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Care of the LGBTQ+ Patient



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Section 1: Introduction

The LGBTQ+ community is a diverse community that includes all ethnicities, religions, and socioeconomic backgrounds. The acronym LGBTQ+ stands for lesbian, gay, bisexual, transgender, and queer. The “+” sign stands for any possibilities of sexual orientations and gender identities in the LGBTQ+ community.

LGBTQ+ individuals often experience discrimination and oppression throughout all aspects of their lives including healthcare. These individuals face unique health care challenges and are at risk of receiving lower standards of care in comparison to cisgender and heterosexual individuals. Because of discrimination and lack of support, the LGBTQ+ community has higher rates of health concerns such as cancers, substance abuse, intimate partner violence, and suicide and are often less likely to seek out health care due to past negative experiences.

There is a nationwide need for education and policies to ensure culturally competent care is being provided to all LGBTQ+ patients. Personal biases can directly impact the care given to LGBTQ+ patients. Healthcare provider biases are connected to decreased quality of care and decreased patient outcomes. It is crucial that all healthcare providers are aware of their personal biases and identify ways to integrate culturally competent care into their practice.

Nurses will encounter LGBTQ+ patients in all areas of healthcare. It is important that nurses have the education to provide inclusive and patient-centered care to all patients, including the LGBTQ+ community. This course will identify appropriate and inclusive language for gender identity and sexual orientation, identify health disparities and barriers to care in the LGBTQ+ community, and identify appropriate interventions to provide culturally competent and inclusive care to LGBTQ+ patients.

Section 2: Identifying Inclusive Language

1,3,8,13,16,17

Identifying and understanding inclusive language is crucial to providing culturally competent care to LGBTQ+ patients. Using incorrect terms to describe LGBTQ+ patients can be very triggering and prohibit patients from trusting healthcare providers with their care.

Some of the appropriate LGBTQ+ community terms include:

- **Ally:** People who are supportive of the LGBTQ+ community
- **Androgyny:** People who are in between genders and having both male and female characteristics, can also be known as gender neutral
- **Asexual:** People who do not experience sexual attraction
- **Biphobia:** Prejudice towards people that are attracted to more than one gender
- **Bisexual:** People who feel attraction to people of the same or different genders to themselves, can also be known as pansexual
- **Cisgender:** People whose gender identity matches the sex assigned at birth
- **Cis heteronormativity:** The belief that all people are heterosexual and cisgender and that identity is superior to all other sexual orientations and gender identities
- **Coming out:** When a person shares their gender identity publicly
- **Gay:** People who identify their gender as male and only feel attraction to other men
- **Gender:** The emotional, psychological, and social traits that describe

someone as masculine, feminine, or androgynous

- **Gender attribution:** When a person assigns an individual the gender that they believe them to be
- **Gender binary:** The belief that a person must be either male or female gender and be aligned with the sex assigned at birth
- **Gender dysphoria:** Clinical distress caused when a person's assigned sex at birth does not match the gender they identify with
- **Gender expression:** The external behaviors and traits that are associated with female or male genders
- **Gender fluid:** People who do not identify with a single gender
- **Gender identity:** The personal sense of gender regardless of the sex assigned at birth
- **Gender nonconforming:** When a person's behaviors and appearance do not align with traditional gender expectations
- **Genderqueer:** People who embrace a fluidity of gender identity and sexual orientation
- **Gender role:** The behaviors, traits, and society standards traditionally associated male or female genders
- **Heterosexism:** Prejudice against the LGBTQ+ community based on the belief that heterosexuality is the superior sexual orientation
- **Heterosexual:** People who only feel sexual attraction to the opposite gender, can also be known as straight
- **Homophobia:** Prejudice against the people who are attracted to members

of the same sex

- **Homosexual:** People who only feel sexual attraction to the same gender
- **Inclusivity:** Practice of including and promoting individuals and groups who have been historically marginalized
- **Intersex:** People born with sexual characteristics that are not typical of male or female genders
- **Lesbian:** People who identify their gender as female and only feel attraction to other women
- **LGBTQ+:** An acronym encompassing lesbian, gay, bisexual, transgender, queer, and limitless sexual orientations and gender identities
- **Non-binary:** People whose gender identity does not fit into the male or female gender structure, can also be used as a broad term to include genderqueer or gender-fluid identities
- **Outing:** When someone exposes an individual's gender identity without their permission
- **Pansexual:** People who can be attracted to people of any gender, can also be known as bisexual
- **Queer:** A general term referring to LGBTQ+ individuals
- **Questioning:** People who are exploring their gender identity or sexual orientation
- **Same gender loving:** People who are attracted to the same gender as themselves, sometimes preferred instead of lesbian, gay, or bisexual
- **Sex:** A person's biological status as male, female, or something else

- **Sex assigned at birth:** The sex assigned based on an infant's external genitalia at birth
- **Sexual identity:** Individual's description of their sexuality
- **Sexual orientation:** Individual sexual identity referring to their attraction to a specific gender, independent of gender identity
- **Transgender:** People whose gender identity is different from the sex they were assigned at birth but does not imply any specific sexual orientation
- **Transitioning:** Process of changing an individual's social and/or physical characteristics in order to live more fully as their true gender
- **Transphobia:** Prejudice against the transgender community

Using appropriate language is essential to making LGBTQ+ patients feel welcome and supported in healthcare settings. Referring to a patient with the wrong pronouns or gender can be very triggering and impact the patient provider relationship. For example, the nurse may refer to a patient who identifies as a transgender female with the sex assigned at birth. This can cause the patient to be hesitant to open up to the nurse about health concerns. Nurses should be aware of appropriate terms and seek out continuing education to ensure that all patients are identified the way they want to be.

Section 2 Personal Reflection

What LGBTQ+ community terms are you unfamiliar with? What are some ways you can educate yourself on these unfamiliar terms?

Section 3: Health Disparities in the LGBTQ+ Community

1,3,5,7,8,10,12,14,15,20,21

Many marginalized communities experience health disparities including the LGBTQ+ community. Health disparities are preventable circumstances relating to health based on factors such as ethnicity, education, gender identity, and other social factors. Personal biases, discrimination, and lack of knowledge can contribute to health disparities in the LGBTQ+ community and can lead patients to develop anxiety, depression, social struggles, and difficulty with self-acceptance.

Many LGBTQ+ patients do not have a strong community or social support needed to overcome biases and discrimination. Lack of inclusive resources, past negative experiences with healthcare providers, and incorrect assumptions of gender identity can lead to higher rates of:

- Depression and anxiety
- Alcohol and substance abuse
- Suicide and self-harm especially in transgender individuals
- Obesity
- Homelessness
- Sexually transmitted infections (STIs) especially in gay and bisexual men
- Eating disorders and body image issues
- Osteoporosis and cancers such as colon, cervical, ovarian, breast, and liver cancer in lesbian and bisexual women

- Human immunodeficiency virus (HIV), viral hepatitis, and cancers such as prostate, testicular, anal, and color cancer in gay and bisexual men
- Interpersonal and intimate partner violence especially in transgender individuals
- Social isolation

Nurses need to be aware of these health disparities and advocate for regular screenings for LGBTQ+ patients. The Centers for Disease Control and Prevention (CDC) recommends regular screenings for STIs, HIV, hepatitis A, and hepatitis B for LGBTQ+ patients. Nurses should also advocate for screenings for abuse, mental health concerns, suicide ideation, and substance abuse.

