

Perception of Person as Sexual: Views Nursing Students Have of Potential Patients

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Received: July 29, 2021; **Published:** March 30, 2022

Abstract

Introduction: The purpose of the study was: (1) to develop a scale to examine perceptions of a person as sexual, and (2) to identify whether nursing students exhibit age discrimination relative to rating potential patients as sexual beings. Older people are often seen as asexual, a view that can negatively impact their overall quality of life. Since older people are more likely to have health concerns that bring them into more frequent contact with nurses, we deemed it important to identify the perceptions these pre-professionals have of potential patients as sexual.

Methods: Participants (n = 219 nursing students) completed a questionnaire that included one of six randomly assigned vignettes. Vignettes varied by gender (male or female) and age (25, 50, or 75). Participants were asked to indicate their degree of disagreement on a four-point Likert-type scale. The four statements comprised the “perception of person as sexual” scale. Data were analyzed using factor analysis, Cronbach’s alpha, and two-way analysis of variance.

Discussion: Factor analysis confirmed the existence of a single “perception of person as sexual” factor. The items displayed a high degree of internal consistency. The vignette models were not evaluated differently based on age, gender, or age and gender in combination. The mean score for all six vignettes conveyed a slightly negative view, relative to sexuality, of all six vignette models.

Conclusion: While there was no evidence of age or gender discrimination, results should encourage nursing educators to ensure their students develop a more positive view of potential patients as sexual beings.

Keywords: *Nursing; Patients; Sexual Health; Discrimination*

Introduction

Nurses in practice and nursing educators work together to provide quality and safe care for their patients. One group of patients who have significantly increased in number are older adults. According to the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), the number of older adults in the United States is unrepresented. In 2016, 49 million adults age 65 or older represented 15% of the population. It is predicted that by 2030, this number is expected to reach 71 million older adults. By 2060, older adults in the United States is predicted to reach 98 million, making up nearly 25% of the U.S. population [1]. The aging of the American population and rising health care costs will exacerbate many public health concerns for both society and older adults. Age increases the risk factors of all chronic diseases such as heart disease, cancer, stroke, arthritis, dementia, as well as accidents and falls in the home. The majority of older adults will eventually need to seek out medical care, including of nursing assistance.

The number of older adults testing positive for sexually transmitted infections (STIs) has significantly increased in recent years as this population has expanded. According to the National League for Nursing (NLN) [2], education concerning safer sexual practices and the use of sexual health assessments should be a priority among nursing students and health care professionals. These assessments should include older adults, even though many nurses and other health care professionals do not seem to think that older people are in need of such assessments.

Older adults have become a priority focus in nursing education due to the association of increasing age with higher incidence of chronic disease [3]. Many nursing programs have taken the initiative to include gerontological nursing content, however, most programs focus on physical nursing care [4,5] rather than on other aspects of nursing care, such as emotional support and well-being for the patient.

An area of nursing that is part of physical and emotional well-being is sexuality. The World Health Organization defines sexual health as “a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity” [6]. Yet many nurses do not provide care for the patient’s sexual health, especially older patients, nor seem to view providing sexual health as part of the nursing role. According to Akinci, Yildiz, and Zengin [7], this care is not provided due to the nurses’ lack of training in sexuality education, embarrassment on the subject, and a lack of confidence in being able to discuss sexual health. To better prepare nursing students to fully care for the older population, including addressing any acute illness, as well as other aspects of the patient’s well-being, such as sexuality, students’ perspectives regarding patients as sexual beings needs to be established first. When students and practicing nurses are able to regard the patients as sexual beings, then addressing potential sexual health problems and concerns will become a part of standard care for all patients.

Although there has been a lack of research relative to sexuality among older adults and patient care, some work has been conducted. For example, an investigation was conducted to identify the sexual health history taking practices of nurse practitioners for patients who were age 50 and older. The participants consisted of a random sample of 500 members of the American Academy of Nurse Practitioners (AANP). Results revealed only 2% of respondents indicated they always conduct a sexual health history with their patients age 50 and older, while 23% have never done such an assessment. The barriers identified in this study included lack of time, interruptions, and lack of communication skills [8]. Another study used a convenience sample (N = 576) of Registered Nurses (RNs) employed in acute care, ambulatory, and perioperative services in a National Cancer Institute located in the northeastern United States. Attitudes and beliefs relative to sexual health assessment in nursing practice were evaluated. Results revealed a statistically significant difference in attitude scores based on participant age and nursing experience. Younger and less experienced nurses reported higher scores, indicating greater discomfort in addressing sexual health issues among their patients [9].

