Encountering Sexuality in Gerontological Care

A nurse's point of view

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Abstract

Gerontological care combines gerontological and nursing competencies to better serve elderly people. Competence in this area of specialized nursing is increasingly important as the population ages. Sexuality is diverse and a human right even for elderly individuals. Recognizing diversity in gerontological care is important and can have a positive effect on care. Elderly sexuality is often thought of as a taboo subject and stigma is often present when discussing it.

The literature review aimed to bring awareness and knowledge to the topic of gerontological sexuality in its many forms by exploring the research question "How to encounter elderly sexuality in gerontological care as a nurse?" by utilizing and examining existing literature to determine ways of supporting, encountering and encouraging the sexuality of the elderly as a healthcare professional.

The results indicated that education and training regarding sexuality had a positive impact on encountering it. A nurse with education and training regarding sexuality has a better ability to encounter sexuality in their work in the gerontological field. Education also revoked stereotypes and negative attitudes of nurses. The sexuality of elders was found to be invisible in long-term care facilities: it was not part of a care plan or any assessments. Knowing the patient's history was established as an important part of implementing person-centered care: especially with senior patients belonging to a sexual minority group who still face discrimination and have been discriminated against historically. Support for encounters with sexual minority seniors are limited, which contributes to the invisibility of their sexual expression. It was found there was no official framework for encountering sexuality, which led to nurses having to rely on their ethics and attitudes.

In conclusion, the results highlighted the invisibility of sexuality in gerontological care as well as the lack of knowledge and training nurses have regarding it. To integrate sexuality as a part of gerontological care additional training and education regarding elderly sexuality and its expression must be developed in nursing schools as well as workplaces, and resources must be modified and created to further include elders belonging to the sexual minorities and within organizations framework and guidelines on encountering sexuality must be made.

Keywords/tags (subjects)

Sexuality, gerontological care, elderly sexuality, nurse's view

Miscellaneous

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1 Introduction

Society and generations are always changing and developing. In recent years sexuality has gone from something private and secret to something to cherish and celebrate. Sexuality is part of humanity, as well as one of the dimensions of health. When it comes to elders, it is often thought this part of us disappears or the interest in sexuality and its expression simply stops.

This is the result of ageism. Gerontological sexuality is seen as taboo or something unnatural, 'gross' even. It is not something to be talked about, even though sexuality has shifted into a topic discussed more openly. Due to that sexuality in the gerontological care setting is invisible and elders wanting to continue expressing their sexuality are receiving inadequate support (Ageingequal, n.d.).

The elderly individuals currently utilizing gerontological care have lived through a time when homosexuality was a criminal offense. Even after decriminalization, it was banned until the year of 1999. Many of the seniors belonging to sexual minorities hide their identity due to history or are afraid of expressing their sexuality still to this day (Eloniemi-Sulkava, 2022).

However, as new generations age sexual minorities will become a more visible part of gerontological care - and they will need support and the right encounters from nurses to feel safe using gerontological care services.

There are new demands for nurses working in the gerontological field: they need to be ready to encounter, encourage, and support the sexuality of elders. The environment must be inclusive and ready to welcome patients and/or residents the way they are.

This thesis explores ways to support nurses in encountering sexuality in gerontological care as the patients are more diverse than ever before.

2 Background

2.1 Gerontological care

There is no global definition for gerontological care that would be accepted universally. However, in many different definitions, the same motifs arise. Gerontological care is a specialized area of healthcare that combines nursing and gerontology competencies in care and technique across all services directed at elderly people to better serve them. This minimizes as well as compensates for the disadvantages of underlying health issues. The services aim to support the elderly, treat their health conditions, and alleviate suffering in an individualized care manner. The base and goal of gerontological care is to advance the health and quality of life of the elderly. The normal changes related to aging and the features of different illnesses relating to aging are of the utmost importance to recognize to ensure quality and impactful care of the elderly (Autio & Vaaranmaa, 2012).

2.2 Gerontologic changes

The need for evidence-based knowledge of gerontological care is constantly required. Good geriatric care necessitates comprehension of the normal changes occurring with aging, the effect it has on the different organs as well as their functions, and knowledge of the different diseases typical for the aging populace. In addition, good care involves getting to know the patient's social network and the environment in which they live (Mehiläinen, 2024). A myriad of physiological changes occur with aging in all physiological systems and they have a multitude of clinical significance. The most encountered physiological changes include for example blood pressure increase, lung capacity decrease, altered motility patterns leading to functional changes, altered metabolism, elevation of blood glucose, deterioration of muscle and bone mass, and atrophy of the epidermis causing changes in the skin elasticity. Perhaps the most important clinical implication is the altered metabolism which changes the response to even commonly used drugs and demands attention to the appropriate dosages (Boss & Seegmiller, 1981). Together with these physiological changes, there should also be consideration for the social and mental changes that come with age. Memory and

learning ability impairment are examples of these mental changes. Social changes are provoked for instance by the loss of family members or friends commonly leading to loneliness (Autio & Vaaranmaa, 2012).

2.3 The services offered to the elderly

There is a plethora of services offered to the elderly. Services such as home care that enable the safe option to stay at home for longer are at the very center of all services provided. Others include in-home care, community-oriented housing, and assisted living facilities (Valvira, 2024). Other services that ease the life of the elderly are bought services such as meal or cleaning services, security promoting services such as emergency bracelets, and services that pre-emptively make the home secure to live in longer. These may include guard rails to prevent falls, removing or lowering of thresholds, and building ramps to make the house walker or wheelchair-friendly (Keski-Suomen Hyvinvointialue, 2024). New services are constantly being developed and ideas to further advance the already existing services are welcomed.

2.4 The well-being and problems of the elderly

As with younger people, the things that support and strengthen the welfare of individuals include at least some of the following:

- Good health and functional ability
- Good support system
- Feeling part of a community
- Safe living environment
- Sexual health (THL, 2024).

It is a reasonable conclusion that if even one of the major branches of well-being is not adequately met it affects the individual's whole health and thus life. Common themes emerging when discussing threats to elderly people's health are social exclusion and insecurity. Some risk factors associated with social exclusion include poverty, disability, mental health difficulties, lowered functional ability, and poor or absent support systems (THL, 2024). All these make it harder for individuals to insert themselves into a community and even society. Social exclusion does not happen overnight and is a process often taking years and years. Another theme frequently discussed is the lack of security felt by the elderly. It can be a result of living alone, the living environment's functional defects, or the threat of financial, mental, or physical abuse (THL, 2024).

