



NURSES' VIEW ON ELDERLY PATIENTS' GENDER IDENTITY

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ESKOLA, LASSE: Vanhuspotilaiden sukupuoli-identiteetti hoitajien kokemana.

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Tämän opinnäytetyön tavoitteena oli tutkia vanhusten sukupuoli-identiteetin ilmenemistä ja tukemista hoitajien näkemänä ja kokemana. Tarkoituksena on myös herättää keskustelua aiheesta sekä selvittää hoitajien koulutustarvetta ja -halukkuutta aiheeseen liittyen. Pyrkimyksenä on myös, että tätä tutkielmaa voidaan käyttää hyväksi hoitotyötä kehitettäessä, erityisesti seksuaaliterveyden näkökannalta.

Tutkimus oli kvantitatiivinen ja se toteutettiin kyselylomakkeella. Aineisto kerättiin kevään 2011 aikana seitsemän vanhusten hoitokodin hoitajilta. Kyselylomakkeita lähetettiin 70 ja niistä palautettiin 29. Vastausprosentiksi muodostui siis 41. Aineisto analysoitiin tilastollisesti.

Tutkimuksen tulokset osoittivat, että hoitajien mielestä sukupuoli-identiteetti ei katoa iän myötä, vaan vanhuksat kokevat ja näkevät itsensä miehinä tai naisina, ja haluavat ilmentää sukupuoltaan ja sukupuolirooliaan. Hoitajien mielestä myös sukupuoli-identiteetin tukeminen ja huomioiminen on osa hoitotyötä. Vastaajat olivat myös sitä mieltä, että mahdollisuudet ja edellytykset sukupuoli-identiteetin tukemiseen ja huomioimiseen ovat olemassa. Ajan ja työvoiman puute nähtiin suurimpana esteenä. Kolmasosa vastaajista koki omat tiedot vanhusten sukupuoli-identiteetin tukemisesta riittäviksi ja 86 prosenttia vastaajista ilmoitti halukkuutensa osallistua aihetta käsittelevään koulutukseen.

Avainsanat: Sukupuoli-identiteetti, laitoshoido, ikäihminen

ABSTRACT

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The aim of this study was to investigate nurses' perceptions on manifestation and support of elderly patients' gender identity. The aim is also to stimulate discussion on the subject and to find out if there is a need or a desire for further education on the topic. The goal is also that this study can be used when developing nursing care, in particular from the point of view of sexual health.

The study was quantitative and it was carried out with a questionnaire. The data was collected in spring 2011 from nurses who worked in seven different nursing homes for elderly. 70 questionnaires were given to wards and 29 of them were returned and therefore the response percentage was 41. Results were statistically analyzed.

The results showed that the nurses' view of gender identity is that it does not disappear with age, and the elderly feel and see themselves as men or women and want to reflect their gender and gender-roles. Nurses also believed that supporting the gender identity is a part of the nursing care. Respondents also felt that possibilities and premises for gender identity to be supported and considered are in place. Lack of both, time and personnel, were seen as the main obstacles. Two-thirds of the respondents felt that their knowledge about gender identity and its support are adequate and 86% would be willing to participate in an education regarding the topic.

Key words: Gender identity, institutional care, elderly

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1 INTRODUCTION

In elderly care, nurses encounter expressions of gender identity in many forms. Supporting the elderly patients' sense of being a male or a female is a part of the nursing care, which should be considered and handled professionally. In a long-term care, sexuality is easily bypassed, although in nursing care it should be included in the holistic view of the patient (Ilmonen & Nissinen 2006, 43).

All human beings are born free and equal in dignity and rights. All human rights are universal, interdependent, indivisible and interrelated. Sexual orientation and gender identity are integral to every person's dignity and humanity. Sexuality is seen as a basic need and a human right. Nursing has a holistic view of patients and, as sexuality is a basic human need, it is essential in nursing care. (WHO 1995, 11.)

This study aims to investigate nurses' perceptions on the elderly patients' gender identity, what is done to support it, and the possibilities to express and to support the gender identity. This study could also be used in further studies of the subject as well as when planning nursing practice and education. Moreover, the goal is to awake discussion about the subject, so that sexuality of the elderly would not be considered as a taboo by default. The study was done with the cooperation of seven Finnish nursing homes for the elderly.

Many studies have showed that the elderly patients want to express sexual-identity e.g by taking care of their appearance. Elderly patients' expectations on sexual-guidance -treatments will increase when large age-groups, who experienced the sexual revolution, will come to a retiring age. This generation demands their sexual rights even in institutional care. For this nurses should be prepared. (Kontula 2008, 259.) There are plenty of research done concerning sexuality amongst younger people, but research of sexuality of the elderly has been minor (Koskinen 2008, 5). Sexuality of the elderly is still a taboo and therefore it is important to study it in order to enable more open discussion concerning it (Rautasalo 2008, 96).

2 GENDER IDENTITY AND SEXUALITY

WHO defines sexuality as a "central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors." (WHO 2011.)

Encyclopedia Britannica (2011) defines gender identity as "an individual's self-conception as being male or female, as distinguished from biological sex". Gender identity is understood to refer to each person's deeply felt internal and individual experience of gender (Yogyakarta principles 2011). Gender identity, in this thesis, covers how the persons feel with themselves and others, their acceptance of sex and sexuality as an intricate part of their lives, the ability to express themselves humanly, sexually and genitally in a way which enhances their being and is not harmful to others, and a sense of being a male or a female.

Although this thesis mainly focuses on gender identity, both concepts, sexuality and gender identity are used. Sexuality is referred to when there is a need for broader applicability and when discussing other researches that are done within the context of sexuality. Gender identity is used when its comprehensiveness is adequate. This study is carried out on the presumption that the elderly patients' inner feeling of oneself being either a man or a woman is similar to their biological gender.

2.1 Gender identity and the elderly

In human life, there are many critical periods and turning-points. For example when retiring, worker-role is replaced with a role of a retired person. This is easier for women, because they can naturally continue their activities amongst their families and relatives. Aging significantly determines the social role. Part of the changes are due to altered capability and resources. Partly it is due to the social and behavioral expectations of the surrounding association and culture for people of certain age. (Kontula 2008, 241.) The elderly of this day have lived the period in which men and women had strong gender related roles (Eliopoulos 2001, 161-162).

The elderly start to think what is age-appropriate behavior for them and what they are supposed to do at later age. Earlier habits might not longer be considered appropriate for them. On the other hand, these expectations and values have been changing, and the change will speed up when big age-groups get closer to retirement age. People want to maintain the lifestyle they adopted at younger age. (Kontula 2008, 255.)

2.2 Gender identity and nursing

Nursing care is purposeful actions and its aim is to maintain well being and health as well as to prevent and to treat illnesses (Iivanainen, Jauhiainen & Pikkarainen 2006, 45). According to Yura and Walsh (1990), nursing care is a process which includes four steps: patient's need for care, planning of care, implementation of care, and evaluation of care. With these steps, the aim is to map the patient's needs together with the patient and the nurse. (Yura & Walsh 1990, 11.)

In order for nursing care to be effective and beneficial for the patient, it must correlate with patient's needs (Aalto 2002, 24). Also Janhonen and Pyykkö (1996, 22) write that the goal of nursing care is to respond to patients' individual needs, and to enhance patients' capability and health.

