Sexuality of the Aged and the Attitudes and Knowledge of Nursing Students

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ABSTRACT

Sexuality of the aged is one area of particular concern to nurse educators, because students’ lack of knowledge and negative attitude can have far-reaching effects on nursing care of the elderly. This study examined the relationship of the dependent variables, attitude and knowledge, to the independent variables of ethnicity, age, experience in health care, family income, religious affiliation, religiosity, living arrangements, and level of education. One hundred fifty-eight female nursing students completed White’s Aging Sexuality Attitude and Knowledge Scale. The study found that higher knowledge was related to more positive attitude scores \( r = .25, P < .004 \). Age was also significantly related to both positive attitude \( r = .44, P < .001 \) and higher knowledge \( r = .54, P < .001 \).

Older students had a more positive attitude toward the elderly and were more knowledgeable about aged sexuality than younger students in the sample. One-way analysis of variance was used to test the significance between means of the dependent and independent variables. A statistically significant difference was found between ethnicity and attitude \( F = 33.09, P < .001 \) and ethnicity and knowledge \( F = 18.36, P < .001 \). Asian students in this study had a more negative attitude and were less knowledgeable about aged sexuality than Caucasian students. The study suggests that nurse educators need to pay special attention to the age and ethnicity of students when planning gerontological learning experiences designed not only to facilitate knowledge acquisition, but to promote positive attitudes toward the elderly.

It has been projected that when today’s nursing students reach the prime of their careers, they will spend 75% of their practice time with the elderly (Butler, 1980). Negative attitudes and stereotypical beliefs about the aged have been rampant, and college students have not been immune (Grassi-Russo & Morris, 1981; Miko, 1987).

The area of aged sexuality is of particular concern to nurse educators, because perpetuation of myths and lack of knowledge regarding elderly human sexuality can have far-reaching effects on elderly nursing care. Negative attitudes toward sexuality of the elderly may even be detrimental to the health of older persons by leading them, their care givers, and significant others to believe aged sexual feelings and actions are abnormal (Falk, 1980).

It is also conceivable that interest in caring for the elderly and quality of nursing care provided to this population may be adversely affected by stereotypical beliefs, negative attitudes, and inadequate knowledge. Therefore, educating nursing students to effectively care for older clients includes uncovering and changing negative attitudes and misinformation about aged sexuality.

Literature Review

General reports on lack of knowledge and negative sexual attitude towards the elderly are widespread throughout the literature. Studies indicate that our society views aged sexuality as non-existent, immoral, and inappropriate (Falk, 1980). In 1982, White and Contania suggested that attitude toward sexuality in the elderly was among the factors least investigated by researchers. However, there have been a few systematic attempts to measure nursing students’ attitudes and knowledge of aging and aged sexuality. Damrosch (1982), investigated the attitudes of senior baccalaureate nursing students toward aged sexuality. Traits of the elderly, such as well-adjustedness, cheerfulness, and mental alertness were explored. Variables included age, ethnicity, family income, father’s education, mother’s education, religiosity, religion, and experience in health-care delivery. A significant bias favoring the sexually active elder, regardless of the person’s gender, was found.
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Gomez, Otto, Blattstein, and Gomez (1986) investigated the impact of an "ill" elderly clinical nursing home experience on the attitudes of 82 junior baccalaureate nursing students. Attitude change across time, interaction between time, and demographic characteristics of the sample were analyzed. Results indicated that there was a significant increase in positive attitude toward the elderly immediately after the clinical experience. This result was not modified by facility, age, or ethnicity. However, evidence suggested that white students and older students had a more positive attitude toward the elderly than black and younger students.

In 1986, Williams, Lusk, and Kline investigated the extent to which cognitive style (field dependence-field independence, locus of control, dogmatism) and other factors contributed to nursing students' factual knowledge relating to the normal aging process and their attitudes toward the elderly. A total of 322 junior and senior nursing students participated in the study over a two-year period.

These researchers found students in the sample to be knowledgeable about the elderly and the aging process. They also found students held several misconceptions about the physical and cognitive changes that occur during the aging process, as well as the psychosocial aspects of aging. Speculation that there would be a positive relationship between cognitive styles and students' knowledge of and attitude toward the elderly was not supported. However, students expressing a preference for the older client seemed to be more knowledgeable and less negatively biased toward the elderly. They were also more field dependent (global) and less dogmatic (more tolerant) than the two other groups in the study.

