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Nursing Home Social Worker Preparedness for Serving BGL&T Residents

Rachel Bialostosky

University of St. Thomas, Minnesota

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GRSW 682

Nursing Home Social Worker Preparedness for Serving BGL&T Residents
Submitted by: Rachel Bialostosky
April, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

Committee Members:
Michael Chovanec, PhD, LICSW
Christopher Barger, MSW, LICSW
Abel Knochel, PhD, LICSW

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Nursing Home Social Workers' Preparedness to Serve BGL&T Residents

By Rachel M. Bialostosky

Research Committee:

Chair: Michael Chovanec, Ph.D., LICSW
Abel Knochel, Ph.D., LICSW
Christopher Barger, MSW, LICSW

Abstract

Current census data indicates that there are over 38 million Americans over the age of 65 at this time. (U.S. Census, 2010). It is estimated that as many as 3.8 million older adults in the United States identify as bisexual, gay, lesbian, or transgender. Though there is a growing body of literature on the needs and concerns of BGL&T older adults with regards to accessing health care services as they age, there is very little literature on how prepared providers feel to provide culturally competent care to BGL&T people. In an attempt to address this gap, this researcher conducted a survey with nursing home social workers in the state of Minnesota. Items on the survey addressed issues including: comfort working with bisexual, gay, lesbian and transgender residents, feelings about the importance of targeted outreach, and any outreach that was being done by the facility. The data collected indicated that though nursing home social workers feel comfortable working with BGL&T residents and feel that awareness of the unique needs and concerns of BGL&T older adults is important, there is a lack of consensus on the importance of targeted services and outreach. Key findings and recommendations for future research are also discussed.

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Introduction

It is increasingly evident that the process of entering the phase of life known as old age is as much a unique and individual experience as any other phase of life. As advocates bound by the National Social Workers Code of Ethics to advocate for social justice for minority and marginalized groups, social workers must cultivate an awareness of our culture's tendency to assign older adults to one uniform group marked by an unchanging set of bio-psycho-social and clinical needs; taking it one step further, the field of social work has an obligation to assess our field's ability to meet the needs of the many sub groups within the aging population of the U.S.(NASW, 2008) An individual's adaptation to the aging process is informed by a myriad of factors including but not limited to: culture, socioeconomic status, ethnic identity, physical health, mental health, marital status, parental status, community status age, gender, or sexual orientation. While there has been an increased interest in gerontology in recent years, certain minority groups within the aging population remain understudied. This is especially true of bisexual, gay, lesbian and transgender (BGL&T) older adults (Knochel, 2010 a, 2010 b; Shankle, Maxwell, Katzman & Landers, 2003). This lack of attention puts these groups at risk for invisibility and has implications for providers and the development of elder care services (Shankel et al, 2003).

In an effort to help cultivate an awareness of this gap in the research and in practice, this study focused on how prepared nursing home social workers in the state of Minnesota feel to address the unique needs and concerns of BGL&T older adults. By conducting a survey with nursing home social workers in the state of Minnesota this researcher hoped to collect data that would assist the field of social work in assessing its level of preparedness to meet the needs of BGL&T older adults. In doing so, the researcher hoped to bring focus to where more attention is needed as well as what nursing home social workers are

currently doing to reach out to a population that faces tremendous risk for being underserved.

Old Age

The concept of “old age” is loaded and heavily informed by social narrative. This researcher relied on the criteria used by the United States Census Bureau and the Administration on Aging to track demographics and aging trends and statistics in the United States (Administration on Aging, 2012; US Census Bureau, 2012).

Sexual Orientation, Gender Identity, BGL&T

In keeping with the GLAAD Media Reference Guide (2010) sexual orientation is defined as an individual’s enduring preferences for romantic and sexual partners. Gender identity is defined as one’s internal sense of being a man or woman, for transgender people, their internal sense of gender identity and birth-assigned sex do not match. People who identify as transgender exhibit the full range of sexual orientations including heterosexual, gay, lesbian, and bisexual (GLAAD Media Reference Guide, 2010). The term “GLB T” is probably the most commonly recognized acronym to refer to people who are bisexual, gay, lesbian, or transgender. For this study the researcher elected to put the terms bisexual, gay, and lesbian in alphabetical order so as to avoid the implication that one group is more readily recognized and acknowledged than another. The term transgender has been set apart from these other three terms to acknowledge the distinction between sexual orientation and gender identity.

Demographics

Accurately estimating the number of people in the United States who identify as BGL&T is challenging and, arguably, impossible. Taking into consideration factors such as

the fluidity of gender identity and sexual orientation, and the fact that very few national surveys, ask about sexual orientation or gender identity, researchers acknowledge that it is difficult to provide a well calculated estimate of how many older adults identify as bisexual, gay, lesbian, or transgender in the United States at this time. According to Grant (2010) current census data that indicates that there are almost 38 million Americans over the age of 65 at this time. Assuming that 5-10 % of the population identifies as BGL&T, the estimated number of older adults who identify as BGL&T ranges from 1.4 million to 3.8 million (Grant, 2010).

“Isms” and Phobias

Declines in cognitive functioning, and physical abilities bring new levels of vulnerability to a group already affected by a history of oppression, discrimination and violence and who continue to face challenges based on socially sanctioned efforts to marginalize the BGL & T community. This is seen in the ongoing denial of rights such as the right to marry, the right to act as a partner’s power of attorney, the right to social security benefits, and through the legally protected ability of employers to discriminate against individuals who are gay, lesbian, or transgender, to name only a few (Grant, 2010). As BGL & T individuals who enter old age and encounter the need for heightened medical care, including the need for nursing home level care, they risk encountering the forces of ageism, the discrimination against people based on age (Bytheway, 2005) compounded by the forces of heterosexism, homophobia, and transphobia (Gross, 2007).

Long Term Care

Long term care (LTC) is defined in the *Cambridge Handbook of Age and Aging* by Kane and Kane (2005) as “help over a sustained period of time to people who are experiencing difficulties in functioning because of a disability” (p 638). Competent long

term care provides equally for a person's bio-psycho-social-and spiritual needs (Kane & Kane, 2005; Holstein & Minkler, 2003). While LTC can include care provided in a variety of settings, including in the home, this paper will focus on LTC provided in an institutionalized settings, known most commonly in the U.S. as nursing homes. When someone is admitted to a nursing home due to an inability to care for themselves, they are already at risk to encounter the forces of ageism, and ableism. These "isms" compounded by homophobia and heterosexism put BGL & T people at increased risk for abuse and neglect (Gross, 2007, Brotman et al, 2003). In her report in the New York Times in 2007, Gross reported accounts of alert and oriented gay adults being placed in dementia units in nursing homes to accommodate the requests of other residents, reports of rough treatment by nursing home staff, and witnessing nursing home staff wear gloves to do non-contact cares such as opening or closing doors. It is important to note that neglect can also be unintentional in the failure to acknowledge psycho-social-spiritual needs of BGL&T older adults due to the heteronormative approach that caregivers (even well-meaning ones) so often use when providing care. As social workers with a focus on clinical and community intervention to promote social justice, the field has a responsibility to increase awareness of the potential impact of these "isms" on BGL & T older adults.

This researcher sought to assess the extent to which social workers in licensed nursing homes in the state of Minnesota feel prepared to provide competent care to BGL&T older adults. This was done by sending an electronic survey tool to directors of social services in licensed nursing homes in the state of Minnesota. This tool included questions about comfort levels in various aspects of working with BGL&T residents including working with BGL&T residents, including a same-sex partner in care planning, and allowing a same sex couple to room together. The survey also asked about outreach to the

BGL&T community, target programs that are offered by the nursing home, and how they are currently working to serve and meet the needs of BGL & T older adults to see if any of these variables were predictors for nursing home social worker comfort level for working with BGL&T older adults.

Literature Review

According to the U.S. Census bureau, by the year 2030, 19% of the population will be aged 62 and older (U.S. Census Bureau, 2010). According to Grant (2010) the number of older adults who identify as bisexual, gay or lesbian can be estimated to range from 1 million to 2.8 million at this time. Though the literature on the needs and concerns of BGL&T older adults is growing, a notable gap exists in lack of attention to the perceptions of those who provide services to older adults and their understanding of the needs of the BGL&T population. Because so many BGL&T older adults have experienced discrimination and abuse due to sexual orientation or gender identity including rejection from family of origin, institutionally sanctioned abuse from law enforcement, and being pathologized by the medical community, many BGL&T older adults expect to experience similar maltreatment when seeking elder care services (Brotman et al, 2007; Brotman, Ryan & Cormier, 2003; Butler & Hope, 1999; deVries, 2006).

The preference for BGL&T focused retirement communities is a consistent theme throughout the literature (Fredriksen-Goldsen & Muraco, 2010; Gabbay & Whaler, 2002; Hughes et al, 2009; Orel, 2007). However, due to various factors including institutionally sanctioned barriers to accessing a same-sex partner's benefits such as health insurance, social security, or retirement and the faltering economy, receiving care in a BGL&T centered agency or care center might not always be an option for individuals (Frosch, 2011; Grant, 2010). While BGL&T older adults should have access to BGL&T services if that is their preference, they should also be able to access services at any agency or facility without fear of abuse and discrimination. As champions of social justice, social workers have a responsibility to participate in this movement.

What follows are the recurring themes in the literature on provider awareness of the

needs of BGL&T older adults which include: The role of staff training and education on issues and concerns regarding the aging process, attitudes towards targeted services for BGL&T older adults, Outreach, the role of geographical location in the levels of training and preparedness reported by providers, the role of training and education, outreach, geographic location, and the concerns and needs of BGL&T older adults including expectations for discrimination, distrust of the health care system, and the impact of this expectation on accessing services, and a preference for BGL & T focused services. Also seen throughout the literature is a belief that the needs of BGL&T older adults are no different from those of heterosexual, gender conforming older adults

Provider Training and Education

Of the 84 service providers in the Minneapolis-St. Paul Metropolitan area surveyed by Knochel et al (2010b) 19% reported that they had provided staff with training on the needs of the older gay and lesbian population and 75% of participants indicated that they were willing to participate in trainings run by old gay and lesbian people. Knochel et al's survey that was conducted on a national scale (2010a) found that more than 1/3 of aging agencies had offered or funded trainings on BGL aging and slightly fewer had also offered trainings on transgender aging. The majority of the participants also indicated that they were willing to fund or offer training on the needs of BGL&T older adults (Knochel et al 2010a). This is consistent with the findings presented by Hughes et al (2011) in which 63.3% of participants from Area Agencies on Aging in Michigan said that they would be open to receiving training in BGL&T specific issues. Topics of interest included legal, financial, and specific issues faced by BGL&T older adults related to Medicare and Medicaid. Thirty-seven percent of the participants said that they did not want training on working with BGL&T older adults (Hughes, et al 2011).

