

How do Nurses “Dress” a Male Patient?

Uncovering men’s comfort levels

Have you ever noticed men adjusting their genitalia, performing a unique leg shaking ritual or appearing uncomfortable? This was a question we attempted to explore in our research study of 194 men in Western Canada. Our primary area of interest was to explore healthy males’ preference for placement of genitalia (referred to as “dress”) in their undergarments with the intent that this insight would inform nursing practice and ground further studies with male patients.

Nursing has been a predominantly female profession with men only representing 6.4% of Registered Nurses (RN’s) in Canada (Canadian Nurses Association, 2012). Female nurses lack phenomenological experience and subsequent understanding with comfort of placement of male genitalia. Therefore, it is pertinent to find out if there is preference in male dress in relation to comfort from the healthy population of males in order to apply this knowledge to care for those who are vulnerable to self-care deficits. This produced the research question “What do nurses need to know about men’s comfort level with placement of genitalia and the impact on comfort levels?”

A Needle in a Haystack

Nursing, medical, psychological and sociological literature was reviewed and evaluated each yielding minimal results regarding male dress and comfort. Further searches of tailoring schools for patterns of hemming trousers revealed unreliable and minimal findings. The seminal Kinsey Institute for Sex Research conducted a study on 6,544 men from 1938 to 1963. This research found that 80% of right and left handed men dressed to the left of the seam in their trousers when their penis was flaccid; alluding to a natural lie for men’s penises (cited in Bogaert, 1997). The only other article partially pertaining to our topic had to do with a literature review regarding nurse’s psychosocial responses to male genitalia-related care. These researchers concluded that the quality of patient care is at risk due to negative perceptions, responses and attitudes nurses have toward male genitalia-related care (Zang, Chung, & Wong, 2008). Both of these articles provided guidance for questions that we incorporated into our research study.

Swimming Upstream

An exploratory quantitative methodology was utilized for this research inquiry. The hypotheses were that men have a preference for which way they dress and being dressed opposite to this preference would cause discomfort. Ethics approval and seed funding were received Vancouver Island University (VIU). Through the use of Fluid Survey, a Canadian on-line database, an anonymous questionnaire was implemented. Twenty-two questions surveyed 194 healthy male participants from ages 18 to over 71 predominately from Western Canada and extending worldwide. The survey consisted of addressing hand dominance, type of undergarments worn, natural lie and preference for side of genitalia placement in undergarments, and comfort related to placement of genitalia. Data was analysed through the use of statistical software.

Results

The majority of men (90%) who participated in the study were under the age of 60. The majority of participants’ self- identified as being right handed and had a natural lie of the penis to the left and there was a small correlation with right-handed man dressing left. This result coincides with data from the Kinsey report. Most men identified either central position or no habitual lie to the penis when placed in undergarments. Only 12% of men dressed left in

undergarments. There was no statistical significance correlating placement and type of undergarments worn. Our survey provided pictures of underwear that men could choose the type they wear. The majority of men (58%) wear boxer briefs with or without an opening. Only 25% use the opening to access their penis for voiding; the remainder (75%) of men either pull underwear down or lift the penis above to void. There was a positive correlation between hand dominance and which hand holds the penis for voiding and a significant correlation with right hand dominance and holding penis in right hand. Finally, when men experience an erection, 76% prefer the penis upwards centered, right or left. Most men were unaware of the definition of “dress”; therefore an explanation was provided in order to continue with the survey.

The most remarkable result was only 26% of men indicated that they would be comfortable if the penis was placed or dressed differently to their preferred placement. If health care professionals dressed men opposite their norm, 57% of men would attempt to adjust or ask for assistance and 16% of men would tolerate it. This indicates that the majority of men would be uncomfortable if their penis was dressed opposite their preference. Men identified that only 14% of their partners would be aware of their preference for placement or dress. Finally, 64% of men would be willing to answer questions regarding their preference for dress either verbally or through admission assessment form.

Discussion

The data and research has provided an increased awareness and discussion amongst health care professionals regarding this under-explored and devalued topic; although our study did not yield statistically significant results. It has been interesting to observe how our research topic makes our colleagues and other health care professionals either dismissively uncomfortable or cautiously intrigued.

We feel it is important for nurses to critically reflect and apply some valuable learning and application to practice based on some of our findings. As nurses we cannot make the assumption that men do not care about placement of genitalia. Our study indicated that the majority of men are open to discussing preference for dress and would be uncomfortable if their penis was placed differently than their preference. This is an important concept for nurses to know. We cannot rely on observation alone, such as noticing patient’s worn underwear or natural lie of penis and scrotum as this does not necessarily provide concrete information regarding preference. Men have to be the primary source of this information as partners are typically unaware of preference. We can increase our knowledge by simply gathering information through our admission assessments. However, it would be prudent not to use the terminology “dress” on admission assessment forms as most men are unfamiliar with this language.

Currently, this topic is not discussed in the nursing programs at VIU. This research has provided us with the opportunity to sensitize our colleagues and other health care professionals and educational programs regarding men’s comfort levels of genitalia and encourage discussion. “In 2002...close to one million seniors said they received help ... to engage in day-to-day activities” (Turcotte & Schellenberg, 2006, p.161), such as dressing. Nurses need to be knowledgeable regarding patients’ preferences and be able to interpret comfort levels despite a patient’s inability to communicate or debilitation. As nurses we recognize that men have a need for comfort with dressing, including placement of genitalia.

Further research studies could explore men undergoing trans-urethral resection of the prostate (TURP) with subsequent taping of urinary in-dwelling catheters to the inner thigh post-operatively. One would question if there would be a preference for which leg the catheter is taped? Additional research might explore the positioning of genitalia as a potential trigger for

autonomic dysreflexia in male patients with spinal cord injuries. Finally, one might explore how to interpret comfort levels in male patients who cannot communicate with nursing staff.

In conclusion, this research has provided an opportunity for awareness and open discussion amongst health care professionals, hopefully with the intent of exploring this topic with our male patients.

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