Feasibility and acceptability of an education and training e-resource to support the sexuality, intimacy and relationship needs of older care home residents: a mixed methods study

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Abstract

Background: sexuality, intimacy and relationship needs are often a neglected aspect of the care of older adults in residential care facilities. Improving awareness, knowledge and improving attitudes about these needs among care staff could enhance quality of care and lead to better outcomes for residents.

Objective: to evaluate the feasibility and acceptability of a co-designed education and training e-resource to help care staff support their residents’ sexuality, intimacy and relationship needs.

Methods: we delivered the education and training e-resource to five UK care homes over a 6-month period in a pre-post mixed methods study using surveys, focus groups and individual interviews.

Results: fifty-nine members of staff from participating care homes undertook the education and training e-resource. 18/59 (31%) of participants completed all six modules and the pre-post surveys. Eleven participants participated in focus groups/interviews to explore experiences of using the e-resource. The e-resource was successfully implemented in the study homes and found to be acceptable. We found preliminary evidence of positive changes in staff attitudes. Factors that facilitated implementation included support from the care home manager. Barriers identified included IT infrastructure and technology.

Conclusions: the findings provide initial evidence that a co-designed education and training e-resource raised awareness of, and improved attitudes towards, older adults’ sexuality and intimacy needs. This work provides the foundation for a next phase to establish the effectiveness of the e-resource on staff practice and resident outcomes.

Keywords: sexuality, intimacy, education and training, residential care, care home, long-term care, older people

Key Points
• It was feasible to deliver a sexuality and intimacy education and training e-resource in care homes.
• It was challenging to recruit care staff, although feasible to engage them in online training.
• The e-resource was found to be generally acceptable to care staff.
• Further research is needed to establish the effectiveness of the e-resource and to assess the impact of changes in attitude and knowledge on care delivery and resident outcomes.
Introduction

Sexuality, intimacy and relationship (SIR) needs are important to overall health and wellbeing in later life [1–3]. Although SIR needs are expressed in residential care settings for older adults, these needs are often complex, nuanced and remain a neglected aspect of care [4–6]. Evidence suggests that care home staff experience general discomfort when discussing and supporting residents’ SIR needs [7, 8]. Despite existing resources related to meeting these needs of older adults, with and without dementia, in residential and nursing home [8, 9], care staff are often not aware of them or where to seek guidance [10, 11]. Additionally, staff training in care homes is varied, inconsistent and fragmented [12].

A review of healthcare professionals’ knowledge and attitudes towards the sexuality of older people highlighted a lack of knowledge and confidence in the area [13]. A recent scoping review identified few education interventions and training resources to support staff in addressing and meeting their resident’s SIR needs [14]. The education interventions identified showed potential in improving knowledge and/or changing attitudes, in the short-term, towards older people’s SIR needs in residential care settings but none of the existing interventions were considered appropriate for UK residential care settings due to contextual and cultural differences. To address this knowledge gap, we developed an education and training e-resource, through a co-design approach, to support care staff in meeting their resident’s SIR needs and improve quality of care in this area of need.

Aim and objectives

We aimed to evaluate and assess the feasibility, acceptability and usability of an education and training e-resource to facilitate staff to support the SIR needs of older care home residents. Specific objectives were to: (i) implement the e-resource; (ii) gain staff feedback on feasibility, acceptability and usability of the e-resource and (iii) gather initial data on potential changes in knowledge and attitudes to inform a future, full-scale trial.

Method

Study design

A pre-post mixed methods approach was taken. A repeated-measures design assessed pre-post knowledge and attitudes towards sexuality and intimacy among older adults. Perceived usability of the e-resource was assessed at post-test. Focus groups and individual interviews provided in-depth understanding of feasibility, acceptability and usability of the e-resource and potential implementation issues [15]. Using this approach would develop understanding relevant to the design and evaluation of the intervention and is supported by the Medical Research Council (MRC) framework [16] at the feasibility stage.

