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Staff Education Inservice for Preventing Discrimination against LGBT

Florence Titilola Eze
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Florence Eze

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Chief Academic Officer and Provost Sue
Subocz, Ph.D.

Walden University
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Abstract

Staff Education Inservice for Preventing Discrimination against
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by

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MSN, Walden University, 2016

BSN, Walden University, 2015

Project Submitted in Partial Fulfillment of

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Abstract

Lesbian, gay, bisexual and transgender (LGBT) members live in the community, yet they are prone to various types of oppression, mistreatments, and denial of services from most institutions including health care settings. Concerns, such as being denied access to caregivers or being given a lower quality of care continue despite the community's fighting for their voices to be heard across the globe and various movements that have been established, especially the United States and the United Kingdom, and laws that call for equitable healthcare. The purpose of this project was to explore whether a change in knowledge and attitudes would occur following development and implementation of an evidence-based training designed to enhance the nursing care given to LGBT persons to ascertain the level of appropriateness of this training. An analysis using descriptive statistics was conducted of the data gathered using pre and post survey questionnaires completed by nursing staff (N = 50) who attended the training. Findings supported that the bias shown toward LGBT persons in general was present among the majority of the sample of nurses in this health setting with 90% reporting that they had limited the care offered to their patients after learning that the patients were members of the LGBT community. Over half reported limited knowledge or lack of a previous opportunity for previous training about the LGBT patient. Postsurvey findings supported that the majority (90%) reported that training had positively impacted their knowledge and their perceptions about healthcare for the LGBT community. The potential positive social change would be that educating these caregivers may improve the chances of LGBT members getting access to more equitable, better informed, and higher quality healthcare.

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Dedication

This DNP Project is wholeheartedly dedicated to God Almighty for giving me the wisdom, and to my husband and children for their love and support.

Acknowledgments

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Section 1: Nature of the Project

Introduction

The 20th century was noted with the emergence in a movement that recognized lesbian, gay, bisexual, and transgender (LGBT) individuals with changes that have been seen globally (Morris, 2009). Good examples of countries that have introduced new laws to shield the LGBT members from oppression, neglect, and stereotyping by the community include Russia, South Africa, and Canada among others (Moreno et al., 2020). In the United States for example, the equality act, which was initially introduced in 1974, rules over the population by protecting the LGBT members from discrimination by the public (Encarnación, 2020). According to Lau (2018), legal regimes of various levels, that is the international, regional, national, and subnational levels, deem sexual orientation and gender identity (SOGI) discrimination is impermissible in employment and housing to marriage and parenting. The laws have also affected the healthcare sector because the stakeholders in that field strived to translate research to action to improve healthcare outcomes. The healthcare professionals organized seminars and events where they discussed the burning LGBT issues. For instance, according to Earnshaw et al. (2017), stakeholders met and discussed LGBT bullying interventions which recommended that pediatricians address the problems through clinical care, research, intervention, and policy. There were positive signs of progress in the fight against any kind of LGBT discrimination. However, the problem of LGBT discrimination is persisting. In most cases, LGBT individuals face significant physical and mental health issues compared to heterosexual individuals (Morris et al., 2019). For example, LGBT

adolescents are highly targeted in both verbal and physical violence when compared to other heterosexual and/or straight individuals (Wahlen et al., 2020).

Stigma impacts health (Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2011).The healthcare challenges that LGBTs face could be because of the perceived discrimination and stigmatization experienced from healthcare professionals . Therefore, common biases towards LGBT members exist among many people, including healthcare professionals. A study by Carabez et al., 2015 noted the gap in knowledge among nursing students. There is a deficit of enough teaching programs that should minimize the biases against LGBT members not only in the healthcare sector but in society. Yet, education has been shown to be effective at increasing knowledge of health issues of the LGBT community (Morris et al., 2019) and will be the focus of this project.

Problem Statement

Discrimination is one of the factors that have negative impact on people (Lewis & Van Dyke, 2018). LGBT individuals face health disparities related to stigma and discrimination and face more discrimination than any other group (Casey et al., 2019). According to Jackson et al. (2019), discrimination is among the factors that create a hostile and stressful social environment with adverse health consequences. Besides, discrimination against LGBT members is persistent even after the increased fight against it and its negative impacts. According to Ayhan et al. (2020), significant changes have taken place in the social sphere with the beginning of the gay and lesbian movements in the United States and Western Europe in the 1970s. For example, these movements'

influence forced the stakeholders to prepare the Diagnostic and Statistical Manual (DSM) to remove homosexuality from the manual and change its categorization. It is due to this discrimination concern against the members of the LGBTQ members that this project aims to address the research gaps available in the care sector by informing the care givers the need for equal treatment of all patients. An example can be seen in the case of China where Wang et al. (2019) affirmed that considerable mental health professionals in the country still consider homosexuality a disorder that they should treat as Sexual Orientation Conversion Efforts (SOCE). Even though this case was seen in the Chinese jurisdiction, it is well applicable in the United States as not all care givers offer the same care services to patients after knowing that they belong to the LGBTQ community. Such discrimination cases indicated the lack of education of the caregivers on the importance of care equality. As a result, communities marginalized LGBT members and denied them proper healthcare plans thus making them suffer from various illnesses. Therefore, most LGBT discriminations are due to the lack of enough staff training to change their past views on them and accept these members into their communities.

Purpose Statement

The central focus of this project was to develop a staff education program that enabled healthcare professionals to increase their service delivery to the members of the LGBTQ community. The long-term aim of this education will be to increase access to equitable healthcare for LGBT members. It explored the evidence about the challenges, competency levels, and willingness of healthcare professionals to treat LGBT individuals. The educational program discussed the impact of nurses' actions on LGBT members'

health and the evidence-based practical strategies that addressed the challenges this community faced in the healthcare system.

Nature of the Doctoral Project

The project was a quantitative project in nature and aimed at using various stated laws on care delivery to collect data from the test participants as well as finding the results after analyzing the data. The quantitative method enabled the audience to understand the issues surrounding staff education regarding LGBT issues. The final education concept attained from the analysis guided the audience on the best education programs and was developed into implementation in various healthcare centers to minimize LGBT marginalization and discrimination.

Significance

This project was significant to practice because it generated educational programs that enabled healthcare professionals to overcome the temptations of marginalizing and discriminating against LGBT members. The paper enlightened the community members on the negative impacts of LGBT marginalization and discrimination. As a result, LGBT groups found equality in many forums such as social, healthcare, economic, and political. Therefore, the study aimed at eliminating the biases that negatively affect LGBT groups in their communities.

Summary

The issues faced by LGBT people attracted attention from many social groups and a variety of community stakeholders. For example, lawmakers created laws to fight against LGBT discriminations. As a result, many sectors, such as healthcare and labor,

have implemented rules that promoted the acceptance of LGBT individuals. However,

LGBT discrimination persists in many communities, and, as a result, has negatively

impacted these persons' lives. There was a lack of enough education programs that

should change the negative perceptions of people against LGBT members.

Section 2: Background and Context

Introduction

Most LGBT people faced several social, religious, and employment issues due to their sexual orientation, primarily because most people perceived heterosexuality as a normal phenomenon in society (Redcay et al., 2019). The lack of social recognition from community members affects LGBT people's access to critical social aspects of life offers including suitable employment and affordable health care service (Redcay et al., 2019). Subhrajit (2014) noted that LGBT individuals are more likely to encounter discrimination, intolerance, harassment, and violence than those people who are identified as heterosexuals.

Scaccia (2015) stated that the violence and hatred LGBT people experience is due to homophobia primarily because most people value heterosexuality as a natural phenomenon. Some of these issues originate from the religious, cultural, and moral perspectives of society. Most people in the United States consider certain beliefs and values acceptable, like opposite-sex marriage, and disregard others, such as same-sex marriage (Ogolsky et al., 2019). Scaccia (2015) placed the issues faced by LGBT people into four main categories. These categories include violence, employment discrimination, poverty, and healthcare discrimination. Homophobia is arguably the primary cause of the biasness where the critics are perceiving homosexuality as abnormal and unacceptable (Scaccia, 2015). Scaccia argues that gay, lesbian, and transgender people, especially African Americans, encounter high violence instances compared to those considered straight and cis-gendered. Scaccia states that the Federal Bureau of Investigation (FBI)

reported a 21% rate of homophobic abuse and violence in the year 2013. The authors of the FBI report noted that LBBTQ sexuality biases fell behind race when they ranked them (Scaccia, 2015).

