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The Gaps in Health Care of the LGBT Community: Perspectives of Nursing Students and Faculty

“Their care shouldn’t differ from the average patient.”

“All the hours in class I have spent learning patient care: they would not be treated any different!”

— excerpt statements from participants

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When considering American adults who choose to disclose their sexual identity, 3.8% identify themselves as being lesbian, gay, bisexual, or transgender [LGBT] (US Department of Health and Human Services, 2012). This translates to about nine million individuals in the United States (Gates, 2011). It is likely that most nurses or health care providers have encountered LGBT individuals in their practices whether they were aware of such patients’ sexual orientation and gender identities or not. Why is LGBT health important? There is a history of anti-LGBT bias in healthcare that continues to impact health-seeking behavior and access to care for LGBT individuals despite increasing social acceptance (Mayer et al., 2008; Meyer, 2003; Coker et al., 2010; Institute of Medicine, 2011; Obedin-Maliver et al., 2011; Smith & Matthews, 2007; Strong & Folse, 2015). Most importantly, healthcare providers must also be informed about LGBT health because of the numerous health disparities which affect members of this population. Sexually transmitted infections, including human immunodeficiency virus [HIV] (Workowski & Berman, 2010; CDC, 2012), eating disorders and body image disorders (Boehmer, Bowen, & Bauer, 2007), suicide (CDC, 2014; Saewyc, Konish, Rose, & Homma, 2014; Grossman & D’Augelli, 2007; Meyer, 2003;), substance abuse (Song et al., 2008), and depression (Ruble & Forstein, 2008; Birkett, Espelage, & Koenig, 2009) are major concerns among some LGBT groups.

The LGBT community is diverse. They represent people from various backgrounds differing in race, ethnicity, age, gender, socio-economic status, and identities (Chandra, 2011). Some of the common experiences they face include stigma and discrimination as they integrate into society (Mayer, 2008; Grossman & D’Augelli, 2007, Saewyc et al., 2014). They often conceal their sexual orientation for fear of retribution. Reported cases of suicide among teenagers bullied for being gay, lesbian, bisexual, or transgender have shed light on the violence and victimization experienced by LGBT individuals (Birkett et al., 2009, Russell, Ryan et al., 2011). Sexual orientation is often one of the common

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factors that motivates violence and hate crimes towards LGBT adults and youth (Espelage et al., 2008). Such events often produce an environment of stress and intimidation even for those not directly impacted. As a result, the LGBT community faces challenges in accessing culturally competent health services to achieve the highest quality level of health. Discrimination and the lack of awareness of health needs by health professionals (Cornelius & Carrick, 2015; Smith & Matthews, 2007; Strong & Folse, 2015) are barriers that need to be addressed.

Every semester over 50,000 students graduate from nursing programs. According to the American Association of Colleges of Nursing (AACN, 2012), there are approximately 674 four-year institutions in the United States that offer Bachelors of Science in Nursing (BSN) degrees. Graduating nurses must enter the workforce ready to meet the needs of a diverse population. Standards are in place to ensure that critical competencies are met and that the nursing curricula have prepared these individuals to provide safe, qualified, and skilled nursing care. Nurses are often the first point of contact when patients seek medical attention. It is essential that the nurse is culturally competent and prepared to provide care to individuals of all backgrounds.

Among many variables, cultural competence includes religion, race, ethnicity, and sexual orientation. As health care providers, nurses have an obligation to be knowledgeable about and sensitive to the health care needs of marginalized individuals. If curricula do not prepare nurses to provide optimal care, then health disparities will continue to exist for LGBT individuals (Cornelius & Carrick, 2015). Research suggests that the average time spent in the classroom covering LGBT health in BSN programs is 2.12 hours (Lim, Johnson, & Eliason, 2015). Cultural competency and the subsequent incorporation into nursing curricula are pivotal to the essence of nursing (Carabez, Pellegrini, Mankovitz, Eliason, & Dariotis, 2015; Carabez et al., 2015). Calvillo et al. (2009) outlined standards for cultural competence in their article titled, "Cultural Competency in Baccalaureate Nursing Education," which was published in