Research shows that LGBTQ+ individuals have significantly higher rates of mental health disorders including depression, anxiety, suicide ideation, eating disorders, and body dysmorphia. Discrimination in social settings, feelings of isolation, and lack of community and family support can negatively impact the mental health of LGBTQ+ individuals.

As society becomes more accepting of LGBTQ+ individuals, more people identifying as LGBTQ+ may come out to their friends and family and feel safe to express their true selves to society. However, many LGBTQ+ individuals still fear rejection and may be scared to come out at all. Research shows that many LGBTQ+ individuals experience rejection in their communities and families. Experiencing rejection can lead LGBTQ+ individuals to isolate themselves and can often lead to increased risk of suicide attempts, especially in LGBTQ+ youth.

Finding mental health resources can be difficult for LGBTQ+ patients. Many patients fear rejection or discrimination from mental health providers and feel uncomfortable opening up about their mental health concerns. Nurses should be aware of warning signs for mental health disorders such as depression, anxiety,

and suicide ideation. It is important for nurses to be aware of inclusive mental health professionals to be able to provide referrals when LGBTQ+ patients express concerns for their mental health.

Health Disparities in LGBTQ+ Youth

LGBTQ+ youth are a vulnerable patient population and often feel unsupported due to fear of family and social rejection. LGBTQ+ youth are at a greater risk of mental health disorders, bullying, and high-risk sexual behaviors. Research shows that LGBTQ+ youth report higher rates of feelings of sadness and hopelessness, bullying, interpersonal violence, substance abuse, and suicide attempts. LGBTQ+ can also have higher rates of school absences due to these risks and lack of social support at school or at home.

LGBTQ+ youth can be curious about their sexuality while questioning their gender identity. This can lead to high-risk sexual behaviors without appropriate education. Many schools do not provide inclusive sex education for LGBTQ+ youth. Sex education is often focused on cisgender students who identify as heterosexual. This can create a knowledge gap among LGBTQ+ youth and put them at higher risk for high-risk sexual behavior which can lead to STIs, HIV, unintended pregnancy, and other health concerns.

Transgender youth especially face many health concerns unique to their community. There is no current standard treatment plan for children questioning their gender identity and sexual orientation so healthcare providers may choose different approaches to caring for this community. Many healthcare providers and parents choose to wait and see which gender the child will gravitate towards. A common view of children questioning their gender identity and sexual orientation is that it is a phase they will eventually grow out of. It is important for nurses to educate patients and families that questioning is not a phase and about the

importance of accepting one's identified gender and sexual orientation no matter the age of the patient.

Nurses can be a great resource and support for patients and families throughout the patient's journey of questioning their gender identity and sexual orientation. Research shows that LGBTQ+ youth who feel accepted and supported in their family and communities have less risk as adults of some of the common health disparities in the LGBTQ+ community.

Health Disparities in the Transgender Community

The transgender community is especially at risk for many health disparities. Transgender patients often feel marginalized in society and in healthcare settings. These patients often face incorrect assumptions about their gender identity and discrimination which can lead to many health concerns.

Healthcare providers often incorrectly assume transgender patients do not need preventative screenings such as mammograms, prostate screenings, or pap screenings due to incorrect assumptions about gender identity. Missed screenings can lead to higher rates of certain cancers, STIs, and other chronic conditions. Nurses can be an advocate for transgender patients and support them in seeking out preventative screenings.

Transgender patients may have difficulty having children and are often not informed of all their fertility options prior to starting hormone therapy or gender-affirming surgery. A lot of gender affirming care can affect a patient's fertility, so it is important that patients are aware of their options prior to beginning any hormone therapy or surgical options. Many healthcare providers are not knowledgeable on transgender reproductive health or options for gender affirming care so patients may be at a disadvantage when looking for information and resources specific to transgender health care. Having the knowledge of

fertility options and providing resources and referrals for transgender patients can be an important nursing role if healthcare providers do not have the knowledge to care for transgender patients' fertility needs.

Transgender patients can also have higher rates of substance abuse in comparison to other members of the LGBTQ+ community. Alcohol and drugs are often used to ease the pain of high levels of discrimination and lack of support in social environments. Many transgender individuals may use drugs and alcohol to combat mental health disorders such as depression, anxiety, and suicidal ideation. Transgender individuals may also use alcohol and drugs to numb feelings of isolation due to high rates of discrimination and rejection in social settings. Substance abuse can lead to other chronic health conditions and can impact recovery from gender affirming surgery.

Transgender patients seeking hormone therapy may not have access to a healthcare provider who is able to provide hormone therapy. These patients may seek out hormone medication elsewhere which can be very risky and lead to serious side effects. It is important to educate transgender patients about the serious risks of seeking hormone therapy without monitoring by a healthcare provider and provide referrals to healthcare providers who are supporting of gender affirming care.

Another health disparity prevalent in the transgender community is high rates of interpersonal and intimate partner violence. Research shows that Black and Latin American transgender women are at the highest risk of intimate partner abuse. Intimate partner violence (also known as domestic violence) usually begins with verbal abuse by a former or current romantic partner. The verbal abuse can often lead to physical or sexual abuse. Victims of intimate partner violence may be reluctant to seek help out of fear of discrimination or lack of resources. It is important for nurses to receive education on identifying signs of intimate partner

violence, providing sensitive care, and to ensure patients feel supported to come forward.

Transgender patients are often more marginalized than other members of the LGBTQ+ community due to widespread discrimination and personal biases. This can lead to transgender patients being hesitant to seek out health care and feel uncomfortable opening up about health concerns. Nurses who are educated in transgender health disparities and gender affirming care can be a support and resource for transgender patients who may feel uncomfortable seeking out health care.

Health Disparities in Lesbian and Bisexual Women

Patients who identify as lesbian or bisexual women face health disparities especially when related to reproductive health. Many healthcare providers have incorrect assumptions regarding the health care needs of lesbian and bisexual women. These patients have a higher risk of:

- Intimate partner violence
- Substance abuse, especially alcohol
- Obesity
- Osteoporosis
- Certain cancers such as colon, cervical, ovarian, breast, and liver cancer
- Human papillomavirus (HPV) going undiagnosed which can lead to certain cancers
- Lack of knowledge about pregnancy and fertility options

Like transgender patients, lesbian and bisexual women also report higher rates of

intimate partner violence. The National Coalition Against Domestic Violence reported that 43% of lesbian women and 61% of bisexual women have experienced intimate partner violence. Patients often find a lack of resources and support from healthcare providers and law enforcement when reporting intimate partner violence. Informed nurses can be a source of support for lesbian and bisexual women seeking care due to intimate partner violence.

There can be false assumptions among healthcare providers that lesbian and bisexual women are not at risk for STIs or HPV. These patients may not receive adequate education on STI, HPV, and pregnancy prevention due to lack of knowledge of healthcare providers. Patients may also not be aware of all of the options for pregnancy if they desire to have children. Fertility options for lesbian and bisexual women can include:

- Egg donation where one partner's eggs are transferred to the other partner who carries the baby
- Embryo donation where a fertilized embryo is donated to the couple
- In vitro fertilization (IVF) where an egg is fertilized using a sperm donor and then transferred to one of the partners
- Intrauterine insemination where donor sperm is transferred into the uterus of one of the partners hopefully resulting in a fertilized egg

Lesbian and bisexual women are especially at risk for reproductive health disparities. These patients can be hesitant to seek out health care and feel uncomfortable opening up about health concerns. Nurses can be a support for lesbian and bisexual women by educating themselves on reproductive health and fertility options specific to lesbian and bisexual women.

