Portfolio

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# Focusing on Job Satisfaction as a Means of Reducing the Nursing Shortage - a Stakeholder Approach

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## Abstract

The shortage of registered nurses in the health care system is a contemporary crisis which may be lessened by the reduction of licensed RNs leaving the profession for reasons other than retirement. This study proposes that characteristics of Freeman's Stakeholder Theory- open communication, active participation, and autonomy may lead to increased job satisfaction and that these factors may also decrease burnout, thus increasing job satisfaction and reducing the number of RNs leaving the profession. The hypotheses will be tested using four instruments, the Nurse Satisfaction Scale, the Maslach Burnout Inventory, Stakeholder survey, and a demographic survey with an expected 200-300 respondents. Data will be analyzed using multiple regression with a significance level of $P<0.05$. It is expected that the hypotheses will be supported.

## Introduction

There is a shortage of Registered Nurses (RNs) needed to fill the vacancies in the U.S. health care system and meet the projected future demands (American Association of College Nursing [AACN] 2011, MacKusick & Minick, 2010). In the July/August 2009 Health Affairs, Dr. Peter Buerhaus and coauthors found that despite the current easing of the nursing shortage due to the recession, the U.S. nursing shortage is projected to grow to 260,000 registered nurses by 2025 (AACN 2010). According to a report released by the American Hospital Association in July 2007, U.S. hospitals need approximately 116,000 RNs to fill vacant positions nationwide. This translates into a national RN vacancy rate of 8.1% (AACN 2011).

Studying the nursing shortage and reasons behind it is critical because it directly impacts patient care and safety. Registered nurses constitute an around-the-clock surveillance system in hospitals for early detection and prompt intervention when patients' conditions deteriorate (Aiken, Clarke, Sloane, Sochalski and Silber, 2002). When taken together, the impacts of staffing on patient and nurse outcomes, suggest that by investing in registered nurse staffing, hospitals may avert both preventable mortality and low nurse retention in hospital practice (Aiken *et al.* 2002). A study that included 43,000 nurses, in five countries and 700 hospitals concluded that if inadequate staffing becomes chronic, the quality of care delivered would be compromised and result in adverse patient outcomes (Goodin, 2003).

This paper will focus on nurse job satisfaction and its direct impact on the shortage in relation to stakeholder theory. Job satisfaction is a complex phenomenon with many

affecting components and is considered to be a set of attitudes towards various aspects of the job, including pay, workgroup, organizational factors and work environment (Hwang, Lou, Han, Cau, Kim & Li, 2009). Job satisfaction among nurses has long been recognized as a critical indicator related to turnover rates. The overwhelming lack of support felt by nurses in many different situations ultimately led to their decisions to leave clinical practice (MacKusick, 2010). Aiken *et al*. (2002) found that 43% of nurses who reported high burnout and were dissatisfied with their jobs intended to leave their current job within the next 12 months, and only 11% of the nurses who were not burned out and who remained satisfied with their jobs intended to leave.

Employee burnout and loss of autonomy are contributing factors to the nursing shortage. Burnout is a phenomenon in which the cumulative effects of a stressful work environment gradually overwhelm the defenses of staff members, forcing them to withdraw psychologically (Sahrain, Fazelzadeh, Mehdizadeh, & Toobaee, 2008). Autonomy entails being able to control your work by prioritizing tasks, working without close supervision and having control of decisions within the scope of nursing As nursing is currently, on the brink of what might be its most significant and enduring shortage in the U.S., the satisfaction/dissatisfaction of nurses must become a concern of nursing administration (Morgan & Lynn, 2008).

One of the ways to ameliorate the nursing shortage is to focus on retention and stop losses of current nurses due to job dissatisfaction. We propose that the application of stakeholder theory can provide additional understanding and present ways to improve job satisfaction for nurses and thereby decrease the numbers of nurses leaving the profession. Stakeholders are defined as being the ensemble of parties who can have an

effect on the company or who can be affected by it. (Ferrary, 2009; Steib, 2008). Stakeholdership is the state or office of a stakeholder. Active participation, open communication and autonomy are elements of stakeholdership. Open communication is the freedom of people to communicate what they like to whoever they like in an organization. Active participation is the involvement, either by an individual or a group of individuals, in their own governance or other activities, with the purpose of exerting influence. Nurses are considered an integral part or stakeholders, in the clinical health care system. As stakeholders their voices need to be heard their issues addressed.

