

## Research Article

# Attempt to Evaluate Sexual Self-Consciousness in Selected Groups of Nurses

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People who are sexually active and have high sexual self-consciousness have better cognitive performance. Some authors emphasize that the factor positively influencing the cognitive performance of older people is not only the continuation of sexual relations but also the so-called sexual self-consciousness, which can also be described by the notion of elevated libido. The question arises whether medical staff, especially nurses, are competent to inform older patients about the beneficial effects of sexual activity and sexual self-consciousness. We assumed that counseling and advise in this area are probably easier and more effective if they are carried out by people who themselves have high sexual self-consciousness.

The question arises - What is the average sexual self-consciousness of contemporary nurses in a particular region? We decided to investigate it using our own questionnaire. We present here the preliminary results of such a survey. The obtained results lead to the conclusion that only some nurses, no more than half of the examined group is predisposed to carry out the discussed kind of counseling.

**Keywords:** Sexual self-consciousness; Libido; Cognitive performance; Nurses; Counseling

**Introduction**

Among the known risk factors of cognitive impairment, dementia and even atherosclerosis and coronary heart disease in the elderly, there are not only somatic factors such as hypertension, diabetes, obesity or hyperlipidemia, but also behavioral and mental factors such as smoking, physical inactivity, and depression [1-3]. Recently, some authors have also noticed, a relationship between the cognitive performance of older people and their sexual activity. People who are sexually active and have high sexual self-consciousness show better cognitive performance [4-7]. This was also confirmed by our surveys, which we presented in our previous work [8].

Some authors emphasize that the factor positively influencing the cognitive performance of older people is not only the continuation of sexual relations, but also the so-called sexual self-consciousness, which can also be described by the notion of elevated libido. Behavioral and mental risk factors, to a certain extent, are susceptible to modification. An appropriate educational impact can modify the behavior related to smoking, physical inactivity or depression. Advice on these behavioral, modifiable risk factors is provided by doctors and nurses.

The question arises whether medical staff, especially nurses who can devote more time to patients, are competent and able to inform older patients about the beneficial effects of sexual activity and sexual self-consciousness on their health condition and cognitive performance. It should be assumed that health education, counseling and advise in this area are probably easier and more effective, if they are carried out by people who themselves have high sexual self-consciousness.

The question arises what the average sexual self-consciousness of contemporary nurses is, for example in the region (the country), we represent and whether the essence of this feeling of a high level of libido is known and clearly defined. Since we did not find in the literature data on the ways of evaluating sexual self-consciousness, or data describing the average level of the intensity of these personality traits among nurses, we decided to carry out the research investigation presented here.

**Methodology**

For the purpose of the study, we formulated a new version of the questionnaire, which is an extended version of the questionnaire used in our previous survey [8]. This questionnaire is presented in Table 1. It contains 20 statements that should be answered with the terms: "yes", "in the middle" or "no". It is structured so, that a person with a high libido can reach a maximum of 20 points. For questions No. 17 and 18, a positive value is assigned, when the respondent answered "no". The answer to question 20 regarding real sexual activity can be: a, b, c. The value for answer "a" is 1 point, for answer "b" the value is 0.5, for answer "c" it is 0.

We also calculated for any individual the number of gathered points, which forms a value of a simple index, called here the Index S. It represents a general evaluation of the discussed sexual self-consciousness of a person.

With the help of this survey, we collected data from 80 persons. As there were only 10 men in this group of 80 people, we decided to reject these surveys and analyze only the data collected from 70 women. Among those 70 women, due to the intimate sphere of considerations and the anonymous procedure of data collection, 4

**Table 1:** Questionnaire for anonymous survey we kindly ask you to fill in the following questionnaire.

Nick ..... I am M, F Age ..... Field of study .....

	Statements or questions related to body awareness, sensuality and libido. Please put an "X" in the appropriate box:	Yes	In the middle	No
1	I accept my body fully			
2	As a woman - I dress to look sexy; being a man I admit that I pay attention to the sensual attire and appearance of women			
3	Erotic life and sex have always been important to me			
4	I accept sensuality and I perceive sexuality in myself and other people and even in the heroes of novels and movies			
5	I like to read articles about sex and watch erotic movies (videos)			
6	I don't care about the various objections regarding sensuality and sex coming from the clergy and various moralists			
7	I treat erotic life and sex as a reward for the effort in everyday life			
8	I think my sensuality is higher than average			
9	As a woman, I act so that - in a discreet and elegant manner - I inspire male desire. Being a man, I behave to increase my potential opportunities to make acquaintances with women.			
10	I very often use erotic imagery.			
11	I try to realize some of my erotic fantasies.			
12	I constantly enrich the repertoire of my erotic fantasies			
13	My collection of erotic fantasies determines to a large extent my way of spending free time or even my life strategy.			
14	Do you have at least one person, who you tell about, at least a part of your erotic fantasies?			
15	Being on a walk or in cafés or other places, I notice people of the opposite sex who draw my attention by reason of their beauty and/or sensuality			
16	When you fixed a date, are you so determined that giving up a meeting can only occur because of dramatic obstacles?			
17	Do you sometimes feel guilty about the content of your erotic fantasies?			
18	Do you like to watch movies containing hard and cruel (sadistic) scenes?			
19	Are you impressed or deeply moved by the view of the sunset, the full moon or the starry sky?			
For item 20 put a ✓ beside one of following possible answers:				
20	My sexual activity is rich and satisfies me	I experience erotic contacts, but I feel their lack	My sexual activity is scarce and does not satisfy me	

