

Review Article

A Scoping Review on Attitudes towards Sexuality in Residential Aged Care

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Objectives. Sexuality in residential aged care is a complex and often overlooked aspect of aged care. The attitudes of both staff and residents significantly influence how sexuality is perceived and addressed in these settings. This scoping review aims to compile, analyse, and identify gaps in the existing research concerning the attitudes of residents and staff towards sexuality within the context of residential aged care. **Methods.** The scoping review involved a systematic search across eight databases, yielding 469 unique articles, with 29 included studies. **Results.** Thematic synthesis within the selected studies disclosed three themes: hollow attitudes, postsexual residents, and organizational setbacks. **Discussion.** The results emphasize the significance of treating sexuality as a fundamental right, emphasizing that it should be not only acknowledged in theory but also implemented in practice.

1. Introduction

Sexuality is widely acknowledged as a fundamental aspect of overall well-being, spanning the entire lifespan [1]. However, discussions about sexuality are often centred on younger individuals, influenced by Western society's youth-centric culture [2]. Rooted in the belief that ageing involves continuous physical and cognitive decline, the sexuality of older adults is frequently disregarded, particularly in aged care [3]. Research indicates that some older adults in residential aged care (RAC) maintain an interest in sexuality, recognizing the positive impact on overall well-being [3, 4].

RAC settings present a unique blend of private and public norms. Transitioning from a private home to RAC transforms personal spaces into areas of professional caregiving, influencing perceptions and attitudes towards sexuality [2, 5]. The attitudes of RAC staff and residents towards sexuality, therefore, play a pivotal role in either facilitating or constraining sexual expression. Previous research [6–8] has highlighted the correlation between a lack of clear guidelines addressing sexuality in RAC and staff often relying on their personal moral beliefs, which can significantly impact the residential environment and organizational culture. A

critical aspect to consider when exploring sexuality in RAC is, therefore, the impact of the individuals' residential environment. RACs are designed to provide comprehensive care and support for older adults who can no longer live independently in their own homes. This highlights the importance of not only studying attitudes as an individual factor but also considering how organizational and societal norms influence attitudes towards residents' sexuality. Understanding these broader influences is essential for developing comprehensive strategies that support the sexual needs and rights of older adults in RAC settings.

Recent research by Aguilar [9] indicates a growing acceptance and a more permissive view among RAC staff towards residents' sexuality. However, the real meaning and practical implementation of these changing attitudes remain unclear. This lack of clarity highlights the need to explore how these attitudes are reflected in the day-to-day care of older adults and their overall well-being. Furthermore, prior reviews have identified a gap in understanding residents' perspectives on sexuality in RAC [9–11]. Emphasizing person-centred care, Mahieu and Gastmans [11] have called for more research focusing on residents' views. This scoping review aims to fill these gaps, particularly by shedding light

on how organizational conditions influence attitudes towards sexuality within RAC and prioritizing research that concentrates on residents' perspectives. Unique in its approach, this review utilizes a scoping methodology not commonly employed in previous studies [9–13]. By systematically mapping the research landscape, this study provides an overview of existing knowledge and its limitations.

1.1. Objectives. This scoping review aims to compile, analyse, and identify gaps in existing research concerning the attitudes of residents and staff towards sexuality within the context of residential aged care (RAC).

The review is guided by the following research questions:

- (1) What are the prevailing attitudes towards sexuality in residential aged care among both residents and staff?
- (2) What can influence residents' and staff's attitudes towards sexuality in residential aged care?
- (3) What are the gaps in the current literature regarding the attitudes of sexuality in residential aged care?

2. Background

The term “sexuality” refers to a wide spectrum of behaviours, interactions, and connections [14]. It encompasses sexual feelings and thoughts; personal grooming and self-expression; romantic partnerships; expressions of affection such as handholding, kissing, shared bed arrangements, and self-pleasure [3]. Sexuality, in this study, is, therefore, not limited to intercourse; it can also encompass aspects of intimacy and the sense of being a sexual individual. Research in the area found that sexuality had a continuing meaning for residents, and sexuality was closely linked to intimacy and was manifested in various ways such as holding hands, hugging, and engaging in joint activities [4, 15].

Ageing can present specific challenges when it comes to sexuality. These challenges can affect the physical and mental well-being of older adults in different ways [16]. Older adults can encounter health issues that impact their sexuality, with physical conditions such as diabetes, cardiovascular disease, or musculoskeletal disorders, as well as mental health challenges such as depression and anxiety [17]. However, this does not imply that an older adult should be considered asexual or lacking sexual desire. Studies have shown that sexuality continues to be important to some people who have health problems related to ageing [16, 18]. Moreira et al. [19] found that some older adults in palliative care were sexually interested and active despite reported health problems and sexual physiological dysfunctions. Even individuals with life-limiting illnesses who had a few weeks to live reported that sexuality remained important. Furthermore, the perceptions of older adults as frail and in need of care tend to overshadow research results that indicate the importance of sexuality [2, 16]. Therefore, it should not be assumed that health problems automatically reduce individuals' sexual desire.

Kellett and Oppenheimer [14] identified three societal attitudes that can affect the view of sexuality in later life. The first attitude, labelled “discreet silence,” suggests a preference for avoiding open discussions on such matters. This approach values privacy and allows individuals to make personal choices without attracting interference. However, challenges that arise may remain concealed due to embarrassment, leading to distress and anxiety. The second attitude is characterized by “distaste.” In this perspective, sexuality in older adults is deemed unattractive and out of place. The third attitude can be defined as “tunnel vision,” restricting the concept of sexuality as exclusively heterosexual [14].

One aspect often noticed in research about older adults is loneliness [20, 21]. Loneliness among older adults can affect their well-being in several ways, and it can create a sense of detachment that reduces opportunities to initiate and maintain relationships. Studies have pointed out that the lack of a partner is often cited as one of the main reasons for a decrease in sexual activity [7]. Individuals who have lost their partner may experience a complex sense of loyalty towards their deceased partner. They may feel that they have a moral obligation not to engage in new sexual relationships out of respect for and loyalty to their former partner [7].

Attitudes towards the sexuality of older adults are a primary factor influencing individuals' sexuality within the context of RAC [22, 23]. The literature highlights issues related to negative staff attitudes, which may be rooted in ageism and can lead to older adults' sexual or intimate expressions being unfairly labelled inappropriate [24]. These attitudes wield considerable influence over how both staff and residents approach sexuality. Consequently, cultivating positive attitudes among staff and residents has emerged as a fundamental element in promoting respect for sexuality within RAC. Fostering such attitudes necessitates the implementation of education and guidelines concerning sexuality within the framework of RAC. Regrettably, the field suffers from a dearth of comprehensive guidelines and training, and staff must rely on their moral compass when deciding how to act and respect an individual's sexuality [3, 8]. Research findings suggest that staff employed in RAC do not regard sexuality as a topic that merits active promotion or proactive discussion with residents. In certain instances, staff perceive sexuality as inconsequential or even potentially disruptive to the institution's operations [25, 26].

3. Methods

The method is a scoping review conducted using the program Covidence, which is an online software platform that simplifies the review process, making it easier for researchers to manage study selection, data extraction, and risk of bias assessment. The scoping review is registered on Open Foundations Commons [27].

3.1. Design. The scoping review was designed and performed with the support of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) guidelines and

checklist [28]. The use of PRISMA in this scoping review ensured a systematic and comprehensive approach to the review process.

3.1.1. Inclusion Criteria. This research primarily centres on residential aged care (RAC), encompassing both residents and staff. The timeframe is from 2000 to 2023, as this period has witnessed an upsurge in interest regarding sexuality. Numerous studies have been published during this time, exploring the intricate relationship between sexuality, health, and overall well-being in older adults. These studies often include individuals who came of age during the sexual revolution of the 1960s and 1970s, making this period particularly relevant [29]. The included studies must have adhered to ethical guidelines or received ethical approval.