A review of the literature shows that previous studies of the nursing shortage causes and solutions have not examined the involvement of stakeholder theory as a means to address it. Applying stakeholder's theory to this issue will add to the body of literature and assist with developing solutions to this problem which is heading towards a global crisis if not abated (West, Griffith, Iphofen, 2007).

## Literature Review

There is a shortage of nurses to fill clinical care positions in U.S. hospitals. These unfilled nursing vacancies adversely affect the standard of patient care and patient safety. Nurses occupy the front ranks in the delivery of personal health care services, playing vital roles as coordinators of care and as patient advocates (Buerhaus & Staiger, 1999). Unfortunately, many nurses are leaving the profession because of job dissatisfaction which leads to burnout. We propose that if nurses were treated as valued stakeholders by their employers, it would help to alleviate stress and burnout and create greater autonomy for them thereby decreasing job dissatisfaction that is contributing to the nursing shortage which is in turn negatively impacting patient care.

The shortage in this paper is defined as not enough licensed Registered Nurses (RNs) to fill the vacant clinical nursing positions providing direct patient care in the hospital setting. Nurse is defined as a registered nurse (RN) and can include baccalaureate prepared nurses (BSN) but will not include licensed practical/vocational nurses (LVN, LPN), Certified Nurse Assistants (CNA) or nurses with degrees higher than the BSN.

The reasons behind the shortage appear to be many; although, some interested parties have tried to isolate one factor as the reason for shortage (i.e., low pay), the reality may be that a web of dysfunction exits that is far more complicated than one single factor (Fox & Abrahamson, 2009). Although it is not possible to isolate a single causative factor because of the problem's complexity (West *et al*. 2007), many studies have examined the contributing factors to the nursing shortage such as: limited enrollment in nursing schools due to lack of faculty and clinical sites, (Kelly, 2010), nurse turnover and retention (MacKusick *et al.* 2010), job satisfaction and burnout (McNeese-Smith, 1999; Morgan *et al*. 2008), negative work environment (West, *et al*. 2007), changing demographics (AANC 2011) and insufficient staffing (Morgan, 2008).

While it is true that retirees and aging nurses leaving the workforce are not being replaced in adequate numbers with newly trained, younger nurses, (Fox *et al*. 2009; Beurhaus *et al.* 2003), we know that many nurses are fueling the shortage, by electing to leave the nursing profession for other reasons. MacKusick (2010) stated that an estimated 30%-50% of all new RNs elect either to change positions or leave nursing completely within the first 3 years of clinical practice. Varied motivations for leaving nursing have been identified including retirement and low pay, but job dissatisfaction

fueled by stress and burnout remains a critical factor. Nurses are particularly susceptible to the development of burnout, mainly because of the nature and the emotional demands of their profession (Fox *et al.* 1990; Sahrain et al. 2008).

It also appears that the shortage itself, lack of nurses to staff positions, is contributing to job related burnout. Nurses in hospitals with the highest patient-to-nurse ratios are more than twice as likely to experience job-related burnout and almost twice as likely to be dissatisfied with their jobs compared with nurses in the hospitals with the lowest ratios (Aiken, *et al*. 2002). Reduced staffing often requires the current staff to extend themselves to meet the demands of patient care in the hospital by working on their days off, working longer hours and covering multiple shifts. Scholars have recognized emotional or mental fatigue, coupled with physical fatigue, may be representative of the syndrome of burnout, (MacKusik *et al*. 2010). Improving nurse staffing levels may reduce alarming turnover rates in hospitals by reducing burnout and job dissatisfaction, major precursors of job resignation (Aiken *et al*. 2002).

The reasons individuals decide to become a nurse are not generally for the salary and benefits, but for the opportunity to provide humanizing care work. Touching the lives of patients through their caring work appeared to be a major source of meaning (Morgan, *et al*. 2008). When the ability to provide the optimal level of patient care is hindered, dissatisfaction can set in. Dissatisfaction occurred not with salary issues, but in relation to feelings of being overloaded or due to factors that interfered with job and patient care, such as a lack of resources, or a lack of feeling of "achievement, recognition, and respect (West *et al*. 2007). Knowing that they are sometimes the primary advocate for their patients reflexively highlights the importance of their job

(Morgan *et al*. 2008). Nurses feel opportunities for humanized care work are being removed from their jobs to accommodate the shortage. Being able to do humanized care work lies at the heart of whether nurses feel they have satisfying professional positions (Morgan *et al.* 2008).

