

The needs of LGBTI+ people within student nurse education programmes: a new conceptualisation

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ABSTRACT

There is a growing body of international research evidence highlighting concerns around social exclusion and discrimination, significant health inequalities and health needs, and barriers to accessing effective healthcare for LGBTI+ people. However, ways in which the healthcare needs of LGBTI+ people can be addressed in student nurse education programmes have yet to be fully explored. The aim of this discussion paper is to present the evidence to support the inclusion of LGBTI+ health throughout the nursing curriculum. A new conceptualization of the full and effective integration of LGBTI+ health content across and within the nursing curriculum is proposed. This can be achieved by further developing theory, skills simulation and practice learning opportunities. There is a need to ensure that nursing students are positioned and adequately prepared to effectively address concerns of social justice, reducing health inequalities, and providing responsive person-centred care for LGBTI+ health service users.

Keywords

LGBT, nursing, evidence, social justice, health inequalities, nurse education

1. Background

To ensure inclusivity of the diversity of sexual and gender identities and to reflect contemporary terminology, the acronym LGBTI+ is used throughout this paper (Formby 2017).

There have been positive and welcome legislative and policy developments in some jurisdictions that have brought about improvements in equality and social justice for LGBTI+ people such as marriage equality (Equality and Human Rights Commission 2011). Still, this is not necessarily the case in many countries across the world where people who are LGBTI+ continue to be socially marginalized, victimized and with many people living in fear of their lives (International Lesbian Gay Bisexual Trans and Intersex Association 2017). Internationally, there is a strong focus on promoting equality of access to healthcare for all citizens (Australian Human Rights Commission, 2014; National LGBTI Health Alliance, 2016; United States Department of Health and Human Services 2017). Effective access includes a diverse range of populations such as people with mental illness, long term health conditions, people with intellectual disabilities and older people. In reality, there remains significant challenges in enabling equality of access to healthcare for these populations (American Academy of Social Work and Social Welfare 2016). Relevant issues continue to exist for people who identify as LGBTI+ who have a range of distinct support requirements that includes the need for access to appropriate healthcare to help address their significant health inequalities (Institute of Medicine 2011). From the perspective of people whom identify as LGBTI+, there remains barriers regarding their social discrimination, marginalization, inclusion and human rights (Australian Human Rights Commission, 2014; Royal College of Nursing 2017; Stonewall, 2017). The situation is further compounded by the negative attitudes experienced by many LGBTI+ people when accessing and utilizing public services, including healthcare (World Health Organization 2013).

Health needs of LGBTI+ people

Whilst for some LGBTI+ people their identity is a positive and fulfilling experience, this may not be true for everyone. Issues related to victimization and discrimination can lead to *minority stress* (Meyer 2003). The damaging effects of *minority stress*, including negative social reactions, can have profound consequences on physical and mental health. As a result, people whom identify as LGBTI+ may present with specific health needs and requirements, with some more prevalent when compared to the general population (World Health Organisation 2013). Health concerns across some LGBTI+ populations include higher rates of sexually transmitted infections (STIs) including gonorrhoea, chlamydia, syphilis, hepatitis and Human Immunodeficiency Virus (HIV) (Mon Kayaw Soe et al. 2018; Ritter and Ueno 2018; Shover et al. 2019). It is important to recognise that there are a range of differences across the various LGBTI+ subgroups. For example, gay men have higher incidences of HIV and other STIs (Knight et al. 2017). In contrast, lesbian women access preventative health services less frequently than non-lesbians and are at greater risk of physical health conditions such as heart disease, obesity and cancer (Simoni et al. 2017). Mental health conditions across all LGBTI+ populations are more common including anxiety disorders, depression, suicidality, substance use and eating disorders (King et al. 2008; Kuyper & Fokkema 2011; Kidd et al. 2016; Reiger et al. 2019; McNamara & Wilson 2020). Some LGBTI+ youth can experience a lack of family support and may become homeless which can result in other service utilisation concerns (McCann & Brown 2019). Also, LGBTI+ older people can experience barriers to accessing culturally competent health and social care services (Saliba et al. 2019). From the perspective of transgender people, they may experience significant physical, mental health and social exclusion barriers impacting negatively upon their health and well-being (Edmiston et al. 2016; Snow et al. 2019). For some bisexuals, they can also experience increased levels of physical

and psychosocial factors such as STIs, depression, anxiety and social isolation (Ross et al. 2018; Taylor et al. 2020).

