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Improving Lesbian, Gay, Bisexual, and Transgender Health Care Outcomes

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Abstract

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MS, La Salle University, 2008

BS, Thomas Jefferson University, 2004

Project Submitted in Partial Fulfillment

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Doctor of Nursing Practice

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Abstract

Many lesbian, gay, bisexual, and transgender (LGBT) individuals report experiencing discrimination in their health care that leads to avoidance of regular appointments with providers. Lack of regular primary care can delay diagnoses of preventable conditions and increase patient risks for chronic disease complications. A systematic review of the literature was conducted to understand LGBT cultural competencies for nursing and other health care providers. The Cochrane Handbook for Systematic Reviews and Melnyk's levels of evidence framed this systematic literature review. Articles for inclusion were limited to those published in English between 2008 and 2018. Keywords used in the literature search included *LGBT health disparity*, *LGBT cultural competency orientation*, and *nursing LGBT education*. The search yielded 70 article results, which were further reduced to 12 articles by critically analyzing the applicability of the literature to the practice-related questions and removing duplicate articles. Five articles met the criteria for Levels III-IV (case-control or cohort), 6 met the criteria for Level II (randomized control trials), and 1 was Level 1 (systematic review). The analysis of evidence demonstrated the importance of providing education to nurses and other health care providers regarding LGBT cultural competency. Recommendations are offered for best practice strategies regarding the inclusion of LGBT cultural competencies in nursing orientation modules. Application of the findings may lead to positive social change if knowledgeable health care providers engage the LGBT population in primary care leading to improved health care outcomes.

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Dedication

I dedicate this work to my daughter Natalia Angelique Agosto. Whose family time I sacrificed to take on this journey. Hoping that one day she read this project and is inspired to take a platform and advocate for those who cannot speak for themselves and fight for equality for all human race knowing the critical components of cultural competency. In order to achieve a solution to a problem, one needs to understand the culture of the environment and its population.

Acknowledgments

I believe in setting a goal throughout your life spend. Completing my DNP degree was one of the goals I set out to achieve. I Also believe that in life certain people come into your life for a reason. I could not have asked for better faculty members to guide me through this journey. I want to thank Committee Chair Dr. Danny D. Lee and Committee member Dr. Deb A. Lewis for their guidance, wisdom, and patience through this process. Know that the skill set that I have attained will be put to good use in improving patient care. This project has been an evolving one, which has allowed me to learn a great deal and grow both personally and professionally.

I am the first in three generations to go beyond a high school degree and now the first to have achieved a doctorate. I hope to inspire my daughter, nephews, nieces, and friends to set goals in life and develop a plan to achieve them. Reaching this level was not easy, and it has taught me that you set your limitations. So, therefore, you are the author of your life do not allow anyone else to write it for you.

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Section 1: Nature of the Project

Introduction

Lesbian, gay, bisexual, and transgender (LGBT) cultural competency has become more prominent in the past decade. This is evident in the many changes in U.S. and federal laws and policies protecting and ensuring equality for the LGBT population (Jabson et al., 2016). Yet, a lack of cultural competency within the U.S. healthcare system, due to insufficient cultural education in current healthcare curriculums, has posed challenges for LGBT health care. Several studies and reviews of LGBT health issues support that the continued disparity gap in health care outcome in the LGBT population is due to poor LGBT cultural competencies (Keuroghlian et al., 2017). Although many individuals in the United States are increasingly tolerant of the LGBT population, they have yet to show full acceptance; discomfort about homosexual behavior and identity persist, including in the health care system (Mayer et al., 2008).

Addressing culturally competent education in the LGBT population is advantageous in many ways in the clinical and administrative setting. When health care providers do not ask about patients' sexual orientation and gender identity, they can miss opportunities for addressing other health issues for example sexual health education, mental health including anxiety and depression, obesity, substance use aside from alcohol, and tobacco which are particular issues in the LGBT population (Jabson et al., 2016). At the selected clinical site these are questions that are not being asked. The clinical site, which is in the urban area of South Philadelphia, serves as a primary care office to a large population of undocumented Latinos. Health care providers' reluctance

to address an individual's gender identity and sexual orientation is not just an issue at this particular site but is also manifest in many other clinical sites in the United States (Jabson et al., 2016). Not seeing the need to address a patient's gender identity and sexual orientation can be a sign of a lack of LGBT cultural competency (Donaldson and Vacha-Haase, 2016). Culturally competent education on the needs of the LGBT population may enhance the development and planning of quality improvement in healthcare institutions.

Problem Statement

The lack of LGBT cultural knowledge can be attributed to many factors one of them being minimal to the absence of LGBT health issues in the nursing and medical curriculums (Carabez et al., 2015). Some health care organizations have taken the steps of providing staff with LGBT cultural competencies to make up for their lack of knowledge. Such LGBT cultural competencies are not being provided at the clinical project site, however, and questions about an individual's sexual orientation and gender identity are not being asked. These questions are not being asked because no space for documentation of gender and sexual orientation exists in the clinical site's electronic medical records system. While discussing my DNP project with the clinical site's staff and preceptor, I learned that there are no LGBT cultural competencies provided for the staff. When healthcare staff does not have LGBT cultural competency, they may lack confidence to address some LGBT health issues and concerns, according to Carabez et al., (2015).

The Institute of Medicine in 2011 reported that LGBT youth are more likely to attempt suicide and be homeless (Carabez et al., 2015), and, according to the to the

Centers for Disease Control and Prevention (CDC; 2016), 29% of the identified surveyed LGBT youth in 2015 reported having attempted suicide during the previous 12 months. Often health care providers miss the opportunity to adequately treat LGBT youth when they do not assess for symptoms of feeling sad or hopeless and loss of interest in activities LGBT youth once found interest in. Additionally, LGBT young people are up to five times more likely than other students to report using illegal drugs (CDC, 2017).

Transgender individuals have a high risk of suicide and victimization. Survey of 290 Transgender participants showed that 44.8% had experienced in-school gender-based victimization, and 28.5% conveyed a history of suicide attempt. Out of those who attempted suicide, 32.5% stated to having made one attempt, 28.6% described a history of two attempts, and 39.0% reported having made three or more attempts (Golblum et al., 2012) . The transgender individual often delays health care due to the fear of being judged or mistreated or because they have experienced an unwelcoming environment (Jabson et al., 2016). Another population that often is seen to delay care and receive less than equitable care would be the lesbian and bisexual women.

Lesbian and bisexual women are at greater risk of suffering from obesity and are less likely to seek preventative services for cancer (Struble et al., 2010). Although research is lacking in this population, these facts are alarming given that obesity rates for all American women have increased considerably over the past 10 years making seven percent of all women in the United States morbidly obese, compared to only 2.8% of men (Struble et al., 2010). Lesbians are twice as likely to be overweight or obese when compared to heterosexual women putting the lesbian population at risk of developing

Type 2 diabetes, hypertension, stroke, dyslipidemia, osteoarthritis, and some cancers (Struble et al., 2010).

The IOM 2011 report stated that the older LGBT population are often isolated making it difficult for them to access optimal healthcare, a problem that is often compounded due to the lack of culturally competent social services and providers for members of this age group according to Lim & Bernstein, (2012). For example, many older LGBT individuals have experienced a great deal of homophobia and heterosexism in their lifespan, which acts as a barrier to accessing timely treatment and preventative care (Lim & Bernstein, 2012). Social isolation is critical because as an individual age, he or she tends to have comorbid chronic conditions (Lim & Bernstein, 2012). These social barriers can exacerbate these conditions.

A survey by Callahan et al. (2014) of 5,000 LGBT people showed that half reported experiencing discrimination in health care. Such treatment led to avoidance of regular appointments with providers, increasing the rate of treatment in emergency rooms. As well as the delay of diagnoses of preventable conditions, increasing patient risks for complications from diseases (Callahan et al., 2014). Another concern is the lack of information being gathered at patient visit particular with the LGBT population. As pointed out by the Institute of Medicine report in 2011 (Lim & Bernstein, 2012), the lack of data is seen as a major challenge to understanding the health needs of LGBT individuals, and negatively impacts the recommended documentation of sexual orientation and gender identity in electronic health records. Having sexual orientation and gender identity data in the patient's medical record is critical to understanding disparities

faced by LGBT patients and informative when tailoring their care plan (Nguyen & Yehia, 2015). Several times while completing a patient history and physical, when I have asked about their sexual orientation or practices, patients often replied: "I have never been asked this question." This is quite surprising when the patient has been there for many years. These observations and experiences motivated me to research LGBT cultural competency in healthcare. Further discussion with my preceptor validated the need for researching LGBT cultural competency in healthcare. There has not been any LGBT cultural competency training at the project facility nor any testing of staff's LGBT comfortability or knowledge.

Purpose

The purpose of this DNP project was to raise awareness of the LGBT health disparity and promote the integration of LGBT healthcare cultural competencies in the nursing profession and healthcare staff orientations by completing a systematic literature review. One example of the lack of culturally competent education in the LGBT population is often the absence of teaching and research on LGBT health issues. Researchers have found that nursing students are not knowledgeable about providing LGBT healthcare and they have less than positive attitudes about providing this care (Cornelius et al., 2017). Furthermore, researchers have documented that few nursing programs have integrated LGBT content into the curriculum. A survey of 70 deans and directors of RN programs showed that more than a third of the schools devoted less than five hours to teaching LGBT content (Cornelius et al., 2017).

I undertook this systematic literature review to identify the existing literature on LGBT cultural competencies among health care providers. This knowledge can be used as the first step in guiding the implementation of effective evidence-based practices. If healthcare providers are not educated on LGBT issues, they will not be able to serve as an advocate for improving public health policies, which can lead to increasing resources for public health programs for the LGBT population (Mayer et al., 2008). The lack of LGBT cultural competency is reflected by the health care staff when the right questions are not being asked. The reason for choosing the nursing profession as a starting point of integrating LGBT cultural competencies is because nurses hold several positions in a various hierarchy where they can be influential in delivering LGBT culturally competent care and assist others in understanding the importance of this initiative. In conducting the systematic literature review, I sought to answer the following practice-focused questions:

1. What is the appropriate LGBT content to be included in the nursing staff orientation module which will increase the knowledge and confidence in nursing staff?
2. What substantial challenges could impede the implementation of the comprehensive nursing staff orientation?
3. Are LGBT cultural competencies effective in increasing knowledge and confidence among health professionals?

