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NURSING EDUCATION FOR LGBTQ PATIENTS: A LITERATURE REVIEW

by

SHELLEY A. JONES

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Nursing
in the College of Nursing
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

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Thesis Chair: Dr. Christopher Blackwell

Abstract

In the United States (US), lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals are at an increased risk for contracting sexually transmitted infections, are less likely to receive recommended health screenings, are more likely to abuse alcohol and other substances, are at a higher risk for attempting suicide, and experience greater health disparities compared to their heterosexual counterparts. Compounding these health-related problems is a significant discrepancy whereby LGBTQ people have poor or no access to health care. One approach to correct the health disparities the LGBTQ community faces is through LGBTQ-specific health education for nursing students. A review of the literature revealed undergraduate-level nursing programs should employ competent faculty, incorporate increased instruction time, use updated textbooks, assign projects or entire modules specific to the health care needs of LGBTQ patients, employ simulations when available, and incorporate LGBTQ topics throughout the undergraduate nursing curriculum. These changes have the potential to make a positive impact on improving health care for LGBTQ patients in the US.

Dedication

To my family.

Michelle, my wife and partner in life's adventures of 15 years, thank you for your endless support throughout my many academic endeavors.

Jack, my incredibly curious, intelligent, thoughtful, and kind son, thank you for your patience as I pursue my passions.

Max, your short life changed mine. It is because of you that I am now a nurse. You will forever be in my heart.

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I would like to thank the members of my committee: Dr. Christopher Blackwell and Dr. Desiree Díaz. Thank you for your time, patience, and dedication to this humble project.

Thank you to the faculty and staff from the UCF College of Nursing for fostering an environment that has helped me to flourish as a student.

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Introduction

In the United States (US), lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals represent about 4.5% of the national population (Newport, 2018). People who identify as LGBTQ require specific medical care related to their health. Specifically, LGBTQ persons have distinctive considerations for their physical and mental health care needs that must be considered when providing holistic care. Additionally, LGBTQ people do not always have access to quality health care as they are more likely to be under- or uninsured (Gonzales & Henning-Smith 2017; Gonzales, Przedworski, & Henning-Smith, 2016). If they do seek out medical care, LGBTQ individuals are often met with judgement and use of inappropriate terminology that deters them from returning to necessary healthcare appointments (Casey et al., 2019; Jennings et al., 2019; Kcomt, 2019). The inability for health care professionals to effectively interact with members of differing cultures demonstrates a lack of cultural competence (Kirmayer, 2012). These factors contribute to poorer health care experiences for LGBTQ individuals in the US.

There are many health disparities that exist among the LGBTQ community. Specifically, many transgender individuals have dermatologic needs related to the effects of hormone therapy and surgeries that are often underdiagnosed such as acne vulgaris, male pattern baldness, hirsutism, and keloids (Yeung et al., 2019). Additionally, lesbian and bisexual women are more likely to suffer from activity limitations, asthma, COPD, obesity, arthritis, cardiovascular disease, and poor physical health compared to heterosexual women (Eliason, 2014; Gonzales & Henning-Smith 2017; Meads et al., 2018; Simoni et al., 2017). Furthermore, lesbian and bisexual women have greater risk of developing type 2 diabetes and at an earlier age (Corliss et al., 2018).

Finally, same-sex cohabitating women have higher mortality rates related to cardiovascular and respiratory diseases compared to opposite-sex cohabitating woman (Meads et al., 2018).

Gonzales et al. (2016) found that health discrepancies affect not only transgender and lesbian populations, but gay and bisexual men and women as well. LGBTQ individuals have significantly greater moderate to severe psychological distress and depression compared to heterosexual populations and have higher suicide attempts (Gonzales & Henning-Smith 2017; Gonzales et al., 2016; Graham et al., 2011). Additionally, they are more likely to be current smokers while bisexual men and women are more likely to be heavy drinkers (Gonzales et al., 2016). Finally, LGBTQ individuals are at higher risk for contracting sexually transmitted infections compared to their heterosexual counterparts (Graham et al., 2011).

There is a marked disparity between heterosexual and non-heterosexual health care provided in the US. Specifically, Albuquerque et al. (2016) reports a correlation between identifying as LGBTQ and having inadequate health care due to prejudice and discrimination. Factors that prevent the delivery of high-quality health care are associated with stigma, discrimination, and unfair treatment related to sexual orientation and gender identity as well as inadequate provider knowledge related to LGBTQ health needs (Baptiste-Roberts et al., 2017; Goldhammer et al., 2018; Jennings et al., 2019). Additionally, LGBTQ individuals are more likely to be under- or uninsured, delay seeking medical care, report having unmet medical care due to cost, and are less likely to get necessary health screenings (Gonzales et al., 2016; Graham et al., 2011; Jennings et al., 2019). Moreover, transgender individuals have profound barriers to healthcare compared to their LGBQ counterparts (Kcomt, 2019). In a recent review, a quarter of transgender people surveyed reported being denied care by a provider and consequently, nearly

the same proportion of the transgender population delayed seeking requisite and preventative health care in the previous year (Kcomt, 2019).