The role of education and training and its impact on provider attitudes is one that has not received a tremendous amount of focus in the literature. According to Knochel et al (2010) the caregiver education and caregiver support providers reported significantly higher rates of staff training, and chore service providers and older adult centers had the lowest rates of staff training in serving BGL&T older adults. According to Bell et al (2010) in a survey conducted with nursing home social service directors, 75% of participants reported participating in less than one hour of training in homophobia and its impact on providing care. The study noted a positive correlation between how recently educated the participants were and how likely they were to have received training in homophobia and heterosexism and a negative correlation between years of experience and how likely they were to have received training. Directors of social services who had received their degrees before 2000 were the least likely to have had training on the impact of homophobia and heterosexism on care for BGL&T nursing home residents. Agencies that had participated in training were more likely to offer targeted outreach to the BGL community (Bell et al, 2010; Hughes et al, 2009).

According to a study conducted by Hinrichs & Vacha-Haase (2010) in which nursing home staff in Colorado were presented with a hypothetical situation involving a consensual male-male, female-female or female-male sexual encounter, participants were significantly more likely to rank the same-sex pairings as less acceptable than the heterosexual pairings. This study found that participant attitudes were a greater indicator of response than knowledge of BGL&T needs and concerns. However, Knochel et al (2010) found that training was a key predictor of an agencies' level of understanding of the need for programs and outreach that specifically target issues unique to BGL&T older adults.

Attitudes Regarding Targeted Services

In Knochel et al's study, 61% of the agencies surveyed believed in addressing issues specific to the old gay and lesbian community (both in the study conducted in the Minneapolis-St Paul area as well as in the study conducted at a national level) however 53% of respondents in the national survey did not support the establishment of separate aging services. Sixty-three percent of the participants in Hughes et al's (2011) study believed that the needs of BGL&T older adults were different from those of heterosexual older adults, with 37% expressing the belief that the needs of BGL&T older adults are no different from those of heterosexual older adults. While a majority of the respondents in Hughes et al et al' study indicated that they felt their services were appropriate for BGL&T older adults, 59% of the respondents said that meeting the needs of the BGL&T population ranked as low-priority or not a priority and 75% of respondents indicated that there were no activities or efforts within the agency to address the needs of BGL&T older adults. A consistent theme in the literature was reports of willingness to participate in training but discomfort with the provision of targeted services and the idea that the needs of BGL&T older adults are different from those of heterosexual older adults.

Across the literature providers focused on relying on inclusion when providing services i.e. "we provide the same services to everyone" (Knochel et al, 2010 p 382, Hughes et al et al et al, 2009). The number of agencies that expressed resistance or hostility towards serving BGL&T older adults were a significant minority in these studies. Reasons for resistance included not wanting to alienate an organization's donor base, or homophobic responses such as "we don't serve those people anyway" (Knochel et al, 2010b p 382).

Outreach

The majority of the participants in Hughes et al (2011) indicated that they believed

that the needs of BGL & T older adults were different from those of heterosexual older adults, but only 15% reported conducting outreach such as including BGL & T specific materials or information to clients; Seventy-four percent of the participants reported that they did not offer materials or information.

Geographic Location

Directors of Area Agencies on Aging in the western region of the U.S. were more likely to have had homophobia training (Knochel et al 2010a; Bell et al, 2010). Bell found increased rates of training, while Knochel found a decreased rate of training among aging service providers in the Southern region of the U.S. when compared with other regions (Knochel et al 2010 a, Bell, et al, 2010). Bell found the highest rates of homophobia training were reported in the South and West, lowest rates were reported in the North East and Midwest. Knochel et al (2010a) found the Northeast and Midwest to have a higher willingness to provide trainings to staff among aging service providers. Urban providers were consistently more likely to have offered trainings on BGL&T aging than providers in rural areas (Bell et al, 2010; Knochel et al, 2010a, 2010b). According to Knochel et al (2010a) providers in urban areas were significantly more likely to have had requests for assistance from an older LGB adult in the previous year. Seventy-nine percent of the agencies in urban areas felt that there was a need to address issues specific to the BGL & Transgender community while only 50% of the respondents in rural areas voiced a belief in the need to address issues specific to these minority groups. Location in an urban vs. rural vs. mixed setting did not appear to be an indicator for feeling of optimism with regards to how gay lesbian or bisexual older adults would be received by local aging services and programs (Knochel et al, 2010a). The belief that BGL older adults would be welcome by local programs and services was consistently high (72%-79%) across these different settings.

(Knochel, et al, 2010a; Bell et al, 2010, Hughes et al, 2011).

Needs and Concerns of BGL&T Older Adults

There is a notable gap in the literature when it comes to the needs of older adults who identify as bisexual, gay, lesbian, or transgender (Knochel, et al 2010b; Orel, 2000; Smith et al, 2009.; McFarland & Sanders, 2008). It is possible that this is due in part to the belief by some providers that the needs of BGL & T older adults are no different from those of their heterosexual counterparts as identified in surveys conducted with directors of Area Agencies on Aging in Minnesota conducted by Knochel, et al (2010b). It is a common theme in the literature that many BGL&T older share the same concerns as heterosexual individuals about the aging process including concerns about the ability to age with a sense of dignity related to healthy relationships, good health, and the finances necessary to access services that will allow them to remain independent. Concerns about the impact of heterosexism and homophobia on the ability to achieve these goals is a prevalent theme throughout the literature (Berger & Kelly, 2002; Gabbay & Whaler, 2002; Hughes, 2009).

Preference for BGL & T Specific Services

Eighty-one percent of the participants in McFarland & Sanders' (2004) study reported that they would not be willing to use nursing home services or services that might refer them to a nursing home, but a majority of the participants said that they would consider going to a nursing home that catered specifically to gay and lesbian people. In focus groups conducted by Orel (2009) with 26 older adults ages 65-86 who identified as bisexual, gay or lesbian, fears of needing nursing home level care was a consistent theme throughout the group. Participants said that they would not be willing to go to a nursing home, or assisted living, in some cases saying "I'd rather die than go to a nursing home" (Orel, 2009 p. 67); An aversion to accessing nursing home services due to expectations of

discrimination and the preference for BGL & T run and oriented services was a theme consistent throughout the literature (Brotman et al, 2003; deVries, 2005; Hughes, 2009; Orel, 2007). Negative feelings regarding the need for LTC were consistent throughout the literature (Butler & Hope, 1999; Comerford et al, 2004) When asked about going to a nursing home, one participant saying that she felt “panic” whenever she thought about going to a nursing home because “all nursing homes I know of are heterosexual and I will die” (Butler & Hope, 1999 p 39) This same participant explained that she feared she would be punished if she came out to her caregivers. These negative feelings were ascribed not just to the perceived heterosexual approach to nursing homes, but also an aversion to institutionalized care in general. Several participants voiced a preference for a lesbian oriented retirement community (Butler & Hope, 1999).

Distrust of the Medical System and Care Providers

One of the most commonly identified concerns by BGL & T individuals in the literature is the fear of negative treatment and discrimination by providers (Brotman, Ryan & Cormier, 2003, Gross, 2007). Due to life-long experiences of oppression and marginalization within the health care system, BGL&T older adults often express a sense of distrust and caution in their interactions with the health care system (Brotman et al, 2003) Examples of discrimination faced by BGL individuals providing care to their partner included rude or hostile behavior, refusal to recognize a partner as next of kin, omission of a partner from the obituary of their significant other, and denial of visitation rights in a hospital (Orel, 2009., Hash, 2006., Gross, 2007). This anticipated discrimination often resulted in BGL&T older adults avoiding services both medical and supportive such as support groups (Brotman et al, 2003; Moore, 2002; Orel, 2004) In a telephone support group developed specifically for gay and lesbian caregivers of partners with dementia, one

participant reported avoiding support groups due to anxiety about reveal the nature of a relationship with a same –sex partner, such as not being permitted to stay with their partner at the hospital and feeling that staff were speaking to them in a demeaning manner, referring to the patient as “your friend” instead of partner (Moore, 2002 p 29) or overhearing staff joking about their relationship (Moore, 2002).

In Hughes (2009) survey of BGL older adults, participants indicated that they would often delay seeking out primary care from their physician due to anxiety about the heteronormative assumptions by providers in general, and fear of negative treatment. Orel (2004) reports that several of the gay and lesbian older adults in her focus group reported that after they came out to their primary care providers their relationship with them was strengthened considerably and many identified it as positive. In this same study, individuals who were not out to their providers were more likely to report feelings of frustration and anxiety over the heteronormative assumptions that their providers made, such as only asking questions about heterosexual activity.

McFarland & Sanders (2004) survey of 59 individuals ages 49-86 with an average age of 59 who identified as bisexual, gay, lesbian, or transgender indicated that 38% of participants were concerned about discrimination and 33% were concerned about the apparent lack of understanding of their needs demonstrated by providers. Of the participants in this study 81% said that they would not be willing to use nursing home services or services that might refer them to a nursing home, but a majority of the participants said that they would consider going to a nursing home that catered specifically to gay and lesbian people (McFarland & Sanders, 2004).

