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Care of LGBTQ older adults: What geriatric nurses must know

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ABSTRACT

Geriatric nurses have a responsibility to promote the health of all older adults. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults are particularly vulnerable to poor health outcomes and are less likely to seek healthcare due to fear of discrimination. Despite elevated risk LGBTQ older adults are often ignored within geriatric nursing as there is little evidence to inform care. To adequately care for LGBTQ patients geriatric nurses should recognize the effects of bias, appreciate the importance of terminology, understand diversity within the LGBTQ community, advocate for the inclusion of sexual orientation and gender identity in admission assessments, share best practices, and advocate for increased visibility. Caring for this population may be challenging, as it will require geriatric nurses to expand their knowledge of LGBTQ health, explore their own biases, and challenge institutional norms. However, through coordinated efforts geriatric nurses can work toward improving care for LGBTQ older adults.

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Geriatric nurses care for an increasingly diverse population of older adults. Provision 9 of the Code of Ethics for Nurses calls for the profession to “integrate principles of social justice into nursing and health policy.”¹ Despite our profession’s commitment to promoting health equity for all, the health needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals are often ignored in nursing, and even more so within geriatric nursing.² To provide culturally sensitive care to this vulnerable group, it is imperative for geriatric nurses to understand the unique care needs of LGBTQ older adults and implement strategies to create age-friendly health systems that promote the health of all older adults.

There are approximately 1.75–4 million LGBTQ older adults in the United States and, with the aging of the Baby Boomers, this number is expected to double by 2030.^{3,4} In 2011, the National Academy of Medicine asserted that social factors (including discrimination, reduced healthcare utilization, and healthcare providers lack of adequate knowledge of LGBTQ health) contribute to negative health outcomes in LGBTQ populations.⁵ These disparities appear to persist into old age with LGBTQ older adults reporting higher rates of depression, physical disability, financial barriers to healthcare, and social isolation.^{6–10} Approximately one-fifth of LGBTQ older adults do not disclose their sexual orientation and/or gender identity to healthcare providers because of fear of receiving inadequate care.¹¹ Nurses, in particular, report little knowledge of LGBTQ health issues and many hold negative attitudes that can impact their care of LGBTQ persons.¹²

As geriatric nurses we must examine our own biases, increase our knowledge of LGBTQ health, and promote inclusive care environments for LGBTQ older adults. As the largest healthcare profession, nurses should play an important role in addressing the needs of LGBTQ older adults. There are a number of strategies that can be implemented across care settings (such as long-term care, acute care, primary care) to promote age-friendly health systems inclusive of LGBTQ persons. Geriatric nurses should:

- *Recognize how bias impacts health and healthcare.* Many LGBTQ older adults report experiencing discrimination throughout their lifetime,¹¹ which has been associated with higher rates of substance use,^{13,14} depression,¹⁵ and cardiovascular disease¹⁶ in this community. Assessment of experiences of discrimination can help identify patients most at risk for these health conditions and facilitate discussions about other social factors (such as victimization and social isolation) that impact the health of LGBTQ older adults. In addition, we all have biases that can impair our ability to care for certain patients. When caring for LGBTQ older adults it is important to recognize these biases and how they might interfere with providing care for this population. Fear of discrimination from health providers can prevent LGBTQ patients from sharing relevant health information, which limits their quality of care. It is therefore important for geriatric nurses to acknowledge how discrimination can both increase risk for certain health conditions and impair communication when working with LGBTQ older adults. A good first step to address these issues is to learn about LGBTQ aging issues. *The National Resource Center on LGBT*

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Aging (<https://www.lgbtagingcenter.org/>) is one of many resources that can help geriatric nurses learn about the concerns of LGBTQ older adults, such as caregiving among LGBTQ older adults and the need for LGBTQ welcoming environments.