Problem

There is overwhelming evidence suggesting that identifying as LGBTQ increases the likelihood of having poor healthcare access and utilization, and in many cases, inadequate health care in the US. Additionally, LGBTQ patients report having poorer physical and mental health compared to heterosexual individuals. Researchers suggest the first step in combatting the imbalance of health care for the LGBTQ community is through education and training of health care providers (Baptiste-Roberts et al., 2017; Lim, Brown, & Jones, 2013; Mitchell et al., 2018).

Unfortunately, there are major pitfalls of nursing education related to LGBTQ health that have negatively impacted the health care disparities LGBTQ individuals face. In a review of the literature, Sekoni et al. (2017) examined 16 peer-reviewed articles to assess teaching efficacy of LGBTQ health care among nursing programs. Upon careful examination, it became clear that faculty are often unfamiliar with the appropriate terms and protocols required to provide quality care to LGBTQ patients (Sekoni et al., 2017). In addition to employing faculty who are not trained to teach LGBTQ-specific health care, deliberate teaching time related to LGBTQ patient health care is lacking in the majority of US nursing programs. In a recent study, over 1,100 Bachelor of Science in Nursing (BSN) faculty members were surveyed regarding the number of classroom hours dedicated to the instruction on LGBTQ health (Lim et al., 2015). An average of only 2.12 hours of LGBTQ health-specific teaching was administered throughout an entire BSN program. A population that comprises nearly 5% of the US deserves more attention and time throughout a typical four-year nursing program.

The lack of time spent educating nursing students, coupled with the dearth of adequate material in introductory nursing textbooks is of great concern. De Guzman et al. (2018) found

that both current editions of the two commonly used undergraduate nursing Health Assessment textbooks had insufficient material specific to the unique needs of LGBTQ patients. The extent of the covered content was limited to gender-neutral questions, bringing awareness to assumptions and biases nurses may experience, and sexually transmitted infections. The focus of only three general areas of care and perceptions is too narrow for such a significant population.

Purpose

A literature review was conducted to explore the most up-to-date research in order to offer insights to educators to better prepare future nurses to care for diverse patient populations. Based on the findings, the aim is to offer modifications specific to nursing education that have the potential to make a profound impact on the day-to-day care future nurses provide to their LGBTQ patients and decrease the health care disparity that currently exists.

Methods

A review of the literature was conducted to identify current methods of nursing education related to LGBTQ patients, with the aim to highlight effective practices. Peer-reviewed articles, meta-analyses, literature reviews, and original studies were located using CINAHL, MEDLINE, and PsycINFO databases through the University of Central Florida library. Additionally, reference lists from articles were screened to identify relevant studies not identified in the original online search.

Inclusion criteria consisted of peer-reviewed research conducted after the year 2010 related to nursing education for LGBTQ patients written in English. The nation of origin was not limited to the United States and content related to education had to include at least one sexual minority: lesbian, gay, bisexual, transgender, or queer. Articles were excluded from the review if they did not relate to nursing education for the care of lesbian, gay, bisexual, transgender, and/or queer patients.

The key word search terms included the following: (MH “Gay Persons+”) OR (MH “LGBTQ Persons+”) OR (MH “Sexual and Gender Minorities+”) OR (MH “Transgender Persons+”) OR lgbt* or lesbian* or gay* or homosexual* or bisexual* or transgender* or homosexual* or queer or “sexual minorit*”) AND (nurs* undergr* N4 educat*) OR (nurs* undergr* N4 curric*). A total of 76 articles resulted, of which 57 were excluded for not meeting inclusion criteria, or they were duplicates. Consequently, 19 articles were reviewed from the original literature review. After further examination, 10 articles were removed, resulting in nine remaining articles from the original search. The bibliographies of the qualifying articles were examined and four studies were included, totaling 13 articles for a comprehensive review of the

literature. Refer to Figure 1 for a flowsheet of the literature selection method. A complete list of included articles can be found in Table 1.

Review of the Literature

A review of the literature revealed practices that may help to better prepare nursing students to care for LGBTQ patients. In a recent study, two faculty members administered an assignment to third semester nursing students (Maley & Gross, 2019). The students were tasked to read a contemporary peer-reviewed journal article related to LGBTQ health disparities and complete a reflective essay. Although this study was limited to 61 students, there were four significant themes that arose from the contents of the essays: (a) communication, (b) advocacy, (c) increased awareness and knowledge, (d) and empathy development (Maley & Gross, 2019). Although these students did not come in direct contact with any LGBTQ patients for this specific assignment, the outcome was quite profound. A simple student-led assignment resulted in a greater understanding and respect of the disparities that exist for LGBTQ health care.

