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A Qualitative, Formative Evaluation of Cultural Competencies in a Baccalaureate Nursing Program

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Walden University

College of Education

This is to certify that the doctoral study by

Lorraine J. Mercado

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2021

Abstract

A Qualitative, Formative Evaluation of Cultural Competencies
in a Baccalaureate Nursing Program

by

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MBA, St. Joseph College, 2013

BS, St Joseph College, 2006

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Education

Walden University

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Abstract

Nurses are often the first healthcare professionals that patients encounter in a healthcare environment; however, members of the lesbian, gay, bisexual, or transgender (LGBT) community and other diverse populations fail to seek medical attention due to feelings of discrimination and an unwelcoming environment. The focus of this qualitative, formative, program evaluation was that the baccalaureate nursing students at a private 4-year college in the Northeastern United States indicated a lack of academic preparation in cultural competency to properly care for members of the LGBT community and other diverse populations after graduation. Leininger's theory of cultural care was used in this study to assess the perceptions of 13 professional nurses (who graduated within the past 2 academic years) and 8 Bachelor of Science Nursing (BSN) faculty about the adequacy of the nursing curriculum in educating students on the topic of cultural competency and caring for the LGBT population. The research questions focused on this same topic. Findings from the collected data (semi structured interviews for faculty and web-based surveys for nurses) revealed 4 themes, which indicated that the BSN curriculum needs updates for topics such as trust and respect for the LGBT populations and addressing diversity and vulnerable populations. The resultant project consisted of an evaluation report that focused on the summary of findings and the resultant recommendations, with a focus on potential changes to the nursing curriculum to improve nurses' ability to improve healthcare for the LGBT population. The project contributes to positive social change by helping administrators graduate culturally competent nurses who can improve healthcare for members of the LGBT population.

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Section 1: The Problem

Introduction

The population in the United States has been increasing, and according to the 2010 Census, 89,667 of the people who officially changed their names and sex on their social security cards are considered transgender (Harris, 2015). Fenway Institute's National Lesbian, Gay, Bisexual, and Transgender Health Education Center found that 3.8% of Americans identified themselves as lesbian, gay, bisexual, or transgender in 2012 (Kroning, Green, & Kroning, 2017).

Zuzelo (2014) stated that the healthcare services provided to the LGBT community are below the standardized requirements—and should be improved—because healthcare providers lack knowledge about caring for patients who are members of a diverse population. Nursing students and practicing nurses need educational resources to help the LGBT community receive quality medical care (Kroning et al., 2017). Educating future nurses about working with patients from diverse backgrounds and sexual orientations could improve patient care. To have a strong educational foundation for nursing students, learning should start in the classroom and be delivered by nurse educators.

Section 1 covers the following topics: definition of the problem, rationale for the evaluation study, research questions, review of the literature to support the evaluation study, and conceptual framework of the evaluation study.

Definition of the Problem

The BSN program at a private 4-year college (“the College”) in the Northeastern United States strives to produce culturally competent nurses. According to college administration, to

date, the nursing program has not been evaluated to identify whether its cultural competencies align with the National League for Nursing Education Accreditation Commission (NLN ACEN), Standard 4:4.5; the American Nurses Association Code of Ethics (ANACE), Provisions 1, 2, 3, 4, 7, 8; and Leininger's theory of cultural care, diversity, and universality (S.W., personal communication, January 18, 2019). In recognizing these gaps in knowledge and practice, the local problem was the evaluation of the academic preparation of the baccalaureate nursing students at the College and whether they would be able to properly care for the LGBT community following graduation. The goal of this evaluation study was to identify whether the BSN program teaches nursing students about cultural competencies as set forth by the NLN ACEN Standard 4:4.5, and the ANACE Provisions 1, 2, 3, 4, 7, 8, which address the need for cultural congruence care for clients of all diverse backgrounds.

Rationale

Evidence of the Problem at the Local Level

In 2015, the American Nurse Association determined that educational institutions should implement cultural content into nursing curricula to reduce any racial or cultural discrimination in healthcare and make nurses leaders in social change (Marion et al., 2016). The NLN ACEN accreditation committee, which standardizes nursing education and certifies nursing colleges, Standards 4; 4.5, and the ANACE Provisions 1, 2, 3, 4, 7, 8, required nursing curricula to include cultural, ethical, and socially diverse concepts as part of students' instruction. Incorporation of these topics are vital to educate nurses to become knowledgeable and competent in order to care for various sectors of the population without discrimination.

Zuzelo (2014) indicated that more people who are LGBT are becoming socially visible. Proper nursing education is vital to learn how to care for this population and to use the correct word choices to assist with the health assessment (Zuzelo, 2014). Incorporating cultural competency into the nursing curriculum, at the private, 4-year college in the Northeastern United States, is critical to improving the competency of the baccalaureate nursing students' skills to properly care for the LGBT community after graduation. Nurses are usually the first healthcare professionals the patient meets and demonstrating cultural competency and sensitivity in caring for various populations is essential for patients' well-being (Kroning et al., 2017). Incorporating cultural competency in the LGBT community in the schools' curriculum could be crucial in preparing students to work with sexually diverse populations.

During a recent nursing program faculty retreat, it was noted that community nursing partners had commented that alumni from the BSN program were lacking cultural competencies to properly meet LGBT patients' needs. BSN faculty also discussed the fact that medical practitioners treating LGBT patients found that some members of the LGBT community failed to seek medical treatment because they felt uncomfortable discussing their sexual orientation and/or felt discriminated against. The dean of the BSN program and the BSN faculty also discussed the NLN ACEN Standard 4; 4.5, and the ANACE Provisions 1, 2, 3, 4, 7, 8, both of which stated that the nursing curriculum should have cultural, ethical, and socially diverse concepts included in students' instruction in order to become competent to care for various sectors of the population. To date, this BSN program has not completed a formal evaluation of its curriculum to identify whether cultural, ethical, and socially diverse concepts are included and are being taught. The goal of this evaluation study is to assess curriculum alignment with NLN ACEN

Standard 4: 4.5, and ANACE Provisions 1, 2, 3, 4, 7, 8, and to identify whether the BSN program teaches BSN students about cultural competencies. The BSN faculty and dean indicated that cultural awareness of the LGBT community was not included in the nursing school's program (S. W., personal communication, January 18, 2019; G. M., personal communication, January 18, 2019; R. S., personal communication, January 17, 2019).

Evidence of the Problem from the Professional Literature

Lim and Hsu (2016) found that many nursing schools did not have the topic of cultural competence as part of the baccalaureate nursing students' education. Lim and Hsu (2016) discovered a deficiency in the curriculum at the nursing school and the graduate nurses' prior knowledge of providing proper patient care with cultural sensitivity to patients with sexually diverse lifestyles. According to Ruud (2018), it has been 20 years since any research has been conducted on the health of the LGBT community and on knowledge of caring for the LGBT community with cultural competency, and this information still does not exist in the teachings and textbooks required by the nursing students. The purpose of this evaluation study was to explore the academic preparation about cultural competencies for baccalaureate nursing students at a private, 4-year college in the northeastern United States and whether the program was aligned with the NLN CNEA Standard 4: 4.5, and the ANACE Provisions 1, 2, 3, 4, 7, 8.

Definition of Terms

For this evaluation study, I will be using the following terms and definitions:

Baccalaureate nursing student: A nursing student who is in a four-year college receiving a Bachelor of Science degree in nursing at completion (Dunagan, Kimble, Gunby, & Andrews, 2016).

Bisexual: An individual sexually attracted to both men and women (Landry, 2017).

Cultural competency: Cultural competency is defined as educating the student nurses with the knowledge, attitudes, and skills necessary for providing quality care to diverse populations (AACN, 2008).

Gay: A male who is attracted to another male (Landry, 2017).

Lesbian: A female who is attracted to another female (Landry, 2017).

Transgender: An individual who is born as one anatomical gender, however, identifies with the opposite gender of birth (Landry, 2017).

Transcultural nursing: A discipline of study and practice that focuses on comparative cultural care both similarities and differences between cultures with the goal of helping others to maintain an optimum level of wellness (Leininger & McFarland, 2002).

Significance of the Study

This evaluation study addressed the potential gap in the BSN program curriculum at a College in the northeastern United States regarding cultural competencies to properly care for members of the LGBT community in medical settings. With NLN ACEN Standard 4; 4.5 and the ANACE Provisions 1, 2, 3, 4, 7, 8 requiring nursing curricula to include cultural, ethical, and socially diverse concepts in instruction to help students become competent to care for various sectors of the population, it is imperative to conduct a formative evaluation to investigate program practices. This study connected the NLN ACEN standard and ANACE provisions to program competencies as a step toward improving nursing practice and improving student learning outcomes about cultural competencies.

This study evaluated whether nurses who graduated from the nursing program within

the past 2 years gained the knowledge and awareness of cultural competency from the current nursing curriculum. Personal communication with the nursing program dean, nursing faculty, graduates from the nursing program, and mentor nurses in medical practice indicated a gap in practice, as newly hired registered nurses were not able to apply cultural competencies to care for LGBT patients.

The outcome of this evaluation study may help the academic administrator to revise the current nursing curriculum at the College to meet the guidelines for accreditation of the nursing school by Healthy People 2020, NLN CNEA, and ANACE. Their guidelines for cultural competencies established a higher level for baccalaureate nursing students' skills, so that they could remain current with competencies and thus eligible to enter the workforce after graduation. With culturally competent BSN graduates, LGBT patients could receive improved medical care.

Research Questions

The purpose of this evaluation study was to explore the academic preparation of the BSN students at the College, to properly care for LGBT patients and other diverse populations. This study will be sought to answer the following five research questions:

RQ1: To what degree is the current curriculum in the BSN program at the College aligned with the NLN ACEN Standard 4; 4.5 and ANACE Provisions 1, 2, 3, 4, 7, 8?

RQ2: How do the BSN program graduates describe their experiences with diverse populations?

RQ3: How do the BSN program graduates describe their experiences caring for LGBT patients?

RQ4: What are the BSN program graduates' perceptions about learning cultural competencies to care for LGBT patients during their coursework?

RQ5: What are the BSN program faculty's perceptions about teaching baccalaureate nursing students' cultural competencies to care for LGBT patients?

Review of the Literature

Introduction

Since the population of the LGBT community has been increasing and becoming more visible, it would be valuable for the nursing students and the LGBT community to incorporate cultural competency into the curriculum at the College. Preparing baccalaureate nursing students to become knowledgeable about the topic of cultural competency, especially in the LGBT community, is essential for the healthcare needs of this community. Nurses, who are the frontline of health care and the largest subset of the healthcare workforce, are part of the customer service that exists in hospitals and should be trained in cultural competency (Carabez, Pellegrini, Mankovitz, Eliason, & Dariotis, 2015). Carabez et al. (2015) determined that nursing schools should incorporate training on how to care for the LGBT community, because nursing students need to be mindful of people with sexual differences, address patients properly, and treat all patients equally.

Research for this literature review used the following databases: Google Scholar, ProQuest Dissertations, Thesis Global, ProQuest Health, Medical Collection, ProQuest Nursing, Allied Health Source, ProQuest Science Journals, EBSCO, Eric and Education Source Combined, PubMed, and CINAHL. The following keywords were used: *baccalaureate nursing*

students, LGBT, and cultural competency. The articles reviewed for this study were limited to the period 2015–2019.

Conceptual Framework

The conceptual framework proposed for this program evaluation is Leininger's (2002) theory of cultural care, diversity, and universality. Leininger, witnessed as a young nurse, that caring is the basis for nursing, and that being culturally competent will assist the patients of diverse backgrounds to receive holistic care (Leininger & McFarland, 2002). Lui, Stone, and McMaster (2018) found that training the nursing students in the area of their communication skills, and using Leininger's theory to instill cultural sensitivity, has been essential due to the increase in globalization. Leininger found by having the nursing students partake in indirect interaction with patients of different cultures enhanced the learning process of the nursing students (Leininger & McFarland, 2002). This ethnographic design led to a transcultural nursing practice, which is the basis of nursing culturally competent care, beliefs, and practices today for all patients.

Prosen (2015) stated that nursing schools needed to incorporate transcultural nursing education into the existing nursing schools' program, which will assist the graduate nurses to develop proper skills to care for the sexually diverse community. Incorporating transcultural nursing practice, with the existing nursing skills, will assist a nurse in gathering information and applying this information to create a suitable care plan for a healthy outcome for LGBT patients. A nurse having a lack of awareness about a patient's background, beliefs, or practices, cannot properly care for the patient as a whole person (Prosen, 2015). Transcultural nursing brings awareness of the patient's values, beliefs, and how they practice their lifestyle (Leininger &

McFarland, 2002). Leininger's theory provides positive care goals for the nurse to assist the patient to achieve healthy goals without going against the patient's beliefs. A patient's beliefs and values are learned by the nurse depending on the geographical area of residence. Cultural competence can be a holistic approach to improve a patient's health care needs (Brunn, 2017).

Nurses meet many diverse individuals when caring for patients and having an awareness of numerous encounters of other cultures help to break the barrier of being different. Even though health disparities are apparent, having knowledge in cultural competence, by utilizing Leininger's theory can address these inequalities by listening to the patient and providing a safe environment for the patient to seek medical attention when necessary. A patient who is different in social and ethnic backgrounds can impact their willingness to seek healthcare treatments (Prosen, 2015). Lui, Stone, and McMaster (2018) found that instilling Leininger's theory into the nursing students' curriculum in China, resulted in significant knowledge gained and understanding by the nursing student to perform an improved nursing assessment with cultural competency as a nursing component.

Implementing Leininger's theory, with the guidelines of the NLN ACE, and using the evidence-based literature, was the basis to incorporate cultural competency and transcultural nursing into the curriculum at the four-year private college in the Northeastern United States, to enhance the graduate nurses' skills in caring for patients who are LGBT. Marion et al. (2016) discovered that the nursing standards and nursing scope of practice had an impact on education, nursing practice, and research on cultural competence, and cultural congruence were needed to be updated for nurse's accountability of quality care for all patients.

Review of the Broader Problem

Cultural competency program. Nursing schools would benefit from incorporating cultural competency into their existing curriculum to assist in providing approved skills for the graduate nurses to care for a diverse community without discrimination (Brunn, 2017; McEwing, 2017; Mitchell, 2016; Orgel, 2017). Prosen (2015) found applying transcultural nursing education into nursing practice assisted the nursing student to develop a cultural competence towards various patient's medical needs. Prosen (2015) stated nursing practice is based on the holistic needs of the patient and applying a transcultural nursing approach will increase a positive outcome in healthcare delivery for all patients.

Marion et al. (2016) stated cultural assessment is part of the nursing assessment, which occurs in the first few minutes of meeting the patient and becomes part of the nursing care plan for the patient's health outcome. Additionally, Landry (2017) found by performing a cultural assessment, at the beginning of meeting the patient, the healthcare provider was able to use the proper pronouns and avoid assumptions of the patient. This barrier of poor communication skills and the lack of culturally competent have resulted in previous LGBT patients do not seek medical care due to having a poor unwelcoming experience with the healthcare personnel (Landry, 2017).

Carabez et al. (2015) conducted qualitative research on the attitudes and knowledge of nursing students regarding the nursing students' perception of various diverse communities of patients. The nursing students' knowledge of being open-minded to others' beliefs and lifestyles was poor. Less than 50 percent of the students stated they treated everyone the same and did not require any further in-depth training (Lim & Hsu, 2016). With the rigidity of the curriculum of

the nursing school, Carabez et al. (2015) found including cultural competence in the training of the nursing students, alleviated some negative attitudes about the LGBT issues in the outcome of performing a pre- and post-testing research study. The results of this study showed the post-test, taken by the nursing students, was significantly higher than the pre-test which was taken before the student's lecture on cultural competency (Carabez et al., 2015).

Sabin, Risking, and Nosek (2015) described the attitudes of heterosexual providers favored heterosexual patients instead of LGBT patients. In revealing this outcome, the negative connotations associated with the LGBT community is the reason most LGBT patients do not seek medical assistance and do not reveal their sexual orientation to the healthcare personnel. Furthermore, Catherine and Robin (2018) explored the negative suggestions of healthcare professionals in the northeast United States, which also displayed a lack of knowledge in caring for the LGBT community. By providing this research, both Catherine and Robin (2018), and Sabin et al. (2015) confirmed more educational interventions were needed for reducing discrimination against the sexually diverse population and nurse educators need the tools to teach their students of cultural competence.

Many articles relate to the importance of this qualitative evaluation study on cultural competency and educating the baccalaureate nursing students for preparation in properly treating the LGBT community with dignity. Several researchers discovered by providing information on various diverse populations, especially the LGBT population, nursing students became competent in caring for their patients without discrimination. Some of the similar themes noted from reading numerous articles were cultural competency of the nursing students, knowledge of the nurse educator, and quality healthcare for the LGBT community.

Cultural competency of nursing students. Lim and Hsu (2016) performed a systematic review of 211 articles regarding graduate nurses' negative attitudes and lack of training in cultural sensitivity toward LGBT patients. Lim, Johnson, and Eliason (2015) determined that there was a lack of knowledge of the nursing educators in not having prior information on how to educate the students in regard to sexually diverse populations especially the LGBT community. With the negative attitudes of the nursing educator, Lim et al. (2015) found teaching the topic of cultural competency would not be complete or current; but having the faculty knowledgeable on the topics of cultural competence and LGBT community, would help the students to have less predetermined negative attitudes in caring for an LGBT patient.

Patient care standards. The Joint Commission (2011), an accrediting institution for hospitals, sets the standards for hospitals to care for all patients without any discrimination. Hospitals, who are not accredited by The Joint Commission, are not able to receive insurance reimbursements for patient care because of regulations of patient safety, risk management, and staff development (The Joint Commission, 2011). In conjunction with The Joint Commission, the National League for Nursing Accrediting Commission (2017) sets the standards for the nursing profession to follow which can consist of policies, procedures, education, goals, and values. These standards are set for the profession and institutions of learning and must be followed to become or remain an accredited school. Having the student nurses' education instilled with the topic of cultural competency will assist the hospital in training their nursing staff to remain current in the highest standards of patient care. Also, having the school's curriculum to include cultural competency in all areas of gender, race, ethnicity, and sexual

diverse lifestyle is needed for increasing the standards of the nursing profession and be in compliance with the NLNACE (2017).

Topic of cultural competencies. In searching for the use of cultural competency in the nursing student programs to care for the LGBT patients, Guerra and Kurtz (2017) learned the topic of cultural competency was not part of the nursing school's education in Canada. The concern for including the topic into the curriculum at the nursing schools was advised by numerous healthcare organizations to reduce the gap of knowledge in nursing students in caring for diverse populations safely and with dignity. Nursing students were encouraged to research, on their own, what cultural competency was, and how to instill it into their health assessment of all patients. Similarly, nursing students in a Texas nursing program were not receiving cultural competency training to care for the LGBT community, as indicated by Walsh and Hendrickson (2015). The topic of sexually diverse populations was not included in the curriculum of Texas nursing schools (Walsh & Hendrickson, 2015). The nurse instructors at the schools in Texas, were also not proficient in teaching the subject regarding the LGBT population due to the facilitator's own beliefs, not having current information of the LGBT community, and myths of this community. Evidence-based practice showed the lack of training is part of the reasoning the LGBT community does not seek assistance in health-related needs due to lack of knowledge on the part of the medical professional (The Joint Commission, 2011).

Bonvicini (2017) stated the American Academy of Nursing published a statement in 2012, to assist with supporting the healthcare needs of the LGBT community, but nursing schools have not instituted the topic of caring for this community in their program. De Guzman, Moukoulou, and Scott (2018) discovered that current nursing textbooks, used in the

Midwest schools of the United States, did not include the topic of cultural competency and very little discussion had been occurring in the classroom lectures regarding the healthcare services of the LGBT community. Insights that cultural awareness, cultural knowledge, and cultural skills were important in properly caring for the LGBT community, and having your personal beliefs put aside was important for the education of the nursing students (De Guzman et al., 2018).

Cannon, Shukla, and Vanderbilt (2017) found that nursing students who participated in cultural competency training reported greater knowledge in understanding how to care for the LGBT community with dignity and without any preconceived judgments. Nurses who provide culturally competent care to the LGBT community have the ability to decrease the healthcare issues of this community by providing the knowledge on how to be welcoming to the LGBT patient without preconceived negative judgments (Gallagher & Polanin, 2015). Gallagher and Polanin (2015) researched the topic of cultural competence to alleviate the healthcare disparities that were increasing in the LGBT community and found educating the nursing students in cultural awareness was effective in enhancing the nursing students' skills and improved care for the LGBT population.

Health assessments have not been updated to meet the needs of transgender patients (De Guzman et al., 2018). Assessing the patient's sexual history can ensure a medical health assessment is complete and correct, by including any previous surgeries or hormonal treatments to continue as the gender is in transition. Some staff are uncomfortable in obtaining a thorough sexual health assessment due to not being content in questioning the patient, or unable to be honest with oneself or others' sexuality (Ruud, 2018). Not obtaining all medical history of prior surgeries, due to transitioning from one gender to another gender, can lead the LGBT patient not

to obtain crucial medical attention to areas of the body that usually would not be thought of needing attention by the medical personnel. Wichinski (2015) wrote that transgender patients are discriminated against due to the lack of sensitivity of medical personnel and the myths that have plagued this community. One myth is all transgender people are at risk for Human Immunodeficiency Virus (HIV), which is not true, since all people are at risk of engaging in unsafe sexual encounters (Wichinski, 2015). This is one of the negative stereotyping that has caused the transgendered patient not to seek medical attention when was necessary. Nursing students must learn when encountering sexually diverse patients to remain respectful, use proper pronouns to address the patient, and not stereotype the patient who reached out for help.