Being treated like a professional is an important component in nurse satisfaction. Nursing professionalism reflects the manner in which nurses view their work and is a guide to nurses' behaviors in practice to assure patient safety and quality care. Therefore, a higher level of professionalism is considered important in retaining experienced nurses in the profession (Hwang *et al.* 2009). Professional nurse autonomy is defined as the belief in the centrality of the client when making responsible discretionary decisions, both independently and interdependently, that reflect advocacy for the client (Wade, 1999). Autonomy is an integral part of professionalism. Nurses whose practice is more autonomous have been found to have higher levels of satisfaction. Having other nurses, physicians and support staff who understood the contribution nursing makes to patient care and feeling respected brings real rewards for nurses engaging in the professional role (Morgan *et al*. 2008).

Stakeholder theory allows nurses to be active participants in decision making which directly affects them. Nurses are considered an integral part, or stakeholders, in the clinical health care system. As stakeholders their voices need to be heard and their issues addressed. Studies find that this is not consistently the case which may increase levels of frustration, and job dissatisfaction, factors that have been documented which leads to nurses being stressed, burned out and leaving the profession. The overwhelming lack of support felt by nurses in many situations ultimately led to their decisions to leave

clinical practice (MacKusick *et al*. 2010). Zurmehly (2008) states that when nurses perceive they have little control within the work setting, frustrations and dissatisfaction result. The current body of research on this subject does not examine job satisfaction and the application of stakeholder theory as a means to improve then nursing shortage. Studying this stakeholder theory in regards to the nursing shortage has important implications for improving the shortage both nationally and internationally.

R. Edward Freeman defines stakeholder theory as giving each stakeholder an important say and efficacy in making important decisions: "That is, each of these stakeholder groups has a right to not be treated as a means to some end, and therefore must participate in determining the future direction of the firm which they have a stake ( Steib, 2008). They must have a real and not simply illusory or token decision making-power (Steib, 2008). Stakeholders will support their firms when they believe that they have been fairly rewarded, fairly considered, and fairly treated (Laplume, Sonpar, & Reginald, 2008). Stakeholders trust the organization to return benefit or protection from harm commensurate with their contributions or stakes (Greenwood & Van Buren, 2010). Additionally, high levels of autonomy, control, and collaboration were associated with high levels of trust in management, which in turn were associated with higher job satisfaction (Zurmehly, 2008). Active participation (control), open communication (collaboration) and autonomy are the outcome variables that can be used to examine the correlation between job satisfaction and stakeholder theory. Participating in operational decisions is likely to increase employees' sense of felt responsibility (Batt, 1999) and by the same token lessen job burnout. Additionally, employees are likely to be more

satisfied and to feel that top management is responding to their needs if work is designed to allow greater discretion and intrinsic rewards (Batt, 1999).

Hypothesis 1:

a. We propose that there is a positive correlation between active participation and job satisfaction.

b. We propose that there is a positive correlation between open communication and job satisfaction.

c. We propose that there is a positive correlation between autonomy and job satisfaction

Burnout is a syndrome common in occupations, like nursing, where time is spent supporting other people. The opposite of burnout is said to be indicative of engagement with work ( Sahraian, 2008). Further, independence, recognition, responsibility, and authority are identified as the autonomy attributes that most affected job satisfaction (Zurmehly, 2008). These three areas of outcome variables, active participation, collaboration and autonomy can also be used to confirm a negative between burnout and stakeholdership.

Hypothesis 2:

a. We propose there is a negative correlation between open communication and burnout.

b. We propose that is there is a negative correlation between active participation and burnout.

c. We propose there is a negative correlation between autonomy and burnout.

Hypotheses three is a manipulation check. If no correlation exists between burnout and job satisfaction the study is not valid.