responders returned unfilled questionnaires. So, finally we analyzed data from 66 women. This group was composed from two quite different groups of women, namely from 38 first-cycle nursing students and among 28 nurses who pursue master’s degree studies in nursing. The average age of women in these two groups was 21.5 years and 27.6 years, respectively.

The significance of the differences in the proportion of responses to individual questions was checked using the chi-square test, using the program available at: <http://statpages.org/ctab2x2.html>.

## Results

The results obtained from the above two groups of women are presented in Tables 2, 3. The number of “yes” answers is very diverse, but strangely, we did not find statistically significant differences in the proportions of responses between (a) the group of female nursing students and (b) a group of women already working as nurses and who also carry out master’s studies. It was verified by the chi-square test.

The mean values of the Index S for these group were respectively 13.24 and 11.29. This difference, verified by the Student’s t-test was statistically significant ( $p < 0.038$ ).

Sorted statistic file for women working as nurses and who also

carry out master’s studies is:

{4.5, 6, 6, 6, 7, 7.5, 8, 8, 9, 9, 9.5, 10, 11, 11, 11, 12, 12, 13, 13, 14, 14.5, 15, 15.5, 16, 17, 17, 18, 19}

When trying to formulate the most characteristic features of the behavior pattern and personality traits of the above-mentioned groups of women studying nursing or already practicing as nurses, we had to pay attention to the following regularities:

The respondents quite often responded positively to some questions/ statements aimed at detecting the features of a high libido or, in other words, high awareness of one’s sexuality. They are questions no. 3,4,15. However, there are many questions, to which a positive answer was given relatively rarely. They are questions No. 1,2,9. An interesting finding is that only a small number of examined persons responded positively to question No. 10, related to using erotic imaginations. Also noteworthy is the finding that a significant proportion of students pursuing master’s studies responded negatively to question No. 9.

## Discussion

The recent findings that the sexual activity of older people positively influences their cognitive performance prompted us to undertake research. This raises the question of whether nurses are competent

**Table 2:** Number of answers “no”, “in the middle”, “yes” for Question No. 1-20 of the questionnaire, presented in Table 1. The percentage of answers “yes” is also given.

Question No	Nurses on master's degree studies				Students of nursing			
	No	In the middle	Yes	% Yes	No	In the middle	Yes	% Yes
1	6	2	20	71	11	3	24	59
2	6	2	20	71	11	1	29	71
3	10	1	17	61	11	1	28	68
4	2	1	25	89	4	2	35	85
5	17	3	7	25	20	2	19	46
6	10	5	13	46	17	8	16	39
7	18	1	9	32	32	1	7	17
8	14	6	7	25	21	5	15	37
9	11	3	14	50	10	4	25	61
10	19	2	7	25	25	4	12	29
11	12	1	14	50	13	2	26	63
12	18	2	8	29	21	4	16	39
13	22	2	4	14	33	3	5	12
14	12	1	15	54	8	1	32	78
15	3	0	25	89	3	2	36	88
16	20	1	7	25	23	6	12	29
17	16	0	12	43	5	3	33	80
18	15	1	12	43	2	1	38	93
19	2	1	25	89	8	3	30	73
20	8	1	19	68	9	2	30	73

**Table 3:** The average values for the Index S computed for students of nursing and nurses on master's degree studies.

	Mean	Median	Minimal	Maximal	Standard
			value	value	deviation
Index S for students of nursing	13.24	14	6.5	19	3.53
Index S for nurses on Master's degree studies.	11.41	11	4.5	19	3.99
Index S for two above groups together	12.45	12	4.5	19	3,87

to give possible advice to modify a patient's behavior pattern. The preliminary research carried out leads to the consideration of two key issues related to this problem.

Sexual activity is undertaken by reason of specific motivations in the sphere of sexuality, in other words, due to a high awareness of one's own sexuality, which can also be worded in terms of the concept of a high libido.

