

Nursing Pre-licensure and Graduate Education for LGBTQ Health: An Integrative Review

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1

What we know nationally


Professional health organizations endorse integration of LGBTQ+ health curricula^{1,3-6}



Nursing science has failed to integrate adequate LGBTQ+ evidence-based research and education into pre-licensure and advanced degree nursing curricula^{1,2}




Faculty report a lack of knowledge and confidence necessary for providing LGBTQ+ health information to students^{2,7-11}



1. (Bonvicini 2017); 2. (McCann & Brown 2018); 3. (Institutes Health Sexual NO, Minority Research Coordinating Committee G. 2015); 4. (Institute of Medicine (IOM) 2011); 5. (National Student Nurses Association 2010); 6. (American Academy of Nursing 2012) 7. (Cornelius et al. 2017); 8. (Lim, Johnson, Eliason, 2013); 9. (Stewart & Riley 2017); 10. (McNiel & Elertson 2017); 11. (Mitchell, Lee. Skyes 2016)

2



National Nursing LGBTQ+ Health (NNLH) Summit

- Held November 2019
- Brought together key nursing leaders and allies to discuss how to develop a national nursing agenda to meet the health needs of LGBTQ+ people.
- 80 Summit attendees included deans of nursing, leaders of nursing organizations, & experts in LGBTQ+ health representing 33 organizations, schools or colleges
- **Subcommittees Developed**
 - Education
 - Research
 - Nursing Practice



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3




Educational Subcommittee Vision Statements

- Call for the revised AACN essentials document and for nursing curricula to incorporate affirming, inclusive and dynamic LGBTQ+ content using an intersectional lens.
- Faculty educate nurses who are competent and inspired to care for SGM people, having learned about sexual orientation and gender identity through a humanistic approach.
- Nursing schools provide a culture in which all nursing students and faculty feel safe to be their authentic selves.



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4

A large graphic on the left side of the slide, consisting of a rainbow-colored shape that tapers at the top and widens at the bottom, resembling a stylized 'V' or a funnel. The colors from top to bottom are purple, blue, cyan, green, yellow, orange, and red.

Integrative Review

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5

A smaller version of the rainbow graphic from slide 5, positioned at the top center of the slide.

Purpose & Aims

Purpose: to systematically identify, classify, critically appraise, and synthesize the scientific literature, from the past 20 years, about the evolution, current state, and impact of pre-licensure and graduate nursing education in relation to the promotion of health and wellbeing for LGBTQ patients and communities.

Specific review questions are:

1. What competencies, theories, frameworks, guidelines, existing literature were used to create evidence-based interventions?
2. What content do current interventions cover?
3. What is known about teaching methodologies used to educate nursing students about LGBTQ health and healthcare service?
4. What effect do current interventions have on learner outcomes?
5. What measures exist to guide the assessment of nursing students' LGBTQ health and wellbeing knowledge, attitudes, and skills?
6. What are the barriers and facilitators to educating nursing students about LGBTQ health and wellbeing?



6

Search Strategy

MeSH term and key term categories: nursing, education, and LGBTQ+

Inclusion criteria:

- (1) published in English
- (2) published peer-reviewed original research
- (3) published after 1999
- (4) U.S. based
- (5) aggregate or individual findings from nursing students with any level of educational preparation;
- (6) LGBTQ-related education: characteristics of learners or curriculum, barriers and facilitators to curriculum integration, describe or evaluate an educational intervention, LGBTQ content delivery

Exclusion criteria:

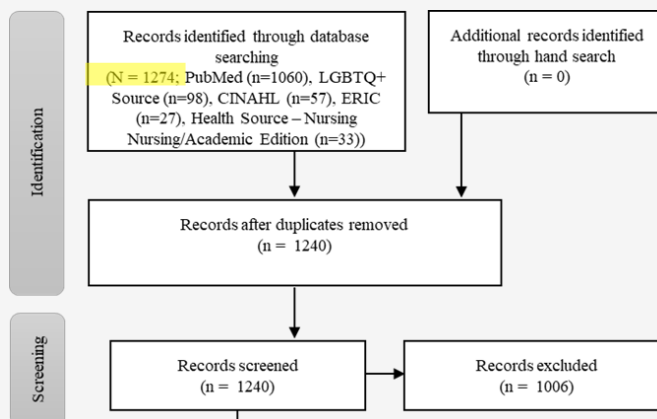
- (1) reviews, dissertation, theses, or DNP projects
- (2) grey literature (e.g., white papers, government documents)
- (3) abstracts



