CULTURAL HUMILITY: LGBTQ
STORIES OF TRANSITION ON EACH SIDE OF NURSING
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PRACTICING WITH RESPECT:
STORY OF LEE

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GENDER TRANSITION: ONE NURSE’S STORY

4
PRESIDENT’S NOTES
How Strong is Your Link?

5
TNA MEMBER NEWS
Kudos, Elections & Appointments

12
2017 POLICY POSITIONS
A Review of Issues Most Important to Texas Nurses

15
SO YOU WANT TO BE AN APPROVED PROVIDER?
Know the Process

16
TNA-APPROVED CNE PROVIDERS
A Complete List

17
LET’S GET CONNECTED
TNA’s New Online Member Community

18
2017 NURSE DAY AT THE CAPITOL
Make Your Voice Heard

20
A UNIFIED VOICE TO ADVANCE NURSING
The APRN Alliance

21
MARK YOUR CALENDARS
Important 2017 Dates

24
TNA DISTRICT LEADERS CONVENE
2016 Fall Forum
THE LESBIAN, GAY, BISEXUAL, transgender, and queer or questioning (LGBTQ) community makes up an estimated 5 to 10 percent of the US population (Institute of Medicine [IOM], 2011). The LGBTQ community is as diverse as the nation as whole. They experience the same prevalence of health concerns as the general population and are at increased risk from disparities in some conditions and may experience stigma, insensitivity, and lack of knowledge of their unique needs. By 2050 it is estimated that 1 in 13 elders will identify as LGBTQ.

The importance of respectful communication for all patients cannot be overemphasized. The purpose of this article is to increase nurse awareness of LGBTQ issues and describe resources available to nurses for use in everyday practice. An improved understanding of the unique needs of LGBTQ individuals will allow nurses to provide person-centered, culturally-sensitive care.

In June 2016 the ANA membership assembly held a dialogue forum on LGBTQ issues. One of the speakers, a nurse, shared for the first time his moving story of being in the hospital when his partner experienced a serious health crisis. They were private people, and he described the emotional intensity of the situation that was complicated by having to come out in public for the first time in a hospital waiting room filled with strangers when the nurse called out “Is Mr. Smith’s wife here?” This was one of many powerful stories shared during that session. Clearly, there is a lot we can do to preserve the dignity of all persons including the LGBTQ community.

Cultural competency focuses on the goal of providing quality care to diverse populations. The pursuit of cultural competence is often based on well-meaning attempts to learn about the basic characteristics of groups — especially health-related norms and customs — the nurse is likely to encounter in practice. In contrast, cultural humility is a personal commitment to a life-long process of learning and self-reflection to explore biases and assumptions. Cultural humility involves relinquishing the role of “expert” and seeking to understand the other’s perspective. In this way we can honor individual differences and engage the person as a full partner in a therapeutic relationship.

Healthcare providers’ perception of “otherness” is at the heart of stigmatization and discrimination, a likely contributor to health disparities in the LGBTQ population. LGBTQ youth have more than 3 times the rate of suicide as their peers. Adults are less likely to have a regular source of healthcare and have recommended cancer screenings than their non-LGBTQ counterparts.

Discrimination is especially prevalent in the transgender community. According to data from the 2014 Behavioral Risk Factor Surveillance System (BRFSS), approximately 0.6% of the US population, about 1.4 million people, identifies as transgender. A survey of 6,436 persons who identified as transgender revealed that 1 in 5 had been refused care because of their transgender status. Over 50% reported postponing medically necessary care for financial reasons or because of prior discrimination by healthcare providers. Nurses can help alleviate healthcare disparities by us-
ing affirming and inclusive language and developing positive therapeutic relationships. Texas ranks second in the nation in the number of people identifying as transgender, with more than 125,000 individuals.

