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Mississippi University for Women

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Nurse Practitioners’ Assessment of Sexuality Among Elders

by

Michelle Banks, R.N., BSN

A Thesis
Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing
Mississippi University for Women

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Nurse Practitioners’ Assessment of Sexuality Among Elders

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Abstract

As older adults age, they are presented with a perplexity of lifestyle adaptations. Primary care providers often view physiologic losses elders have as inevitable. Sexuality accounts for one example of these losses that elders feel are important, but have difficulty discussing with health care providers. Thus, the purpose of this descriptive/exploratory research study was to explore the nurse practitioner's assessment of sexuality among elders. The theoretical framework used in this study is Shippee-Rice’s Conceptual Model of Sexuality. The model focuses on four elements: the self, the components of sexuality, significant others, and environmental variables. The research questions were: 1) How frequent do nurse practitioners conduct sexual assessments on elders? 2) What reasons do nurse practitioners give for not conducting a sexual assessment on elders? 3) What information related to sexuality of elders do nurse practitioners obtain? The sample was chosen from a list of nurse practitioners practicing within the state of Mississippi. Of 250 questionnaires mailed, a sample of 132 nurse practitioners licensed in the state of Mississippi, completed the researcher-designed Gerontological Sexuality Assessment Tool. Data were analyzed using descriptive statistics and frequency distributions. The findings of this study revealed that nurse practitioners do assess sexuality among elders; however, the attainment of explicit sexual information is often neglected due to practitioner or client discomfort or the perception that such information is irrelevant in
elders. Implications for nursing included increased education, development of sexual assessment instruments and use of the Shippee-Rice Model in practice.

Recommendations for further research included conduction of additional research that examines the extent of nurse practitioners' assessment of sexuality in elders regarding masturbation activities and the effects of prescription medications on sexual dysfunction among elders. A recommendation for nursing practice was incorporation of sexuality issues into all routine history and physicals performed on elders.
Acknowledgments

Sexuality brings a whole new meaning to my life after May 12, 1999. The Lord has blessed my husband and I with a beautiful little girl, Mikayla Michelle Banks, as a result of our expressions of sexuality. The adjustment of having been pregnant and being in school has been almost unbearable for me. Although life is full of surprises, writing this acknowledgment adds a totally different perspective in terms of seeing light at the end of the tunnel. I have found graduate school to be an interesting journey, complete with its struggles and rewards. Nonetheless, the journey was well worth the effort. My sincere gratitude goes to the faculty of Mississippi University for Women's School of Nursing Graduate program for their continuous support and encouragement throughout this entire year. Their hugs and expressions of concern have made this most challenging educational experience to date worth the personal and professional sacrifices.

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List of Tables

Table 1. Composition of practice sites 36
Table 2. Reasons for not conducting a sexual 38
Table 3. Information assessed 40
# Table of Contents

Abstract iii  
Acknowledgments v  
List of Tables vii  

## Chapter

### I: The Research Problem 1  
- Establishment of the Problem 2  
- Significance to Nursing 6  
- Theoretical Framework 7  
- Assumptions 8  
- Purpose of the Study 9  
- Statement of the Problem 9  
- Research Questions 10  
- Definition of Terms 10  

### II: Review of Literature 13  

### III: The Method 31  
- Design of Study 31  
- Variables 31  
- Limitations 32  
- Setting, Population, and Sample 32  
- Procedures 33  
- Methods of Data Collection 33  
- Instrument 33  
- Methods of Data Analysis 34  

### IV: The Findings 35  
- Description of Sample 35  
- Results of Data Analysis 38  

viii
Summary and Discussion of Findings 43
Conclusions 47
Implications for Nursing 47
Recommendations 49

References 51

Appendices
A. Approval of MUW Committee on Use of Human Subjects 54
B. Gerontological Sexuality Assessment Tool 56
C. Cover Letter to Participants 59
D. Follow-up Postcard to Non-respondents 61
Chapter I
The Research Problem

Sexuality is a dimension of a person that, in part, governs human interaction from birth to the grave (Fogel & Lauver, 1990). The notion that elderly individuals lose interest in sexual activities is a myth in society that has haunted elders throughout the years. This distortion includes attitudes and beliefs, which ultimately reflect society's ignorance about sexuality among the elderly. While it is true that anatomical and physiological aspects of the human condition decline with increasing age, the need for emotional and/or physical intimacy does not cease (Drench & Losee, 1996). In order to integrate a holistic approach into the delivery of healthcare, sexuality must be addressed and assessed, so that sexual needs of elders can be met. Elders need to have fears and concerns about sexuality addressed, and the nurse practitioner may be the only source of accurate information.

In keeping with the concept of a holistic approach, sexuality is broadly described as being composed of biologic, psychologic, and sociocultural facets that interrelate to allow a person to express masculinity or femininity and to meet basic love and belonging needs. The complex nature of elders' sexuality, along with the taboos society has attached to the issue, often makes it an uncomfortable subject for healthcare providers to address. Yet it is essential for nurse practitioners, as providers of comprehensive health care, to conduct sexual assessments in elders using a holistic approach, in order to promote their
health. The purpose of this study was to determine how often nurse practitioners conduct sexual assessment on elders, the reasons why nurse practitioners do not conduct sexual assessments on elders, and what information related to sexuality of elders nurse practitioners assess.

Establishment of the Problem

Sexuality includes sexual identity, sexual orientation, and sexual expression. The French philosopher and writer, Michael Foucault, elaborated on the term as a web of relationships with complex elements; these elements come together as particular practices and in turn became labeled as sexuality (Van Oijen & Charnock, 1995). The philosopher further asserted that the elements were used to denote certain notions such as social, cultural, and political behaviors, which change over time. These behaviors are said to become compounded by uncontrollable outside forces. In accordance with Maslow’s theory of hierarchy, the need to be sexual or the expression of sexual feelings ranks as an important basic physiological need, originating at the base of the hierarchy (Kautz et al., 1990; Kozier et al., 1995). In addition, Drench & Losee (1996) emphasized the importance of distinguishing among sex, sexual acts, and sexuality. These authors focused on sex as one of the primary drives, along with thirst, hunger, and avoidance of pain. As sexual behavior became more associated with the genitals and/or erogenous zones, the term sexuality took on a more definitive approach. These behaviors took on the term “sexual acts,” whereas the combination of sex and sexual acts when present among psychosocial aspects of emotions, attitudes, and relationships, becomes “sexuality.” Van Oijen & Charnock (1995) concluded that sexuality in the context of psychosexual
development is a fundamental element of human experience even before the moment of birth.

With the introduction of the libido, Sigmund Freud, as cited in Oijen & Charnock (1995), asserted that sexuality is an essential biological constant that is to be coped with at all levels of individual, social, and cultural development. Steinke (1997) focused on this connotation and introduced a study on the psychosocial aspects of sexuality specific to an often overlooked population in terms of sexuality—elders. Steinke (1997) established the need for attention to issues, concerns, interventions, and education regarding sexuality and the aged. Often times, sexual needs of older adults are dismissed as behavioral problems rather than expressions of need. Many believe that the older adult has decreased desires, abilities, and stamina when it comes to sexuality. However, Finan (1997) asserted that while major changes do indeed occur in elders, age alone does not dictate when sexual activity, thoughts, or desires commence or end. Studies by Brower & Tanner (1979) focused on the impact of significant changes among the elderly regarding knowledge and attitudes about sexuality. These researchers concluded that physiological sexual aging helps to reduce psychological tension and further advances the regression of aging through the adrenal gland's output of cortisone. The compilation of these findings and assertions underscores the vital need for health care providers to understand sexuality issues in elders.

The sexual response is a complex reaction of physiological, psychological, and societal factors at any age (McCracken, 1988). Compounded with chronic disease states, societal attitudes, and lack of partners, maintaining healthy sexuality among elders
presents an even more difficult problem. The author added that health promotion among elders should represent an important functional aspect of gerontological nursing (McCracken, 1988).

McCracken (1988) discussed reasons for declines in sexuality of elders, and attitudes of nurse practitioners and other health care providers surrounding sexuality among this population. Reasons for a decline in sexual health among elders included increased incidence of chronic illnesses, lack of guidance from healthcare professionals, and lack of a partner, among others. The author interviewed several sexually active elders, and elaborated on their perceptions of the role of the healthcare professional in maintaining healthy sexuality. The author suggested that the healthcare professional is in a pivotal position to assess and facilitate sexual health, and established the fact that elders need sexual education for a variety of reasons. Concerns regarding sexual education among elders were as follows: 1) the need to seek information about sexual relations in general, 2) the need to understand changes in sexual practices that are often necessitated by the aging and/or disease process, and 3) the need to dispel myths that surround the sexual practices or lack of thereof among elders (McCracken, 1988).

Sexuality has been identified as an area that often remains unaddressed by nurses, nurse practitioners and other health care providers (Kautz et al, 1990). Reasons that nurses do not assess sexual concerns include patient anxiety about the topic, lack of concern, and illness severity in the elder. Longworth (1997) presented evidence that supported reasons as to why nurses do not routinely or adequately assess patient sexuality. These nurses were only somewhat confident in their ability to address sexuality
in elders and other patients. Other research has shown that patients are often eager to
discuss sexual concerns, but usually will do so only when initiated by the healthcare
provider. In addition, the author noted that since the advent of the HIV/AIDS epidemic,
people are more inclined to discuss sexuality if they are in an atmosphere of safety, such
as the therapeutic relationship that is established between the client and the healthcare
provider.