In contrast, studies that exclusively concentrate on sexual violence, harassment, or sexual abuse were excluded. Research examining inappropriate sexual behaviour, which encompasses a range of behaviours such as exposing body parts, disrobing, and public masturbation, falls beyond the research's scope. In terms of population, studies involving people with dementia are incorporated only if they feature a minimum of 50% cognitively healthy participants, with separate data extraction for this subgroup. The decision to exclude studies predominantly involving people with dementia is based on the condition's association with behavioural changes such as "hypersexuality," which significantly alters sexual behaviour. This differs from cognitively healthy older adults' experiences [30]. Furthermore, the research does not encompass studies solely focused on sexual orientation, to keep the focus on the central theme of the scoping review. Many of the studies that address LGBTQ-related issues highlight aspects such as the possibility of maintaining queer identities, making them less relevant to the current research question [31].

Lastly, we distinguished between "assisted living arrangements" and "residential aged care" by their care intensity and environment, excluding the former for its different care model. Assisted living arrangements were omitted as they involve a less intensive care model than residential aged care [4]. Additionally, the research excludes studies focused solely on educational or training programmes and those centred on policy or regulatory issues. Studies focused solely on educational or training programmes and those centred on policy or regulatory issues were marked as beyond the scope of the review. Excluded formats were grey literature such as opinion pieces, editorials, and literature reviews without primary data.

3.2. Search Strategy. The search was developed with the support of Örebro University's librarian. The search process was initiated by identifying relevant keywords in previous research. The selected databases for the scoping review were PubMed, Scopus, CINAHL, PsycINFO, and Web of Science, as they are comprehensive platforms encompassing a wide range of relevant publications. Additionally, AgeLine, Gender Studies Database, and Social Service Abstracts were

selected as they are specialized databases in the research subject areas related to ageing and sexuality. The search process took place between April and May 2023. The search methodology began with a thesaurus search in PubMed MeSH, to identify a range of synonyms pertinent to "Sexuality" and "Residential aged care" [32]. The search strategy was further refined by synthesizing the terms, culminating in the refined search query: "Sexuality" AND "Residential aged care" (see Table 1).

Out of an initial pool of 1098 references imported for screening, 629 duplicates were identified and removed by the first author. Following this initial screening, all authors independently and blindly screened the 469 studies by titles and abstracts, with dual review to ensure consistency. During this stage, 362 studies were excluded from further consideration. Out of the remaining 107 studies, a full-text assessment was conducted blinded by all authors to determine eligibility for inclusion in the research. To enhance methodological rigour, meetings were held to discuss articles where disagreements arose. In these sessions, each study was jointly reviewed against inclusion and exclusion criteria, ensuring collective understanding and agreement before final decisions. This collaborative approach further solidified the review process's reliability. After this review, 78 studies were excluded. The reasons for exclusion were diverse, with 24 studies having the wrong study design, 16 not aligning with the population, 14 not following the required format, 13 not being conducted in the relevant setting, and 10 falling beyond the defined scope of the research. One study was eliminated due to language issues. The outcome of this screening and assessment process left us with a final set of 29 studies that met the inclusion criteria (see Figure 1).

An extended search was performed in September 2023. This search found one new hit that was excluded because it was an overview written in Spanish. Although a quality assessment is not required in a scoping review, this study considered the quality of the studies [33]. This process was carried out individually and blindly in Covidence, where the researchers rated the studies as low, moderate, or high quality [34]. All studies but one [35] were assessed as of high or moderate quality, due to methodological limitations. However, Gilmer et al. [35] were included due to the study's empirical value.

3.3. Data Extraction and Analysis. The data extraction was conducted individually and blinded in Covidence, ensuring a systematic and unbiased process. Covidence provides a systematic and blinded process, ensuring that researchers do not have access to the data entered by their peers. Data extraction was conducted individually for each selected study. Key details from each study, such as methodology, participant characteristics, outcomes, and significant conclusions, were rigorously catalogued. This structured approach ensured comprehensive and consistent data capture across all included studies, allowing for an accurate and reliable synthesis of the findings.

Additionally, a thematic synthesis was employed, encompassing three key stages [36]:

TABLE 1: Search string.

Sexuality	AND	Residential aged care
(Sexual* OR "sexual behav*" OR "sexual needs" OR "sexual expression" OR "sexual health" OR "intimacy" OR "sexual satisfaction" OR "sexual attitudes" OR "sexual knowledge" OR "solo sexuality" OR "sexual wellness" OR "sexual quality of life" OR "sexual rights" or "sexual pleasure" OR "intimate relationships" OR "romantic connections" OR "erotic experiences" OR "intimate connections" OR "sexual experiences" OR "sexual satisfaction" OR "sexual pleasure" OR "sexual well-being" OR "sexual intimacy" OR "sexual" OR "sexual self-expression" OR "sexual arousal")	AND	("Nursing home" OR "retirement home" OR "residential care" OR "aged care" OR "long-term care" OR "senior living" OR "senior housing" OR "care home" OR "residential care home" OR "skilled nursing" OR "elder care" OR "elderly care" OR "senior residence" OR "elderly housing" OR "senior care home" OR "senior living community" OR "independent living" OR "elderly care residence" OR "elderly housing complex" OR "senior assisted living" OR "senior care" OR "senior nursing home" OR "senior care residence" OR "elderly care home")

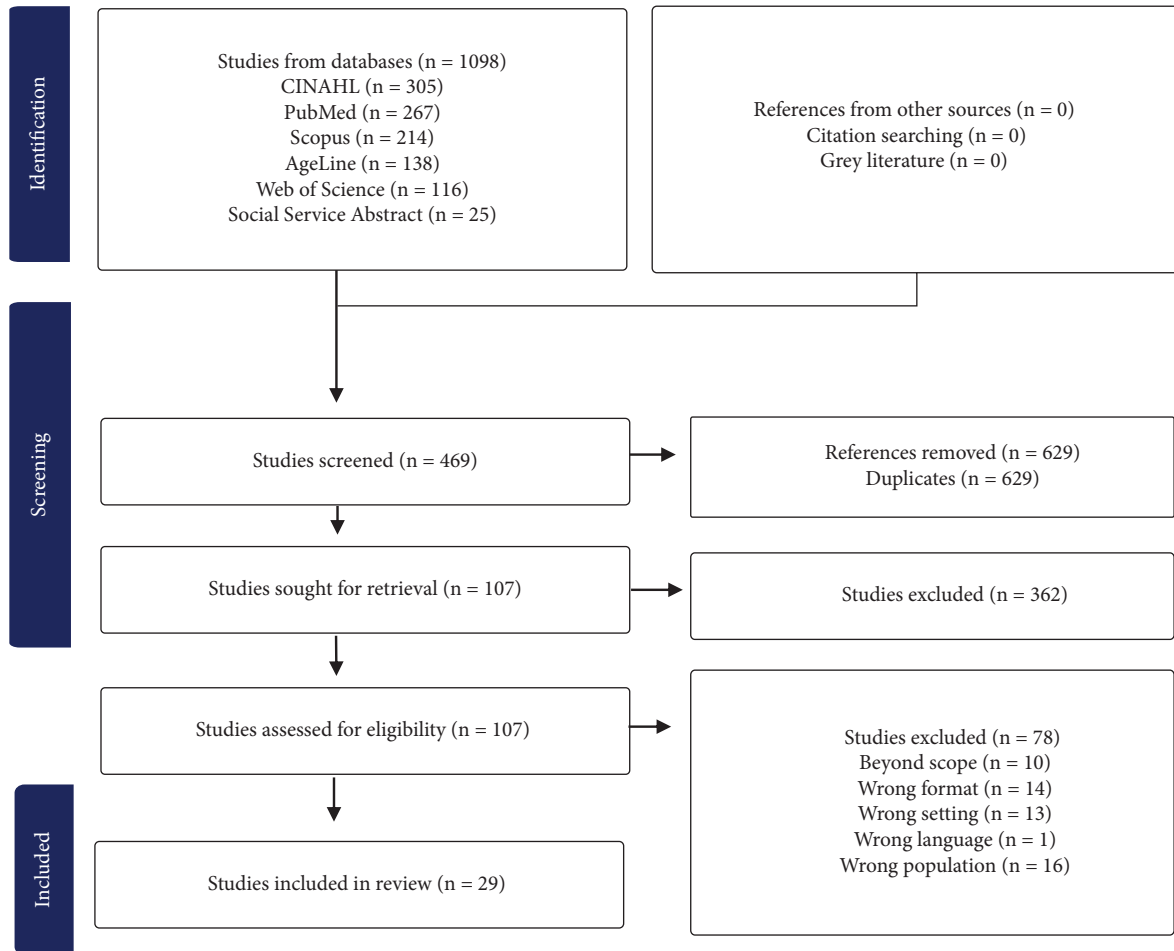


FIGURE 1: PRISMA flowchart.

