





INTRODUCTION

- The LGBTQ+ community is considered a minority group and has unique health needs (Perez-Stable, 2016), including higher rates of HIV and other sexually transmitted infections, substance abuse, smoking, depression, anxiety, weight control issues, and violence (National LGBT Health Education Center, 2016).
- A guideline of LGBTQ+ health topics to include in nursing curricula does not exist.
- Nursing students are often ill-prepared to care for LGBTQ+ patients or uncomfortable with caring for the LGBTQ+ community as they enter the workforce (Cornelius & Carrick, 2015; Maley & Gross, 2019).







METHODS

- Multisite descriptive correlational design.
- Sample: Part-time or full-time prelicensure nursing students graduating from their nursing program.
- Tool: Modified version of Lesbian, Gay, Bisexual, & Transgender Nursing Education Assessment (LGBT-NEA).
- Email with the electronic survey link was sent to the deans/directors inviting their graduating nursing students to participate in the study.
- Tests: An independent samples t-test, Pearson correlations and one-way analyses of variance (ANOVAs).



RESULTS: CONTENT AREAS OFFERED



Item	Education Offered	
	n	%
HIV among LGBTQ+ populations	277	77.16
Sexually transmitted infections (not HIV) among LGBTQ+ populations	266	74.09
Mental health among LGBTQ+ populations	257	71.59
Safe sex practices for LGBTQ+ populations	249	69.36
Sexual identity	183	50.97
Barriers to accessing medical care among LGBTQ+ populations	173	48.19
Unhealthy relationships among LGBTQ+ populations	157	43.73
Gender identity	156	43.45
Alcohol, tobacco, or other drug use among LGBTQ+ populations	131	36.49
Chronic disease risk among LGBTQ+ populations	130	36.21
Adolescent health among LGBTQ+ populations	130	36.21
Body image among LGBTQ+ populations	123	34.26
Reproductive health among LGBTQ+ populations	111	30.92
Non-surgical transitioning	84	23.40
Health research challenges with LGBTQ+ populations	79	22.01
Coming out	77	21.45
Gender affirming surgery	59	16.43
Geriatric care among LGBTQ+ populations	55	15.32

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RESULTS: PREPAREDNESS IN CONTENT OFFERED

Table 3 edness in LGBTQ+ Education

Pre

	Felt Prepared	
	n	%
HIV among LGBTQ+ populations	223	62.12
Safe sex practices for LGBTQ+ populations	208	57.94
Sexually transmitted infections (not HIV) among LGBTQ+ populations	206	57.38
Mental health among LGBTQ+ populations	166	46.24
Sexual identity	161	44.85
Alcohol, tobacco, or other drug use among LGBTQ+ populations	158	44.01
Gender identity	157	43.73
Unhealthy relationships among LGBTQ+ populations	150	41.78
Barriers to accessing medical care among LGBTQ+ populations	143	39.83
Body image among LGBTQ+ populations	138	38.44
Coming out	131	36.49
Adolescent health among LGBTQ+ populations	128	35.65
Chronic disease risk among LGBTQ+ populations	119	33.15
Reproductive health among LGBTQ+ populations	110	30.64
Health research challenges with LGBTQ+ populations	99	27.58
Geriatric care among LGBTQ+ populations	92	25.63
Non-surgical transitioning	82	22.84
Gender affirming surgery	80	22.28



RESULTS: OVERALL PREPAREDNESS, COMFORT AND EDUCATION EXPERIENCES



Variable	n	,
Currently feel prepared to care for LGBTQ+ patients		
I feel prepared	121	33.7
I feel somewhat prepared	175	48.7
I feel unprepared	55	15.3
Do not know	8	2.2
Training changed level of preparedness		
I am MORE prepared	148	41.2
My level of preparedness has NOT CHANGED	198	55.1
I am LESS prepared	13	3.6
Opportunity to care for LGBTQ+ patients during clinical rotations		
Yes	150	41.7
No	208	57.9
No response	1	0.2
Currently feel comfortable caring for LGBTQ+ patients		
I feel comfortable	218	60.7
I feel somewhat comfortable	111	30.9
I feel somewhat uncomfortable	19	5.2
I feel uncomfortable	11	3.0
Training changed level of comfort		
I am MORE comfortable	116	32.3
My level of comfort has NOT CHANGED	223	62.1
I am LESS comfortable	2	0.5
Do not know	18	5.0

RESULTS: DEMOGRAPHIC VARIABLES AND PREPAREDNESS AND COMFORT



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RESULTS: DEMOGRAPHIC VARIABLES AND PREPAREDNESS AND COMFORT



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LIMITATIONS

- Utilized deans/directors for survey distribution rather than contacting students directly.
- Limited to those who were members of NLN, AACN, and OADN.
- Majority of participants (50%) were from BSN programs, followed closely by ADN programs (30%).
- Majority of participants were White, heterosexual, cisgender women, and 92% of participants reported knowing someone in the LGBTQ+ community.



IMPLICATIONS FOR PRACTICE

- Nursing programs recommendations:
 - Examine their current curricula
 - Evaluate students' perceived preparedness
 - Seek out clinical sites that specialize in LGBTQ+ care or are specifically associated with LGBTQ+ communities
- Nursing faculty should examine their own knowledge and comfort level with LGBTA+ health care topics.





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