The goals of this doctoral project were to highlight the importance of improving knowledge, attitudes, comfort, awareness, and motivation by integrating LGBT cultural competencies within the nursing profession. The systematic literature review supports the

need for integrating LGBT cultural competencies in order to provide equal care for the LGBT population. This needed knowledge could lead to changes in clinical behaviors, practices, policies, and procedures, which may have a positive impact on LGBT health disparities. Furthermore, the findings in the doctoral project will contribute necessary evidence to the body of nursing knowledge on LGBT health subjects.

Nature of the Doctoral Project

The doctoral project consisted of a systematic literature review of the current evidence available on the implementation of LGBT cultural competencies. According to Rowley and Slack (2004), a systematic literature review is the synopsis of information that supports the research question being asked. The systematic literature review focused on studies and surveys conducted involving nursing professionals and LGBT cultural competency.

The framework that I used for the systematic literature review was the *Cochrane Systematic Review Handbook* (Higgins and Green, 2011). Use of the *Handbook* facilitated the outline of the project. I also used Melnyk and Finneout-Overholt's (2011) method of critical appraisal of the evidence to facilitate the categorization of the literature in a hierarchical format. The systematic literature review was conducted using the Walden University Library with the time frame set to the year years 2008 through 2018. I used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) strategy (Moher et al., 2009) to describe the final selected studies for the systematic literature review. The databases that were used were CINAHL, ProQuest, PubMed, CDC, and the Fenway Guide to LGBT Health.

The systematic literature review is essential because it serves as the first step of analyzing this clinical issue and provides base knowledge as to what has been done in the health profession academic curriculum about LGBT health issues. The systematic literature review supports the need for integrating LGBT health issues in the current nursing orientation and annual modules. I also provide recommendations of resources for developing a culturally sensitive inclusive training module on the LGBT population. In completing the review, I paid close attention to articles that focused on the implementation of such initiatives and their outcomes. A project such as this one can be used to provide recommendations to stakeholders regarding the need for integrating LGBT cultural competency in the staff orientation, which is essential, according to Lim & Bernstein, (2012).

Significance

The LGBT population is afflicted by various health issues such as depression, cancer, heart disease, obesity, and sexually transmitted infections. The Institute of Medicine (2011) and Healthy People 2020 (2016) have acknowledged that the most significant issue faced by the LGBT population is the lack of culturally knowledgeable healthcare providers. The lack of knowledge of LGBT cultural competency was apparent at my clinical site. According to my preceptor staff has been reported to being rude or dismissive to the LGBT population which is a more frontline customer service issue when it relates to the healthcare providers he or she often fail to ask about sexual orientation, gender identity, or sexual practices and, thus, possibly making assumptions. If sexual orientation or gender identity is not being assessed, one can assume that the risk

factors of the LGBT population are not being addressed. This lack of assessment puts the LGBT population at risk of receiving less than equitable care.

Furthermore, the electronic medical record system at the clinical site is not supportive of gender identity. Not having this basic knowledge such things as documenting sexual orientation and gender identity go unnoticed in the EMR system. Efficiently integrating the LGBT healthcare content into nursing staff orientation will enable nurses to become competent in addressing the healthcare needs of the LGBT population, according to Cornelius et al. (2017). Currently, there is no LGBT cultural competency content for new employee orientation modules nor in the annual modules presented to staff.

Implementing a more inclusive nursing staff orientation program may set precedents as to what is needed to engage the LGBT population in their care and the healthcare resources. Furthermore, it may also lead to developing standards of care or models within the health care system that are LGBT-friendly with the hope of fostering loyalty from the LGBT population and adherence to medical intervention or recommendation. Often LGBT individuals find themselves teaching health care providers about their health care needs which can be problematic if the patient is misinformed (Sekoni et al., 2017). The healthcare provider should be up-to-date with current patient care approaches and be able to correct or educate the patient when needed. Health care providers will not be able to address specific issues with the LGBT population if they have low to no confidence about what they are expected to know (Jalali et al., 2015). As discussed earlier in this section, at my clinical site, often sexual orientation, gender

identity, or sexual practices are not discussed with the patient. A possible reason for not collecting sexual health information could be due to time constraints, as well as lack of experience and comfort talking about sexual orientation and gender identity with patients who identify in ways that may be different from the clinician (Keuroghlian et al., 2017).

Implementing an LGBT cultural competency may impact several individuals. The stakeholders who are expected to be impacted by the implementation of the LGBT content in the nursing staff orientation module are nurses who may take the role as champions, clinical and administrative management, LGBT population, and other nursing staff. Health institutions are expected to provide the best quality and standards of care and to make an effort to meet all of their patients' needs equally (Sekoni et al., 2017). In general, the standards and quality health institutions that are often presented in orientation and annual modules focus on reducing infection rate, patient flow, readmission, and patient satisfaction. All of these subject matters are of high importance; adding material to the orientation may make the modules more challenging. One of the challenges that can be encountered is the lack of time in the already saturated orientation or annual modules. The systematic literature review may shed some light on the amount of content needed to achieve LGBT cultural competency and the strategies used to implement an effective LGBT cultural competency. The implication to the nursing staff especially those who assume the roles such as presenters or champions of the new modules. The nurse champions would be positively impacted by the introduction of new knowledge or a review of the current strategies in the care of the LGBT population.

Clinical and administrative management must maintain a certain standard of the knowledge being provided to their staff. This systematic literature review will give the clinical and administrative management the direction and confidence that they will need to provide their nursing staff the proper tools to be successful at their job in rendering comprehensive care regardless whom he or she encounters. The LGBT population would benefit from this initiative by being asked the proper assessment questions in a respectful, and nonjudgmental manner. For example, if an individual presents themselves as being gay, the follow-up statement would not be "I would have never guessed" or "You do not look gay." By implementing such a module, it may have the potential of increasing patient satisfaction because of the holistic approach that is being practiced. Ultimately confidence may be boosted in both the nursing staff and the LGBT patient because the services that will be provided will align with the LGBT population needs.

In reviewing the evidence-based practice in addressing LGBT health issues in the health care system particularly nursing staff orientation can further elicit social change. A nurse professional who would normally not be exposed on a daily basis to a different lifestyle other than their own would hopefully get a better understanding of the LGBT's health care needs and the LGBT's societal struggles in conforming to everyday "norm." To achieve cultural competency the following antecedents need to be in place which is: self-awareness, encounters, attitudes, communication, knowledge, and self-efficacy. According to the Cultural Competency Conceptual Model, these antecedents lead to the cycle of cultural competency. The cultural competency cycle is exhibited by cultural knowledge, cultural encounter, cultural desire, cultural sensitivity, cultural humility,

cultural awareness, and cultural skills (Byrn, 2016). Although nurses are taught cultural competencies; they may lack the knowledge or exposure to LGBT health issues or lifestyles to complete the competent cultural cycle. The integration of the of the LGBT cultural competency will further enhance the nurse's knowledge in regards to the LGBT population. Findings from a literature review showed that nursing student had less than favorable attitudes and that they lacked the knowledge of providing care to the LGBT population (Cornelius et al., 2017).

The current LGBT health issues being taught in some of the nursing programs often revolve on sexually transmitted infection this is primarily due to the HIV/AIDS epidemic in the 1980s, which the LGBT population was significantly affected by and continues to be infected by this outbreak (Branstrom & Van Der Star, 2013).

Lately, there have been many social changes to protect and to provide the LGBT population with equal right when seeking health care services, such as the Affordable Care Act which forbids health insurers from repudiating coverage or charging higher premiums based on a person’s sexual gender identity or orientation, or a pre-existing condition. For example, an individual’s HIV status, which excessively affects the LGBT population (Fredriksen-Goldsen & Espinoza, 2014). This systematic literature review will highlight the importance of awareness of inequalities and the responsibility that the nursing profession has on the orientation process to retrieve inequality in their facilities based on societal needs particularly the LGBT population.

Summary

The lack of LGBT cultural competency can extend from many sources. The minimal education being presented in the healthcare curriculum is the precursor of how the healthcare staff approach the LGBT population health assessment, by asking minimal health questions the LGBT population receives substandard healthcare. The LGBT population is facing many health disparity issues, and many health care providers are not competent in their specific needs to address these disparity issues. The nursing profession is in an essential position to provide this much-needed care and assist the medical and ancillary staff in reaching and engaging the LGBT population in there care. The current LGBT content devoted to treating the LGBT population in the health care programs such as medical and nursing curriculums is less than 5 hours. According to a national survey completed by 1,112 faculty members of baccalaureate nursing programs reported an estimated median time of 2.12 hour devoted to covering LGBT health issues. The survey further indicated that LGBT health topics were non-existent or had limited inclusion in the courses they taught (Lim et al., 2015). Often LGBT contents are taught in the population health curriculum revolving around issues such as HIV/AIDS or sexually transmitted diseases. It is this writer opinion that such an approach further stigmatizes the LGBT population and set presumption of the LGBT population that can be exhibited by the nursing students or nursing professionals.

In completing a systematic literature review to answer the research questions, served as the first phase of implementation LGBT cultural competencies in the healthcare setting. Furthermore, this doctorate project aligns with the health care reform. For instant

access to care and any assurance of quality are inextricably linked to the need to bring the cost of care under control. Care should include attention to prevention and early intervention. If a healthcare provider is not asking the correct questions, he or she will not be able to implement the appropriate preventative intervention. Care must also include attention to the social determinants of health. When the clinical quality of care enters the equation, the metrics used to judge quality reflect multiple levels of analysis from societal/populations to individual patient measures of outcomes (Ridenour & Trautman, 2009).

In Section 2, I will discuss the theoretical model I used to guide the systematic literature review and answer the research questions. I will also discuss my role within the DNP project. In this section will also include a discussion of the project's relevance to the nursing profession and background.