2.5 Age range

As discussed previously there is no set age from which old age is agreed to begin. Every person and their health are unique and cannot assiduously be compared as such. However, for this paper, the age from which the authors will examine the data is set at 65 years and above for several reasons. Firstly, at least every fifth person is above the age of 65 in Finland and in the future, this number will only increase as the life expectancy of individuals keeps rising (Pukkila, 2014). Secondly, according to Boss & Seegmiller (1981), even by the fourth decade of life there have already been subtle but irreversible changes to the function and pathology of most organs which have only accumulated further with aging.

2.6 What is sexuality?

When discussing sexuality, it is foremost important to understand that it is nearly impossible to define it as an objective concept. The World Health Organization (2006) defined sexuality as a central aspect of being a human throughout life encompassing sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction.

Väestöliitto's (n.d.) definition of sexuality states that it is a part of humanity and something that cannot be separated from a person. When thinking of the concept, two different approaches are usually considered: biological and socio-cultural (Council of Europe, n.d.). Although often mixed with

reproduction or simply sexual intercourse, sexuality cannot be narrowed down to the biological aspect of it as it goes much further than that: Sex is what we do, and sexuality is what we are (Terveyskylä.fi, 2021).

Sexuality is part of our self-image. According to the WHO (2006), sexuality is influenced by a range of factors such as economic, political, cultural, legal, historical, religious, and spiritual. How people view us, what kind of feedback we get from others, and how we have been touched start forming a base for our sexual self-image (Mielenterveystalo.fi, n.d.). In addition to interactions with other people the surrounding environment, culture, and family contribute to thoughts on what is acceptable and what is not (Nyyti Ry, n.d.). Sexuality can be expressed and experienced through desires, beliefs, fantasies, values, roles, behaviors, and relationships (The WHO, 2006). Everyone has the right to create and express their sexuality alone or/and with partners (Nyyti Ry, n.d.).

2.7 Sexual health and rights

In 2006 The World Health Organization also defined sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.

Good sexual and productive health means the ability to enjoy sex, the possibility of not being subjected to sexual abuse, protection from sexually transmitted diseases, successful pregnancy planning, and access to safe pregnancies and births (Väestöliitto, n.d.).

Positive and respectful attitudes towards sexuality and sexual relationships are part of promoting sexual health as well as the possibility of safely being able to express sexuality if wanted through i.e intercourse. Good sexual health also requires respecting and protecting everyone’s sexual rights (Santalahti, 2018).

Sexual rights are basic human rights, based on freedom, equality, privacy and autonomy. They were created to protect people's rights to fulfill and express their sexuality and enjoy sexual health (WHO, 2010).

Sexual rights include:

- the rights to equality and non-discrimination
- the right to be free from torture or cruel, inhumane, or degrading treatment or punishment
- the right to privacy
- the rights to the highest attainable standard of health (including sexual health) and social security
- the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- the right to decide the number and spacing of one's children
- the rights to information, as well as education
- the rights to freedom of opinion and expression, and
- the right to an effective remedy for violations of fundamental rights (WHO 2010).

2.8 Sexuality and aging

When discussing sexuality from a gerontological point of view, biological changes such as illnesses, hormonal changes, and declined functional ability are often emphasized which leads to the idea of elders not having sexuality or turning asexual (Eloniemi-Sulkava, 2022). However, this is false: the body changes sexuality does not disappear. Rather we can view sexuality as fluid, expressing it, and thoughts regarding sexuality change with age as well as different life stages (Järvinen, 2021).

Sexual activity is not a requirement for good sexual health, especially within age, partnership and intimacy become of greater importance in sexuality rather than sexual activity or intercourse (Eloniemi-Sulkava, 2022). Especially intimacy is highlighted as sex or intercourse can change forms into intimate moments together or warm touches. These are also valid ways of expressing sexuality (Meriläinen, 2019).

2.9 Gerontological sexuality as a taboo

According to Richter (2019), ever since the 1970's there has been an increasing amount of research done in the field of the sexuality of the elderly. Yet even today the subject of sex, intimacy, and sexuality of the elderly is widely considered taboo and something to be hidden. As previously stated, sexual health is an important part of the complete health of a person. Richter (2019) identifies at least the following as reasons for the current status quo:

- Biased opinions and negative attitudes,

- Lack of education, policies, and guidelines.

One major theme behind biased opinions or attitudes is ageism. Ageism indicates the stereotypes, prejudices, and discrimination toward others or oneself solely based on age. Even children as young as four years old have been shown to realize the social stereotypes internalizing them and using them to guide their emotions later in life (World Health Organization, 2021). Richter (2019) adds that it is the norm to see elderly patients as asexual beings perhaps for the aforementioned reasons. Based on this, it is reasonable to conclude that healthcare professionals often fail to see the person holistically. Another conclusion to be made is if the care is not holistic and the patient is not seen as a sexual being how can their suffering relating to sexuality or intimacy be alleviated?

Invisible rules guiding human behavior in society are often social norms that decide which actions and opinions are acceptable and appropriate. Much like social stereotypes mentioned above they are absorbed from a very young age and can be either beneficial or harmful to people's well-being. Adhering to social norms results in acceptance and thus deviating from them results in exclusion from the community. Social norms are an important part of the structure of society however they

can also reinforce harmful and unequal behaviors (UNICEF, 2021). By nature, social norms are resistant to change and development. Regardless they can be changed and understanding them and how they are woven into society according to Richter (2019), can help better explain why the sexuality of the elderly has been a low-priority area in healthcare for a long time. In sum, questioning social norms and the current state of society should be seen as a positive attribute that can help better people's lives.

2.10 Sexual minority seniors

The promotion of good sexual health also includes the ability to express sexual identity and self-image. When thinking about the sexual health of seniors belonging to the sexual minorities it is important to understand Finland's history. In Finland, homosexuality was a criminal offense up until the year 1971. After decriminalization, a new ban was set against encouraging homosexuality. The ban was then removed in 1999. In addition, homosexuality was classified as an illness until the year 1981 (Eloniemi-Sulkava, 2022).

European Fundamental Rights Division (FRA) conducted a survey that revealed 30% of the senior responders have avoided using social -and health services due to a fear of being treated unethically. 49% of the responders would choose a special living facility designed for seniors representing sexual minorities. The Ministry of the Interior also found that recognizing sexual minorities in gerontological care was infirm (Seta, 2022).