Fish and Evans (2016) wrote that treating all patients equally and without discrimination does not mean all patients are the same, and sometimes the patients are different from a gender identity which can be prevalent with healthcare issues. Not all patients are comfortable to reveal their gender identity to nurses. This reasoning can be due to a lack of insecurity about their lifestyle. Nurses should provide a safe environment for the patient to feel the ability to reveal their healthcare issue for a positive patient-nurse relationship. Labeling can be part of discrimination the LGBT community is experiencing which can interfere with this community seeking medical assistance (Fish & Evans, 2016). Providing education of cultural competency for the nursing students early in their program can assist with the student's knowledge on how to communicate sensitively and without judgments in providing good quality care of the LGBT community.

Van Dyk, Valentine-Maher, and Tracy (2015) found that providing a learning model for the nursing students assisted in the learning components for a cultural competency lesson. As

part of the nursing student's lesson, the nursing students had a choice of a home visit within the community to experience the LGBT community's lifestyle or the student could choose to be a part of a focus group discussion regarding sensitivity. Incorporating these topics in the nursing lecture would, therefore, instill positive change in the nursing practice. Orgel (2017) identified the best practice to improve the cultural competency of nursing students. Orgel stated evidence-based practice showed by adding lectures given by the LGBT community, meeting with sexually diverse groups, and having an interactive experience as part of the curriculum, assisted in educating the nursing students to become culturally competent.

Wehbe-Alamah, Farmer, McFarland, Tower, Jones, Shah, and El-Hayek (2015) determined that by incorporating video games of cultural competence, into the lesson plan, assisted the nursing students to retain content and made the teaching enjoyable. Utilizing simulation technology to educate the nursing students enhanced the student's motivation to learn and retention of the information longer as evidenced by post-testing of the nursing students gained knowledge. Brunn (2017) emphasized that using technology, such as a simulation laboratory with role-playing, educated nursing students in *real-life situations* in a non-threatening environment for practicing skills in cultural competency. Wehbe-Alamah et al. (2015) stated having a balance between learning and enjoyment helped with the lessons, retention of knowledge, keeping the nursing students focused, and attentive to the main object of the lesson.

Knowledge of nurse educator. Smith (2017a) focused on the concern of cultural competency being a vital assessment skill for nurses, nursing students, nurse educators, and nursing administration to acquire. Smith (2017b) itemized ways the nursing instructors could

assist the nursing students to know themselves by having the students perform a self-assessment of their values, in realizing if the students are able to accept other people's lifestyle. By accepting other's sexually diverse lifestyle, nursing students become part of the lifelong learning and professional healthcare workforce. Smith (2017a) suggested that cultural competency is part of the nursing educators' responsibility to teach the nursing students and to include it into their assessment skills. Including cultural awareness into the nursing student's learning process could assist them in learning and retaining this competency. Having a cultural component in the learning environment, and knowing oneself, may assist with the acceptance of a person's sexual diverse lifestyle (Smith, 2017a).

Bonvicini (2017) stated that more nursing educators have not instructed on the topic of cultural competency and the LGBT community, because the nurse educators are not comfortable with the topic, they lack the knowledge and updated material on the topic and is not part of the nursing curricula. Bonvicini (2017) researched the care of the LGBT community and by uncovering numerous peer-reviewed articles that stressed the need for implementing education into the program at the nursing schools, found it has not improved since being a problem 15 years prior. The gaps in the training were evident and the need for more exposure to the LGBT community for proper medical care was necessary (Bonvicini, 2017). Lim et al. (2015) indicated nurse educators instructing the nursing students had limited knowledge of the cultural sensitivity of the LGBT community. Lim et al. (2015) discovered the reason for the lack of knowledge was current information on the topic of cultural competency was unavailable for educating nursing students. Catherine and Robin (2018) discovered in researching the nurse educators, in the

northeastern United States, could not educate on the topic of caring for the LGBT community because of the lack of material or resources to incorporate this topic into the lecture format.

Bosse, Nesteby, and Randall (2017) also found that when nurse educators lectured about the LGBT community and cultural competency, it helped to lower the negative and homophobic attitudes of the nursing students, which improved the skills and knowledge of the students for a better outcome for the patient. Instilling the topic of cultural competency and other sexually diverse topics were needed to keep the nursing curriculum current and to lessen the negative attitudes by the nursing students (Bosse et al., 2017). Nurse educators are responsible for the cultural atmosphere of the classroom, and they too must have a self-assessment of their thoughts and attitudes regarding the LGBT community in order to have an unbiased judgment (Lim et al., 2015).

Echezona-Johnson (2017) researched the topic of cultural competency and the LGBT community and found course materials were lacking in the textbooks used in the nursing schools, and the lecture material of nurse educators. Acknowledgment of the LGBT population is still not widely recognized with anti-discrimination laws in effect with the acceptance of same-sex relationships. Echezona-Johnson (2017) emphasized that there was a critical need to enlist the topic of LGBT into the existing curriculum, to keep the nursing assessment skills current, to educate the new nursing students by incorporating speakers from the LGBT community, to gain an insight into the LGBT perspectives into the lectures.

As part of nursing competency skills in caring for patients, providing care without discrimination, and educating the patient on making healthy choices for a positive health outcome is imperative for the patient's well-being. Some of the nurse educators never

experienced caring for the LGBT population and had no prior knowledge of cultural competency to include in the curriculum (Catherine & Robin, 2018). Carabez et al., (2015) stated that when performing their study in an urban public university in California, also discovered that nurse educators lacked prior knowledge in educating on the care for the LGBT community due to never had to care for this population and lacked resource material on the topic to educate.

A positive relationship between the nurse educator and the nursing students will have positive quality learning outcomes, while a poor relationship between both parties resulted in a poor-quality learning outcome for the students (Henderson, Barker & Mak, 2016). Henderson et al., (2016) focused on the cultural diversity of the students and the student's willingness to accept others. They found that nursing educators sought to prepare nursing students in readiness with tools to be culturally competent with diverse populations especially in the LGBT community.

Brunn (2017) specified that the nurse educator must be prepared to educate the nursing students in cultural competency and be a role model for this content. Teaching positive health outcomes of the LGBT community will strengthen the trust between the healthcare personnel and the patient. Therefore, instituting teaching strategies by the nursing educators in forms of role-playing, lectures, simulation lab, case studies, immersion into the cultural experience, and the use of guest speakers are ways to enhance the learning experience for the nursing students (Brunn, 2017). Zuzelo (2014) stated the curriculum at nursing schools only focus on the gay population with cultural competency, and not on other sexually diverse populations.

McEwing (2017) supported that the LGBT community has needs and the nursing profession has been lacking in educating the nursing students on the topic of cultural

competency. With the guidelines of The Joint Commission (2011) and Institute of Medicine (2011), regarding cultural competency, implementing these assessment tools into the nursing student skills at the nursing schools, will instill competency for the graduates of the nursing program to be successful in seeking employment after graduation (McEwing, 2017). Raman (2015) confirmed that instilling a cultural competency program for the nurse educators will assist in educating nursing students with the current guidelines of The Joint Commission (2011).

Raman (2015) also found when the educators were well versed on a topic, they were able to relay the information to the students without any difficulty. The success of educating on the topic of cultural competency was directly related to the nursing educators' own background and competency skills. Instilling a self-assessment of the educator assisted with removing any false knowledge the nurse educator had, thereby the teacher was able to take the newly acquired knowledge and relay it to the nursing students without any negative judgments (Raman, 2015).

Brunn (2017) described the evolution of cultural competency in nursing is an important learning assessment tool and should be added to the current curriculum of the nursing program. Brunn (2017) also stated there was a direct relationship between positive health outcomes, trust in your nurse, providing a safe environment for the LGBT patient, and cultural competency. Nursing programs should incorporate cultural competence into their practice for positive learning outcomes and the health of the LGBT patient for continuum for an optimum level of care for the patient.

Cornelius, Enweana, Alston, and Baldwin (2017) discussed that nursing schools in North Carolina incorporated the topic of LGBT as part of cultural competency in the curriculum and consequently, more knowledge was gained by the students, but more research was needed to

observe if the faculty were prepared to educate the students on their prior knowledge and judgments. Additionally, Kohlbry (2016) found that when schools incorporated a cultural competency program into the nursing studies, the students gained knowledge, had a better understanding of how to properly care for the LGBT community, and assist with improving the healthcare of the LGBT community by using evidence-based teaching practices.

Introducing creative teaching strategies can bring cultural awareness to nursing students by refining their communication skills, speak of ethnic differences of others, and the nurse's roles and responsibilities of treating the patient with dignity (Lonneman, 2015). The responsibility of the nurse educator is to incorporate the topics of cultural competency via classroom lectures and in clinical settings, so the student recognizes the cultural differences and understands how to apply the skill learned in the classroom effectively to real-life outcomes. The nursing instructor has an important role in nursing students' education to convey the in-classroom work to the patient care setting. Nursing students rely on the educator's teaching as a foundation for caring for patients properly (Lonneman, 2015). Similarly, Niederriter, Eyth, and Thoman (2017) found the nurse educator's experience is a vital piece in educating nursing students and developing their nursing process. Having a trusting relationship between the instructor and student enhances a positive learning outcome for the student in regard to the topic of learning either in the classroom or in a clinical setting (Niederriter et al., 2017).

Quality healthcare for the LGBT community. The Joint Commission (2011), who credentials hospitals, has been urging these institutions to have a welcoming and safe environment to improve the quality of patient care, especially in the LGBT community. Having the nurses become culturally competent would alleviate the poor healthcare the LGBT

community has been receiving. As part of the wellness objectives of Healthy People 2020 (2017), having knowledge on how to improve the healthcare, safety, and well-being of the LGBT community, by incorporating cultural competency into the nursing program. The health disparities this population is at risk for are sexually transmitted diseases, poor physical and mental health well-being, and substance abuse are part of the social humiliation this population faces; this is why the LGBT community avoids being revictimized by seeking help at physicians' offices (Healthy People 2020, 2017). Healthy People 2020 (2017) include goals to improve the health and safety of the LGBT community. This research suggested that being supportive of the person, who has a sexually diverse lifestyle, will assist in the LGBT individual seeking help either in medical or in behavioral health. Govere, Fioravanti, and Tuite (2016) found hospitals focused on improving patient satisfaction scores to remain accredited for insurance companies' payments and marketing purposes, therefore, incorporating the topic of cultural competency into the nursing students' studies would help assist with the hospitals remaining accredited.

The needs of the LGBT community are compromised when the healthcare professional fails to identify the patient's gender transformation and going through life attempting to get help but facing discrimination from healthcare professionals. By incorporating a cultural competency course into the healthcare professional's education would help the healthcare professional to understand the needs of the LGBT population and provide a more welcoming, safe environment for the patient and healthcare worker to seek medical attention when needed without any negative judgments (Catherine & Robin, 2018). The Institute of Medicine (2011) has stated there is a deficiency of knowledge, by healthcare professionals, who are not aware of the healthcare

needs of the LGBT community, and how to assist with eliminating the discrimination that exists between the healthcare professionals and the LGBT community.

Strong and Folse (2015) determined that the LGBT community had avoided medical treatments from healthcare professionals due to past experiences in receiving negative treatment and judgments towards their community. Similarly, Dunagan, Kimble, Gunby, and Andrews (2016) focused on the nursing students' attitudes and prejudices which can interfere with proper caring for patients who are LGBT. Dunagan et al. (2016) were concerned about the medical issues such as diabetes, cardiac issues and in mental health, depression, and suicide, for which the LGBT community avoids seeking treatment when they had a previous negative encounter with a healthcare provider. Having prior knowledge of the student's prejudices can assist with keeping negative encounters from interfering with patient care. Additionally, Larson and Bradshaw (2017) described the need for education, in special preparation in caring for the LGBT population, since there has been a long history of receiving sexual shame, and discrimination this group has experienced from healthcare professionals. With the increase of the LGBT community, healthcare professionals having cultural competency education have found to respond positively to these patients, with a welcoming and safe environment, and the healthcare of the LGBT community became increasingly stable (Larson & Bradshaw, 2017).

Mitchell (2016) found numerous medical needs in the LGBT community, knowing how to care for their health needs appropriately, and how to address this population with proper nouns the same as any other diverse community. Mitchell (2016) stated many of the LGBT community experienced prejudice when receiving medical assistance, which has led this clientele not to seek any medical support. Kroning et al. (2017) suggested that having a safe nonjudgmental

environment for LGBT communities to seek medical assistance, will help in improving LGBT medical issues. Providing education to nursing students and nurses regarding various population and their cultural needs and differences', will convince the patient to return for future medical issues.

Bonvicini (2017) identified a lack of awareness of healthcare issues of the LGBT community that does have an effect on how healthcare personnel cares for this community. Healthcare professionals who are not properly trained in cultural competency can have a negative effect on diverse populations. Garcia-Garcia, Bouet, Garcia-Fragoso, and Rivera-Gonzalez (2017) found through research that providing information sessions, to the nursing educators and nursing students, had a positive effect on increasing the knowledge of cultural competency which in turn assisted with eliminating health disparities and provided a safe, trusting atmosphere for the LGBT patient. Stewart and O'Reilly (2017) also identified when there was of lack of knowledge by the nursing instructors became a lack of information given to the nursing students. Increasing the barriers to accessing healthcare, may result in the LGBT patient not to seek assistance due to previous discriminatory practices such as negative judgment from the health professionals, lack of sensitivity when inquiring about sexual history, and any social support system that occurred in the past.

Increasing the cultural sensitivity of the nursing instructors can help reduce the health disparities of the LGBT community as the nursing students will have knowledge of how to assess the LGBT patient. (Taylor, Condry, & Cahill, 2017). Taylor et al. (2017) specified issues regarding the health inequalities, legislation, and discrimination in the LGBT community that would assist the nursing students in becoming more culturally competent in providing a

congruent nurse-patient relationship which would lead to fewer health disparities in the LGBT community. Furthermore, Levesques (2017) focused on the medical needs of LGBT population and their legal rights to receive proper care. Nursing care and how it is provided to the LGBT patient is important to improve the healthcare of this population. Quinn et al. (2015) likewise explored the knowledge, attitudes, and experiences of healthcare providers in the LGBT community and found that the LGBT community displayed high-risk behaviors and did not seek help due to negative medical care previously received. Quinn et al. (2015) also discovered if the barriers to receiving help were alleviated, then the healthcare of the LGBT community improved.

Cannon et al. (2017) revealed that to instill quality care for the LGBT community, the nurses should place an emphasis on social concerns, and any healthcare disparities, by using cultural competence in their assessments. LGBT patients are at higher risk of poor physical health, depression, substance abuse, increased stress, poor support system, risky sexual behaviors, and financial issues (Cannon et al., 2017). Therefore, Healthy People 2020 (2017) found that the health disparities of the LGBT community have risen because this population does not seek medical attention due to negative attitudes the LGBT community received from the medical personnel. This population is more likely to become homeless, engage in risky behaviors, substance abuse, sexually transmitted diseases, and possible suicide due to the lack of support systems or lack of knowledge where to seek aid (Carabez et al., 2015).

Moolchaem, Liamputtong, O'Halloran, and Muhamad (2015) discussed the discrimination experiences of transgender people have received from healthcare providers which lead to transgender personnel not seeking medical assistance when needed. Moolchaem et al. (2015) conducted research with different sexually diverse groups and compared their experiences

in receiving medical care. The outcome of the research of numerous sexually diverse groups was that due to being born in the wrong body these groups were not accepted by society for their mismatch (Moolchaem et al, 2015). This nonacceptance by society has affected the healthcare of these individuals and resulted in their lack of seeking help when needed. Additionally, Ard and Makadon (2012) focused on other challenges the LGBT community faces due to discrimination of the lifestyle, the lack of healthcare professional awareness of the LGBT needs, and the healthcare provider's homophobia. Ard and Makadon (2012) found the LGBT community does not seek help for their medical or mental illness due to discrimination by healthcare providers and this correspondingly created a high rate of violence and suicide among this community. The Fenway Institute is constantly studying the needs of the LGBT community and educating the health care providers in ways to keep the LGBT community to attain high-quality care without discrimination (Ard & Makadon, 2012).

The Institute of Medicine (2011), which is comprised of policymakers who focus on evidence-based healthcare, examined the healthcare issues of the LGBT community. This institution has raised concerns about how to keep the LGBT community healthy and safe from harm. Since the population in this community is continuing to grow, finding gaps in research and willing participants to assist in the study has been a problem. Incorporating questions in the nursing assessment and having the healthcare professional be mindful of their judgments would assist in researching and maintaining a positive healthcare outcome for the LGBT community. Marion et al. (2016) found that according to the standards of the American Nursing Association, the medical needs of the LGBT community have increased, and caring for this growing sector of the population with dignity has been nonexistent. The guidelines of the nurses' scope of practice

and implementing cultural competence in the nursing process and practice, has been mentioned for nursing schools and healthcare professionals to have proficiencies in the topic of cultural competency for accreditation (Marion et al., 2016). Having nurses follow guidelines for providing care with dignity, respect, and without any discrimination of the person who needs the help, would assist the LGBT community to seek help for medical and nonmedical issues in the future.

As part of the nursing assessment of a patient, a cultural assessment occurs within the first few questions the nurse inquires to the patient regarding their medical history and personal background. The responses by the patient will assist the medical personnel in diagnosing and aiding to stop the spread of diseases and improve the LGBT person's mental and physical self. Using the information gathered from the patient, the nurse can create a positive nurse-patient relationship which consists of trust, dignity, and a safe environment to seek assistance. Additionally, in the nursing process, nurses can advocate for the LGBT person's needs and create a nursing care plan to suit the patient's healthcare outcomes. The American Nurse Association (ANA) stated more research is needed by nurse researchers to put in place interventions to assist with improving the healthcare issues of the LGBT community to eliminate any inequalities in this consumer sector (Marion et al., 2016). In keeping with the guidelines of the American Nurse Association (2015) and the National League of Nursing Accrediting Commission (2017), the nursing students should be prepared in cultural competency skills to properly care for the LGBT community after graduation without any discrimination.

Implications

Performing a systematic literature review on cultural competencies for baccalaureate nursing students helped to identify nursing educators' lack of content knowledge and a deficiency of current information with which to educate nursing students to care for the LGBT community with the correct skills (Brunn, 2017; Carabez, Pellegrini, Mankovitz, Eliason, & Dariotis, 2015; Catherine & Robin, 2018; Dunagan et al., 2016; Echezona- Johnson, 2017; Fish & Evans, 2016; Gallagher & Polanin, 2015; Kohlbry, 2016; Leininger & McFarland, 2002; Lim et al., 2015; Lui, Stone, & McMaster, 2018; Marion et al., 2016; Niederriter et al., 2017; Orgel, 2017; Quinn et al., 2015; Raman, 2015; Smith, 2017a; Smith, 2017 b; Strong & Folse, 2015). Based on the literature reviewed, numerous articles described an open-ended interview format questioning the nursing students, nursing educators, and other medical professionals about their knowledge of cultural competency and how Leininger's theory supported cultural competencies (Leininger & McFarland, 2002).

The findings from this evaluation study of the BSN curriculum at the College could help identify topics about cultural competencies that would require curricular changes and that would support its baccalaureate nursing students in learning cultural competencies to care for LGBT patients in the community. Incorporating these topics into the curriculum will help the College remain accredited for teaching and be part of positive social change for the community. The College will also remain competitive among nursing schools in the community.

Summary

Nurses are the first healthcare professional that a patient meets, and it is vital for the patients' well-being that they have cultural competency and sensitivity in caring for various

populations (Kroning et al., 2017). Cultural competency must be part of the nursing curriculum in order for the nursing students to succeed in caring for patients who are sexually diverse, especially in the LGBT community. Since the LGBT population has been increasing and becoming more evident in communities, nurses need to know how to address members of the LGBT community and thus provide a safe and welcoming environment without discrimination. Incorporating Leininger's theory of culture care into the nursing students' curriculum could address the culturally congruent care needed for patients who are different in gender, race, ethnicity, religion, or sexual orientation. Leininger's theory of culture care will address the lack of cultural sensitivity of those who are different whether race, gender, or religion which appears to be a gap in the student's academia. Education of nursing students must remain current with the guidelines of the Institute of Medicine (2011), Healthy People 2020 (2017), the National League for Nursing Accrediting Commission (2017), and The Joint Commission (2011). In order for the nursing students to be prepared for employment after graduation—understanding all topics about caring for the LGBT community—their education must be aligned with the NLN ACEN Standard 4; 4.5 (2017) and the ANACE Provisions 1, 2, 3, 4, 7, 8 (2015).

According to the literature review, many nursing curricula contain a gap in knowledge about educating nursing students on the topic of cultural competency in caring for the LGBT community. the LGBT community does not seek assistance for their medical needs due to the lack of knowledge of acceptance by the healthcare professional, and not feeling safe in the medical environment. This population has increased health disparities and their medical needs can be lowered by having nurses trained in cultural competency.