Invisibility

Gabbay & Wahler (2002) note that lesbian older adults are at risk for triple

invisibility as a result of ageism, homophobia, and chauvinism. However, another commonly identified fear was the concern about eventual isolation from the BGL & T community due to the prevalence of ageism, compounded with heterosexism and homophobia. The perpetuation of this invisibility is also reflected in studies with providers who claim that they do not serve BGL&T older adults and do not feel that outreach to the community is necessary (Bell et al, 2010; Hughes et al, 2011; Knochel et al 2010a, 2010b)

Clinical Implications

Research continues to indicate that the greatest predictor of clinical effectiveness with a client is the relationship between the clinician and the client (Cooper & Lesser, 2010). In working with a client or family who identifies as BGL or T with little to no knowledge about the possible needs or unique concerns that BGL & T older adults might have, the social worker risks diminishing the development of the clinical relationship with the client. In the literature, when asked what social workers can do to be more aware and intentional in meeting the needs of BGL& T older adults, commonly given answers by BGL & T older adults included: Provide sensitivity trainings that draw provider attention to heteronormative assumptions that might impact perceptions of the role of a significant other, the BGL & T lifestyle, and the needs of BGL & T older adults. Increase knowledge about supportive services in the area that are BGL & T oriented as well as education on the impact that institutionalized and legalized homophobia have potentially played for many of the BGL & T older adults who have lived through the gay rights movement (Hash, 2009; Comerford et al, 2004). Providers were also encouraged to offer outreach to the BGL & T community so as to help alleviate anxiety about coming out to providers (Hash, 2006, McFarland & Sanders, 2001). Participants in McFarland & Sander's study indicated that social workers needed more detailed knowledge about gay lifestyles and more

understanding about the importance of involving significant others in all aspects of a patient's life and decision making. In this same study, participants also felt that staff in nursing homes needed to be more open to and accepting of gay lifestyles. According to Knochel et al (2010a) training in issues and concerns related to the unique needs of BGL & T older adults was a key predictor of how understanding agencies appeared to be of these unique needs and concerns.

Limitations in the Literature

There is very little information about provider preparedness for working with BGL&T older adults (Knochel et al, 2010a) What literature does exist indicates that providers feel the needs of BGL& T older adults are no different from those of heterosexual and gender conforming older adults (Hughes, et al, 2011; Knochel et al 2010a, 2010b; Shankle et al, 2003) and the same services that are provided to heterosexual individuals can also meet the needs of members of the BGL & T population. In Knochel et al's (2010b) survey of twenty six executive directors of urban-based area agencies on aging indicated that the majority of respondents (61.3%) did believe in addressing issues specific to aging gay and lesbians but only 2.4% offered services specifically targeted to this population. Seventy five percent of the respondents said that they were open to trainings on the needs of gay and lesbian older adults. Several expressed concerns about offering separate services to gays and lesbians stating that this might be perceived as segregation and might put gay and lesbian older adults at risk for further stigmatization and isolation, citing a preference for a focus on inclusion and acceptance of all older adults served by their programs. Seventeen of the respondents said they were unsure about their beliefs regarding the provision of separate services saying they recognized that separate services might have benefits such as an increased sense of comfort and privacy. There were also practical concerns including

concerns about duplication of services and the budgetary implications that this would present, as well as possibly complicating the coordination of services. Providers who expressed resistance or negative feelings towards offering targeted outreach were a significant minority of the respondents.

Knochel et al's (2010a, 2010b) surveys of area agencies on aging is one of very few studies into provider preparedness and perceptions of the needs of BGL older adults. This researcher conducted a search of the literature available by using online databases including Academic Search Premier, Ebsco. Key words used during the search included: aging, gerontology, bisexual, gay, lesbian, transgender, older adults, homophobia, long term care, and nursing homes.

Summary

The gap in the literature revealed by Bell et al (2011), Hughes (2009), Knochel et al (2010a, 2010b), and Hindrichs & Vacha-Haase, (2010) was confirmed by the literature search done for this study. The research on provider awareness of the needs and concerns unique to working with BGL&T older adults is limited. This researcher found only four studies that targeted providers of aging services, and only two studies that focused on provider attitudes and preparedness. The literature that does exist indicates that though providers are open to training on this topic, many have not had training and many believe that the needs of BGL&T older adults are no different from those of heterosexual older adults. There also continues to be evidence of internalized homophobia and heteronormative assumptions that can then be reflected in the care provided to older adults, and, in particular, nursing home residents. Ultimately compromising the social work mission to honor the bio-psycho-social-spiritual needs of all people. BGL&T older adults are at high risk for invisibility in the health care system, and the significant gap in the

literature is a reflection of this. This study was explorative in nature and conducted with the intention of gathering more information on the attitudes of nursing home social workers on working with BGL&T older adults.

Conceptual Framework

As social workers, we are influenced by our education in the NASW code of ethics and the ecological model of development which says that an individual should be examined within the context of his or her environment, broken down into micro, mezzo, and macro systems (Longress, 2000). The life course perspective draws attention to the significance of an individual's relationship to historical conditions and the implications that these relationships hold for development both individual and in relationships with others. The five principles that define the life course perspective framework are: 1) the principle of "linked-lives" or relationships that form between generations over time, 2) the importance of social and historical context in understanding development and the shaping of individual lives, 3) the importance of transitions and the social contexts in which they take place, 4) the idea that individuals are active agents in the construction of their lives and that that planning and effort can have an impact on life outcomes and 5) development is a life-long process that continues across the life span, including "old age." (Bengston, Elder & Putney, 2005)

While the ecological framework takes into account an individual's current environment the life course perspective extends this to look at an individual's past as well. When considering the needs of BGL&T older adults, providers must be mindful of the social and historical context that bisexual, gay, lesbian, and transgender people have faced over the course of their lifetimes, a context informed by homophobia, heterosexism, transphobia, often acted out in the form of violence, discrimination and abuse by society and institutions (Brotman, et al 2003, deVries, 2005). For BGL&T people who came of age before the Stonewall riots and ensuing gay rights movement, to identify as openly gay was

to risk rejection from family and community, and poverty due to legally sanctioned employer discrimination. In other words, to be openly gay was to risk any chance of being recognized as a productive and worthy citizen and individuals who were openly gay risked being forced into the health care system which pathologized homosexuality as a mental illness to be cured.

Though the APA removed homosexuality as a disorder in 1974, there are still members of the mental health field who practice gay-to-straight therapy. In addition, sodomy laws, which targeted gay and lesbian relationships, were in place until 2003 when they were overturned in *Lawrence vs. Texas*.

In a report conducted by Grant, Mottet & Tanis (2011b) transgender and gender non-conforming people continue to experience discrimination and economic insecurity including being fired from a job due to being transgender or gender non-conforming. Survey participants reported being denied medical care or delaying seeking out medical care because of discrimination by providers (Grant et al, 2011b). The survey also reported that transgender and gender non-conforming people were more likely to be victims of sexual assault, police brutality, and sexual harassment in institutions such as schools (78% reported being harassed in school settings). They were also at higher risk for homelessness and living below the poverty line. (Grant et al, 2011b)

Using the lens of the ecological model and the life course perspective, providers must take into account the potential impact of broad social influences such as the APA and sodomy laws, and the Stonewall riots and the gay rights movement and the relationship that many BGL&T people have had with institutions such as health care providers and schools and their impacts on the individual lives BGL&T older adults. If social workers are going to provide culturally competent care, the role of the potential trauma resulting from the

prevalence of socially sanctioned abuse and discrimination over the course of the life span must be taken into consideration when working with BGL&T older adults.

Methodology

Research Design:

This study attempted to assess to what extent nursing home social workers in the state of Minnesota feel comfortable and prepared to provide culturally competent care to BGL & T older adults. Most studies in the past have focused on interviews with members of the BGL & T community. The sample consisted of Directors of Social Services in Licensed Nursing Homes in the state of Minnesota. Most of the data was quantitative, but the survey was designed with several open ended questions allowing participants to explain or elaborate on their answers, adding a qualitative component.

This survey tool included questions not only about individual preparedness and comfort level, but on the facility level of preparedness and awareness as well. The rationale for this lay in social works ongoing commitment to action not only at the individual (clinical) level but at the institutional and community level as well. This researcher hypothesized that preparedness for working with BGL&T residents could be indicated both by responses to questions about comfort levels working with BGL&T residents. The researcher hypothesized if social workers feel comfortable working with BGL&T residents, this indicates that they are also prepared to work with this group. Based on the findings about attitudes regarding targeted services for BGL&T older adults by Knochel et al (2010a; 2010b,) and Hughes et al (2010) this researcher hypothesized that preparedness could best be determined based on self-reported comfort levels combined with perceptions of the importance of targeted outreach and services. The survey also collected information not only on individual preparedness but on facility based preparedness as well. In keeping with

the mission of social work's call for social justice across systems, not just in clinical services, the researcher wanted to collect data on any outreach that was being conducted at the facility level. It was the hope of this researcher that by focusing on these three areas: comfort level, views on targeted outreach and services, and facility level outreach, a comprehensive picture of nursing home social worker preparedness for working with BGL&T residents could be created.

Sample

This researcher collected the e-mail addresses for nursing home social workers at nursing home facilities listed on the Minnesota Department of Human Services web site. This resulted in a targeted sample as the researcher only sent the survey to nursing home social workers. Because this research was part of an MSW program, and due to the field's mission of social justice and community oriented approaches to service, the researcher elected to send this survey only to other social workers.

Data Collection

Three weeks before sending out the survey the researcher called the main number listed for the nursing home and requested the e-mail address for the director of social services. This was a potential sample of 371 participants. The survey was then sent out via e-mail. The e-mail included a message asking social workers to participate in the study (See Appendix) and a link to the survey site. Participants were not offered any incentives to participate. They were also informed that there are no apparent risks or benefits to their well-being by participating.

Participation in the study was voluntary and anonymous; the researcher did not have any way of discerning the identity of the participants based on their responses.