Section 2: Background and Context

Introduction

In completing this project, I sought to improve the LGBT health disparity by completing a systematic literature review. Such a review can be the first phase to implementing an LGBT cultural competency for healthcare providers that emphasizes the needs of the LGBT population. The necessary cultural competency course can be presented at professional conferences and to new hires in the healthcare system orientation as well as integrated into nursing program curriculums. This particular project focused on answering the research questions on integrating LGBT cultural competencies within the nursing staff orientation.

Nurses as part of the healthcare provider team are in a pivotal position which allows them to engage with patient and staff and bring about social change. I believe by providing the nurses with an LGBT cultural competency is my hope that their confidence and knowledge are boosted, and they are further equipped with tools to care for this population. Synthesizing the current literature and researching the methods of the available content will serve as a base for implementation of an informative LGBT competency module.

I used the Melnyk and Finneout-Overholt's (2011) hierarchy of evidence method of critical appraisal and Leininger's (2013) theory of cultural care as a guide to answering the following research questions:

1. What is the appropriate LGBT content to be included in the nursing staff orientation module which will increase knowledge and confidence in nursing staff?
2. What substantial challenges could impede the implementation of the comprehensive nursing staff orientation?
3. Are LGBT cultural competencies effective in increasing knowledge and confidence among health professionals?

Concepts, Models, and Theories

Leininger's (2013) cultural theory supports the need for developing cultural competencies to reach and engage patients in their care. Leininger developed the theory in the late 1950s (McEwen & Wills, 2014). Leininger identified a deficit of cultural awareness while caring for the patient, known as the missing component to nursing's understanding of the numerous variations that were essential in the patient care to improve compliance, healing, and wellness. The purpose of the Leininger theory is to develop nursing knowledge of cultural care, values, beliefs, and rituals of a particular population (McEwen & Wills, 2014). Leininger's goal was to provide culture-specific and universal nursing care practices in supporting health or well-being (McEwen & Wills, 2014).

Leininger's (2013) theory has the potential of gradually transforming health systems and changing nursing practices into appropriate new ways of operating. The Leininger theory has far exceeded the expectation and its use in nursing and health services. Nurses prepared by using the theory find it is meaningful and rewarding to use

because of the holistic and yet culture-specific care practices (Leininger, 2002). The Leininger theory can be used as a guide in developing patient care plans as it pertains to taking into consideration the patient cultural background which can hinder adherence to plan of care.

The major concepts of the Leininger (2013) theory consist of care, culture care differences, and similarities regarding transcultural human care. Other concepts used are care, caring, emic view, etic view, the lay system of health care, the professional system of healthcare, and culturally congruent nursing care (McEwen & Wills, 2014). The emic view refers to language expressions, perceptions, beliefs, and practice of individuals or groups of a particular culture regarding certain phenomena (McEwan & Wills, 2014). The etic view refers to the universal language expression beliefs and practices regarding certain phenomena that pertain to several cultural or groups (McEwan & Wills, 2014). According to McEwen and Wills (2014), Leininger's theory has been used in many research studies, and the findings have been appropriate for nurses in various clinical settings who work with individuals with a cultural background different from theirs. Although Leininger's theory is not exclusive to the LGBT culture, it complemented this project because it supports the need to implement cultural competencies and delineates what cultural competency entails; thus, the theory applied to my research needs.

In the future, the Leininger (2013) theory will be helpful in conveying the importance of cultural competency to stakeholders and to the individual who takes on the task of developing a comprehensive nursing staff orientation module that would facilitate cultural competency. By receiving a culturally competent nursing staff orientation

module, the nursing staff should be able to provide holistic care because they will be in tune with the patient needs. If the nurse is more in tune with the population he or she is serving; it increases the likelihood of the patient engaging in preventative care and adherence to the proposed intervention (Carabez et al., 2015).

Relevance to Nursing Practice

Cultural competency in health care is essential to decrease health disparities and guarantee positive health outcomes (Byrne, 2016). The nursing profession is in a pivotal position to bring about cultural competency within the health care system. The LGBT population has been historically invisible within the U.S. healthcare system (Callahan et al., 2014). Ignoring an individual's sexual orientation and sexual identity can result in the patient being denied respect and being given culturally incompetent services and improper treatment (Callahan et al., 2014).

For this reason, the Healthy People 2020 guidelines urge collaboration between healthcare providers and policymakers (Lim et al., 2013). According to Healthy People 2020, there is a lack of health care providers who are knowledgeable and culturally competent in LGBT health, thus limiting the implementation of best practice in providing culturally sensitive care (Lim et al., 2013). Often issues such as the ones discussed in section 1 if not addressed render a missed opportunity. If the healthcare provider is in sync with the unique cultural needs of LGBT patients, he or she will be able to address health care issues and implement well-informed interventions free of assumptions or judgment (Carabez et al., 2015).

The nursing profession plays a significant role in patient care and satisfaction. If nurses are adequately educated on LGBT health care needs, they will be able to elicit a compressive assessment of this population. Nurses hold various positions in the healthcare system extending from direct patient care to the administration of health facilities. The flexibility of the nursing profession enables them to serve as agents for change. To provide direct patient care, the nurse must assess his or her patient and be able to develop care plans that best fit and would elicit the best outcome (Fredriksen-Goldsen & Espinoza, 2014). If the nurse is not aware of the patient limitation or preferences, the likelihood of the patient following through with a planned intervention is decreased. From an administrative perspective, it would behoove the administration to improve the quality of care being given to the LGBT population. The administration is often charged with improving the quality of care given to patients with the rationale of patient retention and testimonial of patients of the holistic care received from the health care system. Not having culturally competent staff can precipitate fear of homophobia and poor treatment which can lead to the avoidance of medical issues and underutilization of the health facilities (Bosse et al. 2015). The LGBT community tends to be a close community, and word of mouth on how a certain health institution treated them can be detrimental. Providing a comprehensive nursing staff orientation would reflect on various levels of the healthcare system. I was this writer's hopes that by answering the proposed research questions; that the findings facilitate the implementation of the LGBT cultural competency in various settings throughout the healthcare system not just the writer's clinical site.

Local Background and Context

Often, healthcare providers can be so focused on treating the disease that they forget about the individual being treated. Culturally competent education on the needs of the LGBT population will enhance the development and planning of quality improvement in healthcare education programs and as well as healthcare institutions. Researchers forecast that improvement in the social environment barriers such as reduction in stigma and prejudice towards the LGBT population would lead to improved health outcome and reduction or even the elimination of health disparity. The decrease in LGBT population disparity has been evident in areas of the United States where stigma and prejudice-free environments have been implemented (Meyer, 2016). Given my observation and discussion with my preceptor, the staff has shown behavior that is less favorable toward the LGBT population which may stem from the lack of knowledge or comfortability with the LGBT community. LGBT health disparity stems from many consequences one of them being the lack of cultural competency within the health care system. The nursing profession is an ideal starting point for having an LGBT cultural competency that includes LGBT health issues. The nursing profession has lagged in addressing LGBT health issues when compared to other professions (Carabez et al., 2015). Many large academic health facilities within the city provide some LGBT competency content in their orientation modules; unfortunately, the clinical site where I attended does not provide LGBT competency content in their orientation process.

An organization such the Joint Commission urges United States hospitals to create a more welcoming, safe, and inclusive atmosphere that contributes to enhanced

health care quality for the LGBT population (Carabez et al., 2015). Benchmarks have been developed to measure the hospital inclusiveness of the LGBT population. For example, the Health Care Equality Index (HEI) is an online survey created in 2007, which is completed by healthcare organizations to evaluate if they are providing optimal care to the LGBT population. The attended clinical site does not meet the requirement of the Medicare and Medicaid Services of inclusivity (Carabez et al., 2015). Often nurses have a huge part in facilitating the organization's compliance with the Joint Commision; leading such initiatives and having the produced knowledge from the systemic literature review will facilitate the advocacy for the LGBT population.

Role of the DNP Student

I completed a systematic literature review to explore the current recommendation regarding the inclusion of LGBT cultural competencies in healthcare orientation, particularly in nursing orientation. I appraised and categorized the literature evidence and its validity. The systematic literature review was completed using the Walden University Library. The literature search focused on answering the proposed research questions. The systematic literature review analyzed studies and the available evidence that showcased the pros and cons of implementing LGBT competencies and the strategies used in implementing such competencies in the healthcare arena.

The systematic literature review was further organized by using the Cochrane methodology which facilitated the presentation of findings and evaluation of the literature review of recurring themes, literature's weakness, and strength. One of the concerns I had was not being able to gather enough evidence to support the DNP project due to the lack

of research focused on LGBT health competencies. I hope that the systematic literature review would guide the future decision making of implementation of the LGBT cultural competency and assist other healthcare organizations in the preliminary discussion of implementing LGBT cultural competencies.

Summary

The LGBT population is at higher risk for developing preventable diseases due to their lack of trust of the current health system and the fear of being discriminated upon entering a health facility (Makadon et al., 2015). For this reason, it is vital that action is taken to empower healthcare provider by developing an orientation module that is comprehensive of the LGBT population needs.

Utilizing Leininger's theory of cultural care (Leininger, 2013) compliments this project by highlighting the essentials of cultural competencies. The selected strategy will analyze the quality of studies that have been completed and their results; this would guide the recipients of this project on how to implement the LGBT cultural competencies. The project will be deemed successful by presenting current high evidence studies that have increased or enhanced recipient's LGBT knowledge and comfortability to meet the LGBT population needs and the strategies used to achieve the implementation. From a humanistic perspective, the project will be successful when cultural sensitivity is accepted, and an understanding of cultural differences is achieved. The implementation of cultural understanding produces better health outcomes because the practitioner is sensitive to the beliefs, values, and attitudes of a different culture (Byrne, 2016).

In Section 3, I will describe the methods of collecting the data, sources of evidence, and analysis and synthesis. I described the PRISMA strategy how I finalized the selection. In this section, I have provided the inclusion and exclusion criteria for the systematic literature review.

