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Culturally-sensitive care for the transgender patient

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Nursing's professional history is built upon the metaparadigm of person, environment, nursing, and health.¹ The metaparadigm frames nursing's context for care delivery—individualized and holistic. This perspective of care delivery serves to guide nursing in the provision of culturally-competent care that includes sexual and gender minorities. The sexual and gender minorities encompass lesbian, gay, bisexual, and transgender (LGBT) persons. Each is a distinct population with its own healthcare concerns. This article will focus on nursing care in the operative suite for transgender patients.² Transgender is an umbrella term referring to people whose gender identity and/or gender expression does not match their gender assigned at birth (or natal gender).² (See *Gender minority terminology*.)

Transgender persons are increasing their visibility in society as a greater number are coming out and proclaiming their transgender identity.^{2,3} Numerous studies have revealed that transgender persons have experienced distinct health disparities and are one of the largest underserved populations in any nursing setting.³ These health disparities are often caused by a lack of knowledge on the part of the healthcare professional. Nursing research has

revealed that gaps in nursing education have left nurses unprepared to provide culturally-competent care for those in the gender minority.^{4,5} (See *Key points for providing culturally-competent care for transgender patients*.)

Because the United States census collection methods have not gathered data on gender identity, there is no way to know precisely how many transgender individuals are living in the U.S. However, using Internet data, the American Psychological Association estimates there are between 114,000 and 450,000 transgender adults.⁶ Statistics from the National Center for Transgender Equality estimate that between 0.25% and 1% of the U.S. population has undergone or wants to undergo surgical or hormonal treatment to change their sex.⁷

Culturally-competent standards of care for the perioperative suite

An increase in transgender visibility means that nurses working in any phase of the perioperative process may see an increase in transgender patients. This increase in visibility will require nursing personnel to engage in standards of practice for culturally-competent transgender healthcare.

Culturally-competent healthcare includes, but is not limited to, knowledge, skills, and attitudes of health-care providers.⁸

Several national organizations have adopted standards intended to guide the provision of culturally- congruent care for transgender persons. The Health and Human Service Office of Minority Health developed The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.⁹ CLAS, developed in 2000 and revised in 2003, begins with this principle standard: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred language,

health literacy, and other communication needs.^{9,10} These standards are congruent with those published by The Joint Commission in a 2011 document entitled, *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community*.¹¹

The document is broken down into five chapters addressing: leadership, provision of care, treatment and services, workforce, data collection and use, and patient, family, and community engagement. It provides clear guidance for organizations concerning the advancement of culturally-congruent care for LGBT persons and families within an acute care or rehabilitation setting.

Gender minority terminology¹³

- Cisgender: An individual whose felt gender identity matches his or her given birth gender.
- Gender: Social, psychological, and emotional traits frequently influenced by societal expectations that categorize an individual as feminine or masculine.
- Gendered: Reflects the experience or orientation of one sex more than the other.
- Gender-affirming surgery: Surgical procedures that help adjust the body to more closely match an individual's desired gender identity. Not every transgender person wishes to undergo surgery.
- Gender dysphoria: A mental health diagnosis defined as a marked incongruence between an individual's experienced or expressed gender and the assigned gender. This term replaces the term, gender identity disorder in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- Gender neutral: Not assigning or choosing a gender.
- Female-to-male (FTM): A term that describes an individual who was assigned a female sex and gender at birth and currently has a male gender identity. The individual may or may not have taken hormones or had surgery to physically alter appearance.
- Genderqueer: A term that may be used to describe an individual who defines his or her gender outside the parameters of male or female.
- Hormone replacement therapy: Hormone medications that are taken for gender transition.
- Male-to-female (MTF): A term that describes an individual who was assigned a male sex and gender at birth and currently has a female gender identity. The individual may or may not have taken hormones or had surgery to physically alter appearance.
- Natal sex: Refers to the sex assigned at birth, which is typically determined by genitalia.
- Passing: When an individual can appear in public as his or her stated gender and not be identified as transgender.
- Stealth: A term used to describe transgender individuals who do not disclose their transgender status in public.
- Transgender: A term that may be used to describe individuals whose gender expression does not conform to cultural norms and/or whose gender identity is different from their sex assigned at birth.
- Transition: The process one goes through to determine and/or affirm his or her gender identity.