Longworth (1997) advocated the establishment of the role of the nurse practitioner
in sexual assessment and counseling, and stated that “the nurse practitioner is in a unique
position to provide accurate information regarding sexuality and sexual functioning” (p. 166). Longworth asserted that the role of the nurse practitioner in facilitating sexual
health is three-fold. These roles include giving clients accurate information regarding
sexuality, assisting clients with sexual dysfunctions, and referring clients for therapy if
needed. The author added that professional organizations including the American Nursing
Association (ANA) have adopted standards that address client sexuality as well as
assessment guidelines and protocols.

In defining the specific role of the nurse practitioner in promoting sexuality
among elders, Lyder (1992) stressed the importance of holistic assessment and the
 provision of ongoing sexual health counseling. Longworth asserted that the scope of the
nurse practitioner's role is highly dependent upon the interest and commitment of the
nurse practitioner in educating themselves regarding the techniques of effective sexual
counseling.

In addition to healthcare providers neglecting the sexuality needs of elders, many
practitioners fall short of delivering holistic care in the realm of health promotion. Decreased sexual satisfaction, decreased quality of life, and undiagnosed sexually transmitted diseases are some shortfalls that occur when sexuality becomes under-assessed. For these reasons, nurse practitioners, as providers of primary care, must be educated and encouraged in methods of sexual assessment and training. The first step toward this goal is determining whether or not nurse practitioners are indeed conducting sexual assessments. Thus, the focus of the current study on elder sexuality emerged.

Significance to Nursing

Nurse practitioner practice is, by definition, more holistic than traditional allopathic medicine. Yet in both the general medical and nursing literature the issue of sexuality in elders has been largely ignored. This dearth in the literature suggests that nurses are failing to attend to elders' sexuality in practice, also. Assessment, as the first step in the nursing process, is the necessary basis for the planning and intervention phases of client care. Conduction of this study provided empirical information about whether or not nurse practitioners are routinely and thoroughly conducting assessments related to the sexual needs of elders. Only when nurse practitioners become aware of their successes and failures regarding sexual assessments can planning and implementation of effective interventions begin.

Knowledge and skills required for performing thorough sexual assessments begins with formal education in associate, baccalaureate, and masters programs in nursing. Findings from this study will alert nurse educators at all levels of entry into practice about the importance of including material related to sexual assessment across the age span.
This study also might stimulate nurse educators responsible for inservice, workshops, and continuing education programs of the need to offer remedial training and updates which include content about sexual assessment and sexuality of older persons.

Nursing knowledge is based on nursing research. The conduction of this study contributed to the general body of nursing knowledge and may serve as an impetus for additional research in the areas of sexuality among elders and the quality of advanced nursing assessment skills. It is the responsibility of advanced practice nurses to be involved in nursing research with a dual goal of better client outcomes and the continued evolution of nursing practice based on empirical study.

Theoretical Framework

Since sexuality is a multidimensional, interactive phenomenon, conceptualization of sexuality must encompass the biological, medical, sociological, psychological and cultural forces that refine and shape an individual's sexuality (Fogel & Lauver, 1990). Therefore, this research was based on a framework, Shippee-Rice's Conceptual Model of Sexuality, which considers all these issues. According to Shippee-Rice (1986), sexuality is based on the continual struggle of an individual as he or she attempts to maintain equilibrium and wholeness. Shippee-Rice categorized sexuality into four broad areas: the self, the components of sexuality, the impact of significant others, and the presence of environmental variables.

The model starts with the self, as it is shaped by the mind, spirit, and body. These components of the self play major roles in self-perception and the physiological mechanisms governing the sexual response. The sexuality components of the model are
trust, intimacy, touch, self-concept, elements surrounding consent, and interaction with others. The component of significant other lies in the notion that parents, lovers, spouses, children, siblings, friends, and mentors all shape an individual's concept of sexuality.

Environmental variables form boundaries within which one may express sexuality. The environmental variables include social, religious, cultural, and physical interactions. These four components interface, overlap, and provide a framework from which to perform assessment of sexuality among elders.

This model was chosen because it is based on the premise that sexuality is an integral part of being human, therefore sexual assessment and intervention are necessary components of holistic healthcare. Shippee-Rice (1986) emphasized the importance of recognizing sexuality in the elderly population. Furthermore, nursing implications are suggested in terms of recognizing the importance of sexuality in regard to the elder client's mental and physical health. Shippee-Rice stressed the importance of the nurse's approach to the discussion of sexuality. The approach should include sensitivity, non-judgmental behaviors, and appropriateness of initiating communication regarding sexuality. Knowledge deficits and alterations in sexual satisfactions and pleasures are identified as specific areas that might require intervention. The researcher believes that this theoretical framework provided the necessary foundation for sexual assessments among elders.

Assumptions

For the purpose of this study, the following assumptions were made:

1) Physical, cultural, social, and religion, environmental variables, play major
roles in the assessment of sexuality among elders (Shippee-Rice, 1986).

2) Nurse practitioners in the State of Mississippi will be truthful in their responses on the research instrument.

3) Sexual assessment is an integral part of holistic nursing care.

**Purpose of the Study**

Sexuality among elders is often overlooked even when attempting to provide healthcare from a holistic perspective. Nurse practitioners cite various reasons as to why sexuality is not assessed, and the literature contains various studies about the implications of under-assessment. This research project focuses on the growing concern of ill-assessed sexuality among the elderly. The purpose of this study was threefold:

1) To determine how often nurse practitioners conduct a sexual assessment on elders.

2) To identify reasons why nurse practitioners do not conduct sexual assessments on elders, and

3) To identify what information related to sexuality of elders nurse practitioners assess.

**Statement of the Problem**

Research studies (Longworth, 1997; Kautz, et al., 1990) show that nurses do not routinely or adequately assess sexuality among elders. Based on the standards set forth by the American Nurses' Association (ANA), guidelines for sexual health by the World Health Organization (WHO), and other professional organizations setting standards for
the assessment of sexuality among elders, nurses continue to ignore (consciously or subconsciously) the sexual needs of elders (Kautz et al., 1990). Nurse practitioners are primary care providers who are often placed in a dynamic role as a sexual counselor (Longworth, 1997). Some problems that exist when sexuality is not addressed among elders are decreased sexual satisfaction which often times lead to decreased quality of life, undiagnosed sexually transmitted diseases (STDs), and an overall lack of validation of sexual normalcy (Kautz et al., 1990). Therefore, the problem for this study was to explore the extent of sexuality assessment of elders by the nurse practitioners.

Research Questions

The research questions that guided this research were as follows:

1) How often do nurse practitioners conduct a sexual assessment on elders?
2) What are nurse practitioners reasons for not conducting a sexual assessment on elders?
3) What information do nurse practitioners obtain when conducting sexual assessments on elders?

Definition of Terms

The terms used in this study were defined as follows:

1) Nurse Practitioners
   a) Theoretical: Advanced practice registered nurses whose licensure and certification are derived from a formal, organized educational institution that meets the programmatic guidelines as established by the profession (American
b) Operational: Advanced practice registered nurses who are certified and licensed to practice by the Mississippi State Board of Nursing in the specialties of Adult, Family, Ob-Gyn, or Gerontology.

2) Reasons for not conducting a sexual assessment
   a) Theoretical: Answers or statements given to confirm or justify a belief, promise, or excuse for failure to ask individuals about past sexual practices or not asking questions about sexuality among individuals (Webster, 1997).
   b) Operational: Answers or statements that nurse practitioners give in response to a question about reasons for not assessing sexuality of elders as indicated on the Gerontological Sexuality Assessment Tool.

3) Sexuality
   a) Theoretical: Refers to a dimension of the total personality that undergoes a dynamic process of recognizing, accepting, and expressing one's self as a sexual being (Shippee-Rice, 1986). In addition, sexuality is a multidimensional process that continues throughout an individual's developmental life cycle. This definition includes the dimensions of sexuality, such as biological, psychosocial, behavioral, clinical, and cultural. In addition, sexual desires, needs, drives, expressions are also integrated to offer a holistic approach to the assessment of sexuality.
   b) Operational: For the purpose of this study, sexuality is defined as a multidimensional process that continues throughout the developmental life cycle and includes the need for intimacy, touching, feeling, and acting out sexual desires.
4) **Elders**

Theoretical: One who is older than others, usually individuals beyond middle age (Webster, 1997).

Operational: Persons having a chronological age of greater than 59 years of age.

5) **Information**

Theoretical: Enclosing or furnishing of instruction or knowledge in an effort to produce a custom or habit of doing something (Webster, 1997).

Operational: Assessment data collected by nurse practitioners when conducting sexual assessments of elders as indicated on the Gerontological Sexuality Assessment Tool.
Chapter II
Review of Literature

Various studies were examined in an effort to determine the status of the literature surrounding assessment practices and sexuality among elders. While the topics covered in this review are not exhaustive, they represent those that the researcher deemed important to this study. The following reviews represented a significant amount of research pertaining to sexuality among elders and provided the necessary support and foundation for undertaking this study.