If recipients decided to participate in the survey, they were able to go to a

designated link where more information on the survey was presented. Participants were presented with:

- Explanation that this was part of a project for the researcher's older adult year project in her MSW Program.
- A description of the survey and its goal to assess how prepared social workers felt to meet the needs of bisexual, gay, lesbian, and transgender nursing home residents. A definition of these terms was also provided.
- The survey would be conducted using Qualtrics (2011) software and an anonymous web link to ensure anonymity of the participants.
- The program used to conduct the survey was password protected, accessible only to the researcher, and accessed using only a password protected computer.
- There was a possibility that the findings of the study would be published at a later date.
- While there was minimal risk to the participant, should any feelings of emotional distress arise while completing the survey, the participant was able to stop the survey at any time and no further data would be gathered.
- Any information kept by the researcher would be stripped of all possible identifying information after the project was presented on May 17, 2012.
- Consent and understanding of the terms were implied if the participant chose to continue with the survey

Protection of Human Subjects

Clicking on the link did not commit the potential participant to participation in the study. After reading the explanation, participants had the option of participating or declining

to participate by marking a box that said “yes, I choose to participate” or “no” I decline to participate at this time. Consent was implied if the participant elected to complete the survey. Participants were not asked for any identifying information and the survey was accessed using an anonymous link, thus ensuring anonymity for them and the facility where they work. This researcher had no way of identifying the participants based on their answers.

Instrument

The survey questions were developed based on themes from the literature and relied heavily on the survey used in Knochel et al’s (2010a, 2010b) survey used with Area Agencies on Aging the results of which were published in the Journal of Applied Gerontology and by the SAGE group. This survey sought to collect information on the following variables: hours of training on the needs of BGL & T older adults, willingness to participate in trainings, perceptions of the needs of BGL & T older adults, and if older adults who identify as bisexual, gay, lesbian or transgender were currently being served. The survey also collected the following demographic information: years of practice as a nursing home social worker, level of licensure, and if the area where the nursing home was located could be considered rural, urban, small city, suburban or “other”. The first question asked participants if they were currently practicing in a nursing home environment. Participation in the survey was contingent on answering “yes” to this first question. The survey also contained two matrices to assess comfort levels on various aspects of working with BGL&T residents, talking about aspects of sexuality with residents, and feelings on the need for targeted outreach and services for BGL&T residents.

The survey consisted of twenty-six questions. The first eleven questions were scaled “yes,” “no,” or “unsure” and collected information on facility based indicators of

attitude towards working with BGL&T residents. These questions collected information on items such as the facility's non-discrimination policy, if BGL&T residents were currently being served at the facility, if staff had been provided with training on working with BGL&T residents, and if the facility provided any sort of outreach to the BGL&T communities. The final question of this section was qualitative and asked participants if they wished to elaborate on any of their answers.

The next section of the survey used a matrix designed to gather information on participant's comfort level in different aspects of working with BGL&T older adults. This was divided into two different matrices with the first rating ten indicators of attitude and comfort level working with BGL&T residents: willingness to participate in trainings, working with openly bisexual, gay, lesbian, and transgender residents, working with residents who participate in gender non-conforming activities, discussing sexuality, sexual orientation, and gender identity, including a same-sex partner in care planning, and allowing a same-sex couple to room together. Participants were asked to rate their feelings using a scale that ranged from "very uncomfortable," "somewhat uncomfortable," "neither comfortable nor uncomfortable," "somewhat comfortable," and "very comfortable." The second matrix consisted of three questions and asked participants to rate their perceptions of the importance of the following: offering targeted outreach to members of the bisexual, gay, and lesbian community, offering targeted outreach to members of the transgender community, and awareness of the unique needs and concerns of BGL&T older adults. Participants were asked to rate their feelings using a scale that ranged from "not at all important," "somewhat important" "neither important nor unimportant" "somewhat important" and "very important." The researcher made an error in the design of this part of the survey as the second scale item should have read "somewhat unimportant."

Very basic demographic information was also collected such as years of practice, level of licensure, and if the LTC is in an urban or rural setting.

Data Analysis:

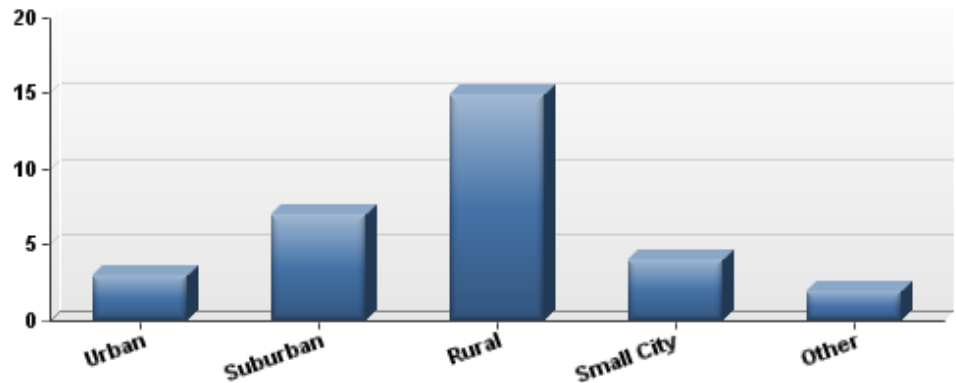
With this survey, the researcher hoped to collect information on variables that might serve as indicators of perceived comfort and preparedness of nursing home social workers to work with BGL&T older adults. These variables included: level of education, willingness to participate in trainings, perceptions of the needs of BGL&T older adults, and if older adults who identify as BGL&T are currently being served. As mentioned in the previous section, the survey also collected demographic information to determine if there was a correlation between responses on the attitude matrices and years of practice with older adults, level of licensure, and where the nursing home is located. This researcher hypothesized that most respondents would state that they are open to training, but have not participated in training for meeting the unique needs of BGL&T older adults. This writer also hypothesized that the majority of participants would express that their approach to working with heterosexual older adults is also appropriate for working with BGL&T older adults. Lastly, this researcher hypothesized that there would be a strong correlation between the settings of the facility and how prepared providers feel in offering services. Data was analyzed using t-tests, and chi squares, using Qualtrics (2011) software and SPSS (Darren & Mallery, 2006) .

Results

Sample:

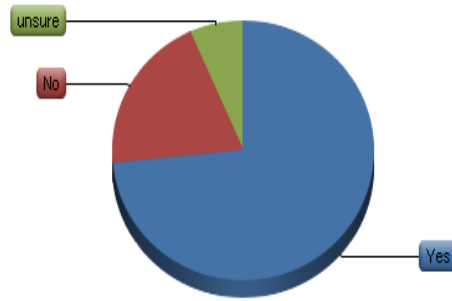
Between February 13, 2012 and February 23, 2012 this researcher called 279 nursing homes using the contact information provided on the nursing homes database provided on the MN Department of Health's Website. This researcher called the main number for each of these facilities and asked for the e-mail address of the director of social services. If more information was requested the researcher explained the nature and scope of the study. Provision of e-mail addresses was voluntary. From this, the researcher collected 252 e-mail addresses. The survey was distributed via e-mail on February 27, 2012. When the e-mail invitation was sent out twenty – one of the e-mail addresses were rejected by the server, bringing the potential sample down to 231. Fifty people accessed the survey by clicking on the link and reviewing the content of the survey. Of these, one was not appropriate to participate and selected “no” to the first question: are you currently practicing nursing home social work?” which ended the survey. Of the remaining 49 people who accessed the survey 31 people completed the survey for a 13% response rate. The survey was deactivated on March 28, 2012.

Of the respondents 26 (84%) were licensed at the LSW level of licensure, two respondents (2 %) were LISW's and three respondents (10%) were not licensed as social workers. The average number of years practicing social work was 11.93 years. The median was 9 years. The most years of practicing social work reported was 28 years and the fewest years of practicing social work reported was less than one year. Of the respondents, 48% classified their facility location as rural, 23% classified their facility location as suburban and 10% classified their facility as urban, and 13% as small city. Six percent classified their location as “other” and wrote in “very small town” and “small rural community / county.”

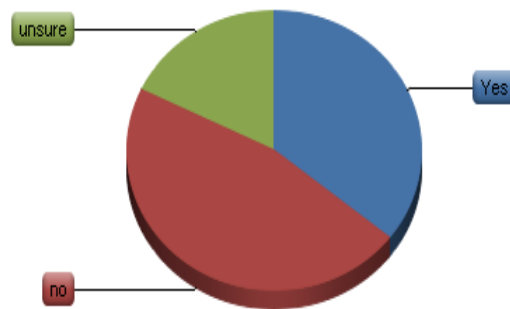
Figures 1 Location

Agency Indicators of Attitude and Preparedness

Twenty nine (94%) percent of respondents reported that their facility has a non-discrimination policy in place to protect residents. Of these respondents, twenty two (73%) reported that their non-discrimination policy addresses sexual orientation with six respondents (20%) reporting that their nondiscrimination policy does not address sexual orientation, and two respondents (7%) saying they were unsure. Ten respondents (36%) reported that their nondiscrimination policy addresses gender identity, thirteen (46%) reported that it does not and one respondent (5%) reported that they were unsure. Clarifying statements included responses such as “our policies are general” and “we are contracted with the state and federal government and therefore do not discriminate against anyone.” Two respondents used the qualitative portion of the survey to explain that their policy includes only race, color, sex, age, handicap or national origin.



Figures 2 Nondiscrimination Policy Includes Sexual Orientation



Figures 3 Nondiscrimination Policy Includes Gender Identity

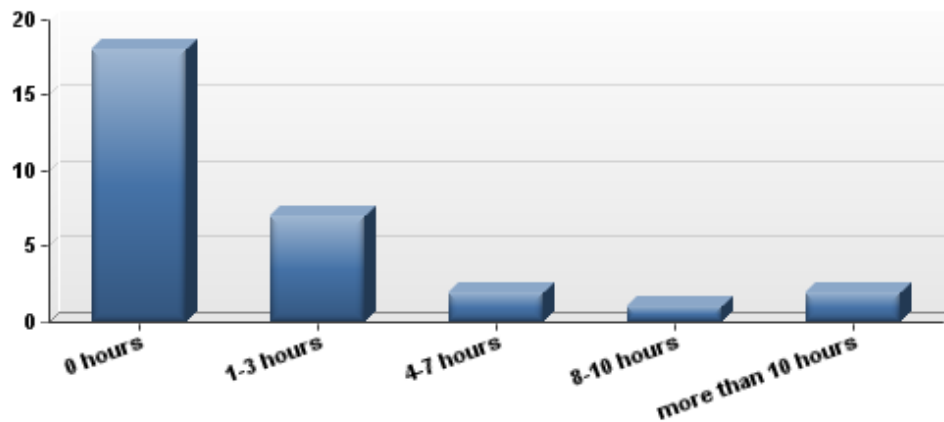
Nineteen respondents (61%) reported that their facility was currently offering services to residents who identify as gay, lesbian, or bisexual; One respondent reported that they were unsure if BGL residents were being served. Sixteen respondents (52%) reported that they were currently offering services to residents who identify as transgender; Three respondents (10%) reported that they were unsure if services were currently being offered to transgender residents at this time.

