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Staff Education for Health Care Providers on Improving Health Care Outcomes for LGBTQ+ Youth and Adolescent Patients

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This is to certify that the doctoral study by

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Executive Summary: Staff Education Project

Staff Education for Health Care Providers on Improving Health Care Outcomes for LBGTQ+ Youth and Adolescent Patients

by

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Summary

This project was focused on the significant challenges faced by LGBTQ+ adolescents and young adults, specifically those age 12 to 25 years, who seek mental health care services. Research indicated that discrimination and stigma against this demographic contribute to disproportionately poorer mental health outcomes, underscoring the urgent need for culturally competent health care delivery. The purpose of this project was to educate professionals on the necessary skills and knowledge about the unique needs of LGBTQ+ patients. The question was the following: Would an educational intervention improve providers' knowledge and confidence in diagnosing and treating the mental health needs of LGBTQ+ youths and adolescents? An interactive educational workshop was facilitated for a group of 10 providers in a mental health outpatient network. The workshop included evidence-based content on the health disparities faced by LGBTQ+ youths, practical strategies for building rapport and trust, and frameworks for providing affirming and inclusive care. To evaluate the effectiveness of this training, providers completed feedback questionnaires before the workshop and after, which measured their knowledge, attitudes, and perceived cultural efficacy regarding LGBTQ+ health care. The results revealed an overall average improvement of 20.9 percentage points in the providers' scores from pre- to postworkshop evaluations. This indicated an enhancement in providers' competencies related to LGBTQ+ health care, reflecting a successful outcome of the educational intervention and reinforcing the importance of ongoing training in fostering inclusive health care environments.

Background

LGBTQ+ adolescents and young adults (age 12–25 years) experience elevated rates of physical and mental health issues compared to their heterosexual and cisgender peers. Within the LGBTQ+ youth community, there are higher rates of suicidality, substance misuse, homelessness, and sexually transmitted infections than in the general population. These youths also face greater challenges in accessing health care, along with increased incidents of discrimination in health care settings. LGBTQ+ individuals have reported worse physical and mental health conditions due to health care discrimination as compared to heterosexual and cisgender populations. Coleman et al (2022) found that 56% of lesbian, gay, or bisexual individuals and 70% of transgender and gender-nonconforming individuals have faced health care service discrimination when seeking service from health care providers once in their life. Due to these health care discriminations, there has been a delay of preventive health care service faced by 17% of LGBTQ+ individuals and 19% of transgender-identified individuals (Coleman et al., 2022).

Health care discrimination has led to 2–3 times greater chance of developing long-term psychological or emotional conditions among LGBTQ+ individuals as compared to the general population (Zeeman et al., 2018). This is especially the case for the mental health of LGBTQ+ individuals who face different problems with mental health such as depression, anxiety, substance misuse, suicidal ideation, and elevated number of suicide attempts (Zeeman et al., 2018). In contrast with rates of 3% in the general population, 60% of intersex-identified individuals have considered suicide, and 19% have had a suicide attempt with more cases being reported in bisexual and trans-identified people (Zeeman et al., 2018).

Project Question

The practice-focused question was: Would an educational intervention focused on provider education on treating and diagnosing LBGTQ+ youths and adolescents increase the knowledge, attitudes, and confidence among health care providers in a mental health outpatient clinic? The absence of cultural humility, combined with insufficient confidence and knowledge among health care providers, has contributed significantly to subpar outcomes. Health care practitioners were found to be lacking basic gender-sensitive care training for LGBTQ+ care. The training program for equal gender-sensitive care starts after graduation, clinical training, and practice for better understanding of health care needs and communication for LGBTQ+ care" (Lindsay & Kolne, 2020). LGBTQ+ care equality and quality were found to be increased in training in clinical interactions with the LGBTQ individuals. This intervention was aimed at development of comprehensive cultural competency for LGBTQ+ individuals based on enhanced educational and clinical training courses. Comprehensive cultural competency has demonstrated enhanced professional abilities for health care outcomes and experiences (Damery et al., 2025).

