2012

Sexuality: the Missing Activity of Daily Living: A Pilot Study

Lindsay Farkas  
*University of North Dakota*

Elizabeth Reynolds  
*University of North Dakota*

Follow this and additional works at: https://commons.und.edu/ot-grad

Part of the [Occupational Therapy Commons](https://commons.und.edu/ot-grad)

**Recommended Citation**

https://commons.und.edu/ot-grad/212

This Scholarly Project is brought to you for free and open access by the Department of Occupational Therapy at UND Scholarly Commons. It has been accepted for inclusion in Occupational Therapy Capstones by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinebyousif@library.und.edu.
SEXUALITY, THE MISSING ACTIVITY OF DAILY LIVING: A PILOT STUDY

by

Lindsay Farkas, MOTS
Elizabeth Reynolds, MOTS
Advisor: LaVonne Fox, OTR/L, PhD

A Scholarly Project
Submitted to the Occupational Therapy Department
of the
University of North Dakota
in partial fulfillment of the requirements
for the degree of
Master’s of Occupational Therapy

Grand Forks, North Dakota
May 2012
Approval Page

This Scholarly Project Paper, submitted by Lindsay Farkas and Elizabeth Reynolds in partial fulfillment of the requirement for the Degree of Master’s of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

[Signature]

Faculty Advisor

[Date]

April 13, 2012
PERMISSION

Title: SEXUALITY: THE MISSING ACTIVITY OF DAILY LIVING

Department: Occupational Therapy

Degree: Master’s of Occupational Therapy

In presenting this Scholarly Project in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the Department of Occupational Therapy shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised our work or, in her absence, by the Chairperson of the Department. It is understood that any copying or publication or other use of this Scholarly Project or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and the University of North Dakota in any scholarly use which may be made of any material in our Scholarly Project Report.

Signature: Elizabeth Reynolds  Date: 04-13-12
TABLE OF CONTENTS

LIST OF TABLES.................................................................................................................. v

ACKNOWLEDGEMENTS......................................................................................................... vi

ABSTRACT............................................................................................................................... vii

CHAPTER

I. INTRODUCTION.................................................................................................................. 1

II. REVIEW OF LITERATURE................................................................................................. 8

III. METHODOLOGY................................................................................................................. 21

IV. PRESENTATION, ANALYSIS & INTERPRETATION.............................................................. 33

V. SUMMARY, CONCLUSIONS & RECOMMENDATIONS...................................................... 49

APPENDICES........................................................................................................................... 54

REFERENCES........................................................................................................................... 62
# LIST OF TABLES

1. Schematic of Codes, Categories, and Themes ...................................................... 35

2. Distribution of Occupational Therapists by State .................................................. 36

3. Distribution of Occupational Therapists by State Collapsed .................................. 37

4. Gender Distribution ................................................................................................. 37

5. Distribution of Occupational Therapists by Clinical Experience ............................... 38

6. Distribution of Occupational Therapists by Clinical Experience Collapsed ............... 39

7. Association of Participants From MN or Not MN with Comfort/Use .......................... 39

8. Association of Education and Comfort ..................................................................... 41

9. Association of Participants From MN or Not MN with Education .............................. 42

10. Association of Gender with Comfort and Education .................................................. 44

11. Association of Years of Experience with Comfort and Education .............................. 45
ACKNOWLEDGEMENTS

The authors would like to thank the faculty in the Occupational Therapy Department at the University of North Dakota. We would also like to thank our families and loved ones for supporting us throughout this process. We would like to give a special thanks to Dr. LaVonne Fox, Ph.D., OTR/L, who was our faculty advisor for this independent study. We would like to thank you for the many hours you put into this process and the guidance you have provided. We would like to thank you for encouraging our ideas and supporting us throughout this process. The authors would also like to thank Marilyn Klug for assisting us with the data analysis process; your expertise is greatly appreciated. The authors would also like to thank Dr. Anne Haskins, Ph.D., OTR/L, for your input throughout this process as you provided insight into the preparation of our pilot study survey, as well as input on the layout of our data analysis; your knowledge and ideas are greatly appreciated.
ABSTRACT

Sexuality, The Missing Activity of Daily Living: A Pilot Study Lindsay Farkas, Elizabeth Reynolds, & Dr. LaVonne F. Fox, Department of Occupational Therapy, University of North Dakota School of Medicine & Health Sciences, 501 North Columbia Road, Grand Forks, ND 58202

Purpose: The purpose of this pilot study was to explore the comfort level of occupational therapists addressing sexuality with clients in physical disability clinical settings in Minnesota, North Dakota, South Dakota and Wisconsin. A secondary intention of this study was to explore why or why not OTs are addressing sexual issues with their clients, and if therapists are addressing sexual issues, what resources are utilized.

Methods: A non-experimental design pilot study was conducted to explore the comfort level of occupational therapists addressing sexual issues with clients in physical disability settings. A mixed-methods, triangulation survey design was used to gather data from occupational therapy participants in physical disability settings. Participants completed a 16 question Likert scale survey which also included comment boxes to provide opportunity for participants to further expand on answers. 45 occupational therapists from Minnesota, North Dakota, South Dakota and Wisconsin completed the survey. Following data collection, statistical analysis was completed using Statistical Package for the Social Sciences (SPSS)© Version 19. Qualitative data was analyzed by developing codes, forming categories and finally establishing themes based on the participants comments.

Conclusions: The results of the study indicate that there are occupational therapy clinicians who are addressing the issue of sexuality with their clients in physical disability settings. The occupational therapists’ comfort level, educational background, continuing education and/or access to available resources does have an impact on whether she or he will address sexual issues with clients in physical disability settings. Occupational therapists are reporting a lack of education/literature on how to address sexual issues with their clients in physical disability settings. Even though there was a small sample size of male participants in this study, the results indicate that gender does not have a significant impact on occupational therapists comfort and education/literature available on the topic of addressing sexual issues with clients in physical disability settings. An increase in years of experience has an impact on clinicians comfort addressing sexual issues with clients in physical disability settings, however years of experience does not have a significant impact on the education/literature available on this topic.
CHAPTER I

INTRODUCTION

Sexuality is a basic, fundamental aspect of human behavior, but it is more than sexual behavior. Sexuality encompasses one’s feelings of femininity or masculinity and how one acts or dresses, speaks and relates to others within one’s entire network of social and interpersonal relationships (Medlar & Medlar, 1990). Sexuality or sexual functioning is an activity of daily living and is an issue that is important for occupational therapists (OTs) to address. Hattjar, Parker and Lappa (2008) found that OTs report that sexuality is given little time in the educational curriculum in professional programs. This could be interpreted to mean that the topic of sexuality is unimportant, not within the domain of OT practice or assumed that another discipline is responsible for discussing the subject (Hattjar, Parker & Lappa, 2008). Sakellariou and Algado (2006) report occupational therapists are not experts in sexuality, however are experts in occupation and should be providing services that they are competent in. Occupational Therapists identified addressing sexual issues should be a part of the holistic care of patients, but most feel uneducated and/or unprepared on this topic and feel uncomfortable discussing such issues with clients.
Importance of the Study

Recent literature or research studies found by the researchers that display whether or not occupational therapists are addressing the issue of sexuality with their clients are limited. There is also no current research or literature discussing the reasons why occupational therapists are not addressing these issues with their clients. The findings of this research will provide up to date information on the topic of occupational therapists addressing sexual issues with their clients in physical disability settings in the states of Minnesota, North Dakota, South Dakota, and Wisconsin. This pilot study specifically targets why or why not occupational therapists are addressing sexual issues with their clients in physical disability settings, as well as resources that are currently being used to address this topic. This pilot study will also add to the current body of literature available on the topic of sexuality related to occupational therapy. Also, the research could be replicated to assess other regions.

Purpose of Study

The purpose of this pilot study was to explore the comfort level of occupational therapists addressing sexuality with clients in physical disability clinical settings in Minnesota, North Dakota, South Dakota and Wisconsin. A secondary intention of this pilot study was to explore why or why not OTs are addressing sexual issues with their clients, and if therapists are addressing sexual issues, what resources are utilized.

Research Questions

The researchers sought to answer the following questions:

1. Does comfort level impact whether or not occupational therapists address sexual issues with clients in physical disability practice settings? Why or why not?
2. Does educational background, continuing education, and/or access to available resources play a role in whether the occupational therapist does or does not address sexual issues with his/her clients?

3. Does gender play a role in whether the occupational therapist does or does not address sexual issues with his/her clients?

4. Are there factors the occupational therapists identified that contributed to their ability to address the topic with clients such as years of experience?

**Research Design**

A mixed methods, Triangulation Design was chosen for this pilot study, more specifically the validating quantitative data model. This design was chosen as it uses a few open-ended qualitative questions to gain more insight and expand on quantitative questions in a survey, all data is collected within one survey instrument. The qualitative aspect of this design provides the researchers with quotes that can be used to gain more understanding of the quantitative data (Creswell & Plano Clark, 2007, p. 65). The Triangulation Design was specifically chosen for this study due to the sensitivity of the topic of sexuality. Utilizing a quantitative approach allowed the researchers to gather information needed in an organized manner with an objective approach. Using qualitative research allowed the participants to further expand on various topics which then gave the researchers greater insight into the participant’s opinions toward addressing sexuality.

