



## Nursing diagnoses related to the sexuality of elderly: Contributions to practice.

Edison Vitório de Souza Júnior<sup>1</sup>, Brenaráise Freitas Martins dos Santos<sup>2</sup>, Débora Fraga de Souza<sup>3</sup>, Vaniele Pereira Sampaio<sup>4</sup>, Franciele Soares Balbinote<sup>5</sup>, Namie Okino Sawada<sup>6</sup>

<sup>1</sup> Enfermeiro, Doutorando em Ciências pelo Programa de Pós-Graduação Enfermagem Fundamental, Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto (EERP/USP), Ribeirão Preto, São Paulo, Brasil. ORCID: 0000-0003-0457-0513

<sup>2</sup> Fisioterapeuta, Mestranda pelo Programa de Pós-Graduação em Enfermagem e Saúde da Universidade Estadual do Sudoeste da Bahia (PPGES/UESB), Jequié, Bahia, Brasil. ORCID: 0000-0002-5271-7543

<sup>3</sup> Enfermeira, Graduada em Enfermagem pela Universidade Estadual do Sudoeste da Bahia (UESB), Jequié, Bahia, Brasil. ORCID: 0000-0002-2239-0965

<sup>4</sup> Enfermeira, Graduada em Enfermagem pela Universidade Estadual do Sudoeste da Bahia (UESB), Jequié, Bahia, Brasil. ORCID: 0000-0002-6301-1116

<sup>5</sup> Enfermeira, Graduada em Enfermagem pela, Universidade Estadual do Sudoeste da Bahia (UESB), Jequié, Bahia, Brasil. ORCID: 0000-0002-2502-9892

<sup>6</sup> Enfermeira, Doutora em Enfermagem, Titular-livre do Programa de Pós-Graduação da Universidade Federal de Alfenas (UNIFAL), Alfenas, Minas Gerais, Brasil. ORCID: 0000-0002-1874-3481

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### Correspondencia

Edison Vitório de Souza  
Júnior

Escola de Enfermagem de  
Ribeirão Preto da  
Universidade de São Paulo  
(EERP/USP), Ribeirão Preto,  
São Paulo, Brasil.

Email: edison.vitorio@usp.br

### ABSTRACT

**Aim:** Considering the growing population ageing and the scientific evidence that sexuality in the elderly population is not frequently addressed by health services, the present study contributes significantly to nursing practices. The aim of this study was to identify in the literature situations related to the sexuality of elderly citizens and draw nursing diagnoses with the theoretical support of the North American Nursing Diagnosis Association (NANDA 2018-2020).

**Methods:** It is an integrative review of the literature constructed from 15 systematically selected original articles; these were retrieved from VHL, SciELO, Pubmed, Lilacs, BDNF, IBECs, ScienceDirect, Scopus, Web of Science and Google Scholar.

**Results:** A total of 29 diagnostics were traced in the following domains: health promotion 3 (10.3%); activity / rest 3 (10.3%); perception / cognition 4 (13.9%); self-perception 5 (17.2%); roles and relationships 2 (6.9%); sexual disorder 1 (3.4%); coping / tolerances up to 3 (10.3%); principles of life 2 (6.9%); security / protection 4 (13.9%) and comfort 2 (6.9%). The domain "self-perception" was the domain that presented more evidence in the studies.



**Conclusion:** This makes one reflect on the power that each individual has acquired through the evolution of the entire social-political situation which at different times shapes the beliefs, attitudes and behaviors of the population. It has been drawn to the attention of nursing professionals that they must pay more attention to the aspects that permeate the subjectivity and personal values of elderly citizens, and, through this study, there will be the direction and ease of assistance in the face of sexuality of this age group.

**Keywords:** Aging; Healthy-Aging; Nursing-Process; Health-of-the-Elderly; Public-Health

#### RESUMEN

### Diagnósticos de enfermería relacionados con la sexualidad de las personas adultas mayores: contribuciones a la práctica.

**Objetivo:** Considerando el creciente envejecimiento de la población y la evidencia científica de que la sexualidad en la población adulta mayor no se aborda con frecuencia en los servicios de salud, el presente estudio contribuye significativamente a las prácticas de enfermería. El objetivo de este estudio fue identificar en la literatura situaciones relacionadas con la sexualidad de las personas adultas mayores y, a través de ellas, elaborar diagnósticos de enfermería, con el apoyo teórico de la Asociación Norteamericana de Diagnóstico de Enfermería (NANDA 2018-2020).

**Metodología:** Es una revisión integradora de la literatura construida a partir de 15 artículos originales seleccionados sistemáticamente en la BVS, SciELO, Pubmed, Lilacs, BDNF, IBECs, ScienceDirect, Scopus, Web of Science y Google Scholar.

**Resultados:** Se rastrearon 29 diagnósticos en los siguientes dominios: Promoción de la salud 3 (10.3 %); Actividad/descanso 3 (10.3 %); Percepción/cognición 4 (13.9 %); Autopercepción 5 (17.2 %); Roles y relaciones 2 (6.9 %); Trastorno sexual 1 (3.4 %); Afrontamiento/tolerancias hasta 3 (10.3 %); Principios de la vida 2 (6.9 %); Seguridad/protección 4 (13.9 %) y Conforto 2 (6.9 %). El dominio "Autopercepción" fue el dominio que presentó más evidencia en los estudios.

**Conclusión:** Esto nos hace reflexionar sobre el poder que tiene cada persona, adquirido a través de la evolución de toda la situación político-social, que en diferentes momentos configuran sus creencias, actitudes y comportamientos. Con este estudio, se llama la atención a la enfermería, que debe dar mayor importancia a los aspectos relacionados con la subjetividad y los valores personales de las personas mayores, asimismo, se dará una orientación y facilitación de los cuidados ante la sexualidad de este grupo etario.



**Palabras claves:** Envejecimiento; Envejecimiento-Saludable; Proceso-de-Enfermería; Salud-del-Anciano; Salud-Pública.

## RESUMO

### **Diagnósticos de enfermagem relacionados à sexualidade de idosos: Contribuições para a prática.**

**Objetivo:** Considerando o crescente envelhecimento populacional e as evidências científicas de que a sexualidade na população idosa não é abordada com frequência nos serviços de saúde, o presente estudo contribui de forma significativa para as práticas de enfermagem. O objetivo desse estudo foi identificar na literatura situações relacionadas à sexualidade dos idosos e, por meio delas, traçar diagnósticos de enfermagem tendo como suporte teórico a *North American Nursing Diagnosis Association (NANDA 2018-2020)*.

**Metodologia:** Trata-se de uma revisão integrativa da literatura construída a partir de 15 artigos originais selecionados sistematicamente na BVS, SciELO, Pubmed, Lilacs, BDENF, IBICS, ScienceDirect, Scopus, Web of Science e Google Scholar.

**Resultados:** Traçou-se 29 diagnósticos distribuídos nos seguintes domínios: Promoção da saúde 3(10,3%); Atividade/repouso 3(10,3%); Percepção/cognição 4(13,9%); Auto percepção 5(17,2%); Papéis e relacionamentos 2(6,9%); Sexualidade 1(3,4%); Enfrentamento/tolerância ao estresse 3(10,3%); Princípios da vida 2(6,9%); Segurança/proteção 4(13,9%) e Conforto 2(6,9%). O domínio "Auto percepção", foi o domínio que apresentou mais evidências nos estudos. Isso nos faz refletir sobre o poder que cada indivíduo detém, adquirido por meio da evolução de toda conjuntura político-social, que em diversas épocas moldam as suas crenças, atitudes e comportamentos.

**Conclusão:** Chama-se a atenção da enfermagem que deve estar atenta com mais profundidade aos aspectos que permeiam a subjetividade e os valores pessoais dos idosos e, por meio desse estudo, haverá o direcionamento e a facilitação da assistência frente à sexualidade desse grupo etário.

**Palavras-chave:** Envelhecimento; Envelhecimento-Saudável; Processo-de-Enfermagem. Saúde-do-Idoso; Saúde-Pública

## INTRODUCTION

Sexuality is a key component of human behavior and personality, being considered as one of the basic human needs<sup>1</sup>. However, in view of the prejudices, myths and taboos related to sexuality among the elderly, the devaluation of the theme in society is

disseminated and it is not considered that the elderly also have desires<sup>2</sup>. Nevertheless, in the cultural context in which sexuality is strictly represented through sexual penetration, the elderly express feelings of exclusion, since the physiological limitations imposed by the aging process associated



with senility can interfere in the degree of arousal and penetration<sup>2,3</sup>.

It is worth mentioning that the term sexuality is not limited only to sexual act, as is widely believed<sup>2</sup>. It is an intrinsic component to each individual in all phases and aspects of life, present from birth to death. Sexuality can be considered as a structuring identity of the human being and is manifested through thoughts, desires, love, affection, intimacy, pleasure, among other expressions, constituting, therefore, a basic human need<sup>3</sup>.

Several studies show the permanence of sexual desires in old age<sup>4</sup>. However, many health professionals do not approach sexuality in their care routines for the elderly<sup>5</sup>. As a consequence, the suppression of sexuality in this age group can accelerate the aging process and have a negative impact on health<sup>6</sup> because it is already proven that sexuality in old age promotes the maintenance of health, quality of life and emotional well-being among the elderly<sup>7</sup>, even for those living with some type of dementia<sup>8,9</sup>, or with the Human Immunodeficiency Virus (HIV)<sup>10</sup>, the latter being a relevant public, because as the sexual act is part of sexuality and, the elderly are increasingly sexually active, it is necessary guidelines to prevent sexually transmitted infections and, therefore, reduce the vulnerability of this population<sup>10</sup>.