In addition, a systematic review of 18 published papers was conducted to examine the experiences and views of people age 65 and older, regarding health professionals’ recognition of patient sexual health and whether these aspects of a person were incorporated into the care they received [10]. Patients reported that the importance of sexuality to well-being, discomfort discussing sexual health, lack of communication, and inadequate sexual health education were the most significant issues among health-care professionals that impacted the care they received [11-17]. Other research has identified embarrassment, dissatisfaction with treatment, negative attitudes among nurse staff, disinterest in communication relative to sexual health by nurses and other health care professionals, absence of available resources, and barriers to sexual assessment and evaluation as factors associated with an absence of care relative to sexual health [18-21].

Older adults are often seen as asexual, a view that can negatively impact their overall quality of life [22]. Research has shown that sexuality remains important among those age 65 and older; however, this aspect of health among this population is often overlooked [23]. Since people of older age are more likely to have health concerns, they have more frequent contact with nurses. Addressing sexual issues such as sexual history, sexual functioning, and sexually transmitted infections (STIs) among adult patients should be incorporated as a routine practice for nurses throughout a patient’s lifespan [24].

Nurses and other health care professionals have the responsibility of education, adequate communication, and care for their patients [25]. Since older adults are more likely to have health concerns that bring them into more frequent contact with nurses, and since sexual

health care for older adults is often lacking, we deemed it important to identify the perceptions these pre-professionals have of potential patients as sexual. Thus, the purpose of the study was two-fold: (1) to develop a scale to examine perceptions of a person as sexual, and (2) to identify whether nursing students exhibit age discrimination relative to rating potential patients as sexual beings.

Methods

Participants

Participants (N = 217) were undergraduate nursing students attending a large urban university in the Southwest. The majority (n = 124, 57%) were Registered Nurses (RNs) who had completed an ADN degree to Bachelor of Science in Nursing (BSN) students. Some (n = 82, 38%) were BSN students who were seeking initial licensure, and the remainder of participants were graduate degree nursing students (n = 11, 5%).

Testing instrument

The testing instrument was a web-based, self-report questionnaire, developed using Qualtrics survey software, that included one of six randomly assigned vignettes. Each questionnaire included demographic items. All vignettes included the same positive description of a model. The model in vignette one is 25-year old John and in vignette two is 25-year old Susan. In vignette three the model is 50-year old John and in vignette four the model is 50-year old Susan. The model in vignette five is 75-year old John, and in vignette six the model is 75-year old Susan. Following is the verbiage for vignette four, featuring 50-year old Susan: "Susan is intelligent and a great conversationalist. She reads a lot and tries to stay up with current events. She has never smoked cigarettes, but does occasionally have a glass of wine. She exercises regularly and is above average in both fitness and attractiveness, when compared to others her age. She has her own business and wants to work as long as she can. Susan is 50 years old. Recently, she was diagnosed with a serious health problem."

Immediately before reading the vignette to which they had been assigned students read the following instructions (again using the model Susan as an example): "Tell us about Susan. Please read the description below of a woman named Susan. After you read the description, then indicate your degree of agreement/disagreement with the statements about Susan. We understand the description provides only limited information about Susan, but do your best to imagine what she is like or might do relative to the situations described in the statements."

Following the vignette there were several statements about the model. For this paper the analysis was limited to the four statements comprising the "Perception of person as sexual" scale. The scale includes the following four statements (continuing with Susan as the model): (1) Susan has a full and active sex life, (2) Susan consistently has satisfying orgasms, (3) Susan is very comfortable with her sexuality, (4) Susan is a sexual person. Participants indicated their degree of agreement/disagreement with each statement using a 4-point Likert-type scale ranging from 1- strongly disagree to 4 -strongly agree. Scores for the individual items were summed, giving a total scale score. These scores, could range from 4 (strongly disagree with all statements) to 16 (strongly agree with all statements).

