

Mini Review

The Way to Implementation of the Educational Programs, Realized by Nurses, About Benefits of Sexual Activity for Prevention of Cognitive Impairment of Older Patients

Brodziak A^{1,2*}, Rozyk-Myrta A² and Kolat E²¹Institute of Occupational Medicine and Environmental Health, Sosnowiec, Poland²Institute of Nursing, University of Applied Sciences, Nysa, Poland***Corresponding author:** Andrzej Brodziak, Street Koscielna 1, 41-200 Sosnowiec, Poland**Received:** August 21, 2018; **Accepted:** September 25, 2018; **Published:** October 02, 2018**Abstract**

Many geriatricians emphasize recently that older people, who are sustaining sexual activity, have better cognitive performance. Medical staff, which realize care after the elderly should to draw conclusions from this finding, that it would be advisable to define educational procedures that would allow to give advice about this topic.

We are trying, in this article to determine the path that would lead to implementation of the educational programs, realized by nurses, about benefits of sexual activity for prevention of cognitive impairment of older patients. There are many problems that have to be solved in order to be able to do achieve this goal. First, it is necessary to determine the essence of an attitude conducive to a high level of libido. One should then find out whether among the nursing staff there would be people willing to provide such counseling. It would be necessary then, to define the essence and content of such a program. We describe in our article, which stages of possible actions have already been achieved and what challenges are faced yet by people, who would be interested in implementation of such an educational program for older people.

Introduction

We pointed out in our previous work, that many geriatricians emphasize recently that older people, who are sustaining sexual activity, have better cognitive performance [1]. Some authors emphasize that the factor positively influencing the cognitive performance of older people is not only the continuation of sexual relations but also the so-called sexual self-consciousness, which can also be described by the notion of elevated libido [2-5].

Hartmans [4] investigated whether cognitive functioning is associated with the perception of one's sexuality in old age. They found that: lower fluid intelligence and lower general cognitive functioning was associated with perceiving sexuality as unimportant; and lower immediate memory recall was associated with evaluating sexual life as unpleasant.

Lower cognitive parameters were related also with disagreeing with a remaining need for intimacy when getting older. Thompson [5] performed cross-sectional study and found that: "Self-rated successful aging, quality of life, and sexual satisfaction appear to be stable in the face of declines in physical health, some cognitive abilities, and sexual activity and function and positively associated with each other from age 60 to 89". However most authors, who propose the tools of evaluation of the attitudes in this area formulate only proposals for methods, which assess the real sexual activity, in particular in clinical situations, when this activity is diminished [9,10,11].

Achieving the outlined goal require more general descriptions of the level of libido. Even the Sexual Self-Consciousness Scale, proposed by van Lankveld doesn't concern the essence of the desired attitude [11]. The trial of definition of appropriate method of assessment is necessary.

An appropriate educational impact can modify the behavioral patterns. The question arises whether medical staff, especially nurses, who can devote more time to patients, are competent and able to inform older patients about the beneficial effects of sexual activity and sexual self-consciousness on their health condition and cognitive performance.

The performed steps of investigations

It should be assumed that health education, counseling and advice in this area are probably easier and more effective, if they are carried out by people, who themselves have high sexual self-consciousness.

Because we didn't find in professional literature data, which determine, what is the average sexual self-consciousness of contemporary nurses and whether the essence of the feeling of a high level of libido is known and clearly defined we tried to investigate these problems [1].

We elaborated a questionnaire, which contains apart of questions related to actual, real sexual activity also statements concerning the overall attitude and valuation of behaviors in favor of interest in eroticism and sensuality [1].

The data obtained with the help of such a questionnaire allow to

calculate for each person the simple indicator on the level of sexual self-consciousness. This simple indicator, called here the Index S, it is a number of points gathered filling the questionnaire presented in our former paper [1]. It represents a general evaluation of the discussed sexual self-consciousness of a person.

By means of the discussed questionnaire we gathered data from 66 women. This group was composed from 38 first-cycle nursing students and among 28 nurses who pursue master's degree studies in nursing. The average age of women in these two groups was 21.5 years and 27.6 years, respectively.

This survey didn't show the differences in the proportions of answers for particular options of possible reactions. However the mean values of the Index S for these group were respectively 13.24 and 11.29. This difference, verified by the Student's t-test was statistically significant ($p < 0.038$).