Current education provision and LGBTI+ health

As a result of the range of identified health conditions, LGBTI+ people have high and frequent health service use yet continue to experience challenges. One such barrier is the need to access confident, competent, knowledgeable and skilled practitioners, including nurses (McCann and Brown 2018a). As a consequence, the healthcare experience may be negative resulting in health needs remaining unrecognized and unmet with significant implications for the health and well-being of the individual and families (Lykens et al. 2018; Stonewall, 2017). Current research evidence highlights gaps in cultural competence regarding the needs of LGBTI+ service users (McCarty-Caplan 2018). The limited existing research literature focuses on medical and nursing students and their knowledge, attitudes, confidence and values. Where LGBTI+ health concerns have been included within health curricula, it has been reliant on certain individuals within faculties who have influenced the inclusion of LGBTI+ health as a distinct subject area (Nhamo-Murire & MacLeod 2018).

There is now sufficient international evidence of socially inclusive legislation and policies set within a social justice and human rights context of the rights of LGBTI+ people (World Health Organisation 2013). There is also a significant body of research of LGBTI+ health needs and health inequalities and the barriers to accessing culturally sensitive healthcare (Ellis et al., 2015; Lykens et al. 2018; Pearce 2017). Despite the evidence of the high unmet health needs and barriers to accessing healthcare, the delivery of a responsive and culturally competent curriculum remains widely elusive. As a result of these collective concerns, there is a need to develop and include

LGBTI+ health throughout student nursing education programmes that is fully recognized and integrated across and within the curriculum.

2. Aim of the paper

This discussion paper draws on the existing research evidence-base to examine how the needs of people who identify as LGBTI+ can be integrated as a subject area across and within the nursing curriculum from theory, skills simulation and practice learning perspectives. The objectives are to identify the theory components drawn from the international research evidence; to present opportunities for skills simulation integration; and to highlight practice learning opportunities.

The three pillars of an evidence-based and practice informed curriculum should be fully reflected in the nursing curriculum. This is necessary to maximise the nursing contribution in reducing the health inequalities experienced by many people whom identify as LGBTI+. At the starting point, nursing faculties need to undertake a review of LGBTI+ health within their existing curricula to identify current theory content, the use of skills simulation and practice learning. This could best be achieved through a collaboration between LGBTI+ organisations, professionals with a practice focus on working with LGBTI+ communities and faculty staff (Institute of Medicine 2011; Kidd et al. 2016; Pearce, 2017). There is also an opportunity when nursing programmes are reviewed and revalidated, to critically evaluate what is currently being delivered and what needs to be developed and integrated regarding LGBTI+ health. To enable delivery, there is a need to identify academics within faculty with an interest and motivation to work at increasing the visibility of the subject area of LGBTI+ health within the curriculum. There is a necessity for strong subject area leadership to develop interest, commitment and capacity. This could be a

collaboration between academics with an interest and focus on public health, mental health or genito-urinary health as well as LGBTI+ faculty members with ‘out’ lived experiences.

Insert Figure 1 here

3. LGBTI+ theory

Nursing educationalists should ensure that the subject area of LGBTI+ health is built upon and integrates existing theories and recognised models, including, gender theory, queer theory, social justice, human rights, public health and inequalities (Yanicki et al. 2015; Taylor et al. 2018). Specific course content needs to build upon the theories and models by focusing on areas such as professional values; effectiveness; communication and partnerships; assessment of needs; care planning and management; safeguarding; and leadership. Other issues may include physical health, mental health, and sexual health (McCann and Brown 2018a; Morris et al. 2019). LGBTI+ curriculum content should enable nurses to provide care that is culturally competent and grounded within the concept of anti-discriminatory nursing practice (Day & Beard 2019). There is an opportunity for nurse educators to integrate a blended range of teaching and learning strategies, for example, case studies, vignettes and problem-based learning scenarios (Carter et al. 2016; Oikarainen et al. 2019). Having integrated theory and models within the nursing curriculum, there is a further opportunity, when undertaking formative and summative assessments, to assess specific aspects of LGBTI+ health (Lau 2016).