Health Disparities in Gay and Bisexual Men

Patients who identify as gay or bisexual men face many health disparities similar to the transgender community. Many healthcare providers have incorrect assumptions regarding the health care needs of gay and bisexual men. These patients face higher risk of:

- Intimate partner violence
- Substance abuse
- Body dysmorphia and eating disorders
- Mental health disorders such as depression and anxiety
- High-risk sexual behaviors which can lead to HIV, viral hepatitis, and STIs
- Certain cancers such as prostate, testicular, anal, and color cancer

Like other LGBTQ+ subcommunities, gay and bisexual men also report higher rates of intimate partner violence and substance abuse. The use of alcohol and drugs are often used to ease the pain of lack of support in social environments, body dysmorphia, and other mental health disorders. Substance abuse can also lead to more high-risk sexual behaviors which can increase the risk of HIV, viral hepatitis, and STIs.

HIV can inhibit the body's ability to fight infections and can lead to acquired immunodeficiency syndrome (AIDS) and certain cancers. HIV is spread through direct contact with bodily fluids which can be the result of sexual intercourse. The World Health Organization (WHO) recommends that all men who have sex with other men should be prescribed pre-exposure prophylaxis (PrEP). PrEP is a combination of antiretroviral medications that can prevent HIV. Gay and bisexual men are also at risk of viral hepatitis A and B which are infections that cause damage to the liver. Vaccines to prevent hepatitis A and B, which can also be

transmitted through bodily fluids, should also be recommended for gay and bisexual men.

Healthcare providers may also have incorrect assumptions regarding the sexual health of gay and bisexual men. These patients may need a healthcare provider's assistance to have children, but provider's may not be aware of all of the options for pregnancy. Fertility options for gay and bisexual men can include:

- Embryo donation where a fertilized embryo is donated to the couple
- Surrogacy where a fertilized embryo is transferred into a surrogate for the couple
- Adoption

Nurses can be a support for gay and bisexual men by educating themselves on health disparities and different treatment options for this patient population, especially safe sex practices and prevention.

Section 3 Personal Reflection

What resources in your community might benefit LGBTQ+ youth and transgender individuals? What resources might benefit gay or bisexual men and lesbian or bisexual women?

Section 3 Key Words

Health disparities - preventable circumstances relating to health based on factors such as ethnicity, education, gender identity, and other social factors that impact marginalized communities

Personal bias - learned unintentional beliefs and attitudes towards certain groups of people

Sexually transmitted infection (STI) - any infection that is transmitted by sexual intercourse

Human immunodeficiency virus (HIV) - a virus that attacks the immune system and can lead to acquired immunodeficiency syndrome (AIDS) and certain cancers

Viral hepatitis - an infection that causes inflammation and damage to the liver

Interpersonal violence - the intentional use of power or force against others and may include physical, sexual, or emotional abuse

Intimate partner violence - physical, sexual, or emotional abuse by a current or former romantic partner, can also be referred to as domestic violence

High-risk sexual behaviors - any sexual behavior that puts a person at increased risk for STIs or unintended pregnancy

Transgender - people whose gender identity is different from the sex they were assigned at birth but does not imply any specific sexual orientation

Gender identity - a person's personal sense of gender regardless of the sex assigned at birth

Sexual orientation - a person's sexual identity referring to their attraction to a specific gender and is independent of gender identity

Gender affirming care - interventions that help a person's outward appearance match their chosen gender identity, this can include hormone therapy or surgical intervention

Lesbian - people who identify their gender as female and only feel attraction to other women

Bisexual - people who feel attraction to people of the same or different genders to themselves

Human papillomavirus (HPV) - a group of viruses spread through sexual intercourse that can potentially lead to cervical cancer

Gay - people who identify their gender as male and only feel attraction to other men

Body dysmorphia - a mental health disorder where a person perceives major flaws in their own body regardless of reality

Acquired Immunodeficiency Syndrome (AIDS) - a chronic and potentially life-threatening disease caused by HIV

Prescribed pre-exposure prophylaxis (PrEP) - a combination of antiretroviral medications taken prophylactically to protect against HIV infection

Section 4: Barriers to Care

1,3,7,10,11,12,18,19

Personal biases, lack of resources, and negative past experiences can create barriers to care for the LGBTQ+ community. LGBTQ+ patients often experience health care that makes them feel uncomfortable or unsafe. Patients may avoid going to healthcare providers or be afraid to disclose their sexual history due to past experiences. For example, same sex parents may be discouraged from both partners coming to their child's health care appointments due to the fear of being turned away based on personal bias. LGBTQ+ patients can also be excluded from routine screenings such as mammograms or prostate screenings because of incorrect assumptions of gender identity.

Personal Bias in Patient Care

A survey from the Patient Safety Network revealed that LGBTQ+ patients

experience frequent discrimination in health care and that these experiences create delays in seeking care. 37% of LGBTQ+ patients reported that they delayed seeing a healthcare provider due to discrimination or personal bias. 59% of transgender patients reported a negative experience with a healthcare provider.

Personal biases are learned unintentional beliefs and attitudes towards certain groups of people and can result in barriers to care. Personal biases may be unintentional but still harmful. Everyone is capable of holding personal bias and may not be aware of their own internal beliefs and attitudes towards patients. Research shows that personal biases can lead to preferences towards cisgender and heterosexual patients and lack of knowledge of LGBTQ+ health care needs. Even when healthcare providers recognize their personal biases, a deeper understanding of how this connects to patient experience is needed.

It is important for nurses to be aware of their own personal biases and to acknowledge that everyone has biases. Acknowledging personal biases can feel uncomfortable but is needed to be able to learn how to prevent personal biases from impacting patient care. Reflecting on certain situations and patient populations can help nurses identify and change personal biases. Focusing on the patient as an individual and not part of a specific population or stereotype can help nurses see patients outside of personal biases. For example, when caring for a patient who identifies as nonbinary, the nurse addresses the patient by their preferred name and pronouns and asks the patient if they are in a relationship and how their partner wants to be addressed.

Challenging Behaviors of Healthcare Providers

The behavior of healthcare providers can create barriers to care of LGBTQ+ patients. Healthcare providers must be aware of behaviors that can create barriers to care and seek out continuing education specific to LGBTQ+ patient care

to help break down these barriers. Challenging behaviors of healthcare providers can include:

- A lack of understanding of gender affirming care
- Failure to use appropriate terms when addressing LGBTQ+ patients and romantic partners
- A lack of sensitivity when addressing sexual health of LGBTQ+ patients
- Making assumptions on LGBTQ+ patients' gender identity and sexual orientation
- Inability to build trusting rapport with patients
- Poor communication skills when addressing LGBTQ+ patient care needs

Poor communication can create safety risks in patient care. LGBTQ+ patients often feel they are unable to openly express their health concerns to their healthcare provider. This can lead to healthcare providers being unaware of important information which can prevent identification and treatment of health conditions. Poor communication can lead to LGBTQ+ patients being misdiagnosed or missing out on important preventative care.

Nonverbal communication can also play a big role in how LGBTQ+ patients feel when seeking out health care. Patients often report nonverbal cues such as lack of eye contact, dismissive body language, and tone of voice when expressing frustration with their healthcare provider. Nurses need to be aware of their nonverbal communication when interacting with LGBTQ+ patients. Projecting positive body language such as engaged facial expressions, eye contact, leaning towards the patient when speaking, and active listening can help patients feel more comfortable.