2009 in the *Journal of Transcultural Nursing*. According to Calvillo et al. (2009) existing models often fall short of the needs of nurses who encounter diverse patients in their clinical practice. They emphasized that the intent of a culturally competent curriculum is to ensure that students have the knowledge, attitudes, and skills that allow them to work effectively with patients and their families, as well as with other members of communities including the health care medical community. Cultural competence should not be an "add-on" to the existing curriculum. Total curriculum review and revision should be undertaken to address education for cultural competency (Brenna, Barnsteiner, de Leon Siantz, Cotter, & Everett, 2012; Calvillo et al., 2009).

In line with the goal of eliminating health disparities, Healthy People 2020 outlines the need to improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals. Often, sexual orientation and gender identity questions are not asked on most national or state surveys which makes it difficult to accurately estimate the number of LGBT individuals and their health needs. Furthermore, research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights (Ruble & Forstein, 2008). Discrimination against LGBT persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide (CDC, 2014). Experiences of violence and victimization are frequent for LGBT individuals and have long-lasting effects on the individual and the community. Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals (Espelage et al., 2008.)

In 2011, the *National Healthcare Disparities Report* stated that every day, gender non-conforming people bear the brunt of social and economic marginalization due to their gender identity. The laws centered on this population are starting to change, but changes in discrimination and attitudes towards the LGBT community are still lagging. Too often, policy-makers, service providers, the media, and society

at large have dismissed or discounted the needs of gender nonconforming people in their communities (Agency for Healthcare Research & Quality, 2014). Studies like this are an essential part in creating awareness of LGBT health disparities and their need to be eliminated. Logic dictates that in order to eliminate known disparities health care workers must first know what they are. According to Healthy People 2020, eliminating these disparities will reduce disease transmission and progression, increase mental and physical well-being, provide LGBT individuals with supportive services, and increase life expectancy.

Research points to common prejudices and false assumptions about the LGBT community that often act as barriers to quality healthcare. The attitudes of nurses and the impact of those attitudes are very relevant to the issue of LGBT healthcare (Strong & Folse, 2015; Smith & Matthew, 2008). Societal stigma, including avoidance of disclosing one's sexual minority status, threats or acts of violence, avoidance of health care providers, and risk of pregnancy among LGBT teens needs to be identified and discussed (Brennan et al., 2012). LGBT healthcare topics must be brought to the forefront and discussed. Other challenges to be addressed include the integration of spiritual and religious beliefs, self-awareness, and the fact that until recently LGBT issues have not really been approached in nursing education (Brennan et al., 2012; Carabez et al., 2015). Nursing research has inadequately addressed the health needs of the LGBT population. Between 2005 and 2009, the top 10 nursing journals published only eight articles that focused on LGBT health issues of almost 5,000 total articles (Strong & Folse, 2015). This study aimed to address the discourse of nursing programs preparing students for provision of culturally competent care for all individuals, including the LGBT community.

Purpose

The purpose of this study was to explore the perceptions of nursing students and faculty on LGBT health issues in a BSN program. The far reaching purpose of this study was to increase awareness in cultural competencies specific to

the LGBT community and to increase coverage time in the curriculum. In this current health climate, LGBT individuals are identified as a priority population. This study hopes to explore the gaps, challenges, and successes in a BSN nursing educational curriculum. It is our hope that findings from this study will contribute to the existing literature and add to the discourse to improve health outcomes and reduce health disparities in the LGBT community.

