Position Statement 16
American Society of PeriAnesthesia Nurses

A Position Statement on Gender Diversity

"Common definitions include, but are not limited to the following:"

Gender: Describes a person who identifies as having no gender.

Bigender: Describes a person whose gender identity is a combination of two genders.

Cisgender: A person whose gender identity and assigned sex at birth match.

Gender dysphoria: Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth.

Gender expression: The way a person acts, dresses, speaks, and behaves. Gender expression does not have to match assigned sex at birth or gender identity.

Gender identity: A person’s internal sense of being a man/male, woman/female, both, neither, or another gender.

Sex assigned at birth: The sex (male or female) given to a child at birth. Most often, this is based on the child’s external anatomy.

Transgender: Describes a person whose gender identity and assigned sex at birth do not match. Also used to include gender identities outside of male and female.

Transsexual: Sometimes used in medical literature or by some transgender people to describe those who have transitioned through medical interventions. Avoid using this term to describe transgender people unless they identify themselves as such, as it is largely outdated.

The American Society of PeriAnesthesia Nurses (ASPN) advocates for an environment of safety in which perianesthesia registered nurses deliver quality care to each unique population undergoing anesthesia and for surgery or procedures. Foremost, perianesthesia registered nurses have the responsibility of recognizing the uniqueness of lesbian, gay, bisexual, and transgender (LGBT) individuals. Many individuals from these populations have unique and distinct identities, cultural and psychosocial values, and healthcare vulnerabilities and needs that should be acknowledged by perianesthesia nurses.

Background

According to statistics announced by a Gallup poll, approximately 3.4 percent of American adults self-identified as being LGBT in 2012. That number has increased to 4.1% in 2016. This translates to an estimated 10 million LGBT Americans, with millennials most likely to identify themselves as LGBT. With increased awareness of LGBT presence in the community and greater acceptance of this community, the number is expected to double in the next decade.

Individuals from the LGBT community have distinct healthcare needs and face well-documented healthcare disparities. There are large numbers of LGBT people in the United States and around the world who struggle daily in the face of stigma and discrimination. LGBT persons have been associated with higher rates of psychiatric disorders, substance abuse, and suicide.

Many LGBT individuals avoid care for preventable and life-threatening conditions due to fear and experiences of discriminatory treatment. Transgender individuals face many barriers to receiving quality care. LGBT patients are consequently deprived of healthcare privileges and rights stemming from refusals of care, delayed or substandard care, mistreatment, inequitable policies and practices, little or no inclusion in health outreach or education, and inappropriate restrictions or limits on visitation. As a result, patients either seek treatment that can be harmful, not regulated, or detrimental to their health, or avoid managing their health condition rather than be subjected to shame and embarrassment. This leads to poor quality care and outcomes.

Healthcare professionals are currently challenged in addressing physical, mental, and social concerns of the LGBT patients. School curriculums provide minimal education on developing effective communication skills and in caring for the LGBT population. Lack of discussions between clinicians and administration contributes to inadequate policies in addressing LGBT care.
Position

ASPAN’s goal is to improve the health, safety, and well-being of LGBT individuals through:

- Assessing health and economic disparities in the LGBT community and understanding the prevalence of anti-LGBT discrimination
- Creating a transgender-friendly office/center environment for patients and staff with available resources
- Complying with regulatory and authoritative agencies (e.g., The Joint Commission, National Academy of Medicine | formerly the Institute of Medicine], Centers for Medicare and Medicaid Services) to prohibit discrimination based on factors including sexual orientation and gender identity or expression
- Complying with Department of Health and Human Services rules that require sexual orientation and gender identity data be collected in the electronic health record
- Offering gender-neutral facilities when possible
- Developing and administering periodic mandatory training on transgender identity and health within the institution or organization
- Encouraging and maintaining a safe workplace culture through enhanced communication skills
- Supporting an environment of accountability and cultural sensitivity
- Collecting feedback from LGBT patients and families and the surrounding LGBT community for process improvements

Expected Outcomes

ASPAN advocates the promotion of holistic, inclusive, and comprehensive care to all patients regardless of gender-related differences. Increasing awareness through education promotes understanding and encourages development of knowledge and skills that accommodates the needs of the LGBT population.

Approval of Statement

This statement was reviewed by the ASPAN Board of Directors on April 28, 2018, in Anaheim, California, and approved by a vote of the ASPAN Representative Assembly on April 29, 2018, in Anaheim, CA.

REFERENCES


**BIBLIOGRAPHY**

Biederman DJ, Hines D. Barriers to care for transgender people: a conversation with Dana Hines, PhD, MSN, RN. *Great Nurr.* 2016;22(2):128-134.

