










SYSTEMATIC REVIEW

Rehabilitation Nursing Interventions at the level of the Sexuality function in Disabled Persons. Rapid Review

Intervenciones de Enfermería de Rehabilitación a nivel de la función de Sexualidad en Personas con Discapacidad. Revisión Rápida

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ABSTRACT

Introduction: sexuality is an essential element for the health and quality of life. Rehabilitation Nursing allows training and maximization of the functionality of disabled persons. The purpose of this study is, in the scope of rehabilitation, to map the evidence of nursing interventions in terms of the function of sexuality in disabled persons.

Method: rapid Literature Review using PubMed and the EBSCOhost platform. Accepting only primary studies, published between January 1, 2014 and November 16, 2024. Cochrane guidelines were followed.

Results: a total of seven articles were included. In the data analyzed, health education emerged as the main line of intervention in Rehabilitation Nursing. Nursing professionals must evaluate and teach disabled persons, and their family members and caregivers about the role of sexuality, the factors that affect it and the techniques used to optimize it. The application of intervention models and therapeutic communication facilitate the elaboration of individualized care plans. The use of techniques like videos or simulations strategies facilitate the discussion of sexuality and help to teach specific instructions.

Conclusions: rehabilitation Nursing Specialists must perform health education using validated intervention models. It is suggested that a Systematic Review of Literature and Case Reports be carried out to increase knowledge on this topic.

Keywords: Disabled Persons; Nursing Care; Rehabilitation Nursing; Sexuality.

RESUMEN

Introducción: la sexualidad es un elemento esencial para la salud y la calidad de vida. La Enfermería de Rehabilitación permite entrenar y maximizar la funcionalidad de las personas con discapacidad. El propósito de este estudio es, en el ámbito de la rehabilitación, identificar las intervenciones de enfermería a nivel de la función de la sexualidad en personas con discapacidad descritas en la literatura.

Método: revisión rápida de la literatura mediante PubMed y la plataforma EBSCOhost. Se aceptaron solo estudios primarios, publicados entre el 1 de enero de 2014 y el 16 de noviembre de 2024. Se siguieron las guías Cochrane.

Resultados: se incluyeron un total de siete artículos. En los datos analizados, la educación para la salud emergió como la principal línea de intervención en Enfermería de Rehabilitación. Los profesionales de enfermería deben evaluar y enseñar a las personas con discapacidad, así como a sus familiares y cuidadores, sobre el papel de la sexualidad, los factores que la afectan y las técnicas para optimizarla. La aplicación de modelos de intervención y comunicación terapéutica facilitan la elaboración de planes de cuidados individualizados. El uso de técnicas como videos o estrategias de simulación facilitan la discusión de la sexualidad y ayudan a enseñar instrucciones específicas.

Conclusiones: el Enfermero Especialista en Enfermería de Rehabilitación debe realizar educación en salud utilizando modelos de intervención validados. Se sugiere realizar una Revisión Rápida de Literatura Revisión Casos Clínicos para incrementar el conocimiento sobre este tema.

Palabras clave: Personas con Discapacidad; Atención de Enfermería; Enfermería de Rehabilitación; Sexualidad.

INTRODUCTION

Sexuality is an essential aspect of quality of life and is considered relevant to health care throughout the life cycle.^(1,2,3) The definition of sexuality is complex, but it can be understood by the way people feel and experience interpersonal relationships.⁽¹⁾ Sexuality covers various areas such as sex, gender identity and intimacy, is expressed in thoughts, behaviors, fantasies, desires, beliefs, attitudes, values, practices, roles and relationships, and is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.⁽²⁾

At certain stages of life, people can experience changes and/or difficulties in their functionality, leading to a degree of limitation.^(4,5) The disabled person has an alteration in their body structure and/or function, including the psychological dimension, which may make it difficult for them to perform or participate in activities on equal terms with non-disabled people.⁽⁶⁾

Sexuality in people with disabilities is a dimension that is poorly perceived by society,⁽⁷⁾ which means that the person feels social prejudice.^(7,8,9) The person may experience a change in sexual libido due to various factors, such as the adverse effect of medication, psychological, psychosocial, cognitive, behavioral or physical changes.^(10,11)