Seniors representing sexual minorities are afraid of having to hide their sexuality when entering living facilities or using different healthcare services because healthcare professionals are simply not trained to encounter sexual minorities (Mäkinen, 2017).

3 Aim, purpose, and research question

This literature review aims to bring awareness and knowledge to the topic of gerontological sexuality and its many forms. The shift from sexuality being thought of as something to conceal into something to celebrate and cherish has created a new demand for nurses to be able to encounter as well as to support sexuality in gerontological care. Therefore, the purpose of this thesis is to examine already existing literature and determine ways of supporting, encountering, and encouraging the sexuality of the elderly as a healthcare professional.

Our research question is: How to encounter elderly sexuality in gerontological care as a nurse?

4 Methodology

4.1 Theory of literature review

A literature review is a popular method utilized for recognizing what has already been researched on a particular topic. By going through the already existing material and information by conducting a literature review it is also possible to find what needs to be researched, specify main methods along with techniques frequently used in the past, identify main aspects regarding the research question or problem, and determine contexts further. It can also offer an alternate perspective and connect the theory to practice. The literature review provides an opportunity to analyze and assess existing arguments, rather than just summarizing them (Leite et. al., 2019).

In addition, the method can be used in the development, assessment, and/or building of entirely new theories (Marjamaa & Sinisalo, 2022).

The method itself consists of six main steps - that our thesis has also followed: 1. Defining the research question, 2. Determining inclusion and exclusion criteria 3. Choosing databases and conducting the actual research 4. Reviewing results 5. Critical appraisal 6. Analyzing the information (University of Texas Libraries, 2022). Writing a literature review is critical thinking and analyzing. The research process has to be well thought out and also duplicatable (Marjamaa & Sinisalo, 2022). When writing a literature review the goal is for the reader to get an understanding of the already existing researched information along with strengths and weaknesses of the research (Taylor, n.d.).

4.2 Why is it a suitable method for the thesis?

A literature review was chosen as the method for this thesis because as stated before the aim is to determine ways of supporting, encountering, and encouraging the sexuality of the elderly as healthcare professionals through examining the already existing literature. By conducting a literature review, it can be found out what is already done to support, encounter, and encourage the

sexuality of elders and what methods have been used before. In addition, it will give information on what needs to be researched further.

4.3 Systematic reviews

Systematic reviews are done using an objective and generally qualitative approach and lay the foundation for evidence-based practice. An extensive search is conducted where all articles with relevance are integrated through statistical analysis to represent the available literature realistically and at the same time counter bias. Before the research can begin a search tool must be selected to organize and frame the search terms in the right context. One such tool is the PICO table which helps identify relevant components of clinical evidence for systematic reviews. The acronym PICO stands for Population, Intervention or Interest, Comparison, and Outcome (Methley et al., 2014). Our PICO's table can be found below in Table 1.

P (Problem or Patient or Population)	People over the age of 65
I (Interest)	Sexuality and its expression
CO (Context)	Gerontological care settings

Table 1: PICO's criteria

4.4 Literature search

The two databases utilized in this literature review were PUBMED and Cumulative Index to Nursing and Allied Health Literature CINAHL (Ebsco). The articles were chosen based on whether they answered the established research question: How to encounter elderly sexuality in gerontological care? The articles were searched by using keywords. Those included the terms "gerontological care", "elderly care", "aged care nursing", "sexuality" and "sexual expression". These keywords were then connected using Boolean operators "AND" as well as "OR". The complete search occurred as follows: Gerontological care OR elderly care OR aged care nursing AND sexuality OR sexual expression. From the results, only articles adhering to the inclusion criteria were selected. As seen

below in Table 2, the inclusion criteria consisted of articles in the English language, articles answering the research question, articles that contain references, articles with the corresponding age group of over 65 years of age, articles with abstracts as well as the publication date between 2014 and 2024.

Inclusion	Exclusion
○ Articles in English language. ○ Articles relevant to the research question. ○ Articles containing abstracts. ○ Articles with references. ○ Articles with the corresponding age group. ○ Articles published between 2014-2024.	○ Articles behind a pay wall or not accessible to JAMK students. ○ Articles not answering the re-seach quaestion or not relevant to the study. ○ Articles published before 2014. ○ Articles repeated in an another database.

Table 2: Inclusion & Exclusion criteria

4.5 Data selection process

The studies used in this review were carefully chosen through an electronic data search from two different databases. The first database utilized was CINAHL and the total number of articles identified was 99. From there, the articles were screened using three of the inclusion criteria: free full text available, the publication year, and the language of the articles leaving 13 candidate articles. Next, these articles were screened based on the abstract and whether they answered the research ques-

tion. This reduced the number of articles to five. These articles were then examined more thoroughly and one article was left out for not meeting the inclusion criteria set forth reducing the final number of articles to four. This process can also be seen in Table 3 below.

During the data selection process, the authors also considered critical appraisal (see Appendix 1 and 2). For the results of a study or research to be considered credible or reliable, the research process must consider critical appraisal. It is a process where the research evidence is examined rigorously to evaluate the data's trustworthiness and relevance in a particular context. This makes critical appraisal one of the key elements in informed decision-making in the healthcare field. Its intended application is to improve healthcare professionals' skills in evaluating research and whether it is feasible (Mhaskar et. al., 2009).