Despite these high incidences of violence, the National Coalition of AntiViolence Programs (NCAP) reported that the 21% figure only represents 19% of all the incidences of anti-LGBT violence, with most instances going unreported (Scaccia, 2015). Scaccia stated that transgender African Americans accounted for approximately 50% of homicide cases in the United States in the year 2013 alone. Seven African American transgender women were killed in the United States between January and February of 2015 (Scaccia, 2015). According to Fric (2019), most LGTQ discrimination victims often refused to report experiencing it to the authorities for fear of being victimized and/or harassed by their close family members, work colleagues or friends. Countries like Morocco, Iraq, and Egypt prohibit reporting sexual violence, which keeps victims from reporting such cases (Kiss et al., 2020). In addition to this, in these countries, homosexuality is outlawed and punishable by imprisonment, fines, and/or even death. Thus, LGBT members face egregious violations of their human rights despite the effort set forth by LGBT activist groups (Subhrajit, 2014).

Lack of access to quality and adequate health care was another major issue facing LGBT people and, as a matter of fact, the main contributor to health disparities between LGBTQ and heterosexual individuals. According to Hafeez et al. (2017), most LGBT people, such as youths, receive a low quality of care due to stigmatization, lack of healthcare providers' awareness, and insensitivity to this community's unique needs.

LGBT people also face numerous challenges accessing insurance coverage and good medical services (Nguyen et al., 2018). According to Nguyen et al. (2018), all these factors contributed to higher incidences of disease, drug use, chronic illnesses, obesity, and mental illnesses among LGBT persons. These health inequalities aggravated the healthcare services for LGBT people.

According to Felsenstein (2018), nurse professional development practitioners can assess LGBT cultural competencies in healthcare settings and initiated interventions to increase their competencies. LGBT persons encounter a standard set of challenges in achieving the highest level of care due to their inability to access culturally competent health care services (Donisi et al., 2020). Some of the common diseases affecting the LGBT community include sexually transmitted infections, particularly HIV (Mayer et al., 2021). Men who have sex with men (MSM) in the United States are at a high risk of HIV acquisition (Mayer et al., 2021). According to Hessou et al. (2019), the highest prevalence of HIV infection among MSM was 8% in Central and Western Europe and North America. Subhrajit stated that in 2009, MSM accounted for 75 % of new HIV infections in the United States. Subhrajit also indicated that MSM rates are very high in the United States urban areas compared to all prevalence rates in many other rural areas.

Informing all clinicians about LGBT persons' health is a critical step toward achieving better and comprehensive healthcare in the LGBT community. The study of the long history of bias leveled against LGBT persons enabled scholars to solve healthcare challenges that faced these individuals. In the following subsections, the paper discussed the healthcare challenges that LGBT people faced, models and theories related to LGBT

healthcare challenges, the study's relevance to nursing practice, the background, the context of the study, and my role as leader of this project.

There was a struggle to define sexual orientation because of the emergence of LGBT populations globally. According to Dembroff (2016), sexual orientation refers to enduring patterns of emotional, romantic, and sexual attractions to men, women, or both sexes. The definition revealed a lack of enough understanding of the concept of sexual orientation. The gap in the description of sexual orientation enabled people to reinforce heteronormative assumptions by maintaining a majority and minority divide in societies. Today, many people recognize the existence of pansexual individuals (Dembroff, 2016). Therefore, there is a need for healthcare professionals to identify these groups of people and help them when they seek healthcare services.

As mentioned above, the term LGBT stands to emphasize the gender-based identities and diverse sexuality among LGBT communities. According to Watson (2019), LGBTQ communities evolved in response to historical and social moments. These historical and social moments enabled individuals to meet psychological, cultural, interpersonal, and sexual needs.

The term third gender was permanently adopted before the 1960s sexual uprising. It was the most common word used to identify people that were not heterosexual, although it never truly gained popularity on the global stage. However, the first widely accepted term was homosexual and it was shunned for promoting negative connotations. It was ideally replaced by another more conservative word, homophile, between the 1950s and the 1960s, and successively "gay" around the 1970s (Subhrajit, 2014). Massive

campaigns among lesbian communities popularized the terms lesbian and gay. Lesbians with a more essentialist perception began considering the separatists as being detrimental to their pursuit of gay rights.

It was subsequently followed by a push for transgender and bisexual people to gain global acceptance. However, the entire concept changed after the Stonewall chaos between the late 1970s and early 1980s, with most lesbians and gays growing increasingly unaccepting of the two groups that were the transgender and bisexual groups (Subhrajit, 2014). Ideally, it theorized that bisexuals were lesbian and gay women and men who were scared to identify themselves openly to the public. On the other hand, transgender people were accused of being stereotypes. Each of these communities is still struggling to establish its own identity up to today.

Concepts, Models, and Theories

The adult learning theory by Knowles guided the development of this DNP project. Malcolm Knowles was an educator and was well known for using the term andragogy, which was synonymous with adult education. Andragogy is the art and science of helping adults learn (Loeng, 2018). Knowles suggested four assumptions about adult learning that included the following. First, the adults need to know why they need to learn something new. Secondly, these adults need to learn experientially rather than use theory-based learning models. Thirdly, these adults must approach learning as problem-solving unlike how children perceive it as a source of information. Finally, the adults usually learn the best when the topic is of immediate relevance and value to them and challenges their current problems. These adult learning principles guided the staff's

educational strategies for increasing nurses' knowledge about providing quality services to the marginalized LGBTQ members. Besides these published findings, I used the Analyze, Design, Develop, Implement, and Evaluate (ADDIE) instructional model to guide this project.

ADDIE is a valuable model for creating a teaching curriculum or training geared toward producing specific learning outcomes and behavioral changes (Patel et al., 2018). The analysis process entailed clarifying the problem that the instructional intervention addressed and defined the training needs. To achieve the analysis goals, I facilitated the instructional design by consulting the targeted audience. For example, this project entails LGBT, thus, I consulted with healthcare professionals, such as nurses, to identify the instructional gaps that may lead to bias, discrimination, or marginalization. The second phase of ADDIE is design. In the design phase, we, as the instructional designers, wrote the learning objectives that enabled us to achieve the set goals. I ensured that there were clear objectives for the staff education programs. For example, the scholar provided the project materials to change the discriminatory behavior against LGBT members in the healthcare sector. In the third stage, the relevant content was incorporated . In the fourth stage, the healthcare professionals were selected to take the studies. The process also enabled the scholar to monitor the intervention's progress essential in the evaluation section. Finally, ADDIE ended with evaluating the results an individual obtains from the implementation process. For instance, this project's scholar assessed whether the education program positively impacted the bias against LGBT community.

Relevance to Nursing Practice

Lack of research, data, sensitive language, and informed care negatively influenced the health outcomes among LGBT communities. LGBT knowledge is, therefore, very critical to the nursing practice as it can centrally assist in addressing the discrimination and bias leveled against this community, perhaps because of its perceived queer sexual orientation. For a fact, the knowledge offered in this project advocated to quality care for the members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community by providing nurses with critical guidance on the issues surrounding lesbians, gays, bisexuals, and transgender people. This project aim was to enlighten nurses and other medical professionals that their primary duty is to provide universal care to all patients irrespective of their identities.

According to Mitchell et al. (2016), approximately 3.8 percent, which is about nine million in number, of the Americans are willing to disclose their sexual identity as bisexual, transgender, gay, or lesbian. The statistics were based on the 2012 report released by the United States Department of Health and Human Services. With a figure as high as nine million people, most nursing professionals have likely interacted with LGBT people during their practice regardless of whether they knew about their gender identities and sexual orientation or not. Most healthcare professionals are unwilling to treat these LGBT groups (Bristowe et al., 2018).

Therefore, having LGBT knowledge is fundamental when addressing biased issues surrounding LGBT communities. Tadele & Amde (2016) suggested that LGBT people do not have a homogeneous experience regarding discrimination, stigma, and

prejudice. Thus, nurses and other care providers must be aware of the health disparities affecting this community, including challenges to seeking care and identifying themselves. Some of the significant concerns among these populations range from depression, sexually transmitted diseases, body image and eating disorders, and substance abuse (Johnson, 2015). Therefore, as a healthcare expert, the nurse must identify some of the issues affecting the wellbeing of LGBT individuals, an aspect critical to the achievement of better health outcomes.

