Policy and Practice Change to Support Sexual Expression in Elderly Veterans Living in Veterans Long Term Care Facility.

A Capstone Scholarly Project Presented to the Faculty of the School of Nursing

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By

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DEDICATION

Commitment, great effort, perseverance and faith were the fundamentals for the completion of my Doctoral Capstone Project. I dedicate this professional achievement to my family for without their support and encouragement this goal would not have been realized.

Thank You
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For giving the strength and energy to accomplish this goal I want to thank God. Throughout my personal and professional experiences I have built my concept that I am a human being with a purpose in life and ultimately I can do whatever I have set my mind to doing.

Since childhood I realized my calling to serve in Nursing. To that end, in 2010 I decided that I would like to contribute to the body of Nursing Knowledge and Practice so I choose Saint Peters University as the vehicle. I have attained my professional goal, because along the way I have had the opportunity to meet some wonderful human beings who have contributed to my knowledge and given me words of support.

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To my dear friend Monica and her family this is a bitter sweet day. Thank You for your support and prayers, I will always treasure them in my heart. To Dolly and Family Thank you for always reminding me to put God first when the challenges were overwhelming and the end seem so far and for your encouragement.
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ABSTRACT

Katz (2013) states we are sexual beings from birth to death and sexuality is a broad concept that includes one's personal, social and cultural identity. Sexual desires do not disappear as one ages rather, it is possible for older adults to maintain their desired level of sexual activity in an accepting environment (Masden, 2012). Despite consensus in the literature which confirms sexual interest of the elderly, very few interventions are in place to facilitate their sexual expression and privacy while living in long term facilities (Wallace, 1992). Lack of updated research denotes the lack of priority given to this taboo subject by society. There are many barriers, including the assumption that the elderly are unattractive and therefore, asexual. Staff members working in long term care facilities often have insufficient knowledge about elderly sexuality and therefore display negative attitudes towards sexual expression the elderly and regard that expression as inappropriate (Walker and Harrington, 2002). Maslow’s (1954) hierarchy of needs shows that regardless of age every individual has a need for love, intimacy and companionship. The Resident Centered Care Federal mandate (1990) focuses on quality of life issues with a focus on dignity, privacy and freedom of expressions. The purpose of this evidenced based project was to initiate a practice change through development of a policy that will address the rights of the elderly veterans living in Long Term care facilities right to their expressions of sexuality. Relevant education on sexuality in elderly individuals for staff members to help improve their knowledge and attitudes for this practice change was provided. The organizational policy used to guide acceptable staff members behaviors regarding quality of life issues with a focus on dignity, privacy and freedom of their sexual expressions was developed and implemented.

Keywords: Sexuality in the elderly, staff attitudes, and knowledge, Resident Centered Care.
CHAPTER I
INTRODUCTION

Sexuality is a complex multidimensional concept which includes the human desire for sex, sexual orientation, values, pleasure, intimacy, beliefs and the ability to form relationships (Low, 2005). Sexuality is an innate quality present in all human beings and is extremely important to an individual’s identity and general well-being (Wallace, 1992). However, sexuality is one of the least understood aspects of aging even though it has a very powerful influence on the quality of relationships in later life (Kingsberg, 2002) and can give an embellished meaning to life (Pagman, 2000).

As the current generation ages the population distribution will change dramatically (Madsen, 2012). Howden and Meyer,(2011) have estimated that by the year 2030 approximately twenty percent of the population will be over the age of sixty five and most of these individuals will be living in some form of long term care facility. Many of these individuals will experience chronic illnesses that will require twenty four hour residential care (Madsen, 2012). Currently, there are approximately two million individuals over the age of sixty five and living in more than twenty thousand nursing homes across the United States (Kamel& Hajjar, 2004). Rheaume & Mitty, (2008) identified that this generation of elders had experienced sexual freedom and expressions of love as the “Flower children” of the nineteen sixties. Thus, the famous slogan of the flower children of the sixties “Make love not war” is still being taken seriously by this generation. Identifying the attitudes and knowledge base of staff members in long term settings towards sexual expression of this group of residents is crucial to care for the members of this generation. The nineteen sixties was the time of the Vietnam War and the individuals we are serving in long term care
facilities are strongly connected to this era. This is the population that is represented in this
evidence based project as needing respect, privacy and dignity from the staff members with
regard to their sexual expression. Katz, (2013) states that the reality of healthy aging and
sexually active octogenarians is challenging the rule of decorum in these organizations. As
the “Baby Boomer” (those born in the years 1946 through 1960) generation ages and some
of its members move on to live in long term care facilities, privacy and freedom of sexual
expression will be a major priority. Kaas, (1978) states weighing the privacy rights of
residents and the responsibilities of care- giving is a difficult balancing act which often
creates negative effects on the expressions of their sexuality. Often, these residents are
referred to in such terms as “dirty old men or women” and frequently have their
expressions of sexuality mistaken for negative behavioral issues. These individuals are
many times referred for psychiatric interventions and are prescribed medications which
can cause physical and cognitive debilitation. Sexuality is the least understood aspect of
aging, yet society seems to imply that sexuality does not have a place in the lives of older
people (McNab, 2003).

Maslow’s, (1954) hierarchy of needs demonstrates that regardless of age, every
individual has a need for love, intimacy and companionship as a basic need. Elderly
individuals who have moved to a long term care facility have in essence moved to a new
home and one where they are still entitled to privacy, dignity, warmth, caring and freedom
of their sexual expressions (The Residents Bill of Rights, Federal Regulation Code 42,
our society’s view on sexuality in the elderly, as sexuality that is attributed to a youth
oriented culture. According to Hajjar & Kamel, (2004) the human touch and a healthy sex
life evokes joy, passion and intimacy, and if the sexual needs of the elderly in the long term setting are ignored it could lead to psychological and social decline such as depression could occur. Sexuality in the nursing home or long term care setting should not be too narrowly defined, as sexuality in the elderly may take different forms such as affection, romance, companionship, personal grooming, touching or the need to feel attractive (Hajjar & Kamel, 2004). Kaas, (1978) indicated that any activity that signifies the sensation of “feeling loved” is a major mode of sexual expression for the elderly living in the long term care setting, and a way for the elderly individual to continue to feel physically attractive. Expressions of sexuality in the elderly individuals however, remain a challenge for many long term care caregivers as residents are often infantilized and this makes it difficult for staff members to view them as adult sexual beings (Archibald, 1998). As a consequence care giving staff members in the long term care facility often reacts negatively, out of embarrassment and helplessness when exposed to the elderly individual’s sexual encounters and expressions (Hajjar & Kamel, 2004).

