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Are Gerontological Nurses Ready for the Expression of Sexuality by People Living with Dementia?

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Education prepares gerontological nurses to assess, treat, and care for older people and their families. However, it is not clear whether they are prepared for what has been described by the media as a future tsunami of older people living with dementia (Russell, 2015). In 2015, there were approximately 46.8 million people aged 60 years and older living with dementia and, alongside population ageing, this figure is expected to double every 20 years (World Alzheimer Report, 2015). With no imminent cure in sight, a significant nursing focus has been on improving quality of life of people living with dementia through a person-centered approach to symptom management within a supportive living environment. However, an often neglected aspect of dementia care, and one that gerontological nurses may be less prepared for, is the sexual health and expression of sexuality by older people, as ageist perceptions continue to promote older people as being asexual (Bauer, Haesler & Fetherstonhaugh, 2016).

Sexual health is viewed as a sexuality-related state of '*physical, emotional, mental and social well-being*' (WHO, 2015, p.5), a vital aspect of the human lifespan, as well as a human right (Lindau & Gavrilova, 2010; Robinson & Molzahn, 2007; WHO, 2015). Sexuality is more than a simple need for penetrative sex or other acts of sexual gratification. It also encompasses gender identities and roles, sexual orientation, as well as the need for affection, intimacy,

romance, companionship, and relationships (WHO, 2015). The sexual rights of older people are not always supported and, in particular, by staff working in ageing services. Consultations with older people regarding their sexual needs, preferences, and concerns are minimal, if they happen at all. This may be due to feelings of embarrassment and discomfort by both older people and healthcare professionals to initiate such conversations, as well as the negative and dismissive attitudes expressed by healthcare professionals (Bauer et al., 2016; Dyer & das Nair, 2013). This issue is further complicated when the older person has a diagnosis of dementia.

Dementia causes many changes in a person's life including changes to intimate relationships, sexual feelings, needs, and expression of sexuality. The diminishing cognitive capacity of people living with dementia creates a challenging and complex issue, in particular for those living in an aged care service where it is often difficult for healthcare professionals to discern between what is normal and abnormal sexual activity, as well as consensual and nonconsensual sexual relationships. With inadequate understanding and awareness of the sexual needs and rights of people living with dementia, this can lead to healthcare professionals being overly protective and restrictive when people living with dementia are involved (Mahieu, Anckaert, & Gastmans, 2017). Furthermore, tensions can be driven by the family. For example, concerns regarding capacity to consent to being involved in a sexually intimate relationship can, at times, result in the needs and wishes of older people being secondary to those of the family. Compounding this is the issue of incongruent sexual needs and behaviours exhibited by older people before and after a dementia diagnosis. Questions arise, for example, whether the genuineness of new sexual needs and behaviours can be deterred or less favourably regarded because of an inconsistency with sexual needs and behaviours demonstrated before dementia.

A person's cognitive capacity for consent to sexually intimate relationships is closely linked to a nurse's duty of care, which must be exercised by the management of aged care services in their policies and daily operations. However, this often results in a conflict, with legal ramifications, between the potential risk of people living with dementia being harmed and the limitations it places on a person's ability to develop, engage in or maintain sexually intimate relationships within the care setting. Therefore, dementia-specific guidance is

needed to ensure that the sexual needs and behaviours of people living with dementia in ageing services are managed in an ethically, legally, and socially responsible manner. One means to manage this is through the education of gerontological nurses.

Healthcare professionals are reportedly untrained or lack the knowledge or ability for either a discussion or assessment of the sexual health of older people, let alone those living with dementia (Bauer et al., 2016). Furthermore, education on sexuality and the older person including those living with dementia is often a low priority for aged care services, with evidence suggesting limited training options (Shuttle worth, Russell, Weerakoon & Dune, 2010). Recent research highlighted that providing education to healthcare professionals can improve knowledge and attitudes on sexuality and older people, including those living with dementia (Bauer, McAuliffe, Nay & Chenco, 2013; Jones & Moyle, 2016). Not only did education improve healthcare professionals' understanding and awareness, it also led to reported better responses towards the expression of sexuality by people living with dementia. Continuing workforce training and education is an important step towards the facilitation of a person-centred approach to the verbalization and expression of sexual needs and preferences by people living with dementia. Importantly, policy that governs sexual expression in aged care services is needed to ensure that attention is paid to the sexual health, sexual identity, sexual vulnerability, and access to sexual services agency while emphasizing safety, protection, privacy, independence, and freedom for people living with dementia. This will ultimately contribute to an improvement of care outcomes (i.e., quality of life, health, and wellbeing) for people living with dementia in aged care services.

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