An important starting place is to recognize the difference between sexual orientation and gender identity:

**Sexual orientation** is a relational concept that encompasses attraction, behavior, and identity and refers to an enduring pattern of or disposition to experience sexual or romantic desires for, and relationships with, people of one’s same sex, the other sex, or both sexes.

**Gender identity** is defined as a person’s inherent sense of being a girl, woman, or female; a boy, a man, or male; a blend of male or female; or an alternative gender.

**Gender expression** is the outward appearance of gender through behavior and appearance.

**Cisgender** is a term used to describe a person whose gender identity is congruent with the sex assigned to them at birth.

**Gender nonconforming** is a broad term that refers to individuals who do not identify with a binary male/female concept of gender, or who do not conform to the common societal expectations of their gender, or whose gender expression does not fit neatly into a category.

These terms reflect the diversity of human experience.

The Diagnostic and Statistical Manual of Mental Disorders (DSM), the diagnostic criteria for psychiatric disorders recognized by the U.S. healthcare system, has been updated over the years to reflect changes in thinking on sexuality and gender identity. Homosexuality was listed as an illness until 1973, and conditions pertaining to homosexuality were not entirely removed from the manual until 1987. The most recent update, published in 2013, removes gender identity disorder and replaces it with gender dysphoria. This replaces it with gender dysphoria. This

### PRACTICING WITH RESPECT: STORY OF LEE

A SMART AND ENERGETIC YOUNG MAN, 17-year-old Lee attends high school in Central Texas, enjoys singing in the choir, and is passionate about filmmaking. And, Lee was born female.

Approximately 1.4 million Americans identify as transgender, an umbrella term for individuals whose gender identity/expression differs from the gender assigned at birth. In Texas 19,600 individuals between 18 and 24 identify as transgender, but the feelings of gender dysphoria can occur as young as five years of age. Just like not all women or men or children or Texans or nurses or any other subgroup of humans are alike, not all transgender individuals have the same needs, desires, or feelings.

As with many Issues, differences in approach and opinions occur between generations. One characteristic of transgender youth in Lee’s age group is the use of unique personal pronouns. For example, nurses in Texas who work with the Hispanic community may be familiar with the gender-neutral term “latinx.” Lee prefers the gender-neutral pronouns ve, vis, vim.

Lee recently had a double mastectomy, also known as “top surgery.” An orchietomy is referred to as a “bottom surgery” which has an immediate and permanent effect on testosterone levels. These surgeries represent transitions in the deepest sense of the word; they are major life-changing experiences that will forever mark the start of a new life.

For the remainder of this article, Lee’s preferred pronouns ve, vis, vim will be used.

ONE SIZE DOES NOT FIT ALL

Lee was 15 when ve became clear that ve did not identify as female, the gender assigned vim at birth. A child of the Internet, Lee read everything ve could find about what ve was feeling. It was comforting to discover that options were available and that Lee was not alone.

A common misconception is that transitioning — permanently bringing into alignment the gender a person is assigned at birth with the gender a person identifies with — involves one surgery. Transitioning is a complex process that occurs over time. Depending on the individual’s preference, age, ability to pay, and reproductive plans, an individual may have none or one or more surgeries.

One of the primary factors in determining which surgeries are appropriate and when they should occur is the individual’s plan for having children. A transgender male (born female transitioning to male) who does not want to give birth to children may choose to have a full hysterectomy at the beginning of his transition. But for someone who isn’t certain about having children, they may want to wait.

Most, but not all, transgender individuals utilize hormones. At this point, Lee chose not to. “For me, it was more urgent to get the top surgery,” said Lee. “I’m happy with the choices I’ve made.”

After Lee’s surgery, ve mother said, “Lee looks like ve’s supposed to look.” What better compliment can come from a mom?

EACH PATIENT IS UNIQUE

When asked what nurses could do to improve the care ve received, Lee emphatically said, “Ask what name

continued on page 23
GENDER TRANSITION: ONE NURSE’S STORY

By Ellen Martin, PhD, RN, TNA Director of Practice

GENDER TRANSITIONS involve navigating the fragmented healthcare and legal systems. Given that 0.6% of the population is transgender it follows that about 1,700 of the 284,000 nurses in Texas are transgender. We recently had the opportunity to visit with one nurse who shared her story.

