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Exploring the Activity of Daily Living of Sexual Activity: A Survey in Occupational Therapy Education

Abstract

This study aimed to query occupational therapy educators in professional programs in the United States about the amount of time spent addressing sexual activity and the type and depth of education related to sexual activity. The study aims to inform educators about how sexual activity is taught. A cross-sectional survey research design was used with both closed- and open-ended questions. A total of 51 educators participated. An average of 3.5 hr was spent teaching sexual activity. Many of the participants were comfortable teaching sexual activity. However, some reported that sexual activity was often an overlooked topic in occupational therapy curriculum and was not emphasized as much as other activities of daily living. In addition, participants reported that the under emphasis of teaching sexuality may be due to a lack of educational background, the broadness of the topic, discomfort of the students, and a lack of information in textbooks. Most of the participants are comfortable teaching sexual activity and believe that it is an important topic in occupational therapy curriculum. However, many consider it an overlooked topic specifically with chronic conditions and sexually transmitted infections. Therefore, educating instructors on sexual activity and pedagogical methods will enhance occupational therapy curriculum.

Keywords

Occupational Therapy, Sexual Activity, Activity of Daily Living, Education

Cover Page Footnote

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Credentials Display and Country

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Sexual activity is an integral part of an individual's daily life and an important aspect for self-esteem, self-concept, and the human experience (Tipton-Burton & Burton, 2013). The activity of daily living (ADL) of sexual activity is valued by the occupational therapy profession and is included in the *Occupational Therapy Practice Framework* (American Occupational Therapy Association [AOTA], 2014). Sexual activity is defined in the *Framework* as "engaging in activities that result in sexual satisfaction and/or meet relational or reproductive needs" (AOTA, 2014, p. S10). This definition encompasses the holistic approach that therapists should take toward intervention with the ADL of sexual activity (Sakellariou & Algado, 2006), as enhancing satisfaction with sexual activity is a crucial factor to maintain an overall quality of life for people with disabilities (Turner, Schöttle, Krueger, & Briken, 2015).

Occupational therapists have a role in addressing sexual activity in intervention for people who have disabilities. Research indicates that individuals with disabilities express concerns about sexual activity. O'Dea, Shuttleworth, and Wedgwood (2012), for example, showed that people living with a neuromuscular disorder were dissatisfied with current medical care in regard to sexual activity, as their sexual needs were often neglected in rehabilitation. Thus, it is essential for occupational therapists to address the ADL of sexual activity during clinical practice. Although occupational therapists recognize that sexual activity is an important area of concern (Hattjar, Parker, & Lappa, 2008; Sakellariou & Algado, 2006), it is infrequently addressed (Hattjar et al.,

2008), even though therapists deal with other intimate areas of ADLs, such as bathing and toileting (Weerakoon, Jones, Pynor, & Kilburn-Watt, 2004).

Failing to address sexual activity may compromise occupational therapy intervention and lead to poor therapeutic outcomes (Sakellariou & Algado, 2006). The exclusion of sexual activity in practice may be due to such barriers as discomfort (Jones, Weerakoon, & Pynor, 2005; Weerakoon et al., 2004), opinions regarding the relevance of sexual activity (Sakellariou & Algado, 2006), and a lack of resources and formal training (Neistadt, 1986). In addition, Couldrick (1998) found that many occupational therapists did not address sexual activity due to a lack of formal education. As such, Jones, Weerakoon, and Pynor (2005) pinpointed that addressing sexual activity in occupational therapy education should improve the likelihood that practitioners will focus on sexual activity with clients. Therefore, it is important to determine how the ADL of sexual activity is currently addressed in occupational therapy professional education programs, as there is a limited amount of information about the integration of the topic of sexual activity in occupational therapy curriculum.

Studies about sexual activity and occupational therapy education are scarce. In 1988, Payne, Greer, and Corbin were the first to investigate the status of sexual functioning in occupational therapy curriculum in the United States at a time when professional programs were at the bachelor's level. The focus of their research was on curriculum, training, and beliefs about which professionals best deliver sexual

information. Payne et al. found that an average of 3.5 hr of class time was devoted to sexual functioning, and that most of the programs focused on teaching students how to interact with clients about sexual functioning. Occupational therapy programs that did not include sexual functioning in their curriculum reported excluding the subject due to low priority or a lack of time (Payne et al., 1988).