LGBTQ+ patients can often feel unwelcome or rushed out of appointments by

healthcare providers. Research shows that LGBTQ+ patients often feel rushed, not being listened to, or uninformed of the provider's decisions or diagnoses. LGBTQ+ patients often report feeling like healthcare providers have more power than they do in their own health care and are afraid they will not be heard or treated respectfully when advocating for themselves.

When LGBTQ+ patients face discrimination in healthcare settings, it can be difficult for them to find another provider. Patients may have a hard time finding providers who are knowledgeable of LGBTQ+ patient concerns especially in rural areas. Restrictive state legislation may also prohibit healthcare providers from being able to fully support LGBTQ+ patient needs. LGBTQ+ patients may also lack health insurance due to fear of discrimination which can further impede care.

Personal biases play a big role in caring for LGBTQ+ patients. Nurses must be aware of their own personal biases and take steps to overcome these biases. Practicing positive communication and being observant of nonverbal communication can help LGBTQ+ patients feel more comfortable and supported during health care appointments.

Section 4 Personal Reflection

Are there any policies or circumstances in your current workplace that could discriminate against LGBTQ+ patients? If so, what could you do to help change those policies?

Section 4 Key Words

Personal bias - learned unintentional beliefs and attitudes towards certain groups of people

Gender affirming care - interventions that help a person's outward appearance

match their chosen gender identity, this can include hormone therapy or surgical intervention

Section 5: Support for LGBTQ+ Patients

1,3,5,7,12,13,14

Providing supportive and inclusive care for LGBTQ+ patients is essential to combating the discrimination and health disparities that this community faces on a daily basis. It is the responsibility of healthcare providers to ensure that the LGBTQ+ community feels supported when seeking care.

Creating a Welcoming Environment

Creating a welcoming environment is one of the first steps to providing inclusive care to the LGBTQ+ community. All patients should feel welcomed and supported from the moment they walk in the door of a healthcare facility. It is important to be aware of how every healthcare facility appears to LGBTQ+ patients. Nurses should consider if the environment is inviting to LGBTQ+ patients or if there are practices in place that may make them feel excluded. Healthcare facilities can implement practices to create a more welcoming environment such as:

- Advertise acceptance of LGBTQ+ patients
- Participate in referral programs for LGBTQ+ patients
- Post LGBTQ+ supportive imagery
- Provide information and resources about safe sex practices, hormone therapy, STI prevention, and other health concerns for the LGBTQ+ community

- Include inclusive language on intake forms
- Support observance of national and international LGBTQ+ events such as Pride Month
- Involve the LGBTQ+ community by providing referrals, community resources, and support
- Provide equal visitation opportunities for families
- Create a Diversity, Equity, and Inclusion (DEI) program
- Invoke a non-discrimination policy for healthcare facilities for patients and staff

LGBTQ+ patients should feel welcome as soon as they enter a healthcare facility. Prominent displays of support such as images of LGBTQ+ patients and families on educational materials and resources specific to LGBTQ+ patient needs can help patients feel welcome. Inclusive language such as various options for gender identity, sexual orientation, and preferred pronouns can help LGBTQ+ patients feel supported in openly expressing their gender identity to healthcare providers.

Nurses can incorporate gender neutral phrases into their practice to ensure LGBTQ+ patients feel welcome. For example, the nurse can address all patients by asking “How may I help you?” and ask what name and pronouns each patient would like to use. Nurses should always start a conversation with LGBTQ+ patients by asking the patient their preferred name and pronouns. Addressing patients with the wrong identifiers can be very detrimental to rapport. For example, addressing a patient who identifies as a female with male pronouns can be very triggering for the patient. By asking how patients identify themselves at the start of the conversation, healthcare providers can strengthen the patient provider relationship.

Nurses should also acknowledge when they make a mistake addressing a LGBTQ+ patients. Mistakes can elicit an emotional reaction from LGBTQ+ patients. The nurse should immediately apologize even if the mistake was meant with good intent. Acknowledging the patient's discomfort and apologizing can help calm the patient and reaffirm a trusting patient provider relationship.

A patient non-discrimination policy should be in place for every healthcare environment. This policy should specifically state a zero-tolerance policy on discrimination based on sexual orientation or gender identity. These policies can help combat the continued discrimination LGBTQ+ individuals face in healthcare. The Joint Commission recommends collecting data on sexual orientation, gender identity, sex assigned at birth, names, and pronouns in medical records. This data can help evaluate policies and programs designed to support the LGBTQ+ community in healthcare settings.

It is also important for every healthcare environment to have a non-discrimination policy in place for staff. Many state and federal laws do not protect employees against discrimination in the workplace based on their gender identity or sexual orientation. There is some legislation protecting LGBTQ+ rights such as the Hate Crimes Prevention Act, the Violence Against Women Act, and several Supreme Court rulings. The 1969 Stonewall riots are often referred to as the starting point for advocating for LGBTQ+ rights. In 1973, the American Psychiatric Association determined that homosexuality was no longer a mental health disorder. The Supreme Court ruling of *Lawrence vs. Texas* helped establish that LGBTQ+ individuals can have intimate relationships with whomever they choose without state interference. The Supreme Court ruling of *United States vs. Windsor* established the same legal rights for LGBTQ+ couples as heterosexual couples. The Supreme Court ruling of *Obergefell vs. Hodges* legalized same sex marriage at the federal level.

While some legislative progress has been made to support the LGBTQ+ community, discrimination and oppression are still apparent in many areas. Many states still have no legal protection for LGBTQ+ individuals so it is important that healthcare facilities enact non-discrimination policies to protect LGBTQ+ patients.

Continuing Education for Providers and Staff

Education on LGBTQ+ inclusive care should be provided to all healthcare staff on a continuing basis. Providing continuing education for providers and staff is essential to ensure that culturally competent care is provided to LGBTQ+ patients.

Training for staff should include the following:

- Reproductive and sexual health for LGBTQ+ patients
- STI and HIV prevention
- Support for LGBTQ+ youth
- Gender affirming care
- Effectively discussing topics such as sexual health, gender identity, and hormone therapy
- Referring to patients by preferred name and preferred pronouns and to refrain from judgment when caring for LGBTQ+ patients
- Establishing rapport with patients
- Assessing personal biases and the effect on patient care

Nurses should be aware of LGBTQ+ health disparities and barriers to care. It is important for anyone interacting with LGBTQ+ patients to be aware of potential personal biases and the impact that can have on patient care. Understanding the why behind why LGBTQ+ patients are reluctant to seek out health care or seem

nervous around healthcare providers can help nurses have compassion and empathy for the difficulties these patients face.

It is also important for nurses to be knowledgeable about gender affirming care and important health interventions such as STI and HIV prevention, support for mental health disorders, suicide prevention, and reproductive and sexual health interventions. There is already a shortage of healthcare providers who are knowledgeable about LGBTQ+ health care, so continuing education can be critical to expanding the provider network.

Including healthcare staff who identify as LGBTQ+ and providing employee benefits and policies that are inclusive to the LGBTQ+ community can help form a more inclusive staff that is representative of the LGBTQ+ community. It can be helpful for LGBTQ+ patients to have staff members from the same community as a form of support and guidance. Having LGBTQ+ individuals on staff can help patients feel more welcome and provide a more trusting provider patient relationship.

Culturally Competent Care

Culturally competent care, which is care that is non-discriminatory and inclusive of all patients, should be the priority for all patients, including the LGBTQ+ community. Prioritizing culturally competent care ensures that LGBTQ+ patients are receiving the same quality care as any other patient, regardless of personal biases or stereotypes.

Nurses can provide culturally competent care by ensuring that all patients are screened for potential health concerns, build rapport with patients, and communicate openly and effectively.

