NURSING HOME SEXUALITY: NURSING ASSISTANTS' TRAINING, ATTITUDES AND RESPONSES TO RESIDENT SEXUALITY

THESIS

Presented to the Graduate Council of
Texas State University – San Marcos
in Partial Fulfillment of
the Requirements

For the Degree

Master of ARTS

By

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San Marcos, Texas
May, 2004

To The Memory of
my beloved grandmother,
Frieda Malz,
who died at the age of 99
on December 26, 2002
in a nursing home.

ACKNOWLEDGEMENTS

I would like to offer thanks to my husband, George, for his unfailing encouragement, support and editing skills as I completed my thesis work. Thanks also to my children, Aaron, David, Geoff and Andy, for their support and self-sufficiency when I was so often unavailable for them. I would like to thank my sister, Kathryn, for her positive encouragement, enthusiastic support and unconditional love.

I am especially grateful to Ms. Charlotte McCord for sharing her knowledge and love of sociology with me. I could not have found a better teacher, mentor and friend, and I will be eternally grateful to her.

I would also like to extend thanks to my thesis committee, who has demonstrated so much support and guidance. Both Dr. Watt and Dr. Giuffre have been extremely positive and encouraging, and I have learned a great deal from both of them. Thanks also to Dr. Frost for the time committed in reading my thesis and for providing me with positive feedback.

Finally, I would like to thank Dr. Susan Day and the entire Sociology Department for providing me with such a nurturing environment in which to learn.

This manuscript was submitted on April 9, 2004.

TABLE OF CONTENTS

LIST OF TABLES

ABSTRACT

NURSING HOME SEXUALITY: NURSING ASSISTANTS' TRAINING, ATTITUDES AND RESPONSES TO RESIDENT SEXUALITY

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May 2004

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Thirteen nursing assistants were interviewed to examine the training they receive to address and understand sexuality and the elderly in nursing homes. In-depth, face-to-face interviews were conducted to investigate training on resident sexuality, attitudes toward resident sexuality and responses to sexuality by nursing assistants in nursing homes. The five men and eight women in this study revealed a lack of training specific to elderly sexuality and a variety of responses in dealing with instances of sexuality in the nursing home setting. All of the nursing assistants revealed problems with adhering to nursing home regulations on resident privacy. Several male respondents reported organizing their work around issues of gender and sexuality. Results were mixed as to whether nursing assistants believe that residents should have more opportunities for sexual freedom in nursing homes. The findings expose a lack of research, training and understanding in issues of sexuality and the elderly living in nursing homes. Overall, nursing assistants enjoy their work and believe that they make a positive contribution to the welfare of the residents with whom they work.

CHAPTER I

INTRODUCTION TO THE STUDY

The "graying of America" is more than a poetic image; rather it indicates the dramatic increase in the "absolute and relative number of older persons in the total population" (Berman-Rossi 1991:503). During the next thirty years, the population of individuals eighty years of age and older will increase to five times what it is today, and this will double the demand for long-term care (Beck, Doan and Cody 2002). Technological advances in medical care and healthier life-styles have increased the expected lifespan of both men and women. While the average lifespan today for men is 74 years of age and the average lifespan for women is 79 years of age, Beck, et al. (2002) note that experts predict an increase of approximately two years per decade for both groups. In addition, demographic and social changes in the family make it less practical for family members to be available to provide long term, day-to-day assistance to older family members (Foner 1994). As a result, there will be a rapidly increasing number of older people entering long term care facilities to find the assistance they require.

The need for long-term care defies sex, culture and economic class, and our society, "sharpened by ageism, imposes on older persons a daunting and powerful combination of obstacles" (Berman-Rossi 1991:504). This is especially true for those elderly who depend on formal supports to maintain their lives in long-term care institutions. One significant obstacle faced by the elderly residing in nursing homes is the almost complete loss of independence, which is supplanted by routine and institutional regulations. No longer able to choose their menu, leisure activities, roommates, décor or surroundings, most residents resign themselves to an environment that discourages independent, adult behavior and rewards dependency (McDermott 2001). One of the losses experienced by the elderly when they enter a nursing home is the freedom to express their sexuality.

Factors in the physical environment of the nursing home, including lack of privacy and space, staff attitudes and the governing nursing home policy may influence the extent to which institutionalized elderly are able to express their sexual needs (Fairchild, Carrino and Ramirez 1996). However, as Walker and Harrington (2002) note, residents in nursing homes continue to have the need and desire for intimacy and sexual expression. Ageist stereotypes and myths have a powerful impact on sexual activities and relationships for the elderly in nursing homes; myths that proclaim that sexuality is the domain of younger people, and that aging and sexual dysfunction are inevitably linked (Weeks 2002).

Understanding the ways in which the sexual freedom of the elderly is limited in nursing homes is important in developing more humane care practices, improving training for staff, and educating residents and families concerning the rights of residents in nursing homes to control their sexuality.

Nursing assistants play an integral role in carrying out the care practices in nursing homes. They are responsible for providing the basic, routine personal care required by nursing home residents and they also assume a vital role in promoting and maintaining resident's emotional well-being. Nursing assistants frequently work with the same residents for many years and the nature of these close, intimate relationships often lead to both attachments and hostilities between nursing assistants and residents (Foner 1994). In addition, nursing assistants bring into the nursing home their own personal values and beliefs about what it means to be old, and these values and beliefs may clash with resident's self-perceptions and also with the policies of the nursing home (Miles and Parker 1999). This may be particularly true when nursing assistants are confronted with the notion of resident sexuality.

This study is an attempt to discover the experiences and attitudes of nursing assistants with regard to resident sexuality, and to discover how the attitudes of nursing assistants and nursing home policies exercise control over resident choices regarding intimacy and sexuality. This study uses a qualitative approach to data collection and analysis. By

studying an array of individual cases, consisting in this study of individuals providing direct care in nursing homes, it may be possible to develop a more in-depth understanding of the social systems that exist in nursing homes. Qualitative research allows the beliefs, feelings, subjective experience, and the point of view of the respondents to be heard (Esterberg 2002). Qualitative research also allows the interviewer to probe and clarify the meanings and feelings of respondents, and to introduce new ideas and unanticipated research findings. The relatively small sample of respondents used in this study also makes it appropriate for a qualitative approach to gathering and interpreting the data (Esterberg 2002). The goal of qualitative research is not to generalize, rather it is to understand experiences and attempt to explain complex social phenomenon.

In this thesis the following questions will be addressed: What are the current levels of training for nursing assistants regarding resident sexuality issues, and is there consistency between recommended and actual practices in nursing homes regarding sexuality issues? What are the attitudes of nursing assistants toward resident sexuality in nursing homes? How much flexibility do nursing assistants have in dealing with issues of intimacy and sexual behavior between residents in nursing homes? How do nursing assistants, administration and family members respond to sexual activity between residents in nursing homes? Finally, do nursing assistants believe that they would benefit from more training

on the issue of sexuality and the elderly, and sexuality in the nursing home setting?

The interpretation of the data collected in this study will be guided by the sociological theory of Bureaucracy developed by Max Weber. According to Weber ([1946] 2000), a bureaucracy is a formal organization that is characterized by a rigid hierarchy of authority and a complex division of labor. Tasks are highly specialized and each level of the organization reports directly to the level above it. Weber ([1946]2000) characterizes bureaucracies as using "calculable rules, without regard for persons" (p. 104). In this manner, bureaucracies use rules and regulations to achieve organizational goals—often at the expense of individual welfare. Nursing homes are bureaucratic in that they operate under explicit rules and regulations with tasks carried out on a regular basis by staff members who have clearly defined powers (Foner 1994). What Weber ([1946]2000) termed as the bureaucratic practice of eliminating "all purely personal, irrational, and emotional elements" from the calculation of rules application, may lead to the dehumanization of the environment in nursing homes for staff and residents alike (p. 116). The bureaucratic rules and regulations in place in the nursing home may come into conflict with the sexual autonomy of residents, and may also control the perceptions and attitudes of nursing assistants toward resident sexuality. This study will explore how the structure and bureaucracy of the nursing home environment may influence the sexual

freedom of nursing home residents and the actions taken by nursing assistants in response to sexual activity among residents.