She (her preferred pronoun) began her transition two years ago, and overall her experience was mostly positive. Well-supported by her family, her co-workers, and her boss, she started with six to eight months of hormone therapy. The World Professional Association for Transgender Health (WPATH) has practice guidelines and protocols for hormone treatments. Making healthcare decisions, such as whether or when to have surgery, are deeply personal.

Legal issues add a level of complexity. Changing one’s name is fairly easy. Changing one’s gender marker is a more complicated process that involves changing the gender on a government document such as a passport then obtaining a court order to amend the birth certificate. The decision on when to change legal documents is also individual. In this case, she wanted to have an updated driver’s license prior to taking a long road trip. Having a different appearance than the gender noted on the driver’s license can be an issue of personal safety. Things can get even more complicated when the individual is a licensed professional.

Updating one’s nursing license is a straightforward procedure. Nurses have 10 days to change their name with the Board of Nursing. The nurse provides the Texas Board of Nursing with the supporting court documents to update the license record to reflect the new name and gender marker. As a case manager with a caseload of long-term clients, she and her employer had planned to notify patients over time after her transition was complete.

In an effort to make sure all the “i’s were dotted and t’s were crossed” she spoke with a BON staff member about her situation and shared the plan. The staff member she spoke with insisted that all her patients must be informed within 30 days, emphasizing that the nurse’s practice is built on trust. The nurse tried to explain that patients don’t have the right to know about a nurse’s personal life such as a name change from a divorce. In addition, gender transitions may take longer than 30 days depending on hormonal effects, and it is difficult (if not impossible) to perfectly time changes in personal appearance with the legal name change and license change.

Despite the nurse’s efforts, the BON staff member stood by the opinion, stating that this change was different because of the physical change in appearance, citing the “patient’s right to know.” The staff member emphasized the potential consequences of actions against a licensee if the name on the name badge did not match the nurse’s legal name on file. While the information from the staff member was appreciated, it was disheartening that the staff member interjected her personal opinions into the situation. Not wanting to make the situation worse, the nurse did not further question the staff member or ask to speak to a supervisor.

There are no provisions in the Nurse Practice Act or board rules requiring transgender nurses to notify clients. Kristin Benton, MSN, RN, Director of Nursing at the BON emphasized that the BON expects staff to treat everyone with respect and encourages nurses who do not feel they are getting accurate or complete information to speak to a supervisor.

To protect her license, the nurse spoke to her employer, and they agreed that the safest plan was to push up the notification plan. This short notification window put an unexpected burden on the nurse’s workload and affected her employer and coworkers. It was an awkward situation not only because it is deeply personal but because the plan had been to notify clients after her transition was complete, not before. She was able to notify over 140 clients within 30 days and most were very supportive. Only a handful responded that they were “too old-fashioned” or felt uncomfortable and asked to change case managers. However, this rapid time frame also created a boundary issue for patients who expressed support of her transition and were curious “how the transition was going.” This was the reason why they had originally planned to wait to notify patients.

Because nursing encounters are supposed to be about the patients and not the nurse, she ultimately decided to transfer to a new role.

Reflecting on her experience, the nurse noted that this a good time to be transgender with increased visibility and advocacy. She is also working to

continued on page 23
and pronouns I used."

While Lee’s surgeon and nursing staff were quite competent, they repeatedly called vim by the wrong pronoun and by the name given to vim at birth, which vim no longer uses and does not identify with. For many transgender individuals, being called by the name associated with the gender assigned to them at birth is very hurtful.

Consider, a 17-year-old undergoes a double mastectomy, and the worst part of the experience is that the nursing staff did not use the preferred name and pronouns. This highlights the importance of respecting personal gender identity, especially for those who have struggled to bring the gender assigned at birth into agreement with their gender identity. It additionally communicates how something that some might consider "minor" has the ability to thoroughly and negatively impact the patient’s experience.

