Giving Safe, Sensitive Care to LGBT(Q) Patients and Families

Jennifer Detchemendy
RN, MSN, CCNS, CCRN

The speaker has no disclosures to report.
Webinar Goals

Attendees will be able to identify bias regarding LGBT(Q) patients and families and implement personal behaviors that will facilitate sensitive, supportive care. They will identify resources to support institutional approaches to support of these patients and families.

Session Topics

- Define what L-G-B-T and Q describe
- Understanding bias and its impact on patients and families
- How to provide sensitive care
- Institutionalizing cultural sensitivity for the LGBTQ patient/family
Defining LGBT(Q)

- LGBT(Q) acronym represents diverse populations often lumped together
- LGB refers to sexual orientation
- T refers to gender identity
- Other letters describe identities on a continuum of exploration
The Genderbread Person

**Gender Identity**
- Woman-ness
- Man-ness

**Gender Expression**
- Feminine
- Masculine

**Biological Sex**
- Female-ness
- Male-ness

**Sexually Attracted To**
- Women / Females / Femininity
- Men / Males / Masculinity

**Romantically Attracted To**
- Women / Females / Femininity
- Men / Males / Masculinity

Source: http://itspronouncedmetrosexual.com/2015/03/the-genderbread-person-v3/

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Polling Question

How often have you observed any bias and/or negative behavior toward LGBTQ patients and families?

a) Never
b) Rarely
c) Often
We All Have Bias

- Literature review of 17 studies of nurses’ attitudes toward LGBT patients (Dorsen, 2012)
  - 1/3 of nurses have “considerable difficulty” working with LGBT patients
  - Desire to avoid contact
  - Fear of sexual advances
PATIENT STORY

“I couldn’t believe it—as I walked back to see my partner and our newborn, an employee stopped me and asked who I was. When I said ‘the other mom,’ she rolled her eyes and walked away saying, ‘I don’t believe this.’”

— A LESBIAN MOTHER AFTER THE BIRTH OF HER 1ST CHILD
Impact of LGBT Bias in Healthcare

- Distrust in the healthcare system
  - Perception of being treated differently
  - Withholding of pertinent information
- Delays in seeking care
- Fear of breaches in confidentiality
- Fear of abuse/mistreatment
Patient Perceptions of Healthcare Professionals

**Table 1:** Health care professionals refused to touch me or used excessive precautions.

- LGB: 10.6%
- Transgender: 15.4%
- Living with HIV: 25.6%

**Table 2:** Health care professionals used harsh or abusive language.

- LGB: 10.7%
- Transgender: 20.9%
- Living with HIV: 31.7%

**Table 3:** Health care professionals blamed me for my health status.

- LGB: 12.2%
- Transgender: 20.3%
- Living with HIV: 25.7%

**Table 4:** Health care professionals were physically rough or abusive.

- LGB: 4.1%
- Transgender: 7.8%
- Living with HIV: 4.3%

National Transgender Discrimination Study

- 28% of transgender patients postponed care because of fear of discrimination based on previous healthcare encounters
- 27% of those who sought care reported being refused treatment because of their transgender or gender nonconforming status
- 90% of transgender patients believe there are not enough properly trained healthcare personnel to care for them

PATIENT STORY

But there is no difference in the care for LGBT patients...
Why Does Bias Exist?

- Historical context
  - Diagnosis as “treatable” condition
  - Mental illness
- Personal attitudes, beliefs
  - Homophobia
- Negative stereotypes and myths
  - Sexual deviants, predators, STDs
- Heterosexist assumptions
- Lack of information and education
Barriers to Healthcare

- Delays in seeking care
  - Fear of discrimination
  - Subjects of violence
  - Fear breach of confidentiality with HCPs
- Difficulty accessing healthcare
  - Lack of partner benefits
  - Prejudicial policies/procedures
  - Lack of LGBT health care providers
LGBT Healthcare Disparities

Higher overall incidence of:
- Chronic stress
- Depression
- Anxiety
- Suicide risk
- Tobacco, alcohol, drug use
LGBT Health Disparities

Lesbians
- More likely to be overweight or obese
- Higher risk of breast/certain gynecologic cancers
- Higher risk of cardiovascular disease
- Less likely to be assessed for IPV

Gay men
- Increased body image/eating disorders
- Higher risk of HIV and other STDs, especially in communities of color
- Higher rates of HPV infection
LGBT Health Disparities (cont)

LGBT youth
- Higher rates of smoking, alcohol use, substance abuse
- Higher risk of violence and victimization
- Less social support (more likely to be homeless)

LGBT seniors
- Higher rates of isolation due to lack of family/social support
Transgender Health Disparities

- Difficulty finding knowledgeable and accepting HC providers
- Highest risk of mental health issues/suicide in the LGBT community
- Highest risk of HIV/STDs
- Unsafe hormone use/silicone injections
- Higher rates of CV disease
PATIENT STORY

“I went to the ER because I fell and broke a rib. Once the doctor found out I was transgender he wanted to do a genital exam on me. When I refused, they refused to treat me.”