Thus, a problem arises - what are the essential features and manifestations of a high awareness of one's own sexuality and do the average personality traits of nurses predispose them to education and advice in this area?

The literature review shows that no effective description of high libido manifestations or appropriate assessment methods, tests or scales that would allow an individual's state of sexual awareness to be assessed, has been proposed so far.

Most authors dealing with this issue, only formulate proposals for methods to evaluate real sexual activity, in particular in clinical situations, when this activity is diminished [9,10,12,13].

Some authors, however, consider concepts such as sexual interest, desire and trait sexual motivation [14-20]. Discussions of these concepts bring us closer to the essence of what interests us here - the problem of describing and assessing sexual self-consciousness. For these considerations, publications on the states of reduced interest in sex in women are also helpful [21-25].

Iveniuk and Waite define sexual interest as “consisting both of the motivation to seek sex with a partner and willingness to have sex when asked” [14]. They write that “it is unclear why some older adults are more interested in sex and some less so” and conclude that their investigation saying “individuals with a highly perceived positive marital quality, a more positive and open personality, a large network of family, and better physical health showed greater interest in sex”.

Stark et al. emphasize the importance of “trait sexual motivation” [15]. They define it as “a psychological construct that reflects the long-lasting degree of motivation for sexual activities, which is assumed to be the result of biological and sociocultural influences” [15]. This construct is related to other similar constructs like sexual desire, sexual drive, sexual needs, and sexual compulsivity.

Goldey and Anders initially assumed that sexual desire occurs spontaneously, but their investigation leads to the conclusion that desire responds to a large extent to specific sexual stimuli [16]. They examined the level of sexual desire in response to: erotic story, unstructured fantasy, and the Imagined Social Situation Exercise, which consists in writing about imagined, positive sexual encounters with a self-defined attractive person. All three kinds of sexual stimuli significantly increased sexual arousal and a positive affect compared with the neutral condition. These authors found that higher arousal was observed after unstructured fantasy [16]. The considerations of Meana have a similar significance [17].

The data on several measuring tools was published, intended for assessing the intensity of sexual interest in women [18-20]. DeRogatis and colleagues describe the method of creating the "Validation of a Women's Sexual Interest Diagnostic Interview" proposed by them [18]. These researchers constructed a proposed scale modeled on The Female Sexual Function Index [11]. The DeRogatis et al. scale is based on the recording of sexual activity.

Comparing these scales with our original tool proposed in this paper, it should be noted that instead of assessing sexual activity (to which only question No. 20 refers), we try to assess the overall attitude and valuation of behaviors in favor of interest in eroticism and sensuality.

Therefore, in reply to the first of the doubts, it should be stated that if we want to describe or estimate manifestations of a significant sexual interest, we can refer to the mentioned scale evaluating current sexual status or use the proposed questionnaire, which reviews more general manifestations of interest in the sphere of sexuality.

The results obtained by us, with the help of this questionnaire, allow us to express an opinion on the subject of the average predisposition or competency of particular persons to provide advice to older people regarding the pattern of behavior in the field of erotic activity.

The questionnaire allows us to calculate the number of points that is an estimation of this predisposition for each person. Let us call this number the S index. In the examined groups of nurses there are women with significant values of such an estimate of the desired predisposition. It can be said that the nurses who obtain high S Index values are more predisposed to implement the counseling specified here.

Analysis of the results presented in Tables 2 and 3 leads to the conclusion, that in the group of surveyed nurses, there were many women who obtained low S Index values.

It is possible to learn the meaning and significance of the calculated S index, so that it can be useful for an intuitive, quick way to evaluate the sexual self-consciousness of the next individual, by a carefully familiarization with the so-called sorted set of values of this index for one of the groups of examined women, presented in the chapter "Results".

It seems that the suggestion that all nurses could carry out the mentioned type of counseling may be unreasonable. Some of them can encounter difficulties in realizing such a task because we found out that a significant proportion of them do not use erotic imaginary

(question No. 10) and do not confirm that they "like to read sex articles and watch erotic movies" (question No. 5).

## Conclusions

1. The literature data showing the positive effect of sexual activity of older people on their cognitive efficiency, lead to considerations whether nurses could conduct education and counseling on beneficial and useful behavior patterns.

2. The possibilities of providing such advice require awareness of the essence of high sexual self-consciousness and one's own predispositions to possess it.

3. The proposed questionnaire extends the possibilities of evaluating sexual self-consciousness and made it possible, to conduct an anonymous questionnaire survey among nursing students and nurses carrying out master's studies.

4. The obtained results lead to the conclusion that only some nurses (no more than half of the examined group) is predisposed to carry out the counseling discussed here.

5. It is a question of debate whether some medical institutions, dealing with older patients should promote the raising of nurses' competences, interested in implementing the type of counseling discussed here.

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