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LGBT cultural competence education for nurse leaders in a large metropolitan healthcare system: quality improvement

Trevor McGuffin
trevor.mcguffin@louisville.edu

Andrew Mitchell
University of Louisville

LGBT Cultural Competence Education for Nurse Leaders in a Large Metropolitan Healthcare System: Quality Improvement

by

Trevor McGuffin and Andrew Mitchell

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__Dr. Ratchneewan Ross_____	_____July 25, 2024___
DNP Project Chair	Date
__Dr. Paul Clark_____	_____July 25, 2024 ___
DNP Project Committee Member	Date
__Dr. Sara Robertson_____	_____July 25, 2024____
Associate Dean DNP and APRN Programs	Date

Acknowledgements Page

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Table of Contents

Abstract

Background: In the United States, seven percent of adults identify as LGBT. The LGBT population is disproportionately affected by health disparities and barriers to care when compared to the cis-heterosexual population. Due to healthcare providers' limited LGBT health education and experience, inconsistencies in LGBT culturally competent care perpetuate health disparities and barriers to care for the LGBT population.

Purpose: The purpose of this quality improvement project was to educate nurse leaders on LGBT cultural competency and facilitate nurse leaders' behavior change.

Methods: This quality improvement project consisted of three LGBT cultural competence modules and two guided behavior change pathways. Outcomes include pre- and post-education knowledge and attitude; education satisfaction, transfer of knowledge intent, community outreach intent, transfer of knowledge, and community outreach.

Results: The mean score for the knowledge subscale increased 28.6% from pre-test (M=4.0, SD=1.53) to post-test (M=6.0, SD=.72). There was no change in the mean score for the attitude subscale from pre-test (M=6.4, SD=.77) to post-test (M=6.4, SD=.81). Approximately 93% of participants rated the education as satisfactory. Knowledge transfer intent (57%) exceeded the benchmark, while community outreach intent (14%) did not meet the benchmark. There was no participation in behavior change activities.

Conclusion: System-wide project expansion could strengthen nurse leaders' capacity to provide CC care to LGBT individuals, influencing the quality of life and health of patients, aligning with Leininger's theory of Culture Care Diversity & Universality.

Keywords: **sexual and gender minorities, quality improvement, needs assessment, supervisory nursing, culturally competent care**

Introduction

Around the world, lesbian, gay, bisexual, and transgender (LGBT) individuals are vulnerable to stigmatization, discrimination, bullying, violence, and criminalization, with 68 countries criminalizing homosexuality and 12 countries with death penalty laws (Hampton, 2022; Statista Research Department, 2024). In the United States, seven percent of adults identify as LGBT, a 50% increase from 2012 to 2022 (Jones, 2022). Physical and mental health disparities between LGBT individuals and their cis-heterosexual counterparts are of concern (Brooks et al., 2018; Lund & Burgess, 2021). Rates of anxiety, depression, alcohol and tobacco use, self-harm, suicidality, suicide, eating disorders, sexually transmitted infections, cancers, and substance abuse are all higher in LGBT individuals compared to cis-heterosexual individuals (Brooks et al., 2018; Lund & Burgess, 2021; Medina-Martínez et al., 2021; Stewart & O'Reilly, 2017). It is important to note that variations in the rates of these health disparities exist between LGBT subpopulations (i.e., lesbian, gay, bisexual, transgender) which emphasizes the need for individualized care (Lund & Burgess, 2021). Inconsistencies in healthcare providers' LGBT culturally competent care are major barriers to care for LGBT individuals including but not limited to fear and experiences of unequal treatment (i.e., discrimination, stigma), healthcare providers with little to no LGBT health education or experience, and challenges with disclosing sexual orientation or gender identity with healthcare providers (Henriquez et al., 2019; Medina-Martínez et al., 2021; Stewart & O'Reilly, 2017; Traister, 2020). Often, this leads to LGBT individuals avoiding or delaying preventative and emergent care, resulting in poor health outcomes and perpetuation of health disparities (Hsieh & Mirzoyan, 2021; Willging et al., 2019). Evidence shows that multimodal education can improve LGBT cultural competency for nurses and nursing students in different care settings (Bristol et al., 2018; Henry, 2017; Kaiafas &

Kennedy, 2021; Rhoten et al., 2022; Traister, 2020; Wyckoff, 2019). However, there is a paucity of literature on the efficacy of such education aimed at nurse leaders who are a tremendous resource for nurses involved in direct patient care. Using a quality improvement (QI) approach, we educated nurse leaders in a large healthcare system in Louisville, Kentucky on LGBT cultural competency and measured relevant outcomes.

Problem Statement

Through a needs assessment at a large healthcare system, nurse leader LGBT cultural competency was identified as a crucial need by stakeholders. Nurse leaders within this system reported they felt inadequately educated on LGBT cultural competency. To meet this need, we implemented a multimodal, educational LGBT cultural competence intervention aimed at nurses in leadership positions within the health system.

Conceptual Definitions

Bisexual: A sexual orientation term used to define someone who is emotionally and physically attracted to males and females.

Cisgender: An individual whose sex assigned at birth is congruent with their gender identity.

Education Satisfaction: Nurse leader satisfaction with the LGBT education.

Gay: A sexual orientation term used to define someone who is attracted both emotionally and physically to someone of the same sex and/or gender. Typically, a term describing males who are attracted to males.

Gender-affirming: Changes that are made socially, legally, and medically to acknowledge and affirm an individual's gender identity.

Gender-diverse: A term used to describe people whose gender identity is outside of the traditional binary structure.

Guided behavior change: Two suggested pathways to change nurse leaders' LGBT cultural competency (one through reaching out to a local LGBT organization listed on a resource list provided to them, and the other through educating bedside nurses on LGBT knowledge and attitude.)

Heteronormativity: A biased societal assumption that all individuals are heterosexual, and heterosexuality is the norm that puts pressure on individuals to behave in a heterosexual manner and idealizes heterosexuality over other sexual orientations.

Heterosexual: A sexual orientation term used to define an individual who is attracted to the opposite gender. Males attracted to females or females attracted to males.

Lesbian: A sexual orientation term used to define females who are attracted emotionally and physically to females.

LGBT attitude: "Assessing LGBT explicit bias and prejudice" (Bidell, 2017, p. 1449).

LGBT community outreach: Nurse leaders reaching out to local LGBT organizations to further knowledge and create relationships.

LGBT community outreach intent: Nurse leaders' intent to reach out to local LGBT organizations to further knowledge and create relationships.

LGBT cultural competency: "Cultural competence, the intricate integration of knowledge, skills, attitudes, and behaviors that improve cross-cultural communication and interpersonal relationships" (Yu et al., 2023).

LGBT cultural competency transfer of knowledge: The transfer of LGBT cultural competency knowledge from nurse leaders to nurses involved in direct patient care. **LGBT**

cultural competency transfer of knowledge intent: Nurse leaders' intent to transfer LGBT cultural competency knowledge to nurses involved in direct patient care.

LGBT knowledge: "Inquiring about LGBT health and mental health disparities." (Bidell, 2017, p. 1449).

Nurse Leaders: Nurses currently transitioning to a leadership position and nurses already in a leadership position including nurse educator, nurse manager, charge registered nurse, and unspecified nurse leader position.

Transgender: An individual whose gender identity differs from their sex assigned at birth. The term may also include individuals whose gender identities are outside of the gender binary structure (e.g., gender-diverse)

Purpose

The purpose of this QI project is to educate nurse leaders on LGBT cultural competency and facilitate nurse leaders' behavior change. The specific aims are: 1) To evaluate participants' outcomes including LGBT knowledge, LGBT attitude, and behavior change (community outreach and transfer of knowledge); and 2) To evaluate participant satisfaction of multimodal LGBT cultural competence education. The SMART goals include: 1) LGBT knowledge and attitude will increase by 16% and 22% respectively post-education based on Henry's (2017) study as a benchmark 2) post-education, at least 80% of participants will rate the education as satisfactory; 3) post-education, 15% of participants will report intent to engage in community outreach and transfer of knowledge; 4) by four months post-education, 15% of participants will report involvement in community outreach and transfer of knowledge.

