

Culturally Sensitive Chiropractic Care of the Transgender Community: A Narrative Review of the Literature

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ABSTRACT

Objectives: Transgender individuals commonly experience barriers to quality health care and may suffer from unique musculoskeletal complaints. Although these needs are often inadequately addressed within the health care system, they could be attended to by the chiropractic community. This narrative review describes best practices for delivering culturally sensitive care to transgender patients within the context of chiropractic offices.

Methods: A literature search generated peer-reviewed material on culturally competent care of the transgender community. Google Scholar and trans-health RSS feeds on social media were also searched to find relevant gray literature. Information pertinent to a chiropractic practice was identified and summarized.

Results: Contemporary definitions of transgender, gender identity, and sexual orientation provide a framework for culturally sensitive language and clinic culture. Small changes in record keeping and office procedures can contribute to a more inclusive environment for transgender patients and improve a chiropractor's ability to collect important health history information. Special considerations during a musculoskeletal examination may be necessary to properly account for medical and nonmedical practices transgender patients may use to express their gender. Chiropractors should be aware of health care and social and advocacy resources for transgender individuals and recommend them to patients who may need additional support.

Conclusions: Small yet intentional modifications within the health care encounter can enable chiropractors to improve the health and well-being of transgender individuals and communities. (*J Chiropr Humanit* 2017;xx:1-7)

Key Indexing Terms: *Chiropractic; Transgender Persons; Cultural Competency; Quality of Health Care*

INTRODUCTION

In 2016, the American Public Health Association adopted a policy advocating “the adoption and application of inclusive policies and practices that recognize and address the needs of people and communities identifying as transgender or gender nonconforming.”¹ Also in 2016, the National Institute of Health formally recognized sexual and gender minorities as a health disparity population, citing evidence of discrimination and decreased access to health care.² These barriers contribute to poorer health outcomes among transgender individuals, including a greater risk of

contracting HIV and other sexually transmitted infections³⁻⁵ and of suicide,⁶ mental health disorders, body image and eating disorders,⁷ substance abuse,⁸ and violence.⁹ According to the 2015 U.S. Transgender Survey, 31% of respondents reported that none of their health care providers knew they were transgender.¹⁰ One in 3 reported at least 1 negative health care experience in the previous year related to being transgender. Negative experiences included verbal harassment, refusal of treatment, unnecessary or invasive questions, and the need to educate the provider about what it means to be transgender before receiving appropriate care.¹⁰ Transgressions such as these can interfere with the provision of health services and undermine the general health of a transgender person. Best practice standards of care for the transgender community are lacking; this problem is exacerbated by a dearth of research specific to this population.

As is the case with many health care professional groups,^{11,12} the chiropractic profession has been criticized for the lack of diversity in both providers and patients served.¹³ Many chiropractors may have limited interaction with transgender individuals or communities or are not aware they interact with those who identify as transgender. This inexperience may lead to uncertainty in both

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communication skills and considerations for clinical care that may be unique to a transgender individual. Even well-meaning health care practitioners can be misinterpreted and may lead a transgender individual to feel unwelcome or unable to fully confide in that health care provider. Health care providers have an ethical obligation to understand how to effectively deliver culturally sensitive care for transgender patients. To date, no guidelines have been published to assist chiropractors in this area, nor have educational competencies on this topic been standardized among the chiropractic colleges. The purpose of this narrative review is to describe best practices for delivering culturally sensitive care of transgender patients within the context of chiropractic offices.

METHODS

To identify existing best practices, a search was conducted in PubMed, Expanded Academic ASAP, and the Index to Chiropractic Literature to identify peer-reviewed articles related to culturally competent care of the transgender community. A search for articles written in English, with no publication date limitations, was conducted by the authors with the assistance of information specialists from the Greenawalt Library at Northwestern Health Sciences University. Key search terms were taken from known sources on the topic and included “cultural competency,” “history,” “best practices,” “transgender,” “gender,” “gender identity,” “gender identification,” and “transgender health care.” MeSH terms were derived from a PubMed MeSH search and the MeSH sections on discovered relevant articles. Boolean operators “AND” and “OR” were used to connect terms and encompass alternative phrasing for transgender persons. In addition to electronic databases, relevant gray literature was identified through Google Scholar searches and trans-health RSS feeds on social media.

Narrative reviews, best practice guidelines, professional white papers, and reports surfaced in the database searches. Position statements, recommendations, and resource information were additionally identified in the gray literature. Materials that provided recommendations for improving the care experience of transgender individuals were considered for inclusion. Information considered by the authors to be salient to conditions managed within a chiropractic office and that could influence the provision of care was also reviewed. Recommendations for treatment outside the scope of chiropractic practice were excluded from this paper.

DISCUSSION

To effectively care for the transgender population, health care providers must understand the distinction between and definitions of gender identity and sexual orientation. A lack of understanding of these concepts is a common pitfall that can lead a patient to feel misunderstood or discriminated

against. The Human Rights Campaign defines gender identity as “one’s innermost concept of self as male, female, a blend of both or neither—how individuals perceive themselves and what they call themselves.” This differs from sexual orientation, which is defined as “enduring emotional, romantic or sexual attraction to other people.”¹⁴ Gender identity and sexual orientation are 2 distinct and separate constructs; providers should be cautious to avoid assumptions that one’s gender identity influences one’s sexual orientation, and vice versa.

Transgender, then, is a gender identity term. It is used to describe individuals whose own gender identity is different from that which they were assigned at birth. This movement away from assigned gender may stem from a feeling of being part of a different gender group or the desire to move away from conventional expectations placed on gender by society.¹⁵ Although the current US Census does not collect data on gender identity, recent estimates of the transgender population in the US suggest 390 of every 100 000 adults identify as transgender.¹⁶

In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) the diagnostic term *gender identity disorder* has been replaced with *gender dysphoria*. Gender dysphoria relates to the distress caused by a person’s assigned birth gender differing from the one with which they identify. Gender dysphoria is not considered a mental disorder and should not be treated as such. This is an important distinction from previous editions of DSM, aimed at helping avoid stigma and ensuring access to care.¹⁷ Gender dysphoria can be experienced at many different stages of being aware of individual gender variance. This may range from the recognition that one’s gender is different from that assigned at birth to an individual living full time in a manner consistent with their gender identity, possibly having undergone hormone and/or surgical treatment. These criteria are an application of American psychological health and diagnostic standards. Differing standards might apply in other countries where recognition of the transgender phenomenon could be viewed, treated, or pathologized differently.

Microaggression is a term first suggested in 1970 to describe the cumulative and summative negative effect of both overt and subtle degradations, whether intentional or unintentional, on an individual’s well-being.¹⁸ The concept was originally applied to the well-being of the African-American community and has since become more broadly attributed to the effect of these actions on additional marginalized groups, including sexual minorities.^{18,19} In a 2016 American Psychological Association article, Spengler et al²⁰ wrote, “The stigma and prejudice [marginalized groups] regularly encounter is hypothesized to lead to their significantly increased risk for developing mental health disorders.” The collective literature on microaggressions and health care supports this theory, pointing broadly toward unfavorable health outcomes, including greater risk

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