CHAPTER II

REVIEW OF THE LITERATURE

There is very little published research investigating the sexual freedoms of the institutionalized elderly. While research on sexuality and the elderly has increased in the past decade, this research focuses almost entirely on the elderly living in the community. Ethical issues surrounding privacy and informed consent may make it difficult for researchers to gain access to nursing home residents for sexuality study purposes (Esterberg 2002; Wasow and Loeb 1979). In addition, the elderly in nursing homes today were raised in an era in which sexuality was a very private matter, and these taboos may make residents hesitant to answer questions about their sexuality. Also, as Wasow and Loeb (1979) note, family members of elderly residents may resist or deny resident participation in studies that examine resident sexuality.

There is, however, a large body of research addressing the institutionalization of the elderly in nursing homes. One area of this research that is of interest to this study examines the loss of control over their environment experienced by the elderly when they enter a nursing home. Feelings of control are especially important for vulnerable

segments of our society—the young, the old, those with low levels of education and those in institutions. The need to control one's personal environment is an intrinsic necessity of life, and some studies have suggested that more successful aging, measured by decreased mortality, morbidity and psychological disability occurs when an individual feels a sense of usefulness and purpose (Sijuwade 1996; Thompson and Spacapan 1991; Hooker 1976; Langer and Rodin 1976).

According to McDermott (1989), the nursing home environment denies residents the opportunity to exercise control over their lives, even though feeling in control of one's life is central to mental health. Nursing homes are geared to institutional efficiency and, as a result, nursing home residents live in a decision-free environment that removes most of their autonomy. Residents depend upon staff members for virtually every facet of their personal and emotional well-being. The structure of their day is organized around the physical environment of the nursing home facility and the number of staff members available to assist them at any given moment. Residents in nursing homes rarely have control over even their most basic activities, and must frequently wait for assistance to perform the simplest of tasks; use the bathroom, to receive help eating meals or to get out of bed. This loss of decision-making ability over the most basic tasks of daily living leads residents to adopt feelings of helplessness and dependency (McDermott 1989).

This loss of control and decision-making ability common to nursing home residents most certainly extends to issues of resident intimacy and sexuality. Edwards (2003) notes that nursing home residents tend to see barriers to fulfilling relationships in the nursing home environment. These barriers, which include the physical structure of the nursing home, staff attitudes and the implicit and explicit policies of nursing homes, influence the extent to which residents may or may not express their sexual needs. According to Fairchild, et al. (1996), nursing homes, with their "often crowded and cluttered space," are not designed to accommodate the sexual needs of residents (p. 154).

Lack of privacy is another reality of nursing home life. In 1987 Congress passed the Nursing Home Reform Act, which mandated sweeping changes in the way nursing homes provide care to residents. This legislation established the first Resident's Bill of Rights outlining, among other rights, the resident's right to privacy, right to be treated with dignity and the right to exercise self-determination (Klauber and Wright 2001). Research reveals that nursing home staff are frequently insensitive to resident's rights to privacy and self-determination, especially where issues of sexuality are concerned (Miles and Parker 1999; Wasow and Loeb 1997). Common nursing home practices of restricting the range of appropriate expressions of intimacy to hand holding, social ceremonies (such as dances and mock weddings), or notifying family members when residents express sexuality violate

resident's self-determination and privacy rights. Miles and Parker (1999) found that in many nursing homes, the choice of sexual intimacy is removed from residents and "medicalized" into a framework of supervised informed consent (p. 37). In some cases, nursing homes perform a sexual assessment, with nurses and social workers meeting with residents to discuss their intentions and expectations for the sexual relationship, with families included if further counseling is determined to be useful (Miles and Parker 1999).

The attitudes of society have a significant impact on sexuality in the course of aging (Trudel, Turgeon and Piche 2000). Our society equates sex with youth, so most people do not expect seniors to be sexually active—or even to have sexual desires. Ageist beliefs assume that sexual activity naturally diminishes or ends as people age, and that the elderly are neither sexual nor sexually attractive. The language and images used to describe the elderly and old age, such as sagging, wrinkled, confused, frail, isolated, poor and disease prone define the behaviors deemed appropriate for elderly people (Hurd 1999.) Misconceptions about elderly sexuality lead nursing home staff to view the lack of sexual intimacy in nursing home life as either inevitable or as not part of their professional responsibilities (Edwards 2003). However, the need for touch, intimacy and physical contact has been demonstrated in classic studies of babies raised without this essential support (Miles and Parker 1999). This need to be touched, held and to feel loved does not diminish

with age, and aging does not reduce the need for enjoying sexual experience. Social structures and sexual behavior are closely intertwined, and a lack of tenderness, insufficient loving bodily contact and loneliness often obliterate a sense of social connectedness for nursing home residents (Weeks 2002). The failure of nursing homes to accommodate sexually intimate relationships for the elderly can lead residents to experience increased feelings of loneliness, powerlessness, lower quality of life, aggression, confusion and an increased use of sedatives. (Edwards 2003; Phanjoo 2002; Trudel, et al. 2000; Talbott 1998; Comfort and Dial 1991; Bergstrom-Walan and Nielsen 1990).

In their landmark study, Wasow and Loeb (1979) found that residents in nursing homes in general believed that sexual activity is appropriate for older people. In addition, they found that elderly people in nursing homes do have sexual thoughts and feelings, and do indulge in sexual behavior (Wasow and Loeb 1979). Residents of nursing homes flourish best when diverse needs for intimacy are recognized, respected, and met; sexuality is one dimension of intimacy (Miles and Parker 1999).

Legitimizing the nursing home resident's need and desire for intimacy and sexuality is only a first step in ensuring they are able to exercise control over these needs and desires. Nursing home staff members often respond with apathy or hostility toward residents who express or act on a need for sexual intimacy, or who merely lament the loss of such intimacy (Miles and Parker 1999). According to anecdotes

told to Miles and Parker (1999) in their study on sexuality in nursing homes, tactics used to control or devalue intimate relationships between nursing home residents include, "being restrained, being deprived of privacy, having clothing put on backwards, and being dressed in zipperless jumpsuits" (p. 39). Facility staff often view residents who show an interest in sexuality as "moral perverts" or "dirty old men" (Wasow and Leob 1979:73). In a study conducted by Fairchild et al. (1996), social workers interviewed perceived nursing home staff as intolerant and noted that the notion of elderly sexuality "elicits anxiety, discomfort, and disbelief" among staff (p. 154). In addition, sexual activity between residents was identified as a "seriously disturbing problem" by the nursing home staff (Fairchild et al. 1996:156).

Facility concerns regarding legal liability and state and federal regulations frequently supercede resident autonomy. Facilities worry that the families of residents will feel betrayed or distressed upon discovering a parent's sexual activity. This fear appears justified, with Bonifazi (2000) reporting that some families ask staff to intervene or move their relatives to another facility. The legal, financial and ethical concerns involved in facilitating resident sexuality may lead facility administrators to observe family wishes as the path of least resistance (Parsons 1995).

Nursing home administrators and staff frequently cite issues with cognitive impairment or Alzheimer's disease as another reason for

limiting opportunities for intimacy and sexuality between residents in nursing homes. Facilities worry that those suffering from dementia will be vulnerable to unwanted advances from other residents (Bonifazi 2000). However, even people with Alzheimer's can often make choices, and may find satisfaction in walks, dancing, massage, and other non-sexual activities in relationships with other residents. The practice of segregating Alzheimer's residents in locked halls reduces the likelihood that they will engage in meaningful activities with other residents who may be able to provide caring, one-on-one interactions. Those who do not willingly consent to sexual or marital relations may still need protection, but staff must avoid misreading all intimate behaviors as sexual in nature (Bonifazi 2000). Parsons (1995) notes that the 1987 Nursing Home Reform Act, which requires the right to privacy and free association for nursing home residents, also applies to those residents with dementia.

Many problems relating to resident sexuality grow out of inadequate staff training. Often the staff suffers a serious lack of understanding about the role of sexual behavior among older adults. Comprehensive staff training specific to sexuality is "lagging some 20 years behind conclusive research evidence that sexuality has a serious bearing on senior health and well being" (Parsons 1995:49). Fairchild et al. (1996), report that out of the twenty-nine nursing homes participating in their study, only one had a program specifically addressing resident sexuality.