Educational intervention

The e-resource was developed using a co-design approach through four workshops, in four West Yorkshire care homes, with care home staff, residents and their significant others (n = 30 participants). The research team reviewed data from the co-design workshops alongside the research literature to develop the content of the e-resource. Each module provided scenarios intended to develop care staff knowledge, skills and confidence to support residents’ SIR needs. Six modules were developed in line with co-design participants priority areas: (i) Working with Families; (ii) Capacity, Consent and Safeguarding; (iii) Sex and Gender Diversity; (iv) Complexity; (v) Expressing and Managing Sexuality and (vi) Communication. Each module took a minimum of 30-minutes to complete and included watching video clips of case studies. Each case study was broken down into small chunks to facilitate and consolidate learning about the respective focus areas. Co-design participants identified that although other resources existed, they did not relate specifically to the situation the care home staff found themselves in/or took too long to read. The e-resource was accessible via the University of Leeds OpenEdu platform, to allow for recruitment of learners and was available from January 2020 to June 2020; then extended to August 2020 because of COVID-19 restrictions.

Participants

Five care homes, not involved with the initial e-resource development, were recruited to the evaluation phase of the study. Care homes in West Yorkshire were identified via Enabling Research in Care Homes (ENRICH) Research Network. Four of the five care homes were recruited face-to-face (pre-COVID-19 restrictions), and one was engaged and facilitated online, due to COVID-19 restrictions. Initial contact was made via ENRICH and a follow-up meeting was arranged between the research team and care home manager. The aims, objectives and expectations of the study were outlined to staff during an introductory workshop. Care home managers promoted the project at their team meetings and handovers with staff.

Measures

(i) Feasibility, acceptability and usability

Feasibility was assessed by collecting data on recruitment and completion rates. The validated System Usability Scale (SUS) [17] was used to evaluate acceptability and usability. This is a 10-item Likert scale providing a global view of subjective assessments of e-resource usability. Each item is scored on a 5-point Likert-type scale, ranging from ‘Strongly Disagree’ to ‘Strongly Agree’, where higher scores are consistent with higher perceived usability.

Feasibility, acceptability and usability were also explored through focus groups or individual interviews post e-resource completion to provide feedback about their experiences of using the e-resource.
(ii) Knowledge and attitudes relating to sexuality in ageing
The validated Aging Sexual Knowledge and Attitude Scale (ASKAS) [18] is a 61-item scale designed to measure two domains of sexuality:

• 35 true/false/don’t know items assess knowledge about sexual changes and non-changes related to advanced age in males and females. A 3-points score is awarded for each ‘don’t know’ response; 2-points for an incorrect response and 1-point for a correct response, resulting in a possible score range of 35–105; higher scores indicate lower levels of knowledge.

• 26 items assess respondents’ attitudes towards sexual behaviour in older people on a 7-point Likert scale (i.e. 1 = strongly disagree to 7 = strongly agree); higher scores indicate more negative attitudes.

(iii) Attitudes about ageing, intimacy, sexuality and dementia
The Staff Attitudes about Intimacy and Dementia (SAID) Survey [19] is a 20-item survey, which has previously been used in similar studies [20, 21]. Each survey item captures a particular attitude that is intended as the basis for a discussion point, rather than being a set of items that can be summed to form a composite score. Responses to each item are provided using a 4-point Likert-type scale ranging from ‘I Strongly Agree’ to ‘I Strongly Disagree’.

Results
Five care homes were recruited to undertake the education and training e-resource. Table 1 summarises the characteristics of the participating care homes.

Care staff identified within three broad categories: senior staff (nurses, managers), care staff (carers, care assistants) and domestic staff (housekeeping, cleaning, handy-man). Table 2 summarises the demographic information.

Three focus groups (FG1: n = 3 participants; FG2: n = 2 participants and FG3: n = 4 participants) and two individual interviews, with those unable to attend focus groups, were undertaken (n = 11). Only three of the five care homes participated in the focus groups; two participating care homes did not respond to requests for staff to attend. In both these instances, the care home managers had left the organisation in the interim affecting continued study support. A summary of themes is presented in Table 3.