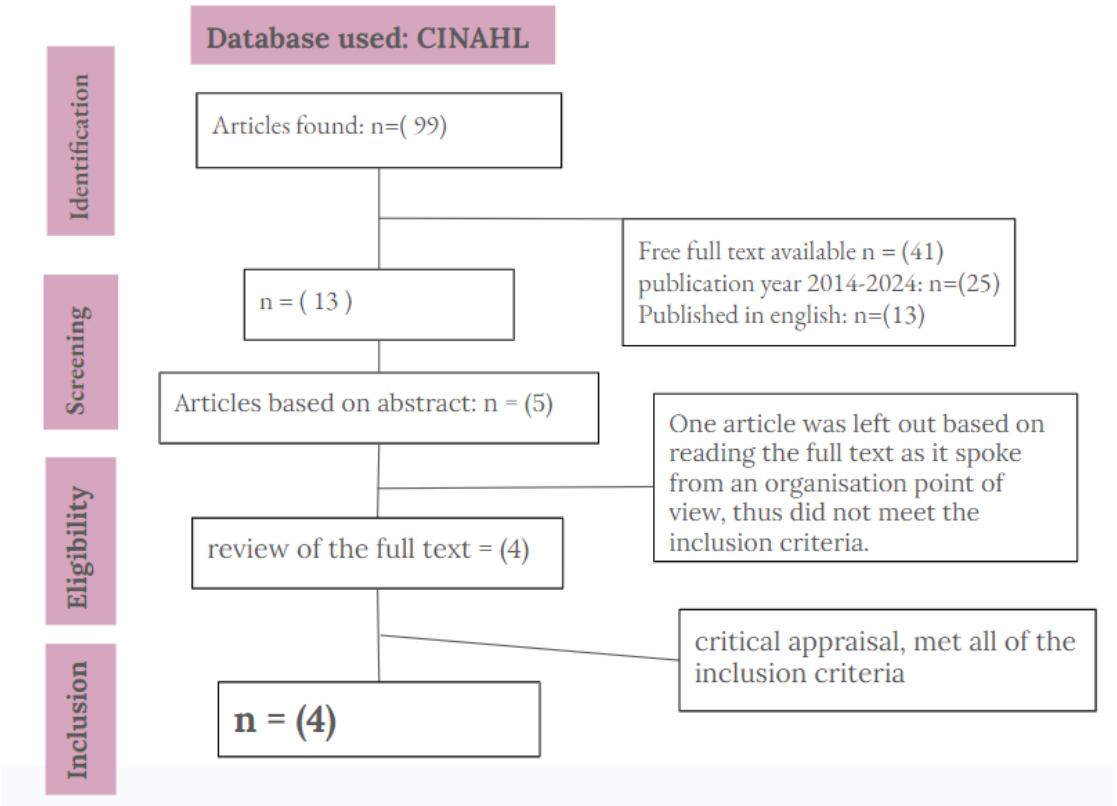

Table 3: Prisma flow chart of the data selection process; CINAHL

The second database utilized was Pubmed. Using the same completed search presented earlier 282 articles were identified. The articles were filtered utilizing our inclusion and exclusion criteria to narrow down the number of articles to go through more thoroughly. This was first done by making

sure all of the articles had full text available for free – resulting in 73 articles. The amount was still quite large to go through, therefore more filtration was needed.

Next, all articles published outside our publication year range, all articles published in different languages other than English, and all articles without an abstract were excluded. Even the pedantic filtration left out only 10 articles, leaving the authors with 63 articles to go through. After looking at the articles briefly, it was noticed that most were completely unrelated to our topic. To hopefully get better results, the target group's age (65+) was added, resulting in 15 articles in total. This was not needed when using CINAHL, which in comparison offered a smaller amount of articles. All 15 articles' abstracts were then read and all articles not answering the research question were left out. This left two articles suitable for the literature review for this thesis.

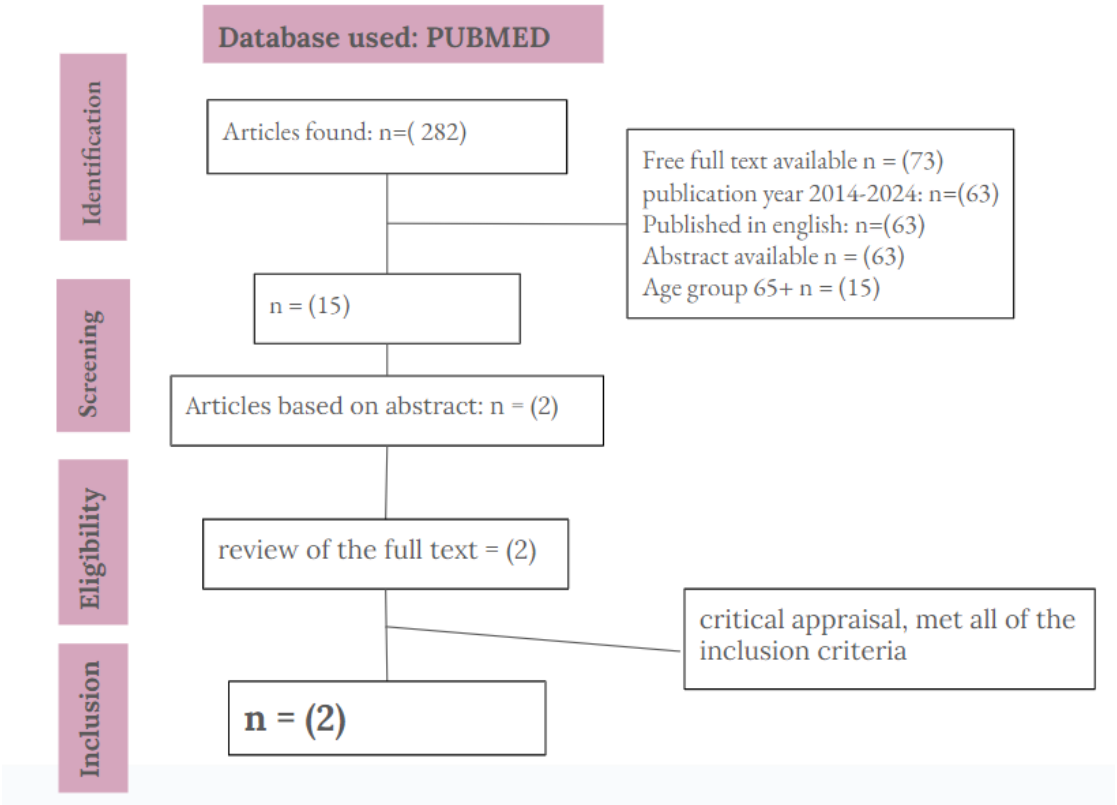

Table 4: Prisma flow chart of the data selection process; PUBMED

4.6 Studies included in the review

Of the six included articles two were published in the United Kingdom, and the others in various countries as follows: one in New Zealand, one in Ireland, one in the United States, and one in Taiwan. The methodologies in the articles varied widely. Cook et. al. (2017) and Syme et. al. (2016) used semi-structured interviews to conduct their studies. Horne et. al (2021) used the PRISMA chart for scoping reviews as a base. MacGabhann (2017) implemented their study using a questionnaire that resulted in quantitative, cross-sectional, and descriptive research. Yang et. al. (2021) executed their research using a quasi-experimental design that included pre- and post-intervention questionnaires. Many of the articles had similar key findings. They all focused on coming up with resources or interventions to better the sexual lives of elderly people from slightly different viewpoints. More detailed information on the articles can be found in Appendix 3: Studies included in the review.