Hypothesis 3: We propose there is a correlation between job satisfaction and burnout

Methods

A purposive sample consisting of clinical nurses will be used as a part of a multivariate correlation research study. Criteria for inclusion are graduation from an accredited nursing program, a current RN license, and employment in a health care facility as a bed side nurse. The minimum sample of 200-300 will be obtained from nurses employed in five different hospitals in Lubbock, Texas: University Medical Center, Lubbock Heart Hospital, Covenant Women's and Children's Hospital, Covenant Medical Center, and North Star Surgical Center. We will obtain approval through the various hospitals' administration to conduct the data analysis. Informed consent will be requested from eligible nurses prior to data collection, and then the packets will be distributed to the nurses' mailboxes along with a stamped and addressed return envelope. A deadline of two months from distribution will be set for the collection of surveys, those received after two months will not be included in the data analysis. Notices of the deadline will be included in the packet on the front and final pages and a reminder notice will be sent to each eligible nurse at approximately one month from the distribution date. From the print date of the surveys to the deadline will be approximately three months.

Four measures will be included in the survey packet: The Nurse Satisfaction Scale, the Maslach Burnout Inventory, stakeholder survey, and demographic survey. The Nurse Satisfaction Scale (NSS) will be used to measure job satisfaction among the respondents. NSS is a 24-item multidimensional questionnaire with a seven-point Likert scale response format, ranging from 'strongly agree" (1) to 'strongly disagree' (7). Seven work factors are included in the questionnaire: administration (support nurses, care about nurses, consult with nurses and nursing goals of administration); co-workers; career; patient care; relation with supervisor; nursing education; and communication (Saane, Sluiter, Verbeek & Frings-Dresen,2003). Saane *et al,* (2003) conclude that the NSS has an internal consistency coefficient of .84 where a .80 is considered sufficient and a test/retest coefficient of .75 where .69 is considered sufficient.

The Maslach Burnout Inventory (MBI) will be used to assess burnout levels of the nurses. It is the most common measurement used to assess burnout in fields of human services employment. The MBI is a 22-item assessment which consists of three independently scaled measures: emotional exhaustion (EE), the draining of emotional resources; depersonalization (DP), the negative attitude toward one's recipients; and personal accomplishment (PA), the tendency to evaluate oneself positively in regards to work. There are nine items which asses EE, five items assessing DP, and eight items that assess PA. Each evaluation is based on a 7-point Likert scale with the verbal signifiers: Never, a few times a year or less, once a month or less, a few times a month, once a week, a few times a week, and every day attached to the numbers 0 through 6 respectively (Beckstead, 2002). High scores in the EE or DP scales or low scores in the PA scale indicate high levels of burnout in respondents. Schaufeli, Bakker, Hoogduin,

Schaap, and Kladler (2001) stated that internal consistencies of the MBI are usually well above .70 and the validity of the three factor structure is confirmed.

To test the correlation of Stakeholder principles, we propose our own 15-item measurement. The questionnaire consists of 5 measurements for each item- open communication, active participation, and autonomy, all components of the stakeholder theory. Each evaluation is based on a 3-point Likert scale with verbal indicators, always, sometimes and never attached to the numbers 1-3 respectively.

At the end of the survey packet a demographic survey will be included to assess information concerning age, gender, ethnicity, level of nursing education, years of experience, and area of practice, and intention to leave the nursing field.

One potential threat is the response rate, it is unknown how many nurses will actually fill out the questionnaire and mail it back to us. This is why we set a deadline for collection of the surveys. We believed if the response time was unlimited then the respondents would not be motivated to send the packet back in a timely manner. Also, the one-month reminder of the deadline for submission of the survey will help serve as a reminder to send it back and will hopefully increase the response rate.

Another threat to validity is response bias and response fatigue. To minimize the effects of these two situations the order of questions will be rearranged for half of the survey packets. If the questions are answered similarly in both of the packets, these threats will be avoided.

## Data Analysis

The proposed correlation of job satisfaction with the independent variables in hypothesis one will be evaluated using multiple regression. This test can be utilized to evaluate the relationship between various predictor variables and the outcome variable.

Also multiple regression denotes values of one variable on the basis of two or more other variables. The three characteristics of stakeholdership are the predictor variables of satisfaction, the outcome variable. A hierarchal regression test will be able to indicate whether or not the predictor variables are equally affective on job satisfaction. The selection of the predictor variables will be performed with the level of significance $P<0.05$. All analyses will be conducted using SPSS software. Hypothesis two H2 will be analyzed using the same methods as hypothesis one.

A Pearson R test will be used to evaluate the magnitude and direction of the association between the predictor variable, burnout, and the outcome variable, job satisfaction in hypothesis three. The magnitude is the strength of the correlation is represented numerically on a scale of +1 to -1, with O meaning there is no association between the variables. The direction will tell us how the variables are related. A positive correlation indicates a positive relationship, as one variable increases, the other also increases, and a negative correlations denotes a negative relationship, as one variable increases, the other variable decreases.