Managing LGBT in the Hospital and the Community

Managing LGBT people in both community and hospital settings is a critical step toward addressing the many challenges and barriers faced by these minority groups, including ignorance, fear, and discrimination. Therefore, enhancing clinical and community skills are some of the leading steps toward providing proper care for LGBT people. LGBT health is today considered a national concern because of the increasing body of evidence pointing to the essential health care disparities encountered by LGBT people.

Addressing the underlying prejudice and discrimination is one of the best strategies for managing LGBT patients in the healthcare sector. Nurses and other care providers must learn better ways of handling these LGBT people without partiality and favoritism. Notably, nurses often bring their biases about gender and sexual orientation to hospitals, sometimes even without their knowledge. These predispositions and bigotry have influenced the health-seeking behavior among LGBT individuals, with most often opting to suffer rather than get disgraced at their practitioners' hands.

Addressing this fear factor and withdrawal issues established a welcoming environment for LGBT people, both within communities and hospital settings. It began with running campaigns to enlighten the locals, the nurses, and other care providers of the importance of embracing these LGBT people rather than separating them because of their sexual identity. The first step is creating a rapport and trust with LGBT individuals, which primarily requires understanding their concerns and rights. Nurses must learn to handle LGBT patients based on their issues, especially aging, coming out, adolescence, children, parenting, and legal rights.

Local Background and Context

This project focused on LGBT discriminations because it has risen at a high rate, especially regarding access to health services. Pieces of evidence from various incidences reported across the United States and other countries, such as the United Kingdom, affirmed the increase of discrimination against LGBT groups. For example, Mirza & Rooney (2018) reported that 8% of LGBQ said a doctor refused to see them because of their perceived sexual orientation. They add that 9% of doctors have been involved in harsh and abusive language when treating these LGBT patients. Elsewhere, 6% of the healthcare providers have been engaged in unwanted physical contact with LGBT patients, which has resulted in sexual assault and fondling. Therefore, there are immense challenges that face LGBT persons in the healthcare sector.

Role of the DNP Student

The Doctor of Nursing Practice(DNP) student developed a staff education project and addressed the knowledge gaps in the care of the LGBT community. Designed a

project that other staff followed and advanced their skills in the same matter. The DNP student's leading roles increased information and found learning materials, facilitated the learning process, and conducted an evaluation process to determine the success of learning among the staff members.

The DNP student instituted effective strategies to treat LGBT patients, including modifying psychotherapy techniques and cognitive behavioral therapy (CBT).

Role of the Project Team

The project team included the project chair, nurses, providers, and nursing management team. These people helped in educating other patients, organizations, and contributed to overall project goals and objectives. The DNP project team consisted of nurse's educator ,nursing staff. One of the nurses was the team leader and was responsible for what the team did as well as providing tasks for every team member. The nurse educator and the nursing staff were responsible for producing knowledge about the specific community in question, the issues they face, and the probable solutions that would give to them. The DNP student offered the project team the background information through email, face-to-face conversations, or telephone conference of their real-life situations. The community volunteers provided support to the project team to collect and document data from the project team.

Summary

In conclusion, this chapter has highlighted several LGBT concepts, models, and theories and their background and context in the United States, and, best of all, giving their relevance to the nursing practice. The section has also elaborated the strategies

communities and hospitals can embrace to assist LGBT people in achieving good health care outcomes. The last part discussed the DNP student's obligation to both LGBT patients and the nursing practice by expanding knowledge. The DNP student played a role in designing effective strategies to reduce the stigma and discrimination against gays and lesbians. Such collaboration between the project team and the DNP student ensured that key issues that LGBT persons are having were noted, recorded, and effectively addressed.

Section 3: Collection and Analysis of Evidence

Introduction

LGBT patients, both locally and internationally, have faced a couple of discrimination that needs a thorough analysis and full pieces of evidence to be collected. These problems included denial of services, violent treatment by the healthcare practitioners, which involved the use of harsh and abusive language, and unwanted physical contact which results in sexual assault by doctors. Homosexuality is a criminal act in some nations and is punishable by fines, detention, life imprisonment, and even the death penalty (Subhrajit, 2014). All these allegations aligned with both the gap and the problem statement on which this project was based on.

Practice-Focused Question(s)

The practice-focused question for this DNP project addressed how educating nursing staff in evidence-based practice care for LGBT patients improved staff knowledge. For clarification, several terms were defined for this project.

Operational Definitions

- *LGBT* term is a shortened word version for lesbian, gay, bisexual, transgender.
- A *lesbian* term represents a person that classifies herself as a female who is mainly attracted to other people who recognize themselves as females.
- A *gay* term represents a person that categorizes himself as a male who is principally attracted to other people who classify themselves as males.
- The *transgender* term represents individuals whose expressions and behaviors fail to identify with the original personalities of the persons' birth gender.

- The *bisexual* term means people that are attracted to both women and men.

- The term *health disparities* refer to incongruences and inconsistencies in the health status or wellbeing of those that identify themselves as LGBT.

- *C* is the gender that refers to an individual whose biological sex and gender identity allocated at birth align with their current identities.

- The *biphobia* term refers to a range of negative attitudes often expressed towards LGBT people, including resentment, intolerance, discomfort, anger, erasure, and many others.

- The *coming out* term refers to the process of an individual's self-acceptance, which often requires one to share sexuality or gender orientation details.

- The term *heterosexual*, otherwise straight, refers to an individual who is attracted to people of the opposite sex.

- The term *homosexual* is a clinical word for individuals who are interested in or attracted to people of the same sex.

- The term *sexual orientation* refers to the physical, romantic, and sexual attraction an individual feels towards other people about effective strategies for preventing discrimination.

Sources of Evidence

The first source of evidence was drawn from peer-reviewed article journals using search terms and drawing from relevant works published within the past 5 years; several online databases and sources have been used to complete this work. The databases used for research include MEDLINE, ScienceDirect, EBSCOhost, EMBASE, Cochrane

Library, CINAHL, HAPI, and Google Scholar. The search engines used to find study

outcomes relating to LGBT issues include Google, Bing, and Yahoo. The search key

terms included *LGBT*, *discrimination*, *in-service*, *education* or *training*, and *healthcare*

services. The scope of the review included the range of articles published within the last

five years (2014-2019), only scholarly or peer-reviewed articles, and/or books. This

search was thorough since it covered all relevant publications that would be evaluated for

validity, importance, and publication date, as well as the subject addressed and accuracy.

This evidence provided the context and the content for this staff education project.

Critical Appraisal of the Evidence

The levels of research were critically appraised using the EBM critical appraisal

model. Harder (2014) if it was becoming more widely accepted that healthcare

recommendations must be made on evidence gathered in accordance with evidence-based

medicine standards. In accordance with this model, information was converted to

answerable questions, tracked down with maximum efficiency, critically appraised for

validity and usefulness and the results evaluated for the selection of the best evidence.

This model helped to determine a level of evidence based on a hierarchy of categories of

study designed, which included the following.

Level One involved the systematic review, or otherwise commonly referred to as a

meta-analysis. Level Two was concerned with the conducting of a randomized trial that

was controlled. Level Three involved performing a controlled trial, but it was not

randomized, rather, the sample was collected effectively. Level Four was involved with a

cohort study of the previously conducted trials, otherwise called the case-control. Level

Five was concerned with the systematic review of all the descriptive studies which, in this case, were the qualitative search results published within the specified time frame. Level Six was hugely controlled by the study of all qualitative results, and finally, Level Seven, provided the utmost expert opinion that have been attained from all the previous conducted steps.

Evidence Generated for the Doctoral Project

The second source of evidence was drawn from the surveys to be completed by the participants of the educational program. The survey was implemented before and after the staff education program to determine whether the education had an overall and significant impact based on the practice-focused question. This act was in accordance with the evaluation phase that was guided by the ADDIE model as it encouraged the provision of feedback to care givers after all education concepts were implemented.

