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How Social Workers in Long Term Care Facilities in the State of Florida Assist LGBT Aging Adults to Acclimate to Each Other and the Facility

Katherine Louise Curci-DeGaro
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Walden University

College of Social and Behavioral Sciences

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Katherine Curci-DeGaro

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Walden University
2021

Abstract

How Social Workers in Long Term Care Facilities in the State of Florida Assist LGBT

Aging Adults to Acclimate to Each Other and the Facility

by

Katherine L. Curci-DeGaro

DSW, Walden University, 2020

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

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January 2022

Abstract

The elderly LGBT community is growing in the State of Florida, and some members of this group face inequalities when accessing long-term care services. Social workers play an important role in assisting residents to acclimate to their settings, and without their involvement, LGBT older adults may be forced back into secrecy regarding their sexual orientation. For social workers in long term care facilities, understanding how discrimination, oppression, and stigma interacted in the lives of these LGBT older adults is important in understanding these adults and their experiences in long-term care facilities. This doctoral project used a qualitative research design. Fifteen social workers currently working in long term care facilities in the State of Florida who had earned a Bachelor of Social Work, or a Master of Social Work degree were participants.

Interviews were held to discuss their treatment with LGBT residents and their practices in the clinical setting. A consent form with a description of the study was provided to the participants prior to participation. All responses were confidential, and no identifying data was reported. Data analysis was performed using a three-stage coding process of open coding, axial coding, and selective coding. Three major themes of education, trust, and respect were identified. Rigor of the study was addressed by audits, reflexivity, and peer debriefings. This study will affect all levels of social work – micro, mezzo, and macro – through education in schools and long term care facilities.

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Dedication

This doctoral project is dedicated to my parents who have encouraged me to “go for it,” and I did.

Acknowledgments

I would like to take this opportunity to thank the Walden University faculty who have helped me reach this point in my academic career, Dr. Carolyn Ewing, my project chair for her encouragement, and Dr. Alex Casio, my second chair for the excellent feedback. Last, but not least, I would like to thank my husband and children for allowing me the time to complete my Doctor of Social Work.

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Section 1: Foundation of the Study and Literature Review

The rapid growth of the LGBT population has shed light on some of the inequalities members of this group face when accessing long-term care services. These inequalities can take on many forms such as abuse, refusal of admission, and restriction of visitors, which may force some of the LGBT aging population to return to not being open regarding their sexuality (Jacobson, 2018). Unfortunately, these experiences can be more frequent than is popularly known. This study explored how important the role of social workers in long-term care facilities is to help acclimate LGBT residents to their new environment and provide a safe and open experience in long-term care.

The purpose and research questions of this doctoral study were to explore how social workers in long term care facilities can assist LGBT older adults to acclimate to the facility and staff and encourage a safe and open environment. Additional areas discussed in this section are the nature and design of the study, the significance of the study, and the theoretical framework used. I conducted a review of over 350 journal articles published between the years of 2010 and 2020. Of those articles, 115 journal articles identified LGBT older adults in long-term care settings.

Problem Statement

This study provided an understanding of how social workers in long-term care facilities can assist LGBT aging adults to acclimate to each other and the facility to encourage a safe and open living environment for the LGBT older adults in the State of Florida. The rapid growth of the aging LGBT community has shown that without the traditional support systems, LGBT older adults may be forced to rely on institutional care

as their independence diminishes (Putney et al., 2018). LGBT older adults may experience increased social isolation, stigma, and discrimination in comparison to their heterosexual counterparts and may have a harder time adapting to their new environment (White & Gendron, 2016).

Jacobson (2018) stated that many LGBT aging adults suffer abuse and discrimination at the hands of their health care providers. Putney et al. (2018) collected data through seven focus groups of LGBT adults over the age of 55. The results showed that the LGBT older adult feared dependence on their health care providers, discrimination, and isolation. Without resolution, the LGBT aging community in Florida may not acclimate to their environment and return to hiding their sexuality.

Smith et al. (2019) stated that only 22% of the older LGBT adult in long-term care facilities felt they could be open about their sexual orientation or gender identity. The LGBT aging population requiring long-term care in Florida may return to hiding their sexuality, possibly suffer from abuse and discrimination, or struggle to acclimate to the facility and the staff without assistance (Jacobson, 2018). Social workers in the long-term care facilities can assist the LGBT aging adult with this acclimation.

Florida has 692 nursing homes operating statewide (Williams Institute, 2019). Approximately 2.7 million aging adults in Florida identify as LGBT, and that number is increasing rapidly (Williams Institute, 2019). The Williams Institute (2019) stated Florida has a population of over 21 million people. Of that figure, 4.6% identify as LGBT and 11% of that figure are ages 65 and older; Florida has the 12th largest population of those who identify as LGBT in the United States (Williams Institute, 2019).

The increase in LGBT older adults in the State of Florida warranted a study of how social workers can assist them to acclimate into their new environment. Jacobson (2018) stated that without this assistance with acclimation, the LGBT aging adult may return to hiding their sexuality. With the assistance of social workers in long term care facilities, the LGBT aging adult may enjoy a safe and open environment.

Purpose Statement

The purpose of this qualitative study was to explore how social workers in long-term care facilities can assist LGBT aging adults to acclimate to each other and the facility and how they can encourage a safe and open living environment for LGBT older adults in the State of Florida. This study used the qualitative method. I used interviews via the zoom platform to understand how social workers in long-term care facilities can assist LGBT aging adults to acclimate to each other and the facility to encourage a safe and open living environment for the LGBT older adults in the State of Florida.

Research Questions

My research questions were:

RQ1: How can social workers in long-term care facilities in Florida assist LGBT aging adults to acclimate to each other and the facility.

RQ2: How can social workers in long-term care facilities in Florida encourage a safe and open living environment for LGBT older adults.

Nature of the Doctoral Project

The nature of this study was a basic qualitative study to understand the role of social workers in long-term care facilities in the State of Florida concerning LGBT older

adults' acclimation to the facility. To gather data, I used personal interviews with open-ended questions consistent with a basic qualitative research design.

Burkholder et al. (2016) described qualitative research as a way to describe a “phenomenon that occurs within our world” (p. 1, Chapter 5). This doctoral study helped me understand this phenomenon and develop explanations for why LGBT older adults return to secrecy when they are admitted to a long term care facility and how can social workers assist.

The participants identified were social workers currently working in the 692 State of Florida long-term care facilities through interviews and focus groups about their work with LGBT clients in the clinical settings. The participants were selected through purposive sampling with a sample size of 15 social workers. Because this study was focused on how social workers in long-term care facilities in the State of Florida can assist LGBT older adults to acclimate to the facility, all Florida social workers who earned a Bachelor of Social Work (BSW) degree or a Master of Social Work (MSW) degree and were working in long-term care facilities met the criteria to participate. Participation was voluntary through individual interviews via zoom.

Significance of the Study

White and Gendron (2016) stated even though social attitudes towards the LGBT population are changing, there is still discrimination that occurs in long-term care facilities. This research is an attempt to influence state policy to ensure that all elder health care providers, and those specifically in long-term care facilities, be trained in LGBT cultural competency. This could potentially ensure all LGBT older adults have

equal access to culturally competent caregivers in the State of Florida with the hope to expand this training nationally.

This doctoral project may influence not only the macro level of practice by assisting long-term care facilities to understand the complexities of LGBT aging adults but also the micro and mezzo levels of practice. The micro level affects the individual by helping social workers understand the LGBT aging adult as a person with a background. The long-term care social worker can also apply new knowledge to the mezzo level, families/groups, and know how that has affected the LGBT aging adult.

Donaldson and Vacha-Haase (2016) suggested that long-term care staff can benefit from cultural competency training focused on the LGBT residents and should provide greater self-awareness and self-efficacy for providing care to LGBT older adults.

Theoretical/Conceptual Framework

The life course perspective developed by Elder in 1998 and the minority stress theory (Meyer, 1995) are two conceptual frameworks used in this study. The life course perspective proposes that an individual's development may be determined by various interactions with others among changing social and political climates (Putney et al., 2018). The minority stress model proposes that discriminatory policies and concealment of identity create unique and chronic stress specific to gender and sexual minorities (Putney et al., 2018).

According to Elder (1995) the life course perspective is based on four concepts: (a) human lives and historical times, (b) the timing of lives, (c) linked lives, and (d) human agency. Human lives and historical times are related to where human lives are

affected by events that produce long-lasting effects (Elder, 1995). The timing of lives suggests that different events occur at different times and have different consequences for each person (Elder, 1995). Linked lives suggest that there is an interrelationship in experiences throughout a person's life. Finally, human agency discusses how people make decisions, develop strategies, and move forward (Elder, 1995).

According to the life course perspective, each generation or cohort is affected by their history (Meyer, 1995). This framework related to this study in the sense that the current generation of LGBT elders are from the silent generation and the older baby boomer generation who were born prior to the Stonewall riots, which is considered the turning point for LGBT rights, and they have experienced discrimination, oppression, and stigma throughout their lives (Oswald et al., 2019). Generations born after the Stonewall riots have experienced more positive acceptance. Understanding how this discrimination, oppression, and stigma interacted in the lives of these LGBT elders is important in understanding current LGBT older adults and their social lives and experiences in long-term care facilities.

Minority stress theory considers the unique social stressors such as discrimination, stigma, and oppression that the minority populations have experienced throughout their lives (Stenersen et al., 2019). Minority stress is the clash of minority group values and ethics and the social environment (Stenersen et al., 2019) According to Stenersen (2019), minority health disparities are explained by a set of stressors that are created by a less than friendly culture and results in a lifetime of discrimination and harassment that is unique to that minority population. This is currently seen in the elderly

LGBT population entering long-term care facilities as reflected in this study. Throughout their lives, the LGBT elderly population has experienced discrimination and victimization causing some to continue or resume hiding their sexuality in long-term care facilities (White & Gendron, 2016). Understanding this may help the long-term care facility social workers assist LGBT elderly adults to acclimate to the facility and to encourage a safe and open living environment.

Values and Ethics

Social workers are bound by the National Association of Social Workers (NASW, 2017) Code of Ethics that provides guidelines for professional conduct of social workers. NASW was formed in 1955 to assist their members around the world to provide high standards of practice while protecting the clients that use social work services (NASW, 2017).