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

It is puzzling how much the average value of this Index S, obtained by nurses, who could potentially provide advice to the elderly on the behavioral pattern related to sexual activity - differ from the values obtained by the elderly.

Trying to answer for this question, in the next step, we carried out such a comparison. Using the same questionnaire, we gathered data from 41 older women. These women were the participants of the so called University of Third Age, in the range of age <55 - 85> (mean 70.5). The surveyed members of the University of the Third Age are residents of the city of Nysa and the surrounding area in Poland.

The proportions of answers for particular questions of the questionnaire, obtained in the this group of women, in comparison to data gathered among much younger nurses where different. These differences were statistically significant for the following questions:

1. I accept my body fully (more frequent among nurses).
2. As a woman - I dress to look sexy; being a man I admit that I pay attention to the sensual attire and appearance of women (more frequent among nurses).
3. I don't care about the various objections regarding sensuality and sex coming from the clergy and various moralists (answer more frequent among nurses).
4. I think my sensuality is higher than average (more frequent among nurses).
5. I very often use erotic imagery (more frequent among nurses).
6. I try to realize some of my erotic fantasies (more frequent among nurses).
7. I constantly enrich the repertoire of my erotic fantasies (more frequent among nurses).
8. Do you have at least one person, who you tell about, at least a part of your erotic fantasies? (More frequent among nurses).
9. Being on a walk or in cafés or other places, I notice people of the

opposite sex who draw my attention by reason of their beauty and/or sensuality (more frequent among nurses).

10. a. My sexual activity is rich and satisfies me (more frequent among nurses).

b. I experience erotic contacts, but I feel their lack (more frequent among older women).

c. My sexual activity is scarce and does not satisfy me (more frequent among older women).

The mean values of the Index S for these group was 9.50, it means lower than among nurses - respectively 12.45. This difference, verified by the Student's t-test was statistically significant ($p < 0.0002$).

The necessary steps of investigation, which should be realized

The next step of investigations should consist on trials of verification, if the higher values of the proposed Index S, it means the elevated feelings of the sexual self-consciousness coincide with better results of tests (different form of evaluations) of cognitive efficiency. In one of our previous articles, we tried to present the results of such investigations [12]. However, we did not obtain unambiguous results. At the moment, therefore, we must rely on data obtained by other authors [2-8].

It would be necessary to check later whether the persons (nurses, members of the medical team), exhibiting higher values of Index S, are willing to undertake a specialized educational program, regarding the benefits of high sexual consciousness. It is a question of debate whether some medical institutions, dealing with older patients should promote the raising of nurses' competences, interested in implementing the type of counseling discussed here.

The decisions of individual nurses, whether to participate in realization of such educational programs, will be probably possible only when the content and principles of conducting this kind of the educational programs would be already known. Similarly, people who manage institutions that care for the elderly, willing eventually to promote the implementation of such programs must first become familiar with their essence. So, it would be necessary to specify the rules and content presented during such educational programs. However, the question arises, whether the essence of such programs has already been defined and presented in the literature. It seems, that the contents of advices related to benefits of sexual activity for prevention of cognitive impairment of older patients could utilize the findings of the above cited Goldey [13]. As we mentioned, these authors showed that sexual desire is augmented by erotic stories, unstructured fantasy, and so called Imagined Social Situation Exercises [13].

Probably people, who will try to determine the content of discussed educational program will try to use known considerations on the significances of erotic stories and fantasies [14,15]. The recent extended studies on erotic imagery of Justine Lustimer are widely known [16,17].

Probably the development of educational programs, indicating the benefits of sexual activity for prevention of cognitive impairment of older patients should be undertaken by people involved in

sexological counseling. There is however a specific challenge, because the principles of discussed counseling should be adapted to the mentality of older people.

Educational programs in this area probably may refer to the use of supportive methods of indirect forms of assisted psychotherapy [19-22].

Conclusion

The new discovery that high sexual self-consciousness and continuation of sexual activity has a positive effect on the older people's cognitive efficiency should be taken into account in the holistic care of the elderly. The attitude of older patients in this area may be susceptible to possible behavioral modification. Because quite a lot of time can be devoted to older patients by nurses, the question arise if they could realize the educational programs, promoting the benefits of sexual activity for prevention of cognitive impairment. We try to review and present in this article the problems, which should be solved in the path to implementation of such educational programs. It seems that achieving of this goal is possible.

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