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Guest Editorial

Sexual and gender minority health: Nursing's overdue coming out

Sexual and gender minorities are unrecognized and underserved in health care, especially by nurses. Sexual and gender minority individuals, in part, experience increased prevalence of substance abuse, depression, obesity, cancer, and sexually transmitted infections. Despite these known disparities, the profession of nursing displays an international lack of focus on the health of this population. Are nurses too busy referring care to other professionals? Are nurses turning a blind eye to an "uncomfortable" aspect of care? Or are nurses soundly slumbering when it comes to sexual and gender minority care? With nursing complacency clear, it is high time for one of the world's largest professions to wake up, come out of the closet, and make a notable impact on the health of the sexual and gender minority population.

1. Introduction

The health of minorities has long been the emphasis of inquiry and dissemination in health care. Primary foci include the health outcomes for individuals, communities, and environments. The sexual and gender minority population is underserved across many aspects of health (Patterson et al., 2017). Sexual and gender minorities include those who identify as lesbian, gay, bisexual, transgender, queer, questioning, asexual and others (LGBT+). Substance abuse, depression, obesity, cancer, and sexually transmitted infections are health concerns within the sexual and gender minority community on which all nurses should be keenly focused (Patterson et al., 2017). Based on an international keyword search using key terms "sexual and gender minority" and "nursing" or "nursing profession," results included approximately 140,000 mentions since the year 2000 (QuickSearch, 2017). In November 2017, a similar search in the Cumulative Index of Nursing and Allied Health Literature (CINAHL) yielded nine related publications since 2012. Yes, you read that right...NINE. Psychology, social work, public health, and medicine published over 700,000 papers on sexual and gender minority health (QuickSearch, 2017). Due to the limited evidence in the literature, it is time for the profession of nursing − the largest group of healthcare professionals in the world − to come out of the closet, and prove our ability to transform sexual and gender minority health.

2. Healthcare stakeholder focus

The paucity of nursing literature is certainly not the greatest impetus to increase nursing's focus on sexual and gender minority health disparities. Over the last ten years, the international focus on the health of sexual and gender minorities has intensified. These groups, across the world, harken the haste of measurable improvements in health for this minority.

In 2015, the United Nations (UN) High Commissioner for Human Rights updated a 2011 report on global discrimination and violence for the sexual and gender minority population (United Nations High Commissioner for Human Rights, 2011, 2015). The updated report addresses discriminatory practices that affect the health of sexual and gender minority individuals. Attitudes of healthcare institutions and personnel, laws that criminalize homosexuality, unethical conversion therapies, unnecessary intersex surgeries, and lack of transgender care are officially recognized as global health disparities for sexual and gender minority individuals. The High Commissioner recommends sensitizing health care workers to sexual and gender minority needs, banning conversion therapies, and eliminating unnecessary intersex surgeries to improve health (United Nations High Commissioner for Human Rights, 2015).

Similarly, England's Stonewall group found discrimination and unfair treatment of LGBT+ individuals across health care and social care services (Unhealthy Attitudes, 2017). Their work surveyed 3000 health and social work staff, including nurses. Bullying, discrimination, lack of support, fear of speaking up, inability to address prejudices and support for equality are opportunities to improve sexual and gender minority health. In response to this report, England's National Health Service called for improving the patient experience, creating meaningful workforce development, and increasing data collection and maintenance for the LGBT+ population (National Health Service Report, 2017).

HealthyPeople 2020 identifies the health of sexual and gender minority individuals as a primary goal for healthcare in the United States. Health care disparities and improving health for LGBT+ people are emphasized (HealthyPeople2020, 2017). This report also outlines the need for meaningful data so that health interventions and outcomes are appropriately measured by all members of the health care team, including nurses.

In 2011, The Joint Commission, a primary accreditor for health care quality in the United States, created a field guide to address communication, cultural competence, and patient-and-family-centered care for the LGBT+ community (The Joint Commission Advancing effective communication, 2011). After a one-day meeting with LGBT+ stakeholders, leadership; provision of care, treatment, and services; workforce; data collection and use; and patient, family, and community engagement are identified as primary areas for development. Despite these nearly decade-old recommendations, there continues to be a lack of action. This is yet another clear opportunity for nursing action.

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Despite these efforts to address the needs of the sexual and gender minority population, barriers still exist to providing the best care. Recently, the United States Census Bureau reversed the decision to record sexual orientation and gender identity data (Fernandes, 2017). The initial list of data points included such questions, but they were removed after an apparent revision. Vital funding for community support programs is based on the numbers of individuals requiring support. Without that information for the sexual and gender minority community, there will be no measure of targeting resources. Perhaps this is a continued effort to marginalize the sexual and gender minority community. Similarly, the annual National Survey of Older Americans Act and the Annual Program Performance Report for Center for Independent Living removed questions from surveys relating to sexual and gender minority older adults (Sedensky, 2017). A spokeswoman for one of the groups stated that the questions were part of a pilot and gathered insufficient data to be determined valid for the final survey. Once again, this removal of critical data will impact the health of the sexual and gender minority older adult population.