There are many barriers to expression of individuals’ sexuality in long term care facilities, some of these barriers, include a lack of privacy due to the facility’s layout and sharing of rooms and bathrooms. In addition to the physical limitations of the facility, attitudes of the long term care staff, attitudes of family members, and the residents’ own feelings of being unattractive (Hajjar & Kamel, 2004) create many of these barriers. These barriers may cause residents to choose abstinence from otherwise therapeutic sexual behaviors, believing that such activity may become public knowledge and their dignity will be compromised (Hajjar & Kamel, 2004). Administrators of long term care facilities must address this need as a part of their duty to enhance the quality of life and the sexual health
and well-being of the elderly individuals living there. Some of these administrators have started to address these issues and are developing alternative models of housing such as the Plane-tree housing model (Koren, 2010). This model emphasizes smaller living spaces that are more homelike. These units are better designed and showcase single bedrooms rooms with private bathrooms, functioning kitchens and living rooms, which serve five to ten residents instead of the traditional forty beds on a unit and shared bathrooms.

Some facilities such as the Veterans Administration Community Living Centers are renovating their current buildings to the design of these Plane-tree model suites in order to accommodate the Veteran’s privacy while promoting their dignity in a more homelike environment and potentially enhancing their quality of life. This organization, used as a setting for this evidence based project, has identified its delivery of nursing care model to be “Veteran Resident Centered” and has adopted Jean Watson’s Theory of Human Caring (2006) as the care model. In responding to the Veterans’ needs for more privacy and respect, the organization has designated millions of dollars to renovate and create smaller private and more homelike living spaces. “Resident Centered Care” is a culture -change movement in nursing homes across the nation that began in the nineteen eighties with the Nursing Home Reform Act of 1987 otherwise known as the Omnibus Reconciliation Act (OBRA). This “Act” calls for empowerment of the staff to respond to the needs of the residence though a decentralized collaboration that would lead to measurable outcomes (Koren, 2010). In addition, this “Act” requires individualized or “person centered” care and the move away from the institutionalized model of care, and toward a more homelike environment, to create a place where relationships among residents, families and staff are close through a practice known as consistent assignment. The OBRA Act (1987) calls for
empowerment of the staff to respond to the needs of the residents through a decentralized collaboration that would lead to measurable outcomes (Koren, 2010).

**Problem Statement**

Nursing staff members working in long term care facilities are often uncomfortable with discussions of residents' sexuality and view the topic as inappropriate. Most staff members lack basic knowledge related to sexuality in elderly individuals and therefore, uphold the myth that sexuality diminishes in later life and conclude that these individuals are asexual. Accordingly, care giving staff often display inappropriate attitudes when elderly individuals express their sexuality. Staff knowledge related to elderly sexuality has been insufficient or lacking, therefore providing a policy that will give guidance for the staff to address and promote the residents sexual health, and sexual expressions is important.

**PICO Question:**

Does the use of a valid measure related to staff knowledge and attitude toward Veteran’s sexual expressions, support the need for a policy and practice change related to sexual expression in the Veteran Centered Care model?

**PICO Format:**

**Population:** All professional and paraprofessional staff working in a Veterans’ Long Term Care Facility.
**Intervention** The development of a policy change related to staff practices in allowing elderly veteran residents' sexual expression

**Compared to:** Individual staff members interpretation of veterans' rights to sexual expression

**Outcome:** Policy development to reinforce a practice change to support elderly veterans' right to sexual expression.

**Timeframe:** Four Months.

**PICO Question:**

Does the use of a valid measure related to staff knowledge and attitude toward sexual expressions in the elderly, support the need for a policy and practice change to support individual's rights related to sexual expressions in the Veteran Resident Centered Care model?
Chapter II

CRITICAL APPRAISAL OF THE EVIDENCE

The purpose of this evidenced based project is to change practice through the development of a policy addressing elderly residents' rights to their sexual expressions in veterans' long term care facility. The intent of this organizational policy is to direct acceptable staff member behaviors regarding quality of life issues (i.e. freedom of their sexual expression).

Search Strategies and Yield

A systematic literature review was conducted using Cochrane data base, Pub-Med, EBSCO, Psych Info, CINAHL data bases and Google scholar with the goal to gain more in depth and current knowledge, about the effects of education on staff knowledge, confidence and attitudes towards sexual expressions of the elderly in the long term care setting. Twenty three articles were included as they met each of the following criteria: (1) primary research with a qualitative, quantitative or mixed method design; (2) addressed knowledge, attitudes and experiences of nursing staff toward sexuality; (3) related to the institutionalized elderly published in English. The key words used were “sexual expressions”, “staff attitudes” “education on sexuality in the elderly” and “long term facilities”. The synthesis process consisted of reading and isolating the relevant data using
Melnyk's (2011) general critical appraisal questions to determine the validity, reliability and to ensure relevance and transferability. The articles were again reread to gain better understanding of the material and documenting the level of evidence. Although there were a number of articles addressing the sexual expressions in the elderly most were out of the five year range as there is very few recent research on this topic.

**Literature Review and Synthesis**

The literature on staff and their attitudes towards older residents' sexual expression consisted largely of opinions and case studies, although there were some qualitative and quantitative research based findings. To date three quasi-experimental studies have been conducted (Bowman, Arcelus & Benbow, 2007). However, there has been a lack of recent meaningful research on this topic of sexual expression as this subject has been a taboo and not one of society’s priorities (Deacon, Minchiello & Plummer 1995). Therefore the purpose of this project is to develop a facility policy addressing this quality of life right of elderly Veterans living in a long term care facility.

Ehrenfeld & Tabak, (1997) refer to strategies to assist staff in making decisions about handling ethical dilemmas concerning sexuality of the institutionalized individual. These authors recognize the importance of acknowledging the significance of expressing one’s sexuality in later life and promoting awareness for sexuality in residential settings. According to Low (2012), re-emphasizing staff awareness of sexuality issues through education and training should be aimed at all levels of staff in the long term care setting. Identifying staff knowledge and attitudes through the use of a valid measure about
sexuality in the elderly, the Aged Sexuality, Knowledge and Attitude Scale (ASKAS) and in order to create an environment for the elderly veteran to express him/herself are two important elements in an environment that is respectful of individual needs.

Five of the studies in this review examined the acceptability of sexual relationships among the elderly and show that elderly individuals are more liberal in their attitudes toward sexuality than the staff. Walker, (1999) conducted a study on sixty eight older adults living in a long term care facility and demonstrated that older adults were usually tolerant of sexual activities. In this study, 86% disagreed with the statement that “older men and women don’t find each other attractive” and 95% think the staff should reassure the residents with health problems that sexual expression is still possible. Aizenberg, Weizman and Barak (2002) demonstrated that a large majority of nursing home residents considered that sexuality should be discussed with the health professional and were willing to receive counseling and treatment for dysfunction.