In this context, the development of this study is justified, because through the synthesis of the main nursing diagnoses in the face of elderly sexuality, there will be the direction and facilitation of the nursing work process in order to fulfill comprehensive care to this population. It is expected that, in this way, nurses feel able to conduct an approach on sexuality among the elderly and feel encouraged to seek more scientific evidence that promotes health, well-being and quality of life for this population.

In this perspective, the Nursing Process is a methodological instrument, of a scientific nature, which encompasses the reasoning and the diagnostic, therapeutic and ethical judgment, in a way that supports the practices and improves nursing care. The Nursing Process has five interdependent stages: data collection, nursing diagnoses, planning, implementation and evaluation<sup>11</sup>. Nursing diagnoses are consolidated worldwide in the North American Nursing Diagnosis Association (NANDA 2018-2020), which defines them as *"clinical judgment about a human response to health conditions/processes of life, or a vulnerability to such a response, of an individual, a family, a group or a community"*<sup>12</sup>.

Identifying nursing diagnoses that are consolidated in a universal language helps in the management of resources and personnel, in addition to the prescription of interventions, favors continuing education and strengthens professional identity through the delimitation of scientific events that belong to the scope of nursing's practice<sup>13</sup>. Moreover, the use of standardized terminologies improves communication between nurses and other team members, improves continuity of care, facilitates documentation and makes nursing practices more visible<sup>14</sup>.

Therefore, the following research question was established: What are the main nursing diagnoses related to elderly sexuality? In order to answer it, the following objective was outlined: to identify in the literature situations related to the sexuality of the elderly and, through them, to trace nursing diagnoses with theoretical support to the North American Nursing Diagnosis Association (NANDA 2018-2020).



**MATERIALS AND METHODS**

The present study refers to an integrative review of the literature elaborated in a systematized way through the following steps: "identification of the theme and selection of the research question; establishment of criteria for inclusion and exclusion of studies/sampling or search in the literature; definition of the information to be extracted from the selected studies/categorization of the studies; evaluation of the included studies; interpretation of the results; and presentation of the review/synthesis of knowledge"<sup>15:9</sup>.

For the systematization of the methodological path, the search for articles was based on the PICO strategy. It is an acronym meaning Population/Problem (P), Intervention (I), Comparison (C) and Results (O), used in the construction of reviews and aims at the qualification of searches through the delimitation of keywords directly related to the object of study, which in turn avoids unnecessary searches and maximizes the identification of relevant evidence to meet the proposed objective<sup>16</sup>.

Thus, the element "P" consisted of elderly aged 60 years or older, of both sexes, regardless of clinical condition; the element "I" consisted of the sexuality of the elderly and the element "O" consisted of factors that relate to sexuality such as affection, touch, affection, love, care, companionship, friendship, eroticism, sexual act, intimacy, masturbation, pleasure, among other quantitative-qualitative expressions<sup>3,8,17</sup>, to trace nursing diagnoses from them. It is noteworthy that the element "C" was not used in this study because it is a technique that was not used in this review.

Data collection occurred in March 2020 by the first two authors independently, responsible for the entire process of searching and selecting the materials. After this stage, a third author intervened as a mediator between the results presented by the

first two authors and verified whether the selected studies met the previously established inclusion criteria.

The searches were conducted in two electronic libraries: Virtual Health Library (VHL) and Scientific Electronic Library Online (SciELO); in seven databases: Latin American and Caribbean Literature on Health Sciences (Lilacs), Nursing Database (BDENF), Spanish Bibliographic Index of Health Sciences (IBECS), Science Direct, Scopus and Web of Science; on a portal: Pubmed, and in an academic search engine: Google Scholar. For all databases, five Health Sciences Descriptors (DeCS) were used: "Nursing Diagnosis", "Sexuality", "Elderly", "Aging" and "Nursing Process" and five Medical Subject Headings (MeSH): "Nursing diagnosis", "Sexuality", "Aged", "Aging" and "Nursing process". To increase the probability of finding a higher number of studies, five combinations were made with the DeCS (D1, D2, D3 D4 and D5) and five combinations with the MeSH (M1, M2, M3, M4 and M5), interspersed with the Boolean operator AND, according to chart 1.

**Chart 1**

*DeCS and MeSH combinations*

<b>DECS (in Potyuguese)</b>	
<b>D1</b>	Diagnóstico de enfermagem; Sexualidade; Idoso; Envelhecimento; Processo de enfermagem
<b>D2</b>	Diagnóstico de enfermagem; Sexualidade; Idoso
<b>D3</b>	Diagnóstico de enfermagem; Sexualidade; Envelhecimento
<b>D4</b>	Processo de enfermagem; Sexualidade; Idoso
<b>D5</b>	Processo de enfermagem; Sexualidade; Idoso; Envelhecimento
<b>MeSH</b>	
<b>M1</b>	Nursing diagnosis; Sexuality; Aged; Aging; Nursing process
<b>M2</b>	Nursing diagnosis; Sexuality; Aged
<b>M3</b>	Nursing diagnosis; Sexuality; Aging
<b>M4</b>	Nursing process; Sexuality; Aged
<b>M5</b>	Nursing process; Sexuality; Aged; Aging

Source: Self elaboration



The number of studies found in the databases was detailed according to the combinations, according to table 1. After this stage, the articles were submitted to screening for identification, selection, eligibility and inclusion of those that contemplate the theme, as illustrated in Figure 1. The inclusion criteria were original, indexed scientific articles published in the last 20 years (1999-2019), without language restriction and available for free download. All non-original studies were excluded.

After selecting the 15 articles that met the inclusion criteria, the first five authors performed a critical-reflexive reading of all studies in order to codify and identify the main elements that answered the research question. This process followed the guidelines proposed by Severino<sup>19</sup> for the reading, analysis and interpretation of texts: delimitation of the unit of reading, textual analysis, thematic analysis, interpretive analysis, problematization and personal synthesis.

The personal synthesis was transferred to two synoptic tables elaborated by the authors: chart 2, that evidences the categorization of the selected studies, and chart 3, that evidences the nursing diagnoses for each evidence found in the studies. It is emphasized that, because a literature review study was set up, there was no need for approval by the Research Ethics Committee, according to Resolution n° 466/2012 and 510/2016 of the National Health Council. Moreover, in order to ensure the quality of this review, all the requirements required by the PRISMA checklist<sup>18</sup> were strictly followed.

## RESULTS

Among the selected articles, those published in Brazilian journals (73.3%)<sup>20-30</sup>, with a qualitative approach (46.6%)<sup>20,22-27</sup> prevailed, followed by a cross-sectional design (33.3%)<sup>21,31-34</sup> and selected through the Google Scholar database (46.6%)<sup>22,26-30,34</sup>, according to chart 2.

Chart 3 shows the main evidence of studies related to the sexuality of the elderly, in addition to nursing diagnoses for each evidence. The diagnoses were based according to the theoretical assumption of NANDA (2018-2020)<sup>12</sup>. Thus, considering that NANDA defines nursing diagnoses as a "clinical judgment"<sup>12</sup> and that nurses are the professional legally and scientifically qualified to perform this judgment, all authors with this training in the area read the selected articles, identified in the articles the situations related to the sexuality of the elderly and, through them, based on the clinical judgment, they outlined the nursing diagnoses, formed by their titles, related factors, defining characteristics or populations at risk.

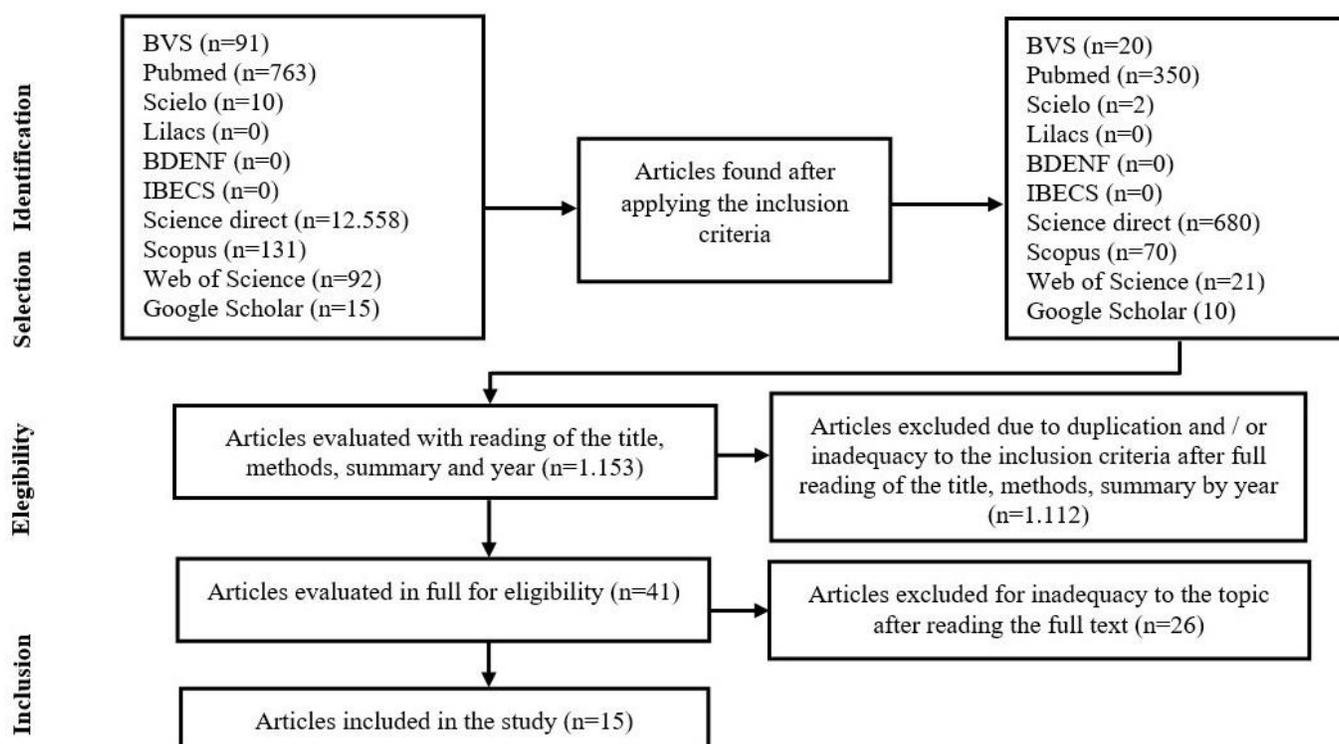
The reading that the authors made to identify such situations can also be considered as the first stage of the Nursing Process – data collection, which according to Resolution 358/2009<sup>35</sup>, it is a "*deliberate, systematic and continuous process, carried out with the aid of varied methods and techniques, which aims to obtain information about the person, family or human collectivity and about their responses at a given moment of the health and disease process*".