- *Appreciate the importance of terminology.* Terminology provides a basis for effective communication and building trust with LGBTQ patients. Sexual orientation and gender identity are two separate concepts. Sexual orientation refers to an individual's sexual identity, behavior, or attraction. Gender identity refers to a person's perception of their gender. This may or may not reflect their sex assigned at birth. Transgender individuals include those whose sex assigned at birth does not match their gender identity, such as an individual who is born male but identifies as female or vice versa. There are many more terms related to LGBTQ health. Although this may seem daunting for those with little experience in this area, I encourage geriatric nurses to simply ask patients why they prefer using one term versus another.
- *Understand LGBTQ older adults are not homogeneous.* Sexual orientation and gender identity are just two aspects of an LGBTQ person's identity and experience. The needs of LGBTQ older adults might differ across race/ethnicity, religion, cultural beliefs, and other aspects of their identity. Even within the LGBTQ population the health needs of transgender men, for instance, differ greatly from those of other groups within the LGBTQ community. These are important to consider when developing care plans that are tailored to an older adult's unique needs.
- *Advocate for the inclusion of sexual orientation and gender identity in nursing admission assessments at your institution.* Patients are generally accepting of answering questions about their sexual orientation and gender identity as part of their routine care.^{17,18} This information might open discussions about life experiences, home environment, caregiving needs, etc. all of which are crucial for a holistic assessment of an older adult. An important consideration is that LGBTQ older adults may often rely on friends or former romantic partners over their biological families (such as parents, siblings, and children) for caregiving. Inclusion of sexual orientation and gender identity in admission assessments, at minimum, requires healthcare institutions to provide training for direct care nurses and other providers to better understand the importance of assessing these in a non-judgmental and caring manner. Assessing sexual orientation and gender identity during an initial encounter may reduce LGBTQ older adults' fears of disclosing these stigmatized identities to healthcare providers, build trust, and increase their comfort in seeking care. It is important to acknowledge that some patients might choose to decline answering these questions. Others may ask how this information is relevant to their care. It is important for geriatric nurses to be able to discuss how assessment of sexual orientation and gender identity may impact an older adult's healthcare.
- *Not assume an older adult's sexual orientation and/or gender identity.* This is particularly important since for many transgender patients their identification and insurance documents may not reflect their current name and gender identity. You should ask what name and gender pronoun to use when addressing them. The inclusion of preferred name and gender pronouns in nursing admission assessments may decrease this concern for transgender older adults.
- *Share best practices.* There is a considerable gap in knowledge regarding evidence-based nursing care of LGBTQ older adults. Health systems that have developed effective practices for providing LGBTQ health training to staff or caring for LGBTQ older adults should share their experiences widely. Geriatric nurses that have been involved in successful LGBTQ initiatives at their home institutions should share these with colleagues through dissemination at professional meetings (such as NICHE and the Gay and Lesbian Medical Association) and publications.
- *Advocate for increased visibility of LGBTQ populations.* This might include calling for an LGBTQ champion to be added to a

committee for improving the care of older adults at your institution or adding the care of LGBTQ persons as part of diversity and inclusion initiatives.

I encourage geriatric nurses to actively participate in the growing number of local and national initiatives to improve the care of LGBTQ populations and which often overlook older adults. We have a responsibility to ensure all older adults receive person-centered holistic care. Given the growing number of LGBTQ older adults it is essential for geriatric nurses to strengthen our capacity to care for this vulnerable group of patients. This will be challenging for many geriatric nurses as it entails expanding our knowledge of LGBTQ health, exploring our own biases, engaging in often difficult conversations with colleagues, and challenging institutional norms that impede open communication between LGBTQ older adults and healthcare providers. Geriatric nursing's long history of advocating for vulnerable older adults makes me hopeful that, through coordinated and thoughtful efforts, we can improve care and promote trust among LGBTQ older adults.