Yura and Walsh (1990) have described a need for affection as an essential need for well being in people of all ages. A need for affection is preserved throughout life although its manifestation varies according to age, gender and culture. (Yura & Walsh 1990, 261.)

In a holistic care, people are cared and their health is enhanced in all aspects of their life, also in sexual issues and questions. Principally this means that sexuality is accepted as a part of the patient so it can be professionally introduced in nursing situations. (Jokela 1996, 21-22.)

People most often need help and guidance when adapting to the effects of aging. Especially for women, changes in appearance can be a big issue. Understanding women's sexual desires is essential when improving elderly patients' sexual well-being. Major part of the elderly patients' sexual problems stays out of the care-system because of the embarrassment to mention them. Possible sexual problems or a need for guidance should therefore be assessed by the nursing staff as a routine. (Kontula 2008, 256-258.) Nursing care plan should also include sexual needs (Kiviluoto 2000, 316).

Hillman (2000, 1) writes that in prior decades, elderly's sexuality has been viewed as having no importance or as a waste of professionals' time. Only in recent years has elderly's sexuality been addressed seriously and responsibly from a clinical, although not from a general societal, perspective. Roper, Logan and Tierney (1992, 278) have developed a model of nursing in which the expression of gender is one of the elementary functions.

According to Kontula's written work, care institutes restrict sexual expression and leave desires and needs unfulfilled, and in most of the care institutes, taboo around the sex is created on purpose to ascertain nurses' comfort and the facility of their work. (Kontula 2008, 258.)

3 ELDERLY

During the twentieth century, population of Finland almost doubled from 2.6 million to nearly 5.2 million. Still in 1950, population grew 1% per year, but now the growth has decreased to 0.3%. (Koskinen, Nieminen, Martelin & Sihvonen 2008, 28) In Finland, as well as in other industrial western countries, the age distribution has gotten older. Finnish statistics show that there are over 910 000 people aged 65 or more. That is 17% of the population. (Population Structure 2009.)

Older people are the fastest growing group of customers in social and health care. The average life expectancy increases all the time. People also stay healthier and more active for a longer age than before. (Voutilainen & Tiikkainen 2008, 7.) On the other hand, due to a longer life and diseases and functional limitations associated with aging, people live longer but have more illnesses (Sihvonen, Martelin, Koskinen, Sainio & Aromaa 2008, 51).

Women live approximately eight years longer than men in Finland. They also suffer less from illnesses. Therefore, women are widowed more often, and at younger age, than men. Women remarry more rarely than men after the death of the spouse. This is due to the lack of the same-aged men and the old moral according to which it is not appropriate for a woman to remarry. (Kontula 2008, 243.)

Ageing is a series of different changes that does not progress simultaneously. Old age comes with the abandonment of many things, but it can also bring new content, activity and values to life. It is essential that the elderly's resources are taken into account when planning welfare for the elderly. (Vallejo-Medina, Vehviläinen, Haukka, Pyykkö & Kivelä 2005, 11-12.) Hillman (2000,1) states that "with the change in our country's [United States] demographics, featuring a rapid increase in the sheer numbers of older people, and our society's greater tolerance for more open discussions of sexuality in general, it is only a matter of time before the substantial need for clinical expertise in elderly sexuality becomes readily apparent." An important principle is that oldness is not a problem, but a unique phase of life (Laitinen-Junkkari, Isola, Rissanen & Hirvonen 1999). A myth surrounding sexuality is that people lose their interest in sexuality as a result of aging, but all humans need physical and spiritual intimacy regardless of the age. Sexual interest does not have an age limit. (Heikkinen & Rantanen 2003, 220-223.)

4 INSTITUTIONAL CARE

Municipalities can arrange care or rehabilitation in institutional settings when it is not possible or practical to organize them at one's home (Sosiaalihuoltolaki 1982). There are two forms of institutional care in Finland, a short-term and a long-term. A short-term care supports elderly patients' and their carers' coping at home and prevents the need for a long-term care. A short-term institutional care can be used at regular intervals or in rotation with living at home. A long-term institutional care is given to people who need constant care which cannot be arranged at home or in service accommodation. It includes rehabilitative activity, food, medicines, cleanliness, clothing, and services to promote social wellbeing. (Ministry of Social Affairs and Health 2011.) The personnel of the institutional care include nurses, doctors, social workers, rehabilitators, and voluntary workers. Relatives also have a significant role in institutional care. (Koskinen, Aalto, Hakonen & Päivärinta 1998, 226-247.)

Sexuality is usually understood to belong into home-life, not into institutional care where attitudes towards sexuality often are negative (Koskinen et al. 1998, 133-135). Many of the aged live in an institutional care home or ward and have to adjust their sexuality to these settings. For the elderly's personal well-being, it is important for them to take care of their appearance. Nursing staff could help in this by focusing on elderly patients' possibilities to dress beautifully, and by taking care of the elderly's hair and appearance. In practice, an expression of sexuality is limited in institutional care to holding hands, cuddling, and kissing into cheek. (Kontula 2008, 258.) Kivelä (1988) recommends that elderly patients in institutional care should have a private space for sexual expression and even sexual intercourse.

Holding hands, petting, and kissing are the forms of sexuality for the elderly in institutional care that are accepted by nurses, relatives, and other people. Even the sexual intercourse of a married couple is disapproved. Expression of women's sexuality is more limited than men's. Many of the aged think that if an elderly lives in an institution, he does not need to have a sexual life. Therefore, their sexuality is also blocked by their own attitudes. Furthermore, sexual life is also restricted by the lack one's own room and by children's attitude. (Kivelä & Salmi 1995, 74.)

5 THEORETICAL FRAMEWORK

Kohonen, Mattila, Muli and Ojala (2004, 34) noticed in their study that nursing staff had had too little or no education at all concerning sexuality. Yet sexuality as a part of nursing was considered important.

Also in Aalto's (2002) study the importance of sexual education was emphasized when improving nursing staff's knowledge and skills to enhance sexual health. Sexual education in nursing programmes should include development of sexuality and the effects of culture, aging, and illnesses on sexuality. Education should also prepare students to discuss sexuality with the patients. (Aalto 2002, 59-60.)

Patients' views on sexuality as a part of nursing care was also studied for example in Hautamäki-Lamminen's, Åstedt-Kurki's, Lehto's, and Kellokumpu-Lehtinen's study (2010) which concerned cancer patients' expectations of sexual guidance. It turned out that patients regarded sexual education as an important part of nursing process. Candidates had thought that age has an effect on guidance and information that is given. Nevertheless they felt that sexual issues should be discussed with all patients, regardless of the age, who consider the information to be useful for them. Patients also felt that it was important that their spouses got the information and were able to participate in guidance if needed. (Hautamäki-Lamminen et al. 2010, 285-286.) Ronkainen (1990, 118-120) in her qualitative study found out that all of the 12 interviewed women, aged 55-85, enjoyed petting and affection.