The Declaration of Sexual Rights reaffirms and recognizes sexuality in its various dimensions. In the field of health care, it highlights the right to sexual information based on scientific research, the right to autonomy, education and sexual health care.⁽¹²⁾ The evolution of the concept of sexuality has incorporated new concepts of gender identity and sexual fluidity that challenge health policies as well as health professionals to respond to people's health needs.⁽¹³⁾

Everyone must have the opportunity to exercise their citizenship rights^(6,7) and the disabled person may feel the need for sexual assistance.⁽¹⁴⁾ To this end, the Rehabilitation Nurse Specialist (RNS) must care for the disabled person, enable them and maximize their functionality,⁽¹⁵⁾ to exercise responsible and healthy sexuality.^(2,16)

The Order of Nurses in Portugal has assigned the RNS specific competencies in the area of sexuality, such as: assessing the risk of altered functionality in terms of sexuality, early diagnosis of alterations, identification of intervention needs to optimize and/or re-educate the function of sexuality, drawing up care plans in partnership with the person and implementing programs to optimize sexuality.⁽¹⁵⁾ Sexuality is a complex area, which nurses are afraid to address and which is little studied by the RNS.^(3,16)

A free search of the literature on this subject was carried out, but no enlightening results were obtained on the intervention of the RNS. As this is an emerging area of study for Rehabilitation Nursing and for people with disabilities, the research question, derived from the PICO methodology, the "PIO" (population, intervention, phenomenon), "What are the Rehabilitation Nursing interventions (I) at the level of the function of sexuality (O) in people with disabilities (P)?" The aim of this study is to map the evidence of the Rehabilitation Nursing interventions in terms of the function of sexuality in disabled persons.

METHOD

A Rapid Literature Review was carried out to obtain a quick answer to the research question, using a rigorous and explicit review method.⁽¹⁷⁾ The Cochrane recommendations for preparing a Rapid Literature Review were used.⁽¹⁸⁾

Initially, the descriptors related to the research question were identified using the MeSH nomenclature: (Sexuality), (Disabled Persons) and (Rehabilitation Nursing). The descriptor (Rehabilitation Nursing) is very specific to the Portuguese context, so it was broken down into the descriptors (Nursing), (Rehabilitation) and (Specialties, Nursing) in order to cover the various types of designation worldwide. We also identified, using the MeSH nomenclature, the terms related to the descriptor (Sexuality) [(Sexual Behavior), “Sex Behavior”, “Sexual Activities” and “Sexual Activity”], with the descriptor (Disabled Persons) [“Handicapped”, “People with Disabilities”, “Persons with Disabilities”, “Physically Challenged”, “Physically Disabled” and “Physically Handicapped”], with the descriptor (Rehabilitation) [“Habilitation”, (Disability Evaluation), (Early Intervention, Educational) and (Recovery of Function)] and with the descriptor (Specialties, Nursing) [“Specialty, Nursing”, “Nursing Specialty” and “Nursing Specialties”] to obtain as many studies on the subject as possible.

On November 16, 2024, the PubMed database was consulted, as well as the electronic platform EBSCOhost, with simultaneous selection of the following databases: “CINAHL Complete”, “MEDLINE Complete”, “MedicLatina”, “Nursing & Allied Health Collection: Comprehensive” and “Cochrane Central Register of Controlled Trials”. During the search, the entry terms and truncations were used to arrive at the final Boolean equation.

The final Boolean equation on the EBSCOhost platform was (Sexual* OR Sexual Behavior OR “Sex Behavior” OR “Sexual Activities” OR “Sexual Activity”) AND (Disabled Person* OR “Handicap*” OR “People with Disabilit*” OR “Person with Disabiliti*” OR “Physically Challenged” OR “Physically Disabled” OR “Physically Handicapped”) AND (Rehabilitation Nurs* OR Rehabilitation OR “Habilitation” OR Disability Evaluation OR Early Intervention, Educational OR Recovery of Function OR Nurs* OR Specialties, Nursing OR “Specialty, Nursing” OR “Nursing Specialty” OR “Nursing Specialties”) e na PubMed foi ((((((Sexuality)) OR (Sexual Behavior)) OR (“Sex Behavior”)) OR (“Sexual Activities”)) OR (“Sexual Activity”)) AND (((((((Disabled Person*) OR (“Handicap*”)) OR (“People with Disabilit*”)) OR (“Person with Disabiliti*”)) OR (“Physically Challenged”)) OR (“Physically Disabled”)) OR (“Physically Handicapped”)))) AND (((((((((((Rehabilitation Nurs*) OR (Rehabilitation)) OR (“Habilitation”)) OR (Disability Evaluation)) OR (Early Intervention, Educational)) OR (Recovery of Function)) OR (Nurs*)) OR (Specialties, Nursing)) OR (“Specialty, Nursing”)) OR (“Nursing Specialties”)) OR (“Nursing Specialty”)) OR (“Nursing Specialties”))).