In a similar study, Carabez et al. (2015b) assessed fourth semester nursing students enrolled in a public health nursing course who participated in an assignment that included readings, a two-hour presentation, and interview techniques specific to LGBTQ patients. Prior to the assignment, students were evaluated; and baseline measurements uncovered inadequate knowledge, language, and skills specific to LGBTQ health care. Similar to the results of Maley & Gross (2019), upon completion of the assignments, student nurses described feeling an enhanced sense of awareness, more culturally confident, and better prepared to care for future LGBTQ patients. It is evident that careful planning of in-class assignments can lead to more confident and culturally competent nurses.

Coursework including pre-readings, didactic lectures, classroom discussions, and a guest speaker surrounding a case study of a transgender woman were used in an undergraduate nursing

course (Henriquez, Hyndman, & Chachula, 2019). The goal was to identify effective teaching practices in order to foster collaborative problem-solving among students related to care of LGBTQ patients whereby the ASK model (Awareness, Sensitivity, and Knowledge) was employed. Consequently, self-reflection related to values and personal biases were employed to gain awareness (A), a mother of a transgender child was invited as a guest speaker to foster sensitivity (S), and knowledge was gained through learning about gender-affirming language and care practices as well as health promotion practices (K). Additionally, group discussions related to the real-life inspired case study allowed students to gain insights, skills, and knowledge into professional and unbiased interactions with hypothetical patients. The results of the case study and LGBTQ-related coursework facilitated awareness, sensitivity, and knowledge among students so they might provide culturally competent care, especially for transgender patients and their families (Henriquez et al., 2019).

LGBTQ-centered assignments for student nurses can have positive outcomes, and so can the implementation of curricula related to the care and needs of LGBTQ patients. Strong and Folse (2015) assessed baccalaureate nursing students' attitudes and knowledge related to LGBTQ terms, health disparities, cultural competence, and transgender-specific health care prior to a 40- to 45-minute PowerPoint presentation (Strong & Folse, 2015). A total of 58 undergraduate nursing students completed pre- and post-test surveys to evaluate the efficacy of content lectures on student knowledge and attitudes. While the educational intervention was a simple didactic lecture, analyses indicated an increase in positive attitudes and new knowledge as result of the classroom presentation (Strong & Folse, 2015).

Although not related to undergraduate nursing curricula, Vance et al. (2016) provided a transgender youth curriculum to nurse practitioner and other allied health students during their one-month adolescent rotations. The curricula included five observational hours in a pediatric gender clinic where each student was able to follow at least one patient during each discipline of care. Additionally, six online modules created by two expert consultants that covered material related to terminology, obtaining gender and psychosocial histories, performing a physical exam, as well as completing an assessment and creating a care plan were completed. Pre- and post-tests revealed a significant improvement of student knowledge and awareness related to medical and psychosocial factors of transgender youth (Vance et al., 2016).

Similar work was conducted by Yingling, Colter, and Hughes (2017) who created and evaluated a nursing module designed to include LGBTQ-specific content for future family nurse practitioners. The module was a one-week, self-paced, online course that included a number of topics such as minority stress, cultural humility, sexual and gender minority vocabulary, and primary care of LGBTQ and gender nonconforming individuals. Upon completion of the module, the students met in person to review the course content and to complete a case study on care of a transgender patient (Yingling et al., 2017). Based on exam results and student feedback from the module, a positive outcome was reported which supported an increase in knowledge and familiarity with LGBTQ health.

Additional strategies to enhance nursing students' knowledge of LGBTQ patient care can include the use of simulations (Díaz et al., 2017a; Díaz et al., 2017b; Waxman et al., 2020). Hickerson, Hawkins, and Hoyt-Brennan (2018) employed young gay actors with the aim of providing real-life encounters for nursing students so they may create respectful and safe

environments, use inclusive language, gain practice in obtaining a complete sexual health history, be able to offer safe sex practices, and ultimately, gain confidence and competence in their nursing practice with gay patients. The use of simulations was included in a senior-level community/public health nursing theory course and was coupled with assigned readings, classroom discussions, and a 90-minute lecture from a content expert in gender and sexuality health. Student evaluations indicated the simulation was realistic and enriching. Students reported feeling more confident with the use of inclusive language and their ability to provide a safe and respectful atmosphere to discuss essential safe sex practices with their LGBTQ patients (Hickerson, et al., 2018).

