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## Sexual Functioning in Occupational Therapy Education: A Survey of Programs

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## Sexual Functioning in Occupational Therapy Education: A Survey of Programs

### Abstract

Despite the importance of sexuality to overall quality of life and well-being for individuals with disabilities, occupational therapy practitioners continue to under-address this issue. One possibility for the lack of attention in this area is the comfort and knowledge level of practitioners. In their seminal work, Payne, Greer, and Corbin (1988) surveyed occupational therapy programs in the United States in an effort to identify the amount of sexuality education provided. This study was aimed at identifying current trends in the provision of sexuality education for occupational therapy students. Despite the nearly 30-year gap in this area of research, and the societal changes related to sexuality, findings suggest that there has been little advancement in the area of sexuality in occupational therapy curricula. Implications for occupational therapy practice and future education are discussed.

### Comments

The authors report no conflicts of interest to disclose.

### Keywords

sexuality education, occupational therapy, occupational therapy education

### Credentials Display

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Sexual expression is a vital part of the human experience and contributes to overall quality of life (QOL), life satisfaction, and health (Crooks & Baur, 2008). According to the World Health Organization (WHO) (2010), the concept of sexuality is dynamic, encompassing “sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction” (p. 4). The onset of a disability can lead to significant impairment in sexual functioning and performance, resulting in a devastating impact on sexual relationships and expression. Despite the impact of disability on sexuality, sexuality is still recognized as a basic component of high QOL for all people regardless of age, gender, sexual identity, or health diagnosis (American Occupational Therapy Association [AOTA], 2015; American Sexual Health Association [ASHA], 2016; WHO, 2010).

Occupational therapists have long recognized sexuality as an area of occupation and a known activity of daily living (ADL) (AOTA, 2014). In fact, AOTA endorses the belief that sexuality is a central characteristic and foundational factor for human QOL (MacRae, 2013). Despite this knowledge, occupational therapists continue to be reluctant to address sexuality with their disabled clients (Kedde, van de Wiel, Schultz, Vanwesenbeeck, & Bender 2012; Moors & Schechinger, 2014; Nosek & Simmons, 2007). Therapists have reported varying reasons for this inattention, including a lack of knowledge, decreased comfort, feelings of incompetency, perceived lack of treatment options, fear of offending the client, and time constraints (ASHA, 2016; Berman et al., 2003; Booth, Kendall, Fronck, Miller, & Geraghty, 2003; Kingsberg, 2004; McGrath & Lynch, 2014).

Research has indicated that much of the discomfort felt by health care practitioners when addressing sexuality stems from the amount and quality of sexuality education in professional academic programs (Esmail, Darry, Walter, & Knupp, 2010; Payne, Greer, & Corbin, 1988; Solursh et al., 2003; Valvano et al., 2014). In their original article, Payne, Greer, and Corbin (1988) sought to identify the type and amount of education being devoted to sexuality in occupational therapy programs in the United States. Following distribution of a questionnaire, 50 occupational therapy program chairpersons provided information about the amount and frequency of and the methodology pertaining to sexual education in their schools’ curricula. Sixty-four percent of the respondents felt that sexual functioning was an important domain in occupational therapy, yet the mean time spent on this topic in the education curriculum was 3.56 hr. Payne et al. found significant inconsistencies in the amount and methods of sexuality instruction included in occupational therapy programs, which was similar to findings from other professions (Criniti, Andelloux, Woodland, Montgomery, & Hartmann, 2014; Ford, Barnes, Rompalo, & Hook, 2013; Miller & Byers, 2010; Morreale, Arfken, & Balon, 2010; Solursh et al., 2003).

Despite sexual expression being recognized as an important part of the human experience and the fact that the occupational therapy profession has identified its unique role in addressing sexuality, little progress has been seen in practice (MacRae, 2013; McCabe, Taleporos, & Dip, 2003; McGrath & Sakellariou, 2016). The purpose of this study was to provide a picture of the current trends in the provision of sexuality education in occupational therapy curricula.