Section 2 will cover the following topics: design of the evaluation study to investigate and provide supporting information for the administration and faculty to improve the educational process of baccalaureate nursing students with the topic of cultural competency in caring for the LGBT community; the methodology of the data collection; organization of data collected; and coding process to formulate themes; outcome of the data to support my program evaluation. In Section 3 I will discuss the project; the project's goals and criteria; project's description; potential barriers and solutions of the project; any major outcomes to address any local needs of the community; literature review, and possible social change. In section 4 will contain the project's strengths and limitations, recommendations for alternative approaches, importance of the work, and directions for future research. Appendix A includes an overview of the project.

Section 2: The Methodology

Introduction

The purpose of this study was to evaluate the current academic preparation of baccalaureate nursing students at a college in the northeastern United States, to properly care for LGBT patients and other diverse populations without discrimination. The problem that prompted this study was witnessing nurses at my place of employment not having the proper knowledge to care for transgender patients. This led me to question how the nursing professors are educating the student nurses to be sufficiently culturally competent to care for the LGBT population.

Section 2 covers the following topics: the research methodology for this evaluation study, the research design and justification, the participants, and their ethical protection, sampling size and strategies, data collection tools and data analysis, and credibility and dependability strategies.

Research Design and Approach

For this study, I used a qualitative evaluation that built upon the framework of Leininger's theory of cultural care, diversity, and universality (Leininger & McFarland, 2002) as a basis for the academic preparation of baccalaureate nursing students. The evaluation design followed Burkholder, Cox, and Crawford's (2016) structure of program evaluation, which was created to answer questions about a practice gap to help keep a program current. Program evaluation is an ongoing process to determine whether the design and delivery of a program is effective (Caffarella & Daffron, 2013).

Yin (2014) stated that a qualitative research design focuses on *how* and *why* questions and is a real-life investigation of a phenomenon in which the researcher cannot control the participants' behavior in the interview. Qualitative research has been used in the past for exploring, understanding, and interpreting views of the participants about a phenomenon or problem (Creswell, 2014). Qualitative analysis includes the interpretation of the participants' responses to determine whether a common pattern or theme emerged from the collected data (Thomas, 2013). The purpose of this evaluation study was to explore the academic preparation of BSN students according to the current BSN curriculum at a college in the northeastern United States; to determine whether the students are developing the cultural competency to properly care for diverse patient populations, including LGBT patients.

Justification for Using the Chosen Methodology

The focus of this evaluation study was to evaluate the degree to which the current curriculum in the BSN program at the College aligned with the NLN ACEA Standard 4; 4.5 and ANACE Provisions 1, 2, 3, 4, 7, 8, and how the BSN program graduates described their experiences caring for diverse populations and LGBT patients within 2 years of graduation. I also explored BSN graduates' perceptions about learning cultural competencies to care for LGBT patients during their coursework and the BSN program faculty's perceptions about teaching BSN students' cultural competencies to care for LGBT patients.

Thomas (2013) stated that quantitative researchers collect and analyze primarily numerical data to test relationships among variables, to discover patterns, and to determine the predictive potential of the results. Qualitative researchers collect primarily

nonnumerical data through interviews, observations, and document review and analyze the information by interpreting words, thoughts, and images to create rich, thick descriptions of and in-depth insights into human experience. Quantitative researchers focus on correlation studies and averages of outcomes whereas qualitative research is focused on exploring a particular phenomenon (Stake, 2010). A quantitative research study uses numbers on a scale to rate a finding or thought and does not allow the participant to elaborate on their answers. The qualitative approach for a program evaluation allows the researcher to investigate individuals or institutions, through complex interventions, and relationships, and supports the breaking down and reconstruction of various occurrences (Yin, 2014). According to Lodico, Spaulding, and Voegtle (2010), participants' insights, feelings, and perceptions can be revealed in a qualitative design. To answer the research questions, a qualitative program evaluation allowed me to explore to what degree the current BSN curriculum aligned with the NLN ACEN Standard 4; 4.5 and ANACE Provisions 1, 2, 3, 4, 7, 8, and the perceptions of BSN program graduates about their experiences in caring for diverse populations including LGBT patients. Additionally, I explored the BSN graduates' perceptions about learning cultural competencies to care for diverse populations including LGBT patients, and the BSN program faculty's perceptions about teaching BSN students' cultural competencies to care for LGBT patients.

Participants

Population

Approximately 235 nursing students graduated from the BSN program at the college from Spring 2017 through Spring 2019. I utilized this part of the nursing graduate population because the information I collected on the web-based surveys would remain current in the

nurses' recollection. There are 15 lecture faculty teaching in the BSN program at the College. In conducting the research, on the BSN faculty, I focused only on the lecturers because they taught on the pertinent topics in the BSN curriculum.

Sampling and Sample Size

I implemented a purposeful sample to gather qualitative data for this evaluation study. The criteria for selecting participants for this study were students who had (a) graduated from the BSN program at the College within the past 2 academic years from Spring 2017 through Spring 2019, (b) worked in a healthcare setting, and (c) were over the age of 18. Faculty participants included those who only lectured in the BSN program at the College. The reason for the specific criteria of baccalaureate nursing student, who graduated from the program within the past 2 years, was to explore whether practicing nurses gained cultural competencies to care for patients from diverse populations such as the LGBT community from the current BSN curriculum. Interviewing the BSN faculty who taught in the BSN program at the college provided data about the faculty's perceptions on whether the current BSN curriculum aligned with the NLN ACEN Standard 4; 4.5 and ANACE Provisions 1, 2, 3, 4, 7, 8.

According to Yin (2014), qualitative studies include a small group of individuals who are knowledgeable about the subject matter. This strategic purposeful sampling of the BSN nurses produced a general consensus the data was gathered during the interview process, and as to whether the nurse acquired sufficient or any skills in caring for the LGBT population after graduating from the nursing program. For the purpose of this study, 13 students who graduated from the BSN program at the college from the Spring 2017 through Spring 2019 academic years

completed the web-based survey, and the eight faculty members in the BSN program were interviewed.

Previous researchers had used as few as 10 and up to 268 participants as part of the research (Carabez et al., 2015; Catherine & Robin, 2018; Dunagan et al., 2016; Echezona-Johnson, 2017; Kohlbry, 2016; Niederriter, Eyth, & Thoman, 2017). In keeping with the criteria for participation for the nurses who graduated within 2 years, I asked 13 nurses to complete the survey. The nurses offered their opinions and perspectives about being educated in the BSN program on cultural competencies regarding the LGBT community and other diverse populations. The justification for the sample size of the eight faculty was that there were 15 faculty lecturers in the BSN program at the College. For the nurse participants, I only was able to recruit 13 graduates out of 235 due to the time constraints of the study. Researchers who used nursing students and nurse educators' knowledge of cultural competency suggested interviewing a small sample of the students ranging from 10 to 268, and educators' sample size of three to 25 at the school of interest for their study, and were able to analyze the data to form a judgment on the knowledge nursing students and nurse educators had (Carabez et al., 2015; Catherine & Robin, 2018; Dunagan et al., 2016; Echezona-Johnson, 2017; Kohlbry, 2016; Niederriter, Eyth, & Thoman, 2017). I used a small sample size strategy was used for this program evaluation.

Procedures for Gaining Access to Participants

To gain access to the students who graduated from the BSN program at the college within the past 2 academic years from Spring 2017 through Spring 2019, I obtained a list of graduates' e-mail addresses from the BSN program director. After I received Walden University IRB approval number 10-22-19-0603972 (see Appendix B) and IRB approval from the college

Approval No: 12130503-1001 (see Appendix C), an e-mail message was sent to the BSN program director explaining the purpose and goals of this study (see Appendix D).

To garner faculty participation, I identified BSN program faculty e-mails from the program website at the college. I sent an e-mail to all 15 BSN program faculty (see Appendix E) explaining the purpose and goals of the study and asked them to participate in a 60-minute face to face semi structured interview (see Appendix F). I included the informed consent form with the e-mail participation request.

Protection of Participants

To ensure the protection of the participants during the data collection process, when I e-mailed students who graduated from the BSN program and faculty who taught in the BSN program, I inserted all e-mail addresses in the bcc line of the email to ensure anonymity from others who were asked to participate. Additionally, I was the only person who knew the identity of each person. To maintain confidentiality for the participant's data and for the study to remain ethical, I assigned a number or code for each participant (e.g., Nurse 1, Nurse 2, Educator 1, Educator 2, etc.). Maintaining the confidentiality of the participants' identities is important for the privacy of the interviewee and the trustworthiness of the study (Ravitch & Carl, 2016). I stored the data gathered and analyzed was stored in a locked file cabinet in my home until my research was finished and I will retain it 5 years after my study is published. The electronic data gathered was stored in a password-protected file on my personal computer and backed up on a USB flash drive, which was password protected. All data gathered from this study will be destroyed after 5 years following publication.

Data Collection

Instrumentation

BSN graduates. In qualitative research, in person interviews, questionnaires, or telephone interviews are common ways of gathering data when the study does not require the use of numbers or statistics for the research goal (Thomas, 2013). My web-based survey questions were emailed to the nurses who graduated the past 2 academic years from Spring 2017 through Spring 2019. The survey questions explored the BSN program graduates' experiences caring for diverse populations such as LGBT patients following graduation (Appendix G). Additionally, the survey questions inquired of the BSN graduates' perceptions about learning cultural competencies to care for LGBT patients during their coursework. The web-based questions sought information regarding the participant's educational experience.

Faculty. I conducted a face-to-face semi structured interviews with eight lecture faculty in the BSN program (see Appendix E). The interview questions supported answering the research questions posed. I kept the question format simple, to be easily understood by the participants, with probing questions asking the participants to further explain their responses if necessary (see Lodico et al., 2010). The interview questions were worded to avoid jargon or any misleading language. There was a set of open-ended questions for all participants to answer, however, I had the freedom to ask the participants to elaborate on any answer if needed (see Thomas, 2013). The purpose of the faculty interview questions was to explore BSN program faculty's perceptions about teaching BSN students' cultural competencies to care for LGBT patients with the current BSN curriculum. One-on-one semi structured interviews are efficient

for gathering in-depth data and monitoring the observations of the participants (Ravitch & Carl, 2016).

Data Collection Strategies

BSN graduates. I e-mailed all 235 graduates from the BSN program at the college over the past 2 academic years from Spring 2017 through Spring 2019, an informed consent. The first five individuals responded with a completed informed consent form which I sent a web-based survey to be completed. Since I received only five responses to the initial request, I resent the e-mail one week later inviting the graduates to participate in the study. After the second e-mail, I received six more responses, but three were of my former students who I had to eliminate for the credibility of the research. After a total of five e-mails sent to the graduates, in a month's timeframe, I gathered a total of 13 eligible participants. The role of the researcher and interviewer coincided with my role as the data collector and analyzer. As an adjunct professor at the nursing school, where the research was to take place, I am aware of my own bias that could influence the process of gathering and analyzing the information. In maintaining the same unbiased stance, I did not engage any of my former students to participate in the study. However, I did thank my former students in responding to the e-mail with the reason for not including them.

Faculty. After only attaining eight faculty out of 15 to complete the study, after two e-mail inquiries, I began each faculty interview, by providing a handout with NLN ACEN Standard 4; 4.5 (see Appendix H) and ANACE Provisions 1, 2, 3, 4, 7, 8 (see Appendix I). Faculty's perceptions about integrating the standards into the BSN program curriculum was explored. Establishing a positive researcher-participant relationship was necessary for the

participant to feel at ease of sharing their answers with the interviewer for comfortability. At the start of each interview, I presented the participant with a paper copy of the informed consent form that they signed and returned through email and reviewed the study goals and objectives to let each participant know what the data gathered will be used for, establishing trust that the data gathered will be used ethically and that their identity will remain confidential. The informed consent let the interviewee know what the terms were for participating, the participants will be treated with respect, transparency of the research study, if the data gathered will be published, and who will have access to viewing the information (Ravitch & Carl, 2016). The informed consent indicated the voluntary nature of their participation, no coercion in participating in the study for the nurses or faculty members, and at any time the participant could stop partaking in the research.

I used a private room in the college library for interviewing the BSN faculty to ensure familiarity and fewer hardships for the faculty to participate in the study. The private meeting rooms in the college library allowed for confidentiality of the participant. As part of my data collection, I audiotaped each interview to keep the conversation fluent, not miss any of the responses and took less time to perform the interview (Thomas, 2013). In using technology in gathering the data, I assured the participants this recording device was only used to transcribe the information to be used later in the research process. I was the only person who was in the room during the interview process, so the faculty was comfortable with revealing their answers and less fear of breach of confidentiality. While the interview was being audio-recorded, I also recorded in the field notes the participant's body language, any words, or common statements the participants verbalize regarding certain questions.

Documents

Data was collected from the BSN program course curriculum. The BSN program director was asked to provide syllabi from each course taught to identify when cultural competencies were taught and to identify whether there were alignments with the NLN ACEN Standard 4:4.5 and ANACE Provisions 1,2,3,4,7, and 8. I created an excel spreadsheet to document current BSN program course content and whether the NLN CNEA Standards and ANACE Provisions were being addressed. The Excel spreadsheet had the course names in the first column and each standard in a row across the top.

Data Analysis

Preparing and Organizing Data

In qualitative data analysis, the researcher tries to interpret the information collected for a research study on the same day to keep the responses accurate (Ravitch & Carl, 2016). Data analysis took place after each interview was collected from either the nurses' responses or the returned transcript from the BSN faculty. In minimizing bias in collecting the data during the faculty's interview process, I was careful to maintain a neutral, nonjudgmental stance not to influence the participants' responses. To remain efficient for the data analysis, I typed the audio transcript into a written Word document format, then sent the Word document to the BSN faculty's e-mail for member checking for any corrections needed, and for a more accurate coding purpose (Ravitch & Carl, 2016; Rubin & Rubin, 2012).

As I received each of the nurses' surveys and the BSN faculty corrected transcripts, I assigned each participant a corresponding pseudonym (e.g., Faculty1, Faculty 2... Nurse1, Nurse2, etc.) to maintain the participant's anonymity. I created four Excel workbooks, with

separate Excel spreadsheets to record individual data. One workbook was labeled for the nurses, one was labeled for the BSN faculty, the third workbook included BSN faculty responses to the documents of the BSN curriculum, Nursing Code of Ethics, Nursing Standards, and the fourth workbook incorporated my field notes/journals. I enlisted the field notes/journals I created, for each day of interviewing, to keep track of the amount of data gathered, the number of participants recorded, who was interviewed on which day, and how the interviews progressed. The journals allowed me to reflect on how to change, if needed, the interview process of questioning the participants, the room the interview occurred in, the time or length of the interview session, and any situation that transpired. Silverman (2017) discovered with each new interview, the field notes and journals could be used when translating the respondents' reality, which can be construed by observing the respondent's body language, what is heard by the interviewer, and tone of voice by the participants.

After all the data was placed on the respective Excel spreadsheet, I printed out each spreadsheet to visualize all the participants' replies to each of the research questions at a glance and to observe for commonalities as they became evident. I kept the nurses' data in individual Excel spreadsheets in one workbook labeled *Nurses*, the BSN faculty in another folder labeled *BSN faculty*, and the journals, field notes, documents in another folder labeled *Other*. I did this to keep my coding process organized, work on one folder at a time, and would not inadvertently mix the printed-out worksheets into the wrong folder. I placed one folder at a time on my table with the printed worksheets spread out to visualize the data at one glance. I also had different color markers to highlight words or phrases that were similar in the participants' responses to start my coding process.

Coding Method

As my coding process began, I applied Saldana's (2016) two method cycles of using the First Cycle of coding to the Second Cycle of coding. The reason for instituting Saldana's coding method was as a researcher this coding process had been used with beginning researchers and more experienced researchers to assist in conducting qualitative research for evidence-based analysis. In comparing my outcomes of data gathered, I wanted to compare my results with the authors in my literature review to observe for any similarities that used Saldana's coding process. The outcomes of the researchers in the literature review indicated there was a lack of education in the topics of cultural competency and the LGBT population in the nursing school's curriculum which was the same results I observed in my own study.

Saldana's coding method of the First Cycle coding method, and Second Cycle coding method is a two-part coding system, in which the qualitative analysis approach is recurring and linear (2016). In the First Cycle coding methods, Saldana had six methods or subcategories to choose from to initiate coding data to data which are *grammatical, elemental, affective, literary and language, exploratory, and procedural* (2016). Saldana's Second Cycle method was to develop categories, and themes from your first coding cycle data. The coding methods are *pattern, focused, axial, theoretical, elaborative, and longitudinal* (Saldana, 2016).

Conducting my data analysis by hand, I chose elemental as my first coding cycle and axial as my second cycle. In selecting the elemental method, it is a basic approach in qualitative data analysis which was the foundation of my coding process. Two processes I used in my first initial coding in the elemental method was called a descriptive coding and in vivo or inductive coding. Descriptive coding was used to summarize the content into a word or short phrase which

is usually a noun and is used when data is from interviews, field notes, journals, and documents (Saldana, 2016). In inductive coding or in vivo coding, applies the participants' own words as codes, and both are used in creating the primary foundation for the first coding process and grounded theory (Saldana, 2016). Instituting Saldana's coding methods was appropriate to use because my data gathered were interviews, field notes, journals, and documents. In utilizing both processes for the first cycle coding, I was able to incorporate the verbiage from the participants' interviews as codes for a meaningful outcome.

In my second cycle coding method, incorporating axial coding, I was able to observe which codes were dominant, common, and others not as important or frequent (Saldana, 2016). In applying axial coding to the second cycle coding process, I was able to link codes with other codes until I observed a saturation occurred. Axial coding is commonly used when the data was from interviews, documents, field notes, and journals, which was the source of my data collection (Saldana, 2016).

Coding Process of the BSN Faculty Interview Data

After printing all the excel spreadsheets with the nurses' responses, I proceeded to conduct my first round of descriptive, and in vivo or inductive coding to label common concepts based on the actual language of the participants as data (Babbie, 2014; Burkholder et al., 2016; Saldana, 2016). I first started to read through the responses of the eight BSN faculty to get an idea of the faculty's answers and to start to code the BSN faculty responses by hand. As I went through the first coding process, of research question one, I started to highlight common words from each of the respondents' interviews on the excel spreadsheet. With each of the highlighted response, I observed for patterns that were emerging from the interviewing data collected. As I

proceeded to read and recode, some words were reoccurring such as diversity, standards, skills, objectives, cultures, respect, dignity, cultural differences, familiar curriculum guidelines, and ethic. I proceeded to put the folder away and return an hour later to observe if I saw anything different in the coding of research question one. As I read and conduct another round of coding for research question one, I noticed common codes were formulating. I wrote the new words underneath the last codes and I used a different color to highlight the new codes as they emerged.

I continued to pause during the coding process and return to the coding process to observe if I saw different words formulate from the interview data. I reread each of the coded BSN faculty words to assess for any similar words or phrases that appeared. I then wrote the words under the last codes which were highlighted with a different color. After two more cycles of analyzing the interview data using the inductive method, I was able to place all the pertinent words into smaller sections that became easier to form categories. The outcome of the inductive coding process of the responses by the eight BSN faculty, for research question one, that emerged: diversity, culture, guidelines, curriculum, respect, dignity, nursing foundation, code of ethics, standards, a gap in lessons, resources for teaching, and vulnerable populations.

Next, I proceeded to read the eight BSN faculty responses to research question five to get an overview of the faculty's answers. As I reviewed using Saldana (2016) first coding process, of research question five, I repeated the same process as conducted in research question one. I started to highlight common words from each of the respondents' interviews on the excel spreadsheet. I wrote the words or phrases under the last code and used a different color highlighter. With each of the highlighted response, I observed for patterns that were emerging from the interviewed data collected. I proceeded to read and conduct a few more cycles of

coding and noticed common codes were formulating. The outcome of the inductive coding process of the responses by the eight BSN faculty for research question five that emerged included a gap in lessons, resources for teaching, welcoming environment, and LGBT population.

Next, I began to look at the excel spreadsheets for the eight BSN faculty responses regarding the document of the BSN curriculum. After reading through the BSN faculty's responses a few times, I started to highlight common words from each of the respondents' interviews on the excel spreadsheet. I wrote the words on the excel spreadsheet below the initial response and highlighted the words. I observed for patterns that were emerging from the interviewing data regarding the BSN curriculum documents collected. I proceeded to read and conduct a few more cycles of coding by writing the common codes that formed and using a different color to highlight the new codes as they emerged. The outcome of the inductive coding process of the responses by the eight BSN faculty, few common statements emerged: cultural, diversity, gender, and nursing foundation.

Next, I began to look at the excel spreadsheets for the eight BSN faculty responses regarding the document of the Nursing Standards. I first read through the responses not to code, but to observe preliminary examination of the data. After reading through the responses, I started to highlight common words from each of the respondents' interviews on the excel spreadsheet and wrote the words on the sheet. With each of the highlighted response, I observed for patterns that were emerging from the interviewing data collected. I continued to conduct a few more cycles to code each of the BSN faculty words to assess for any similar words or phrases that appeared wrote down the new codes and highlighted those words with a different color. The

outcome of the inductive coding process of the responses by the eight BSN faculty was accreditation and guidelines.