Professional ethics are the core of the social work practice (NASW, 2017). The NASW (2017) Code of Ethics guides social workers on their conduct, values, principles, and ethical standards. The primary mission of social workers is to enhance human well-being and meet the basic needs of all people, especially those who are vulnerable and oppressed and living in poverty. The basic principle is to bring to the forefront those environmental issues that create, contribute to, and address problems in living.

NASW (2017) provides six ethical principles: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The primary goal is to help people in need and to address social problems (NASW, 2017). This doctoral study identified a social issue in the LGBT aging population regarding their

acclimation to long term care facilities and maintaining an open and safe environment there.

Challenging social injustice experienced by the vulnerable or oppressed, with a focus on issues of poverty and discrimination, is another principle (NASW, 2017). This doctoral study touched on the discrimination experienced by the LGBT aging population. Martin Luther King Jr. stated in his *Letter from a Birmingham Jail* (1963) that injustice anywhere is a threat to justice everywhere. If injustice against a particular group of people is allowed to persist, discrimination and prejudice and the idea that some are more worthy than others are emboldened. It is the responsibility of social workers to be curious, seek to understand, and value the worth and dignity in every individual, regardless of what they look like or whom they love.

Acknowledging the dignity and worth of the person and treating each person, regardless of race, religion, sexual orientation, and so forth, with respect is the third principle (NASW, 2017). Social workers are ethically responsible to help their clients address their needs and help to resolve the conflicts between individuals and their environments. Social workers recognize the importance of human relationships and that some of these relationships can cause personal change in an individual. Social workers must practice in a trustworthy and ethical manner and are bound by these ethical principles that must be adhered to in practice (NASW, 2017).

The final principle is for social workers to practice within their area of expertise and increase their professional knowledge to apply to their current practice (NASW, 2017). This doctoral study assisted current social workers in long-term care facilities by

providing information needed to help LGBT older adults acclimate to their new living environment.

Literature Review

The below annotated articles are related to the topic of LGBT aging adults and long-term care facilities. The keywords searched were *LGBT aging*, *nursing home*, and *long-term care* in the databases ERIC and SAGE Journals. I conducted a review of over 350 journal articles published between the years of 2010 and 2020. Of those journal articles, I reviewed only 115 that referred to the older LGBT population in long-term care settings. The following articles address the issues that affect LGBT aging adults in long-term care facilities.

Cultural Competence

Putney et al. (2018) stated older LGBT adults are a vulnerable population and face unique needs and stressors as they age. The authors studied older LGBT adults in the community regarding their anticipated needs and fears related to nursing homes and assisted living facilities. This was a qualitative study that collected data through seven focus groups of LGBT adults over the age of 55. The authors used an inductive, thematic approach to data analysis. The results showed that the LGBT older adult seeks an environment where they can live openly and feel safe and connected. The aging LGBT older adult also fears dependence on their health care providers, dementia, discrimination, and isolation, thus leading to identity concealment, psychological distress, and suicidal ideation. The authors used the life course perspective and the minority stress model.

The research question for Putney et al.'s (2018) study regarding the needs and fears of LGBT aging adults and long-term care facilities was well formed and added to the existing literature about the concerns and needs of LGBT older adults. The article added to the knowledge already existing on this population. The framework was appropriate, and the sample size was appropriate ($N = 50$). Confidentiality was maintained by analyzing data by focus groups instead of individuals. This was a limitation of the study, the inability to draw conclusions on individual levels. Researcher bias was minimal as two of the three researchers conducted inductive first cycle coding of each focus group. Another limitation of the study was the bias in the sampling method. The authors included participants from urban, suburban, and rural settings, which contributed to the generalizability of the findings. The conclusions were consistent with the existing literature and provide additional information useful in my research showing that most long-term care facilities in the State of Florida do not have staff adequately trained in the unique needs of the LGBT aging adult.

Kimmel et al. (2015) also provided insight into the diverse identities of LGBT older adults. Kimmel et al. (2015) used a case study design along with a minority stress framework. Their findings showed that long-term care providers are encouraged to consider the diverse identity of the LGBT older adult to render culturally competent sensitive treatment.

Hughes et al. (2011) examined the interactions between community-based aging services and LGBT aging adults in a quantitative study. The results of this study showed that direct care health providers in Michigan were unfamiliar with services to the LGBT

aging adults, and there was very little outreach. According to the authors, Michigan health care providers are willing to provide health care services to the LGBT aging adults but are in need of training.

The research question concerning cultural competence in Hughes et al.'s (2011) study was well formed and added to the existing literature about the concerns and needs of LGBT older adults. The article added to the knowledge already existing on this population. The framework was appropriate, and the sample size was appropriate ($N = 87$). Confidentiality was maintained throughout the study. However, Hughes et al. acknowledged that this study had limitations, including self-report and the potential responders' biases. The survey might have been more effective if there was a forced choice for the answers. Researcher bias was minimal. Another limitation of the study was the bias in the sampling method. The authors used purposive sampling, which did not contribute to the generalizability of the findings. This care study is relevant to the current conversation surrounding the increase in the LGBT aging adult population and the lack of knowledge health care providers have.

The conclusions of Hughes et al. (2011) were consistent with previous literature. This source provided additional information useful in my research showing that most long-term care facilities in the State of Florida do not have staff adequately trained in the unique needs of the LGBT aging adults, especially regarding mental health. This research and the previous literature showed the need for additional training in long-term care facilities on the uniqueness of the LGBT aging population. This information might help

all elder health care providers, and specifically those in long-term care facilities, to be trained in LGBT cultural competency.

Gendron et al. (2013) provided a mixed methods study on health care professionals who work with the LGBT aging population. The research provided an intervention of a 2- or 4-hour trainings to provide a basic level of knowledge of the LGBT aging adult and their unique issues. There were also four evaluators who attended and observed a minimum of two training sessions each. According to the authors, the impact of the training was profound and with feedback from the participants, the curriculum was revised and updated.

The research question concerning cultural competence training in Gendron et al. (2013) was well formed and added to the existing literature about the concerns and needs of LGBT older adults. The article added to the knowledge already existing on this population. The framework was appropriate, and the sample size was appropriate ($N = 158$). Confidentiality was maintained throughout the study. However, Gendron et al. acknowledged that this study had limitations. The researcher biases could have affected the process observations. Although the participants reported feeling more knowledgeable and more culturally competent about LGBT issues, their deep-seated beliefs about the LGBT population may not have changed and were difficult to assess. The survey might have been more effective if there was a forced choice for the answers. This care study is relevant to the current conversation surrounding the increase in the LGBT aging adult population and the lack of knowledge health care providers have.

Gendron et al.'s (2013) conclusions were consistent with previous literature. This source provided additional information useful in my research showing that most long-term care facilities in the State of Florida do not have adequate staff training in the unique needs of the LGBT aging adult, especially regarding mental health. This research and the previous literature showed the need for additional training in long-term care facilities on the uniqueness of the LGBT aging population, which might help all elder health care providers, and specifically those in long-term care facilities, to be trained in LGBT cultural competency. This will ensure LGBT older adults have equal access to culturally competent caregivers in the State of Florida and with the hope to expand the training nationally.

Bell et al. (2010) and Donaldson and Vacha-Haase (2016) expressed the need of long-term care facility staff to have access to cultural competence, be able to identify their current training needs, and develop a framework for understanding LGBT older adults.

Barriers to Health Care/Research

Smith et al. (2019) provided a study of the barriers to mental health care in long-term care settings for LGBT older adults. Barriers to health care for the LGBT older adult are 5 times that of the heterosexual older adult. Smith et al. described the barriers to health care for LGBT older adults as stigma, discrimination, violence, and finances. Specifically, only 22% of the LGBT older adults in long-term care facilities felt they could be open about their sexual orientation or gender identity. The authors outlined the methods they used in this study to measure mental health care providers' assessment of

the relevance of LGBT issues to their practice, their preparedness to provide care to LGBT older adults, their willingness to learn about this population, their training in LGBT-specific issues, and their perception of barriers to providing care to LGBT older adults in long-term care settings.

Smith et al.'s (2019) study was exploratory in nature using a survey questionnaire sent to a national sample of mental health providers in long-term care settings. This care study is relevant to the current conversation surrounding the increase in the LGBT aging adult population and the lack of knowledge health care providers have. However, Smith et al. (2019) acknowledged that this study had limitations: the low response rate (no actual number of surveys sent out), self-report, and the potential for responder bias. The survey might have been more effective if there was a forced choice for the answers.

Smith et al.'s (2019) explanation of the clinical implications included more training opportunities are needed in the unique needs of the LGBT older adults, more LGBT appropriate mental health practices are needed in long-term care settings, and LGBT stigma continues to be a barrier for effective services to the LGBT older adult in long-term care settings. This article also stated that there is a high degree of willingness to learn about and care for LGBT older adults in long-term care settings. There is an opportunity to provide this training in graduate schools and continuing education.

Kimmel (2015) examined the concerns of the LGBT older adults in a quantitative study. The results of this study showed that LGBT older adults fear long-term care placement and those who have a chosen family of friends and neighbors are far less depressed and isolated than those whose biological families are involved (Kimmel,

2015). According to the author, the primary barrier to research is the invisibility of the population. A secondary barrier to services is the lack of recognition of same-sex marriages to allow for funding for long-term care facilities.

The research question in Kimmel's (2015) study concerning LGBT older adults' concerns was well formed and added to the existing literature about the concerns and needs of LGBT older adults. The article added to the knowledge already existing on this population. The framework was appropriate, and the sample size was appropriate ($N = 120,000$). Confidentiality was maintained throughout the study. This care study is relevant to the current conversation surrounding the increase in the LGBT aging adult population and the lack of knowledge health care providers have.

The conclusions found by Kimmel (2015) were consistent with previous literature. This source provided additional information useful in my research showing that most long-term care facilities in the State of Florida do not have staff adequately trained in the unique needs of the LGBT aging adult. Kimmel (2015) focused on the characteristics, needs, and barriers for LGBT older adults to receive competent care.

Wolfenson (2017) examined the threats and barriers to the LGBT aging adult in long-term care facilities. The results of this study showed that LGBT older adults are at risk for discrimination, isolation, and depression when admitted to a long-term care facility. According to the author, 78% of LGBT older adults did not believe they could be open about their sexuality with facility staff and 85% of the geriatric providers felt that LGBT older adults were not safe coming out in long-term care facilities.

