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ADDRESSING LGBTQ STUDENT POPULATION DIVERSITY IN NURSING EDUCATION

by

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Bachelor of Science in Nursing, Montana State University - Northern, 2018

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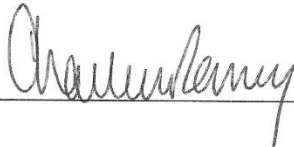
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### **Abstract**

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) nursing students often find that there is little to no education on health issues that directly affect them. Nursing organizations in the United States have continually made the recommendation to nursing programs to implement LGBTQ health issues in their curriculum, but there has been little to no compliance. This can be attributed to the uncertainty of nurse educators in being competent to provide this education. A thorough literature review was conducted to research how nursing programs incorporate education on LGBTQ health issues into their curricula. By incorporating culturally appropriate education into the nursing curriculum, LGBTQ students will feel comfortable joining the nursing workforce. Nursing programs can start by providing faculty development training specific to the LGBTQ population. As nursing students are exposed to LGBTQ education, they will advocate for other students who identify as LGBTQ. Currently, nursing programs provide 2.1 hours of education on LGBTQ health issues despite having more than 170,000 nurses identify as LGBTQ. By providing more education, nursing programs will ensure nurses who enter the workforce will provide non-discriminatory care to LGBTQ patients.

*Keywords:* lesbian, gay, bisexual, transgender, queer, nurse educator, nurse faculty, nursing curriculum

## **Addressing LGBTQ Student Population Diversity in Nursing Education**

The American Nurses Association (ANA) released a position statement that stated: “nurses should first identify and then set aside any bias or prejudice in the provision of nursing care” (ANA Ethics Advisory Board, 2018, p.2). In the nursing field, it is estimated there are between 170,000 to 340,000 Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) practicing nurses (Lim & Borski, 2015). Despite this number, there has been little to no education on this minority group in the nursing curriculum, which has contributed to the discrimination they feel. Addressing the LGBTQ student population diversity in nursing education will ensure they no longer feel like the *silent minority*.

How does providing education about the LGBTQ population in the nursing curriculum benefit patients and nurses who identify as LGBTQ? At this point, many nurses do not know how to interact with patients or peers who identify as LGBTQ. By incorporating a nursing curriculum that specifically addresses the LGBTQ patient population, these nurses will have a culturally appropriate foundation of knowledge that will help them examine their own beliefs and attitudes (McCann & Brown, 2020). Nursing students who identify as LGBTQ should not face discrimination amongst their peers and their peers should approach them with an open mind and a nonjudgmental attitude.

### **Purpose**

According to the ANA Ethics Advisory Board (2018), “the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (p. 2). Due to the failure of nursing programs to include education on LGBTQ health issues, nurses are unsure how to support their patients or peers who identify as LGBTQ. The common negative stereotypes about LGBTQ individuals have not been addressed causing some students to be

unprepared to care for those patients. By providing culturally appropriate education to nursing students about LGBTQ individuals, conditions within the nursing profession can be improved and healthcare workers' attitudes can be changed (Carabez et al., 2014).

Before initiating LGBTQ education into the nursing curriculum, nursing faculty will need to address their lack of knowledge and confidence required to teach LGBTQ health information (Sherman et al., 2021). Nursing faculty will need to collaborate with LGBTQ experts and advocates to develop a culturally appropriate curriculum. Faculty will also need to determine what course of action will be taken if a student refuses to participate in this education due to religious views. The American Nurses Association Ethics Advisory Board (2018) has stated, "nurses have an ethical duty to honor and respect the identities, beliefs, values, and decisions of all patients" (p. 2).

A culturally appropriate LGBTQ curriculum will include terminology, health considerations, strengths, disparities, and resources (Sherman et al., 2021). The nursing curriculum should focus on theories, such as gender and queer theory plus human rights, public health, and inequalities (McCann & Brown, 2020). Developing skills simulations will allow students to develop LGBTQ cultural awareness, including physical and mental health clinical assessments. For some students, this may be the first time they encounter someone who identifies as LGBTQ. Since nurses are the first point of contact in the healthcare setting, nursing schools must provide culturally appropriate education that will ensure safe and competent care of the LGBTQ population.

### **Lippitt's Change Theory**

LGBTQ culturally sensitive education should be provided in all nursing programs to prevent discriminatory or inappropriate care at the hands of healthcare providers (McNiel &

Elertson, 2018). Lippitt's Change Theory consists of seven phases of implementing change that would be appropriate for incorporating LGBTQ issues into the nursing curriculum (Mitchell, 2013). Lippitt's theory can be compared to the nursing process with each element represented by the phases identified. The assessment element is contained within the first three phases. The first phase is to diagnose the problem which is the lack of LGBTQ cultural competence. Many nursing schools do not have LGBTQ incorporated into their curriculum, so phase two, assess motivation/capacity for change, involves identifying how to include this cultural education into the program. Phase three, assess changes change agent's motivation and resources, will be assessing the instructor's knowledge and comfort level to determine what needs to be accomplished before implementing the education. The planning element of the nursing process consists of phases four and five. Phase four, select progressive change objective, will be developing learning objectives and deciding where this information will be taught. Phase five, choose the appropriate role of the change agent, will be ensuring all staff is ready to implement the LGBTQ education into the curriculum. The implementation element or phase six, maintain change, will be implementing the education and using feedback to make changes, as necessary. The evaluation element or phase seventh will be to terminate the relationship with the change agent since the LGBTQ education is implemented. This theory and model of nursing has been used in the United Kingdom successfully for several years (Mitchell, 2013).