3. Health inequity and nursing

Health inequity implies that a barrier exists for a community related to healthcare. According to the World Health Organization, health inequities are associated with differences in disease prevalence, health outcomes, and access to care. These disparities are often measured among races, ethnicities, socioeconomic statuses, or sexual orientations (World Health Organization, 2017).

Nurses have a long-standing history of improving the health of all populations. Nurses are effective health change agents via advocacy, policy influence, and leadership (Mary Maryland and Gonzalez, 2012). Nurses, in years past, were advocates and researchers in human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) care (Keepnews, 2016; Austin, 2014). Psychiatric and mental health nurse specialists were active in studying “gay lifestyles, relationships, and culture” (Austin, 2014).

Disappointingly, the world of nursing seems to be ‘stuck in a rut’ without generating new evidence for sexual and gender minorities. Recently, the American Nurses Association created a one-contact-hour continuing education course entitled “LGBTQ Populations and Nursing Care” (LGBTQ Populations and Nursing Care Online Course, 2017). While this is a commendable effort, this organization might consider engaging the world’s 20 million nurses with more than an hour-long, online module. In a similarly poor display, the American Association of Nurse Practitioner’s website yields two nonfunctional links to conference proceedings when searching for how to improve care for sexual and gender minority individuals (American Association of Nurse Practitioners, 2017). The International Nurses Association website nor its associated blog mention efforts to improve sexual and gender minority health (International Nurses Association, 2017). Unfortunately, this trend of absence is evident among those considered global nursing groups (International Council of Nursing, 2017).

So, who is to blame for this worldwide impotence among nurses and sexual and gender minority health? Perhaps it is the fault of the academics who offer little formalized sexual and gender minority health education (Eliason et al., 2015). Or is it the fault of professional nursing organizations who show a lack of commitment to sexual and gender minority health (Lim et al., 2015)? Maybe the aging nurse workforce is at fault. After all, Mahieu and colleagues uncovered a more negative attitude among older adults towards homosexuality (Mahieu and Gastmans, 2015). We might suppose that our globally aging nurses are a bit crotchety when dealing with sexual and gender minority-related care. Or are nurses too embarrassed, too pressed for time, or unorganized to have critical conversations about sexual and gender minority health? One qualitative study describes a group of HIV nurses who found it difficult to have a conversation about safe sex with men who have sex with men (Munnik et al., 2017). If any health care provider could comfortably discuss sex, we would hope to place our bets on the HIV nurse! Whether it really is the nurses' age or an occasional blushing of the nurses' cheeks, focusing on the disparities of sexual and gender minority individuals should become a priority for every member of the profession.

4. Sexual and gender minority health inequities

All wit aside, opportunities to decrease sexual and gender minority health inequities abound. Nurses should improve care, increase understanding, create affirming practice, collect data, and generate new practice evidence for the sexual and gender minority population. A discussion of selected SGM disparities is proper to at least find the handle on the nurses’ closet doors.

Gay men and men who have sex with men are at risk for sexually transmitted infections and social stigma (Solomon, 2016). Social stigma may lead to depression, anxiety, and substance use (Solomon, 2016). Clinicians should explore these risks by asking questions about sexual identity and behavior (Solomon, 2016). A discussion is warranted about HIV status, post-exposure prophylaxis, and pre-exposure prophylaxis. Saab and colleagues recently emphasized the importance of testicular health among gay and bisexual men citing testicular cancer as a continuing concern in young males (Saab et al., 2017). The nurse clinician might consider anal cancer screening, particularly if HIV infection is present (Goedert et al., 1998). Young gay males often experience rejection, isolation, discrimination, and abuse (Remafedi, 1987). Stigmatization often affects family and friends, too.

Lesbian and sexual minority women are at risk for stigmatization, obesity, breast cancer, cervical cancer, ovarian cancer, sexually transmitted infections, substance use, pregnancy, and intimate partner violence (Gonzales et al., 2016). Stigmatization may increase depression and suicidal behavior, especially if the woman has not disclosed her sexuality (Koh and Ross, 2006). Obesity and decreased screening contribute to higher rates of breast cancer (Gonzales et al., 2016).

Bisexual men use alcohol and tobacco at higher rates and are more likely to experience psychological distress (Gonzales et al., 2016). Similarly, bisexual women are more likely to exhibit substance abuse and present with higher rates of mental health disease (Koh and Ross, 2006).

Transgender individuals may be at increased risk for cardiovascular disease secondary to hormone therapies (Elamin et al., 2010; Gooren et al., 2008). Diabetes mellitus may be more likely to develop in transgender men with polycystic ovarian syndrome (Elbers et al., 2003). Nurses, particularly advanced practice nurses, are well positioned to provide primary care for transgender individuals.

5. Nursing’s “coming out”—embracing sexual and gender minority health

The size alone of an informed and activated nursing workforce could transform sexual and gender minority health. Nurses provide acute, chronic, and primary care to clients of numerous populations, including sexual and gender minorities. Our perspective is that nurses hold a commanding position in moving the profession forward in a meaningful way through practice improvement, advocacy, and scholarship.

Open and affirming practices result in positive care experiences and better care outcomes for sexual and gender minorities (Crisp, 2006). Because the nurse-client relationship affects care outcomes, these