The search criteria were: articles published between January 1, 2014 and November 16, 2024, in English, Spanish or Portuguese, availability of full text and studies on human beings.

The articles identified were entered into the Rayyan platform to eliminate duplicates. The titles and abstracts of the articles were read on the Rayyan platform by 2 reviewers, looking for primary studies with reference to ≥ 2 of the aforementioned descriptors. The exclusion criteria were studies on interventions exclusively by other health professionals, namely Medicine, Physiotherapy and Occupational Therapy. Articles that did not meet the inclusion criteria, those that met the exclusion criteria and those without an abstract were eliminated.

The articles were then read in full by two reviewers and a third reviewer was used to resolve conflicts. An eligibility criterion was applied to select the articles: the body of the text addressed rehabilitation nursing interventions in terms of the function of sexuality in people with disabilities. All other articles were eliminated.

The last step in the selection of articles consisted of an analysis of the methodological quality of the studies by two reviewers. The Critical Appraisal Tools of the Joanna Briggs Institute (JBI) were used for qualitative, randomized, quasi-experimental and cross-sectional studies. Studies with a rating $\geq 75\%$ are considered to be of high methodological quality,⁽¹⁹⁾ so this percentage was defined as the eligibility criterion. The level of evidence was identified by the JBI of each article.⁽²⁰⁾

The protocol was registered in the Open Science Framework <https://osf.io/cfxp6> on December 7, 2024, with a CC-BY Attribution 4.0 International license.

RESULTS

The search identified 751 articles via EBSCO Host and 892 articles via PubMed, which was reduced to 75 articles via EBSCO Host and 271 articles via PubMed by applying the inclusion criteria defined a priori. The articles were entered into the Rayyan platform and 39 duplicates were eliminated, leaving 307 articles. The sample was reduced to 60 articles by reading the title and abstract, applying the inclusion and exclusion criteria. After reading all the articles, the sample was reduced to 12 articles that met the eligibility criteria. Five articles were excluded because they scored less than 75 % in the Critical Appraisal Tools of the JBI. The final number of studies consists of 7 articles. Figure 1 shows the methodological approach to article selection (PRISMA).