Research Questions

There is the need to examine the education and preparation of the nurses who will provide skilled care to the LGBT community. Educating the nurses of tomorrow to provide culturally competent care to all individuals from diverse backgrounds is essential. The research questions addressed are: (1) Are faculty incorporating LGBT topics into their nursing curriculum? (2) What is the BSN student's and faculty's knowledge and perception of specific LGBT healthcare needs, and do they feel equipped to meet them? (3) How do BSN program members view the importance of minimizing health disparities affecting LGBT individuals? (4) Do BSN students feel that their nursing curriculum successfully meets LGBT competencies and prepares them for the workforce?

The underlying assumption of the study was based on Madeline Leininger's Theory of Culture Care Diversity and Universality. Leininger's theory describes how nurses provide meaningful and culturally-competent care for a diverse population of patients (Murphy, 2006). According to the theory, understanding a person's values and cultural background is essential to influence patient outcomes. Patient care will improve and become more adept over time if nurses continuously seek knowledge, develop cultural competence, and incorporate learning into their practice. In order to effectively care for lesbian, gay, bisexual, and transgender patients, nurses must understand the culture and concerns of those individuals (Murphy, 2006).

Review of Literature

The authors first began a review of literature by utilizing an online digital library and

Table 1: Definitions

LGBT	Lesbian, Gay, Bi-sexual, Transgender
Lesbian	An individual that identifies oneself as a woman who is primarily attracted to other individuals who identify themselves as women
Gay	An individual that identifies oneself as a man who is primarily attracted to other individuals who identify themselves as men
Bi-sexual	An individual that is attracted to both men and women
Transgender	Is when an individual's behavior and expressions do not identify with the traditional identities of those of the individual's birth gender
Health Disparities	Refers to differences in the health statuses of those that are lesbian, gay, bi-sexual and transgender
Cultural Competency	A term used when health care providers deliver services that are respectful of and responsive to the health beliefs, practices, cultural, and linguistic needs of diverse patients

database Galileo Scholar, EBSCO and associated databases, academic search completes, and CINAHL complete, all delivered relevant literature. Keyword searches were utilized over multiple days. A recent study published in the *Journal of Professional Nursing* describes the current sociopolitical focus on the healthcare needs of lesbian, gay, bisexual, and transgender patients, while drawing attention to the lack of basic education that nurses receive on how to provide LGBT patient-centered care (Carabez et al., 2015). In general, nursing has been slower than other health professions to address LGBT health. This study investigated the education or training of nurses on LGBT issues, attitudes, stereotypes, and comfort level. Findings of the study indicated that 71% of the nurses who responded said they were comfortable providing care to LGBT patients, 79% of respondents indicated that LGBT patient-centered training was not offered at their respective practice settings, 20% of nurses wanted training or wished that more was available, and about 30% of respondents expressed stereotypical beliefs about LGBT people (Carabez et al., 2015). The study concluded there was a need to integrate LGBT content into schools of nursing.

Cornelius and Carrick (2015) published a study in *Nursing Education Perspectives* which examined the knowledge and attitudes of nursing students in the U.S. towards providing

health care to the LGBT community. This study reported that nursing students felt that nurse educators were not proactive in addressing issues of LGBT patients. It was specifically noted that many providers and educators themselves lacked adequate knowledge in LGBT health issues to prepare students to deliver culturally competent care to the LGBT community. Cornelius and Carrick (2015) further recommended that nursing schools examine their curricula and discuss health disparities that LGBT patients face. The need to prepare the next generation of faculty and students to openly discuss health disparities with diverse clients, including LGBT clients, is essential to break down barriers. Lim, Johnson, and Eliason (2015) conducted a national survey of baccalaureate nursing program faculty that explored faculty knowledge, teaching experience, comfort, and readiness to teach LGBT Health. A total of 721 schools and 1,231 faculty members participated in the survey. Results indicated that 69% of respondents reported that they never or seldom teach LGBT health topics; 70% perceived LGBT health issues were important in nursing, and the majority of respondents indicated some degree of readiness to include LGBT health in their teaching. In conclusion, Lim, Johnson, and Eliason (2015) recommended undergraduate school of nursing programs adopt the Institute of Medicine's (IOM) four conceptual perspectives

(minority stress model, life course, intersectionality, and social ecology) as a framework for weaving LGBT issues into nursing courses with implications for curricular change.