Only limited data could be found that specifically addressed the effects of ethnicity among nursing students on attitude toward and knowledge of aged sexuality. This relationship is a critical issue for nurse educators who teach nursing students with diverse ethnic backgrounds. Ethnicity may indeed be a factor that accounts, to some extent, for students' knowledge of elderly sexuality and their beliefs and attitudes toward aged sexuality. It most assuredly has the potential for influencing students' value orientations and beliefs about aging and sexuality.

Further documentation of the relationship among relevant variables is needed to enhance the development of curriculums and guide the selection and design of clinical and classroom learning experiences. These experiences are intended to promote positive attitudes toward the elderly, increase preference for working with older clients and, in the long run, improve nursing care of the elderly in our society.

**Purpose of the Study**

The aim of this study was to investigate nursing students' attitudes toward and knowledge of aged sexuality. Specifically, the study explored the following questions: Is positive attitude toward aged sexuality related to high knowledge of aged sexuality? Does the ethnicity of nursing students affect their attitude toward sexuality of the elderly and level of knowledge about the elderly? Do other factors, such as age, experience in health care, family income, religious affiliation, religiosity, living arrangements, and level of education affect students' attitudes toward and knowledge of aged sexuality?
Research Design

A cross sectional, correlational design was used to determine the relationship of dependent variables (attitude and knowledge) and independent variables (ethnicity, age, experience in health care, family income, religious affiliation, religiosity, living arrangements, and level of education).

Methodology

SAMPLE—A total of 158 female nursing students enrolled in a university nursing school participated in the study. Sixty-six students were in their sophomore year of the associate of science degree program, and 63 were in their senior year of the baccalaureate degree program. Twenty-nine students were first-year master's students specializing in mental health nursing, maternal-child health nursing, medical-surgical nursing, or nursing administration. The ethnicity of the sample reflected the university's multicultural composition. Of the 158 students, 79 were Caucasian and 79 were of Asian background.

Procedure

During regularly scheduled class periods, all students completed the 1982 White Aging Sexuality Knowledge and Attitude Scale (ASKAS). This instrument was designed to assess the individual's attitude toward and knowledge of age-related changes in sexual functioning. Questionnaires were accompanied by cover sheets that solicited demographic data. Standard procedures for assuring students' rights, including anonymity and informed consent, were followed.

The Instrument

ASKAS ($r = .85$) can be used by older persons, people who work with older persons, and any group or individual who has an impact on the elderly, such as family members and volunteers. There is evidence from a variety of sources to support the validity of ASKAS. The two-part ASKAS used in this study was composed of 45 items selected by the researcher. Fifteen statements pertained to sexual attitudes and 30 to sexual knowledge. All statements were judged to be straightforward, undisguised, and implicit in meaning.

There were five choices to each of the 15 attitudinal statements. A low score indicated a negative attitude and a high score a more positive attitude. The possible range of scores was 15 to 75. The part of the questionnaire assessing knowledge contained 30 true-false questions. The raw score was the sum of the correctly answered test items. The possible range of scores was 0 to 30. A low score indicated a lesser degree of sexual knowledge than a high score.

Demographic data included: students' age, ethnicity, experience in health care, family income, religious affiliation, religiosity, living arrangements, and subjects' level of education.

Data Analysis and Results

Analysis of demographic data submitted by the female nursing students participating in the study resulted in the following profile: fifty percent of the subjects were Caucasian, and 50% were Asian. The mean age was 33 years. Sixty-four percent of the students previously had worked in a health-care agency, either as a nurse's aide (6.0%), a practical nurse (8.0%), a registered nurse (20.0%), or a volunteer (30.0%). Thirty-three percent had less than one year of experience, and 31% had five or more years of experience in a health-care setting.