Lastly, I began to look at the excel spreadsheets for the eight BSN faculty responses regarding the document of the Nurses' Code of Ethics. I read through the responses to observe for any words that kept appearing. I started my descriptive and inductive process to write down the common words and highlight those words from each of the respondents' interviews on the excel spreadsheet. With each of the highlighted response, I observed for patterns that were emerging from the interviewing data collected. I repeated the same proceeded to read and conduct a few more cycles of coding and wrote down the common words and highlight those words with a different color. After finally coded and highlighted any words that kept reoccurring the common statements that emerged: ethics, guidelines, and resources for teaching.

The last data to code was the eight BSN faculty responses with my journals and field notes. I started to highlight common words from each of the respondents' interviews on the excel spreadsheet and wrote them on the sheet. With each of the highlighted response, I observed for patterns that were emerging from the interviewing data collected. I finally read through the common codes and highlighted any words that kept appearing. The outcome of the inductive coding process of the responses by the eight BSN faculty, two common statements emerged: embarrassed of not knowing of the documents, and what did the other faculty say.

Coding Process of the Nurse's Data

My next coding process was to look at the Excel spreadsheet forms of the 13 nurses' responses regarding research question two. I used the same coding process for the BSN faculty with descriptive and inductive coding methods by reading through the initial responses of the

nurses and wrote down common words and phrases that kept recurring. After writing down the common words, I highlighted the words from each of the respondents' interviews on the excel spreadsheet. With each of the highlighted responses, I observed for patterns that were emerging from the interviewing data collected. After several cycles of coding, some words and phrases that emerged were patient population, well prepared, socioeconomic backgrounds, race, ethnicity, religion gender, and diverse population. I would continue to read and reread and code the nurse's responses and use a different color to highlight common words that were poignant to research question two. Finally, after I read through the common codes and highlighted any words that kept appearing. The outcome of the inductive coding process of the responses by the nurse's responses few common statements emerged: diversity, culture, plan of care, and education.

Next, I began to look at the Excel spreadsheets for the 13 nurses' responses regarding research question three. I proceeded to read through the responses of the nurses and then I started to highlight common words from each of the respondents' interviews on the excel spreadsheet. With each of the highlighted response that I wrote, I observed for patterns that were emerging from the interviewing data collected. I used a different color to highlight the new codes as they emerged. With each time I would code the nurses' responses to assess for any similar words or phrases that appeared, I would write down those words and highlight them with a different highlighter color. Finally, I read through the common codes and highlighted any words that kept appearing. The outcome of the inductive coding process of the responses by the 13 nurses' responses, common statements emerged: sensitivity, diversity, education, experience, and respect.

Lastly, I began to look at the Excel spreadsheets for the 13 nurses' responses regarding research question four to conduct descriptive and inductive coding. As with every research question, I read through the response and proceeded to write down words that kept reoccurring as common words. With each of the highlighted responses, I observed for patterns that emerged from the interviewing data collected. I proceeded to read and conduct a few more cycles of coding and noticed common codes were formulating. After conducting a few cycles of the First Cycle coding process, few common statements emerged: community health, foundations, pronouns, sensitivity, and psych/mental health.

The outcome of the inductive coding process of the responses by the eight BSN faculty for research question one and five had numerous common statements emerged: diversity, culture, guidelines, curriculum, respect, dignity, nursing foundation, code of ethics, standards, a gap in lessons, resources for teaching, and vulnerable populations. The inductive coding process of the BSN faculty for their replies from the documents, field notes, and journals had common statements which were: ethics, guidelines, and resources for teaching, accreditation, guidelines, cultural, diversity, gender, nursing foundation, and embarrassed of not knowing of the documents. In the inductive coding of the 13 nurses' web-based surveys, many common words were formulating from the nurses' responses. Some of the common words were diversity, LGBT culture, respect, plan of care, education, trust, sensitivity, pronouns, community health, mental health/psych, experiences, adapt, and foundations. In the next section, I will explain my coding process to create themes by combining the coding outcomes from the BSN faculty, documents, field notes, journals, and nurses.

Second Cycle Coding Process

Conducting Saldana's Second Cycle coding process next, I utilized the axial coding process. Axial coding is grouping similar words to form themes. One objective of axial coding was to achieve saturation when no new information emerged from the coding process (Saldana, 2016). As I observed all the highlighted outcomes of the BSN faculty responses to research question one, research question five, the documents of the BSN curriculum, the Nursing Code of Ethics, Nursing Standards, and the field notes/journals, I started to reformulate codes. As I read through the last time and saw commonalities of culture, sensitivity, plan of care, diversity, resources, foundations, vulnerable population, and standards.

Next, I proceeded to put all the highlighted words together from the 13 nurses' responses read through then highlighted any common words. As I read through data responses one final time, I observed common codes of LGBT, sensitivity, pronouns, community health/psych. I put all the common codes together from the eight BSN faculty responses and the 13 nurses' responses to formulate themes. As I started to conduct axial coding of both the BSN faculty and nurses' common codes together and I observed many similar words were formulating. I used highlighters to determine each cycle of axial coding breaking down phrases to single words until there were no new words to formulate.

After analyzing the 13 nurses' and the eight BSN faculty responses together, I had six themes formulated from both groups of participants' responses, which were (a) diversity /vulnerable populations, (b) code of ethics/standards/guidelines, (c) trust and respect of the LGBT population, (d) diverse population/LGBT, (e) community health/foundations/psych, and (f) respect /pronouns/sensitivity/welcoming environment. After another cycle of coding both

groups together, the point of saturation was reached by placing similar data together when consistent themes appeared in both groupings. I was able to formulate the final four themes from the original six themes which were (a) code of ethics/ standards/guidelines, (b) trust and respect of the LGBT population/ pronouns/sensitivity/welcoming environment, and (c) community health/ foundations/ psych and (d) diversity /vulnerable populations.

Analyzing the gathered data and placing the outcomes into pattern matching was one of the most desired techniques (Yin, 2014). An important issue in coding was not to make the data fit the theme and allow the data to be different. Challenging the pattern in analyzing the data collected and question the different outcomes to observe whether there is a pattern. Repeating the research of gathering and analyzing the data, and noticing patterns are similar, the results will help with the credibility and dependability of the study (Yin, 2014). If any of the data became a discrepancy case, I was still able to account for the data by placing this information under a category labeled outlier and observed if any other participants had a common answer with the same question, which did not occur.

Data collection and analysis methods were successful and displayed that both groups of participants had similar opinions regarding the existing BSN curriculum not being current and missing the topic of caring for the LGBT population. The final outcome I compared my findings with the peer-reviewed literature, to observe for any similar outcomes and validation of evidence-based practice for the existing BSN curriculum. In the analyzed data, of the document analysis, did identified courses that addressed some of the nursing standards and provisions. The result of the findings found many gaps in educating the student nurses in the topics of cultural competency of diverse populations and the LGBT community with the current curriculum.

Evidence of Quality and Methods to Address Trustworthiness

Credibility strategies. Ravitch and Carl (2016) stated in coding to keep the data analysis interpretation valid, the data analyzer must state how the data was interpreted, not create themes, and reaffirm the findings of the participants' experience are authentic. To maintain the credibility of the data analysis outcomes, I enlisted member checks to alleviate any researcher bias. Member checking was having the participants review their transcripts for accuracy (Burkholder et al., 2016). Once I transcribed each of the BSN faculty's interview, I sent each of the interviewee's transcribed interview to them through their e-mail for verification of the interviewee's verbiage for accuracy. The BSN faculty were free to make any corrections to the interview transcript. Keeping the data collection and analysis from becoming biased or predetermined can make the research study lose its credibility and dependability (Thomas, 2013). Ravitch and Carl (2016) found in qualitative research to establish credibility using member checking assisted with keeping the research study stable and credible. Member checking was conducted to help improve the accuracy, credibility, and validity by asking each BSN faculty interviewed to check the transcribed interview so the data gathered from the interview to assure the results were not influenced by my own bias in the transcribed responses and to maintain the trustworthiness of the data outcome (Burkholder et al., 2016; Creswell, 2014; Lodico et al., 2010).

I gave the BSN faculty participants seven days to return the corrected transcript through email to maintain the directions provided in the informed consent form. I did send reminder emails to participants to return the transcripts within one week if they had any changes or corrections. Two BSN faculty had not returned the transcript within one week, and reminder emails were needed. As I received each corrected transcription, I placed the data on the excel

spread sheet and documented the number of returned corrected transcripts as the start of my data collection of the evaluation study.

Transferability. To establish transferability in qualitative research, I inquired during the interview more in-depth probing questions of any vague responses given by the participants which could be misconstrued as an uncertain outcome. I kept the questions the same to minimize errors in data collection and if the study were to be repeated the same results could be achieved (Saldana, 2016). In using purposeful sampling, for this research, assisted the readers to form their own opinions about the quality of the research. In minimizing bias in collecting the data during the interview process, I was careful to maintain a neutral, nonjudgmental stance with my body language, so I would not influence the participants' responses.

Dependability. To accomplish dependability, the researcher must guarantee that the investigation procedure was documented and traceable (Bloomberg & Volpe, 2019). In keeping with the dependability or stability of the data, the outcome of the findings was to be consistent and trustworthy. In the case of any outlier findings, telling the reader that these findings can occur in data analysis. In this process of gathering, documenting, and analyzing the data, the data was able to be followed or traced in a detailed manner for any possible future audit of this study. Ravitch and Carl (2016) stated gathering data over time becomes consistent and stable.

Triangulation. Triangulation is a method that investigators utilize to improve the authenticity and validity of a study (Ravitch & Carl, 2016). I was able to establish the use of triangulation by applying many data collection methods. The data collection methods used were web-based survey, face to face semi structured interview, observational field notes, my daily journals, and document analysis of the current BSN curriculum. In the observational field notes,

I was able to witness and record the BSN faculty's body language as a response for data collection. In my daily journals, I documented which participants were interviewed, when, and any other reflective thoughts that might assist with future data gathering. I utilized statements from the participants to support the research questions and themes formulated.

Limitations of the Study

There were several study limitations to this evaluation study. The first limitations of the evaluation study included the participants who volunteered for interviews. As an adjunct professor at the study site, I possibly would have had some of the participant nurses as my former students in my clinical rotation for this study. Interviewing both the nurses, who were my former students, and the faculty that I co-educated with, could lead their answers to be biased or not truthful. Responder bias could have been a limitation of this research study. Any of my former students or faculty, who I co-educated with, were eliminated and thanked for wanting to assist in my research. Yin (2014) wrote interviewees state what the interviewer wants to hear which can lead the data to become untruthful and prejudiced. At the start of the interview, I informed the participants that their answers would not affect their academic standing in the college regarding the faculty teaching ability. Ravitch and Carl (2016) wrote in qualitative research the interviewer conducting interviews should be clear and transparent with participants, if not the data gathered can threaten the rigor and relevance of the presence of bias.

The second limitation of the evaluation study was that the participants acted differently and were not comfortable because of being observed by me and audio recorded during the interview process. Yin (2014) focused on using direct observation as part of data collection, but

reflexivity can occur. I documented body language of the participants as an observation in the field notes.

Interviewing eight faculty and transcribing the transcript was time-consuming and a limitation of this evaluation study. Transcribing and typing the audio recording by myself then e-mailing the transcript to each BSN faculty took more time than expected. In receiving the returned interviews, one interview was corrected and different than the audio-recording. This resulted in an outlier theme. The evaluation study results were specific and could not be generalized since the research was limited to a definite population of interviewing the BSN faculty who educate in the Community Health Program and the Human Growth and Development across the Lifespan course.

In conducting web-based survey with the graduate nurses, a limitation for this evaluation study was only having 13 nurses participated in the research out of 235 graduates e-mailed. Having a sample size of only 13 limited the amount of data collected. Using the graduate nurses' college e-mail was a limitation because some of the graduates do not use the e-mail system anymore after graduation. The same limitation occurred with the BSN faculty in only having eight participants out of the 15 BSN faculty who did participate in the research.

Data Analysis Results

The purpose of this evaluation study was to explore the academic preparation of the BSN students at the College in the Northeastern United States, to properly care for diverse populations and LGBT patients educated with the current curriculum. This evaluation study addressed the gap in learning in the BSN program curriculum at the 4-year private College (the College) in the Northeastern United States regarding cultural competencies to properly care for members of the

LGBT community in medical settings. This program evaluation also provided recommendations for the college to remain accredited to teach in the field of nursing. The goal of this evaluation study was to identify whether the BSN program taught the nursing students about cultural competencies set forth by the NLN CNEA Standard 4; 4.5, and the ANACE Provisions 1, 2, 3, 4, 7, 8, which addressed the need for cultural congruence care for clients of all diverse backgrounds especially the LGBT population.

The reason for conducting the study was as an adjunct professor at this college for the past seven years the curriculum has remained the same. As a nurse, I have observed many patients admitted to the hospital identifying as a different gender than their birth sex. The nursing staff has become confused on how to care and address this type of patient without offending them. This lack of education had me question how my own nursing institution educates on caring for other diverse populations without discrimination.

In the next sections, I will discuss the summary of the data collection and analysis process. I will provide an analysis of the data results aligning with the research questions with the coding cycles to formulate themes. Lastly, I will have a table to display the themes that formulated from the data collected then analyzed.

Summary of Data Generated

I designed the research questions for this qualitative program evaluation to assess whether the BSN curriculum was current, aligned with the nursing standards and Nursing Code of Ethics, and academically prepared the BSN students to care for the LGBT population without discrimination. Data collection was conducted with face to face semi structured interviews with eight BSN faculty (Appendix F), web-based survey from 13 nurses who graduated the past 2

years from Spring 2017 to Spring 2019 (Appendix G), data collected using the BSN curriculum as a document, observational field notes, and my journal. Each face-to-face interview with the BSN faculty was audio-recorded and transcribed by me and then sent to the BSN faculty for member checking. As part of the data collection, I was able to document any body language of the BSN faculty during the interview session in my field notes.

Simultaneously, I collected data of the web-based surveys (Appendix G) that were e-mailed to the 235 nurses who graduated from Spring 2017 through Spring 2019 which only 13 completed. All the data was manually placed by me onto separate excel spreadsheets to observe for commonalities as the start of the data analysis. Saldana (2016) wrote the purpose of coding statements is to find a pattern among the responses for commonality. After observing the commonalities, with inductive or the first coding process, with all the collected data, the second process of axial coding was used for formulating the statements into themes (Burkholder et al., 2016). Saldana (2016) stated the first initial coding cycle process was referred to as inductive coding then to culture common themes axial coding was performed until saturation was achieved.

Research Findings

Applying Saldana first inductive coding cycle to the data gathered by the BSN faculty and nurses, numerous patterns were emerging. Coding is a method of mapping data or tagging data that is relevant to a question or developing categories that can be regrouped to show similarities (Creswell, 2014; Saldana, 2016)). I manually placed the data of the transcripts of the eight BSN faculty onto an excel spreadsheet by the respective research question. Next, I placed the data collected from the 13 nurses onto a separate excel spreadsheet by each research

question. Finally, I manually placed the data from the BSN curriculum, and observational field notes on to their own excel spread sheets, printed the spreadsheets, and I started to examine them. I started to discover many common words or statements that were being used by both groups of participants.

In the first cycle of inductive coding many common words and phrases were emerging from all the data collected. In the first few cycles of inductive coding words were for example, respect, LGBT. diversity, standards, sensitivity, nursing foundations, embarrassed, culture, trust, pronouns, and community health. In the second cycle of axial coding process four themes were formulated by all groups of data: (a) code of ethics/standards/guidelines, (b) trust and respect of the LGBT populations/pronouns/sensitivity/welcoming environment, (c) community health/foundations/psych, and (d) diversity /vulnerable populations.

The following is an explanation of the themes and how they relate to the findings of the data analysis. Theme 1 was code of ethics/standards/guidelines. This theme explained the guidelines the BSN course curriculum is created by with certain objectives that nursing schools must abide by to be accredited to educate. Theme 2 was trust and respect of the LGBT populations /pronouns/sensitivity/welcoming environment which explained how the nurse graduates understood how to care for diverse populations and the LGBT population as a diverse population. Theme 3 was community health/foundations/psych which was the outcome of the data the nurse participants stated which courses discussed caring for diverse populations and little on the LGBT population. Lastly, Theme 4 was diversity /vulnerable populations which were the faculty's perceptions of the teachings were of cultural competency and the LGBT population.

Data collection methods were successful and showed that both groups of participants had similar opinions regarding the BSN curriculum not current and need to include the topic of caring for the LGBT population. Table 1 describes the emergent themes as they relate to the research questions:

Table 1

Themes of the Study Related to the Research Questions

Research Question	Theme 1	Theme 2	Theme 3	Theme 4
RQ 1: To what degree is the current curriculum in the BSN program at the College aligned with the NLN CNEA Standard 4; 4.5 and ANACE Provisions 1, 2, 3, 4, 7, 8?	X			
RQ 2: How do the BSN program graduates describe their experiences with diverse populations?		X		
RQ 3: How do the BSN program graduates describe their experiences caring for LGBT patients?		X		
RQ 4: What are the BSN program graduates' perceptions about learning cultural competencies to care for LGBT patients during their coursework?			X	
RQ 5: What are the BSN program faculty's perceptions about teaching baccalaureate nursing students' cultural competencies to care for LGBT patients?				X

Theme 1. Code of Ethics/Standards/Guidelines

In the emergence of the first theme, the BSN faculty had numerous responses that lead to the final outcome of the data code of ethics/standards/guidelines. Faculty1 did express the college nursing education was focused on diversity and is obligated to make the students

familiar with this as a standard. Faculty1 stated, “Nursing and nursing education is based on standards and making the concept of diversity is the nursing school obligation to make the students familiar with its standards.” All the faculty knew of the code of ethics and stated it is instilled in their lesson plans for the student nurses from the first course of fundamentals to present critical care. Faculty 3 stated as a nurse being exposed to different cultures is important and did not have this as a student nurse. Faculty 4 replied, “the Nursing Code of Ethics are incorporated into my lessons.” However, Faculty 6 asserted “the college has high standards which the educators must uphold to educate the students.” Finally, Faculty 5 did have previous knowledge of the standards because she was instrumental in creating curriculums for the nursing program in the past.

Most BSN faculty stated the standards and Nursing Code of Ethics was in their objectives in the skills taught and the curriculum does incorporate these codes in lecture and clinical settings. The BSN faculty all acknowledged the curriculum did have the stated topics of diversity and respect to educate the nursing students as per the standards of the BSN curriculum had specified. Seven out of the eight BSN faculty did not know there were standards used in creating the curriculum for the nursing program. In regard to the BSN curriculum aligning with the NLN ACEN standards and the ANACNE provisions, the BSN faculty stated the curriculum did not align with all of the standards and provisions because the topics in the curriculum only focused on general diverse populations and did not included the LGBT population. Next is research question 2 which questioned the nurses regarding diverse populations.

Theme 2. Trust and Respect of the LGBT Populations

The emergence of Theme 2 was compiled with the data analysis of RQ 2 and further grouped with RQ 3 due to the similarities of the nurses' experiences as a student in caring for diverse populations including the LGBT population which is discussed in the next section. Nurse#7 stated she had some knowledge on caring for diverse cultures but not with the LGBT population. Nurse 8 acknowledged caring for all patients the same with respect and as equals. Nurse 4 stated: "working in a city hospital I have cared for diverse populations and occasionally a patient who is part of the LGBT community. Sometimes I must use the interpreter phone to converse with the patients." Nurse 11 stated: "I would inquire to the patient if they were of a different culture and ask how they would prefer to be cared for so I would not offend them." The responses from the nurses, all had interactions with patients who were of different cultures and had some knowledge on how to care for them. The nurses had the knowledge of where to obtain information regarding certain cultures and their preference of medical care. In research question 3, the nurses were questioned regarding caring for a specific diverse population, the LGBT patient.

In RQ 3 the nurse was questioned what their experiences were caring for the LGBT population which the overall data results were not many had experience. Nurse 1 stated: "I have not had any experience in caring for a LGBT patient, but I would have respect for the patient and used proper pronouns in addressing the person." Nurse 5 declared: "the BSN curriculum did not entirely address the LGBT community which is an important topic." Nurse 9 acknowledged providing a safe and welcoming environment for diverse patients helps in the healing process.

The nurses' experience in caring for diverse populations which most responded had enough experiences in caring for diverse populations, but many of the responses stated a lack of knowledge in caring for the LGBT population. Nurse 6 indicated all courses should have educational material regarding LGBT community since they are more prevalent in our community. Nurse 7 replied: "I think it is important to learn about this growing population (LGBT) so they don't feel judged and make them feel better in their worst times." When complying and comparing the themes that emerged in both RQ 2 and RQ 3, I complied them since the data was similar except in the wording of LGBT populations and pronouns.

Theme 3. Community Health, Foundations, Psych

The outcome of the data from RQ 4 emerged Theme 3 of community health /foundations/psych which entailed the courses the nurses stated they received the most information regarding diverse communities, cultural competency, and minor on the LGBT population. Nurse 1 replied: "all nursing programs should provide education on caring for the LGBT patient, it is important to understand how they feel." Nurse 8 stated mostly in her community health and psychiatry course diverse populations were discussed but no mention of LGBT population. Majority of the nurses wished they received more knowledge on caring for the LGBT population, while as a student nurse, to assist in having previous knowledge for future reference.