### **Method**

The population chosen for this study was a sample of 150 department chairpersons and program directors of occupational therapy and occupational therapy assistant programs in the United States. All programs were identified through the AOTA website as holding accreditation status as of December 2016. We obtained the department chairperson’s (or equivalent) contact information from each school’s department website, and sent emails to the chairperson of each program with a description of the study

and a link for participation. In addition, information regarding the study was distributed to the same potential participants through the AOTA program chairperson listserv.

All chairpersons were given a link directing them to complete a 25-item questionnaire via SurveyMonkey® (see Appendix). The initial question established informed consent while the following five questions were aimed at providing demographic information, including the geographic location of and type of degree provided by the university, the faculty position of the individual completing the survey (department chair or equivalent), and the program's average class size. The remaining questions focused on the current provision of sexuality education in the occupational therapy and occupational therapy assistant programs. These questions were designed to identify the number of curriculum hours devoted to sexuality education as well as the format of the education provided. Specific questions queried whether formal class time was devoted to the topics related to sexuality education, including techniques for interacting with clients, improvement of interpersonal skills, desensitization exercises to reduce anxiety in discussing sexuality, and adaptive sexual functioning. In addition, the participants were asked if they included sexuality in the fieldwork placements. If a participant indicated that sexuality education was not provided in either the curricula or fieldwork, they were asked to identify the reasons that this topic was not covered. Last, the participants were asked to rank selected health professionals with respect to their responsibility for providing services in the area of sexual functioning in order to identify the perception of the roles of the varying health professionals in this area. Data were collected between December 2016 and May 2017.

## Results

### Response Rate and Program Descriptions

Ninety-three individuals responded to the questionnaire, with 37 of those individuals being excluded because of insufficient completion of the online survey. Thus, 56 usable responses were analyzed using the Statistical Package for the Social Sciences (IBM Corp., 2015). The response rate for the completed surveys was 37%, which is slightly higher than the 33% average return rate for online surveys (Nulty, 2008). The geographic location distribution of the occupational therapy programs spanned all regions of the United States, with programs on the east coast representing the highest participation rate (see Table 1). The types of degrees offered included entry-level master's degrees only (51.8%), entry-level master's and doctorate's degrees (OTD; 12.5%), occupational therapy doctorate degrees only (3.6%), and occupational therapy assistant degrees (OTA; 32.1%).

**Table 1**

#### *Geographic Distribution*

<b>Geographic Location Distribution</b>	<b>Frequency</b>	<b>Percent</b>
Middle America	13	23.2
East Coast	34	60.7
West Coast	4	7.1
Other	5	8.9
<b>Total</b>	<b>56</b>	<b>100.0</b>

## Program Content

Of the respondents to the survey, 92.9% ( $n = 52$ ) reported that formal class time was dedicated to the topic of sexuality, although the total number of hours of class time varied. To test if the mean total number of hours of instruction differed by degree program, a one-way ANOVA was computed. No significant differences in group means were found [ $F(3,52) = 2.8, p = .088$ ], meaning there were no significant differences in the total number of hours of instruction on the topic of sexuality among OTD, OTR, OTA, and other programs.

The respondents were also asked to identify the methods used in addressing sexuality in the program. The results of these findings are summarized in Table 2. A series of MANOVAs were conducted to test the interrelationships between the four degree programs (OTD, OTR, OTA, and other) and type of instruction, including lecture, discussion, films, independent study, workshops, role play, and group activities. Findings revealed insignificant differences between the mean vectors of each [ $F = .568, p = .917$ ], demonstrating that the type of hours of instruction on sexuality do not vary significantly by degree program. Lecture and discussion formats emerged as the most predominant methods in providing education related to sexuality. Ninety-three percent of the participants reported that the topic of sexuality was covered in either required hours or in a combination of required and elective hours.

**Table 2**

*Methods for Teaching Content*

<b>Methods for Teaching</b>	<b>Mean Hours</b>	<b>Min</b>	<b>Max</b>
Lecture	3.34	1	15
Discussion	2.22	0	30
Films	.38	0	2
Independent study	.34	0	6
Workshops	.18	0	3
Role play	.22	0	4
Group activities	.64	0	6
<b>Total Hours</b>	<b>7.27</b>		

To further evaluate the type of education being provided in occupational therapy and occupational therapy assistant programs, the participants were asked to identify the content that they cover related to sexuality. Of the respondents, 82.7% reported addressing techniques for interacting with clients, 88.5% included interpersonal skills related to addressing sexuality, 51.9% indicated the use of desensitization techniques aimed at reducing anxiety related to addressing sexuality, and 90.4% devoted time to adaptive sexual techniques.