Procedures

Education Project Development Plan

The steps in the planning stage followed all the requirements made by the Institutional Review Board (IRB) for approval and included the following steps. The first step involved setting up a meeting while taking into consideration the needs of the society including the LGBT group. These needs ranged from social, economic, cultural, aspects of human development. In the second step, since educational planning needed to reflect the needs of the LGBT community, studies were evaluated and requirements for the education program were identified using existing evidence from the web, literature, or theoretical support to ensure accuracy and objectivity in the content. The analysis

involved a careful analysis of past evidence which have been proven authentic and some

essential academic supports which bear a significant meaning to the question. The reason

for this step was that extensive analysis was a must for good preparation both in the

present and future. The third step involved the discussion of the needs and staff education

program goals with organizational leadership. This process was through informal

conversation rather than survey and/or interview. The conversation was an essential

eyeopener seeking to reveal more to the staff through sharing ideas on how to continue

better in a fruitful discussion. The fourth step involved creating awareness to the LGBTQ

members regarding their importance in the community to reduce the rates of suicide or

fear of socializing with other people. This fact was because these persons are socially,

economically, and culturally disadvantaged when compared to others who are considered

sexually straight (Almutairi et al., 2017). In this step, the leaders of the program pledged

their commitment to acting as one in propelling the decision to ensure it served the best

interests of the people and impacted positively on the surrounding environment. In the

fifth step, an expert content review of the education materials was done after obtaining a

commitment of support. In this section, those who have shown a high level of experience

in the same field prior were invited to explore the current project and gave their views on

it. Their support provided confirmatory evidence, which helped to boost the morale to

carry on with the project. Finally, the sixth step involved researching the literature for

relevant teaching materials or content that addressed the program goals. Unless literature

had historical relevance, all sources were within five years of the date of completion. It

helped to explore in detail, the past adoption of similar projects, and how they proved

meaningful to the LGBT community. The review provided the foundation of knowledge on the topic and identifying inconsistencies and gaps in the research topic.

After all the steps were over, the development of the staff education program began whereby an education program was developed using appropriate instructional methods and theoretical frameworks. Some of the frameworks included teaching and learning, adult education, and nursing theories. The instructor-led training delivery strategy, which is the classroom training, is used as it was the most traditional form of training, best leveraged for creating an overall understanding of the training topic (Kamble et al., 2021).

The formative literature review method was used to verify the staff education program plan with organizational leadership and revised as needed. This review synthesized national and international literature on teachers' and school leaders' successful formative evaluation activities, as well as their existing capacities, challenges, and needs. It presented the results of a study of the peer-reviewed research that examined formative evaluation procedures in Australian and foreign K-12 contexts and met rigorous laboratory design standards. It also included a critical overview and evaluation of literature on formative assessment methods, particularly the application of online assessment resources. The edited content was presented to organizational leadership and end-users/key stakeholders and discussed to validate the content and ensure usability.

Education Project Implementation Plan

Staff coordinators placed an IRB-approved recruiting flyers in the reception area of each clinic and worked with clinic personnel to invite participants. It was important to

know that fifty project participants were recruited to participate in this program. To ensure that the program was a success, the project team leaders included the project chairperson, nurses, other support caregivers, and the nursing management personnel. Teaching took place in a virtual classroom setting by lecture. The program included several remote learners who used the face-to-face and a free online platform to get class content as well as undergoing an evaluation process. Overall, at the end of the four weeks learning period, the staff was given an exam to evaluate the success of the learning process under a grading system.

The sole purpose of the project was to aid in teaching other patients, organizations, and results to data collection and documentation. The nurses were 50 nurses from a different shift in the same health care facilities. In summary, the following settings and processes took place. To begin with, the priority area was on the staff Education on strategies of preventing discrimination of LGBT members in the community. Secondly, the main goal of this project was in investigating the challenges LGBT members face in the community, assess the competency levels of nurses, explore the attitudes of nurses in attending to the LGBT community, and determine how impaired care affects the LGBT community. Thirdly, the resources required in completing this project included the kinds of teaching materials, questionnaire preparation tools, and project analysis tools. Finally, the performance measures during the project were based on the achievement of the project objectives but they were all based on the previous literature.

On the other hand, the processes conducted included the following. To start with, a pre- and post-test template was used to measure how skills and expertise of the caregivers regarding care provision to the LGBTQ members, tolerance, and encouragement, and understanding of discrimination faced by the LGBT community. The project milestones were first measured through the successful issuing and answering of the questionnaires by the participants. From the results obtained on the questionnaire responses, staff education sessions were implemented through handling each of the project objectives under specific timeframes, with the entire project running for four weeks, to ensure that the nurses and other project participants were educated on each aspect of the project. The survey and interviews involved an investigation of the practicebased knowledge gaps concerning individual principles, interests, and awareness in LGBT health concerns. Responses were obtained from the participants on some of their attitudes and feelings towards LGBT and some of the factors that drove their opinions. The responses from the participant presented in tables, charts, and appropriate diagrams therefore, the analysis of the project entailed the use of quantitative risk analysis and modeling techniques. The project participants were then trained on the appropriate ways of handling and caring for LGBT patients in a healthcare setting. During the training setting, priority was given to participants, and an online platform was created for online learners to access and undergo the entire training process. Also, the last six days of the project was directed towards addressing some of the questions, concerns, and propositions both from the participants, engaging the participants in a sitting exam to determine their overall success in the learning process and wind up on some of the

pending issues that may still be present among the participants. Notably, before the onset of the project, all the project participants had given consent of their participation in the project, their right to decline or withdraw from the project, and the project's responsibility to adhere to confidentiality, anonymity, and privacy during the project (Dantzker, Hunter, & Quinn, 2016).

Education Project Evaluation Plan

The evaluation plan was carried out based on the goals achieved and the outcomes obtained from the project. The educators carried out both pre- and post-tests that aimed at assessing the knowledge of nurses on LGBT communities and patients, and a staff development program was developed for caring for LGBT patients after the implementation of the project. Also, the project was evaluated based on whether it succeeded in changing the opinion, knowledge, and attitudes of the project participants and other stakeholders in the healthcare system towards the LGBT community and how these outcomes will affect care delivery for LGBT patients.

The evaluation plan included the pre- and post-tests developed, as mentioned, to identify the knowledge capacities of the caregivers towards the members of the LGBT community. Participants completed paper-based or online questionnaires that were directly related to the identified learning objectives of the education program. The validity of the pre-and post-tests was determined by the criterion validity method. The effectiveness of the staff education program was evaluated based on the results from the criterion validity. The analysis was conducted pre-and post-tests using descriptive statistics. Communication of the results and recommendations to organizational

leadership and program stakeholders was also a key factor. The findings were presented to the nurse educator through the email messaging service.

Staff evaluation was one of the primary methods of measuring the gaps in cultural competency and knowledge levels of nurses, which in turn was crucial to the creation of an effective educational initiative to address these knowledge gaps. Almutair et al. (2019) provided that healthcare institutions must provide regular cultural education services to improve the cultural expertise of their nursing workers so that they can properly cope with the challenges that can occur through cross-cultural experiences. Graduates of the DNP program are prepared to analyze and interpret epidemiological, biostatistical, occupational, and environmental data that is critical to improving the health of individuals and communities.

The project included two survey questionnaires to investigate these practice-based knowledge gaps, whereby 50 nurses from different shifts were asked to fill out a questionnaire that is included in the appendix section. The pre-survey questions touched on personal values, interests, and knowledge in LGBT health concerns, as well as demographic information. The following were some of the survey questions that the nurses were required to answer in this project and they primarily focused on the following concerns.

The first concern was on the level that the care personnel possess to validate him or her address the healthcare requirements of LGBT persons. The second concern was on whether the person has ever received a content instruction and/or information that would give them a chance to address LGBT persons' needs and how such persons responded to

the content instructions. The third concern was whether the caregiver possessed any views that would otherwise influence him/her to alter the level of care delivery to some LGBT persons. The fourth concern was on whether a caregiver would decline giving care to any patient simply because he/she had a different sexual orientation in case such as option was available. The fifth concern was on asking these professional caregivers how comfortable they thought they were while providing care services to LGBT persons. The sixth concern was on enquiring from the caregivers how they intended to positively impact their work settings to increase the chances of improving the care services delivered to the patients and without them being discriminated against. Finally, the practice-focused on open-ended post-assessment questions formed the basis of the questionnaires for the project. Some of the questions included the kinds of the following.

The first question asked the caregiver if he/she thought that the offered training has positively impacted their perception of LGBT persons. Secondly, the caregivers were asked if they thought that they were knowledgeable enough to address the healthcare requirements of LGBT persons after the training was issued. The third question asked them if they were comfortable enough to continue offering care to LGBT persons. Finally, the last question asked the caregivers if they still had different personal views regarding these LGBT persons that would alter the quality of care that they could offer to the people belonging to the LGBT group.