**Hypothesis**

After completing a literature review the researchers formed three hypothesis: 1) Sexuality is within the realm of occupational therapy and is an important aspect to address with clients; 2) occupational therapists are not addressing the topic of sexuality with clients due to lack of comfort regarding sexual issues; 3) occupational therapists are
not addressing the topic of sexuality with clients due to lack of perceived knowledge and educational background.

Based on the literature it is assumed that sexuality is an important area for occupational therapists to address with their clients. Sexuality is considered an Activity of Daily Living in the Occupational Therapy Framework (AOTA, 2008) and is considered an important aspect of care by many health care professionals. Occupational therapists possess the knowledge and skills to effectively address the topic of sexuality with their clients, but it is currently being overlooked in many physical disability settings.

Scope of Delimitation

The researchers of this pilot study targeted occupational therapists practicing in physical disability settings in Minnesota, North Dakota, South Dakota and Wisconsin. Participants received an email that described the study and included a link to the survey. The researchers indicated the goal was to explore the comfort level of occupational therapists in regards to addressing sexual issues with clients in physical disability settings in Minnesota, North Dakota, South Dakota and Wisconsin. The researchers accessed the therapists through the University of North Dakota (UND) Occupational Therapy Department's fieldwork database, by emailing fieldwork supervisors and requesting the supervisor to forward the email with survey attached to all occupational therapists at the facility. The researchers also accessed participants through emails sent to alumni of the UND occupational therapy program. The researchers chose the states of Minnesota, North Dakota, South Dakota, and Wisconsin in order to gain information from a focused area of the United States. Approximately 300 emails were sent out to therapists in the
months of July and August. The survey was open from July 2011 to the end of September 2011, forty-five therapists completed the survey.

Terminology

1. Accreditation Council for Occupational Therapy Education (ACOTE) Standards: These Standards are the requirements used in accrediting educational programs that prepare individuals to enter the occupational therapy profession. The extent to which a program complies with these Standards determines its accreditation status (AOTA, 2007).

2. Activities of Daily Living: Activities that are oriented toward taking care of one’s own body (As cited in AOTA, 2008). Encompass activities such as eating, dressing, bathing, toileting and sexual activity.

3. Concurrent Triangulation Design: “Both qualitative and quantitative data are gathered simultaneously, and results are validated by virtue of having been confirmed through multiple data collection techniques” (Corcoran, 2006)

4. Convenience Sampling: “Drawing elements from a group that is easily accessible by the researcher” (Creswell, Plano Clark, Gutmann, Hanson, 2003).

5. Holistic Care: “An approach to medical care that emphasizes the study of all aspects of a person’s health, including physical, psychological, social, economic, and cultural factors” (ahdictionary.com, 2011).

6. Mixed Methods Design: a procedure for collecting, analyzing and “mixing” both quantitative and qualitative data at some stage of the research process within a single study, to understand a research problem more completely (Creswell, 2002).

Occupational Performance: “The accomplishment of the selected occupation
resulting from the dynamic transaction among the client, the context and environment, and the activity” (AOTA, 2008).

7. Occupational Therapist: “Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life” (American Occupational Therapy Association, 2008).

8. Occupational Therapy Assistant: “Occupational therapy assistants work under the direction of occupational therapists in treating patients with injuries, illnesses, or disabilities through the therapeutic use of everyday activities. They help these patients develop, recover, and improve the skills needed for daily living and working” (bls.gov, 2012).


10. Sexual Activity: “Engaging in activities that result in sexual satisfaction” (American Occupational Therapy Association, 2008).

11. Sexuality: A basic, fundamental aspect of human behavior, but it is more than sexual behavior. Sexuality encompasses one’s feelings of femininity or masculinity and how one acts or dresses, speaks and relates to others within one’s entire network of social and interpersonal relationships (Medlar & Medlar, 1990).
Summary

Chapter I presented an outline of the literature and pilot study that was conducted.

Chapter II presents a review of the literature building on the literature presented in
Chapter I. Chapter II focuses on related literature and studies regarding occupational
therapists addressing the issue of sexuality in evaluation, treatment and discharge
processes with clients in physical disability settings. Chapter III presents the research
methodology related to the design, instrumentation, data collection and data analyses
tools used in the implementation of this research study. Chapter IV provides the
presentation, analysis and interpretation of the data. Chapter V culminates with the
summary of findings, conclusions and the researchers recommendations based on the
findings of this pilot study.
CHAPTER II
LITERATURE REVIEW

Introduction

Sexuality is a basic, fundamental aspect of human behavior, but it is more than sexual behavior. Sexuality encompasses one’s feelings of femininity or masculinity and how one acts or dresses, speaks and relates to others within one’s entire network of social and interpersonal relationships (Medlar & Medlar, 1990). Sexuality or sexual functioning is an activity of daily living and is an issue that is important for occupational therapists (OTs) to address. Hattjar, Parker and Lappa (2008) found that OTs report that sexuality is given little time in the educational curriculum in professional programs. This could be interpreted to mean that the topic of sexuality is unimportant, not within the domain of OT practice or assumed that another discipline is responsible for discussing the subject (Hattjar, Parker & Lappa, 2008). Sakellariou and Algado (2006) report occupational therapists are not experts in sexuality, however are experts in occupation and should be providing services that they are competent in.

The following literature review presents current literature and research regarding sexuality, and the role of OT in addressing sexuality with clients in physical disabilities. Next, the primary reasons why, an essential activity of daily living for many, may not be addressed, which is exploring the comfort level of occupational therapists. If sexuality is
addressed, to what extent is it addressed and through what methods? Finally, the level of academic and professional education and preparation for OT’s to competently and confidently address sexual issues. This review of literature culminates in a summary providing rationale for more specific formal academic preparation and continuing education for occupational therapists to effectively address sexuality and sexual functioning for holistic quality care.

**Sexuality**

**Definition**

Sexuality is a basic, fundamental aspect of human behavior. Sexuality is more than sexual behavior: it encompasses one’s feelings of femininity or masculinity and how one acts or dresses, speaks and relates to others within one’s entire network of social and interpersonal relationships (Medlar & Medlar, 1990). Sexuality is a multifaceted integration of factors including biological, cultural spiritual, social, relational and psychological. Sexual expression also includes how one relates to other people and how one feels about themselves, it can also affect relationships we have with other people (Spinal Cord Medicine, 2010).

**Healthcare Practice Regarding Sexuality**

Sexual dysfunction occurs regularly among patients in rehabilitation centers. After an injury many clients have questions related to sexuality and reproduction, which is why sexual education is an important part of the recovery process.

Health care professionals in these settings often find sexuality and sexual issues of patients difficult to address. (Gianotten, Bender, Post & Höing, 2006). Survey research by Gianotten, Bender, Post & Höing, (2006), indicated that “73% of patients, 59% of
their partners felt rehab professionals should make inquiries regarding sexuality (Gianotten, Bender, Post & Höing, 2006, p. 305). In the same study, of the professional staff, only “7% of physical therapists, occupational therapists and speech therapists felt sufficiently trained to address sexuality” (Gianotten, Bender, Post & Höing, 2006, p. 306). Haboubi and Lincoln (2003) conducted a survey of 813 health care professionals, of those survey, 94% reported that they were unlikely to discuss sexual issues with their patients.

In a qualitative study examining sexual life post stroke, by Schmitz & Finkelstein (2010), participants reported sexuality was a vital part of their life and it should be addressed at some point throughout the rehabilitation process. Of the 29 participants in this study only one participant reported sexuality was discussed in the rehabilitation process, and it was addressed by a psychologist. Participants reported that they would be willing to discuss sexual issues, but felt the rehabilitation team should approach the patient with the subject. Participants also indicated that they would be most open to discussion toward the end of an acute rehabilitation process or shortly after going home, as there are many other adjustments that the patient and partner are dealing with in the early stages of rehabilitation. When discussing which health care professional should address the issue participants indicated that their physician or psychologist should be the most prepared to address sexuality, however they would be open to the involvement of nurses or therapists, after a trusting relationship had been established. One of the participants stated that she believed one of the reasons sexuality is not addressed is because the healthcare professionals “haven’t been educated themselves or enough” and others felt that unless there is good rapport between the provider and the patient they
would be unwilling to discuss the issues (Schmitz & Finkelstein, 2010). When asked about discussing sexual issues with a healthcare professional, patients suggested it would be easier to talk to a female health provider (Rubin, 2005). Building rapport and being educated on the topic enough to be confident addressing any questions the patient may have are important aspects to consider when addressing sexual issues with clients.