4.7 Data analysis

Content analysis is one of the most frequently used analytical tools in a wide variety of research applications today. Qualitative content analysis is a research method that systematically identifies emerging themes in text by coding and categorizing. It is based on empirical interpretation of the data. Qualitative content analysis focuses on understanding the research texts in their specific contexts. The analysis does not merely count words or extract objective content as its counterpart quantitative content analysis does but allows the understanding of certain social realities subjectively and scientifically. Qualitative content analysis consists of condensing raw data into categories or themes based on the researcher's interpretation. The process uses inductive reasoning where the themes and categories arise from the data through the researcher's thorough examination. There are three different approaches to qualitative content analysis differentiated by the involvement of inductive reasoning: Conventional qualitative content analysis, directed content analysis, and summative content analysis (Zhang & Wildemuth, 2016).

In this thesis, the directed content analysis method was used. Both authors first read through each article separately thoroughly and repeatedly familiarizing themselves with the texts. Then, both authors also separately highlighted all relevant passages in the articles that answered the research question. All the excerpts were then collected into one document. Next, the authors met in person,

went through the emergent themes, and looked through each other's findings. Different data entries were assigned subcategories and a corresponding color code. The authors coded the entirety of the entries, after which they assigned the themes into main categories. The data entries were then combined and simplified and finally written up as raw entries. This process and the raw entries can be seen in Appendix 4. Data analysis.

5 Results

5.1 Overview of the results

The analysis of the included articles revealed six main categories related to the sexuality of older people in residential care from the nurse's perspective. The six main categories are Education and training; Person-centered care; Communication and dialogue; Diversity and inclusivity; Organizational support; and Ethical considerations. The main categories as well as their subcategories can be found represented below in Table 5.

Education & training	• *Enhanced knowledge & attitudes*
Person centered care	• *Individualized care* • *Patient-Carer relationship*
Communication & dialogue	• *Dialogue skills* • *Self-reflection*
Diversity & inclusivity	• *Recognition of diversity* • *Inclusivity*
Organizational support	• *Supportive culture & environment* • *Formal policies*
Ethical considerations	• *Ethical guidelines* • *Respect for autonomy*

Table 5: Main Categories and Sub-Categories

5.2 Education and training

Enhanced knowledge and attitudes: Nearly all six of the articles discussed expertise or lack thereof and attitudes toward elderly people's sexuality in residential care. One of the main findings was that education can have a tremendous impact on the attitudes of healthcare staff when discussing elderly sexuality and intimacy. Good education and knowledge of the topic make nurses firstly, more

comfortable in discussions with residents, and secondly help dispel any existing stereotypes, or misunderstandings the healthcare professionals may have (Horne et. al., 2021; MacGabhann, 2017; Yang et. al., 2021). Horne et. al. (2021) highlight the importance of education throughout their study. Training in sexuality, intimacy, and their change in later life should be included in healthcare professionals' training. This could be achieved by workshops and seminars or even by including a module on the topic in the curriculum (MacGabhann, 2017; Yang et. al., 2021; Syme et. al., 2016). Furthermore, Syme et. al. (2016) also recommended that educational discussions be held with the healthcare staff about their values, and residents' rights regarding sexuality and intimacy as well as providing factual information about aging sexuality. Lastly, the staff in residential care should be able to give guidance about sexuality and safe sexual practices (Heath, 2019).

5.3 Person-centered care

Individualized care & Patient-carer relationship: NHS (n.d.) states being person-centered focuses on the individual's needs, ensuring that the individual's preferences, needs, and values are listened to. However, providing person-centered care, especially long-term, is difficult without knowing the patient properly.

Heath (2019) noted that knowing the patient's history thoroughly significantly impacted the nurse's ability to assess their well-being. Similar discoveries were made when reflecting on sexuality in gerontological care settings. MacGabhann (2017) stated nurses must especially be aware of the senior's history belonging to sexual minorities to be able to provide fully responsive care to their individual needs, especially given the discriminatory history of LGBTQ+. She continued discussing how many nurses may believe they are providing person-centered care by being neutral - or practicing neutral care, where their own attitudes do not affect the care. However, whilst doing that, they promote sexual identity blindness that contributes to the invisibility felt by seniors belonging to sexual minorities.

Creating a care plan is an essential part of any care. The currently utilized standardized assessment tool in Finland is the Resident Assessment Instrument or RAI. It is designed for assessing a person's functional ability, and the need for services and is used in updating and creating a care plan. RAI is specifically developed for gerontological care and disabled care (THL, 2024). Syme et al. (2016) and

MacGabhann (2017) both argued sexuality should be a part of a care plan and regularly assessed such as cognitive functions already are. Currently, the Resident Assessment Instrument does not include sexuality at all.

5.4 Communication and dialogue

Self-reflection: Both MacGabhann (2017) and Yang, et al (2021) found that negative attitudes, beliefs as well as lack of knowledge affect care and the expression of sexuality negatively. Heath (2019) further discussed the topic by defining barriers affecting professionals' inability to discuss or encounter sexuality in gerontological care: Lack of confidence and/or relevant experience, Lack of knowledge of sexuality issues in later life, of treatments or means of helping older people experiencing problems, or where to refer for help, Embarrassment and fear of causing patient embarrassment, Fear of offending, Personal, cultural or religious beliefs, for example, about different types of relationships such as people from different backgrounds or generations, homosexuality and if people should be sexually active, A dominant care culture that does not regard sexual and sexuality issues as important also discourages their expression. Healthcare professionals should challenge and question their own beliefs about sexuality; objective, non-judgmental, and professionalism are promoting factors to sexuality being discussed more openly (Heath, 2019; MacGabhann 2017; Syme, et al., 2016).

5.5 Diversity and inclusivity

Recognition of diversity: Horne et. al. (2021) found whilst researching educational and training resources directed at staff working in long-term care facilities that there are very few resources that consider the specific needs of LGBTQI+ -residents. Despite this, it was found that recognizing diversity and cultivating open-mindedness allows staff to accept each person's individual needs and give holistic and altogether better care. Older people of sexual minorities often feel as though they have to resume closeted lives for the remainder of their lives as they are generally invisible to the staff and other residents in residential care (Heath, 2019).