The professional nursing organization, the Association of periOperative Registered Nurses (AORN), lists position statements that articulate the Association's official positions and beliefs regarding perioperative nursing-related topics.¹² The AORN position statements include one titled "Patient Safety." The first bullet of this statement reads, "AORN believes that every patient has the right to receive the highest quality of perioperative nursing care in every surgical or invasive procedure setting."¹²

The AORN position statement, "Creating a Practice Environment of Safety," affirms the commitment to the culture of safety where the "perioperative team has an ethical obligation to perform his or her role and responsibilities with appropriate competencies and with the highest level of personal integrity."¹² Although there is not a specific statement for perioperative nursing cultural competencies, these position statements (widely interpreted) speak to AORN's acknowledgement for individualized patient care where safety and ethical obligation can be said to be connected to culturally-congruent delivery of transgender healthcare in the perioperative environment. (See *Providing transgender-focused, culturally-competent perioperative nursing care*.)

Gender identity definition

Sexual preference and gender identity are two separate constructs. Sexual preference or sexual orientation refers to the gender to which a person is attracted to sexually.¹³ Gender identity is the sense one has of being male or female, someone's inner identity. Some people were born knowing that something was different about them, while others slowly over time began to feel that they were not their full selves in the gender roles they had been given at birth. When a person's biological sex and felt gender are incongruent, this may be referred to as gender dissonance or gender incongruence; affirmed gender does not match assigned or societal sex/gender.¹³

In 2013, after a 14-year revision process, The American Psychiatric Association (APA) changed "gender identity disorder" to "gender dysphoria" in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The APA states, "Part of removing stigma is about choosing the right

Key points for providing culturally-competent care for transgender patients

- Engage in critical reflection of own values, attitudes, and beliefs.
- Seek learning opportunities related to care for the gender minority.
- Become a transgender ally.
- Ask transgender patients how they prefer to be addressed (by which first name). Do not make assumptions based on appearance and/or dress.
- Be careful of language that labels (pronoun usage). Ask transgender patients which pronoun they prefer.
- Avoid assumptions regarding someone's gender identity and sexual preferences.
- Identify oneself as a LGBT-friendly provider in the Gay and Lesbian Medical Association online directory (www.glma.org).

Source: Hart D. Toward better care for lesbian, gay, bisexual and transgender patients. *Minn Med*. 2013;96(8):42-45.

words. Replacing 'disorder' with 'dysphoria'...is more appropriate...offering a diagnostic name that is more appropriate to the symptoms and behaviors."¹⁴

Transitioning

Individuals who identify as transgender may choose to transition from MTF or FTM. Individuals may choose to transition to (process to discover and/or affirm gender identity) their felt gender through dress and/or hormones and/or surgical procedures.¹³ In addition, many transgender individuals change their name to one that is comfortable for them and their transitioned gender identity. Some may choose to transition using one or all of these methods; it is an individualized decision.

Hormone therapy. Hormonal sex reassignment therapy, which reduces the secondary sex characteristics of the original gender and enhances the characteristics of the desired gender, involves estrogen or testosterone. Estrogen is available via injection, orally, or through topical administration. Testosterone is administered via injection. Research has shown that prescription hormone availability has been limited due to a

lack of provider knowledge on transgender health issues. Because of this, some transgender persons have self-administered “street” hormones. The use of nonprescribed hormones has put transgender persons at risk for hepatitis C, HIV/AIDS, and a variety of health issues related to unmonitored hormone use.¹⁵⁻¹⁹

Surgical treatment.