Other studies related to occupational therapy professional education reveal why sexual activity is not frequently addressed in clinical practice. A study with Australian occupational therapy students using a Comfort Scale Questionnaire found that the students felt discomfort when addressing sexual activity in clinical practice (Weerakoon et al., 2004). Jones et al. (2005) used the same questionnaire and found that over half of the occupational therapy students reported that they would not feel comfortable dealing with the listed sexual scenarios. Students also reported that their program did not adequately deal with sexual activity issues (Jones et al., 2005). These studies may suggest that occupational therapy professional education fails to prepare students to comfortably address sexual activity issues in clinical practice. Given the findings from previous research about professional education and sexual activity, it is beneficial to reexamine how educational programs are preparing students to address the ADL of sexual activity. The purpose of this study was to determine the amount of time educators are spending on sexual activity in professional entry-level occupational therapy programs, identify the course content related to sexual activity, and identify how

educators are presenting information to students.

Method

Research Design

This study used a cross-sectional survey research design. Portney and Watkins (2009) described this design as “designed to document the factors that describe characteristics, behaviors, and conditions of individuals and groups,” as well as “document the nature of existing phenomena and describe how variables change over time” (p. 301). A study using this design is based on the response of either a single group or multiple groups at one point in time to use the results for a variety of purposes (Johnson & Christensen, 2011). Thus, this design is deemed to be appropriate for this study.

Participants and Procedures

Qualifying participants consisted of current educators (full-time, part-time, adjunct) in occupational therapy who taught at an accredited occupational therapy entry-level master and/or clinical doctorate program in the United States. Educators who included the ADL of sexual activity in one or multiple courses in their program were selected to participate. To recruit participants, the authors obtained a list of 150 accredited occupational therapy programs between 2012 and 2014 in the United States from the AOTA website. The professional program website for each accredited program was accessed to obtain contact information for the chair. The chair received an email describing the research study and was asked to identify appropriate faculty members who include sexual activity in their courses and provide their contact information.

Sixty-three faculty members were identified and their contact information provided. They were

asked via email to participate. Each email included a cover letter and a link to a survey instrument. The cover letter provided each faculty member with an overview of the study and the definition of sexual activity from the *Framework* (AOTA, 2014) to determine if his or her coursework addressed the topic. After reading the cover letter and agreeing to participate, faculty members were directed to complete the survey instrument via SurveyMonkey®. To ensure anonymity, the IP address was disabled and personal identifying information was not obtained. The participants were given 6 weeks to complete the survey. Two reminder emails were sent every 2 weeks over the 6-week period. Fifty-one educators participated, indicating that the overall response rate of 150 programs was 34%. This 34% response rate is commonly reported in most online survey studies (Nulty, 2008). The Institutional Review Board of the local university approved the study.

Instrument

The researchers designed an online survey instrument to obtain understanding of the amount of time, type, and depth of education dedicated to the subject of sexual activity in professional master and doctor of occupational therapy programs. The survey instrument contained both closed- and open-ended questions. The survey instrument contained five questions to gather demographic information and 14 closed-ended questions about educational content and teaching techniques. In addition, three open-ended questions were included about opinions on how sexual activity was taught in occupational therapy education. The participants were given the option to skip any questions due to discomfort or to

choose “other” if they did not find that the choices reflected their curriculum.

Of the 14 closed-ended questions, two questions queried about the importance of addressing sexual activity compared to other ADLs and if teaching sexual activity was important to include in entry-level occupational therapy curricula. Four of the questions asked in which classes sexual activity was taught, the time spent teaching, and the clinical conditions related to sexual activity (arthritis, spinal cord injury, stroke). Clinical conditions addressed were chosen from main chapter headings and subheadings found in *Pedretti's Occupational Therapy: Practice Skills for Physical Dysfunction* (Pendleton & Schultz-Krohn, 2013). Another question investigated anatomy, sexual dysfunction, psychosocial, and spirituality when teaching sexual activity. Six of the 14 questions queried about instructional methods employed to teach sexual activity and if the participants also taught the permission, limited information, specific suggestions, and intensive therapy (PLISSIT) model, a tool of four different levels of approaches used to present sexual information (Annon, 1976). This model continues to be widely used to provide sexual education and as a method to illicit discussion about sexual health based on the different levels of the intervention (Perz & Ussher, 2015). Instructional methods were based on main chapter topics found in *Models of Teaching* (Joyce, Weil, & Calhoun, 2009). These instructional methods comprised didactic teaching, group work, role playing, written assignments, films, and self-directed study. Three open-ended questions asked if the participants were comfortable

teaching sexual activity, if they thought sexual activity was an overlooked subject, and requested additional comments. For some of the questions, the participants could select more than one answer. To ensure the face/content validity of the survey instrument, an occupational therapy faculty who is considered an expert in teaching sexual activity reviewed and provided recommendations for revision.