The use of simulations in an undergraduate psychiatric mental health nursing course was employed by Maruca et al. (2018); however, manikins were used instead of actors. The primary goal was to assess nursing students' affirmative practice for a transgender patient after completing a didactic lecture followed by a simulation of caring for a patient in the early stages of transitioning from male to female. Pre- and post-test assessments of the Gay Affirmative Practice Scale (Crisp, 2006) showed significant score increases after caring for a simulated transgender patient, indicating the efficacy of simulations in an undergraduate nursing course to improve affirmative practice (Maruca et al., 2018). Similar work by Stockmann and Díaz (2017) coupled simulations with didactic coursework among 20 undergraduate seniors in a mental health class. Course material focused on therapeutic communication, the nurse-client relationship, and anxiety. After instruction, students participated in a simulation with a transgender patient with the goal of identifying symptoms of anxiety and its management through the use of culturally sensitive therapeutic communication. During the simulation, the

manikin demonstrated anxious behavior and elevated vital signs and students who employed effective and culturally sensitive therapeutic communication were met with decreasing vital signs and fewer anxiety-related behaviors. From this exercise students gained a better sense of awareness of the daily struggles transgender individuals face (Stockmann & Díaz, 2017).

Additionally, the positive reinforcement of therapeutic communication as well as collaboration with student colleagues made the students feel more confident when caring for transgender patients (Stockmann & Díaz, 2017).

In a systematic literature search, Orgel (2017) aimed to identify best practices to help improve LGBTQ cultural competence among undergraduate nursing students. A total of 14 articles were analyzed and three main themes of pedagogical methods arose: formal education, direct contact with LGBTQ individuals, and interactive experiences. A myriad of educational interventions were uncovered related to formal education such as cultural self-assessment, journaling, case studies, journal articles, videos, critiques of current health care materials, care plan development, student presentations, and case presentations which were linked to improved knowledge. Additionally, direct contact and interactive experiences included guest presentations, fieldtrips, simulations and role play, diversity events, and community activity participation which helped to improve student attitudes and skills. Orgel (2017) argues that while each intervention improved cultural competence, not one particular approach is superior. Instead, the employment of a multi-method approach would be effective to help advance LGBTQ cultural competence among nursing students through improved knowledge, attitudes, and skills (Orgel, 2017).

A similar review of the literature was conducted by McCann and Brown (2018). These colleagues analyzed 22 articles with the aim of identifying examples of best practices to educate

undergraduate health professional students. McCann and Brown (2018) identified student knowledge, attitudes, and cultural competence surrounding LGBTQ patients were the primary focus of many educational interventions. A variety of pedagogical approaches were employed and included presentations, scripted interview sessions, group-work, online modules, discussions, and training panels. Overall, these varied educational modalities helped students to feel more comfortable and confident, better prepared, report having improved knowledge, and reflect deeper understanding of the health care they might provide to LGBTQ patients. Additionally, a search of the literature also revealed that weaving LGBTQ health related topics throughout the whole of a healthcare curricula is an effective approach to ensure nursing students are better prepared to care for LGBTQ patients (McCann & Brown, 2018).

Recent work by Burton, Nolasco, and Holmes (2020) explored the gaps of LGBTQ related health through the lens of the American Association of Critical-Care Nurses (AACN) *Essentials of Baccalaureate Nursing Education* (2008). The primary focus of their examination included four essential elements of nursing education related to LGBTQ health: patient safety, evidence-based practice, health care policy, and clinical prevention and population health. Related to patient safety, Burton et al. (2020) posits that safety should not be limited to the traditional ideology of nonmaleficence but should also include the patient's perception of safety. One way of ensuring the perception of safety among the LGBTQ population is to foster social and cultural awareness among nursing students. Such awareness may be accomplished through teaching students to use appropriate terminology related to pronoun preference or the use of "partner" instead of "husband or wife," especially among the first encounters with a new patient. Additionally, Burton et al. (2020) recommends that incorporating LGBTQ related literature in a

research course as well as employing simulations with LGBTQ characters may help to promote student knowledge and normalize the inclusion of LGBTQ population in the health care setting. Finally, ensuring that community assessment projects include LGBTQ individuals can aid in increased awareness of students as well as the resources available to their local LGBTQ community. Ultimately, LGBTQ related content can be integrated into current education curricula in order to enhance student knowledge and comfort levels in order to prevent continued marginalization of LGBTQ individuals (Burton et al., 2020).