Objectives

To provide nurse leaders with LGBT cultural competence education and a guided behavior change initiative beginning in January 2024.

Literature Review

Problem

Inconsistencies in culturally competent care provided to LGBT individuals by healthcare professionals are largely attributed to a lack of LGBT health education. Inconsistencies include not assessing for sexual orientation and gender identity, assuming sexual orientation and gender identity, not understanding the difference between equal and equitable care, and disproportionate knowledge of LGBT subpopulations (Carabez et al., 2015, 2016; Goldhammer et al., 2018; Kellett & Fitton, 2017; Logie et al., 2019; Neville & Henrickson, 2006; Rider et al., 2019; Stenhouse, 2021). These inconsistencies make it difficult to decrease LGBT health disparities and barriers to care (Agency for Healthcare Research and Quality, 2014). Healthcare professionals cannot provide culturally competent care to LGBT individuals if they are not identifying LGBT individuals by assessing for sexual orientation or gender identity. In a national LGBT health needs assessment from 18 healthcare organizations in the United States, results showed that 55.4% of healthcare professionals discussed sexual orientation with their patients seldomly or never, and 71.9% talked about gender identity seldomly or never (Goldhammer et al., 2018). In New Zealand, healthcare professionals also assumed that 65.8% of gay and bisexual men and 83.2% of lesbian and bisexual women were heterosexual (Neville & Henrickson, 2006). When healthcare professionals assess for sexual orientation and gender identity to identify LGBT individuals, they often do not feel capable of providing inclusive and gender-affirming care to this population. In a qualitative study in the United States, healthcare

professionals (*n*=14) expressed discomfort with discussing pronouns and transgender health issues (Rider et al., 2019). Furthermore, some healthcare professionals in this study reported they did not ask about gender at all because they were fearful of inappropriately discussing gender and consequently losing patient trust. In a mixed methods study in the San Francisco Bay area, quantitative results showed that 80% of 268 practicing nurses reported that they did not have LGBT care education but were comfortable caring for LGBT patients. However, qualitative results revealed many of them did not provide LGBT culturally competent care as they did not treat their patients differently based on the patient's sexual orientation (Carabez et al., 2015). Survey findings in Scotland revealed similar logic in that many healthcare professionals did not treat their patients differently based on sexual orientation. Even though healthcare staff were deemed to have good intentions, this mindset undermines person-centered care (Stenhouse, 2021).

Evidence highlights the need for healthcare professionals to be educated and trained in providing culturally competent care for LGBT individuals (Carabez et al., 2015; Goldhammer et al., 2018; Rider et al., 2019; Stenhouse, 2021). For instance, a U.S. national study surveyed staff members (*n*=5,980) and leaders (*n*=638) from 18 healthcare organizations and found that one-third of participants were unsure if their organization had policies related to LGBT care and language (Goldhammer et al., 2018). More than half of the participants in this study felt they did not ask their patients about sexual orientation and gender identity because: (a) the topics were not relevant to care and they may offend the patient: and (b) they lacked the experience of caring for LGBT patients and the knowledge of appropriate LGBT terms, likely due to scarce LGBT health education in nursing curricula and other training programs (Goldhammer et al., 2018). On average, nationally, only 2 hours of LGBT health education was incorporated into nursing

programs (Kellett & Fitton, 2017). Additionally, a systematic review found that inadequate LGBT health education was a repetitive theme across 22 studies in five countries, with 18 studies conducted in the United States and one in each of the following countries: Canada, Sweden, Taiwan, and the United Kingdom. If healthcare professionals did have education or training on LGBT health, it consisted mainly of knowledge or experience related to HIV and AIDS (McCann & Brown, 2018).

While nursing education on and experience with LGBT health is limited, gender-diverse patients are even less understood by nurses than cisgender lesbian, gay, or bisexual individuals (Goldhammer et al., 2018; Kellett & Fitton, 2017; Rider et al., 2019). Rider et al. (2019) discovered that very few healthcare providers reported they had been educated on sexual orientation, and none reported education on transgender health in their academic programs. Goldhammer et al. (2018) found that familiarity with health issues that lesbian, gay, and bisexual (LGB) people face was much more common among healthcare providers than health issues specific to transgender individuals. Additionally, healthcare providers felt they were less likely to be able to meet the needs of transgender people compared to the needs of LGB people. Knowledge deficits of and discomfort with transgender health were also found to be highly prevalent among 268 nurses in the San Francisco Bay Area (Carabez et al., 2016). These findings highlight the need for nurses' education on LGBT health to provide culturally competent care.

In the United States, nursing care strives for health equity, and nurses have been recognized as the most trusted profession for 22 years consecutively (Brenan & Jones, 2024; National Academies of Sciences, Engineering and Medicine et al., 2021). Nurses comprise the percentage of healthcare workers in the United States, making them an asset to achieving health equity for LGBT individuals (American Association of Colleges of Nursing, 2022; National

Academies of Sciences, Engineering and Medicine et al., 2021). Current practice guidelines recommend that nurses provide culturally competent care to LGBT individuals (i.e., inclusive and gender-affirming care) (National LGBT Health Education Center, 2016; The Joint Commission, 2011). Likewise, Nursing Professional Performance Standard #9 from the American Nurses Association explicitly states that nurses should provide equitable, inclusive, and respectful care based on patient cultural differences (American Nurses Association, 2021).

Intervention

Databases searched for evidence on LGBT nursing cultural competence education consisted of PubMed, CINAHL, Cochrane Library, Embase, MEDLINE, and APA PsycINFO. The Boolean operators AND and OR connected keywords for the search which included cultural competency, cultural competence, cultural humility, LGBTQ+, lesbian, gay, bisexual, queer, transgender, sexual and gender minorities, education, nursing education, nursing, and nurses. PubMed produced 74 publications initially. PubMed results were then limited by publication year (2017-2022), leaving 52 publications to be reviewed. The same search strategy was used in CINAHL, MEDLINE, and APA PsycINFO through the University of Louisville libraries search engine and 14 publications were found after removing three duplicates found in PubMed. An additional 21 publications were located using the same search strategy in Embase and Cochrane Library. Initially, 87 publications were found for review during the search. After reviewing the abstract of each publication for relevance and applicability, 11 publications remained and were evaluated.

Several themes emerged from the critical analysis and synthesis of the literature (n = 11) including the examinations of knowledge, skills, attitude, and behavior constructed with evidence-based LGBT cultural competence interventions for nurses. While nine articles

discussed overall LGBT cultural competence interventions, few focused on transgender cultural competence interventions. Six articles used multimodal educational LGBT cultural competence interventions and five used unimodal interventions. Undergraduate nursing and/or graduate nursing students were participants in five studies, whereas healthcare professionals, including nurses, were participants in six studies. All studies were conducted in the United States except for one that was conducted in Spain (García-Acosta et al., 2019). The summary of information from this literature review is presented in Appendix A.