Recruitment and completion rates
Fifty-nine participants undertook the education and training e-resource. 11/59 (19%) completed all six modules and 21/59 (36%) did not complete any of the modules. Reasons for declining to participate were cultural/religious reasons, workload pressures and English language restrictions. Table 4 summarises the module completion rates. In total, 18/59 (31%) completed the pre-and-post surveys.

Feasibility, acceptability and usability
The e-resource was successfully implemented in all five care homes. Generally, care homes were able to accommodate the e-learning among their staff due to the flexible nature of the e-resource.

Participants reported that it was generally feasible to implement and undertake the e-resource. The e-resource was reported to be acceptable, but some issues were identified. IT infrastructure and technology was not consistent across sites, which meant that even if staff were keen to undertake the training, the technology was not good enough to access online work; the option of a dongle, to allow for better Wi-Fi penetration, was offered, but this was not taken-up.

The e-resource was generally acceptable with staff expressing that working through the e-resource reassured them in how to manage their resident’s sexuality and intimacy needs. The e-resource was reported to be advantageous in ensuring consistency in approaching such needs among older adults in their care. Staff recognised that if they had not experienced
Participants also expressed how the content of the e-resource had real-world elements and, as such, was relatable for them in their day-to-day care of residents. However, some issues were identified around acceptability for people with religious/cultural or personal beliefs around sexuality and intimacy and, therefore, did not feel able to use the e-resource.

In terms of usability, the mean SUS survey score was 36.28 (standard deviation [SD] = 7.62), which was significantly higher than the scale mid-point of 30 ($t_{17} = 3.49$, $P < 0.01$), indicating that participants’ views were more favourable than unfavourable regarding usability. The lowest mean scores (indicating lower perceived usability) were for the items ‘I found the online platform unnecessarily complex’ (mean = 3.00) and ‘I found the online training programme very cumbersome/awkward to use’ (mean = 3.17). The highest mean scores (indicating greater usability) were for the items ‘I think that I would need assistance to be able to use this online training programme’ (mean = 4.28) and ‘I felt very confident using the online training programme’ (mean = 4.00).

Participants reported a preference to work through the modules independently as this approach appeared to allow learners to explore the content at their own pace without feeling unduly pressured or embarrassment by a face-to-face training session. It also allowed time to contemplate the various responses or scenarios which might occur in practice.

### Knowledge and attitudes

Mean scores on the knowledge and attitude subscales of the ASKAS decreased from pre-to-post (in line with increased knowledge and improved attitudes). However, these differences were not significant (Table 5).

### Discussion

#### Feasibility

It was feasible to implement and undertake the e-resource in participating care homes with 31% of participants completing all surveys and modules and a further 64% attempting, and completing, one or more modules. The impact of the pandemic meant staff had limited time to engage in additional education and training alongside the changing restrictions and health measures required to keep residents and staff safe [23]. Following the peak of the pandemic, staff were more able to access the training remotely, providing

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**Table 1.** Characteristics of participating care homes

| Care Home | Registered care category | Admissions information | No. of rooms | Latest overall CQC rating |
|-----------|---------------------------|------------------------|--------------|---------------------------|
| CH 1      | Care home with nursing    | Ages 65+               | 28           | Good/outstanding          |
| CH 2      | Residential care home     | Ages 65+               | 64           | Good/outstanding          |
| CH 3      | Residential care home     | Ages 65+               | 69           | Good/requires improvement |
| CH 4      | Residential care home     | Ages 65+               | 54           | Inadequate                |
| CH 5      | Care Home with nursing    | Ages 50+               | 80           | Good                      |

