JOGNN

IN FOCUS

CNE

Continuing Nursing Education (CNE) Credit

A total of 1.4 contact hours may be earned as CNE credit for reading "Improving Nursing Care for Lesbian, Bisexual, and Transgender Women" and for completing an online posttest and evaluation.

AWHONN is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

AWHONN holds a California BRN number, California CNE Provider #CEP580.

Improving Nursing Care for Lesbian, Bisexual, and Transgender Women

Patti Rager Zuzelo

ABSTRACT

Health care needs of lesbian, bisexual, and transgender (LBT) women are inadequately addressed in nursing education and practice, which may contribute to heterosexism and homophobia on the part of health care providers. Nurses have an obligation to use available tools and resources to assess and positively transform health care environments to ensure high-quality care for LBT women. The context within which care for LBT women is learned, practiced, and experienced requires radical improvement.

JOGNN, 43, 520-530; 2014. DOI: 10.1111/1552-6909.12477

Accepted November 2013

Keywords
lesbian
bisexual
transgender
nursing care

Correspondence
Patti Rager Zuzelo, EdD, RN, ACNS-BC, ANP-BC, FAAN, Drexel University, College of Nursing and Health Professions, 1027 Bellet Building, 245 N. 15th Street, Philadelphia, PA 19102.
prz23@drexel.edu

Patti Rager Zuzelo, EdD, RN, ACNS-BC, ANP-BC, FAAN, is a clinical professor in the College of Nursing and Health Professions, Drexel University, Philadelphia, PA.

Disclosure: The author and planners for this activity report no conflict of interest or relevant financial relationships. The article includes no discussion of off-label drug or device use. No commercial support was received for this educational activity.

Health needs of lesbian, bisexual, and transgender (LBT) women are often not purposefully discussed and explored during nursing education. This learning gap is not unique to nursing education, as other health care providers, including physicians, are insufficiently prepared by medical and health science curricula to meet the needs of LBT women. It seems likely that this inadequate approach to teaching LBT health contributes in part to the heterosexism and homophobia experienced by LBT women from providers and agencies during care encounters (DeHart, 2008; Harcourt, 2006; Keepnews, 2011; Lim, Brown, & Jones, 2013).

It may be that nurses and other health professionals do not know or consider the unique and shared health needs of LBT women in part because of curricular inattentiveness toward sexually marginalized groups that is experienced during formative years of professional education. Health topics that are important to LBT women may only be encountered during clinical practice if a LBT patient, significant other, or family member chooses to share relationship status or sexual identity. It is important to consider LBT care and educational inattention within the larger context of nursing as a profession. Nursing education is informed by nursing practice, and practice is influenced by credentialing and licensure. These components, education, practice, certification, and licensure, provide the context of nursing care. Within this larger context, LBT health is often inadequately addressed.

As gay and LBT (GLBT) individuals have become more socially visible, health care expectations have slowly followed suit; this is demonstrated by the GLBT objectives of Healthy People 2020 (U.S. Department of Health and Human Services [USDHSS], 2013). The national health care agenda is slowly moving in a more inclusive direction to begin the necessary work of improving health outcomes of sexually marginalized people. Gay health issues are often included with LBT given the typical consolidation of nonheterosexual orientation and nontraditional gender identities in discussions and published research. The term *gay* in this particular discussion refers to men who are sexually attracted to other men whereas *lesbian* refers to women who are sexually attracted to other women. The acronyms *LGBT* and *GLBT* are used interchangeably in this article and are kept consistent with the version used by a particular cited organization, agency, or author(s).

The LGBT national healthcare agenda, along with increasingly positive shifts in LGBT legalities and social issues, illustrate the need for women's health nurses to increase attention to health parity for LBT clients. Nurses, including those providing care to women, child-bearing families, and newborns, must be comfortable with and experts in meeting LBT health needs that may be influenced by sexual behaviors or associated with anatomic sex, demographics, genetics, or environment. Recognizing that many nurses have completed educational programs with inadequate

consideration of LBT-specific topics, the purpose of this project was to explore the larger context of LBT health as related to nursing education, practice, and credentialing. Recommendations for improvements in these areas are offered.

Common Meanings of LBT-Related Terminology

Nurses must understand the terms related to LBT issues for accurate communication and assessment. The Joint Commission (TJC; 2011) published an extensive glossary of GLBT-related terms that offers nurses commonly accepted definitions. Johnson, Mimiaga, and Bradford (2008) also provided an overview of key terms specific to GLBT individuals. *Gender* is described as a "construct of psychological, social and cultural factors used to classify individuals as male, female, both or neither" (p. 215). *Transgender* signifies people who "have gender identities, expressions or behaviors not traditionally associated with their birth sex" (p. 216). Transgender individuals express their genders differently than what is "culturally expected of them" (National LGBT Education Center, 2013, p. 3).

Individuals who pursue medical therapies to establish congruency between their physical bodies and intrinsic, sexual self-knowledge are termed "transsexuals" (Johnson et al., 2008). Other important terms include *gender variant*, which describes individuals who are sexually nonconforming compared to societal norms and *intersex*, which describes transgender individuals as well as those born with atypical genitalia or procreative structures (Johnson et al., 2008). The publications and resources of the National LGBT Health Education Center (2013) include guidance on appropriate terminology and language and terms that should be avoided when working with transgender individuals, including "real" woman or "real" man (p. 3).

Sexual orientation has been inconsistently described and measured in the absence of standardized definitions or failure to request this information in survey demographics. Sexual orientation consists of "three components: behavior, identity, and desire" (Ard & Makadon, 2012, p. 1). Harcourt (2006) indicated that poor data result from a variety of factors, including the significant diversity within the rather small LGBT population. Researchers that collect sexual identifiers do so in a variety of ways: some use self-identification of sexual orientation and others rely on reports of the sex of participants' partners or the preferred gender of attraction. Inconsistency between individuals' sexual activity and self-identification may occur, and because of this variation researchers and care providers may elect to categorize behaviors as men who have sex with men (MSM) or women who have sex with women (WSW) (Ard & Makadon, 2012).

Another compounding issue is that the failure to consistently collect demographic data describing sexual orientation has made it difficult to provide quantitative data on LBT issues and health outcomes. Lack of data influences funding access and program support. In response, Healthy People 2020 includes two new developmental objectives. The first calls for an increase in the number of population-based data systems monitoring Healthy People 2020 objectives to include in their core a standardized set of questions that identify lesbian, gay, and bisexual populations. A second objective calls for similar attention to transgender populations (USDHHS 2013). To advance the knowledge and care provided to GLBT individuals, common consistent terminology is needed.

Heterosexism in Nursing Education and Practice

The term *heterosexism* is widely used to describe an "underlying belief that heterosexuality is the natural/normal/acceptable or superior form of sexuality" (Williamson, 2000, p. 98). This particular worldview contributes to prejudice and biases across a number of important societal interactions and institutions, including systems of health care, education, and research. Nurse educators and clinical preceptors must increase students' and clinicians' awareness of health care injustices based on sexual orientation. These injustices are supported by commonly held and typically unquestioned notions concerning LBT females that may be erroneous. These notions may be influenced by an incorrect belief that same-sex couple relationships are not common or that same sex couples generally do not raise children.

To the contrary, Gates (2013) demonstrated the increasing number of same-sex couples and the increasing frequency of child-rearing within these families. Gates summarized key demographic characteristics of same sex couples from 2005 through 2011 based on the U.S. Census Bureau's American Community Survey (ACS). Gates contrasted these findings to those of heterosexual couples and identified trends and anomalies.