Nurses should advocate for screenings for all patients for potential concerns such

as:

- Intimate partner violence
- Abuse and/or neglect
- Suicidal ideation
- Substance abuse
- Depression, anxiety, and other mental health concerns
- Eating disorders
- High risk sexual behaviors

Screening every patient for these potential concerns ensures that healthcare providers are able to identify these detrimental situations and immediately provide interventions for patients. LGBTQ+ patients are at high risk for all of these health concerns and often are scared to come forward for fear of judgment or discrimination. Providing screenings ensures LGBTQ+ patients feel supported in opening up about any of these detrimental situations.

Building a trusting relationship with patients and providing transparent and thorough communication can also help healthcare providers identify health concerns and discuss sensitive topics with patients. Some ways nurses can build communication and rapport with LGBTQ+ patients include:

- Using inclusive language when speaking to LGBTQ+ patients
- Avoiding imposing personal biases and beliefs
- Treating all patients with respect and dignity regardless of gender identity or sexual orientation
- Establishing a trusting relationship with LGBTQ+ patients to discuss sexual

health concerns

- Maintaining patient confidentiality by not assuming patients have discussed their gender identity with others
- Including questions about sexual orientation and gender identity on intake forms and patient satisfaction surveys

Research has shown that collecting data on sexual orientation and gender identity from intake forms and patient satisfaction surveys can help healthcare providers determine appropriate treatment and preventative care for LGBTQ+ patients. Healthcare organizations can learn more about the healthcare needs of the LGBTQ+ patient population and identify barriers to care.

Section 5 Personal Reflection

How can you help create a welcoming environment for LGBTQ+ patients in your current workplace? What practices are already in place to create a welcoming environment?

Section 5 Key Words

Pride Month - a month-long celebration in the month of June for the LGBTQ+ community

Non-discrimination policy - a statement that discrimination based on ethnicity, race, sexual orientation, gender identity, age, religion, or disabilities will not be tolerated

Stonewall riots - protests supporting LGBTQ+ rights after a police raid of a gay bar called the Stonewall Inn in New York City in 1969

Lawrence vs. Texas - the Supreme Court ruling that gave LGBTQ+ individuals the

right to have intimate relationships with whomever they choose without state interference

United States vs. Windsor - the Supreme Court ruling that established the same legal rights for LGBTQ+ couples as heterosexual couples

Obergefell vs. Hodges - the Supreme Court ruling that legalized same sex marriage nationwide

Gender identity - a person's personal sense of gender regardless of the sex assigned at birth

Sexual orientation - a person's sexual identity referring to their attraction to a specific gender and is independent of gender identity

Preferred pronouns - the pronouns by which a person wishes to be referred to in connection to their chosen gender identity such as "he/him", "she/her", or "they/them"

Culturally competent care - patient care that is non-discriminatory and is inclusive of all populations

Section 6: Caring for LGBTQ+ Youth

1,3,5,7,9,16,17

LGBTQ+ youth are a vulnerable patient population and need a lot of support and guidance as they navigate their childhood and discover their gender identity and sexual orientation. It is important that LGBTQ+ youth have a supportive home and school environment and feel that they have trusted people they can talk to about their gender identity and sexual orientation.

LGBTQ+ youth often feel unsupported due to fear of family and social rejection

which can lead to mental health issues, suicide, bullying, and other health concerns. Nurses should be mindful of the developmental level of young LGBTQ+ patients and speak to them at an age-appropriate level. It is also important to be aware of the consent and confidentiality policies for each state and healthcare facility. Some policies may vary as to what age a patient can consent themselves and what age the nurse must ask permission of the patient to speak to parents or guardians.

Nurses caring for LGBTQ+ youth have an important role in this patient population. Nurses can be involved in LGBTQ+ youth patient care through schools, hospitals, primary care facilities, mental health organizations, and many other settings.

Support in Schools

LGBTQ+ students need a supportive school environment. Research shows that students feel emotionally, socially, and academically secure when they feel that they have a supportive school environment. LGBTQ+ youth in a positive school environment have been shown to have lower rates of mental health concerns, bullying, and suicidal ideation.

Schools can implement many interventions to help create a supportive environment for LGBTQ+ students including:

- Establishing a Gender and Sexuality Alliance
- Providing continuing education and training for staff
- Creating safe spaces for LGBTQ+ students
- Implementing non-discrimination and anti-bullying policies
- Providing LGBTQ+ inclusive sex education for students

- Providing education on gender diversity for students and staff
- Establishing programs for bullying and suicide prevention
- Creating support groups and communities for LGBTQ+ students
- Incorporating inclusive language and LGBTQ+ terms into school curriculum and culture

Organizations such as a Gender and Sexuality Alliance and LGBTQ+ student support groups can help LGBTQ+ students feel included at school. Gender and Sexuality Alliances are student-led organizations that build community among LGBTQ+ and allied youth to create support and resources for LGBTQ+ students. LGBTQ+ youth want to find peers that have similar beliefs and values to themselves and often struggle to find a group they connect with. Establishing known LGBTQ+ organizations can help students find a social group that makes them feel included and seen which can help decrease the risk of health concerns. The school nurse can have a big impact on LGBTQ+ youth in school settings. School nurses can help educate staff and students on different LGBTQ+ inclusive topics such as:

- Different sexual orientations and gender identities
- Inclusive language and LGBTQ+ terms
- Health disparities for LGBTQ+ youth
- How the school environment affects youth
- LGBTQ+ friendly school policies such as a non-discrimination policy and an anti-bullying policy
- Health disparities and specific needs of transgender youth

The school nurse can help facilitate incorporating inclusive language into school curriculum and culture. LGBTQ+ students may feel more welcomed and supported if staff are using inclusive language and identifying students by their preferred pronouns. Knowing the health disparities for LGBTQ+ youth such as mental health issues, bullying, interpersonal violence, high-risk sexual behaviors, and suicide ideation can help staff identify these concerns and immediately provide interventions for these students.

It is also important that school staff are aware of potential personal biases and the impact those can have on LGBTQ+ students. It is important that staff do not assume gender identity or sexual orientation for any student, correct others if they are using inappropriate language, intervene when witnessing negative behavior towards LGBTQ+ students, and advocate for an inclusive school environment.

Support for Parents

Parents and family play an essential role in the health of LGBTQ+ youth. Research shows that LGBTQ+ youth who have a supportive family and social community are happier and healthier and have less health concerns as adults. Many parents are unsure of how to support and communicate with their LGBTQ+ child. Children can be scared to come out to their parents due to fear of rejection and discrimination.

Nurses can be a support for LGBTQ+ youth and their parents. Nurses can provide education, resources, and communication strategies for parents who are struggling to connect with their LGBTQ+ children. It is important to remind parents that children just want to be accepted and loved. Parents simply need to be present and supportive of their child's chosen gender identity and sexual orientation.

Parents should be encouraged to have continued communication with their child

about their emotions, thoughts, social circles, and experiences. Parents who show interest in things that their child expresses interest in often form a better connection with their child. Continuing to talk to their child about their feelings towards their gender identity and sexual orientation and learning inclusive language and appropriate LGBTQ+ terms are other ways parents can support their LGBTQ+ children.

Nurses can provide education to parents about health disparities for LGBTQ+ youth, resources, and research regarding exploration of gender identity and sexual orientation. Most importantly, it is imperative that parents understand that this is not a phase or something that needs to be fixed. Exploring their gender and sexuality is a part of growing up and children need to trust that they can openly talk to their parents about how they are feeling.