Surgical transitioning is an individual decision and not all transgender persons choose this option. Two of the more common procedures are mastectomy with chest shaping (FTM) and breast augmentation (MTF). In addition, gender transitioning surgery may include any combination of the following procedures:^{13,17-19}



Surgical transitioning is an individual decision and not all transgender persons choose this option.

- Chondrolaryngoplasty—tracheal shaving or reduction of the thyroid cartilage—(Adam’s Apple) in MTF surgery
- Rhinoplasty—nasal reshaping
- Rhytidectomy—face lift
- Liposuction
- Contouring the chin
- Modifying the jaw
- Contouring or augmenting the cheeks with implants
- Voice surgery (changing the pitch of the voice) is available and is currently an evolving procedure, mainly for voice pitch elevation in MTF surgery
- Genital surgery

- Labiaplasty—constructing labia
- Sensate clitoris—forming a clitoris by using the upper part of the penile glands
- Vaginoplasty—constructing a vulva and vagina
- Vaginectomy—removing the vagina
- Penis construction through genitoplasty or phalloplasty
- Metoidioplasty—releasing the clitoris from its hood
- Scrotoplasty—constructing a scrotum from the labia majora
- Urethroplasty—extending the urethra

Deciding to undergo a surgical procedure as part of the transitioning process can be costly and involved. Some insurances are just beginning to cover gender reassignment surgery, and finding a qualified surgeon has historically been challenging.

General healthcare needs. Primary care of the transgender patient should be based on age according to current guidelines. For instance, status of immunizations, screening for tobacco and alcohol, and other health screenings (such as Pap test and colonoscopy) are ongoing regardless of gender and/or sexual preference. Healthcare providers need to be aware of nuances that may exist related to the transgender person’s transitioning process. MTF-transitioned persons, with or without genital reassignment surgery, require ongoing prostate screening, as they have not had the prostate gland removed because this is too invasive and risky.¹⁵⁻¹⁹

Providing transgender-focused, culturally-competent perioperative nursing care²⁶

- Create a welcoming environment by posting a gender-inclusive nondiscrimination bill of rights.
- Create unisex or single-stall restrooms.
- Collect feedback from transgender patients and families.
- Modify forms to include gender-neutral language.
- Include cultural competency continuing education for all staff annually.
- Avoid gender-based assumptions when selecting hospital clothing for patients.
- Display LGBT-friendly symbols or signs.
- Consider issues of personal privacy related to nurse-patient conversations.
- Consider issues of personal privacy when the patient is in an open holding area and/or intake area.
- Provide patients and family/friends a copy of the policy for handling gender-based grievances.

Transgender healthcare cultural competency learning resources

• Gay and Lesbian Medical Association	http://www.glma.org
• The Fenway Institute: The National LGBT Health Education Center	http://www.lgbthealtheducation.org
• Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE)	http://www.sageusa.org
• The Mazzoni Center (LGBT Health and Well-being)	http://www.mazzonicenter.org
• National Center for Transgender Equality	transequality.org
• World Professional Association for Transgender Health	http://www.wpath.org

Individuals who have transitioned from FTM may or may not have had their ovaries and/or uterus and cervix removed. For this reason, it is imperative to consider that gynecological health screening tests may need to remain an ongoing part of the health promotion screening process.¹⁵⁻¹⁹

Lab values that would be health status and age appropriate are considered as part of the annual exam. Lab values that are gender normed should be interpreted based on the transitioned gender.¹⁹

When considering lab testing, providers should include a thorough lifestyle health risk screening and should be aware of street drug use, which may include the use of street hormones. Hepatitis and HIV screening are warranted in such cases. As with all individuals, lab testing is driven by a careful health history, which includes genetic risk factors.¹⁵⁻¹⁹

Care in the perioperative suite

Nursing care during the perioperative process represents a continuum of care provision; this begins when the patient is admitted onto the perioperative unit until discharge from the post anesthesia care unit. Nurses in all phases of this process need accurate and culturally-appropriate patient information, which aids decisions by nursing and all members of the perioperative team. The gathering of patient information begins with the intake, which can be the first point of contact for the transgender person with perioperative suite personnel. Whether this intake begins over the phone or is accomplished in person, the nurse's voice and demeanor has the potential to begin the process positively or negatively. The nurse who is unprepared to care for persons of various cultural backgrounds can unknowingly communicate surprise or distance, which may be interpreted as judging.

