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DESTIGMATISATION: A GROUNDED THEORY OF THE WORK OF SEXUAL HEALTH NURSES.

A thesis submitted in partial fulfilment of the requirements for the degree of Master of Philosophy in Nursing at Massey University.

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ABSTRACT

The aim of this grounded theory study is to identify, describe, and generate a theoretical explanation of what it means to practice sexual health nursing care in New Zealand in the 1990's and new century. Further, to investigate individual nurse's experiences within the current sociopolitical climate of health care. Sixteen participants from six sexual health clinics in New Zealand were interviewed over a period of eight months and a total of 24 hours of tape recorded data were collected. Constant comparative analysis of data eventuated in the identification of four conceptual categories named as *identifying, personalisation, respecting and dignifying, advocating and empowering*, and *doing deviant work.* These conceptual categories were drawn together in the core category, which is termed *destigmatising.*

Countering stigma emerged as a recurrent problem for nurses in this study. An analysis of nurses' counter reactions is compared to Gilmore and Somerville's (1994) model of stigmatised reactions towards people with sexually transmitted diseases. The model describes the processes of disidentification, depersonalisation, scapegoating, and discrimination, which characterise stigmatised reactions. *Destigmatising* in the context of this study means that the nurse is engaged in the process of counteracting the prejudice and negative social attitudes towards people who attend sexual health clinics and who have sexually transmitted infections. The process occurs in the interactions between the nurse, the client and the community. This process is dynamic and reflects changes in patterns of social sexual relations in society and community attitudes towards these.

Essentially this study shows that nurses' processes of destigmatisation are based on a complex of factors affected by the gender, culture, and sexuality of both the practitioner and the client. Nurses' understandings of the impact of socioeconomic conditions and gender/power relations in society have an important role to play in how nurses manage care.

The understanding of client fears and anxieties, of underlying social attitudes and of the problems of marginalised subcultures and individuals is important information for

practicing sexual and reproductive health nursing care. As well, nurses in this study encountered professional stigma. The practice of sexual health care results in being professionally marginalised. Implications and recommendations in regard to sexual and reproductive health nursing education, practice, and further research are made.

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Key to Interview Terms and Abbreviations

The following conventions used are presented here to assist the reader in their interpretation.

Name	The personal names of research participants have been changed and pseudonyms used for identification.
Number	The number of the interview and line of the transcript.
(...)	Material which has been edited.
...	Incomplete sentences without editing.
" "	Single words, or short phrases/ sentences used by the interviewee.
' '	Words developed by the researcher or other authors.
[ ]	Insertion of additional material to make context and/or meaning clear.
Client	The term client has been used throughout this study.
STDs / STIs	The abbreviations for sexually transmitted diseases and sexually transmitted infections are used. A sexually transmissible infection is the medically correct terminology, however the former term has more common colloquial usage.
VD	The term venereal disease was the terminology formerly used to refer to sexually transmitted infections.

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