Jokela (1992) studied nurses' perceptions and attitudes on the elderly's sexuality. He found out that it is important for the elderly to have a sense of themselves as a woman or a man, and that elderly patients' positive image of their body is supported by respecting their opinions, and by letting them use their own clothes and jewellery that express the set of values that are characteristics for them. Majority of the nurses thought that the elderly express affection towards each other in everyday life. Almost every respondent agreed

that a nurse should talk about things concerning sexuality with the patient. Almost half of the respondents felt that in care situations they try to avoid situations that can be uncomfortable. Results also showed that the elderly's sexuality in nursing is still a taboo and attitudes towards it are derogatory. The elderly rarely express wishes to talk about sexuality and bring it up seldom or never. On the other hand, nursing staff does not spontaneously ask the elderly about sexuality. Nurses considered talking about sexuality to be a part of the duties of the nursing profession and majority of the nurses would be able to discuss sexuality with the elderly if it were the elderly who made the first move. Half of the respondents think that preserving of sexuality belongs to normal aging. (Jokela 1992, 32-55.)

Jokela's (1996) other study concerned the elderly's perception of sexuality and its manifestation at later age. He found out that according to the elderly, nurses think that sexuality is not a part of life at the later age and therefore it does not need to be brought up in nursing care. Controversially, the elderly considered sexuality to be an important part of their lives regardless of the age. They experience sexuality as a natural and permissible enjoyment in a relationship between two persons. (Jokela 1996, 85-86.)

Esko-Asikainen (2000) studied nurses' perceptions on encountering patients' sexuality in a hospital ward. He discusses in his research about the situation where a nurse ignored a sexual situation without noticing it. Other case included a nurse who apparently experienced the sexual situation as unpleasant and shameful because she left the patient alone and did not say anything about the incident. In the same study, a situation where a couple's sexual activity had awoken disapproval and laughter among the nursing staff was brought up. Results also showed that 75% of the nurses of the ward felt that they do not have adequate information for questions that concern sexuality. Half of the nurses experienced talking about sexuality with the patient as difficult and unpleasant. It was found out that education concerning sexuality seems to contribute in bringing up the sexual issues with the patient. (Esko-Asikainen 2000, 23-24.)

Backman (2001, 73) studied the self-care of the elderly who lived at home. Her results showed that there are also elderly people, who do not care for themselves. They are bitter because they feel that their whole life has been miserable. For them, ageing means symptoms, pains and disabilities. Concerning the future, these persons only feel fear and a desire to give up.

Roach (2004) investigated nurses' perceptions and responses concerning sexual behavior of nursing home residents and the results pointed out that sexual situations, where the nurse might get uncomfortable, were prevented and resisted in institutional care. Kontula (2009, 750) also talks about a situation where nurses working in a home for demented people were confused when they found an elderly couple having coitus.

Elomaa and Rusila (2007) studied sexuality and its possibilities at the older age from the perspective of the elderly who lived in a supported accommodation. Their results showed that the elderly considered sexuality to be mainly a part of youth, a relationship with man and woman, or marriage. Elderly patients expressed sexuality through loving, caring and being close to another human. Concrete manifestation of sexuality was seen as kissing, touching and hugging. Lack of privacy and personal space were considered to be a general barrier to sexuality in a supported accommodation. Considering individuality was raised as the most important matter when supporting sexuality in nursing care. (Elomaa & Rusila 2007, 21-24.)

Koivisto's (2009) study concerned elderly men's sexuality and its support according to the home-care nurses. Her results showed that nurses had resources to face sexual situations professionally for example by giving guidance and preparing themselves beforehand for the situations. Professional skills of sexual support were based on knowledge, personal characteristics, and the support of work community. (Koivisto 2009, 32-37.)

Koskinen (2008) studied elderly patients' sexuality from nurses' perspective. Her results showed that most of the nurses consider their knowledge about the elderly's sexuality to be inadequate. Only 25% of the respondents had

participated in an education concerning sexuality, and less than half were willing to participate in one. Majority of the nurses thought that a nurse should discuss with the elderly about sexual issues that cause problems. Almost everyone of the nurses agreed that sexuality does not disappear as a result of aging and majority also agreed that elderly patients can express affection freely towards each other. Respondents connected elderly patients' sexuality with need for intimacy, need for being accepted, expressing emotions, affection, and sense of themselves as a man or a woman. (Koskinen 2008, 30-35.)

Lintumäki, Mononen, Silvennoinen (2011) studied nurses' perceptions of professional requirements and education necessity on encountering sexuality. Their results showed that according to nurses, sexuality is a part of human's personality and a basic need and therefore it is a part of nursing as well. Nurses thought that considering sexuality is an important and essential part of nursing. Nurses felt that resources needed to encounter patients' sexuality have mainly come from experience, not from education and therefore they wished more education concerning sexuality. (Lintumäki et al. 2011, 22-29.)

Heinonen, Lampinen and Nurmeksela (2008) studied nurses' perceptions on elderly patients' sexual rights in a long-term care. Their investigation showed that elderly patient's sexual rights do not realise as they are presented in sexual rights. Sexuality of the aging person is not discussed in nursing care and it is not included in the nursing care plan. (Heinonen et al. 2008, 40-52.)

Rautasalo's (2008) study regarded nurses' view on elderly patients' sexuality. Results showed that supporting sexuality enhances elderly patients' well-being. Similarly nurses' holistic view on the elderly's life and current situation supports elderly's sexuality. She also pointed out that noticing and considering elderly patients' sexuality is still a taboo and therefore it is important and proper to study the subject in order that the elderly's sexuality could be discussed more openly. (Rautasalo 2008, 96.)

Huttunen and Kosunen (2010) made a literature survey on supporting the elderly patients' sexuality in institutional care. They found out that supporting

the sexuality in an institutional care is minor and premises do not support privacy or give opportunity to support sexuality. They also pointed out that in institutions there are imprecise or nonexistent instructions for sexual guidance, and that nurse's own attitude and courage are the major factors in supporting sexuality. (Huttunen & Kosunen 2010, 11-12.)

6 PURPOSE AND OBJECTIVE OF BACHELOR'S THESIS

The purpose of this thesis was to investigate nurses' perceptions on elderly patients' gender identity, what is done to support it, and the possibilities to express and to support the gender identity. The objective was to provide new and up-to-date information on the topic. This study could also be used in further studies of the subject as well as when planning nursing practice and education. The goal is also to awake discussion on the subject.

The research questions are:

1. What are nurses' perceptions of elderly patients' gender identity?
2. What is done to support elderly patients' gender identity?

7 IMPLEMENTATION OF THE STUDY

The target group of this study were nurses who were working in the seven cooperative nursing homes for elderly. Nurses in this thesis consisted of registered nurses, licensed practical nurses, basic care nurses and other trained personnel who participated in nursing care. Material was collected in April 2011.

This was a quantitative study carried out with a questionnaire (appendix 1). The questionnaire for this study was created by the researcher. Statements in the questionnaire are based on literature and earlier studies on the subject. The questionnaire was chosen in order to reach various nurses working in different locations. A questionnaire is the most commonly used method to collect data in a quantitative research (Vilkka 2005, 73). The material from a questionnaire can be handled and analyzed with computer (Hirsjärvi, Remes & Sajavaara 2005, 184). A questionnaire also enables the participant to choose the most suitable time for responding. The length of the questionnaire was four pages including the introduction page and it included 41 structured statements. The questionnaire mostly used five-point Likert scale with the option of undecided. The statements in the questionnaire were divided into five categories:

- 1) Nurses' perceptions of elderly patients' gender identity and its manifestation.
- 2) Nurses' view on support of the gender identity as a part of the nursing care.
- 3) Nurses' perceptions on possibilities for elderly patients' gender identity to be expressed and supported.
- 4) Nurses' earlier education on the subject and their view of the adequacy of their knowledge.
- 5) Respondents' background information.