Esterle (2010) conducted a study using cluster analysis in France that consisted of four hundred and twenty participants. For most participants, sexual relationships were always considered as acceptable. In France, sexual relationships are considered a human right and nursing institutions are expected to adapt to the sexual needs of elderly people. Byers, (1983) referred to a longitudinal study done by Masters and Johnson (1966) and the Aging Center at Duke University that challenged the myth that sexuality terminates in later life. At Duke University, Kaluger & Kaluger (1979) examined two hundred and fifty people between the ages of sixty and ninety years and fifteen percent of them actually increased their sexual activity as they aged although there was an increase in the time involved in each phase of the response cycle.
Bauer and McAuliffe (2013), in an Australian study identified that the sexual needs and well-being of older individuals living in residential aged care facilities receive scant attention in practice, and are easily dismissed by care staff. This remains a challenge even in our society today. Reporting on the evaluation of an education program delivered to the staff to improve their attitudes and knowledge towards the elderly individuals’ sexuality, McAuliffe & Bauer (2013) referred to the fact that care staff is uncomfortable with the subject and do not routinely conduct sexual health assessments. These authors also suggested that sexuality in the lives of elderly individuals is being acknowledged more openly due to the ‘Viagratization’ of men’s sexual function and redefining what sex can mean at older ages (Kingsberg, 2002). The Aged Sexuality Knowledge and Attitude Scale (ASKAS) questionnaire was used pre- and post- training with a sample of 112 participants. The data were analyzed using statistical software package SPSS version 17. Categorical variables were analyzed using Chi-square analysis and continuous variables were analyzed using t-tests. The Chi-square analysis demonstrated that over all attitudes were significantly more permissive following education yet showed no significant relationship with demographic variables. The findings indicated that an education intervention of even short duration can have an influence on permissiveness of staff attitudes towards sexuality of older adults (Bauer & McAuliffe, 2013).

In Deacon, Minichiello and Plummer’s (1995) study of the Sexual Behavioral Group at La Trobe University, Melbourne Australia these authors describe the dilemma of the institutionalized elderly and the constraints society places on older peoples’ sexual freedoms. These authors referred to the Australian Government’s attempt to address the same with the ‘Elder Care Reform Act’ (2007), spelling out the right of the frail elderly
living in nursing homes and hostels to have privacy in personal space, to have sexual and emotional needs and preferences accepted and respected. Lack of privacy is a major obstacle to sexual expression in many long term care institutions. Indeed, many institutions segregate men and women with often no provisions for even married couples to share a room or to have private time together. The Elder Reform Act (2007) did address some of the issues but the authors stated there was more work to be done.

Physiological changes in the male also effect erectile function and influence their feelings. Pathological factors such as cardiovascular diseases, diabetes, dementia, arthritis, HIV and other sexually transmitted diseases also influence freedom of sexual desires, (Rosen, Wing, Schneider, Wadden, 2009). This reiterates the necessity for health care providers to conduct sexual health assessments on visits and to address the issues to promote good sexual health.

Looking at the effects of staff training Walker & Harrington, (2002) developed a curriculum for training staff working in long term care facilities. This was designed to increase their knowledge of sexuality in the elderly and responses toward sexuality in these individuals. An instrument, the Knowledge and Attitudes toward Sexuality (KATES) was developed by these authors. The measure consists of 70 statements to which participants answer ‘agree’, ‘disagree’ or ‘don’t know’. The reliability of the KATES was assessed by calculating Cronbach’s alpha; the result of .91 was considered acceptable. The effects of the training varied from module to module and even though the training was determined to be effective there were limitations as there was no control group in this study. Future training will have a control group and the revised version field tested.
The instrument developed by White & Catania, (1982) the Aged Sexuality Knowledge and Attitude Scale (ASKAS) was used to study the effect of an educational intervention on attitudes toward sexuality and aging in institutionalized elderly individuals, their families and nursing home staff. This scale consists of sixty one questions with reliability within the acceptable range of a Cronbach's alpha of .85. Questions 1-35 addresses knowledge with responses of true, false, doesn't know. Questions 36-61 address attitudes and are scored on a 7-point Likert scale. Increased staff knowledge, improved satisfaction among residents, and a more permissive attitude from the staff members were found after the education program was given.

Bouman et al, (2007) referred to a descriptive study with a sample of four hundred ninety five nurses that was conducted in eleven residential homes in the Borough of Broxtowe in Nottingham, United Kingdom. This study was designed to investigate the attitudes of care-giving staff in nursing homes and residential settings toward sexuality in the elderly. The ASKAS questionnaire was sent out to all care-giving staff. There was a return rate of 54% (n=234). The results showed that the staff members lacked knowledge on sexual expressions in the elderly. After a short education program was provided there was a dramatic decrease in staff members' attitude towards the elderly individuals' expressions of sexuality. These authors concluded that there was more permissiveness in their attitudes due to the increase in their knowledge.

Kaas, (1978) described the difference in the attitudes toward sexual expression in the elderly among eighty five randomly selected alert and oriented nursing home residents and nursing home staff members who were on duty in three Detroit nursing homes. The author developed a thirty two item questionnaire relating to various types of sexual
expression in the elderly. The measure was administered independently to staff and verbally to the residents with their consent. The results demonstrated that nursing staff responded less conservatively than did the residents. The residents indicated they did not feel attractive and were restricted in their expression due to lack of privacy. The results showed differences even though both groups showed acceptance of sexual expressions in the elderly. The residents appeared to be repressing their feelings and adapting to society labels that sex was not needed in the later years.

The literature search demonstrated the paucity of recent research on this topic. This provided the basis for evidenced generating testing and evaluation of an awareness program delivered to the staff to improve their attitudes and knowledge towards elderly individuals’ sexuality. However, the literature review did support an improvement in permissiveness in staff members’ attitudes and behavior towards the elderly expressions of sexuality following a short education on elderly sexuality.

**Theoretical Framework**

Abraham Maslow’s, (1954) hierarchy of needs model which is a five stage model was the theoretical framework that guided this project. Maslow, (1954) speaks of the biological and physiological needs as basic life needs. These include air, food, drink, shelter, warmth, sex and sleep. Maslow states each individual is motivated by needs, and that most basic needs are inborn and should be satisfied in order to be concerned with the higher needs of influence and personal development. The next higher stages refer to safety needs, belongingness and love needs, esteem needs and self-actualization needs.
Watson's, (2006) Theory of Human Caring was also used. One major concept in this theoretical framework includes the transpersonal caring relationship. The theoretical focus in this project was related to the Fourth Clinical Caritas: developing a helping trusting relationship by supporting the elderly individual’s right to privacy so they can express their feelings freely and in whatever form they choose. Her Ninth Clinical Caritas was also considered: helping with basic needs with caring consciousness so that the elderly individual living in long term care facilities can have desirable outcomes in the area of sexuality. The Iowa Model of evidenced based practice has been adopted by the organization and was the framework for this Evidence-Based project.