Concluding Information:

It is expected that our hypotheses will be supported and that indeed that the outlined characteristics of stakeholdership- open communication, active participation, and autonomy, may be utilized in the hospital setting to increase job satisfaction in RNs. Also, the proposed characteristics may be used and reduce burnout, thus increasing job satisfaction providing a method to help reduce the nursing shortage.

Stakeholder Questionnaire

Thank you for your participation in our survey. It will take approximately 5-10 minutes of your time. Your answers will be treated anonymously, and only used for research purposes.

1. Do you feel as if you are an active contributor in your work place?
2. Do you feel as if you are allowed to partake in important work meetings?
3. Do you feel your supervisors proactively seek your contributions regarding work place issue?
4. Do you feel you are encouraged to collaborate with your co-workers?
5. Do you feel you are welcomed to participate in policy decisions which affect your position?
6. Do you feel you are allowed to provide input when problems arise in the work place?
7. Do you feel as if you are free to express concerns or ideas in your work setting?
8. Do you feel as if your concerns are heard when you communicate them in your work environment?
9. Do you feel you opinion is valued in the work place?
10. Are you comfortable communicating with your superiors?
11. Do you feel as if you are allowed to prioritize tasks as you see fit?
12. Do you feel you are allowed work without close supervision?
13. Do you feel you have control over decisions in the workplace in the scope of nursing?
14. Do you feel as if you are a primary advocate for your patients?
15. Do you feel as if your employer encourages autonomous work behavior?

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# Chapter Two: Sexuality and the Elderly

# Sexuality and the Elderly

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While there is a vast amount of information available about youth and adult sexuality, relatively little is available concerning the sexuality of older people (Ginsberg, Pomerantz & Kramer-Feeley, 2005). This is a highly controversial and often taboo subject with the myth being that sexuality is reserved for the youth and the elderly are or should be asexual. Within the last 20 years or so, beginning in the 1990s, the views about older people's sexuality have begun to experience a shift. No longer is the loss of sexual desire exclusively associated with aging. In fact one of the signifiers of successful aging is thought to be the continuance of sexuality into the later years of life. In the present day, it is considered acceptable for men and women to receive treatment concerning sexual health instead of writing off sexual activity as an impossibility. In sexual health research 'older people' generally include those over the age of 50, which is hardly considered elderly, but this is the point in life when sexual health may begin to decline. There are many issues present in the literature about ageing and sexuality that have become available in recent years. Some of the issues are the meaning of sexuality, health issues related with older age sexual activity, a gendered double standard of aging, and living situations. This paper will examine current research related to these issues and how they impact the occurrence and frequency of sexual activity in older adults. Relevant theoretical perspectives are examined and directives for future research and professional needs are recommended.

Sexuality does not necessarily have to include intercourse or genital stimulation. In fact, sexuality can include touching, caressing, fantasy, masturbation, physical closeness and the warmth generated by emotionality (Ginsberg et al., 2005). It can also be any combination of sexual behavior, sensual activity, emotional intimacy, or sense of

sexual identity (Gott, 2005). The idea of sexual identity seems to be one that many older women struggle with. In general Western culture relates sexuality with youth and youthfulness. As women age, natural changes occur in their physical appearance which often leaves them feeling unattractive. This can be detrimental to their sexuality in that a negative perception of one's body image may influence sexual decline (Ginsberg et al., 2005). The fact that sexuality is associated with the young can be credited in part to the media. Until recently television programs and advertisements have neglected the older community. According to Kessel (2001) sexuality in older people is usually viewed in one of three ways: non-existent, humorous, or disgusting. Vares (2009) affirmed that there is an absence of later life sexuality in television, advertising and film. Older characters in television shows and advertising are rarely shown as sexual beings. However, recently films, advertising and television are portraying older couples or older men and women as sexually competent and actively engaged in sexuality. Vares (2009) found that elderly women are shown as less sexually active than men and that the media usually features elderly men and young women as being sexually involved. There are a few exceptions which can be seen in the movie *Something's Gotta Give* (2004, Directed by Nancy Meyers) and *The Mother* (2003, Directed by Roger Mitchell). Another way in which sexuality is seen in the older population is humorous. Moody (2010) concludes that sex among the elderly has long been a topic for humor and that although usually appropriate and a normal part of life, it is still considered unusual or humorous to younger people. In fact, in a study conducted in Melbourne, Australia researchers found that nurses working with elderly nursing home residents often used humor to address sexuality of and with the residents. While humor is sometimes a beneficial form of