Filled questionnaires were first checked and numbered. One questionnaire lacked the responses for the first 12 statements, but it was still included into results and the missing answers were labeled as undecided. Other returned questionnaires were completely filled. The results were imported to SPSS software and analyzed statistically. The results are shown in percentage and in frequency. Only tables are used to display the results. Results are divided into five categories, according to what they were supposed to investigate.

8 RESEARCH RESULTS

The total number of questionnaires given to wards was 70. All nurses who worked in the cooperative nursing homes were applicable to fill the questionnaire. The researcher received 29 filled questionnaires. The response percentage therefore was 41. The response percentage between cooperative nursing homes varied between 0 and 100%.

8.1 Manifestation of gender identity

The first of the five categories of the questionnaire concerned nurses' perceptions on elderly patients' gender identity and its manifestation. All of the respondents agreed that gender identity does not disappear as a result of aging. The majority (76%) agreed that the elderly are interested in their gender identity. Most (76%) of the participants agreed that the elderly are interested in taking care of their appearance, while few (17.2%) disagreed moderately. Respondents were unanimous (93%) that using one's own clothes supports the elderly's image of themselves as a man or a woman. Nearly everyone (93%) agreed that the elderly perceive themselves as a man or a woman. (table 1.)

TABLE 1. Manifestation of gender identity (part 1).

Statement	Strongly Agree	Agree moderately	Undecided	Disagree moderately	Disagree Strongly
1. Preserving of gender identity belongs to normal aging.	89.7% (26)	6.9% (2)	3.4% (1)	0%	0%
2. Elderly are interested in their own gender identity.	34.5% (10)	41.4% (12)	17.2% (5)	6.9% (2)	0%
3. Elderly demonstrate interest in taking care of their appearance.	20.7% (6)	55.2% (16)	6.9% (2)	17.2% (5)	0%
4. Using own clothes, supports the elderly's image of themselves as a man or a woman.	79.3% (23)	13.8% (4)	6.9% (2)	0%	0%
5. Elderly perceives themselves as a man or a woman	72.4% (21)	20.7% (6)	6.9% (2)	0%	0%

Everyone (97%) agreed that the gender identity is seen from elderly's behavior. The majority (86%) agreed that elderly express wishes to be treated as a man or a woman while 10% could not decide and 3% disagreed moderately. Vast majority (86%) strongly agreed that personal items are an important part of the elderly's identity. Everyone (97%) was in agreement that the elderly can get positive resources from masculinity or femininity. Slight majority (65%) agreed that elderly patients express sexual needs, 21% could not decide, 10% disagreed moderately and 3% strongly. (table 2.)

TABLE 2. Gender identity's manifestation (part 2).

Statement	Strongly Agree	Agree moderately	Undecided	Disagree moderately	Disagree Strongly
6. Gender identity is seen from the elderly's behaviour.	51.7% (15)	44.8% (13)	3.4% (1)	0%	0%
7. Elderly patients express wishes to be treated as a man or a woman.	65.5% (19)	20.7% (6)	10.3% (3)	3.4% (1)	0%
8. Personal items are important part of the elderly's identity.	86.2% (25)	10.3% (3)	3.4% (1)	0%	0%
9. Elderly patients can get positive resources from masculinity or femininity.	75.9% (22)	20.7% (6)	3.4% (1)	0%	0%
10. Elderly patients expresses sexual needs.	10.3% (3)	55.2% (16)	20.6% (6)	10.3% (3)	3.4% (1)

8.2 Gender identity in nursing

Statements from 11 to 21 concerned nurses' view on support of gender identity as a part of the nursing care. Five-point Likert scale of frequency with the option of undecided was used.

17% of the respondents never talk with the elderly about the principles and the customs of the ward that concern sexuality. 35% of the respondents felt that they do it once a week, 24% could not decide, and 24% address these issues at least three times a week. 31% of the respondents felt that they never talk about sexuality with the elderly, 10% reported doing this on a daily basis. Nearly everyone (97%) stated that they would help the elderly to take care of their appearance if they happened to be unable to do it by themselves. Vast majority (76%) encourages elderly patients to take care of their appearance on a daily basis. 65% of the nurses would ask the elderly's own desires concerning their appearance. (table 3.)

TABLE 3. Support of the gender identity as a part of nursing (part 1).

Statement	Daily	3 times a week	Undecided	Once a week	Never
11. I discuss with the elderly about principles and customs on how individual sexual needs and expectations are noticed in our unit.	10.3% (3)	13.8% (4)	24.1% (7)	34.5% (10)	17.2% (5)
12. I discuss with the elderly about things concerning sexuality.	10.3% (3)	24.1% (7)	10.3% (3)	24.1% (7)	31.0% (9)
13. If elderly patients are unable to take care of their appearance, I will help them e.g. by brushing their hair.	89.7% (26)	6.9% (2)	3.4% (1)	0%	0%
14. I encourage the elderly to take care of their appearance.	75.9% (22)	20.7% (6)	0%	3.4% (1)	0%
15. I ask the elderly's desires concerning their appearance.	65.5% (19)	24.1% (7)	6.9% (2)	3.4% (1)	0%

Almost everyone (97%) encourages the elderly to dress in their own clothes. About half (48%) of the nurses arrange activities at least three times a week or more that support gender identity. Majority (83%) of the nurses helps the elderly to recollect e.g. motherhood at least three times a week or more. Nobody selected the option of never for this statement while 3% could not decide and 17% said they do it once a week. Almost all (97%) of the respondents stated that they help the elderly to recollect the work they used to do. 82% gives the elderly a chance to tell their life stories on a daily basis. 3% never supports elderly patients' gender identity. 45% does it at least three times a week, and 52% reported to do so on a daily basis. (table 4.)

TABLE 4. Support of the gender identity as a part of nursing (part 2).

Statement	Daily	3 times a week	Undecided	Once a week	Never
16. I encourage the elderly to use their own clothes.	82.8% (24)	13.8% (4)	0%	3.4% (1)	0%
17. I arrange activities that support gender identity.	17.2% (5)	31.0% (9)	13.7% (4)	17.2% (5)	20.7% (6)
18. I support the elderly's gender identity by helping them to recollect e.g. motherhood or fatherhood.	41.4% (12)	41.4% (12)	3.4% (1)	13.8% (4)	0%
19. I support the elderly's gender identity by helping them to recollect e.g. work they used to do.	65.5% (19)	31.0% (9)	0%	3.4% (1)	0%
20. I give the elderly a chance to tell their life stories.	82.8% (24)	13.8% (4)	3.4% (1)	0%	0%
21. During my workday, I notice and support elderly patients' gender identity.	51.7% (15)	44.8% (13)	0%	0%	3.4% (1)

8.3 Supporting and expressing gender identity

Statements from 22 to 35 concerned nurses' perceptions on possibilities to support the gender identity of elderly patients and for the elderly to express it. 5-point likert scale of agreement with the option of undecided was used.