The scale was developed with the assistance of a panel, comprised of six nationally known sexuality experts. This included: Kristen Jozkowski, University of Arkansas; Rose Hartzell-Cushanick, San Diego Sexual Medicine; Zoe Peterson, Indiana University; Eva Goldfarb, Montclair State University; Eric Walsh-Buhi, San Diego State University; Raffy Luquis, Pennsylvania State University-Harrisburg. Panel members were asked (1) Were they aware of an existing scale that measured perception of another person as sexual? In an extensive search of the literature we had not identified such a scale, and none of the panel members indicated they were aware of such a scale; (2) Is there a need for a scale, like the one proposed? All panel members agreed or strongly agreed there was a need for this type of scale; (3) Is the study of nursing students using the described vignettes and the perception of person as sexual scale to detect possible age discrimination an important study to conduct? All panel members agreed or strongly agreed that the study we proposed to conduct was important.

The authors then generated twelve statements they believed addressed the issue of perception of person as sexual. These statements were sent to the panel members who reviewed them and rated them as to whether they should be included in the scale. Rating options

for each statement were: 1 - "Definitely should not be included in the scale," 2 - "Probably should not be included in the scale," 3- "Probably should be included in the scale," 4- "Definitely should be included in the scale. Panel members were also invited to suggest additional items for the scale. There were two rounds of review. After the first round, statements that had been given an average rating of 3.1 or better were retained. Four of the statements were rated 3.1 or above. The remaining eight statements had been given an average rating below 3.1 and were deleted. Panel members did not suggest additional statements. In the second round of review the panel members were given a list of the four statements, were told that all four statements were rated 3.1 or above, and for each statement were asked to give an up or down vote - "Yes, this statement should be included in the final scale" or "No, this statement should not be included in the final scale." All six panel members agreed that all four statements should be included in the final scale. Following are the four scale items included (1) Susan has a full and active sex life; (2) Susan consistently has satisfying orgasms; (3) Susan is very comfortable with her sexuality; (4) Susan is a sexual person.

Procedures

Approval for the study was obtained from the Institutional Review Board (IRB) at the University of Texas at Arlington. Following approval, from a listing of currently enrolled under- graduate nursing students, potential participants were randomly assigned to receive one of six different forms of the questionnaire. The six forms were identical, except for different vignettes. These potential participants were sent an email invitation to participate in the study with a link to the questionnaire to which they had been assigned. Those who chose to participate in the study clicked on the link and completed the questionnaire on-line. Non-respondents were sent two reminder invitations.

Data analysis

Data were analyzed using frequency counts. Factor analysis was conducted to determine whether the four items comprising the perception of person scale loaded on a single factor. The item scores were then summed to obtain a single scale score. Cronbach's alpha was used to obtain a measure of reliability (internal consistency). Two-way analysis of variance (ANOVA) was used to determine whether scores differed by potential patient gender, potential patient age, or whether there was a gender x age interaction effect. All analyses were conducted using IBM SPSS Academic Software.

Results

Factor analysis confirmed the existence of a single "perception of person as sexual" factor. All four items comprising the scale loaded heavily (>.770) on a single factor; Cronbach's alpha =.887. Please see table 1.

Factor Analysis	
Items	Factor Loadings
Consistently has Satisfying Orgasms	.903
Has a Full and Active Sex Life	.890
Is a Sexual Person	.800
Is Very Comfortable with their Sexuality	.770
Cronbach's Alpha	.887

Table 1

Scores on the "Perception of person as sexual scale) could potentially range from 4 (a very negative view of the model in the vignette, relative to sexuality) to 16 (a very positive of the model in the vignette relative to sexuality). A score of 10 was considered neutral. Scores greater than 10 were considered positive. Scores less than 10 were considered negative. The mean score for the six vignettes ranged from 9.00 to 9.50, thus conveying a slightly negative view, relative to sexuality, of potential groups of patients.

For the three male models, the total mean score was 9.23. For the three female models, the total mean score was 9.29. Thus, the mean scores for both males and females were negative. Additionally, the mean scores according to age included: 25-year old models = 9.25; 50-year old models = 9.32; and 75-year old models = 9.20. Thus, all three age groups reported negative scores on the scale (< 10). Results of the six vignettes follows: John (25 years old) = 9.00; Susan (25 years old) = 9.50; John (50 years old) = 9.27; Susan (50 years old) = 9.36; John (75 years old) = 9.41; Susan (75 years old) = 9.00. This revealed negative mean scores for all six vignettes as well.