Health care providers need to focus on the complex integration of information, abilities, attitudes, and behaviors that enhance interpersonal interactions and cross-cultural communication development for LGBTQ+ health care. The current project provided a comprehensive training framework to improve communication and interaction between health care providers and LGBTQ+ individuals in clinical practice. The training in LGBTQ+ cultural competency was created and delivered in a different way and with a multidisciplinary approach. This multidisciplinary approach included different approaches such as interactive clinical sessions along with academic course contents (Yu et al., 2023).

A review of literature regarding health care provider education focused on LGBTQ+ issues, viewed through the lens of cultural humility, revealed notable gaps in recent research. There was a lack of research on the impact of training on patients who identify as LGBTQ+. Existing studies regarded the LGBTQ+ community as a singular entity, overlooking the diversity among individuals within this group who have different experiences and needs related to their gender, sexuality, and sexual orientation identities. The workshop was implemented with a small sample of participants, which may limit the relevance of its results to the wider patient populations they serve.

Staff Education Project Development

The participants in this training program intervention composed a diverse and dynamic group reflecting a wide range of expertise and perspectives. This group included health care providers who are integral members of the outpatient mental health network, offering valuable insights from their frontline experiences. In addition, key members of the organization's leadership were actively involved, bringing strategic oversight and vision to the initiative. Representatives from the outpatient mental health network also played a significant role, contributing their expertise in effective messaging and stakeholder engagement, which was essential for driving awareness and adoption of the program's objectives. Furthermore, the program benefited from the involvement of a broader network of providers associated with the outpatient mental health network, thereby enhancing the diversity of perspectives and experiences shared within the training.

Recognizing the health care disparities faced by this demographic, the training program provided essential insights into the physical, mental, and emotional health needs of LGBTQ+ youths. The curriculum covered a range of topics, including the impact of

discrimination, stigma, and social isolation, as well as the importance of culturally competent care. By equipping providers with these critical understandings, the project aimed to empower providers to deliver compassionate, inclusive, and effective health care that resonates with the lived experiences of LGBTQ+ adolescents.

Furthermore, this initiative sought to improve health outcomes and foster greater trust in the health care system among LGBTQ+ youths. A key component of the training involved addressing and challenging biases and misconceptions that may exist within health care practices. By incorporating real-life scenarios, role-playing exercises, and collaborative discussions, the project helped participants gain the skills necessary to create a welcoming and supportive environment.

Procedures

The outpatient mental health network was employed for a virtual workshop, including preworkshop and postworkshop evaluations. An educational workshop was held for 10 providers in the outpatient mental health network. To assess learning outcomes, assessments were conducted before and after the workshop. A toolkit drive was organized to supply educational resources to the providers, along with handouts intended for patients and health care professionals.

Results

The evaluation process was based on the cultural humility framework focused on the analysis of health care providers' knowledge, attitudes, and confidence in caring for LGBTQ+ youths. The evaluation strategy for the intervention included a 14-question pre- and postworkshop evaluation questionnaire, a 15-question feedback questionnaire, and an 18-question survey for workshop strengths and weaknesses. Data from Google Forms were

analyzed for increases in knowledge, confidence, and attitude. These assessments were analyzed to determine the percentage change of score between pre- and postworkshop questionnaires. The cultural humility framework made it possible to mark the increase in the performance of health care providers for understanding needs of LGBTQ+ individuals. For the knowledge-centered questions, the highest achievable score increased by 29.9%. For confidence-centered questions, the score increased by 26.8%. The attitudes-centered highest attainable score increased by 6.0%. The overall improvement in the pre- and postworkshop scores was 20.9% (see Table 1).

Table 1

Results of the Pre- and Postworkshop Evaluation of knowledge, Confidence, and Attitude Scores

Question	Average attainable score (pretest)	Average attainable score (posttest)	Percentage change
Knowledge-centered questions	23.65%	53.55%	29.9%
Confidence-centered questions	21.1%	47.9%	26.8%
Attitudes-centered questions	27.3	33.33%	6.0%
Average total increase			20.9%

Impact on the Organization

The implementation of onsite provider education increased participants' knowledge, confidence, and attitudes. Knowledge-related scores increased by 29.9%, highlighting an improvement in understanding regarding the subject matter presented. In addition, confidence levels increased, with scores elevating by 26.8%. This suggests that

attendees not only absorbed the material but also felt empowered to implement their knowledge in practical settings.