Parents should be aware that LGBTQ+ youth are at a high risk for bullying and mental health disorders. Parents should watch out for signs of bullying which include:

- Sudden behavior changes, especially acting withdrawn and sad
- Problems at school such as disciplinary action, conflicts with peers, or declining grades
- Unexplained absences from school or an unexplained desire to stay home from school
- Sudden changes in social groups
- Risky behaviors such as alcohol and drug use, and high-risk sexual behaviors

Bullying can often take place at school or online, so it is important that parents are involved in the school and their child's social media use. Parents can communicate with faculty, advocate for LGBTQ+ support groups and school

resources, and collaborate with faculty if the child is experiencing bullying or other concerns at school. LGBTQ+ youth often use social media to seek out community and support, but they can also be using social media that is not age appropriate. Many LGBTQ+ youth are experiencing cyberbullying or consuming inappropriate content unbeknownst to parents. LGBTQ+ youth may be ashamed or embarrassed by the bullying and try to hide it from their parents. Parents must stay on top of social media and be aware of what their child is viewing online in order to intervene when needed.

Nurses should also encourage parents to find support for themselves. Many parents are overwhelmed by their lack of knowledge or feel disconnected from their child. Nurses can provide resources for LGBTQ+ parent support groups and community resources to help parents best support their children. Supporting parents in turn supports LGBTQ+ children. Nurses must remember that caring for patients sometimes means caring for the whole family.

Section 6 Personal Reflection

What are some things that a school could include in sex education to make it inclusive for LGBTQ+ students?

Section 6 Key Words

Gender identity - a person's personal sense of gender regardless of the sex assigned at birth

Sexual orientation - a person's sexual identity referring to their attraction to a specific gender and is independent of gender identity

Gender and Sexuality Alliances - student-led organization that build community among LGBTQ+ and allied youth to create support and resources for the LGBTQ+

community

Cyber bullying - the use of social media to verbally abuse a person, often by sending messages to intimidate or threaten

Section 7: Caring for Transgender Patients

7,9,15

Transgender patients often feel unsupported in their health care. Many healthcare providers do not have extensive knowledge of transgender patient needs or gender affirming care options. Transgender patients often feel marginalized in society and in healthcare settings. These patients often face incorrect assumptions about their gender identity and discrimination which can lead to many health concerns.

Research shows that transgender patients are at less risk of health disparities when healthcare providers perform culturally competent care. Culturally competent care for transgender patients can include:

- Providing gender affirming and trauma informed care
- Providing referrals for gender affirming care
- Performing examinations and preventative screenings based on patient's current anatomy
- Establishing rapport with patients
- Respecting patient's comfort level during assessments
- Including inclusive language on intake forms
- Providing mental health support and resources

Care for transgender patients should always be gender affirming and trauma informed. Trauma informed care includes practices that promote safety, empowerment, and healing for patients who have experienced trauma. Many transgender patients have experienced abuse, discrimination, and other forms of trauma. Providing trauma informed care can help transgender patients feel supported when seeking out health care.

Gender dysphoria is common in transgender patients and patients are often uncomfortable when being examined by healthcare providers. Examinations and preventative screenings should be based on the patient's current anatomy and should be respectful of the patient's comfort level. For example, a transgender patient who identifies as female may still need screenings for prostate cancer. If a patient expresses their discomfort during an assessment, the nurse should stop the assessment and assist the patient in openly communicating their concerns.

Using inclusive language is a great way to help transgender patients feel welcomed and supported when seeking care. Healthcare facilities should include inclusive language on intake forms and should include multiple questions to identify chosen gender identity. The two-step identification method includes two questions to help identify transgender patients by identifying the assigned sex at birth and the patient's chosen gender identity. Nurses should always accept the patient's chosen gender identity and should never try to align a patient's gender identity to their assigned sex at birth. This form of treatment is known as conversion therapy and is not accepted by current practice guidelines for transgender patients.

Nurses should be mindful of the mental health needs of transgender patients, especially when patients are discerning what combination of gender affirming care is right for them. Many patients struggle with being in social settings while transitioning and may isolate themselves due to lack of support and fear of

discrimination. Mental health resources can help patients feel supported as they discern their gender identity, make gender affirming care decisions, prepare for surgery, and manage expectations.

Gender Affirming Care

Gender affirming care can include a variety of treatments including hormone therapy, surgery, mental health support, and primary care. Transgender patients may choose some or all of these treatment options. Nurses should recognize that every care plan is going to look different for each patient.

Gender affirming hormone therapy and surgery are two potential treatment options for transgender patients. Hormone therapy helps the patient develop the desired sex characteristics that match their identified gender identity. It is important that healthcare providers are aware that some effects of hormone therapy are irreversible and to ensure that patients are aware of these effects prior to undergoing any hormone therapy. Fertility options must also be discussed with transgender patients prior to any surgery or hormone therapy as these options can reduce the ability to reproduce in the future. Egg freezing or sperm banking are two options for transgender patients to preserve their reproductive options for the future prior to any hormone therapy or surgery.

Research shows that transgender patients who choose hormone therapy have high levels of satisfaction and improved self-esteem. Feminine hormone therapy uses hormones to minimize masculine characteristics and enhance feminine characteristics. This can include breast development, reduction in body and facial hair, alterations to fat disposition, reduction in sperm count, and vocal changes. Masculine hormone therapy uses hormones to minimize feminine characteristics and enhance masculine characteristics. This can include menstrual cycle changes, vaginal dryness, alterations to fat disposition, vocal changes, and an increase in

body and facial hair.

Puberty suppression is an option for LGBTQ+ youth who are questioning their gender identity. Puberty suppression is reversible and can help patients take time to decide if pursuing gender affirming hormone therapy or surgery is what they want to do. There is no reason to treat LGBTQ+ youth with hormone therapy prior to puberty, even if they want to transition. Because there is no standard treatment plan for transgender youth, it is important for healthcare providers to be supportive of their journey. Nurses can provide resources such as information about gender affirming care, mental health support to help with gender dysphoria, and other resources to make informed decisions about their future.

Gender affirming surgery can help patients with gender dysphoria and feel more confident in their chosen gender identity. Transgender patients should be informed of the potential complications, cost, and recovery time before choosing any surgical options. Just like hormone therapy, research shows that transgender patients who choose gender affirming surgery have high levels of satisfaction and improved self-esteem despite the potential complications.

Some gender affirming surgical options include:

- Bottom surgery
- Breast augmentation
- Chest masculinization
- Facial feminization
- Facial masculinization
- Metoidioplasty
- Phalloplasty

- Top surgery
- Vaginoplasty

Nurses must be knowledgeable about gender affirming care options. If providers do not know about these options, they should provide referrals for their transgender patients. Transgender patients often struggle to find a healthcare provider who is knowledgeable and supportive of gender affirming care. Nurses can support these patients by educating themselves and being mindful of the individual needs and care plans for each transgender patient.

Section 7 Personal Reflection

Why might a transgender patient choose gender affirming surgery? What other gender affirming options are available for transgender patients besides surgery?