Section 3: Collection and Analysis of Evidence

Introduction

In conducting this project, my intention was to improve the LGBT health disparity by synthesizing the current evidence-based practice available on implementing LGBT cultural competencies for the healthcare provider, which emphasizes the needs of the LGBT population. The gathered evidence serves as the first phase of developing an LGBT cultural competency module that has been found to be successful at increasing knowledge and comfortability among the healthcare provider as discussed under findings in section 4. The necessary cultural competencies can be presented at professional conferences and to new hires in healthcare system orientations as well as integrated into nursing program curriculums. For this particular project, I focused on studies on the integration of LGBT health issues within the nursing staff orientation module.

I sought to answer the following research questions:

1. What is the appropriate LGBT content to be included in the nursing staff orientation module which will increase the knowledge and confidence in nursing staff?
2. What substantial challenges could impede the implementation of the comprehensive nursing staff orientation?
3. Are LGBT cultural competencies effective in increasing knowledge and confidence among health professionals?

Purpose

The purpose of this project was to initiate an evaluation of the current evidence-based practice that is reflective of LGBT culture and LGBT health needs. For the systematic literature review, I evaluated what content related to LGBT cultural competencies would be more effective in reaching and engaging the LGBT population in the healthcare system. Doing so provided the basis and strategies for developing a module that equips the nurses with the tools to link the LGBT population to care. The nursing profession has lagged in addressing LGBT health issues when compared to other professions (Carabez et al., 2015). Culturally competent education on the needs of the LGBT population may enhance the development and planning of quality improvement in healthcare institutions. Integrating LGBT content into the current nursing staff orientation module will serve as a tool to decrease social environment barriers such as stigma and prejudice towards the LGBT population, the reduction of which has been found to lead to better health outcome and reduction or even the elimination of health disparities (Meyer, 2016). The decrease in LGBT population disparities has been evident in areas of the United States where stigma and prejudice-free environments have been implemented (Meyer, 2016). Developing such basic skill can have a powerful impact.

It was not my intention to develop an LGBT cultural competencies but to identify effective resources as the would facilitate implementation of the LGBT cultural competencies. Any organization can utilize my findings to implement LGBT cultural competencies and can measure the long-term outcome impact by having the LGBT population within the community to complete a survey within a year to two years after

implementation of the new orientation module. The survey can showcase how the LGBT population perceives the health care system is meeting their needs. LGBT health disparity stems from many consequences, one of them being the lack of cultural competency within the health care system (Cahill et al., 2014).

The evaluation of the current evidence-based practice in caring for the LGBT population was categorized by using the Melnyk and Finneout-Overholt (2011) method of critical appraisal of the evidence, which consists of the following:

- Level I: Highest level of evidence conducted by systematic literature review and meta-analysis;
- Level II: The evidence is found in one or more random control trial studies;
- Level III: The legitimacy of the evidence is found by conducting a clinical control trail that is not randomized by the control group or treatment;
- Level IV: The legitimacy of the evidence is found using a case-control or cohort study;
- Level V: The legitimacy of the evidence is found by answering a clinical question using qualitative or descriptive studies;
- Level VI: The legitimacy of the evidence is found by using a single descriptive or qualitative study; and
- Level VII: The lowest level of evidence, which consists of articles written on an expert's opinion or an editorial.

Operational Definitions

Following are terms used in the project:

Ally: A person who is not LGBTQ but shows support for LGBTQ people and promotes equality in a variety of ways (Human Right Campaign, 2017).

Bisexual: A person who is emotionally, romantically or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way, or to the same degree (Human Right Campaign, 2017).

Gay: A person who is emotional, romantically or sexually attracted to members of the same gender (Human Right Campaign, 2017).

Homophobia: The fear and hatred of or discomfort with people who are attracted to members of the same sex (Human Right Campaign, 2017).

Lesbian: A woman who is emotional, romantically or sexually attracted to other women (Human Right Campaign, 2017).

LGBT: The acronym for lesbian, gay, bisexual, and transgender individuals (Human Right Campaign, 2017).

Transgender: An umbrella term for people whose gender identity and expression is different from cultural expectations based on the sex they were assigned at birth (Human Right Campaign, 2017). Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, or bisexual.

Sources of Evidence

A systematic literature review was completed by using the following Walden University library databases: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline/Ovid, the Cochrane Database of Systematic Reviews, ProQuest, and

PubMed. The inclusion and exclusion criteria that consisted of full-text English articles published from 2008 through 2018. The key search terms and the combination search terms will be LGBT health disparity, LGBT cultural competency orientation and Nursing LGBT education in multiple combinations. The intent was to exhaust and gather as many studies as possible to answer the proposed research questions in a none bias fashion while representing an evidence-based practice approach. The PRISMA flowchart assisted to categorize and refine the relevant articles. The selected articles were measured against the Melnyk & Finneout-Overholt (2011) method critical appraisal of the evidence; adding validity to the findings produced by this systematic literature review. The systematic literature review was further outline by using the *Cochrane Systematic Review Handbook* (Higgins & Green, 2011) which facilitated the synthesis of my findings.

Protection of Human Subjects

This project did not collect data to be analyzed from the clinical site where this practice gap had been identified, and no human subjects were used. None the less an Institutional Review Board (IRB) application was submitted by completing Walden University IRB forms A and B for review and approval was granted before beginning this project with IRB approval number 08-09-18-0603144.

Analysis and Synthesis

The articles were kept and organized in ZOTERO. Zotero is software that permitted me to collect, manage, and save bibliographic information of the literature searched from various search engines. The systematic literature review was further

outline by using the *Cochrane Systematic Review Handbook* (Higgins & Green, 2011) which facilitated the synthesis of my findings.

The evidence was collected and recorded, tracked and further organized with the Microsoft program. I attempted to identify the gap and communicate all relevant data in the literature to the reader. An evaluation table was created to include the citation, the conceptual framework, the aim of the article, the design/method, the sample or setting, level of evidence, data analysis, findings, and appraisal. I further analyzed recurrent themes and differences so the reader can have a clear understanding of the current evidence-based practice approach in caring for the LGBT population.

Summary

I hope that the systematic literature review findings will assist organizations in the initiation of LGBT cultural competencies. As we move on to such a model of patient-centered care, we would need to find the missing pieces of the puzzle to provide a holistic care approach. A healthcare provider who believes they are providing equal treatment without knowing their population needs is not providing comprehensive care. The LGBT population requires not only to be treated equally but also understanding the background of the distrust the LGBT population has towards the society which extends to the healthcare system. The lack of scholarly dissertation on LGBT issues in the nursing literature is representative of the absence of inclusion of such topics in nursing curricula. For this reason, it was important for me to complete a systematic literature review exploring the obstacles preventing the LGBT population from getting comprehensive

care the healthcare system. In Section 4 of the doctoral project, the finding of the literature review will be discussed in depth along with the recommendation.

Section 4: Findings and Recommendations

Introduction

The overarching aim of this project was to shed light on the benefits, efficacy, and obstacle of implementing LGBT cultural competencies in nursing orientation modules. The expectation of a health care provider is to deliver holistic care considering all the possible variables when meeting a patient the first time and developing a care plan. As some federal laws are developed to reflect equality some healthcare is slowly adapting to provide the LGBT population with a welcoming environment and equitable care. Before taking steps to provide the LGBT population with equitable care, they might explore the strategies used to provide equality for the LGBT population and the accessible data that would justify the use of the available resource to accomplish equality for the LGBT population.

Although research on LGBT health has significantly increased, few studies have been performed by nursing scholars, and most of the studies that have been performed were completed by nurse researchers outside of the United States (Lim et al., 2013). By completing this systematic literature review, I sought to provide a guide to institutions that are contemplating changing their policies to provide equitable care. Findings from this project can also serve as the basis to facilitate the development and implementation of LGBT educational modules that can be presented in conferences and educational settings.

The definitions and search terms used in this systematic literature were included in Section 3. A complete list of the researched articles found in Appendix A. In the

appendix, I have inserted a table that includes the authors and published date, the aim and methodology used, the study results, and the level of evidence. Highlighting the relevant themes in the researched articles along with the implications of the research for the development of this project.

Findings and Implications

Search Results

The initial search produced a total of 741 articles. The search was further reduced after analyzing their relevance to the DNP project and by adjusting the search terms. This approach brought the total to 70 articles. The search was further reduced to 12 articles by critically analyzing each article's applicability to the DNP practice-related questions and by removing duplicate articles. The 12 included articles are summarized and cited in Appendix A. The PRISMA flow diagram I used is in Appendix C.

Included Studies

Eight of the 12 research articles best answered the research questions. The first study by Hardacker et al. (2014) showcased the increased knowledge and described the changes in personal attitude after implementation of culturally sensitive modules in the nursing home/home health-care settings and hospital/educational settings. The Howard Brown Health Center received funding to develop and distribute a peer-reviewed, six-module curriculum entitled "Health Education About LGBT Elders" (HEALE). The outcomes of the recipient (n = 848) of these modules were produced by conducting a pretest and posttest. The collected data supported the importance of implementing culturally sensitive modules in the healthcare setting. Although the HEALE curriculum

focused on the geriatric population, it can serve as an example of the effectiveness of its content and strategy. The module was primarily developed to target nurses and health-care staff caring for LGBT elders which made it essential to have as part of the selected articles. I believe the findings of this study are generalizable meaning that the strategy can be used to educate healthcare providers who take care of another age group in the LGBT population or a combination of subgroups.