Chapter III
METHODOLOGY AND IMPLEMENTATION

The purpose of this evidenced based project was to create practice change thorough the development of a policy addressing staff members’ knowledge and attitudes towards sexuality in elderly veterans residing in a veteran’s long term care facility. The policy directs staff behaviors towards the veterans’ need to maintain dignity, privacy and respect related to their freedom of sexual expression.

Study Population

The setting for this evidenced based project was the Community Living Center on the campus of a large tertiary care Veterans Administration Hospital and Research center
located in a north eastern metropolitan area. The project was conducted at the eighty bed Veteran’s Long Term Care facility which has achieved Nurses Improving Care for Hospitalized Elderly (NICHE) designation.

The sample examined in this project included the employees providing care to elderly individuals residing in a veterans’ long term care facility. Eligibility for participation in this project was based on the individual employee’s ability to read and write English. The final group of employees consisted of Nursing Assistants, Licensed Practical Nurses and Registered Nurses. There was no personal identifying information used during data collection. The care givers’ ages ranged from middle twenties to late sixties. Many are veterans, themselves, working through the Veteran helping Veteran program and are trained in the delivery of healthcare services. These care-givers provide care from basic activities of daily living through the higher skills of medication administration and individualized care planning for the elderly Veterans.

Intuitional Review Boards and Protection of Human Rights

The Institutional Review Board (IRB) from Saint Peters University gave approval for the project in July of 2013. The inquiry of accessing the Veterans Administration (VA) IRB process was initiated following Saint Peters University approval. An appointment was scheduled with the Chief of the Research Department and the completion of the required pre-requisites was required by the Organization. The pre-requisites consisted of completion of the IRB application form, completion of the twenty eight hour Citi program on Research of Human Subjects and the VA privacy modules given on the Talent Management System (TMS) which is a computer based learning system for continuing
education. The meeting commenced with the Chief of Research, this investigator presented the proposed Evidenced Based Project (EBP) and answered detailed questions on the subject. It was determined by after the meeting that a full IRB meeting would not be necessary as the investigator would be initiating a practice change through policy development for the Long Term Care staff and not the residents. There was a suggestion from the committee to cohort the staff in groups for the purpose of administering the pre and post- tests using the ASKAS instrument.

An expedited IRB Board approval was obtained to start the project as a Quality Improvement project. This investigator contacted the Quality Improvement Director to secure an appointment to discuss the EBP. At the meeting the investigator explained the EBP and was told that a System Redesign application would needed to go before the Quality Executive Board (QEB) for review. The redesign application was completed and submitted with the paragraph describing the project. Approval was granted by the Facility’s Director and the QEB with restriction that no resident be involved in the project named “A Practice change through Policy Development for the Staff on Sexuality in the Aged”.

**Iowa Model Framework**

The institution where the project was implemented had adopted the Iowa Model as a framework to guide the synthesis and translation of evidence into this pilot project. This model identifies both problem and knowledge focused triggers to initiate investigation for a practice change. Sexual Expression in the Elderly Veterans living in the organization’s long term care facility identified a problem with the Philosophy of Care category under this model. The Organization had identified this topic as a priory for the organization because of a patient satisfaction survey complaint related to this issue. An extensive literature
review was conducted and identified staff negative attitudes and behaviors related to elderly sexual expression was influenced by a knowledge gap. An Interdisciplinary team was formed to provide an educational awareness presentation on Aged Sexuality to the entire staff employed by this organization. A pilot project was initiated with the staff serving in the Long Term Care facility to evaluate the quality of resident care environment regarding this issue and to adopt a practice change.

**Implementation**

The sexuality awareness portion of the intervention was provided for the long term staff on Sexuality in the Aged following administration of a pretest utilizing the valid and reliable tool Aging Sexual Knowledge and Attitude Scale (ASKAS) questionnaire (White, 1982) was used to assess baseline staff knowledge. Reliability, validity and transferability of the Aging Sexual Knowledge and Attitudes Scale (ASKAS) instrument were researched and found to be satisfactory with a Cronbach’s alpha of over .85. Permission obtained through the Springer Publishing Company from the author to utilize the instrument.

White, (1982) states that the ASKAS is designed for people who work with older persons. The questions are designed to measure the sexual knowledge and attitudes of staff working in long term care facilities through the utilization of items dealing with the age related changes in sexuality, in the context of elderly sexuality. The ASKAS is a sixty item measure consisting of two subscales. The first part, deals with knowledge about elderly sexuality, includes thirty four questions in a true-false don’t know response format. The second part concerns attitudes (how the staff feels about older individuals expressing their sexuality) toward elderly sexuality, containing twenty six questions scored on a seven point Likert scale. Validity and reliability of the instrument have been determined (White, 1982).
The questionnaire was administered in the paper and pencil format and scored by hand according to the guidelines of the Investigator. The staff members were allowed to complete the questionnaire in privacy and anonymously. The questionnaires were then returned to an envelope in the investigators office. Forty eight questionnaires were returned within the 48 hour time frame. There was an 80% return rate. The questionnaires were hand scored by the investigator and locked in a secured file cabinet to await the post education test and analyses.

Following the pretest results and the Interdisciplinary panel presentation, follow up "Sexuality in the Aged” awareness sessions were provided by the investigator in two separate two hours session following the planned outline (see appendix) to the staff members working in the Long Term Living Center (LTLC). Subsequently, following each awareness session a post- test using the same questionnaire was administered to the same staff. The staff was encouraged to hand in the post test and the return rate on the post test was 51%.

Chapter IV

RESULTS

The data for this project were collected from staff members who were employees at a Veterans’ Administration long term care facility. White’s (1982) Aged Sexuality Knowledge and Attitude Scale (ASKAS) instrument was administered to determine the staff members’ knowledge and attitude toward sexual expression in the elderly. All analyses were done by pre-post- test results as the purpose of this project was to determine
the differences in level of knowledge and attitudes in order to develop an organizational policy and practice change.

Differences in staff members’ level of knowledge and attitudes toward sexual expression in elderly individuals living in a veterans’ long term care facility were measured using the ASKAS. Pre-test scores related to level of knowledge ($M = 22.80769$, $SD = 6.171024$, $N = 26$) are lower than post-test scores ($M = 27.38$, $SD = 2.099084$, $N = 26$). A welch two sample t-test was done $t= 3.7609$, $df = 30.709$, and a $p$-value $= 0.0007142$. Post test score reflects a significantly increased staff knowledge. The $p$-value shows that these two data sets are not related and represents two very different groups. The 95% confidence interval for the difference in the means of the two data sets supports the t-test conclusion. A power test was done to look at the strength of this t-test. Medical research requires a 80% power therefore the goal is 80% or better. The t-test power calculation results is $0.9564173 = 95.64\%$ which supports the fact that the test is very significant.