The respondents who indicated that they did not address sexuality in the curricula ( $n = 4$ ) were asked to complete a checklist aimed at identifying the reasons that sexuality was not included. It should be noted that the participants were able to select more than one option. Three respondents reported a lack of time as the main reason for this shortage of inclusion, two respondents reported low priority ( $n = 2$ ), and one respondent felt that sexuality should be covered elsewhere. Of the programs that are not currently providing education related to sexuality, none reported plans to incorporate this topic into the program curricula.

In addition to program content, the participants were asked to identify to what extent they cover sexuality in their current fieldwork settings. Of the respondents ( $n = 52$ ), 15% reported that sexuality was included in either Level I, Level II, or both fieldwork settings. Twenty-seven percent reported that it was not covered in fieldwork education, and 58% was unsure.

### Attitudes and Beliefs

Most of the respondents believed that healthy sexual expression is an important domain for occupational therapy practice, with 96% either strongly agreeing or agreeing with this statement. Two respondents (3.6%) were undecided. All of the respondents felt that it is important for occupational therapy students to feel prepared to address sexual functioning as a life skill.

It was hypothesized that educational programs located around the country may have differences in the total number of hours of instruction related to sexuality because of the effects of regional subcultures on attitudes and beliefs about sexuality and the role of occupational therapy. A one-way ANOVA was conducted to identify differences in the total number of hours of instruction on sexuality and geographic location. No significant differences among group means were found [ $F(3,52) = 2.8, p = .654$ ]. The null hypothesis was not rejected, as this study reveals no significant differences in the total number of hours of instruction in different geographical regions of the United States.

Finally, the participants were asked to rank a list of six health care disciplines according to the level of responsibility in addressing sexuality with clients. Table 3 demonstrates the breakdown of how the participants ranked each discipline in relation to their role in providing sexuality-related treatment. Forty-one percent of the respondents ranked occupational therapy as the discipline most responsible for addressing sexuality, with physicians/physician assistants being ranked as a distant second.

**Table 3**

*Participant Rank of Disciplines Role in Addressing Sexuality*

<b>Practitioner</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
OT	41.1%	25%	14.3%	8.9%	7.1%	0
PT	0	5.4%	7.1%	5.4%	21.4%	55.4%
Health educators	23.2%	5.4%	17.9%	23.2%	8.9%	12.5%
Nurses	5.4%	30.4%	28.6%	25%	7.1%	0%
Physicians/PAs	25%	25%	10.7%	16.1%	17.9%	1.8%
Social workers/Case managers (public health workers)	1.8%	5.4%	17.9%	14.3%	30.4%	25%

### Discussion

Although previous studies have evaluated the roles and attitudes of occupational therapy practitioners related to sexuality, limited research exists describing the inclusion of sexuality in occupational therapy education in the United States (Conine, Christie, Hammond, & Smith-Minton, 1979; Evans, 1985). To date, only two studies have been conducted. Payne et al. (1988) were the first to evaluate this topic. More recently, Lohman, Kobrin, and Chang (2017) evaluated the provision of sexuality education and the corresponding comfort levels of faculty.

This research endeavor aimed to duplicate the original Payne et al. (1988) study. We deliberately designed survey questions to obtain the same information as the seminal study on this topic.

The current findings indicate that an increased number of programs are providing sexuality education in the curricula, with 64% reported by Payne et al. and 92.9% in this study. Similar to the Payne et al. and Lohman et al. (2017) studies, the respondents in the current study indicated that sexuality is an important area for occupational therapy practice. In addition, lecture format was the most predominant method of instruction in all three studies. The current study found that discussion was the second most common method of instruction, which corresponds to findings from the Payne et al. study but differs from the Lohman et al. study.