References

1. American Nurses Association. *Code of ethics for nurses with interpretive statements*. MD: Silver Spring; 2015. <https://homecaremissouri.org/mahc/documents/CodeofEthicswInterpretiveStatements20141.pdf>.
2. Cloyes KG. The silence of our science: nNursing research on LGBT older adult health. *Res Gerontol Nurs*. 2015;1–14. <https://doi.org/10.3928/19404921-20151218-02>.
3. Fredriksen-Goldsen KI, Kim H-J, Shiu C, Goldsen J, Emler CA. Successful aging among LGBT older adults: physical and mental health-related quality of life by age group. *Gerontologist*. 2015;55(1):154–168. <https://doi.org/10.1093/geront/gnu081>.
4. Administration for Community Living. Diversity and cultural competency. 2019. <https://acl.gov/programs/strengthening-aging-and-disability-networks/diversity-and-cultural-competency>. Accessed March 21, 2019.
5. Institute of Medicine. *The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding*. Washington D.C.: National Academies Press; 2011.
6. Fredriksen-Goldsen KI, Kim H-J, Barkan SE, Muraco A, Hoy-Ellis CP. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. *Am J Public Health*. 2013;103(10):1802–1809. <https://doi.org/10.2105/AJPH.2012.301110>.
7. Hiedemann B, Brodoff L. Increased risks of needing long-term care among older adults living with same-sex partners. *Am J Public Health*. 2013;103(8):27–33. <https://doi.org/10.2105/AJPH.2013.301393>.
8. Henning-Smith C, Gonzales G, Shippee TP. Differences by sexual orientation in expectations about future long-term care needs among adults 40 to 65 years old. *Am J Public Health*. 2015;105(11):2359–2365. <https://doi.org/10.2105/AJPH.2015.302781>.
9. Fredriksen-Goldsen KI, Emler CA, Kim H-J, et al. The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: the role of key health indicators and risk and protective factors. *Gerontologist*. 2013;53(4):664–675. <https://doi.org/10.1093/geront/gns123>.
10. Fredriksen-Goldsen KI, Kim H-J, Shui C, Bryan AEB. Chronic health conditions and key health indicators among lesbian, gay, and bisexual older US adults, 2013–2014. *Am J Public Health*. 2017;107(8):1332–1338. <https://doi.org/10.2105/AJPH.2017.303922>.
11. Fredriksen-Goldsen K, Kim H, Emler C. *The aging and health report*. 2011. http://www.diverseelders.org/wp-content/uploads/2012/07/aging_and_healthreport_disparities_LGBT1.pdf.
12. Dorsen C. An integrative review of nurse attitudes towards lesbian, gay, bisexual, and transgender patients. *Can J Nurs Res*. 2012;44(3):18–43.
13. McCabe SE, Bostwick WB, Hughes TL, West BT, Boyd CJ. The relationship between discrimination and substance use disorders among lesbian, gay, and bisexual adults in the United States. *Am J Public Health*. 2010;100(10):1946–1952. <https://doi.org/10.2105/AJPH.2009.163147>.
14. McCabe SE, Hughes TL, Matthews AK, et al. Sexual orientation discrimination and tobacco use disparities in the United States. *Nicotine Tob Res*. 2017;00(00):1–9. <https://doi.org/10.1093/ntr/ntx283>.
15. Logie CH, Lacombe-Duncan A, Poteat T, Wagner AC. Syndemic factors mediate the relationship between sexual stigma and depression among sexual minority women and gender minorities. *Women's Heal issues*. 2017;27(5):592–599. <https://doi.org/10.1016/j.whi.2017.05.003>.
16. Caceres BA, Brody A, Luscombe RE, et al. A systematic review of cardiovascular disease in sexual minorities. *Am J Public Health*. 2017;107(4):e13–e21. <https://doi.org/10.2105/AJPH.2016.303630>.
17. Cahill S, Singal R, Grasso C, et al. Do ask, do tell: high levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PLoS One*. 2014;9(9):e107104. <https://doi.org/10.1371/journal.pone.0107104>.
18. Cahill S, Makadon H. Sexual orientation and gender identity data collection in clinical settings and in electronic health records. *LGBT Heal*. 2014;1(1):34–41. <https://doi.org/10.1089/lgbt.2013.0001>.