

Authors

Oona O'Shea

MCN (Anaesthetic & Recovery Nursing),
BN, RN

Dr Paula Foran

PhD, RN, FACORN, FACPAN, MACN

Nursing implications for transgender and gender diverse perioperative patients: A discussion paper

Abstract

Perioperative nurses must provide culturally competent care to all surgical patients, and understanding gender identity and gender diversity may be the first step to creating an inclusive perioperative practice for transgender and gender diverse patients. In the nurse–patient relationship, limited exposure to and knowledge of diverse populations may negatively affect the health of this important demographic.

When nurses are unaware of how care can be affected by explicit (conscious) or implicit (unconscious) bias, they may use transphobic stereotyping behaviours or act with microaggressions, like using excessive protective attire. Such care may invalidate gender identity and impede trust. In contrast, nurses practising gender-affirming care validate the patient's gender identity and life experiences, which supports autonomy and creates trust.

The aim of this paper is to provide perioperative nurses with a deeper understanding of factors that may affect gender diverse patient's perioperative outcomes. In addition, understanding the social determinants of health affecting this demographic may result in better health outcomes. As such, the holistic care of the transgender and gender diverse patient is the optimal goal, with clinicians employing a non-judgemental, sensitive and compassionate attitude.

Keywords: transgender and gender diverse, perioperative nurse, gender-affirming care, bias

Introduction

The United Nations Office of the High Commissioner for Human Rights defines gender identity as 'each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth'¹. The term gender diversity refers to the range of gender identities, experiences and expressions of gender that exist. The term trans refers to 'persons who identify with a different sex than the one assigned to them at birth'¹. The term transgender and gender diverse (TGD) is a comprehensive term² and

includes people who are non-binary, and do not identify as any sex. The term cisgender refers to people who identify as their birth sex.

Gender identity often intersects with social issues (ethnicity, socio-economic status, support systems and education), resulting in discrimination and poor health outcomes.^{3–6} TGD individuals may experience gender dysphoria, the mental distress caused by the physical body not aligning with the sense of self.^{7,8} Transitioning, beginning to live according to one's gender identity, aligns one's physical expression to one's sensorium.⁹ To

alleviate mental distress, some TGD individuals choose to transition, either socially (clothing, chest binding or name change), medically (hormone-blocking) or surgically (gender-affirming surgery).¹⁰ Even within the lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQA+) community, TGD people experience significant marginalisation and health disparities^{5,9,11-15}.

As recently as 2013, gender dysphoria was pathologised within the medical profession¹⁶ while formal TGD education within health care remains limited^{3,5,13,14,17} and further compounds the health outcomes of this cohort^{10,13,18}. To build professional maturity, nurses must be self-educated about the social issues and gender-affirming care of this cohort^{3,6,12,19}. This discussion paper hopes to advance TGD perioperative care by raising nurses' awareness of the TGD population and their positionality, and encouraging gender-affirming practices.

Discussion

This paper endeavours to highlight types of bias to ensure perioperative nurses seek mitigation strategies to avoid experiencing a visceral response²⁰ towards the TGD patient^{9,21,22}. The author undertook extensive reading of high-quality scholarly literature on nurse bias and gender-affirming care, and assessed the quality of the papers using accepted critical appraisal tools. Thematic analysis, critique and evaluation identified themes that informed the structure of the paper which is presented under the headings 'some facts about TGD', 'the self-aware nurse' and 'gender-affirming care'. By providing a basic understanding of the internal factors at work, it is hoped that nurses

may be guided to self-reflection^{17,20}. By combining self-reflection with understanding of the social and health issues faced by TGD people, nurses will be able to practise culturally sensitive care^{6,10,14,19}. To care for TGD patients, nurses must remain connected to ethical values for care embedded in the International Council of Nurses Code of Ethics for Nurses²³, the Nursing and Midwifery Board of Australia (NMBA) standards for practice^{24,25} and the Code of Conduct for Nurses²⁶. As policy improves, frontline staff must build upon self-learning to implement the new practices that are shown to optimise the care of TGD patients²⁷.

Some facts about TGD

TGD people are becoming more accepted in Australia²⁸, and Carmen et al.²⁹ and Lyons et al.³⁰ reason that between 3.5 and 11 per cent of the Australian population now identify as TGD, though these figures are not definitive³¹. Australia was founded on colonial values that centred around white dominance, male or female sexes and heterosexuality¹³, resulting in the embedding of these values within the power structure^{3,13}. This has pushed marginalised groups, like the TGD population, to the peripheries and reduced their access to mainstream resources³². Moreover, as no census questions relate to sexual orientation or gender identity, governmental resource allocation for this group is directly affected^{19,31,33}. This structural discrimination results in a lack of health equity for marginalised groups such as the TGD population^{3,14}.