One respondent (3%) reported that their facility was currently offering targeted

services for residents who are bisexual, gay, or lesbian, and transgender, 30 respondents (97%) said that no targeted services were being offered at this time. None of the respondents reported offering outreach to the BGL&T community. Two respondents (6%) reported that staff had been given training on working with BGL&T residents, twenty seven participants (87%) reported that no training had been done with staff, and two residents (6 %) reported that they were unsure if any training had been done.

Individual levels of Preparedness

Figures 4 Training



The majority of respondents (60%) reported less than one hour of training in working with BGL&T residents. 23% reported that they had had 1-3 hours of training, and 10% reported ten hours or more of training on this topic. Individual attitude was assessed based on responses to the attitude matrix. Twenty four respondents (77%) reported that they felt “somewhat comfortable” or “very comfortable” participating in training regarding the needs of BGL&T older adults. Twenty one respondents (70%) indicated that they felt “very comfortable” working with residents who are openly gay, lesbian, or bisexual; slightly fewer—twenty two respondents (57%) indicated that they felt very comfortable

working with residents who are transgender.

Based on the averages of the scores given by respondents with each likert scale value coded as a real number, respondents reported the highest rates of comfort in working with residents who are gay, lesbian, bisexual, or transgender, including a same sex partner in care planning, and allowing same sex partners to room together. The lowest levels of comfort were indicated for discussing issues related to sexual orientation such as sexuality, sexual orientation, and gender identity.

When asked to rate the importance of offering targeted outreach and awareness of the needs of BGL&T older adults and residents, nineteen respondents (61%) reported that they felt awareness of the unique needs of BGL&T residents is very important, seven respondents (22%) felt awareness is “somewhat important” and 12 (38%) indicated that they felt awareness was “neither important nor unimportant.” Only one respondent reported feeling awareness is only “somewhat important.”

When asked about offering targeted outreach to BGL&T residents eight respondents (25%) indicated that they felt targeted outreach was “very important,” eleven respondents (35%) indicated that they felt targeted outreach was “somewhat important,” and eleven respondents (38%) respondents indicated that they felt outreach is “neither important nor unimportant” to bisexual gay and lesbian residents and twelve respondents (39%) felt offering targeted outreach to transgender residents was “neither important nor unimportant”.

Training and Comfort Level

This researcher hypothesized that there is a relationship between hours of training in BGL&T aging, and comfort level working with BGL&T nursing home residents. The research question for this study was: is there a relationship between hours of training and

comfort level working with residents who are bisexual, gay, lesbian, or transgender and if so, does training increase the likely hood that social workers will report feeling comfortable working with BGL&T residents? The hypothesis was that there is an association between hours of training and comfort level working with BGL&T residents. The null hypothesis was: there is no association between hours of training and comfort level working with BGL&T residents. The independent variable in this study measured the number of hours of training that participants had participated in intervals from 0 hours to 10 or more hours. Response options ranged from 1 (“not at all comfortable”) to 5 (“very comfortable”) along a likert scale. Because there was not enough data to get an expected cell count of more than five, the researcher used SPSS software to recode the dependent variables reducing them from five categories (very uncomfortable – very comfortable) to two categories: uncomfortable or comfortable. Responses that indicated neutrality were recoded as “uncomfortable”. The hours of training were recoded from five categories: (0 hours of training, 1-3 hours of training, 4-7 hours of training, 8-10 hours of training, and more than 10 hours of training) to fit into two categories: no training in working with BGL&T residents, and one- ten or more hours of training in working with BGL&T residents. Using SPSS software, nine cross tabulations were run using hours of training as the independent variable and seven questions from the attitude matrix : comfort level participating in training on the needs of BGL&T residents, comfort working with BGL residents, comfort working with transgender residents, comfort working with residents who engage in gender non conforming activities, and including a same-sex partner in care planning, discussing sexual orientation with residents, discussing gender identity with residents and discussing sexuality with residents. A Fisher’s Exact Test was then run using the recoded data. The results failed to show a statistically significant relationship between hours of training and

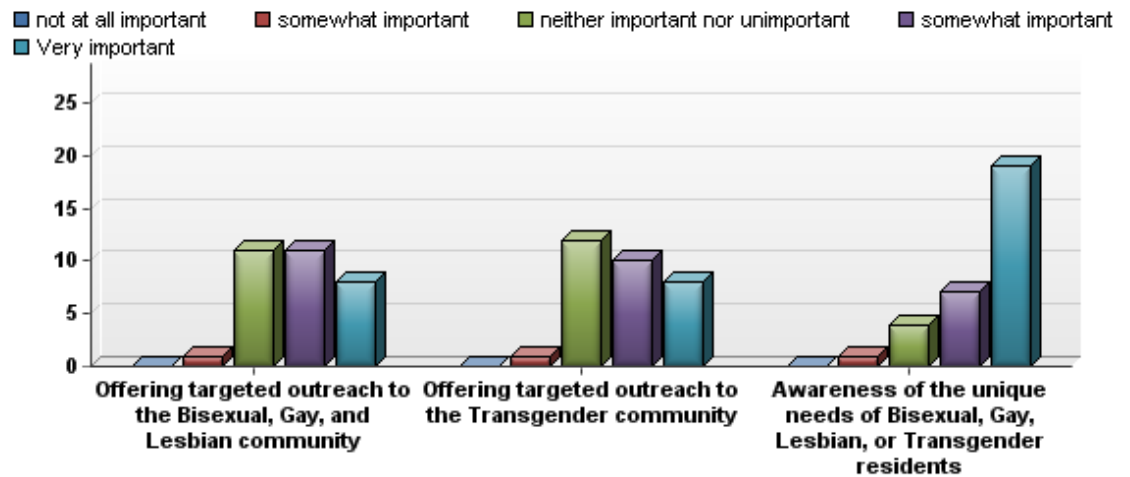
how comfortable respondents felt working with BGL&T residents. The p-value for all nine cross tabs was more than .05; Therefore, the researcher failed to reject the null hypothesis. This data did not support the research hypothesis that there is a significant association between hours of trainings and comfort levels working with BGL&T older adults.

Training and Targeted Outreach

This researcher hypothesized that there is a relationship between hours of training and perceptions of the importance of targeted outreach for BGL&T residents. The research question was: does training in the needs of BGL&T residents affect the perception of the importance of targeted outreach? Because there was not enough data to get an expected cell count greater than five, the researcher used SPSS software to recode the responses to the attitude matrix that asked respondents to rate their perception of the importance of: targeted outreach to the transgender community, targeted outreach to the bisexual, gay and lesbian community, and awareness of the unique needs of BGL&T residents. The responses were given on a liker scale rating importance from “not at all important” to “very important” these were recoded and reduced to two categories: “not important” and “important.” Neutral responses were included in the “not important” category. The researcher then ran three Fisher’s Exact Tests using the recoded training data described in the previous section as the independent variable and responses to the attitude matrix as the dependent variable. In each test the p-value was greater than .05 thus failing to find a statistically significant relationship between hours of training and perceived importance of outreach to bisexual, gay, lesbian or transgender residents and perceived importance of awareness of the unique needs of BGL&T residents. The researcher failed to reject the null hypothesis. This data did not support the research hypothesis that there is a significant relationship between hours of training and perceptions of the importance of outreach or awareness of the needs of

BGL&T residents.

Figure 5 Importance of Awareness and Outreach



Years of Experience

The research hypothesis for this test was: is there a difference between nursing home social workers with ten or more years of experience and nursing home social workers with fewer than ten years of experience and their attitudes towards working with BGL&T residents? The research hypothesis was: there is a difference between nursing home social workers with more than ten years of experience and nursing home social workers with fewer than ten years of experience in attitude towards working with BGL&T residents. The null hypothesis was that there is no relationship between these variables.

To determine the possibility of a relationship between years of experience working as a nursing home social worker and attitude towards working with BGL&T residents, the researcher designed an independent t-test. The dependent variable in this study was measured using the attitude matrix responses that measured comfort levels working with BGL&T residents, specifically “how comfortable do you feel working with bisexual, gay, and lesbian residents” and “how comfortable do you feel working with transgender

residents?” the independent variable measured years of experience working as a nursing home social worker. Respondents were able to enter their years of experience in real numbers so the answers were re-coded into two categories of fewer than ten years practicing social work, and ten or more years practicing social work.

The p-value for respondents with more than ten years of experience was .279 and the p value for respondents with fewer than ten years of experience was .319 thus failing to find a relationship between these two variables, and failing to reject the null hypothesis for this research question.

Indicators of attitude

The second cross tab run explored the possibility of a relationship between stated comfort levels working with BGL&T residents and if BGL&T residents were currently being served by the facility. The hypothesis for this section was: there is an association between comfort level working with BGL&T residents, and whether or not BGL&T residents are currently being served at the facility. The nominal variable measured whether or not the facility was currently offering services to residents who were openly bisexual, gay, lesbian, or transgender. Sexual orientation and gender identity were divided into separate categories. Participants were able to answer “yes,” “no,” or “unsure.” The questions to assess comfort were based on responses to the attitude matrix. Because there was not enough data to get an expected cell count of more than five, the researcher used the recoded data from the attitude matrices described in the previous section. There was one respondent to reported being “unsure” if the facility currently offered services to BGL&T residents, this was recoded as “no” bringing the categories down to two and allowing the researcher to run a Fishers Exact Test. The researcher ran Fishers Exact Tests for each independent variable (currently serving residents who are bisexual, gay, or lesbian, and currently serving

residents who are transgender) for a total of eighteen tests. The p-value for working with BGL&T residents and all of the attitude matrix questions were greater than .05 indicating failing to establish a significantly significant relationship between working with BGL&T nursing home residents and comfort level. Thus, based on this data, the researcher failed to reject the null hypothesis.