Methods and Research Design

This study used a cross-sectional descriptive design. The study was approved by the investigators’ institutional review board. All ethical standards were followed. Data was collected from a convenience sample of 183 participants in the U.S. (167 nursing students and 16 nursing faculty members in a four year nursing degree program in rural Southeast Georgia).

Permission was granted by faculty to access students in their classrooms for recruitment and administration of surveys. Recruitment of faculty for the study was done at a monthly general faculty meeting with permission from the chair of the nursing program. Participants had to be 18 years or older and able to provide passive consent. Participation was voluntary. Qualitative comments were reflected upon and studied for their subjective value. Table 1 lists and defines key definitions for this study. The term LGBT is utilized as an umbrella term, and the authors recognize that the health needs of lesbians, gay, bisexual, and transgender people are not universally the same; each population brings forth distinct needs.

Measures

A brief, 25-question questionnaire was used to collect data. Since a preexisting survey could not be located, a survey was developed by the investigators using information from previous research from the literature. The research was consulted in order to include current topic-related issues. Questions were formulated to elicit relevant data. Survey questions included demographic information, knowledge and interest in LGBT health issues, and personal values. Many of the questions targeted the perspective of nursing students and faculty on LGBT health in the nursing curriculum. The first survey questions addressed relevant demographic data. Twelve questions explored views on whether the participants felt competent enough to provide care to LGBT individuals. These twelve questions also

Table 2: Sample Demographic Profile

Items	Students (N=167) & Percent (%)	Faculty (N=16) & Percent (%)
Age (Years)		
18-24	156 (85.2)	0
25-31	6 (3.3)	2 (1.1)
32-38	3 (1.6)	0
39-45	1 (0.5)	1 (0.6)
46-52	1 (0.5)	4 (2.2)
>53	0	9 (4.9)
Gender		
Male	21 (11.5)	0
Female	146 (79.8)	16 (8.7)
Religion		
Christian	139 (76.0)	15 (8.2)
Spiritual	7 (3.8)	1 (0.5)
Non-Christian	13 (7.1)	0
Atheist	4 (2.2)	0
Other	3 (1.6)	0
Refused	1 (.5)	0
Class Level 91.9% = students (N/A to the 8.8% that are faculty)		
Juniors	90 (49.2)	N/A
Seniors	78 (42.7)	N/A
Faculty Years of Teaching		
≤ 8 years	N/A	6 (37.5)
≥ 8 years	N/A	10 (62.5)
Estimated Number of Hours Instructed or Received on LGBT Issues Per Academic Year in the Nursing Curriculum		
≤ 5 hours	136 (83)	12 (7.3)
≥ 5 hours	13 (8)	4 (2.4)

inquired about survey respondent’s knowledge, interest, and personal values. Six additional Likert scale questions were used to evaluate how frequently the participants were exposed to specific LGBT health issues over the course of

Table 3: Perceived Differences among Nursing Students and Faculty on LGBT Health Issues

Measured Items	Participants (N=183)			
	Students N=167 (%)		Faculty N=16 (%)	
	Yes	No	Yes	No
Competent or have adequate knowledge in addressing the healthcare needs of the LGBT community	93 (55.7)	73 (44.3)	10 (62.5)	6 (37.5)
Have received appropriate information and content Instruction to meet the healthcare needs of the LGBT community	41 (24.5)	120 (75.5)	6 (37.5)	10 (62.5)
Personal views directly affect care towards the LGBT community	11 (6.6)	155 (93.4)	0	16 (100)
Interested in gaining more knowledge on how to care for the LGBT individuals in the healthcare setting	113 (67.7)	53 (32.3)	10 (62.5)	5 (37.5)
Would refuse to provide care to someone on the basis of their sexual orientation if that option was available with no recourse	5 (3)	162 (97)	0	16 (100)
Equipped with the appropriate resources to provide competent care to LGBT individuals	97 (58)	70 (42)	11 (68.7)	5 (31.3)