**Table 2.** Participant demographic information across participating care homes

| Gender identity | Number of participants (%) |
|-----------------|---------------------------|
| Female          | 53 (89.8%)                |
| Male            | 4 (6.7%)                  |
| Prefer not to say | 2 (3.4%)               |

| Age range | Number of participants (%) |
|-----------|---------------------------|
| 18–25     | 8 (13.5%)                 |
| 26–35     | 16 (27.1%)                |
| 36–45     | 13 (22.0%)                |
| 46–55     | 16 (27.1%)                |
| 56–65     | 6 (10.2%)                 |

| Ethnicity                           | Number of participants (%) |
|-------------------------------------|---------------------------|
| White British                       | 42 (71.2%)                |
| White Other                         | 5 (8.5%)                  |
| Black African                       | 1 (1.7%)                  |
| Black Caribbean                     | 1 (1.7%)                  |
| Mixed white/Black African           | 2 (5.1%)                  |
| Mixed white/Caribbean               | 1 (1.7%)                  |
| Asian/Pakistani                     | 2 (5.1%)                  |
| Asian/Bangladeshi                   | 2 (5.1%)                  |
| Asian Filipino                      | 1 (1.7%)                  |
| Prefer not to say                   | 2 (5.1%)                  |

| Length of service | Number of participants (%) |
|-------------------|---------------------------|
| <12 months        | 15 (25.4%)                |
| 1–5 years         | 24 (40.7%)                |
| 5–10 years        | 10 (16.9%)                |
| 10+ years         | 8 (13.6%)                 |
| Prefer not to say | 2 (5.1%)                  |

| Previous sexuality and intimacy training | Number of participants (%) |
|-----------------------------------------|---------------------------|
| Yes                                     | 10 (16.9%)                |
| No                                      | 44 (74.6%)                |
| Prefer not to say                       | 5 (8.5%)                  |
Table 3. Summary of themes from focus groups and individual interviews

| Theme | Sub-themes | Findings | Illustrative quotes |
|-------|------------|----------|---------------------|
| Feasibility and Acceptability | IT infrastructure and technology | Not consistent across the sites used to implement the e-resource. | ‘...you had a few staff that really wanted to do it, but the trouble is the home that you picked is like the poor relations of the whole care villages...They don’t have the best IT system, they don’t have the best Wi-Fi. We are in the process of sorting all that out and then COVID struck’ (AF: CH4). |
| Feasibility | Future directions | Ways in which the e-resource training could be used in the future | ‘But I’d like to be sat with them, to sort of probe them on that further, so rather than them just completing it and thinking that things are just...they’re black and white, I know that historically care staff have got a tendency to think, well, that’s what it says so that must be how I do it, where, in reality, there’s lots of other added extra things that I’d like to bolt onto that whilst they’re doing it’ (P1: CH3). |
| Acceptability | Reassurance and reinforcement | Provided reassurance and consistency in approaching sexuality, intimacy, and relational needs for older adults in their care | ‘(the e-resource) just reassured you that how you acted was how we should have been acting’ (XF: CH3). |
| Acceptability | Perceived impact undertaking the education and training e-resource | Challenging perceptions and influencing practice | ‘I think because I’m more open now to resident relationships and stuff like that. We have a resident now, I always speak to him describing sexual and stuff like that and now we got to an agreement, as long as you close your door, we don’t mind what you’re going to do in your own space, in your own time... and just care plan it...’ (P5: CH5). |
| Acceptability | Informed and enhanced practice and support | More aware and accepting of resident relationships | ‘We had a gent that had come in and he used to do things like that. And all of us would just be like, you are at [care home], I am your care assistant. And it would just take them straight back to reality and worked, and it just sort of rolled off everybody’s tongue... I don’t know what he was trying to do, but once we were all saying the same thing, it just stopped, it just went away. It’s like he didn’t need to be told anymore. I for one am truly grateful for it and I definitely think that it should be mandatory in every care home’ (P6: CH5). |
| Acceptability | Open discussion and challenging attitudes | | ‘Yes, and it’s forcing them [care home staff] to challenge their own thoughts and opinions on what they’re seeing and what they do, which I thought was good’ (P2: CH3). |
| Acceptability | Real-world elements | Relatable content | ‘I enjoyed going through it and there were scenarios that we’ve come across. Been doing caring a long time, both of us, I think we could talk about it and we’re like oh yeah, I remember when, and you can relate to the situations. Some people who were going to do it probably never have in the time they’ve done the caring’ (P1: CH3). |
| Acceptability | Hidden voices | Cultural & religious reasons | ‘...it got us all talking, and then some of the really quiet staff, and some of them with the religion, so there were also some Asian ladies that had taken on this project, and they’re not allowed to talk about this in their religion’ (KF: CH5). ‘We have got a couple of staff members that are foreign, from all over, Poland, Romania, and I know that they can speak English and they can write, but they struggle to read, to understand. But I do believe that they wanted to give this a go, but for them to do it, they could do it because they sort of put the questions into their Google to translate so they’d get a better understanding of a question’ (MFV: CH4). |
| Usability | Look and feel of the e-resource | Module content good and covered a range of considerations/situations useful and relevant to staff development | ‘I think the modules are compact with all the information. I think it’s really good, because whoever did the modules, they really think on what to write in there and how they approach. It’s easy to understand. Because on the online things it can be really boring, but to be honest with you I did not feel any boredom or anything whilst doing that training. I think it’s just finding the time to do it really’ (JG: CH5). |
| Usability | Working with e-learning | Challenges to accessing the e-resource by some learners | ‘And I was like, you’ve not done the modules. And she was like, oh my god. So together we did them, we did them in one night for her. Yeah, we did find the first navigation of it quite difficult, but once one of us fathomed it out, we were fine’ (KF: CH5). |