Research reveals that nursing assistants provide eight of every ten hours of paid care to nursing home residents. For this reason they have the most significant impact on the freedom of residents to experience intimacy and sexuality, yet they rarely have the benefit of adequate training in this issue (Beck et al. 2002). Studies show that education programs aimed at increasing staff knowledge of elderly sexuality can result in more positive attitudes that directly impact the ability of elderly residents to express sexuality (Bonifazi 2000; Walker and Harrington 2002; Fairchild et al. 1996). Education on sexuality and aging is a first step toward a better understanding of the complexity of issues—legal, ethical, and clinical—that surround intimacy and sexuality in nursing home settings; education that will enable residents to achieve the highest level of emotional well-being (Parsons 1995).

Issues of sexuality are consistently absent from nursing home policy as well as from state and federal regulations related to nursing home operations. The 1987 Resident's Bill of Rights grants residents the right to accommodation of medical, physical, psychological and social needs, but does not address the right to accommodation of sexual needs, with this omission making a powerful statement that sexuality is not important to the resident's well being (Walker and Harrington 2002; Fairchild et al. 1996; Miles and Parker 1999). Nursing home policy that addresses intimacy and sexuality issues for residents helps to ensure

that judgments concerning sexuality in nursing homes are not made at an individual staff member level.

Gaps in the Literature

In their ground-breaking study of sexuality and nursing homes, Wasow and Loeb (1979) note that very little research has been done that deals with the sexual attitudes, practices and knowledge of the elderly, and that almost none of the research has examined the elderly living in nursing homes. It appears that during the thirty-five years since the Wasow and Loeb (1979) study, the amount of interest in the sexual needs of older persons has not substantially increased.

Miles and Parker (1999) observe that less than 200 of the 30,000 Medline articles reviewed for their study pertaining to sexuality and sexual behavior refer to people over the age of 80, and of those only 3 percent of the articles refer to those in nursing homes. In addition, most research on elderly sexuality focuses on the frequency of sexual behavior of the elderly living in the community, or looks at sexual dysfunction from a medical point of view; very little examines the experience or meaning of sexual intimacy for the elderly, especially the institutionalized elderly (Miles and Parker 1999).

Wasow and Loeb (1979) write that because of the difficulties in gaining access to nursing home populations, resistance from residents in regard to discussing an issue as personal as sexuality and the ethical issues inherent in studying vulnerable populations, there is scant

information on nursing home sexuality obtained from the residents themselves. As a result, the research available on nursing home sexuality between residents is mainly gathered from nursing home social workers, doctors, nurses and administrators (Fairchild et al. 1996; Miles and Parker 1999; Edwards 2003). Studies on nursing home sexuality that include nursing assistants as subjects are relatively nonexistent, although as Beck et al. (2002) found, they are the staff members who spend the most time with residents and are the most likely to know the most about what happens in the nursing home on a day-to-day basis. Fairchild et al. (1996) interviewed nursing home social workers to determine staff attitudes toward resident sexuality, but they did not interview nursing assistants. Finally, Katz and Marshall (2003) examined societal attitudes towards sexuality and the elderly, but addressed the issue from a lifestyle and consumerism perspective. They did not include the elderly residing in nursing homes or direct care staff, but rather they looked at the ways the media have begun to see the elderly as a potential market for health and sex enhancing products.

In contrast to previous research on the topic of sexuality in the nursing home, this study will directly explore the attitudes of nursing assistants regarding resident sexuality. Nursing assistants—with the most day-to-day contact with nursing home residents—are in the unique position to not only relate their own experiences with resident sexuality, but also to provide insight into their own, administration, and family

responses to resident sexuality. Furthermore, nursing assistants are in the best position to evaluate their level of training on issues of elderly sexuality and their need for additional training.

CHAPTER III

METHODOLOGY

To address the research questions in this study, semi-structured in-depth interviews were conducted with thirteen Certified Nursing Assistants (CNA's) employed in five different Long-term Care Facilities in Central Texas. The sample was generated using a "snowball" technique, in that each nursing assistant contacted was asked to provide the researcher with the name of an additional contact.

I had originally planned to interview twenty Certified Nursing Assistants for my study of nursing home sexuality. However, after interviewing thirteen nursing assistants I found that the information being shared with me in response to my research questions was becoming repetitive. Despite interviewing nursing assistants who worked in three different urban and two different rural nursing homes, and nursing assistants of a wide range of ages, ethnicities, and educational levels, their experiences with training and facility policies regarding resident sexuality were remarkably similar. After thirteen interviews, the information supplied by respondents regarding their attitudes and perceptions of nursing home sexuality and about the control of resident

sexuality in the nursing home was uniform and consistent. Esterberg (2002) notes that it is appropriate to leave the field when informants are telling you the same kinds of things, or if it is apparent that there is little more to gain from longer observation. I believe that the information collected from my sample size of thirteen respondents allows me to answer the questions about nursing home sexuality posed in this study.

Furthermore, some external factors influenced my decision to conclude my respondent interviews after recruiting and interviewing thirteen nursing assistants. Although I rather easily recruited nursing assistants working in Austin nursing homes, I experienced significant problems recruiting nursing assistants from nursing homes in more rural areas. With the approval of the facility administration, I posted flyers in the break room of six nursing homes outside of the metro Austin area. At the suggestion of one facility social worker, I prepared flyers that were inserted into the pay envelopes of 50 nursing assistants. In these flyers I offered potential respondents ten dollars for each interview, and further outlined my promise of confidentiality for participation in my study. This effort resulted in contact with two nursing assistants, who then provided me with the names of additional nursing assistants to contact. This tactic allowed me to contact and interview my remaining sample. Six nursing assistants either refused to participate or scheduled appointments to meet with me but did not keep the appointments.

Some explanations offered by the nursing assistants I did interview regarding the reluctance of more of their co-workers to participate in my study included fear of being identified to their supervisors, reluctance to discuss a subject as sensitive as sexuality in nursing homes and being too busy to get involved in a research study.

Eight female and five male nursing assistants were interviewed for this study. As a way to address diversity issues in this study, I included respondents with a wide age range, formal education background and with a variety of ethnicities. All of the nursing assistants I interviewed were Certified Nursing Assistants (CNA's) who completed a specialized course of training to enable them to pass a State of Texas-administered certification examination. The interviews were conducted from November 2003 to March 2004, outside of the respondent's work site. These interviews lasted approximately one hour and were tape-recorded and transcribed for analysis.

The semi-structured question guide consisted of a series of open-ended questions organized into four main categories or themes: background information, personal experience surrounding intimacy and sexuality issues with long-term care residents, personal experience with policies and training regarding intimacy and sexuality issues with long-term care residents, and suggestions for improving long-term care resident's freedom to experience intimacy and sexuality in each specific facility.

The following questions in some form were asked of all the respondents: How long have you been employed as a nursing assistant? What type of training have you received for working with the elderly? What do you like best and least about your job? Have you had any experiences on-the-job with resident sexuality issues and how did you react to those experiences? Have you had any experiences with facility administration and/or resident's families concerning resident sexuality issues? What policies are in place in the facility regarding resident sexuality? What type of training have you received on issues of sexuality and the elderly, and would this type of training be helpful to you on your job? What could staff or management do in the facility to increase the sexual freedom of the resident? (See Interview Guide: Appendix B)

Data were analyzed and coded following the procedure of analytic induction. In analytic induction, the data collected is scanned for categories of phenomena (in this case the experiences of nursing assistants) and also for relationships among these categories (Corbin and Strauss 1990). This procedure is especially useful in analyzing open-ended interviews with respondents. Each interview transcript was read several times with emerging conceptual categories identified and compared with one another.

Data were also analyzed using a grounded theory approach. Based upon real-world observations rather than on abstract reasoning, grounded theory allows theoretical concepts to emerge from interviews

and observation with individuals and groups (Corbin and Strauss 1990). A grounded theory approach allows the researcher to generate theory from the data collected, rather than attempting to test a specific hypothesis in the positivist tradition (Esterberg 2002). According to Corbin and Strauss (1990), grounded theory seeks to not only uncover "relevant conditions," but also to determine how people respond to changing conditions and to the consequences of their actions (p. 5). By comparing the data collected in interviews with nursing assistants, I used the repeated patterns of the common experiences, attitudes and perceptions of nursing assistants to allow the theory to emerge. The findings from this study are presented in narrative style, with quotes from respondents used to illustrate conceptual categories. Actual participant names are replaced with pseudonyms.