**Table 1**  
Number of studies found for each combination

DeCS/ MeSH	BVS	PUBMED	SCIELO	LILACS	BDENF	IBECS	SCIENCE DIRECT	SCOPUS	WEB OF SCIENCE	GOOGLE SCHOLAR
D1	0	0	0	0	0	0	0	0	0	5
D2	6	0	2	0	0	0	0	0	0	5
D3	0	0	1	0	0	0	0	0	0	2
D4	10	0	4	0	0	0	1	0	0	3
D5	4	0	3	0	0	0	1	0	0	0
M1	0	6	0	0	0	0	2.162	0	0	0
M2	45	359	0	0	0	0	2.162	72	23	0
M3	1	25	0	0	0	0	2.744	6	23	0
M4	18	359	0	0	0	0	2,744	51	23	0
M5	7	14	0	0	0	0	2.744	2	23	0
<b>TOTAL</b>	<b>91</b>	<b>763</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12.558</b>	<b>131</b>	<b>92</b>	<b>15</b>

Source: Self-elaboration

**Figure 1**  
Flowchart of the methodological path



Source: Prisma<sup>18</sup> (Adapted)



**Chart 2**

*Categorization of selected studies*

Nº	Authors (year)	Objective(s)	Methods	Periodic	Data base
1	Alencar RA, Ciosak SI (2016) <sup>20</sup>	Investigate among the elderly living with HIV / AIDS and health professionals, what are the reasons that lead to the late diagnosis of HIV infection in the elderly	Prospective and qualitative study	Revista Brasileira de Enfermagem	Scielo
2	Okuno MFP, Fram DS, Batista REA, Barbosa DA, Belasco AGS (2012) <sup>21</sup>	Assess knowledge and attitudes about sexuality in elderly people with HIV / AIDS treated at a specialized outpatient clinic; and identify the epidemiological profile of these patients	Cross-sectional, descriptive and analytical study	Acta Paulista de Enfermagem	Scielo
3	Laroque MF, Affeldt AB, Cardoso DH, Souza GL, Santana MG, Lange C (2011) <sup>23</sup>	Identify the behavior of the elderly in the prevention of STD / AIDS	Qualitative, exploratory and descriptive study	Revista Gaúcha de Enfermagem	Scielo
4	Lima CFM, Caldas CP, Santos I, Trotte LAC, Silva BMC (2017) <sup>24</sup>	Understand the experienced transitions, their conditions and the expected response patterns to changes in the sexuality of the spouse-caregiver of the elderly in a dementia process	Exploratory study with a qualitative approach	Revista Brasileira de Enfermagem	Web of Science
5	Van Hees PJ, Van der Plas AA, Van Ek GF, Putter H, Den Oudsten BL, Den Ouden MEM et al (2017) <sup>31</sup>	Assess the extent to which neurologists discuss sexuality with patients with Parkinson's disease	Cross-sectional study	Journal of Neural Transmission	Web of Science
6	Heywood W, Lyons A, Fileborn B, Minichiello V, Barrett C, Brown G et al (2017) <sup>32</sup>	Provide detailed data on self-reported testing for screening for Sexually Transmitted Infections, diagnoses and sources of treatment among those who may be at risk of suffering an infection and identify correlates of self-reported STI testing in the last 5 years	Cross-sectional study	Sexual Health	Pubmed
7	Bezerra VP, Serra MAP, Cabral IPP, Moreira MASP, Almeida SA, Patrício ACFA (2015) <sup>25</sup>	Knowing the vulnerability of the elderly to HIV infection in the context of preventive practices	Exploratory study with a qualitative approach	Revista Gaúcha de Enfermagem	Pubmed
8	Donnelly DW, Donnelly C, Kearney T, Weller D, Sharp L, Downing A et al (2018) <sup>33</sup>	Provide data on the prevalence of urinary, intestinal and sexual dysfunction in Northern Ireland, act as a basis for studies of prostate cancer outcomes and assist in providing services to the general population	Cross-sectional study	British Journal of Urology International	Pubmed
9	Araújo BJ, Sales CO, Cruz LFS, Moraes-Filho IM, Santos OP (2017) <sup>26</sup>	To verify the understanding of quality of life and to investigate the sexuality of the elderly population in a group of elderly people in a city in Goiás	Qualitative research with a descriptive approach	Revista de Divulgação Científica Sena Aires	Google Scholar



Nº	Authors (year)	Objective(s)	Methods	Periodic	Data base
10	Camargo BV, Torres TL, Biasus F (2009) <sup>34</sup>	To characterize sexual practices, preventive attitudes and love relationships, in addition to the level of knowledge about HIV / AIDS among people over 50 in the southern region.	Descriptive and comparative study, cross-sectional and non-random	Revista de Psicología LIBERABIT	Google Scholar
11	Gabriel GLL, Neves S, Dias LG (2010) <sup>27</sup>	To know the experience and meaning of sexuality in the elderly, in the referred social group, as a subsidy to nursing care; Identify the understanding of sexuality by the elderly participating in the group; Describe the factors that interfere with sexuality and; Analyze the coping strategies used by the elderly as subsidies in nursing care	Qualitative research with a descriptive approach	Revista de Pesquisa: Cuidado é Fundamental Online	Google Scholar
12	Andrade PBS, Benito LAO (2016) <sup>28</sup>	Analyze the sexuality of elderly people with AIDS / AIDS treated in a specialized department	Exploratory, descriptive study with a quantitative approach	Universitas: Ciências da Saúde	Google Scholar
13	Rufino MRD, Arrais AR (2011) <sup>29</sup>	Analyze the psycho-socio-cultural implications of sexuality to deal with AIDS in old age	Quantitative and qualitative research-action	Revista Temática Kairós Gerontologia	Google Scholar
14	Santos NFV, Formiga LMF, Silva AKA, Mota MS, Bezerra GSR, Feitosa LMH (2017) <sup>30</sup>	To evaluate health education actions on sexuality in the elderly	Prospective intervention study before and after with a quantitative approach	Saúde em Redes	Google Scholar
15	Gois AB, Santos RFL, Silva TPS, Aguiar VFF (2017) <sup>22</sup>	To know the perception of elderly men about their sexuality.	Descriptive study with a qualitative approach	Enfermagem em Foco	Google Scholar