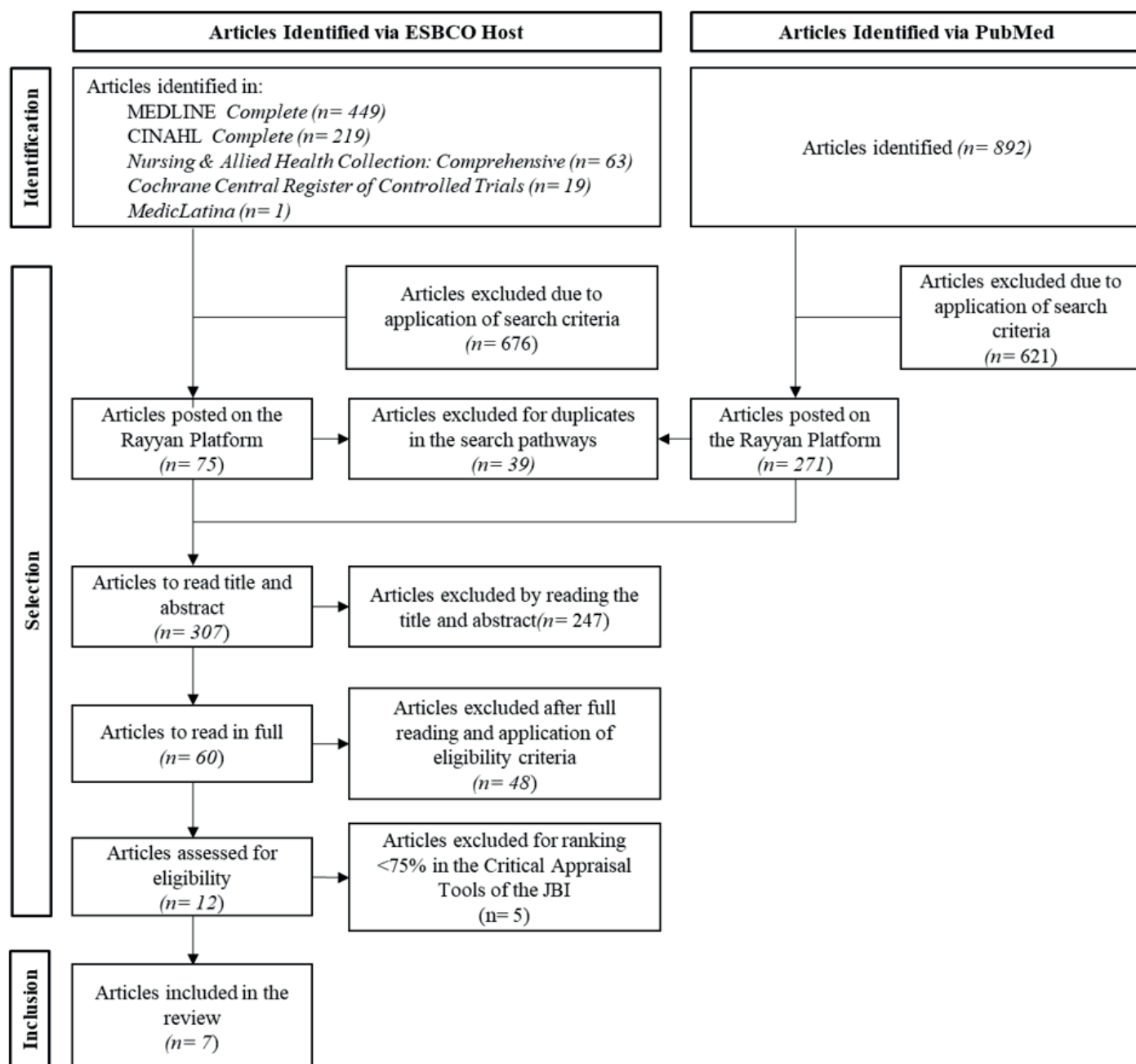


Figure 1. Methodological approach to article selection (PRISMA)

Table 1 shows the selected articles, their level of evidence and the JBI score. The studies come from a wide range of sources around the world.

Table 1. Identification of the selected studies

Authors, Year and Country	Journal	Title	Methodology and Level of Evidence (LE) JBI	JBI score
Cavalcante et al. ⁽²¹⁾	Revista da Escola de Enfermagem da USP	Tecnologia assistida para mulheres com deficiência visual acerca do preservativo feminino: estudo de validação	Cross-sectional study. LE- 4.b	83,33 %
Dyer et al. ⁽²²⁾	Sexuality and Disability	A Multiple Timepoint Pre-post Evaluation of a 'Sexual Respect' DVD to Improve Competence in Discussing Sex with Patients with Disability	Mixed study: cross-sectional and qualitative. LE- 4.b and 3	87,5 % e 80 %
Altundağ et al. ⁽²³⁾	Journal of Clinical Nursing	Teaching menstrual care skills to intellectually disabled female students	Quasi-experimental study. LE-2.c	77,7 %

Kim et al. ⁽²⁴⁾	International Journal of Environmental Research and Public Health	Development and Validation of a Sexual-Outlook Questionnaire (SOQ) for Adult Populations in the Republic of Korea	Cross-sectional study. LE-4.b	85,71 %
Blamey et al. ⁽²⁵⁾	Haemophilia	Sexual issues in people with haemophilia: Awareness and strategies for overcoming communication barriers	Qualitative study. LE-3	80 %
López-García et al. ⁽²⁶⁾	Nursing Reports	Analysis of the Attitudes towards Sexuality in People with Intellectual Disabilities: A Cross-Sectional Study	Cross-sectional study. LE-4.b	87,5 %
Kurt et al. ⁽²⁷⁾	Journal of Pediatric Nursing	The effectiveness of sexual health and development education given to children with intellectual disabilities: A randomized controlled study	Randomized controlled trial. LE-1.c	76,92 %

Subsequently, a table was elaborated with the main findings of the selected studies, which were identified through a second full reading of each selected study. Table 2 shows the synthesis of the articles' data.