4. LGBTI+ skills simulation

Skills simulation offers an opportunity to build and develop a greater understanding and appreciation of diverse cultures and their distinct needs (Sanford 2010). Educators are becoming

increasingly interested in developing new knowledge and skills and the integration of simulation training into the wider nursing curriculum provided within a protected learning environment (Maruca and Diaz 2013). There is a need to review what currently exists in relation to LGBTI+ health and skills simulation and to identify opportunities for integrating their specific healthcare needs, issues and concerns (Diaz et al. 2017). Skills simulation could be integrated within the curriculum to enable student nurses to develop LGBTI+ cultural awareness as well as enhancing knowledge, skills, critical thinking, safety and confidence. Skills simulation could, for example, integrate the needs of LGBTI+ patients when teaching wider nursing skills such as physical and mental health clinical assessments. There is also an opportunity to involve LGBTI+ patients in the development, delivery and assessment of skills simulation (Morris et al. 2019). Integrating assessment approaches, such as Objective Structured Clinical Examination (OSCE), can enable students to self-assess their learning and provide educationalists the opportunity to carry out formative and summative assessments of learning. Therefore, skills simulation has the potential to bring about enhanced educational outcomes by way of improvements in clinical assessment and decision-making skills, which have been identified as areas needing particular attention to relation to LGBTI+ health (Kim et al. 2016; Maruca et al. 2018).

5. LGBTI+ practice learning

People who identify as LGBTI+ are to be found in every area of healthcare (Stonewall, 2017). However, many people remain invisible and silent with some even opting to hide their LGBTI+ identity. This is often due to fear of stigma, discrimination and negative attitudes (Carabez et al. 2015). The situation is further compounded by health professionals' failure to incorporate effective engagement and assessment approaches that allows for an accurate holistic assessment, including specific LGBTI+ needs and concerns (Hafford-Letchfield et al. 2018). Because elements of a

student nurses experiences take place within multiple practice learning environments, they will inevitably come in contact with significant numbers of LGBTI+ people. Additionally, as a result of their high unmet health needs, LGBTI+ people will necessarily require greater access to health services (Sekoni et al. 2017). In this regard, nurses are often the first point of patient contact. Therefore, there are multiple opportunities to fully reflect and integrate their distinct health and support needs within practice learning assessment portfolios (Wu et al. 2015). Within global core competencies, that all student nurses are required to demonstrate and achieve, such as effective communication, attitudes and values, engagement, assessment and health promotion, LGBTI+ health requirements should be woven throughout (Clark et al. 2016). Due to the distinct physical health, mental health and sexual health profile of LGBTI+ people, student nurses on practice learning placements will be presented with opportunities to demonstrate their knowledge, skills, attitudes and values, central to providing person-centred care to this population (Nhamo-Murire and McLeod 2018). There is an important need for registered nurse preceptors to possess and role-model positive attributes and approaches necessary for student nurses to practice in a way that is culturally competent, responsive and sensitive to the needs of LGBTI+ people (Govere & Govere 2016; Tuomikoski et al. 2019).

6. Discussion and conclusion

This discussion paper has drawn on the existing international research literature regarding LGBTI+ people and their distinct health and support needs. The paper, therefore, has been developed from what has been identified in the subject area and a new conceptualisation presented on the inclusion and integration of LGBTI+ health within student nurse education programmes, as set out in Figure 2. This new conceptualisation proposes an integration of the core elements of LGBTI+ theory,

LGBTI+ skills simulation and LGBTI+ practice learning as the means to enable nursing students to more effectively address the needs of this population.

Insert Figure 2 here

Given the extent of the health needs and inequalities experienced by these populations and the role of nurses in addressing such inequalities and the provision of assessments, care, treatment and support to all populations, irrespective of their needs, challenges and discrimination remain apparent for many LGBTQI+ people (Irwin 2007). As a consequence, the identified issues and concerns must be systematically and strategically addressed within all student nursing education programmes (Rozeno et al., 2017). The nursing profession has a clear mandate and responsibility to respond to the political, economic, social and historical issues that contribute and lead to health inequalities, including LGBTI+ people (Reutter & Kushner, 2010; Clark et al. 2016). There is a definitive focus within nursing towards delivering the social inclusion agenda in promoting human rights, enabling social inclusion and ensuring social justice for all populations, including the needs of LGBTI+ individuals (Matwick & Woodgate 2017). In light of the compelling research evidence and the requirement to respond to the global evidence of social exclusion and health inequalities experienced by LGBTI+ people, the nursing profession has an obligation and responsibility to ensure that the nursing curriculum adequately and effectively addresses the relevant issues and concerns (Australian Human Rights Commission, 2014; Brown & McCann 2017; Ellis et al., 2015; Stewart and O'Reilly 2017; Stonewall, 2017). From a professional perspective, this is also necessary, as it is a requirement of nursing regulatory bodies who set the nursing professional standards, to ensure that student nurses are prepared with the knowledge, skills, attitudes and