Data Analysis

Quantitative data obtained from the closed-ended questions were exported from SurveyMonkey® and analyzed using IBM's Statistical Package for Social Sciences (SPSS) version 21.0. Descriptive statistics, such as counts, frequencies, and percentages were used to determine the amount of time, teaching method, and subjects in sexual activity generated from these questions, as well as to quantify demographic information.

For the qualitative data, thematic analysis was used. Two of the authors individually identified emergent themes obtained from the three open-ended questions and from some closed-ended questions, which contained an option allowing the participants to respond freely. Open coding was initially used to organize key points that emerged from the participants' responses. Points of

emphasis aimed at addressing the survey questions were compiled. During the coding process, an analytical approach was taken to interpret meaning from the participants' accounts (Creswell, 2014).

After each of the two authors completed the analysis and identified themes, the individual findings were reviewed, compared, and contrasted to ensure the correct identification of themes. This process guided an in-depth analysis of the existing data to glean meaning from the participants' accounts (Creswell, 2014). To enhance the trustworthiness of the qualitative data analysis, identified themes were triangulated with the data from the closed-ended questions. Using two data sources from this present study allowed the researchers to compare and cross-reference congruence of information (Knafl & Breitmayer, 1989).

Results

Participants Demographics

The age of the participants ranged from 29 to 64 years ($M = 47.92$, $SD = 9.33$). Most of the participants taught in a master of occupational therapy program and had between 6 and 8 years of teaching experience. Eighty-six percent of the participants ($n = 43$) were female and 37.3% of the participants ($n = 7$) had a PhD (see Table 1).

Table 1
Participant Demographics Information

Variables	%	Number of Responses
Academic Credentials (N = 51)		
PhD	37.3%	19
OTD	13.7%	7
Ed.D	7.8%	4
MA/MS Occupational Therapy	25.5%	13

MA/MS other fields	5.9%	3
BS in Occupational Therapy	3.9%	2
Doctor of Health Science	3.9%	2
Associates Degree	2.0%	1
Sex (N = 50)		
Male	14.0%	7
Female	86.0%	43
Years of Experience (N = 51)		
1-5 years	23.5%	12
6-10 years	25.5%	13
11-20 years	23.5%	12
21-30 years	15.7%	8
31 or more	11.8%	6

Course Work

The participants ranked the ADL of sexual activity as equally important when compared to teaching other ADLs. Most of the education about sexual activity was provided in classes that focused on aging, physical rehabilitation, or physical dysfunction. Of the participants who responded, 80.4% (n = 41) included the subject of sexual activity in the context of spinal cord injury, 62.7% (n = 32) in the context of aging, 60.8% (n = 31) in the context of cerebral vascular accidents, 58.8% (n

= 30) in the context of arthritis, and 49% (n = 25) in the context of heart conditions (see Figure 1). The least selected clinical conditions included burns, cancer, diabetes, mental illness, cerebral palsy, and sexually transmitted infections. The most common subjects reported were self-esteem or other psychosocial issues 76.5% (n = 39), relationships 74.6% (n = 38), culture 70.6% (n = 36), and sexual dysfunction 60.8% (n = 31). The least common subjects were gynecology, men's health, sexually transmitted infections (STIs), and spirituality.