Protection of Human Subjects

When conducting projects that involve humans as the main participants, Dantzker,

Hunter, and Quinn (2016) suggested that it is vital to adhere to ethical requirements such as consent for minors, confidentiality, and anonymity among other standards. IRB requires that students only interpret medical reports that have been aggregated by requesting a site contact for high-level abstract data without directly looking at the patient records. Collecting data from human subjects without appropriate IRB approval can result in invalidation of the data and dismissal from the program. For these reasons, this paper guaranteed all 50 nurses their privacy as well as the security of their patients. Notably, the paper ensured that all the information revealed during the study remains highly confidential. Failure to abide by this set of stipulations often leads to court litigation in certain situations and it is necessary for the doctoral student to protect anonymity by deleting crucial pieces of data that may reveal the name of the institution.

Also, it was an obligation as the project leader to seek the informed consent of all the participants. It was significant to note that all the participants have a legal right to confirm or decline their involvement. They also could withdraw from the project at will, especially once they feel the conditions were no longer favorable.

Analysis and Synthesis

The use of descriptive statistics was used to analyze the data collected during the study. The use of tables, charts, and diagrams were used to report results.

Summary

Collection and analysis of evidence was the most crucial part of any scholarly project. Data collection was taken into consideration ethical issues as it seeks to gather information for academic purposes. The findings were well analyzed to come with a

better understanding of the LGBT discrimination concept. This fact was made easier to create relevant conclusions and recommendations later in findings and recommendation section.

Section 4: Findings and Recommendations

Introduction

The purpose of this doctoral project was to develop a staff education program on caring for LGBT community members. This project's goal was to utilize the educational materials to provide the nursing caregivers the idea of the challenges that the members of the LGBT community faced with an aim of making them offer better services to such members. In the training, I reviewed the nurse competencies needed to address the needs of the LGBT community and explored the known biases and attitudes of nurses towards the LGBT community. Pre-implementation and post-implementation surveys were conducted to determine the impact of the project. The first survey captured the nurses' baseline knowledge and the second one evaluated the change after the implementation of the education program. The educational program sought to enhance nurses' knowledge, skills, and attitudes in the management of LGBT health needs. The project followed the recommended ethical framework that allowed the participants to decide their engagement and withdrawal from the program. A descriptive analysis was used to evaluate the impact of the educational program on the nurses' attitudes, knowledge, and skills in improving the delivery of care and other health resources to the members of the LGBT community the same as they do to those persons considered as straight.

Findings and Implications

The project meant to meet the following objectives. To begin with, it was meant to prompt the change in care delivery to the LGBT community by the caregivers as it must be equal to the one offered to other patients. Secondly, the project aimed at

enhancing the attitudes of the caregivers when they are dealing with LGBT patients unlike normal people. Thirdly, cultural competence is important in care delivery as it promotes overall satisfaction rate of the patients, and this was one of the objectives of the project.

Evidence Towards the Educational Project of LGBT

The first finding from a review of the evidence from a review of the literature was that the experiences of discrimination against the LGBT community in healthcare are real and do happen in the real world. According to Healthy People (2020) LGBT people face health inequalities as a result of social shame, bigotry, and lack of civil and human rights. In the United States, LGBTQ people have faced a long history of bigotry, including criminalization and mental illness classifications, efforts to physically alter LGBTQ people's sexual orientation or gender identity, hate crimes, and abuse, and removal from jobs, housing, public facilities, and social institutions (Casey et al., 2019). Despite this experience and literature exploring prejudiced attitudes in general and the effects of discrimination, there have been comparatively few national attempts to consistently study LGBTQ people's recorded personal experiences of discrimination.

Secondly, hostility and hatred against the LGBT community have been attributed to homophobia in the care setting. Formby (2015) suggests that bullying has since been seen to harm the mental health and social well-being of young LGBT people, including self-harm, depression, and attempted suicide as seen in various studies. Many health inequalities between sexual minorities and heterosexuals can be traced back to

unfavorable societal interactions that LGBT people have had as a result of their sexual identity, a condition known as minority tension.

Thirdly, the rise in LGBT activism in the healthcare field has also been witnessed. The combined efforts of LGBT community centers, advocates, and clinicians resulted in a number of activities that helped LGBT people achieve widespread attention as a medically underserved group (Martos et al., 2017). In response to social reform and medical advancements, LGBT health programs have begun to grow and develop. For example, when HIV-related morbidity and mortality have declined, hospice care services are likely to have decreased within LGBT community health centers, while counseling services have remained widespread and increased in terms of the types of counseling services available.

Finally, the denial of basic health rights because of the sexual orientation of the LGBT community happens. Many LGBT people of all ages and from all parts of the world are subjected to gross violations of their human rights due to deeply rooted homophobic and transphobic views, which are often compounded with a lack of proper legal safeguards against discrimination based on sexual orientation and gender identity. CNN Library (2018) provided that Renee Richards, an ophthalmologist and professional tennis player who underwent gender reassignment surgery in 1975, is barred from playing in the women's United States Open due to the women-born-women clause. They faced discrimination in the workplace, schools, and hospitals. Furthermore, these persons are mistreated and abandoned by their own families. Therefore, the literature presented in the

paragraphs above will be essential in addressing most of the project concerns and educating nurses on how to care for the LGBT community without discrimination.

Evidence Generated From the Project

Descriptive statistics were used to analyze the collected data after the educational program was implemented. Data from 50 respondents were analyzed in the project ($N =$ 50). Ten of the 50 respondents were self-described LGBT. Participants were primarily female (60%), with experience of between 1 and 2 years (53%) and aged between 26 and 33 years (53%). Of all the 50 participants, 90% of the participants agreed that they had limited the care offered to their patients after learning that the patients were members of the LGBT community. A breakdown of these data is shown in the figures below.
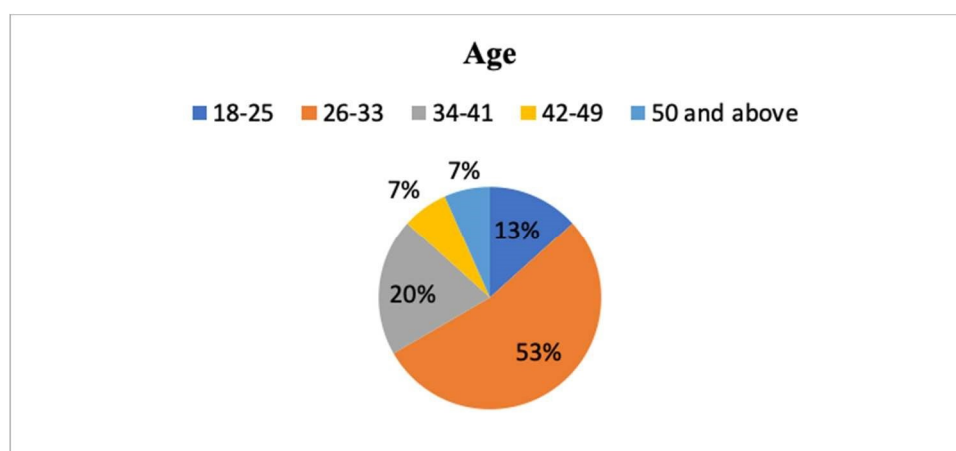
Figure 1