Theme 4. Diversity and Vulnerable Populations

The emergence of Theme 4 was most of the BSN faculty revealed they educate the nursing students on culture and diversity and it is important for the nurses to remain open-minded in caring for others. The BSN faculty all acknowledged that incorporating the

Nursing Code of Ethics in a nurse's training teaches the nurse to care for others without prejudice and be non-judgmental to the patients' lifestyle. The second part of RQ 5 was the opinions of the BSN faculty about teaching BSN students' cultural competencies to care for LGBT patients. Most of the teachers stated they did not have the proper resources or materials to educate in this area due to their lack of knowledge, experience, and not a lot of information was on hand for their lesson plans. Only two BSN faculty respondents had current experience in working with the LGBT community and felt comfortable in educating on this topic. Faculty2 replied: "I believe older nurses have trouble dealing with it (LGBT) and we did not grow up with this." However, faculty #3 stated, "we need to be educated to their (LGBT) needs...we need our undergrads to be educated so they are not culturally shocked." Clinical instructors and classroom educators both agree they needed more information to prepare the nurses in the topics of LGBT and cultural competency.

Outcome Summary of Themes

The problem that inspired this program evaluation was that for the last seven years the BSN curriculum has remained the same in educating the BSN students in caring for a diverse population but not on the topic of the LGBT population in which the population has become more visible. Theme 1 code of ethics/standards/guidelines represented the BSN faculty stating whether the BSN curriculum aligns with the Nursing Code of Ethics and, standards that the nursing curriculum must follow for the college to be accredited to educate. The outcome of the data analyzed was the BSN faculty stated the current BSN curriculum did align with the standards but was lacking the current topic of the LGBT population to educate the nursing students. Theme 2 trust and respect of the LGBT populations/pronouns/sensitivity/welcoming

environment was the theme that represents the nurses who were educated with the current BSN curriculum and well-informed regarding topics of cultural competency and caring for the LGBT population which the nurses stated was lacking in the lectures and clinical studies. Theme 3 community health/ foundations/psych was the theme that the nurses stated they learned most of the topics of cultural competency and little to none on LGBT populations depending upon who the educator was in the course studies. The nurses all confirmed the community health class and psychiatry class did give the most information to assist with having some cultural competency regarding the LGBT population. In nursing foundations, some subject matter had to do with medical procedures for diverse populations, but the topic of LGBT was not part of the current nursing curriculum. Lastly, Theme 4 diversity /vulnerable populations were the outcome of the BSN faculty's perception in educating the nursing students in diverse populations and caring for the LGBT population. BSN faculty stated they need more information to keep the nursing studies current on the nursing skills topic of the LGBT population.

Evidence of Quality How Study Followed Procedures to Address Accuracy of Data

The evidence of addressing the accuracy of the data was obtained by triangulation. Yin (2014) indicated using the triangulation of data collected from many different sources can determine the stability of findings. Data collection techniques were utilizing member checking of the transcribed transcripts of the BSN faculty, the use of purposeful sampling of both the BSN faculty and nurse participants, evaluating the nurse's web-based survey, performing face to face interviews with the BSN faculty, incorporating field notes and journals of each day of interviews, documents from the Nursing Code of Ethics, Nursing Standards, and BSN curriculum. The web-based survey that was sent to the nurses who graduated within the colleges' past two years from

Spring 2017 through Spring 2019, and the face-to-face interviews of the undergraduate BSN faculty, followed the guidelines of purposeful sampling (Appendix F and G).

When data was gathered from the BSN faculty's face to face interviews, member checking was utilized to help maintain the accuracy and credibility of the participant's responses to begin analysis. Burkholder et al. (2016) stated member checking is used to have the participants review their written transcript for accuracy of their responses. Once the corrected transcripts were returned by the BSN faculty coding of the inquires begun. After the coding process was completed on both the BSN faculty and nurses' participants, I incorporated verbiage from the certain participants to use as supporting evidence of the data gathered and analyzed to support the outcome of the findings. The outcome of the participants' responses observed more information was needed to be incorporated into the current BSN curriculum regarding caring for the LGBT population.

Dealing with Discrepant Cases

While analyzing the gathered data from the BSN faculty, I was observing for any data that did not align with the themes that were emerging. In the eight BSN faculty who responded to the research and participated in the study, only Faculty2 focused on the religious aspect of the college and teaching the nursing students topics regarding issues that go against the religious beliefs of the college. For example, birth control. As this nursing school is a Catholic school, which is faith-based, it is frowned upon to educated on this topic, but for nursing students, educating various patients on this topic is an accepted part of nursing education. Another topic regarding the LGBT community, the Catholic church frowns upon this type of lifestyle, and educating on this topic can be a sensitive one.

In analyzing the data from the nurses who graduated from college within the past two years, I did not notice any data that was inconsistent with the themes. All the 13 nurses who responded stated most of the courses in the BSN curriculum was insufficient and would have liked to have had more information or a separate course just focusing on the LGBT population to assist with caring for this population. This outcome coincided with the literature review of the researchers discovered the topic of the LGBT population was missing from the nursing curriculum and was vital to educating the student nurses. One of the 13 nurses had to rely on the hospital's education department for learning cultural competency, especially on the LGBT population. Only 2 nurses stated they had a clinical instructor who had prior knowledge of caring for the LGBT population and shared critical information with their clinical group. Eight out of the 13 nurses had some knowledge of caring for diverse populations but would have preferred a lecture, or a course specifically on caring for the LGBT population.

Summary

The goal of this evaluation study was to explore the academic preparation of the BSN students at the college in the Northeastern United States, to properly care for diverse populations especially the LGBT patients after graduation, with the current nursing school curriculum. In assessing the eight BSN faculty's responses to the various research questions, the BSN faculty was given the documents of the Nursing Code of Ethics, the Nursing Standards for creating a BSN curriculum, and the college's BSN curriculum to review during the face-to-face interviews. The BSN faculty responded to research question one, regarding the standards of the curriculum and whether the current curriculum aligns with the standards was replied with uncertainty. The BSN faculty never knew there was a standard the college had to adhere to for accreditation. Yet,

the BSN faculty stated they educated the nursing students according to the subject matter as a guidance that was decided upon by the originators of the course and adding their own experiences to the topics. The nursing program curriculum has remained the same for the past seven years at the faith-based college. Six out of eight BSN faculty felt they were not experienced to educate on the care for the LGBT population due to a lack of resources in this area of the topic.

In assessing the 13 nurses' replies who responded to the study, their answers regarding their previous education in the topics of diverse populations stated it was adequate. The question of educated on the topic of the LGBT population, most of the nurses responded they did not have enough information and relied on the hospital they were employed with for education to assist them with being culturally competent with the LGBT population. Nurse 11 stated that her teacher did incorporate this topic in the healthcare clinical setting due to the faculty's own experience in caring for the LGBT population. Eight out of 13 nurses indicated their community health instructor, and the mental health/ psychiatric instructor did education a small amount on the topic of the LGBT population but would have liked more information.

Caffarella and Daffron (2013) wrote program evaluations are a process to determine if the program is effective and outcomes were met. Techniques for collecting data for this research were face to face interviews with the BSN faculty, BSN curriculum, Nursing Standards, and the Nurses Code of Ethics as documents, incorporating field notes from observations and journals, and web-based survey from the nurses who participated in the research. The results of the BSN faculty and the nurse's responses indicated the current nursing program curriculum should be

improved to accommodate newer topics in caring for diverse populations especially, the LGBT populations.

Section 3 provides an overview of the project based on the findings of the program evaluation. This section will include the purpose of evaluation, description of project, criteria, goals, any major outcomes to address the local needs of the community.

Section 3: The Project

Introduction

Many researchers have suggested that incorporating cultural competency into the nursing curriculum would help students properly care for the various, diverse populations, especially members of the LGBT community (Cunningham & Lambert, 2020; Kroning et al., 2017; Lim & Hsu, 2016; Zuzelo, 2014;). To helping students become knowledgeable about the culture, ethics, and socially diverse concepts of various sectors of the population, and thus become competent to care for them, the BSN program must adhere to standards (NLN ACEN Standard 4; 4.5, 2017; ANACE Provisions, 2015).

In Section 3 of this study, I cover the following topics: the program description and evaluation presented; any major outcomes to address any local needs of the community; the rationale of the project; how the problem was assessed; review of literature and literature related to the genre and search terms; project description, needed resources, and existing supports for the project; potential barriers and solutions; implementation of the project; roles and responsibilities of the stakeholders, researcher, and participants; documents; data points; project evaluation plan; project implications; positive social change; and importance of local stakeholders.

Purpose of the Evaluation and Description of the Program

The purpose of this project was to examine the academic preparation of the baccalaureate nursing students to properly care for diverse populations, especially the LGBT community, after graduation. In addition to the nursing students' preparation,

the nursing students' course curriculum was evaluated to see whether it aligned with the standards set forth by the National League of Nurses and the Nursing Code of Ethics: to care for others without discrimination, treat all with respect and dignity, and accredit the College's teaching standards. Since the college uses teacher-led teaching in classroom style with clinical base learning to reinforce classroom education, the BSN program curriculum has been the same for the past 7 years. Various topics have been an issue in the clinical setting, including diverse populations of the LGBT, and how to care for these populations while being culturally sensitive to their needs.

A qualitative research design was developed to answer the research questions. Data was collected through an electronic web-based survey sent to nurses who graduated from the BSN program within the past 2 years (Spring 2017 through Spring 2019), face-to-face interviews were conducted with undergraduate BSN faculty in the nursing program, and document analysis of the current BSN curriculum, to determine alignment with the Nursing Code of Ethics and the NLN ACEN standards. Five research questions helped me to investigate if the BSN faculty knew if the BSN program was aligned with the NLN CNEA standards and the ANA Code of Ethics, and the BSN faculty's perception on teaching cultural competency for the LGBT population with the current BSN curriculum. The nurses were asked if they received enough information on cultural competency to care for the LGBT population. Data was collected, analyzed, manually coded, and recoded in which six themes were identified formulated from both groups of participants combined. The findings from the BSN faculty and the nurses shared commonalities in the outcome of the coding. Some of the findings overlapped and the result was four major themes. The themes that developed from the data analyzed from the nurses and the faculty were (a) code

of ethics /standards/guidelines, (b) trust and respect of the LGBT populations/pronouns/sensitivity/welcoming environment, (c) community health/ foundations/psych, and (d) diversity /vulnerable populations.

Program Evaluation Goals and Criteria

The overall goal of the project was to conduct a program evaluation of the existing BSN curriculum to determine alignment with NLN ACEN Standard 4: 4.5, and ANACE Provisions 1, 2, 3, 4, 7, 8, and to identify whether the BSN program educates BSN students about cultural competencies with the LGBT population. The findings of the study were intended to address whether the nurses were academically prepared to properly care for the LGBT community without discrimination and able to tend to their medical needs after graduation. Having nursing standards and the Nursing Code of Ethics as criteria to judge, if the existing topics of the BSN curriculum are current and aligned, so a cohesive education can be obtained by the BSN students. The criteria of the BSN program evaluation were to observe if it is meeting the needs of the various populations, especially in the LGBT population, which is vital for LGBT healthcare needs.

Major Outcomes to Address any Local Needs of the Community

Conducting a formative evaluation of the existing BSN curriculum with the focus on the existing nursing topics and whether these nursing topics are current, could be used as a guide to educate and assess if the nursing topics are current while the course is being taught (Caffarella & Daffron, 2013). Caffarella and Daffron (2013) stated formative evaluations are an ongoing process that develops knowledge and skills for learners, it can plan for future changes to and

enhance the learners' skills and produce successful outcomes. According to the NLN CNEA nursing standards for creating a new nursing curriculum, it is necessary for all nursing students to be trained with the same knowledge and meeting the needs of the community (NLN ACEN Standard 4; 4.5, 2017).

Analyzing the data from the BSN faculty and nurse participants, most of the BSN faculty stated that they needed more resources on the topic of LGBT to educate the students, and the nurses stated they needed more training to properly care for the LGBT populations. The BSN faculty indicated the BSN curriculum documents lacked information to academically prepare the new nurses to properly care for the LGBT population after graduation. Nurses expressed that their own BSN program lacked the information to be academically prepared to care for the LGBT population after graduation. One nurse mentioned that only one teacher in the BSN program had prior knowledge working with the LGBT population to share with the BSN students how to properly care for the LGBT population. Analyzing the data findings and developed themes from both groups of participants, the outcome was to incorporate topics on the LGBT population so the medical needs of the LGBT population can be met with sensitivity and without discrimination.

Rationale

The rationale for choosing this project problem of the current BSN course curriculum for the BSN program was that the course curriculum had not been evaluated for over seven years. As an adjunct faculty member in the BSN program and employed as a nurse in a local hospital, I have personally witnessed the growth of diverse populations to include the LGBT population requiring medical assistance. In various nursing subjects, the students are kept current with new

medications and treatments for a certain illness, and as a representative of a nursing college we need to keep our nursing students up to date with the cultural aspect of new identities evolving. The NLN ACEN Standard 4; 4.5, and the ANACE Provisions are standards in which nursing schools create a course curriculum to educate future nurses to be competent in medical and ethical issues in diverse populations. To achieve accreditation from the League of Nursing Colleges, these standards must be followed.

After interviewing the BSN faculty, using the BSN curriculum as part of the document analysis, and receiving the web-based surveys from the nurses who graduated from the college, the data was coded and recoded, then was examined to form themes. The value of conducting a program evaluation of the nursing curriculum was to explore whether the BSN program curriculum content was current and aligned with the nursing standards of curriculum content and the nursing Code of Ethics (NLN ACEN Standard 4; 4.5, 2017; ANACE Provisions, 2015). The program evaluation was supported by the BSN program faculty and the BSN program director. The analyzed the data collected from the participants and documents, identified gaps in the program and knowledge for both groups of participants about the topic caring for the LGBT population.

How the Problem was Addressed in the Evaluation

The program evaluation of the BSN curriculum at the college in the Northeastern United States was developed to address whether the existing BSN curriculum was current, aligned with the Nursing Standards and Code of Ethics, and had recent information to educate the BSN students on how to properly care for the LGBT population. The purpose of the BSN curriculum program evaluation was to identify whether the BSN curriculum was aligned

with the nursing standards and the Nursing Code of Ethics. The program evaluation identified gaps in knowledge and practice that topics were not current with educating on diverse populations, especially with the LGBT population, and new resources were needed to educate with and be available for further lectures. The program evaluation built on the data gathered and analyzed, which was consistent with the BSN faculty response that the BSN curriculum was not current, and the BSN faculty did not have enough information to educate on the topic of the LGBT population. The assessed data outcome from the nurse participants, stated a need to have more information and clinical experience with caring for the LGBT population since this topic was missing from the BSN curriculum.

Review of the Literature

Literature Related to the Genre and Search Terms

The literature review focused on the evaluation of the current BSN curriculum providing evidence that supports a change in the topics of adding knowledge to care for the LGBT populations and the importance of remaining current for the acceleration of the nursing students' studies in cultural competencies. The project genre was a program evaluation using a qualitative approach to evaluate the current nursing curriculum at the college in the Northeastern United States. The findings revealed a gap in knowledge and practice in the existing curriculum regarding the topics of LGBT populations and how to properly care for this diverse population. The nursing curriculum did not align with the nursing standards of creating a BSN curriculum NLN ACEN Standard 4; 4.5, and ANACE with the Nursing Code of Ethics.

The following sources contributed to the literature review by using the search engine Google Scholar and the databases of ProQuest Dissertations, ProQuest Health, Medical

Collection, ProQuest Nursing, Allied Health Source, ProQuest Science Journals, EBSCO, Eric and Education Source Combined Search, PubMed, and CINAHL. The keywords search terms used in various combinations were: *baccalaureate nursing students, LGBT, teaching, program evaluation, nursing education, nursing curriculum, healthcare, cultural sensitivity, and cultural competency*, and the articles reviewed, for this study, were from 2015 through 2020. The literature included in the review reflects the most appropriate content of the project evaluation of the nursing curriculum.

Cultural Competency and the LGBT Population

In performing my literature review, coinciding with my research on the cultural competency of the nurses and caring for the LGBT population, I observed that numerous researchers discovered that transgender adults avoided medical settings due to being concerned about discrimination, lack of trust in healthcare personnel, and past experience of mistreatment during an office visit (Aisner et al., 2019; Echeverri et al., 2019; Henry, Perrin, Sawyer, & Pugh et al., 2020; Hyderi, Angel, Madison, Perry & Hagshenas, 2016; Lawrence, Grave. Vael, & Miller, 2020; LLayton & Caldas, 2018; Mounsithiraj, Hubley, McClendon, & Abraham, 2020; Portz & Burns, 2020). Guss et al., (2019), performed a qualitative study of 20 transgender adolescents and reported that when a primary care physician office provided a welcoming environment, used correct pronouns and names, and discussed gender health relating issues, the transgender client was more willing to seek medical attention for an ailment due to not feeling discriminated against. The American Nurse Association denounced discrimination on diverse populations regarding sexual orientation and states nurses must provide culturally competent care and advocate for all (ANA, 2015). The Nursing Code of Ethics states that a nurse must

provide care to all with compassion, dignity, and respect (ANAE, 2018). Healthy People 2020 vision is to help alleviate health disparities and promote healthy outcomes especially in the LGBT community (ANA, 2015). The BSN curriculum did not follow the Nursing Code of Ethics, and when the faculty was questioned about teaching with the Code of Ethics, all the BSN faculty did agree they educated with these topics incorporated into their lesson plans but not all diverse groups. The BSN curriculum did lack the Healthy People 2020 vision on educating on the LGBT population.

Providing care for the LGBT population, Malik et al. (2019) reported having a physician communicate to the patient with respect, in a non-condescending tone, and inquire of the patient with which pronoun to address the person, provided a welcoming environment in the physician's office. Instilling training for healthcare professionals would benefit the patients and the medical personnel to improve empathy, respect for others, and understanding of the patients' needs (Malik et al, 2019). In a 2019 qualitative study, Patterson, Tree, and Kamen (2019) surveyed 85 healthcare providers about the training and attitudes of the physicians toward LGBT patients. The healthcare providers did state they treated everyone with respect but felt unsure if the interactions with the LGBT client was beneficial to have a vital patient-physician communication (Patterson et al., 2019).

Many hospital systems in Atlanta, Georgia found with the numerous diverse populations and cultures they encounter, a qualitative study was performed to address the necessary services needed for the staff to be trained in cultural sensitivity (McGregor, Belton, Henry, Wrenn, & Holden, 2019). Additionally, many of the staff stated they were knowledgeable in this area of caring for patients, but the patient outcomes did not reflect improved results. McGregor et al.

(2019) revealed that healthcare systems, who trained in cultural competence and recognized it as important, had better positive patient outcomes than the other healthcare systems. Cicero, Merwin, and Humphreys (2019) performed a literary review of 23 articles, found nurses and other healthcare professionals needed education on what it meant to be transgender, issues the individual had, and their healthcare needs. Some of the responses on the nurses' web-based survey did state they wished they had more education from the lectures or teachers to assist with caring for the LGBT population.

In providing education about the LGBT population, having knowledge on how to properly care for this vulnerable population is vital for this population's healthcare needs. Numerous research had been performed on various nursing curriculums around the world and most have discovered a deficit in educating on the topic of cultural competency and the LGBT population. Finding a deficiency in the BSN curriculum is a deficit of knowledge that the educators are not providing valuable information to the nursing student.

Program Evaluation for Nursing Curricula

The goal for performing a program evaluation of the current BSN program curriculum was to explore whether the nurses who graduated within the past 2 years were academically prepared to care for the LGBT and other diverse populations. With gender identities emerging in society, and health disparities on the rise in the LGBT population, having prior knowledge about how to address and assess patients' medical needs is vital. In a literary review of eight articles in curriculum studies, Suarez, and Slattery (2019) described the LGBT population had become a target of violence and not seeking medical attention. By providing a thought-provoking perspective in the curriculum studies and bring awareness of other diverse populations to the

students would help to alleviate the barriers faced by the LGBT population (Suarez & Slattery, 2019). Allison et al. (2019) created a workshop with a slide presentation and basic terminology to improve knowledge and attitudes among 58 nursing students, in Arkansas, which facilitated a positive outcome in their cultural competency. As time restricts the student from attending extra lectures, providing a lecture online with a discussion was found to be an effective teaching strategy for implementing the cultural competency course in most nursing curricula (Levey, 2019). In a quantitative study, Levey (2019) conducted a pre- and post-test to assess whether 37 nursing students enrolled in a 16-week online program would achieve cultural competency in a short-term program. The results indicated that there was a significant increase in cultural competency knowledge in 16 weeks. The Institution of Medicine had researched on the healthcare disparities of the LGBT populations and instilled didactic instructions, case studies, and using virtual patients in their curriculum for success in educating medical students in comfort and knowledge with positive outcomes (Safer & Chan, 2019). A qualitative study conducted by Shayestehfard, Torabizadeh, Gholamzadeh, & Ebadi (2020) with 10 BSN students and 2 clinical instructors, from an Iranian nursing school, determined their knowledge on cultural sensitivity and the LGBT population. The result of the research showed the BSN students needed more education on ethics and sensitivity for the LGBT population and the clinical instructors needed more training in the same area (Shayestehfard et al., 2020).