- (1) Coding Text: Initially, the text from primary studies was examined and coded, focusing on its content. This crucial step facilitated the identification of key concepts and ideas in the data. The analysis focused exclusively on the primary result sections of the studies, omitting text from the introductions and discussions. The coding of qualitative data was performed at both the thematic level and the level of primary data, including quotes. The decision to incorporate the quantitative data into the thematic analysis stemmed from its rich, descriptive nature rather than quantitative metrics.
- (2) Developing Descriptive Themes: Following the initial coding, codes were grouped into related areas to form descriptive themes (see Table 2). This involved synthesizing and summarizing the primary data while staying closely aligned with the original studies.
- (3) Generating Analytical Themes: In the final stage, the analysis extends beyond the primary studies' content to create new interpretive constructs, explanations, or hypotheses. Here, three themes emerged: hollow attitudes, postsexual life, and organizational setbacks. Although the studies encompassed both

quantitative and qualitative data, thematic analysis emerged as particularly suitable. The quantitative data, primarily gathered through multiple-choice and open-ended surveys, often contained rich, descriptive elements conducive to qualitative analysis. Instead of depending solely on numerical analysis, this data format facilitated a deeper and more nuanced understanding of the subject.

4. Results

The study results are organized in tables alphabetically, with Table 3 detailing qualitative findings and Table 4 showing quantitative outcomes. Most of the studies ($n=19$) used qualitative methods, primarily semistructured interviews, while quantitative studies ($n=10$) mainly employed surveys. Geographically, most research occurred in Oceania, especially in New Zealand ($n=5$) and Australia ($n=4$), followed by Europe with notable contributions from Spain ($n=7$), the UK ($n=2$), Belgium ($n=2$), Poland ($n=1$), and Portugal ($n=1$). North America is represented by studies from Canada ($n=2$) and the USA ($n=3$), with additional studies from Israel ($n=1$) and Brazil ($n=1$). Notably, some studies, like those by Cook et al. [42, 43] and Villar et al. (2014–2017), utilized the same datasets. The research fields varied, with 13

TABLE 2: Examples of coding themes.

Extracted text	Code given	Final theme
Of emotional reactions among staff, the most anticipated response was discomfort reported by 25 administrators (41.7%), followed by embarrassment ($n = 21$, 35.0%), panic ($n = 8$, 13.3%), and disgust ($n = 2$, 3.3%) [37]	Discomfort and reactions	Hollow attitudes
“Nobody talks about it . . . nobody practises it. We just live as we are—We’ve had our sex life way back” [38]	Perception of sexuality as past	Postsexual life
I’ve had no training at all. It’s always been a taboo, hasn’t it? People would say things like “watch out, they’re not married.” this whole business of sex has always been a taboo and it will continue to be, so I think all professionals have things they can learn about these issues [39]	Lack of training and education	Organizational setbacks

TABLE 3: Qualitative results.

Study	Country	Field of study	Aim	Design	Methodology	Participants	Key findings
Bauer et al. [40]	Australia	Nursing	Analyse the needs and barriers to residents expressing their sexuality	Semistructured interviews	Constructivist methodology	16 residents, including 5 with dementia	Residents recognized their sexual needs and the importance of expressing their sexuality but faced barriers such as staff attitudes, privacy issues, and limited opportunities for relationships
Brassolotto et al. [41]	Canada	Health science	Discuss findings on sexual expression in residential aged care	Exploratory qualitative study using semistructured interviews		12 residents	Sexuality remains important in continuing care but is often unaddressed due to staff's unpreparedness for resident sexual expression
Cook et al. [42]	New Zealand	Clinical science, social work, media, and communication	Explore family and staff support for a person-centred approach to residents' intimacy and sexual expression in palliative and end-of-life care in residential settings	Semistructured interviews	Thorne's methodological approach draws from social constructionist	28 residents, 36 staff, and 13 family members (N = 77)	Leadership is crucial for person-centred intimate care. Residents' intimacy and sexuality are promoted, overcoming challenges such as ageism, strict policies, and environmental issues
Cook et al. [43]	New Zealand	Clinical science	Explore the impact of lost intimacy and sexuality on iatrogenic loneliness in residential care	Semistructured interviews	Constructivist methodology: Thorne's methodological approach	28 residents, 34 staff, and 13 family members (N = 75)	Residents' ability to express affection and form intimate relationships is hindered by age stereotypes, strict rules, and a focus on basic needs, leading to feelings of isolation and difficulty in establishing meaningful connections
Cook et al. [44]	New Zealand	Nursing, social work	Analyse the accounts of staff, family, and residents to advance ethical insights into intimacy and sexuality in residential care	Semistructured interviews	Discursive methodology	1 resident, 2 staff, and 1 family member (N = 4)	Ageism influences beliefs about older adults' right to sexuality. Staff decisions are based on personal morals due to the lack of policies, ethics, and communication training, leading to moral uncertainty and distress

TABLE 3: Continued.

Study	Country	Field of study	Aim	Design	Methodology	Participants	Key findings
Howard et al. [45]	Canada	Health sciences	Explore how managers and their consultees manage resident sexual expression in residential aged care	Exploratory qualitative study using semistructured interviews		28 residents	Three tensions regarding sexual expression in care homes: supporting sexual expression, balancing private and public spaces, and reconciling the medical model of care with sexuality as a part of daily life
Monteiro et al. [46]	Portugal	Psychology	Explore caregivers' experiences towards sexuality among older adults	Semistructured interviews		6 staff	Participants noted "health limitations despite desire" affecting their sexual interest, "masturbation" as observed behaviour for sexual expression, and "using humor" as a reaction to sexual demonstrations
Palacios-Ceña et al. [47]	Spain	Medicine, public health	Describe the experience of sexuality among older Spanish women residing in residential aged care	In-depth interviews	Phenomenological approach	20 female residents	The residents limited the expression of their sexuality, but they continued to feel desire. The majority perceived sexuality as the "duty" of a good wife, and as widows, they avoided having sexual relations
Roach [48]	Australia	Medicine	Investigate staff perceptions of the sexual and affectionate behaviours in nursing homes and their corresponding reactions	In-depth and unstructured interviews	Grounded theory	30 staff	Staff's reactions to residents' sexual behaviour depended on their comfort with the topic and the culture of the organization
Rowntree and Zufferey [49]	Australia	Psychology	Explore how the residential aged care sector could engage with residents' sexual expression and intimacy	Focus groups and individual interviews	Appreciative inquiry (AI)	19 staff and 23 residents (N = 42)	Staff saw sexual expression as a need, while community members saw it as a right. This conceptual difference significantly impacts how the sector addresses the topic

TABLE 3: Continued.

Study	Country	Field of study	Aim	Design	Methodology	Participants	Key findings
Schouten et al. [50]	New Zealand	Psychology	Investigate attitudes of staff, residents, and family members in long-term care towards sex and intimacy among older adults	Mixed method using surveys and interviews	Social constructionist approach	28 residents and 36 staff (N = 65)	Participants viewed sexual intimacy as a right, although some saw it as a need. Many justified intimacy as essential for well-being
Simpson et al. [38]	UK	Nursing, social work, health, and social care	Highlight how residents' and spouses' discussions of sexuality and intimacy can reveal age-related discomfort, occurring in an environment of comprehensive surveillance	Focus groups and semistructured interviews		3 residents, 16 staff, and 3 spouses (N = 22)	Residents and spouses attribute diverse meanings to sexuality, influenced by age, gender, and sexuality. The sexuality of older adults sexuality was described as rare, astonishing, and ridiculous
Syme et al. [51]	USA	Medicine	Assess the challenges and recommendations for addressing sexual expression and consent	Semistructured interviews		20 director of nursing (DON)	Directors of nursing wanted sexual expression to be addressed top-down, urging national organizations to lead by offering resources, training, and policy guidelines. Legal challenges were significant, and future policies needed to tackle potential legal issues and manage sexual expression
Thys et al. [52]	Belgium	Biomedical, law, nursing and midwifery	Understand how nurses experience and react to intimate and sexual expressions of nursing home residents	Semistructured interviews	Grounded theory	15 nurses	Participants experienced and addressed sexual expressions individually, drawing on personal values and life experiences for decision-making
Venturini et al. [53]	Brazil	Sexology	Analyse how the nursing team performs in facing sexuality in the daily lives of older women living in residential aged care	Semistructured interviews		18 nurses	Weak knowledge and understanding of older adults needs regarding sexuality is one of the main challenges when it comes to dealing with sexuality in residential care

TABLE 3: Continued.