Knowledge

As a common variable being measured by researchers, knowledge of nurses/nursing students related to LGBT and transgender cultural competence increased following interventions across several studies. Henry (2017), reported study results on eight individuals (5 were nurses) from a private Delaware psychiatric practice who participated in an educational multimodal LGBT cultural competency intervention that included didactic, expert panel, and short video components. The internal benchmark for the knowledge score was set at 25%, but scores only increased by 16%. Therefore, our team used the 16% improvement in Henry's study as the benchmark for knowledge in our SMART goal 1. McEwing (2020) also implemented an educational, multimodal LGBT cultural competency intervention that included online didactic and simulation components with nursing students from Florida (n=124). They measured LGB cultural competency and transgender cultural competency separately. Participants in this study showed statistically significant improvements in LGB and transgender cultural competency knowledge from pre to post-test (p<.001), and one-month post-intervention LGB and transgender cultural competency knowledge did not show a statistically significant decline (p<.001). Additionally, educational, multimodal LGBT cultural competency interventions (slides,

discussion, activities, and videos (Rhoten et al., 2022) as well as advocacy programs and question-and-answer sessions (Tartavoulle & Landry, 2021) were studied and revealed positive results in nurse's LGBT cultural competency knowledge. In a New York hospital, 420 hospital staff and direct care providers participated in the study by Rhoten et al. (2022), and pre to post-test results showed a statistically significant increase in the participants' LGBT cultural competence knowledge ($p<.0001$). Tartavoulle and Landry (2021) had 1,398 pre-licensure nursing students participate in their study, of which 993 were from rural areas and 405 were from urban areas. From pre to post-test, rural and urban nursing students showed a statistically significant change ($p<.05$) in all areas of LGBT terminology knowledge; rural nursing students manifested a statistically significant change ($p<.05$) in three out of five areas of LGBT policy and perception knowledge; urban nursing students exhibited a statistically significant change ($p<.05$) in four out of five areas of transgender plan of care knowledge, while rural nursing students showed change in one out of five areas of transgender plan of care knowledge (Tartavoulle & Landry, 2021). In contrast, a singular LGBT cultural competence lecture intervention with 111 registered nurses from four separate hospitals in Pittsburgh demonstrated statistically significant LGBT cultural competence knowledge increases from pre- to post-test ($p<.0001$) (Traister, 2020).

Klotzbaugh et al. (2020) and García-Acosta et al. (2019) focused on transgender cultural competence. Klotzbaugh et al. (2020) looked at family and adult gerontology nurse practitioner students ($n=11$) at a large urban location. Participants in this study engaged in an educational gender minority health educational module, gender minority case studies, and open dialogue and showed statistically significant increases in gender minority medical knowledge ($p=.003$), gender minority health disparity knowledge ($p=.006$), and gender minority policy knowledge ($p=.003$)

from pre to post-test. García-Acosta et al. (2019) randomly assigned nursing students (*n*=116) from the University of La Laguna in Spain into two intervention groups and a control group. Intervention group 1 (G1) consisted of 31 nursing students who participated in a film-forum-based LGBT cultural competence training. Intervention group 2 (G2) consisted of 28 nursing students who participated in a problem-based learning LGBT cultural competence training, and the remaining nursing students were assigned to the control group (*n*=57). Knowledge about the care of transgender people increased in both the film forum group (G1) and the problem-based learning group (G2). Both interventions were significantly more effective compared to the control group (G1 *p*=0.000, G2 *p*=0.000). There was no statistically significant difference between the effectiveness of the film-forum intervention and problem-based learning intervention (*p*=1.000), suggesting that both interventions were equally effective.

Skills

Nurse LGBT cultural competence skills improved in two studies using multimodal interventions. Henry (2017) found that nurse LGBT cultural competence skills increased by 1.24%, but the results did not meet the internal percent change benchmark of 20% set by the author. Likewise, McEwing (2020) found that nurses' LGBT cultural competence skills increased minimally. However, scores did not significantly decrease one-month posttest (*p*<.001), suggesting sustainable effects of the intervention on participants' skills through one month.

Knowledge and Skills

Two studies measured LGBT knowledge and skills as one outcome. Bristol et al. (2018) and Kaiafas and Kennedy (2021) implemented multimodal LGBT cultural competence educational interventions (lecture, film, interactive exercise, and activities (Bristol et al., 2018); video and interactive presentation (Kaiafas & Kennedy, 2021)). LGBT cultural competence

knowledge and skills of 40 emergency department staff, including nurses, significantly increased from pre- to post-test ($p<.05$) (Bristol et al., 2018). Licensed practical nurses and registered nurses ($n=36$) from a military hospital emergency department also showed a statistically significant increase in LGBT cultural competence knowledge and skills ($p=.001$) (Kaiafas & Kennedy, 2021).

Attitude

Nurse attitudes toward LGBT and transgender individuals improved in multiple studies of nurses and nursing students. The use of a multimodal intervention implemented by Henry (2017) improved nurse attitudes towards LGBT individuals by 22%, which exceeded the internal percent change benchmark of 10%. Therefore, our team used the 22% improvement in Henry's study as the benchmark for attitude in our SMART goal 1. Nurse attitudes towards LGBT individuals increased significantly in the studies by Rhoten et al. (2022) and Tartavoulle and Landry (2021) ($p<.0001$ for both studies). Comparable was the significant increase in openness and support towards LGBT individuals after the multimodal interventions implemented by Kaiafas and Kennedy (2021) and Bristol et al. (2018) ($p=.04$ and $p<.05$, respectively). Licensed practical nurses and registered nurses ($n=30$) from an acute care hospital in the Southeast United States participated in an LGBT quality care presentation implemented by Wyckoff (2019). Participant attitudes towards LGBT individuals in this study increased slightly but did not show statistical significance ($p>.05$). Traister (2020) found similar results after implementing an LGBT cultural competence lecture intervention. Participant attitudes towards LGBT individuals in this study increased minimally with no significance ($p=.30$).

In contrast, Klotzbaugh et al. (2020) and Maruca et al. (2018) focused on participant attitudes toward transgender individuals. Prelicensure nursing students ($n=48$) from one

Colorado university and two Florida universities participated in a transgender simulation intervention (Maruca et al., 2018). The attitudes of participants towards transgender individuals increased a non-significant amount in this study ($p>.05$). However, the gender minority module intervention in the study by Klotzbaugh et al. (2020) improved participant attitudes towards transgender individuals significantly ($p=.016$).

Behavior

Nurse behavior towards LGBT and transgender individuals was only measured in two studies, but the results were significant. Maruca et al. (2018) found a statistically significant improvement ($p<.05$) in nurse behavior toward transgender after a transgender simulation intervention. Likewise, nurse behavior towards LGBT individuals improved significantly ($p<.05$) after the LGBT quality care presentation intervention, implemented by Wyckoff (2019).

Summary of the literature review

Throughout the literature, multimodal LGBT cultural competence interventions were often used to improve the LGBT cultural competency of nursing students and healthcare providers including nurses. Even though found to successfully improve various domains of LGBT cultural competency, these interventions were investigator-initiated, which may lack evidence of validity (Bristol et al., 2018; García-Acosta et al., 2019; Henry, 2017; Kaiafas & Kennedy, 2021; Klotzbaugh et al., 2020; McEwing, 2020; Rhoten et al., 2022; Tartavoulle & Landry, 2021). No study used the same methods, making it difficult to identify which intervention was most effective. Sample sizes ranged from 8 to 420 in studies among healthcare providers and nurses, and from 48 to 1,398 among nursing students. No study included nurse leaders. A misuse of the independent *t*-test was found in a pre-and post-test study (Traister, 2020). One study used a research-initiated questionnaire with no evidence of its psychometric

properties (Rhoten et al., 2022). Only two studies examined participants' behavior change (Maruca et al., 2018; Wyckoff, 2019). Cultural competence care for transgender individuals was not included in all studies. Therefore, this project chose to implement a multimodal, LGBT cultural competence education program developed by the National LGBTQIA+ Health Education Center (2023) and a guided behavior change prompt targeting nurse leaders. Outcome measurement included the use of a psychometrically sound questionnaire that is transgender-inclusive to assess knowledge and attitude along with behavior change. Appropriate statistical analyses will assess any change in measurements pre- and post-intervention.

Theoretical Framework

The theory of Culture Care Diversity and Universality was used as this project's theoretical framework. Madeleine Leininger, a nurse and anthropologist, first developed the theory of Cultural Care Diversity and Universality, a transcultural nursing theory, during the 1950s (Leininger, 2007). The goal of Leininger's theory is to identify social and geo-environmental factors that positively influence the promotion and maintenance of an individual's health. Leininger theorized that a critical element needed to foster life quality and health and prevent ailments and impairments is culturally competent care. This theoretical framework was chosen based on the focused association between culturally competent care and improved patient outcomes (Leininger, 2007). This theory was applied by having project participants reflect on current LGBT cultural competency, engage in LGBT education to improve LGBT cultural competency, and participate in behavior change to improve LGBT patient outcomes.