Wolfenson's (2017) research question concerning barriers and threats was well formed and added to the existing literature about the concerns and needs of LGBT older adults. The article added to the knowledge already existing on this population. The framework was appropriate, and the sample size was appropriate ($N = 1,289$). Confidentiality was maintained throughout the study. However, Wolfenson acknowledged that this study has limitations, self-report and the potential responder' biases. This care study is relevant to the current conversation surrounding the increase in the LGBT aging adult population and the lack of knowledge health care providers have.

The conclusions found by Wolfenson (2017) were consistent with previous literature. This source provided additional information useful in my research showing that most long-term care facilities in the State of Florida do not have staff adequately training in the unique needs of the LGBT aging adult. This research and the previous literature showed the need for additional training in long-term care facilities on the uniqueness of the LGBT aging population, which might help all elder health care providers, and specifically those in long-term care facilities, to be trained in LGBT cultural competency.

Schwinn and Dinkel (2015) examined the literature related to LGBT older adults and identified prevalent themes, the perceptions of LGBT older adults as they ponder long-term care placement, and staff knowledge and biases. The results of this study showed that an educational training program that focuses on the care of LGBT older adults is needed but may not change the staff attitudes and beliefs. According to the authors, an ongoing educational curriculum is needed.

Schwinn and Dinkel's (2015) research question concerning barriers was well formed and added to the existing literature about the concerns and needs of LGBT older adults. The article added to the knowledge already existing on this population. The framework was appropriate, and the sample size was appropriate ($N = 150$). Confidentiality was maintained throughout the study. This care study is relevant to the current conversation surrounding the increase in the LGBT aging adult population and the lack of knowledge health care providers have.

The conclusions of Schwinn and Dinkel (2015) are consistent with previous literature. This source provided additional information useful in my research showing that most long-term care facilities in the State of Florida do not have staff adequately trained in the unique needs of the LGBT aging adult. By showing the need for additional ongoing training in long-term care facilities on the uniqueness of the LGBT aging population, this research and the previous literature, might help all elder health care providers, and those specifically those in long-term care facilities, to be trained in LGBT cultural competency.

Long-Term Care Facilities and Staff

Cohens (2015) assisted The Department of Justice with conducting a study over a period of 8 months. This study was designed to provoke thought, raise critical questions, and suggest that additional research will go deeper into the issues raised by personal stories. The author assisted with studying older LGBT adults in the long-term care facilities to reflect on their needs and fears related to the care in the long-term care facilities. This was a qualitative study that collected data through individual interviews of LGBT adults currently in long-term care facilities. The results showed that LGBT older

adults seek an environment where they can live openly and feel safe and connected. The aging LGBT older adult also fears dependence on their health care providers, dementia, discrimination, and isolation, thus leading to identity concealment, psychological distress, and suicidal ideation.

The research question, how do LGBT older adults in long-term care facilities view their care, was well formed and added to the existing literature about the concerns and needs of LGBT older adults. The article added to the knowledge already existing on this population. The framework was appropriate, and the sample size was more than appropriate ($N = 769$). There was a limitation of the study, the inability to draw conclusions on individual levels and researcher bias. The authors communicated clearly and fully. The authors included participants from urban, suburban, and rural settings which contributed to the generalizability of the findings. The conclusions were consistent with the existing literature.

Summary

LGBT aging adults are a part of the silent generation and the older baby boomer generation who have experienced discrimination, oppression, and stigma throughout their lives, as per the life course perspective and minority stress theory, and they may choose to remain silent about their sexual orientation in long-term care facilities for fear of continued discrimination (Oswald et al., 2019). For social workers in long term care facilities, understanding how this discrimination, oppression, and stigma affected the lives of these LGBT elders is important in understanding current LGBT older adults and their social lives and with their experiences in long-term care facilities.

The literature reviewed showed a distinct gap between the needs and fears of LGBT aging adults and cultural competency training available to long-term care facilities' staff (Putney et al., 2018). Hughes et al. (2011) provided additional information that showed most long-term care facilities in the State of Florida do not have staff adequately trained in the unique needs of the LGBT aging adult, especially social workers who are charged with advocating for residents' rights. Hughes et al. (2011) showed the need for additional training on long-term care facilities on the uniqueness of the LGBT population and it might assist all elder care providers and those specifically in long-term care facilities to be trained in LGBT aging issues.

Section 2: Research Design and Data Collection

Research Design

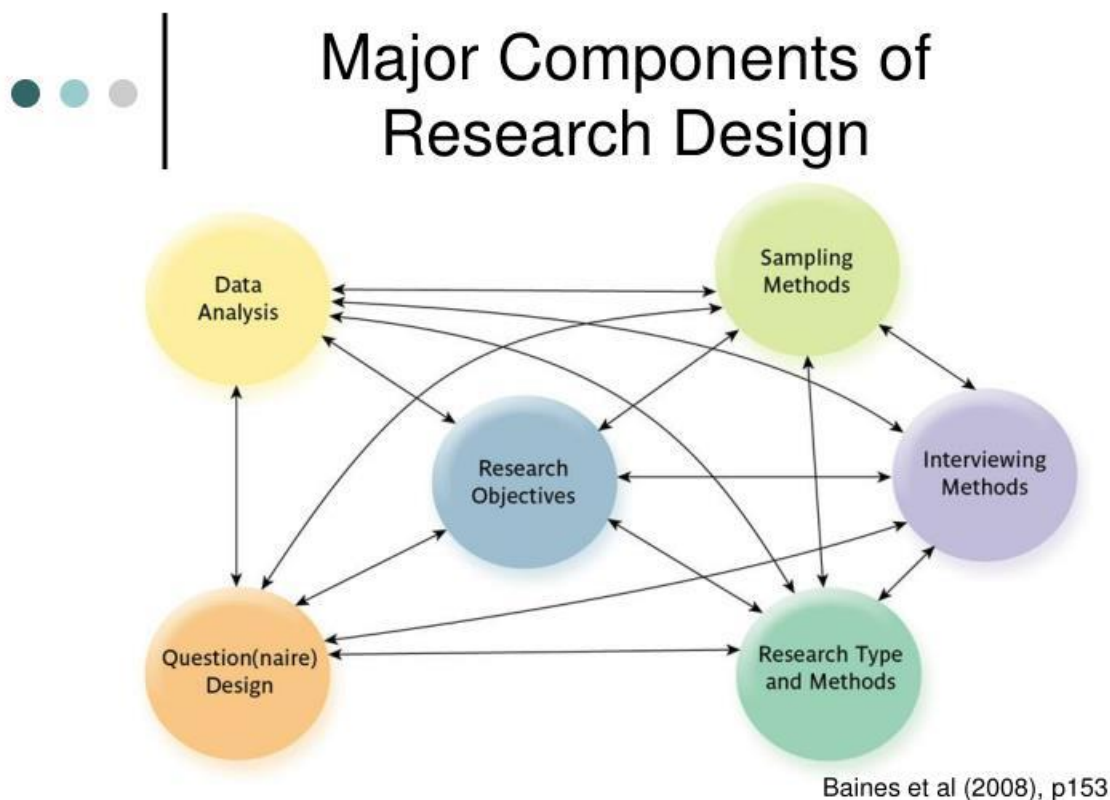
This study used the qualitative method to explore how social workers in long-term care facilities assist LGBT aging adults to acclimate to each other and the facility. It also explored how social workers encourage a safe and open living environment for LGBT older adults in the State of Florida. I used interviews to understand how social workers in long-term care facilities in the State of Florida can assist LGBT aging adults to acclimate to each other and the facility to encourage a safe and open living environment for the LGBT older adults.

The research questions for this study were:

RQ1: How can social workers in long-term care facilities in Florida assist LGBT aging adults to acclimate to each other and the facility?

RQ2: How can social workers in long-term care facilities in Florida encourage a safe and open living environment for LGBT older adults?

Ravitch and Carl (2016) described qualitative research as an attempt to understand individuals, groups, and phenomena in their natural settings (p. 2). A qualitative study usually begins with an interest, problem, or question and follows a process as shown in Figure 1 located in Knibbs (2009).

Figure 1*Major Components of Research Design*

Note. Adapted from "Market & Marketing Research Powerpoint Presentation" by K. Knibbs, 2009, www.slideserve.com/akeem-durham/market-marketing-research-powerpoint-ppt-presentation. Copyright 2021 SlideServe. Reprinted by permission.

There are several components to qualitative research seen in Table 1 as described by Ravitch and Carl (2016). However, the role of the researcher is primary and positionality and social location are two components of the researcher's identity (Ravitch & Carl, 2016). These components are essential to understanding the researcher's role (Ravitch & Carl, 2016).

Table 1*Components of Qualitative Research*

Fieldwork and naturalistic engagement	Qualitative research involves fieldwork and naturalistic engagement, which means that the researcher is physically present with the people, in a community and/or institution to engage, observe, and record experience and behavior within a natural setting.
Descriptive and analytic	Qualitative research is both descriptive and analytic in that researchers are interested in understanding, describing, and ultimately analyzing, in detailed and deeply contextualized ways, the complex processes, meanings, and understandings that people have and make within their experiences, contexts, and milieu.
Seeks complexity and contextualization	Qualitative research seeks complexity and contextualization in terms of how reality exists and unfolds in ways that are temporal, contextual, and highly individualized even as participants may share certain experiences and perspectives.
Researcher as instrument	In qualitative research, the researcher is considered the primary instrument of the research throughout the research process, meaning that the subjectivity, social location/identity, positionality, and meaning making of the researcher shape the research in terms of its processes and methods and therefore shape the data and findings. Thus, the identity of the researchers is viewed as a central and vital part of the inquiry itself.
Process and relationships	Qualitative researchers pay careful attention to process and relationships, meaning that there is an intentional focus on how the research process – including procedures, methods, and interpersonal dynamics – itself generates meaning and important frames for understanding data.
Fidelity to participants	Qualitative research shows a fidelity to participants and their experiences rather than a strict adherence to methods and research design and in that sense can take an emergent approach to research design and implementation.
Meaning and meaning making	Qualitative researchers are interested in meaning and meaning making, which entails a deep investment in understanding how people make sense of their lives and experiences, as well as how the meanings people make of/in their lives are socially and individually constructed within and directly in relation to social and institutional structures.
Inductive	The process of qualitative research is largely inductive in that the researcher builds concepts, hypotheses, and theories from data that are contextualized and that emerge from engagement with research participants.