Study	Country	Field of study	Aim	Design	Methodology	Participants	Key findings
Villar et al. [39]	Spain	Psychology	Determine whether staff see a need for training on residents' sexuality and compare training benefits between care assistants and managerial staff	Semistructured interviews		53 staff	Respondents lacked training on sexuality and ageing. Two benefits of potential training were identified: knowledge/attitudinal (to counter negative attitudes) and procedural (to establish common protocols for handling sexuality-related situations)
Villar et al. [54]	Spain	Psychology	Explore staff attitudes towards masturbation in residential aged care	Semistructured interviews using vignettes	Exploratory descriptive design	53 staff	Most participants believed that masturbation was acceptable, and the most common reaction was to avoid interference. When asked about reactions from colleagues, gossiping/joking about the issue was more frequent
Villar et al. [55]	Spain	Psychology	Investigate the reactions of staff and residents towards male-female sexual intercourse within the facility	Semistructured interviews		47 residents and 53 staff (N = 100)	Male-female partnered sexual activity would generally be considered acceptable, although some respondents stated that they would react in a restrictive way
Villar et al. [56]	Spain	Psychology	Explore the barriers to sexual expression in residential aged care	Semistructured interviews		47 residents and 53 staff (N = 100)	About 40% of the resident subsample reported no barriers to sexual expression, while the rest identified at least one barrier. Common barriers included lack of privacy, residents' attitudes, and inadequate communication about sexuality

TABLE 4: Quantitative results.

Study	Country	Field of study	Aim	Design	Methodology	Participants	Key findings
Bouman et al. [57]	UK	Medicine	To investigate the attitudes of staff in residential care towards residents' sexuality	Survey using attitude scale (ASKAS)	NA	222 female staff and 12 male staff (N = 234)	The average ASKAS score was 60, showing moderately positive attitudes towards residents' sexuality. Limited experience predicted negative attitudes, while older age was associated with more positive views
Gewirtz-Meydan et al. [58]	Israel	Social work and health sciences	Develop the discomfort in assessing sexual issues, a scale for when discussing sexual issues	Survey	NA	127 staff (76% women)	Less knowledge, lower education, and less permissive attitudes were correlated with higher discomfort. The study identified moderate to high discomfort when discussing sexual matters with older adults
Gilmer et al. [35]	New Zealand	Nursing	Identify factors influencing staff assessment and management of residents' sexuality	Survey	NA	52 staff (96% women)	Most believe residents have sexual needs, but addressing sexuality often creates discomfort. These needs are not regularly assessed or managed as a team
Jen et al. [37]	USA	Social work	Provide an assessment of sexual expressions, staff reactions, practices, and policies related to residents' sexuality	Mixed method survey	NA	60 staff administrators (61.7% women)	Among 60 administrators, 84% observed sexual expression among residents in the past year. Seventy percent believed staff would treat residents with dignity, while 40% anticipated staff discomfort. Around 40% had policies on sexual expression
Lester et al. [59]	USA	Medicine	Identify residential aged care standards related to sexual activity	Survey	NA	366 director of nursing (DONs)	The vast majority (71.2%) indicated that there had been issues regarding residents' sexuality. 12.4% still require family to approve sexual activity
Mahieu et al. [13]	Belgium	Nursing	Explore staff attitudes on residents' sexuality, demographic influences, and knowledge-attitude links	Survey	NA	116 nursing staff (92.5% women)	Staff had moderate knowledge and positive attitudes towards older people's sexuality. Several variables were related, and higher knowledge corresponded to more positive attitudes

TABLE 4: Continued.

Study	Country	Field of study	Aim	Design	Methodology	Participants	Key findings
McAuliffe et al. [60]	Australia	Health science	Investigate if, when and how assessments regarding residents' sexual health occur within residential aged care facilities	Survey		1094 senior staff (90.7% women)	Sexual health and needs are not routinely assessed in residential aged care. When assessments do occur, it is more often than not in the context of disruptive sexual behaviour
Mroczek et al. [18]	Poland	Medicine	Analyse the psychosexual needs of nursing care home residents in Poland	Face-to-face survey	NA	86 residents mean age 72.2	Residents, regardless of their health, education, age, gender, and marital status, identified psychosexual needs as crucial for their quality of life
Schouten et al. [50]	New Zealand	Psychology	Investigate staff's attitudes towards residents' sexuality	Survey	NA	433 staff	A majority (64.9%) agreed that pleasurable touch in intimate relationships is a lifelong human right. Nearly half (49.9%) believed facilities should provide private spaces for sexual activity
Villar et al. [61]	Spain	Social work	Investigate staff perceptions of residents' sexual needs and ideas for improving care related to sexual issues	Survey	NA	2115 staff (87% women)	Many participants did not recognize sexual needs in residents, while more experienced participants were more likely to acknowledge these needs
Villar et al. [62]	Spain	Psychology	Explore which kinds of residents' sexual expressions cause the most discomfort to staff	Survey	NA	1895 staff (86.6% women)	Most participants were able to mention at least one sexual situation that had caused them discomfort, which suggests that sexual situations represent a challenge for staff

studies in medicine, nine in psychology, five interdisciplinary (combining psychology, medicine, law, and social work), two in social work, and one in sexology. Many studies were published during the periods 2010–2019 ($n = 19$) and 2020–2023 ($n = 8$), with only two studies dating back to 2000–2009.

A significant number of study participants were women. This observation can be linked to the fact that the field of healthcare, which includes RAC, is often female-dominated [63]. Among 29 studies, the most common methodology was constructivism ($n = 7$), followed by grounded theory ($n = 3$). One study employed phenomenology. The remaining studies did not specify a particular methodological stance ($n = 18$). Furthermore, this field is predominantly empirical, with many studies lacking theoretical frameworks. Out of 29 studies, only four incorporated theories. These theories included Foucault's Panopticon (2), organizational theory ($n = 1$), and ageism ($n = 1$). Most of the research ($n = 17$) was conducted from the staff's perspective, with nine studies involving both staff and residents and four studies exclusively focused on the residents' perspectives.

4.1. Results from the Thematic Analysis. After analysing the selected articles, three themes emerged: hollow attitudes, postsexual life, and organizational setbacks.

4.1.1. Hollow Attitudes. The prevailing trend among the studies indicates that staff within RACs tend to exhibit positive attitudes regarding the sexual needs of residents [13, 46, 57]. In some studies, staff and residents portrayed sexuality as a fundamental right or a basic need for the residents and linked it to well-being [35, 50]. For example, over half of the participating staff in Schouten et al.'s [50] study concurred that sexuality should be recognized as a lifelong human right.

While previous studies suggest positive staff attitudes towards residents' sexuality [13, 46, 57], this review indicates that certain attitudes in RAC may lack depth, reflecting a potential disconnect from genuine perceptions in terms of supporting residents' sexuality. The theme of "hollow attitudes" highlights situations where attitudes towards sexuality can be superficial or reflect socially accepted norms rather than being genuine and deeply rooted in respect for residents' sexuality. This is further developed with the help of two subthemes: *Sexuality is a right, right?* and *Sexual expression within boundaries*.