The Age of the Participants

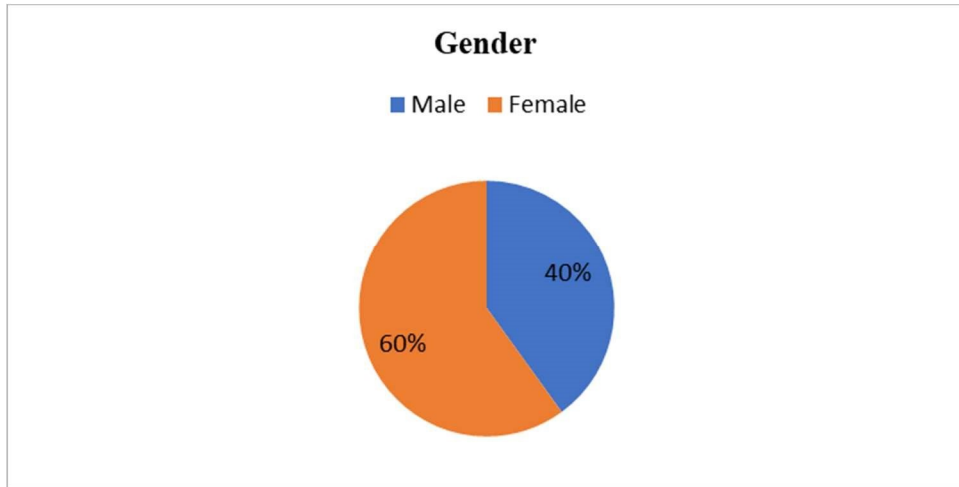**Figure 2**

The Gender of the Participants
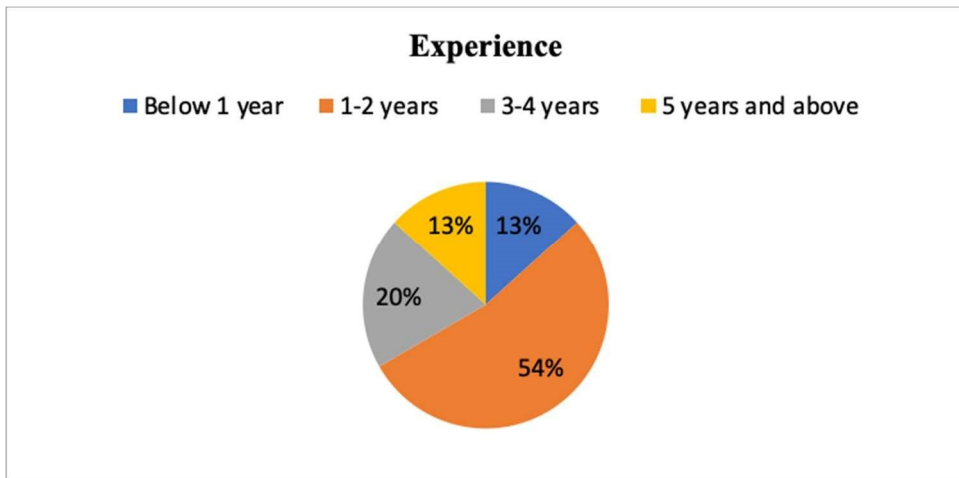
Figure 3

Working Experience of the Participants

Figure 4

Health Caregivers Response to Poor Health Service Given to LGBT Members

Victims of Poor Healthcare Service

■ Accepted
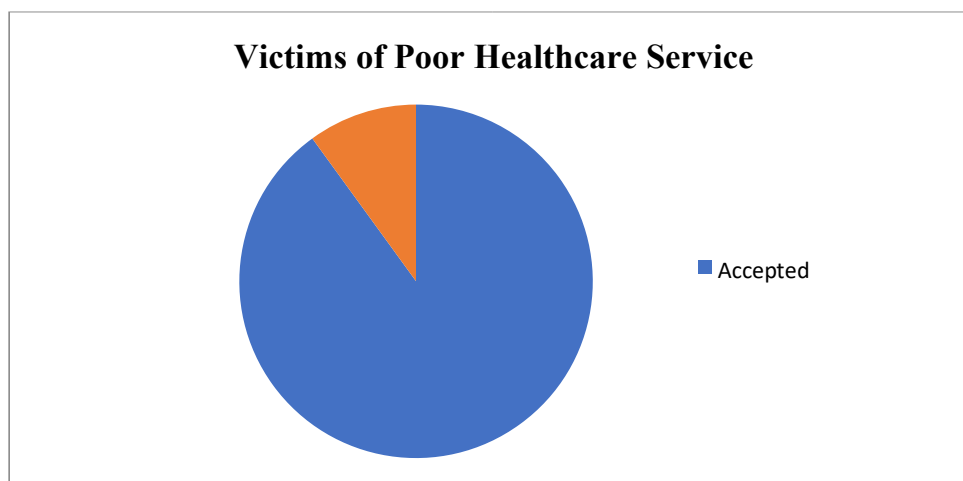
From Figure 4 above, it is clear that most caregivers provided poor quality nursing work to the patients who belonged to the LGBT community based on their perception of homosexuals. Using the pre-test survey, it was found out that the LGBT community members were underserved by the medical team. As presented by Subhrajit (2014), various problems faced by these LGBT members, including poor health care service delivery, are the key issues that force these persons to feel like oppressed by their communities. As an evidence of the findings, some caregivers nodded to the fact that they would sometimes neglect attending to the LGBT persons since they had a different sexual orientation. This fact was worse if the caregiver was attending to the patient without knowing that the patient belonged to the community and them comes to realize it as they would just drop their support for such persons. In other cases, the care givers would simply limit the quality of care service once they knew that their patients were members of the LGBT community.

Using the post-test survey data, an increase of nurse response was seen to occur by a margin increase of 38%. After asking the caregivers how the training was, 90% of them, which translated to 45 nurses, suggested that it was good in changing their perception, care provision, and general knowledge towards the members of the LGBT community.

Recommendations

Nurses play a crucial role in the provision of healthcare needs to the LGBT community. With the patients' evolving needs, the role of nurses has also transformed (Salmond & Echevarria, 2017; Woo et al., 2017). According to Landry (2017), nurses should deliver culturally sensitive care to LGBT patients. Modern healthcare providers are faced with new challenges such as high cost, cultural transformations, and the demand for patient-centered care (PCC). Hence, it is vital to have a progressive learning system that ensures the continued acquisition of new skills and knowledge. The development of a collaborative framework in the healthcare industry is critical to providing multidimensional care to the LGBT community. An effective collaborative model needs to recognize multidisciplinary teams' skills, knowledge, and experiences (Webster, 2016). Healthcare providers' attitudes and beliefs influence patient health outcomes (Collins, 2020; Kamunge, 2017; Kaufman et al., 2017; Nea et al., 2018). Hence, if the LGBT needs are to be addressed, healthcare providers must enhance their attitudes and beliefs. Therefore, the developed project was recommended to be continued as a progressive educational program that included the needs of the LGBT community to address cultural competency and to continue exposure to their emerging issues in healthcare. The

engagement between nurses and LGBT patients will offer an effective platform to share information and establish a positive relationship. Most nurses who participated in this project admitted that they will change their perception about these homosexuals, improve the kind of care they offer to them, and treat them just like other heterosexual patients. Thus, this training has potential to make a difference in facilitating a more positive and informed approach to improve healthcare for members of the LGBT community.

Contribution of the Doctoral Project Team

A multi-faceted team was established and comprised of the administrators, nursing leaders, nurses, and care providers in the health facility. The nursing leaders and administrators facilitated the implementation of the educational program. The nursing leaders provided support and guidance to the nursing staff. The leadership facilitated nursing staff participation in the survey and training. The inclusion of all the nursing staff in the project was based on enhancing the quality of care through a collaborative framework. Moreover, it provided a long-term strategy to ensure coordination among the nursing staff in the provision of healthcare services to the LGBT community.

Strengths and Limitations of the Project

The main strength of the project was the pre-post implementation model. The project adopted a two-survey strategy to assess the baseline and acquired knowledge in the educational program. The use of a pre and post-implementation survey was integral in tracking the participants' knowledge, skill, and attitude change. At the same time, the use of a descriptive analysis enhanced the understanding of the participants' characteristics

and the effect of the training program. The method of training in the project focused on

knowledge, skill, and attitude development. Hence, it targeted adopting a holistic strategy

in the provision of medical care services to the LGBT community.

Section 5: Dissemination Plan

The project found that an educational enhanced nurses' knowledge, skills, and attitudes when dealing with the LGBT community. It was also found that the training program positively influenced the nurses' cultural competencies. The LGBT community will benefit from an educational intervention as it addressed some of the basic needs, such as rights to equal treatment. Power point was used to reach the nurses during the inservice. A report was developed to disseminate the findings to the administrators, and nursing leaders at the healthcare facility. Combining these dissemination models ensures that the project's findings reach a diverse and broader audience to influence implementation.

Analysis of Self

My greatest challenge was the collection of data and organizing the participants. Without my chairperson, the facility administrators, and the nursing leaders' involvement, it would have been impossible to complete the project. A two-step approach was used to collect the data used in the project. Determining when and how to collect the data was a challenge at first. However, I was given an insight by my chairperson and the project team that I needed to set timelines to ensure that I had a definite way of determining the learning progress. Another problem I faced was convincing the nursing staff to participate in the project. It was challenging to add new tasks to the busy schedules of the participants. Nevertheless, when I explained the project's significance, the respondents agreed to participate in the project.