Numerous challenges are faced by the LGBT population which the LGBT population stated it is not their responsibility to educate others on how the LGBT population were to be treated. Social media had shown to shape a user's view on diverse groups, for example, the LGBT population with being a person's only source of information can create prejudice and

deceit (Davidson & Farquhar, 2020). Santos et al. (2019) conducted qualitative research on 14 nursing students in Brazil to observe whether the nursing students knew how to care for various diverse populations especially the LGBT population. The findings proved that nursing students had knowledge of how to care for diverse patients but lacked the knowledge of caring for the LGBT's special needs (Santos et al., 2019). Kosman, AhnAllen, and Fromson (2018) wrote about the growing size in the LGBT population, integrating education of the health needs of this population should be throughout the residency programs of physicians and in the nursing curriculums in all aspects of assessing and treatment modalities. The transgender patient might be dissuaded from revealing important medical information due to the comfortability or feeling of bias, stigma during the intake (Kosman et al., 2018). Healthcare professionals should be trained in cultural competency which would include efficient communication with proper pronouns and having proper attitudes and skills to care for LGBT patients. Joo, Jimenez, Xu, and Park (2019) disclosed by adding cultural competency to graduate medical student's training improved the health disparities of the older LGBT patient who stated never felt welcomed at the doctor's office for many years.

Many BSN faculty, who participated in the research, stated the BSN faculty needed more resources to educate on the topic of LGBT and how to assess and care for this vulnerable population's medical needs. Clinical instructors are the leaders of educating nursing students on how to provide respect and dignity to gain trust in the LGBT population (Cozonac, 2020). Lindberg et al. (2019) indicated most faculty did not know where to find knowledge on existing resources to educate the students. Instituting resource pools throughout the medical and educational institutions can make accessing knowledge for all to learn and to provide competent

care for the LGBT population without bias. One nurse participant indicated gaining knowledge of caring for the transgender patient came from her mandatory education at the hospital she was employed. Other nurse participants wished they had proper knowledge from a teacher-led classroom or clinical experience. Hughes et al. (2019) acknowledged incorporating cultural competency into the nursing topics by training the faculty to become agents of cultural competency and promoting this topic to the new graduates for the many diverse patients the nurses will encounter. Nurses and nurse faculty promoting cultural competency can interact using their own beliefs, values, and cultures of the patients the nurses interact with. McKenzie et al. (2019) reported many nursing schools are including training on the LGBT population in the school's curriculum with training and developing the nursing faculty to be comfortable in educating on this topic. Schools in New Zealand found they had neglected the LGBT topic in their school's curriculum due to lack of research and required to teach about the LGBT population, to future healthcare workers, due to the LGBT population becoming increasingly more visible (Gamble Blakey, & Treharne, 2019).

Schales, Kiros, Close, and Tawk (2019) found that curricula in several Florida colleges needed to incorporate more exposure to vulnerable populations especially the LGBT population, to provide competent care and to alleviate health disparities in the community. The Florida colleges stated educating the nursing students on cultural competence will ensure the students are getting a first-hand experience by incorporating these topics into the existing syllabus (Schales et al, 2019). Knockel, Ray, and Miller (2019) prepared a one-hour lecture on the topic of the transgender patient, and their role as a medical professional in treating, with a pre and post-test to assess whether knowledge was gained by 107 medical and nursing students. The medical and

nursing students discovered the lecture informative and wanted more of this content as part of the medical and nursing student's studies. The post-test showed significant improvement in grading after the lecture. Linton, Knecht, Dabney, and Koomen, (2019) stated ongoing evaluations of the nursing curriculum was a necessary and ongoing process to have the graduates prepared for achievement in the workforce. Nursing schools in Brazil discovered there was a lack of training on sexual health and human rights topics in the nursing school's curriculum and discovered when adding an online course for the nursing students, the teaching-learning process was successful (Canavese, Marinho, Rodrigues, Signorelli, & Santos, 2019).

The Centers for Disease Control, Healthy People 2020, The Joint Commission, and the Fenway Institute have established online training in cultural competency for healthcare workers on the LGBT population on their websites (Kuzma, Pardee, & Darling-Fisher, 2019). San, Maneval, Gross, & Myers (2019) designed a simulation cultural competency training program for the nursing students to improve their skills, with the LGBT population, which was well received by the students. There was an improvement by the nursing students in providing care with sensitivity. In Korea, nursing schools have also used simulated training in topics of cultural competency and the LGBT population and had positive results with the 57 nursing students becoming openminded (Kang & Young, 2019). A nursing school in Wisconsin found using simulated training with roleplaying increased the nursing students' knowledge of cultural competency and caring for the LGBT population by 80.3% (Englund, Basler, & Meine, 2019). Yang (2019) revealed using games as a teaching activity was an effective tool in educating 19 nursing students and two teachers in a college in Taiwan in a qualitative study. Medical and nursing schools in Chicago received a competency survey before and after delivery of a lecture

which was three hours in length, containing knowledge of skills, terminology, and attitude regarding the LGBT population (Thompson et al, 2019). The result of the pre- and post-survey had a significant improvement in knowledge was gained by the nursing students after the curriculum was completed.

Educating nursing faculty and nursing students about how to be culturally competent in caring for the LGBT population, researchers found instituting a lesson plan into the current nursing curriculum was essential for the healthcare needs of the LGBT population (Englund et al., 2019; Yang, 2019). Some researchers completed program evaluations, at numerous colleges around the world, and found topics of LGBT and other vulnerable populations were not part of the education (Gamble Blakey, & Treharne, 2019; Schales et al., 2019). Other researchers have incorporated teaching strategies on how to care for the LGBT population into their curriculum by educating with lectures, role-playing with simulation scenarios with a pre and post-test, or participating in an online course (Kang & Young, 2019; San et al., 2019). With the growing population of the LGBT, having knowledge on how to be culturally competent, to care for this vulnerable population, is essential to the LGBT population, to assist in lowering their health disparities.

Cultural Competency and Closing the Health Disparities Gap for LGBT Population

In reducing health disparities in the growing LGBT population, there is a need for the education of health care professionals to bring awareness of cultural competency and knowledge of diverse populations. By integrating information on the topic of the health needs of the LGBT population or assessing their needs as a transgender male to female or female to male, each party has different health assessments due to how far they have gone in their transitioning. By

attempting to close the gap between educating the BSN students and BSN faculty to be culturally competent, and provide proper medical care to the LGBT population, the literature review showed numerous research studies performed with the outcomes of missing topics regarding caring for the LGBT population in the school's curriculum (Gamble, Blakey, & Treharne, 2019; Kaihlanen, Hietapakka, and Heponiemi, 2019; & Morris et al., 2019). Provider education is a vital source for improving the health disparities of the LGBT population. Singer, Crane, Lemay, & Omary (2019) conducted a qualitative study in seven different hospitals in the Midwest, and found that providing gender and sexuality training, to the 99 medical professionals, did improve the knowledge, attitudes, and behavior toward the LGBT population so the LGBT population will seek medical attention. Lim, Jones, & Paguirigan (2019) stated education and training in topics of cultural competency and diversity, especially in the LGBT population, can help any organization to distribute new knowledge for the nurse managers, nurses, and all executives to move forward into the future with a more sensitive workforce. In addressing this gap of education, incorporate training for future nurses and BSN faculty, who teach the undergraduate nurses, to be current in properly caring for the LGBT population. The data from my research indicated the nurses wanted more information from the teachers and more exposure in clinical rotations to become more efficient and comfortable in caring for the LGBT population after graduation.

In a hospital in Finland, Kaihlanen, Hietapakka, and Heponiemi (2019) interviewed 20 nursing students and discovered that nursing and medical school curriculums did not focus on non-heterosexual aspects of medical care even though the evidence was provided showed the nursing students' negative attitudes toward the LGBT population. Morris et al. (2019) conducted

literary research that identified 639 articles that addressed the gap in knowledge training student nurses in addressing the student's bias and increasing the nursing student's level of comfort in caring for the LGBT patient. Increasing the nursing students' knowledge and instilling effective strategies, in training the nursing students, was found to promote positive attitudes toward the LGBT population and increased comfort levels, of the nursing students, when working with the LGBT population (Morris et al., 2019). Nursing students, who were educated by lectures on the topic of caring for the LGBT population, remained knowledgeable when retested three months later (Morris et al., 2019). Some nursing students were unaware of their own bias toward the LGBT population's stereotyped image, and when education was provided to the nursing students by the teachers, negative images the nursing students had regarding the LGBT population was eliminated (Younas, 2020).

Rider et al. (2018) conducted a qualitative study on 14 nursing students, which discovered the training at the nursing school needed to be more sensitive especially to the adolescent LGBT needs. The study also revealed that nursing students had a desire to learn how to communicate comfortably in gender-related topics (Rider et al., 2018). Teaching existing and future healthcare professionals by having a training course implemented, into the schools' curriculum, and mandatory education at the healthcare facilities, improved the healthcare professional's knowledge of the LGBT population (Donisi et al., 2019; Sommers & Bonnel, 2020).

Educating the nursing students to be culturally competent, will require having a valuable tool of a course or a simulation lecture added to the curriculum, to assist the BSN faculty to properly educate the BSN students on caring for the LGBT population. From numerous

researchers, who performed studies at various colleges around the world, found gaps in the nursing curriculums regarding educating on the LGBT population (Morris et al., 2019; Rider et al., 2018). The outcomes of the research found that providing education on caring for the LGBT population can help to alleviate the health disparities of this growing sector of the population and create a trusting patient-nurse relationship.

Program Evaluation Challenges and Opportunities

Performing the program evaluation of the current BSN curriculum, I faced many challenges in initiating this study. I have been employed at the college for seven years and the BSN curriculum has remained the same in educating BSN students. The topics of cultural, diversity, gender, vulnerable populations, and religion have remained the same, and no mention of caring for the LGBT population. When I discussed this gap in the BSN curriculum to the undergraduate BSN faculty and nurses, who participated in the research, both groups stated the topic of LGBT was never discussed or there was no information or resources to lecture. One faculty member stated that the college is faith-based, and therefore, can cause a philosophical problem educating students about a topic that is contrary to religious beliefs espoused by the church. Only one faculty did express that she had proper experience with the LGBT population and did incorporate the information into her lectures which are not part of the current curriculum.

Discussion of conducting research at the college with the Director of the BSN program, I was met with discouragement and defending the BSN program that does educate on various topics as per the guidelines of NLN CNEA and ANACE. As per Healthy People 2020 (2017) and IOM (2011) state the education of nursing students must remain current and with the guidelines

of caring for the LGBT population should be part of the studies. In the assessment of the current BSN curriculum, the topic of LGBT was not included.

Another challenge of completing the project was discussing the creation of the current BSN curriculum, in which the original developers might not be part of the college at present. In completing a self-assessment of the BSN faculty in their knowledge of the BSN curriculum and the topic of the LGBT population, proved a gap in knowledge. I performed a literary review of over 50 articles of various nursing curriculums and found evidence-based practice regarding the gap of knowledge of the LGBT population, and how these schools bridged the gap to educate their nursing students, I was motivated to continue my study.

One of the opportunities that can strengthen the BSN program was to include the topic of the LGBT population, which will improve the cultural competency of BSN students when they graduate in caring for the LGBT population. Another opportunity to strengthen the BSN program was to have the LGBT topic integrated into the BSN curriculum, so the BSN curriculum will be current for accreditation at the time of renewal. Also, incorporating the LGBT topic into the curriculum, the BSN program will be aligned with the ANACE and NLN ACEN documents. In keeping the topics current in the BSN program, the BSN students will become more advanced in their studies and prepared for employment after graduation. As part of social change for the four-year nursing college in the northeastern United States, the BSN curriculum remain current in the information the nursing students are required to care for various populations, especially the LGBT to improve the healthcare of the LGBT and remain culturally competent in caring for all patients without discrimination.

Project Description

This project involved a program evaluation of the existing BSN curriculum at the College in the Northeastern United States, to assess whether the content of the BSN curriculum was current in educating the nursing students on how to properly care for the LGBT population without discrimination. The purpose of the program evaluation was to explore whether the BSN program curriculum was aligned with ANACE, NLN ACEN, and current with educating the BSN students by the BSN faculty to be culturally competent to properly care for the LGBT population after graduation. To date, the existing curriculum had not been evaluated and has remained the same for the past seven years I have been employed at the college. With the growing population of the LGBT community and increased health disparities in this community, an addition of topics on how to properly care for this diverse population is vital for BSN students' education to be prepared for employment after graduation.

Needed Resources and Existing Supports

The resources needed to implement the program evaluation of the current BSN curriculum included the research participants of the BSN faculty in the nursing undergraduate program, nurses who graduated in the past 2 years from Spring 2017 through Spring 2019 from the nursing school, the NLN ACEN Standard 4; 4.5 and the ANACE Provisions, the use of the face-to-face interviews, web-based surveys and the existing BSN curriculum documents that were necessary for the program evaluation. The technical resources for the program evaluation were the use of the Internet to send the web-based surveys by email to the nurses and inquire send by email to the BSN faculty to participate in the research. The internet was also used for data gathering and analyzing the data on computer program excel. The school's building was

used as a facility to conduct the face-to-face interviews with the BSN faculty, and my residence was used for review and coding of the documents.

Potential Barriers and Solutions

The potential barriers to the program evaluation was not receiving more of the BSN faculty and nurses to respond to the email to participate in the research. E-mails were sent numerous times to BSN faculty and nurses, who still utilized the college's e-mail system, to enlist participants to volunteer for the research. The nurse participants, who responded, stated in their e-mail, they were willing to be a part of the research but needed many reminders to send back their completed web-based survey. I was only able to get 13 nurses to participate in this study, out of the 235 nursing graduates. The BSN faculty, who responded to participate in the interview, having access to use the school for the convenience of conducting the face-to-face interviews was positive, but making the appointments to meet the BSN faculty had numerous negative outcomes due to the participants' schedule conflicts. I had to practice open communication with the BSN faculty and be flexible in the scheduling process to achieve the goal of having eight participants.

Other potential barrier to implementing the topic of caring for the LGBT population into the BSN curriculum was the lack of resources to assist the BSN faculty to create a lesson plan for educating the BSN students. Additionally, displaying the need to update the BSN curriculum, was a barrier by the Director of the Nursing program and the stakeholders of the college, to remain current in the teachings, continue to be competitive among the nursing schools in the community, and accredited for teaching future nurses. Lastly, another barrier to implementing the topic of caring for the LGBT population into the existing BSN curriculum was not having the

same stakeholders who created the original BSN curriculum available or part of the college's committee members to present the findings of the program evaluation to update the current BSN curriculum.

Implementation and Timetable

The findings of the data analysis of the program evaluation indicated the BSN had gaps in the curriculum, that is, the topic of LGBT population was not taught by the BSN faculty and what the BSN students needed to learn for employment after graduation. Implementing the outcome of the project study will be after the acceptance of the completed doctoral study. After the acceptance of the completed doctoral study, I will offer to deliver the outcome of the research to the Director of the Nursing Program, who graciously extended her permission to perform the research, with an oral presentation and the opportunity to answer any questions regarding the research outcomes. I will also extend the opportunity, if requested, to present the outcome of the doctoral study to the college's BSN faculty in the nursing department, and any other stakeholders of the college.

Roles and Responsibilities of Stakeholders

Conducting a qualitative program evaluation, the evaluator becomes one of the roles in deciding whether a program needs to be assessed. In my role as the evaluator, I was the primary person who gathered and analyzed the data. Educating the BSN students for the past seven years, with the same curriculum, gave me the knowledge to assess whether the program evaluation was vital for the academic preparation, of the BSN student, to properly care for the LGBT population after graduation.

The researcher. As the researcher for the program evaluation, my role and responsibility were to conduct an evaluation of the current BSN curriculum to assess whether the BSN student was academically prepared to care for the LGBT population with cultural competency. As part of my researcher's role was to assess whether the BSN curriculum aligned with the nursing standards and the Nursing Code of Ethics to be accredited with the nursing colleges in the state of where the College resides. In the researcher's role, I sent out e-mails to BSN faculty and nurses to enlist participants for the research. After the interviews with the BSN faculty on the College's campus using the documents of the current BSN curriculum, NLN ACEN, ANACE, and simultaneously sent and received the web-based surveys from the nurses by e-mail, the data was analyzed by myself.

Participants. The roles and responsibilities of the BSN faculty in the undergraduate BSN program were needed to agree to perform the program evaluation by signing a consent form. The IRB of the nursing college having the program evaluation performed at and the College the doctoral study was being received from were to agree to allow the study. The nurses who graduated from the nursing college within the past 2 years (Spring 2017 to Spring 2019) were to agree to participate in the study by signing a consent form. The Director of Nursing Program had to agree to allow me access to the email address of both the nursing graduates and BSN faculty to participate in the research. Together with the scholarly literature, data analysis, and the findings from the research were all used to address the content of the program evaluation.

Documents

Documents used for the research in the program evaluation of the BSN program were informed consent forms for the participants to sign acknowledging the participants are aware of

what the project entailed and to be part of the data collection and analysis. The Director of the BSN program did sign a letter consenting to allow the research on the college grounds and giving approval for emails for graduate nurses and undergraduate BSN faculty to be questioned. The BSN faculty was shown documents of the NLN ACEN which are standards for creating a BSN curriculum and the Nursing Code of Ethics which contained nursing topics in the BSN curriculum. The BSN faculty did a self-assessment of the BSN curriculum while being interviewed. Nurses who participated in the study returned the web-based surveys as part of the collection of data.

The documents, the BSN curriculum, NLN ACEN, and the Nursing Code of Ethics were used to assist in conducting the program evaluation which supported the outcome of the gap in knowledge in the current BSN curriculum on the topic of caring for the LGBT population. During the face-to-face interviews of the BSN faculty, many BSN faculty expressed the lack of experience and resources to educate the undergraduate nurses on the topic of properly caring for the LGBT population. When analyzing the data collected from the web-based surveys by the nurses, the outcome was the nurses wished they had more clinical or classroom education regarding properly caring for the LGBT population. Having previous knowledge or experience would have supported the nurses in their nursing skills for employment. With the LGBT population becoming more visible, especially in healthcare, being culturally competent in expressing proper pronouns, assessing in their medical needs, and providing a welcoming environment is vital for the LGBT population to seek medical attention to remain healthy. Including the topic of LGBT to the existing BSN curriculum will assist the graduate nurses to be more aware, confident, and culturally competent in caring for this LGBT population without bias

after graduation. Updating the BSN curriculum will bring the nursing school to be a part of social change and more culturally competent to care for many diverse populations as the community is constantly changing. Additionally, the nursing school would become more competitive in the education marketplace

Data Points

Conducting a qualitative program evaluation of an existing curriculum requires the collection of data, analyzing data, and interpreting the data to assess whether the BSN curriculum was current and aligned with the nursing standards of NLN ACEN and Nursing Codes of Ethics. The importance of conducting a program evaluation was to assess whether the design and delivery of a program were applicable, and the program goals were met while the program was in progress (Caffarella, & Daffron, 2013). The following list displays the usefulness as a tool for educational leaders of qualitative program evaluation and benefits of following this evaluation plan:

- Determine whether the BSN program objectives and goals are met.
- Determine whether the BSN faculty has the skills and resources to educate the BSN students regarding LGBT population.
- Identify program strengths and weaknesses using the data obtained and analyzed, and to use the data to improve BSN students' performance.
- Decide whether the program needs to be revised or discontinued.
- BSN students can care for the LGBT population properly after graduation.
- More experience in cultural competency for the diverse population especially the LGBT population.

- Nursing college BSN curriculum updated, and college accredited for education.
- Nursing college becomes more competitive in the education marketplace.

The purpose of the evaluation was to educate the nursing program leaders about the findings of the program evaluation and to persuade the nursing school leaders to follow the recommendations. Incorporating the topic of LGBT to the current BSN curriculum, and how to care for this vulnerable group, can assist in keeping the college BSN program current in educating future nurses.

Project Evaluation Plan

Implementing a formative evaluation focuses on what should be done to enhance or change a program, while it is an ongoing process, to improve the outcomes of the program goals (Caffarella, & Daffron, 2013). The BSN curriculum has many topics that keep being added when new medications or treatments are approved for the nurses to perform. The topic of LGBT is ever-changing and evolving and having knowledge on how to care for this diverse population could assist with lessening the health disparities the LGBT population faces (ANAE, 2018). Program evaluation is a vital instrument in assessing an agenda and can identify if the course is meeting the needs of the program; if the faculty can educate efficiently and have the proper resources to educate the student; it can identify strengths and weaknesses of the program and assess the students' outcomes if the program goals are met (Caffarella, & Daffron, 2013). The purpose of performing this program evaluation was to assess whether the BSN curriculum was current with educating the nursing students on the cultural competency of the LGBT population and the findings of the formative evaluation for future recommendations.

The goal of this evaluation plan was to assess whether the BSN students are academically prepared to care for the LGBT population without bias after graduation with the current BSN curriculum. With the findings of a gap in knowledge in educating future nurses' cultural competency in caring for the LGBT population, I plan to recommend to the Director of the BSN program, BSN faculty, and any key stakeholders of the college to include the topic of caring for the LGBT population to the current BSN curriculum. Including the topic of the LGBT population will prepare future nurses who will graduate from this college in caring for this vulnerable population. The ultimate goal is to prepare our future nurses to be successful, meet all academic courses for graduation requirements, and excel in the nursing profession. However, the overall goal of this program evaluation was to present the plan and receive any feedback from the Director of the BSN program, BSN faculty, and any key stakeholders, which will enhance the BSN curriculum to better serve our BSN students.