Inclusivity: One major finding that Heath (2019) made is that the assumption of residents' heterosexuality can have a negative impact on care. Furthermore, for a care plan to be truly holistic, it

must include the resident's sexual orientation for the staff to provide person-centered care. However, the patient data collection forms in use today do not account for people's diversity, especially the diversity of sexual minorities as they have no such article. Heath (2019) also considers neutral care. According to them, it should not be something to pursue as it can lead to even further exclusion of the many LGBTQI+ -residents.

5.6 Organizational support

Supportive culture & environment: Syme et. al. (2016) identified several environmental issues regarding resident's sexuality and its expression: Lack of knowledge & training, lack of resources for sexuality, lack of policy for managing complex sexual situations, determining consent, the stigma of addressing sexuality, the built environment and the attitudes of family members. Supportive organization culture and environment as well as leadership have been identified as a promoting factor for the expression of sexuality (Horne et. al., 2021; Heath, 2019).

Formal policies: Cook et al. (2017) stated that without a formal framework available for encountering sexuality, the nurse's approach is formulated by their own beliefs and attitudes. Yang et. al., (2021) also found that a lack of policies and guidance leads to prejudice and misunderstanding towards the elderly expressing sexuality. In their research Syme et. al. (2016) recommended components of policy to address sexual expression: providing educational resources, being adaptable to individualized sexual situations, providing specific guidance for working with families, being integrated into care planning/documentation, and having more specific guidelines to assess sexual consent. However, Heath (2019) pointed out that rigid policies and/or guidelines may work against residents' well-being, rather these policies should have flexibility and be person-centered.

5.7 Ethical considerations

Ethical guidelines: Two articles considered ethics and sexuality together. Syme et. al. (2016) found that without formal ethical guidelines to direct care in terms of sexual expression and consent nurses and other staff have to make decisions based on their moral judgments and thus the standard of ethical care cannot be verified. In addition, the healthcare providers making these decisions re-

port being under colossal pressure, and due to a lack of ethical guidelines in the matter, they experience moral distress regularly. As Cook et al. (2017) state, residential care facilities need formal guidelines and policies that are ethically based. They should be used in conjunction with a person-centered care approach to ensure the best care and that the resident's dignity and rights are respected. Cook et al. (2017) add, that ethical guidelines could help battle excessive and harmful paternalism in care facilities.

Respect for autonomy: Ethically informed education, guidelines and policies would enhance the staff's role as advocates for the residents concerning sexual expression, consent, and issues involving the two. This would ensure that the residents living in long-term care facilities feel as home as possible and ensure their autonomy to the highest possible extent (Cook et. al., 2017).

6 Discussion

This literature review found six themes relating to caring for and encountering elderly people's sexuality in gerontological care focusing on the nurses' perspective. The themes were: Education and training, Person-centred care, Communication and dialogue, Diversity and inclusivity, Organizational support, and Ethical considerations.

Based on these results it seems that the most prominent issue relating to encountering elderly sexuality as a healthcare professional stems from the lack of education and training in the area. As many of the articles argued (Horne et. al., 2021; MacGabham, 2017; Yang et. al., 2021), educational interventions have been shown to change the attitudes of healthcare professionals and foster a more permissive and positive environment toward this area of holistic care for the elderly. Both Yang et. al. (2021) and Syme et. al. (2016) highlight that workplaces should have resources available to nurses and other professionals to ensure that they are adequately trained in the area. MacGabham (2017) even suggests that elderly sexuality should be included in the nursing education curricula.

Person-centered care is at the heart of nursing care. In addition, providing person-centered care is closely intertwined with diversity and inclusivity as the results suggest. Heath (2019), MacGabham (2017), and Horne et. al. (2021) all considered individualized care to have a positive effect on the outcomes of care but also recognized the lack of resources relating to for instance sexual minorities and the impairments in the care it causes. Horne et. al. (2021) found that very few resources take into account the needs of LGBTQI+ -residents. Holistic care can only be successfully reached when a person's sexual orientation and history are fully recognized, according to Heath (2019). They continue that many seniors feel the need to hide their identity for many for the second time when they enter long-term care. MacGabham (2017) adds, that the discriminatory history of LGBTQ+ individuals should be considered and healthcare professionals should be careful not to promote completely neutral care as it only reinforces the invisibility felt by many residents.

All of the articles discuss in some capacity the importance of open communication and dialogue. As can be seen from the results self-reflection is highlighted and the core of many interactions especially as a healthcare professional. Heath (2019) highlights in their results that opening the dialogue is the most important step in discussing elderly sexuality accompanied by active listening. Seeking out non-verbal cues should also be noted in effective communication. Cook et. al. (2017) found that the dominant culture in care homes is counterproductive to resident privacy and also communication. One participant in their study noted that nurses did not wait to be invited in even when they knocked to indicate they had something to tell the resident.

In summary, based on these results it seems that in the healthcare field, there is still work to be done to enhance care. However, as many studies included in this review have stated similar issues regarding encountering elderly sexuality it indicates where to start. The results highlight the following issues: lack of education and training in encountering elderly sexuality, nurses' attitudes have an enormous impact on the care they give, elderly sexuality and consent should have its own official ethical guidelines, and LGBTQI+ -residents should not have to hide a part of their identity in their later years, especially when historically they have had to do it for long.

7 Ethical considerations

Ethics is an irreplaceable part of the research process. Research Council of Finland (n.d.) states that society's trust in scientific research and the credibility of the research itself depends on good scientific practice as well as ethical considerations. Reviewing the ethics covers the whole process of conducting research. Common ethical issues relate to the research topic, methods or implementation, or the research data. The responsibility to consider these ethical issues in the research process lies primarily on each researcher (Research Council of Finland, n.d.). In this research ethical considerations were made. The authors followed a systematic form in the writing of the literature review in retrieval of the articles, choosing the research method, data analysis, and presenting of the findings. The authors concluded that the articles chosen recognized the ethical considerations of their research and that they had acquired informed consent from the participants, the privacy of the participants was ensured, and their autonomy and dignity were guaranteed. The authors assured all the information provided in this research was accurately cited and referenced following the guidelines of the American Psychological Association (7th edition) giving the authors full credit.