In the past there has not been an agreement as to how, when and who should be answering questions from patients about sexuality and reproduction. Healthcare disciplines that are qualified to address sexual issues, with patients who have suffered a physical disability, include psychologists, rehabilitation nurses, therapists and physicians (Schmitz & Finkelstein, 2010). In a multidisciplinary focus group, consisting of patients, occupational therapists, physio-therapists, speech therapists and nurses, a unanimous conclusion was made that nurses should be the health care professional to address sexual issues with clients suffering from Multiple Sclerosis (Rubin, 2005). Other literature indicated that patients would prefer that a physical medicine or rehabilitation physician would address sexual adjustment issues with patients (Schmitz & Finkelstein, 2010).

In a survey of rehabilitation professionals regarding sexuality counseling for spinal cord injured patients 90% of rehabilitation nurses, and 70% of OTs that believed addressing sexuality was not a role of theirs, attributed this to the fact that “someone else was doing it” (Novak & Mitchell, 1998). Assumptions such as these could lead to an important issue such as sexuality being overlooked because rehab professionals are not taking responsibility for topics such as this.
Role of OT

In 2010, the United States Department of Labor: Bureau of Labor Statistics reported there were approximately 100,300 occupational therapists and 27,720 occupational therapy assistants working in the United States (bls.gov, 2010). Respondents to the American Occupational Therapy Association’s 2010 Workforce Study were 91.6% female and 8.4% male. The median age for occupational therapists (OTs) was 41 years old. The median age for occupational therapy assistants (OTAs) was 43 years old. Sixty percent of OTs, and 68.4% of OTAs surveyed were employed in physical disability settings (OT Practice, 2010). According to the statistical information gathered there are approximately 60,000 occupational therapists working in physical disability settings nationwide. As such a large number of therapists are working in this setting, the importance of being well educated and comfortable addressing all areas of activities of daily living, including sexuality is essential.

The American Occupational Therapy Association (2008) defines sexual activity as engaging in activities that result in sexual satisfaction. Occupational therapy is focused on holistic care, occupational performance, role maintenance and adaptation of activity; therefore occupational therapists have a positive role in sexual habilitation or rehabilitation (Rubin, 2005). “When occupational therapy practitioners work with clients, they consider the many types of occupations in which clients might engage. The broad range of activities or occupations are sorted into categories called “areas of occupation” (AOTA, 2008, p.630). Activities of daily living (ADLs) encompass activities such as eating, dressing, bathing, toileting and sexual activity. Sexual activity is as much a part of the domain of occupational therapy as personal care, work and leisure activities. A
client’s sexuality and sexual expression are within the domain of occupational therapy as it is considered an activity of daily living (Hattjar & Lappa, 2008; Couldrick, 1999).

The American Occupational Therapy Association describes the domain of practice as “supporting health and participation in life through engagement in occupations” (AOTA, 2008, p. 626). When an occupational therapist is addressing all aspects of a patient’s life, sexual activity would be included in the intervention process. Occupational therapists provide holistic care and are dedicated to facilitating quality of life among patients, which suggests they should be prepared to address sexuality issues with each of their patients (Couldrick, 1998).

Comfort Level

Sexuality is a fundamental aspect of many people’s lives, but tends to be overlooked by occupational therapists and other healthcare providers. Health care professionals identified reasons for not addressing sexual issues with patients. The reasons identified include not feeling comfortable discussing the topic, as well as feelings of embarrassment if unable to provide the patients with adequate information on the subject of sexual activity (Rubin, 2005).

A study by Haboubi & Lincoln (2003) found that lack of training and education, as well as low comfort levels were main reasons why health care professionals gave for their non-involvement in addressing sexual issues with their patients. Many practitioners feel a lack of comfort in providing information about sexuality after a spinal cord injury within a rehabilitation setting (Spinal Cord Medicine, 2010). Participants from a study expressed concern about not knowing what to tell patients, and also worried that they might give the patient false or wrong information (Rubin, 2005).
A survey conducted with allied health professional students, including occupational therapy, indicated students across many health professional disciplines anticipate discomfort with sexual issues in clinical settings (Weerakoon, Jones, Pynor, Kilburn-Watt, 2004). A similar survey conducted assessed only occupational therapy students regarding their attitude toward sexual issues in practice with results indicating a high level of anticipated discomfort dealing with sexual issues in OT practice (Jones, Weerakoon & Pynor, 2005). In a study by Weerakoon, Jones, Pynor and Killburn-Watt (2004), regarding perceived comfort level of allied health professional students gender differences were found. The results of the study indicated that men were significantly more comfortable than women dealing with covert and overt sexual remarks and walking in on a client who is masturbating. Male participants indicated being less comfortable than female participants in dealing with a homosexual male, whereas female participants indicated being less comfortable than men in dealing with a patient who is a homosexual female. The authors of this survey suggest that male and female educational needs may differ depending on the sexual issue being explored. (Weerakoon, Jones, Pynor & Kilburn-Watt, 2004)

Many health professionals agreed that patients’ sexual issues are important to address and be discussed in health services, but many felt poorly trained and unprepared to have this type of discussion with patients. This proposes that training and education in sexual issues should be incorporated as part of the training of health care professionals (Haboubi & Lincoln, 2003).
Formal Academic Preparation

The occupational therapy framework describes sexual activity as an Activity of Daily Living (ADL) stating it is “engaging in activities that result in sexual satisfaction” (AOTA, 2008, p. 631).

It is unknown the exact extent to which accredited occupational therapy programs are including training and education on the basics of sexual functioning. Sexuality is not specifically a part of the Accreditation Council for Occupational Therapy Education (ACOTE) standards, however sexuality is considered an activity of daily living in the AOTA framework (AOTA, 2008). This makes it difficult to determine the extent to which programs are addressing the topic.
The 2006 Accreditation Council for Occupational Therapy Education (ACOTE) standards state:

| B.4.4. p. 24-25 | Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes:  
  • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.  
  • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).  
  • Performance patterns (e.g., habits, routines, roles) and behavior patterns.  
  • Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.  
  • Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). |
|-----------------|---------------------------------------------------------------------------------------------------------------|
| B.5.1. p. 26-27 | Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:  
  • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.  
  • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).  
  • Performance patterns (e.g., habits, routines, roles) and behavior patterns.  
  • Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.  
  • Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). |
| B.5.2. p. 27 | Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. |
| B.5.3. p. 28 | Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods). |
| B.5.4. p. 28 | Provide training in self-care, self-management, home management, and community and work integration. |
| B.5.5. p. 28 | Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception), neuromuscular, and behavioral skills. |
| B.5.16. p. 30 | Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. |
| B.5.20. p. 30 | Select and teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks. |
| B.5.23. p. 31 | Refer to specialists (both internal and external to the profession) for consultation and intervention. |
Although the standards highlight ADL’s as an important area to address, sexuality is not specifically discussed. If professors are not addressing sexuality in their curriculum, because it is not specifically in the ACOTE standards, this may have an effect on the comfort and knowledge among occupational therapists.

The most recent survey in the United States, conducted with occupational therapy department chairs of university programs, was in 1988. The survey inquired about the time devoted to training in sexual functioning within their educational curricula. Lectures were used most often, followed by discussion, films and independent study. Role playing and group activities were used the least to educate students in sexual functioning. (Payne, Greer, & Corbin, 1988) There has been no additional survey information published. McA10nan, 1996 identified that a lack of education, regarding sexuality in occupational therapy curricula and in continuing education opportunities, has led to decreased involvement in sexual rehabilitation in the provision of occupational therapy services.

**Continuing Education**

After a review of the American Occupational Therapy Association website, Edlantis seminars and Edgerehab continuing education courses available to occupational therapists, the researchers were unable to find any courses offered on the topic of sexuality. A lack of continuing education specifically for occupational therapists in this subject could also be why practicing therapists report feeling uncomfortable with addressing the issue. However there has been continuing education articles published. In 1997 OT Practice published an article titled Sexual Expression: The Forgotten Component of ADL by Judith Dicker Friedman. This article focuses on occupational therapists and intervention based on the PLISSIT Model. Another article was published
in OT Practice in 2008, titled *Let's Talk About Sex* by Lyndsay Miller. AOTA also published a continuing education article on the topic of sexuality in 2008, titled *Addressing Sexuality With Adult Clients With Chronic Disabilities: Occupational Therapy's Role* by Hattjar, Parker and Lappa. These are the most recent continuing education material available on the topic of sexuality for occupational therapists.

**Rationale for Further Research**

The researchers found that current occupational therapy literature regarding the topic of sexuality is limited. There are articles from the 1980’s and 1990’s, however more recent literature has not been published from occupational therapy journals in recent years. Journals from other professional backgrounds did address the topic of sexuality, however the results were found to be repetitive in nature and therefore limited the amount of information available. Many articles addressed a lack of knowledge and comfort to be main reasons health care professionals do not address the topic of sexuality with their patients. Most articles were similar in the issue of sexuality as an important issue to address with patients; however it is not currently being addressed.