Source: Self-elaboration



**Chart 3**

*Nursing diagnoses for each evidence found in the studies.*

Nº	Main evidence of the studies	Nursing Diagnoses (NANDA 2018-2020) <sup>12</sup>
1 <sup>20</sup>	<ul style="list-style-type: none"> <li>*The late diagnosis of HIV happens against the health service.</li> <li>* There is invisibility of the sexuality of the elderly.</li> <li>* There are weaknesses in the request for anti-HIV serology for the elderly.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Deficient knowledge</b> characterized by insufficient knowledge related to insufficient information - (00126)</li> <li>-<b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004)</li> <li>-<b>Impaired verbal communication</b> characterized by difficulty in speaking related to insufficient stimuli and cultural incongruity (00051)</li> </ul>
2 <sup>21</sup>	<ul style="list-style-type: none"> <li>* There was a low level of knowledge about sexuality.</li> </ul>	<ul style="list-style-type: none"> <li>-<b>Poor knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</li> <li>-<b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004)</li> <li>- <b>Impaired verbal communication</b> characterized by difficulty in speaking related to insufficient stimuli and cultural incongruity (00051)</li> </ul>
3 <sup>23</sup>	<ul style="list-style-type: none"> <li>* There is great resistance from the elderly regarding the use of condoms.</li> <li>*No participant reported a dialogue with health professionals about their sexuality during consultations.</li> </ul>	<ul style="list-style-type: none"> <li>-<b>Poor knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</li> <li>-<b>Health behavior prone to risk</b> characterized by failure to act in order to prevent health problems related to inadequate understanding (00188)</li> <li>- <b>Impaired verbal communication</b> characterized by difficulty in speaking related to insufficient stimuli and cultural incongruity (00051)</li> <li>- <b>Ineffective health maintenance</b> characterized by a lack of interest in improving health behaviors and a pattern of lack of health-seeking behavior related to ineffective communication skills (00099)</li> <li>-<b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004)</li> <li>-<b>Self negligence</b> characterized by lack of adherence to health activities related to lifestyle choice (00193)</li> </ul>
4 <sup>24</sup>	<ul style="list-style-type: none"> <li>* Changes in conjugal sexuality due to the elderly's dementia process arise from difficulties in maintaining hygiene, altered self-esteem and hypersexuality</li> <li>* The need for a professional approach on conjugal sexuality and care for the elderly in the dementia process was identified</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Deficit in self-care</b> for bath characterized by impaired ability to access the water source, access the bathroom, wash the body, pick up the bath articles, regulate the bath water and dry the body related to weakness and decreased motivation (00108)</li> <li>-<b>Deficit in self-care</b> for intimate hygiene characterized by impaired ability to reach the toilet, to flush the toilet, to manipulate clothes to perform intimate hygiene and to perform intimate hygiene related to weakness, impaired mobility and decreased motivation (00110)</li> </ul>



Nº	Main evidence of the studies	Nursing Diagnoses (NANDA 2018-2020) <sup>12</sup>
		<p><b>Impaired comfort</b> characterized by discomfort with the situation and discontent with the situation related to insufficient situational control (00214)</p> <p><b>-Self negligence</b> characterized by insufficient personal hygiene related to deficient executive function (00193)</p> <p><b>-Tension of the role</b> of caregiver characterized by lack of time to meet personal needs, frustration and emotional indecision related to unstable health, physical conditions, insufficient energy, pattern of ineffective relationships and excessive care activities (00061)</p> <p><b>- Impaired verbal communication</b> characterized by difficulty in speaking related to insufficient stimuli and cultural incongruity (00051)</p> <p><b>- Ineffective relationship</b> characterized by insufficient mutual support in daily activities between partners and insufficient balance in collaboration between partners related to stressors (00223)</p> <p><b>-Overload of stress</b> characterized by increased impatience, excessive stress, feeling pressured and tension related to repeated stressors (00177)</p> <p><b>- Ineffective sexuality</b> pattern characterized by changes in sexual behavior, changes in the relationship with a significant person, difficulties with sexual activity and difficulties with sexual behavior related to insufficient knowledge about alternatives related to sexuality and impaired relationships with a significant person (00065)</p> <p><b>-Risk of loneliness</b> related to affective deprivation and emotional deprivation (00054)</p> <p><b>-Risk of frail elderly syndrome</b> related to anxiety, insufficient knowledge about modifiable factors, impaired balance and sadness (00231)</p> <p><b>-Risk of self-directed violence</b> related to conflict in interpersonal relationship (s) (00140)</p>
5 <sup>31</sup>	<p>* Most participants considered it important or slightly important to perform screening to detect sexual dysfunction</p> <p>* Sexuality is discussed less frequently in female patients with Parkinson's disease and with patients with the same disease over 70 years</p>	<p><b>- Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004)</p> <p><b>-Poor knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</p> <p><b>- Impaired verbal communication</b> characterized by difficulty in speaking related to insufficient stimuli and cultural incongruity (00051)</p>
6 <sup>32</sup>	<p>* Low testing rate for STI detection</p> <p>* Among men, the lowest rates were associated with old age and a lower educational level</p> <p>* For women, lower rates were found among those who did not use a condom in their most recent</p>	<p><b>- Deficient knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</p> <p><b>-Health behavior prone to risk</b> characterized by failure to act in order to prevent health problems related to inadequate understanding (00188)</p> <p><b>- Ineffective health maintenance</b> characterized by a lack of interest in improving health</p>



Nº	Main evidence of the studies	Nursing Diagnoses (NANDA 2018-2020) <sup>12</sup>
	sexual encounter	behaviors and a pattern of lack of health-seeking behavior related to ineffective communication skills (00099) - <b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004) - <b>Self negligence</b> characterized by lack of adherence to health activities related to lifestyle choice (00193)
7 <sup>25</sup>	* There is resistance to the use of condoms by the elderly population * The elderly are the most vulnerable population groups to HIV infection and did not recognize themselves in this scenario	- <b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004) - <b>Health behavior prone to risk</b> characterized by failure to act in order to prevent health problems related to inadequate understanding (00188) - <b>Self negligence</b> characterized by lack of adherence to health activities related to lifestyle choice (00193) - <b>Ineffective health maintenance</b> characterized by a lack of interest in improving health behaviors and a pattern of lack of health-seeking behavior related to ineffective communication skills (00099) - <b>Poor knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)
8 <sup>33</sup>	* 32.8% of men over the age of 60 reported sexual dysfunction	- <b>Risk of low situational self-esteem</b> related to changes in body image (00153) - <b>Disturbed body image</b> characterized by changes in body function, changes in the view of one's own body, fear of others' reactions, changes in social involvement, negative feelings towards the body, and trauma related to the non-functioning of part of the body related to change in self-perception (00118) - <b>Ineffective sexuality pattern</b> characterized by changes in sexual behavior and difficulty with sexual behavior related to insufficient knowledge about alternatives related to sexuality and skills deficit over alternatives related to sexuality (00065) - <b>Risk of impaired resilience</b> related to perceived vulnerability (00211) - <b>Risk of self-harm</b> related to changes in body image, impaired self-esteem, negative feeling and feeling threatened by the loss of a significant relationship (00139)
9 <sup>26</sup>	* 73.81% of respondents reported difficulties in talking about sex * 90.48% of respondents recognize the importance of sex with the level of happiness * 84.92% of respondents do not use condoms during sexual intercourse	- <b>Impaired verbal communication</b> characterized by difficulty in speaking related to insufficient stimuli and cultural incongruity (00051) - <b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004) - <b>Health behavior prone to risk</b> characterized by failure to act in order to prevent health problems related to inadequate understanding (00188) - <b>Self negligence</b> characterized by lack of adherence to health activities related to lifestyle choice (00193)



Nº	Main evidence of the studies	Nursing Diagnoses (NANDA 2018-2020) <sup>12</sup>
		<ul style="list-style-type: none"> <li>- <b>Ineffective health maintenance</b> characterized by a lack of interest in improving health behaviors and a pattern of lack of health-seeking behavior related to ineffective communication skills (00099)</li> </ul>
10 <sup>34</sup>	<ul style="list-style-type: none"> <li>* Participants have sex without prevention, but do not believe that this is a risky behavior</li> <li>* Men are less favorable to prevention than women, even emphasizing that this, at their age, is unnecessary and useless.</li> <li>* 68.8% say they talk about sex</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004)</li> <li>- <b>Health behavior prone to risk</b> characterized by failure to act in order to prevent health problems related to inadequate understanding (00188)</li> <li>- <b>Self negligence</b> characterized by lack of adherence to health activities related to lifestyle choice (00193)</li> <li>- <b>Ineffective health maintenance</b> characterized by a lack of interest in improving health behaviors and a pattern of lack of health-seeking behavior related to ineffective communication skills (00099)</li> <li>- <b>Willingness for improved knowledge</b> characterized by an express desire to improve learning (00161)</li> <li>- <b>Willingness for improved communication</b> characterized by an express desire to improve communication</li> </ul>
11 <sup>27</sup>	<ul style="list-style-type: none"> <li>* Participants have little information about sexuality</li> <li>* Outstanding male chauvinist culture, which promotes the appreciation of sexuality related to the physical aspect, demonstrating strength and virility as one of the factors that interfere with sexuality</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Ineffective sexuality pattern</b> characterized by changes in sexual behavior and difficulty with sexual behavior related to insufficient knowledge about alternatives related to sexuality and deficit of skills about alternatives related to sexuality (00065)</li> <li>- <b>Impaired verbal communication</b> characterized by difficulty in speaking related to insufficient stimuli and cultural incongruity (00051)</li> <li>- <b>Poor knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</li> <li>- <b>Risk of compromised human dignity</b> related to insufficient understanding of health information, stigmatization and cultural incongruity (00174)</li> <li>- <b>Risk of disturbance in personal identity</b> related to changes in social role, low self-esteem and cultural incongruence (00225)</li> <li>- <b>Risk of low situational self-esteem</b> related to changes in body image and changes in social role (00153)</li> <li>- <b>Risk of self-harm</b> related to changes in body image, impaired self-esteem and negative feeling (00139)</li> </ul>
12 <sup>28</sup>	<ul style="list-style-type: none"> <li>* 60% of participants believe that excessive masturbation can cause mental confusion and dementia in people over 65.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Deficient knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</li> </ul>