Sample Description

Summary information on the nursing assistants interviewed for this study is provided in TABLE I (page 26) entitled "INTERVIEW PARTICIPANT DEMOGRAPHICS." Two of the nursing assistants interviewed for this study have earned a college degree. Three of the nursing assistants are in the process of earning a degree. Two of the nursing assistants have attended college in the past, and still have hopes of completing a four-year degree in the future. The remaining six nursing assistants have either completed high school or have earned a GED Certificate. Only four of the nursing assistants are currently

married. Four of the female nursing assistants are single mothers, and two of the male nursing assistants are single fathers.

Nursing assistants report three main motivations for providing care to the elderly in nursing homes. One motivation is that nursing assistants use their experiences in the nursing home healthcare setting as a stepping stone toward a career in nursing. Carol and Joe are both attending college to earn nursing degrees and believe that the experience they are gaining in the nursing home will be useful to them in another healthcare setting. However, neither of them anticipates working as nurses in nursing homes, but rather plan to work in more acute care situations. Patricia, Renee and Jane have plans to attend college and earn nursing degrees. Jane attended Medical School in Central American for three years before moving to the United States. She would like to build on this training and earn a degree. Patricia, Renee and Jane also note that as nurses they could make the kinds of changes and decisions that improve resident's lives—changes they cannot make as nursing assistants.

Another motivation is that the nursing assistants feel that they are making a difference in someone's life. Allen mentions the fact that he can, "make the residents feel happy, and one moment in their day is good for them." Don believes that, "I make a difference being there, I brighten up their day." All of the nursing assistants told me that they

felt they were, "people persons," in that they enjoyed hands-on work with people who need them.

The third job motivation relates to a negative experience nursing assistants had with the nursing home care received by a loved one. Martin explains that when his mother was ill, he realized how difficult it was for her to get the good care she needed in a nursing home. Patricia, whose grandmother is in a nursing home, notes that, "someday I'm going to get old and I might be put there too; there might not be good people to take care of me."

All of the nursing assistants cited poor wages, benefits and staffing problems as the primary negative attributes of working in nursing homes. Martin notes that, "The CNA does all the grunt work, the hard work...and interacts with the patients more, but we get the lowest pay." Mona observes that, "a lot of nursing homes don't have enough CNA's, and a lot of CNA's are overworked and underpaid." All of the nursing assistants appear to take pride in their work. They feel that their work is important and that they help contribute to a positive living environment for the elderly in the nursing homes where they work.

Definition of Terms

For the purposes of this study, my working definition of the terms intimacy and sexuality include any sexually oriented expressions, including words, gestures or activities which appear to be motivated by the desire for sexual gratification. These gestures and/or activities

would include instances of sexual self-gratification, and instances of sexual expression from one resident toward another resident, regardless of reciprocation, between consenting residents or toward a nursing home employee.

TABLE I
INTERVIEW PARTICIPANT DEMOGRAPHICS

Name	Sex	Age	Ethnicity	Education	Length of employment
Patricia	F	36	Anglo	Some College	6 yrs
Mona	F	32	African American	Some College	11 yrs
Carol	F	19	Anglo	Some College	1 yr
Renee	F	32	Hispanic	9th Grade/GED	3 yrs
Jane	F	46	Central American	College Degree	8 yrs
Sally	F	57	Anglo	Some College	5 yrs
Loretta	F	52	Pacific Islander	Assoc. Degree	8 yrs
Mimi	F	42	Hispanic	High School	10 yrs
Martin	M	25	African American	Technical School	6 yrs
Joe	M	26	Hispanic	Technical School	7 yrs
Kurt	M	22	African American	11th Grade/GED	1 yr
Don	M	44	African American	High School	3 yrs
Allen	M	37	Nigerian	College Degree	7 yrs

Average Age of Respondent: 36
Average Length of Employment: 6 years

CHAPTER IV

FINDINGS

Nursing Assistant's Training on Sexuality and the Elderly

CNA Training. Nursing assistants interviewed for this study report that they receive no information specific to issues of sexuality and the elderly during their CNA training. When asked about their training on sexuality and the elderly, nursing assistants referred to instructions they had received pertaining to the 1987 Nursing Home Reform Act, which address privacy issues in nursing homes. Respondents repeatedly mentioned rules about knocking on resident's doors before entering their room, closing bed curtains while changing or dressing residents, and covering them while transporting them from shower rooms. This training relates to maintaining resident's modesty and dignity while performing personal care tasks, but this training does not relate to sexuality. According to Walker and Harrington (2002), training on sexuality would include information on topics such as knowledge of elderly sexuality, encouraging a positive, tolerant outlook toward elderly sexuality and educating staff about appropriate responses toward elderly sexuality.

Due to a lack of such training, nursing assistants do not distinguish the difference between training on privacy and training on sexuality.

When asked about sexuality training nursing assistants refer only to their privacy training. In answer to the question about whether he had received training at CNA School about sexuality and the elderly, Kurt stated:

> Yeah, at (technical school) they just said to make sure you respect their privacy. That's all they said about it. (Kurt, 22)

Carol was the only nursing assistant who reported receiving any information about sexuality and the elderly during her CNA training. The instructor (an RN) told Carol's class that elderly sexual activity was inappropriate. According to Carol:

> I was taught in nursing school, well CNA School, that it was unacceptable and that it wasn't supposed to be there, but that there were people who would allow it. So, at first I was surprised. (Carol, 19)

The lack of information given to nursing assistants during their training has an impact on the way that CNA's view and respond to resident sexuality. In lieu of clear, uniform information or policies, nursing assistants are left to rely on their own values and beliefs regarding the appropriateness of resident sexual expression. Patricia believes that she must use her "common sense" to decide whether

instances of sexuality and intimacy between residents should be reported:

> Basically, it's common sense, up to us...if I see him kissing her in what I would consider an inappropriate manner, I'm supposed to separate them and report it. (Patricia 36)

Facility Training. On-the-job training does not appear to provide nursing assistants with more complete or accurate information about sexuality between residents. All of the nursing assistants interviewed participated in a period of orientation before being permitted to work on their own in the nursing home. This orientation period may last from three days, to two weeks. During this orientation process, new CNA's receive their facility handbooks outlining policies and procedures and work along side another, more experienced nursing assistant. None of the nursing assistants I interviewed received any written, facility-based information or instructions regarding sexuality between residents during this orientation. The only information they receive about resident sexuality is passed on to them informally or anecdotally from their co-workers. Because of this, the information regarding elderly sexuality the CNA's receive is diverse and dependent on the opinions of their co-workers rather than on any "official" facility policy. For example, Jane and Joe both work at the same facility, but were given conflicting

information from co-workers for addressing resident sexuality. Jane said that she was told to refer to the privacy policies of the nursing home:

> They tell me about the privacy. The privacy of the residents is, well, if you see something, you close the door and leave the residents alone. (Jane, 46)

This account of the information given to Jane by co-workers when addressing sexuality differs sharply from what Joe was told during his orientation. Joe reported he was told the following:

> Yes, usually you want to go ahead and separate them and then somebody else figures out what's going on...yes, we are suppose to separate them and report it to the charge nurse. (Joe, 26)

It appears that when confronted with resident sexuality, nursing assistants in my study must depend on word-of-mouth instructions or their own personal attitudes. The lack of any uniform curriculum covering sexuality and the elderly leaves nursing assistants to rely on their own beliefs and values in respect to resident sexuality. When individual nursing assistants are left to make personal judgments regarding the ability and appropriateness of the elderly to engage in sexuality and intimacy, the rights of the residents are often denied. According to Weeks (2002), negative ageist stereotypes frequently deny the individuality of the elderly, and these aging myths frame our

thoughts about the elderly, especially in regard to the issue of resident sexual behavior.

Walker and Harrington (2002) also note the continuing gap in educating and training nurses and other long tem staff members about sexuality and the elderly. Their study indicated that staff knowledge and understanding of the sexual needs of the elderly increased with training on sexuality, and also that staff participating in the training program would recommend it to others.