As identified by Burton et al. (2020), the use of appropriate terminology among the LGBTQ population can help foster a sense of patient safety. Carabez et al. (2015c) aimed to identify LGBTQ-sensitive nursing practice by surveying nurses' knowledge related to gender inclusive forms used in their facilities. Based on their findings whereby only five percent of nurses reported the use of gender inclusive forms, Carabez et al. (2015c) designed a Trans* Terminology 101 module which includes content of terms related to sex and gender, sexual identity terms, understanding trans* terminology and experience, transition, and pronouns. While Carabez et al. (2015c) did not assess the implantation and efficacy of the Trans* 101 lesson, their aim is that their module may act as a resource to improve nursing knowledge surrounding the use of appropriate terminology and concepts specific to the transgender experience (Carabez et al., 2015c).

Discussion

Recommendations for Education

There are a number of pedagogical approaches shown to help increase student knowledge, cultural awareness, and confidence related to the care of LGBTQ patients. The foundation of any successful program must include competent educators that can effectively administer nursing curricula. Nursing programs with the goal of adequately preparing their graduates to be culturally competent nurses should employ diverse faculty that are knowledgeable about LGBTQ health care needs (Lim et al., 2013; Sekoni et al., 2017).

Therefore, it is crucial that programs attract and retain professors who have varied practical experience as well as theoretical knowledge. When hiring new faculty members, it is important that their knowledge of, and interaction with, LGBTQ related health topics and patients is assessed and taken into consideration for employment (Lim et al., 2013; Sekoni et al., 2017).

Aside from employing knowledgeable and experienced faculty, increasing teaching time is a simple tactic that can promote adequate training of LGBTQ needs for nursing students (Lim et al., 2015). Time designated for coverage of topics related to LGBTQ health in order to help offset the health care disparities among the LGBTQ population should be greater than the current national average of just over two hours. Requiring a variety of assignments such as reflective essays, reviewing peer-reviewed journal articles, completing case studies, or participating in structured interviews are examples that can expand teaching time spent on important topics related to LGBTQ health (Bosse, Nesteby, & Randall, 2015; Carabez et al., 2015b; Maley & Gross, 2019; Henriquez et al., 2019). By incorporating LGBTQ specific coursework, faculty can

foster and promote discussions that can enhance communication, knowledge, clinical reasoning, and ultimately, cultural competence (Bosse et al., 2015).

Other educational interventions can include the use of simulations with patients who identify as LGBTQ. When simulations are coupled with assigned readings, lectures, and classroom discussions, students enhance their knowledge and understanding of how to appropriately care for LGBTQ patients (Hickerson et al., 2018; Maruca et al., 2018; Stockmann & Díaz, 2017). Simulations allow students to put theoretical knowledge into practice to provide care for interactive manikins with the ability to debrief and discuss their experiences with peers and faculty (Maruca et al., 2018; Stockmann & Díaz, 2017). Although not all programs have access to simulation centers with manikins, alternative approaches such as hiring actors for simulations, or hosting guest speakers or LGBTQ panelists, can help students to gain firsthand experience with LGBTQ individuals (Brennan et al., 2012; Carabez et al., 2015a; Hickerson et al., 2018).

Additional examples to improve the care that undergraduate nursing students provide to LGBTQ patients is to create whole modules surrounding LGBTQ health care needs. Although work by Vance et al. (2016) and Yingling et al. (2017) focused on nurse practitioner students, outcomes from the implementation of LGBTQ modules demonstrated an increase in knowledge, familiarity, and awareness for this population. While a two- or four-year undergraduate program may not be able to dedicate a whole month or clinical rotation on LGBTQ health, certainly an entire didactic lecture can be reserved for teaching LGBTQ health disparities, cultural competence, the importance of using appropriate terminology, and cultural awareness (Strong & Folsie, 2015; Vance et al., 2016; Yingling et al., 2017). Tools such as the Trans* Terminology

101, which have been created to help inform practicing nurses, may be incorporated into undergraduate curricula to better prepare nursing students (Carabez et al., 2015c).

Further changes to curricula should be considered such as updates to commonly used health assessment textbooks. Future editions should incorporate a greater depth of content that will prepare nurses for interactions with LGBTQ patients in order to bolster confidence and competence (De Guzman et al., 2018). Additionally, Burton et al. (2020) recently focused their efforts on the AACN framework that guides nursing education principals. Curricula related to four essential elements were reviewed with recommendations for pedagogical strategies related to LGBTQ patient care. Specifically, Burton et al. (2020) identifies the importance of teaching students how to foster a safe environment through social and cultural awareness as well as incorporating research and simulations related to LGBTQ health into nursing courses.