17% of the respondents thought that the elderly do not have a chance to express themselves sexually, while 27% could not decide and 55% agreed that the elderly can express themselves sexually. Most of the respondents (90%) agreed that a holistic view of the elderly and their lives helps nurses to understand and accept elderly patients' sexuality. It is not clear to everyone (37%) whether there are clear rules about what is socially acceptable sexual expression in their unit. Slight majority (62%) thought that it is the elderly who must do the suggestion before nurses would support the gender identity or talk about it. 100% stated that the elderly can use their own clothes. Nearly everyone (97%) would say that nursing care is planned according to the elderly's individual needs. Majority (86%) agrees that environment supports elderly patients' gender identity. (table 5.)

TABLE 5. Possibilities to express and to support the gender identity (part 1).

Statement	Strongly Agree	Agree moderately	Undecided	Disagree moderately	Disagree Strongly
22. Elderly patients have a chance to express themselves sexually.	24.1% (7)	31.0% (9)	27.6% (8)	17.2% (5)	0%
23. A holistic view of an elderly and their lives helps nurses to understand and accept the elderly's sexuality.	75.9% (22)	13.8% (4)	10.3% (3)	0%	0%
24. In our unit, there are clear rules about what is socially acceptable sexual expression.	34.5% (10)	27.6% (8)	24.2% (7)	10.3% (3)	3.4% (1)
25. The elderly must do the suggestion for supporting or talking about gender identity.	24.1% (7)	37.9% (11)	20.7% (6)	13.8% (4)	3.4% (1)
26. The elderly have a possibility to use their own clothes.	93.1% (27)	6.9% (2)	0%	0%	0%
27. Nursing care is planned according to the elderly's individual needs.	79.3% (23)	17.2% (5)	3.4% (1)	0%	0%
28. Environment supports the elderly's gender identity.	62.1% (18)	24.1% (7)	3.4% (1)	6.9% (2)	3.4% (1)

The majority (76%) agreed that the elderly can freely express affection towards each other. Most (72%) agreed that uninterrupted time with a spouse could be arranged. Everyone (100%) agreed that considering and supporting elderly patients' gender identity is a part of the nursing care. Most (90%) agreed that nurses should aim to support the elderly's gender identity. Slight majority (55%) would say that the nursing care plan includes an evaluation about the elderly's perception of themselves as a man or a woman. Statement about whether the time and the number of staff are sufficient to support gender identity divided opinions. 52% of the respondents said that the elderly do not have a chance to wear clothes of the unit while 31% thought that the elderly have a chance. (table 6.)

TABLE 6. Possibilities to express and to support the gender identity (part 2).

Statement	Strongly Agree	Agree moderately	Undecided	Disagree moderately	Disagree Strongly
29. Elderly patients can express affection towards each other freely.	62.1% (18)	13.8% (4)	10.3% (3)	10.3% (3)	3.4% (1)
30. Elderly patients have an opportunity to spend private time with their spouses without interruptions.	41.4% (12)	31.0% (9)	13.8% (4)	6.9% (2)	3.4% (1)
31. Considering and supporting the elderly's gender identity is a part of the nursing care.	86.2% (25)	13.8% (4)	0%	0%	0%
32. Nurses should aim to support the elderly's gender identity.	65.5% (19)	24.1% (7)	10.3% (3)	0%	0%
33. Nursing care plan includes an evaluation about the elderly's perception of themselves as a man or a woman.	31.0% (9)	24.1% (7)	17.2% (5)	17.2% (5)	10.3% (3)
34. In our unit, time and number of staff are adequate to support the gender identity.	10.3% (3)	48.3% (14)	10.3% (3)	24.1% (7)	6.9% (2)
35. The elderly have a chance to wear the clothes of our unit.	13.8% (4)	17.2% (5)	13.7% (4)	3.4% (1)	51.7% (15)

8.4 Education and Knowledge

The fourth section of the questionnaire mapped nurses' earlier education about the subject and their willingness to participate in one, as well as their view on the adequacy of their knowledge. 66% of the respondents thought that their knowledge about the elderly's gender identity and its support is adequate. 35% of the respondents said that they have participated and 86% would be willing to participate in an education concerning elderly patients' gender identity. (table 7.)

TABLE 7. Nurses' knowledge and gender identity education.

Question	Yes	No
36. Do you consider your knowledge about elderly patients' gender identity and its support to be adequate?	65.5% (19)	34.5% (10)
37. Have you participated in an education concerning elderly patients' gender identity?	34.5% (10)	65.5% (19)
38. Would you like to participate in education concerning elderly patients' gender identity?	86.2% (25)	13.8% (4)

8.5 Respondents' backgrounds

Participants were asked to fill information regarding their age, employment, experience in eldercare, and job description. Most (69%) of the respondents were over 35 years of age. Sample of the study mainly consists of practical nurses (31%), "instructors" (38%), and registered nurses (24%). Most (76%) of the respondents had a permanent employment. 3% of nurses had less than one year of experience in eldercare while majority (62%) had six years or more. (table 8.)

TABLE 8. Respondents' backgrounds.

Age:	Frequency:	Percent:
20-25	2	6,9
26-34	6	20,7
35-50	10	34,5
> 50	10	34,5
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Job description:	Frequency:	Percent:
Practical nurse	9	31,0
Instructor	11	37,9
Registered Nurse	7	24,1
Student	1	3,4
Other	1	3,4
-----	-----	-----
Employment:	Frequency:	Percent:
Permanent	22	75,9
Fixed-term	4	13,8
Practical training	1	3,4
-----	-----	-----
Experience in eldercare:	Frequency:	Percent:
< 1 year	1	3,4
1-2 years	3	10,3
3-5 years	7	24,1
6-10 years	8	27,6
Over 10 years	10	34,5

9 DISCUSSION

The questionnaire was filled by less than half (41%) of all nurses who were expected to participate and consequently the response percentage turned out to be rather low. When drawing conclusions from the gathered material, it must be noted that the low response percentage might have an effect on final results. The great majority of the respondents would like to participate in education concerning gender identity and the elderly, so maybe the questionnaire was only filled by those nurses who were already interested in the subject. Nursing staff's notification about the questionnaire and the study was not optimal as nurses had not heard about the questionnaire or the study when the researcher brought the questionnaires in the nursing homes. That might be why the response rate varied from 0% to 100% between different nursing homes. One reason for low response rate is the use of a questionnaire as a data collection way. It is commonly known that response rate might remain low when questionnaires are used (Hirsjärvi, Remes & Sajavaara 2007, 190-193).

Response percentage could have been better if there had been an informative meeting with the nursing staff where the researcher could have explained the purpose and objective of the study, how the study is carried out, and where and how the collected materials are used. Possible questions could have also been answered. However, all this information was available in the introduction page of the questionnaire, and not seeing the participants might in fact increase the response rate in such sensitive topic. Time given for responding was two weeks. It was agreed with the bosses of the nursing homes that longer response time would not increase the response rate. One nursing home had forgotten the questionnaires into a locker. When the researcher went to get the questionnaires, nurses were sorry and asked for extra time. One week was given, though unnecessarily as after the extra time, still not a single questionnaire was filled.