Geographic Location and Attitude

This researcher hypothesized that there is a relationship between geographic location and whether or not services are currently being offered to BGL&T residents. The majority of respondents classified the area where their facility is located as “rural” with 48% of the respondents selecting rural, and two respondents selecting “other” but describing the area as “very small town, rural” and “small rural community” which brings the total percentage up to 54% of respondents. Because there was not enough data to get an expected cell count of more than five, the researcher re-coded data to fit into two categories: rural, and not rural. Four Fisher’s Exact Tests were run using the recoded data on geographic location as the independent variable and the recoded data describing if BGL&T residents were currently being offered services as the dependent variable, described in the previous section. Sexual orientation and gender identity were divided into two separate categories. The P value for serving residents who identify as bisexual, gay, or lesbian was .035 and the P value for serving residents who are transgender was .58 thus failing to indicate a statistically significant relationship between these two variables.

Qualitative Responses

The survey allowed respondents to clarify answers at four different points in the survey. The first opportunity to elaborate on answers was placed after the questions about the facility non-discrimination policy, the second was placed after the questions about

whether or not residents' were currently being served at the facility, and the third was placed after participants were asked how many hours of training they had in issues of BGL&T aging. At the end of the survey participants were asked if there was anything else they wanted to share that they felt would be helpful to the research. This was designed to allow respondents to share any immediate reactions that they might have had while answering different sections of the survey. There were a total of five responses to the first section, most of which elaborated on the facility's non-discrimination policy. Sixteen people offered responses to the second section, ten people offered responses to the third section, and eight people offered responses in the final portion of the survey. Quotes will be indicated by italics.

Non-discrimination Policy.

In the first qualitative section participants elaborated on the facility's non-discrimination policy with two participants reporting that their facility's policies included: race, color, sex, handicap, and national origin. Neither of these policies included sexual orientation.

Not offering services to any openly BGL&T residents

Nine of the sixteen respondents in the second qualitative section used the section to report that they are not serving any openly bisexual, gay, and lesbian or transgender residents at this time. Of these, four acknowledged that there might be BGL&T residents in the facility who have not disclosed their sexual orientation. This is best exemplified by the respondent who stated *we don't currently have any gay, lesbian, or bisexual resident's that we know of. They are not required to tell us."*

History of serving BGL&T residents

Three respondents reported having offered services to BGL&T residents in the past without any problem but said they are not offering services at this time. This was best illustrated by the respondent who reported *we have serviced resident with HIV in our facility with partners visiting and had no problems.*

Invisibility

Most evident in the qualitative responses, eight respondents made comments that speak to the belief that there are no BGL&T residents in nursing homes where they work because they have not self-disclosed their sexual orientation, or no BGL&T people have been referred to the facility. This is best illustrated by the respondent who reported *we do not currently have any of these persons in the facility because none have been referred.*

Belief in treating all residents the same

Another theme that presented in the qualitative sections of the survey reflected the belief in treating all residents the same. There were three responses that spoke to this belief. This was apparent in comments such as *they would be cared for the same as all of the other residents.*

Discussion

The survey was sent out to 231 nursing homes in the state of Minnesota. There were 31 respondents who completed the entire survey for a 13% response rate. This is considerably lower than the response rate than Knochel et al's surveys (2010a, 2010b) studies which had 87% and 55% response rates. The 2010 survey was also based in Minnesota but focused on a more generalized population of providers of older adult services within the Minneapolis / St. Paul metropolitan area. Knochel (2010b) also sent out two reminder e-mails over the course of the study and had personal connections with directors of metro AAA's who then collaborated in getting the survey to providers. This might account to for some of the difference in response rates. Hughes et al (2011) had a 29% response rate but was able to send notices out alerting conference attendees about the presence of the survey at the AAA convention, and an incentive was offered for participation in the form of a chance to win a gift card. Bell et al (2011) had a 53% response rate to their survey asking about hours of training in homophobia and heterosexism.

It is unclear at this time why this survey had a response rate that was so low but this researcher speculates that it can be attributed to several factors. This researcher sent the survey out once and did not send out follow up e-mails to participants which might have increased responses. This researcher also did not have a personal connection to a majority of the social workers in the sample. As a former nursing home social worker, it is likely that a few of the recipients of the survey recognized the researcher's name; because the survey was anonymous there is no way to tell if this influenced their decision to participate or not. This researcher also did not offer any incentives for participation in the study. Qualtrics (2011) software allowed the researcher to see if anyone had accessed the survey,

even if they did not complete it. There were fifty people who accessed the survey, of these, nineteen people closed the survey without completing it. This leads the researcher to speculate that there was something about the content of the survey itself that discouraged participation. When developing the survey, this researcher was mindful of the sensitive nature of asking social workers about their feelings on sexual orientation, gender identity and sexuality in older adults and, specifically, nursing home residents. To encourage participation, the researcher deliberately kept the survey short (the longest recorded time to complete it was twenty five minutes) and avoided asking for any personal information such as gender, or sexual orientation. Despite these precautions, the survey still had a low response rate. The researcher suspects that this is an indicator that the topic presented made potential participants uncomfortable and hence, they chose to not complete the survey.

The number of years practicing social work ranged from less than one year to twenty eight years. The average number of years working as a social worker was twelve years with a median of nine years. Eighty four percent of the respondents were LSW's with two respondents reporting holding an LISW, and three reported that they were not licensed social workers. The years of experience ranged from less than one year practicing social work to twenty eight years indicating that the sample represented a wide range of experience.

A significant limitation that warrants note in the discussion as well as the limitations of the study involves the reports of whether or not the facility was currently offering services to BGL&T residents. When designing the survey the researcher sought to collect information on if there were currently BGL&T residents in the facility. The reports of currently serving BGL&T residents yielded results that were significantly higher than this researcher was expecting (19 respondents reported that they are currently offering services

to bisexual, gay and lesbian residents and 16 reported that they are currently offering services to transgender residents). However, in the qualitative portion of the survey there were more than 16 responses indicating either that no BGL&T residents had ever been served at that facility or that BGL&T residents had been served in the past but there were none there at that time. In addition, none of the respondents took the opportunity to discuss their experience with serving BGL&T residents and this researcher suspects (hopes) that if respondents were currently working with any residents who identified as BGL&T, they might have taken the opportunity to share their experience, given the focus of the survey. These responses / lack of response lead this researcher to consider if the wording of the question “are you currently offering services to residents who identify as bisexual, gay, or lesbian and “are you currently offering services to residents who identify as transgender” was unclear. This researcher suspects that the question was instead interpreted to mean “are services currently available to BGL&T people”. This limitation should be considered as the results of the survey are analyzed and discussed.

Individual Attitudes

This researcher hypothesized that there is a relationship between training and attitudes and comfort level working with BGL&T residents. Results of this survey indicate that most nursing home social workers are at least somewhat comfortable working with BGL&T residents in nursing homes. Eighty-seven percent of participants reported feeling somewhat or very comfortable with a variety of aspects related to working with BGL&T residents. Respondents who reported feeling “somewhat uncomfortable or “very uncomfortable” working with BGL &T residents were a significant minority (.6%).

This researcher also wanted to collect data not only on comfort level working with BGL&T residents, but on the perception of the importance of targeted services as well.

This was based on the belief that if nursing home social workers feel comfortable working with BGL&T residents, they will also recognize the importance of targeted services. Participants were significantly more likely to report that they felt awareness of the unique needs of BGL&T residents was somewhat important or very important than they were to report that targeted services to BGL&T residents are important. Four respondents provided qualitative responses reflecting the belief that the needs of BGL&T residents are no different from those of heterosexual residents. Comments such as: “we offer services to all people,” “they would be cared for the same as all residents,” reflect this belief. This is consistent with the findings in Knochel et al's (2010b) study with service providers in which respondents reported that “we provide the same services to everyone” (Knochel et al, 2010b, p. 385). This also reflects responses to Hughes et al (2011) study in which 37% of respondents felt that the needs of gay, lesbian, and transgender older adults were no different from those of heterosexual older adults.

Three of the questions in the attitude matrix were designed to give some insight into the feelings of nursing home social workers and their feelings on resident sexuality as it might impact the resident-social worker relationship. The responses to these questions: “how comfortable do you feel discussing sexuality,” “how comfortable do you feel discussing sexual orientation,” and “how comfortable do you feel discussing gender identity” with residents all had consistently lower scores on the attitude matrix than did the other question. It is possible that this indicates that while heterosexism, transphobia, and homophobia might play a role in nursing home social worker attitudes towards working with BGL&T residents, it might also be attributable to a discomfort acknowledging any sexuality of nursing home residents be it bisexual, gay or lesbian or heterosexual and an assumption that nursing home residents no longer have a need or desire to explore their

understanding of their gender and gender roles. It also indicates the possibility that social workers in nursing homes are comfortable working with BGL&T residents as long as issues related to sexuality, sexual orientation, gender identity don't have to be discussed.

Though providers are aware that there might be BGL&T residents in their facility, there is a lack of understanding of the unique needs and concerns that these residents might have, especially when it comes to understanding the perceptions of health care services that many BGL&T have as reflected in the literature. Specifically, it indicates a lack of awareness of the concerns BGL&T residents or older adults might harbor regarding disclosure of sexual orientation or gender identity if neither the social worker nor the facility have provided indicators that they are prepared to provide culturally competent and sensitive care.

Role of Training and Education

According to the findings of this study, the hypothesized relationship between training and preparedness for serving BGL&T residents failed to be proven significant. The lack of a statistically significant relationship between hours of training and comfort level, as well as the fact that 60% of the respondents reported less than one hour of training in issues related to BGL&T aging, implies that training for nursing home social workers is not necessarily enough when thinking about how to increase awareness of the needs of BGL&T nursing home residents. The size of the sample should be taken into consideration, but this finding is similar to the findings by Hinrichs & Vacha-Haase (2010) which also implied that training and education in sexuality in older adults were not the key predictors for how individual providers feel about encountering consensual sexual behavior between residents.