With regard to fieldwork education, current practice appears to demonstrate an increase in the exposure to sexuality in the fieldwork setting. In 1988, Payne et al. found that 2% of the respondents indicated that sexuality was addressed in the fieldwork setting. The present study found that 15% of the respondents reported that sexuality was addressed in the fieldwork setting. This may be due, however, to an increase in knowledge with regard to what students are being exposed to in the fieldwork environment.

Although it appears that sexuality is being addressed more globally in the occupational therapy curricula, current research indicates that this is not translating effectively to clinical practice. After the onset of a disability, many individuals report inadequate attention to their sexual health needs (Hess & Hough, 2012; Lohman, Kobrin, & Chang, 2017).

The findings of this and previous studies are consistent with the literature for many health care provider disciplines. Solursh et al. (2003) reviewed the existence of sexuality education programs in medical schools throughout the United States and Canada. The results indicated that there are widespread inconsistencies in the amount and method of instruction on the topic of sexuality. Similar findings have appeared in nursing and mental health curricula (Aaberg, 2016; Ford et al., 2013; Miller & Byers, 2010).

### **Implications for Occupational Therapy Practice**

The lack of consistency in sexuality education across health care disciplines can result in health disparities among some of the most vulnerable populations. Individuals with disabilities are a vastly underserved subpopulation in the United States (WHO, 2016). The manifestation of this inequality includes unmet sexual health needs (Kedde et al., 2012). The current ACOTE standards require instruction on ADLs from a general perspective but do not specifically outline sexuality education (ACOTE, 2012). In addition, while sexual expression is outlined in the *Occupational Therapy Practice Framework: Domain and Process*, it is an area that is being sorely overlooked by occupational therapy programs (AOTA, 2014). Key points pertaining to current research of the future of occupational therapy practice include:

- Efforts should be taken to decrease the gap between ideology and practice surrounding the initiation of care directed toward sexuality in the occupational therapy profession.
- Education is the most crucial addition to the domain of occupational therapy in order to establish a holistic incorporation of sexuality into clinical practice (Coultrick, 1999).
- National certification standards are needed to regulate the amount, method, and frequency of sexual education for inclusion in occupational therapy program curricula in the United States (Criniti et al., 2014).
- Organizations, such as AMA, ACOTE, AOTA, ASHA, and WHO, and ethics committees on practice should promote and encourage a national focus on sexual health education in medicine

and the use of a variety of teaching methods both in the classroom and during hands-on training (Criniti, Crane, Woodland, Montgomery, & Urdaneta Hartmann, 2016).

- Further research should explore how to best educate and inform all members of society about the disparities facing individuals with disabilities in regard to sexual health care in the United States (Esmail et al., 2010).

## Conclusion

Sexual health is a fundamental right of all human beings, which affirms that all have equal access to the knowledge and opportunities necessary to pursue expression of sexuality (WHO, 2010). The lack of regular exchange of information between health care providers and clients contributes to the denial of the fundamental right to engage in a safe and pleasurable sexual life. Individual considerations that are affected by the onset of a disability or chronic health condition include changes in sexual health, understanding of the impact on sexuality, confusion about anatomical and physiological changes, and attitudes and stigma related to continuing to engage in sexual expression (Dune, 2012; Porat, Heruti, Navon-Porat, & Hardoff, 2012; WHO, 2010).

Disability and chronic health conditions greatly affect the pursuit of sexuality. Occupational therapists are positioned to serve a unique role in the education of individuals regarding their sexual health (AOTA, 2014). The results of this research support previous evidence of a tangible gap between the terms of occupational therapy philosophy and the expressions of this ideology in occupational therapy practice (Lohman et al., 2017; Payne et al., 1988). Current professionals in formal occupational therapy education programs agree that addressing sexuality in practice is essential, but most feel this topic is still being overlooked in the standards for curriculum inclusion (Lohman et al., 2017). Continued research in the area of sexuality as an ADL will aid in the advancement of this topic in occupational therapy education. Future endeavors should include research on effective methodology for instruction, frequency and timing of education, and reporting of outcome measures surrounding the efficacy of education for practice.