Steinke (1997) conducted a pilot survey on the concept of sexuality in the aging and its implications for nursing facility staff. The researcher emphasized the growing problem of misunderstanding the sexual needs and desires among elders. The purpose of the study was two-fold: the need for educating nursing facility staff concerning the psychosocial aspects of sexuality in aging and assessing the effect of an educational intervention regarding sexuality among the aging. The conceptual framework centered on prevention through education in the removal of negative thoughts surrounding sexuality in the elderly. The setting for the study was a 144 bed nursing facility.

A survey approach was used to collect data on demographic characteristics, knowledge, attitudes, and examples of sexuality issues. Utilizing a pre- and post-test format, the Aging Sexual Knowledge and Attitude Scale (ASKAS) was employed. The
ASKAS measured knowledge of change in sexual function and general attitudes about sexual activity with age. The population was a convenience sample consisting of 10 staff members with a mean age of thirty-nine years. Further demographics revealed that both licensed and non-licensed facility personnel were either married (60%, n=6) or divorced (30%, n=3). The racial make-up of the group was 80% Caucasian, and all participants had attained an educational level of associate degree Registered Nurse (RN) or below. The intervention used in the study consisted of an educational intervention that explored attitudes about sexuality in aging, components of a sexual health assessment, and physiological and psychosocial factors that influence sexuality. The study also approached strategies for addressing sexuality issues and wellness maintenance among the elders. Steinke (1997) found that the participant's knowledge levels and attitudes were significantly increased between the pre and post-test assessments. A fairly permissive attitude existed among the staff concerning sexuality after the intervention (t (9) = 0.72, p=0.05), and there was a significant improvement in the knowledge score (t (9) = 4.27, p=0.002). The researcher concluded that the pilot and replication study demonstrated that educational interventions could increase the facility staff knowledge about sexuality in aging. The author recommended that future studies incorporate a larger sample as well as institute some type of behavioral change measurement tool. This article provided the current researcher with a means to evaluating the availability of sexuality assessments in the literature. The researcher conjectured that the findings aid in the construction or adaptability of an instrument to assess the nurse practitioner's assessment of the elderly during routine and baseline examinations pertaining to issues facing sexuality.
The Steinke (1997) study offered support for the current study in that both studies investigated various aspects of sexuality among elders according to a nurse's view. The Steinke research queried nurses, while the current research surveyed nurse practitioners. Additionally, the studies differed in that the Steinke study focused on educational interventions to increase the nurse's knowledge while this current study sought to determine nurse practitioners' reasons for not obtaining sexual histories from elders and what information nurse practitioners obtain that is related to sexuality of elders.

Brower and Tanner (1979) conducted an exploratory pilot study to investigate whether significant changes took place in older adults' knowledge and attitudes regarding human sexuality after attending a two-day educational session surrounding sexuality issues. The study emphasized that this age cohort has traditionally placed negative values on sexuality, due to negative attitudes and lack of information. The authors indicated that a decreased sexual functioning among elders could possibly occur as a result. The authors hypothesized that: (1) a significant change in older adults' knowledge about sexuality and, (2) a significant change in older adults' attitudes regarding human sexuality would occur as a result of attending a planned program on human sexuality. In an effort to decrease misconceptions, the following areas of sexuality were addressed: physiologic sexual aging, physical and sexual impairment, sex in the older adult, sex education for the elderly and the nurse's role in dealing with sexuality.

The researchers sampled an intact population of single and coupled older, impoverished, inner city Caucasian isolates, who resided at a federally funded family services center. The independent variable was the program in sexuality while the
dependent variables were informational and attitudinal responses as measured by paper
and pencil assessments. Intervening variables such as demographic characteristics were
not evaluated. Utilizing the Sexual Knowledge and Attitude Test (SKAT), Sexual
Information Test (SIT), and the Human Sexuality Test (HST) inventories to gather data, a
pre- and post-test research design was applied. The researchers utilized an announcement
of the program in Dade County's inner city Catchment area. Consent forms were
distributed for signatures. A sample size (N=30) was recruited and pretested with the first
session. From large-group-teaching sessions to small group discussions, a sex educator,
along with the authors, moderated the two-week intervention. During the second session,
a film was used as a catalyst to initiate discussion. The program terminated with
administration of the post-test.

Brower and Tanner (1979) found that the majority of the participants did not care
for the program due to anxiety followed by confusion and disruption. Due to the lack of
program participation, the study ended with four participants. Inferential statistics,
specifically the t-test, revealed that knowledge did not increase (t(6)=.447, p>.05),
therefore the researchers rejected the first hypothesis, which indicated that a significant
change in older adults' knowledge about human sexuality would occur following the
completion of a planned program on human sexuality. Further analysis indicated no
significance regarding knowledge and attitudes (p= >.05). The researchers concluded that
a need for sexual information exists. Test anxiety proved to be a significant limitation in
data identification. The authors recommended possibly studying older individuals who
may be more educated.
Brower and Tanner's (1979) study provided necessary information on sexuality assessments of elders, while the current study surveyed reasons as to why nurse practitioners did not conduct sexual assessments from elders and what information related to sexuality of elders nurse practitioners obtained. By providing client-centered teaching and counseling, this study aids this current research study in specifically providing a research base of techniques regarding future approaches to eliciting sexual information from elders.

Bergstrom-Walan and Nielsen (1990) studied sexuality among the elderly in terms of assessing gender differences, masturbation habits, and religiosity. An underlying presumption of the study was that religious individuals displayed less interest in sexuality than non-religious individuals. The research question addressed whether sexuality differences existed among age, gender differences, masturbation habits, and religiosity, when assessing elders. Other questions centered around various aspects of sexuality such as sexual behavior, health, homosexuality, the importance of sexuality, education and civil status. Physical and mental health questions were established; mental health was defined by the authors as respondents who had close friends, participated in community activities, and very seldom felt depressed.

Bergstrom-Walan and Nielsen (1990) utilized a qualitative survey design. The researchers used a random selection of men and women aged 60-80 years from a densely populated area of Stockholm, Sweden for the sample. In collaboration with the Swedish Institute for Sexual Research and the Swedish Institute for Opinion Research, 1,574 questionnaires were mailed, and 509 responded resulting in a response rate of 32.3%.
Anonymity and privacy were assured through specific instructions mailed with the survey. The authors determined the sample to be representative as to gender and age for this particular region. More men responded than women (actual percent not reported) and respondents ranged in age from 60 – 79 years. The data were collected and analyzed based on demographics and sexual behaviors, which included masturbation and intercourse frequency, religion, sexual preferences, health, education and occupation, as well as sexual activity status.

Bergstrom-Walan and Nielsen (1990) found that sexual interest and activity were indeed present in this current sample (N=509). More than 60% of the sample expressed sexuality in some form or another with men (86%) expressing sexuality significantly more frequently than women (50%) (p<.05). Intercourse was found to be the preferred way of sexual satisfaction as indicated by both men and women, 55% and 23%, respectively. The researchers also found that men masturbated much more frequently than women (p<.05). Men, ages 65-69 and 70-75, represented 49% of the sample in terms of masturbating a few times per year. Other findings were that sexual interest and activity declined with increasing age. The researchers also found that married couples and couples living together had intercourse more often than single people (p<.05). This form of cohabitation was referred to as civil status. Forty percent of men were found to always reach an orgasm as compared to 12% of the women (p<.05). The researchers found that people with only an elementary school education valued sexuality as significantly less important than people with more education (p<.05). No relevance between occupation and an estimated importance of sexuality was found. The researchers found that 43% of
all elderly individuals, who reported being in “very good health” reported that sexuality was important to them, whereas those in bad physical health reported that sexuality was not important. For the depressed group, individuals, who either often or sometimes felt depressed (4% and 22%, respectively), showed no significant difference in terms of sexual interest or activity. In terms of sexual preferences, findings indicated that 8% of the women and 5% of the men expressed homosexual tendencies before age 50. After age 50, a combined 8% of men and women indicated this tendency with the divorced/widow(er) group representing 18%. Finally, no significant differences existed between religious and nonreligious individuals in the expression of sexuality.

Bergstrom-Walan and Nielsen (1990) concluded that elderly individuals remained sexually interested and sexually active; however, sexual interest and sexual activity decreased with increasing age. The researchers further concluded that men were more sexually focused than women in every aspect of the study and that religious individuals were just as sexually oriented as the nonreligious individuals. Therefore, the underlying presumption, that religious individuals are less interested in sexuality than nonreligious, was not substantiated.

Bergstrom-Walan and Nielsen recommended future studies to focus on the lack of sexual interest among the females. Whether a result of sexual frustration or a function of a sexually-inhibited upbringing, the lack of sexual satisfaction among females in the study raised various questions. This study complements the current research in that it provides relevant data pertaining to sexuality among the elders. Also, the authors lend valuable input from elders in regards to social interactions, sexuality, and liberal
mindfulness. Additionally, the study provided the researcher with information helpful for assessing nurse practitioners concerning sexuality among elders.