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7

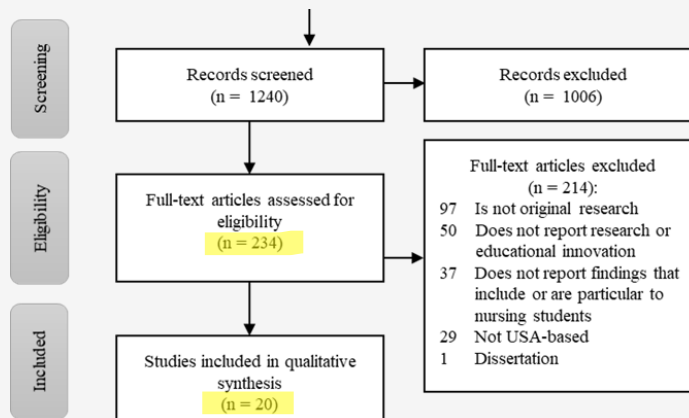
Article Selection



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8

Article Selection (cont.)



9

Article Quality and Bias Appraisal

- 2 reviewers independently conducted quality and bias appraisal of the articles using a revised comprehensive measure pulling items from the following existing tools:
 - Mixed Methods Appraisal Tool (MMAT) Version 2018 (Hong et al., 2019)
 - Joanna Briggs Institutes Critical Appraisal Checklist for Qualitative Research (JBIACQR, Lockwood et al., 2020).
 - NIH Study Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (<https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools>)

Data Extraction

- Data extraction was completed by 5 reviewers
- 25% extraction quality audit was performed with a 75% minimum agreement threshold
- Extracted data:
 - (i) study aims/research questions/hypotheses [if stated];
 - (ii) nursing populations studied, inclusion/exclusion criteria, and demographic data on study participants;
 - (iii) independent and dependent variables, interventions/educational methodologies [if specified], measures specific to LGBTQ+ populations [beyond demographic data]
 - (iv) major findings, additional findings, and limitations.

See Prospero for details

(https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=201474)

10

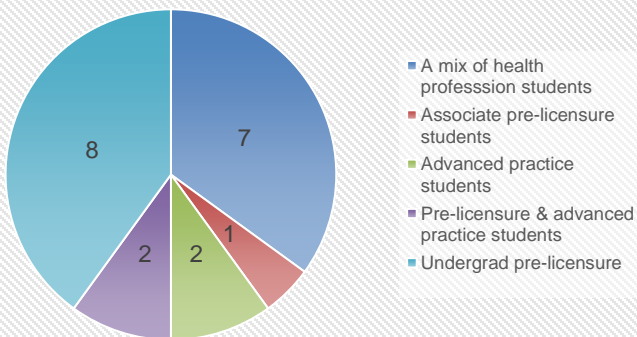
Results

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11

Description of Included Articles

Student Population Focus of Included Articles



1. 3 qualitative studies, 4 mixed methods studies, & 13 quantitative studies
2. 6 of 20 articles used pre/post test design to examine the effect of an educational intervention
3. 14 of 20 were cross-sectional studies examining KSA, homophobia, religiosity, or openness

12

Themes from the Qualitative Synthesis

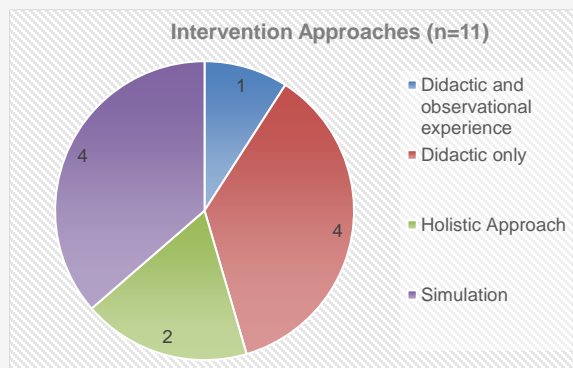
1. Curricular Interventions Improve LGBTQI+ Knowledge and Attitudes
2. Impassioned, Informed LGBTQI+ learning experiences result in profound learning
3. Direct interaction with LGBTQI+ persons results in significant learning
4. Students are aware of their need for improved LGBTQI+ learning
5. Religiosity and lack of exposure persist as barriers to LGBTQI+ content in nursing education