Privacy Training as Sexuality Training. Nursing assistants in this study repeatedly cited training on resident privacy regulations in reference to questions about training on resident sexuality. However, nursing assistants disclose that resident's privacy is consistently violated in almost every area. Nursing assistants described examples of leaving residents exposed while changing them, leaving them naked while searching for towels on linen carts, leaving them sitting in chairs without diapers on to "air them out" and discussing their bowel problems in the break room. Nursing assistants frequently complained that other aides failed to knock on doors before entering resident's rooms. This regulation is an important part of privacy regulations enforced by State Medicaid Program Monitors. Sally told me about her frustration with co-workers who knock on doors as they open them:

> I really have a problem with aides who just knock as they enter the resident's room. They are supposed

> to knock and wait for the resident to say, "come in,"
> but they never do. (Sally, 57)

Later during our interview, Sally told me that she has stopped knocking on the doors of Alzheimer residents because, "they don't ever tell you to come in," even though residents with Alzheimer's are entitled to the same level of privacy as more cognizant residents.

While telling me that residents have the right to engage in sexual activity because of the Privacy Act, nursing assistants also presented contradicting examples of how this privacy is guaranteed to residents. The selective application of the privacy policy led Patricia to interrupt one couple in the process of having sexual relations:

> Well, aides get into the habit of going, knock, knock,
> knock and I'm opening the door. Well, I didn't give
> them enough time and I kinda walked in on them
> having oral sex. (Patricia, 36)

Disregard for resident's privacy can also occur because nursing homes are consistently short of staff. Nursing assistants working on the 6 am to 3 pm shift describe the difficulties of getting residents up, dressed and bathed in the morning; getting them to breakfast; changing them; and getting them to lunch on time. Overburdened by resident's demands and frequently behind in their work, nursing assistants can easily ignore the privacy of a resident. Nursing assistants in this study described being responsible for as many as 20 residents during a single

shift. Don described this as a common problem in the nursing home where he worked:

> We don't ever have enough staff...over here, the last month I worked sixteen-hour days. There's supposed to be two aides on each hall, but lots of days I was the only one. (Don, 44)

According to Beck et al. (2002), staff turnover and absentee rates can range from 49 percent up to 143 percent per year in nursing homes. A majority of nursing assistants in this study mentioned their workload as a primary reason for their inability to respect the privacy of residents. Mimi explained that although she was instructed about respecting privacy when she was hired, the reality of her job presented the following dilemma:

> When you're in your routine, or whatever, it's pretty much the opposite because they want you to get things done in a timeframe that is productive, so privacy can't be respected. You have to go too fast to worry about privacy. (Mimi, 42)

Instability in staffing ratios compromise quality of care for residents as overworked staff cut corners to complete their job tasks. Ensuring that resident's rights to privacy are observed may be impractical or impossible in these situations. Furthermore, the designation of long term care facilities as "homes" creates a blurred reality and can lead to the assumption that personal sexuality can remain a private issue, and

that residents need not be open to rules and regulations from outside (Parkin 1998). However, individuals in nursing homes must comply with an "institutional regime...where totality of people's whole lives is under observation, including their sexuality" (Parkin 1989:121).

In-service Training. In-service training sessions do not appear to address the issue of sexuality in the nursing home. Nursing homes are mandated by state and federal regulations to provide staff with periodic training sessions covering varied aspects of resident care. According to the nursing assistants interviewed for my study, these in-service training sessions typically cover topics such as how to operate equipment such as Hoyer Lifts, or introduce new products geared toward geriatric patients. Joe described a typical in-service training held in the facility where he works:

> Well, they'll cover the use of diapers and how they work. Like they'll bring in people from the outside to show us how to use the diapers and how much liquid they hold, stuff like that. (Joe, 26)

Nursing homes schedule these in-service trainings to coincide with payday to ensure that all of the staff will attend. State Program Monitors review nursing home records to document that the facilities have provided training opportunities to staff and that all staff members have attended these training sessions. According to Carol, nursing homes do not offer any information regarding resident sexuality during these

mandatory in-service trainings, but they do sometimes address the issue after an instance of resident sexuality has occurred in the nursing home. Carol recalled a meeting the Charge Nurse held with the aides working on her hallway:

> Yes, when something does happen, then they stop and talk about it, but that's the only time...(Carol, 19)

This meeting was in response to a situation with a resident who was reported by several nursing assistants to be masturbating in the hallway. Carol and her co-workers were told by the Charge Nurse to watch this resident and if he continued this practice they were supposed to:

> Tell him that it was inappropriate and put a towel or something over him and take him to his room. (Carol,19)

Although sexuality is an on-going issue for nursing assistants and residents in nursing homes, it is not explicitly addressed in training programs or facility policies, rules or guidelines. The bureaucratic structure of nursing home organization interferes with the nursing assistant's ability to exercise control over their access to training on sexuality.

Need For Additional Training. The responses of nursing assistants regarding the need for additional training in sexuality and the elderly in this study are mixed. Six of the respondents believe that additional training would be beneficial to them on their job. Carol was one

respondent who believed that additional training would help her do a better job providing care for residents:

> Yes, I do, because nursing assistants are the ones who are more in touch with the residents...so the nurses only come in if something is wrong...we're the ones who get the most contact with the residents, so we're the ones they tell things to. ...I do feel it would be better if we had a better understanding. (Carol, 19)

Four of the nursing assistants believe that additional training is necessary to protect them from any legal liability that could arise from resident sexuality. Joe voiced a common concern of this group of nursing assistants who feel that they may face disciplinary action from the facility or the state for mishandling instances of resident sexuality:

> Yes, usually you want to know what's legal and not legal to the state, and then usually how the laws are changing. You want to know, okay or not okay. If you approach them the wrong way, or say the wrong thing, it comes back to you. (Joe, 26)

The three nursing assistants who do not see a need for additional training on sexuality and the elderly indicate that the training is not needed because the training they have received regarding privacy policies is sufficient to cover any instances of resident sexuality. Martin is one of

the nursing assistant who believe that the Privacy Act offers the information he needs to address resident sexuality:

> Oh yeah, well with that, it goes back to the privacy act. You know, the resident has a relationship with someone, and they go into the room together, you know, you can't disturb them. (Martin, 25)

Parkin (1989) writes that the subject of sexuality is one of the most neglected areas of residential care for the elderly, making the classic case that policy-makers are completely out of touch with the realities at the grass-roots level. The absence of clear guidelines for care practices surrounding sexuality in nursing homes leaves nursing assistants to fall back on their own interpretations of privacy guidelines; guidelines that are frequently ignored by overworked nursing assistants.

Although the majority of nursing assistants in this study feel that they would benefit from training on sexuality and the elderly, they do not control the amount of training they receive, or the training topics offered to them. Staff members that occupy higher positions in the hierarchy of the nursing home, usually nurses and social workers, select training topics. Nursing assistants do not possess the level of power over their jobs that would enable them to access the training they need to adequately address resident sexuality.