communication for addressing subjects that may be embarrassing, uncomfortable, or unacceptable to discuss, it can also be used as a means of persuading the elderly to conform to dominant norms and values. The dominant norm in a nursing home or assisted living facility may be to abstain from sexual relations even if the participants are consenting and capable of a fulfilling sex life. This is one issue which is greatly detrimental to the older generations. Bauer and Geront (1999) concluded that sexual expression can play an important role in the maintenance of an older person's well-being. If residents in these types of facilities are made to believe that it is unacceptable for them to pursue sexual relations due to the negative views of the health care professionals then they stand the chance of losing part of their identity and ultimately their happiness. Many people share the view that sexuality in older people is disgusting. One article concluded that companionship, supportive communication, sexual expression, empathy and compassion are some of the characteristics of a high quality relationship (Rao& Asha, 2009). All of the components could find a home under the general definition of sexuality. These topics are not considered disgusting for younger couples and nor should they be for the older populations. A person deserves a loving relationship which may or may not include sexual activity regardless of age.

The Sexuality & Aging newsletter (2010) states that physical health is one of the most important factors that affects sexuality in later years. There are many health issues related to ageing sexuality. Health is often one of the main contributors to a decrease is sexual activity, but it has also been shown that cessation of sexual activity may negatively affect health. In general, people in better health experience more sexual satisfaction and participation than those in poor health (Sexuality & Aging, 2010).

Menopause and Andropause are two health issues that can lead to a decrease in sexual desire and activity. Many older adults are too embarrassed to talk to health professionals about these topics, however, there are medical treatments available to help men and women cope with problems such as diminished vaginal secretion, low sex drive, and impotence that are often associated with menopause and andropause. Viagra was introduced in 1997 as a new pill for impotence (Loe, 2004). Another concern in the sexual health of older people is combating the spread of HIV/AIDS and other sexually transmitted diseases. In one study of senior citizens in Florida, participants revealed that there have been recent efforts to inform the residents of retirement communities about using protection and preventing the spread of diseases (Loe, 2004). One woman stated "the HIV is coming from widowers who aren't ready to give up sex and so they find prostitutes. Those are the ones spreading HIV among seniors" (Loe, 2004). These findings challenge the myth that older adults don't have to worry about sexually transmitted disease. In fact, the Sexuality & Aging newsletter (2010) reveals that 25 percent of HIV/AIDS patients in the U.S. are over the age of 50. This spread of sexually transmitted diseases could be due in part to the fact that older adults are no longer concerned with birth control due to the effects of aging and thus no longer believe it is essential for them to utilize protection in sexual relationships. Another component of sexual health in older people is the idea of successful aging. This life theme suggests that it is important to optimize the capacities that remain while compensating for inevitable losses (Moody, 2010). Moreover, there are three components to successful aging: avoid disease and disability, maintain mental and physical function, and continue engagement with life. Sexuality plays an important role in successful aging because it requires

maintaining physical function, avoiding diseases such as sexually transmitted diseases, and it is a continued engagement with other members of society. Katz and Marshall (2003) emphasize that sexual function, like physical fitness more generally, has become central to contemporary conceptions of the good life. They also support the idea that sexual activity is healthy and necessary component to successful aging (Katz & Marshall, 2003). The idea of continued engagement with life supports a common theme that appeared in much of the research literature. The theme was that a person's sex life in the later years often mimicked the sex life they had in the earlier years of their life (Rao and Asha, 2009; Kessel, 2001; Moody, 2010). If a person continues to be a sexual being regardless of age, then they could be considered as being successful in the aging process.