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13

Description of Educational Interventions



- Content varied widely and only 2 interventions were based on expert review or underwent any form of content validity evaluation
- 12 articles described or evaluated an educational intervention (*2 articles examined the same intervention)
- Holistic interventions had several different types of content delivery including a didactic portion, a panel of LGBTQI+ people, and an interactive component



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14

Table 2. Barriers to Educating Nursing Students about LGBTQ Health and Wellbeing

Barrier	References
Religiosity Focus on Christian religion Not feasible or ethical to change religious convictions or personal values of clinical exposure to LGBTQ+ patients	Rowniak (2015); Schlub & Martsof (1999)
Limited resources Lack of clinical exposure to LGBTQ+ patients Access and engagement with LGBTQ+ panelists or standardized patients Limited time and space available to implement content Insufficient faculty development to deliver the content and learning experiences Limited tools to guide LGBTQ+ intervention and curricular development	Adams, et al. (2019); Aptaker, et al. (2019) Buckelew, et al. (2017); Buckelew, et al. (2018); Elertson & McNiell (2018)
Student self-selection into optional LGBTQ+ content	Adams, et al. (2019); Chen, et al. (2018)



Table 3. Facilitators to Educating Nursing Students about LGBTQ Health and Wellbeing

Facilitator	References
Clinical exposure Increase student exposure to LGBTQ+ patients	Buckelew, et al. (2017); Rowniak (2015)
Content Identifying and dispelling common misconceptions regarding LGBTQ+ health Explicitly integrate transgender and gender diverse health information Frame the content in the context of cultural humility instead of cultural competency; "emphasizing the ongoing process of learning"	Brown, et al. (2017); Carabez, et al. (2015); Rowniak (2015)
Curriculum delivery methods Provide pre-requisite learning activities to prepare students for the simulation or intervention Simulation with debriefing (1:1 and group) Narration, didactic content, and example questions that could be used during clinical encounters	Buckelew, et al. (2017); Darling-Fisher, et al. (2019); Diaz & Stockmann (2017); Gross (2019)
LGBTQ+ student support and expertise Additional mentorship for LGBTQ+ students is warranted to enhance education and career enhancement LGBTQ+ students may assist in the development of formal content, clinical immersion opportunities, fostering a safe and welcoming climate, help identify deficiencies in the curriculum and foster solutions and initiatives to improve LGBTQ+ health inclusion	Chen, et al. (2018); Himmelstein, et al. (2019)
Placement of LGBTQ+ Health Content Weave mandatory LGBTQ+ health content throughout the program curriculum instead of only providing LGBTQ+ health content in 1 course, lecture, or as optional material	Rowniak (2015)



Table 4. Barriers to evaluating the existence or impact of LGBTQI+ health content

Barrier	References
<p>Sampling and retention issues:</p> <ul style="list-style-type: none"> Small sample sizes Difficulty recruiting and retaining participants across multiple institutions Convenience sampling impacting self-selection bias (more likely to be LGBTQI+ peeps or affirming peeps) Cross-sectional sampling reducing the ability to examine effect of the intervention Large dropout rates for pre- and post-test designed studies Non-representative samples (mostly White and cisgender women) 	<p>Acker (2017); Adams, et al. (2019); Ballout, Klotzbaugh, Spencer (2020); Brown, et al. (2017) Buckelew, et al. (2018); Chen, et al. (2018) Diaz, et al. (2018); Englund (2018) Folse & Strong (2015); Himmelstein, et al. (2019) Maley & Gross (2019); Rowniak (2015)</p>
<p>Lack of validated instruments to assess gaps in curriculum or student LGBTQI+ knowledge, skills, and attitudes</p>	<p>Acker (2017); Chen, et al. (2018); Diaz, et al. (2018); Folse & Strong (2015)</p>
<p>Response-shift bias (do not know what you do not know on the pre-test)</p>	<p>Buckelew, et al. (2018)</p>
<p>Social desirability response bias</p>	<p>Acker (2017); Chen, et al. (2018); Diaz, et al. (2018); Himmelstein, et al. (2019)</p>