– A TRANSGENDER WOMAN SEEKING TREATMENT FOR A BROKEN RIB
Importance of LGBT Cultural Competency

- Wellness is holistic
  - Social factors
  - Psychological factors
- Respect for uniqueness of each patient
- All patients should feel they will receive safe and equitable care
- Reduce disparities
Providing Ethical Care

- Examine our own attitudes and belief systems
- Stereotypical or factual basis
- Educate ourselves and our peers regarding:
  - LGBT terminology
  - LGBT specific healthcare issues
  - Emerging policies/guidelines addressing LGBT population
Providing Ethical Care (cont)

- Acknowledge/address real and perceived barriers
- Establish trusting relationships through open dialogue and appropriate interview techniques
- Identification and validation of patient determined support systems
Putting It Into Practice

- Use respectful language
  - Listen to your patients and their descriptions of self, partners, and relationships
  - Use neutral and inclusive language
  - Ask open-ended questions
Putting It Into Practice (cont)

- Avoid making assumptions based on appearance or behavior
- Validate that all information is confidential
- Understand it’s “ok” to tell patients you aren’t familiar with certain LGBT issues. Let them educate you
- Zero tolerance for discrimination
PATIENT STORY

“I transitioned 10 years ago and have a full beard. But after learning I was transgender, the doc kept calling me ‘she’ in front of all the staff and other patients, no matter how many times I corrected him—and kept asking when I’d be having ‘the surgery.’”

— A TRANSGENDER MAN SEEKING CARE FOR A DISLOCATED SHOULDER
Transgender Sensitivity

- Use name and pronouns preferred by the patient
  - Document this information
  - “I’m sorry. I’ll get that right next time”
- Explain process of name verification for medication, procedures, etc.
- Treat patient’s identified gender as you would other patients’
- Avoid questions/exams concerning patient’s transgendered status unless medically necessary
- Inquire about hormone use (prescribed and self-administered)
- Patient’s identified gender guides room assignments
Institutional Approaches

Create a welcoming environment
- Posted nondiscrimination policy
- Equal visitation policy
- LGBT images/symbols in common areas/waiting rooms
- LGBT-friendly forms
- Create or designate unisex or single staff restrooms
- Sensitivity training
- Safe zones
Institutional Approaches (cont)

- Only way to live out LGBT policies and provide competent, patient-centered care
- Key audiences include:
  - Leadership
  - Nurses, especially nursing managers and supervisors
  - Admitting and registration
  - Patient relations
  - HR and diversity/inclusion
  - Risk and legal, department managers, social work, etc.
Awareness

Two of my friends are a gay couple, but until I took the LGBT training, I didn’t realize how much they worry. I mean, it never occurred to me that they might not comfort each other—even hold hands—in the hospital because someone might see them and treat them badly. It broke my heart when I heard this, and when I asked my friends about it, they confirmed it. I can’t imagine not holding my husband’s hand if he were in pain, and as a nurse, I want to make sure gay people do not have to worry about supporting each other in my hospital.

—NURSING SUPERVISOR, KANSAS
Healthcare Equality Index (HEI)

- Patient nondiscrimination
- Equal visitation
- Employment nondiscrimination
- Training in LGBT patient-centered care
LGBT Voices: Stories about healthcare from LGBT patients

Dana
Preferred pronouns: he, him, his

LGBT Voices: Perspectives on Health Care from National LGBT Health Education on Vimeo.
Summary

- Self-exploration/awareness of bias in practice
- Education on basic LGBT issues
- LGBT cultural competence and sensitivity training
- Model appropriate behavior
- Advocate for institutional change
Questions?
AACN Implementation
Tools and Resources

Designed to help you apply these practices in your environment

- **Tools and Tactics**: Blueprint for Providing Safe and Sensitive Care
- **Bridging the Gap**: A Gap Analysis to Reduce Healthcare Disparities for LGBTQ Patients and Families
- **Checklist for Creating a Welcoming and Safe Environment for LGBTQ Patients and Families**
- **Skills for Success**: Bedside Care for LGBTQ Patients and Families
- **Genderbread Person and Terms Definition**
- **Resource Guide**

Find these tools on the:
*Giving Safe, Sensitive Care to LGBTQ Patients and Families*
webinar information page at
[www.aacn.org/webinars](http://www.aacn.org/webinars)
Implementing Sensitive and Supportive Care to the LGBT (Q) Community
Improve Patient Outcomes

1. Download the **Implementation Tools**.
   Find them on the *Giving Safe, Sensitive Care to LGBTQ Patients and Families* webinar information page at
   [www.aacn.org/webinars](http://www.aacn.org/webinars)

2. **Discuss** the tools and recommended practices with your colleagues

3. **Implement practices** that are suitable for your unit
References

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