Note. Adapted from *Qualitative Research: Bridging the Conceptual, Theoretical, and Methodological* by S.

Ravitch and N. Carl, 2015, p 10. Copyright 2016 by Sage Publications. Adapted by permission.

Burkholder et al. (2016) also described qualitative research as a way to describe a “phenomenon that occurs within our world” (p. 1, Chapter 5). This doctoral study aided understanding of this phenomenon and developed explanations as to why this is happening and how social workers can assist.

Methodology

The participants were selected through purposive sampling. Purposive sampling is used in qualitative research to choose individuals to participate who have knowledge of an experience, a phenomenon, or work in a particular place that is related to the research questions (Ravitch & Carl, 2016). Because this study was focused on how social workers in long-term care facilities in the State of Florida can assist LGBT older adults to acclimate to the facility, all Florida social workers who have earned a BSW or a MSW and are working in long-term care facilities met the criteria to participate. Long-term care facilities in the State of Florida are not required to hire a BSW or MSW for the social work position. Therefore, a review of all long-term care facilities in Florida was completed to determine if the incumbent social service staff met the stated criteria. Those who met the criteria were sent an email to extend an invitation to participate in the study. Participation was voluntary through individual interviews via zoom.

The participant pool of 15 identified social workers were currently working in one of the 692 State of Florida long-term care facilities. They were interviewed through the zoom platform about their treatment with LGBT clients and their behaviors in the clinical settings. The design was individual semistructured interviews. According to Jamshed

(2014), semistructured interviews request each participant to answer preset open-ended questions that take approximately 30-60 minutes each.

Guest et al. (2006) stated data saturation occurs between 10-15 interviews. The authors stated that after 12 interviews, new themes did not emerge (Guest et al., 2006). Latham (2020) stated 15 interviews work well, with saturation occurring between 12-15 for homogeneous participants. For this study, 15 participants were recruited to allow for each area of Florida—north, south, east, west, central, and panhandle—to be represented and allowed for data saturation. All the participants in this study were homogeneous.

Luenendonk (2019) describes the interview schedule as a three-part document, opening, body, and closing. The opening allows a rapport to be created between the researcher and participant (Luenendonk, 2019). It also includes the objectives of the interview, topics that are to be discussed, and the duration of the interview. The body contains questions and follow-up questions designed to elicit the information for the study. The following questions were part of the interviews for my study:

- Describe the culture of your facility, do you believe that a LGBT older adult would fit into your facility. Why or why not,
- Describe how you can assist the LGBT older adult acclimate to your facility.
- Do you have any openly LGBT older adults in your facility, if so, how did you know they were openly LGBT?
- Describe how the residents and family members accept the LGBT older adult.

According to Luenendonk (2019), the closing part of the interview is a wrap up and asking the participants if there is anything further they would like to add. Allowing the participants to do so ensures the interview does not end abruptly.

Data Analysis

I performed data analysis in three stages beginning with open coding. Coding is the process of organizing themes and patterns found in the data into categories related to the phenomenon (Burkholder et al., 2016). Once data was collected and interviews were transcribed, I looked for common themes (see Burkholder et al., 2016). The collected data was stored in a locked file cabinet. No social media was used in this study.

The next step in coding was axial coding where the researcher views the categories again and reassigns them (Burkholder et al., 2016). The final stage is selective coding where one category fits a number of smaller categories. According to Burkholder et al., (2016), the final stage of coding “tells the story between participants and the phenomenon” (p. 8, Chapter 5).

Issues of trustworthiness in qualitative studies involve dependability, credibility, transferability, and confirmability (Burkholder et al., 2016). Dependability is achieved when the same results are collected in each instance. To achieve dependability, I used inquiry audits for this doctoral study.

Credibility means peer debriefings and reflexivity have shown the findings of the study to be believable (Burkholder et al., 2016). Transferability refers to the extent to which the findings can be generalized to the population and are achieved by reflexivity

(Burkholder et al., 2016). Finally, confirmability looks at objectivity and researcher bias; this can be determined by audit trails (Burkholder et al., 2016).

Ethical Procedures

Assessing risks and benefits of this doctoral study was reviewed prior to conducting any research to determine if the participants are at risk (Burkholder et al., 2016). For example, some participants may feel uncomfortable discussing LBGT older adult issues due to the sensitive nature of this topic and possible implicit biases (Burkholder et al., 2016). Implicit biases are social stereotypes about certain groups of people that individuals form outside their own conscious awareness (Burkholder et al., 2016). Unconscious biases tend to surface when the individual is under pressure or feels stressed.

This study was presented to the Institutional Review Board to ensure the safeguards in this study were adequate to avoid risk to the participants (Burkholder et al., 2016). After the Institutional Review Board approved the study, research ethics training was completed by the researcher. During the study all ethical standards and guidelines were followed (Burkholder et al., 2016).

Since this doctoral study was internet based, there are ethical challenges and responsibilities involved such as protecting privacy, debriefing, and maintaining data security (see Burkholder et al., 2016). Debriefing for this online doctoral study provided each participant with a full explanation of the research study. This allowed the participants to process the interview and reflect on its impact (Burkholder et al., 2016).

A consent form from each participant was obtained prior to participation documenting their voluntary willingness to participate and a description of the study (Burkholder et al., 2016). The consent form had the three ethical principals as described by the Belmont Report – respect for persons, beneficence, and justice (Burkholder et al., 2016). The Belmont Report ensured that when working with human participants, protections are in place to prevent abuses (Burkholder et al., 2016). This doctoral study provided for anonymity of the participants’ data as there was no identifying information from the participants by ensuring to create a unique code for each participant and researching the internet host policies (Burkholder et al., 2016).

Summary

This doctoral study was a basic qualitative research design. The participants identified were social workers currently working the State of Florida long term care facilities who have earned a BSW or a MSW. Interviews were held to discuss their treatment with LGBT clients and their behaviors in the clinical setting.

A consent form with a description of the study was provided to the participants prior to participation. All responses were protected for privacy. Data analysis was performed using a three-stage process and applied to the study. Rigor of the study was addressed by audits, reflexivity, and peer debriefings.

The following sections will provide the findings of this doctoral study, application to professional practice, and the implications for social change.

Section 3: Presentation of the Findings

Introduction

Inequalities experienced by LGBT older adults in long term care facilities may take many forms such as abuse, refusal of admission, and restriction of visitors, and they may force the LGBT aging population to not reveal sexual orientation (Jacobson, 2018). My doctoral study explored the role of social workers in long-term care facilities in helping LGBT residents acclimate to their new environment and providing a safe and open environment in long term care.

Purpose Statement

The purpose of this qualitative study was to explore how social workers in long term care facilities assist LGBT aging adults to acclimate to each other and the facility and how do they encourage a safe and open living environment for LGBT older adults in the State of Florida. This study used the qualitative method. I used interviews to understand how social workers in long term care facilities in the State of Florida can assist LGBT aging adults to acclimate to each other and the facility to encourage a safe and open living environment for the LGBT older adults.

Research Questions

My research questions were:

RQ1: How do social workers in long term care facilities in Florida assist LGBT aging adults to acclimate to each other and the facility.

RQ2: how do social workers in long-term care facilities in Florida encourage a safe and open living environment for LGBT older adults?

Methodology

The participants were selected through purposive sampling. Purposive sampling is used in qualitative research to choose individuals to participate who have knowledge of an experience, a phenomenon, or work in a particular place that is related to the research questions (Ravitch & Carl, 2016). Because this study was focused on how social workers in long term care facilities in the State of Florida can assist LGBT older adults to acclimate to the facility, all Florida social workers who earned a BSW or a MSW and were working in long term care facilities met the criteria to participate. Long term care facilities in the State of Florida are not required to hire a BSW or MSW for the social work position. Therefore, a review of all long term care facilities in Florida was completed to determine if the incumbent social service staff met the stated criteria. Those who met the criteria were sent an email and extended an invitation to participation in the study. Participation was voluntary through individual interviews via zoom.

The participant pool of 16 identified social workers were currently working in one of the 692 State of Florida long term care facilities. They were interviewed through the zoom platform about their treatment with LGBT clients and their behaviors in the clinical settings. It is interesting to note that all participants interviewed were female. The data collection design was individual semistructured interviews. In this section, I examine the data analysis techniques used and the findings of these interviews.

Data Analysis Techniques

Data collection began when this study was approved by the Institutional Review Board of Walden University in February 2021 (approval number 02-26-21-0982665).

Data collection occurred over an 11-week period during which 150 emails were sent to the social service directors in long term care facilities in Florida. Emails were sent only to those who met the inclusion criteria of having earned either a BSW or MSW. Out of the 150 emails sent, only 35 social workers agreed to participate in this study. However, only 16 social workers met the inclusion criteria.

The semistructured interviews were held over the course of February through April, 2021. The interviews lasted for approximately 30–60 minutes via the zoom internet platform. Each social worker who participated in the study was assigned a number to allow for privacy. Only three out of the 16 participants were licensed through the State of Florida. Five participants had an MSW degree, and the remaining eight social workers had a BSW degree. The criteria for a social service director to work in a long term care facility is to have a bachelor's degree in social work or a related field. Many of the proposed participants had a bachelor's degree but in another field of study such as chemistry, english, or biology.

Each participant selected was provided a copy of the informed consent, a description of the study, and a set of seven interview questions. Before the interview commenced, discussion was held with each participant on the informed consent and agreement for audio taping. Each participant had a copy of the questions in front of them during the interview and was informed that they could elect not to participate at any time during the interview.

Each of the questions were open-ended, and the participants were encouraged to speak their own thoughts and not what they may have thought was expected for the study.

To objectively understand each response of the participants, I used paraphrasing and summarizing. When the interview of the open-ended questions was concluded, each applicant was given time to add anything they thought would be helpful to the study. The interviews were recorded, and when each interview was completed, I transcribed the recording. During the interviews I also took notes.