Nursing Assistant's Experiences with Sexuality

Resident Sexuality. The majority of the nursing assistants I interviewed have experience with resident sexuality at the nursing homes in which they work. Nursing assistants describe married couples who share a single room, residents who hold hands and eat meals together, and residents who kiss and declare their love for one another as the most common type of relationships that they have experience with in nursing homes. Mona described a couple she observed in the nursing home where she works:

> Well, there have been a few couples that got together, not married, but spent time together...I saw them maybe holding hands, or well, one lady would sort of stroke the man's hand or arm...I guess you would say boyfriend and girlfriend. (Mona, 32)

Nursing assistants also report having experiences with residents who masturbate. Some described situations where they discovered residents masturbating in public areas of the nursing home, such as hallways or common rooms. Carol related this experience with a male resident:

> ...There were several instances where he really didn't care, the person didn't, didn't care about where he did it at all. So, out in public where it was inappropriate, we would stop it. (Carol, 19)

In addition, several nursing assistants described entering resident's rooms and finding them masturbating. These situations shed further light on the manner in which the privacy of nursing home residents is compromised. Although nursing assistants use the privacy policy to illustrate their sexuality training, and also to illustrate the freedom residents have to express sexuality, the reality appears to be that residents have no privacy, even in their own rooms. The disregard of resident privacy is evident in Patricia's experience, as she entered a resident's room without knocking:

> I have walked in on male residents who have been masturbating under the sheets as I walked in, um at that point, I walk out. (Patricia, 36)

Nursing assistants also report experiences with male residents who they believed are sexually inappropriate with staff members. Nursing homes typically view these residents as behavior problems, and frequently administer what Mona termed "chemical restraints" as a way to control this type of resident sexuality. Mona described a resident who was no longer living in the nursing home where she works:

> We had a resident who was like that, you know, always grabbing people in the room, it got to the point that we had to get rid of him because the medicine wasn't working. (Mona, 32)

Nearly half of the nursing assistants interviewed related instances of residents engaging in intimate relationships with another resident. In some cases the residents were married couples sharing a room. Patricia reported that in the nursing home where she works married couples are given a "Do Not Disturb" sign to put on the outside of their door when they want privacy for intimate encounters. This sign is to alert staff that they should not enter the room:

> Um, a husband and wife couple, well they're in a room by themselves, right—the resident has to put the sign on the door to say, "you cannot enter this room without knocking." The facility is honor bound to knock first. (Patricia, 36)

In this situation, it appears that the nursing home is making a good faith attempt to provide some accommodation for couples that want time alone. It should be noted, however, that this is the same couple that Patricia described earlier as interrupting during oral sex when she entered their room without knocking.

In other cases the couples were not married to each other. Allen describes residents sitting together in the day room who hold hands and kiss, "like girlfriend and boyfriend," and Martin recalls residents walking hand in hand through the halls and eating meals together. Don talks about a couple that had an intimate relationship with each other in the nursing home where he works:

> Well, one guy, he had a relationship going with another resident and he kept candy in a jar for her in his room. He thought that they were using his candy for bingo prizes, so he got mad and moved himself over to (facility). Then his lady friend moved right over there to be with him. She got real depressed and moved to where he went. (Don, 44)

The experiences of nursing assistants with residents who are involved in intimate relationships with each other mirror the results reported by Fairchild et al. (1996). They found that despite the many problems inherent in institutional living, many residents continue to express sexual interests. These expressions of intimacy among residents include companionship, self-stimulation and also sexual intercourse.

Sexuality and Gender in Intimate Care. Three of the male nursing assistants revealed another connotation of sexuality occurring in the nursing home. Interviews with these nursing assistants reveal that providing intimate care for residents requires organizing some tasks according to gender. In meeting the basic needs of residents for washing, toileting and dressing, the touch of nursing assistants can sometimes be interpreted sexually (Parkin 1989). These three nursing assistants feel that they may be vulnerable to charges of sexual improprieties from female residents, and take care to avoid situations that could compromise their jobs. The three male nursing assistants avoid these

situations in a variety of ways; some are self-imposed and some are organizational in nature. Joe told me that he prefers to only work the hallways that house male residents. Allen stated that in his nursing home female aides could provide care for any resident, but male aides generally only provided care for male residents. Don explained how he protected himself from one female resident:

> Like they tell me, you've got to watch her, she gotta thing for men, and when I go down to her room, I always take another aide with me for protection. If I do go in there the door is wide open. (Don, 44)

Although the issue of gender and intimate care is not directly addressed by the research questions in this study, the comments of these three male nursing assistants indicate that this is an issue for some nursing assistants in their job. In her study of sexuality and residential care organizational settings, Parkin (1989) writes that in nursing homes there exists a combination of overt sexual need and expression, and implicit acknowledgment of sexuality through assignment and rotation of job duties. At the same time, there are no explicit rules of conduct or instructions for dealing with sexual situations. In nursing homes, many guidelines about sexuality are implicit, with information usually passed among staff members informally and accidentally. According to Parkin (1989), the lack of training and organizational rules on issues of sexuality in residential

settings may increase the potential for exploitation of both workers and residents.

Nursing Assistant's Responses to Resident Sexuality

Experiences with Administration. When nursing assistants encounter situations involving resident sexuality, they respond in a variety of ways. The actions they take may depend upon the information that is shared with them by co-workers during their orientation at the facility. The majority of nursing assistants believe that when confronted with the sexual activity of a resident, the safest course of action is to stop the activity by separating the individuals involved, and report the activity to the nurse. This "nurse" is referred to as either the Charge Nurse or the Director of Nurses (DON). Joe describes his understanding of how to respond to resident sexuality this way:

> Yes, if there's two patients and a patient is touching the other patient, you know, we are supposed to separate them and report it to the Charge Nurse... (Joe, 26)

In the hierarchy of the nursing home, nursing assistants are not in a decision-making position. Because there is no written policy on the procedure to follow regarding resident sexuality, nursing assistants are unsure of their role and so they defer to someone in charge. In this way, resident sexuality becomes classified as an incident that must be reported to the supervisor. For nursing assistants, who have very clearly

defined job responsibilities, the chain of command in the nursing home guides their actions regarding sexuality between residents. Nursing assistants must follow this bureaucratic chain of command, which as Foner (1994) contends, "discourage initiative and spontaneity and have some negative consequences for patients" (p. 53). In bureaucratic organizations such as nursing homes, "staff members are ranked in a hierarchical order... with each staff member having clearly demarcated powers" (Foner 1994:54). Most nursing assistants, regardless of their personal feelings regarding sexuality between residents, believe they have little flexibility in this area.

Experiences with Families. Nursing assistants further believe that instances of resident sexuality must be documented in resident's charts, and that the administration must notify the family to discuss the resident's sexual activity. Allen is one nursing assistant that believed the family must be notified:

> Yes, the family must be called. The charge nurse must call the family. It is a rule. (Allen, 37)

Nursing homes control resident sexuality by requiring the families of residents to decide whether the resident is permitted to have a relationship in the nursing home. While none of the nursing assistants report personal interactions with family members on the subject of resident sexuality, most observe that the family makes the decisions

regarding the acceptability of residents to engage in any relationships (sexual or otherwise) with other residents. Several nursing assistants view this as a tactic used by the facility to avoid questions of liability. According to one nursing assistant, there are some families "just waiting for the nursing home to make some mistake." (Don, 44) In order to protect themselves, nursing home staff believe that any instance of sexuality between residents should be documented. Joe reveals that before staff can permit residents to continue in an intimate relationship with another resident, the family must tell the nursing home it is okay:

> Then they can document it and the family members are notified. Usually if it was okay that has to be documented and then we are notified that the family is okay with it. (Joe, 26)

Nursing assistants also believe that the administrators involve families in issues of resident sexuality to be proactive and prevent distressed families from removing their loved one from the facility if sexual activity occurs. Nursing assistants shared examples of family members removing residents from facilities in order to prevent couples from pursuing relationships. Jane recalls that one resident was moved out of the nursing home for this reason:

> Family members, they like moved (the resident) from here because I believe they didn't like, yeah, they didn't like it. They don't like nothing like that, they

called the family and (the resident) is gone. (Jane, 46)

According to Wasow and Loeb (1979), most nursing homes are geared to institutional efficiency and the desires of resident families. It appears that this is still the case today. Nursing homes avoid doing anything that would upset or offend families, who may be paying the bill for care, and require families to decide whether residents may have relationships of either a platonic or sexual nature.

Empowerment Tactics. Although nursing assistants do not possess decision-making power in nursing homes, several have found ways to exert informal control over the ability of residents to express their sexuality. One way that nursing assistants empower residents to be sexual is to just ignore the sexual activity. Don admits that although he knows that he should stop the sexual activity and report it to the nurse, he pretends it is not happening and looks the other way:

> Well, yeah, but we have the unofficial policy between us aides. We are supposed to stop it. Really we don't usually say anything about it to the nurse if we decide it is no big deal. You know, you're walking in, if the door is closed, ignore it. (Don, 44)

According to Foner (1994), the emphasis on bureaucratic rules in nursing homes can discourage aides from taking the initiative in response to resident needs. This can result in nursing assistants giving high priority to physical tasks and less priority to the less tangible work

of caring. However, Foner (1994) notes that although nursing home bureaucracy sets limits on what nursing assistants can and cannot do, many are able to find "chinks and crannies" in the disciplinary space in which to establish some amount of autonomy (p. 147).