Summary

The LGBT community continues to be discriminated against in most sectors, including the healthcare sector, due to cultural attitudes and knowledge and skill gaps among healthcare providers. An increase in bias and stigmatization of the LGBT community has made it difficult for them to access quality care in healthcare facilities. Hence, to change this situation, there is a need to focus on knowledge, skill, and attitude improvement. The project used an educational program to enhance the nursing staff's ability at a healthcare facility to care for the members of the LGBT community. The training program sought to increase nurses' skills and knowledge in caring for LGBT patients. At the same time, it addressed the nurses' cultural competency and attitudes towards the LGBT community. A pre-post implementation survey was conducted to measure the impact of the project. From the findings, it was found that the training program positively influenced the knowledge, skills, and attitudes of the participants and enhanced their cultural competency. Otherwise, several laws governing the existence and protection of LGBT members should be enacted in the constitutions of most countries to prevent healthcare discrimination against homosexuals. Lastly, it is a common fact to witness people with homosexual desires being denied healthcare service. This kind of discrimination does not only happen in one sector, such as healthcare but all other sectors. If education, promotion of healthcare awareness about LGBT rights, and laws governing LGBT members are all enacted, these homosexual people can have the merit of healthcare services.

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Appendix A: Training Survey Questions

Part A

Pre-training Survey Questions

1. What level of knowledge or competency do you have to address the healthcare requirements of LGBT people?

2. Have you ever received any content instruction or information to address the healthcare needs of LGBT individuals, and how did you respond to the cases?

3. Do you have personal views that might influence the level of care you deliver to LGBT people?

4. Would you decline to give care to a patient because of his/her sexual orientation if that course was optional?

5. How comfortable are you to care for LGBT people?
6. How do you intend to impact your work docket to increase care for the LGBT community without discrimination?

Part B

Post-training Survey Questions

1. Has the training altered your perception of the LGBT community?

2. Other than gaining knowledge and change in your attitude, what is else have you gained from the training program?

3. Have you understood why offering quality care to the LGBT community is effective?

4. If you were given a chance to alter the processes and attitude that your care setting has on LGBT persons, can you lead the change process to make it better for the LGBT people?

5. How effective is the training?

6. How best can you recommend the training program to other care settings facing the same issues with LGBT persons?

Part C

Open-ended Post Assessment Questions

1. Do you think the training has improved your perception of the LGBT community?
2. Are you now competent or knowledgeable enough to address the healthcare requirements of LGBT people?

3. Are you still uncomfortable caring for LGBT people?

4. Do you still hold any personal views that directly influent care provision towards

   LGBT people?

Part D *Literature Pre-*
table/Matrix

Source of Evidence	Implications for Training
Subhrajit, C. (2014). Problems faced by LGBT people in mainstream society: Some recommendations. *International Journal of Interdisciplinary and Multidisciplinary Studies, 1*(5), 317-331.	Include common challenges of harassment and oppression faced by LGBT in health care
Formby, E. (2015). Limitations of focusing on homophobic, biphobic, and transphobic 'bullying' to understand and address LGBT young people's experiences within and beyond school. *Sex Education, Sexuality, and Learning, 15*(6), 626-640.	
DeCapua, M. (2016). *The essentials of the DNP program*. DNP Nursing Solutions. https://www.dnpnursingsolutions.com/dnpnursingprogram-overview/dnp-programessentials/	Describe the importance in disseminatin g evidence to support practice
CNN Library. (2018, April 1). LGBT rights milestones fast facts. *CNN Library,* https://edition.cnn.com/2015/06/19/us/lgbtrights-milestones-fastfacts/index.html	Include rights in training content
Healthy People 2020. (n.d). *Lesbian, gay, bisexual, and transgender health.* Web, https://www.healthypeople.gov/2020/topicsobjectives/topic/lesbian-gay-bisexual-andtransgender-health.	Review health disparities in health outcomes Review Healthy People 2020 and benefits of supportive interventions

	on LGBT health

Contents and the Teaching Tools

I. Teaching Tools Used

- Handouts
- PPTs
- Videos
- Textbooks
- Online materials

II. Rationale for the Training Program Developed

- Develop a staff education program that enables healthcare professionals to increase their service delivery to the members of the LGBTQ community.
- Discussing the impact of nurses' actions on LGBT members' health and the evidence-based practical strategies to address the challenges this community face in the healthcare system.

III. Results of the Teaching Program Developed

- It was possible to induce the necessary change in care delivery to the LGBT community by the caregivers as it must be equal to the one offered to other patients.
- The program led to enhanced attitudes of the caregivers when they are dealing with LGBT patients.
- The program established cultural competence as an important tool in care delivery as it promotes the overall satisfaction rate of the patients.

IV. Background and Rationale

- Creating enablement for healthcare professionals to increase their service delivery to the members of the LGBT community.

- Increasing access to equitable healthcare for LGBT members.
- Facilitating willingness of healthcare professionals to treat LGBT individuals.

V. Dissemination Plan
- Tools and resources for facilitating nurses' knowledge, skills, and attitudes when dealing with the LGBT community.
- Embracing new strategies for actualizing cultural competencies.

VI. Education Project Evaluation
- Improving the knowledge of nurses on LGBT community.
- Tools for implementing staff development program.
- Learning about stakeholders in the healthcare system towards improving the lives of LGBT community

VII. Pre-training Resources
- Information on the healthcare requirements of LGBT people.
- Instructions for addressing the healthcare needs of LGBT individuals.
- Mechanisms for increasing care for the LGBT community without discrimination.

VIII. Resources for Protecting Human Subjects
- Revisiting the ethical requirements such as consent for minors, confidentiality, and anonymity, among other standards.
- Access to medical reports that have been aggregated.
- Relevant data from human subjects

Handouts and PPTs Used

- **Staff education program plan**

- **Organizational leadership**

- **Challenges LGBT members**

- **Educational Project of LGBT**

- **Elements of a Training Program**

- **Education Project Evaluation**

- **Pre-training Resources**

- **Protecting Human Subjects**

Handouts

Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #1: Heterosexual adults are more likely to have health insurance coverage.

% of adults with health insurance

- 82%
- 77%
- 57%

Health Disparity #2: LGB adults are more likely to delay or not seek medical care.

% of adults delaying or not seeking health care

- 17%
- 29%

Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine.

% of adults delaying or not getting prescriptions

- 13%
- 22%

Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms.

% of adults receiving ER care

- 18%
- 24%

Source: Center for American Progress, 2009

Source: American Addiction Centers, 2021

To facilitate respectful communication with LGBT patients, all staff should receive training on LGBT identities, terminology, and health disparities, as well as on how to avoid stereotypes and assumptions about patients' sexual orientations and gender identities. This is critical not only for administrators and clinical providers, but for all staff, especially those who have patient contact, including outreach workers, enrollment specialists, front desk staff, medical assistants, billing and insurance, and security

personnel. Improved communication by staff at all levels should lay the foundation for patients to feel comfortable disclosing their LGBT status. When patients receive a nonjudgmental reaction to their disclosure, followed by respectful, appropriate follow-up from staff, they are more likely to remain engaged in care. Clinical providers and nursing staff should also receive training specific to their practice and the populations they serve. The National LGBT Health Education Center (www.lgbthealtheducation.org) offers online learning modules and webinars for free continuing education credit on a range of LGBT topics, including behavioral health care, sexual and reproductive health, transgender clinical care, older adults, youth, and parents.

5 simple tips to improve LGBTQ patient-provider interactions

- Change office environment to include positive LGBTQ artwork, pamphlets, etc.

- Use culturally appropriate and specific terminology and pronouns that stretch across the sexual/gender spectrum on intake forms and in exchanges

- Encourage respectful, direct, and open-ended questions in patient-provider interactions

- Provide training on LGBTQ issues for all staff

- Reflect on assumptions, biases and preconceived notions. Perspectives can be changed and unlearned.

Sources:
Flemmer, N., Dekker, L., Doutrich, D.(2014). Empathetic Partnership: An Interdisciplinary Framework for Primary Care Practice. The Journal for Nurse Practioners, 10(8): 545-551.

Kano, M., Silva-Bañuelos, A., Sturum, R., Willging, C.(2016). Stakeholders' Recommendations to Improve Patient-centered "LGBTQ" Primary Care in Rural and Multicultural Practices. Journal of the American Board of Family Medicine. 29(1): 156-160.

References

Grant JM, Mottet LA, Tanis J, et al. Injustice at Every Turn: a report of the National Transgender Discrimination Survey. National Center for Transgender Equality and National Gay and Lesbian Task Force, 2018.