(1) Sexuality is a Right, Right? Although many studies found that staff had positive beliefs about residents' sexuality and viewed sexuality as a right, it was rarely something that was talked about in the workplace, and there were no policies regarding the residents' sexuality [38, 43, 61]. In some studies, staff reported that they had guidelines and policies for residents' sexuality; however, when asked to state these, the majority stated, "the right to privacy" and nothing specifically related to sexuality or intimacy [37, 45]. Despite the staff's awareness that sexuality is a fundamental human need and should be regarded as a resident's right,

a significant number of staff expressed a distinct discomfort when it came to addressing this issue in practice [52, 53, 64]. In the literature exploring the resident's perspective, several residents noted that staff often seemed uncomfortable with matters related to sexuality [40, 43, 55]. Many residents emphasized the correlation between staff's negative attitude and limited education as barriers to sexuality in RAC. In a study by Villar et al. [56], a resident described the following: "Their sexual education has been very repressive. They couldn't talk about sex: they've been very limited and coerced" [56].

Various studies [46, 48, 51, 52, 56] have called for the establishment of explicit guidelines for sexuality within RAC. These guidelines would serve as essential tools to provide clear directives for the staff and influence staff attitudes towards residents' sexuality, promoting a more respectful and open-minded approach. However, the existence of guidelines alone is not a solution. Their effectiveness depends on the willingness of staff to embrace and adhere to them. This complexity is exemplified in a study by Jen et al. [37], who found that only half of the staff felt they would follow policies on residents' sexuality.

While many studies reveal that staff generally hold positive beliefs regarding residents' sexual rights, there is a significant gap between those beliefs and recognizing these rights in practice. This disconnect is evident in the absence of formal discussions and specific policy documents addressing residents' sexual rights [38, 43, 61]. Even though staff acknowledged sexuality as a fundamental human need, many expressed discomfort when faced with this issue in practice.

(2) Sexual Expression within Defined Boundaries. In the studies, staff described the residents' sexuality as a natural human need regardless of age [42, 46, 48, 49, 51, 60]. Nevertheless, it is noteworthy that specific forms of sexuality were often more tolerated than others within RAC [45, 53, 58]. In several instances, sexual expressions that contained erotic or more explicit elements were subject to more severe condemnation [35, 55] than expressions of tenderness. Many of the most common sexual expressions among the residents, such as masturbation, kissing, and intercourse, were also the ones that staff found most discomforting [40, 52, 62].

Masturbation was one of the most common sexual expressions among the residents and one that staff most believed the residents needed to be satisfied [52, 59, 61, 64]. Despite this, masturbation was also one of the sexual expressions that created the most discomfort among staff [54, 62]. Villar et al. [54] found that staff saw masturbation in the RAC as an unexpected event, and they did not know how to react. Some mentioned that they would be embarrassed, while others would joke or start gossiping about the residents. A respondent described colleagues' reactions: "Some of them would make a fuss about it . . . some of them certainly would, joking about dirty old men and things like that" [54].

Another aspect is the question of who is permitted to engage in sexual activity. Staff often regarded individuals with multiple illnesses or those experiencing challenges in daily self-care as unable to engage in sexual activity

[37, 46, 48]. Research has further illuminated that the level of acceptance is primarily contingent on whether the sexual activity occurs within a heterosexual relationship [50, 53]. In comparison, same-sex couples often faced more severe judgment and, in some cases, were not even recognized as couples at all. For instance, Venturini et al. [53] highlighted an example that underscores the challenges and consequences faced by same-sex couples in these institutional settings where a relationship between two women was prohibited. This led to the administrative decision to relocate the couple to separate departments, to dissolve the relationship.

4.1.2. The Postsexual Life. Residents in RAC are commonly viewed as postsexual—both by staff and by the residents themselves [35, 38, 45, 55]. This is conceptualized using four subthemes: staff perceptions of postsexuality, self-perceptions of postsexuality, the postsexualizing institution, and challenging norms in expressing sexuality.

(1) Staff Perceptions of Postsexuality. When staff were asked about the sexuality of the residents, a recurrent response was that they believed the residents had no sexual needs [39, 45, 48, 56]. Staff often perceived that residents' sexual needs waned with age, leading them to disregard the existence of these essential aspects of well-being [37, 39, 52, 65]. For instance, Villar et al. [56] found that the staff's attitude posed a significant barrier to addressing residents' sexual needs. Some staff believed that it was morally inappropriate for older adults living in RAC to engage in sexual activity. Villar et al. [54] highlighted an example where staff question whether sexuality is appropriate for the residents due to their age: "I'd be taken aback . . . because it seems that at that age you can't do it anymore" [54].

(2) Self-Perceptions of Postsexuality. Research focusing on the residents' perspectives on sexuality within RAC has revealed that residents tend to downplay their sexuality [43, 50]. Numerous residents mentioned that they had abandoned sexuality when they moved into RAC [38, 43, 50]. Some residents believed that their sexual life ended following the death of their partner, deliberately abstaining from engaging in sexuality as a means of honouring their deceased partner [18, 41, 47].

In the exploration of residents' attitudes, a prevailing narrative surfaces wherein residents frequently detach themselves from discussions around sexuality, often ascribing this distancing to their age [38, 50]. In line with the staff, some individuals express the belief that engaging in sexual activity is deemed inappropriate. Simpson et al. [38] discovered residents expressed the opinion that sexuality within RAC was deemed irrelevant because nobody engaged in it. When asked about sexuality, one resident replied, "Nobody talks about it . . . Nobody practises it. We just live as we are—We've had our sex life way back" [38].

(3) The Postsexualizing Institution. In navigating discussions on their sexual lives, residents consistently conveyed an awareness of the specific conditions within RAC that would

enable or constrain their ability to engage in sexuality [43, 44, 49, 50]. This awareness stemmed from the limitations imposed by the communal living environment and the potential intrusion into their privacy. Residents often found themselves adapting to the schedules set by the staff, conscious that staff could enter their living spaces at any given moment. One resident stated, "You're very self-aware in a place like this. You don't do anything unless you double-check it" [43].

Several residents emphasized that they still desired sexuality, but they pointed out constraints within RAC that hindered its expression [40, 41, 44, 49]. A recurring concern was the perceived inadequacy of privacy, with many residents asserting that even their personal rooms felt too exposed for intimate activities [40, 44, 45, 55]. Some residents mentioned that they did not feel that the RAC was their own home [41, 43, 49, 55]. As a resident in Rowntree and Zuferey's [49] study said, "You're always telling me this is my home. If I were at home, there would be no way that I would entertain a doctor while I was in the shower" [49].

Another aspect raised by the residents and staff was the conflict between the desire to feel like a sexual being and the fear of rumours [41, 42, 47, 49]. A resident in Palacios-Ceña et al.'s [47] study mentioned that she wished to dress a certain way but refrained from doing so to avoid potential gossip. While the majority of residents experienced sexual desire, a significant number chose to overlook it due to the constrained environment [18, 47, 55]. Mroczek et al. [18] found that only 39% of the residents said that they were able to satisfy their sexual needs. Instead, many residents focused their attention on activities such as walking or attending church.

(4) Challenging Norms in Expressing Sexuality. Some residents challenged the prevalent narrative of postsexuality [38, 40, 41, 50]. This perspective portrays sexuality as a spectrum, ranging from intimate relationships to acts of self-expression, such as enhancing one's appearance. In Mroczek et al. [18], many of the residents stated that they felt sexual tension, but 71% claimed that sex for older adults was taboo. Residents also associated sexuality with feeling like a sexual being, which could involve dressing or grooming oneself to evoke that feeling [18, 44, 45, 47]. One resident in a study by Bauer et al. [40] articulated that, despite concerns about being noticed, they consciously chose to engage in a sexual relationship: "She said 'Oh I'll take you in my room', and I said, 'I don't think I better, I'll get caught', . . . but oh she was . . . hot!" [40].

4.1.3. Organizational Setbacks. One of the key barriers identified in RAC settings is the staff's attitude towards residents' sexuality, a complex issue shaped by more than just individual perspectives. Various explanatory models have been explored, including the importance of an individual's culture, religion, and age [13, 39, 58–60]. However, the predominant factors identified in most research are the level of education and professional experience. More importantly, these attitudes are not formed in a vacuum. They are influenced by the broader organizational

framework, including the structure and policies of the RAC organization. These setbacks can be attributed to organizational factors, highlighting how the structure and policies within the RAC organization influence the staff's permissive or restrictive attitudes towards the sexuality of residents. Research investigating factors that can influence staff attitudes towards residents' sexuality consistently highlights a notable correlation concerning educational levels and the development of permissive attitudes [13, 39, 58–60]. Studies in this domain suggest that individuals with higher education within RAC tend to exhibit more open and accepting attitudes towards the sexual expression of residents [13, 39, 57–61]. This observation underscores the substantial impact of education levels on staff perspectives regarding the residents' sexuality and their right to express their sexuality within the context of RAC.