expertise to meet the needs of diverse populations (Nursing and Midwifery Council 2018). Up until now, LGBTI+ issues have not been comprehensively addressed within the nursing curriculum. This is despite the drive for a more holistic, socially inclusive and integrated approach to healthcare. The wider extraneous drivers are now clearly articulated by way of government legislation and policies that supports human rights, the requirement for anti-discriminatory and inclusive person-centred practice, and existing professional nursing regulatory standards (Australian Human Rights Commission, 2014; Royal College of Nursing 2017; Stonewall, 2017). With the focus on professional accountability and evidence-informed nursing practice, there is a need to ensure that nursing students are educated and prepared to respond to their profession's values, and from the perspective of LGBTI+ people, this includes examining their own beliefs and attitudes to inform their future professional practice (Aglen, 2016; Rose et al., 2018). This must form the foundation of all future professional nursing practice that recognises and is responsive to the needs of the individual, thereby reducing their health inequalities and improving the quality of their health care experience and quality of life (Kennedy et al., 2015; Nursing and Midwifery Council 2018).

This paper presents the first attempt at conceptualising why and how LGBTI+ needs and concerns must be integrated within student nursing education programmes . From a research perspective, it is necessary to establish the acceptability of the proposed conceptualisation with academics, students, and most importantly, LGBTI+ people, as the ultimate recipients of nursing care. Other research should also focus on academic and student attitudes towards LGBTI+ concerns within the curriculum and measure change following education and practice learning. Longitudinal studies are also indicated to identify changes in attitudes, values and practice from the perspective of nursing students and also LGBTI+ service users. There is a compelling and

convincing argument and supporting evidence for the integration of the needs of LGBTI+ people into the nursing curriculum as a subject area.

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Figure 1: LGBT+ Theory Simulation Practice learning framework

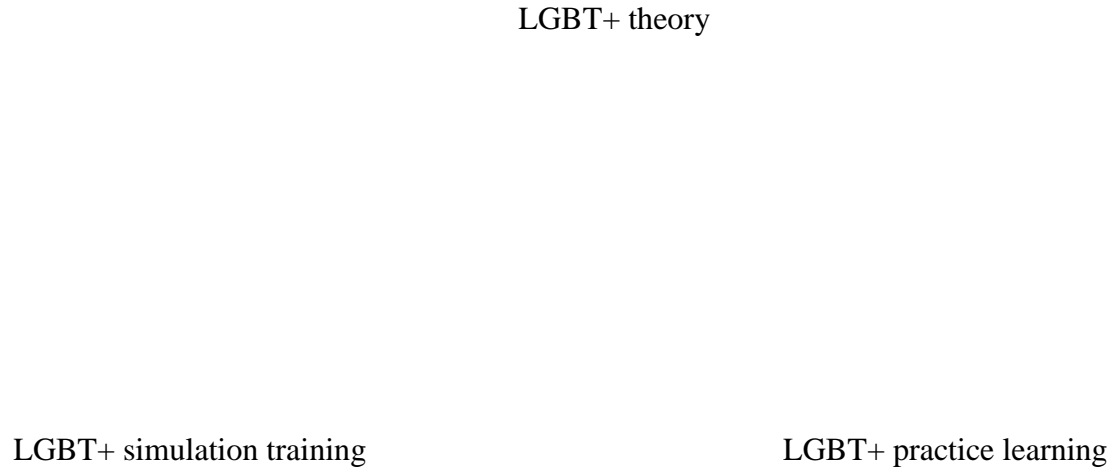


Figure 2: Conceptual model of an undergraduate LGBT+ nursing curriculum