Nº	Main evidence of the studies	Nursing Diagnoses (NANDA 2018-2020) <sup>12</sup>
13 <sup>29</sup>	<p>* Most participants claim to be sexually active and know the means of preventing Sexually Transmitted Infections, but few use it.</p> <p>* There is a prevalence in the discourse that AIDS is associated with “risk groups” and behavior that is considered immoral.</p>	<p>- <b>Deficient knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</p> <p>-<b>Risk of compromised human dignity</b> related to insufficient understanding of health information, stigmatization and cultural incongruence (00174)</p> <p>-<b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004)</p> <p>-<b>Health behavior prone to risk</b> characterized by failure to act in order to prevent health problems related to inadequate understanding (00188)</p> <p>-<b>Self negligence</b> characterized by lack of adherence to health activities related to lifestyle choice (00193)</p> <p>- <b>Ineffective health maintenance</b> characterized by a lack of interest in improving health behaviors and a pattern of lack of health-seeking behavior related to ineffective communication skills (00099)</p>
14 <sup>30</sup>	<p>* The level of knowledge, attitude and practice of participants about sexuality is still deficient</p>	<p>-<b>Poor knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</p> <p>-<b>Risk of infection</b> related to insufficient knowledge to avoid exposure to pathogens (00004)</p>
15 <sup>22</sup>	<p>* There was a lack of knowledge about sexuality</p> <p>* The biological, physiological changes, pathologies and prejudice of the family were identified as obstacles</p> <p>* For many, sex is no longer important</p>	<p>-<b>Poor knowledge</b> characterized by insufficient knowledge related to insufficient information (00126)</p> <p>-<b>Risk of compromised human dignity</b> related to stigmatization, invasion of privacy and loss of control over body function (00174)</p> <p>- <b>Hopelessness</b> characterized by passivity and decreased response to stimuli related to prolonged activity restriction (00124)</p> <p>-<b>Risk of disturbance in personal identity</b> related to changes in social role, low self-esteem, cultural incongruity, perceived prejudice and dysfunctional family processes (00225)</p> <p>-<b>Risk of low situational self-esteem</b> related to changes in body image, changes in social role, unrealistic self-expectations, inconsistent behavior in relation to values, decreased control over the environment and inadequate recognition (00153)</p> <p>-<b>Distance in body image</b> characterized by changes in body structure, changes in body function and negative feelings towards the body related to changes in self-perception and cultural incongruence (00118)</p> <p>- <b>Ineffective sexuality pattern</b> characterized by alteration in sexual behavior, alteration in the relationship with a significant person and conflict of values related to the lack of privacy, insufficient knowledge about alternatives related to sexuality and deficit of skills about alternatives related to sexuality (00065)</p>



Nº	Main evidence of the studies	Nursing Diagnoses (NANDA 2018-2020) <sup>12</sup>
		<p>-<b>Risk of impaired resilience</b> related to age, ineffective family adaptation, insufficient social support, disturbed family dynamics, multiple coexisting adverse situations, dysfunctional family processes and perceived vulnerability (00211)</p> <p>-<b>Risk of feelings of helplessness</b> related to dysfunctional institutional environment, insufficient social support, stigmatization and ineffective coping strategies (00152)</p> <p>-<b>Moral suffering</b> characterized by anguish about acting according to the moral choice related to the conflict between decision makers and cultural incongruence (00175)</p> <p>- <b>Decision conflict</b> characterized by questioning personal beliefs when trying to reach a decision, questioning moral principles when trying to reach a decision, questioning moral rules when trying to reach a decision, questioning moral values when trying to reach a decision and questioning personal values when trying to reach a decision related to the perceived threat to the value system, conflict with moral obligation and insufficient information (00083)</p> <p>-<b>Risk of self-harm</b> related to changes in body image, lack of confidence in the family, impaired self-esteem, low self-esteem, ineffective coping strategies and feeling threatened with the loss of a significant relationship (00139)</p> <p>-<b>Risk of suicide</b> related to loss of autonomy, loss of independence, insufficient social support, loss of significant relationship and problematic family life (00150)</p> <p>-<b>Risk of loneliness</b> related to physical isolation, social isolation, affective deprivation and emotional deprivation (00054)</p> <p>-<b>Risk of frail elderly syndrome</b> related to insufficient social support and social isolation (00231)</p> <p>-<b>Risk of self-directed violence</b> related to conflict in interpersonal relationship (s) and social isolation (00140)</p> <p>- <b>Impaired comfort</b> characterized by discomfort with the situation and discontent with the situation related to insufficient environmental control, insufficient situational control, harmful environmental stimuli and insufficient privacy (00214)</p>

Source: Self elaboration



Thus, 29 diagnoses were made distributed in the following domains: Health promotion 3(10.3%); Activity/rest 3 (10.3%); Perception/cognition 4 (13.9%); Self-perception 5(17.2%); Roles and relationships 2(6.9%); Sexuality 1 (3.4%); Coping/stress tolerance 3(10.3%); Principles of life 2 (6.9%); Safety/protection 4 (13.9%) and Comfort 2 (6.9%), as described below:

- *Domain 1 - Health promotion:* Health behavior prone to risk (00188), Ineffective health maintenance (00099) and Risk of frail elderly syndrome (00231).
- *Domain 2 - Nutrition:* No diagnosed diagnosis.
- *Domain 3 - Elimination and exchange:* No diagnosis traced.
- *Domain 4 - Activity / rest:* Deficit in self-care for bathing (00108), Deficit in self-care for intimate hygiene (00110), Self-neglect (00193).
- *Domain 5 - Perception / cognition:* Impaired verbal communication (00051), Improved communication willingness (00157), Deficient knowledge (00126) and Improved knowledge willingness (00161)
- *Domain 6 - Self-perception:* Risk of compromised human dignity (00174), Despair (00124), Risk of disturbance in personal identity (00225), Risk of low situational self-esteem (00153), Disorder in body image (00118).
- *Domain 7 - Roles and relationships:* Tension of the caregiver role (00061), Ineffective relationship (00223).
- *Domain 8 - Sexuality:* Ineffective sexuality pattern (00065).
- *Domain 9 - Coping / tolerance to stress:* Stress overload (00177), Risk of impaired resilience (00211), Risk of feeling helpless (00152).
- *Domain 10 - Principles of life:* Conflict of decision (00083), Moral suffering (00175).
- *Domain 11 - Security / protection:* Risk of infection (00004), Risk of self-mutilation (00139), Risk of

suicide (00150), Risk of self-directed violence (00140).

- *Domain 12 - Comfort:* Impaired comfort (00214), Risk of loneliness (00054).

## DISCUSSION

Health promotion is based on the field of theoretical formulations and is characterized as a space for practical actions in the social reality. In the context of the Unified Health System (SUS in Portuguese), it is an important strategy to foster changes in the service organization model, contributing significantly to disease prevention<sup>36</sup>. Thus, among the diagnoses of health promotion, risk-prone health behavior (00188) was identified in six studies<sup>23,25,26,29,32,34</sup>. This diagnosis was traced considering the evidence that the elderly do not consider themselves a vulnerable population to STIs, have resistance to condom use and low testing rate for screening for these infections.

These results demonstrate that special attention is essential to these factors during health care of the elderly population, especially primary care, because several studies<sup>10,37-40</sup> have warned about the increase in the prevalence and incidence of STIs in this age group. Moreover, the increasing number of these infections in the elderly reflect the idea that the elderly themselves, health professionals and society believe that aging reduces the chances of involvement by some sexual infection, considering that the elderly are asexual<sup>41</sup>. As a result, sexuality neglect occurs among this group, which favors the maintenance of risk behavior and the chain of transmission.

Regarding the Activity/Rest Domain, the diagnoses Deficit in self-care for bathing (00108) and Deficit in self-care for intimate hygiene, was traced according to the evidence found in a study<sup>24</sup> that addresses the sexuality of the spouse-caregiver of the elderly in the dementia process. The elderly living with dementia



may have their sexuality preserved and enjoyed according to the disposition and adaptation to the limitations imposed by cognitive decline.

Thus, health professionals should also consider this population as sexually active and provide ways to enjoy sexuality as a way of promoting and protecting health. This argument is supported in some studies that evidence benefits of sexuality for the elderly with dementia, such as reducing the impact of dementia on the couple's life<sup>42</sup>, better mental health and quality of life<sup>43</sup>, reducing the rates of loneliness<sup>43</sup>, besides boosting the health and well-being of these elderly<sup>44</sup>.

However, it is worth mentioning that the elderly who have some type of dementia may have behavioral alterations evidenced by hypersexuality, considered a morbid state<sup>8</sup>. This state of hypersexuality can be expressed through libidinous acts and sexually explicit verbal expressions, in which they must be repressed<sup>8,45</sup>. Therefore, it does not meet the criteria to be considered a healthy sexuality and needs medical intervention for its reduction.

With regard to the Perception/Cognition Domain, impaired verbal communication diagnosis (00051) was evidenced in seven studies<sup>20,21,23,24,26,27,31</sup>, in which there was resistance of the elderly to talk about sexuality with professionals or family members<sup>23,26</sup>, the question of the invisibility of the elderly's sexuality<sup>20</sup>, low level of knowledge about sexuality<sup>21,27</sup> and the need for a professional approach on sexuality<sup>24,31</sup>.

Another diagnosis found in this domain was the Improved Communication Disposition (00157) drawn through evidence found in two studies<sup>21,34</sup>. The evidences were: the dialogue about sexuality present among 68.8% of the elderly<sup>34</sup> and the confirmation that the elderly with a higher level of education showed more attitudes favorable to sexuality<sup>21</sup>.