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## Appendix

### 25-Item Questionnaire via SurveyMonkey®

#### **Alternatives to Participation**

Participation in this study is voluntary. You are free to withdraw or discontinue participation at any time by simply exiting the survey window.

#### **Cost Compensation**

Participation in this study will involve no costs or payments to you.

#### **Confidentiality**

All information collected during the study period will be kept strictly confidential. Occupational Therapy Departments will be identified through identification numbers. No publications or reports from this project will include identifying information on any department, program, or university.

If you have any questions regarding this study please contact **Dr. Kate Eglseder (keglseder@towson.edu)** or the Institutional Review Board Chairperson, Elizabeth Katz, Office of University Research Services, 8000 York Road, Towson University, Towson, Maryland 21252; phone (410) 704-2236

- \* 1. By checking the box below, you are agreeing that you have read and understood the information above and are providing your consent to participate in the current research:

Yes, I consent to participate

Sexual Functioning as a Topic in Occupational Therapy Training: A Survey of Programs

Inclusion Criteria

## IMPORTANT DISCLAIMER:

**In order to participate in this research you must be a current Department Chairperson, Program Director or equivalent of an *accredited* Occupational Therapy Program within the United States deemed so by The American Occupational Therapy Association as of November 1, 2016.**

**For the purposes of this research an *accredited* Occupational Therapy Program consists of all Entry-Level OT and OTA Programs including OT Doctoral-Level Programs, OT Master's-Level Programs, and OTA Programs accredited by The American Occupational Therapy Association as of November 1, 2016.**

***\*\*If you do not meet the above inclusion criteria, your responses will not be included in the study's results.***

\* 1. Please check the box below to confirm that **you are either the Department Chairperson, Program Director (or equivalent)** of an accredited Entry-level OT or OTA Program within the United States.

Yes, I am the Department Chairperson/Program Director (or equivalent) of an accredited or developing Entry-level OT or OTA Program

### Sexual Functioning as a Topic in Occupational Therapy Training: A Survey of Programs

#### Program Description

**Please answer the following questions concerning information about the Entry-level Occupational Therapy Program of which you are the Chairperson, Program Director or equivalent.**

***\*Reminder: None of the information provided on this page will be used to identify the answers to this survey and identifying information will NOT be reported with the study's results***

1. What is the **name of the University** with which the Occupational Therapy Program is affiliated?  
(this information is kept confidential)

2. Please enter your job title at the above university, i.e. **Occupational Therapy and Occupational Science Department Chairperson, MSOT Program Director, etc.**  
(this information is kept confidential)

3. Describe the geographic location in which the University is located:

- Midwest
- Northeast
- Southeast
- Far West
- Northwest
- Other (please specify)

4. Please Indicate the **average student class size** ratio within the Occupational Therapy Program:

- 1-10 students: 1 Instructor
- 11- 20 students: 1 Instructor
- 21-30 students: 1 Instructor
- 31-40 students: 1 Instructor
- 41-50 students: 1 Instructor
- 50+ students: 1 Instructor
- Other (please specify)

5. What type(s) of degree is offered through completion of the Occupational Therapy Program?  
(please select all that apply)

- Occupational Therapy Doctorate (OTD)
- Occupational Therapy Master's (OTR)
- Occupational Therapy Assistant (OTA)
- Other (please specify)

#### Sexual Functioning as a Topic in Occupational Therapy Training: A Survey of Programs

##### Program Content

**Please answer the following question regarding the inclusion of Sexual Functioning as a Topic within your program's current Occupational Therapy Curriculum:**

1. Within the current Occupational Therapy curriculum, is formal class time devoted to the topic of sexual functioning?

- Yes
- No

#### Sexual Functioning as a Topic in Occupational Therapy Training: A Survey of Programs

Program Content

For the following questions (1-7) please indicate an estimate of the total time in **HOURS** (whole numbers or decimals) devoted to sexual functioning via the **specified instructional format** within the Occupational Therapy Program's Curriculum

\*\*If no time is spent on sexuality instruction via a single format please leave the textbox blank