**Summary**

Sexuality is an area of occupation as stated in the occupational therapy framework. Therefore addressing sexuality is an area that is within the realm of occupational therapy practice. Research results have indicated that occupational therapists and other healthcare professionals find addressing the issue of sexuality with patients difficult. Miller (1994) indicated the academic preparation for occupational therapists in biological and behavioral sciences, as well as communication skills, experience and knowledge of a wide range of disabilities and problem-solving skills
prepare them to deal with clients’ sexual issues. This suggests occupational therapy practitioners acquire the interpersonal skills necessary to address sensitive issues such as sexual activity. Results of this literature review indicate that not only are occupational therapists uncomfortable with addressing the issue of sexuality, but other health care professionals aren’t addressing this issue with patients either. Insufficient training and lack of comfort were main reasons health care professionals identified for their non-involvement in addressing the subject of sexuality with their patients (Haboubi & Lincoln, 2003). Not addressing the issue of sexuality with patients may leave a number of patients with questions and fears that could be addressed by occupational therapists in physical disability settings. There is a need for more educational programs, materials and continuing education for occupational therapists in order to increase knowledge and comfort level regarding the issue of sexuality. The last published continuing education article addressing sexuality in occupational therapy was in 2008. It is unknown the extent to which accredited occupational therapy programs in the United States are focusing on sexuality as topic area in curriculum. Occupational therapists provide care for patients in all areas of occupation. Sexuality is a pertinent area that OT’s are qualified to address, however research indicates that it is an area that is often overlooked.

**Research Purpose**

The purpose of this independent study is to explore the comfort level of occupational therapists/occupational therapy assistants addressing sexuality with clients in physical disability clinical settings in the Minnesota, North Dakota, South Dakota and Wisconsin. A secondary intention of this study was to explore why or why not OT’s are
addressing sexuality issues with their clients, and if they are addressing sexual issues, what resources are they using.

The accomplishment of the aims of this study was achieved through the implementation of a survey research design in which occupational therapists/occupational therapy assistants answered questions in relation to demographics, knowledge level, clinical experiences and comfort level with addressing sexuality with their clients. The sample, instrumentation and data collection procedures are provided in Chapter III.
CHAPTER III
METHODOLOGY

This pilot study was approved by the University of North Dakota Institutional Review Board. The aim of this sample non-experimental design pilot study was to explore the comfort level of occupational therapists addressing sexual issues with clients in physical disability settings. Another aim of this study was to explore why or why not OTs are addressing sexual issues with their clients and resources used.

The researchers completed a literature review using various databases including: CINAHL, PubMed, American Journal of Occupational Therapy (AJOT), SCOPUS, GoogleScholar, and various reference texts. After completing the literature review the researcher formed three hypothesis: 1) Sexuality is within the realm of occupational therapy and is an important aspect to address with clients; 2) occupational therapists are not addressing the topic of sexuality with clients due to lack of comfort regarding sexual issues; 3) occupational therapists are not addressing the topic of sexuality with clients due to lack of perceived knowledge and educational background.

The researchers sought to answer the following questions:

1. Does comfort level impact whether or not occupational therapists address sexual issues with clients in physical disability practice settings? Why or why not?
2. Does educational background, continuing education, and/or access to available resources play a role in whether the occupational therapist does or does not address sexual issues with his/her clients?

3. Does gender play a role in whether the occupational therapist does or does not address sexual issues with his/her clients?

4. Are there factors the occupational therapists identified that contributed to their ability to address the topic with clients such as years of experience?

A mixed methods, survey design was used to gather data from occupational therapy participants. Mixed methods is a procedure for collecting, analyzing and “mixing” both quantitative and qualitative data at some stage of the research process within a single study, to understand a research problem more completely (Creswell, 2002). The data was analyzed utilizing qualitative and quantitative approaches. The methodology section describes the research design, sample procedures, data collection, and data analysis used in this study.

**Research Design**

Triangulation is the most common and well-known approach to mixing methods (Creswell, Plano Clark, et al., 2003), Triangulation Design is used “to obtain different but complementary data on the same topic” (Morse, 1991, p.122). A Triangulation Design, more specifically the validating quantitative data model was used to gather quantitative and qualitative data from practicing occupational therapists in physical disability settings. Corcoran (2006) describes Triangulation Design as quantitative and qualitative data gathered concurrently, and results are validated by having been confirmed by multiple data collection techniques. The validating quantitative data model uses a few open-ended qualitative questions to gain more insight and expand on quantitative questions in a
survey, all data is collected within one survey instrument. The qualitative aspect of this design provides the researchers with quotes that can be used to gain more understanding of the quantitative data. (Creswell & Plano Clark, 2007, p. 65)

According to Berg (2009) quantitative research is described as “counts and measures of things (p.3) and provides rigorous, reliable, and verifiably large aggregates of data and the statistical testing of empirical hypotheses” (p.16). Qualitative research is described as “the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things” (Berg, 2009, p.3). According to Creswell (1998) qualitative research is “an inquiry process of understanding” where the researcher develops a “complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (Creswell, 1998, p.15).

Quantitative research allowed the researchers to gather information needed in an organized manner with an objective approach. Using qualitative research allowed the participants to further expand on various topics which then gave the researchers greater insight into the participants’ opinions toward addressing sexuality. Patton (1985) stated:

Qualitative research is an effort to understand situations in their uniqueness as part of a particular context and the interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily, but to understand the nature of that setting – what is means of participants to be in that setting, what their lives are like, what the world looks like in that particular setting- and in the analysis to be able to communicate that faithfully to others who are interviewed in that setting…the analysis for depth of understanding. (p.1).
A 16 question survey included questions with various modes to gather the data. Quantitative data was obtained by utilizing questions either on a Likert scale, or multiple choice answers. Five of the questions allowed for expansion in comment boxes which is how the qualitative data was obtained in the survey.

**Population and Sample**

A convenience sample was used to gather participants for this pilot study. The researchers targeted occupational therapists and occupational therapy assistants practicing in physical disability settings in Minnesota, North Dakota, South Dakota, and Wisconsin. These states were chosen due to their close proximity to North Dakota where the researchers are and the upper Midwest has many demographic similarities. Due to the small sample size of occupational therapy assistants that participated in the study, occupational therapy practitioners (occupational therapists and occupational therapy assistants) will be referred to throughout this study as occupational therapists. The researchers accessed the occupational therapists through the University of North Dakota (UND) Occupational Therapy Department's fieldwork database, by emailing fieldwork supervisors and requesting the supervisor to forward the email with survey attached to all occupational therapists at the facility. An additional email was sent out to alumni of the UND occupational therapy program requesting that only OT’s within the four states identified respond. It was also requested that they share the email and link with OT colleagues who may wish to participate. Informed consent was obtained from all participants for this study, as they agreed to participate in this study. The email sent to therapists (see Appendix A), had the following statement: Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time.
and it will not affect your current or future relations with the University of North Dakota. If you have any questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701) 777-4279.

**Instrumentation and Data Collection**

Based on the results of the literature review, the researchers narrowed their focus on occupational therapists addressing sexual issues with clients in physical disability settings. From the literature review, surveys were located that focused on sexuality and assessing the comfort level of occupational therapy students, however the format of the surveys were not conducive to answering the proposed research questions, and therefore these surveys did not influence the format of the survey for this study. Instead, the researchers developed their own survey based on the review of literature findings that a lack of knowledge and the comfort or discomfort level were main reasons why occupational therapists and other health care providers were not addressing sexual issues with their clients.

The process of designing the final survey used consisted of several drafts. The first draft of survey questions created consisted of 15 Likert-scale and multiple choice questions that did not include room for comments by the participants. The survey included demographic information, questions regarding occupational therapy’s role in addressing sexuality, comfort addressing sexual issues, and educational preparation and clinical experience of participants regarding sexuality. (see Appendix B) This layout of the survey provided more in-depth responses and data results by utilizing a quantitative and qualitative design. Following a review of the initial survey questions, the researchers adapted the survey into 24 Likert-scale or multiple choice questions with room for
comments at the end the survey only. The researches wanted to gain insight as to why or why not a participant answered yes or no, and agree or disagree to certain questions. The survey was set up to prompt participants to a new set of questions depending on a yes or no answer to specific question. The prompts expanded the 15 questions to 24 questions with room for additional comments at the end of the survey only.

After reviewing the second draft of survey questions, the researchers wanted to condense the survey. The researchers took out the prompting questions and inserted comment boxes associated with those questions so that participants could expand on answers of yes or no and agree or disagree. This resulted in the final draft of the survey questions which is a self-report survey created by the researchers based on the review of literature. The survey contained 16 questions; quantitative and qualitative, composed of close-ended questions to allow for statistical analyses with 5 opportunities for participants to further expand on answers in comment boxes. The survey included demographic information, questions regarding occupational therapy's role in addressing sexuality, comfort addressing sexual issues, and educational preparation and clinical experience of participants regarding sexuality (see Appendix B). This layout of the survey provided more in-depth responses and data results by utilizing a quantitative and qualitative design.

This is a pilot study, the instrument developed has not been previously tested. The survey was administered through the website surveymonkey.com. SurveyMonkey is a web-based tool that enables researchers to create online surveys. SurveyMonkey uses SSL encryption and multi-machine backup to keep data secure (surveymonkey.com, 2009). The website offers a variety of survey types, charts and graphs of survey results,
as well as the ability to export data to programs such as SPSS© or Microsoft Excel©.