Moreover, the data reveal a notable correlation between limited work experience with older adults and the manifestation of negative attitudes towards sexual expression in later life [13, 39, 57–61]. This implies that staff with fewer years of experience working with older adults tend to exhibit more restrictive views regarding the sexual rights and expressions of older adults. Notably, the statistical analyses by Bouman et al. [57] showed that staff with less than 5 years of experience demonstrated a more negative outlook on later-life sexuality.

The significance of education and professional experience emerges as a crucial organizational challenge within the realm of aged care. The literature in the field underscores the critical need to address this issue, particularly due to the high turnover rate prevalent in aged care and the fact that a substantial number of individuals embark on their careers in this field [40, 44, 51].

5. Discussion

This article presents the results of a scoping review investigating the attitudes of residents and staff concerning sexuality within the context of RAC. The review was guided by three research questions concerning (1) the prevailing attitudes towards sexuality among both residents and staff, (2) what can influence residents' and staff's attitudes towards sexuality in RAC, and (3) the gaps in the current literature regarding the attitudes of sexuality in residential aged care. Exploring attitudes towards residents' sexuality in RAC reveals a complex landscape, where it is crucial to acknowledge the broader context that shapes these attitudes. It is important to recognize that these attitudes are not solely individual issues but are also formed and influenced by cultural, organizational, and societal factors.

Looking at the prevailing attitudes, this study found that there seems to be a discrepancy between considering residents' sexuality as a right and treating it as a right. The prevailing attitudes seem to be marked by what this study has termed "hollow attitudes." Staff working in RAC generally express moderately positive attitudes concerning the sexual needs of the residents [13, 35, 46, 57]. However, the question arises as to whether these positive attitudes are superficial. Monteiro et al. [46] mentioned this aspect in

their discussion, noting that positive beliefs may not translate into permissive attitudes and behaviours. Although the majority of staff may express positive beliefs about residents' sexual rights, their discomfort in addressing the issue in practice reveals a deeper challenge that needs attention [35, 37, 52, 62, 66]. The theme "Sexuality is a right, right?" underscores the disconnection between the theoretical acknowledgment of sexual rights and the application in practice. Within this context, the absence of explicit discussions and policy documents contributes to the discomfort expressed by staff when faced with residents' sexuality. It is insufficient to examine attitudes merely; it is vital to analyse how these attitudes are manifested in practice [8].

The reserved perspective held by residents regarding their sexuality can be influenced by several factors. Pervasive societal norms contribute significantly, with ageism playing a particularly impactful role [24]. The stereotype associating older adults with asexuality or reduced sexual desire pervades societal views of ageing [38, 43, 50]. This stereotype, in turn, affects how residents are perceived and treated within RACs. This can be explained through Kellett and Oppenheimer's [14] second attitude towards sexuality in later life, which can be characterized as "distaste." In this perspective, sexuality in older adults is considered inappropriate. This viewpoint reflects societal attitudes that find the expression of sexuality in older adults displeasing and out of sync with accepted norms associated with the ageing process. Moreover, if staff perceive residents through the lens of postsexuality, it creates a self-fulfilling prophecy. The environment within RACs, shaped by both societal norms and institutional constraints, may not provide the necessary privacy for residents to express their sexuality. Staff, influenced by these preconceptions, can unintentionally contribute to a cycle where residents feel compelled to see themselves as postsexual due to the conditions imposed by the RAC. Another attitude that can affect residents' sexuality is Kellett and Oppenheimer's [14] third attitude, "tunnel vision," that is, a narrow focus that sees relationships as exclusively heterosexual. This is shown in the research when same-sex sex is usually condemned or when same-sex couples are seen as friends [53].

The transition to RAC brings an awareness of privacy constraints and altered personal dynamics, significantly impacting residents' attitudes towards their sexuality. The communal living arrangements and the constant presence of caregivers, who are involved in various aspects of daily life, contribute to a heightened awareness of these constraints. In response to these factors, residents may consciously modify their behaviour, often becoming more reserved in expressing their sexuality, reflecting a shift in their attitudes [43, 49, 50]. This change in attitude is further reinforced by the institutional environment itself, which typically plays a role in shaping a "postsexuality" mindset. RACs, structured predominantly for medical and functional care, often overlook intimacy and sexual expression [5, 7]. This unintentionally contributes to the perception among both staff and residents that older adults are no longer sexual beings. This institutional emphasis on physical and medical care, coupled with a lack of attention to emotional and relational needs,

reinforces a prevailing attitude that sidelines sexuality in older adults. Therefore, understanding residents' perspectives on sexuality within RACs requires a nuanced examination of both the broader sociocultural context and the specific institutional environment. This approach will reveal how attitudes towards sexuality are not just individually based but are also significantly shaped by the organizational culture and societal norms.

The exploration of residents' sexuality in the context of residential care settings has revealed research gaps. The first one is the lack of clear methodologies and theoretical frameworks in numerous studies within the domain. This suggests a gap in the integration of existing theoretical knowledge into the field, and this absence can hinder a comprehensive understanding of the intricate dynamics and patterns inherent in the subject matter. The research landscape concerning sexuality in older adult care primarily includes studies from similar regions, with a notable emphasis on Western countries. This review highlights a lack of research from other diverse geographical areas, especially regions in Africa and Asia. Furthermore, a significant gap identified is the limited research emanating from the Scandinavian region, particularly from countries like Sweden, which are known for their open and progressive attitudes towards sexuality [48]. Another noteworthy aspect of the research field is the predominant influence of the medical domain, with less prominence given to social work and sociology. If the research is mainly focused on the medical field, it may limit the understanding of wider social and societal aspects of sexuality in aged care. Social work and sociology can contribute important perspectives on relationships, norms, and social structures.

5.1. Limitations. One limitation of this study is the fact that certain studies are based on the same dataset. This may introduce a level of redundancy in the findings, potentially limiting the diversity of perspectives. Another noteworthy potential limitation is the diverse countries of the included studies. There are variations in age care across countries, influenced by cultural, regulatory, and structural differences, which affect how older adults are cared for. Therefore, our findings should be interpreted considering these varied organizational contexts and the influence of cultural and systemic factors on attitudes and practices regarding sexuality in these facilities.

6. Conclusion and Further Research

This scoping review arrived at the following conclusions:

- (i) Prevailing attitudes towards sexuality in RAC: Even though there has been a shift towards more positive attitudes regarding residents' sexuality, these attitudes may be superficial, mirroring socially accepted norms rather than genuine respect for individual sexuality.
- (ii) Factors influencing attitudes towards sexuality in RAC: Institutional policies and cultures significantly impact attitudes, often leading to the

characterization of residents as "postsexual." The perceived restrictiveness of the RAC environment influences the attitudes of both residents and staff.

- (iii) Identified gaps in research on sexuality in RAC: In line with previous studies [9–11], this study highlights a gap in the current literature where the voices of staff are predominantly represented over those of residents. The study also identifies a lack of clear methodologies and theoretical frameworks in many studies within this domain.
- (iv) The study identified the gaps in research on sexuality in residential aged care (RAC), confirming previous findings [9–11]. These gaps primarily involve the predominance of staff voices over those of residents and the absence of clear methodologies and theoretical frameworks in many studies within this domain. Moving forward, future research in the field of sexuality in RAC should prioritize addressing the underrepresentation of residents' perspectives to provide a more balanced view. Additionally, there is a clear need for studies to employ clearer methodologies and theoretical frameworks, integrating existing theoretical knowledge more effectively to understand the complex dynamics of sexuality in these settings. This would contribute to a deeper understanding of how cultural, societal, and organizational factors interact to shape the experiences and attitudes of residents and staff alike.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Authors' Contributions

All authors contributed to the study. The first author conducted the literature search and thematic analysis. All authors participated in article screening and the data extraction process. The first author had a central role in conceptualizing the study and writing significant parts of the text. The second and third authors substantively edited the manuscript.

