

The Role of Nurses in the Sexuality of Citizens with Problems in their “Continuum of Health”

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What is sexuality? The answer to this question is not simple. Freud observed sexuality as a fundamental psychological and biological force for the structuring of personality [1,2], that is, the concept of sexuality assumes itself more as a process with which the human being it structures, organizes and communicates, being also a powerful physical and emotional expression, structuring the human psyche and social organization, as pointed out by several authors [3-5]. These considerations about human sexuality are essential to be able to define, understand or operationalize sexual health, which is defined by the World Health Organization ([6], p. 37) as: “... a state of well-being physical, mental and social in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relations, as well as the possibility of having pleasant and safe sexual experiences, free from coercion, discrimination and violence”.

Thus, society, in order to become sexually healthy, must accept the challenges of recognizing that sexual health is a fundamental human right, that there must be public policies for its promotion and protection, that there must be laws that protect sexual rights, that there must be universal access to careful age-appropriate sexual education, access to health services equipped with specialized professionals and adequate surveillance and monitoring of sexual health behaviors and indicators. In this sense, sexual health should not be limited only to counseling and health care regarding the procreation and avoidance of sexually transmitted diseases, but also constitute a positive approach to human sexuality for the enrichment of life and interpersonal relationships [7].

Human sexuality is influenced by multiple factors (biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual) and always requires a multidisciplinary and multi-professional study for a correct intervention in the health context. Idealizing a sexual health intervention requires organizing responses and health care with the life cycle and multiple transitions experienced as a guideline, namely in the health/disease processes, which are not consistent with specific treatment and treatment protocols of a woman. Problematic or circumscribed to a single profession or specialty.

The way we plan sexual health care throughout these transactional life cycle processes requires the deconstruction of myths and misrepresentations about gender and sex, which definitely have to bring together the biological, human and social dimensions, as well as integrate new knowledge of human sexuality in the training and development of health professionals.

Whenever the health continuum is broken, the sexual dimension is also shaken, requiring increased concern in its promotion, prevention and identification of the problem affected, forcing health professionals, namely the nurse, as an essential link of the multidisciplinary team and central to the provision of care, to defend the privacy and intimacy of the sick person or with restrictions of any kind, whether at the level of primary, differentiated or continued care.

In the presence of a sexual problem, feelings of doubt and fear on the part of the person are frequent, manifesting enormous difficulty in addressing this problem with health professionals because they think it is inappropriate for the situation, or even due to shyness, or even because they think that it is up to the health professional to determine when this issue should be addressed. However, strangely and not infrequently, the same thing happens on the part of nursing professionals, who mostly also demonstrate an enormous difficulty in dealing with this area of sexual expression, making silence reign as a way of solving this problem [8].

Nursing care always focuses on promoting the health projects of each citizen, regardless of their race, creed or gender, and in this context they always seek, throughout the life cycle, to prevent the disease and promote the processes of readaptation, seek the satisfaction of fundamental human needs and maximum independence in carrying out life activities, while seeking functional adaptation to deficits and adaptation to multiple factors. In this sense, sexuality and its alterations must always be the object, and or even objective, of these quality standards of nursing care and of their descriptive statements [9].

The key to being able to provide help on people’s sexual level is precisely the capacity that the nurse will have to approach the sexual topic, open minded and through active listening, with the indispensable exemption from value judgments, always maintaining neutrality but knowing recognize their own fears or limitations (ethical or religious), treating sexuality as they would approach any other health issue and preferably in a relaxed environment, but using a physical space that respects the dignity and confidentiality of the pertinent sexual issues, thus providing a discussion and serene training of the user [10].

More and more health professionals are attentive to the theme of human sexuality, in such a way that there are already several valences linked to this area, such as sexual medicine and clinical sexology, which are expanding rapidly worldwide and in Portugal, covering a multiplicity of professionals such as nurses, doctors, psychologists, physiatrists and pharmacists, among others, which allows to approach and intervene in people who need specialized help in this basic human need, with better results if they do it in a joint and organized way.

It is believed that the existence of specialized teams in sexual health, multidisciplinary and with the active participation of several professionals, where the nurse specialist in Mental Health and Psychiatric Nursing can and should play a fundamental role, both for their specific skills and for their its potential increased competences obtained in the specific area of human sexology (educational and clinical), will be essential for differentiated clinical development, responding to situations of greater complexity and differentiation, and should also do consultancy work with other teams and specific areas.

However, it is imperative, in the first contact with the health professional who welcomes the sick person or with restricted participation and who accompanies him throughout the process of hospitalization and subsequent recovery and rehabilitation (almost always the Nurse), to create an empathic relationship, committed, and above all professional, basic and essential to tackle protected sexuality and promote healthy and proactive sexual citizenship, in an area of health that is almost always forgotten, neglected, where human and material resources do not abound, and those that exist are often unattainable for people with low incomes (there is rarely a state contribution) and very little publicized by the health professionals who assist them, leading this basic human need to be strangely overlooked and not prioritized.

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