Section 7 Key Words

Transgender - people whose gender identity is different from the sex they were assigned at birth but does not imply any specific sexual orientation

Gender affirming care - interventions that help a person's outward appearance match their chosen gender identity, this can include hormone therapy or surgical intervention

Trauma informed care - practices that promote safety, empowerment, and healing for patients who have experienced trauma

Gender dysphoria - clinical distress caused when a person's assigned sex at birth does not match the gender they identify with

Two-step identification method - process to appropriately assess a patient's gender identity by asking a person's sex assigned at birth followed by asking their

current gender identity

Gender identity - a person's personal sense of gender regardless of the sex assigned at birth

Transitioning - the process of changing an individual's social and/or physical characteristics in order to live more fully as their true gender

Hormone therapy - a combination of synthetic hormone medications to help a person enhance female or male characteristics

Feminine hormone therapy - treatment using hormones to minimize masculine characteristics and enhance feminine characteristics

Masculine hormone therapy - treatment using hormones to minimize feminine characteristics and enhance masculine characteristics

Puberty suppression - a reversible process that uses medication to suppress the hormones that initiate puberty in children who are questioning their gender identity

Bottom surgery - surgery to alter genitals to match a patient's chosen gender identity

Breast augmentation - surgery to enlarge the breasts using implants

Chest masculinization - surgery that removes breast tissue, forms a contoured chest, and alters the nipples and areolas

Facial feminization - surgery that alters the shape of the nose, chin, cheeks, jaw, brows, forehead, lips, or ears to enhance feminine characteristics and reduces the Adam's apple

Facial masculinization - surgery that alters the shape of the nose, chin, cheeks, jaw, or forehead to enhance masculine characteristics and enhances the thyroid

to construct an Adam's apple

Metoidioplasty - surgery using existing tissue to construct a new penis

Phalloplasty - surgery removing the uterus, ovaries, and vagina and inserting a penile implant to allow for erection

Top surgery - surgery to alter the chest to match a patient's chosen gender identity

Vaginoplasty - surgery removing the penis and testes and using existing tissue to construct a vagina, clitoris, and labia

Section 8: Conclusion

There is a nationwide need for continuing education and policies to ensure LGBTQ+ patients feel supported and comfortable when seeking health care. Discrimination, personal biases, challenging behaviors, and lack of resources can make it difficult for LGBTQ+ patients to receive support for health concerns. Nurses must include initiatives such as a welcoming environment, continuing education, and affirming actions in their care for LGBTQ+ patients.

Nurses will encounter LGBTQ+ patients in all areas of healthcare. It is important that nurses have the education to provide inclusive and patient-centered care to all patients, including the LGBTQ+ community. Nurses should be able to identify appropriate and inclusive language for gender identity and sexual orientation, identify health disparities and barriers to care in the LGBTQ+ community, and identify appropriate interventions to provide culturally competent and inclusive care to LGBTQ+ patients.

Section 9: Case Study #1

The nurse is caring for a patient who identifies as non-binary. The patient has chosen to go on hospice care and is participating in a plan of care meeting with the healthcare team. During the meeting, the physician repeatedly refers to the patient using the pronouns “he/him”. After the meeting, the patient is visibly upset. The patient asks to speak to the nurse and states “I prefer to be addressed with the pronouns ‘they/them’ but I did not feel comfortable speaking up.”

1. What is the best response for the nurse at this moment?
2. What are some recommendations and training that might be helpful for the physician?
3. What actions can the nurse take to ensure that the patient feels comfortable in future meetings?

Section 10: Case Study #1 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What is the best response for the nurse at this moment?

The nurse should thank the patient for speaking up and ensure that the patient’s preferred pronouns are listed in their medical record. The nurse should communicate the preferred pronouns to the entire healthcare team. Informing the healthcare team of the patient’s preferred pronouns ensures that the patient will feel more comfortable in future meetings. The nurse should continue to build rapport with the patient so they feel supported when speaking up about their preferences in the future.

2. What are some recommendations and training that might be helpful for the physician?

The physician should receive education on LGBTQ+ inclusive language and should be educated to always ask patients how they preferred to be addressed. The physician needs to understand that not using someone's preferred pronouns can be very triggering for LGBTQ+ patients. Training may also include how to effectively discuss sexual health and gender identity, establishing rapport with LGBTQ+ patients, and reflection on personal biases. Providing training for the entire healthcare team is essential to ensure that culturally competent care is provided to LGBTQ+ patients.

3. What actions can the nurse take to ensure that the patient feels comfortable in future meetings?

Creating a welcoming environment is one of the first steps to providing inclusive care to the LGBTQ+ community. The nurse can help create a welcoming environment by holding the healthcare team accountable when addressing the patient and build rapport with the patient so they feel supported in future meetings. The nurse can also reach out to human resources to see if there is a non-discrimination policy in place. A patient non-discrimination policy should include specifics on sexual orientation and gender identity. These policies are needed due to the continued discrimination LGBTQ+ individuals face in healthcare. Continuing education should be in place for staff to ensure that they are informed on LGBTQ+ inclusive language and how to best provide culturally competent care.

Section 11: Case Study #2

Derek is a 22-year-old male who identifies as a gay male. The patient has come to the outpatient clinic for a STI follow up appointment. The nurse notices they appear to be anxious, avoiding eye contact, and reluctant to answer questions. When the nurse asks about the patient's sexual history, the patient states they have been having unprotected sex with multiple male partners and is scared they may have HIV.

1. How could potential personal biases of the nurse influence this interaction with the patient?
2. What education about STI and HIV prevention could be provided to the patient?
3. What can the nurse do to provide culturally competent care to the patient?

Section 12: Case Study #2 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. How could potential personal biases of the nurse influence this interaction with the patient?

The nurse should be aware of potential personal biases such as the assumption that all men who have sex with other men have HIV or the assumption that this patient is engaging in high risk sexual behavior because he identifies as gay. This can impose unfair judgment on the patient with the nurse assuming their risk of STIs and HIV is the patient's fault. This can cause the patient to feel uncomfortable and potentially

impact their desire to seek out care in the future.

2. What education about STI and HIV prevention could be provided to the patient?

The nurse should educate the patient about the increased risk of STIs and HIV among gay males. The nurse should reinforce the importance of preventative measures for STIs such as condoms and regular STI testing. Education should be provided on how HIV is spread through direct contact with bodily fluids which can be the result of sexual intercourse and that HIV can inhibit the body's ability to fight infections and can lead to Acquired Immunodeficiency Syndrome (AIDS) and certain cancers. The nurse can recommend that all men who have sex with other men should be prescribed pre-exposure prophylaxis (PrEP). PrEP is a combination of medications that can prevent HIV. The nurse should encourage the patient to practice safe sex and encourage the patient to make follow up appointments to monitor for STIs and HIV in the future.

3. What can the nurse do to provide culturally competent care to the patient?

The nurse should be aware of any personal biases and ensure that the patient is not blamed for acquiring STIs or HIV. The nurse should practice good communication and create a welcoming environment for the patient to feel comfortable opening up about their health concerns. Creating a welcoming environment is one of the first steps to providing inclusive care to the LGBTQ+ community. Establishing a trusting rapport with the patient can encourage the patient to open up about health concerns.

Section 13: Case Study #3

The nurse is caring for a patient whose sex assigned at birth is female but

identifies as male. The nurse is reviewing the patient's chart and notes that the patient has missed three consecutive mammogram screenings. When asking the patient why they missed the appointments, the patient states "I am worried of being judged about my gender identity. It has happened before and I do not want it to happen again."

1. How could potential personal biases of the nurse influence the interaction with the patient?
2. What education about preventative screenings could be provided to the patient?
3. What actions can the nurse take to ensure that the patient feels comfortable attending future appointments?

Section 14: Case Study #3 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. How could potential personal biases of the nurse influence the interaction with the patient?