The literature evidences constant barriers found in communication between the elderly and health

professionals. Among them, the deficiency in academic education on geriatrics and gerontology is identified as one of the main obstacles<sup>46</sup>. As a result, most primary care professionals do not adopt sexuality as a care approach during their consultations due to the reproduction of strictly curative practices with a central focus on pathological processes<sup>47</sup>.

Health communication is a strategic tool in the SUS that guides decision-making and the development of care practices aimed at health promotion<sup>48</sup>. Thus, among the main functions of communication, we highlight the understanding of the world and some dimensions that surround us, the relationship with other people and self-transformation. In order to achieve the effectiveness of communication, it is necessary an interaction between the sender and receiver so that all information is, in fact, understood<sup>49</sup>.

Moreover, in case of effective communication, it is necessary to create bonds, but it is perceived that professionals have difficulties in approaching users to the point of investigating their needs in greater depth and investing in strengthening the bond. The users themselves report that they do not feel welcomed when they resort to health services and claim a lack of professional qualification that meets their demands<sup>50</sup>.

A study<sup>51</sup> conducted a dialogical care-educational course on sexuality with older women. The strategies used by these authors allowed to achieve the effectiveness of communication in such a way that they proved to be important care tools, because they made it possible to break with the prejudice related to sexuality in the elderly, promote the health of the elderly and reveal new forms of care<sup>51</sup>.

Regarding the Self-Perception Domain, the most prevalent diagnoses are noted: Risk of impaired human dignity (00174)<sup>22,27,29</sup>, Risk of low situational self-esteem (00153)<sup>22,27,33</sup> and Risk of personal



identity disorder (00225)<sup>22,27</sup>. These three diagnoses share common evidence - the predominance of sexist culture in the field of sexuality, associating it with strength, virility and physical aspects<sup>27</sup>, in addition to the presence of pathologies, physiological changes and family prejudice<sup>22</sup> that interfere in the expression of sexuality among the elderly. It is also cited sexual dysfunction<sup>33</sup>, which can generate loss of self-esteem and have a significant impact on aspects related to self-perception and loss of personal identity, health, well-being and quality of life, both in the female population<sup>52-55</sup> and in the male population<sup>56-58</sup>.

There is also the prevalence in the discourse that AIDS is associated with "risk groups" and behavior considered immoral<sup>29</sup>. This discourse favors the elderly to expose themselves to a higher risk of acquiring STIs, since, in their thoughts (self-perception), they would be free of these diseases because they believe they do not adopt practices considered immoral, thus justifying the non-use of condoms.

Regarding the Roles and Relationships Domain, the diagnoses Ineffective relationship (00223) and Tension of the role of caregiver (00061) among couples in which one of the spouses suffers dementia were outlined<sup>24</sup>. In the context of the elderly without medical alterations, several studies<sup>2,22,46,59</sup> point to the family as an obstacle, inhibiting the elderly from experiencing their sexuality freely and fully. In this perspective, nurses should be attentive to these family processes and work in an educational way to sexuality with the families of their area of coverage.

When it comes to the elderly with dementia, one should consider the repercussions of the disease in the family context, especially in the member who assumes the role of caregiver. The caregiver families follow the entire evolution of the disease, expressed by physical, cognitive and behavioral alterations that

interfere in the routine of care and in the affective field, requiring, therefore, changes in attitudes and behaviors of both the elderly and the caregiver who needs to adapt in each phase of the dementia process<sup>60</sup>.

This adaptation, which presents a progressive characteristic, can generate burden in the family caregivers, especially when it comes to the caregiver spouse. As a consequence of this overload, the affective bonds between the couple can be influenced precisely by the inversion of roles observed between who takes care and the who is taken care of.

In the Sexuality Domain, the standard diagnosis of ineffective sexuality (00065) was traced in four studies<sup>22,24,27,33</sup>, related to the burden of the caregiver spouse of the elderly with Alzheimer's disease<sup>24</sup>, sexual dysfunction<sup>33</sup>, erroneous association of sexuality only for young, manly and physical people consistent with the standards of beauty imposed by society<sup>27</sup>, in addition to the prejudice of the family and the physiological, pathological and biological changes expressed by the elderly<sup>22</sup>.

Possibly, considering the importance of sexuality among the elderly population, science has advanced in recent years, developing several therapeutic options for sexual dysfunction. Among the options, we mention penile prostheses, psychotherapy, hormone therapy, surgical procedures, oral and injectable drugs, among others<sup>8</sup>.

Moreover, it is necessary to address the sexuality of the elderly in contrast to the stereotypes of sexuality imposed by society and, especially, by media networks, which disregard old age in the context of sexuality<sup>61</sup>. Thus, it is important to sustain professional practices in the dimensions of comprehensive health care and to encourage the elderly to experience all the dimensions of life that provide them with well-being<sup>2</sup>.



With regard to Coping/Stress Tolerance, the diagnosis Risk of impaired resilience was predominant (00211) evidenced in two studies<sup>22,33</sup> on sexual dysfunction<sup>33</sup> and the biological, physiological, pathologies and prejudice alterations of the family<sup>22</sup> that stood out because they are obstacles that instill the sexuality of the elderly.

The definition of resilience has been incorporated into several fields of knowledge. It is a concept originated in physics, defining it as the ability of a given body to regain its properties after modifications in its primary form from an external agent<sup>62</sup>. In health, few resilient individuals have greater exposure to stress and insufficient coping in the face of adversity. As a result, depressive symptoms, low self-esteem, anxiety, anger and impulsivity can develop<sup>63</sup>.

In the Principle of Life Domain, the diagnosis Decision conflict (00083) predominated in a study<sup>22</sup>, especially associated with the dilemmas between allowing and denying the experience of sexuality in the face of family prejudices. Decision conflict is defined as a state of uncertainty about the course of a given action. Moreover, it is considered that the level of uncertainty is higher when there is a confrontation between decisions that cover aspects related to high risks and benefits, uncertainty in results and changes in personal values<sup>64</sup>.

It is noteworthy that the family is positioned as an important source of support and encouragement for the elderly. However, it is observed that the family reinforces the prejudice about sexuality in old age, ridiculing it and inducing the elderly to repress their desires. As a result of this family process, the elderly create resistance in communication and do not dialogue on the subject with their families<sup>22</sup>.

Regarding the Safety/Protection Domain, the diagnosis Risk of infection (00004) was predominant in this domain in ten studies<sup>20,21,23,25,26,29-32,34</sup> associated with resistance and/or non-use of

condoms<sup>23,26,31,34</sup> low rate of rapid testing<sup>32</sup>, little appreciation for screening tests<sup>31</sup>, are not considered vulnerable to STIs<sup>25,29</sup>, and deficiency in knowledge about sexuality and/or sexual infections<sup>20,21,30</sup>.

In the Comfort Domain, there was a predominance of diagnoses Impaired comfort (00214)<sup>22,24</sup> and Risk of loneliness (00054)<sup>22,24</sup>, associated with the sexuality of the spouse caring for elderly people with Alzheimer's<sup>24</sup> disease and in the questions related to the elderly living with family prejudice<sup>22</sup>. These situations that generate stress and psychosocial overload can have impacts on the affective and sexual relationships of the elderly, which demonstrates the need for greater care for the elderly who deal with medical processes and live with dysfunctional families.

It is noteworthy that, although we have outlined 29 nursing diagnoses, there may be other diagnoses related to the theme, which were not evidenced in the present study due to the quantitative limitation of articles investigating sexuality in the elderly, which made it impossible to identify more evidence that supported the identification of more diagnoses. Therefore, the incorporation of evidence-based practices regarding the sexuality of the elderly can be a useful tool in the identification of more diagnoses and evidence related to sexuality in old age.

This study has the potential to guide and facilitate nursing care in the face of sexuality in this age group, addressing the main nursing diagnoses drawn from the evidence found in original national and international articles. Nevertheless, it is suggested that future studies reveal effective nursing interventions related to the sexuality of the elderly and, therefore, strengthen the proposal of active aging.



## CONCLUSION

Most of the situations related to the sexuality of the elderly found in the present study were those related to self-perception, which allowed us to trace the nursing diagnoses with higher prevalence of Domain 6 - Self-perception of NANDA. In this domain, the following diagnostic titles were traced: Risk of compromised human dignity (00174), Hopelessness (00124), Risk of personal identity disorder (00225), Risk of low situational self-esteem (00153), Body image disorder (00118).

This makes us reflect on the power that each individual holds, acquired through the evolution of every political and social conjuncture which, in different times, shape their beliefs, attitudes and behaviors. In this perspective, it is recommended that nursing should be more attentive to the aspects that permeate the subjectivity and personal values of the elderly, especially aspects related to sexuality in this age group so that care integrality is actually achieved through holistic health actions.