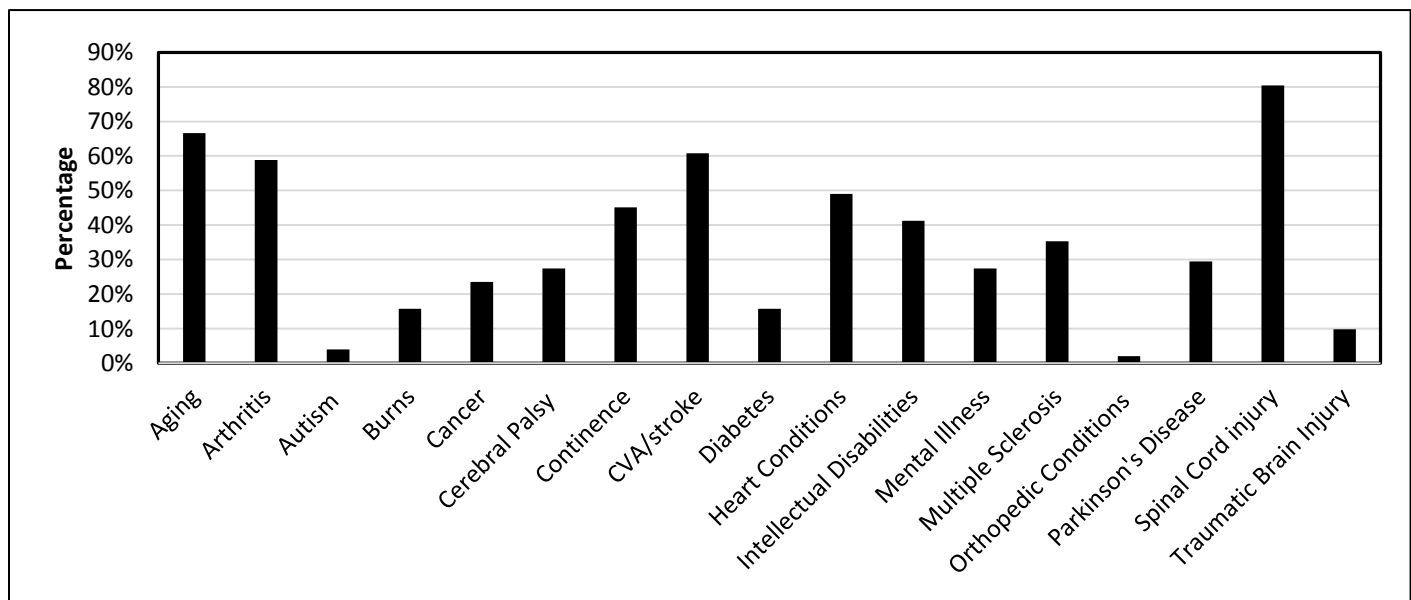


Figure 1. Graph representing which clinical conditions are covered when addressing sexuality. Participants were asked to select each clinical condition they included in their curriculum when teaching the ADL of sexuality.

Teaching Methods and Their Perceived

Effectiveness

The results showed that 92.2% of the participants believe that sexual activity is an important topic in occupational therapy education. On average, the participants dedicate 3.48 hr (*SD* = 3.44) in their courses toward teaching sexual activity. When teaching sexual activity, 86.3% of the participants (*n* = 44) used didactic teaching methods, 47.1% (*n* = 24) used small group work, and 31.4% (*n* = 16) used self-directed study (see Table 2). Fifty-one percent (*n* = 26) indicated that they included questions about sexual activity on their exams. When asked to rank the effectiveness of different teaching methods on a 5-point Likert scale, the participants highly ranked didactic teaching and small group work as the most effective

methods to teach students (see Table 3). Eighty-six percent of the participants (*n* = 44) indicated that they instruct students on how to handle situations where a client makes inappropriate sexual remarks or actions. Fifty-four percent of the participants (*n* = 28) reported using the PLISSIT Model.

Table 2

Types of Teaching Methods

Teaching Methods (N = 52)	%	No Answer
Didactic Teaching	86.3%	7
Films	29.4%	36
Role Playing	11.8%	45
Self-directed Study	31.4%	35
Small Group Work	47.1%	27
Work Books	2.0%	50
Written Assignments	21.6%	40

Note. This table represents the percentage of specific teaching methods used by participants to teach sexual activity in their course. Participants were able to select more than one option.