Kautz, Dickey and Stevens (1990) introduced a study that addressed the concept of quality assurance (QA) activities in an effort to improve nursing care through the identification and strategic development of quality patient care standards. The study was implemented due to deficiencies in assessing quality assurance of eight basic human needs. These needs were oxygenation, nutrition, elimination, activity and rest, security, communication and sensation, self-esteem, and lastly sexuality. These needs established a theoretical framework that fosters the holistic approach to nursing assessments. The authors sought to identify underlying reasons for failure to meet the department's care standards in the area of sexuality. The authors asserted that the overall objective for the sexuality standard stated, "Each patient is assisted to cope effectively with interferences in his or her body image, role, and sexual behavior" (p. 70). The purpose of the study was to identify why nurses at the University of Kentucky do not address their patients' sexual concerns.

Stressing the importance of addressing sexuality issues, the authors included various standards from professional nursing organizations, mainly the American Nurses Association (ANA). Sexuality criteria were addressed across five standards which included data collection, nursing diagnosis, planning, intervention, and evaluation. Utilizing a survey research design, the questionnaire was designed as a clinical monitoring tool which evaluated the nursing process, the concurrent audit, and the scores on each of the eight basic human needs (Kautz et al., 1990). A broad overview of the
literature was introduced and the research design and methodology were based on a three-part, 53-item questionnaire. Part one consisted of a Likert-type scale that addressed barriers to sexual concerns. Part two consisted of patient scenarios, and part three measured constant variables, which centered around Woods’ three dimensions of sexuality. In addition, this section further addressed the role of the nurse practitioner in terms of knowledge and skills in addressing sexual concerns. Reliability was established with an internal consistency of alpha = 0.93. Validity was established by having the research committee members to review content and scenarios to maintain appropriateness. A total of 555 questionnaires were distributed with a return rate of 56%. The population was a convenience sampling consisting of full and part-time registered nurses employed by the hospital.

Statistical analyses included descriptive, F-test, and some qualitative aspects due to the case-study scenarios. The authors established that the mean response for each variable in part one had to exceed a value of 2.5 in order to render any type of significance. This value of 2.5 addressed the notion that a strong agreement was shared in indicating that a particular variable was perceived as a barrier. Four variables contained overall means >2.5. They were: (1) other nurses do not discuss sex, 2) sexuality is not seen as a problem by the nurses, (3) the patient is too ill to discuss sex, and 4) discussing sexuality causes patient anxiety. Part one results varied slightly among nursing units, with the psychiatric and OB units possessing lower means as compared to the other units, which indicates that these units possess the greatest abilities and support to address patients' sexual concerns (Kautz et al., 1990). Part two ranked pain management as the
number one priority with the discussion of sexual concerns ranking fourth. Part three results indicated that the nurses demonstrated the effort of being both knowledgeable and willing to discuss sexual concerns as long as the patient initiated the issue. Overall, the nurses were perceived to have greater difficulty with discussing certain sexual concerns and with their willingness to address these concerns.

Statistical significance were calculated between nursing units, indicating $F(5,306)=12.49$, ($p<0.001$), t-scores were not computed. Significant differences among questionnaire items indicated an $F$ value of 25.98 at a significance level of $p<0.001$. Significant units by item interaction resulted in an $F$ value of 10.26 at a significance level of $p=0.001$. Case scenarios did not undergo any tests for significance. Final results showed an overall low sexuality quality monitoring score.

Outcomes of the study were presented to the study's participants in order to establish an agreement on the findings as well as generate ideas as to what measures should be addressed in meeting the established nursing standards of care. Recommendations suggest the introduction of interventions to determine if the reasons can be identified as barriers to the provision of nursing care. The authors suggest continuing clinical monitoring as a means for future comparative studies as well as educating patients on sexual issues.

In summary, the findings indicated that most nurses did not assess sexuality because of the patient being too ill or too anxious for any discussion. In patient-initiated discussions, the nurses indicated a strong autonomy of being able to address the problem. Although many nurses perceived sexuality as a minor problem with low priority, some
indicated that their fellow colleagues do not address sexual problems. Overall, obstetric and psychiatric unit nurses possessed a higher level of skills when compared to other unit's nurses. Case scenario findings indicated that the nurses were more apt to discuss sexual problems since the problems were patient-initiated. Self-recommendation by the nurses indicated that they needed more written resources, which were population specific. Furthermore, a need for role models was addressed.

Significance of this study to the current study included the suggestions of alternative ways of viewing the literature in terms of establishing quality standards. Although studies have been presented in the current literature, the study by Kautz et al. (1990) established parameters governing the study of sexuality or the lack thereof. The study fostered design issues which were crucial to the approach to this current study. The current researcher's study paralleled the study by Kautz et al. (1990) in that factors and/or barriers specifically addressing sexual concerns are still remaining unanswered. Kautz's study was germane to the researcher's study in that the approach to sexuality was addressed concerning the nurse's assessment and not the attitudes and beliefs among groups as seen in previous literature studies. The Kautz et al. (1990) study was relevant to the current research since both studies addressed patient sexuality. However, the study conducted at the University of Kentucky focused on registered nurses and why they did not assess sexual concerns of patients, while the current study under investigation focused on nurse practitioners' assessment of elder sexuality.

Johnson (1996) studied sexuality from a multidimensional perspective. Using a community-based sample, the researcher sought to describe the multidimensional nature
of sexuality among elders ages 55-80 plus. Sexuality, in the multidimensional facet, is defined as a positive integration of the somatic, emotional, and intellectual components of an individual (Johnson, 1996). The author asserted that most studies emphasized the effects of aging on sexuality and/or presented a one-dimensional view. Johnson (1996) sought to understand the unification and integration of all components of sexuality. The author introduced the components as sexual function, self-concept, and relationships. Using a multidimensional theoretical framework, the author sought to address the gender differences in terms of sexual interest, participation, and satisfaction. Other research questions focused on whether or not a significant difference existed between men and women in regards to self-esteem, intimacy, sexual knowledge, attitudes, interest, participation and satisfaction. The researcher classified the behaviors as either genital or non-genital. Genital behaviors were defined as those behaviors initiating eroticism such as kissing, body caressing, sexual intercourse, masturbation, and elicit readings or video. Non-genital behaviors were defined as those not referring to sexual or visual stimulation of the erotic zones. Examples of these behaviors were sitting and talking, saying loving words, and conversations.

The researcher utilized an anonymous mail-out survey. The survey consisted of 77 items, which addressed the multidimensional nature of sexuality among elders. Besides, demographics, seven biopsychosocial variables were measured. These variables were sexual attitudes, intimacy, sexual interest, sexual knowledge, sexual participation, self-esteem, and sexual satisfaction. The variables were measured on a 4-point Likert scale ranging from 1 indicating not interested to 4 indicating very interested. The sample
consisted of 161 elders between the ages of 50 and 80 plus years (S.D. = 66 years). Ninety-five percent of the sample were Caucasian with 43% men and 57% women. More than 80% of the sample were educated beyond four years of college. The sample was recruited from Senior Centers, nutrition sites, AARP meetings, churches, Senior Housing sites, and YMCA/YWCA establishments. In terms of procedures, group meetings were held after an explanation of the study, and followed by and explanation of anonymity and confidentiality issues. The researcher set forth the requirements of the study, and the questionnaires were distributed or mailed, resulting in a response rate of 65% (164 out of 253 surveys). Additional instrumentation consisted of sexual activities inventory, which measured interest, participation, and satisfaction. For Self-esteem, Rosenberg’s Self-esteem scale was used. Sexual knowledge and attitudes used a modification of the ASKAS (Aging and Sexuality Knowledge and Attitude Scale) tool. Intimacy was measured using the Weiss' Intimacy Ranking scale.

Analysis of the data indicated that the overall health status of the participants did not complicate the study. The research question regarding gender differences for sexual interest, participation, and satisfaction revealed multiple t-test scores which showed men scoring significantly higher on sexual interest (p < 0.01), sexual participation (p < 0.05), and sexual satisfaction (p < 0.0001). Questions pertaining to overall differences between genders in regards to self-esteem, intimacy, and sexual knowledge, attitudes, interest, participation, and satisfaction were analyzed using the Multivariate Analysis of the Variance (MANOVA) which investigated the effects on gender and the various dependent variables (Johnson, 1996). This analysis showed a significant difference
between genders based on the F-test. The last research question addressed gender
differences in terms of significance and revealed men scoring higher as a whole with no
significance on individual variables; univariate F-scores did not exceed the table of
critical F values (Johnson, 1996). Additional findings showed that age was negatively
correlated to intimacy and sexual attitudes, interest, and participation. Since this study
proposed a multidimensional approach to sexuality among elders, demographic variables
showed considerable similarities. Conclusions indicated that deterioration and/or
declination in sexuality and sexual function was not a function of age, but more of a
function of health (Johnson, 1996). Furthermore, this study revealed findings that showed
consistency with past studies such as women being more interested and active in non-
genital activities whereas men were more eroticized with visual stimuli and genital-
related behaviors.

This study by Johnson (1996) added the notion that gender differences do indeed
exist, and stereotypes continue to linger and plague elder sexuality. The researcher
suggested that a combination of variables should be taken into consideration when
assessing elder sexuality. By instituting a holistic view, gender differences can be
explored in terms of self-perceptual health assessments and an endorsement of negative
images can hopefully be alleviated. The researcher suggested client-focused teaching and
individualized intervention plans as an avenue to increase knowledge and dispel myths
associated with elder sexuality. In addition, in further enhancing the understanding of
sexuality, the Nurse practitioner is in a better position to be able to understand clients and
effectively assess and intervene in this area of biopsychosocial health using a research-
Based guide (Johnson, 1996).