Research has demonstrated that transgender persons have experienced negative consequences as a result of gender disclosure to a healthcare provider. Negative consequences can serve as barriers to disclosure for the transgender person seeking healthcare. Examples of barriers include risk of embarrassment, fear of discrimination, and anxiety.^{20,21} When an individual feels a lack of trust in their healthcare provider or healthcare environment, the individual may lose confidence in the process and become less likely to share important health information.²¹⁻²³

This lack of trust, which can potentially lead to a lack of full disclosure, can have detrimental health outcomes for the transgender person during the perioperative process. For example, a transgender patient receiving hormonal treatments would be at an increased risk for a thromboembolic event when undergoing a surgical procedure if the patient was reluctant to disclose this information to the perioperative nurse.^{15-17,19} Thus, the perioperative nurse would not have this important information needed to initiate preventive interventions.

When assisting the preoperative patient to change for the surgical procedure, consideration should be given to the type of clothing provided (gowns and/or pajama bottoms). Instead of making the decision for the patient, perioperative nurses should ask what the patient prefers to wear.

Cultural competency is necessary to provide safe care that eliminates mistrust and closes the gap on healthcare disparities for those in the gender minority.²⁴ (See *Transgender healthcare cultural competency learning resources*.) Heteronormative attitudes, the assumption that heterosexuality is the norm, may

lead to poor communication and influence the quality and outcome of care.²⁵ In 2011, Wilkerson and colleagues conducted focus groups to investigate the perspectives of transgender patients within the healthcare environment.²⁶ Gender-affirming comments included the following:

- Cues that the clinic might be transgender friendly
- Forms allowing for gender choice options beyond the binary
- Hormone usage is openly questioned
- Preferred name is asked on all forms.
- Preferred pronoun is asked on all forms

Preferred name and preferred pronoun is of particular importance when the patient is waking from surgery. When awakening from surgery, it is a common practice to address patients by name, orient them to where they are, and inform them that the procedure is over. It is important to call the patient by the name that he or she identifies with.

Consistently communicating the preferred name (and pronoun) to all personnel—and on all forms—is essential for patient trust and safety.

Goldberg describes a three-tiered approach to transgender-sensitive healthcare.²⁷ The first tier (basic care) involves training aimed at awareness and understanding to provide sensitive, respectful, inclusive, and welcoming care. During tier one, the provider will be familiar enough with transgender issues to respond appropriately to disclosures, including displaying a nonjudgmental attitude. All personnel, including office staff or other nonclinical personnel who might interact with transgender patients, should attend this level of training.

Tier 2 (intermediate care) modifies standard protocols to meet the transgender patient's needs. Perioperative nursing personnel review existing policies and procedures to ensure that they are culturally-congruent for the transgender surgical patient. Tier 3 (advanced care) relates to trans-specific assessment and evaluation of gender concerns, such as endocrine management and care



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provision during gender reassignment surgery. This tier is for healthcare providers who deliver direct care management services.

Embracing diversity

The perioperative unit is a complex and highly-charged specialty unit where the perioperative team works closely to ensure the best-possible patient outcomes. The world's increased diversity has impacted the perioperative unit. Guidelines from accreditation bodies and from professional organizations are paving the way

for all areas of healthcare to

embrace diversity and move toward a model of culturally-sensitive care. Perioperative nurses are charged to provide culturally-sensitive care, which includes the gender minority. **OR**

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The author and planners have disclosed no potential conflicts of interest, financial or otherwise.

DOI-10.1097/01.ORN.0000464749.92943.f3

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