Coding is the process of organizing themes and patterns found in the data into categories related to the phenomenon (Burkholder et al., 2016); coding was used for this study. I transcribed the recordings immediately after each interview, reviewed the transcriptions for accuracy, and compared them to the notes I took to ensure the data was correctly transcribed. After verifying the coding was correct and ensuring my knowledge of the data, I began the three-stage coding looking for common themes (see Burkholder et al., 2016). I performed data analysis in three stages beginning with open coding, identifying and listing the key words and phrases that were common among the interviews. Open coding involves circling, highlighting, bolding, and/or underlying noteworthy quotes from the participants (Saldana, 2016). According to Saldana (2016), in qualitative data analysis, a code attributes interpretative meaning to data. There were 10 themes that became apparent in the open coding phase.

The second stage in the coding process is axial coding where the researcher reviews the categories and reassigns them based keywords that were commonly used and were related (Burkholder et al., 2016). I reviewed the 10 potential themes against the data collected so that the themes related to the research questions were captured. There were several themes that emerged during the first round of coding. They were education,

resident rights, trust, respect, protect rights, training program, encourage all residents to go to activities, diversity training, lead by example, and training on acceptance and boundaries.

The final stage was selective coding where one larger category can fit a number of smaller categories that are interrelated (Burkholder et al., 2016). According to Burkholder et al., (2016), the final stage of coding “tells the story between participants and the phenomenon” (p. 8, Chapter 5).

Issues of trustworthiness in qualitative studies are focused on dependability, credibility, transferability, and confirmability (Burkholder et al., 2016). Dependability is achieved when the same results are collected each time a study was conducted measuring the same issues (Burkholder et al., 2016). To achieve dependability, I used inquiry audits in this doctoral study (Burkholder et al., 2016).

Credibility means peer debriefings and reflexivity have shown the findings of the study to be believable (Burkholder et al., 2016). Transferability implies to the extent to which the findings can be generalized to the population and are achieved by reflexivity (Burkholder et al., 2016). Finally, confirmability looks at objectivity and researcher bias; this can be determined by audit trails (Burkholder et al., 2016).

One way that validation/credibility was confirmed was by member checking, which involved providing the participants with a copy of the transcribed interviews to see if there were any corrections needed. Only one participant replied and stated there were no corrections needed. To ensure trustworthiness, the researcher kept an audit trail and code book along with a bias journal to express feelings, values, and beliefs during the

study. Triangulation was accomplished in this study by using the same seven questions for all 16 participants.

One of the limitations noted during this study was that even though there were over 650 long term care facilities in the State of Florida, there were only 150 of those facilities that employed BSWs or MSWs. Another limitation, based on previous literature and social work knowledge requirements, is many of long term care facilities in the State of Florida do not hire individuals with either a BSW or MSW.

Many of the return emails from potential participants stated they were not able to participate in the study without the approval of their administrators. Due to the amount of regulation in the long-term care industry, administrators fear that if their staff discusses policies and procedures with anyone outside the organization, it will have a negative impact on the facility.

Findings

This study explored the importance of the role of social workers in long term care facilities to assist LGBT residents acclimate to their new environment and provide a safe and open environment in long term care. Based on the responses by the participants, there is a need for education on LGBT issues for all facility staff. During the semi structured interviews, a best practice was discovered in one of the State of Florida long term care facilities. The social worker developed a comprehensive LGBT training program for the facility staff which could be useful in all the State of Florida facilities.

Demographics

The 16 long term care facility social workers who participated in the study covered east, west, north, south, and central Florida. There were three facilities that housed only veterans and 12 facilities that were described as rural, southern mix and very conservative. However, only three facilities out of the 16 stated that a LGBT older adult would not fit into their facility. Table 2 provides an illustrative view of the results.

It was interesting to note that all participants were Caucasian, ages 30 – 60. Participants 7, 12, and 14 were licensed clinical social workers (LCSWs) in the State of Florida. All three of these participants worked in the State of Florida Veteran Homes. Participants 1, 6, 10, 11, and 15 all had MSW's. Participant 6 was not very forthcoming in her answers to the interview even though the researcher reminded her that she can terminate the interview at any time if it made her uncomfortable. She declined to end the interview. Participants 2, 3, 4, 5, 8, 9, 13, and 16 had BSW's. With the exception of Participant 6, all other participants in the study were very open with discussing the needs and issues of the LGBT older adult.

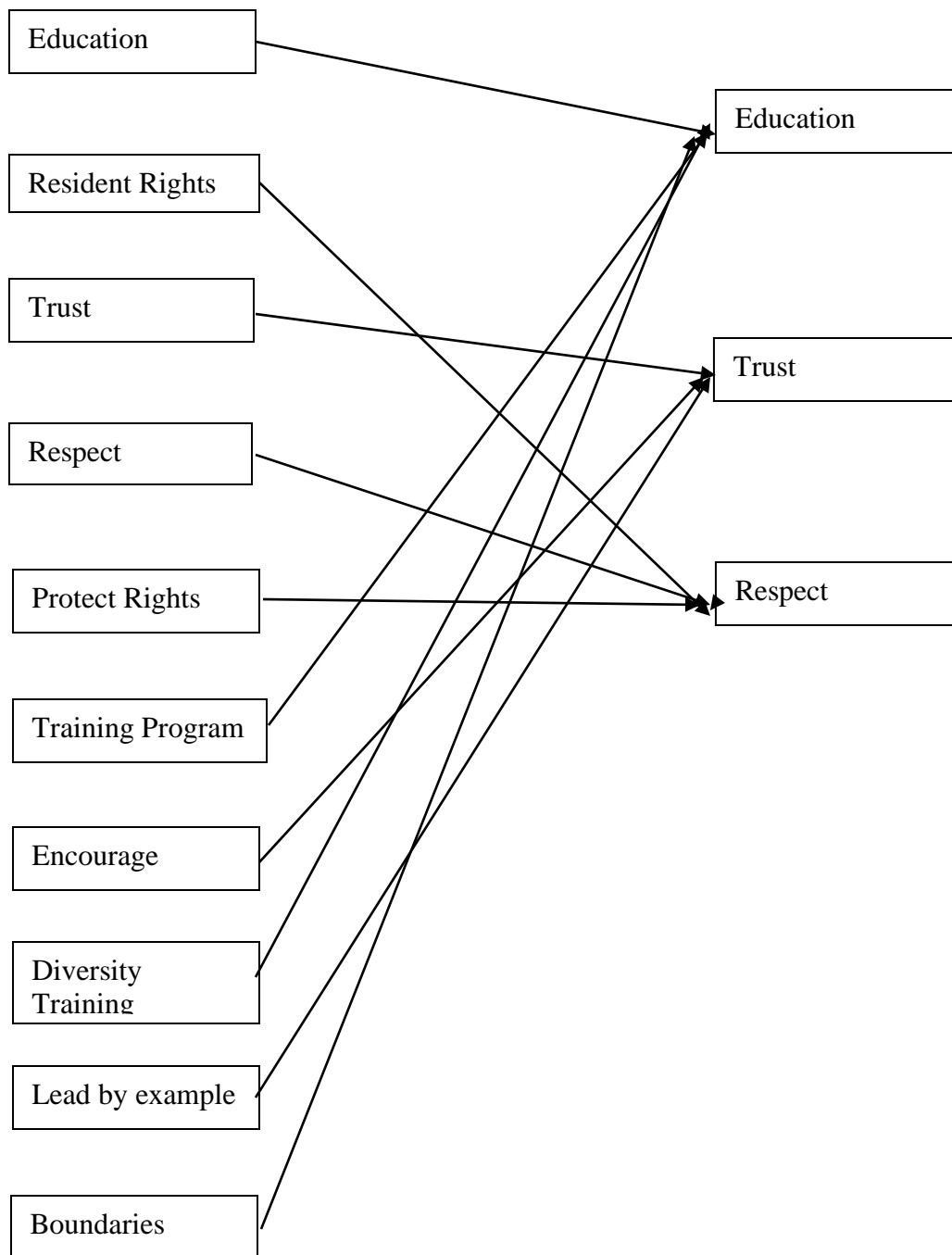
Table 2*Descriptive Statistics*

Question	Yes	No
Do you believe that a LGBT older adult would fit into your facility?	12	4
Do you have any open LGBT older adults?	5	11
Do you have any open LGBT staff?	4	12
Those facilities that had a Dementia Unit.	4	12

Themes

Based on the research questions and the theoretical concepts stated in this study, the social workers in long term care facilities interviewed described the 10 themes listed below (Figure 2) to assist LGBT aging adults to acclimate to each other and the facility and to encourage a safe and open living environment for LGBT older adults. These 10 themes were consolidated, based on similarities, into three themes - education, respect, and trust - during the final coding process. Education was the number one theme that was echoed by all interviewed social workers. However, only one out the 16 facilities actually had a training program for staff, residents, and families.

The findings reflected the social workers suggestions and thoughts on providing competent long term care services to our LGBT older adults. The following findings and themes include the narratives and direct quotes from the participants.

Figure 2*Theme Coding*

The data analysis revealed 10 prevalent themes. During the course of the coding process, the 10 themes identified were narrowed down to three themes based on similarities. The ten themes were able to fit into the three larger themes of (1) education, (2) trust, and (3) respect (Figure 2). The original 10 themes are described in more detail below with direct quotes from the participants and the final three themes were supported by the participants responses to the semistructured interviews and based on questions #6 – how would you help acclimate LGBT older adults to your facility, the staff, and the resident/family member, and #7 – how would you encourage a safe and open living environment for LGBT older adults.

Themes were consistent with the theoretical frameworks related to this study – life course perspective and minority stress theory. Understanding how discrimination, oppression, and stigma interacted in the lives of LGBT older adults is important in understanding current LGBT older adults and their social lives and their experiences in long-term care facilities.

Education

All but one of the social workers (Participant 3) stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker (Participant 12) interviewed stated her facility had a very comprehensive LGBT training program.

Having a training program goes hand in hand with education. All but one of the social workers (Participant 3) stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker interviewed stated her facility had a very comprehensive LGBT training program.

Diversity training was also discussed as part of education and all but one of the social workers stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. Since LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. The statements from each participant regarding training, education, and diversity follow.

Participant 9 stated, “Why would it be an issue for a LGBT older adult? We treat everyone the same with no education program. No one here talks about it.” Participant 3 stated,

We do not have a training program. The staff treats everyone with dignity and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

Participant 4 vocalized,

We do not have nor have we encountered any LGBT older adults in our facility.

We would treat LGBT older adults the same as a heterosexual couple and respect the relationship. This is a very rural facility with low income and limited education of the residents.