Attitude test scores, pre- ($M = 99.6$, $SD = 41.9$, $N = 26$) and post- ($M = 80.3$, $SD = 29.1$, $N = 26$) attitude scale scores were lower post test although there appears to be a wider distribution. These lower attitude test scores reflect increased permissibility. Table 1 provides descriptive information including actual ranges, means, and standard deviations of participants’ knowledge and attitude scores on their pre- and post-test.

Table 1

*Descriptive Statistics for Pre-Post Test ASKAS Scores*

<table>
<thead>
<tr>
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<th>Pre-Test</th>
<th>Post-Test</th>
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<tr>
<td>(N = 26)</td>
<td>Knowledge</td>
<td>Knowledge</td>
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<td>(N = 26)</td>
<td>(N = 26)</td>
<td>(N = 26)</td>
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<td>(N = 26)</td>
<td>Attitude</td>
<td>Attitude</td>
</tr>
<tr>
<td></td>
<td>(N = 26)</td>
<td>(N = 26)</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
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<tr>
<td>--------------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Knowledge Scale Score</td>
<td>22.8079</td>
<td>6.17104</td>
</tr>
<tr>
<td>Attitude Scale Score</td>
<td>99.6</td>
<td>41.9</td>
</tr>
</tbody>
</table>

Note: ASKAS = Aged Sexuality and Knowledge Scale. Possible range of scores Knowledge: 35-105; Attitudes: 26-182. The scoring is such that low scores indicate high knowledge and low scores in attitude items indicate a permissive attitude.

Inferential Statistics

The following section reports the results of statistical analysis used to address anticipated differences in participants’ knowledge and attitude related to sexual expression in elderly individuals residing in a Veterans’ long term care facility. All analyses were done by pre-post-test, as the purpose of this Evidence Based Project was to determine the efficacy of using a valid and reliable measure (ASKAS) to identify staff knowledge and attitude prior to policy development and final practice change. Differences between pre- and post-tests were examined using a t-test for independent samples. Results of this t-test (see Table 2 below) demonstrate significant differences in pre- and post-test Aged Sexuality Knowledge and Attitude Scale (ASKAS) [White, 1982] scores.

Table 2

*Comparison of Pre- and Post-Test Knowledge and Attitude Scale ASKAS Scores using a t-test for Independent Samples*

<table>
<thead>
<tr>
<th>Pre-Test</th>
<th>Post-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N = 26) Knowledge</td>
<td>(N = 26) Knowledge***</td>
</tr>
<tr>
<td>(N = 26 ) Attitude</td>
<td>(N = 26 ) Attitude</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>Knowledge Scale</td>
<td>22.80769</td>
</tr>
<tr>
<td>Attitude Scale</td>
<td>99.6</td>
</tr>
</tbody>
</table>

Note: ASKAS = Aged Sexuality and Knowledge Scale. Possible range of scores Knowledge: 35-105; Attitudes: 26-182. The scoring is such that low scores indicate high knowledge and low scores in attitude items indicate a permissive attitude.

Knowledge  p= 0.0003571 ***  
Attitude    p=0.060

In summary, the results of the present Evidence Based Project demonstrate the efficacy of the use of the results of testing with a valid and reliable measure to provide the basis for the development of a policy and practice change. The significant differences found between knowledge scale scores for the pre- and post-test demonstrate the efficacy of educational intervention on increasing knowledge related to sexual expression in elderly individuals residing in a Veterans’ long term care facility. These results also demonstrate that while knowledge may be increased relatively quickly, attitude change may be more gradual and may require different interventions.

Chapter V

DISCUSSION

Human sexuality is a natural, unique and integral part of every person’s identity (Heath, 2002). With the increasing number of elderly individuals moving into long term care facilities it is important to consider their need for self-determination when restrictions are placed on their freedom of sexual expression. Sexual expression should be an informed individual choice, not an external issue. Awareness training for all staff members of the
long term care facility was completed and there was a significant increase in their knowledge and permissiveness with regard to sexual expression in the elderly individual. Accordingly, to sustain an attitude change where staff will be more permissive to the elderly individual’s expression of sexuality the policy that was developed was instituted to guide the change towards providing a tolerant environment for the elderly individual expressions of sexuality (Low, 2012). White, (1982) referenced that the absence of a clear relationship between knowledge and sexual attitudes are noteworthy, but can be a substantial obstacle.

This evidenced based project demonstrated an increase in the individual staff members’ knowledge and permissibility in assisting elderly veterans with their need for privacy without fear of reprisal or impunity. Identifying the need to provide sexuality awareness sessions at the beginning of the project increased the staff member’s collaboration in creating a policy and practice change for the quality of life issue relevant to elderly veterans’ sexual expression in the Veteran Resident Centered Care Model. The resident satisfaction survey which is completed quarterly will be done in the second quarter of 2014. The results will be evaluated for improvement in the areas of dignity and privacy. The development and adoption of the Organizational policy will serve as guidance towards staff members’ behavior regarding long term elderly resident’s quality of life issues with a focus on dignity, privacy and freedom of their expressions.

This project looked at the individual responses even though they were no specific identifiers; it provided an opportunity for brainstorming that individually would not have been shared. The challenges were to determine true opinions versus “group think” therefore a follow up testing would be needed in the future to validate the findings.
Plan for dissemination includes presenting this project at local research conferences to bring awareness to the subject, and to submit for a National poster presentation and professional publication. This presentation will be offered to area long term care facilities to share this knowledge with to their staff. Adoption of this Policy has been achieved and is incorporated into the Organization’s website.

Limitations

Due to the small sample size used for this project, future evidenced based research should be conducted with a larger sample across multiple long term care facilities. Consideration should also be given to geographic differences in attitudes that might exist.

As a self-report measure, the ASKAS presents with all of the issues inherent to that kind of measure. Staff members’ responses may have been influenced by either the more “rule bound” or liberal nature of the responses provided. Additionally, the length of each subscale may have contributed to nurses entering into a response set, thus accounting for the variability of the distribution of ASKAS score.

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233-236.


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Issue. Sexuality and Disability. 18(1), 49-59.


342-349.


Student’s t-Test: Results

http://www.physics.csbsju.edu/stats/t-test.html


White, C.B. (1982). A scale for the Assessment of Attitudes and Knowledge regarding Sexuality


To: Ralmetha Brooks MSN RN  
DNP Program  
Department of Nursing

Faculty Mentor:  
Dr. Sharyn Tondel, DNP  
Director of DNP Program  
Saint Peter’s University

From: Dr. Peter P. Cvek, chair  
SPU Institutional Review Board

Date: July 1, 2013

---

Project Title: Education for the Long Term Care Staff on Aged Sexuality  
Protocol Approval Date: July 1, 2013

In accordance with DHHS Regulations for Protection of Human Subjects (45 CFR 46.110), the human subjects application for this project underwent Expedited review and was approved as minimal risk to subjects. This project is approved as of July 15, 2013 and the approval remains active until January 15, 2014.