Lastly, Bretschneider and McCoy (1988) contributed to the scarce literature regarding sexuality among elders through the examination of sexual interest and behavior. The authors cited several studies that linked sexual interest or sexual importance to sexual activities in later life. The study attempted to avoid the superficial nature of previous studies governing elder sexuality studies, and introduced a more valid picture of sexuality among elders towards the end of life. Activities among elders that were assessed were sexual intercourse, masturbation, intimacy, sexual problems, and health status and information. In addition, the questionnaire solicited past and present attitudes regarding sexuality among elders. Other variables included the frequency of daydreaming and intimacy with the opposite sex.

Bretschneider and McCoy (1988) utilized a qualitative survey questionnaire, which was previously designed to examine the attitudes that the elderly have toward sexual behavior. The researchers surveyed 100 White men and 102 White women between the ages of 80 and 102 years. The participants were recruited from various residential retirement facilities surrounding the region of Northern California. In addition, these participants were devoid of daily medical and/or nursing care indicating a very healthy sample of elders. As a requirement for the study, all subjects were required to be physically and mentally healthy. Following a pilot study, the 117-item questionnaire was administered to the participants. The instrument consisted of two sections: 1) background and demographics and 2) sexual interest and behavior centered around a seven-point Likert scale. The overall response rate was 33.7% (202 responding out of a possible 598
Data revealed a wealth of information. Although specific cohorts were not reported, sociodemographics of the sample indicated that the majority were college graduated and beyond; health status was indicated by 59% reporting excellent health. Chi-square analyses ($X^2(3) = 11.6, p < 0.01$) indicated statistically significant differences among the men and women when asked about the interest and importance of sex. In terms of sexual activity, the study showed that 53% of the men indicated sexual activity whereas only 25% of the women indicated that they were sexually active. Initiation of sexual encounters was rated and a positive correlation was revealed indicating that past and present initiation of sexual encounters were of significance $r (145) = 0.48, p < 0.001$.

Past and present frequencies of sexual intercourse were examined and a greater number of men responded as having intercourse very often. Although a large number responded, this category proved insignificant with a Chi-square analysis, $X^2(2) = 6.2$.

Additional results included response items to sexual problems pertaining to intercourse. These responses were grouped into most frequently occurring problems. These problems ranged from a fear of poor performance and/or temporary erectile dysfunction among men to anorgasmic episodes and decreased libido in women, possibly contributed to menopause (Bretschneider and McCoy, 1988). Masturbation frequencies accounted for 72% in men and 40% in women with an indication of being mildly enjoyed. As compared to past studies, the researchers indicated that very similar findings were acknowledged in spite of differences in varying subjects, methods, and researchers (Bretschneider and McCoy, 1988).
Although the authors expressed some contentment with the study, they asserted that the present findings would only be validated with a recommended comparative longitudinal study. Bretschneider and McCoy (1988) conclusively stated that the frequency of masturbation and sexual intercourse do not change significantly after the age of eighty. The data further suggested that elders without partners usually do not seek sexual encounters. Although the researcher indicated that some changes can be related to menopause, a growing trend among elders rests with the contentment of being happy and supportive of each other with limited sexual activities. This study further underscores the need for examination of sexuality among elders in terms of providing a well-rounded psychosocial assessment of an individual. The study added depth to the existing literature by specifying the types of sexual activities that are enjoyed among elders. Many of the assessment questions utilized in the current study were drawn from the Bretschneider and McCoy research.

Studies reviewed revealed that sexuality in elders is an important issue for nurse practitioners to consider when performing health histories and physical assessments. Steinké (1997) introduced various instruments for assessing knowledge, attitudes, and beliefs regarding elderly sexuality. In addition to providing primary data and information retrieval, this study focused on the necessary components of a sexual education intervention. Brower and Tanner (1979) introduced data on the sexual response cycle and elaborated on the elders' own assessment of their sexuality. The Brower and Tanner (1979) study provided further insights pertaining to myths, and further established the need for sexual information dissemination among the elders. The study by Bergstrom and
Nielsen (1990) provided some demographic data regarding the elderly. This literature review provided new insights as well as data that were shared on sexual activities, needs, and desires that assisted this current study. By integrating the related literature into the research problem at hand, the current researcher was able to ascertain what elders believe is important about sexuality as well as what information is solicited or omitted during sexual assessments among elders. All of the studies reviewed indicated the need for further research.
Chapter III

The Method

The three-fold purpose of this study was (1) to determine how often nurse practitioners conduct a sexual assessment on elders (2) to identify reasons why nurse practitioners do not conduct sexual assessments on elders, and (3) to identify what information related to sexuality of elders nurse practitioners assess. In chapter III the design, variables, procedures, methods of data collection, and methods of data analysis are presented.

Design of the Study

The researcher utilized a descriptive survey design to determine the extent to which nurse practitioners assess sexuality among elders. According to Polit & Hungler (1995), “A survey is designed to obtain information regarding the proportional distribution and interrelation of variables within a population" (p. 187). In this study the extent to which nurse practitioners assess sexuality of elders and reasons why they often fail to conduct sexual assessments with older clients were explored. Thus, the descriptive survey design was deemed appropriate for this study.

Variables

Variables of interest included percentages of elderly clients seen, as well as, 1)
frequency of conducting a sexual assessment, 2) reasons for not obtaining a sexual history, and 3) information gathered when obtaining a sexual history from elders. Controlled variables in this study included education and types of practice of the nurse practitioners in the study. Intervening variables may have been nurse practitioners' honesty, biases based on previous experiences, and environmental variables such as religion and sociocultural mores of the participants.

Limitations

The validity of this study was limited due to the use of a researcher designed questionnaire. Face validity was established by a panel of experts but there was no established reliability.

The major limitation of this study was the lack of a random sample. Another limitation was the small sample size which comprised 21.2% of approximately 624 nurse practitioners practicing in the state of Mississippi. Subjects were selected from a master list of actively practicing nurse practitioners in the state of Mississippi by a systematic sampling method. Data collection was limited to one state, thus findings may not be applicable to nurse practitioners in other areas of the country. Additional limitations included lack of control over completion and returning of the surveys by the nurse practitioners. Mail-out surveys are subject to low completion as well as return rates. Generalization of the results to a broader population is somewhat limited (Polit and Hungler, 1995).

Setting, Population, and Sample

The setting for this study was the state of Mississippi, which is predominantly
rural and medically underserved. The target population was nurse practitioners whose names appeared on the Mississippi State Board of Nursing roster of currently practicing nurse practitioners. The following areas of specialty were represented: Family, Adult, Ob-Gyn, and Gerontological Nurse Practitioners. The sample consisted of 132 nurse practitioners who completed the survey.

**Procedures**

After obtaining permission from the Mississippi University for Women Committee on Use of Human Subjects (see appendix A), the Gerontological Sexuality Assessment Tool (see appendix B) was mailed to 250 nurse practitioners. A cover letter was included that explained the study along with the assurance of confidentiality (see appendix C). A stamped, self-addressed return envelope was enclosed. The completion and return of the survey indicated the consent to participate. A follow-up postcard (appendix D) was mailed to participants who had not responded by the stated deadline. Data collection was continued for a total of four weeks after the initial surveys were mailed.

**Methods of Data Collection**

**Instrument.** The research instrument, the Gerontological Sexuality Assessment Tool (see appendix B) was utilized for data collection. The researcher designed the self-administered questionnaire. Face validity was established based on review by a panel of nursing experts in the field of Gerontology. The questionnaire consisted of five parts which included the following: (1) percentage of elders seen, (2) frequency of sexual assessments, (3) reasons for not conducting a sexual assessment, (4) information
collected when conducting a sexual assessment, and (5) demographics. The items in the questionnaire were derived from current literature and the conventional wisdom based on the experiences of the researcher and the gerontological specialists. Utilizing both declarative and interrogative statements, the questionnaire assessed the extent of sexual assessment of elders performed by nurse practitioners.

The scoring of the instrument was accomplished by counting the frequency of responses to each possible answer on a given item. Scoring was based on frequency of responses to individual items as opposed to total score measurement, thus there was no total score, and each question was independent and analyzed separately. Open-ended responses were solicited at the end of each question that pertained to sexual assessments. These responses were categorized and total items in each category were sorted by themes in order to analyze the qualitative data. Demographic data such as age, years of experiences and other characteristics of the participants also were obtained.

Methods of Data Analysis

Descriptive statistics were used to examine the collected data. Frequency distributions and percentile tabulations were performed. Additionally, frequency distributions, ranges, means, and standard deviations were used to present, organize, and summarize data. These methods were appropriate for the reporting of nominal and/or ordinal data (Polit & Hungler, 1995). Finally, responses to the open-ended questions were categorized and sorted by themes.
Chapter IV

The Findings

The purpose of this study was to determine how often nurse practitioners conduct sexual assessments on elders, reasons why nurse practitioners do not conduct sexual assessments on elders and to identify what information nurse practitioners obtain when assessing sexuality among elders. A survey design was utilized for this descriptive study. The Gerontological Sexuality Assessment Tool was utilized to obtain information from nurse practitioners regarding sexuality among elders. Data were analyzed using percentages and frequency distributions. The research findings are presented in this chapter.