## CONFLICT OF INTEREST

the authors declare that there are no conflicts of interest

## REFERENCES

1. Maataoui SL, Hardwick JS, Lundquist TS. Creating space for relationships. *Psychol Serv.* 2017; 14(3): 347-351. <http://dx.doi.org/10.1037/ser0000179>
2. Uchôa YS, Costa DCA, Silva Junior IAP, Silva STSE, Freitas WMTM, Soares SCS. Sexuality through the eyes of the elderly. *Rev bras geriatr gerontol.* 2016; 19(6): 939-49. <https://doi.org/10.1590/1981-22562016019.150189>
3. Queiroz MAC, Lourenço RME, Coelho MMF, Miranda KCL, Barbosa RGB, Bezerra STF. Representações sociais da sexualidade entre idosos. *Rev Bras Enferm.* 2015; 68(4): 662-67. <https://doi.org/10.1590/0034-7167.2015680413i>
4. Shirin H. Sexuality and older people: a neglected issue, *Reprod Health Matters.* 2016; 24(48): 1-5. <http://dx.doi.org/10.1016/j.rhm.2016.11.011>
5. Evangelista AR, Moreira ACA, Freitas CASL, Val DR, Diniz JL, Azevedo SGV. Sexualidade de idosos: conhecimento/atitude de enfermeiros da Estratégia Saúde da Família. *Rev Esc Enferm USP.* 2019; 53: e03482. <http://dx.doi.org/10.1590/S1980-220X2018018103482>
6. Araújo SL, Zazula R. Sexualidade na terceira idade e terapia comportamental: revisão integrativa. *RBCEH.* 2015; 12(2): 172-82. <http://dx.doi.org/10.5335/rbceh.v12i2.5054>
7. Lee DM, Nazroo J, O'Connor DB, et al. Sexual health and well-being among older men and women in England: findings from the English Longitudinal Study of Ageing. *Arch Sex Behav.* 2016; 45(1): 133-144. <http://dx.doi.org/10.1007/s10508-014-0465-1>
8. Souza Júnior EV, Silva CS, Lapa PS, Trindade LES, Silva Filho BF, Sawada NO. Influence of Sexuality on the Health of the Elderly in Process of Dementia: Integrative Review. *Aquichan.* 2020; 20(1): e2016. <https://doi.org/10.5294/aqui.2020.20.1.6>
9. Chen Y-H, Jones C, Osborne D. Exploratory study of Australian aged care staff knowledge and attitudes of later life sexuality. *Australas J Ageing.* 2017;36(2):E35-8. <https://doi.org/10.1111/ajag.12404>
10. Aguiar RB, Leal MCC, Marques APO, Torres KMS, Tavares MTDB. Idosos vivendo com HIV – comportamento e conhecimento sobre sexualidade: revisão integrativa. *Ciênc saúde coletiva.* 2020; 25(2): 575-84. <https://doi.org/10.1590/1413-81232020252.12052018>



11. Cunha GH, Ramalho AKL, Cruz AMM, Lima MAC, Franco KB, Lima RCRO. Diagnósticos de enfermagem segundo a teoria do autocuidado em pacientes com infarto do miocárdio. *Aquichan*. 2018; 18(2): 222-33. <http://dx.doi.org/10.5294/aqui.2018.18.2.9>
12. NANDA International. Diagnósticos de Enfermagem da NANDA-I: Definições e Classificação - 2018/2020 [Internet]. 2018 [cited 2021 Feb 16]. Available from: [http://www.faesb.edu.br/biblioteca/wp-content/uploads/2020/03/NANDA-I-2018\\_2020.pdf](http://www.faesb.edu.br/biblioteca/wp-content/uploads/2020/03/NANDA-I-2018_2020.pdf)
13. Silva DVA, Sousa INM, Rodrigues CAO, Pereira FAF, Gusmão ROM, Araújo DD. Diagnósticos de enfermagem em programa domiciliar: mapeamento cruzado e Taxonomia da NANDA-I. *Rev Bras Enferm*. 2019; 72(3): 584-91. <https://doi.org/10.1590/0034-7167-2018-0323>
14. Karaca T, Aslan S. Effect of 'nursing terminologies and classifications' course on nursing students' perception of nursing diagnosis. *Nurse educ today*. 2018; 67: 114-17. <https://doi.org/10.1016/j.nedt.2018.05.011>
15. Ercole FF, Melo LS, Alcoforado CLGC. Integrative review versus systematic review. *Rev Min Enferm*. 2014; 18(1): 9-12. <http://dx.doi.org/10.5935/1415-2762.20140001>
16. Santos CM, Pimenta CA, Nobre M. A estratégia PICO para a construção da pergunta de pesquisa e busca de evidências. *Rev Lat Am Enfermagem*. 2007; 15(3): 508-11. <https://doi.org/10.1590/S0104-11692007000300023>
17. Bauer M, Fetherstonhaugh D, Tarzia L, Nay R, Beattie E. Supporting residents' expression of sexuality: the initial construction of a sexuality assessment tool for residential aged care facilities. *BMC Geriatr*. 2014;14:82. DOI: <https://doi.org/10.1186/1471-2318-14-82>
18. Equator Network. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement [Internet]. Vol. 6. 2021 [cited 2021 Feb 16]. Available from: <https://www.equator-network.org/reporting-guidelines/prisma/>
19. Severino AJ. Diretrizes para a leitura, análise e interpretação do trabalho científico. In: Cortez, editor. *Metodologia do Trabalho Científico*. São Paulo: Cortez; 2007. p. 153.
20. Alencar RA, Ciosak SI. Aids in the elderly: reasons that lead to late diagnosis. *Alencar RA, Ciosak SI. AIDS in the elderly: reasons that lead to late diagnosis. Rev Bras Enferm*. 2016; 69(6): 1076-81. <http://dx.doi.org/10.1590/0034-7167-2016-0370>
21. Okuno MFP, Fram DS, Batista REA, Barbosa DA, Belasco AGS. Conhecimento e atitudes sobre sexualidade em idosos portadores de HIV/AIDS\*. *Acta Paul Enferm*. 2012; 25(spe1): 115-21. <http://dx.doi.org/10.1590/S0103-21002012000800018>
22. Gois AB, Santos RFL, Silva TPS, Aguiar VFF. Percepção do homem idoso em relação a sua sexualidade. *Enferm Foco*. 2017; 8(3): 14-8. <https://doi.org/10.21675/2357-707X.2017.v8.n3.1024>
23. Laroque MF, Affeldt AB, Cardoso DH, Souza GL, Santana MG, Lange C. Sexualidade do isoso: comportamento para a prevenção de DST/AIDS. *Rev Gaúcha Enferm*. 2011; 32(4): 774-80. <http://dx.doi.org/10.1590/S1983-14472011000400019>
24. Lima CFM, Caldas CP, Santos I, Trotte LAC, Silva BMC. Therapeutic nursing care: transition in sexuality of the elderly caregiving spouse. *Rev Bras Enferm*. 2017; 70(4): 673-81. <http://dx.doi.org/10.1590/0034-7167-2016-0256>
25. Bezerra VP, Serra MAP, Cabral IPP, Moreira MASP, Almeida SA, Patrício ACFA. Práticas preventivas de idosos e a vulnerabilidade ao HIV.



- Rev Gaúcha Enferm. 2015; 36(4): 70-76. <http://dx.doi.org/10.1590/1983-1447.2015.04.44787>
26. Araújo BJ, Sales CO, Cruz LFS, Moraes-Filho IM, Santos OP. Qualidade de vida e sexualidade na população da terceira idade de um centro de convivência. Rev Cient Sena Aires [internet]. 2017 [cited 2020 Jun 5]; 6(2): 85-94. Available from: <http://revistafacesa.senaaires.com.br/index.php/revisa/article/view/282/183>
27. Gabriel GLL, Neves S, Dias LG. Sexualidade na vivência de idosos. R pesq cuid fundam online. 2010; 2(Ed. Supl.): 720-24. <http://dx.doi.org/10.9789/2175-5361.rpcfo.v0.1105>
28. Andrade PBS, Benito LAO. Perfil da sexualidade de pessoas idosas portadoras de SIDA/AIDS atendidas em um serviço de saúde do Distrito Federal. Universitas: Ciências da Saúde. 2016; 14(2): 105-13. <http://dx.doi.org/10.5102/ucs.v14i2.3812>
29. Rufino MRD, Arrais AR. Sexualidade e AIDS na Velhice: novo desafio para a Universidade da Terceira Idade. Rev Kairós [internet]. 2011 [cited 2020 Jun 5]; 14(5): 221-41. Available from: <https://revistas.pucsp.br/index.php/kairos/articloe/view/12736>
30. Santos NFV, Formiga LMF, Silva AKA, Mota MS, Bezerra GSR, Feitosa LMH. Ações de educação em saúde sobre sexualidade com idosos. Saúde em Redes. 2017; 3(2): 162-71. <https://doi.org/10.18310/2446-48132017v3n2.828g151>
31. Van Hees PJ, Van der Plas AA, Van Ek GF, Putter H, Den Oudsten BL, Den Ouden MEM et al. Discussing sexuality with patients with Parkinson's disease: a survey among Dutch neurologists. J Neural Transm (Vienna). 2017; 124(3): 361-8. <http://dx.doi.org/10.1007/s00702-016-1655-x>
32. Heywood W, Lyons A, Fileborn B, Minichiello V, Barrett C, Brown G et al. Self-reported testing and treatment histories among older Australian men and women who may be at risk of a sexually transmissible infection. Sex Health. 2017; 14(2): 139-46. <http://dx.doi.org/10.1071/SH16075>
33. Donnelly DW, Donnelly C, Kearney T, Weller D, Sharp L, Downing A et al. Urinary, bowel and sexual health in older men from Northern Ireland. BJU Int. 2018; 122(5): 845-57. <http://dx.doi.org/10.1111/bju.14182>
34. Camargo BV, Torres TL, Biasus F. Práticas sexuais, conhecimento sobre hiv/aids e atitudes a respeito da relação amorosa e prevenção entre adultos com mais de 50 anos do sul do Brasil. Liber [internet]. 2009 [cited 2020 Jun 5]; 15(2): 171-80. Available from [http://www.scielo.org.pe/scielo.php?script=sci\\_arttext&pid=S1729-48272009000200011](http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1729-48272009000200011)
35. Conselho Federal de Enfermagem. Resolução Cofen 358/2009 [Internet]. 2009 [cited 2021 Feb 16]. Available from: [http://mt.corens.portalcofen.gov.br/resolucao-cofen-3582009\\_726.html](http://mt.corens.portalcofen.gov.br/resolucao-cofen-3582009_726.html)
36. Carvalho FFB, Cohen SC, Akerman M. Refletindo sobre o instituído na Promoção da Saúde para problematizar 'dogmas'. Saúde debate. 2017; 41(spe3): 265-76. <https://doi.org/10.1590/0103-11042017s320>
37. Cerqueira MBR, Rodrigues RN. Fatores associados à vulnerabilidade de idosos vivendo com HIV/AIDS em Belo Horizonte (MG), Brasil. Ciênc saúde colet. 2016; 21(11): 3331-8. <https://doi.org/10.1590/1413-812320152111.14472015>
38. Tavares MCA, Leal MCC, Marques APO, Zimmermann RD. Apoio social aos idosos com HIV/aids: uma revisão integrativa. Rev bras geriatr gerontol. 2019; 22(2): e180168.