Table 4: Perceptions of Nursing Faculty on LGBT Health Issues

Perceptions of Nursing Faculty on LGBT Health Issues	Nursing Faculty Responses N=16 (%)		
	Agree	Disagree	Neutral
LGBT health topics are important	1 (6.3)	13 (81.3)	2 (12.4)
I feel uncomfortable addressing LGBT topics	3 (18.8)	11 (68.8)	2 (12.4)
I lack knowledge of LGBT health topics	4 (25.0)	9 (56.2)	3 (18.8)
I am aware of where to locate the LGBT resources I need	8 (50.0)	5 (31.2)	3 (18.8)
I think that my nursing curriculum successfully addresses LGBT cultural competencies	4 (25.0)	8 (50.0)	4 (25.0)

their nursing education. The last question gave participants the opportunity to estimate how many hours over the course of their nursing education were dedicated to LGBT individuals' health care needs. Many of the questions served to address the perspective of nursing students and faculty on the way LGBT health is incorporated into their curriculum. Collected data was entered and analyzed using SPSS 23 Statistical software program. Statistical analysis included the use of descriptive statistics and Pearson's chi-square. Open-ended comments from participants were included in the analysis.

Results

Sample characteristics of the participants are shown in Table 2. The majority (91.1%) of the sample were students compared to 8.8% as faculty. Greater than 80% of the sample self-reported as Christians. The majority of faculty and students surveyed indicated they have had received or provided instruction of less than 5 hours per academic year on LGBT health issues in the nursing curriculum.

Table 3 shows the perceived differences on LGBT health issues among nursing students and faculty. Among the participants, 44.3% of

Table 5: Students Perception on Received Instruction on LGBT Health Issues

Over the course of nursing school, indicate the frequency of receiving instruction or being taught on the following:	Nursing Students (N=167)			
	Seldom		Regularly	
Need for LGBT health research	148	(88.6)	19	(11.4)
The shortage of knowledgeable and culturally competent healthcare providers	95	(56.9)	72	(43.1)
Specific LGBT health concerns such as tobacco and alcohol use, depression, suicide, stressors, bullying, etc.	129	(77.2)	38	(22.8)
LGBT sexual education needs, knowledge and STD risk, prevention, and safety	114	(68.3)	53	(31.7)
Mental health and social issues	104	(62.3)	63	(37.7)

nursing students and 37.5% of faculty indicated they did not feel competent or have adequate knowledge in addressing LGBT health issues. Results also indicate that 75.5% of students and 62.5% of faculty have not received or been provided the appropriate information and content instruction to meet the healthcare needs of the LGBT community. Of concern is the 3% of students that would refuse care to an individual on the basis of their sexual orientation and the 32.3% of students who are not interested in gaining more knowledge on how to care for LGBT individuals in the healthcare setting. It is encouraging and worth noting that 58% of students and 68.7% of the faculty participants reported that they are equipped with appropriate resources to provide competent care to the LGBT community.

Analysis using a chi-square test of independence between participants equipped with LGBT resources and their interest to gain information to further equip them to provide culturally competent care showed a significant relationship of $X^2(1) = 19.739$, $p=0.000$. A chi-square test of independence was calculated comparing the relationship between interest in gaining more knowledge and feeling equipped with appropriate resources. A significant interaction was found ($X^2(1) = 19.739$, $P=.000 < 0.001$). 35.4% of BSN nursing students and faculty reported not feeling equipped with the appropriate resources and wanting to gain more knowledge.