This website was chosen for the study because it was easily accessible to the researchers and participants. Surveymonkey.com is an approved research website by the Institutional Review Board (IRB) at the University of North Dakota.

The participants of the survey were accessed via email. Participants received an email that described the study, a link to the survey as well as a description of the study, length of time the study will take and a link to the survey on surveymonkey.com (see Appendix A) The researchers indicated the goal was to explore the comfort level of occupational therapists in regard to addressing sexual issues with clients in physical disability settings in Minnesota, North Dakota, South Dakota and Wisconsin. The researchers chose the states of Minnesota, North Dakota, South Dakota, and Wisconsin in order to gain information from a focused area of the United States. For this study physical disability settings include skilled nursing facilities, acute care hospitals, inpatient rehabilitation settings, and outpatient rehabilitation settings. Approximately 300 emails were sent out to therapists in the months of July and August. The survey was open from July 2011 to the end of September 2011, forty-five therapists completed the survey.

**Validity and Reliability**

Creswell & Plano-Clark (2011) states that, “validity differs in quantitative and qualitative research, but in both approaches, it serves the purpose of checking on the quality of the data, the results, and interpretation” (p. 210). In quantitative research the concern of validity is on the quality of the scores from the instruments used and the quality of the conclusions that can be drawn from the quantitative analyses. Creswell stated that triangulation are means to validate research (2005, pg. 252). In triangulation,
researchers make use of multiple sources, methods and theories to corroborate evidence (Patton, 1990). The qualitative data was analyzed separately by four researchers to strengthen the validity of the research and to identify four main themes. The credibility of the conclusions can be validated through the occupational therapists' own words.

Qualitative research tends to place more focus on validity than reliability to determine if the results of the research and participants is accurate and credible (Lincoln & Guba, 1985). There are various means to establish validity. The validity approach used for this research was triangulation of the data from several sources; closed questions, boxes for participants to add their own comments, the number of participants and the review of literature. The qualitative data was analyzed separately by four researchers to strengthen the validity of the research and to identify four main themes. “Quantitative reliability means that the scores received from participants are consistent and stable over time. Reliability plays a minor role...and relates primarily to the reliability of multiple coders on a team to reach agreement on codes for passages in text” (Creswell & Plano-Clark, 2011, p.211).

Tools for Data Analysis

Statistical Package for the Social Sciences (SPSS)© Version 19 was used for the data analysis of the quantitative part of the survey. This program is “designed to perform a wide range of statistical procedures” (Cronk, 2008, p.V). SPSS© is a common statistical tool used for this type of research and data gathering.
A Chi-Square Test of Independence or Fishers Exact test was used to analyze the following research questions,

1. Does comfort level impact whether or not occupational therapists address sexual issues with clients in physical disability practice settings? Why or why not?

2. Does educational background, continuing education, and/or access to available resources play a role in whether the occupational therapist does or does not address sexual issues with his/her clients?

3. Does gender play a role in whether the occupational therapist does or does not address sexual issues with his/her clients?

4. Are there factors the occupational therapists identified that contributed to their ability to address the topic with clients such as years of experience?

"The chi-square test of independence tests whether or not two variables are independent of one another" (Cronk, 2008, p. 87). Polit & Hungler (1987) defines a chi-square test as "a nonparametric test of statistical significance used to assess whether a relationship exists between two nominal level variables" (p. 526). When the sample size is small, for example five or less, the researchers used a Fisher’s exact test versus a chi-square test. Fisher’s exact test is used when the data has two nominal variables, the Fisher’s exact test is more accurate than the chi-square test when the sample size is small (McDonald, 2009).

**Quantitative Analysis**

After obtaining the research results, the researchers organized the data into independent and dependent variables for data analysis. The independent variables include
gender, the state the OT resides in, and the OT’s number of years of clinical experience. Gender is the distribution of male and female respondents. The states where occupational therapists (OTs) were surveyed include Minnesota, North Dakota, South Dakota, and Wisconsin. These variables were split into two main categories due to small numbers of respondents in both South Dakota and Wisconsin. The two categories used for state residency include Minnesota and Not Minnesota states. Years of clinical experience was placed into five main categories in the survey. Due to the small numbers in such a wide range of categories, the independent variable of years of clinical experience was collapsed into two main categories, which include less than or equal to (\(\leq 5\)) years of clinical experience and six or more (6+) years of clinical experience.

The dependent variable of education includes whether or not OTs had an educational background that prepared them to address sexual issues with clients, whether or not OTs had continuing education opportunities available on the topic of addressing sexual issues with clients, and whether or not OTs had evidence-based literature presented and available regarding sexual issues in practice. The dependent variable of comfort/use includes whether or not OTs felt comfortable addressing sexual issues with clients, whether or not job experience prepared the OTs to address sexual issues with clients in practice, whether or not OTs are using educational materials and evidence-based literature with clients to address sexual issues in practice.

**Qualitative Analysis**

The goal of analyzing the written comments was to learn more about those facts that most influenced the occupational therapists to address or not address sexual issues with their clients. Codes were assigned to clusters of significant data in the initial review
of the written comments. Codes and supporting data were grouped, regrouped, and reviewed for recurring concepts and categories. Since some of the codes fit into multiple categories, overlapping ideas were combined with another, which is a suggestion of Maykut and Morehouse (1994). Categories were developed after coding was completed using a paper and highlighter method.

The researchers presented the qualitative information by inserting the direct quotes from the respondents, however added [ ] to the quotes if an important word was missing from the quote in order for statement to be understood by the reader. Also, if a word in the respondent’s quote was misspelled [SIC] was added after the word to indicate that it was the spelling used by the respondent in the direct quote.

Summary

For this non-experimental pilot study, the researchers used a mixed-methods Triangulation Design. A 16 question Likert scale survey was developed with opportunities for comments by the participants. The survey included various questions regarding occupational therapists’ comfort, education and available literature in regards to addressing sexual issues with clients in physical disability settings. The participants of this survey were accessed via email. The email indicated the study was aimed towards therapists practicing in physical disability settings, and included a description of the study, as well as a link to the study through surveymonkey.com. Participants that were contacted were from the following states: Minnesota, North Dakota, South Dakota, and Wisconsin. Quantitative and qualitative data analysis was performed to analyze the data from this study. Statistical Package for the Social Sciences (SPSS)© Version 19 was used to analyze the quantitative data. Codes, categories and themes were developed for the qualitative data to identify answers to the research questions and look for additional
emerging themes. Chapter IV includes the analysis and interpretation of the data results. Chapter V culminates with the summary of findings, conclusions and the researchers recommendations based on the findings of this pilot study.
CHAPTER IV
PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Introduction

This chapter presents the data gathered from a pilot survey the researchers conducted in the fall of 2011. The purpose of this pilot study was to explore the comfort level of occupational therapists addressing sexuality with clients in physical disability clinics within those four states and establish a framework upon which to conduct a larger study. A secondary intention of this study was to explore why or why not OTs are addressing sexual issues with their clients, and if therapists are addressing sexual issues, what resources are utilized. The findings of the study are organized as follows;

1. Demographic profile
2. Comfort
3. Knowledge
4. Gender
5. Experience
6. Qualitative Thematic Variations
   a. Clients
   b. Role

The occupational therapists were asked a set of survey questions, as shown in Appendix B. There were approximately 300 surveys distributed via Survey Monkey. There were 45 occupational therapists from clinical settings in the Minnesota, North Dakota, South
Dakota and Wisconsin who responded. A second email using the same email addresses was sent again three weeks after the first distribution. This resulted in a 15% response rate. There are several factors that could have influenced this low response rate: 1. The survey topic may have been one issue that individuals may not have wanted to respond to; 2. The instructions informed the clinicians that the survey could take up to 20 minutes so time may have been a factor; 3. The invitation message was not reviewed for possible spam language so it is possible a percentage of the invitations ended up in spam or junk mail boxes; 4. It is unknown how current and updated the alumni and fieldwork addresses are considering therapists do leave positions and often do not update when they transfer; 5. The pilot study may not have completely considered the timing and deliver of the invitation. The survey was distributed in July and August which can be a prime time for vacations for clinicians. A review of the response rate taught the researchers valuable lessons regarding the numerous factors to consider when using online surveys to maximize the response rate. Although the response rate was low the data is deemed significant for the construction of a framework to build future research studies on post this pilot survey.

Qualitative Themes

The researchers presented the qualitative information by inserting the direct quotes from the participants, however added [ ] to the quotes if an important word was missing from the quote in order for statement to be understood by the reader. Also, if a word in the participant’s quote was misspelled [SIC] was added after the word to indicate that it was the spelling used by the participant in the direct quote. There are four main categories; the categories were then used to formulate the four themes that evolved from
the research. There were four main qualitative themes that emerged through the data analysis of this study. The data analysis transition of the codes, categories and themes are outlined in Table 1.