Note: This approval is conditional on certification of on-site approval.

The investigator agrees to conduct the research in accordance with the Belmont Report and the SPU Institutional Review Board policies and guidelines.  
Informed Consent Form approved.  
Any adverse effects must be reported immediately to the IRB. (21 CFR 56.108 b)

Re-review of this project is required if:

- You wish to continue the project beyond January 15, 2014.  
- There are any changes in the research protocol.  
- There are any reports of injury or unanticipated problems involving risks to human subjects.

The IRB wishes you the best of luck in the successful completion of your project. Should you have any further comments and/or questions, please do not hesitate to contact me at your earliest convenience.

Sincerely,

Peter P. Cvek, Ph.D.  
Chair, Institutional Review Board  
Saint Peter’s University  
pcevk@saintpeters.edu
Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that Ralmeta Brooks successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 03/17/2011

Certification Number: 656060
Appendix B

Veterans Administration Medical Center Human Subject Protection exemption E-Mail.

Veterans Administration Quality Improvement Approval E-mail.
I agree. I see no need at this stage to have them send a full application to IRB.

---

From: Sano, Mary
Sent: Friday, September 13, 2013 4:07 PM
To: Bandres, Juan C.
Cc: Gaines, David P.; Brooks, Ralmetha
Subject: FW: EVIDENCED BASED CAPSTONE PROJECT.docx

Dear Dr. Bandres,

I met with Ms. Brooks in regard to this project and felt as though it was an educational evaluation. To review, she plans to do an educational workshop with staff at the CL on the topic of "Aged Sexuality" and conduct a pre-post assessment of knowledge in key areas. She will not collect any identifying information. I am providing you with her materials. Please let me know if you agree or if you prefer her to submit an IRB application.

Best,

Mary Sano

---

From: Brooks, Ralmetha
Sent: Wednesday, September 04, 2013 5:25 PM
To: Sano, Mary
Cc: 'ralmethabrooks1@aol.com'
Subject: EVIDENCED BASED CAPSTONE PROJECT.docx

Dr. Sano,

Attached is the paragraph that you requested at our appointment on 9/3/13. I have also attached the ASKAS research article.

Thank you for taking time in your busy day to speak with and guide me. I look forward to hearing from you soon regarding an exemption from IRB.

This letter will then be forwarded to the PI committee before this project can move forward.

Sincerely,

Ralmetha Brooks MSA RN.
Please go ahead with your project. All we need is a copy of your final paper for our records. Question: are you planning to publish?

Carmen

Attached the completed request and the ASKAS tool I will be using.

Thank you

Sincerely

Ralmeta Brooks RN CNM
Systems Redesign/ LEAN Project Request
(To be completed for QA/PI projects)
Please provide a short response (1-2 sentences)
Your Name: Ralmetha Brooks RN CNM

Date: 10/7/13

1. Describe the problem. What is the problem you would like to eliminate or reduce?
   Despite the persistence of sexual patterns throughout the life span there is limited research and information to assist Nurses and caregivers to assess and promote sexual health in the elderly.
   Staff working in Long Term Care facilities is often uncomfortable with discussions of resident’s sexuality and view it as inappropriate. Attitudes of Caregivers towards sexuality in later life are at times inappropriate where as there are jokes made and residents shamed. There is a lack of knowledge and confidence with the staff.
   This Evidenced Based Project will use Education as a basis for improving knowledge and attitudes towards Aged sexuality.

2. Is data available to measure the problem?
   Yes, there will be a Pretest given before the education and Post test after the education.
   The questionnaire is the Assessment of Attitudes and Knowledge foe Sexuality in the Aged (ASKAS) tool. This tool has proven validity and reliability

3. How often does this problem occur?
   This problem happens occasionally which is one too many times.

4. How will success be measured?
   The questionnaires will be analyzed using the t-test to validate improvement in knowledge and attitudes.

5. Location of project or service:
   The project will be based in the Community Living Center at first.

6. Indicate justification for doing this project:
   1. To decrease the barriers and challenges for our elderly Veterans in expressing themselves sexually.
   2. My degree requirement to complete an Evidenced Based Project.

7. Regulatory (IG, JC, VISN, etc.): Will this project support regulatory compliance?
   Indicate regulation.
   Yes under the CMS guidelines for resident rights for privacy.
8. **Impact on Quality of Care or Performance Measures:** Does this project impact Quality of Care or any performance measure? How? Though there is no quality of care impact, I do believe there is quality of Life and resident satisfaction impact.

9. **Safety:** Does this project improve safety? How? Health safety, as the caregiver will be more confident to do sexual health assessments and advise residents on how to protect themselves.

10. **Who will lead the project?**
    Ralmetha Brooks RN MSA CNM.

11. **Sustainability:** Will the department own this project or initiative after change implementation?
    Yes

12. **Dissemination:** How and to whom will the information collected from this project be disseminated and or published.
    The Information will be disseminated at a facility presentation in collaboration with the Education department.

13. **Review of dissemination:** Who will review the material prior to dissemination?
    The Education Department.

Return to:
LEAN Performance Improvement & Operational Excellence Coach
James J. Peters VA Medical Center
(718) 584-9000 Ext. 6549
Appendix C

Analytical Integrated Literature Review
<table>
<thead>
<tr>
<th>DESIGN / METHOD</th>
<th>CONCEPTUAL FRAMEWORK</th>
<th>MAJOR VARIABLE STUDIED AND THEIR DEFINITIONS</th>
<th>SAMPLE / SETTING</th>
<th>DATA ANALYSIS</th>
<th>MEASUREMENT</th>
<th>FINDINGS</th>
<th>LEVEL OF EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>An investigation to evaluate sexual attitudes in a group of independent residents in a large urban assisted living facility.</td>
<td>The aim of the study is to evaluate sexual attitudes in a group of independent residents in a large urban assisted living facility.</td>
<td>A hierarchy of basic functions where each function is graded on a 5-point Likert scale reflecting its endorsed importance. (1) Willing to have sexual counseling/treatment if necessary, (2) Willingness to receive counseling/treatment for sexual problem, (3) Willing to have partner treated.</td>
<td>Large, 1200 beds in a facility in Tel-Aviv, Israel.</td>
<td>Majority 22/31 believed discussions about sexual wellness should be open. However, it was concluded that sexual expressions in later life are purposeful behavior in its own right.</td>
<td>Purposeful behavior in its own right.</td>
<td>Study was limited by the small sample size.</td>
<td>IV</td>
</tr>
</tbody>
</table>