The nurse should be aware of potential personal biases and the negative impact of assuming a patient's gender identity. Healthcare providers often incorrectly assume LGBTQ+ patients do not need preventative screenings due to incorrect assumptions about gender identity. Missed screenings can lead to higher rates of certain cancers, STIs, and other chronic conditions. If the nurse is not aware of these misconceptions, they may assume that the patient has other reasons for not attending the appointments.

2. What education about preventative screenings could be provided to the patient?

The nurse should educate the patient about the increased risk of cancer and other chronic health conditions due to missed preventative screenings. Education should be provided on how LGBTQ+ patients are at higher risk for many health concerns due to incorrect assumptions about gender identity. The nurse should encourage the patient to make another appointment for their mammogram and address the patient's concerns so they feel comfortable and supported for future preventive screenings

3. What actions can the nurse take to ensure that the patient feels comfortable attending future appointments?

Creating a welcoming environment is one of the first steps to providing inclusive care to the LGBTQ+ community. The nurse can help create a welcoming environment by ensuring the patient's preferred gender identity and preferred pronouns are indicated in their medical record. Creating a trusting rapport with the patient and communicating the patient's preferences with the rest of the healthcare team can help the patient feel more comfortable and supported at future appointments.

Section 15: Case Study #4

The nurse is attending a continuing education class for staff on LGBTQ+ patient care. The nurse is noticing other staff are not engaged during the class and has overheard a few coworkers stating "I do not know why we have to take this class. I refuse to take care of those patients." After the class, the nurse expresses concern to the manager about the coworkers' comments.

1. What is the best response for the nurse at this moment?

2. What are some ways the nurse can help create a more welcoming environment for LGBTQ+ patient care?
3. What actions can the nurse take to ensure that all staff provide culturally competent care to LGBTQ+ patients?

Section 16: Case Study #4 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What is the best response for the nurse at this moment?

The nurse should discuss with the manager the impact of the coworkers' comments. Negative language towards LGBTQ+ patients, even when no patients are present, can create an unwelcoming environment for patients. The nurse could suggest education on the impact of personal biases on LGBTQ+ patient care. Personal biases may be unintentional but still harmful. Research shows that personal biases can lead to preferences towards cisgender and heterosexual patients and lack of knowledge of LGBTQ+ health care needs. Even when nurses recognize their personal biases, a deeper understanding of how this connects to patient experience is needed.

2. What are some ways the nurse can help create a more welcoming environment for LGBTQ+ patient care?

The nurse can advocate for a non-discrimination policy to be in place for LGBTQ+ patients. These policies can help combat the continued discrimination LGBTQ+ individuals face in healthcare. The nurse can

advocate for inclusive language when interacting with LGBTQ+ patients and for management to hold staff accountable when implementing inclusive language and non-discrimination policies.

3. What actions can the nurse take to ensure that all staff provide culturally competent care to LGBTQ+ patients?

The nurse should also suggest continuing education on the importance of inclusive language and the effect of personal biases on LGBTQ+ patient care. The nurse can continue to be supportive of LGBTQ+ patients by calling out offensive comments by other coworkers and be an example of positive language and attitudes towards LGBTQ+ patients. The nurse should seek out the support of management to hold all staff accountable for providing culturally competent care to LGBTQ+ patients.

Section 17: Case Study #5

The school nurse receives a phone call from the mother of a student. The mother states the child recently opened up about identifying as lesbian. The mother is worried how their child will be treated at school by other students and faculty. The mother states “We are supportive of our child’s gender identity, but I know how other people can be. I am worried that my child will not be safe at school and may have trouble making friends.”

1. How could potential personal biases of the nurse influence the interaction with the patient?
2. What are some ways the nurse can help create a welcoming environment for LGBTQ+ students?
3. What education and resources can the nurse provide to the mother about

LGBTQ+ youth?

Section 18: Case Study #5 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. How could potential personal biases of the nurse influence the interaction with the patient?

The nurse should be aware of potential personal biases and the negative impact of assumptions about LGBTQ+ youth. The nurse should be mindful of assuming the child has come out to anyone else and be mindful of confidentiality when speaking to the mother. The nurse should also be mindful of misconceptions about the health and social needs of LGBTQ+ youth. Many healthcare providers may assume that all LGBTQ+ youth engage in high-risk sexual behaviors and are at risk for mental health disorders. While it is important to be aware of these health risks, the nurse should not jump to conclusions without talking to the child.

2. What are some ways the nurse can help create a welcoming environment for LGBTQ+ students?

The nurse can help establish LGBTQ+ supportive organizations, safe spaces, continuing education for staff, inclusive sex education, programs for bullying and suicide prevention, and incorporating inclusive language into school curriculum and culture. Organizations such as a Gender and Sexuality Alliance and LGBTQ+ student support groups can help LGBTQ+ students feel included at school. LGBTQ+ youth want to find peers that have similar beliefs and values to themselves and often struggle to find a

group they connect with. Establishing well-known LGBTQ+ organizations can help students find a social group that makes them feel included and seen which can help decrease the risk of health concerns. The nurse can also be a trusted person for LGBTQ+ youth to open up to and watch out for signs of mental health disorders and bullying.

3. What education and resources can the nurse provide to the mother about LGBTQ+ youth?

The nurse should provide education on signs of bullying and mental health disorders, support groups for parents, and ways to monitor the child's social media usage. Most importantly, it is imperative that parents understand that this is not a phase or something that needs to be fixed. Exploring their gender and sexuality is a part of growing up and children need to trust that they can openly talk to their parents about how they are feeling.

Section 19: Case Study #6

A 36-year-old patient identifying as a transgender female comes into the emergency department complaining of abdominal pain. The nurse asks the patient about her gender identity for the patient's medical record and the patient identifies as female. After reviewing the medical record, the physician tells the nurse to order a pregnancy test. After assessing the patient, the physician states to the nurse "We do not need the pregnancy test anymore, you must have entered the gender identity into the medical record incorrectly."

1. What is the best response for the nurse at this moment?
2. What are some recommendations and training that might be helpful for the physician?

3. What actions can the nurse take to ensure that the culturally competent care is provided to the patient?

Section 20: Case Study #6 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What is the best response for the nurse at this moment?

The nurse should remind the physician of the patient's gender identity and preferred pronouns. The nurse could provide in the moment education to the physician about inclusive language for LGBTQ+ patients if the physician is receptive. If the physician is not receptive to the education, the nurse should consider escalating the situation to management. The nurse should recognize that the physician should not be tolerated and that this behavior must be addressed immediately. The nurse should also continue to build rapport with the patient so they feel supported when speaking up in the future.

2. What are some recommendations and training that might be helpful for the physician?

The physician should receive education on LGBTQ+ inclusive language and should be educated to always ask patients how they preferred to be addressed. The physician needs to understand that not identifying patients by their chosen gender identity can be very triggering. Training may also include how to effectively discuss sexual health and gender identity, establishing rapport with LGBTQ+ patients, and reflection on personal biases. Providing training for the entire healthcare team is essential to

ensure that culturally competent care is provided to LGBTQ+ patients.

3. What actions can the nurse take to ensure that the culturally competent care is provided to the patient?

Creating a welcoming environment is one of the first steps to providing inclusive care to the LGBTQ+ community. The nurse can help hold the healthcare team accountable when addressing the patient and build rapport with the patient so they feel supported. The nurse can also reach out to human resources to see if there is a non-discrimination policy in place. A patient non-discrimination policy should include specifics on sexual orientation and gender identity. These policies are needed due to the continued discrimination LGBTQ+ individuals face in healthcare. Continuing education should be in place for staff to ensure that they are informed on LGBTQ+ inclusive language and how to best provide culturally competent care.

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