

# HOLISTIC CARE OF OLDER LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PATIENTS IN THE EMERGENCY DEPARTMENT

Melissa Taylor, DNP, MPH, RNC-OB, CEN, CPEN, TNCC, Cincinnati, OH

**Section Editors:** Nancy Stephens Donatelli, MS, RN, CEN, NE-BC, FAEN, and Joan Somes, PhD, RN-BC, CEN, CPEN, FAEN.

**CE** Earn Up to 9.5 CE Hours. See page 187.

Performing rapid, focused assessment of physical and behavioral health issues in a limited period of time and treating the “whole person” is a fine balancing act unique to emergency nursing. During triage, a number of questions are asked to get a proverbial “snapshot” of the whole person. But does the image you develop of your patient always capture all that you need to know to fully meet the patient’s needs and maximize his or her level of satisfaction? The goals of this article are to increase awareness of the holistic health care needs of older lesbian, gay, bisexual, and transgender (LGBT) adults and improve the care experience for both patients and their health care providers in the emergency department.

Jamie, a slender, 50-year-old female with long, flowing, brunette hair and soft brown eyes, presents to your emergency department with severe left hip pain after tripping and falling at home. Jamie also reports 4 days of worsening right flank pain. As Jamie responds to the nurse’s triage assessment, she states she is “still having periods,” but “does not recall” the start date of her last normal menses. Her current medication list includes several female hormone medications. The registration clerk informs the triage nurse that Jamie’s old medical record came up under the name of “Anthony,” and Jamie confirmed this information as accurate. The triage nurse, primary nurse, and ordering provider are all now aware of this information, but each is uncomfortable with regard to starting the discussion with Jamie about her gender identity and transgender status. Urine, blood, and radiologic tests have been ordered. Jamie’s hip pain precludes her from walking

to the bathroom, which raises several questions for the primary nurse, such as: Should a bedpan or urinal be offered to collect the urine specimen? Has she had partial or full sexual reassignment surgery? If she cannot void and requires straight catheterization, will her anatomy be complicated, making it difficult to discern correct catheter placement? Above all, the nurse does not want to “offend” her patient. What is the best way to initiate a discussion with Jamie about how to best meet her needs as a transgender woman?

Sexuality of older people (50 years and older) is often disregarded, overlooked, or assumed to be nonexistent. However, sexual orientation and gender identity are an inextricable part of human wholeness and personhood throughout the life span that must be considerably valued. ENA clearly articulates the following message: “Emergency nurses must integrate critical thinking skills and evidence-based knowledge into their practice. Unique to emergency nursing practice is the variety of illnesses and injuries from all ages and populations that require emergency care.”<sup>1</sup>

## A Growing Population

In the United States, an estimated 3 million people who are older than 55 years identify as lesbian, gay, bisexual, or transgender. By 2030, this number is expected to grow to 6 million.<sup>2</sup> Despite growing numbers, older LGBT health care consumers have been termed invisible, and this “invisibility” is heightened by fear of disclosure of sexual orientation and gender identity to health providers, as well as a presumption of heterosexuality by providers.<sup>2,3</sup>

In 2012, Services and Advocacy for GLBT Elders (SAGE) commissioned the Harris Poll to conduct a quantitative market research study of the attitudes, values, wants, and lifestyle preferences of LGBT persons aged 45 to 75 years. A cross-sectional sample of 2376 responded to the online survey, with 1857 identified as LGBT. Results showed that 43% of LGBT who were single and 40% of those in their 60s and 70s did not disclose their sexual orientation or gender identity to their health care provider because of a fear of inferior care, discrimination, or denial of

Melissa Taylor is Emergency Department Clinical Staff Nurse, TriHealth, Cincinnati, OH.

For correspondence, write: Melissa Taylor, DNP, MPH, RNC-OB, CEN, CPEN, TNCC, PO Box 498884, Cincinnati, OH 45249; E-mail: [Taylor566@att.net](mailto:Taylor566@att.net).