Finally, there is overwhelming evidence that supports the implementation of assignments, case studies, modules, mock interviews, simulations, guest speakers, and didactic lectures to be interspersed throughout the whole of a nursing program (Burton et al., 2020; Bosse et al., 2015; McCann & Brown, 2018; Orgel, 2017; Sekoni et al., 2017; Sherman et al., 2021a; Sherman et al., 2021b). As with learning any new content, repetition through varied methodologies reinforces comfort, confidence, and knowledge and will produce nurses who are better prepared to care for LGBTQ patients. In conjunction with the recently updated *The essentials: Core competencies for professional nursing education* (AACN, 2021) which has improved the standards of nursing education, colleges and universities should aim to interlace LGBTQ related curricula throughout their nursing programs to help prepare their nurses to provide exceptional care for the LGBTQ patients.

Limitations

While a variety of recommendations based on evidence from the literature are presented, some limitations do exist. It is only in recent years that attention has been given to the need to incorporate LGBTQ health in nursing curricula. As a result, there is a dearth of empirical evidence specific to LGBTQ health-related content being taught in undergraduate nursing programs. Furthermore, a review of the literature did not identify any long-term studies. Therefore, longitudinal effects of interventions cannot be determined. Finally, generalizability is limited as the majority of reviewed studies were conducted in the U.S. and these studies were not uniform in subjects and included analyses of undergraduate (associate and bachelor) and graduate (master and nurse practitioner) programs.

Conclusions

Currently, nursing education related to LGBTQ health has fallen short of meeting expectations for nurses to be prepared to care for LGBTQ patients. As evidenced by the literature, however, a few simple yet significant changes can be made in order to change the trajectory of care LGBTQ individuals receive in the US. Nursing faculty that are culturally competent and understand LGBTQ health care, protocols, and appropriate terminology should be employed at colleges and universities. Additionally, increasing teaching time and using updated textbooks are basic strategies that can be employed to offer adequate training. Furthermore, another approach to bridging the gap between heterosexual and non-heterosexual health care is through improved curricula that includes assignments and whole modules dedicated to LGBTQ patients. Specifically, the health and cultural needs of future LGBTQ patients can be improved by incorporating LGBTQ-specific assignments, presenting didactic lectures on LGBTQ content, completing modules related to LGBTQ health care, participating in simulations, and hosting guest speakers and LGBTQ panelists. Ideally, a variety of pedagogical interventions should be interspersed throughout the entire curricula and guided by the improved AACN (2021) *Essentials*. These modifications to nursing education have the potential to make a profound impact on the day-to-day care that future nurses can provide to their LGBTQ patients to decrease the health care disparity that currently exists.