Conceptual Model

The Model for Improvement created by the Associates in Process Improvement guided this evidence-based project (Institute for Healthcare Improvement, 2023). The Model for

Improvement ultimately allows the project team to refine the intervention until efficacy has been demonstrated so that it can be applied to other populations, units, or organizations. This model begins with three essential questions that will guide the project: What are the aims? What will be measured? What intervention will be implemented? After answering these questions, the model's Plan-Do-Study-Act (PDSA) cycle (see Appendix B) was applied. The PDSA cycle guided the implementation of the training, analysis of the outcomes, identification of strengths and limitations, and subsequent changes to the plan based on outcomes (Institute for Healthcare Improvement, 2023). Following the PDSA cycle, we educated nurse leaders on LGBT cultural competence using the multimodal LGBT cultural competence education developed by the National LGBTQIA+ Health Education Center (2023) and collected outcome data. Subsequently, data were analyzed to determine if goals were met and to identify strengths and limitations to serve as target areas for improving the education of nurse leaders. Short-term and intermediate outcomes were continuously monitored using the PDSA cycle from the Model for Improvement by Associates in Process Improvement (Institute for Healthcare Improvement, 2023).

Methods

Design

This project used a one-group pre-test post-test design and measured outcomes before and after participants completed the LGBT multimodal education.

Setting

This project was implemented within a large metropolitan healthcare system consisting of eight hospitals in the Louisville, Kentucky regional area. This system provides a variety of inpatient and outpatient services to an increasingly diverse patient population. The project team received written permission to complete the QI project at this site (see Appendix C, Figure C1).

Sample

The target population for this QI project was nurse leaders within this large healthcare system. Evidence shows nurse leaders heavily influence nurse performance and outcomes within healthcare systems, an identified strength of targeting this population (Germain & Cummings, 2010). Participants were identified via email through a system-wide newsletter (Appendix D). Exclusion criteria included any nurse leader on active leave.

Context

Prior to this project, the healthcare system had not provided LGBT cultural competence education for nurse leaders. The mission, vision, and values of this academic healthcare system align with the purpose, aims, and goals of this QI project through their mission of innovative and compassionate patient-centered care along with values that emphasize educating staff through research, continuous QI to achieve the highest standards of care, commitment to diversity and inclusion, and empathy for all patients and their families. Patients seeking care in this system are diverse in age, race, ethnicity, economic status, sexual orientation, and gender identity.

Considerably, the most important stakeholders for this QI project within the system were nurse leaders, as they are the target population. Other stakeholders important for the project's success include the Chief Nursing Officer, the Office of Professional Practice, the Organizational Development Department, the Research Committee, bedside nurses, and patients.

Intervention Implementation

The multimodal education used in this project was delivered through three LGBTQIA+ cultural competency modules (see Appendices E, F, & G) created by the National LGBTQIA+ Health Education Center (2023) as well as through a guided behavior change prompt (see Appendix H). Nurse leaders accessed the modules through their organization's learning

management system. This portal took them directly to the National LGBTQIA+ Health Education Center website where they created a free account to complete the modules. The three modules included *Foundations of LGBTQIA+ Health, Part 1, Foundations of LGTBQIA+ Health, Part 2: For Clinicians,* and *Foundations of LGTBQIA+ Health, Part 2: For Administrators* (National LGBTQIA+ Health Education Center, 2023). These modules used multimodal learning approaches to educate learners through interactive presentations, engagement questions throughout the presentations, a video example on how to assess a patient's sexual orientation and gender identity information, and clinical scenario questions based on provided case scenarios. The three modules include education on LGBTQIA+ terms, concepts, disparities, communication techniques, sexual orientation and gender identity information, strategies for creating a more inclusive environment for LGBTQIA+ individuals, and LGBTQIA+ policy and advocacy (National LGBTQIA+ Health Education Center, 2023). Participants were eligible for continuing education units (CEUs) for each module after completing a post-module survey required by the National LGBTQIA+ Health Education Center. Participants uploaded their module certificates through HealthStream. The project team received written permission for the use of these three modules from the National LGBTQIA+ Health Education Center (see Appendix C, Figure C3). The education modules were available to nurse leaders from the beginning of January 2024 to the end of May 2024. Following the modules' completion, participants were given a behavior change prompt and could choose from two guided behavior change pathways. One pathway was a local LGBT community outreach which encouraged participants to further improve their LGBT cultural competence by reaching out to a local LGBT organization listed on a resource list. Another pathway was LGBT transfer of knowledge where participants were given example methods of knowledge transfer and

encouraged to educate bedside nurses through these methods. Nurse leaders had until the end of May 2024 to complete the guided behavior change. At the end of May 2024, the project team sent out an email to participants (Appendix I) encouraging them to complete the behavior change survey.

Ethical Considerations

This proposal was submitted to the University of Louisville Institutional Review Board (IRB) as a non-human subject QI project. Measures taken to ensure good data stewardship and to ensure participant confidentiality included keeping data in a password-protected Microsoft Excel sheet to which only the project team members had access, deleting data from the data collection platform once downloaded to the Excel sheet, transparency with participants about the purpose and the limits of data use, ensuring data accuracy, and abiding by the Health Insurance Portability and Accountability Act (HIPAA). A preamble was provided to all potential participants prior to participating in the project (see Appendix J).

The platform SurveyMonkey was used to collect data from participants. This platform uses security measures such as abiding by the service organization compliance type two framework monitored by physical security measures. Additionally, SurveyMonkey abides by data privacy laws and regulations such as HIPAA and preemptively monitors for security vulnerabilities (*HIPAA compliant survey software,* n.d.).

Measures

Demographics

Demographic data was planned to be collected included pre-education, age range, sex assigned at birth, sexual orientation, gender identity, race, ethnicity, highest level of nursing education, current position, and years as a nurse (see Appendix K)

Outcomes

Short-term outcomes

The short-term outcomes for this project are LGBT knowledge, LGBT attitude, module education satisfaction, LGBT community outreach intent, and LGBT transfer of knowledge intent. The guidelines for measuring these metrics are derived from the Kirkpatrick Model, which guides the evaluation of training and education interventions (Whitman Walker Institute & The National LGBT Cancer Network, n.d.).

LGBT knowledge, defined as basic LGBT clinical knowledge, was measured by the LGBT-DOCSS-Basic Knowledge subscale (LGBT-DOCSS/BK) (see Appendix L). The 7-point Likert LGBT-DOCSS tool was created to measure the LGBT cultural competency of healthcare providers and was chosen for its sound psychometric properties. Additionally, it includes gender identity competency, which many LGBT cultural competence measurement tools lack (Bidell, 2017). The project team received written permission from the author of the LGBT-DOCSS for its use in this QI project (see Appendix C, Figure C2). The LGBT-DOCSS/BK is comprised of 4 items. Example questions include, “I am aware of institutional barriers that may inhibit LGBT people from using health care services” and “I am aware of research indicating that transgender individuals experience disproportionate levels of health and mental health problems compared to cisgender individuals.” Potential responses include “strongly disagree” (1) through “strongly agree” (7). Scored items are summed to yield a total score. The higher the score, the greater LGBT knowledge that respondents possess (Bidell, 2017). The pre-test and post-test Cronbach alpha for the LGBT-DOCSS/BK from our study were .91, and .85, respectively, indicating good internal consistency of the knowledge subscale.