Table 3

Effectiveness of Teaching Methods

Teaching Method	1	2	3	4	5	N/A	No answer
Didactic Teaching	0.0%	2.0%	21.6%	17.6%	41.2%	2	7
Films	2.0%	5.9%	19.6%	13.7%	25.5%	5	12
Role Playing	3.9%	5.9%	13.7%	23.5%	5.6%	9	15
Self-directed Study	5.9%	5.9%	11.8%	19.6%	23.5%	7	10
Small Group Work	5.9%	3.9%	3.9%	19.6%	39.2%	5	9
Work Books	17.6%	3.9%	7.8%	9.8%	9.8%	12	14
Total Participants							51

Note. Participants were asked to rank each teaching method based on its effectiveness to teach sexual activity to students. 1 = not effective, 2 = somewhat not effective, 3 = neutral, 4 = mostly effective, 5 = very effective.

Comfort in Teaching Sexual Activity

When asked open-ended questions regarding their comfort with teaching sexual activity, the participants reported the common theme of feeling comfortable. Many of the participants connected

right” or “it is a natural and [a] normal part of living.” One participant stated, “I believe it is just a part of who we are. As OT practitioners, we are involved in sensitive topics and being open to the needs of our clients while respecting ourselves, our clients and their families.”

Many of the participants related their comfort level to their clinical experiences in mental health practice, rehabilitation practice, acute care practice, and with the teenage population. One participant stated, “Working in Mental Health, and this is a huge issue with clients. I need to be comfortable teaching my students if they are going to be more comfortable discussing it with clients.” However, a couple of the participants reported not feeling comfortable due to their own cultural background or because they worked in religious-oriented educational institutions. For instance, one participant stated, “I am not completely comfortable because of my culture of origin.” Another participant stated, “I do wonder how much ‘alternative lifestyles’ are considered in other programs. I mentioned I am in a Christian college. While I am not opposed to discussing these issues in general at my institution, I am not sure it would be well received on an institutional level.”

Sexual Activity is Addressed in Occupational Therapy Programs

When asked about whether sexual activity is an overlooked topic in the curriculum, the participants identified a theme that varied in their viewpoints, with the majority believing that sexual activity is overlooked. Some perceived the topic as being addressed adequately and others were unsure of whether the topic is in the curriculum.

Sexual activity: An overlooked topic. The participants described and reflected that sexual activity may be overlooked due to a lack of educational background and available resources, such as textbooks. One participant stated, “I do not know about other curricula but when I speak with

other OT educators or go to continuing education on sexuality, I realize OTs are pretty undereducated regarding the subject. It is also a subject area that is not discussed in ‘polite’ society = conspiracy to silence.”

Another participant reflected, “Absolutely! I think we still suffer from our roots. We were founded by upper middle class and wealthy white women who didn’t talk about ‘such things.’ I think that many, if not most; OT’s still believe that sexuality is something that clients should work out for themselves.” The participants also discussed time limitations in covering coursework leading to sexual activity being overlooked. For example, one stated, “Because there is so much we need to cover, this may not get the treatment it deserves.”

Sexual activity: An addressed topic. Other participants reported that sexual activity is addressed in their curriculum. These participants described their specific program as doing an adequate job. As one participant commented, “Yes, from what I hear from colleagues. I think our program does a decent job covering it (sexuality). Basically, as we have a full week in the ADL class dedicated to it, and many of our other classes discuss it as related to the topics discussed in the specific course.”

Sexual activity: Uncertainty of whether addressed. A few of the participants stated that they were unaware of how their occupational therapy programs taught the subject of sexual activity. One commented, “Not sure how it is

handled today. I'm sure that it was NOT included when I received my education!"

Discussion

Minimal research exists in the occupational therapy profession about education addressing sexual activity. Only one previous survey study (Payne et al., 1988) examined education about sexual activity in occupational therapy curriculum in the United States. Almost 30 years later, this current study expanded on the earlier research to identify sexual content in courses, time spent teaching it, and pedagogical methods in entry-level occupational therapy programs. Differences and some similarities exist between this current study and the Payne et al. (1988) study. Both studies found most participants believed that sexual activity is an important subject to teach, although in some cases it may be overlooked. The current study addressed concerns about comfort level with faculty. The findings from the qualitative data indicated that most of the participants felt comfortable discussing sexual activity, with a few expressing discomfort because of institutional sanctions or cultural beliefs. This finding was not revealed in the Payne et al. study. However, other studies identified the theme of discomfort among students in professional curriculums (Jones et al., 2005; Weerakoon et al., 2004).