Appendix A: Figures

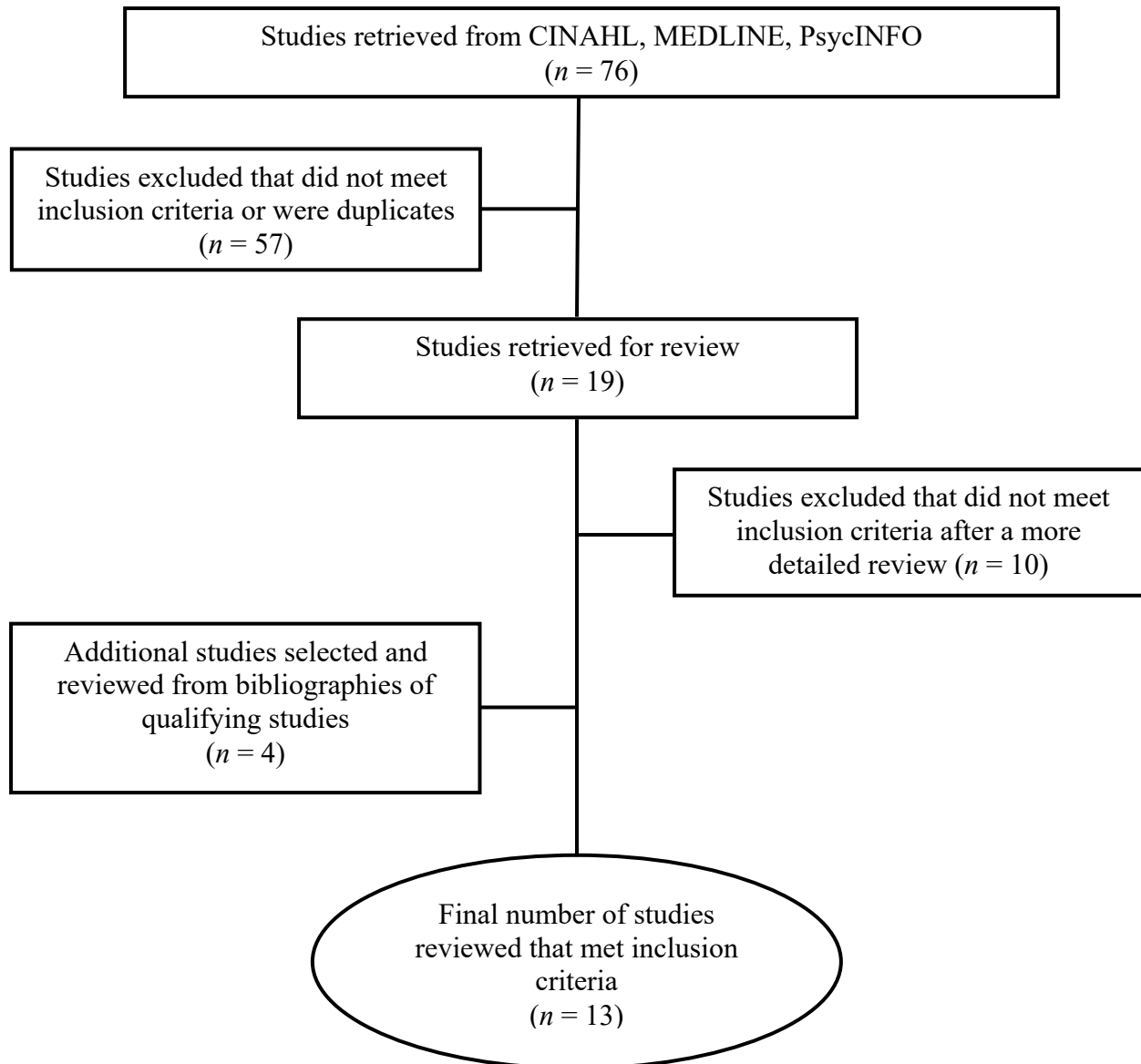
Figure 1: Literature Selection Method

Key Search Terms:

(MH "Gay Persons+") OR (MH "LGBTQ Persons+") OR (MH "Sexual and Gender Minorities+") OR (MH "Transgender Persons+") OR lgbt* or lesbian* or gay* or homosexual* or bisexual* or transgender* or homosexual* or queer or "sexual minorit*")
AND (nurs* undergr* N4 educat*) OR (nurs* undergr* N4 curric*)

Inclusion Criteria:

English language, peer-reviewed, research articles, published after 2010



Appendix B: Tables

Table 1: Table of Evidence

Article	Sample/Study Design	Intervention/Purpose	Findings
Burton, C. W., Nolasco, K., & Holmes, D. (2020). Queering nursing curricula: Understanding and increasing attention to LGBTQIA+ health needs.	Exploratory	Review of the AACN Essentials of Bachelorette Nursing Education to examine four essential elements: patient safety, evidence-based practice, health care policy, and clinical prevention and population health.	Patient safety should include the patient's perception of safety. LGBTQ related literature should be incorporated in a research course as well as employing simulations with LGBTQ characters. Community assessment projects should include LGBTQ individuals to aid in increased awareness of students as well as resources that are available to their local LGBTQ community.
Carabez, R., Pellegrini, M., Mankovitz, A., Eliason, M., & Scott, M. (2015c). Does your organization use gender inclusive forms? Nurses' confusion about trans* terminology.	Mixed methods structured interview of nurse key informants (n = 268)	Undergraduate nursing students recruited and interviewed practicing nurses about their knowledge and use of gender inclusive forms in their facilities.	Only 5% reported use of gender inclusive forms, 44% were unaware of forms, 37% did not understand the forms, 14% confused gender with sexual orientation. A Trans Terminology 101* module was created to be a resource to improve nursing knowledge related to sex and gender terms, sexual identity terms, understanding Trans* terminology and experience, transition, and pronouns
Carabez, R., Pellegrini, M., Mankovitz, A., Eliason, M. J., & Dariotis, W. M. (2015b). Nursing students' perceptions of their knowledge of lesbian, gay, bisexual, and transgender issues: Effectiveness of a multi-purpose assignment in a public health nursing class.	Bachelor and Master's degree nursing students (n = 112)/ Descriptive correlational; Pretest-posttest	Assignment in public health nursing class of fourth-semester nursing students. Content included: readings, 2-hour presentations, instruction on interview techniques.	Student nurses described feeling an enhanced sense of awareness, more culturally confident, and better prepared to care for future LGBTQ patients.