Although the increase in attitude-related scores was modest at 6.0%, it indicated a beneficial shift in participants' willingness to embrace new ideas and perspectives. This openness is crucial because it lays the foundation for continuous improvement and adaptability in professional practices. The positive changes observed across these areas are likely to yield long-term benefits, enhancing individual performance and overall team effectiveness in the future.

Limitations

This study had only 10 participants, limiting the significance of the findings. The incremental increase, particularly in attitudes, illustrates the need for more work on unconscious bias and provider education.

Project Importance and Significance

The intervention education project addressed the gap in adolescent mental health care and demonstrates potential scalability to improve care in diverse settings. The staff training and education courses for LGBTQ+ youth care needs help to bridge the gap in different health care service provision in the health care system, providing more affirming care for LGBTQ+ youths and the community as well. The intervention training may help to remove problems and health care discrimination and provide easy and equal access to health care for LGBTQ+ youths. The preventive education and healthcare policy on LGBTQ+ individuals may improve the preventive care at a very young age for LGBTQ+ individuals. These preventive care strategies may help bridge the gap for the prevention of long-term chronic mental and physical health conditions for LGBTQ+ individuals. The

training of nursing students may result in cultivating a more affirming and supportive environment by addressing biases and misconceptions. The program may empower providers to deliver compassionate, inclusive, and effective care tailored to this demographic, thereby improving health outcomes and fostering increased trust in the health care system among LGBTQ+ adolescents.

Conclusions

The study indicated that the health care network can deliver on effective intervention programs for cultural proficiency training programs to enhance the knowledge, attitudes, and confidence of professionals in providing equal care to LGBTQ+ patients. The project improved organizational outcomes by enhancing diagnostic accuracy and reducing workflow inefficiencies. By providing a LGBTQ+ youth workshop for health care providers, this project sought to improve quality of life and decrease health disparities in this marginalized community by increasing the provider's ability to provide LGBTQ+-centered care.

This initiative was designed to enhance the knowledge, confidence, and attitudes of health care professionals in delivering care tailored for LGBTQ+ adolescents. To enhance the effectiveness of health care policy developments, health care organizations should prioritize the expansion of training programs to a wider range of sites, including underserved and rural areas. This approach may not only increase accessibility but also ensure a more diverse and well-prepared health care workforce. Researchers should dedicate their efforts to investigating multifaceted training interventions that encompass various learning modalities such as hands-on workshops, online courses, and mentorship opportunities. Additionally, health care organizations should conduct comprehensive

follow-up evaluations to assess the long-term sustainability of these training programs, examining factors such as retention rates, skill application in real-world settings, and overall impact on patient care outcomes. By focusing on these areas, providers can foster continuous improvement in health care training and enhance the quality of care delivered across communities.

References

Coleman, M. A., et al. (2022). *How to close the LGBT health disparities gap*. Canter for American Progress. https://www.americanprogress.org/article/how-to-close-the-lgbtq+health-disparities-gap/

Damery, S., Sekoni, A. O., Retzer, A., Okafor, I., Manga-Atangana, B., Posaner, R., Gale, N. K., & Jolly, K. (2025). Impact of education and training on LGBT-specific health issues for healthcare students and professionals: A systematic review of comparative studies. *BMJ Open*, *15*(1), Article e090005. https://doi.org/10.1136/bmjopen-2024-090005

Lindsay, S., & Kolne, K. (2020). The training needs for gender-sensitive care in a pediatric rehabilitation hospital: A qualitative study. *BMC Medical Education*, *20*(1). https://doi.org/10.1186/s12909-020-02384-y

Yu, H., Flores, D. D., Bonett, S., & Bauermeister, J. A. (2023). LGBTQ+ cultural competency training for health professionals: A systematic review. *BMC Medical Education*, *23*(1), 558. https://doi.org/10.1186/s12909-023-04373-3

Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., David, R., Sanchez-Lambert, J., Aujean, S., Pinto, N., Farinella, F., Donisi, V., Niedzwiedzka-Stadnik, M., Rosinska, M., Pierson, A., Amaddeo, F., & Health4LBGTI Network. (2018). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health*, *29*(5), 974–980. https://doi.org/10.1093/eurpub/cky226