- <https://doi.org/10.1590/1981-22562019022.180168>
39. Andrade J, Ayres JA, Alencar RA, Duarte MTC, Parada CMGL. Vulnerabilidade de idosos a infecções sexualmente transmissíveis. *Acta paul enferm.* 2017; 30(1): 8-15. <https://doi.org/10.1590/1982-0194201700003>
40. Conner LR, Fernández Y, Junious E, Piper C, Rowan D. Evaluating HIV Educational Materials for Older People. *J Int Assoc Provid AIDS Care.* 2019; 18: 1-10. <https://doi.org/10.1177/2325958219849054>
41. DeMarco RF, Brennan-Ing M, Sprague C, Brown SM. Ageism, Aging and HIV: Community Responses to Prevention, Treatment, Care and Support. *Interdiscip Top Gerontol Geriatr.* 2017; 42: 234-9. <https://doi.org/10.1159/000448567>
42. Lima CFM, Trotte LAC, Souza TA, Ferreira AMO, Caldas GP. Sexualidade do cônjuge que cuida do idoso demenciado: revisão integrativa da literatura. *Rev Min Enferm.* 2015; 19(2): 211-7. <http://dx.doi.org/10.5935/1415-2762.20150036>
43. Lindau ST, Dale W, Feldmeth G, Gavrilova N, Langa KM, Makelarski JA et al. Sexuality and Cognitive Status: A U.S. Nationally Representative Study of Home-Dwelling Older Adults. *J Am Geriatr Soc.* 2018; 66(10): 1902-10. <http://dx.doi.org/doi:10.1111/jgs.15511>
44. Cindy LAJ, Wendy M. Sexuality & dementia: An eLearning resource to improve knowledge and attitudes of aged-care staff. *Educational Gerontology.* 2016; 42(8): 563-71. <https://doi.org/10.1080/03601277.2016.1205373>
45. Giorgi R, Series H. Treatment of Inappropriate Sexual Behavior in Dementia. *Curr Treat Options Neurol.* 2016; 18: 41. <https://doi.org/10.1007/s11940-016-0425-2>
46. Vieira KFL, Coutinho MPL, Saraiva ERD. A Sexualidade na velhice: representações sociais de idosos frequentadores de um Grupo de Convivência. *Psicol Ciênc Prof.* 2016; 36(1): 196-209. <https://doi.org/10.1590/1982-3703002392013>
47. Cabral NES, Pereira GCS, Souza US, Lima CFM, Santana GMS, Castañeda RFG. Compreensão de sexualidade por homens idosos de área rural. *Rev baiana enferm.* 2019; 33: e28165. <https://doi.org/10.18471/rbe.v33.28165>
48. Nardi ACF, Soares RAS, Mendonça AVM, Sousa MF. Comunicação em saúde: um estudo do perfil e da estrutura das assessorias de comunicação municipais em 2014-2015. *Epidemiol Serv Saúde.* 2018; 27(2): e2017409. <https://doi.org/10.5123/s1679-49742018000200015>
49. Calsavara, VJ, Scorsolini-Comin F, Corsi CAC. A comunicação de más notícias em saúde: aproximações com a abordagem centrada na pessoa. *Rev abordagem gestál.* 2019; 25(1): 92-102. <https://doi.org/10.18065/RAG.2019v25.9>
50. Almeida MM, Coutinho LS, Santos MS. Nurse as a hospital manager in primary care: integrative review. *ReonFacema [internet].* 2017 [cited 2020 Jun 5]; 3(4): 765-74. Available from: <https://www.facema.edu.br/ojs/index.php/ReOnFacema/article/view/273/158>
51. Rodrigues DMMR, Labegalini CMG, Higarashi IH, Heidemann ITSB, Baldissera VDA. O percurso educativo dialógico como estratégia de cuidado em sexualidade com idosos. *Esc Anna Nery.* 2018; 22(3): e20170388. <https://doi.org/10.1590/2177-9465-ean-2017-0388>
52. Lara LAS, Scalco SCP, Troncon JK, Lopes GP. A Model for the Management of Female Sexual Dysfunctions. *Rev Bras Ginecol Obstet.* 2017; 39(4): 184-94. <https://doi.org/10.1055/s-0037-1601435>
53. Carteiro DMH, Sousa LMR, Caldeira SMA. Indicadores clínicos de disfunção sexual em



- mulheres grávidas: revisão integrativa de literatura. *Rev Bras Enferm.* 2016; 69(1): 165-73. <https://doi.org/10.1590/0034-7167.2016690122i>
54. Brasil APA, Abdo CHN. Transtornos sexuais dolorosos femininos. *Diagn Tratamento [internet]*. 2016 [cited 2020 Jun 5]; 21(2): 89-92. Available from: <http://files.bvs.br/upload/S/1413-9979/2016/v21n2/a5592.pdf>
55. Correia LS, Brasil C, Silva MD, Silva DFC, Amorim HO, Lordêlo P. Função sexual e qualidade de vida de mulheres: um estudo observacional. *Rev Port Med Geral Fam [Internet]*. 2016 [cited 2020 Jun 5]; 32(6): 405-9. Available from: [http://www.scielo.mec.pt/scielo.php?script=sci\\_arttext&pid=S2182-51732016000600007&lng=pt](http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S2182-51732016000600007&lng=pt)
56. Tabosa A, Oliveira DC, Stangler VH, Araújo H, Nunes V, Gadelha MI et al. Associação entre Disfunção Erétil e Piora na Qualidade de Vida de Pacientes com Doença Arterial Coronariana. *Int J Cardiovasc Sci.* 2017; 30(3): 219-26. <https://doi.org/10.5935/2359-4802.20170042>
57. Azevedo C, Mata LRF, Braga PP, Chavez GM, Lopes MR, Penha CS. A percepção de homens e companheiras acerca da disfunção erétil pós-prostatectomia radical. *Texto contexto - enferm.* 2018; 27(1): e4870016. <https://doi.org/10.1590/0104-070720180004870016>
58. Ferreira C, Gouveia M, Carmona S, Sanches R. Disfunção erétil: haverá melhoria com o exercício físico?. *Rev Port Med Geral Fam [Internet]*. 2017[cited 2020 Jun 5] ;33(6): 430-1. Available from: [http://www.scielo.mec.pt/scielo.php?script=sci\\_arttext&pid=S2182-51732017000600009&lng=pt](http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S2182-51732017000600009&lng=pt)
59. Vilar DGR. A sexualidade das pessoas idosas vista pelas próprias. *Intervenção Social.* 2016; (47/48): 275-91. <https://doi.org/10.34628/6r1e-ks51>
60. Nascimento HG, Figueiredo AEB. Demência, familiares cuidadores e serviços de saúde: o cuidado de si e do outro. *Ciênc saúde coletiva.* 2019; 24(4): 1381-92. <https://doi.org/10.1590/1413-81232018244.01212019>
61. Gewirtz-Meydan A, Hafford-Letchfield T, Ayalon L, Benyamini Y, Biermann V, Coffey A et al. *Cult Health Sex.* 2019; 21(3): 293-308. <https://doi.org/10.1080/13691058.2018.1465203>
62. Hildebrand NA, Celeri EHRV, Morcillo AM, Zanolli ML. Resiliência e problemas de saúde mental em crianças e adolescentes vítimas de violência. *Rev Saúde Pública.* 2019; 53: 17. <https://doi.org/10.11606/s1518-8787.2019053000391>
63. Carvalho IG, Santos Bertolli E, Paiva L, Rossi LA, Dantas RAS, Pompeo DA. Ansiedade, depressão, resiliência e autoestima em indivíduos com doenças cardiovasculares. *Rev Lat Am Enfermagem.* 2016;24:e2836. <http://dx.doi.org/10.1590/1518-8345.1405.2836>
64. Martinho MJCM, Silva Martins MMFP, Angelo M. Escala de conflito em tomadas de decisão em saúde: Instrumento adaptado e validado para língua portuguesa. *Rev da Esc Enferm da USP.* 2013;47(3):575-82. <https://doi.org/10.1590/S0080-623420130000300008>