Both the Payne et al. study (1988) and this current study found a variety of teaching approaches were used, but most of the participants teach content with lecture. This is an interesting finding considering the current educational trend is to promote more active engagement with education

(Freeman et al., 2014; Nelson & Crow, 2014). Nevertheless, discussion was the second most common method in the 1988 study and group work the second most common method with current curriculums. The results of both studies were similar in time devoted to teaching sexual activity in the curriculum (3.5 hr in Payne et al. and 3.48 hr in the current study). Payne et al. surmised that the time spent was not enough but more than expected.

The question remains whether spending approximately 3.5 hr in the curriculum is enough and whether educators are using the correct teaching methods for this sensitive topic. Lecture may remain the primary method of instruction because some perceive that active engagement (groups, role play) takes too much time away from presenting content (McKeachie, 2002). Furthermore, more time may not be spent on sexual activity in crowded curriculums with numerous accreditation standards. The current Accreditation Council for Occupational Therapy Education (ACOTE®) standards (ACOTE, 2012) generally mention ADLs but do not specify sexual activity. Nevertheless, more research is needed to illuminate the findings related to methods of instruction and the amount of time on sexual activity in curriculums.

Unique to this current research are findings about the types of courses addressing sexual activity and the types of conditions discussed in courses. This study found that most of the participants included content on aging and physical dysfunction. Focusing the majority of sexual content on aging seems appropriate with the current

demographic reality of an increased aged population (Administration on Aging, 2014). Other clinical conditions, such as cancer and diabetes, were not as commonly addressed. Chronic conditions should be addressed as ramifications exist for sexual functioning (Hattijar et al., 2008; Rosen et al., 2009). The findings of the current study indicate that occupational therapists may not be well prepared in their entry-level training to address the challenges of sexual activity with certain chronic conditions. Another topic not as commonly acknowledged in occupational therapy curriculums was sexually transmitted diseases. This topic is relevant across the lifespan and especially with the older adult population, where there is increased incidence of sexually transmitted diseases and little education (Centers for Disease Control and Prevention, 2013).

Distinctive to this current study is a qualitative component considering comfort in teaching sexual activity and thoughts on whether educators believed sexual activity was addressed or overlooked. Qualitative analysis revealed that the participants had mixed responses on both topics. For example, some of the participants described that sexual activity is being adequately addressed and specified content. However, most of the participants felt that it was an overlooked topic in occupational therapy curriculum because instructors are undereducated on the subject, and because of societal belief that sexual activity should not be discussed, and the limited time available to cover content. These findings suggest the need to provide more education to instructors in

professional programs about the topic of sexual activity and effective pedagogical ways to teach it.

Limitations and Future Research

Several limitations were identified in this study, including sample size, no pilot test of the survey, the variation of responses for qualitative questions, and no solutions to deficits in addressing sexual activity in curriculums. All accredited occupational therapy entry-level programs were contacted; however, not all of the department chairs responded and not all of the participants answered all of the questions.

The survey was not pilot tested, which may have influenced the structure of the questions. This was reflected by a response of a study participant who stated that one specific question was not clear. However, the authors used an expert in the ADL of sexual activity to review the survey prior to providing it to the study participants.

Responses to the open-ended qualitative questions varied in length and depth. Some of the participants gave specific examples; others were brief and did not offer explanations. This may have limited the depth of analysis.

This study did not address how to increase faculty comfort with discussing sexual activity in courses or how to better incorporate sexual activity into the curriculum. In future research studies, one should examine ways to increase the comfort levels of students and educators as well as methods of thoroughly incorporating sexual activity into curriculums.

Conclusion

In summary, this present study considers professional education about the ADL of sexual activity in occupational therapy curriculums from the educators' perspectives. The participants valued teaching sexual activity; however, most felt that it was an overlooked topic. Although Payne et al. (1988) reflected that future curriculums would integrate better the topic of sexual activity with consistent education, the current study reveals that much remains the same regarding time spent, the primary pedagogical approach, and a lack of consistent integration. Some findings of this study are unique. For example, there was less focus on certain chronic conditions, such as cancer and diabetes, and a greater focus on conditions such as spinal cord injuries and strokes. With the current aging population having multiple chronic conditions, educational approaches should be fine-tuned to better address sexual activity. Finally, continual research and publications about the ADL of sexual activity will keep the topic in the forefront.

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