Two of the respondents who identified awareness and outreach as "neither important

nor unimportant” also said they were “very uncomfortable” with all of the indicators listed in attitude matrix. While there was not a statistically significant relationship between years of experience and attitude, it was interesting to note that these two respondents reported some of the longest work histories as social workers (16 years and 23 years). Other respondents expressed a willingness to participate in trainings on this topic in the qualitative section of the survey through comments such as “support groups and educational sessions would be very helpful” and “I feel these issues will hold more and more importance as the population ages.”

While the majority of nursing home social workers who participated in this study indicate that they were open to participating in trainings, and feel that awareness of the needs of BGL&T older adults is at least somewhat important, there remains a divide in opinion over the importance and need for targeted services and outreach. This divide is consistent with the findings by Knochel et al (2010a; 2010b) and Hughes et al (2011) and indicates a lack of understanding of the perceptions of the health care field, and of nursing homes held by many BGL&T older adults that is apparent in the literature on this topic (deVries, 2007; Brotman, 2007; Brotman et al, 2003). In addition, it indicates that many social workers do not realize that many BGL&T older adults expect that they will be discriminated against if they disclose their sexual orientation to providers and so they refrain from doing so (Brotman, 2007; Brotman et al, 2003; deVries, 2003; Gross, 2007; Knochel, 2010b).

When considering future research and the possibility of initiating a conversation between nursing home providers and BGL&T people, these statistics do call into question what the best method of intervention is going to be as the post stonewall generation ages and social workers prepare to provide competent, sensitive care to BGL&T residents.

Geographic Location

Fifty four percent of the respondents in this survey reported that their facility is located in a rural environment. The chi square indicated no significance between whether or not residents who identified as BGL were currently being served and geographic location. There was no statistically significant relationship between geographic location and offering services to residents who are transgender. Otherwise, geographic location did not appear to be a predictor for any of the other variables that were examined including: offering trainings for staff or participating in training individually, comfort level in doing work with BGL&T older adults, and perceptions of the importance of targeted outreach to the BGL&T community.

Concerns about Services

In this survey two respondents voiced homophobic concerns about reception by other residents i.e. “I work in a religious-based nursing home...while I personally may be okay with the lifestyle of a [LGBT] person, I also have to be aware of the setting I work in.” Another respondent stated “[we have residents] who would be extremely upset were a same sex couple to share a room...If there are residents who fit into the GLBT group I’m not aware of it.” Because this study sought to get information on the attitudes of nursing home social workers, this survey did not explore this aspect of providing care to BGL&T people.

Agency Indicators

The findings of this study indicate that of the nursing homes represented by the participants of the study, the majority have not taken steps at the agency level to cultivate an the needs of BGL&T residents. Twenty two respondents (73%) reported that their non-discrimination policy addresses sexual orientation however only ten respondents (36%) reported that their nondiscrimination policy addresses gender identity. The lack of training

with staff on issues related to working with BGL&T residents (87% of respondents reported that their facility has not offered any training to staff on this topic and only 6% reported any training on this topic at the facility level) indicates that while there is an awareness of the existence of BGL&T older adults, an awareness of their needs and concerns is not apparent.

Consistent with Hughes et al (2011) and Knochel et al (2010a, 2010b), the majority of respondents reported that the facilities where they work are not offering targeted services, and none of the respondents reported that their facility was offering targeted outreach to BGL&T older adults, reflecting a theme also found in Hughes et al (2011) & Knochel et al (2010a, 2010b) that offering targeted outreach and services to BGL&T older adults is not a priority for most nursing home facilities. However, of the respondents, nineteen (61%) reported that their facility currently offers services to residents who identify as bisexual, gay, or lesbian and sixteen (52%) reported that their facility currently offers services to transgender residents. While it is possible that this is an indicator of attitude and preparedness for serving BGL&T residents, the low response rate to the questions about targeted services, targeted outreach, and trainings for staff suggest otherwise and call to light the difference between having an awareness of a group of people and an awareness of their needs, as well as the difference between providing care and providing care that is culturally competent. This disconnect is reflected in responses to the matrices that assessed individual attitude as well.

Implications and Key Findings

Apparent in the literature and upheld in this study, despite its limitations, was, what this researcher is calling: “the philosophy of inclusion.” This refers to the belief that offering the same services to everyone, reflected in the tendency to rate the importance of targeted outreach as “neither important nor unimportant” and statements such as “ they

would be cared for the same as all residents” ensures that social workers are providing competent care to all people, including those who are oppressed minorities. Comments of this nature reflect a lack of understanding on the part of nursing home social workers about the perceptions of the health care system that are so apparent in the literature. It also reflects a lack of awareness of the anxiety that many BGL&T people, both older adults and not, have about revealing their sexual orientation to their providers for fear of abuse and neglect and a belief that providers generally will not understand their needs (Brotman, et al, 2011; deVries, 2005-2006; Gabbay & Whaler, 2002; McFarland & Sanders, 2003; Moore, 2002). This is especially true for those who are in need of nursing home care at this time, who came of age during a time when the health care field was an active participant in propagating homophobia, transphobia, heterosexism, and outright abuse and neglect of BGL&T people. To put the burden of self- disclosure on BGL&T residents is to disregard this aspect of their past and their status as an oppressed minority.

In the qualitative section of the survey, two respondents acknowledge that residents are not required to disclose their sexual orientation to staff, and two acknowledged that there might be residents who are gay but closeted. One respondent wrote “we have not had any residents who identify themselves as such as this time” Several denied every serving BGL&T residents making comments such as “we are open to admitting them, but have not had anyone admitted identifying as such” another respondent wrote “this issue has never come up.” These comments convey a belief that if BGL&T residents do not disclose their sexual orientation or gender identity, it must be because they are not there or have never been referred.

This approach to care puts the burden of disclosure on a group of people who over the course of their lives were forced to hide their sexual orientation and / or gender identity

as a means of survival. To fail to acknowledge this is a failure to provide culturally competent and sensitive care to BGL&T older adults and, specifically, nursing home residents-- a group already at high risk for abuse, neglect, and invisibility.

Though limited in size and scope, and though no significant relationships were found, one can argue that the lack of relationships is a significant finding in and of itself. The lack of statistically significant relationships between several variables in the study including: training and attitude, years of experience and attitude speak to the very complex nature of this topic. The amount of training was not an indicator for social worker perceptions of the unique needs of BGL&T older adults which indicates that it is possible that training and education alone are not enough to increase the understanding of nursing home social workers regarding the needs of BGL&T residents. More research is needed not only into the needs and concerns of BGL&T older adults but into the perceptions of providers on how to best serve a group at high risk for invisibility and being under served.

The findings of this survey also speak to the difference between indicators of preparedness at the facility level and at the individual level. While social workers have a responsibility to increase our own knowledge and awareness, there is also a need to advocate for change at the provider level. The fact that 27% of non-discrimination policies do not address discrimination based on sexual orientation, and 64% do not address discrimination based on gender identity and the lack of staff training on this topic speak to the institutionalized heterosexism, homophobia, and transphobia that are so prevalent in our culture.

Researcher Reactions

Over the course of formulating this study, writing the survey, analyzing the results, and then completing a written report, this researcher has had to be mindful of her own

internalized sense of heteronormativity, discomfort discussing sexuality in older adults, and lack of awareness and understanding of issues that are significant to BGL&T older adults. This researcher has attempted to be very deliberate in the usage of terms to describe bisexual, gay, lesbian and transgender people and throughout the process of this study has developed an awareness of not only her own heteronormative mindset and heterosexual privilege, but her gender conforming privilege as well. In an effort to cultivate this awareness in a mindful and respectful manner this researcher has continually consulted with her committee members and professor to ensure that the study was designed and implemented in a sensitive and respectful manner, a process that has involved much reflection which has then translated into revisions within the paper. For example, in an early draft of this paper, the researcher explored the relevance of the life course perspective to working with BGL&T older adults, calling attention to different examples of oppression and discrimination faced by bisexual, gay and lesbian people. One of the committee members respectfully pointed out that transgender and gender nonconforming people were not included in this, the researcher had conflated gender identity and sexuality and thus felt that by exploring examples of oppression against bisexual, gay and lesbian people, oppression faced by transgender and gender non-conforming people was also addressed.

This ongoing process of engagement coupled with self-reflection has strengthened the researcher's belief that an awareness of the existence of BGL&T older adults does not translate into an awareness of concerns and challenges faced by BGL&T older adults; An awareness even of these two things is not enough to ensure the provision of competent care. Awareness must be coupled with conversations with the people directly affected, as well as among other providers. These dialogues should be ongoing and set up in such a manner as to encourage reflection on what is currently being done, and develop a vision for what can

be done in the future at the individual and provider level.

Limitations/ Recommendations for Future Research

This study was limited both in size and scope and further study into the attitudes of nursing home social workers, both on a regional and national scale is warranted. Because of the limited response rate and limited geographic area covered, the results of this study cannot be generalized. In addition, the sample was limited as the researcher used the database of nursing homes in Minnesota that was provided by the state department of health. This list included only nursing homes that accept Medical Assistance funds and so did not include facilities that only accept insurance and private pay dollars, and did not include Veteran Homes.

The researcher found a wording error in attitude matrix when the survey results were being analyzed. In the matrix where respondents were asked to rate their perceptions of the importance of offering targeted outreach the options read: “not at all important”, “somewhat important,” “neither important nor unimportant”, “somewhat important”, and “very important”. The second choice should have read “somewhat not important.” Only one respondent selected this response; it is unclear how this might have affected the data.

The reports of currently serving BGL&T residents yielded results that were significantly higher than this researcher was expecting, especially given the number of qualitative responses that reported no bisexual, gay, lesbian, or transgender residents were being served. Leading this researcher to consider if the wording of the question “are you currently offering services to residents who identify as bisexual, gay, or lesbian and “are you currently offering services to residents who identify as transgender” was unclear and interpreted as “are services currently available to people who are BGLT”. Future research that involves surveys should include more specific questions where there is less room for misinterpretation.

The qualitative portion was set up in such a way that it did not allow the researcher to always know which specific questions they were responding to, though the spacing of the qualitative sections, and the content of the response usually gave a good indication of which question was being answered.