9.1 Manifestation of gender identity

What are nurses' perceptions of elderly patients' gender identity and its manifestation was the first research question. Statements 1 to 10 of the questionnaire dealt with this question. Similar to Jokela's (1992) study, results of this study too showed that according to nurses, gender identity does not disappear as a result of aging. In this study, nurses also thought that elderly patients are interested in their own gender identity and want to express it by behaviour, clothes, taking care of appearance, personal items, and expression of sexual needs. Everyone who responded thought that personal items are important part of the elderly's identity and the image of themselves. This finding is also similar to Jokela's (1992) results. In this study 17% of the nurses stated that the elderly does not demonstrate interest in taking care of their appearance. This does not necessarily mean that the elderly are not interested in taking care of their appearance, but simply lack the initiative to independently do so or to bring it up. 65% of the nurses strongly agreed that elderly patients express wishes to be treated as a man or a woman, but then only 10.3% strongly agreed when asked whether the elderly express sexual needs. However, 55% agreed moderately, and that seems to indicate that nurses do not have a very clear concept of what is a sexual need or view sexuality in its narrower meaning, which covers only sexual intercourse. (table 1 & 2; Eloniemi-Sulkava 2002, 35.)

9.2 Gender identity in nursing

The second part of the questionnaire concerned nurses' perceptions on supporting the gender identity as a part of the nursing care. The goal was to find out how often nurses did something that can be considered to support the gender identity.

More than half of the respondents felt that they once a week or never discuss with the elderly about the principles and customs on how the elderly's individual needs and expectations are noticed in their unit. Slightly larger part felt that they do not discuss with the elderly about sexuality in any way. Findings are in agreement with Jokela's (1992) results. This study did not clarify whether the lack of talk about sexuality is due to nurses' choice avoid those situations or is it simply because those situations do not show up that frequently, although two thirds of the respondents thought that it is the elderly who must bring up the discussion about sexuality (table 5). In the United States, research has shown that nursing staff often have positive attitudes towards elderly patients' sexual issues, but these attitudes rarely show up in practice (Kontula 2008, 259). Similar to the results of Lintumäki's et al. (2011) study, it was also found out that nurses think that considering sexuality is an important part of nursing.

9.3 Supporting and expressing gender identity

This part of the questionnaire aimed to investigate nurses' perceptions' on the possibilities for the elderly to express their gender identity and the possibilities for the nurses to support the gender identity of the elderly.

Contraversially to Huttunen's and Kosunen's (2010) study, in this study, everyone agreed that supporting elderly patients' gender identity is a part of the nursing care, though 10% did not know whether nurses should do it or not. Unlike in Huttunen's et al. (2010) and Elomaa's et al. (2007) studies, it was pointed out by majority (86%) of nurses that the environment supports the elderly's gender identity and that the elderly have a chance to spend private time with their spouse without interruptions. (table 5 & 6.) Similar to their study, results of this study showed that only slightly more than half of the nurses felt that in their unit there are clear rules about what is socially acceptable sexual expression. 55% of the respondents thought that elderly patients have a chance to express themselves sexually, while 76% felt that the elderly can freely express affection towards each other. (table 5 & 6.)

This study is in an agreement with Jokela's (1992) findings not only on a theoretical level, but also on a practical level as 93% of the nurses felt that using own clothes supports the elderly's image of themselves as a man or a woman, 96% of the nurses encourage the elderly to use their own clothes, 100% agreed that the elderly have a chance to use their own clothes, and 55% stated that the elderly do not have a chance to use the clothes of the nursing home or ward. (table 1,4,5 & 6.) As in Jokela's (1992) study, this research too showed that the elderly can express affection towards each other. Controversially to Heinonen's et al. (2008) study, nurses of this study stated that sexuality is included in nursing care plan.

9.4 Education and Knowledge

This part of the questionnaire was supposed to find out whether nurses had had any earlier education on the subject and about their willingness to participate in one. Nurses were also asked whether they viewed their knowledge on the subject to be adequate or not.

Somewhat dissenting opinions in regard to the Esko-Asikainen's (2000) and Koskinen's (2008) studies came up in this study as only 35% considered their knowledge about the elderly's gender identity and its support to be inadequate. This finding is similar to what Koivisto (2009) found out. This study showed that although 65% considers their knowledge to be adequate, only 34% discusses with the elderly about things concerning sexuality. Reingold and Burros (2004) state that education increases positive attitudes towards elderly patients' sexuality in an institutional care. Similar to Kohonen's et al. (2004) and Koskinen's (2008) study, a low percentage (34%) of the nurses of this study have participated in an education that concerned elderly patients' gender identity. Having had an education about the subject does not, in this study, seem to be correlating with discussing sexual issues with the elderly. (table 3 & 7). Even though 66% of the respondents of this study consider their knowledge to be adequate, 86% would like to participate in education concerning elderly patients' gender identity (table7), which is significantly more than those who

participated in Koskinen's (2008) study. This showed that nurses regard the support of the gender identity as an important part of nursing and want to develop and educate themselves on the subject.

9.5 Reliability and validity of the study

Researcher always tries to avoid errors and mistakes, but still the reliability of the results varies. That is why the researcher aims to evaluate the reliability and the validity of the study. (Hirsjärvi et al. 2005, 216.) Validity means the ability of research method to measure what it is supposed to measure (Vilkka 2005, 161). Reliability means the ability of the measurement to give results that are not random (Hirsjärvi et al. 2005, 216). This means that exactly same results are received from the same individual regardless of the researcher (Vilkka 2005, 161). Researcher must be accurate and critical during the whole process of the study. Mistakes and errors can occur when gathering, importing, handling, or interpreting the results. Results can be random as the sample size of this study was small. As this was a survey research carried out with questionnaires, possibility of a low response rate was considered when planning the sample size. (Heikkilä 1998, 29.)

The advantage of the questionnaire is its ability to gather large sample of material which can be easily analyzed. On the other hand, material of this study is shallow and the researcher cannot know whether the respondents understood the questions as the researcher meant them to be understood, and how the respondents felt about the questionnaire in general. But then again, statements of this study were probably easily understandable as the option of undecided was rarely used.

No pilot study was carried to test the questionnaire before sending it to the nursing homes. Nevertheless, the questionnaire was twice presented to a group of nursing students who have some experience in elderly care and it was then modified according to the feedback given by the students. After two meetings with the nursing students the questionnaire was presented to the chiefs of the nursing homes and slight changes in wording of the statements were made. This research was done alone by the researcher and thus the reliability might

be degraded. This study used earlier researches that were done for example in health centre or home settings and their suitability or comparability for this study needs discretion. Although there were seven different nursing homes involved in the study, no variance in results between the homes was analysed and the results were treated as one sample.

9.6 Ethics of the study

Every decision and choice should be ethically justified when doing the research. When choosing the target group or the research question, the researcher should consider that on whose terms will the study be carried out. When the study concerns other human beings, it is important to clarify how the approval for the study is achieved. Individuals must voluntarily agree to participate in the study. While gathering the material, attention must be paid to anonymity, confidentiality, and appropriate saving and storing of the material. (Hirsjärvi et al. 2005, 26-27.) In publication of the findings, ethics plays a role in reliability and honesty of the results. Results must not be forged, beautified, changed, or misinterpreted in any way, and no essential parts should be left without telling. (Krause & Kiikkala 1996, 64-65.)