The research process was meticulously documented by the authors to ensure that the process could be replicated thus reinforcing the reliability and validity of the data. Kimberlin & Winterstein (2008) defined validity in research as the extent to which the results of a study are warranted and based on. On the other hand, they defined reliability as the stability of measures, consistency of measurement instruments, and reliability of the results. The authors of this research adhered strictly to the inclusion and exclusion criteria. The authors utilized critical appraisal in selecting the articles. An adapted version of the Hawker et. al. (2002) critical appraisal tool was utilized as seen in Appendix 1 and 2. The following aspects of the article were evaluated: abstract, introduction, method and data collection, sampling, data analysis, ethics and bias, and implications. Each aspect was given a score from 1 to 5, where 1 equals very poor and 5 very good. Appendix 2 details the scoring the authors used. The minimum requirement for an article to be qualified was a score of 25. The minimum score was adjusted to 20 for the study by Heath (2019) since the method and data collection as well as sampling were not applicable.

The limitations of this study stem from the use of only two databases in the data selection process and the limitation of only using articles with free public access or free access to JAMK students. Studies in other languages also might have been made but this research only included articles in the English language.

8 Conclusion

The results of this thesis highlight the unfortunate reality: elders' sexuality is currently invisible. Integrating sexuality into gerontological care is still in the developing process and will take a lot of work. Nurses working with gerontological patients have inadequate knowledge and skills to promote sexuality or encourage its expression. This leads us to one of the core issues: How do we as nurses promote sexuality when there is no education or training available? When there is a lack of knowledge or skills, the topic is easier to avoid or brush under the carpet. The lack of organizational framework or guidelines as well as support contributes to the invisibility to a great extent.

However, the results also prompt concrete developmental targets in encouraging and supporting sexuality in gerontological care such as including sexual education focusing specifically on elders in nursing schools and at workplaces, adding resources to include residents belonging to sexual minorities, and developing framework and guidelines in different organizations.

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10 Appendixes

10.1 Appendix 1. Critical appraisal

Author, year & title	Abstarct	Introduction	Method and data collection	Sampling	Data-analysis	Ethics and bias	Implication/usefulness	Total	Comments
Cook, C., Schouten, V., Henrickson, M. & McDonald, S. (2017). *Ethics, intimacy and sexuality in aged care.*	5	3	4	3	4	5	4	**28**	*Good & well-constructed abstract. Small sampling size.*
Heath, H. (2019). *Sexuality and sexual intimacy in later life.*	4	5	Not applicable	Not applicable	3	4	5	**21 (/25)**	*Good concrete tips for professionals*
Horne, M., Youell, J., Brown, L. J. E., Simpson, P., Dickinson, T. & Brown-Wilson C. (2021). *A scoping review of education and training resources supporting care home staff in facilitating residents' sexuality, intimacy and relational needs.*	5	4	5	Not Applicable	4	4	4	**28(/30)**	*Excellent data-collection & analysis. Well-constructed.*

MacGabhann, P. (2017). *Nurses' views on the care of gay and lesbian care home residents.*	3	3	4	4	4	4	4	**26**	*Limited Abstract & introduction. Considers the topic's sensitivity well.*
Syme, M. L., Lichtenberg, P. & Moye, J. (2016). *Recommendations for sexual expression management in long-term care: a qualitative needs assessment.*	4	4	4	4	3	4	4	**27**	*Study written in a very concise way.*
Yang, M-H., Yang, S-T., Wang, T-F. & Chang, L-C. (2021). *Effectiveness of a Sexuality Workshop for Nurse Aides in Long-Term Care Facilities.*	4	4	5	4	3	5	5	**30**	*Study was conducted & recorded meticulously.*

10.2 Appendix 2. Critical appraisal values explained

1	Very poor
2	poor
3	fair
4	Good
5	Very good

10.3 Appendix 3. Studies included in the review

Author & title	Aim & purpose	Participants	Methodology, Data collection & analysis	Key findings & results	Country of study
Cook, C., Schouten V., Henrickson, M. & McDonald, S. (2017) *Ethics, Intimacy and sexuality in aged-care*	To gain and analyze the accounts of staff, family members, and residents to advance ethical insights into intimacy and sexuality in gerontological care.	4 participants of European descent in total: A registered nurse (aged 55-65); a healthcare assistant (aged 55-65); a female resident (aged 70-80); and a female relative (aged 45-55).	Four interviews were conducted. During the data analysis, four themes were identified from the data: mediated intimate relationships and everyday ethics in residential aged care; self-referential morality; knowing the person then and now; and juggling ethical priorities	It was found that nurses regularly experience moral distress and uncertainty due to a lack of education and policies relating to sexuality in aged care. In addition, it was found that tension between the staff and family members is often due to the staff being more aware of the residents' current wishes than the family members.	New Zealand
Heath H. (2019). Sexuality & sexual intimacy in later life	To enhance health care professionals understanding of sexuality and sexual expression in older people – as well as to give confidence working in this aspect of care in the gerontological field.	None / literature review		People want to continue expressing sexuality & enjoy intimacy in its diverse forms in later life as well. Nurses should work on their competence addressing sexuality and its issues, as discussing sexuality is central element of nursing in the gerontological field as well.	Loughton, Essex, England

Horne M., Youell, J., Brown L., J, E., Simpson P., Dickinson, T. & Brown-Wilson, C. (2021). *A scoping review of education & training resources supporting staff in facilitating residents' sexuality, intimacy & relational needs.*	To identify and examine education & resources available for healthcare professionals regarding sexuality, intimacy & residents relational needs.	Literature review; five electronical databases (CINAHL, Embase, ERIC Medline, Scopus and ISI Web).	PRISMA-ScR; the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews. Also utilized the Arksey and O'Malley methodological framework.	11 education interventions & 3 education resources were identified. Education can improve knowledge and/or change healthcare professionals' attitudes towards older people's sexuality/intimacy	UK
MacGabhann, P. (2017). *Nurse's views on the care of gay and lesbian care home residents*	Exploring nurse's views on caring for gay and lesbian care home residents.	89	A questionnaire-based, quantitative, cross-sectional, descriptive research.	Expression of sexuality is a lifelong need, Historic of homosexuality cannot be ignored, assumptions about sexuality have a negative impact on care, sexuality is often neglected – especially if the resident is homosexual, recognition of diversity is a key to providing holistic care.	Ireland
Syme, M. L., Lichtenberg, P. & Moye, J. (2016, October). *Recommendations for sexual expression management in long-term care: a qualitative needs assessment.*	To conduct a qualitative needs assessment of Directors of Nursing regarding challenges and recommendations for addressing sexual expression and consent	20 either current or former Directors of Nursing, Most participants were middle-aged, white (n = 18) and females (n = 19).	semi-structured interviews. Thematic analysis was employed to discover emerging patterns in the data.	Recommendations spanned across 8 categories each representing key challenges the DONs faced when managing sexual expression and consent: Address the issue; Make environmental changes; Identify staff expertise; Provide education and training; Assess sexuality initially and recurrently; Establish policies/procedures for sexual expression management; Develop assessment tools for sexual expression and consent; and Clarify legal issues.	The United States