In the second study I reviewed, Leyva et al. (2014) set out to evaluate the efficacy of an LGBT cultural competency training targeting providers who service the aging population. The study took place in California's Central Valley. The training consisted of a 1-day LGBT cultural competency. The results indicated that the recipients of this training improved their knowledge, skills, and attitudes regarding working with the LGBT older adults. The impact of the training was measured with a pretest and posttest of the participants (n = 112). "The mean knowledge score at pretest was 20.14 (SD = 4.01) compared to the posttest score of 18.19 (SD = 3.17). Which resulted in a t = 6.21 (df = 63) and a p-value of .000. Although the mean skills score in the pretest was 15.28 (SD = 3.24) with a slight decrease at the posttest which was 12.17 (SD = 3.00). With a t = 8.10 (df = 77) and a p-value of .000. Finally, the mean attitude scores at pretest were 9.13 (SD = 2.88) and at posttest was 8.30 (SD = 2.43) showing some improvement. With a t = 2.91 (df = 78) and a p-value of .005" (Leyva et al., 2014, p. 342). It is worth mentioning that although pre and posttesting were conducted, a standardized instrument was not used to measure participants' changes in knowledge, skills, and attitudes. The training entailed essential information and terminology, legal perspectives, how to access LGBT-friendly

long-term residency, and how to develop services for this population. The transferability of the findings is evident by the large, diverse sample of participants. The sample consisted of senior services ombudsmen, counselors, first responders, social workers, nurses, religious leaders, and skilled nursing and other residential care facility managers and staff members. An interesting finding in this study was that women had higher positive attitudes about LGBT issues when compared to men in their pretest scores and that both women and men reported a higher positive attitude gained in the posttest. When comparing the LGBT and the heterosexual participants of training, both groups scored approximately similar as opposed to pretest scores where the LGBT participants scored higher. This study validated many different perspectives regarding the efficacy of implementing LGBT cultural competencies.

The third study was a pilot presented by Lelutiu-Weinberger et al. (2016), which consisted of providing medical staff with knowledge of transgender health and their needs thus improving attitudes toward the transgender individual. The three 2-hour sessions were delivered to clinical staff members (n = 35) across a 4-month period. Although this is a small sample, it yields similar results supporting the need for implementing LGBT cultural competencies. The pilot study also served as a conduit to help recipients become aware of the transphobic practices along with an increased self-reported readiness to serve the transgender individual. The pre and posttest scores when compared showcased a significant decrease in negative attitudes toward transgender individuals and an increase in transgender-related clinical skills. The significant change was evident by a mean score increase for self-perceived skills in working with

transgender patients ($M = 20.9$ vs. $M = 29.1$; $p < 0.01$), and a noticeable reduction in the trainees' negative attitudes toward transgender patients ($M = 19.3$ vs. $M = 17.3$; $p < 0.05$). After implementing this pilot, noticeable changes took place within the clinic environment that increased representation of general LGBT related images in the waiting area. The training was well perceived by staff, and they felt that the training could be useful at an institutional level as well with additional sessions.

The fourth study conducted by Klotzbaugh, & Spencer, (2014) explored the attitudes among CNOs towards the LGBT population and their comfort level in advocating for the LGBTQ populations. The study entailed a survey electronically mailed to Magnet CNOs ($n = 115$). The study found a positive correlation between the CNOs attitudes and their comfort level ($n = 91$, $r = 0.481$, $p = .000$). The CNOs who demonstrated less homonegative attitudes were more likely to feel comfortable advocating for LGBT patients and staff. The findings are valuable data because often the CNOs decide what is being implemented, changed or approves staff education content. Knowing the stakeholders is imperative to achieving any implementation goal and also telling of knowing once own prejudice that can impede our progress in patient care.

In the fifth chosen study Carabez, et al. (2015) explored the efficacy of different strategies in increasing student 's knowledge about sexual orientation and gender identity and interview skills. The study consisted of a diverse group of nursing student ($n = 112$) completing a reading assignment, a 2-hour presentation on the LGBT health issues and instruction on how to complete a scripted interview. The scripted interview was based on the core values of the Health Care Equality Index (HEI). Pre and post-interview were

completed with two nurse informants. The results showed once again that there was an increase in knowledge about sexual orientation and gender identity and interview methods when comparing pretest and posttest. Although it was a small sample, it had a positive response rate of 92%. It is worth mentioning that change in knowledge was more pronounced for gender identity ($t = 19.3$, $p < 0.0001$) than for sexual orientation ($t = 4.14$, $p < 0.005$). Findings in this study is valuable because it validates the use of several different strategies in increasing individual's LGBT health knowledge and improve interview skills.

The sixth selected study presented by Jalali, and Tang, (2015) focused on Emergency Medical Services (EMS) responders who often encounter the LGBT population before a health institution. A 10-question survey was distributed to 20 anonymous EMS programs that met inclusion criteria, but 16 (80%) completed the survey. Program directors completed the survey. The purpose of the survey was to understand what is being taught to EMS responders and by what modalities; or if they were not teaching any LGBT health sensitivity materials and what topic would be of there interest to include in an online training module. The following topics of interest were identified by EMS program directors who completed the survey: "Legal aspects (eg, same-sex parents, next of kin, and documentation) 14 (87.50%); Specific health care risks (eg, cancer risk, substance abuse, homelessness, access to health care, and violence) 12 (75.00%); Mental health illness (e.g., depression and suicide risk) 11 (68.80%); Communication issues (e.g., how to address transgender patient) 9 (56.30%); Transgender health issues (e.g., process of sex change, hormone usage, and surgery) 9

(56.30%); HIV/AIDS and related illnesses (sexually transmitted illnesses) 7 (43.80%); Definition of sex versus gender 5 (31.30%); Other (fill in comments) – suicide, runaway youths, and sexual abuse with youth 1 (6.30%). (p.165)" Although this survey is geared toward EMS educators, it holds value as a guide toward what topic are essential to healthcare individuals who are at the front line of providing health care.

The seventh included article by Doherty et al., (2016) concentrated on exploring the different modalities of providing LGBT aging training through the National Resource Center on LGBT Aging. Over 10,000 individuals have received the LGBT aging curriculum throughout fifty states. The training consisted of cultural competency curricula that included a day and a half in-person training for aging services providers and a series of online seminars on LGBT aging. In an analysis of recipients (n = 904) of the LGBT aging curriculum between the years of 2013-2015 showed a significant increase of LGBT knowledge scores; when comparing the pre and post-test score (t = -8.74, $p < .001$) from 6.74 before the training to 7.14 after the training. It is also worth mentioning that a 90 day survey supported the sustainability of acquired knowledge and improved attitudes of the recipient across all measures.

The eighth selected study was a systematic review that consisted of the mixed method of randomized, nonrandomized controlled, and pre and post testing studies presented by Sekoni et al., (2017). This systematic review set out to explore the effect of educational curricula and training for healthcare students and professionals on LGBT healthcare subjects. The systematic review identified 1171 articles, but only 15 studies (3 nonrandomized controlled studies and 12 had a pre/post-design without control) met the

inclusion criteria. What was found in the systematic review is the lack of a theoretical model in relations to the extent, content and the training approach in implementing LGBT healthcare subjects. This study further validates the need for more research focusing on the healthcare needs of the LGBT population and what is the best approach to implementing an LGBT health curriculum. In comparing this review with this writer's systematic review, similarities can be drawn that there is not enough available research focusing on the LGBT population and there is an even less academic focus on LGBT health.

The rest of the studies (n = 4) that met the inclusion criteria consisted of a randomized study (n = 1), Surveys (n = 2), and Focus group (n = 1). These studies support the need for implementing training and policies that focus on non-discrimination for the employee, patient, patient family member or significant other. Furthermore, backing the idea that if nothing is done the attitude and knowledge of health care provider attending the needs of the LGBT population may not change. These articles also sustain the need for the expansion of research in relations to the LGBT population health care needs. The surveys similarly served as a tool to identify the negative attitudes that exist in healthcare students; likewise supporting the need of implementing LGBT health care need modules in the healthcare setting. The focus group consisted of interdisciplinary long-term care center staff from three different facilities enlighten the researchers with the staff's struggle on how to be sensitive to their LGBT residents' needs. All the focus group struggles revolved around how to be more LGBT culturally competent. It is

important to note that the struggles the interdisciplinary focus group identified can easily be applied in any other healthcare setting given its participant's professional diversity.

Implications

This systematic literature review will add to the much-needed evidence in implementing LGBT cultural competency in the clinical setting. This comprehensive review has explored the many different strategies used to educate health professionals in the effort of providing culturally competent health care to the LGBT population thus causing social change. The nursing profession would benefit from such implementation given their pivotal position in the healthcare setting and their history of advocating for holistic patient care. If a better job is done in engaging the LGBT population by them foreseeing that their healthcare provider is competent in their care, it may set a ripple effect. As documented under the problem statement the LGBT population often may face discrimination when entering a health institution putting this population at risk to loss or delay of care. If an LGBT patient feels confident that the healthcare provider has his or her best interest in mind, which will be evidenced by the providers' LGBT cultural competency he or she would not hesitate in seeking timely health care. Therefore, reducing the chances of accessing emergency services or avoiding expensive hospital admission. This is a matter that needs to be considered as health care cost rises, and ethically we are bound to provide equitable healthcare.

Recommendations

In completing this systematic literature review, I have concluded that implementing LGBT cultural competency in the nursing orientation would not be

enough. The literature suggests that all healthcare staff should have exposure to the LGBT cultural competencies. That being said the nursing profession would be a great starting point in implementing the LGBT cultural competency because they are imbedded throughout the healthcare system. The nursing profession armed with the LGBT competency can facilitate the implementation throughout the health center. For this reason, my recommendation is to start with the nursing profession and dissemination throughout the institution and seemingly add to newly hired employee modules. If the institution considers this intervention, then the first step the organization would have to take, would be to evaluate the system as a whole. An evaluating tool that can be used would be the health equity index (HEI). The HEI consist of four core categories that include (a) Patient Non-Discrimination Policies, (b) Visitation Policies for same-sex couples and same-sex parents for their minor children, (c) Employment Non-Discrimination Policies and (d) Training in LGBT Patient-Centered Care (Human Rights Campaign, 2014). In providing staff with LGBT patient-centered care training, the institution would be on their way to improving their health equity index. Through this systematic literature review, many strategies were explored in training staff. One strategy is using online modules provided by an organization such as Fenway Institution who provides interactive education modules. These modules provide basic information on summarizing LGBT terms, basic communication principles for LGBT health and provide an opportunity to practice the newly acquired tools in case scenario samples. The Individual would have to register and provide an institution ID which will give the institution credit toward increasing their health equity index. The other option is to have a

local LGBT organization which provides such training to come into the institution and deliver the training which can be challenging with the staff scheduling. Although having a live presentation would allow participants to carry out role-playing and ask pertaining questions which are dependent on the presenter's technique. I would be able to provide the institution with the local LGBT organization contact information who can provide in-person training if needed. Either approach seems to have an effective outcome on the recipient of the LGBT cultural competencies throughout the systematic literature review. Appendix B provides a list of resources depending on the approach the institution chooses in implement LGBT competency training.