Participant 5 shared, “The culture our residents grew up in was very racist. The income and education levels of the residents are mixed. I would start with the LGBT older adult first and then practice and enforce residents’ rights.” Participant 8 conveyed:

This facility is a mixture of urban and rural. The facility has a younger crowd and they are more open about their sexuality and talking about it. I would encourage all residents to go down to activities and the staff would not have a concern.

Participant 13 stated,

Our facility has older, low functioning, rural, lower income residents who held menial jobs throughout their lives. As the social worker, I would have a discussion with those residents, families, and staff members that are concerned and provide education especially to the staff.

Participant 16 shared the following:

This facility is a rural southern mix. Those residents below the age of 70 are more open, however, those over age 70 are very closeted. I would endorse diversity training for all staff and residents. Families would be welcomed. I would not necessarily encourage nor discourage.

Participant 2 vocalized,

This is an unusual facility as there is a mixture of all ages, 30 – 99, and races.

Many of the residents have trust issues. Trust is the key. Hate crimes are rampant along with identity thefts within the facility. So having the residents trust is extremely important.

Participant 6 remarked, “This is a Veteran only facility. As the social worker, I would provide education on boundary issues, acceptance, and use of the correct language. This education needs to be provided not just to residents but staff also.” Participant 1 provided, “I would respect the wishes of the LGBT older adult but would also provide support and education to staff and other residents along with their families.” Participant 10 shared, “I would accommodate and treat as every other resident. However, I would contain in a private area and no sharing of rooms. I would focus on the privacy issue. This facility is a very conservative facility in southern Florida.” Participant 11 voiced, “This is a mixed facility and has a memory unit. We have not had any LGBT older adults. The staff appears they would be okay with it but if needed, education would be available.” Participant 15 articulated, “As a younger age facility, I would be available for training to both staff and residents and their families as needed. I encourage caring and compassionate throughout the facility.” Participant 14 declared,

This is a Veteran only facility. Education for staff would be available but not sure it would work based on stigma. As we are talking, I am thinking that these odd behaviors that some dementia patients are displaying could be LGBT in nature.

There definitely needs to be an awareness within our facility.

Participant 12 conveyed,

My facility is a Veteran only, southern, conservative culture. My administration is on board with a completed LGBT education program. We are very focused on the need of the residents. We have had some hiccups but it is now flowing smoothly.

Finally, Participant 7 spoke the following:

This is also a Veteran facility. There is no formal education program. Many of our residents are older and grumpy. Education around acceptance, boundary settings, encouragement and use of correct language should be the norm. However, it is hard when most of the residents are cognitively impaired.

One social worker (Participant 7) who worked with all veterans stated that education around acceptance and boundary setting is so important to establish a caring environment. Use of correct language and encouragement not only with the residents but also with the family members, was extremely important. As stated, family members need processing time for their feelings and support to help healing as identifying as LGBT can tear families apart.

It is important for both the LGBT older adult and the social worker to recognize the importance of education in long-term care facilities. This training can provide the tools needed for staff to assist acclimate the LGBT older adult to the facility but also to prevent further discrimination and abuse.

Trust

Trust was an important factor the key based on the social workers interviews. One social worker likened trust issues to hate crimes which are running rampant within our society (Participant 2). This particular social worker also discussed identity thefts as part

of trust issues. However, during the interview there was one social worker that was uncomfortable with answering the questions. She (Participant 6) did complete the interview; however, her responses were short, sometimes one-word answers. All social workers interviewed stated they reinforce resident rights regardless of sexual orientation. One particular social worker stated she is adamant about protecting her residents' rights regardless of the consequences (Participant 3). Resident rights are guaranteed by law and are not removed when a resident is admitted to a facility. Statements from those participants that stressed trust issues follow.

Participant 6 remarked, "This is a Veteran only facility. As the social worker, I would provide education on boundary issues, acceptance, and use of the correct language. This education needs to be provided not just to residents but staff also." Participant 3 stated,

We do not have a training program. The staff treats everyone with dignity and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

Participant 2 vocalized,

This is an unusual facility as there is a mixture of all ages, 30 – 99, and races. Many of the residents have trust issues. Trust is the key. Hate crimes are rampant along with identity thefts within the facility. So having the residents trust is extremely important.

Trust for LGBT older adults is an important issue based on their past experiences of discrimination and abuse. According to the participants, LGBT older adults will not trust someone who does not work to provide resolutions to issues and protect their resident rights. The social workers in the interviews stated many of the staff do not observe resident rights causing a contentious relationship between the LGBT older adult and staff.

Respect

All social workers interviewed agreed that staff and residents need to treat each other with respect. This goes along with trust according to those participants. One social worker stated she would treat the LGBT older adult the same as a heterosexual older adult (Participant 4). Another social worker stated she treats everyone with respect to develop a good rapport so the residents are comfortable about approaching her with their concerns (Participant 8).

Protecting rights appeared to go hand in hand with resident rights, trust, and respect. All social workers interviewed stated they reinforce residents' rights regardless of gender identity. One particular social worker stated she is adamant about protecting her residents' rights regardless of the consequences (Participant 3). Resident rights are guaranteed by law and are not removed when a resident is admitted to a facility.

Statements from each participant that stressed respect follow. Participant 8 conveyed,

This facility is a mixture of urban and rural. The facility has a younger crowd and they are more open about their sexuality and talking about it. I would encourage all residents to go down to activities and the staff would not have a concern.

Participant 3 stated,

We do not have a training program. The staff treats everyone with dignity and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

Participant 4 vocalized,

We do not have nor have we encountered any LGBT older adults in our facility. We would treat LGBT older adults the same as a heterosexual couple and respect the relationship. This is a very rural facility with low income and limited education of the residents.

Respect, according to the participants, must be earned. Many staff in long-term care facilities have a hard time with that as there is not enough time and they have too many residents needing care. All participants agreed that respect was imperative to form a respectful relationship but difficult to do due to staffing shortages.

Resident Rights

This theme was combined with respect. All social workers interviewed agreed that staff and residents need to treat each other with respect. This goes along with trust according to those participants. One social worker stated she would treat the LGBT older adult the same as a heterosexual older adult (Participant 4). Another social worker stated she treats everyone with respect to develop a good rapport so the residents are comfortable about approaching her with their concerns (Participant 8).

Protecting rights appeared to go hand in hand with residents' rights, trust, and respect. All social workers interviewed stated they reinforce residents' rights regardless of gender identity. One particular social worker stated she is adamant about protecting her residents' rights regardless of the consequences (Participant 3). Resident rights are guaranteed by law and are not removed when a resident is admitted to a facility.

Statements concerning residents' rights by the participants follow.

Participant 8 conveyed,

This facility is a mixture of urban and rural. The facility has a younger crowd and they are more open about their sexuality and talking about it. I would encourage all residents to go down to activities and the staff would not have a concern.

Participant 3 stated,

We do not have a training program. The staff treats everyone with dignity and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

Participant 4 vocalized,

We do not have nor have we encountered any LGBT older adults in our facility. We would treat LGBT older adults the same as a heterosexual couple and respect the relationship. This is a very rural facility with low income and limited education of the residents.

Participant 5 shared, “The culture our residents grew up in was very racist. The income and education levels of the residents are mixed. I would start with the LGBT older adult first and then practice and enforce residents’ rights.”

According to the participants, LGBT older adults will not trust someone who does not work to provide resolutions to issues and protect their resident rights. The social workers in the interviews stated many of the staff do not observe resident rights causing a contentious relationship between the LGBT older adult and staff.

Protect Rights

This theme was also combined with the respect theme. All social workers interviewed agreed that staff and residents need to treat each other with respect. This goes along with trust according to those participants. One social worker stated she would treat the LGBT older adult the same as a heterosexual older adult (Participant 4). Another social worker stated she treats everyone with respect to develop a good rapport so the residents are comfortable about approaching her with their concerns (Participant 8).

Protecting rights appeared to go hand in hand with resident rights, trust, and respect. All social workers interviewed stated they reinforce residents’ rights regardless of gender identity. One particular social worker stated she is adamant about protecting her residents’ rights regardless of the consequences (Participant 3). Resident rights are guaranteed by law and are not removed when a resident is admitted to a facility. The following statements concerning protection of rights from the participants are as follows.

Participant 8 conveyed:

This facility is a mixture of urban and rural. The facility has a younger crowd and they are more open about their sexuality and talking about it. I would encourage all residents to go down to activities and the staff would not have a concern.

Participant 3 stated,

We do not have a training program. The staff treats everyone with dignity and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

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According to the participants, LGBT older adults will not trust someone who does not work to provide resolutions to issues and protect their resident rights. The social workers in the interviews stated many of the staff do not observe resident rights causing a contentious relationship between the LGBT older adult and staff.

Training Program

This theme was combined with the education theme. All but one of the social workers (Participant 3) stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supports the existing literature described in this study. Unfortunately, only one facility social worker (Participant 12) interviewed stated her facility had a very comprehensive LGBT training program.

Having a training program goes hand in hand with education. All but one of the social workers (Participant 3) stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker interviewed stated her facility had a very comprehensive LGBT training program.

Diversity training was related to education and all but one of the social workers stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker (Participant 12) interviewed stated her facility had a very comprehensive LGBT training program. The statements from each participant follow.

Participant 9 stated the following: “Why would it be an issue for a LGBT older adult. We treat everyone the same with no education program. No one here talks about it.” Participant 3 stated,

We do not have a training program. The staff treats everyone with dignity and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

Participant 4 vocalized,

We do not have nor have we encountered any LGBT older adults in our facility. We would treat LGBT older adults the same as a heterosexual couple and respect the relationship. This is a very rural facility with low income and limited education of the residents.

Participant 5 shared, “The culture our residents grew up in was very racist. The income and education levels of the residents are mixed. I would start with the LGBT older adult first and then practice and enforce residents’ rights.” Participant 8 conveyed,

This facility is a mixture of urban and rural. The facility has a younger crowd and they are more open about their sexuality and talking about it. I would encourage all residents to go down to activities and the staff would not have a concern.

Participant 13 stated,

Our facility has older, low functioning, rural, lower income residents who held menial jobs throughout their lives. As the social worker, I would have a

discussion with those residents, families, and staff members that are concerned and provide education especially to the staff.