LGBT attitude, defined as evaluating personal explicit biases and prejudices towards the LGBT population, was measured by the LGBT-DOCSS/ Attitudinal Awareness subscale (LGBT-DOCSS/AA) which is comprised of 7 items. Example questions include, "I think being transgender is a mental disorder." and "I would be morally uncomfortable working with a LGBT client/patient." Potential responses include "strongly disagree" (1) through "strongly agree" (7). All items **were** reverse scored. Score items are summed to yield a total score. The higher the score, the greater LGBT attitude the respondent holds (Bidell, 2017). The pre-test and post-test Cronbach alpha for the LGBT-DOCSS/AA from our study were .91, and .94, respectively, indicating good internal consistency of the attitude subscale.

Table 1

Pre- and Post-test Cronbach's Alphas of the LGBT-DOCSS Knowledge and Attitude Scales

LGBT-DOCSS (Number of Items)	Cronbach's alpha/Pre-test (n = 18)	Cronbach's alpha/Post-test (n = 14)
Knowledge subscale (4)	.91	.94
Attitudes subscale (7)	.91	.85

The LGBT-DOCSS was chosen for this project for different reasons. First, it includes the concept of gender identity (transgender-inclusive) which is different from other scales used (i.e. SOCCS, LGB-CSI, LGB-CSI-SF, LGB-WACES) including investigator-initiated scales in previous studies that focused only on lesbian, gay, and bisexual identity (Bristol et al., 2018; García-Acosta et al., 2019; Henry, 2017; McEwing, 2020). Second, the LGBT-DOCSS is psychometrically sound (Bidell, 2017). It has an established construct validity through exploratory factor analysis (EFA) (n=301), confirmatory factor analysis (CFA) (n=301), and convergent and discriminant validity (n=564) among healthcare providers and students in the

United Kingdom and the United States (Bidell, 2017). EFA results with promax rotation generated three factors, yielding 58.54% of the explained variance. CFA results supported EFA results. Convergent and divergent validity was supported by significant, expected-directional relationships between the LGBT-DOCSS and related concepts such as self-efficacy of LGB assessment skills (r= .66, $p < .001$) and transgender prejudice (r = -.51, $p < .001$) (Bidell, 2017). For reliability, the LGBT-DOCSS has good internal consistency for the total scale (α=.83), knowledge subscale (α=.83), attitude subscale (α=.80), and 2-week test-retest reliability (r=.87) (Bidell, 2017).

The LGBT-DOCSS also measures **LGBT clinical preparedness,** which is an important concept when considering nurse LGBT cultural competency. LGBT clinical preparedness was not included in this project due to resources and time limitations. If the project were to include this outcome, it would have involved LGBT clinical training, supervision, and interaction with LGBT patients.

Education satisfaction, defined as participant satisfaction with LGBT education, was measured post-education using an adapted satisfaction survey in consultation with Ross et al. (2023). Four, Likert-type questions asked the extent to which participants agree with each statement about the content, delivery, and helpfulness of the education with potential responses ranging from Strongly Disagree (1) to Strongly Agree (5). The participant was scored as *satisfied* with the education program when answering > 80% of Agree and Strongly Agree responses in all four items. At the end of this survey, one open-ended question asked, “Do you have any suggestions to improve the education?” (see Appendix M).

LGBT community outreach intent, defined as nurse leaders' intention to reach out to local LGBT organizations to further knowledge and create relationships, and **LGBT transfer of**

knowledge intent, defined as nurse leaders' intention to transfer LGBT cultural competency knowledge to nurses involved in direct patient care, were measured post-education using a behavior change intent survey (see Appendix N) created by the project team. Based on Fishbein and Ajzen's (2010) Theory of Reasoned Action, when people intend to do something, they are likely to do it (a proxy measure of behavior).

Immediate outcomes

The intermediate outcomes for this project include LGBT community outreach and LGBT cultural competency transfer of knowledge. Intermediate outcomes were measured at the end of May 2024 (i.e., three to four months post-education depending on the education completion date).

Behavior change satisfaction, defined as nurse leader satisfaction with guided behavior change, was measured using a satisfaction survey made by the project team (see Appendix O).

LGBT community outreach, defined as nurse leaders reaching out to local LGBT organizations to further knowledge and create relationships, and **LGBT transfer of knowledge,** defined as the transfer of LGBT cultural competency knowledge from nurse leaders to nurses involved in direct patient care, was measured using a behavior change survey created by the project team (see Appendix P).

Data Analysis

Quantitative data was analyzed using the IBM SPSS (version 29). The mean and standard deviation were used to analyze pre- and post- LGBT knowledge and LGBT attitude. To generate the percent change from pre- to post-education, the percentage of the mean score for pre- and post-test in both knowledge and attitude were calculated first by dividing the observed mean score by 7, which is the highest score possible, and multiplying this value by 100.

Subsequently, subtracting the pre-test percentage from the post-test percentage produced the percent change.

Participant education satisfaction, LGBT outreach intent, and LGBT transfer of knowledge intent were analyzed by frequency and percentage. LGBT community outreach, LGBT transfer of knowledge, and behavior change satisfaction data were not analyzed because no participant reached out to the community, transferred the knowledge, or completed the behavior change satisfaction survey.

Results

Quantitative

Due to a technical problem, the demographic questionnaire was not posted on the healthcare systems learning management system. However, we could retrieve participants' aggregated leadership positions which included nurse educator (*n*=6), nurse manager (*n*=5), charge registered nurse (*n*=4), and unspecified leadership position (*n* = 4). Main results from this project are presented in the below section, based on the set SMART goals.

SMART Goal #1: LGBT knowledge and attitude will increase by 16% and 22%, respectively post-education based on Henry's (2017) study as a benchmark.

Mean score, mean score change, mean score transformed into percentage, and percent change were calculated to evaluate the differences between pre-test and post-test LGBT knowledge and attitude. The mean knowledge score changed from four to six with a two-point difference and a 28.6% increase in the knowledge percentage from pre-test to post-test, exceeding the expectation of 16% (Table 2). However, there was no change in the mean score for the attitude subscale from pre-test (6.4 (*SD*=.77)) to post-test (6.4 (*SD*=.81)), thus there was no percent change. (Table 2).

Table 2

Comparison of the LGBT-DOCSS Pre-test and Post-test Mean Scores and Percent Change

LGBT-DOCSS (Number of Items)	Pre-test: Mean score (SD)/Pre-test (Percentage)[a] *n*=18	Post-test: Mean score (SD)/Post-test (Percentage)[a] *n*=14	Score Difference (Percent change)[b]
Knowledge subscale (4)	4.0 (1.53) (57.1%)	6.0 (.72) (85.7%)	+ 2 (+28.6%)
Attitudes subscale (7)	6.4 (.77) (91.4%)	6.4 (.81) (91.4%)	0 (0%)

Note:

[a] Percentage of the mean score was calculated by dividing the mean score by 7 and multiplying that result by 100.

[b] Percent change was calculated by subtracting the pre-test percentage from the post-test percentage.

SMART Goal # 2: Post-education, at least 60% of participants will rate the education as satisfactory (> 80% of agree and strongly agree responses for all four items).

Frequency and percentage were used to describe education satisfaction related to the multimodal LGBT cultural competence education. Fourteen participants filled out the questionnaire and all but one rated the education as satisfactory (i.e., rated all four items with > 80% of agree and strongly agree responses) (Table 3). On a separate analysis, seven participants (50%) strongly agreed, and the other half (50%) agreed with item 1, “I feel that the education was helpful overall.” The same results found on item 2, “I feel that the education content was relevant” and item 4, “I am satisfied with the online delivery of the content.” For item 3, “I feel

that my hospital should implement system-wide LGBT cultural competency education for nurses," all but one either strongly agreed or agreed (Table 4).