Description of Sample

A total of 250 surveys were mailed to Gerontological, Adult, Ob-Gyn, and Family Nurse Practitioners in Mississippi. The sample consisted of 132 nurse practitioners that returned the survey, yielding a response rate of 52.8%. This sample comprised 21.2% of approximately 624 nurse practitioners practicing in the state of Mississippi.

The religious preferences indicated were Baptist (36.4%), Methodist (15.2%), Catholic (13.6%), Christian/non-denominational (10.6%). Other religious preferences were indicated by 24.2% of the sample and included Episcopal, Evangelical, and Protestant. The marital status of the nurse practitioners was 71.2% married, 12.9%
divorced, and 7.6% single or never married. The racial/ethnic make-up of the sample was 88.6% White, 6.1% Black and 5.3% other, which consisted of Hispanic, Native American, and Asian/Pacific Islander. The mean age of the nurse practitioners was forty-two years (S.D. = 9.25 years). The gender profile included 85.6% female and 7.6% male and 6.8% of the sample not indicating gender.

Education and experience also were obtained for the demographic profile. The educational preparation consisted of 98 (74.2%) Master's Degree prepared nurse practitioners, 15 (11.4%) Post-Master's Degree nurse practitioners, and 10 (7.6%) Certificate nurse practitioners. Approximately seven percent declined to respond to this question. In terms of experience, a mean of 12 years (S.D. = 7.9 years) was reported for the number of years in practice as a Registered Nurse, and a mean of 4.8 years (S.D. = 4.7 years) was reported for the number of years as a nurse practitioner. Among the nurse practitioners, 82 (62.1%) practiced as a Family Nurse Practitioner, 11 (8.3%) as an Ob-Gyn Nurse Practitioner, and 7 (5.3%) as an Adult Nurse Practitioner. Dual roles were reported in 16 (12.1%) of the nurse practitioners. Since the nurse practitioners practiced in a variety of clinical settings, the practice sites were summarized in Table 1.

Table 1
Composition of Practice Sites

<table>
<thead>
<tr>
<th>Practice Site</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Health Clinic</td>
<td>38</td>
<td>28.8</td>
</tr>
<tr>
<td>Hospital</td>
<td>15</td>
<td>11.4</td>
</tr>
<tr>
<td>College/University</td>
<td>2</td>
<td>1.5</td>
</tr>
</tbody>
</table>
Table 1 continued

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/County Health Department</td>
<td>9</td>
<td>6.8</td>
</tr>
<tr>
<td>Community Health Center</td>
<td>7</td>
<td>5.3</td>
</tr>
<tr>
<td>Convalescent/Nursing Home</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Private NP Clinic</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Private Dr.'s Clinic</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Ambulatory Care Clinic</td>
<td>15</td>
<td>11.4</td>
</tr>
<tr>
<td>Other&lt;sup&gt;a&lt;/sup&gt;</td>
<td>40</td>
<td>30.2</td>
</tr>
</tbody>
</table>

Note: N > 132 because nurse practitioners were allowed to answer in more than one category. <sup>a</sup> Those who responded in the "other" category were practicing in sites such as the emergency room, family planning sites, prisons, and school health centers.

Nurse practitioners were queried regarding the percentage of their practice that involved seeing elders > 60 years of age. Of the 132 nurse practitioners who responded, 32 (24.2%) nurse practitioners indicated that their practice was composed of 20-30% elderly clients, while 24 (18.2%) nurse practitioners reported seeing 40-50% elderly clients. Thirty-one (23.7%) nurse practitioners reported ten percent or less of their clinical practice involved seeing elderly clients. In addition, 21 (16%) nurse practitioners reported having a practice in which sixty percent or more of the clients were elderly clients. These responses indicate that nurse practitioners in Mississippi provide healthcare for the majority of elders who present to them in ambulatory primary care settings. The age group of elders most frequently seen was ages 66-69 (25.8%), followed by ages 70-75 (18.9%), and 61-65 (17.4%).
Results of Data Analysis

Research question #1 was "How often do nurse practitioners conduct a sexual assessment on elders?" Responses to item #2 on the Gerontological Sexuality Assessment Tool provided the answer to this research question. Eleven (8.3%) nurse practitioners indicated that a sexual assessment was always conducted. Thirty (22.7%) nurse practitioners reported frequently conducting a sexual assessment, while thirty-eight (28.8%) nurse practitioners only occasionally conducted routine sexual assessments. Forty-five (34.1%) nurse practitioners reported seldom or never conducting a sexual assessment among elders. Eight (6.1%) nurse practitioners declined to respond to this question.

Research question #2 was "What are nurse practitioners’ reasons for not conducting a sexual assessment on elders?" Responses to item #3 on the Gerontological Sexuality Assessment Tool that provided the answer to this research question are summarized in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Frequency</th>
<th>%</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>25.8</td>
<td>Lack of time</td>
</tr>
<tr>
<td>15</td>
<td>11.4</td>
<td>Discomfort in eliciting/inquiring about sexual history</td>
</tr>
<tr>
<td>15</td>
<td>11.4</td>
<td>Fear of offending the geriatric client</td>
</tr>
<tr>
<td>14</td>
<td>10.6</td>
<td>Personal belief that a sexual history is not a priority</td>
</tr>
<tr>
<td>06</td>
<td>4.5</td>
<td>Lack of sufficient preparation and/or training</td>
</tr>
<tr>
<td>06</td>
<td>4.5</td>
<td>Lack of reimbursement for obtaining a sexual history</td>
</tr>
<tr>
<td>06</td>
<td>4.5</td>
<td>Lack of privacy in obtaining a sexual history</td>
</tr>
</tbody>
</table>
Table 2 continued

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>3.0</td>
<td>Preceptor does not believe in importance of sex.</td>
</tr>
<tr>
<td>02</td>
<td>1.5</td>
<td>Belief that elders are not interested in sex</td>
</tr>
</tbody>
</table>

Note: N > 132 because nurse practitioners were allowed to answer in more than one category.

Seventeen (12.9%) nurse practitioners declined to respond to this question. However, forty-one (31.1%) of nurse practitioners reported 'other' reasons. Reasons for not obtaining a sexual history ranged from the chief or primary complaint being irrelevant (sexual history) to interference of personal beliefs. The responses further revealed that many elders do not wish to discuss this component during a routine health assessment.

Responses concerning other reasons that nurse practitioners do not assess sexuality in elders indicated that nurse practitioners do not assess sexuality due to inappropriate settings (acute care) and/or practice sites, e.g., family planning sites and emergency departments. Several nurse practitioners reported that “conducting a sexual assessment is a matter of clinical judgement”. “Sometimes it is relevant to the situation and sometimes it is not,” was reported by another nurse practitioners. In addition, one nurse practitioner reported that “many elders are not sexually active due to frailty, dementia, widowhood, etc.” Another nurse practitioner indicated that “we always obtain a sex practice/STD history.” One other nurse practitioner stated that “we realize that sexual satisfaction is important but it is not emphasized in this clinic due to the many patients that we see who are HIV positive.” Sexuality, as reported by one nurse practitioner, “is a tender subject and we accept what and how much the patient wants to discuss, re: sexual satisfaction.” Several nurse practitioners indicated they did not discuss sexuality due to the client having a recently deceased spouse or a physical debilitation, which they felt would preclude the issue of sexuality. As stated by one nurse practitioner, “I have no clear cut explanation why I don't, but feel that it is important; my personal expectations maybe interfering.”

Research question #3 was "What components of sexuality of elders do nurse practitioners assess when conducting a sexual assessment on elders?" Responses to item
#4 on the Gerontological Sexuality Assessment Tool which provided the answers to this question are summarized in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Information Assessed</th>
<th>Frequency</th>
<th>Percent</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masturbatory experiences</td>
<td>1</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Psychosocial aspects including intimacy</td>
<td>5</td>
<td>3.8%</td>
<td></td>
</tr>
<tr>
<td>Satisfaction with one's own sexual performance</td>
<td>6</td>
<td>4.5%</td>
<td></td>
</tr>
<tr>
<td>Issues of self concept or body image</td>
<td>7</td>
<td>5.3%</td>
<td></td>
</tr>
<tr>
<td>Sexual satisfaction between partners</td>
<td>11</td>
<td>8.3%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>9.1%</td>
<td></td>
</tr>
<tr>
<td>Sexual practices and/or behaviors</td>
<td>29</td>
<td>22.0%</td>
<td></td>
</tr>
<tr>
<td>History of STDs</td>
<td>32</td>
<td>24.0%</td>
<td></td>
</tr>
<tr>
<td>Physical limitations affecting sexual functioning</td>
<td>35</td>
<td>26.5%</td>
<td></td>
</tr>
<tr>
<td>Medications affecting sexual functioning</td>
<td>43</td>
<td>32.6%</td>
<td></td>
</tr>
</tbody>
</table>

Note: N > 132 because nurse practitioners were allowed to answer in more than one category.