Strengths and Limitations of the Project

An identified strength of this systematic literature review would be that it adds to the body of knowledge on a subject that is just picking up traction in the research department. I have critically appraised and synthesized the limited research available focusing on LGBT health competencies by using a systematic analysis. As indicated by the Institution of Medicine report (2011), the healthcare system lacks LGBT culturally competency healthcare approach, which throughout the findings of this systematic review supports the evidence of implementing LGBT cultural competencies in the healthcare system.

A limitation that I have identified is the lack of research on the LGBT population which became significantly less limiting when adding healthcare cultural competency to the search. The only systematic literature review included (Sekoni et al., 2017) presented similar findings of lack research of the LGBT health competency and what is the best

approach to implementing an LGBT health curriculum. I suspect as more research is produced the more refined tools will be developed to measure the impact of implementing an LGBT health competency.

Summary

By implementing an LGBT cultural competency modules, the institution is showing that they are trying to reach health equity. This systematic literature review showcased many perspectives that need to be taken into consideration when the implementation of LGBT cultural competencies. Consideration such as self-analysis by identifying once own bias, prejudice, or misconception of the LGBT population as a hindrance in advocating for the LGBT patient or employee. The other theme that was brought to light was that often staff wanted to be respectful and treat their patients equally but found themselves unintentionally saying or doing the wrong thing making the encounter an awkward moment for both the patient and employee. Scenarios such as these can cause the patient to shut down and not be forthcoming with needed information to better care for them. From the employee perspective, it can cause them to feel inadequate lowering their level of confidence and minimizing their ability to engage the patient to their impending care. The strategies to used to present the LGBT competencies are not foreign approaches but more of a who, what, when, and how.

Like any other initiative, it will take planning for the LGBT competencies to be successfully implemented. Several organizations provide online LGBT competencies, so there would not be a need of re-inventing the wheel, and often the modules are free of no charge to the institution. Utilizing the nurses as a starting point would be ideal due to

their position as they can advocate for the patient and assist colleague to adjust or tune their approach and communication skills; given that the nurses are receptive of the LGBT cultural competencies of course. This systematic literature review has strengthened the need for implementing LGBT cultural competencies likewise identified the implication it may have on an institution whether they choose to or not implement LGB cultural competencies.

Section 5: Dissemination Plan

The objectives of this doctoral project were to highlight the importance of improving knowledge, attitudes, comfortability, awareness, and elicit the motivation that can be achieved by integrating LGBT cultural competencies within the nursing profession orientation modules. This systematic review serves as the first step for any institution that wishes to implement LGBT cultural competencies as it provides the evidence and resources to accomplish implementation. Often when such initiatives are taken on, stakeholders want to hear the pros and cons of the initiative as well as the cost. Although the cost of training is not discussed in this project, I have recommended an organization that can potentially offer online LGBT cultural training at no cost. As evidenced in several of the reviewed studies, the implementation of LGBT cultural competencies is a small intervention that can provide sizable outcomes in an institution in terms of how they are perceived in the community. Implementation for these competencies can also result in personal and professional gratification for the recipient of the training.

This project was motivated by the lack of LGBT cultural competency within the clinical setting, which is an issue that affects many healthcare systems in all clinical sites throughout this country (Lim & Bernstein, 2012). Since the initiation of this project the practice site where this clinical issue was identified there has been the implementation of the LGBT cultural competencies. The LGBT cultural competencies consist of three consecutive monthly sessions of 3 hours long, in person training. The training was well received by staff; unfortunately, no effective measurement was taken. I happen to visit

after the training session and had the opportunity to have an informal conversation with the staff. The staff knew my interest in advocating for LGBT cultural competencies, and they were willing to share their experience. Disseminating project findings not only to the clinical site where the problem was identified but also through professional nursing journal and conferences can provide knowledge to those who are seeking ways of providing equitable care to their patient.

Analysis of Self

As a future DNP graduate, I will be challenged to ascertain evidenced-based care approaches that can be used as solutions to identified clinical issues. Cultural competency is a valuable tool to have in any position you may hold in the healthcare system as it can be used to relate to many other groups not just to the LGBT population. As an openly bisexual Hispanic man, I often focus on my Latin heritage and how I had to make adjustments to my lifestyle to live a healthier life. As a health care provider, these adjustments were easy for me due to my knowledge base, but I would not say the same for the patient seeking medical care. As a clinician in previous employment sites whenever there was a patient who self-identified LGBT my colleagues would refer them to me due to the lack of the clinician's comfort level or afraid they would they would do something that would offend the patient. I am no longer working at this particular clinic, so I often wonder where is the self-identified LGBT patient being referred to or are they just managing and not addressing the LGBT component.

For this reason, I feel passionate about this DNP project because I sense that any healthcare provider should have some level of comfort and knowledge to take care of the

LGBT population. I believe that in developing a level of knowledge and comfortability, a range of sensitivity is developed as well. Knowing that I have been able to complete a systematic literature review that adds to the evidence supporting strengthening and changing certain clinical practices is personally and professionally gratifying.

Summary

LGBT cultural competency is greatly needed if health care providers are going to provide equitable care to all patients who enter through the doors of a health institution. Healthcare providers are expected to have a high level of knowledge to provide exceptional care to patients; being LGBT cultural competent is one more tool to make that possible. LGBT cultural competency is an initiative that is has been acknowledged by the Institute of Medicine (2011) and Healthy People 2020 (2016). Health institution who wants to reach the LGBT population intentionally, they would have to provide training to their staff to improve their LGBT knowledge and comfortability level in order to engage the LGBT population in their care. The level of research focused on LGBT healthcare is slowly growing, but the little evidence available indicates the need for the health provider to be in tune in with this population health care needs.

References

Branstrom, R. & Van Der Star, A. (2013). All inclusive public health – What about LGBT populations? *European Journal of Public Health, 23*(3), 353-354. doi:10.1093/eurpub/ckt054

Byrne, D. (2016). Cultural competency in baccalaureate nursing education: A conceptual analysis. *International Journal for Human Caring, 20*(2), 114-119. Retrieved From http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=118464879&site=ehost-live&scope=site

Cahill, S., Singal, R., Grasso, C., King, D., Mayer, K., Baker, K. & Makadon, H. (2014). Do ask, do tell: High levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *Plos One, 9*(9), 1-8. doi: 10.1371/journal.pone.0107104

Callahan, E. J., Hazarian, S., Yarborough, M., & Sanchez, J. P. (2014). Eliminating LGBTIQQ health disparities: The associated roles of electronic health records and institutional culture. *Hastings Center Report, 44(*s4), 8-52. doi:10.1002/hast.371

Carabez, R., Pellegrini M., Mankovitz, A., Eliason, M. J., & Dariotis, W. M. (2015). Nursing students' perceptions of their knowledge of lesbian, gay, bisexual, and transgender issues: Effectiveness of a multipurpose assignment in a public health nursing class. *Journal of Nursing Education, 54*(1), 50-53. doi:10.3928/01484834-20141228-03

Center for Disease Control and Prevention, (2017). Burden of tobacco use in the U.S.

adults aged 18 years and older. Retrieved from, https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html

Center for Disease Control and Prevention, (2017). Health risks among sexual minority youth. Retrieved from https://www.cdc.gov/healthyyouth/disparities/smy.htm

Cornelius, J. B., Enweana, I., Alston, C. K., & Baldwin, D. M. (2017). Examination of lesbian, gay, bisexual, and transgender health care content in North Carolina schools of nursing. *Journal of Nursing Education, 56*(4), 223-226. doi:10.3928/01484834-20170323-06

Coutler, R., Kenst, K., Bowen, D., & Scout (2014). Research funded by the national institutes of health on the health of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health; 104(2)*. 1105-112. doi:10.2105/AJPH.2013.301501

Doherty, M., Johnston, T. R., Meyer, H., & Giunta N. (2016). SAGE's national resource center on LGBT aging Is training a culturally competent aging network. American Society on Aging, 40 (2) 78-79 Retrieved from https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=118292963&site=eds-live&scope=site

Donaldson, W. V., & Vacha-Haase, T. (2016). Exploring staff clinical knowledge and practice with LGBT residents in long-term care: A grounded theory of cultural competency and training needs. Clinical Gerontologist, 39(5), 389–409. doi:10.1080/07317115.2016.1182956

Fawcett, J., & Garity, J. (2009). Research and evidence-based nursing practice. *Evaluating Research for Evidence-Based Nursing,* 3-20. Philadelphia, PA: F. A. Davis.

Fredriksen-Goldsen, K., I., & Espinoza, R. (2014). Time for transformation: Public policy must change to achieve health equity for LGBT older adults. *Generations, 38(4),* 97-106. Retrieved from http://age-pride.org/wordpress/wp-content/uploads/2015/08/Time-for-Transformation-Public-Policy-Must-Change-to-Achieve-Health-Equity-for-LGBT-Older-Adults.pdf

Goldblum, P., Testa, R. J., Pflum, S., Hendricks, M. L., Bradford, J., & Bongar, B. (2012). The relationship between gender-based victimization and suicide attempts in transgender people. *Professional Psychology: Research & Practice*, 42(5), 468-475. doi:10.1037/a0029605

Grabovac, I., Abrovic, M., Komlennovie, G., Milovic, M., &Mustajbegovic, J. (2014). Attitudes towards and knowledge about homosexuality among medical students in Zagreb. Collegium Antropologicum, 38(1), 39-45. Retrieved from https://bib.irb.hr/datoteka/694008.Coll_Antropol_38_2014_1_39_45.pdf

Hardacker, C. T., Rubinstein, B., Hotton, A., & Houlberg, M. (2014). Adding silver to the rainbow: The development of the nurses' health education about LGBT elders (HEALE) cultural competency curriculum. Journal of Nursing Management, 22, 257–266. doi:10.1111/jonm.12125

Higgins, J. P., & Green, S. (2011). *Cochrane handbook for systematic reviews of interventions* (Vol. 5). Chichester, UK: Wiley-Blackwell.