Twenty-five percent of the students had a family income under $20,000 and 25% had an income of $20,000 to $29,000. Twenty-three percent had an income between $30,000 and $39,000, and 27% had a family income of over $40,000. Students listed their religious affiliation as: Catholic (32.0%), Protestant (22.0%), Buddhist (10.0%), and other (36.0%). Thirty-four percent of the subjects described themselves as religious, or somewhat religious, and 32% stated they were not religious. Eighty-six percent were living with parents, a spouse, or others, and 14.0% lived alone (Table 1).

The mean of all attitude scores was 52.33 (SD = 5.93). Scores ranged from 15 to 74 out of a possible score of 75. The mean of the knowledge scores was 17.4 (SD = 2.66). Knowledge scores ranged from 4 to 28 (possible score of 30). Correlation analysis (Pearson product-moment correlation coefficient) was used to determine relationships between attitude and knowledge scores and independent variables. A significant correlation ($r = .25, P < .004$) was found between students' attitude toward aged sexuality and knowledge of aged sexuality. This finding indicated that higher knowledge scores were related to more positive attitude scores.

Age of students was also significantly related to both positive attitude ($r = .44, P < .001$) and higher knowledge of aged sexuality ($r = .54, P < .001$). It appeared that older students in this sample had a more positive attitude toward the elderly and were more knowledgeable about aged sexuality than younger students. One-way analysis of variance (ANOVA) was used to test the significance between means of the two dependent variables (attitude and knowledge) and the independent variables (ethnicity, age, experience in health care, family income, religious affiliation, religiosity, living arrangements, and level of education). A statistically significant difference was found between ethnicity and negative attitude toward aged sexuality ($f = 33.09, P < .001$); and ethnicity and knowledge about aged sexuality ($f = 18.36, P < .001$).

In this study, Asian students had a more negative attitude and were less knowledgeable about sexuality of the
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elderly than Caucasian students. Experience in health care, family income, religious affiliation, religiosity, living arrangements, and level of education was not significantly related to either attitude or knowledge.

Discussion

ATTITUDE AND KNOWLEDGE—This study suggests that there is a positive relationship between attitude and knowledge, although the relationship is a weak one. This finding may have implications for the placement of aged sexuality content in nursing curricula, for it suggests that increased knowledge may result in a more positive attitude toward sexual behavior of the elderly. A study by Frazer, Albert, Smith, and Dearner (1982) provides evidence for incorporating content on aged sexuality early in the curriculum. These researchers found a significant improvement in attitude when students took a pretest two years prior to a workshop on human sexuality. It appeared that taking the test at the beginning of the nursing program oriented students to the fact that sexuality was a part of nursing practice. For this group, the pretest may have served as a priming mechanism that legitimized sexuality as a nursing concern.

Earlier research by Gunter (1971), suggests that one reason why nurses (and in this study, nursing students) do not have positive attitudes toward sexuality of the aged and have limited knowledge about elderly sexuality, is that nursing curriculums may not provide adequate geriatric nursing theory or sufficient positive “real life” experiences in this area. Nursing students may, therefore, not prefer the geriatric nursing role because of feelings of inadequacy about caring for the elderly. Williams, Lasz, and Kline's research (1986) appears to support this view. These researchers reported that only 13 of the 282 subjects in their study expressed a preference for working with primarily elderly clients following graduation. Students in this study who expressed a preference for the older client seemed to be more knowledgeable and less negatively biased toward the elderly.

AGE—Data in the present investigation indicated that older nursing students had a more positive attitude and were more knowledgeable about sexuality of the elderly than younger students. Gomez, Otto, Blattstein, and Gomez (1985) reported similar findings. The older subjects in their study (34 to 41 years old) had a more positive attitude toward the elderly than those in the younger age groups (19 to 25 and 26 to 33). These researchers surmised that a possible explanation was that the older students may have had parents closer in age to their elderly patients. This finding has pedagogical implications which suggest that younger students may require special consideration when the curricular goal is to promote a positive attitude toward the elderly.

Although general knowledge concerning the elderly was high for the older students in the study of Gomez, et al. The researchers also found that students held a number of misconceptions concerning the physiological changes that occur during the aging process. This suggests that nurse educators should not assume that students know about normal physiological changes that occur during aging. Students' knowledge should be assessed and appropriate content included in the curriculum based on need.