Barriers to equitable health remain prevalent throughout the lifespan of people in many marginalised populations⁴. The foundation of patient engagement is trust³⁴; therefore, the TGD patient may not engage if trust is damaged by discrimination from health

care providers⁹ with limited understanding^{5,35}. The TGD surgical patient is known to be at greater risk of complications and post-surgery death than their cisgender counterparts due to the social determinants that frame their ongoing health care problems^{11,14}. TGD individuals are twice as likely to delay connecting with health care than their cisgender counterparts (30% versus 17%)³⁶, and this delay has resulted in chronic levels of psychosocial stress, mental health issues and emergency presentations^{6,19,33}.

Sadly, suicide has been attempted by 40 per cent of the TGD population¹⁴. Drug use has become normalised in the TGD community to cope with the chronic stress^{11,14}, and illicit sexual behaviour has often been employed as a means to survive¹⁴. These and other complications of the TGD population become a prescient pressure for the health system^{11,37}. As the health sector moves towards improving outcomes for marginalised groups, gender appropriate nursing care will be pivotal to the success of patient-centred care of a higher standard¹⁴.

The self-aware nurse

Research has shown that, unfortunately, nurses have bias levels comparable to the general public³⁸ and this may result in a lack of compassion³⁸. Explicit bias has been found among nurses when caring for elderly³⁹, obese³⁸, LGBTIQA+⁴⁰ and mentally ill patients⁴¹. A nurse's critical thinking can be compromised by biased processes^{5,42}, which continue the power imbalance³ and maintain the passivity of the TGD patient⁴³. This negative approach reduces trust^{12,33} and may manifest as a lack of engagement by TGD patients in their ongoing health care¹². Through self-awareness and maturity of practice,

nurses can provide non-judgemental care^{17,20}.

One's sense of self is based on belonging to a social group or place⁴⁴ and is built upon in childhood to understand family and have a wariness of others²⁰. Acknowledging one's sense of self⁴⁵ may enable nurses to provide impartial care by counteracting biases, destructive stereotyping¹² and microaggressions⁶ that diminish the TGD patient^{27,38}. Self-awareness enables a nurse to practise not only with empathy and sensitivity⁴⁶ but also to combat automated responses⁴⁷. Automated civilised responses⁴⁵ can be based on explicit or implicit bias, societal influences, experiences or wilful ignorance^{33,48} and may directly impact the safety of the perioperative environment for the TGD patient^{27,38,47,48}. The self-aware nurse accepts the diversity of patients and calibrates the care to optimise the TGD patient's outcome⁴⁶.

Through a self-reflective lens²², nurses can acknowledge the sense of self and use mindful strategies to diminish personal emotions that may adversely affect the therapeutic relationship²⁰. One strategy that encourages reflection and may improve the nurse–TGD patient relationship is the 'STOP' technique⁴⁹. This mindfulness technique involves four steps – Stop what you're doing, Take some deep breathes, Observe thoughts, emotions and body feelings and position, Proceed with something supportive⁴⁹. Practising mindfulness can help nurses provide culturally appropriate, ethical and compassionate care for TGD patients²⁰.

In addition to self-awareness, culturally appropriate care for TGD patients also requires knowledge of the health issues and the social determinants, such as homelessness, mental health issues, drug use and

violence^{11,12,17,36}, that impact the TGD population. This combination of self-awareness and knowledge about the TGD population results in holistic care, which may optimise health outcomes for TGD patients^{22,27,50}.

Some health advisories endorse mindful strategies to engage the nurse consciously²⁰, while others recommend focusing on the individual instead of the cohort⁵¹. Regardless, nurses remain exposed to many pressures, such as colleague conflict when advocating for the patient¹⁸, inadequate staffing levels²⁰ and finite engagement time^{12,18}. All these may affect nurses' ability to achieve self-awareness¹² and without regular training such pressures increase the risk of automated practice returning^{11,12,18}. Training in and practise of strategies to cope with such pressures can facilitate understanding another's viewpoint, allow one to see from the other's perspective and provide insight^{6,33}.

Gender-affirming care

Culturally appropriate care strengthens the relationship between the nurse and the TGD patient^{10,12,52}. Gender-affirming care validates the TGD patient through inclusive language^{9,10,19,33} and involves cultural humility and patient advocacy.