Human Right Campaign, (2017) Glossary of Terms. Retrieved From http://www.hrc.org/resources/glossary-of-terms

Jabson, J. M., Jason, W. Mitchell J. W., & Doty, S. B. (2016). Associations between non-discrimination and training policies and physicians' attitudes and knowledge about sexual and gender minority patients: A comparison of physicians from two hospitals. *BMC Public Health* 16:256. doi:10.1186/s12889-016-2927-y

Jalali S, Levy MJ, Tang N. (2015). Prehospital emergency care training practices regarding lesbian, gay, bisexual, and transgender patients in Maryland (USA). *Prehosp Disaster Med* 30(2) 163-166. doi:10.1017/S1049023X15000151

Keuroghlian, A.S., Ard, K. L., & Makadon, H. J. (2017). Advancing health equity for lesbian, gay, bisexual and transgender (LGBT) people through sexual health education and LGBT-affirming health care environments. *Sexual Health*, 14, 119-122. doi:10.1071/SH16145

Klotzbaugh, R., & Spencer, G. (2014). Magnet nurse administrator attitudes and opportunities toward improving lesbian, gay, bisexual, or transgender specific healthcare. *Journal of Nursing Administration*, 44(9), 481-486. doi:10.1097/NNA.0000000000000103

Leininger, M. (2002). Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing, 13(3),* 189-192. doi:10.1177/10459602013003005

Lelutiu-Weinberger, C., Pollard-Thomas, P., Pagano, W., Levitt, N., Lopez, E. I., Golub,

S.A., & Radix, A. E. (2016). Implementation and evaluation of a pilot training to improve transgender competency among medical staff in an urban clinic. *Transgender Health*,1(1), 45-53. doi:10.1089/trgh.2015.0009

Leyva, V. L., Breshears E. M., & Ringstad, R. (2014). Assessing the efficacy of LGBT cultural competency training for aging services providers in California's Central Valley. *Journal of Gerontological Social Work*, 57, 335–348. doi:10.1080/01634372.2013.872215

Lim, F. A., & Bernstein, I. (2012). Promoting awareness of LGBT issues in aging in a baccalaureate nursing program. *Nursing Education Perspectives (National League for Nursing), 33(3),* 170-175. doi:10.5480/1536-5026-33.3.170

Lim, F. A., Brown, D.V., Jones, H. (2013). Lesbian, gay, bisexual, and transgender health: Fundamentals for nursing education. *Journal of Nursing Education, 52(4)*, 198-203. doi:10.3928/01484834-20130311-02

Lim, F. A., Johnson, M., & Eliason, M. (2015). A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual, and transgender health in baccalaureate nursing programs. *Nursing Education Perspectives (National League For Nursing),* 36(3), 144-152. doi:10.5480/14-1355

Lim, F. A., Brown, Jr., D.V. & Kim, S. M. J. (2014). Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: A review of best practices. *American Journal of Nursing,* 114(6), 24-34. doi:10.1097/01.NAJ.0000450423.89759.36

Makadon, H. J., Mayer, K. H., Potter J., Goldhammer, H. (2015). Fenway guide to lesbian, gay, bisexual, and transgender health 2nd edition. Philadelphia, American College of Physicians.

Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health*, 98, 989-995. doi:10.2105/AJPH.2007.127811

McEwin, M., & Wills, E.M. (2014). *Theoretical basis for nursing*. (4th. ed.). (337-339) Philadelphia, PA: Wolters Kluwer Health.

Melnyk, B. M., & Fineout-Overholt, E. (Eds.). (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Lippincott Williams & Wilkins.

Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred reporting items for systematic reviews and meta-analyses: *The PRISMA Statement*. PLoS Med 6(7): e1000097. DOI:10.1371/journal. pmed1000097

Ridenour, N., & Trautman, D. (2009). A Primer for nurses on advancing health reform policy. *Journal of Professional Nursing, 25*(6), 358-362. doi:10.1016/j.profnurs.2009.10.003

Sekoni A. O., Gale N. K., Manga-Atangana B., Bhadhuri A., & Jolly K. (2017). The effects of educational curricula and training on LGBT-specific health issues for healthcare students and professionals: A mixed-method systematic review. *Journal of the International AIDS Society*, 20:21624. doi:10.7448/IAS.20.1.21624

Struble, C., Lindley, L., Montgomery, K., Hardin, J., & Burcin, M., (2010). Overweight and Obesity in Lesbian and Bisexual College Women. *Journal of American College Health, 59(1),* 51-56. Retrieved From http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edswss&AN=000280930200008&site=eds-live&scope=site

Appendix A: Analysis and Evaluation Table

Citation	Conceptual framework/ Theory	Main finding	Research method	Strengths of study	Weakness of study	Level of Evidence
Hardacker, C. T., Rubinstein, B., Hotton, A., & Houlberg, M., (2014). Adding Silver to The Rainbow: The Development of The Nurses' Health Education About LGBT Elders (HEALE) Cultural Competency Curriculum. Journal of Nursing Management, 22, 257–266	Educational Conceptional framework	There were statistically significant gains in knowledge in each of the six modules both in a nursing home/home health-care settings and in hospital/educational settings.	A pre-test and post-test were conducted, and data were collected and archived to measure knowledge gained and reported changes in personal attitude and individual response to the curriculum. (Sample n=848)	A pretest-posttest design was used. Large sample and multiple sites.	Limitation due to the language barrier.	II
Leyva, V. L., Breshears E. M., & Ringstad, R., (2014). Assessing the Efficacy of LGBT Cultural Competency Training for Aging Services Providers in California's	Educational conceptional framework	The results indicated that the individuals who attended a 1-day LGBT cultural competency training improved their knowledge, skills, and	A pre-test and post-test were conducted (n=112)	A large diverse sample of participants	Deficiency of a standardized and widely available instrument to measure participant changes in knowledge, skills, and attitudes.	III

Central Valley. Journal of Gerontological Social Work, 57, 335–348.	attitudes regarding working with LGBT older adults.			Table continues	
Jabson, J. M., Jason, W. Mitchell J. W., & Doty, S. B., (2016). Associations Between Non-Discrimination and Training Policies and Physicians' Attitudes and Knowledge About Sexual and Gender Minority Patients: A Comparison of Physicians From Two Hospitals. *BMC Public Health* 16:256	Findings provided partial support for our hypotheses. Physicians' attitudes about sexual gender minority non-patients were less negative at Hospital A, the hospital with HEI commendation and non-discrimination policy and training. However, no differences were found in physicians' attitudes and knowledge about SGM patients or gender and sexual minority affirmative practice between physicians	a cross-sectional study involving two hospitals of the 1000 physicians recruited, 180 returned completed surveys	Randomized study	Low response to the survey.	II

		at either of the two hospitals.				
Grabovac, I., Abramovi, M., Komlenovi, G., Milo, M., & Mustajbegovi, J., (20014). Attitudes Towards and Knowledge About Homosexuality Among Medical Students in Zagreb. *Collegium Antropologicum*, 38(1), 39–45	Regression model used	Negative attitudes are present among the students; therefore, educational efforts should be included in the curricula of medical schools to diminish the negative perceptions of the lesbian, gay, bisexual and transgender community.	Survey of 219 medical students Knowledge about Homosexuality Questionnaire and Heterosexual Attitudes towards Homosexuality Scale		84 percent of eligible students completed the survey. the study was carried out on a given medical student population in Zagreb, Croatia with a self-reported questionnaire which may also result in some biased answers	III
Cornelius, J. B., Enweana, I., Alston, C. K., & Baldwin, D. M., (2017). Examination of Lesbian, Gay, Bisexual, and Transgender Health Care Content in North Carolina Schools of Nursing. *Journal of Nursing Education*	exploratory descriptive	Over 90% of the schools indicated that LGBT health care issues were taught in the curricula. The majority of the content was taught as an "other" course (37%). More than two-thirds of the	A survey of 70 deans and directors of RN programs in North Carolina.	More than half of the participants responded, representing a response rate of 58%, which is considered high (10% to 15% is the most common response rate) for	Data on the geographic location of the schools were not analyzed. Schools located near urban cities may be representative of LGBT health care content in the curriculum, where as schools	II