Instead of mandating nurse educators to teach LGBTQ culture, they need to be taught the information themselves to become competent. It has been estimated only 2.1 total hours in a baccalaureate nursing program is dedicated to LGBTQ cultural curriculum (McDowell & Bower, 2016). Some educators will require training that addresses potential biases or negative stereotypes before implementing them into the nursing curriculum. Lippitt's Change Theory is

effective in promoting change in nursing. For instance, a mid-western primary care clinic utilized the theory to address the problem of limited LGBT cultural competence in their staff (Felsenstein, 2018). They were successful in addressing staff biases while educating the staff on LGBTQ cultural competence; thereby, providing an environment that made their LGBTQ patients comfortable.

### **Significance**

According to McNeil and Elertson (2018), nurses are often the first point of contact and have considerable influences on LGBTQ individuals seeking healthcare. Nursing programs must provide education on LGBTQ health issues. When students receive this education, they have increased awareness and empowerment to address health disparities. Lack of cultural competency in LBGT health issues has led to poor health outcomes (Felsenstein, 2018). It has been found that nurses did not think they needed to treat LGBTQ patients any differently, but after training realized the patients do have unique health issues. If the nurses were provided this education in nursing school, they could have been providing culturally competent care following graduation.

The ANA is advocating for the human and civil rights of the LGBTQ population to live, work, study, or serve in armed forces without discrimination or bullying (ANA Ethics Advisory Board, 2018). Nurses must be informed and educated about the provision of providing culturally competent care to the LGBTQ population. Nurse educators must help fill the void with knowledge by incorporating LGBTQ education into the nursing curriculum.

This study will encourage nursing programs to start addressing the lack of education on LGBTQ health issues and provide ways to begin to incorporate them into their nursing curriculum. It will help nursing students who identify as LGBTQ start to feel noticed instead of



invisible. It will hopefully encourage LGBTQ nurses to become mentors to nursing students to teach them how to provide competent care to LGBTQ patients.

### **Literature Review**

The method used for this paper was a systemic review of the literature. It was conducted by identifying studies that focused on nursing faculty preparedness to incorporate LGBTQ health issues into their curriculum and how the lack of knowledge of LGBTQ health issues affects the care they receive.

An electronic search was completed in CINAHL, EBSCOhost, OVID electronic journals, and Google Scholar databases published between the years 2010 and 2021. A search was completed using *keywords* for LGBTQ populations (*lesbian, gay, bisexual, transgender, queer*) and *keywords* for nursing faculty (*nurse educator, nurse faculty, nursing curriculum*). All articles chosen for review were written in English, published in the United States, and were full-text articles. The CINAHL database yielded 15 articles that were reviewed. After reviewing the entire article, only five were relevant to this paper. The EBSCOhost database revealed 10 articles that were reviewed. After reviewing each article in its entirety, four articles were chosen based on the relevance to this paper. The OVID electronic journal database yielded eight articles pertinent to this paper. After careful review of each entire article, five articles were chosen. Google Scholar database yielded 10 articles that were reviewed. After reviewing each article, five articles were found relevant to this paper.

When a nurse encounters a patient, who identifies as LGBTQ, they are supposed to follow their code of ethics and provide culturally congruent care (ANA Ethics Advisory Board, 2018). What if this is their first encounter with an LGBTQ individual and were not provided an education that identified the unique needs of this specific population in nursing school? Often

nurses will have a negative preconceived notion about caring for LGBTQ individuals as they may feel uncomfortable. According to Sherman et al. (2021), transgender and gender-diverse individuals avoid healthcare due to the fear of mistreatment by healthcare professionals. In the United States, nurses represent the largest segment of the healthcare workforce. If nursing schools started providing curriculum specific to LGBTQ health disparities, the stigma and bias will be addressed before the nurse caring for an LGBTQ patient. To address implicit bias, nursing students need to be exposed to training activities and modalities that will increase their knowledge of the health disparities suffered by the LGBTQ populations (McCann & Brown, 2020). The National League of Nursing (NLN) has published specific recommendations for nursing programs to implement education on LGBTQ health disparities into their curriculum (National League for Nursing, 2016). If this is the case, why haven't nursing programs committed to implementing LGBTQ cultural education into their curriculum?