TGD patients require gender validation⁵³; therefore, to create a positive nurse–TGD patient relationship, the nurse must see the patient as the patient sees themselves^{9,19}. The nurse being genuine, allows the TGD patient to trust and the nurse to care holistically^{3,4}. A critical component of inclusive care is for carers to communicate the TGD patient's gender identity, name and pronouns at each handover of care to ensure continuity of the gender-affirming care^{5,10}.

Maintaining the safety and privacy of TGD patients requires conscious practice by nurses, for example, remembering to use the patient's preferred pronouns and not using societal norms such as 'mister' or 'missus' when they were not provided by the patient¹⁹. Nurses should establish an inclusive tone for the nurse–patient relationship on initial contact by introducing themselves with their name and pronouns to highlight the culture and safety of the engagement³³. For example, 'Hello, my name is Jane, she/her'. This is an ethical and respectful approach that may help to enlist the TGD patient as an active participant in the relationship^{54,55}.

While patient safety has previously focused on clinical consequences⁵⁶, psychological safety is also important for TGD patients, and nurses adopting an attitude of cultural humility¹⁰ and providing gender validation protects TGD patients' privacy and sense of self during their time in the operating suite^{19,37}. Avoiding assumptions is also important; for example, where a TGD patient would feel most comfortable recovering after surgery must be discussed with them before the surgery, as isolating the TGD patient in recovery can be considered discriminatory³⁶.

Just as gender validation and cultural humility is needed, so too is advocacy, and this is more readily accepted when a culture of consideration exists¹⁸. When advocating for TGD patients, perioperative nurses must aim for optimal health outcomes while limiting anxiety caused by a lack of culturally sensitive care⁴⁴. Privacy must also be considered part of this culturally sensitive care¹⁰, and limiting the number of staff to the core requirements for surgery and recovery is desirable¹⁹. Further,

advocacy may include allowing a support person to be present during investigations¹⁹, or appreciating the TGD patient's right to decline investigations³³. Caring for the TGD patient may involve removing items, such as chest binding, immediately before induction and replacing them appropriately to diminish the patient's anxiety upon waking in recovery⁹.

Though individual nurses can promote an inclusive environment¹¹, the health of the TGD cohort can only be improved through a unified approach that has support from management including formalised education and regular training^{4,17}. Simulation training within health care is a supportive and hands-on environment where skills needed to care for the TGD patient can be practised¹⁷.

Two TGD simulations in the literature highlighted positive outcomes. A study by Altmiller et al.¹⁷, focused on nursing students, found that more senior nursing students (third-year students) assimilated a greater level of knowledge. The researchers identified this as the professional maturity needed for TGD care¹⁷. The other study, by Lund et al.³⁶ concentrated on the anaesthetic team and was a voluntary learning session attended by a sample size of 37 within a large facility of 51 theatres. Busy surgical lists were cited as a barrier to attendance³⁶. Both simulations demonstrated a significant increase in understanding of the social issues affecting the TGD population and improved humility when caring for TGD patients^{17,36}.

Notwithstanding formalised education, the perioperative nurse must remain knowledgeable about appropriate care of TGD patients to optimise surgical outcomes as a collaborative team member^{3,12,33}.

Ultimately, safe care places the TGD patient at the centre of their care^{3,4,13,57}. Many perioperative nurses have limited exposure to TGD patients currently⁶ and these studies highlight the significance of initial and ongoing education across disciplines to facilitate optimal care of TGD perioperative patients^{3,4,13,17,20,36}.

Conclusion

This discussion paper has provided some vital information about the TGD population to aid perioperative nurses understanding of this marginalised group. The health disparities experienced by the TGD community have been contextualised to inform the need for culturally appropriate care to improve the health outcomes of this demographic. With greater understanding, perioperative nurses' ability to provide advocacy for these patients may also be enhanced.

Perioperative nurses who are unaware of how care can be affected by explicit or implicit bias may inadvertently employ transphobic stereotyping behaviours or act with microaggressions. In contrast, self-awareness may enable a perioperative nurse to practise with greater empathy and sensitivity, while always trying to overcome what may be automated responses of the past. By employing self-awareness, understanding gender-affirming care and undertaking further education, perioperative nurses can engage the patient to better support them during the surgical journey.

As there is a paucity of research into perioperative care of TGD patients, this discussion paper recommends that further research be conducted to provide evidence on best practice outcomes for this important group of patients.

Declaration of conflicting interests

The authors have declared no competing interests with respect to the research, authorship and publication of this article.

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