Article	Sample/Study Design	Intervention/Purpose	Findings
Henriquez, N., Hyndman, K., & Chachula, K. (2019). It's complicated: Improving undergraduate nursing students' understanding family and care of LGBTQ older adults.	Undergraduate nursing students (n = 42)/ Pretest-posttest	Coursework including pre-readings, didactic lectures, classroom discussions, and a guest speaker surrounding a case study of a transgender woman.	The case study and LGBTQ-related coursework facilitated awareness, sensitivity, and knowledge among students.
Hickerson, K., Hawkins, L. A., & Hoyt-Brennan, A. M. (2018). Sexual orientation/gender identity cultural competence: A simulation pilot study.	Bachelor's degree nursing students (n = 230)/ Posttest	The use of simulations was included in a senior-level Community/Public Health Nursing Theory course and was coupled with assigned readings, classroom discussions, and a 90-minute lecture from a content expert in gender and sexuality health.	Students reported feeling more confident with the use of inclusive language and their ability to provide a safe and respectful atmosphere in order to discuss essential safe sex practices with their LGBTQ patients.
Maley, B., & Gross, R. (2019). A writing assignment to address gaps in the nursing curriculum regarding health issues of LGBT+ populations.	Associate's degree nursing students (n = 61)/ Retrospective qualitative study	Class assignment administered to third semester nursing students. Read a contemporary peer-reviewed journal article related to LGBTQ health disparities and complete a reflective essay.	Greater understanding and respect for the disparities that exist for LGBTQ health care.
Maruca, A. T., Díaz, D. A., Stockmann, C., & Gonzalez, L. (2018). Using simulation with nursing students to promote affirmative practice toward the Lesbian, Gay, Bisexual, and Transgender population: a multisite study.	Bachelor's degree nursing students (n = 48)/ Descriptive pretest-posttest	Didactic lecture followed by a simulation (with a manikin) of caring for a patient in the early stages of transitioning from male to female.	Pre- and post-test assessments of the Gay Affirmative Practice Scale showed significant score increases after caring for a simulated transgender patient, indicating the efficacy of simulations in an undergraduate nursing course to improve affirmative practice.

Article	Sample/Study Design	Intervention/Purpose	Findings
McCann, E., & Brown, M. (2018). The inclusion of LGBT+ health issues within undergraduate healthcare education and professional training programmes: A systematic review.	Systematic literature review (n = 22)	Identify examples of best practices to educate undergraduate health professional students.	Student knowledge, attitudes, and cultural competence surrounding LGBTQ patients were the primary focus of many educational interventions. Varied educational modalities helped students to feel more comfortable and confident, better prepared, report having improved knowledge, and a deeper understanding of the health care they might provide to LGBTQ patients.
Orgel, H. (2017). Improving LGBT cultural competence in nursing students: An integrative review.	Systematic literature review (n = 14)	Identify best practices to help improve LGBTQ cultural competence among undergraduate nursing students.	Three main themes of pedagogical methods arose: formal education, direct contact with LGBTQ individuals, and interactive experiences.
Stockmann, C., & Díaz, D. A. (2017). Students' perceptions of the psychological well-being of a transgender client through simulation.	Undergraduate nursing students (n = 20)/ Focus group	Instruction administered focused on therapeutic communication, the nurse-client relationship, and anxiety followed by participation in a simulation with a transgender patient with the goal of identifying symptoms of and managing anxiety through the use of culturally sensitive therapeutic communication.	The positive reinforcement of therapeutic communication as well as collaboration with student colleagues made the students feel more confident when caring for transgender patients.
Strong, K. L., & Folsie, V. N. (2015). Assessing undergraduate nursing students' knowledge, attitudes, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients.	Undergraduate nursing students (n = 58)/ Pretest-posttest	Assessment of baccalaureate nursing students' attitudes and knowledge related to LGBTQ terms, health disparities, cultural competence, and transgender-specific health care prior to a 40- to 45-minute PowerPoint presentation.	An increase in positive attitudes and new knowledge related to LGBTQ health care due to a 40- 45-minute classroom presentation.

Article	Sample/Study Design	Intervention/Purpose	Findings
Vance Jr, S. R., Deutsch, M. B., Rosenthal, S. M., & Buckelew, S. M. (2016). Enhancing pediatric trainees' and students' knowledge in providing care to transgender youth.	Nurse practitioner, students, medical students, pediatric interns, psychiatry interns (N = 20)/ Pretest-posttest	Administration of curricula that included observational hours in a pediatric gender clinic and six online modules created by two expert consultants that covered material related to terminology, obtaining gender and psychosocial histories, performing a physical exam, as well as completing an assessment and creating a care plan were completed.	Pre- and post-tests revealed a significant improvement of student knowledge and awareness related to medical and psychosocial factors of transgender youth.
Yingling, C., Cotler, K., & Hughes, T. (2017). Building nurses' capacity to address health inequities: Incorporating lesbian, gay, bisexual and transgender health content in a family nurse practitioner programme.	Family Nurse Practitioner students/ Qualitative pretest-posttest	As part of a health management course, a one-week, self-paced, online module that included a number of topics such as minority stress, cultural humility, sexual and gender minority vocabulary, and primary care of LGBTQ and gender nonconforming individuals was administered.	Student feedback indicates an increase in knowledge and familiarity with LGBTQ health.

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