Table 2. Summary of article data

Author and Country	Sample	Method	Results / Conclusions
Cavalcante et al. ⁽²¹⁾	Seven experts in sexual and reproductive health and seven experts in the pedagogical field of special education.	Creation of an object that simulates the vaginal canal and application of Pasquali's Psychological Test Construction Model, for validation of the object by experts.	The applicability of the simulated vaginal canal was validated and it can be used as a resource for health education and promoting autonomy.
Dyer et al. ⁽²²⁾	138 nursing students (first and second year) aged between 21 and 46, 85,5 % female.	Validation of the use of a 30-minute DVD on the type of sexual problems faced by people with disabilities, with the application of a questionnaire before and after viewing the DVD.	Nurses should identify and clarify the concerns of people with disabilities in relation to sexuality. The use of the Sexual Respect DVD facilitates the creation of a facilitating environment for discussing sexuality. The Permission, Limited Information, Specific Suggestions, and Intensive Therapy (PLISSIT) model can be used to educate people with disabilities about sexuality.
Altundağ et al. ⁽²³⁾	54 secondary school students with no attendance problems.	Using a mannequin and the appropriate material to teach students about menstrual hygiene.	Sexuality is also related to self-care, so nurses should promote self-care by teaching and training menstrual hygiene techniques, such as changing sanitary pads. Health education helped to enable the students to look after themselves more effectively. The use of visual materials and adapted methods (mannequin) are valid for instruction and training.
Kim et al. ⁽²⁴⁾	334 people living in Seoul or Gyeonggi-do (130 people with disabilities and 220 people without disabilities), who are married or previously married adults.	Validation of the Sexual-Outlook Questionnaire (SOQ) by asking the population of Seoul and Gyeonggi-do to answer the final version.	The SOQ is a reliable and valid instrument for measuring the sexual outlook of married or previously married adults, including those with disabilities.
Blamey et al. ⁽²⁵⁾	Seven experienced health professionals (nurses, social workers, physiotherapists, hematologists) working in the pediatric and adult fields.	Two 3-hour workshops to assess the readiness and ability of health professionals to discuss sexual health issues with people with hemophilia and to test tools to facilitate communication.	The Check-in-Affirm-Clarify-Answer Communication Model and the head-heart-body decision-making tool are useful for teaching people about sexuality.

López-García et al. ⁽²⁶⁾	5 specialists in intellectual disabilities and 583 people from Castilla-León (13,9 % professional caregivers, 7,4 % family members of people with intellectual disabilities and the rest not related to people with disabilities).	Validation of the Attitudes Towards Sexuality of Individuals with Intellectual Disability (ASEXID) questionnaire to assess public attitudes towards the sexuality of people with intellectual disabilities.	The ASEXID is valid for assessing the attitude of caregivers and family members of people with intellectual disabilities towards the sexuality of people with intellectual disabilities. There is a need for sexual health training for caregivers and family members of people with disabilities. Therapeutic communication is an essential intervention to individualize the care plan for people with intellectual disabilities.
Kurt et al. ⁽²⁷⁾	48 children with mild to moderate intellectual disabilities, aged between 12 and 18, divided into two groups of 24 children (1st intervention group and 2nd control group).	Use of The Sexual Development Characteristics of Children with Adolescent Intellectual Disability Scale (SDCCAIDS) for mothers and The Sexual Development Knowledge Assessment Scale for Children with Intellectual Disabilities (SDKASCID) for children with intellectual disabilities to assess their knowledge of sexuality. Subsequently, implementation of a sexual health and development education program based on the Mastery Learning Model.	The level of knowledge acquired by the children in the intervention group was higher than that of the children in the control group. It is essential to provide sexual health education to children with intellectual disabilities and their mothers to improve their understanding of the subject and promote the children's healthy development. The use of educational models, such as the Mastery Learning Model, in nursing practice can have a significant impact on the effectiveness of the care and education provided.