56(4), 223-225	schools devoted less than 5 hours teaching LGBT content.		mailed surveys	located in rural areas may not.	
Donaldson, W. V., & Vacha-Haase, T., (2016). Exploring Staff Clinical Knowledge and Practice with LGBT Residents in Long-Term Care: A Grounded Theory of Cultural Competency and Training Needs. Clinical Gerontologist, 39(5), 389–409	Results suggested that LTC staff struggle with how to be sensitive to LGBT residents' needs. LTC staff Stands to benefit from cultural competency training focused on LGBT residents.	Grounded theory study comprised data from focus groups of interdisciplinary staff from three LTC facilities.	Diverse sample	volunteer sample, which may have led to some sampling biases social desirability bias played a part in what participants said during the focus groups, which contained not only peers but also superiors.	VI
Lelutiu-Weinberger, C., Pollard-Thomas, P., Pagano, W., Levitt, N., Lopez, E. I., Golub, S.A., & Radix, A. E., (2016). Implementation and Evaluation of a Pilot Training to Improve Transgender Competency Among Medical Staff	Compared to pre-training scores, post-training scores indicated significant (1) decreases in negative attitudes toward transgender individuals (TGI) and increases in TG-related clinical skills, (2)	Three 2-h training sessions were delivered to (n=35) clinic staff across four months by two of the authors experienced in TG competency training	Trainees viewed the utility of implementing this type of training at an institutional level	trainees cited the need to have additional sessions beyond the initial 6-h pilot training session. Small sample size Table continues	II

in an Urban Clinic. *Transgender Health*,1(1), 45-53.		increases in staff's awareness of transphobic practices, and (3) increases in self-reported readiness to serve TGI. The clinic increased its representation of general LGBT-related images in the waiting areas, and the staff provided highly positive training evaluations.			
Klotzbaugh, R., & Spencer, G., (2014). Magnet Nurse Administrator Attitudes and Opportunities Toward Improving Lesbian, Gay, Bisexual, or TransgenderY Specific Healthcare. *Journal of Nursing Administration*, 44(9), 481-486	Health Belief Model	Attitudes among CNOs toward LGBT populations and comfort with advocating for LGBT populations were positively correlated. Those demonstrating less homonegative attitudes were more	Surveys were electronically mailed to 343 Magnet CNOs. completed by 115 Magnet designated hospital CNOs	Population for this study was quite specific. Relating findings to subjects outside those surveyed would require additional research socially desirable responses, the possibility	II

	likely to feel comfortable advocating for LGBT patients and staff			of this occurring cannot be eliminated	
Carabez, R., Pellegrini M., Mankovitz, A., Eliason, M. J., & W. M., Dariotis, (2015).Nursing Students' Perceptions of their Knowledge of Lesbian, Gay, Bisexual, and Transgender Issues: Effectiveness of a MultiPurpose Assignment in a Public Health Nursing Class. *Journal of Nursing Education* 54(1) 50-53	Students completed an online LGBT awareness preinterview survey, completed interviews, and completed a postintervie w survey. Students showed a significant increase in knowledge about sexual orientation and gender identity and research and interview methods from pretest to posttest. The diverse teaching strategies involved in this assignment can enhance student knowledge, attitudes, and skills related to LGBT healthcare needs and	The majority of students completed the pre-interview and postintervi ew surveys (n = 112), for a response rate of 92% at the postintervi ew survey.	92% survey participati on and completio n	Small sample Table continues	II

	increase appreciation of nursing research.				
Jalali S, Levy MJ, Tang N. (2015). Prehospital emergency care training practices regarding lesbian, gay, bisexual, and transgender patients in Maryland (USA). *Prehosp Disaster Med* 30(2) 163-166.	All programs (16, 100%) identified specific aspects of LGBT related emergency health issues they would be interested in having included in an educational module. Legal aspects (eg, same-sex parents, next of kin, and documentation) 14 87.50%; Specific health care risks (eg, cancer risk, substance abuse, homelessness, access to health care, and violence) 12 75.00%; Mental health illness (eg, depression	An anonymous survey of 10 questions distributed electronically to EMS educational program directors in Maryland.	Although there was a small sample size, there was a strong response rate (80%)	The survey was a small sample size; Another limitation is that it may represent regional bias since it was explicitly geared to EMS educators in Maryland and it may differ in a national level.	IV

Table continues

	and suicide risk) 11 68.80%; Communication issues (eg, how to address transgender patient) 9 56.30%; Transgender health issues (eg, process of sex change, hormone usage, and surgery) 9 56.30%; HIV/AIDS and related illnesses (sexually transmitted illnesses) 7 43.80%; Definition of sex versus gender 5 31.30%; Other (fill in comments) – suicide, runaway youths, and sexual abuse with youth 1 6.30%			
Doherty M., Johnston T. R., Meyer H., & Giunta N., (2016). SAGE's National Resource	Knowledge scores (on a scale of 0–8) increased significantly ($t = -8.74$, $p < .001$) from 6.74	Analysis of pre- and post-test	Large Sample (N=904).	IV

Center on LGBT Aging Is Training a Culturally Competent Aging Network. American Society on Aging, 40 (2) 78-79	before the training to 7.14 after the training. Follow up survey ninety days after in-person training suggested that the increase in knowledge and attitude are sustained across measures.				
Sekoni A. O., Gale N. K., Manga-Atangana B., Bhadhuri A., & Jolly K., (2017). The effects of Educational Curricula and Training on LGBT-specific Health Issues for Healthcare Students and Professionals: a Mixed-method Systematic Review. Journal of the International AIDS Society, 20:21624	All the studies reported statistically note worthy improvement in knowledge, attitude and practice post-training. It was also identified that the conceptual model for training in-terms of extent, content and training methodology was deficient.	A systematic review of the mixed method of randomized, nonrandomized controlled, and pre and post testing studies. 1171 papers were identified; 15 studies were included in the review. Three were nonrandomized controlled	All the eligible studies were assessed for risk of bias.	A weakness that was identified in the systematic literature review was that are not enough studies that sustainability of the attitude changes. The identified often lacked quality methodological approach and possible risk for bias view which may	I

		studies, and 12 had a pre/post-design.	lead to positive findings than in other groups.

Appendix B: Recommended Resources

Recommended Resources to Implement LGBT Cultural Competencies

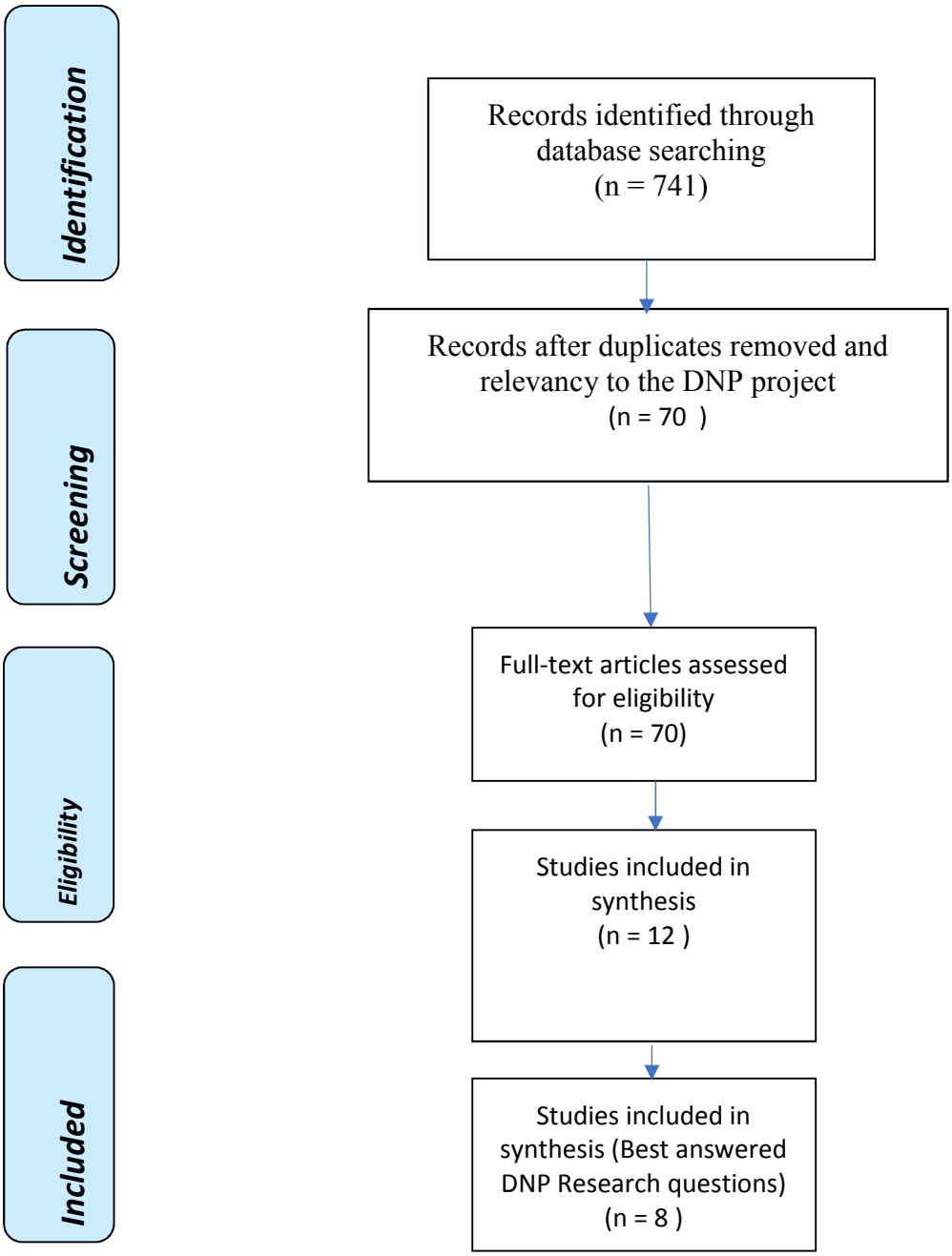
The following organizations provide online or in person LGBT cultural competencies that can be both cost-effective and accommodating with staff's schedules.

- Fenway Health has the National LGBT Health Education Center. The National LGBT Health Education Center offers educational programs, resources, and consultation to healthcare organizations with the goal of improving quality, cost-effective health care for lesbian, gay, bisexual, and transgender people. They can be found at the following website: https://fenwayhealth.org/the-fenway-institute/education/the-national-lgbt-health-education-center/

- The Health Education about Lesbian, Gay, Bisexual and Transgender Elders (HEAL) is a curriculum for nurses focuses on teaching cultural competency in the care of LGBT older adults. Although this geared to educating about the elderly LGBT population, it would provide essential information that can be easily transferable through all age groups. The HEAL Curriculum is funded through an HRSA grant so is free to the hosting facility. It consists of a series of six one-hour sessions and nurses earn 1.0 Continuing Nursing Education contact hour for each session they attend. They can be found at the following website: http://www.nursesheale.org/
- The following are a local organization that can provide LGBTQ cultural competencies.

    - Mazzoni Center provides in-person LGBTQ cultural training geared towards physicians, physician's assistants and RNs from all specialties, health educators, MD and DO students, front-desk and medical support staff, and providers in non-medical settings. They can be found at the following website: https://www.mazzonicenter.org/education-and-professional-training/professional-development/medical-professionals-health-educators

Appendix C: PRISMA 2009 Flow Diagram



Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097