Responses concerning information that nurse practitioners assess when conducting a sexual assessment indicated that nurse practitioners do assess certain areas of sexuality. However, as the situation or question becomes more personal or private, nurse practitioners may feel that there is no need to assess that area because of its inappropriateness or irrelevance to the clients overall health. Other information that some nurse practitioners obtained while conducting a sexual assessment included: number of pregnancies, menopausal issues, prostate problems, and condom use. However, these areas were assessed at a very insignificant level (less than one percent).
Summary

The data obtained from the Gerontological Sexuality Assessment Tool were described and analyzed descriptively to answer the research questions concerning sexuality among elders in terms of reasons for not obtaining a sexual history and information/practices obtained during sexual assessments. Overall, nurse practitioners in the state of Mississippi do not assess sexuality among elders due to the lack of time and personal barriers such as discomfort, fear of offending the elderly client, and interference with personal beliefs. According to the results of this study, nurse practitioners felt that psychosocial aspects and masturbatory practices/experiences should not be assessed in elders. Nurse practitioners’ reasons for not assessing sexuality included lack of time 34(25.8%), discomfort in eliciting/inquiring about sexual history 15(11.4%), fear in offending the geriatric client 15(11.4%), and personal belief that a sexual history is not a priority 14(10.6). Reimbursement and privacy issues (9%) were additional reasons nurse practitioners gave for not obtaining a sexual assessment. However, nurse practitioners did feel that medications affecting sexual functioning 43(32.6%), physical limitations affecting sexual functioning 35(26.5%), history of STDs 32(24.0%), and sexual practices and/or behaviors 29(22.0%) were important areas to assess regarding sexuality in elders. Chapter five contains an interpretation of the data reported in this chapter. In addition, conclusions, implications, and recommendations are discussed in the next chapter.
Chapter V
The Outcomes

As the longevity of Americans continues to increase, mental and physical challenges compromise certain freedoms that the younger generations tend to take for granted. Sexuality in elders is an important concept that warrants investigation. Whether initiating from myths, inaccurate knowledge, or misconceptions, sexuality among elders continues to be misunderstood or ignored by healthcare practitioners, as well as mainstream society. Research (Kautz, 1990) shows that healthcare practitioners do not routinely assess sexuality among elders. Furthermore, various studies (Bergstrom-Walan & Nielsen, 1990; Bretschneider & McCoy, 1988; Johnson, 1996; Brower & Tanner, 1979) address sexuality issues among elders, but few present empirical data addressing the assessment of sexuality among elders by nurse practitioner primary care providers. Utilizing the Shippee-Rice's Conceptual Model of Sexuality as a framework, this researcher sought to identify how often nurse practitioners conduct sexual assessments on elders, and reasons why nurse practitioners do not routinely assess sexuality. In addition, this study identified information that is included during routine sexuality assessments of elders by nurse practitioners. A convenience sample of 132 nurse practitioners certified by the Mississippi State Board of Nursing was surveyed using the researcher-designed Gerontological Sexuality Assessment Tool. Descriptive statistics were generated to
identify reasons nurse practitioners do not obtain a sexual assessment of elders and what information they do obtain when they assess sexuality in elders. Responses to this survey were analyzed by descriptive statistics and summarized in Chapter IV.

**Summary and Discussion of the Findings**

The sample for this study consisted of nurse practitioners that responded to the survey mailed to 250 Gerontological, Ob-Gyn, Adult, and Family Nurse Practitioners. A final sample of 132 subjects was obtained. The sample represented only 21.2% of the population of nurse practitioners in Mississippi.

The findings reveal that most nurse practitioners provide care for elder clients. Approximately 60% of the nurse practitioners reported having conducted a sexual assessment, either always, frequently, or occasionally. However, in citing reasons for not obtaining a sexual assessment, prioritized reasons were cited as (1) a lack of time, (2) a discomfort in eliciting/inquiring about sexual histories and practices of elders, (3) fear of offending the Geriatric client, and (4) personal belief that conducting sexual assessments was not a priority with elders. These findings were remarkably similar to those of Kautz’s (1990) who discovered the reasons nurses do not assess sexuality. The reasons were as follows: (1) other nurses do not discuss sex, (2) sexuality is not seen as a chief complaint, (3) the patient is too ill to discuss sex and (4) discussing sexuality causes patient anxiety.

Less than one percent of all nurse practitioners reported that they assess masturbatory practices and/or experiences. This finding may indicate that nurse practitioners do not understand the importance of this form of sexual expression for elders. This finding may also imply that nurse practitioners in this sample feel that
masturbatory practices and/or expressions are not an appropriate form of sexual expression in elders, many of whom are single and widowed. Less than five percent of the nurse practitioners reported that they were concerned with sexual satisfaction in terms of performance among elders. The same number of nurse practitioners indicated that psychosocial aspects including intimacy and social contact were unnecessary information to assess during routine assessments. These findings support Steinke’s (1997) assertion that health care providers simply do not understand sexual needs and desires of elders.

Although the majority of the nurse practitioners (32.6%) indicated that information regarding the effect of medication on sexual functioning was included in assessments, sexual satisfaction between partners was not assessed. This information revealed a major deficit in sexuality assessment of elders by nurse practitioners in this sample.

Other information obtained when assessing sexuality among elders was sexual histories (24%), sexual practices and behaviors (22.0%) and physical limitations that affect sexual functioning (26.5%). Nurse practitioners in this sample assessed certain areas of elder sexuality, but avoided other areas of sexuality assessment. These nurse practitioners may have assessed only the areas of sexuality with which they were personally comfortable.

Demographic profile differences suggest that the nurse practitioners in the current study were somewhat conservative in terms of expressing opinions regarding explicit sexual terminology and practices. Findings reveal that fewer than five percent of the nurse practitioners in the study assessed masturbatory practices and psychosocial aspects of
sexuality. The state of Mississippi is geographically located in the Bible belt, and the majority of the nurse practitioners (94%) reported being affiliated with some type of religion. These factors could possibly contribute to the conservative nature of the nurse practitioners’ responses. The mean age, 42 years (S.D.=9 years), of the nurse practitioner subjects, revealed that many of the nurse practitioners were products of the Baby Boomer era, a time in history when it was highly inappropriate to discuss sex with one’s elders. This further suggests that sexuality, especially taboo subjects such as masturbation, might be more difficult for this population to discuss than for a younger population. More than ninety-five percent of the nurse practitioners indicated that satisfaction with sexual performance among elders was not an important factor to assess. Seven percent of the nurse practitioner subjects actually assessed sexual performance. Contrarily, 60% of all nurse practitioners always, frequently, or occasionally assess sexuality. This contradiction further supports the notion that sexuality in older persons is usually not assessed simply because their younger health care providers are uncomfortable bringing it up, or fear that the elder client might be embarrassed or insulted by being asked about sexual issues. Such hesitancy also was found by Kautz (1990) who discovered that nurses tend to address the more detailed aspects of elders’ sexuality only when the client initiated the subject. There may be evidence to substantiate these nurses’ fears; however, Brower and Tanner (1979) found that most elders perceive a sex education program in which they participated to be anxiety-provoking, confusing and disruptive. The former finding indicates that sexual assessments and intervention should be approached with extreme sensitivity. The current researcher suggests that these findings do not justify a failure to
assess sexuality in elders (Bergstrom-Walan and Nielsen (1990) and a myriad of additional research findings and anecdotal evidence support the concept that the majority of elders, do, indeed, remain interested in sex.

The compilation of these findings indicate that the Shippee-Rice’s Conceptual Model of Sexuality could be effectively utilized by nurse practitioners in this sample when assessing sexuality among elders. In particular, the model advocates masturbatory experiences as an essential part of sexuality, and sexuality as being ultimately shaped by the mind, body and spirit. According to the model's components of sexuality, masturbatory practices are necessary in providing the individual with a sexual outlet. Satisfaction with one's own sexual performance is an important concept for nurse practitioners to assess. The components of Shippee-Rice’s model would be helpful to guide nurse practitioners in assessing elder sexuality.

According to Shippee-Rice (1986), psychosocial aspects dominate the entire conceptual model through successive interactive areas, which function as a hierarchy. Each area must be balanced if equilibrium is to be maintained within the elder's psyche. Psychosocial attributes of the model, such as self-concept and role fulfillment, were specifically addressed as important functional areas that warrant assessment when addressing elders' sexuality. In addition, the nurse practitioners (5.3%) expressed little attention to issues of self-concept or body image when addressing elder sexuality. Nurse practitioners have received the necessary education regarding sexuality including the importance of self-esteem and other issues pertaining to self; however, the results of this study suggest a lack of comfort as well as lack of interest and willingness when assessing
the sexuality of elders.

Conclusions

The results of this study revealed that nurse practitioners in the state of Mississippi assess sexuality among elders to some extent. At least 60% of those surveyed addressed at least a few components of elders’ sexuality part of the time. The main reasons for not assessing sexuality in elders that this group of nurse practitioners identified were a lack of time, being uncomfortable with the subject, fear of offending the geriatric client, and personal beliefs that a sexual assessment is not a priority. This was further supported by a compilation of responses to items on the research instrument, Gerontological Sexuality Assessment Tool, that reflected over 90% of nurse practitioners in this sample believed that certain practices and clinical questions regarding sexuality in elders were inappropriate or irrelevant to the elders’ health, or both. The findings also provided some insight as to what information actually is assessed by the nurse practitioner. Among items that nurse practitioners believed are important to assess were medications affecting sexual functioning, physical limitations affecting sexual functioning, history of sexually transmitted diseases (STDs), and sexual practices and/or behaviors. However, less than one percent of the subjects assessed masturbatory practices. Overall, this study revealed that as sexual assessment becomes more detailed in terms of sensitive questions regarding the sexual practices of elders, nurse practitioners become more apprehensive about assessing sexuality.