Discussion

1. The nursing profession has a responsibility to support the health of all people, particularly those who are most vulnerable
2. The profession lacks educational guidelines for the care of LGBTQ people, partly because it lacks evidence upon which to base such recommendations—making it difficult for nursing faculty to know what to teach nursing students
3. Most articles reported on beginning initiatives, single site interventions, used convenience sampling, and used unvalidated tools
4. While the volume of studies has increased, we are still at a beginning stage of developing a science of LGBTQ+ education in nursing
5. Increased integration of LGBTQ health content into nursing education is needed and should be seen as a priority for the discipline’s educational initiatives



Tool for Assessing LGBTQI+ Health Training (TALHT) in Pre-licensure Nursing Curricula

- Process for development
 - Literature review
 - Face and content validity with expert reviewers
 - Experts = curricular design, LGBTQI+ health, cultural humility, and/or measure development
 - Pilot testing for acceptability and utility and final edits to measure
- **Not every course is expected to address all items on the TALHT** (Some courses may not address any items) Instead, items should be spread across a program

The TALHT contains five content domains totaling to 20 items

- (1) Rationale, Context & Definition
- (2) Key Aspects of Resilience & Barriers to Healthcare
- (3) Understanding the Impact of Stereotyping & Stigma on Medical Decision-Making
- (4) Health Disparities & Social Determinants of Health
- (5) Gender- & Sexuality-affirming Healthcare



Tool for Assessing LGBTQI+ Health Training (TALHT)

Table 1. Tool for Assessing LGBTQI+ Health Training (TALHT) for Pre-licensure Nurses

Each individual item on the TALHT can be assessed using the following criteria:
 NA The item is not applicable for, or is outside the scope of, the course in question
 0 The item is applicable for the course, but is **not** addressed in the course
 5 The item is applicable for the course, but is **only partially** addressed in the course
 1 The item is applicable for the course, and is **fully** addressed in the course

Domain	Overview	Knowledge (K), Skills (S), & Attitudes (A)	[Course Name]		
Domain 1: Rationale, Context, & Definition	A. Definitions of related terminology B. Health implications related to one's sex, sexuality, & gender	1. K Define LGBTQI+, gender- and sexuality-affirming care, trauma-informed care, family-centered care, gender identity, gender expression, sex, sexual orientation components (e.g., attraction, behavior, identity), romantic orientation components (e.g., attraction, behavior, identity), cisgenderism, and heterosexism.			
		2. K *Graduate* Define theoretical models pertinent to LGBTQI+ health (e.g., intersectionality, the minority stress model, and the health equity promotion model).			
		3. S Discuss sexuality & gender with the patient during health assessment (e.g., introducing self with pronouns and asking for patient's pronouns, asking about patient's sexuality and gender and how it relates to their health, discuss what health topics are relevant to the patient).			
		4. A Exhibit a caring demeanor when interacting with LGBTQI+ patients, especially when discussing health beliefs, health practices, and previous healthcare experiences (e.g., actively listen to the patient in a welcoming manner, creating an empathetic dialogue with the patient).			

Note. *Graduate* refers to items that may be better suited for graduate nursing students. © 2021 Emory University



Questions?

Want to get involved or have additional questions?
Please email Dr. Athena DF Sherman at adfsherman@emory.edu
or Dr. Sheila Smith at SMIT0171@UMN.edu

For assistance in using this tool, please contact Dr. Athena D. F. Sherman at ADFSherman@emory.edu. We look forward to hearing from you.

To access the TALHT go to: <https://forms.gle/P2bngX521EaShTgx8>



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