Nursing programs need to provide faculty development training to their nurse educators, so they are comfortable teaching the LGBTQ curriculum (Lim & Bernstein, 2012). According to Felsenstein (2018), nursing programs should provide high-quality culturally competent staff training. It is recommended that training should be introduced during orientation of nursing faculty and yearly through mandatory education. Nursing programs can start by introducing forums dedicated to LGBTQ health issues (Braun et al, 2017). This could be a stepping stone to adopting LGBTQ cultural issues into the nursing curriculum. Nurse educators do not feel they have enough knowledge to adequately teach LGBTQ health issues (Morris et al., 2019). By providing resources such as videos, interviews, and lecture material, nursing programs can help support the nurse educator. As nursing programs prepare to incorporate LGBTQ education into their curriculum, other issues will arise, such as schools that are faith-based or anti-LGBTQ and

refuse to include the education into their curriculum (Lim et al., 2015). Despite this being a concern, not enough research has been completed mandating nursing programs to incorporate LGBTQ education into the curriculum.

### **Discussion**

The nursing population lacks diversity, particularly within the LGBTQ population. Nurse educators, who do identify as LGBTQ, often do not disclose this to their peers and therefore, are considered the silent minority (Englund, 2018). They fear discrimination and negative repercussions from the campus community and lack the support that other cultural groups may have. LGBTQ nurses often feel they are being treated unfairly or differently than heterosexual nurses. Providing education to nurses will help them be open to other cultural values and beliefs and to be self-reflective of their own beliefs (Englund, 2018).

A student who identifies as an LGBTQ individual maybe apprehensive when choosing a nursing program since they often feel they are more likely to be treated unfairly or differently than their peers. There are 996 baccalaureate nursing programs in the United States, but it is very difficult to determine how many have LGBTQ education in their curriculum (American Association of Colleges of Nursing, 2021). Campus Pride is a benchmark tool that was created to identify colleges and universities that were safer, more inclusive campus communities for LGBTQ individuals (Campus pride index, 2021). There are 427 colleges and universities that have been recognized as LGBTQ friendly, which would estimate less than half of the colleges or universities that have nursing programs include LGBTQ education. There needs to be additional research into which nursing programs provide adequate LGBTQ education and how they integrate this education into their curriculum.

Despite statements from the National League of Nursing (NLN) and the American Nurses Association (ANA), nursing programs have failed to implement into their curriculum LGBTQ health education. The NLN has a vision statement that provides recommendations to nursing programs on how to create diversity within their organization (National League of Nursing, 2016). Increasing diversity includes committing to hiring and retaining qualified nursing faculty that identify as LGBTQ. The ANA recommends nursing programs approve a curriculum that includes content on LGBTQ populations, which will include standardized gender-neutral terminology and documentation (ANA Ethics Advisory Board, 2018). It is unclear why nursing programs have failed to address the lack of education on LGBTQ in the nursing curriculum.

Nurse educators have admitted they lack the specific knowledge and skills to teach about the health care needs of LGBTQ individuals (Carabez et al., 2014). According to Lim et al. (2015), they interviewed 1,231 nurse educators and found 37% indicated they were never or seldom aware of LGBTQ health-related issues. Only 29% of nurse faculty had adequate knowledge of LGBTQ health issues, and those that taught LGBTQ health issues usually focused on HIV, violence, and hate crimes. The latter rarely taught common LGBTQ health issues such as obesity, lack of access to health insurance, and substance use. Other research recommended nurse educators collaborate with local and national LGBTQ organizations to obtain training on health issues affecting the LGBTQ population (McCann & Brown, 2020). This collaboration will assist the nurse educator in educating students with culturally appropriate information.

Nursing students are bound by a code of ethics set forth by the ANA and caring for LGBTQ patients is expected (ANA Ethics Advisory Board, 2018). Nurses are also expected to provide culturally, congruent care regardless of sexual orientation, gender identity, and/or expression. Unfortunately, this does not always happen due to implicit bias, religion, and

discrimination. According to Carabez et al. (2015), 80% of nursing students in their training stated they had not received any LGBTQ training during nursing school. Without specific education on the LGBTQ population, students do not realize that there are specific patient needs that need to be addressed. These needs range from increased incidence of sexually transmitted infections to lack of access to healthcare (McCann & Brown, 2020). Transgender individuals may experience mental health issues along with social isolation which causes them to avoid seeking healthcare. Often LGBTQ individuals may not be open about their status, which causes them to be invisible and healthcare providers may not screen them appropriately.

### **Conclusion**

The research concludes nursing programs need to incorporate LGBTQ education in their curriculum. This needs to be more comprehensive than the 2.1 hours that are currently estimated in most nursing programs (McDowell & Bower, 2016). Collaborating with local and nationwide organizations will ensure the education provided is culturally appropriate. The Gay and Lesbian Medical Association (GLMA) provides direction on how to incorporate LGBTQ education and improve the climate for students (Snowden, 2013). GLMA has broad institutional recommendations, which include protecting the LGBTQ campus community members from discrimination and broadening institutional diversity. Nursing faculty staff who have received training on LGBTQ health issues will become more comfortable teaching this subject matter to students and will in turn ensure that students, who identify as LGBTQ, are welcomed into the nursing profession, and will have the support of the academic institution.

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