

# Health of Lesbian, Gay, Bisexual, Transgender, and Questioning Individuals

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**THE HEALTH OF ALL PATIENTS** remains the central aim of nursing care. Perianesthesia nurses hold a unique space with patients when they are most vulnerable. Hence, by honoring the long-standing tradition of caring for individuals, regardless of their respective identities, nursing can lead the way in promoting the health of lesbian, gay, bisexual, transgender, and questioning persons. Although growing, research on evidence-based practice for the lesbian, gay, bisexual, transgender, and questioning population is limited. Authored by a pediatric psychiatrist, the following article presents the “state of the knowledge” in addressing health issues faced by nonconforming youth.

**Transitional Age Lesbian, Gay, Bisexual, Transgender, and Questioning Youth: Issues of Diversity, Integrated Identities, and Mental Health.** Rodgers, S.M. *Child and Adolescent Psychiatric Clinics of North America*. 2017;27:297-309. <https://doi.org/10.1016/j.chc.2016.12.011>.

## Background and Purpose

Members of the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth community face higher risks of certain health issues, including depression, addiction, sexually transmitted infections, and suicidal ideation. While we do not fully understand the causal effects, these youth experience greater discrimination, bullying, isolation, and marginalization than non-LGBTQ peers. Moreover, traditional sources of support for youth, such as churches, homes, and schools, may actually

escalate these problems. Lack of affirmation for one’s identity, especially in the developmental period of adolescence, complicates the goal of self-acceptance. The purpose of this study was to review the current literature on LGBTQ health issues for transitional age youth.

## Methodology

Although not explicit, the author included peer-reviewed scholarship with keywords such as sexual orientation, gender identity, lesbian, gay, bisexual, transgender, and questioning. A total of 77 sources were included and ranged from position papers to empirical studies. Dates spanned more than 50 years—1963 to 2016. Rodgers organized the paper as follows:

1. Health and mental health data
2. Sexual behavior and risk
3. Mental health
  - a. Depression and suicide
  - b. Anxiety disorders and posttraumatic stress disorder
  - c. Alcohol and illicit drug use
4. Bullying, victimization, and discrimination
5. Absence of safe havens for some transitional age youth
6. Best practices in supporting transitional age youth
  - a. Safe learning environment
  - b. Inclusive sexuality curriculum in schools
  - c. Informed and supportive parents
  - d. Health care environments
  - e. Gay-straight alliances
7. Future directions

Although the information provides a rich context, the focus for this critique will be on the sections pertaining most directly to nursing care of LGBTQ youth.

## Results

Data reveal sexual minority groups have poorer self-esteem, higher stress, and lower levels of

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general well-being when compared with heterosexual and cisgender individuals. The more one's gender expression differs from traditional masculine and feminine traits, the lower one's mental health seems to be. In addition, stigma worsens life and health for these gender nonconforming youths. According to the Meyer Stress Model, LGBTQ youth face four stressors: (1) discrimination, (2) expected negativity toward homosexuals, (3) concealing sexual orientation, and (4) internalized homonegativity. When discrimination occurs, youth anticipate that negative behavior will be repeated, thus elevating anxiety and stress. The inability to "be oneself" openly requires a constant level of vigilance of self-monitoring. Finally, societal rejection—or lack of affirmation—of LGBTQ persons may steer them toward a sense of self-worthlessness.

In terms of sexual health, studies show that lesbian, gay, and bisexual youth experience more dating violence, including rape. In addition, LGBTQ school-age youth tend to take greater sexual risks. Homelessness, a critical problem for transgender youth, may inform these choices and experiences.

Depression and suicide plague the LGBTQ youth population. Rates of depression, suicide, and suicide attempts are drastically higher overall in this community. However, in the absence of teasing (a form of bullying), depression and suicide were low. All students—regardless of sexual orientation or gender identity—reveal the lowest levels of depression, suicidal ideations, drug use, and school absences when antibullying campaigns include support for LGBTQ students. In other words, affirmation and inclusion saves lives.

Where are the safe havens? Typical places of respite—the family, school community, places of worship—provide protection for many. LGBTQ youth, however, may face rejection, judgment, and abuse in these same locations. Like antibullying campaigns in schools, environments that prohibit discrimination and offer refuge correlate with healthier, happier youth.

Parents, teachers, and religious and spiritual leaders play an important role in psychosocial development of all adolescents. With LGBTQ youth, adult actions in these settings seem to

impact the odds of youth survival. Research is needed to better understand the protective forces at play and target behaviors willing adults can adopt to foster LGBTQ well-being.

Health care environments hold responsibility to support and affirm the LGBTQ community. Toward that end, health care providers require knowledge of their unique health needs. Communication is fundamental and begins with accurate information regarding the spectrums of sexuality and gender. Furthermore, recognizing nonconforming identities during health assessment and documentation is a rudimentary step toward education, openness, and support for some of our most vulnerable individuals.

### *Conclusions*

LGBTQ youth face higher risks of health disparities, particularly in regard to mental and sexual health. The good news is we are beginning to better understand the environments and behaviors that affect these risks. When youth feel safe and supported to develop into their own unique identities, they thrive. Health systems and care providers can play a key role in ensuring LGBTQ persons receive the individualized help everyone deserves.

### **Perianesthesia Nursing Implications**

Better than most, nurses recognize sexuality and gender as both distinctive and common. After all, each of us has a gender identity. We appreciate intersectionality (interconnected nature of race, class, and gender) and respect all persons, indiscriminately. Nursing's tradition allows for nothing less than meeting people where they are and attending to the whole individual.

Perianesthesia nurses welcome patients who are often afraid; our patients face tests, surgery, pain, loss of control, and the unknown. For usually a short period, we are the patient's voice—their advocate. Consider the limited coping skills of most adolescents. Developmentally, these emerging young adults seek independence but lack life experiences and mature frontal lobes. Like it or not, they depend on adults and authorities to protect them during these years of rapid change.

We know that LGBTQ youth face distinct, often invisible challenges. What a privilege we have as perianesthesia nurses to put these vulnerable individuals at ease. Something as simple as asking about sexual orientation, gender identity, and appropriate names and pronouns can go a long way in establishing trust. What is legally reported on the patient's health record may conflict with his, her, or their preferences. But, how do we ask those questions? Like everything else, with compassion and respect.

As more individuals identify as LGBTQ and more schools and health systems develop curricula to include LGBTQ issues, we will all become more comfortable with what may seem unfamiliar now. The American Nurses Association addressed the "need for nurses in all roles and settings to

provide culturally congruent, competent, sensitive, safe, inclusive, and ethical care to members of LGBTQ+ populations, as well as to be informed and educated about the provision of culturally-competent care."<sup>1</sup> A challenge for us as perianesthesia nurses is to first talk about these important questions. While some (declining) segments of society may pretend LGBTQ folks do not exist, as nurses we do not have that option. Explore cultural competency training inclusive of gender identity discussions. Continue to learn! Ensure that your workplace has a nondiscrimination policy to protect LGBTQ patients and employees. Most importantly, do a self-assessment of values and biases. Recognizing our own biases—unconscious and otherwise—is the first step in treating all our patients the way we would want them to be treated.

## References

1. American Nurses Association. *Nursing advocacy for LGBTQ+ populations: A position statement written by the ANA Center for Ethics and Human Rights*. 2018.

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