Table 3

Individual Participant Education Satisfaction Survey Results (*n*=14)

ID	Response to item 1: I feel that the education was helpful overall.	Response to item 2: I feel that the education content was relevant.	Response to item 3: I feel that my hospital should implement system-wide LGBT cultural competency education for nurses.	Response to item 4: I am satisfied with the online delivery of the content.	Frequency (Percentage) of "Agree" and "Strongly Agree" responses	Satisfied with the education (yes if value from previous column > 80%)
1	Agree	Agree	Agree	Agree	100%	Yes
2	Agree	Agree	Agree	Agree	100%	Yes
3	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	100%	Yes
4	Strongly Agree	Strongly Agree	Agree	Agree	100%	Yes
5	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	100%	Yes
6	Agree	Agree	Strongly Agree	Strongly Agree	100%	Yes
7	Agree	Agree	Agree	Agree	100%	Yes
8	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	100%	Yes
9	Agree	Agree	Disagree	Strongly Agree	75%	No
10	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	100%	Yes
11	Agree	Agree	Agree	Agree	100%	Yes
12	Strongly Agree	Strongly Agree	Strongly Agree	Agree	100%	Yes
13	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	100%	Yes
14	Agree	Agree	Agree	Agree	100%	Yes

SMART Goal # 3: Post-education, 15% of participants will report intent to engage in community outreach and transfer of knowledge.

Frequency and percentage determined if there was an intent to change behavior and if behavior changed following the multimodal LGBT cultural competence education. Results for LGBT outreach intent revealed that 14% answered "yes," 22% answered "no," and 64% answered "unsure" (Table 5). Results for LGBT transfer of knowledge intent revealed that 57% answered yes, no one answered no, and 43% answered unsure (Table 5).

Table 4

Behavior Change Intent Survey Results (n = 14)

Items	Number of Responses (% of total)		
	No	Unsure	Yes
Do you plan on reaching out to at least one local LGBT communicate organization within the next 3-4 months?	3 (22%)	9 (64%)	2 (14%)
Do you plan on transferring LGBT cultural competence knowledge to nurses working on a unit within your hospital within the next 3-4 months?	0 (0%)	6 (43%)	8 (57%)

SMART Goal #4: By four months post-education, 15% of participants will report involvement in community outreach and transfer of knowledge.

No participant answered the behavior change survey.

Qualitative

Findings from the open-ended question

We received narrative responses from four participants. Two of the respondents suggested adding interactive exercises, one of which specifically requested that "in-person interaction" be included in the training module. Another participant suggested that the module be more "streamlined," meaning the modules be combined instead of being separate. The last comment we received expressed enjoyment of the learning modules. The participant stated, "I loved this course and believe it could make a difference for this population in advancing their healthcare and comfort-ability [*sic*]."

Discussion

The purpose of this QI project was to educate nurse leaders on LGBT cultural competency (i.e., knowledge and attitude) and facilitate nurse leaders' behavior change. Even though the education did not influence participant LGBT attitude, the multimodal LGBT cultural competence education exceeded the expectation in the knowledge change area (actual increase was 28.6% and set goal was 16%). The increase in mean knowledge and percent change from pre- to post-education are consistent with the literature that indicates multimodal LGBT interventions are effective at improving nurse LGBT knowledge (Henry, 2017; Klotzbaugh et al., 2020; McEwing, 2020; Rhoten et al., 2022; Tartavoulle & Landry, 2021). Henry (2017) used multimodal LGBT cultural competence education to educate nurses, and results showed that post-education knowledge increased by 16%, which we used this figure as our benchmark. Our education program seems to be more powerful than that of Henry's intervention in increasing participant knowledge, which could be explained in three ways. First, because our education program was developed by a reputable national organization, the content and activities covered

in the program may be more rigorous and effective than those in Henry's intervention. Second, the population of interest in our study was nurse leaders whose education and professional experience were already likely to be richer than nursing staff, therefore, learning new concepts and content may have been less challenging for them. Finally, using different scales to measure knowledge may have resulted in different effect sizes of the education programs. While our team used the LGBT-DOCSS/BK (transgender-inclusive) to measure knowledge, Henry (2017) used the SOCCX (not transgender-inclusive). Hospitals should implement LGBT cultural competence education to improve nurse leaders' LGBT knowledge. Nurse leaders can then act as a resource for nurses caring for LGBT individuals who may not understand LGBT culture and health needs, ultimately improving access to care (Horning & Taylor-Pearson, 2024; Levitt et al., 2020).

The increase in nurse leaders' LGBT knowledge likely indicates nurse leaders have a stronger understanding of factors that influence health outcomes for LGBT individuals. This result aligns with the theory of Culture Care Diversity and Universality that aims to identify positive social and geo-environmental factors affecting health promotion and maintenance. This theory also emphasizes the vital role providing culturally competent care plays in quality of life and health (Leininger, 2007). Future projects should include a theory-based LGBT skills outcome measure to demonstrate nurse leaders are clinically prepared to provide culturally competent care to LGBT individuals.

The mean attitude in our project did not increase from pre- to post-education. One explanation could be that while the pre-test attitude mean score in Henry's project was relatively low, the higher pre-education attitude mean score in our study indicated participants already had very positive attitudes towards the LGBT population, leaving minimal room for improvement

(the ceiling effect). It should also be considered that nurses may feel it is appropriate to change their behavior toward patients but not their beliefs which influence attitudes (Wyckoff, 2019).

Overall, all but one participant was satisfied with the usefulness, delivery mode, and relevance of the multimodal LGBT cultural competence education. The satisfaction rate was 92.9% exceeding the set benchmark of 80% in our project. All but one participant believed that their hospital should implement system-wide LGBT cultural competency education for nurses. Qualitative satisfaction feedback included requests for “in-person interaction” and “streamlined modules.” Further projects can include in-person training through methods such as discussion, question and answer, advocacy programs, and simulations. The ability to streamline modules is not available through the National LGBTQIA+ Health Education Center, as each module was created for specific populations working with LGBT individuals. The project team felt that each module applied to nurse leaders and was therefore included. A single streamlined module could be created by project teams using LGBT literature, practice guidelines, and toolkits.

In our project, the behavior change intent benchmark was set at 15%. The intent to transfer knowledge (57%) exceeded the benchmark, and intent to reach out to the community (14%) was slightly under the benchmark. A possible explanation is that nurse leaders are more focused on influencing bedside nurses to improve the quality of care for LGBT patients, impacting patient outcomes rather than creating community ties (Alsadaan et al., 2023). No participants engaged in the behavior change survey, suggesting no behavior change occurred. Nurse leader demands such as heavy workload, inadequate resources, and an overall lack of spare time are common barriers to QI engagement (Blok et al., 2022). The time allotted for behavior change demonstration was likely a major barrier for nurse leaders. Extending the

project timeline in future projects may accommodate nurse leader job demands allowing them to participate in educational and behavior change activities.

Strengths

The present QI project has several strengths. First, using nurse leaders as the population of interest fills a gap in the literature. To our knowledge, this is the first QI project to improve nurse leaders' LGBT cultural competency through education. Second, the LGBT education modules were evidence-based and created by a nationally recognized LGBT health organization. Third, our project used a psychometrically sound scale, that is transgender-inclusive, which other LGBT cultural competency measurement tools lack.

Limitations

Limitations for this project include selection bias, small sample size, limited demographic information, and time constraints. Participation in this project was voluntary. Therefore, sampling was non-random. Voluntary sampling decreases the likelihood that results are representative of all nurse leaders within the health system. Likewise, this project ended with a small sample size both pre- and post-education as well as limited demographic data, and while generalizability is not able to be made in a QI project, such a small sample limits the ability of other project directors from making an educated assessment as to whether this project can be carried out in their unit, hospital, or health system and find similar results. Due to a request from the facility after the project had begun, a participant identifier could not be used to match pre-test and post-test surveys. Therefore, inferential statistics such as dependent *t*-test differences between groups could not be applied. However, it is well-accepted that clinical significance such as knowledge in this study is of great value. The short period of time that this project was available, and the limited amount of time nurse leaders had to voluntarily participate enhanced

the chance that the project participation would be low, contributing to a small sample size and not responding to behavior change questions. We measured only intent (yes vs. no), but not intent strength and recommend that future projects measure the intensity of intent. Evidence shows that only strong intention has been linked to actual behavior change (Conner & Norman, 2022). Despite these limitations, the results from our study are valuable and did not detract from the usefulness of the educational intervention to improve LGBT care.