The selected studies were of high methodological quality, but potential biases were identified. With regard to the qualitative studies, no article clearly presents the cultural and theoretical influence of the author,^(22,25) in the study by Dyer et al.⁽²²⁾ the author's influence is unclear, and in the study by Blamey et al.⁽²⁵⁾ ethical approval of the study is not presented. The randomized study does not clearly present the blinding of participants or authors and it is not clear whether the treatment groups were treated identically.⁽²⁷⁾ The quasi-experimental study does not clearly present biases related to confounding factors and it is not clear whether the results were reliably measured.⁽²³⁾ With regard to cross-sectional studies, two are unclear as to the strategies for dealing with confounding factors,^(22,26) Cavalcante et al.⁽²¹⁾ did not use clear analysis measures and Kim et al.⁽²⁴⁾ did not present the confounding factors.

DISCUSSION

All the studies included in the review^(21,22,23,24,25,26,27) confirm that the RNS's intervention is carried out in accordance with the focus "Sexual Interaction" in the Documentary Standard of Nursing Care for the Specialty of Rehabilitation Nursing in Portugal.⁽²⁸⁾

The RNS's interventions are essentially at the level of assessing and teaching the disabled person about the function of sexuality, namely knowledge about sexual interaction, the factors that affect it and the techniques/resources to optimize it.^(22,23,24,25,26,27,28) Two studies also used instructional techniques using mannequins and simulation objects.^(21,23) These lines of intervention were validated in a literature review⁽²⁹⁾ and were indicated by the Portuguese Order of Nurses.⁽¹⁵⁾

The application of sexuality function assessment tools is useful for prescribing RNS interventions.^(24,30) In the Rapid Literature Review, the SOQ was identified to assess the sexual perspective of married or divorced/widowed people with disabilities⁽²⁴⁾ and ASEXID to assess the attitude of caregivers and family members towards the sexuality of people with intellectual disabilities.⁽²⁶⁾ Kurt et al.⁽²⁷⁾ indicated SDCCAIDS and SDKASCID to assess the knowledge about sexuality of children with intellectual disabilities and their mothers. However, no validation studies of these instruments for the Portuguese context were identified.

There are several valid intervention models for the role of the disabled person's sexuality that the RNS can use,^(3,29) and this Rapid Literature Review identified three models: the PLISSIT Model,⁽²²⁾ the Check-in-Affirm-Clarify-Answer Communication Model⁽²⁵⁾ and the Mastery Learning Model.⁽²⁷⁾ These models use the approach advocated by Kautz et al.⁽³¹⁾ and Marques⁽³⁾ in which the RNS must carry out re-education, considering the cognitive, emotional and physical dimensions of sexuality, in a multidisciplinary team.

The PLISSIT Model begins in the Permission phase (phase 1), where permission to address sexuality and encourage the person to raise their concerns is essential.^(11,22) The RNS carries out an assessment of the disabled person through an interview to identify the presence of a problem in terms of the function of sexuality and

to clarify their doubts and, to do this, it is necessary to create an environment that facilitates the discussion of sexuality.^(8,11,22) Ayaz⁽²⁹⁾ also validated that an environment of trust facilitates the sharing of the person's concerns about sexuality and added that the assessment should be holistic, considering all the factors intrinsic and extrinsic to the person.

Dyer et al.⁽²²⁾ validated the use of the Sexual Respect DVD in creating a facilitating environment to address issues of sexuality, as it improves the knowledge, confidence and comfort of people with disabilities. Some studies have validated the use of video to boost discussion on difficult health issues and as a health education strategy.^(32,33,34,35) Garcia et al.⁽³⁵⁾ said that videos have more learning benefits than written material, because they can be made with detail and specificity that cannot be conveyed in words.

In the following phases of the PLISSIT Model, the RNS provides information about sexuality according to the person's needs (phase 2); clarifies the person's doubts, transmitting useful information to overcome obstacles (phase 3); and, if necessary, refers the person for intensive intervention by another professional, for example, the sexologist (phase 4).^(11,22) However, phases 3 and 4 require specific knowledge and experience in sexual health.⁽²⁵⁾ Thus, the RNS needs adequate training in sexual health to apply the PLISSIT Model to its full potential.

