Gender-affirming continence care: offering dignity to all patients

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We must respect and acknowledge patients' gender identity when taking care of their continence needs.

Abstract

There are many differences and inequalities that apply to both men and women in accessing and receiving healthcare. However, those who do not identify as the gender assigned to them at birth are even more disadvantaged and likely to suffer inequities in their care outcomes. This article considers some of the literature on the conflicting experiences gender can present in health and care outcomes, explores the commonalities that may exist, and shares one practitioner's insight in ensuring gender-affirming care is offered in the setting of specialist bladder and bowel services.

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Authors: Sarah Murray is a registered general nurse and senior clinical consultant for Essity; Laura (Poppy) Elsegood is team lead, North and West Norfolk Continence Service, Norfolk Community Health and Care NHS Trust.

Introduction

The World Health Organization (WHO) describes gender as referring to the "characteristics of women, men, girls and boys that are socially constructed" and says that it "interacts with but is different from sex, which refers to the biological and physiological characteristics of females, males and intersex persons, such as chromosomes, hormones and reproductive disorders" (WHO, no date).

Evidence suggests that access to and experiences of healthcare can vary according to gender, and this can be heightened when considering those who do

LIVEWORKSHEETS

not identify as the gender assigned to them at birth (Layton et al, 2023). Gender reassignment is one of the nine protected characteristics in the Equality Act 2010, which sets out that this protection from discrimination extends to accessing public services, such as the NHS. All working in or alongside the NHS have a responsibility to deliver equitable access and care regardless of gender expression.

"For many individuals, but especially trans people, intimate care and conversations around intimate care needs can put that person in a vulnerable position"

Gender considerations in guidelines

Barriers to accessing healthcare exist in different ways for both heteronormative genders. For men, there is often a reluctance to access healthcare or engage due to rigid notions of masculinity (Shelswell and Watson, 2023). For women, many examples illustrate a long history of inequitable care, such as the relative paucity of medications proven to be safely used in pregnancy and the delays in diagnosis for female chronic conditions such as endometriosis (Moss and Roberts, 2024).

In considering both genders as being physiologically the same, particularly when it comes to research studies, where it is the norm that predominantly male participants are used (Perez, 2019), it is easy to see why there may be a lack of differentiation within evidence-based guidelines. Within the speciality of bladder and bowel, this is demonstrated by the fact that the International Continence Society (ICS) categorised all lower urinary tract symptoms (LUTS) generically until 2010, when separate guidelines were published for female LUTS (ICS, 2023). An equivalent guideline for male LUTS followed in 2019 (ICS, 2023).

Research has also shown that a significant proportion (19-40%) of transgender and gender-diverse patients have been denied care by a health professional (Scheim et al, 2022). The need for guidelines to be effectively disseminated is also apparent – a study by Shires et al (2018) found that while 85% of health professionals were keen to provide care for gender-diverse individuals, 52% were unaware or unfamiliar with guidelines to support their practice.

Transgender issues in nursing

Nurses are directed by their code of conduct to ensure that everyone receives equitable care; they have a duty to provide safe and effective care and treat everyone with dignity and respect (Nursing and Midwifery Council (NMC), 2018). However, evidence suggests many nurses are uncomfortable with or lack

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knowledge and understanding of trans people, and this can lead to misconceptions and stereotyping (Layton et al, 2023). Trans people are represented in all population groups (Layton et al, 2023), and many aspects of good practice regarding care delivery can help to eliminate inequalities.

Many health professionals will feel they have no subconscious bias, but it is behoving of all professionals to reflect on whether this is really the case. We are focusing on issues faced specifically related to gender in this article, but there is also a large body of evidence to show that individuals within the LGBTQ+ community face similar issues, with cancers, for example, being diagnosed at a later stage (Heyworth, 2021).

When delivering best-practice continence care, including product provision, it is important to understand that for many individuals, but especially trans people, intimate care and conversations around intimate care needs can put that person in a vulnerable position. This can be made worse if the individual needs assistance, and can be especially traumatising where there is body dysmorphia linked to gender and anatomical sex not matching their deeply felt internal gender (Oxtoby, 2024).

"We must work with the information we have and be mindful not to make assumptions about anyone's gender"

New guidelines

There is no specific mention of trans considerations in the latest guidelines on continence care from the Association for Continence Professionals' (ACP), but the differences in the needs and experiences of different genders is accepted and highlighted as important: "Men and women must be treated equally in relation to absorbencies, anatomical shape, and product range available" (ACP and Royal College of Nursing (RCN), 2023). It is encouraging to see that, in regards to product provision, the importance of equal access to gender-specific products to meet individual needs is addressed.

Ruth Broom has demonstrated the positive impact that providing gender-specific products could have on an individual (Broom, 2022). Moving forward, an element of choice in the style of products may be necessary. This would allow the dignified care that all individuals deserve, regardless of their sex or preferred gender expression.

Trans healthcare is still a taboo subject. Mikulak et al (2021) discuss the barriers between trans patients and health professionals in their qualitative interview study and it is our duty of care to help break down these barriers. As health professionals

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we have a responsibility to provide a safe place for patients to build a trusting relationship with us, so we can assess and treat them correctly.

After undertaking an individual approach to our history taking and exploring treatment options, we may need a management plan for these patients, which would involve looking at different aids and appliances. Many are gender-specific, so it is imperative that we discuss these options with the patient to find a solution together – we cannot simply provide a product suited to a gender they do not align to. It is our duty of care to select the right product at the right time for the right patient.

Conclusion

While the latest review of the ACP and RCN (2023) guidelines has expanded on the importance of providing equality of provision for both men and women, it is important to remember that, for some patients, their biological sex and chosen gender identity may not align. When considering gender as part of a holistic continence assessment it is no longer enough to confine it to heteronormative standards. A knowledge of issues faced by those who identify their gender in a different way is key to providing inclusive and gender-affirming care.

Key points

- Gender considerations are crucial when choosing continence products
- It might be more difficult to assess the needs of transgender patients
- Health professionals must seek to provide a safe space for trans continence care
- Gender-reaffirming surgery and gender transitioning can affect continence
- Selecting the right product is a key part of successful care

RESPONDA

1) Arme un resumen, en sus palabras, del apartado “ABSTRACT” que resume el paper.

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2) En el párrafo que comienza con la siguiente frase: “Research has also shown that a significant proportion (19-40%)” Traduzca esa primera oración.

3) En el apartado titulado **Transgender issues in nursing**, se menciona que los/as enfermeros/as no están preparados o desconocen cómo lidiar con pacientes trans. Menciona también, que según evidencia, muchos/as enfermeros/as se sienten incómodos al trabajar con pacientes trans debido a preconceptos y estereotipos. ¿Qué se menciona como importante en el último párrafo de ese apartado?

4) Cuando se menciona que trabajar con pacientes trans puede ser un tema taboo, ¿cuál es la responsabilidad de los trabajadores de la salud al tratarlos?

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5) Explique la CONCLUSIÓN con sus palabras

6) Traduzca los puntos mencionados en **KEY POINTS**

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