Project Implications

Possible Social Changes

The focus of this program evaluation was to assess if the topic of cultural competency of the LGBT population was taught in the existing BSN curriculum. From the outcomes of the analyzed data, the topic of the LGBT population was missing from the BSN curriculum. Most of the BSN faculty did not include this topic in their syllabus and stated they lacked the needed resources or experience to educate on this topic. All of the nurses who participated in the research wished they had prior knowledge of how to properly care for this diverse population.

The most important outcome of the program evaluation is that the current BSN program curriculum does not align with the NLN ACEN nursing standards and the Nursing Code of

Ethics due to lacking the current topic of caring for the LGBT population. The BSN program evaluation findings can assist the college to be a part of social change and having the nursing students be academically proficient in skills of caring for the LGBT population with cultural competency by adding this topic into the existing BSN curriculum. The gap in teaching, which was validated by the participants, if instilled in the lectures and clinical settings of the nursing students, can assist the students in becoming academically proficient in caring for the LGBT population. The knowledge gained by the nursing students can assist in lowering the health disparities in the LGBT population. Social change of including the topic of LGBT into the existing BSN curriculum will assist with the school's curriculum to be aligned with the NLN ACEN nursing standards of creating curriculums, the Nursing Code of Ethics, and the college to remain accredited.

Importance of the Project to Local Stakeholders in a Larger Context

As more diverse populations become visible, our nursing school must remain current with educating and training future nurses to be academically prepared to care for all types of diverse populations with cultural competency. It is important for the college to remain current in the teachings, so the college will be a part of the community as an educational institution and remain competitive in the education marketplace. Also, having the BSN curriculum current by adding the topic of properly caring for the LGBT population will enhance the nursing students' knowledge and social justice in the communities the nursing students will be employed.

Summary

Section 3 presented a description of the research project, an explanation for the purpose of the program evaluation, a description of the program evaluation, the barriers and solutions to

the barriers, and the evaluation plan and goals. The purpose of this project was to examine the academic preparation of BSN to properly care for the LGBT population with cultural competence after graduation. As part of the program evaluation, the BSN faculty was to assess the current BSN curriculum whether it is aligned with the NLN nursing standards and the Nursing Code of Ethics which authorizes the teachings of the college that all nursing schools adhere to be accredited. Another part of the evaluation, a face-to-face interview was also performed with the undergraduate BSN faculty in assessing their teaching of critical topics to the nursing students especially in the cultural competency of being academically prepared to care for the LGBT population with sensitivity and without judgment. Additionally, a web-based survey was completed by the nurses who graduated from the BSN program in the past 2 years (Spring 2017 to Spring 2019) to assess their knowledge of being academically prepared to care for the LGBT population after graduation with the current BSN curriculum.

Included in this research project, is a saturated literary review with research on the BSN curriculum with a thorough evaluation of cultural competency and the care of the LGBT population. Throughout the literary review, numerous researchers found the topic of the LGBT population was lacking from the nursing school curriculum. In performing a pre-test on the nursing students' knowledge on how to care for the LGBT population, then educating with a lecture, online course, role-play or simulation training, a post-test was performed and proved the nursing students gained knowledge. The outcome of the studies revealed there was a gap in knowledge, in the nursing school curriculum, in which the faculty was not able to educate the nursing students to be academically prepared to care for the LGBT population after graduation. This lack of knowledge can assist in increasing the health disparities of the LGBT population.

Lastly, implications for social change and recommendations for the goal of improving the BSN curriculum and improving BSN students' outcomes to be culturally competent with the LGBT population. Incorporating the topic of LGBT to the current BSN curriculum, and how to care for this vulnerable group, can assist in keeping the college BSN program current in educating future nurses. The college BSN program can become part of a social change in the community by being up to date in medical and social topics, to be sensitive in caring for the changing population in the community, create a trusting patient-nurse relationship, and remain competitive in the education marketplace of BSN schools.

Section 4: Reflections and Conclusions

Introduction

The purpose of this project study was to examine the academic preparation of the baccalaureate nursing students to properly care for diverse populations, especially the LGBT community, after graduation. This section includes the projects' strengths and limitations. It also includes recommendations for alternative approaches, a discussion of scholarship, project development, evaluation of the project, and a discussion of leadership and change. Finally, Section 4 includes an analysis of my ability as a scholar, practitioner, an agent of social change, and recommendations for future research.

Project Strengths

This study had five strengths in achieving the outcome. The first strength of the project was the perceptions of the nurses who graduated from the BSN program from Spring 2017 through Spring 2019, because the program evaluation had not been previously conducted for 7 years, during teacher-led lectures or clinical rotations. The nurses stated that they did not get enough information with the current BSN curriculum about how to properly care for the LGBT population. This outcome showed a gap in learning and educating BSN students. Identifying a gap in teaching showed that the BSN curriculum was not current and needed to be updated. However, this gap proved to be a strength of the project: It showed that ongoing program evaluations are needed to keep the BSN curriculum current.

The second strength of the project was that the faculty spoke honestly about following the curriculum's topics of gender, religion, and cultural competency, and not having the proper information to teach the students on how to care for the LGBT population. Most of the

BSN faculty were fearful of administration finding out their responses of the lack of educational resources for teaching the BSN students. Since they had a confidentiality form sign the BSN faculty were more at ease in being honest in their responses.

The third strength of the project was performing a program evaluation of the existing BSN curriculum, which identified the strength and weaknesses of the current BSN curriculum from the perspectives of the BSN faculty educating the students and the students who received the training. The overall goal of this project was to conduct a program evaluation of the current BSN curriculum to assess whether the BSN curriculum is aligned with NLN ACEN Standard 4: 4.5 and the Nursing Code of Ethics to assess whether the BSN program educates the BSN students about cultural competency with the LGBT population, which was found not aligned.

The fourth strength of the project was that the nurses who participated in the web-based surveys worked as nurses in a hospital setting for at least 1 year following graduation. This was a strength because the nurses were exposed to more diverse populations in their caring for patients. The nurses reported that the lack of exposure to certain populations during their undergraduate studies left them inexperienced or unprepared to care properly for the LGBT population.

The fifth strength of the project was that the BSN faculty who participated in the study were all over the age of 35 and were experienced nurses who had worked in numerous hospital settings for a few years. They had been educators for a few years at the college and were familiar with the BSN course curriculum. Thus, they were experienced nurses, who were familiar with the curriculum. The strength of the program evaluation could be used to assist the Director of the Nursing Program, stakeholders, and the BSN faculty to recognize that there is a gap in educating the BSN students in preparing the BSN students to care for the LGBT population after

graduation. The strengths of the project were demonstrated in how to use a formative evaluation to create a supportive academic environment that coincides with providing program improvements that are appropriate to the needs of the BSN students.

Project Limitations

The limitations of the program evaluation were the small participant pool of nurses and BSN faculty to partake in the project. Sending out emails to the 235 nurse's college e-mail address and only having 13 nurses, who graduated within the past 2 years Spring 2017 through Spring 2019, still utilized the email at the college, and completed the collection of data process. Follow-up with the 13 nurses, who did participate in the research, was difficult due to sending reminders for the nurses to send back the informed consent signed and then the nurses would receive the web-based survey to complete. After seven days, I would send a reminder by e-mail to the nurses to send back the web-based survey completed, so I could proceed with the data analysis. The BSN faculty also displayed the same hesitancy to participate in the project. There are 15 BSN faculty who were invited to participate in the data collection process, however, only eight BSN faculty completed the project. As a limitation to the project, the size of the participant pool being small with eight BSN faculty completed the project out of 15 BSN faculty employed.

Another limitation was the BSN faculty had some reluctance to be forthcoming in supporting one of their faculty member's dissertation process by being a part of the project, in which the BSN faculty expressed fear of the college's leadership when participating in the project and wanting to remain anonymous. Many of the BSN faculty required several reminders for upcoming appointments to meet for the interviews and some did not show, which contributed to the small participant size. Also, once the face-to-face interviews was completed, and

transcribed, many reminders were sent to the BSN faculty to return the corrected transcription for the accuracy of collecting and analyzing the data and to maintain a sufficient sample size. If the corrected transcriptions were not returned, the participation size for the BSN faculty would have been smaller.

Recommendations for Alternative Approaches

An alternative approach to conducting a program evaluation of the existing BSN curriculum to determine whether the BSN students are properly educated to care for the LGBT population would have been by performing a quantitative research study. Using a pretest and posttest with a lecture to observe if the BSN students were able to attain knowledge from the lecture. In performing this kind of quantitative research, observing any correlation between knowledge gained after the initial lecture and retesting after a few months to reinforce knowledge remained as part of the BSN students' skills.

Another consideration for an alternative approach to this program evaluation would have been replacing the face-to-face interview with the BSN faculty, with a focus group interview. Having more than one BSN faculty, in a focus group, to attain more information regarding the BSN faculty's knowledge of the current BSN curriculum being aligned with the nursing standards and the Nursing Code of Ethics. However, scheduling more than one BSN faculty to conduct a focus group would have been difficult to coordinate. Also, some of the BSN faculty could be intimidated by the answers of the other BSN faculty during the focus group interview, and the confidentiality of the participants could have become compromised.

Scholarship

Achieving my Walden doctorate will afford me the ability to use the knowledge I have gained as my educational foundation for teaching in the higher education sector. My goal to obtain an advanced degree is to become an Associate Professor at the college I am currently employed to educate future nurses. Conducting the doctoral program evaluation helped me to familiarize myself with a different way of critical thinking, not just as a nurse or an educator. I have learned to appreciate the academic scholarship of other academics and the work ethic involved conducting academic research. As a novice scholar, I have learned to also appreciate other medical researchers in their contributions to help educate other medical and nursing students to strive to be more vital in caring for all diverse populations.

Another lesson I learned from collecting and analyzing data was to maintain the privacy of the participants. Many of the BSN faculty wanted to know who participated and what was the outcome of the data going to reveal. I had to learn not to reveal any data results, or findings, and to maintain the anonymity of the participants before the research was completed and be discrete with answering the BSN faculty.

Project Development and Evaluation

This program evaluation of the existing BSN curriculum began as a thought of how the BSN faculty are educating the BSN students concerning cultural competency and caring for the LGBT population. As the LGBT population is becoming more visible in the healthcare system, there is a need to care for this diverse population with sensitivity. Throughout the doctoral study process, I learned the importance of time management and project coordination, especially with regard to writing the individual parts of the project study. Gaining appropriate permission to

conduct data collection required a great deal of project coordination skills, along with the skills necessary to create and disseminate data collection instruments.

From the data collection process, I learned from the BSN faculty the lack of their experience caring for the LGBT population, and information they required to educate the BSN students. Additionally, I discovered from the nurses who graduated from the BSN Program from Spring 2017 through Spring 2019, that they also lacked the information and experience in caring for the LGBT population while as a student nurse with the current BSN curriculum. As I was developing the project, I became knowledgeable about the importance of conducting the research, the process for creating the research questions, investigating scholarly and peer-reviewed articles, data collection, data analysis, and finally forming a conclusion to the program evaluation outcome.

Leadership and Change

Being a leader and a change agent in education, my responsibilities are providing current information to the BSN students regarding caring for numerous diverse populations, especially the LGBT population. As an educator, teaching BSN students to be sensitive to the LGBT population's special needs by being non-judgmental in the LGBT's lifestyle as part of being culturally competent. As a leader in education, I motivate and share my experience with the BSN students to assist in making them better nurses in caring for all diverse populations without discrimination. As part of being culturally competent as a nurse was to accept and be sensitive to all patients' needs, and care for the patient regardless of who they are and what the patients' beliefs might be which could be different than the nurses' beliefs.

My dedication to improving the BSN curriculum and loyalty to the school in wanting the BSN students to strive to be culturally competent nurses after graduation. Also, being a vested faculty member at the school, I will be able to remain an active participant in keeping the BSN curriculum current and attend faculty meetings monthly. If the college accepts the outcome of the program evaluation and incorporates the topic of the LGBT population into the current BSN curriculum, it will be part of a positive social change for the college.

Reflection on the Importance of the Work

The opportunity to conduct the program evaluation at the college entailed countless learning experiences for me. I was able to interview the BSN faculty and graduate nurses to assess their viewpoints on how current the BSN curriculum was in educating future nursing students. The importance of keeping the information up to date for BSN faculty and BSN students is vital for the BSN students to be properly educated.

As I was conducting the interviews with the BSN faculty, I was becoming aware of the lack of resources the BSN faculty had to enhance their teaching skills in educating the BSN students. Likewise, with receiving the completed web-based surveys, I was also gaining insight into the lack of information the nurses had from the BSN faculty on the topic of caring for the LGBT population. Most of the nurses wished they received information before graduation on the LGBT population and cultural competency. To ensure all future nurses obtain the same educational topics as aligned with the nursing standards and the Nursing Code of Ethics is to conduct ongoing program evaluations to maintain a current BSN curriculum.

Implications, Applications, and Directions for Future Research

An important implication of my program evaluation is that higher education institutions will need to maintain the current program curriculums by having ongoing assessments of their curriculums. Professional development of the BSN faculty by having the needed training resources, from the Healthy People 2020 or The Joint Commission website, to assist the faculty to educate students on cultural competency and caring for the LGBT population. Revealing the outcome of the research to the leadership of the college would encourage incorporating the topic of caring for the LGBT populations and cultural competency to the existing BSN curriculum. This research promotes ongoing program evaluations of the curriculums at the college, especially in the BSN curriculum.

The program evaluation promotes the use of ongoing assessments of the BSN curriculum, which could encourage the school leadership to assess other existing course curriculums to maintain being current. My recommendation, if implicated, is for future research to have ongoing program evaluations of the college's many course curriculums which will benefit the students to be current in their studies. This project has the potential for social change at the nursing school to be current with its academics and marketable in the educational field.

Summary

The research described in the project study involved a program evaluation of the BSN curriculum to assess if BSN students were academically prepared to care for the LGBT population after graduation without bias. The gap in knowledge in educating BSN students aligned with the BSN curriculum not following the Nursing Code of Ethics and nursing standards in creating a curriculum. Incorporating the topics of caring for the LGBT population

and cultural competency into the BSN curriculum, and providing educational resources for the BSN faculty to educate with will prepare the future BSN students to be ready to care for more diverse populations. Also adding the topics of cultural competency and caring for the LGBT population will align the BSN curriculum with the nursing standards of creating a curriculum, with the Nursing Code of Ethics, Healthy People 2020, and the Joint Commission guidelines for nursing schools to adhere to these set goals. Conducting ongoing program evaluation of the BSN curriculum will also maintain the BSN curriculum to be current, competitive, marketable, and part of social change in the nursing educational marketplace.

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Appendix A: The Project

A Qualitative Formative Evaluation of Cultural Competencies in a Baccalaureate Nursing Program

by
Lorraine Mercado

Overview

The overall goal of the program study was to conduct a program evaluation of the existing BSN curriculum to determine alignment with NLN ACEN Standard 4: 4.5, and ANACE Provisions 1, 2, 3, 4, 7, 8, and to identify whether the BSN program teaches students about cultural competencies with the LGBT population. The education of the nursing students must remain current with the guidelines of the Institute of Medicine (2011), Healthy People 2020 (2017), the National League for Nursing Accrediting Commission (2017), and The Joint Commission (2011). The BSN curriculum must align with the NLN ACEN Standard 4; 4.5, and the ANACE Provisions 1, 2, 3, 4, 7, 8 to have the BSN students prepared for employment after graduation with all topics including caring for the LGBT community without bias.

Since the college utilizes teacher-led instruction in traditional classroom style with clinical base learning to reinforce classroom education, the BSN program has remained the same for the past seven years without a review of current standards and provisions to support the LGBT community. The project established a gap of knowledge in the BSN curriculum by not including topics of caring for the LGBT community.

Following a qualitative research design, a 30-day formative program evaluation assessed the BSN curriculum program goals, objectives, and outcomes for educating the BSN students to properly care for the LGBT population. Conducting a formative evaluation of the existing BSN curriculum, the focus was on the existing nursing topics whether these nursing topics were current and aligned with the nursing standards and the Nursing Code of Ethics, while the courses were being taught.

The evaluation of the BSN program included (a) data that was collected through an electronic web-based survey sent to nurses who graduated from the BSN program within the past 2 years and BSN faculty in the nursing program and (2) document analysis of current BSN curriculum to identify whether the current program is aligned with the applicable NLN ACEN Standards

Four themes emerged from the data analyzed from the nurse's web-based survey and the BSN faculty face to face interview. A list of recommendations was developed to support the BSN program and the BSN faculty to educate the BSN students to be academically prepared to care for the LGBT population without discrimination.

Purpose of the Program Evaluation

The purpose of this program evaluation was to examine the academic preparation of BSN students to properly care for the LGBT population with cultural competence after graduation with the current BSN curriculum. The current BSN curriculum has remained the same for the past seven years without new topics or skills added to educate BSN students.

The population of the LGBT community has been increasing and becoming more visible, therefore, incorporating the cultural competency topic into the BSN curriculum at the College, would be valuable for the nursing students and the LGBT community.

Also, the program evaluation was intended to assess whether the current BSN curriculum was aligned with the Nursing Code of Ethics and the nursing standard in which nurses are to care for others without discrimination, treat all with respect and dignity, and accredits the college's teaching standards. According to the NLN ACEN accreditation committee, which standardizes nursing education and certifies nursing colleges, Standard 4; 4.5, and the ANACE Provisions 1, 2, 3, 4, 7, 8 requires nursing curricula to include cultural, ethical, and socially diverse concepts in instruction for the students to become competent to care for various sectors of the population without bias. As part of nursing competency skills in caring for patients, providing care without discrimination, and educating the patient on making healthy choices for a positive health outcome is imperative for the patient's well-being.

Research Questions

Two research questions (RQ1 & RQ5) were created to ask the BSN faculty whether the BSN program was aligned with the NLN ACEN standards and the ANA Code of Ethics, and what was the BSN faculty's perception of teaching cultural competency for the LGBT population with the current BSN curriculum. In addition, the nurses were asked three research questions asking if when they were a nursing student they received enough information on cultural competency to care for the LGBT population during their education at the college with the current BSN curriculum. Three research questions (RQ2, RQ3 & RQ4) were used in a web-based survey emailed to the nurses who graduated in the past 2 years (Spring 2017 through Spring 2019).

Overview of Findings

Four themes emerged from the iterative coding and theming analysis of the data from the nurses and the BSN faculty as described in the next subsection. Table 1 shows the relationship between the research questions and the identified themes.

Table 1. Relationship between RQs and themes

Research Question	Theme			
	<i>T1</i>	<i>T2</i>	<i>T3</i>	<i>T4</i>
<i>RQ1</i>	X			
<i>RQ2</i>		X		
<i>RQ3</i>		X		
<i>RQ4</i>			X	
<i>RQ5</i>				X

Theme 1: Code of ethics, standards and guidelines

The first theme described the code of ethics/standards/guidelines and was derived from the BSN faculty's response from the RQ1 focusing on the degree the current curriculum in the BSN program at the college aligned with NLN ACEN Standard 4; 4.5 and CNACE Provisions 1,2,3,4,7,8. From coding the data associated with Theme 1, code of ethics/standards/guidelines were the common responses from the BSN faculty for this research statement.

Referring to the responses from the BSN faculty, most of the BSN faculty were not aware that standards which are in place for creating a curriculum, but all the BSN faculty were familiar with the Nursing Code of Ethics and incorporated the numerous topics into their lesson plans. Most of the BSN faculty stated the Nursing Code of Ethics was taught throughout the nursing curriculum starting with the foundation's course in the first semester. For example, Faculty #5 confirmed that testing students in different cultures, genders, and religions for cultural awareness is important. After interviewing the BSN faculty and have them assess the current BSN program curriculum, with the Nursing Code of Ethics and NLN CNEA Standards documents, most acknowledged the curriculum needed to be updated since new gender identities. For example, LGBT have emerged, and the LGBT population has been seeking medical attention which the faculty felt they lacked information for educating the students in this area.

Theme 2: Trust and respect of the LGBT populations, pronouns, sensitivity, and welcoming environment

The second theme described trust and respect of the LGBT populations/pronouns/sensitivity/welcoming environment. The themes were derived from the coding process of responses the nurses in the web-based survey question.

Referring to the previous responses from the nurse's, majority did not have experience with caring for the LGBT population before or after graduation. Many of the nurses wished they had some clinical time in caring for the LGBT population. Only one nurse stated she was exposed to the LGBT population since she has been employed at a city hospital. Both RQ2 and RQ3 had common data outcomes and shared the same theme because of the nurses' response.

Next, RQ4 inquired to the nurses which courses, if any, gave them some knowledge to caring for the LGBT patients. Few nurses stated they had discussions in the community health class and their mental health psych class regarding diverse populations. One nurse had some knowledge due to her clinical teacher lectured on her experience caring for the LGBT population but wished more information was given to them before graduation. Another nurse stated she learned about caring for the LGBT population in her mandatory education at the hospital she was employed.

Theme 3: Community health, foundations, and psych

This theme described the courses the nurses gained knowledge on cultural competency. It was derived from the responses from the nurses who answered the web-based survey question and indicated some knowledge to care for diverse populations but not the LGBT population. Few nurses stated they had discussions in the community health class and their mental health psych class regarding diverse populations. One nurse had some knowledge due to her clinical teacher lectured on her experience caring for the LGBT population but wished more information was given to them before graduation.

Another nurse stated she learned about caring for the LGBT population in her mandatory education at the hospital she was employed.

