



INTEGRATING SEXUAL MINORITY HEALTH ISSUES INTO A HEALTH ASSESSMENT CLASS

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The health needs of the lesbian, gay, bisexual, and transgender (LGBT) population are traditionally overlooked by the health care community and are rendered invisible by most nursing school curricula. Initial contact with a nurse during a health history and assessment can have an impact on whether the person will feel comfortable disclosing his or her identity, returning for services, or following plans of care. Because the first interaction with a nurse can be critical, the health assessment course is an appropriate place in the curriculum to discuss the needs of the LGBT community. This article includes a discussion of unique health risks to the LGBT population, benefits, and challenges of incorporating these issues into the classroom and recommendations for including the care of this population into a health assessment nursing course. Specific communication techniques are provided that may be helpful during history taking and physical examination with a patient who is LGBT. Guidance regarding physical examination of the transgender patient is also included. These suggestions will be helpful to nurse faculty who teach health assessment, nursing students, educators who design and implement professional development and continuing education for established nurses, preceptors in the clinical setting, and any nurse who is unfamiliar with the needs and concerns specific to the LGBT population. (Index words: Nursing education; Health assessment; Curriculum content; Undergraduate nursing; LGBT persons) *J Prof Nurs* 31:498–507, 2015. © 2015 Elsevier Inc. All rights reserved.

LESBIAN, GAY, BISEXUAL, and transgender (LGBT) individuals have specific health needs that are often overlooked by members of the health care community and also experience disparities in the care that they receive (Makadon, 2011). These disparities may be because of the fact that neither traditional medical nor nursing education gives much attention to this population in their curricula (Chapman, Watkins, Zappia, Nicol, & Shields, 2011). Nurse educators who work in nursing schools that include LGBT content reported a median of about 2 hours of the

entire nursing education and are devoted to this population (Lim, Johnson, & Eliason, 2015). Although there has been movement toward inclusion in medical education because of the Gay and Lesbian Medical Association (Snowden, 2013), which is made up of health practitioners from various fields, education and practice associations within nursing have not seen similar movement. There is a dearth of nursing literature about the needs of the LGBT population. Eliason, Dibble, and DeJoseph (2010) conducted a selective review of nursing literature in Cumulative Index to Nursing and Allied Health Literature (CINAHL) from 10 nursing journals with the highest impact factors between 2005 and 2009 and found only eight articles with a specific focus on LGBT health most of which were written by nurses outside of the United States. Healthy People 2020 has identified the LGBT population as vulnerable and encourages data to be collected regarding sexual orientation and gender identity. The nurse is often the first health care provider a patient will encounter, and the nurse has the ability to set the stage for the interaction. Most of the nurse–patient interactions begin with a health assessment of some sort, and this is

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a pertinent place to collect demographic and social history data related to being LGBT. It is imperative that nurses be able to assess and identify the needs of a diverse patient population in the health care setting (Melieis & Im, 1999).

Definitions

The World Health Organization (2006) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (p. 1). As a discipline, nursing values a holistic view of health incorporating biological, psychological, social, and spiritual components of the individual, family, or community. Health assessment is a course generally taken early in a nursing school program of study, with a primary focus on the development of physical assessment skills. For the purpose of this article, we assume that health assessment includes a thorough history taking in addition to physical assessment skills in line with nursing's person-centered and holistic view of health. The terms lesbian, gay, bisexual, queer, and transgender are defined in Table 1. Although not specifically included in discussion in this article, the term *queer* is included as a point of information for those who may be unfamiliar with the current use. The people who use these terms to identify themselves might have a different understanding of what the words mean, so it is a good idea to clarify what the term means to the patient.

Diversity Within the LGBT Community

LGBT individuals have diverse identities with regard to other social characteristics that can contribute to health disparities and less-than-ideal treatment by health care providers. There are differences in the LGBT community based on race, ethnicity, class, religion, ability, and socioeconomic status that must be considered, otherwise there is a risk of representing members of the community as being only White and middle-class (Daley & MacDonnell, 2011).

Barriers to Health Care for the LGBT Population

Providers are generally unaware of the specific needs of LGBT individuals and lack the ability to provide competent care, which are barriers to care for LGBT individuals (Turner, Wilson, & Shirah, 2006). The homophobia and heterosexism that are present in the larger community are also visible in the medical community (Brennan, Barnsteiner, Siantz, Cotter, & Everett, 2012; Carlson & Harper, 2011; Chapman et al., 2011). Assumptions of heterosexuality as the norm make the patient invisible to the provider in some manner (Rondahl, 2009). If a provider does not inquire about LGBT identity, it can send the message to the patient that the topic is not open for discussion. Fear of exclusion from services or discrimination at the hands of health care workers is another barrier for the LGBT community and may lead someone to be less likely to disclose their sexual orientation or gender identity to the provider (Brennan et al., 2012; Dibble et al., 2007; Gonser, 2000; Grant et al., 2011; Pillet, 2011). LGBT patients may have concerns that confidentiality will not be maintained if they disclose their sexual orientation or gender identity (Gonser, 2000). Homophobia and fear of poor treatment lead to avoidance of health care issues (Brennan et al., 2012; Gonser, 2000; Irwin, 2007) and underutilization of health services (Lim & Bernstein, 2012). Avoidance of primary care over issues of safety can contribute to an increase in severity of illness or injury, which can increase the length or cost of treatment (Papps & Ramsden, 1996).

Shared Experiences and Health Risks

LGBT individuals have the shared experience of stigmatization, discrimination, rejection, and increased risk for violence (Brennan et al., 2012; Institute of Medicine [IOM], 2011). Individuals in the LGBT community use substances at higher rates, especially cigarettes (Grant et al., 2011; IOM, 2011), which can lead to higher rates of chronic illness and cancer (Dibble et al., 2007). As a response to fear,

Table 1. Definitions

Lesbian	“A person who identifies as a woman who is primarily or exclusively attracted to other people who identify as women” (National Coalition of Anti-Violence Programs [NCAVP], 2014, p. 14).
Gay	“A person who identifies as a man who is primarily or exclusively attracted to other people who identify as men” (NCAVP, 2014, p. 11).
Bisexual	A person whose primary sexual attraction is toward both males and females (Hans, 2003).
Transgender	“An inclusive term to describe people who have gender identities, expressions, or behaviors not traditionally associated with their birth sex. Transgender people may identify more strongly another gender... or with a variance that falls outside dichotomous gender constructions prevalent in Western cultures” (Makadon, Stall, Goldhammer, and Landers, 2008, p. 990). Individuals in the transgender community may identify as heterosexual, lesbian, gay, bisexual, or queer.
Queer	“[h]istorically and currently [has been] used as a slur targeting those perceived to transgress “norms” of sexual orientation and/or gender expression. In the 1980’s and 1990’s, “queer” was increasingly reclaimed and popularized by some LGBT communities as a positive term of self-identification. More recently, this term has been used to identify trans, bisexual, lesbian, intersex, gay, and heterosexual individuals who are progressive sexual and gender outlaws in some way or another” (Hans, 2003, p. 10). One will most likely see younger people using the word <i>queer</i> to describe themselves (Mayer et al., 2008).

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