Conclusion

The LGBT population faces significant health disparities and barriers to care which can be partially attributed to inconsistencies in healthcare professionals' LGBT cultural competence. As documented above there is widespread evidence throughout the literature that LGBT cultural competence initiatives are effective at improving nurse LGBT cultural competence. The project aimed to educate nurse leaders on LGBT healthcare topics in a healthcare system previously lacking comprehensive LGBT education. The results of this study illustrate the positive effects of a multimodal LGBT cultural competence education intervention on nurse leader knowledge and was well accepted by participants. The success of this project with nurse leaders highlights its potential for broader application. By integrating this module into a system-wide nursing education program, nursing staff across the organization could also benefit, thus ensuring a consistent understanding of LGBT healthcare issues among all nursing professionals. Expanding this project would foster a more inclusive healthcare environment and demonstrate a commitment to equitable care for all patients. This approach enhances individual competencies and strengthens the overall capacity of the healthcare system to provide compassionate, culturally competent care.

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Whitman Walker Institute & The National LGBT Cancer Network. (n.d.). *Evaluations.* Transforming healthcare: A guide to best practices in LGBTQIA+ cultural competency training. Retrieved April 15, 2023, from https://culturalcompetency.org/evaluations/

Willging, C., Gunderson, L., Shattuck, D., Sturm, R., Lawyer, A., & Crandall, C. (2019). Structural competency in emergency medicine services for transgender and gender non-conforming patients. *Social Science & Medicine*, *222*, 67–75. https://doi.org/10.1016/j.socscimed.2018.12.031

Wyckoff, E. D. (2019). LGBT cultural competence of acute care nurses. *Journal for Nurses in Professional Development*, *35*(3), 125-131. https://doi.org/10.1097/nnd.0000000000000524

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

Appendix A

LGBT Cultural Competence Intervention Evidence

Citation:

Bristol, S., Kostelec, T., & MacDonald, R. (2018). Improving emergency health care workers' knowledge, competency, and attitudes toward lesbian, gay, bisexual, and transgender patients through interdisciplinary cultural competency training. *Journal of Emergency Nursing*, *44*(6), 632-639. https://doi.org/10.1016/j.jen.2018.03.013

Keywords: LGBT; Health Disparity; Emergency; Ally Identity Measure (AIM)

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
Evaluate aggregate ED health care team member's knowledge and attitudes toward lesbian, gay, bisexual, and transgender people pre- and post-	Longitudinal (quasi-experimental)	Convenience sample of all ED staff (nurses, nurse practitioners, physicians, and unit secretaries). 95 pre-intervention and 40 post-intervention participants.	Knowledge and skills, openness and support, oppression awareness. (All variables were measured using the Ally Identity Measure Index) **Ordinal (5-point Likert scale)**	**Chi square and Fisher's exact for unmatched survey aggregate scores:** AIM subscale knowledge and skills increased by (14.9% results, 14% table) from pre to post test and was statistically significant ($p<0.05$). AIM subscale oppression awareness increased by 6.5% from pre to post intervention and was	**LEGEND: 4b** Using a multimodal LGBT cultural competence intervention improved the nurse's knowledge and skills, oppression awareness, and openness and support significantly. When nurses have a better understanding of LGBT patient complexities, they may be less likely to stigmatize LGBT patients and more likely provide culturally congruent care (e.g., inclusive language). Subsequently, LGBT patients are more likely to disclose

cultural competency training education.				statistically significant ($p<0.05$). AIM subscale openness and support increased by 4.9% and was statistically significant ($p<0.05$).	sexual orientation or gender identity when they feel valued, understood, and accepted by the nurse.

Citation:
García-Acosta, J. M., Castro-Peraza, M. E., Arias Rodriguez, Á., Perez-Cánovas, M. L., Sosa-Alvarez, M. I., Llabrés-Solé, R., Perdomo-Hernández, A. M., & Lorenzo-Rocha, N. D. (2019a). Impact of a formative program on Transgender Healthcare for nursing students and health professionals. quasi-experimental intervention study. International Journal of Environmental Research and Public Health, 16(17), 3205. https://doi.org/10.3390/ijerph16173205

Keywords: Motion pictures; Problem-based learning; Education; Nursing; Learning; Transgender persons; Gender identity

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
The objective of this study was to evaluate the increase in the level of	Longitudinal (quasi-experimental)	116 nursing students from attending the University of La Laguna.	Level of knowledge about the care of trans people (Knowledge Questionnaire about Transgender (KQaT) **Nominal**	**ANCOVA:** Level of knowledge about the care of transgender people increased in both the film forum group (G1) and the problem-based learning group (G2) and both interventions showed to	**LEGEND: 4a** Both intervention groups showed an increase in the level of knowledge about the care of transgender people and neither intervention was more effective than the other. When compared to the control group, both interventions were significantly more effective at increasing the level of knowledge about the care of

knowledge of final-year nursing students, applying methodological strategies such as problem-based learning (PBL) and film-forum.		59 nursing students were assigned to two intervention groups (Film Forum [G1=31], PBL [G2=28]). 57 nursing students were assigned to the control group.	(KQaT score) **Continuous** Satisfaction with methodology (questionnaire) **Ordinal** (Questionnaire scores) **Continuous**	be significantly more effective when compared to the control group. (G1 p=0.000, G2 p=0.000). There was no statistically significant difference between the effectiveness of the film-forum intervention and problem- based learning intervention (p=1.000). **Students t-test** There was no statistically significant difference shown between participant satisfaction with the film forum method versus the problem-based learning method.	transgender people. Participants in both intervention groups were pleased with the method used and there was no significant difference between the satisfaction of each intervention.

Citation:

Henry, A. (2017). Educational program to improve provider knowledge, attitudes, and behavior in lesbian, gay, bisexual, and transgender self-disclosure. *Journal of Doctoral Nursing Practice*, *10*(1), 65-70. https://doi.org/10.1bidell891/2380-9418.10.1.65

Keywords: Provider Knowledge; LGBT; Disparities; Outcomes

Study Purpose (copy exactly	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**

from study)			**their Definitions**		
Increase health care provider's knowledge, attitudes, and behavior and the number of LGBT self-disclosure.	Longitudinal (quasi-experimental)	A clinical nurse specialist, two front office staff, a social worker, two registered nurses, and two nurse practitioners from a central Delaware private psychiatric practice.	**Primary:** Skills, attitude, and knowledge (Sexual orientation counselor competency scale (SOCCS) **Ordinal** (SOCCS score) **Continuous** **Secondary:** LGBT self-disclosure **Continuous**	**Comparative analysis and descriptive statistics: (did not specify statistical analyses methods)** Henry, 2017 set internal percent change benchmark for each variable from pre to post intervention based on their literature review. Knowledge increased by 16% but did not meet the internal percent change benchmark of 25%. Skills increased by 1.24% but did not meet the internal percent change benchmark of 20%. Attitude increased by 22% which exceeded the internal percent change benchmark of 10%. LGBT self-disclosure increased by 63% which	**LEGEND: 4b** Using a multimodal LGBT cultural competence education intervention produced positive results for nurses by increasing knowledge, attitudes, and skills surrounding LGBT individuals and their health. This is in turn lead to an increase in LGBT-self disclosure likely indicating culturally competent care was provided.

				exceeded the internal percent change benchmark of 2%.	