This survey had a response rate considerably lower than other studies conducted on similar topics and it is unclear why this is and does indicate a possible bias in the data as those who took the time to complete the survey are possibly more likely to show interest in this topic. While some of the literature reviewed indicates that training is one of the key predictors for provider awareness of the unique needs of BGL&T older adults, the limited literature on nursing home providers indicates that training might not a strong predictor of attitude towards working with BGL&T older adults (Bell et al, 2011; Hinrichs & Vacha-Haase, 2010; Knochel et al, 2010a, 2010b). Future studies could address this by sending out reminder surveys and by partnering with overseeing bodies to help boost response rates.

Based on the lack of statistically significant relationships between variables found in this study, future research should include surveys to provide a foundation of knowledge. However, this researcher feels that research and intervention methods that encourage conversation and dialogue between providers and members of the BGL&T community will be essential if an understanding of the unique needs and concerns of BGL&T older adults and the role of social workers in addressing these needs and concerns is to develop. This researcher suspects that this is a process that will require multiple conversations over a period of time. Unless social workers act now, in the form of participating in trainings to increase awareness and knowledge, and then taking it a step further and collaborating with BGL&T people, the field of social work will be complicit in providing care that is gender normative, heteronormative, possibly homophobic, and, thus, harmful to bisexual, gay,

lesbian, and transgender older adults and nursing home residents.

Conclusion

The purpose of this study was to conduct a survey with nursing home social workers in the state of Minnesota to get a sense of how prepared and comfortable they feel to work with BGL&T residents. The researcher felt that a study of this nature was necessary due to the gap in the literature on this topic. There is very little information on providers' perceptions and comfort working with BGL&T older adults. This was measured by using a survey tool that asked not only about individual comfort level working with BGL&T seniors, but comfort levels addressing issues related to sexuality as well as feelings on the importance of targeted services and outreach for BGL&T older adults. In an effort to get the most comprehensive picture possible, this researcher sent surveys out on a state-wide level including urban, suburban, and rural areas.

This survey tool included questions not only about individual preparedness and comfort level, but on the facility level of preparedness and awareness as well. Based on the findings about attitudes regarding targeted services for BGL&T older adults by Knochel et al (2010a; 2010b,) and Hughes et al (2011) this researcher hypothesized that preparedness could best be determined based on self-reported comfort levels combined with perceptions of the importance of targeted outreach and services. The survey also collected information not only on individual preparedness but on facility based preparedness as well. In keeping with the mission of social work's call for social justice across systems, not just in clinical services, the researcher wanted to collect data on any outreach that was being conducted at the facility level. It was the hope of this researcher that by focusing on these three areas: comfort level, views on targeted outreach and services, and facility level outreach, a comprehensive picture of nursing home social worker preparedness for working with BGL&T residents could be achieved.

Though the response rate was low (13%) this researcher felt that at least a small

“snap shot” of nursing home social worker preparedness for working with BGL&T residents was achieved. While the results of this study cannot be generalized, hopefully the data collected will yield helpful information for future researcher and developments in working with BGL&T older adults.

The study did yield findings indicating that social workers feel comfortable with the idea of working with BGL&T residents in nursing homes. The lack of relationship between training and attitude indicates that training alone might not be enough to help with the understanding of the unique needs and concerns of BGL&T older adults. Several respondents expressed the opinion that the needs of BGL&T older adults are the same as those of heterosexual older adults.

When taking the ideas of the life course perspective into account, social workers must acknowledge that BGL&T people have had a significantly different relationship to many of the historical developments that heterosexual older adults also witnessed. Many BGL&T older adults are, understandably, suspicious and fearful of accessing health care services because of the history of abuse and discrimination that they have had to endure over the course of their lives. Social workers in nursing homes are at risk for failing to honor the systems approach to service when this is not acknowledged.

The hope of this researcher when designing this project was not to uncover a formula that social workers can use to help ensure that we are providing respectful, comprehensive care; This researcher hoped to spark a conversation among providers, and to encourage self-reflection about the role that heterosexism, homophobia, and transphobia can have on our practice. Clearly more information and discussion are needed on this topic, but it is the hope of this researcher that this study will help to contribute even a small amount to making services more accessible, and more culturally competent in meeting the

needs of bisexual, gay, lesbian, and transgender nursing home residents.

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Appendix

Nursing Home Social Worker Preparedness for working with Bisexual, Gay, Lesbian, and Transgender Residents

Nursing Home Social Worker Preparedness for Working with Bisexual, Gay, Lesbian, and Transgender Residents

RESEARCH INFORMATION AND CONSENT FORM Introduction: You are invited to participate in a research study assessing how prepared and comfortable Nursing Home Social Workers feel serving seniors who identify as Gay, Lesbian, Bisexual, or Transgender. This study is being conducted by Rachel Bialostosky, an MSW candidate in the Masters Social Work Program at St. Catherine University under the supervision of Michael Chovanec, Ph.D a faculty member of the MSW program. You were selected as a possible participant in this research because you work as a social worker at a licensed nursing facility in the state of Minnesota. Please read this form before you decide whether to participate in the study. Background Information: The purpose of this study is to assess how prepared Nursing Home Social Workers feel with working with Bisexual, Gay, Lesbian, and Transgender seniors. Approximately 300 people are expected to participate in this research. Definition of Terms For the sake of this study the terms Gay and Lesbian will refer to men and women whose enduring physical, emotional and sexual attractions are to other individuals of the same sex. Bisexual will refer to men and women whose enduring physical, emotional, and sexual attractions are to both genders. The term Transgender will refer to individuals who identify their gender as different from that assigned to them at birth and / or express their gender in ways different from that expected by society. This includes individuals who have made a physical transition (e.g. hormone treatment, sex reassignment surgery) as well as individuals who have not but express their gender through other means (e.g. pro nouns, name, clothing choices) Procedures: If you decide to participate, you will be asked to complete a survey online using the qualtrics program. This study will take approximately 30 minutes over 1 session. Risks and Benefits: There are no direct risks to you for participating in this research at this time. The survey will be confidential; the researcher will be able to view individual answers but no identifying information will be requested. There is a chance that the researcher will be able to discern your identify based on your e-mail address. Individual answers will be available only to this researcher and all information will be stripped of any identifying information at the completion of the study on May 14, 2011. There are no direct benefits to you for participating in this research at this time. The study poses minimal risks to participants risks. There is a chance that participants will be affected by their own feelings or experiences working with Bisexual, Gay, Lesbian, or Transgender seniors. If these feelings are negative, there is a risk of emotional distress to participants. Participants can choose not to answer a given question, or discontinue at anytime Compensation: There is no compensation available for participation in this study. Confidentiality: Any information obtained in connection with this research study that could identify you will be kept confidential. This information is treated as ANONYMOUS DUE TO THE FACT THAT THE RESEARCHER WILL NOT HAVE ANY WAY OF IDENTIFYING THE RESPONDENTS. The researcher will keep the research results in a password protected computer and/or a locked file cabinet in her personal office and only the researcher will have access to the records while the project is in process. The researcher will finish analyzing the data by May 14, 2012 at which time the findings of the project will be presented. Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. During the survey you are free to “pass” on any questions you do not feel comfortable answering. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected. Contacts and questions: If you have any questions, please feel free to contact me, Rachel Bialostosky at bial0588@stthomas.edu. You may ask questions now, or if you have any additional questions later, the faculty adviser, Michael Chovanoc at MGCHOVANEC@stkate.edu, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Lynn Linder at lelinder@stkate.edu. You may keep a copy of this form for your records. Statement of Consent: You are making a decision whether or not to participate. Your decision to continue past this point to the survey page indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected. Please mark the box below to indicate that you have read and understand the terms listed above.

-
- yes, I understand the terms listed above and agree to participate in the survey
- no I decline to participate in this study

Are you currently practicing social work in a nursing home setting in Minnesota?

- yes
- no

Does your nursing home have a non discrimination policy in place to protect residents?

- Yes
- No

If you answered "yes" to question 2, does your non discrimination policy address sexual orientation?

- Yes
- No
- unsure

If you answered "yes" to question 2, does your non discrimination policy address gender identity?

- Yes
- no
- unsure

Would you like to elaborate on any of the above answers?

Does your facility currently offer services to residents who identify as Gay, Lesbian, or Bisexual?

- Yes
- no
- unsure

Does your facility currently offer services to residents who identify as Transgender?

- Yes
- no
- unsure

Would you like to elaborate on any of the above answers?

Does your facility currently offer services that are specifically targeted towards residents who are Bisexual, Gay, or Lesbian

- Yes
- no
- unsure

Does your facility currently offer services that are specifically targeted towards resident's who are Transgender?

- Yes
- no
- unsure

Does your facility offer outreach to the Bisexual, Gay, or Lesbian community?

- Yes
- No
- unsure

Does your facility offer outreach to the Transgender Community?

- Yes
- No
- unsure

Has your facility provided staff with training regarding the needs of Bisexual, Gay, or Lesbian residents?

- Yes
- No
- unsure

How many hours of training have you received in working with Bisexual, Gay, and Lesbian residents?

- 0 hours
- 1-3 hours
- 4-7 hours
- 8-10 hours
- more than 10 hours

Would you like to elaborate on any of the above answers?

Please rate how comfortable you are with the following

	Very Uncomfortable	Somewhat Uncomfortable	Neither comfortable nor uncomfortable	Somewhat Comfortable	Very Comfortable
Participating in training regarding the needs of Bisexual, Gay, Lesbian, and Transgender residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with residents who are openly Bisexual, Gay, or Lesbian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with residents who are Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with residents who engage in gender non conforming activities such as cross dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing sexuality with residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing sexual orientation with residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

gender identity with residents					
Including a same-sex significant other in care planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowing same-sex partners to room together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rank your perception of the importance of the following

	not at all important	somewhat important	neither important nor unimportant	somewhat important	Very important
Offering targeted outreach to the Bisexual, Gay, and Lesbian community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering targeted outreach to the Transgender community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of the unique needs of Bisexual, Gay, Lesbian, or Transgender residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you describe the area where your facility is located?

- Urban
- Suburban
- Rural
- Small City
- Other _____

For how many years have you been practicing social work?

If you are a licensed social worker, what license do you hold?

- LSW
- LGSW
- LISW
- LiCSW
- I am not a licensed social worker

Is there anything else that you would like to share that you feel would be helpful to this research?