

Culturally Competent Care for HIV-Infected Transgender Persons in the Inpatient Hospital Setting: The Role of the Clinical Nurse Leader

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HIV infection rates among transgender persons are estimated to be high. This often invisible group is stigmatized and suffers greatly from discrimination in employment, housing, and health care (Lombardi & Van Servellen, 2000; San Francisco AIDS Foundation, 2009; Sevelius, Reznick, Hart & Schwarcz, 2009). HIV-infected transgender persons may require inpatient care at some point in their lives. Inpatient health care personnel are often not aware of issues related to transgender clients and may provide culturally insensitive care. The clinical nurse leader (CNL) could provide transgender patients an ideally positioned advocate to model, instill, and coordinate consistent and culturally competent care at the bedside and beyond. The CNL, acting as an educator and advocate involved in direct patient care, can be instrumental in shaping the inpatient experience for the transgender patient while working to maximize continuity of care to improve patient outcomes.

HIV Infection in Transgender Persons

HIV-infected persons are considered to be a vulnerable population in the health care system. The risk for discrimination and disparity in care delivery increases when these people are also transgender persons. Identification of HIV-infected transgender persons can be challenging because the data reporting system at the

Centers for Disease Control and Prevention does not include categories for transgender persons. Current reporting practices prevent important epidemiological data concerning HIV infection from being monitored in transgender populations. Instead, transgender HIV cases have been included in data for other populations (e.g., women, women of color, and men who have sex with men; San Francisco AIDS Foundation, 2009). Prevalence estimates for HIV infection in transgender persons exceed estimates in men who have sex with men populations, which is approximately 25% (Herbst et al., 2008). In the United States, prevalence of HIV infection in the male to female (MTF) population is estimated to be 27%, with transgender women of color being more likely to be infected with HIV (Herbst et al., 2008). Studies included in a systematic review by Herbst et al. (2008) estimated HIV prevalence in transgender women of color to be 56.3% by testing and 30.8% by self-report. Very few studies have addressed issues regarding HIV prevalence in female to male transgender persons, which is

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estimated to be 0%-3% and much lower than in MTF transgender persons (Herbst et al., 2008). Additional factors that potentially contribute to HIV risk for both MTFs and female to males include high rates of mental health issues, physical/sexual abuse, social isolation, economic marginalization, incarceration, inadequate health care, and perception of low HIV risk status (Herbst et al., 2008).

HIV-Infected Transgender Patients in the Health Care System

For HIV-infected patients, interaction with the health system is vital for maintaining health, obtaining medications, and monitoring CD4+ T-cell counts and viral loads. In this way, HIV-infected transgender patients are no different than other populations with HIV infection. HIV-infected transgender persons bear the stigma not only of HIV infection but also of additional transgender-related stigma, further marginalizing an already vulnerable population. The health care system is not structured in a way that allows for easy integration of transgender persons. Generally, patients are designated as either male or female, with little or no opportunity to modify this binary gender designation. Social implications of transgender identity are numerous, ranging from relationships to employment to health care. Transgender identity, like homosexuality, can be met with extreme hostility. As a result, some transgender persons prefer not to be readily identified as transgender by the casual observer because of social stigma and personal safety issues.

Attention concerning specific health care for transgender individuals is focused on HIV prevention and primary care for gay, lesbian, bisexual, and transgender (GLBT) communities. Clinics focused on these populations often provide testing, prevention education, and HIV medication management. Specialty clinics with awareness of and sensitivity to transgender issues often cannot overcome mistrust of health care providers or the health care system because clinics are just one part of the larger health care system.

Like other individuals infected with HIV, transgender persons can develop opportunistic diseases, progress to AIDS, and require hospitalization.

Although some hospitals have units devoted to infectious diseases and staff with expertise in HIV care, many nurses and health care staff have limited knowledge or understanding of transgender people. It is important to make a positive impression so as to facilitate care in patients who distrust health care systems. Hospitals are just one link in the health care chain for transgender patients with HIV. The chronic nature of HIV infection makes trust in health care providers even more crucial. Patients' views of health care workers as ignorant and insensitive concerning transgender issues can act as a serious barrier to care, both in acute care and outpatient settings (Burdge, 2007; Schilder et al., 2001).

Patients in the hospital are often at their most vulnerable, and it is especially at this time that health care workers need to be sensitive to issues related to transgender identity. The specific risks and care needs of transgender persons are not addressed in most nursing and medical schools. As a result, many nurses and physicians have no training to inform their practices regarding transgender care. This lack of clinical and cultural competency can lead to misunderstandings, inappropriate care, and undiagnosed health problems (Vanderleest & Galper, 2009). Important patient teaching and prevention messages can be lost as a result of information not being targeted to the individual patient. Numerous times, nursing journals have acknowledged the need for transgender sensitive care for this population, but the message has not reached the mainstream world of acute care nursing (Adams, 2010; Berreth, 2003; Peate, 2008; Shaffer, 2005). Nurses in all environments, regardless of specialty, need to be educated regarding transgender issues to ameliorate longstanding mistrust of health care systems.

The Role of the CNL

Nursing is a constantly changing field with new knowledge and practice expanding as quickly as health care itself. The CNL role was developed by the American Association of Colleges of Nursing (AACN, 2003) and first outlined in the CNL White Paper in 2003. The CNL creates a role for nurses educated in the implementation of evidence-based practice to bring their skills to the bedside. The

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