One issue prevalent with the topic of sexuality in the aging population is the occurrence of a gendered double standard of aging. Older women are either invisible, meaning they are not even shown, or they are seen as disgusting. In the article, Reading the 'Sexy Oldie' by Tina Vares (2009) one woman stated that 'men are allowed to be dirty old men, but women aren't allowed to be dirty old women.' This illustrates society's view in which it is acceptable for older men to be sexually involved with younger women; however, it is not generally acceptable for older women to be with younger men. Although men in the study criticized the double standard of aging, they ironically admitted that they considered it undesirable to be in a relationship with an older woman or even one of their own age (Vares, 2009). Vares (2009) commented on the idea of 'sexual disqualification' of aging women, meaning that a woman's sexual value and attractiveness drops with age, whereas men remain 'sexually eligible' well into old age. One of the main factors that seems to contribute to the decline in perceived sexual

attractiveness or sexual disqualification for women is the idea of the sagging body. Older men are often seen as distinguished, whereas older women are seen as unattractive. Even women see themselves in this way. For example in the article *Reading the 'Sexy Oldie'* (Vares, 2009) one woman was quoted as saying "That is part of getting old, when you look in the mirror and you see your body wilting you're not that attractive anymore." Another woman stated "I think it is so sad that women can't accept ageing and not feel as though they are less sexually attractive" (Vares, 2009). The gendered double standard of aging is one factor that contributed to the decline in sexual activity for many women; however, there are other factors such as living situations that also affect elderly sexuality.

Living situations for older adults may also play a key factor in the participation of sexual activity. As discussed earlier, it may be difficult for those living in retirement homes or communities to feel comfortable having a sexual relationship. In some communities it is considered unacceptable by the caretakers for the residents to engage in sexual activity. This may result in fewer older adults fulfilling their need for sexual activity. It is important for health care professionals to remain open-minded about sexuality in later life and realize that this is often considered a component of successful aging. Another living situation that affects older people's sexuality is living alone or living with family members. Those who choose to live with family members may lose the privacy they would have if they lived alone. A combination of a lack of privacy and embarrassment about one's sex life could hinder the possibilities of having a sexual relationship. Those living alone are most likely to be widowed. Because women generally live longer than men, the availability of a partner may hinder a woman's sexual activity. This could be why drastically less women report being sexually active than men

(Bancroft, 2007). Moody (2010) stated that women tend to outlive men by an average of 6 years and that there are three times as many widows as widowers drastically reducing the availability of a sexual partner.

One theory that relates to sexuality in old age is the continuity theory of aging. This theory states that people who grow older are inclined to maintain as much as they can the same habits, personality, and style of life they developed in earlier years (Moody, 2010). This is applicable to older adults' sexuality in that their sex life in old age will most likely mimic their sex life when they were younger. A person's health in later life, which is often a factor in sexuality, is usually reflective of how they treated their body in their earlier years. The continuity theory supports the idea that as long as a person takes care of themselves throughout their life, they will be able to maintain a similar lifestyle, which would hopefully include sexual activity if desired. The continuity theory of aging is more appropriate and related more to the research than the disengagement theory of aging. This theory states that separation of older people from active roles in society is normal and appropriate, and benefits both society and older individuals (Moody, 2010). Younger individuals who have not researched elderly sexuality may be inclined to believe that this theory represents older people's sexuality. This theory would support the idea that the elderly are asexual or that as a person ages their sexuality will experience a decline. However, this is not the case; research indicated that both men and women maintain sexual relationships throughout life (Sexuality & Aging, 2010). The connection between the continuity theory and sexuality in older adults is illustrated by Robinson (1983) when she stated that continuity has proven to be crucial to sexual potential in the later years and that the common expression of this fact is "Use it or lose it." It is

important for people to continue engaging in sexuality so that they do not fall into the myth that older people are supposed to live a life of abstinence.

In summation, although older adults are still fighting the myth that they lose sexual desire as they age, much research has revealed that this is not the case for most of the older population. Aging may bring unwanted limitations concerning sexual activity, but these changes associated with aging do not have to signal the end of sexuality. As long as a person is willing to be open and adapt to sexual dysfunctions or physical limitations, it is still possible to achieve a fulfilling sex life. It is important for health care professionals to remain open to the idea that elderly persons may need and want sexual activity as an integral part of their lives. Thus, it is important for doctors and nurses to be trained on how to initiate communication concerning any problems an older person may be experiencing with sexuality .Despite the high prevalence of sexual problems, research shows that only a small amount of men and women discuss sex with their doctor (Bancroft, 2007). It is essential that general practitioners dealing with older adults are knowledgeable about sexuality later in life, and are proactive in managing patients with sexual health concerns (Andrews & Piterman, 2007). People working with older adults must be sensitive to the concerns older people have about losing their sexuality because as evidence suggests, a decline in sexuality could lead to a decline in self-worth, successful aging, and general health.

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# Chapter Three: Attachment Theory