Participant 16 shared the following:

This facility is a rural southern mix. Those residents below the age of 70 are more open, however, those over age 70 are very closeted. I would endorse diversity training for all staff and residents. Families would be welcomed. I would not necessarily encourage nor discourage.

Participant 2 vocalized,

This is an unusual facility as there is a mixture of all ages, 30 – 99, and races.

Many of the residents have trust issues. Trust is the key. Hate crimes are rampant along with identity thefts within the facility. So having the residents trust is extremely important.

Participant 6 remarked, “This is a Veteran only facility. As the social worker, I would provide education on boundary issues, acceptance, and use of the correct language. This education needs to be provided not just to residents but staff also.”

Participant 1 provided, “I would respect the wishes of the LGBT older adult but would also provide support and education to staff and other residents along with their families.”

Participant 10 shared, “I would accommodate and treat as every other resident. However, I would contain in a private area and no sharing of rooms. I would focus on the privacy issue. This facility is a very conservative facility in southern Florida.” Participant 11 voiced, “This is a mixed facility and has a memory unit. We have not had any LGBT older adults. The staff appears they would be okay with it but if needed, education would

be available.” Participant 15 articulated, “As a younger age facility, I would be available for training to both staff and residents and their families as needed. I encourage caring and compassionate throughout the facility.”

Participant 14 declared,

This is a Veteran only facility. Education for staff would be available but not sure it would work based on stigma. As we are talking, I am thinking that these odd behaviors that some dementia patients are displaying could be LGBT in nature.

There definitely needs to be an awareness within our facility.

Participant 12 conveyed:

My facility is a Veteran only, southern, conservative culture. My administration is on board with a completed LGBT education program. We are very focused on the need of the residents. We have had some hiccups but it is now flowing smoothly.

Finally, Participant 7 spoke the following:

This is also a Veteran facility. There is no formal education program. Many of our residents are older and grumpy. Education around acceptance, boundary settings, encouragement and use of correct language should be the norm. However, it is hard when most of the residents are cognitively impaired.

One social worker (Participant 7) who worked with all veterans stated that education around acceptance and boundary setting is so important to establish a caring environment. Use of correct language and encouragement not only with the residents but also with the family members was an important factor. As stated, family members need

time to process their feelings and need support to help healing as identifying as LGBT can tear families apart.

It is important for both the LGBT older adult and the social worker to recognize the importance of education in long-term care facilities. This training can provide the tools needed for staff to assist acclimate the LGBT older adult to the facility but also to prevent further discrimination and abuse.

Encourage

This theme was combined with the trust theme as encouragement can lead to trust. Trust is the key based on the social workers interviews. One social worker likened trust issues to hate crimes which are running rampant within our society (Participant 2). This particular social worker also discussed identity thefts as part of trust issues. However, during the interview there was one social worker who was uncomfortable with answering the questions. She (Participant 6) did complete the interview; however, her responses were short, sometimes one-word answers. All social workers interviewed stated they reinforce resident rights regardless of sexual orientation. One particular social worker stated she is adamant about protecting her residents' rights regardless of the consequences (Participant 3). Resident rights are guaranteed by law and are not removed when a resident is admitted to a facility. The participant statements concerning encouragement follow.

Participant 6 remarked

This is a Veteran only facility. As the social worker, I would provide education on boundary issues, acceptance, and use of the correct language. This education

needs to be provided not just to residents but staff also. Encouragement is also key.

Participant 3 stated.

We do not have a training program. The staff treats everyone with dignity, encouragement and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

Participant 2 vocalized,

This is an unusual facility as there is a mixture of all ages, 30–99, and races. Many of the residents have trust issues. Trust and encouragement are key. Hate crimes are rampant along with identity thefts within the facility. So, having the residents trust is extremely important.

Diversity Training

This theme was combined with the education theme. All but one of the social workers (Participant 3) stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker (Participant 12) interviewed stated her facility had a very comprehensive LGBT training program.

Having a training program goes hand in hand with education. All but one of the social workers (Participant 3) stated that education for staff was extremely important to

assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker interviewed stated her facility had a very comprehensive LGBT training program.

Diversity training was related to education and all but one of the social workers stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker (Participant 12) interviewed stated her facility had a very comprehensive LGBT training program. The statements from each participant follow.

Participant 9 stated, “Why would it be an issue for a LGBT older adult. We treat everyone the same with no education program. No one here talks about it.” Participant 3 stated,

We do not have a training program. The staff treats everyone with dignity and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

Participant 4 vocalized,

We do not have nor have we encountered any LGBT older adults in our facility.

We would treat LGBT older adults the same as a heterosexual couple and respect the relationship. This is a very rural facility with low income and limited education of the residents.

Participant 5 shared, “The culture our residents grew up in was very racist. The income and education levels of the residents are mixed. I would start with the LGBT older adult first and then practice and enforce residents’ rights.”

Participant 8 conveyed,

This facility is a mixture of urban and rural. The facility has a younger crowd and they are more open about their sexuality and talking about it. I would encourage all residents to go down to activities and the staff would not have a concern.

Participant 13 stated,

Our facility has older, low functioning, rural, lower income residents who held menial jobs throughout their lives. As the social worker, I would have a discussion with those residents, families, and staff members that are concerned and provide education especially to the staff.

Participant 16 shared the following:

This facility is a rural southern mix. Those residents below the age of 70 are more open, however, those over age 70 are very closeted. I would endorse diversity training for all staff and residents. Families would be welcomed. I would not necessarily encourage nor discourage.

Participant 2 vocalized,

This is an unusual facility as there is a mixture of all ages, 30 – 99, and races.

Many of the residents have trust issues. Trust is the key. Hate crimes are rampant along with identity thefts within the facility. So having the residents trust is extremely important.

Participant 6 remarked, “This is a Veteran only facility. As the social worker, I would provide education on boundary issues, acceptance, and use of the correct language. This education needs to be provided not just to residents but staff also.” Participant 1 provided, “I would respect the wishes of the LGBT older adult but would also provide support and education to staff and other residents along with their families.”

Participant 10 shared, “I would accommodate and treat as every other resident. However, I would contain in a private area and no sharing of rooms. I would focus on the privacy issue. This facility is a very conservative facility in southern Florida.” Participant 11 voiced, “This is a mixed facility and has a memory unit. We have not had any LGBT older adults. The staff appears they would be okay with it but if needed, education would be available.” Participant 15 articulated, “As a younger age facility, I would be available for training to both staff and residents and their families as needed. I encourage caring and compassionate throughout the facility.”

Participant 14 declared,

This is a Veteran only facility. Education for staff would be available but not sure it would work based on stigma. As we are talking, I am thinking that these odd behaviors that some dementia patients are displaying could be LGBT in nature. There definitely needs to be an awareness within our facility.

Participant 12 conveyed,

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One social worker (Participant 7) who worked with all veterans stated that education around acceptance and boundary setting is so important to establish a caring environment. Use of correct language and encouragement is important not only with the residents but also with the family members. As stated, family members need time to process their feelings and need support to help healing as identifying as LGBT can tear families apart.

It is important for both the LGBT older adult and the social worker to recognize the importance of education in long-term care facilities. This training can provide the tools needed for staff to assist acclimate the LGBT older adult to the facility but also to prevent further discrimination and abuse.

Lead by Example

This theme was combined with the trust theme as leading by example promotes trust.

Trust was the key based on the social workers interviews. One social worker likened trust

issues to hate crimes which are running rampant within our society (Participant 2). This particular social worker also discussed identity thefts as part of trust issues. However, during the interview there was one social worker who was uncomfortable with answering the questions. She (Participant 6) did complete the interview; however, her responses were short, sometimes one-word answers. All social workers interviewed stated they reinforce resident rights regardless of sexual orientation. One particular social worker stated she is adamant about protecting her residents' rights regardless of the consequences (Participant 3). Resident rights are guaranteed by law and are not removed when a resident is admitted to a facility. Participant quotes concerning lead by example/trust are as follows.

Participant 6 remarked: "This is a Veteran only facility. As the social worker, I would provide education on boundary issues, acceptance, and use of the correct language. This education needs to be provided not just to residents but staff also." Participant 3 stated,

We do not have a training program. The staff treats everyone with dignity and respect. We are a very rural low-income population with a low education. We have an openly gay male staff member and the staff has no issues. Some of the residents remain racist as per their upbringing.

Participant 2 vocalized,

This is an unusual facility as there is a mixture of all ages, 30 – 99, and races.

Many of the residents have trust issues. Trust is the key. Hate crimes are rampant

along with identity thefts within the facility. So having the residents trust is extremely important.

The participants likened leading by example to establishing a level of trust. According to the participants you can have an extensive training program however, if you, the social worker do not follow through on that training, it is useless.

Boundaries

This theme was combined with the education theme as many of the participants' stated boundaries were important in the education process. All but one of the social workers (Participant 3) stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker (Participant 12) interviewed stated her facility had a very comprehensive LGBT training program.

Having a training program goes hand in hand with education. All but one of the social workers (Participant 3) stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker interviewed stated her facility had a very comprehensive LGBT training program.

Diversity training was related to education and all but one of the social workers stated that education for staff was extremely important to assist the LGBT older adult acclimate to the facility. LGBT older adults have more complex issues both physically and emotionally that would require training for staff to recognize the signs and symptoms. This finding supported the existing literature described in this study. Unfortunately, only one facility social worker (Participant 12) interviewed stated her facility had a very comprehensive LGBT training program. The statements from each participant follow.

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There definitely needs to be an awareness within our facility.

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One social worker (Participant 7) who worked with all veterans stated that education around acceptance and boundary setting is so important to establish a caring environment. Use of correct language and encouragement is so important not only with the residents but also with the family members. As stated, family members need time to process their feelings and need support to help healing as identifying as LGBT can tear families apart.

It is important for both the LGBT older adult and the social worker to recognize the importance of education in long-term care facilities. This training can provide the tools needed for staff to assist acclimate the LGBT older adult to the facility but also to prevent further discrimination and abuse.

Education for staff, trust, and respect for the LGBT older adult, per the participants, was needed to assist the LGBT older adult acclimate to the facility and allow them to live open and safe within a long-term care environment. All the participants agreed that having a training program in place for staff is the number one recommendation. Most facilities in the State of Florida have only resident rights training in place. This training program is intertwined with trust and respect which are essential.