Integration Analytic Review of the Literature.
<p>| Aja and Self (1986) | To determine whether or not perceptions, attitudes and knowledge of nursing home staff changed as a result of | Experimental design 45 nurse participant In groups Implicit n=11 Explicit n=10 Control | Norfolk nursing home, US. | (5) who was the professional | The hierarchy rated as Mood Memory Sleep Sex Appetite. Did not differ significantly between sexually active and non active participant. | of care. And attitudes regarding sexuality to improve their quality of lives. | Neuman-Keuls method Two-way analysis of variance Analysis of variance (ANOVA). | 111 |</p>
<table>
<thead>
<tr>
<th>Bauer Michael, Mc Auliffe (2013).</th>
<th>exposure to different level of explicitness</th>
<th>n=11 RR 71% n=32.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This study reports on the evaluation of an education program delivered to aged care nurses to improve their knowledge about and their attitudes towards older people's sexuality.</td>
<td>This study used a pre test and post test questionnaire design and education intervention in the form of a workshop.</td>
<td>The sample were registered nurses and licensed practical nurses employed by two regional health services in Victoria, Australia. Sample size = 112.</td>
</tr>
<tr>
<td>Evaluating knowledge and attitudes of care staff towards sexuality in older people living in Long term aged homes.</td>
<td>Using the The attitudinal part of the Ageing Sexuality Knowledge and Attitudes Scale (ASKAS) developed by White (1982) was used to measure prior to and following education.</td>
<td>The questionnaires were collected immediately and analyzed using the statistical software package SPSS version 17. There were less than 5% of the sample with missing data. Chi-square was used for Categorical.</td>
</tr>
<tr>
<td>IV</td>
<td>Chi-square showed that attitudes overall were significantly more permissive following education. This education should help nurses to become aware of their personal biases. And not to play &quot;moral guardian&quot; to residents.</td>
<td></td>
</tr>
<tr>
<td>Bouman et al. (2007)</td>
<td>Investigating the attitudes of care staff in residential and Nursing home setting toward aged sexuality.</td>
<td>Descriptive questionnaire Surveyed 495 nurses RR: 54% n=234</td>
</tr>
<tr>
<td>Ehrenfeld, M. Tabak, N. (1997)</td>
<td>Observational study regarding sexual behaviors of residents in psychogeriatric wards of Nursing Homes,</td>
<td>Observational checklist developed by the research team for use by participating nurses.</td>
</tr>
<tr>
<td>Esterle, M. Sastre', M Etienne M. (2011).</td>
<td>Cross sectional study with an application of Anderson’s Functional Theory of Cognition</td>
<td>Participants were unpaid volunteers recruited and tested by the author. 600 people contacted (71%) 427 participated. Setting Toulouse Southern France. 59% white collar, 41% blue collar participants</td>
</tr>
<tr>
<td>Kaas, M.J. (1978)</td>
<td>Evaluation of the Attitudes of the Nursing Home Staff and the Nursing Home Residents toward Sexual Expressions of the Elderly in Nursing Homes.</td>
<td>Three different Detroit city Nursing Homes and Two Detroit suburban Nursing Homes. Participants over 65 years mentally competent and communicate in English. The staff subject were choosen by the the administratio of the NH. Sample 85 residents and 207 staff participated.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Two instruments were administered a patient interview schedule and a staff questionnaire developed by the investigator and administered. 32 questions related to attitudes toward sexual expressions and perception of needs. Answered on a likert type scale. Consents were signed. Two way analysis of variance was used for the demographic variables. Chi square used for variables of marital status sex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The analysis of variance revealed significant location effects. The suburban subjects were more accepting of sexual intercourse if they were married. It was found that they were more accepting of men than women.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attitudes towards sexuality in the elderly between staff and residents were generally accepting. In the suburban group of residents after the death of a spouse sexual activity was thought of as not needed. Lack of privacy was</td>
</tr>
<tr>
<td>Low, L.P. (2005).</td>
<td>Promoting Awareness of sexuality of older people in residential care.</td>
<td>Research article on the awareness of sexuality in the elderly in residential care.</td>
</tr>
<tr>
<td>Rheumae, C. Mitty, E. (2008).</td>
<td>“Sexual rights” having access to health care services, education and information about sexual expression and choices.</td>
<td>Research article on sex and aging overcoming the barriers of age related changes.</td>
</tr>
</tbody>
</table>
Appendix D

Education for Staff Lesson Plan
EDUCATION FOR STAFF ON SEXUAL EXPRESSIONS IN THE AGED.

LESSON PLAN.

By Ralmetha Brooks  DNPc  RN

Educational objectives:

- Participants will be able to discuss normal and pathological changes of aging as it relates to sexual health.
- Participants will be able to describe the various ways in which sexuality is expressed in the aged.
- Participants will be able to identify the barriers and challenges to sexual health among the aged.

Overview:
Sexuality is an innate quality that is present in all human beings (Wallace, 2008). It is defined as the central aspect of being human throughout the lifespan. It encompasses sex, gender identity roles, sexual orientation, pleasure, intimacy and reproduction (WHO, 2010). Sexual health contributes to the satisfaction of physical needs and depression often results from an inability to express one’s sexuality. (Kamel & Haagar, 2003). This will often result in impairment in the normal sexual functioning.

It is frequently assumed that sexual desires and frequency diminishes in later life and the notion of older adults engaging in sexual activities is a taboo in today’s youth oriented society (Kammel&Haagar, 2003).

Background:

Despite the persistence of sexual patterns throughout the life span there is limited research and information to assist Nurses to assess and intervene to promote sexual health (Wallace, 2004). Lack of research literature and insufficient clinical resources are a product of the lack of societal recognition of sexuality as a continuing human need in the aged population. There are some barriers and cognitive impairment is a major one.

Nurses view towards sexuality in the aged:

- Nurse’s hesitancy to discuss sexuality with older adults and this has a significant impact on their sexual health.
- Practitioners do not always discuss sexual health when providing primary care to older adults.
- Attitudes towards sexuality in later life by making jokes about sexuality, shaming, causing embarrassment.
- The lack of knowledge regarding available interventions was also seen as barriers to sexual discussions between older adults and healthcare providers.
- Nurses and caregivers express general discomfort discussing sexuality and lack of knowledge and experiencing in assessment and management of sexual dysfunction.
- That caregivers and nurses understanding of sexuality in the aged should be broadened beyond that of a relationship between a man and a woman and to include members of GLBT community giving respect and consideration.

**Normal aging changes:**

The normal changes in the aged female:

- Decrease in hormones (estrogen)
- Shortening of the vaginal canal
- Descent of the cervix downward (causing pain/discomfort)
- Thinning of vaginal walls with fewer vaginal contractions.
- Decreased vaginal lubrication.
- These changes often result in avoidance to prevent painful intercourse.
- Female feelings of being unattractive.

**Normal Aging in the male:**

- Decrease in hormones (testosterone)
- Male menopause which usually occurs around 50 years of age.
- Men experience fatigue
- Loss of muscle mass
- Depression
- Decline in libido and ejaculation
- Body changes such as increased girth, wrinkles, and feelings of insecurity.