According to the American Nurses Association (ANA) Code of Ethics for Nurses, Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Most nurses became nurses because they felt called to it and truly care about their patients. And, most nurses are busy and may have numerous patients. In the provision above, ANA asserts that fundamental to the practice of nursing is treating each person as a unique individual. Asking for and honoring a patient’s preferred pronouns and name is one of the most basic ways to follow this provision of the Code of Ethics.

It may seem awkward or intrusive at first. From the patient’s perspective, it’s not, and it communicates respect. And, you may mess up; that’s ok. Just correct yourself, apologize, and move on.

THE SUPREME COURT: INSTRUMENT OF CHANGE

Although significant challenges still occur, transgender individuals attending high school even 10 years ago and certainly 20 or 30 years ago, had a very different experience than those today. While students of the past would likely try to hide their struggle, today, the conversation has moved into the public realm.

At Lee’s school, roughly 10 kids are transgender. While the faculty is somewhat supportive, those students all share a 1-person bathroom to change for gym and use the bathroom. Not an adequate or appropriate solution.

The Supreme Court has recently accepted Gloucester County School Board v. G.G. The result, expected next year, will determine if transgender students have the right to use the bath-
room that corresponds to their gender identity.

The plaintiff, Gavin Grimm, is a 17-year-old transgender teen in Virginia. After he (his preferred pronoun) came out as a transgender male during his freshman year, he was allowed to use the boys’ bathroom until some parents complained. The school then required students to use the bathroom matching the gender assigned them at birth or a one-stall bathroom in the nurse’s office. Grimm sued the school board.

In May, President Barack Obama directed all schools to allow students to use the bathroom that matches their gender identities. The White House asserts that not allowing students to use the bathroom of the gender they identify with violates Title IX, a federal law that protects students from gender discrimination. U.S. District Judge Reed O’Connor later signed an injunction to allow schools to disregard President Obama’s directive.

The Supreme Court is expected to issue their decision next year. The Court’s judgment on the constitutionality of bathroom laws will be a historical marker, and for Lee and thousands of students like vim across the country, will have a significant impact on vis young adulthood.

NURSES CAN LEAD THE WAY
As nurses, you’ve always put your patients first. While remembering to ask about names and pronouns may seem difficult and unnecessary, this one gesture can make a huge difference in the experience of your patient.

As the most trusted profession, nurses are in the unique position of illustrating the impact made by treating all individuals with compassion and respect, and to remind everyone that what may seem small to one person means the world to the next.

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to risk displeasures.  
We are the ones called to gamble  
our lives  
for a better world.

Calls for nominations have already or will soon be sent for participation at the district and state level. Each of us who holds membership in TNA is a link in the chain that supports our shared mission. Using the strength of your link in the chain, how will you help ensure that TNA continues to be a strong voice for nurses in the state of Texas? Will it be within your district? Will it be at the state level? Wherever you seek to serve, please know your commitment is highly valued.

Thanks for taking a few minutes out of your day to consider my request. Now, if you believe like I do, let’s get to work gambling our lives to create that better world.

Peace, Jeff

EDITOR’S NOTE: To find out more about the TNA offices available for candidacy this year, please visit texasnurses.org.

SO YOU WANT TO BE AN APPROVED PROVIDER?

Approved Provider Unit periodically. Each Approved Provider Unit must establish quality outcome measures related specifically to their Approved Provider Unit and nursing professional development that they must monitor on an ongoing basis. A process for gathering, recording, and evaluating the data must be established and maintained.

Attending an Approved Provider Workshop is highly recommended. The Workshop provides valuable information and an opportunity to ask questions.

If you have questions about how to become an Approved Provider, please contact the CNE Program Manager, Laura Lerma at llerma@texasnurses.org.