

Exploring the Interpretation of Medical Students of the Brief Sexual Attitudes Scale

Jason S. Schneider, MD, FACP, School of Medicine



Abstract

Effectively addressing the sexual health concerns of patients is critical to maintaining and improving overall health for both individuals and communities. Physicians are often limited in their ability to address such patients concerns because of inadequate training. Few methods exist to effectively evaluate the impact of human sexuality and sexual health curricula. This study aimed to validate the use of the Brief Sexual Attitudes Scale among undergraduate medical students as a future means of measuring the impact of various instructional methods. Utilizing focus groups of 1st year medical students and a “think-aloud” methodology, a qualitative thematic analysis was conducted. Early findings indicate the need to modify the current version of the instrument to make it more germane and useful to the current generation of medical school learners.

Background & Purpose

Sexuality is an integral part of health and wellness. It is incumbent on physicians to promote sexual health among other health promotion topics. From the diagnostic and treatment perspective sexual dysfunction is quite prevalent and the HIV epidemic remains a critical issue for populations in the United States and globally. However, physicians are often reluctant to discuss issues related to sexuality and sexual health with their patients. This communication barrier renders invisible health issues considered important by patients and relevant to public health.

Considering a curriculum for an individual educational program it remains unclear what the optimal instructional method is for undergraduate medical learners. Maurice (1999) reported that personal sexual experience and belief in the relevance of the sexual history to the medical interview, among other social and cultural factors led to positive change in proficiency in history-taking skills. It is arguable, then, that individual learner attitudes towards sexuality influence learning and adoption of patient-centered skills.

The Brief Sexual Attitudes Scale (BSAS) is an instrument previously validated in studies of undergraduate college students and two cohorts of psychology students (Hendrick, Hendrick, & Reich, 2006). Review of the literature demonstrates no previous validation studies in cohorts of undergraduate medical students.

The purpose of this study is to validate the use of the BSAS among undergraduate medical students, a population not previously evaluated. Results from the study will be used to assess the impact of existing human sexuality curricula, both locally and nationally.

Methods

An IRB waiver was obtained for this study. Participants were from the classes of 1st year medical students at the Emory University School of Medicine during the 2018-2019 and 2019-2020 academic years. E-mails to class listservs were utilized to recruit participants to one of three focus groups.

A near-peer facilitator (i.e. 3rd year or 4th year medical student) used a “think aloud” technique to explore participants’ understanding of selected items in the BSAS during a 60-minute session. No more than ten participants were scheduled for a single session. The sessions were audio recorded to allow transcription and later analysis. Audio recordings were saved on the investigator’s smartphone device, which was encrypted and password-protected. Transcription were completed immediately after the group sessions by a third-party provider. The investigator was present at the session to take written notes, but did not serve as facilitator. Four sessions were planned, though less may be scheduled if the investigator determines that idea saturation is attained.

Demographic questions (only gender and age) were collected on a written form to allow description of the population studied. No identifying information was collected in the written form nor the group interview. Participants were not compensated for their participation.

Results

To date three hour-long focus groups have been conducted with a total of 23 participants. Participants’ ages ranged from 23-27.

When using the “think-aloud” technique participants shared their understanding of the following BSAS items:

- 1) “I do not need to be committed to a person to have sex with him/her.”
- 2) “One-night stands are sometimes very enjoyable.”
- 3) “Sex as a simple exchange of favors is okay if both people agree to it.”
- 4) “Birth control is part of responsible sexuality.”
- 5) “A sexual encounter between two people deeply in love is the ultimate human interaction.”
- 6) “The main purpose of sex is to enjoy oneself.”

An initial review of transcripts by the investigator demonstrated the following themes:

- Terminology in the items is dated
- Statements are grounded in a heterosexual framework
- Some items connote a particular moral or judgmental perspective
- Particular terms are ill-defined (e.g., “commitment”)
- “Sex” needs to be defined as it relates to the instrument

Next Steps

Focus group transcripts will be coded and analyzed for qualitative themes using MaxQDA software. This analysis will inform subsequent modifications of the BSAS and further validation efforts. A proposed next step is utilizing individual interviews of respondents to further explore their understanding and interpretation of items on a modified BSAS. Continuing this iterative process will allow a comprehensive validation of the BSAS among medical students. Optimally, this modified version can be used to assess the impact of human sexuality curricula both locally and at other institutions.

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