Unexpected Findings

There were two unexpected findings. The first one was that those LGBT older adults over the age of 70 were more closeted than those under the age of 70 which could be related to the pre- and post-Stonewall era. Those over the age of 70 would be part of the pre-Stonewall era where they grew up remaining closeted and silent. Those under the age of 70 were part of the post-Stonewall era where LGBT individuals were more open. This was verified by each of the participants in the interviews. This unexpected finding validated the current existing literature reviewed in this study and by the theoretical framework identified.

The second unexpected finding had to do with the facilities who had a dementia population. The three LCSW's interviewed stated, as we were discussing each question, that they noticed some odd behaviors in their dementia population that could possibly be hidden LGBT behaviors. However, the facility staff were not trained in these signs and symptoms and immediately had the psychiatrist add to the medication regime. The lack of staff training in LGBT issues and concerns can possibly lead to an overmedicated dementia resident. This unexpected finding was validated by the theoretical framework – life course perspective and minority theory. Many LGBT older adults hide in the closet and when diagnosed with dementia, they tend to revert back in time where they have no inhibitions.

During the interviews the participants noted that they had difficulty observing the signs and symptoms of LGBT older adults, especially in the dementia population as stated above. One participant stated they do not teach this in school. This lack of training

and cultural awareness can possibly cause harm to the LGBT older adult by subjecting them to abuse, neglect, and discrimination.

Summary

The findings in this study showed the need for education not just in long term care facilities to allow a LGBT older adult to live an open and discrimination free existence in long term care facilities, but also in school BSW/MSW curriculum. All but one social worker identified the need for a training program, yet only one out of the 16 interviewed had a training program in place. The findings also showed the correlation between the pre- and post-Stonewall era LGBT older adults. Those age 70 or older remain closeted and those younger than 70 are more open. This was verified by each of the participants in the interviews. This unexpected finding validated the current existing literature reviewed in this study and by the theoretical framework identified.

The findings validated a need for a complete training program for long-term care staff and in school curriculums. One of the unexpected findings showed that without this training many of the LGBT older adults diagnosed with dementia are being prescribed unnecessary medication because staff is not trained to recognize signs and symptoms and utilize behavior management.

Many LGBT older adults over the age of 70 and part of the pre-Stonewall era are returning to the closet when entering long-term care based on the discrimination, oppression, and stigma they have incurred throughout their lives. A prime example of this is a 94-year-old male, veteran who was admitted to long term care under Hospice. Researcher visited with him regularly and established a trusting relationship with him.

Before he passed away, he confided in me that he was LGBT but had not felt safe to tell anyone. He even married so there was no stigma. How sad that this veteran lived his entire life in the closet and only to admit to one person that he was LGBT at the end of his life.

The following section will provide information on the application to professional practice, and the implications for social change.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this qualitative study was to explore how social workers in long term care facilities in the State of Florida assist LGBT aging adults to acclimate to each other and the facility and how they encourage a safe and open living environment for LGBT older adults. This study used the qualitative method. I used interviews to understand how social workers in long-term care facilities in the State of Florida can assist LGBT aging adults to acclimate to each other and the facility to encourage a safe and open living environment for the LGBT older adults.

The nature of this study was a basic qualitative study to understand the role of social workers in long-term care facilities in the State of Florida concerning LGBT older adults' acclimation to the facility. To gather data, I used personal interviews with open ended questions consistent with a basic qualitative research design.

The social workers in long term care facilities whom I interviewed described 10 themes that were coded down to three to assist LGBT aging adults to acclimate to each other and the facility and to encourage a safe and open living environment for LGBT older adults. The three major themes were education, respect, and trust. Education was the number one theme that was echoed by all the interviewed social workers; however, only one out the 16 facilities actually had a training program for staff, residents, and families.

There were two unexpected findings. The first one was that LGBT adults over the age of 70 were more closeted than those under the age of 70. This could be related to the

pre- and post-Stonewall era, which follows the life perspective and minority stress theory. Those over the age of 70 would be part of the pre-Stonewall era where they grew up remaining closeted and silent. Those under the age of 70 were part of the post-Stonewall era where LGBT individuals were more open. This was verified by each of the participants in the interviews. This unexpected finding validated the current existing literature reviewed in this study and the theoretical framework used.

The second unexpected finding had to do with the facilities that had a dementia population. The three LCSWs interviewed stated that they noticed some odd behaviors in their dementia population that could possibly be hidden LGBT behaviors. However, the facility staff were not trained in these signs and symptoms and immediately had the psychiatrist add to the medication regime. The lack of staff training in LGBT issues and concerns can possibly lead to an overmedicated dementia resident. This unexpected finding was validated by the theoretical framework of the life course perspective and minority theory. Many LGBT older adults have remained secretive about their sexual orientation, and when diagnosed with dementia, they tend to revert back in time where they had fewer inhibitions.

This section provides application for professional ethics in social work practice, recommendations for social work practice, and implications for social change.

Application of Professional Ethics in Social Work Practice

NASW (2017) provides six ethical principles: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The primary goal is to help people in need and to address social problems (NASW, 2017).

This doctoral study identified a social justice issue in the LGBT aging population in their acclimation to long term care facilities and experience of an open and safe environment.

The two specific principles from the NASW (2017) Code of Ethics related to this issue guide social work practice in this area: social justice and dignity and worth of the person. This doctoral study touched on the discrimination against the LGBT aging population in long-term care facilities. It is the responsibility of social workers to be curious, seek to understand, and value the worth and dignity in every individual, regardless of what they look like or whom they love.

Respecting the dignity and worth of the person and treating each person, regardless of race, religion, sexual orientation, and so forth, with respect is the second principle (NASW, 2017). Social workers are ethically responsible to help their clients address their needs and help to resolve the conflicts between individuals and their environments (NASW, 2017).

Cultural competence is an important skill for a social worker and part of the NASW (2017) Code of Ethics. LGBT aging adults have unique issues and concerns related to their life perspective. If a social worker is not culturally competent to assist the LGBT older adult, that puts the client at risk of possible discrimination and abuse. This was evident in the unexpected finding of this study that unnecessary medication may be added to the regimen of an LGBT aging adult with a diagnosis of dementia instead of using behavior management techniques.

Recommendations for Social Work Practice

The increase in the State of Florida of LGBT older adults warranted a study of how social workers can assist them to acclimate to their new environment. Jacobson (2018) stated that without this assistance with acclimation, the LGBT aging adult may return to secrecy or experience discrimination. With the assistance of social workers in long term care facilities, the LGBT aging adult may enjoy a safe and open environment.

The findings from this study indicated long term care facility directors should develop a training program for all staff at the facility. This will ensure that staff will be able to adequately care for LGBT older adults with all their complexities and treat them as they would all residents with dignity and respect, decreasing the perceived discrimination and stigma. These findings provided a guide for assisting all social workers in their work with LGBT older adults not just in long term care facilities but also in the geriatric communities and those with a diagnosis of dementia.

One of the limitations noted during this study was that even though there were over 650 long term care facilities in the State of Florida, there were only 150 of those facilities that employed BSWs or MSWs. The rest of the social services directors were individuals who had bachelor's degrees in other disciplines. Based on previous research literature and social work knowledge, requirements for the social work positions in long-term care facilities should be mandated to hire those who have a degree in social work and not a related field.

Many of the return emails from the social workers stated they were not able to participate in the study without the approval of their administrators. Due to the amount of

regulation in the long term care industry, administrators may fear that if their staff discuss policies and procedures with someone outside the facility, it will have a negative impact on the facility.

Recommendations for further research would be to perform a study with the residents of a facility to investigate what they are seeing and feeling. This doctoral study, in my opinion, should only be a beginning. Researchers should investigate this subject from the perspective of older LGBT residents of long-term care facilities to obtain a fuller picture. I recommend choosing one facility with a dementia unit and conducting in-depth research that includes staff and resident/family interviews, review of facility policies, and observation of the interaction between staff and residents.

One way to disseminate the information in this study is to present the findings in as many different forums as possible, such as the annual conference of the American Geriatric Society and the annual conference for the long-term care facilities in Florida. Another way to disseminate the information is to start in one facility, develop a training program, and begin working with the staff and administration.

Implications for Social Change

White and Gendron (2016) stated that even though social attitudes towards the LGBT population are changing, there is still discrimination that occurs in long-term care facilities. This and previous research could influence state policy to mandate that all elder health care providers, and those specifically in long term care facilities, be trained in LGBT cultural competency. This could potentially ensure all LGBT older adults have

equal access to culturally competent caregivers in the State of Florida, with the possibility of expanding this training nationally.

This doctoral project attempted to influence not only the macro level of practice by assisting long term care facilities to understand the complexities of LGBT aging adults but also the micro and mezzo levels of practice. The micro level affects the individual by helping social workers to understand the LGBT aging adult as a person with a background. The long term care social worker can also apply learned knowledge to the mezzo level, families/groups, to help in supporting the LGBT aging adult.

Summary

Inequalities experienced by LGBT older adults in long term care facilities may take many forms such as abuse, refusal of admission, and restriction of visitors, and they may force the LGBT aging population to not reveal sexual orientation (Jacobson, 2018). This study explored how important the role of social workers in long term care facilities in helping LGBT residents acclimate to their new environment and providing a safe and open environment in long term care.

Additional research is needed to obtain a clear picture of what transpires in the long-term care facility. The reviewed literature showed that the LGBT aging adult has unique issues and concerns. The literature supported this study, which showed that a training program, at least for staff, is a valuable tool for any facility. The 94-year-old veteran and LGBT older adult who did not trust anyone to confide in that he was LGBT showed the relationship between the three main themes in this study – education, trust, and respect.

Social work undergraduate programs in the State of Florida have aging in their curriculum but nothing concerning LGBT issues and concerns. This study along with past literature should be used as a basis for establishing a training program for staff of long-term care facilities and for adding LGBT training in social work undergraduate programs. The absence of such training perpetuates experiences of discrimination, oppression, and stigma, which accords with the life course perspective and the minority stress theory.

Martin Luther King Jr. stated in his *Letter from a Birmingham Jail* (1963) that injustice anywhere is a threat to justice everywhere. If injustice against a particular group of people is allowed to persist, discrimination and prejudice and the idea that some are more worthy than others are emboldened. It is the responsibility of social workers to be curious, seek to understand, and value the worth and dignity of every individual, regardless of what they look like or whom they love.

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