The published work on age as a variable in relation to attitude toward the elderly is inconclusive. In some cases, claims are made without adequate data being presented for scrutiny, while in others relationships between variables are reported without the usual constraints imposed by statistical analysis. The difficulty of isolating variables has not been adequately surmounted (Ingham & Fielding, 1985). For instance, age is sometimes confused with years of experience.

The fact that the present study found a correlation between age, attitude, and knowledge could reflect the characteristics of the sample population (mean age of 33.0, 64% had worked in a health-care agency, and 64% had five or more years of experience in a health-care setting). In this study, experience and type of experience in health care did not predict student attitude or knowledge. The extent to which previous experience with the aged contributes to nursing students’ attitudes and understanding of the aging process should be explored further under controlled conditions.

ETHNICITY—An interesting finding of the present study was that Caucasian students were more knowledgeable and had a more positive attitude than Asian students. As previously stated, few researchers have examined the relationship among ethnicity of nursing students, attitudes, and knowledge, or have done so only tangentially (Damrosch, 1982; Gomez, Otto, Blattstein, & Gomez, 1985). However, Burge (1978) found that race was significantly related to stereotype acceptance, whereas sex and religion were not. Subjects in the Burge study were registered nurses, licensed practical nurses, and nursing assistants in seven nursing homes. However, Burge’s study lacks credibility in that no numerical data were presented to support the findings, levels of statistical significance were not reported, and the measure of race appears to be confounded with socioeconomic status, which was not controlled.

The negative attitude and lesser knowledge of the Asian students, which the present study suggests, might be explained by the cultural shock that these students experience in nursing education. For example, Asian culture emphasizes filial piety, obedience, and subordination of the individual to the elder members of the family (Abu-Saad, Kayser-Jones, & Tien, 1982). The aged are revered, respected, and cared for by family members in the home. However, the majority of the subjects in this study had their first clinical contact with “sick aged” in institutional settings. Here, they observed or were involved in treatment approaches that may have conflicted with their beliefs.

Indeed, studies report that the attitudes of students may deteriorate significantly if they have negative experiences with aged clients (Ingham & Fielding, 1985; Cook & Pieper, 1986). If students have a negative attitude, they are less
likely to assimilate the knowledge they need for appropriate nursing diagnosis and intervention. On the other hand, studies suggest that attitude improves when students are exposed early to theory and clinical that is related to the well, noninstitutionalized elderly (Hart, Freel, & Crowell, 1976). This approach might be especially important for the Asian nursing student.

Conclusion and Implications

Given the dramatic increase in the numbers of elderly in our society, and the critical need for nurses who are able to provide competent, professional geriatric nursing care, it is a must that students develop a positive attitude and high level of knowledge about aged sexuality. This study suggests a need for nursing programs to incorporate theory on elderly human sexuality and provide positive classroom and clinical experiences at the appropriate time in the curriculum. This will help students assimilate knowledge and form positive attitudes toward aged sexuality. This calls for careful diagnosis and evaluation with regard to the age and ethnic background of nursing students.

Realistic expectations and appropriate timing and sequencing of learning events are critical conditions for attitude change, as is one's state of readiness and mind set; the amount, type, and frequency of stimuli; and reinforcement patterns (Van Hoozer et al., 1987). Attitude change is not an easy task for nurse educators, but it is a vital part of nursing education. Too often, the process of dealing with students' attitudes is unplanned, inconsistent, or neglected, and is usually considered secondary to knowledge acquisition. It is necessary to establish positive goals and reinforcing conditions to counteract factors that contribute to resistance. Fortunately, there are ways to deal with attitudinal set to reduce negative impact and assist students to sort out positive and negative attitudes and beliefs. Sharing attitudes with peers and instructors in some fairly structured way is one beneficial approach. Communication leads the student to realize he/she is not the only one with particular feelings.

If we are to meet the health-care needs of our elderly population, future research should explore how to best incorporate content on aged sexuality into nursing curriculums. Special attention needs to be paid to younger students and students with diverse ethnic backgrounds when attempting to change attitudes toward and knowledge of aged sexuality. Learning about elderly sexuality cannot be left to chance, for it perpetuates myths, fosters stereotypic beliefs, and results in inadequate elderly nursing care.

References