Table 1

_Schematic of Codes, Categories and Themes_

<table>
<thead>
<tr>
<th>Codes</th>
<th>Categories</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Lack of comfort</td>
<td>Comfort</td>
<td>Occupational therapists, in physical disability settings, lack of comfort addressing sexual issues with clients</td>
</tr>
<tr>
<td>-Slightly uncomfortable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Not at all comfortable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Not something I directly ask patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Lack of perceived knowledge</td>
<td>Knowledge</td>
<td>Occupational therapists, in physical disability settings, have a perceived lack of knowledge and education in regards to addressing sexual issues with clients</td>
</tr>
<tr>
<td>-Lack of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-No formal education material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Have no education materials to provide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Briefly educated in school on the topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Patients are geriatrics, so not an area</td>
<td>Clients</td>
<td>Client age, diagnosis and perceived comfort level of the client impacted the reasons occupational therapists did not address sexual issues in physical disability practice settings</td>
</tr>
<tr>
<td>we focus on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Older generations are more reserved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Younger generations are more comfortable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Younger generations are more open-minded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Work in a skilled nursing facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Not a priority at the time with older patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Interdisciplinary topic</td>
<td>Role</td>
<td>Occupational therapists feel addressing sexual issues with clients is within their role; however other disciplines are addressing sexual issues with clients in some practice settings</td>
</tr>
<tr>
<td>-OT has a role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Especially if you work in a physical disability setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-RN addresses the issue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Social worker and psychology address the issue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
research question and are described separately after all four research questions have been presented and discussed. The results of the survey are presented in the following.

Demographic Profile

The demographic profiles of the occupational therapists include gender, the state the OT resides in and the OT’s years of clinical experience. Initially, the study was going to identify if the occupational therapists were OTR’s (occupational therapists registered at the bachelors/master’s degree level) or COTA’s (occupational therapy assistants at the associates degree level). This variable was eliminated since there was only one COTA who responded out of the total 45 participants. The variable was then collapsed to a general category of occupational therapists, which encompassed the responses of the one occupational therapy assistant who did participate.

State Residency

The states where occupational therapists were surveyed include Minnesota (MN), North Dakota (ND), South Dakota (SD), and Wisconsin (WI). Table 2 presents the distribution of the participants within the four state region.

Table 2

*Distribution of Occupational Therapists by State*

<table>
<thead>
<tr>
<th>State</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN</td>
<td>25</td>
<td>[55.6]</td>
</tr>
<tr>
<td>ND</td>
<td>15</td>
<td>[33.3]</td>
</tr>
<tr>
<td>SD</td>
<td>4</td>
<td>[8.9]</td>
</tr>
<tr>
<td>WI</td>
<td>1</td>
<td>[2.2]</td>
</tr>
</tbody>
</table>

For the statistical analysis, the independent variables of the four states (Minnesota, North Dakota, South Dakota, and Wisconsin) were split into two main
categories due small number of participants in both South Dakota and Wisconsin. The two categories are Minnesota and Not Minnesota states. Table 3 describes the independent variables of Minnesota and Not Minnesota. The Not Minnesota variable is the total participants from North Dakota, South Dakota and Wisconsin. The Yes Minnesota variable is the total participants from the state of Minnesota.

Table 3

Distribution of Occupational Therapists by State Collapsed

<table>
<thead>
<tr>
<th>Location</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Minnesota</td>
<td>20</td>
<td>[44.4]</td>
</tr>
<tr>
<td>Yes Minnesota</td>
<td>25</td>
<td>[55.6]</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>[100.0]</td>
</tr>
</tbody>
</table>

Over fifty percent of the participants were from Minnesota with the other three states making up only forty-four percent of the sample size. Therefore, the results of the study will be more reflective of one state, rather than comparing the states individually.

Gender

The distribution of participants by gender is shown in Table 4. There was a lower number of male participants compared to the number of female participants in this study.

Table 4

Gender Distribution

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>39</td>
<td>[86.7]</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>[13.3]</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>[100.0]</td>
</tr>
</tbody>
</table>
Due to a low sample size, and the low number of male participants, the gender variable is not a strong comparison variable. The dominating gender of this pilot study and the profession is female.

**Clinical Experience**

The occupational therapists were asked to indicate years of experience in clinical practice. Years of clinical experience was placed into five main categories in the survey: less than one year (<1), one to five years (1-5), six to ten years (6-10), eleven to fifteen years (11-15), and sixteen or more years (16+). Clinical experience is outlined in Table 5.

**Table 5**

*Distribution of Occupational Therapists by Clinical Experience*

<table>
<thead>
<tr>
<th>Experience</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 Year</td>
<td>6</td>
<td>[13.3]</td>
</tr>
<tr>
<td>1 – 5 Years</td>
<td>12</td>
<td>[26.7]</td>
</tr>
<tr>
<td>6 – 10 Year</td>
<td>12</td>
<td>[26.7]</td>
</tr>
<tr>
<td>11 – 15 Years</td>
<td>9</td>
<td>[20.0]</td>
</tr>
<tr>
<td>16 + Years</td>
<td>6</td>
<td>[13.3]</td>
</tr>
</tbody>
</table>

The independent variable of years of experience was then collapsed into two categories due to a small number of participants in each individual category as presented in Table 6. The two categories used are less than or equal to five years of experience (<=5) and six or more years of experience (6+).
Table 6

*Distribution of Occupational Therapists by Clinical Experience Collapsed*

<table>
<thead>
<tr>
<th>Experience</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=5</td>
<td>18</td>
<td>[40.0]</td>
</tr>
<tr>
<td>6+</td>
<td>27</td>
<td>[60.0]</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>[100.0]</td>
</tr>
</tbody>
</table>

Based on the table, sixty percent of participants have six or more years of practice experience in occupational therapy. Table 11 will present additional information regarding the impact of years of experience on the occupational therapists comfort level or knowledge.

**Comfort**

The first research question asked: Does comfort level impact whether or not occupational therapists address sexual issues with clients in physical disability practice settings? Why or why not? The Statistical Package for the Social Sciences (SPSS)© Version 19 was used for the data analysis of the quantitative part of the survey. The result of the comparison between Minnesota/Not Minnesota states and comfort/use were not significant as displayed in Table 7.

Table 7

*Association of Participants From MN or Not MN with Comfort/Use*

<table>
<thead>
<tr>
<th>Comfort/Use</th>
<th>Minnesota</th>
<th>Not Minnesota</th>
<th>df</th>
<th>Chi-Square</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>7 [28.0]</td>
<td>7 [35.0]</td>
<td>2</td>
<td>2.998</td>
<td>.223</td>
</tr>
<tr>
<td>Some</td>
<td>7 [28.0]</td>
<td>9 [45.0]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>11 [44.0]</td>
<td>4 [20.0]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Qualitative Theme I of *Comfort* was developed based on statements of participants. One participant stated, “I am not at all comfortable addressing this topic.” Another participant stated, “I feel that is most likely a huge underserved area as most are not going to be comfortable addressing [sexuality].” A third participant stated, “If it was brought up by the pt [patient] I would feel comfortable addressing sexual issues, but it is not something I directly ask pt’s.” A fourth participant stated, “Slightly uncomfortable with this topic.” “I feel that I would be comfortable with the right educational materials” was a quote by another participant.

The analysis and interpretation of the data related to Research Question 1 indicates that 30 of the 45 occupational therapists feel some or no comfort with addressing sexual issues with clients. Only 15 of the occupational therapists report a high level of comfort to address sexual issues. The study hypothesized that occupational therapists are not addressing the topic of sexuality with clients due to lack of comfort regarding sexual issues. The hypothesis was rejected because there is 33% of the participants reported a high level of comfort in addressing sexual issues with their clients. The results answer the research question that yes, the occupational therapists’ comfort level does have an impact on whether she or he will address sexual issues with clients in physical disability settings. This is especially evident in the qualitative data results.

**Knowledge**

The second research question asked: Does educational background, continuing education, and/or access to available resources play a role in whether the occupational therapist does or does not address sexual issues with his/her clients? The Statistical Package for the Social Sciences (SPSS)© Version 19 was used for the data analysis of
the quantitative part of the survey. The result of the comparison between 

*education/literature* and *comfort/use* were not significant as displayed in Table 8.

Table 8

*Association of Education and Comfort*

<table>
<thead>
<tr>
<th>Comfort/Use</th>
<th>Has Education/Literature</th>
<th>Does Not Have Education/Literature</th>
<th>df</th>
<th>Chi-Square</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>(28.6)</td>
<td>12</td>
<td>(31.6)</td>
<td>2</td>
</tr>
<tr>
<td>Some</td>
<td>1</td>
<td>(14.3)</td>
<td>15</td>
<td>(39.5)</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>4</td>
<td>(57.1)</td>
<td>11</td>
<td>(28.9)</td>
<td></td>
</tr>
</tbody>
</table>

30 of the 45 occupational therapists feel that education/literature has some or no impact on their comfort with addressing sexual issues with clients. Only 15 of the occupational therapists report a high level of comfort to address sexual issues regarding the education/literature available to them. This indicates that having education/literature does impact the comfort level or use of educational material in practice in regards to addressing sexual issues with clients in physical disability settings.

