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Trans and Non-Binary Patient Satisfaction in Relation to Practitioner Education



Kirsten L. Goodale, RN November 2024

Background

As time, acceptance, and representation increase, so does the instance of caring for patients that identify as trans or non-binary. Within the emergency department, there is a constant influx of patients with various identity backgrounds. Be it racial, ethnic, ability, or economic status. With gender and sexuality, there are many grey areas due to a patient's ability to self-identify or decide to hold back the truth of their gender identity. When taking this into consideration, it is important for all emergency department practitioners to garner education, understanding, and awareness of the ways in which trans and non-binary patients may need more nuanced care and communication. Given the lack of understanding in the general population and medical education about gender identity, it may be beneficial for practitioners to have mandatory education within their required yearly education modules. Everyday in the emergency department, each practitioner walks into a patient's room without the full understanding of the person due to missing information from their chart. That is why is would be beneficial for all practitioners to participate in education that will help them become better prepared to help all patients, no matter what gender they may identify as on the gender spectrum.

Given the lack of general understanding of gender terminology, below is an abbreviated glossary of some important terms.

- **Cisgender**: A term used to describe a person whose gender identity aligns with the sex assigned to them at birth. "Cis" is the opposite of "trans."
- **Gender dysphoria**: Clinically significant emotional distress caused when the birth gender is not the same as the gender identity.
- **Gender expression**: External appearance of one's gender identity, expressed through behavior, clothing, haircut, or voice; may not conform to socially defined feminine and masculine behaviors and characteristics.
- **Gender-fluid**: A person who does not identify with a single, fixed gender; rather, has an unfixed or fluctuating gender identity.
- **Gender identity**: One's innermost concept of self as male, female, a blend of both or neither-and what they call themselves. It may be the same as or difference from their sex assigned at birth.
- **Gender nonconforming**: A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.
- **Nonbinary**: An adjective describing a persona who does not identify exclusively as a man or a woman. Nonbinary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. Many also identify as transgender.
- Transgender: An umbrella term for people whose gender identity and/or expression are different from cultural expectations based on their sex assigned at birth. Being transgender does not imply any specific sexual orientation.

PICO(T) Question

In trans and non-binary patients, how does the use of mandatory education modules compared to no specific mandatory education modules impact patients' satisfaction, safety, and trust in the care they receive in the emergency department?

Review of Literature

- "Experiences of Transgender and Gender Nonbinary Patients in the Emergency Department and Recommendation for Healthcare Policy, Education, and Practice."
- **Purpose**: Qualitatively explore experiences of trans/NB (non-binary) individuals accessing healthcare in the ED and provide recommendations for improvements.
- **Population**: Trans and Nonbinary patients that have utilized the ED.
- **Methods**: This study involved semi-structured qualitative interviews with nine trans/NB individuals living in Arkansas about their experiences when visiting local EDs.
- **Results**: Participants recommend educations for current and future ED clinicians and staff to improve knowledge of best practices for trans/NB healthcare.
- **Conclusion**: The negative experiences and discrimination reported by trans/NB patients in ED visits underscores the importance of improving ED clinician knowledge of gender affirming care practices.
- **Rating and Quality**: This research and the findings from it are well-rounded in the qualitative arena. The quality of evidence is lacking due to the small amount of interview participants. Evidence level VI.

"Lesbian, Gay, Bisexual, Transgender, Queer Cultural Competency Training to Improve the Quality of Care: An Evidence-Based Practice Project."

- **Purpose**: The aim of this evidence-based practice project was to improve knowledge and skills, openness and support, and oppression awareness for emergency nurses when providing care to the lesbian, gay, bisexual, transgender, and queer populations in the military health system.
- **Population**: Registered nurses or licensed practical nurses working in the emergency department.
- Methods: The Ally Identity Measure tool was administered to an unmatched convenience sample of emergency nurses in a military health system preand postintervention to assess the interventions' effectiveness. Descriptive statistics and group difference testing (t test) were used.
- **Results**: Both the mean knowledge and skills subscale score and the mean openness and support subscale scores were improved between the pre- and postintervention groups. The mean oppression awareness subscale demonstrated no significant difference between the pre- and postintervention groups.
- Conclusion: This project illuminated the feasibility of an education intervention to promote culturally competent care in the ED environment for the LGBTQ population.
- Rating and Quality: This article and the research showcases a great quantitative way to look at how educations tools can help increased knowledge, skills, openness, and support in staff of an emergency department. It would be interesting to see how these findings may be affected when not utilizing a sample population from a military hospital system. Evidence level III.
- "The Experiences of Trans (Binary and Non-Binary) Patients Accessing Care in the Emergency Department: An Integrative Review."
- **Purpose**: The aim of this integrative review was to identify and review the literature relating to the experiences of trans (binary and non-binary) people accessing Emergency Department care, to guide practice and future research.

Review of Literature

- **Populations**: 11 articles published between January 2013 and November 2023.
- **Methods**: A structured search process was used to identify 11 articles published between January 2013 and November 2023. These articles were appraised using the mixed methods appraisal tool (MMAT) and included in this review.
- **Results**: This review identified a perceived lack of competence for healthcare providers to deliver gender affirming healthcare in the Emergency Department due to perceptions of inadequate healthcare provider knowledge, and structural barriers founded on cisgender processes.
- **Conclusions**: This review highlights that trans people accessing ED services perceive a lack of standardization and competence. The translation of these research findings into practice will ultimately ensure optimal care for trans people accessing EDs.
- Rating and Quality: This article has extensive review of a large amount of information throughout a 10-year period. The quality of evidence is very good and makes for an extensive integrative review. Evidence level V.

Future Implications

The future implications of these findings are indicative of a need for more education for the clinicians and staff members working in the emergency department. Throughout the literature, there are clear cut examples of the ways in which clinicians miss the mark on caring for trans and non-binary patients. Be it with their lack of knowledge in the ways that someone can express a trans identity, in the simple ways to respect a person when using the pronouns or name they wish to be called by, or the ways in which hormonal therapy may affect certain findings. We all know how busy the emergency department can be, and how the care given to a patient needs to be done in a timely manner. But if clinicians and staff were privy to the basics of gender identity, expression, and gender-affirming care, the care given to trans and non-binary patients could be of the highest standards while also done in a timely manner.

With a simple addition of a learning module for all clinicians and staff to participate in, the care given to the trans and non-binary population could increase for the better. Like the ways in which we want to give someone translation services when English is not their first language, we should enhance our understanding of gender-affirming care so that those that identify as non-cisgendered can feel safe, heard, and respected.

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