For this study, research permission (appendix 2) was asked from Tampere University of Applied Sciences and from the chiefs of the nursing homes as no collection of material should begin before the permission is achieved (Koivula, Suihko & Tyväinen 1999, 50) Chiefs of the nursing homes were approached with an accompanying letter (appendix 3) which explained the purpose and objective of the study, how and when it is carried out, and how the results are used and handled (Koivula et al. 1999, 49). As a part of research ethics, false information about the objective of the study was not given (Paavilainen 2003, 108). Questionnaires were returned anonymously and material was only used by the researcher. Collected materials were carefully handled and properly destroyed after the study.

The difficulty of communicating about sexual health has been identified as a major impediment both to sexual health education and to the provision of sexual health advice and counselling by healthcare professionals (Mitchell & Wellings 1998, 5). In this study participants were informed about its sexual content and participation was voluntary. Questionnaires provide complete anonymity as the researcher did not see the participants. Researcher's decision not to announce the names of the cooperative partners promoted confidentiality and anonymity.

9.7 Conclusions

Although the response percentage was very low, researcher is satisfied with nurses' responses as they really took the position and rarely used the option of undecided. The researcher believes that the goal of the study was met and the questionnaire was reliable and valid in measuring what it was supposed to measure. The researcher did not feel that anything should have been added to or reduced from the questionnaire. There are many limits in a quantitative study and structured questionnaires (Balnaves & Caputi 2001, 143). And therefore, in the future, it would be interesting to carry out a qualitative study on the subject for example by interviewing the elderly or the nurses to get a deeper understanding on the subject.

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APPENDICES

Arvoisa vastaaja,

APPENDIX 1: 1(4)
QUESTIONNAIRE

Olen sairaanhoitajaopiskelija Tampereen Ammattikorkeakoulusta. Teen opinnäytetyöhöni liittyvää tutkimusta aiheesta vanhusten sukupuoli-identiteetti ja sen tukeminen pitkäaikaishoidossa hoitajien näkemänä ja kokemana. Sukupuoli-identiteetillä tarkoitetaan tässä tutkimuksessa vanhuksen kokemusta, käsitystä ja tietoisuutta itsestään miehenä tai naisena. Tutkimus on määrällinen ja se toteutetaan ohessa olevalla kyselylomakkeella. Kyselyn väittämät sisältävät seksuaalisuutta koskevia käsitteitä. Vastaukset käsitellään luottamuksellisesti ja kyselyyn vastataan nimettömänä. Kyselyyn voivat vastata kaikki työntekijät, jotka osallistuvat yksikössänne hoitotyöhön. Vastaaminen on vapaaehtoista.

Tarkoituksena on tutkia hoitajien näkökulmasta sitä, miten vanhusten sukupuoli-identiteetti pitkäaikaishoidossa ilmenee ja mitä sen tukemiseksi tehdään. Tavoitteena on kehittää hoitotyötä pitkäaikaishoidossa, erityisesti seksuaalisen hyvinvoinnin näkökulmasta. Vastatessasi kyselyyn olet mukana kehittämässä vanhusten sukupuoli-identiteetin tukemisen osaamista.

Aineisto kerätään eri hoitoyksiköistä kevään 2011 aikana. Tutkimustulokset julkaistaan opinnäytetyössäni syksyn 2011 aikana. Tulokset esitetään TAMK tutkii ja kehittää -päivänä joulukuussa 2011.

Jos sinulla on tutkimukseen tai tutkimustuloksiin liittyviä kysymyksiä, vastaan niihin mielelläni.

Yhteistyöstä kiittäen

Lasse Eskola

Sairaanhoitajaopiskelija AMK

APPENDIX 1: 2(4)

A) HOITAJIEN KÄSITYKSET VANHUSTEN SUKUPUOLI-IDENTITEETISTÄ JA SEN ILMENEMISESTÄ.

5 = Täysin samaa mieltä.

4 = Osittain samaa mieltä

3 = En osaa sanoa

2 = Osittain eri mieltä

1 = Täysin eri mieltä.

Ympyröi vastausvaihtoehdoista parhaiten sopiva, kiitos.

1. Sukupuoli-identiteetin säilyminen kuuluu normaalin vanhenemisprosessiin. 5 4 3 2 1
2. Vanhus on kiinnostunut omasta sukupuoli-identiteetistään. 5 4 3 2 1
3. Vanhus osoittaa kiinnostusta ulkonäkönsä hoitamiseen. 5 4 3 2 1
4. Omien vaatteiden käyttäminen tukee vanhuksen käsitystä itsestään miehenä tai naisena. 5 4 3 2 1
5. Vanhus näkee/kokee itsensä miehenä tai naisena. 5 4 3 2 1
6. Vanhuksen käytöksestä näkyy sukupuoli-identiteetti tai –rooli. 5 4 3 2 1
7. Vanhukset ilmaisevat haluavansa heitä kohdeltavan miehinä ja naisina. 5 4 3 2 1
8. Henkilökohtaiset tavarat (muistoesineet, taulut, valokuvat, käsilaukku, yms. ovat tärkeä osa vanhuksen identiteettiä ja käsitystä itsestään. 5 4 3 2 1
9. Vanhus voi saada positiivisia voimavaroja tuntiessaan itsensä mieheksi tai naiseksi 5 4 3 2 1
10. Vanhus ilmaisee seksuaalisia tarpeita. 5 4 3 2 1

B) HOITAJIEN KÄSITYKSET VANHUSTEN SUKUPUOLI-IDENTITEETIN TUKEMISESTA OSANA HOITOTYÖTÄ

5 = Päivittäin

4 = Vähintään kolmena päivänä viikossa

3 = En osaa sanoa

2 = Kerran viikossa tai harvemmin

1 = Ei koskaan

Ympyröi vastausvaihtoehdoista parhaiten sopiva, kiitos.

APPENDIX 1: 3(4)

11. Keskustelen vanhuksen kanssa yhteisistä periaatteista ja toimintatavoista miten yksikössä asuvien yksilöllisiä seksuaalisia tarpeita ja odotuksia huomioidaan. 5 4 3 2 1
12. Keskustelen vanhuksen kanssa seksuaalisuuteen liittyvistä asioista. 5 4 3 2 1
13. Vanhuksen ollessa jostain syystä estynyt huolehtimaan ulkonäöstään, autan häntä esim. hiuksien harjaamisessa. 5 4 3 2 1
14. Kannustan vanhusta huolehtimaan ulkonäöstään. 5 4 3 2 1
15. Kysyn vanhuksilta heidän tahtoaan liittyen ulkonäköönsä (Millaiset vaatteet, miten hiukset laitetaan, mitä koruja puetaan, miten parta ajetaan.) 5 4 3 2 1
16. Kannustan vanhusta käyttämään omia vaatteitaan 5 4 3 2 1
17. Järjestän sukupuoli-identiteettiä tukevia aktiviteettejä kuten meikkaamista, kutomista, vasaroimista, yms. 5 4 3 2 1
18. Tuen vanhuksen käsitystä itsestään miehenä tai naisena auttamalla häntämuistelemaan esim. äitiyttä ja isyyttä. 5 4 3 2 1
19. Tuen vanhuksen käsitystä itsestään miehenä tai naisena auttamalla häntä muistelemaan esim. työtä mitä he tekivät. 5 4 3 2 1
20. Annan vanhukselle mahdollisuuden kertoa elämäntarinoitaan. 5 4 3 2 1
21. Työssäni huomioin ja tuen vanhuksen sukupuoli-identiteettiä. 5 4 3 2 1

C) HOITAJIEN NÄKEMYKSET VANHUSTEN SUKUPUOLI-IDENTITEETIN TUKEMISESTA JA MAHDOLLISUUKSISTA SIIHEN.

