targeted educational interventions or enhanced clinical focus.

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DISCUSSION

This study focuses on nurses' communication competencies regarding patient sexuality, with particular attention to the elderly and LGBTQ+ population. As outlined in the initial background, nursing competencies are essential for addressing sensitive topics such as sexuality, especially in contexts. Their older adults are often excluded from these discussions due to cultural stereotypes.

The findings reveal significant discrepancies that should be brought to the attention of authorities responsible for nursing education programs. Firstly, senior nurses engage in discussions about sexuality with patients more frequently than their younger counterparts. However, younger nurses report feeling more comfortable discussing sexuality than their more experienced colleagues. These findings are consistent with the research conducted by Saunamäki et al, [23,24].

The study diverges from the existing literature concerning the elderly population specifically. It has demonstrated that nurses do not perceive any discomfort when discussing sexuality with older adults. This finding contrasts with prior assumptions or findings in the literature, which often suggests that health care professionals may experience unease or reluctance in addressing sexual health. Topics with elderly patients [10,11]. The study's results indicate a shift in nurse's attitudes, highlighting their comfort and openness in engaging in conversations about sexuality with the elderly. Thereby challenging prevailing stereotypes and potentially informing future training and practice in geriatric nursing care. Research indicates that even brief educational interventions can increase comfort levels in discussing sexuality and sexual health topics [7,25]. A statistically significant difference was also observed regarding approaches to sexual orientation ($p < 0.05$), aligning with literature emphasizing the need for sexuality and sexual health discussions with LGBTQ+ patients [3].

In addition to early training for nursing students, fostering cultural competence among healthcare professionals is crucial. Challenging stereotypes about sexuality in older adults is particularly beneficial, as older individuals, like others, live within a "sexually saturated culture" and continue to seek love, companionship, and physical intimacy [10,26] . The implementation of assessment tools can assist nurses in more effectively identifying sexual health needs, encouraging them to seek information and education prior to patient evaluations [26].

This study has limitations, primarily related to the sampling method (with LinkedIn platform), which may restrict the generalizability of the findings. Future research involving larger samples from diverse healthcare settings would provide a more comprehensive examination of this issue. Additionally, cultural variations that may influence attitudes toward sexuality were not considered; future studies should aim to incorporate cultural dimensions to enhance understanding.

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CONCLUSION

The findings underscore the importance of developing and standardizing nurses' communication competencies regarding sexuality, with particular focus on the specific needs of LGBTQ+ population. Addressing this need through culturally competent and inclusive nursing practice is essential to providing holistic and person-centered care. Targeted and ongoing educational interventions, including the promotion of cultural competence and the use of dedicated assessment tools, are necessary to ensure more comprehensive and respectful care of patients' sexuality.

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