Blamey et al.⁽²⁵⁾ validated in their study the interconnected use of the Check-in-Affirm-Clarify-Answer Communication Model and the head-heart-body decision-making tool. When using this holistic model, the RNS should begin by clarifying the disabled person's attitudes, values and beliefs related to sexuality (Check-in and head); welcoming their questions and validating their experience with confidence (Affirm and head); identifying prior knowledge and what the person wants to learn (Clarify and head); addressing only the facts, feelings and values that are essential to the person (Answer and heart); and, only at the end, addressing the physical dimension of sexuality (body).⁽²⁵⁾ Blamey et al.⁽²⁵⁾ said that the model can be applied to all situations of chronic illness and adapted culturally in other countries. No studies validating this data were identified in the literature, but Ayaz⁽²⁹⁾ said that this type of model makes it easier to draw up the care plan.

The Mastery Learning Model has an impact on the teaching of children with intellectual disabilities by adapting teaching to their individual characteristics,⁽²⁷⁾ so the RNS should use it for individualized teaching. The model had already been used successfully in health teaching.⁽³⁶⁾

In the study of López-García et al.⁽²⁶⁾ the use of therapeutic communication (empathetic, trusting and informed) to draw up and implement an individualized care plan for people with intellectual disabilities was validated. This approach is evident in the literature as an essential measure for the RNS to communicate with the disabled person, regardless of the type of disability.^(10,11) The Portuguese Order of Nurses added that a partnership with the disabled person is essential for drawing up an individualized care plan.⁽¹⁵⁾

Health education appears in the studies of Altundağ et al.⁽²³⁾ López-García et al.⁽²⁶⁾ and Kurt et al.⁽²⁷⁾ as the main strategy for empowering people with disabilities, having an impact on the effectiveness of nursing care. This strategy is aimed at people with disabilities, caregivers and family members to improve knowledge and promote the development of social and cognitive skills, facilitate adaptation to new situations, help process new information and solve problems.^(26,27)

Sexual education and counseling is a strong point of the RNS's work,^(10,31) so health education has an impact on rehabilitation nursing practice. In Portugal, the Order of Nurses⁽¹⁵⁾ decreed that the RNS has the specific competence to optimize and implement educational and re-educational interventions at the level of the function of sexuality, defending the sexual rights of people with disabilities and supporting social inclusion. The RNS can provide assistance, for example, in a nursing consultation on sexuality.⁽³¹⁾

On the other hand, Altundağ et al.⁽²³⁾ related sexuality to self-care by associating menstrual hygiene with sexual health. These authors used video and mannequins to train adolescent women with intellectual disabilities to perform proper menstrual hygiene.⁽²³⁾ In Cavalcante et al.⁽²¹⁾ study, the use of a simulated vaginal canal for visually impaired women to learn how to put on a female condom correctly has also been validated. RNSs can use these types of advanced techniques and technologies to train the skills of people with disabilities, as they facilitate the empowerment of the person and the maximization of their functionality.⁽¹⁵⁾

The Rapid Literature Review has some limitations, namely:

- The studies identified only present general lines of intervention, and it was not possible to identify interventions directly sensitive to the care of the RNS, nor specific information to pass on to the disabled person.
- There were no case reports or literature reviews carried out by RNS in the literature, so we had to rely mainly on documents published by the Portuguese Nurses' Association and reference books on Rehabilitation Nursing to compare the data from the studies.
- The studies mainly refer to people with intellectual and visual disabilities, and interventions related to other types of disability have yet to be identified.
- No validation studies were identified for the Portuguese context of the SOQ, ASEXID, SDCCAIDS and SDKASCID or studies proving the universal validity of the Check-in-Affirm-Clarify-Answer Communication Model.

CONCLUSIONS

The data from the studies in this Rapid Literature Review seem to indicate that the main line of intervention for Rehabilitation Nursing in terms of the role of sexuality in disabled persons is health education. The RNS should assess the person's knowledge needs and outline individualized care plans to enable them to exercise healthy and responsible sexuality, involving caregivers and family members in the care process. The use of therapeutic communication is essential for achieving health gains in this area, since the RNS's role is based on teaching, instructing and training the disabled person. To this end, the PLISSIT Model or the Mastery Learning Model can be used, which facilitates communication and the achievement of intervention objectives in this culturally sensitive area. Research opportunities have also been identified: conducting a Systematic Literature Review and Case Reports on the RNS's specific intervention in sexuality, especially to improve the satisfaction of sexual interaction; the validation of SOQ, ASEXID, SDCCAIDS and SDKASCID for use in the Portuguese context; and, the creation of a version of the Check-in-Affirm-Clarify-Answer Communication Model adapted to the context of RNS care in Portugal.

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