J Emerg Nurs 2016;42:170-3.  
0099-1767

Copyright © 2016 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jen.2016.02.007>

care.<sup>2</sup> Racial and ethnic minorities, young people, and women are more likely to identify as LGBT.<sup>4</sup> Approximately 20% (1 in 5) LGBT persons are married, and 18% are living in either heterosexual or same-sex domestic partnerships.<sup>4</sup>

Negative experiences in the health care system reported by LGBT adults include embarrassment, rejection, hostility, suspicion, pity, condescension, ostracism, avoidance of physical contact, or refusal of treatment.<sup>3</sup> Older LGBT adults often have a lifelong history of victimization and discrimination that is now uniquely intersected with ageism. Ageism refers to the negative stereotyping, prejudice, and discrimination committed against people of an older age.<sup>2,5-7</sup>

### Clinical Significance for ED Care

Older LGBT adults are a vulnerable, at-risk population who experience significant health disparities.<sup>5,6</sup> Marginalization contributes to increased social isolation, loneliness, abuse, neglect, poverty, poor nutrition, and premature mortality.<sup>2,8</sup> Internalization of sometimes lifelong victimization for LGBT adults leads to low self-esteem and increased risk for anxiety, depression, and suicidality.<sup>4</sup>

Analysis of the 2003–2010 Washington State Behavioral Risk Factor Surveillance System showed that older lesbian, gay, and bisexual adults had a higher risk of disability, poor mental health, smoking, and excessive alcohol consumption compared with heterosexuals. Lesbians and bisexual women had higher risk of cardiovascular disease and obesity. Gay and bisexual men had a higher risk of poor physical health and living in isolation than did heterosexuals. Bisexual men reported a higher rate of diabetes and a lower rate of being tested for HIV than did gay men.<sup>9</sup> Gay and bisexual men also had lower rates of prostate specific antigen screening compared with heterosexual men.<sup>9</sup>

Higher rates of sexually transmitted infections, such as syphilis and human papilloma virus, have been reported among some LGBT groups.<sup>3</sup> Lesbian, gay, and bisexual adults report more chronic conditions such as asthma, headaches, osteoarthritis, and gastrointestinal conditions.<sup>4</sup>

LGBT adults also more frequently report lack of adequate personal finances and health insurance coverage.<sup>4</sup>

Transgender persons report even higher rates of disability, stress, and overall poor health.<sup>5,10</sup> A 2008 National Survey of Transgender Discrimination reports that transgender persons have 4 times the national average for HIV infection and increased use of alcohol, heroin, and amphetamine as means of coping.<sup>4,7</sup> Fifty percent of the survey population reported having to “teach their medical providers about transgender care.”<sup>7,11</sup> Elders may experience consequences of long-term hormone use.<sup>11</sup> Higher levels of ED use for primary care was discovered among transgender respondents who were also African American (17%) or Latino (8%), had an income of less than \$10,000 per year (8%), had a level of education less than a high school diploma (13%), and were unemployed (10%), many having lost their jobs as a result of gender identity bias (7%).<sup>7</sup> Use of emergency departments for primary care has been associated with more adverse health outcomes than regular visits to a primary care physician.<sup>7</sup>

LGBT elders may rely to a greater extent on friends and others as caregivers rather than on biological family as a result of family rejection and/or because LGBT persons are less likely to be married and/or have children.<sup>11</sup> Fear of potentially unwelcoming health care environments may cause older LGBT adults to delay seeking emergency care until they are extremely ill. In addition, fear of disclosing their LGBT status may delay diagnosis of more serious medical problems, such as anal cancers in men.<sup>4</sup>

### Implications for Emergency Nurses

It is imperative for health care providers to examine personal bias and educate themselves on the needs of older LGBT adults through available resources (see the [Table](#)).

Establishing a welcoming environment in the emergency department is essential to help older LGBT adults feel safer. For example, pictures, symbols, or quotes can be displayed in highly visible spaces to convey that your

TABLE

#### Educational resources for holistic care of older lesbian, gay, bisexual, and transgender adults.

- The National Resource Center on Gay Aging <http://www.lgbtagingcenter.org/index.cfm>
- Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders <http://www.sageusa.org>
- The National Gay and Lesbian Task Force <http://www.thetaskforce.org/?s=Elder+health>
- The Joint Commission [http://www.jointcommission.org/assets/1/18/LGBTFieldGuide\\_WEB\\_LINKED\\_VER.pdf](http://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf)
- Fenway Health <http://fenwayhealth.org/>

Download English Version:

<https://daneshyari.com/en/article/2609800>

Download Persian Version:

<https://daneshyari.com/article/2609800>

[Daneshyari.com](https://daneshyari.com)