1. Amount of **total curriculum hours** devoted to sexual functioning through **Lecture Format**:

2. Amount of **total curriculum hours** devoted to sexual functioning through **Discussion Format**:

3. Amount of **total curriculum hours** devoted to sexual functioning through **Watching Films**:

4. Amount of **total curriculum hours** devoted to sexual functioning through **Independent Study Format**:

5. Amount of **total curriculum hours** devoted to sexual functioning through **Workshops**:

6. Amount of **total curriculum hours** devoted to sexual functioning through **Role Playing**:

7. Amount of **total curriculum hours** devoted to sexual functioning through **Group Activities**:

8. Is the topic of sexual functioning covered during **Field Work** within the Occupational Therapy Curriculum?

- Yes, In **Level I Field Work**
- Yes, In **Level II Field Work**
- Yes, In **BOTH Level I and Level II Field Work**
- No
- Do not know

9. Please describe the extent to which sexuality instruction is a requirement within the Occupational Therapy Program:

- The topic of sexual functioning is covered within **required hours in the curriculum**
- The topic of sexual functioning is covered within **elective hours in the curriculum**
- The topic of sexual functioning is covered within **BOTH required and elective hours in the curriculum**

10. Within the curriculum, is formal class time devoted to teaching **techniques for interacting with patients** concerning the subject of sexual functioning?

- Yes
- No
- Do not know

11. Within the curriculum, is formal class time devoted to the **improvement of future therapist's interpersonal skills** in approaching patient's concerning the subject of sexual functioning?

- Yes
- No
- Do not know

12. Within the curriculum, are **desensitization exercises to reduce future therapists' anxiety** in approaching patients about sexual functioning being employed (role play, simulations, presentations, discussion, etc.)?

- Yes
- No
- Do not know

13. Within the curriculum, is instruction devoted to the topic of **adaptive sexual functioning**?

- Yes
- No
- Do not know

### Sexual Functioning as a Topic in Occupational Therapy Training: A Survey of Programs

**To determine the reason(s) for not including the topic of sexuality within the curriculum of the Occupational Therapy Program, please answer the following questions:**

1. Please **indicate the reason(s)** training in sexual functioning is not included within the Occupational Therapy Curriculum  
(choose all that apply)

- Lack of time
- Sexual functioning is a low priority within the curriculum content
- The coverage of sexual functioning should be done elsewhere (continuing education, job-site training, independent study, etc.)
- Lack of properly trained faculty/staff for instruction
- Other (please specify)

2. To the best of your knowledge, **do future plans exist** to include training in sexual functioning in the occupational therapy curriculum?

- Yes
- No
- Other (please specify)

### Sexual Functioning as a Topic in Occupational Therapy Training: A Survey of Programs

#### Attitudes and Beliefs



**For the following section, please answer the questions according to your own personal attitudes and beliefs regarding the inclusion of sexuality education within occupational therapy curricula**

1. Healthy sexual expression among patients is an important domain of occupational therapy practice

Strongly Agree  Agree  Undecided  Disagree  Strongly Disagree

2. It is important for students within occupational therapy programs to feel prepared to address patients' sexual functioning as a life skill

Strongly Agree  Agree  Undecided  Disagree  Strongly Disagree

3. Please rank order the following list of health care professionals with respect to their responsibility for providing services in the area of sexual functioning:

(1=most responsible for providing services in the area of sexual functioning to 6=least responsible for providing services in the area of sexual functioning)

<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapists
<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapists
<input type="checkbox"/>	<input type="checkbox"/>	Health Educators
<input type="checkbox"/>	<input type="checkbox"/>	Nurses
<input type="checkbox"/>	<input type="checkbox"/>	Physicians/Physician Assistants
<input type="checkbox"/>	<input type="checkbox"/>	Social Workers/Case Managers (public health workers)

Sexual Functioning as a Topic in Occupational Therapy Training: A Survey of Programs

## **Almost finished! Please read before exiting:**

Thank you very much for completing this survey, I appreciate your effort and patience.

*Principle Investigator:* **Dr. Kate Eglseder**

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Towson, MD

If you have any questions, concerns, or inquiries about the present survey or research please contact **Dr. Kate Eglseder** at the following email:

**keglseder@towson.edu**

# **Thank you for participating!**