- 5** = Täysin samaa mieltä.
4 = Osittain samaa mieltä
3 = En osaa sanoa
2 = Osittain eri mieltä
1 = Täysin eri mieltä.

Ympyröi vastausvaihtoehdoista parhaiten sopiva, kiitos.

22. Vanhuksella on mahdollisuus ilmaista itseään seksuaalisesti 5 4 3 2 1
23. Vanhuksen kokonaistilanteen ja elämäntilanteen tunteminen auttaa hoitajia hyväksymään ja ymmärtämään vanhuksen seksuaalisuutta. 5 4 3 2 1
24. Yksikössä on selvät rajat siitä, mikä on sosiaalisesti hyväksyttyä seksuaalisuuden ilmaisua. 5 4 3 2 1

APPENDIX 1: 4(4)

25. Vanhukselta kuuluu tulla aloite sukupuoli-identiteetin tukemiseen tai siitä keskustelemiseen. 5 4 3 2 1
26. Vanhuksilla on mahdollisuus pukeutua omiin vaatteisiinsa. 5 4 3 2 1
27. Hoitotyö suunnitellaan vanhuksen yksilöllisten tarpeiden mukaan. 5 4 3 2 1
28. Ympäristö (esim. huoneen sisustus) tukee vanhuksen sukupuoli-identiteettiä. 5 4 3 2 1
29. Vanhukset voivat osoittaa hellyyttä toisiaan kohtaan avoimesti. 5 4 3 2 1
30. Vanhuksella on mahdollisuus viettää kumppaninsa kanssa kahdenkeskistä aikaa kenenkään häiritsemättä. 5 4 3 2 1
31. Vanhuksen sukupuoli-identiteetin huomioiminen ja tukeminen on osa hoitotyötä. 5 4 3 2 1
32. Hoitajien tulisi pyrkiä tukemaan vanhusten sukupuoli-identiteettiä. 5 4 3 2 1
33. Hoitosuunnitelma sisältää arvion vanhuksen käsityksestä itsestään miehenä tai naisena. 5 4 3 2 1
34. Osastollamme aika ja henkilöstövahvuus riittävät sukupuoli-identiteetin tukemiseen. 5 4 3 2 1
35. Vanhuksella on mahdollisuus pukeutua osaston vaatteisiin. 5 4 3 2 1

D) TAUSTATIEDOT

36. Ovatko tietosi vanhusten sukupuoli-identiteetistä ja sen tukemisesta mielestäsi riittävät? Kyllä Ei
37. Oletko osallistunut koulutukseen, joka käsittelee vanhusten sukupuoli-identiteettiä? Kyllä En
38. Olisitko halukas osallistumaan vanhusten sukupuoli-identiteettiä käsittelevään koulutukseen? Kyllä En
39. Ikäsi...____
40. Tehtävänimike...._____
41. Työsuhte...._____
42. Kokemus (vuosissa) vanhustenhoidosta....____

Kiitos vaivannäöstäsi

APPENDIX 2
LICENCE APPLICATION

Opinnäytteen / kehittämistehtävän tekijä(t) Lasse Eskola	Yhteyshenkilö Lasse Eskola
Koulutusohjelma / suuntautumisvaihtoehto Degree programme in Nursing	Opinnäytetyön / kehittämistehtävän nimi NURSES' VIEW ON ELDERLY PATIENTS' GENDER IDENTITY
Opinnäytetyön / tutkimuksen / kehittämistehtävän tarkoitus ja lyhyt kuvaus toteutuksesta	Tarkoituksena on tutkia hoitajien näkökulmasta sitä, miten vanhusten sukupuoli-identiteetti pitkäaikaishoidossa ilmenee ja mitä sen tukemiseksi tehdään. Tutkimus on määrällinen ja se toteutetaan kyselylomakkeella.
Opinnäytetyön / kehittämistehtävän aikataulu	Aineiston keruu, kevät 2011 Valmis, syksy 2011 Esittely @ Tamk research day, joulukuu 2011
Kustannuksista vastaava opiskelija(t)	<input type="checkbox"/> muu, asiasta sovittu (pvm ja nimi)
Opinnäytetyön / kehittämistehtävän raportointi <input type="checkbox"/> Raportti toimitetaan ylihoitajalle <input type="checkbox"/> Jokin muu tapa, mikä	<input type="checkbox"/> Raportista pidetään osastotunti Raportoinnin ajankohta
Opinnäytetyön / kehittämistehtävän ohjaaja, allekirjoitus ja nimenselvennys	Puhelin
Osastonhoitajan / yhdyshenkilön allekirjoitus	Puhelin
Pvm ja allekirjoitus (hakijan tai ryhmästä yhden henkilön)	Puhelin
Liitteet __3__ kpl	

PÄÄTÖS

Lupa opinnäytetyöhön / tutkimukseen / kehittämistehtävään myönnetään hakemuksen mukaisesti

Hakemus palautetaan korjattavaksi seuraavin muutoksin (lisätilaa kääntöpuolella)

Hakemus hylätään, miksi

Pvm ja tutkimusluvan myöntäjän allekirjoitus

Puhelin _____

Lasse Eskola

APPENDIX 3
ACCOMPANYING LETTER
28.3.2011

Yhteistyökumppani

Tervehdys

Olen sairaanhoitajaopiskelija Tampereen Ammattikorkeakoulusta. Teen opinnäytetyöhöni liittyvää tutkimusta aiheesta vanhusten sukupuoli-identiteetti ja sen tukeminen pitkäaikaishoidossa hoitajien näkemänä ja kokemana. Tarkoituksena on tutkia hoitajien näkökulmasta sitä, miten vanhusten sukupuoli-identiteetti pitkäaikaishoidossa ilmenee ja mitä sen tukemiseksi tehdään. Tavoitteena on kehittää hoitotyötä pitkäaikaishoidossa, erityisesti seksuaalisen hyvinvoinnin näkökulmasta.

Pyydän kohteliaimmin lupaa saada suorittaa kyselytutkimus hoitoyksikössänne. Tutkimusaineisto kerätään keväällä 2011. Vastaukset käsitellään luottamuksellisesti ja kyselyyn vastataan nimettömänä. Kyselyyn voivat vastata kaikki työntekijät, jotka osallistuvat yksikössänne hoitotyöhön.

Pyydän kohteliaimmin lupaa suorittaa tutkimus hoitoyksikössänne

Lasse Eskola

LIITTEET

Kyselylomake

Tutkimussuunnitelma