Yang, M-H., Yang, S-T., Wang, T-F. & Chang, L-C. (2021, November 24). *Effectiveness of a Sexuality Workshop for Nurse Aides in Long-Term Care Facilities.*	To improve the quality of sexual life for elderly residents by enhancing nurse aides' knowledge and attitudes toward elderly sexuality through sexuality workshops.	64 nurse aides and 58 residents in a large residential care facility in Taipei.	A quasi-experimental design with repeated measurements pre- and postintervention and 4 weeks post the intervention. The participants were divided into two groups, an experimental group and a control group. Anonymous questionnaires were distributed and collected from the nurse aides by their leaders and from the residents by the investigator. The data was analyzed using SPSS version 22.0 (IBM Corporation, Armonk, NY, USA Independent samples *t*-tests and chi-square tests were used to compare the differences in the general data between the experimental and control groups. A generalized estimating equation was adopted to test for any significant differences in sexual knowledge, sexual attitudes, and quality of sexual life at pre- and postintervention and four weeks after the intervention between the experimental and control groups.	The sexuality workshop group was found to be very effective in increasing the healthcare professionals' knowledge and attitudes toward elderly sexuality. This in turn was found to better the quality of sexual life of the residents	Taiwan

10.4 Appendix 4. Data analysis

Raw entry	Subcategories	Main Categories
Educational interventions have the potential to change nurses' attitudes towards elderly people's sexuality and intimacy as well as destigmatizing and clearing stereotypes of the subject.	Enhanced knowledge & attitudes	**Education & training**
Addressing elderly people's sexuality should be a part of nurse training and curricula.	Enhanced knowledge & attitudes	**Education & training**
A key element is to provide educational resources about sexuality, sexual expression and consent to facilities.	Enhanced knowledge & attitudes	**Education & training**
Nurses should have more information about sexuality to offer quality guidance on aging sexuality, safer sexual practices, and other available services when more help is needed.	Enhanced knowledge & attitudes	**Education & training**
A supportive organizational culture promotes staff's attitudes to residents' sexuality.	Enhanced knowledge & attitudes	**Organizational support**
Leadership is in a key role.	Supportive culture & environment	**Organizational support**
Education programmes on the subject of sexuality and sexual diversity would enable staff to reflect more critically on their assumptions and prejudices.	Supportive culture & environment	**Organizational support**
A lack of policy, procedures and understanding regarding residents' sexual expression and consent have been identified, which leads to staff having to rely on their own judgment in arising dilemmas.	Formal policies	**Organizational support**

Recommended components of policy to address sexual expression included: providing educational resources, being adaptable to individualized sexual situations, providing specific guidance for working with families, being integrated into care planning/documentation, and having more specific guidelines to assess sexual consent.	Formal policies	**Organizational support**
The environment and culture in a long-term facility has several environmental issues regarding residents' sexuality and its expression. Lack of knowledge and training resources for sexuality, lack of policy for managing complex sexual situations, determining consent, stigma of addressing sexuality, the built environment and the attitudes of family members as well as staff were identified as contributing factors.	Supportive culture & environment	**Organizational support**
More resources are needed for the healthcare professional on the topic of discussing sexuality, intimacy and relational needs with the patient and their family.	Dialogue skills	**Communication & Dialogue**
These factors enhance the quality of a dialogue: Being open to discussion, active listening, paying attention to non-verbal cues, encouraging questions, open ended -and broad questions.	Dialogue skills	**Communication & dialogue**

Healthcare professionals are afraid of discussing sexuality due to their own lack of confidence and/or relevant experience, Lack of knowledge of sexuality issues in later life, of treatments or means of helping older people experiencing problems, or where to refer for help, Embarrassment and fear of causing patient embarrassment, Fear of causing offense, Personal, cultural or religious beliefs.	Self-reflection	**Communication & Dialogue**
Many challenges arise from healthcare professionals' attitudes and beliefs: an objective, non-judgmental and professionalism are promoting factors to sexuality being discussed more openly.	Self-reflection	**Communication & dialogue**
Healthcare professionals should challenge & question their own beliefs of sexuality, diversity and relationships: inadequate care is often the result of healthcare providers' negative attitudes.	Self-reflection	**Communication & dialogue**
Having a good understanding of the patient's history of sexuality is a promoting factor to sexuality's expression and holistic care	Individualized care	**Person-centered care**
Sexuality should be a part of the care-plan and assessed regularly.	Individualized care	**Person-centered care**

Ageism shapes assumptions.	Patient-Carer relationship	**Person-centered care**
The "then" self or the well-being of the "now" self may result in conflict when discussing sexuality.	Patient-Carer relationship	**Person-centered care**
Gerontological care facilities need formal policies that are ethically based.	Ethical guidelines	**Ethical considerations**
Nurses and other healthcare professionals are often left alone without formal or ethical guidelines in situations regarding sexual expression and consent, leading them to having to rely on their own ethics and morals.	Ethical guidelines	**Ethical considerations**
Excessive paternalism is harmful to the expression of sexuality.	Respect for autonomy	**Ethical considerations**
The specific needs of the LGBTQI+ residents are left unconsidered in data collection forms, interventions and resources.	Recognition of diversity	**Diversity & inclusivity**
Care Plan should include residents' history regarding sexual orientation in order to provide holistic care	Inclusivity	**Diversity & inclusivity**
Neutral care should not be a standard thrived for, it promotes invisibility felt by the sexual minority residents and/or patients.	Recognition of diversity	**Diversity & inclusivity**

Assumptions made about sexuality and/or sexual orientation have a negative impact on care.	Inclusivity	**Diversity & inclusivity**
Nurses must embrace diversity.	Recognition of diversity	**Diversity & inclusivity**
Total: 27 Raw entries	**11**	**6 Main-categories**