Strict beliefs and values are also likely to impact sexual actions, freedoms and desires this frequently results in sexual frustration and conflict.

**Pathological disorders:**

- Cardiovascular disease.
- Diabetes
- Hypertension
  There 14.7 million individuals over 65 years are affected by the diseases.
- ED and BPH are common dysfunctional conditions that impacts sexuality.
- Medications (antidepressants, beta blockers, antipsychotics and anti hypertensive’s).
- Sexually transmitted diseases. Need for education and protection

Special issues:

- Cognitively impaired older adults have continued needs and desires which at times present challenges for the caregivers which need to be dealt with appropriately. Consent for sex is basic as choosing tea or coffee. However inappropriate sexual behaviors require interventions.
- In the cognitively impaired sexuality takes various forms such as – cuddling, touching, grabbing groping or masturbating in public without shame. They become aggressive and irritable when redirected.
- Environmental settings also influence sexuality and long term settings lack the privacy home.
- Lack of a partner
- Lack of opportunities
- Poor health and feeling undesirable.
  Mostly Caregivers attitudes towards the aged sexuality and their expressions (Hajjar & Kamel, 2004).

The need for a sexual assessment on every long term care admission using open ended questions such as Can you tell how you express your self sexually? The provider needs to be sensitive and be proactive in managing sexual health. Nurses need to be confident leaving their beliefs and their values aside and focus on the older adult. To provide Dignity and ensure Privacy and provide assistance as needed. There may be some families that may require counseling and referrals should be made.
EVIDENCED BASED CAPSTONE PROJECT

Education for the Long Term Care Staff on Aged Sexuality.

Ralmetha Brooks MSA RN.

Staff working in the Long Term Care facility is often uncomfortable with discussions of resident's sexuality and views it as inappropriate. This Evidenced Based Project (EBP) will use education on Aged Sexuality to improve staff knowledge and confidence to facilitate a new model of care. This Model of care is known as Resident Centered Care. This model focuses on quality of life issues with regards to privacy and respect for the resident's and their expressions of sexuality while living in the long term care facility. Education on Aging Sexuality will be provided in groups with each group doing a pretest questionnaire consisting of sixty questions. The education will be given in two hour sessions then the post test consisting of the same questionnaire will be given. The questionnaires will then be analyzed using t-test looking at knowledge, confidence and attitudes before and after education. The questionnaire is known as the Assessment of Attitudes and knowledge for Sexuality in the Aged (ASKAS) which has proven validity and reliability.
Appendix E

Iowa Model Diagram and Permission.
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Problem Focused Triggers
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2. Process Improvement Data
3. Internal/External Benchmarking Data
4. Financial Data
5. Identification of Clinical Problem

Knowledge Focused Triggers
1. New Research or Other Literature
2. National Agencies or Organizational Standards and Guidelines
3. Philosophies of Care
4. Questions from Institutional Standards Committee

Consider Other Triggers

Is this Topic a Priority for the Organization?

Yes
Form a Team
Assemble Relevant Research & Related Literature
Critique & Synthesize Research for Use in Practice

Yes
Pilot the Change in Practice
1. Select Outcomes to be Achieved
2. Collect Baseline Data
3. Design Evidence-Based Practice (EBP) Guideline(s)
4. Implement EBP on Pilot Units
5. Evaluate Process & Outcomes
6. Modify the Practice Guideline

No
Basic Practice on Other Types of Evidence:
1. Case Reports
2. Expert Opinions
3. Scientific Principles
4. Theory

Conduct Research

Is There a Sufficient Research Base?

Yes
Continue to Evaluate Quality of Care and New Knowledge

No
Is Change Appropriate for Adoption in Practice?

Yes
Institute the Change in Practice

Disseminate Results

Monitor and Analyze Structure, Process, and Outcome Data
- Environment
- Staff
- Cost
- Patient and Family
Appendix F

Aging Sexual Knowledge and Attitude Scale permission.
SPRINGER LICENSE
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Jul 18, 2013

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Licensed content date Jan 1, 1982
Volume number 11
Issue number 6
Type of Use Thesis/Dissertation
Portion Full text
Number of copies 1
Author of this Springer article No
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Appendix G

Policy on Sexual Expressions for the Veteran living in the Veterans Community Living Center
1. Purpose:
   a. To establish guidelines and procedures to guide practice for the staff working in the Community Living Center as it pertains to the sexual expressions of the elderly veterans living in the CLC.
   b. To clarify those expressions of sexuality is a lifelong need and a basic human right. According to the literature, majority of staff believe residents have sexual needs that should be supported and acknowledged, however expressions of sexuality often creates discomfort and the need is not regularly assessed (Rheaume & Mitty 2008).

2. Policy:
   This Facility policy carries the responsibility of upholding the Resident’s right to personal and sexual choices, civil and privacy rights of all Veterans. The facility will maintain orientation and education to equip staff with the necessary skills to uphold the sexual expression rights of all residents.

   - Will recognize the older adult’s right to engage in or express themselves sexually without reprisal or punitive actions as long as there is consent, either by words or affirmative action.
   - This policy recognizes that all adults are entitled to their beliefs and choices, Professionals and caregivers will be objective in caring for the residents without infringement on their rights.
   - Residents will have the right to their sexual expressions provided in each instance that activity does not involve:
     - Non-consensual acts
     - Acts with minors
     - Acts between persons with risk of STD’s transmission
     - Acts that impact negatively on the facility through public display.
   - Residents with cognitive or physical impairment all the above apply
   - In addition to a health assessment by a clinical staff to insure consent.
   - The provider will complete a sex health assessment on all new residents and update as needed.

Rights of the Resident:
   - Resident has the right to seek and engage in sexual expressions as define above.
   - Sexual expressions may be between residents, significant others/spouses.
   - Sexual expressions between the resident and a visitor should be legal and not solicitation.
   - Residents have the right to obtain or access for their private use materials with legal but sexually explicit contents.
   - Residents have the right to privacy for their sexual expressions
   - Residents will have the right to professional counseling pertaining to their sexual expressions.

Staff Responsibilities:
   - Staff will maintain awareness of sexual activity to ensure legality.
   - Staff should not intervene except in instances where (a) thru (d) are likely to be violated. In these cases the Interdisciplinary will intervene to redirect behaviors.
   - Staff will be responsible for recommending the use of private space without ridicule.
   - Staff will ensure the resident’s right to privacy and respect at all times.
   - Staff will report any cases of illegal activity to the charge Nurse/Manager as soon as is discovered.

3. References:
4. **SOP, FORMULATION**: Authored by Ralmeta Brooks, RN, MSA.

5. **RECISSION**: None

6. **REVIEW DATE**: Bi-Annually

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