(continue)
Table 3. Continued.

| Theme          | Sub-themes                                      | Findings                                                                 | Illustrative quotes                                                                 |
|----------------|-------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Barriers & Facilitators |                                                |                                                                          |                                                                                      |
| Barrier        | Surveys a barrier to engagement                 | Long surveys perceived as a barrier to engaging with the e-resource       | ‘I can see why you give the questionnaire at the beginning and then do it at the end, because it’s how your mind-set is. But I think the questions to start with really put people off, because it was like well, if you’re going to ask me this now what’s the course going to be like, and I think that’s what put people off’ (CF: CH 3). |
|                | * These were administered as part of the evaluation and are not strictly part of the intervention itself, but important in terms of feasibility moving forward with a future study looking at knowledge and attitude change based on the e-resource |                                                                          |                                                                                      |
| Barrier        | IT infrastructure & technology                  | Variable quality of IT infrastructure across care homes                  | ‘. . .the wi-fi wasn’t that great sometimes’ (MFV: CH4).                                |
| Facilitator    | Support from the care home manager              | Support from the care home manager was important for some participants to be able to engage with the e-resource | ‘. . .We just needed to support her really a bit more at that time’ (P1: CH3).          |
|                                                                                         |                                                                          |                                                                                      |
| Table 4. Education and training e-resource module completion rates                        |                                                                          |                                                                                      |
| Modules completed out of six within the e-resource                                      | N/59 (%)                                                                 |                                                                                      |
| None           | 21 (36%)                                        |                                                                          |                                                                                      |
| One module     | 9 (15%)                                         |                                                                          |                                                                                      |
| Two modules    | 5 (9%)                                          |                                                                          |                                                                                      |
| Three modules  | 9 (15%)                                         |                                                                          |                                                                                      |
| Four modules   | 1 (2%)                                          |                                                                          |                                                                                      |
| Five modules   | 3 (5%)                                          |                                                                          |                                                                                      |
| Six modules    | 11 (19%)                                        |                                                                          |                                                                                      |

greater flexibility across differing shift-patterns. The flexibility provided by the online e-resource had a positive impact on recruitment towards the end of the study.

Usability

In literature relating to similar platforms in nurse education, the quality and content of a digital learning platform can significantly impact students’ satisfaction and learning process [24]. The e-resource in this study was easy to navigate and provided participants with real-world examples they could relate to. Interactive learning materials, alongside videos, have been found to significantly impact participation [25]. Like other studies [26], we found that participants perceived satisfaction with e-learning depended on the accessibility of the digital platform.