Implications for Nursing

The findings from this study have a number of implications for nursing science.
Implications in the areas of education, practice, theory, and research will be discussed.

**Education.** The findings of this study revealed that nurse practitioners in the state of Mississippi do not routinely assess sexuality among elders. Implications for nursing education include a need for more classroom and clinical instruction in sexuality. Nurse practitioner students need opportunities to practice sexual assessment and receive feedback on improving these assessments. Nurse educators have a duty to foster communications surrounding sexual assessments to ensure that future nurse practitioners have the skills necessary to discuss and assess sensitive issues, such as sexuality among elders.

**Theory.** Integration of theory into practice often times involves cognitive processes that reinforce the specific connection between theory and practice. The Shippee-Rice’s Conceptual Model of Sexuality both facilitated and was supported by the conduction of this study. The framework, which is theory-driven, acted as a guide for conceptualizing this study, and for interpreting the findings. Thus, scientific theory provided the basis of this study and nursing actions will provide innovative approaches to assessing sexuality among elders. More theory-driven research is needed, and nurse practitioners must become more aware of various theoretical models to undergird empirical studies and produce outcomes that will facilitate the continuing evolution of nursing science.

**Practice.** The ability of the nurse practitioner to provide effective health care, hinges on having the skills needed to assess, diagnose, plan, implement, and evaluate individuals in a holistic manner. Findings from this study reveal that in spite of graduate-
level education, experience with elders, and belief in holism, nurse practitioners are failing to investigate an integral part of their elderly client’s personhood—sexuality. It is imperative that nurse practitioners realize the importance of sexuality to elders and attend continuing education programs, engage in personal study and practice, and serve as role models and mentors to colleagues with a goal of making sexual assessment a routine part of primary care practices.

Research. Future research is needed to determine the needs of elders, particularly in the minimally studied area of sexuality. Since nurse practitioners are directly in contact with primary care clients, they are in a unique position to conduct needed research concerning the sensitive subject of elders and sexuality. Findings from this study may provide the stimulus for such studies in the future. Research is also needed to help nurse practitioners develop sexual history and assessment instruments that contain issues of concern to the elder. Valid and reliable assessment instruments which are sensitively worded and easy to use would greatly facilitate the evolution of both nursing research and practice surrounding sexuality in elders.

Recommendations

Nursing Research

1. Conduction of additional research that examines the extent of nurse practitioners’ assessment of elder sexuality to include masturbatory activities and the effects of prescription medications on sexual dysfunctions among elders.

2. Investigation of additional research that explores communicative barriers concerning elder sexuality among nurse practitioners.
3. Dissemination and publication of this study and other studies that address the need for nurse practitioners to adequately assess sexuality among elders.

4. Replication of the study using a larger and more diverse sample.

5. Conduction of research to develop valid and reliable instruments for measuring sexuality in both research and practice areas.

**Nursing Practice**

1. Utilization of the Shippee-Rice’s Conceptual Model of Sexuality as a basis for sexual assessments with elders.

2. Incorporation of sexuality issues into all routine histories and physicals performed on elders.

3. Development of standards of nurse practitioner practice that include appropriate sexual assessment for all clients.
References


Quality Assurance, 4, (3), 69-78.


Appendix A

Approval of MUW Committee on Use of Human Subjects
March 22, 1999

Ms. Michelle Denise Banks
c/o Graduate Program in Nursing
Campus

Dear Ms. Banks:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research as submitted provided you assure that the results will be kept confidential and under lock and key.

I wish you much success in your research.

Sincerely,

Susan Kupisch, Ph.D.
Vice President
for Academic Affairs

SK:wr

cc: Mr. Jim Davidson
    Dr. Mary Pat Curtis
    Dr. Bonnie Lockard
Appendix B

Gerontological Sexuality Assessment Tool
TO THE NURSE PRACTITIONER: The following questions are designed to determine the extent to which sexuality among elders is assessed.

1. What percentage of your clients are elders, defined as individuals aged 60 years and above? ____ %

2. How often do you obtain a sexual history (hx) on individuals aged 60 years and older?
   ____ Always   ____ Frequently   ____ Occasionally   ____ Seldom   ____ Never

3. If you do not always obtain a sexual history for elders (individuals aged 60 years and above), what reasons exist (Check all that apply.)
   ____ Discomfort in eliciting/inquiring about sexual histories and practices of elders.
   ____ Lack of sufficient preparation and/or training in acquiring sexual histories.
   ____ Fear of offending the geriatric client.
   ____ Lack of time.
   ____ Preceptor does not believe that sexual histories of elders are important.
   ____ Belief that elders are not interested in sexual activities.
   ____ Lack of reimbursement for obtaining sexual histories of elders.
   ____ Lack of privacy in obtaining sexual histories of elders.
   ____ Personal belief that obtaining a sexual history is not a priority with elder.
   ____ Other (Please specify)

4. What information or practices do you assess when obtaining a sexual history?
   ____ History of Sexually Transmitted Diseases (STDs)
   ____ Sexual practices and/or behaviors
   ____ Sexual satisfaction between partners
   ____ Masturbatory experiences
   ____ Physical limitations that affect sexual functioning
   ____ Medications that would affect sexual functioning
   ____ Satisfaction with one’s own sexual performance
   ____ Issues of self-concept or body image
   ____ Psychosocial aspects including intimacy and social contact
   ____ Other (Please specify)
DEMOGRAPHICS (Please check the appropriate response)

a. What is your religious preference (Please specify)?

b. Your marital status:
   - □ a. Never been married
   - □ b. Married
   - □ c. Widowed
   - □ d. Divorced
   - □ e. Separated
   - □ f. Relationship with significant other

c. What is your race?
   - □ a. White
   - □ b. Black
   - □ c. Hispanic
   - □ d. Native American
   - □ e. Asian/Pacific Islander
   - □ f. Other

d. What is your age? e. What is your gender? □ Female □ Male

f. How did you receive your Nurse Practitioner education? g. Years in Practice
   - □ a. Certificate
   - □ b. MSN
   - □ c. Post-Master’s

   The number of years in practice as an RN prior to becoming a NP. _________ years
   The number of years in practice as a NP. _________ years

h. What age group would your elderly clientele most likely be categorized?
   - □ < 60 years of age
   - □ 61 - 65 years of age
   - □ 66 - 69 years of age
   - □ 70 - 75 years of age
   - □ 76 - 79 years of age
   - □ > 80 years of age

i. Practice Site
   - □ Rural Health Clinic
   - □ Hospital

j. What is your area of practice/expertise as a NP?
   - □ College/University
   - □ State/County Health Department
   - □ Community Health Center
   - □ Convalescent/Nursing Home
   - □ Private NP Clinic
   - □ Private Dr. Clinic
   - □ Ambulatory Care Clinic
   - □ Other (Please specify)

   Other ______________________ (Please specify)

If you wish to receive a summary of the findings of this study, please circle the ID# at the bottom of this page.

If you misplace your return envelope, please send the completed survey to: Mrs. M. Banks, 311 Skyview Lane, Vicksburg, MS 39180

___ ___
Appendix C

Cover Letter to Participants
April 07, 1999

Dear Participant:

As a graduate student at Mississippi University for Women (MUW), School of Nursing in Columbus, MS, I am required to perform a research study in partial fulfillment of the Master’s of Science in Nursing. Your name was chosen from a roster of currently practicing nurse practitioners, which was obtained from the Mississippi State Board of Nursing. I am in the process of collecting data for my thesis, and I would like for you to participate in my study, entitled, “Nurse Practitioner’s Assessment of Sexuality Among Elders.”

The purpose of this study is to assess the extent to which nurse practitioners are including sexuality in assessments among elders. I am requesting your assistance by completing the enclosed questionnaire and returning it in the self-addressed stamped envelope by (04/23/99). Your participation is voluntary, and I assure you that I will not report the results of this research in any way that would allow individual respondents to be identified. Your information along with the responses will be kept confidential. You will note that a number appears in the bottom, right-hand corner of the last page of the questionnaire. This number will be used to match your completed survey with your name on the sample roster. I am following this procedure for two reasons:

1. To identify non-respondents, to whom follow-up postcards will be sent and
2. To identify those who wish to receive a summary of the study’s findings.

The findings of this study will hopefully decrease barriers by addressing variables that may prevent nurse practitioners from addressing sexual concerns in the elderly. I hope that you will be able to respond by the stated deadline. If you have any questions or concerns, please contact me at (601)636-0159.

Thank you very much for your interest in the study, and your willingness to complete the questionnaire.

Sincerely,

Michelle D. Banks, R.N., BSN

Enclosures
Appendix D

Follow-up Post Card to Non-respondents
Sample Post-card Follow-up

Dear XXXXXXXX, Date: XX/99

A couple of weeks ago, I requested your support in completing a questionnaire entitled, Gerontological Sexuality Assessment for my M.S. thesis. If you have already returned the requested information, thank you and disregard this notice. If not, I would appreciate your consideration in doing so. I have enclosed an additional questionnaire, and your attention to this matter is greatly valued.

Sincerely,

Mrs. Michelle Banks, R.N., BSN
Master’s Candidate