The result of the comparison between Minnesota/Not Minnesota states and *education/literature* was not significant as displayed in Table 9. A Fisher’s Exact test was used because of a two by two (2x2) comparison between the variables. When the sample size is small, for example five or less, the researchers used a Fisher’s exact test versus a chi-square test. Fisher’s exact test is used when the data has two nominal variables, the Fisher’s exact test is more accurate than the chi-square test when the sample size is small (McDonald, 2009). The state of practice the participants are from
does not have an impact on the education/literature available and use in practice regarding sexual issues.

Table 9

*Association of Participants From MN or Not MN with Education*

<table>
<thead>
<tr>
<th>Education/Literature</th>
<th>Minnesota</th>
<th></th>
<th>Not Minnesota</th>
<th></th>
<th>Chi-Square</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>df</td>
<td>Fisher’s Exact p= .089</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>24.0</td>
<td>1</td>
<td>5.0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>76.0</td>
<td>19</td>
<td>95.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Qualitative Theme II of *Knowledge* was developed based on statements made by several participants. One participant stated, “Time and lack of education is [the] main reason for not addressing.” Another participant stated, “We do get briefly educated on the topic at school, however not in depth enough... we don’t get taught the modifications or adaptations that can be made with a specific diagnosis or disability.” “We are finding people were asking for this info [educational material] but no one was addressing” was stated by another participant. A fourth participant stated, “Have not [SIC] education materials to provide.” Another participant agreed stating, “No formal education material-just discussion.”

The analysis and interpretation of the data related to Research Question 2 indicated that occupational therapists are reporting a lack of education/literature regarding addressing the topic of sexual issues with their clients in physical disability settings. The answer to the research question is yes, educational background, continuing education, and/or access to available resources play a role in whether the occupational
therapist does or does not address sexual issues with his/her clients in physical disability settings. This data is reflective of the literature.

There is a need for more educational programs, materials and continuing education for occupational therapists in order to increase knowledge and comfort level regarding the issue of sexuality. The last published continuing education article addressing sexuality in occupational therapy was in 2008. Hattjar, Parker and Lappa (2008) found that OTs report that sexuality is given little time in the educational curriculum in professional programs.

**Gender**

The third research question asked: Does gender play a role in whether the occupational therapist does or does not address sexual issues with his/her clients? The Statistical Package for the Social Sciences (SPSS)© Version 19 was used for the data analysis of the quantitative part of the survey. A chi-square test was used to identify if there was a statistical association between gender and comfort/use and a Fisher’s Exact test was used to identify if there was a statistical association between gender and education/literature. When comparing gender to education/literature the Fisher’s Exact test was used, as a chi-square was not applicable to these variables due to the low sample size of male participants, as well as the fact that comparing education/literature to gender utilizes a two by two (2x2) table.
No significance was found as evident in Table 10. A small number of male participants responded to this study. Only 6 of the 45 participants surveyed, 13% of the total participants, were male. 66.7% of the males surveyed indicated no or some comfort addressing the issue, whereas 66.6% of females surveyed indicated no or some comfort/us addressing the issue of sexuality with clients in physical disability settings. 33.3% of males and 33.3% of females indicated a high level of comfort/use addressing the issue. However, three cells have an expected count of less than five, meaning that a larger sample size is necessary to validate and generalize this finding. The analysis and interpretation of the data related to research question three, indicates that gender has no significant impact on the comfort/use or education/literature in regards to addressing sexual issues with clients in physical disability settings.
Experience

The fourth research questions asked: Are there factors the occupational therapists identified that contributed to their inability to address the topic with clients such as years of experience? Statistical Package for the Social Sciences (SPSS)© Version 19 was used for the data analysis of the quantitative part of the survey. A chi-square test was run to find the statistical association between years of experience and comfort/use. A significant association was found between years of experience and comfort/use, results are displayed in Table 11. A Fisher’s Exact test was run to find the statistical association between years of experience and education/literature results for this test showed no significance as displayed in Table 11.

Table 11

Association of Years of Experience with Comfort and Education

<table>
<thead>
<tr>
<th></th>
<th>Years of Experience (&lt;=5)</th>
<th>Years of Experience (6+)</th>
<th>df</th>
<th>Chi-Square</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>(%)</td>
<td>n</td>
<td>(%)</td>
<td></td>
</tr>
<tr>
<td>Comfort/Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>6</td>
<td>(33.3)</td>
<td>8</td>
<td>(29.6)</td>
<td></td>
</tr>
<tr>
<td>Some</td>
<td>10</td>
<td>(55.6)</td>
<td>6</td>
<td>(22.2)</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>2</td>
<td>(11.1)</td>
<td>13</td>
<td>(48.1)</td>
<td></td>
</tr>
<tr>
<td>Education/Literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td>(16.7)</td>
<td>4</td>
<td>(14.8)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>(83.3)</td>
<td>23</td>
<td>(85.2)</td>
<td></td>
</tr>
</tbody>
</table>

The analysis and interpretation of the data related to the final research question indicates a significant association between years of experience and comfort/use. The
results indicate that years of experience does impact the comfort/use of occupational therapists in addressing sexual issues with clients in physical disability settings. However, the years of experience does not impact the education/literature available on this topic. This does answer the research question that yes, there are factors the occupational therapists identified that contributed to their ability to address the topic with clients such as years of experience.

**Qualitative Thematic Associations**

There were two other major themes that did emerge during the qualitative data analysis that are not related directly to a research question. This is the benefit of having a qualitative aspect to the quantitative study. This data would not have been otherwise identified if not for the mixed methods format. The thematic associations are presented as follows:

1. **Qualitative Theme III Clients:** Client age, diagnosis and perceived comfort level of the client impacted the reasons occupational therapists did not address sexual issues in physical disability practice settings.

   One participant stated, “The younger generations are more comfortable and open-minded and would be more willing to ask questions regarding sexuality and sexual issues.” Another participant agreed by stating, “I feel the older generations are more reserved on this topic.” One participant admitted, “I seem to discuss sexuality more with my younger clients than with the elderly.” A third participant stated, “A majority of my clients are geriatrics and this is not a primary area we focus on.” “I feel that if I would ask my widowed 92 year old female who is returning home about sexual issues she would be offended. On the other-hand we do get others in their 60's or 70's that would be more
appropriate but I don't feel that is their priority at that time” was stated by another participant working in a skilled nursing facility. Other comments include: “clients are not interested”; “it’s a fine line, because clients are not always comfortable discussing sexuality”; “clients have never expressed this as an issue presumably out of embarrassment.”

2. **Qualitative Theme IV Role:** Occupational therapists have the foundational background to address sexual issues; however other disciplines are addressing sexual issues with clients in some practice settings.

Qualitative theme IV supports hypothesis I: Sexuality is within the realm of occupational therapy and is an important aspect to address with clients.

One participant stated, “I believe it is especially [within the role of OT] if you are working in a physical disability setting.” Another participant stated, “I work with SCI, and so OT has a role, but it is a very interdisciplinary topic when viewing the person as a whole.” A third participant stated, “I think this is a very important topic that we are missing in our facility. In the past, we had an RN address this issue with our inpatient rehab patients however the role was never carried over when she left.” Another participant stated, “Since sexuality is an IADL [SIC], I believe that this should be addressed by therapists.”

**Summary**

The American Occupational Therapy Association describes the domain of practice as “supporting health and participation in life through engagement in occupations” (AOTA, 2008, p. 626). When an occupational therapist is addressing all aspects of a patient’s life, sexual activity would be included in the intervention process.
Occupational therapists provide holistic care and are dedicated to facilitating quality of life among patients, which suggests they should be prepared to address sexuality issues with each of their patients (Couldrick, 1998).

The results of this pilot study indicated that there are occupational therapists who are addressing the issue of sexuality with their clients in physical disability settings. Results also indicate that yes, the occupational therapists' comfort level, educational background, years of experience, continuing education and/or access to available resources does have an impact on whether she or he will address sexual issues with clients in physical disability settings. Another indication of the data is that occupational therapists are reporting a lack of education/literature regarding addressing the topic of sexual issues with their clients in physical disability settings.

Sexuality is an activity of daily living (ADL) according to the American Occupational Therapy Association Framework. Therefore, addressing sexual issues with clients is within the realm of occupational therapy practice. Occupational therapists possess the knowledge and skills to effectively address the topic of sexuality with their clients, but currently the issue is overlooked by many occupational therapists in many physical disability settings.

Chapter V culminates with the summary of findings, conclusions and the researchers recommendations based on the findings of this pilot study.
Summary of Findings

Four themes evolved that supported the quantitative data but also added additional insight into the clinicians' roles and perceptions of clients. The four themes that evolved were: comfort, knowledge, clients, and role.

Theme I Comfort: Occupational therapists, in physical disability settings, report a lack of comfort addressing sexual issues with clients. 66% of the occupational therapists indicated feeling some or no comfort with addressing sexual issues with clients. However, there are occupational therapy clinicians who are addressing the issue of sexuality with their clients in physical disability settings. Only 15 occupational therapists report a high level of comfort to address sexual issues. Comfort level, educational background, continuing education and/or access to available resources does have an impact on whether the therapist will address sexual issues with clients.