Acceptability

Participants were generally positive about the e-resource and mentioned experiencing benefits from the e-learning. However, some issues were identified around acceptability for people with cultural/religious and/or personal beliefs around SIR needs and language restrictions. Care staffs’ cultural/religious and/or personal beliefs may compromise the care of older people, a duty under the Nursing & Midwifery Council code of conduct [27]. Existing literature [28] has also identified these issues and found this to be an opportunity for care managers to have discussions with staff about how best to assess and support their residents’ SIR needs, i.e. delegation to another member of staff. Research exploring education and training around sexuality and intimacy suggests that educational interventions can positively influence staff attitudes towards older people’s sexuality and intimacy needs in the short term [14].

Knowledge and attitudes

Whilst this study was not sufficiently powered to detect significant changes in knowledge or attitudes, there was evidence of a trend towards increased knowledge and improved attitudes. Similarly, other studies suggest that participants perceive e-learning to be valuable in acquiring knowledge and skills [24]. However, participants in our study reported that the knowledge and attitude scales used were too long and potentially off-putting for subsequent participants. However, few measures exist that address sexuality and intimacy in care home settings [29], suggesting further research is needed to develop more appropriate validated measures for any subsequent study.

Discussing SIR needs can be challenging and is a sensitive discussion area for many individuals. Few educational interventions support staff in communication when dealing with sensitive topics [14]. Nurses’ response to issues of sexuality in care homes are often influenced by many concerns including their level of comfort in discussing this topic [30, 31].
Participants in this study were staff who appeared to be comfortable in discussing sexuality and intimacy and were already supportive of residents’ relational wellbeing. Some staff chose not to avail themselves of the e-resource because of cultural/religious and/or personal beliefs. Levels of discomfort may be due to personal experience of sexuality and societal ageist attitudes. Yet, older people in care homes think about sex and sexuality, and Care Quality Commission guidance advises that care professionals should ask care home residents about their SIR needs. This can be accomplished through a need’s assessment when care planning, broaching these topics remains complex for staff in care homes. Indeed, Thys et al. found that in the absence of education or policy direction, nurses often opted for restrictive behaviour to prevent sexual activity. Therefore, providing an e-resource that supports staff with the confidence and skills needed to recognise and support resident’s relationship needs is vital. A future challenge would be how to ensure a broader audience for this e-resource as this issue will be increasingly on the agenda.

Although older adults in care settings should expect an open, non-judgmental, non-prejudicial approach from care professionals, the rights of individual staff also needs to be respected; staff should not be required to compromise their cultural/religious and/or personal beliefs. Therefore, in terms of acceptability, exploring such issues with staff is important so that any cultural/religious and/or personal issues are identified and discussed prior to undertaking the e-resource.

**Strengths and limitations**

This was the first study of its type in a UK care home context. As this was a feasibility study, assessing the effectiveness of the e-resource was not the primary aim. However, future research should examine effectiveness of the e-resource within a Randomised Controlled Trial (RCT) design. Working online proved to be a useful recruitment strategy that saw greater participant recruitment than the face-to-face information meeting pre-pandemic. The online approach enabled staff to complete the modules at their own pace.

Some study limitations exist in relation to the small sample of homes recruited, potentially limiting generalisability and the relatively high attrition rate. This may have been due to the first surge of Covid-19 impacting care homes that had been recruited earlier in the study. Despite this, the study has illustrated that when staff have time to access the e-resource, it is feasible to implement an education and training e-resource within a care home setting. Further, this study suggests that short, interactive activities based around real-world scenarios may improve staff knowledge and attitudes about older adults’ SIR needs, thereby supporting staff to meet these needs.

**Conclusions**

The e-resource was largely acceptable to staff and relevant and relatable for the UK care home sector. The e-resource also has the potential to improve knowledge and change staff attitudes relevant to supporting SIR needs. Further research should build on this evidence to examine the effectiveness of the e-resource and to assess the impact of changes in attitude and knowledge on care delivery and resident outcomes in a cluster-randomised trial.

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