When health care isn't caring Lambda Legal's Survey of Discrimination against LGBT People and People with HIV. New York: Lambda Legal, 2017

Appendix B: Pre and Post Survey Results Summary

PRE SURVEY DATA

Pre survey	Answers
Have you been in Contact with any member of LGBT community in the workplace and what was your personal reaction?	60% of participants confirmed contact with the LGBT persons in workplace. Knowledge base of participant in healthcare of the LGBT community were limited .
Generally, why are some healthcare providers biased against the LGBT community?	45% of the participants claimed they were biased on the basis of their sexual orientation.
As a healthcare provider ,what are your basis for discriminating against LGBT patients?	70% of the participants responded that LGBT sexual orientation is against their religious belief .
What are the reactions of the co-workers in providing care to LBGT persons and why?	62% of participants indicated that most coworkers are uncomfortable providing care
What has been the reactions of the LGBT patients to the level of care received in your facility?	There is no expressed reaction by the LGBT community on the adequacy of healthcare delivery, but body language indicated otherwise.
Any previous in-service training from the medical facility staff development regarding providing care to the LBGT community?	25% of participants confirmed receiving series of inservice on healthcare delivery to the LGBT community.

POST SURVEY DATA

Post survey	Answers

Nursing staff	90% of them, which translated to 45 nurses, suggested that it was good in changing their perception, care provision, and general knowledge towards the members of the LGBT community.
Staff development .	The staff educator confirmed improved healthcare delivery to the LGBT persons as evidenced by expressed satisfaction by the LGBT community.
Management	The management has introduced quarterly staff inservice through the staff development to keep pace with healthcare delivery to the LGBT community.

Appendix C: PowerPoint Educational Program

STAFF EDUCATION IN SERVICE FOR PREVENTING DISCRIMINATION AGAINST LGBT

Florence Eze

Walden University

FINAL DNP PROJECT

Dr. Corrine Wheeler

August 8th , 2021

INTRODUCTION

- The purpose of this project was to explore changes in knowledge and attitudes towards the healthcare delivery to the LGBT persons. The potential positive social change would be that educating these caregivers may improve the chances of LGBT members getting access to better and quality care just as other heterosexuals do. For a better understanding of the individuals ,by their sexual orientation that make up the LGBT community, the following terms need to be understood:

- *LGBT* term is a shortened word version for lesbian, gay, bisexual, transgender.

- A *lesbian* term represents a person that classifies herself as a female who is mainly attracted to other people who recognize themselves as females.

INTRODUCTION CONT.

- A *gay* term represents a person that categorizes himself as a male who is principally attracted to other people who classify themselves as males.
- The *transgender* term represents individuals whose expressions and behaviors fail to identify with the original personalities of the persons' birth gender.
- The *bisexual* term means people that are attracted to both women and men.
- The term *health disparities* refer to incongruences and inconsistencies in the health status or wellbeing of those that identify themselves as LGBT.
- *C* is the gender that refers to an individual whose biological sex and gender identity allocated at birth align with their current identities.
- The *biphobia* term refers to a range of negative attitudes often expressed towards LGBT people, including resentment, intolerance, discomfort, anger, erasure, and many others.

INTRODUCTION CONT.

- The *coming out* term refers to the process of an individual's self-acceptance, which often requires one to share sexuality or gender orientation details.
- The term *heterosexual*, otherwise straight, refers to an individual who is attracted to people of the opposite sex.
- The term *homosexual* is a clinical word for individuals who are interested in or attracted to people of the same sex.
- The term *sexual orientation* refers to the physical, romantic, and sexual attraction an individual feels towards other people about effective strategies for preventing discrimination.

INTRODUCTION CONT.

Enablement for healthcare professionals to increase their service delivery to the members of the LGBTQ community.	It is important to increase access to equitable healthcare for LGBT members (Earnshaw et al., 2017).	Facilitating willingness of healthcare professionals to treat LGBT individuals.	Until the 20th century, the LGBT community faced gross discrimination.
LGBT movement was not recognized until the 20th century.	Subsequently, there was the introduction of laws to protect LGBT community in countries such Russia, South Africa and Canada among other.	Lack of education and enough staff training contributed to increased discrimination against the LBGT community.	There is need to develop a staff education program to enable healthcare professionals to increase their service delivery to the LGBTQ community.

PURPOSE

- The purpose of this doctoral project was to develop a staff education program on caring for LGBT community members. This project's goal was to utilize the educational materials to provide the nursing caregivers the idea of the challenges that the members of the LGBT community faced with an aim of making them offer better services to such members.

IMPORTANCE OF LGBT HEALTH

- Healthcare providers need an informed knowledge about the LGBT health and bias in healthcare which continues in health-seeking behavior and denied access to care for LGBT individuals, despite increasing social acceptance.

- One-fourth of physicians in United States survey endorsed homophobic viewpoints, and 20% reported feeling uncomfortable treating gay or lesbian patients (Smith 2017). Attitudes have improved, but in a national survey in 2018, 12% of United States physicians still reported discomfort caring for LGBT patients (Kaiser 2019). Due to prior experiences of bias and inadequate treatment, many LGBT patients reported reluctance to reveal their sexual orientation or gender identity to their providers, despite the importance of such information for their health care.

LGBT HEALTH DISPARITIES

- The LGBT community are more likely than their heterosexual counterparts to experience difficulty accessing health care. Same-sex relationships are significantly less likely than others to have health insurance, more likely to report untended health needs,

- Sexually transmitted infections, including human immunodeficiency virus (HIV), are major concerns in some LGBT groups, particularly transgender persons.

TEACHING MATERIALS

Handouts
Figure 5
Health care and health insurance

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77%
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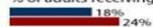% of adults delaying or not seeking health care

17%
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Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine.

% of adults delaying or not getting prescriptions

13%
22%

Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms.

% of adults receiving ER care

18%
24%

Source: Center for American Progress, 2009

TEACHING MATERIALS

An illustration of the challenges faced by the LGBTQ community

FACING DISCRIMINATION

Those who identify within the LGBTQ community face different challenges than those who do not.

● Workplace discrimination
● Violence
● Internalized homophobia
● Judgment/disapproval from family members
● Judgment within the LGBTQ community

Source: American Addiction Centers, 2021

TEACHING MATERIALS

Illustration of health care equality index

Source: American Addiction Centers, 2021

TEACHING MATERIALS

5 simple tips to improve LGBTQ patient-provider interactions

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- Use culturally appropriate and specific terminology and pronouns that stretch across the sexual/gender spectrum on intake forms and in exchanges

- Encourage respectful, direct, and open-ended questions in patient-provider interactions

- Provide training on LGBTQ issues for all staff

- Reflect on assumptions, biases and preconceived notions. Perspectives can be changed and unlearned.

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Source: American Addiction Centers, 2021

TEACHING MATERIALS (VIDEO)

LGBT COMMUNITY AND HEALTHCARE

- To facilitate respectful communication with LGBT patients, all staff should receive training on LGBT identities, terminology, and health disparities, as well as on how to avoid stereotypes and assumptions about patients' sexual orientations and gender identities.

- This is critical not only for administrators and clinical providers, but for all staff, especially those who have patient contact, including outreach workers, enrollment specialists, front desk staff, medical assistants, billing and insurance, and security personnel.

- Improved communication by staff at all levels should lay the foundation for patients to feel comfortable disclosing their LGBT status.

LGBT COMMUNITY AND HEALTHCARE

- When patients receive a non-judgmental reaction to their disclosure, followed by respectful, appropriate follow-up from staff, they are more likely to remain engaged in care. Clinical providers and nursing staff should also receive training specific to their practice and the populations they serve. The National LGBT Health Education Center (www.lgbthealtheducation.org) offers online learning modules and webinars for free continuing education credit on a range of LGBT topics, including behavioral health care, sexual and reproductive health, transgender clinical care, older adults, youth, and parents.

CONCLUSION

- Healthcare delivery to the LGBT community is a right and not a privilege. Healthcare providers should not be biased or judgmental towards healthcare delivery of this group. There should be a welcoming environment to all patients regardless their sexual orientation.

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- Earnshaw, V. A., Reisner, S. L., Juvonen, J., Hatzenbuehler, M. L., Perrotti, J., & Schuster, M. A. (2017). LGBTQ bullying: Translating research to action in pediatrics. *Pediatrics*, *140*(4). https://doi.org/10.1542/peds.2017-0432

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- Lambda Legal. (2017). When health care isn't caring Lambda Legal's Survey of Discrimination against LGBT People and People with HIV.

- LGBT Healthcare Training Video: "To Treat Me, You Have to Know Who I Am"