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References

- [1] World Health Organization, *Sexual and Reproductive Health: Laying the Foundation for a More Just World through Research and Action: Biennial Report 2004-2005*, World Health Organization, Geneva, 2006.
- [2] R. R. Hajjar and H. K. Kamel, "Sexuality in the nursing home, Part 1: attitudes and barriers to sexual expression," *Journal of*

- the American Medical Directors Association*, vol. 5, no. Supplement, pp. S43–S47, 2004.
- [3] G. M. Doll, “Sexuality in nursing homes: practice and policy,” *Journal of Gerontological Nursing*, vol. 39, no. 7, pp. 30–37, 2013.
 - [4] A. C. Frankowski and L. J. Clark, “Sexuality and intimacy in assisted living: residents’ perspectives and experiences,” *Sexuality Research and Social Policy*, vol. 6, no. 4, pp. 25–37, 2009.
 - [5] R. Shuttleworth, C. Russell, P. Weerakoon, and T. Dune, “Sexuality in residential aged care: a survey of perceptions and policies in Australian nursing homes,” *Sexuality and Disability*, vol. 28, no. 3, pp. 187–194, 2010.
 - [6] M. Bauer, “Their only privacy is between their sheets,” *Journal of Gerontological Nursing*, vol. 25, no. 8, pp. 37–41, 1999.
 - [7] R. R. Hajar and H. K. Kamel, “Sex and the nursing home,” *Clinics in Geriatric Medicine*, vol. 19, no. 3, pp. 575–586, 2003.
 - [8] M. Horne, J. Youell, L. Brown, P. Simpson, T. Dickinson, and C. Brown-Wilson, “A scoping review of education and training resources supporting care home staff in facilitating residents’ sexuality, intimacy and relational needs,” *Age and Ageing*, vol. 50, no. 3, pp. 758–771, 2021.
 - [9] R. Aguilar, “Sexual expression of nursing home residents: systematic review of the literature,” *Journal of Nursing Scholarship*, vol. 49, no. 5, pp. 470–477, 2017.
 - [10] M. Bauer, E. Haesler, and D. Fetherstonhaugh, “Organisational enablers and barriers to the recognition of sexuality in aged care: a systematic review,” *Journal of Nursing Management*, vol. 27, no. 4, pp. 858–868, 2019.
 - [11] L. Mahieu and C. Gastmans, “Older residents’ perspectives on aged sexuality in institutionalized elderly care: a systematic literature review,” *International Journal of Nursing Studies*, vol. 52, no. 12, pp. 1891–1905, 2015.
 - [12] M. Bauer, L. McAuliffe, and R. Nay, “Sexuality, health care and the older person: an overview of the literature,” *International Journal of Older People Nursing*, vol. 2, no. 1, pp. 63–68, 2007.
 - [13] L. Mahieu, B. D. de Casterlé, J. Acke et al., “Nurses’ knowledge and attitudes toward aged sexuality in Flemish nursing homes,” *Nursing Ethics*, vol. 23, no. 6, pp. 605–623, 2016.
 - [14] J. Kellett and C. Oppenheimer, “Sex in old age,” in *New Oxford Textbook of Psychiatry*, N. A. Michael Gelder, J. Lopez-Ibor, and J. Geddes, Eds., Oxford University Press, England, UK, 2nd edition, 2012.
 - [15] N. Tabak and R. Shemesh-Kigli, “Sexuality and Alzheimer’s disease: can the two go together?” *Nursing Forum*, vol. 41, no. 4, pp. 158–166, 2006.
 - [16] M. Wasow and M. B. Loeb, “Sexuality in nursing homes,” *Journal of the American Geriatrics Society*, vol. 27, no. 2, pp. 73–79, 1979.
 - [17] B. J. Messinger-Rapport, S. K. Sandhu, and M. E. Hujer, “Sex and sexuality: is it over after 60?” *Clinical Geriatrics*, vol. 11, no. 10, pp. 45–55, 2003.
 - [18] B. Mroczek, D. Kurpas, M. Gronowska, A. Kotwas, and B. Karakiewicz, “Psychosexual needs and sexual behaviors of nursing care home residents,” *Archives of Gerontology and Geriatrics*, vol. 57, no. 1, pp. 32–38, 2013.
 - [19] E. Moreira, D. Glasser, and C. Gingell, “Sexual activity, sexual dysfunction and associated help-seeking behaviours in middle-aged and older adults in Spain: a population survey,” *World Journal of Urology*, vol. 23, no. 6, pp. 422–429, 2005.
 - [20] C. Gardiner, P. Laud, T. Heaton, and M. Gott, “What is the prevalence of loneliness amongst older people living in residential and nursing care homes? A systematic review and meta-analysis,” *Age and Ageing*, vol. 49, no. 5, pp. 748–757, 2020.
 - [21] D. Zhang, Q. Lu, L. Li, X. Wang, H. Yan, and Z. Sun, “Loneliness in nursing homes: a qualitative meta-synthesis of older people’s experiences,” *Journal of Clinical Nursing*, vol. 32, no. 19–20, pp. 7062–7075, 2023.
 - [22] E. Haesler, M. Bauer, and D. Fetherstonhaugh, “Sexuality, sexual health and older people: a systematic review of research on the knowledge and attitudes of health professionals,” *Nurse Education Today*, vol. 40, pp. 57–71, 2016.
 - [23] N. Saunamäki, M. Andersson, and M. Engström, “Discussing sexuality with patients: nurses’ attitudes and beliefs,” *Journal of Advanced Nursing*, vol. 66, no. 6, pp. 1308–1316, 2010.
 - [24] D. Aizenberg, A. Weizman, and Y. Barak, “Attitudes toward sexuality among nursing home residents,” *Sexuality and Disability*, vol. 20, no. 3, pp. 185–189, 2002.
 - [25] C. Archibald, “Resident sexual expression and the key worker relationship: an unspoken stress in residential care work?” *Practice (UK)*, vol. 13, no. 1, pp. 5–12, 2001.
 - [26] M. A. Wallace, “Assessment of sexual health in older adults,” *AJN American Journal of Nursing*, vol. 108, no. 7, pp. 52–60, 2008.
 - [27] K. Le, T. Strandberg, and M. Bennich, “Sexuality in residential aged care,” *OSF Registries*, 2023.
 - [28] D. Moher, L. Shamseer, M. Clarke et al., “Preferred reporting items for systematic review and meta-analysis protocols,” (*PRISMA-P*) 2015 statement, vol. 1, no. 1, 2015.
 - [29] G. W. Turner, “A vision of justice: seeing the sex-ability of people with intellectual disabilities,” in *The Routledge International Handbook of Social Work and Sexualities*, S. J. Dodd, Ed., pp. 285–299, Routledge, England, UK, 2021.
 - [30] S. Pinho and H. Pereira, “Sexuality and intimacy behaviors in the elderly with dementia: the perspective of healthcare professionals and caregivers,” *Sexuality and Disability*, vol. 37, no. 4, pp. 489–509, 2019.
 - [31] K. Fasullo, E. McIntosh, S. W. Buchholz, T. Ruppert, and S. Ailey, “LGBTQ older adults in long-term care settings: an integrative review to inform best practices,” *Clinical Gerontologist*, vol. 45, no. 5, pp. 1087–1102, 2022.
 - [32] S. Rumsey, *How to Find Information: A Guide for Researchers*, McGraw-Hill/Open University Press, Maidenhead, Berkshire, UK, 2008.
 - [33] M. Petticrew and H. Roberts, *Systematic Reviews in the Social Sciences: A Practical Guide*, Blackwell Publishing, Oxford, UK, 2006.
 - [34] Q. N. Hong, S. Fàbregues, G. Bartlett et al., “The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers,” *Education for Information*, vol. 34, no. 4, pp. 285–291, 2018.
 - [35] M. J. Gilmer, A. Meyer, J. Davidson, and J. Koziol-McLain, “Staff beliefs about sexuality in aged residential care,” *Nursing Praxis in New Zealand*, vol. 26, no. 3, pp. 17–24, 2010.
 - [36] J. Thomas and A. Harden, “Methods for the thematic synthesis of qualitative research in systematic reviews,” *BMC Medical Research Methodology*, vol. 8, no. 1, p. 45, 2008.
 - [37] S. Jen, M. Jeong, O. Lafountain, G. Doll, and L. Cornelison, “Sexual expression, policies, and practices in skilled nursing settings serving older adults: an updated assessment in the state of Kansas,” *Gerontology and Geriatric Medicine*, vol. 8, 2022.
 - [38] P. Simpson, C. B. Wilson, L. J. E. Brown, T. Dickinson, and M. Horne, “‘We’ve had our sex life way back’: older care home residents, sexuality and intimacy,” *Ageing and Society*, vol. 38, no. 7, pp. 1478–1501, 2017.