Theme II Knowledge: 84% of the participants indicate limited or no education and/or literature regarding addressing sexual issues with clients in physical disability settings. Years of experience does have an impact on the comfort/use of occupational therapists in addressing sexual issues with clients. However, the years of experience does not impact the education/literature available on this topic.
Theme III Client: Client age, diagnosis and perceived comfort level of the client impact the reasons occupational therapists do not address sexual issues in physical disability practice settings.

Theme IV Role: Occupational therapists feel addressing sexual issues with clients is within their role; however other disciplines are addressing sexual issues with clients in some practice settings. The results indicated that:

1. There are occupational therapy clinicians addressing the issue of sexuality with their clients in physical disability settings.

2. The occupational therapists’ comfort level, educational background, continuing education and/or access to available resources does have an impact on whether she or he will address sexual issues with clients in physical disability settings.

3. Occupational therapists are reporting a lack of education/literature regarding addressing the topic of sexual issues with their clients in physical disability settings.

4. Gender does not have a significant impact on occupational therapists comfort/use and education/literature available on the topic of addressing sexual issues with clients in physical disability settings.

5. Years of experience does impact the comfort/use of occupational therapists in addressing sexual issues with clients in physical disability settings. However, the years of experience does not impact the education/literature available on this topic.
Conclusions

Sixty percent of OTs, and 68.4% of OTAs surveyed were employed in physical disability settings (OT Practice, 2010). According to the statistical information gathered there are approximately 60,000 occupational therapists working in physical disability settings nationwide. As such a large number of therapists are working in this setting, the importance of being well educated and comfortable addressing all areas of activities of daily living, including sexuality is essential.

Recommendations

Upon completion of this pilot study, the researchers developed several recommendations:

1. Recommend this pilot study be replicated at a larger regional and or national level, in order to capture cultural differences among therapists in different regions of the country and allow for access to a greater number of participants.

2. Survey design it is recommended using additional questions related to the therapists age versus exclusively years of experience to add another variable to the data. It is recommended to add additional questions related to time such as where is time lacking (with patients, for research, for continuing education). Also, to use additional questions that delve deeper into why there is a significant relationship between an increase in experience and how it relates to an increase in comfort.

3. More continuing education programming is developed and offered for occupational therapists to more effectively address sexual issues with clients in physical disability settings.
4. Although the response rate was low the data is deemed significant for the 
construction of a framework to build future research studies on post this pilot 
survey.

5. For a future study the researchers recommend targeting specifically inpatient 
rehabilitation and/or outpatient occupational therapists in physical disability 
settings. Due to the sensitivity of the topic of sexuality these settings give 
therapists greater opportunity to develop a therapeutic relationship and address 
sexual issues with their clients.

6. Instead of a quantitative survey design, a qualitative method utilizing a focus 
group with occupational therapists in physical disability settings regarding 
addressing sexual issues with clients would provide greater insight and an 
expanded view on the topic of addressing sexual issues with clients.

The American Occupational Therapy Association describes the domain of 
practice as “supporting health and participation in life through engagement in 
occupations” (AOTA, 2008, p. 626). When an occupational therapist is addressing all 
aspects of a patient’s life, sexual activity would be included in the intervention process. 
Occupational therapists provide holistic care and are dedicated to facilitating quality of 
life among patients, which suggests they should be prepared to address sexuality issues 
with each of their patients (Couldrick, 1998).

**Limitations of the Study**

One of the largest limitations of this pilot study was the small number of 
participants, as well as using only four states from the Midwest. There were 
approximately 300 surveys distributed via Survey Monkey. There were 45 occupational
therapists from clinical settings in the Minnesota, North Dakota, South Dakota and Wisconsin who responded. A second email using the same email addresses was sent again three weeks after the first distribution. This resulted in a 15% response rate. There are several factors that could have influenced this low response rate: 1. The survey topic may have been one issue that individuals may not have wanted to respond to; 2. The instructions informed the clinicians that the survey could take up to 20 minutes so time may have been a factor; 3. The invitation message was not reviewed for possible spam language so it is possible a percentage of the invitations ended up in spam or junk mail boxes; 4. It is unknown how current and updated the alumni and fieldwork addresses are considering therapists do leave positions and often do not update when they transfer; 5. The pilot study may not have completely considered the timing and deliver of the invitation. The survey was distributed in July and August which can be a prime time for vacations for clinicians. A review of the response rate taught the researchers valuable lessons regarding the numerous factors to consider when using online surveys to maximize the response rate.

Action Plan

The researchers would like to publish the pilot study results in an occupational therapy professional journal or magazine. The researchers will submit an article with the pilot study results to a journal and begin the editing process within the year of 2012. The researchers feel it is important to relay the information found to the profession of occupational therapy and add to the body of knowledge, as currently there is very limited published research on this topic.
APPENDICES
Appendices A

Email to Therapists
Dear Occupational Therapist:

Thank you for considering participating in this study. We sincerely appreciate your willingness to help us learn about your experiences in addressing the sexual issues of your clients in your physical disability clinical settings. We are conducting a research study on the comfort level of occupational therapists in regards to addressing sexual issues with clients in physical disability settings in Minnesota, North Dakota, South Dakota and Wisconsin. The researchers are interested in gaining insight as to:

1. Are OT’s addressing sexual issues with their clients?
2. If so, what are they using to address the issue with their clients who have suffered a physical disability?
3. If not, we would also like to gain insight as to why the therapists are not addressing sexual issues with clients.

Our goal is to gain a better understanding as to role of OT with this important ADL. We hope to use the information to determine areas of improvement to more effectively help OT’s meet the client’s needs in regard to this area.

There are no foreseeable risks with completion of this survey. All of the information you share will be confidential and no identifying information will be required of you. The records of this study will be kept private to the extent permitted by law. Information from the study may be reviewed by Government agencies and the University of North Dakota Institutional Review Board. Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by the law. Confidentiality must be maintained as your responses will be kept anonymous. If we write a report or article in relation to this study we will describe the study results in a summarized manner so you cannot be identified.

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time and it will not affect your current or future relations with the University of North Dakota. If you have any questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701) 777-4279.

We would greatly appreciate your participation in our study. We would also appreciate it if you could share this email and link with the others OTs in your department or OT colleagues that you feel would be interested in participating. The following survey will take approximately 15-20 minutes to complete. If you agree to participate, please navigate to the following link: https://www.surveymonkey.com/s/FYLBR6. However if you are not 18 years of age or older, please do not continue with this survey.

Thank you for your time and consideration,

Lindsay Farkas, OTS
Elizabeth Reynolds, OTS
Dr. LaVonne Fox, PhD, OTR/L, Advisor
The University of North Dakota
Occupational Therapy Department
701-777-2209
Appendices B

Survey
Occupational Therapy addressing Sexual Issues in Physical Disability Settings

1. I am

- I am An OTR
- A COTA

2. I am

- I am Male
- Female

3. I practice occupational therapy in

- Minnesota
- North Dakota
- South Dakota
- Wisconsin

4. I have this many years of experience in physical disability clinical practice settings.

- Less than 1 year
- 2-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 20 years+

5. Addressing sexual issues is within the role of occupational therapy?

- Agree
- Disagree

Comment:
6. I have had clients who would have benefitted from educational materials regarding sexual issues?

- Agree
- Disagree

7. I am comfortable addressing sexual issues with my clients?

- Agree
- Disagree

- Comment

8. I have used education materials with my clients regarding sexual issues?

- Yes (If yes please comment, then proceed to question 10)
- No (If no, please proceed to question 9)

- Comment

9. If you answered no to question 8, what are the reasons you don’t address sexual issues with your clients in practice?

- Lack of education on the topic
- Uncomfortable discussing the topic
- Lack of experience
- Lack of time
- Other

- Other (please specify)
10. My education has prepared me to address sexual issues with clients in practice?

- Agree
- Disagree

11. My job experience has prepared me to address sexual issues with clients in practice?

- Agree
- Disagree

12. A standard protocol for addressing sexual issues with clients would be beneficial?

- Agree
- Disagree

13. Attending continuing education regarding sexual issues in practice would be helpful?

- Agree
- Disagree

14. I have continued education opportunities available to me regarding addressing sexual issues in practice?

- Readily and easily available specific to occupational therapy
- Not readily and easily available specific to occupational therapy
- Readily and easily available in other disciplines
- Not readily and easily available in other disciplines

15. Evidence-based literature been presented to me regarding sexual issues in practice?

- Readily and easily specific to occupational therapy
- Not readily and easily specific to occupational therapy
Readily and easily in other disciplines
Not readily and easily in other disciplines

16. I use evidence-based literature regarding addressing sexual issues in practice?

Each time to ensure quality intervention
If I come across it I will apply it
Not at all

17. Additional comments

Additional comments
REFERENCES


Handbook of mixed methods in social and behavioral research (209-240)  


OT Practice. (2010). Surveying the profession: 2010 AOTA workforce study points to rising demand for and commitment to occupational therapy. OT Practice, 15(16), 8-11.