Theme 4: Diversity and vulnerable populations

Theme 4 described the outcome of data gathered from the responses of the BSN faculty who replied to the RQ5. The BSN faculty all acknowledged that incorporating the Nursing Code of Ethics in a nurse's training teaches the nurse to care for others without prejudice and be non-judgmental to the patients' lifestyle.

All the data collected and analyzed indicated it would be useful to implement the topic of caring for the LGBT population in the current BSN curriculum. The outcome of the study showed that there was a gap in current content, in the BSN curriculum, in which the BSN faculty was not able to educate the BSN graduates to properly care for the LGBT population after graduation. Providing education of cultural competency for the nursing students early in their program can assist with the student's knowledge on how to communicate sensitively and without judgment in providing good quality care for the LGBT community. This lack of knowledge can lead to an increase in the health disparities of the LGBT population and a lack of training in the nurses' skills.

Program Activities, Settings and Population Served

Presenting the problem and possible solutions for the outcome of the program evaluation report develops opportunities for the Director of the Nursing Program and stakeholders to make informed decisions to improve the BSN curriculum. The revision of the current BSN curriculum should provide opportunities for reflection and revision so the outcome would be an updated BSN curriculum and creating an ongoing process to remain current. The outcome of this program evaluation can lead to improving the BSN curriculum to become current and a possible need to continue to update when medical topics become necessary for BSN students to have proficient skills to learn. For the college to remain accredited to educate future BSN students, the college should follow set standards that ensure the college follows the guidelines for remaining open to educating, as per the NLN CNEA, ANA CEA, The Joint Commission, Institute of Medicine and Healthy People 2020.

The setting of this study was in a small private faith-based nursing college in a suburban area in the Northeastern part of the United States, with a population of annual undergraduate enrollment of 3,439, with a gender distribution of 27% male students and 73% female students (MC, 2019). Only 8% of the students live on campus and 92% commute to the college (MC, 2019). The college provides more than 50 academic undergraduate, graduate, and doctoral degree programs. The college provides financial aid for students who meet the requirements and offers a diverse learning environment and many students' supports services.

The nurses who participated in the study, most of them was working in a hospital setting, in a suburban area, after graduating from college. Some of the nurses had previous experience of working in a hospital as a nurses' aide and was able to transfer into a registered nurse position at the same hospital. One nurse did state she was working in a city hospital which she was able to experience working with diverse populations especially the LGBT population and had to rely on the education department of the hospital for guidance.

Overview of Recommendations

The following recommendations for educating and providing resources for the BSN faculty to use for educating the BSN students on the topic of the LGBT population are derived from scholarly literature and suggestions from faculty and nurse participants:

- Provide lesson plans for the BSN faculty to use for educating the BSN students
- BSN faculty attend a webinar to assist in the BSN faculty's knowledge to educate on the topic of the LGBT population
- Newly hired BSN faculty have a refresher course or lecture during the orientation class with the topic of the Nursing Code of Ethics and LGBT population
- In BSN faculty's mandatory monthly meetings, implement a reminder to educate the BSN students to have respect, dignity, and be nonjudgmental to all patients

- Appoint a committee person or a task group to assess the nursing courses for any gaps in the practice of nursing skills with new illnesses emerging as an ongoing process to keep the BSN curriculum both aligned and current.

The following recommendations from scholarly literature for incorporating the topic of the LGBT population into the existing BSN curriculum so the BSN students will become culturally competent and academically prepared to properly care for the LGBT population after graduation.

- Having a pre and post-test with a lecture to assess if knowledge was gained by the nursing students
- Use real-life situation in lectures, review case studies, role-playing or use of a simulation laboratory
- Institute an online course with discussions, webinar, or seminar at school for the students to complete and have a certificate of attendance when completed

Recommended Lesson Plans for the BSN Faculty to use for Educating the BSN Students

My recommendations for educating the BSN faculty to be able to educate the BSN students, on the topic of caring for the LGBT population, is by providing educational resources for the BSN faculty to incorporate into their lesson plans. The Joint Commission and Healthy People 2020 websites' have webinars and lesson plans for the BSN faculty to use for their knowledge and for educating the BSN students. The nursing instructor has an important role in nursing students' education to convey the in-classroom work to the patient care setting. Nursing students rely on the educator's teaching as a foundation for caring for patients properly (Lonneman, 2015). Providing lecture material for the BSN faculty to educate BSN students is vital in properly caring for the LGBT population without bias.

BSN Faculty Attend a Webinar to assist in the BSN Faculty's Knowledge to Educate on the Topic of the LGBT Population

Most of the BSN faculty stated in their face-to-face interview they did not have resources to educate the BSN students on the topic of caring for the LGBT population. Ruud (2018) discovered when researching the nursing staff, the staff remained uncomfortable in obtaining a thorough sexual health assessment on sexually diverse patients. My recommendation is to assist the BSN faculty in gaining knowledge on the topic of caring for the LGBT population by providing personal development either by lectures, online webinars, or training in the simulation laboratory, for the BSN faculty to learn more about the LGBT population and how to care for the population's special needs to remain healthy. The Joint Commission and Healthy People 2020 website contain numerous lesson plans and online webinars for self-education and personal gain for the BSN faculty. These resources can be completed by the BSN faculty on their own time or set aside a conference day so faculty can attend and learn as a group.

Newly Hired BSN Faculty have a Refresher Course or Lecture during the Orientation Class with the Topic of the Nursing Code of Ethics and LGBT Population

As a recommendation for the newly hired BSN faculty is to have a refresher course or lecture during the orientation class as a reminder that the goal of the college is to educate the BSN students in keeping with the goals of the Nursing Code of Ethics. Having a refresher lecture containing the standards and guidelines is important and is the basis of the nursing foundation of education which is to remain non-judgmental in caring for all patients. In my own orientation to the college as an adjunct professor, there was various topics of the colleges' guidelines and standards the professors must adhere to as employees of the school as part of the discussions. Some of the BSN faculty never had the experience in caring for the LGBT population and incorporating this topic into an orientation lecture so all newly hired staff can be reminded of this diverse population's special needs.

In BSN Faculty's Mandatory Monthly Meetings, Implement a Reminder to Educate the BSN Students to have Respect, Dignity, and be Nonjudgmental to all Patients

During the BSN faculty monthly meetings, my recommendation is to implement reminders to educate the BSN students on the Nursing Code of Ethics and the college's humanistic framework of teaching. Educating BSN students on caring for patients with respect and sensitivity, especially the LGBT population, is an important part of the nursing foundation, and creating a welcoming environment for this population to seek medical assistance when required is vital. Gallagher and Polanin (2015) researched the topic of cultural competence to alleviate the healthcare disparities that were increasing in the LGBT community and found educating the nursing students in cultural awareness was effective in enhancing the nursing students' skills and improved care for the LGBT population.

Appoint a Committee Person or a Task Group to Assess the Nursing Courses for any Gaps in the Practice of Nursing Skills with new Illnesses Emerging as an Ongoing Process to keep the BSN Curriculum Aligned and Current

To keep with the constant changes in society and to meet the guidelines for accreditation of nursing schools, to educate future nurses, the Joint Commission, Healthy People 2020, and Institute of Medicine set standards for nursing schools to follow. These standards and guidelines consist of policies, standards of procedures, goals, values, and to remain current in providing the highest standards of patient care. The Joint Commission (2011) urged hospitals to have a more welcoming environment to improve patient care, especially in the LGBT population.

Healthy People 2020 (2017) advised nursing schools to incorporate the cultural competency topic, especially in the LGBT population, to improve this population's health disparities. The Institute of Medicine (2011), which is comprised of policymakers that focus on evidence-based practices in healthcare, has stated concern in a deficiency of knowledge by nursing students in caring for the LGBT population, which is increasing the health disparities of the LGBT

population. My recommendation is to appoint a committee person or create a task group of the BSN faculty to monitor the BSN curriculum to remain current when new nursing skills or medical procedures are discovered and need to educate the BSN students. To ensure that the BSN program is impacting the BSN students in achieving goals set by the program, nursing standard and the Nursing Code of Ethics, having an ongoing program evaluation could ensure the information for the BSN faculty is current and able to academically prepare to educate the BSN students when new medical situations arise.

The following recommendations for incorporating the topic of the LGBT population into the existing BSN curriculum so the BSN students will become culturally competent and academically prepared to properly care for the LGBT population after graduation:

- Having a pre and post-test with a lecture to assess if knowledge was gained by the nursing students
- Use real-life situation in lectures, review case studies, role-playing or use of a simulation laboratory
- Institute an online course with discussions, webinar, or seminar at school for the students to complete and have a certificate of attendance when completed

Having a Pre and Post-Test with a Lecture to Assess if Knowledge was Gained by the Nursing Students

I am recommending instituting an online course, webinar, or incorporate a seminar at the school, for the BSN students to attend with a pre and post-test. Following Brunn, 2017; Carabez et al. 2015; De Guzman et al., 2018; Ruud, 2018, found by instituting a lecture on the LGBT population, with a pre and post-test, assisted the nursing students, to gain and retain the knowledge of caring for the LGBT population, and to become open-minded to the needs of the LGBT population. Other researchers found that nursing students who gained knowledge from participating in cultural competency training had a better understanding of caring for the LGBT population with dignity and without any preconceived judgments (De Guzman et al., 2018; Gallagher & Polanin, 2015; Lim et al., 2016). Many of the nurses who participated in the web-based survey stated a lack of knowledge regarding the care for the LGBT population was missing from the lectures and wished they received this information before graduation.

Use Real-Life Situation in Lectures, Review Case Studies, Role-Playing or use of a Simulation Laboratory

My recommendation is to institute various teaching strategies by the nursing educators in forms of role-playing, lectures, and incorporate having online discussions. Brunn (2017) found using simulation lab, case studies, use of virtual patients' immersion into the cultural experience, and the use of guest speakers are ways to enhance the learning experience for the nursing students. Gallagher and Polanin (2015) researched the topic of cultural competence to alleviate the healthcare disparities that were increasing in the LGBT community and found educating the nursing students in cultural awareness was effective in enhancing the nursing students' skills and improved care for the LGBT population.

Institute an Online Course with Discussions, Webinar, or Seminar at School for the Students to Complete and Have a Certificate of Attendance when Completed

The curriculum for the BSN students is rigid. My recommendation is to create an online course or webinar for the students to attend on their own which could assist with time management of the BSN curriculum. The course can carry a credit load of 1 or 2 credits upon completion since the BSN student sometimes is lacking credits to be a full-time student for a semester which occurs at the college. After attending the webinar or online course, a certificate of attendance can be printed out and sent to the BSN faculty for validation of BSN student attendance (Carabez et al. 2015). Utilizing any of these methods to assist in educating the BSN students on properly caring for the LGBT population without putting any extra burden on BSN students' school schedule would keep the BSN curriculum current, and the school accredited for future learners.

Conclusion

The program evaluation provided an overview of the purpose of the program, program of activities, setting, and population served. Also, other topics presented are the purpose of the program evaluation, evaluation barriers, evaluation plan, purpose of findings, and an overview of recommendations that are discussed to give the readers or stakeholders a brief outline without having to read the full document. The overall goal of the program study was to conduct a program evaluation of the current BSN curriculum to assess whether the BSN curriculum is aligned with NLN ACEN Standard 4: 4.5 and the Nursing Code of Ethics to assess whether the BSN program educates the BSN students about cultural competency with the LGBT population. The education of the BSN students must be current with the guidelines of the Institute of Medicine, The Joint Commission, and Healthy People 2020 to prepare the BSN students in caring for the LGBT population after graduation.

The summary of the findings displayed the nurses and the BSN faculty acknowledged there was a gap in knowledge in the current BSN curriculum, due to the lack of information to educate the BSN students about properly caring for the LGBT population. Implementing the topic of properly caring for the LGBT population into the current BSN curriculum can prepare future nurses to be academically prepared to care for this vulnerable population after graduation. Providing tools for the BSN faculty to incorporate into their existing lectures to educate the BSN students in becoming culturally competent to properly care for the LGBT populations with sensitivity and being non-judgmental of the LGBT population lifestyle. Additionally, more information the BSN students have in properly caring for the LGBT population can help to alleviate fewer health disparities the LGBT population will encounter due to seeking medical assistance early and create a trusting nurse-patient relationship. Lastly, updating the BSN curriculum could bring the nursing school to be a part of social change, competitive in the nursing education field, and more culturally competent to care for many diverse populations as the community is constantly changing.

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Appendix B: Letter of Approval Walden University

On Oct 22, 2019, at 6:26 PM, IRB <irb@mail.waldenu.edu> wrote:

Dear Ms. Mercado,

This email is to notify you that the Institutional Review Board (IRB) confirms that your study entitled, "A Qualitative Formative Evaluation of Cultural Competencies in a Baccalaureate Nursing Program," meets Walden University's ethical standards. Our records indicate that the site's IRB agreed to serve as the IRB of record for this data collection. Since this study will serve as a Walden doctoral capstone, the Walden IRB will oversee your capstone data analysis and results reporting. The IRB approval number for this study is **10-22-19-0603972**.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the documents that have been submitted to IRB@mail.waldenu.edu as of this date. This includes maintaining your current status with the university and the oversight relationship is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB materials, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the Documents & FAQs section of the Walden web site:

<http://academicguides.waldenu.edu/researchcenter/orec>

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
Libby Munson
Research Ethics Support Specialist
Office of Research Ethics and Compliance
Walden University
100 Washington Avenue South, Suite 900
Minneapolis, MN 55401
Email: irb@mail.waldenu.edu
Phone: (612) 312-1283
Fax: (626) 605-0472

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: <http://academicguides.waldenu.edu/researchcenter/orec>

However, the IRB requires an annual ongoing report of your exempt protocol (the application for ongoing/continuing review) is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the [REDACTED] College IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

Sincerely,

[REDACTED], Ph.D., RN

Appendix D: Letter of Approval

July 15, 2019

Dr. [REDACTED] Ph.D., R.N.
Associate Dean, Undergraduate Program
Barbara H Hagan School of Nursing
Molloy College
Rockville Centre, NY 11571

Dear Dr. [REDACTED]

I would like to ask your permission to allow me to conduct a survey among the teachers in the Community Health program and graduate nurses who have graduated within the past 2 years from the nursing program. This is in view of my thesis, entitled, "A Qualitative Formative Evaluation of Cultural Competencies in a Baccalaureate Nursing Program." My evaluation study is to explore the academic preparation of the baccalaureate nursing students in the nursing program at [REDACTED] College in topics of cultural competencies to properly care for diverse and LGBT populations.

Attached herewith is the interview questions for this study. The survey would last approximately 45-60 about minutes and would be arranged at a time convenient to the teachers' schedule (e.g. during break). Participation in the survey is entirely voluntary and there are no known or anticipated risks to participation in this study. All information provided will be kept in utmost confidentiality and would be used only for academic purposes. The names of the respondents and the name of your school will not appear in any thesis or publications resulting from this study unless agreed to. After the data have been analyzed, you will receive a copy of the executive summary. If you would be interested in greater detail, an electronic copy (e.g. PDF) of the entire thesis can be made available to you. If you agree, kindly sign below acknowledging your consent and permission for me to conduct this study/survey at your school and return the signed form on an enclosed envelope. Your approval to conduct this study will be greatly appreciated.

Thank you in advance for your interest and assistance with this research.

Sincerely,

Lorraine J Mercado MBA RN-BC
Sign, print name, title, and date

Appendix E: BSN Faculty/Nurse Participation Email

Dear teacher name/ nurse graduate

I am writing to request your participation in an evaluation study of the nursing program at [REDACTED] College regarding the topic of cultural competencies in educating the baccalaureate students nurses. I am currently attending Walden University and completing a dissertation on “A Qualitative Formative Evaluation of Cultural Competencies in a Baccalaureate Nursing Program”. The purpose of this evaluation study is to explore the academic preparation of the BSN students, at [REDACTED] College, to properly care for diverse populations and LGBT patients after graduation.

Your participation in this interview is completely voluntary and you may opt-out of any question in the interview. All responses will be kept confidential. The responses will only be used for statistical purposes and will be reported only in aggregated form.

The interview will take approximately 45-60 minutes to complete and the location of the interview will be at the college or a more suitable location for your convenience. Please email or call me at your earliest opportunity to plan a meeting for the interview.

If you have any questions about this study, please contact me at 631-513-1166.

Thank you in advance for being a part of this study.

Sincerely,

Lorraine J Mercado MBA RN-BC

Adjunct Professor

Signature of researcher explaining study

Date

Lorraine Mercado

Printed name of researcher explaining study

Appendix F: Faculty Interview Protocol

You are invited to take part in a research study of an evaluation of the BSN program. This study is being conducted by Lorraine Mercado, who is a doctoral student at Walden University. Ms. Mercado is an adjunct clinical professor in the Community Health course in the nursing program for the college. This study is voluntary and can stop at any time throughout the interview.

If you agree to be in this study, you will be asked to:

- Have a face to face recorded interview with the researcher
- You will be asked to answer questions honestly and in depth
- The interview will last up to 60 minutes
- The transcription will be sent to you for accuracy and returned within seven days
- Sign consent form

Interview Questions

Before faculty answer additional questions, provide faculty with NLN ACEN Standard 4;4.5 and ANANCE Provisions 1, 2, 3, 4, 7, 8?

1. What is your familiarity with the NLN ACEN Standard 4;4.5?
2. What is your familiarity with ANANCE Provisions 1,2,3,4,7,8?
3. What are your perceptions about the BSN program's current curriculum alignment with NLN CNEA Standard 4;4.5? (RQ1)
4. What are your perceptions about the BSN program's current curriculum alignment with the ANANCE Provisions 1, 2, 3, 4, 7, 8? (RQ1)
5. What are your opinions about teaching cultural competencies aligned with these standards to the nursing students in the BSN program? (RQ5)
6. What are your opinions about teaching BSN students' cultural competencies to care for LGBT patients? (RQ5)

Probing question: Please, can you elaborate on this?
Thank you for participating in the research study.

Appendix G: Nurse Interview Protocol

You are invited to take part in a research study of an evaluation of the BSN program. This study is being conducted by Lorraine Mercado, who is a doctoral student at Walden University. Ms. Mercado is an adjunct clinical professor in the Community Health course in the nursing program for the college. This study is voluntary and can stop at any time throughout the interview.

If you agree to be in this study, you will be asked to:

- Have a face to face recorded interview with the researcher
- You will be asked to answer questions honestly and in depth
- The interview will last up to 60 minutes
- The transcription will be sent to you for accuracy and returned within seven days
- Sign consent form

Interview Questions

1. What are your experiences working with diverse populations following graduation from the BSN program at the College? (RQ2)
2. What are your experiences caring for LGBT patients following graduation from the BSN program at the College? (RQ3)
3. What are your perceptions about learning cultural competencies to care for LGBT patients during coursework in the BSN program at the College? (RQ4)
4. Could you describe which courses in the BSN program at the College discussed working with diverse populations? (RQ4)
5. Could you describe which courses in the BSN program at the College discussed cultural competencies to care for LGBT patients during the BSN program at the College? (RQ4)
6. Could you describe what academic content in the BSN program at the College could benefit BSN students to discuss cultural competencies to care for LGBT patients following graduation? (RQ4)

Probing question: Please, can you elaborate on this?
Thank you for participating in the research study.

Appendix H: ACEN 2017 Standards and Criteria for Baccalaureate Curriculum

STANDARD 4**Curriculum**

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

4.1 Consistent with contemporary practice, the curriculum incorporates established professional nursing standards, guidelines, and competencies and has clearly articulated end-of-program student learning outcomes.

4.2 The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.

4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.

4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.

4.5 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.

4.6 The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.

4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.

4.8 The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the governing organization, the state, and the governing organization's accrediting agency.

4.9 Student clinical experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and safety goals, and support the achievement of the end-of-program student learning outcomes.

4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.

4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

Appendix I: ANA Code of Ethics for Nurses

Provision 1

- 1.1 Respect for Human Dignity
- 1.2 Relationships with Patients
- 1.3 The Nature of Health
- 1.4 The Right to Self-Determination
- 1.5 Relationships with Colleagues and Others

Provision 2

- 2.1 Primacy of the Patient's Interests
- 2.2 Conflict of Interest for Nurses
- 2.3 Collaboration
- 2.4 Professional Boundaries

Provision 3

- 3.1 Protection of the Rights of Privacy and Confidentiality
- 3.2 Protection of Human Participants in Research
- 3.3 Performance Standards and Reviews Mechanisms
- 3.4 Professional Responsibility in a Cultural of Safety
- 3.5 Protection of Patient Health and Safety by Acting on Questionable Practice
- 3.6 Patient Protection and Impaired Practice

Provision 4

- 4.1 Authority, Accountability, and Responsibility
- 4.2 Accountability for Nursing Judgments, Decisions, and Actions

4.3 Responsibility for Nursing Judgments, Decisions, and Actions

4.4 Assignment and Delegation of Nursing Activities or Tasks

Provision 7

7.1 Contributions through Research and Scholarly Inquiry

7.2 Contributions through Developing, Maintaining, and Implementing Professional Practice Standards

7.3 Contributions through Nursing and Health Policy Development

Provision 8

8.1 Health is a Universal Right

8.2 Collaboration for Health, Human Rights, and Health Diplomacy

8.3 Obligation to Advance Health and Human Rights and Reduce Disparities

8.4 Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice Settings