- [39] F. Villar, M. Celdrán, J. Fabà, and R. Serrat, "Staff members' perceived training needs regarding sexuality in residential aged care facilities," *Gerontology & Geriatrics Education*, vol. 38, no. 4, pp. 443–452, 2017.
- [40] M. Bauer, D. Fetherstonhaugh, L. Tarzia, R. Nay, D. Wellman, and E. Beattie, "I always look under the bed for a man'. Needs and barriers to the expression of sexuality in residential aged care: the views of residents with and without dementia," *Psychology & Sexuality*, vol. 4, no. 3, pp. 296–309, 2013.
- [41] J. Brassolotto, L. Howard, and A. Manduca-Barone, "If you do not find the world tasty and sexy, you are out of touch with the most important things in life": resident and family member perspectives on sexual expression in continuing care," *Journal of Aging Studies*, vol. 53, Article ID 100849, 2020.
- [42] C. Cook, M. Henrickson, and V. Schouten, "Palliative care, intimacy, and sexual expression in the older adult residential care context: "Living until you don't," *International Journal of Environmental Research and Public Health*, vol. 19, no. 20, p. 13080, 2022.
- [43] C. Cook, M. Henrickson, N. Atefi, V. Schouten, and S. McDonald, "Iatrogenic loneliness and loss of intimacy in residential care," *Nursing Ethics*, vol. 28, no. 6, pp. 911–923, 2021.
- [44] C. Cook, V. Schouten, M. Henrickson, and S. McDonald, "Ethics, intimacy and sexuality in aged care," *Journal of Advanced Nursing*, vol. 73, no. 12, pp. 3017–3027, 2017.
- [45] L. Howard, J. Brassolotto, and A. Manduca-Barone, "Navigating tensions about resident sexual expression in Alberta's continuing care homes: a qualitative study of leaders' experiences," *Sexuality Research and Social Policy*, vol. 17, no. 4, pp. 632–642, 2020.
- [46] A. Monteiro, S. von Humboldt, and I. Leal, "How do formal caregivers experience the sexuality of older adults? Beliefs and attitudes towards older adults' sexuality," *Psychology, Community & Health*, vol. 6, no. 1, pp. 77–92, 2017.
- [47] D. Palacios-Ceña, R. M. Martínez-Piedrola, M. Pérez-de-Heredia, E. Huertas-Hoyas, P. Carrasco-Garrido, and C. Fernández-de-Las-Peñas, "Expressing sexuality in nursing homes. The experience of older women: a qualitative study," *Geriatric Nursing*, vol. 37, no. 6, pp. 470–477, 2016.
- [48] S. M. Roach, "Sexual behaviour of nursing home residents: staff perceptions and responses," *Journal of Advanced Nursing*, vol. 48, no. 4, pp. 371–379, 2004.
- [49] M. R. Rowntree and C. Zufferey, "Need or right: sexual expression and intimacy in aged care," *Journal of Aging Studies*, vol. 35, pp. 20–25, 2015.
- [50] V. Schouten, M. Henrickson, C. M. Cook, S. McDonald, and N. Atefi, "Intimacy for older adults in long-term care: a need, a right, a privilege – or a kind of care?" *Journal of Medical Ethics*, vol. 48, no. 10, pp. 723–727, 2022.
- [51] M. L. Syme, P. Lichtenberg, and J. Moye, "Recommendations for sexual expression management in long-term care: a qualitative needs assessment," *Journal of Advanced Nursing*, vol. 72, no. 10, pp. 2457–2467, 2016.
- [52] K. Thys, L. Mahieu, A. Cavolo, C. Hensen, B. Dierckx de Casterlé, and C. Gastmans, "Nurses' experiences and reactions towards intimacy and sexuality expressions by nursing home residents: a qualitative study," *Journal of Clinical Nursing*, vol. 28, no. 5–6, pp. 836–849, 2019.
- [53] L. Venturini, M. Beuter, M. T. Leite, J. L. Bruinsma, and C. Backes, "The nursing team's performance towards the sexuality of institutionalized elderly women," *Revista da Escola de Enfermagem da USP*, vol. 52, no. 0, Article ID e03302, 2018.
- [54] F. Villar, R. Serrat, M. Celdrán, and J. Fabà, "Staff attitudes and reactions towards residents' masturbation in Spanish long-term care facilities," *Journal of Clinical Nursing*, vol. 25, no. 5–6, pp. 819–828, 2016.
- [55] F. Villar, J. Fabà, R. Serrat, and M. Celdrán, "What happens in their bedrooms stays in their bedrooms: staff and residents' reactions toward male-female sexual intercourse in residential aged care facilities," *The Journal of Sex Research*, vol. 52, no. 9, pp. 1054–1063, 2015.
- [56] F. Villar, M. Celdrán, J. Fabà, and R. Serrat, "Barriers to sexual expression in residential aged care facilities (RACFs): comparison of staff and residents' views," *Journal of Advanced Nursing*, vol. 70, no. 11, pp. 2518–2527, 2014.
- [57] W. P. Bouman, J. Arcelus, and S. M. Benbow, "Nottingham study of sexuality and ageing (NoSSA II). Attitudes of care staff regarding sexuality and residents: a study in residential and nursing homes," *Sexual and Relationship Therapy*, vol. 22, no. 1, pp. 45–61, 2007.
- [58] A. Gewirtz-Meydan, I. Levkovich, G. Pinto, and L. Ayalon, "Discomfort in discussing sexual issues: developing a new scale for staff at long-term care facilities for older adults," *Journal of Gerontological Nursing*, vol. 48, no. 9, pp. 27–37, 2022.
- [59] P. E. Lester, I. Kohen, R. G. Stefanacci, and M. Feuerman, "Sex in nursing homes: a survey of nursing home policies governing resident sexual activity," *Journal of the American Medical Directors Association*, vol. 17, no. 1, pp. 71–74, 2016.
- [60] L. McAuliffe, M. Bauer, D. Fetherstonhaugh, and C. Chenco, "Assessment of sexual health and sexual needs in residential aged care," *Australasian Journal on Ageing*, vol. 34, no. 3, pp. 183–188, 2015.
- [61] F. Villar, R. Serrat, M. Celdrán, J. Fabà, T. Martínez, and J. Twisk, "I do it my way': long-term care staff's perceptions of residents' sexual needs and suggestions for improvement in their management," *European Journal of Ageing*, vol. 17, no. 2, pp. 197–205, 2020.
- [62] F. Villar, M. Celdrán, R. Serrat, J. Fabà, and T. Martínez, "Staff responses to residents exposing their genitals in public in long-term care settings: the gap between common and perceived best practices," *Journal of Clinical Nursing*, vol. 28, no. 19–20, pp. 3575–3581, 2019.
- [63] J. Budden, E. Zhong, P. Moulton, and J. Cimiotti, "Highlights of the national workforce survey of registered nurses," *Journal of Nursing Regulation*, vol. 4, no. 2, pp. 5–14, 2013.
- [64] F. Villar, M. Celdrán, R. Serrat, J. Fabà, M. Genover, and T. Martínez, "Sexual situations in Spanish long-term care facilities: which ones cause the most discomfort to staff?" *Sexuality Research and Social Policy*, vol. 16, no. 4, pp. 446–454, 2018.
- [65] M. Syme, "Supporting safe sexual and intimate expression among older people in care homes," *Nursing Standard*, vol. 31, no. 52, pp. 52–63, 2017.
- [66] M. Bauer, R. Nay, and L. McAuliffe, "Catering to love, sex and intimacy in residential aged care: what information is provided to consumers?" *Sexuality and Disability*, vol. 27, no. 1, pp. 3–9, 2009.