Table 4 focuses on faculty responses and

reports that 18.7% of faculty did not feel comfortable teaching LGBT topics and 50% reported that the nursing curriculum did not successfully address LGBT culturally competent care.

Student perceptions presented in Table 5 indicate that 77.2% of participants seldom received instruction on health issues including depression, suicide, mental health, and social issues and 68.3% of students seldom received instruction on LGBT sexual education and STD risks; these issues affect quality of life and health outcomes for the LGBT community.

Discussion

Findings of this study indicate that education, with regard to LGBT health, is sparse in nursing school; a median of approximately 3 hours or less was devoted to LGBT issues during participants' training in nursing school. While attitudes have improved, some providers continue to harbor anti-LGBT attitudes. A few of the participants reported feeling uncomfortable treating and/or caring for LGBT patients. As a result of providers' negative attitudes, LGBT patients may be reluctant to reveal their sexual orientation or gender identity, information that may be important for their health care. Hesitancy to disclose important information to healthcare providers can affect the quality and safety of care received.

In many ways, providing culturally competent care to LGBT patients should not differ from providing patient-centered care to

any other group. Survey participant's comments such as "*Their care shouldn't differ from the average patient. Sorry*"; "*They aren't different from normal people. I mean their body works the same*"; and "*All the hours in class I have spent learning patient care: they would not be treated any different*" indicate that care for LGBT individuals should be consistent with other individuals. Consistent care does not equal the same care. Patient-centered care is just that: centered to the patient. As with all patients from diverse backgrounds, effectively serving LGBT patients requires providers to understand the cultural background of their patients' lives, modify practice policies and environments to be inclusive, take detailed and non-judgmental histories, educate themselves about the health issues of importance to their patients, and reflect upon personal attitudes that might prevent them from providing the kind of affirmative care that LGBT people need. In the absence of formal instruction in this area, nurses can turn to resources such as the Centers for Disease Control and Prevention (CDC) for national guidelines and recommendations. By taking these steps, nurses can ensure that their LGBT patients, and indeed all their patients, receive the highest possible quality of care.

Strengths & Limitations

Study limitations include a small sample size. Data collection was cross-sectional with a convenience sample. The sample was recruited from a rural southeast university where the population could be described as homogeneous in nature. Minorities, males, and faculty participants were underrepresented. The sensitivity of the topic may have influenced sample size. The views and perspectives of nursing students and faculty in the study on LGBT health issues may not represent those of the general population. There were significant time constraints to this one-semester project. This study intended to increase understanding of the gaps in BSN nursing education and to promote awareness of the need to incorporate LGBT cultural competencies into nursing curricula. A major strength of this study was the use of nursing students and nursing faculty. The authors invite those who read the study to examine their own personal biases and

attitudes for LGBT individuals. Findings of this study support the Carabez, et al., (2015) study: "Never in all my years of nursing, 37 years in nursing I've never been educated in that subject."

Conclusion

It is clear that the social climate, attitudes, and laws are changing with regards to LGBT awareness. There is a clear need to integrate LGBT education into schools of nursing, nursing continuing education, and institutional orientation and cultural diversity training. Paradigm shifts need to occur in BSN programs to prepare students for a nursing workforce that deals with culturally sensitive practices (Carabez, et al., 2014). The task of origination, inclusion, and determining the health of the LGBT community is a big undertaking. It cannot be disputed that nursing requires working with diverse populations and cultures; however recent literature is still lagging in regards to research, theories, and guidelines regarding the synthesis of health care needs of the LGBT community. Rising students and faculty need to be prepared to openly discuss health disparities and diversity. It is critical to design an environment for nursing students that promotes an awareness of culturally competent care. BSN nursing programs may want to address these issues and concerns but have no idea where to begin. There is a need for dialogue involving content and framework that would lead the way for incorporation of LGBT content into curricula. An invitation is extended to all nurses to become knowledgeable about LGBT health disparities, whether it is provided in their BSN curriculum or researched on their own.

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