Two-way analysis of variance (ANOVA) results revealed models were not evaluated differently based on age (i.e. non-significant main effects for age) ($F = .039, p = .962$), gender (i.e. non-significant main effects for gender) ($F = .036, p = .850$), or age and gender in combination (i.e. non-significant age x gender interaction effects) ($F = .727, p = .485$). Please see table 2.

Two-Way Anova			
	Mean Scores	F Statistic	P-Value
Model Gender		.036	.850
Males	9.23		
Females	9.29		
Model Age		.039	.962
25	9.25		
50	9.32		
75	9.20		
Gender x Age		.727	.485
John (25)	9.00		
John (50)	9.27		
John (75)	9.41		
Susan (25)	9.50		
Susan (50)	9.36		
Susan (75)	9.00		
TOTAL		.319	.901

Table 2

Discussion

The purpose of the study was two-fold: (1) to develop a scale to examine perceptions of a person as sexual, and (2) to identify whether nursing students exhibit age discrimination relative to rating potential patients as sexual beings. We first hypothesized that there would be significant main effects for age, with older patients being rated less sexual than younger. We also hypothesized there would be a significant gender x age interaction. This would be evident in roughly equivalent scores for the 25-year old male and female models, little decrease in scores for 50 and 75-year old male models, a substantial decrease in scores for the 50-year old female model, and an even greater decrease for the 75-year old female model.

With the assistance of the expert panel a four-item scale to examine perceptions of a person as sexual was developed. All four items loaded heavily on a single construct. The set of four items also exhibited strong internal validity.

Neither of the two hypotheses were supported. There were no significant main effects for age. Neither was there a significant age x gender interaction. We clearly had expected to find evidence of age discrimination relative to perceptions of potential patients as sexual (i.e. 75-year-old models would be evaluated as significantly less sexual than the younger models). Results, however, showed no evidence

of age or gender discrimination. Instead, we were surprised to find that all six model and gender/age groups were rated negatively (all six vignettes had scores less than 10) on the Perception of person as sexual scale. The two lowest scores (both 9.0) were given to 25-year old John and 75-year old Susan. The two highest scores (9.50 and 9.41, respectively) were given to 25-year old Susan and 75-year old John.

Why did all of the models receive a negative score? The typical nursing student is taught that when caring for patients, patient care is to be prioritized according to Maslow's Hierarchy of Needs. This leads to typical nurse behavior toward all patients. They must care for their patients' physical needs first, and all other needs are addressed after the most important ones are fulfilled. Many times, the patient is discharged before all needs are addressed. Nurses are expected to do many tasks for at least 5-7 patients during a shift, so addressing the patient's sexual health, or even viewing them as more than another body for which to provide care, is often not a priority.

Would ratings have been more positive if the vignettes had made no mention of a serious health concern or did the nursing students in our sample simply not view the individual as sexual? Note, the vignettes did not indicate the models had been hospitalized, or were receiving nursing care; just that they had been diagnosed with a serious health problem. These results, i.e. the negative scores for all six vignette models, should encourage nursing educators to help their students develop a more positive view of their patients as sexual beings.

A follow-up study is important to examine whether mention of a serious health problem makes a difference in scores for the perception of the person as sexual. Additionally, researchers should consider whether this negative perception of persons as sexual is confined to nurses/nursing students, or is it also held by those training for other health professions, and college students in majors not related to health.

Limitations

Limitations of the study should be considered. Participants consisted of nursing students enrolled at one university. Results may not apply to non-college populations. A self-report questionnaire was utilized as the study instrument. There is a possibility of response bias due to false or socially desirable responses. In spite of the limitations, we believe the results have important implications for nursing education, and make an important contribution to the literature.

Conclusion

Sexual health is an integral part of overall health and quality of life throughout all decades of life. Healthcare providers play an essential role to improve the sexual health of older adults. It is common for nurses to lack consideration for the sexuality of their patients. Findings of this study support the importance of nursing personnel being more conscientious about the sexual health concerns and needs among their patients. Interventions for older adults should increase education about sexual health and sexual risk behaviors, as well as empower older patients to seek information from nurses' and other health-care providers. Sexual health should be discussed without anxiety or discomfort so patients of all ages can receive optimal care and treatment. Nurses and other healthcare professionals should adopt strategies that create environments which are more inclusive of sexual health in the assessment of overall health and well-being.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Presentation Information

This data was presented at The Society for the Scientific Study of Sexuality (SSSS) conference in Albuquerque, New Mexico.

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Volume 4 Issue 4 April 2022

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