Nursing Assistant's Attitudes Toward Resident Sexuality

Positive Attitudes. Over half of the nursing assistants interviewed for this study express positive attitudes about resident sexuality. These nursing assistants believe that it is important for the residents to be happy and to have someone to love and care for them. Nursing assistants who approve of resident sexuality feel that there is nothing wrong with residents having sexual relationships with each other; that they have a right to have a sexual life. Martin expresses his opinion this way:

> Yes, because everyone needs love and if that's their preference, then they need somebody. There is nothing wrong with that, they're real lonely. (Martin, 25)

The attitudes of these nursing assistants agree with the view of Miles and Parker (1999) who said that:

> If humane care is the goal, health professionals and long term care institutions caring for the elderly must acknowledge the normalcy, indeed the essential nature, of the human need for intimacy (p. 36).

Ambivalence and Disapproval. The remaining nursing assistants in this study either describe ambivalent feelings, or strongly disapprove of resident sexuality in nursing homes. These nursing assistants believe that sexuality between the elderly is "not something that you want to think about, that it is disgusting, only appropriate for married couples, and a problem for residents with dementia." Kurt was so uncomfortable answering questions about sexuality and the elderly that he laughed nervously throughout my interview with him. Allen disapproves of sexual interaction between residents because of his strong religious beliefs:

> Yes, it is against my beliefs. They are not married and I would not help them to have sex. It is wrong for me...they are old, this is their time for rest, this is not the time for sex. (Allen, 37)

The negative reactions of these nursing assistants to expressions of elderly sexuality appear to agree with Wasow and Loeb (1979), who studied sexuality in nursing homes. They state that:

> The sexual needs of the elderly usually are misunderstood, stereotyped and ignored. Younger, healthier people tend to believe that sexual desire and activity normally cease with old age. Elderly persons who show an interest in sexuality are

regarded as moral perverts or liars (p. 73).

Their own understanding of what it means to be old, and their feelings about sexuality in general, shape the attitudes and reactions of the nursing assistants to expressions of sexuality and intimacy by nursing home residents. The lack of knowledge and understanding about elderly sexuality allows nursing assistants to rely on their own values and judgments about what behavior is appropriate for residents to express in relationship to sexuality. According to Weeks (2002), these perceptions, coupled with the prevailing social attitudes and stereotypes that portray the elderly as a group with no sexual needs, can greatly influence our reactions to elderly sexuality.

Increased Freedom. More than half of the nursing assistants feel that there is nothing that the administration or staff in their facility can do, or should do, to increase the opportunities for resident sexuality. These nursing assistants point out that resident privacy policies are adequate to allow residents to be sexual if they wish, and feel that the current environment in the nursing home is satisfactory regarding sexual freedom. Kurt is one of the nursing assistants who feels this way:

> Well, they have the freedom... I know what
> happens in my hall, so I would say they can have
> their privacy if they need it. (Kurt, 22)

Nursing assistants who believe that the nursing home environment could be improved for resident sexual freedom feel that increased and

more varied activities would help the residents enjoy more social situations. Another improvement suggested by this group is for the nursing home to be more proactive in recognizing and promoting the rights of residents to be sexual. Carol believes that it would be helpful to discuss relationships between residents in a more open manner:

> I think that if they wanted to make it easier they could recognize the fact that there was an attraction between people...they could make a set time that they could have alone time, or something like that. (Carol, 19)

According to Parsons (1995), resident sexuality should be considered a part of any good care plan. When questions about resident sexuality are addressed from the vantage point of providing care, staff can assist residents in making their environment for sexual encounters comfortable and safe.

CHAPTER V

CONCLUSION

This study explored the experiences that nursing assistants have with sexuality in nursing homes. The data from this study reveal that all nursing assistants have experiences on their jobs with nursing home resident sexuality and intimacy. These experiences are sometimes overt, as in the case of nursing assistants discovering residents masturbating, and sometimes subtle, as in the case of male nursing assistants using precautions while providing personal care for certain female residents. This supports the findings of Parkin (1989), who states that sexuality is an ever-present issue for nursing assistants working in, and residents living in, residential care situations.

All of the nursing assistants report that their CNA training failed to address the subject of sexuality and the elderly. The training received by CNA's relates principally to the mechanical aspects of their jobs: bathing, feeding and lifting residents. Sexuality training is absent from training curriculums, meeting agendas, facility policies and government rules and regulations. A major focus of the training, both in formal CNA training and in facility on-the-job training, addresses protecting the

privacy of residents. This study reveals that residents rarely have privacy, and certainly not the privacy needed to express their sexuality.

In addition, none of the nursing assistants interviewed report receiving any written facility polices or procedures regarding resident sexuality or intimacy when they started their jobs. The instructions nursing assistants receive regarding facility policies on resident sexuality is primarily passed on to them by co-workers during the job-shadowing portion of their orientation. A significant number of nursing assistants express concerns regarding the sexual behavior of residents with dementia, and many are unsure of the guidelines for responding to sexuality within this population of residents.

Because of this lack of sexuality training and the absence of policy, nursing assistants frequently mention job security and legal liability as a major concern. They are unsure of their role and what support they will receive from the nursing home in the event of a complaint by the resident or their family. Nursing assistants report that requiring families to make governing decisions about resident sexuality is a way that nursing homes may circumvent this liability.

A majority of the nursing assistants believe that residents should have the freedom to express their sexuality in the nursing home. This majority feels that the elderly in nursing homes have a right to experience the close, personal relationships available to the elderly living in the community.

Nursing assistants were divided regarding their belief that the residents currently have ample opportunity and freedom to express sexuality or intimacy. A significant number of the nursing assistants see additional training regarding resident sexuality as important to their ability to do their job and provide a safe, caring environment for the residents in the nursing homes.

While this study identified several significant findings, it does have some limitations. The findings in this study are based on a small, nonrandom sample of nursing assistants, and it is difficult to generalize the findings to the larger population of nursing assistants. Nursing assistants in other nursing homes or attending different CNA training programs may receive training pertaining to resident sexuality. Some nursing homes may incorporate such training for newly hired staff or conduct periodic in-services to educate staff regarding sexuality and the elderly. There is also the possibility that a certain amount of self-selection regarding nursing assistants willing to participate in this study exists. A total of six nursing assistants contacted as possible respondents in this study either refused to participate or failed to follow through on scheduled interviews.

However, despite these limitations, there are several strengths in this study. The sample was diverse in terms of the ages, gender and ethnicities of the nursing assistants interviewed. The sample was also diverse in terms of respondent's level of formal education and length of

employment in nursing homes. The sample reflected the course of training and work environment of nursing assistants working in five separate nursing home facilities. Most importantly, the use of face-to-face, in depth interviews allowed the nursing assistants to discuss in detail their feelings and interpretations of experiences with sexuality in the nursing home.

The data collected for this study support the theory of Bureaucracy as put forth in the classic work of Max Weber. Weber ([1946]2000) argues that bureaucracies, with their routines and predictability, are the most efficient method for organizing and coordinating a large number of varied tasks. Furthermore, bureaucracies are organized in a hierarchal order, with each level of organization reporting to the one above it until the top of the organization is reached.

Nursing homes are organizational structures characterized by standardized procedures, a division of responsibilities and a hierarchy of command. Nursing homes consist of many levels of management, especially those that are part of large nursing home chains. This organizational structure allows nursing homes to standardize care for nursing home residents, but it also makes it difficult for nursing assistants to have their voices heard. This supports the findings of Foner (1994), who notes that, "the rules and procedures that have developed to regulate care are often a 'cage' for nursing aides" (p. 53). Nursing assistants in this study frequently complain that nurses and

doctors fail to give credence to their observations or opinions regarding residents, despite the fact that nursing assistants spend the most time in direct contact with them. In the nursing home hierarchy, nursing assistants occupy the lowest level in the chain of command. Their suggestions regarding care plans, opinions about resident's behavior or needs and requests for training are often not seen as credible, or may never reach the decision-making level of management.

In nursing homes, explicit rules and regulations are necessary to ensure decent care and to prevent resident abuse. Nursing homes must comply with a complex mix of federal and state regulations covering everything from the width of hallways in the facility to the number of snacks provided to residents each day. As Foner (1994) notes, the complexities of medical care coupled with government regulations require bureaucratic organization to ensure efficiency. However, this can eliminate the human value of spontaneity for both the employees and the residents in nursing homes. Nursing assistants must attempt to balance their concern and empathy for residents with the reality that if they fail to follow prescribed rules and regulations, they may face dismissal or even criminal charges for abuse and neglect.

Decision making within bureaucracies is based on a concept Weber ([1946]2000) called instrumental thinking or *Zweckrational.* This type of reasoning allows all problems to be broken down into a *means justifies the end* chain, which produces rules that operate without regard for the

people involved. By their very nature bureaucracies reduce management to a set of stable rules that are exhaustive and which must be adhered to by administrators and employees alike.

This bureaucratic framework of rules and regulations applied consistently to every case is absent in the case of sexuality in the nursing home. Sexuality is not addressed in staff training curriculum, facility policies and procedures or in-service training seminars, however it is an ever-present reality for nursing assistants. It is present when background checks are used in part to screen prospective employees as a means to protect residents from sexual abuse. It is present when nursing assistants provide routine intimate care for residents, and obviously present when the residents engage in sexual activity with each other. It is overtly present when nursing assistants organize and plan their job tasks in ways to reduce their exposure to the sexual behavior of residents. Yet, in direct contradiction to the regulated, bureaucratic organization of nursing homes, the nursing home bureaucracy never explicitly addresses the subject of sexuality.

Nursing assistants report using a variety of tactics to fill the void created by the lack of explicit rules and regulations concerning sexuality in the nursing home. Some nursing assistants fall back on their own values and beliefs regarding sexuality, which may lead them to either pretend the residents are not sexual or to report instances of sexuality to their supervisor. Nursing assistants in this study frequently mentioned

their adherence to policies of confidentiality and privacy as a way to ensure the sexual freedom of residents, but respect for resident privacy is unevenly applied by the caregivers. Resident confidentiality and privacy is compromised when nursing assistants inform supervisors of incidents of sexuality and nursing homes, in turn, notify families. This takes the existence of resident sexuality out of the realm of normalcy and moves it into a more pathological realm, indicating that it is an anomaly that must be documented and reported. The combination of the omission of training on sexuality and the lack of specific policies regarding sexuality in the nursing home environment forces concurrent but contrary perspectives for nursing assistants. It allows nursing assistants to deny the possibility of geriatric sexuality while it compels the nursing assistants to acknowledge and somehow control it.

Very little research exists that addresses the issue of sexuality in the nursing home. This study sought to fill that gap by examining the experiences of nursing assistants regarding sexuality and the elderly in long term care facilities. The thirteen nursing assistants interviewed for this study have generated a new understanding of the training and the practices applied in nursing homes regarding resident sexuality.

This study suggests that additional research into the topic of sexuality and the elderly living in nursing homes is needed. One potential area for future research may be discovering why the issue of sexuality is absent from CNA training curriculums. Interviews with

vocational and technical school CNA instructors could help generate answers to this question. Another potential area for study could involve a content analysis study of individual nursing home policies and procedures, combined with interviews with nursing home administrators, in an attempt to explore why sexuality is not addressed at the facility level.

Comments made by some male nursing assistants indicate that gender may play an important role in providing intimate care in nursing homes. Giuffre and Williams (2000) examined the strategies used by nurses and doctors to desexualize physical examinations. They found that gender plays a role in the strategies health care professionals use to accomplish the desexualization of physical examinations on patients. Research into gender and intimate care in nursing homes could increase this body of knowledge.

Another area of research into issues of sexuality in the nursing home that is essentially nonexistent is the subject of sexuality and elderly gay men and lesbians. While this may not have been seen as in issue in the past, it may become an issue in the future as more openly gay men and lesbians enter nursing homes.

The aging population of "Baby Boomers" will significantly increase the numbers of elderly residing in institutions in the coming years. Will the generation that championed sexual freedom be content to live in an environment that is intolerant of sexuality and intimacy? In an effort to

improve the care practices in nursing homes, sexuality policies and staff education must be developed to protect the sexual rights of the elderly and the dignity of senior life.

APPENDICES

APPENDIX A

Consent form

Nursing Home Sexuality: Nursing Assistant's Training, Attitudes and Responses To Resident Sexuality

You are invited to participate in a study of the experiences nursing assistants have regarding the sexuality of nursing home residents. The primary investigator/director is Alice E. Traugott, a Graduate Student in the Department of Sociology at Texas State University. You were selected as a possible participant in this study because you are a nursing assistant working in a nursing home. You will be one of thirteen (13) people chosen to participate in this study. I will ask you questions about your experiences providing care for nursing home residents and about intimacy between nursing home residents, for example, what you enjoy about working with the elderly, your reaction to sexual activity between residents, and about the training you have received regarding sexuality and the elderly.

If you choose to participate, you will take part in a one-on-one in-depth interview with me. The interview will be conducted at a location and time that we mutually agree upon and will be tape-recorded. The interview will take no more than one hour of your time. The possible risk of your participation is psychological harm from describing/re-living past events and interactions that may have been negative. The possible benefit is being able to discuss events in your life that you have not prior to the interview.

Any information obtained in connection with this study and that can identify you will remain strictly confidential. You will not be asked for any resident's or family's names, or the names of facility staff members. I will not transcribe any names that you use during the interview. Tapes will be assigned a code number so your name will never be attached to the tape. Tapes will be heard only by myself and my Thesis Chair, Dr. Toni Watt. When I describe the information obtained, a false name will be used in place of your true identity.

If you decide to take part in the interview, you are free to stop the interview at any time. You do not have to answer any question that makes you uncomfortable. If you have any questions, please ask me. If you have any additional questions, you may contact Dr. Toni Watt in the Sociology Department at Texas State University (512-245-2113). You will be offered a copy of this form to keep.

You are making a decision to participate in this study. Your signature means that you have read the information provided and choose to participate. You may withdraw any time after signing this form should you choose to do so.

_____ _____

Signature of Participant Date

_____ _____

Signature of Investigator Date

APPENDIX B

Interview Guide

Nursing Home Sexuality: Nursing Assistant's Training, Attitudes and Responses to Resident Sexual Behavior

I. Background

A. How long have you worked at this facility?
B. Why did you begin working with the elderly?
C. What type of training and/or education have you received for this type of work?
D. What do you like best about working with the elderly?
E. What do you like least about working with the elderly?

II. Experiences with intimacy and sexual activity between residents

A. Describe any experiences you have had with sexual activity between residents. What happened? How did you react to it?
B. Describe any experiences you have had with family members regarding sexual activity involving their family member. What happened? How did you react to it?
C. Describe any experiences you have had with administration regarding sexual activity involving residents. What happened?
How did you react?
D. Do you ever discuss these experiences with co-workers?
E. Do you believe that residents should be allowed to engage in sexual activity? Why or why not?

III. Experiences with policies and training regarding intimacy and sexual activity between residents.

A. Describe any policies in place at this facility that pertain to sexual activity between residents.
B. Describe any training you have received in your career dealing with sexuality and the elderly. Where and when did you receive this training? How was this training useful to you?
C. How could additional training help you in your job? Would you like additional training regarding sexuality and the elderly?

IV. Concluding Questions

A. Do you think you will continue to work with the elderly in the future?
B. Do you think that there should be more freedom in nursing homes for residents who wish to engage in sexual activities? If so, how could this be accomplished?
C. If you could give advice to a new nursing assistant about dealing with resident's sexual activities, what would you tell them?

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VITA

Alice Elizabeth Traugott was born in Somers Point, New Jersey, on September 13, 1948, the daughter of Claire Elizabeth Engelhardt and John Engelhardt. She was employed in the field of human services for 20 years, first as Director of Information and Referral at Pebble Project in Austin, Texas, and then as C.L.A.S.S. Program Director at United Cerebral Palsy in Austin, Texas. She entered Texas State University-San Marcos in 1998, earning the degree of Bachelor of Applied Arts and Sciences in 2002. In August 2002, she entered the Graduate College of Texas State University-San Marcos. She worked as a Graduate Teaching Assistant at Texas State University-San Marcos from August 2002 to May 2004.

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