Citation:

Kaiafas, K. N., & Kennedy, T. (2021). Lesbian, gay, bisexual, transgender, queer cultural competency training to improve the quality of care: An evidence-based practice project. *Journal of Emergency Nursing*, *47*(4), 654-660. https://doi.org/10.1016/j.jen.2020.12.007

Keywords: Lesbian; gay; bisexual; transgender; queer; Emergency department; Emergency nursing; Emergency nurses; Cultural competency training; Educational intervention

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
The purpose of this project was to improve the Knowledge and Skills, Openness and Sup-port, and Awarenes	Longitudinal (quasi-experimental)	Convenience sample of RN and LPNS at a military hospital emergency department (N=36) Hospital staff other than nurses were	Knowledge and skills, openness and support, oppression awareness. (All were measured using the Ally Identity Measure Index (AIM) **Ordinal (5-point Likert scale)**	**Independent t test:** Knowledge and skills scores increased significantly from pre to post intervention (t(70)=-3.33, p=.001). Openness and support scores increased significantly from pre to post intervention (t(70)=-2.06, p=.04).	LEGEND: 4b The use of a multimodal LGBT cultural competence intervention significantly increased participant knowledge and skills and participant openness and support. However, the intervention was not very effective at increasing participant oppression awareness.

s of Oppression when caring for the LGBTQ population in 1 emergency department within the MHS.		excluded from the study.		Oppression awareness scores increased but not significantly (t(70)=-0.93, p=.36).	

Citation:

Klotzbaugh, R. J., Ballout, S., & Spencer, G. (2020). Results and implications from a gender minority health education module for advance practice nursing students. *Journal of the American Association of Nurse Practitioners*, *32*(4), 332-338. https://doi.org/10.1097/jxx.0000000000000249

Keywords: Advance practice education; cultural competency; gender minority; transgender.

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
In this study, we sought to determine the knowledge of medical guidelines, health disparities, and policies	Longitudinal (quasi-experimental)	11 part time family and adult-gerontology nurse practitioner students in a large urban location.	**Primary:** Knowledge of gender minority medical guidelines, gender minority health disparities, and	**Wilcoxon signed ranks:** Gender minority medical knowledge showed a statistically significant increase from pre to post intervention (z=-2.98, p=.003)	**LEGEND: 4b** The use of a gender minority specific module intervention was effective and significantly increased participants gender minority medical knowledge, gender minority health disparity knowledge, and gender minority policy knowledge. This

specific to gender minorities both before and after attending a module on gender minority health among advanced practice nursing students in an advanced pharmacology course. In addition, we sought to determine what effect attending the same module might have on transphobia scores both before and after the module presentation.		Required module for the students advanced pharmacology course.	gender minority specific policies (Adapted questionnaire on gender-minority specific content) **Nominal** (Adapted questionnaire on gender-minority specific content score) **Continuous** **Secondary:** Transphobia: attitude/beliefs about transgender people (Transphobia scale) **Ordinal** (Transphobia scale score) **Continuous**	Gender minority health disparity knowledge showed a statistically significant increase from pre to post intervention (z=-2.74, p=.006 Gender minority policy knowledge showed a statistically significant increase from pre to post intervention (z=-2.98, p=.003) Attitude/beliefs about transgender people showed a statistically significant difference between pre and post intervention (z=-2.41, p=.016)	intervention also significantly decreased transphobia in participants.

Citation:
Maruca, A. T., Diaz, D. A., Stockmann, C., & Gonzalez, L. (2018). Using simulation with nursing students to promote affirmative practice toward the lesbian, gay, bisexual, and transgender population: A multisite study. *Nursing Education Perspectives*, *39*(4), 225-229. https://doi.org/10.1097/01.Nep.0000000000000302

Keywords: Bias; LGBT; Nursing Student Attitudes; Simulation; Transgender

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
The aims of this study are to promote nursing students' knowledge, skills, and attitude in caring for LGBT persons and to determine if they demonstrate affirmative practice	Longitudinal (quasi-experimental)	Convenience sample of 48 Prelicensure BSN students from one Colorado university and two Florida universities.	GAP subscale of Belief/Attitudes towards LGBT individuals (GAP survey) **Ordinal** (Gap Survey score) **Continuous** Behavior in practice towards LGBT individuals (GAP survey) **Ordinal** (GAP Survey score)	**Wilcoxon signed ranks:** Overall GAP scores showed a statistically significant increase from pre to post intervention ($z=-3.716$, $p<0.05$). Belief/Attitude subscale scores showed a slight increase that was not statistically significant from pre to post intervention. ($z=-1.844$, $p>0.05$). Behavior subscale scores showed a statistically	**LEGEND: 4b** The use of a transgender patient focused simulation was overall effective at improving nursing students' knowledge, attitude, and skills concerning Transgender healthcare. This is evident by the significant difference between pre and post intervention GAP scores. When looking at GAP subscale scores, behavior scores had the largest increase between pre and post intervention showing significant difference, while attitude only increased slightly from pre to post intervention and there was no significant difference.

after a simulation.			**Continuous**	significant increase from pre to post intervention (z=-3.003, p<0.05).	

Citation:
McEwing, E. (2020). Delivering culturally competent care to the lesbian, gay, bisexual, and transgender (LGBT) population: Education for nursing students. *Nurse Education Today*, *94*, 104573. https://doi.org/10.1016/j.nedt.2020.104573

Keywords: Lesbian; Gay; Bisexual; Transgender; LGBT; Cultural Competence; Nursing Education; BSN

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
The overall goal of this project was to produce an increase in nursing provider competency in working with the LGBT	Longitudinal (quasi-experimental)	124 senior nursing students from a university in Florida in a public health nursing course.	Lesbian, gay, and bisexual (LGBT) cultural competence: Skills, Knowledge, and Awareness collectively.	**Paired t test:** Overall LGB cultural competence showed a statistically significant increase from pre to post intervention (t(75)=-10.63, p<.001). Overall T cultural competence showed a	**LEGEND: 4a** Using a multimodal LGBT cultural competence intervention was effective at improving overall LGBT cultural competence from pre to post intervention. The effects of this intervention were overall sustained one month post intervention without significantly decreasing. LGBT knowledge, skills, and awareness

population. Additionally, the effectiveness and applicability of the formative educational intervention used was assessed from a program evaluation perspective.			Skills: LGBT affirmative practice Awareness: LGBT bias self-awareness Knowledge: knowing the issues and needs of LGBT individuals FOR ALL VARIABLES: (Two versions of the Sexual Orientation Counselor Competency Scale (SOCCS): one for LGB domains and one for Transgender domains) **Ordinal** (SOCCS score) **Continuous**	statistically significant increase from pre to post test ($t(73)=-12.57$, $p<.001$). **RM-ANOVA:** Four weeks post intervention overall LGB cultural competence scores had not declined significantly. Time had a significant effect on overall LGB cultural competence scores ($F(2,78)=31.58$, $p<.001$). Four weeks post intervention overall T cultural competence scores had not declined significantly. Time had a significant effect on overall T cultural competence scores ($F(2,76)=63.71$, $p<.001$). LGB Knowledge subscale scores increased from pre to post intervention and did not show significant decline one month post intervention. Time had a	subscale scores all increased from pre to post intervention. One month post intervention LGBT knowledge subscale scores did not decrease significantly, LGBT skills subscale scores increased minimally, LGB awareness subscale scores significantly decreased, and T awareness subscale scores decreased but not significantly.

				significant effect on LGB knowledge subscale scores (F(2,78) 24.20, p<.001). T Knowledge subscale scores increased from pre to post intervention and did not show significant decline one month post intervention. Time had a significant effect on T knowledge subscale scores (F(2,76) 23.03, p<.001). LGB skills subscale scores increased from pre to post intervention and increased minimally one month post intervention. Time had a significant effect on LGB skills subscale scores (F(2,78)= 34.38, p<.001). T skills subscale increased from pre to post intervention and increased minimally one month post intervention. Time had a significant effect on T skills	

				subscale scores (F(2,76)= 78.64, p<.001). LGB awareness subscale increased from pre to post intervention and significantly decreased one month post intervention. Time had a significant effect on LGB awareness subscale scores (F(1.148, 55.320)= 8.59, p=.002). T awareness subscale increased from pre to post intervention and decreased one month post intervention. Authors reported time did not have a significant effect on T awareness subscale scores, contrary to the p value reported showing statistical significance (F(2.76, 3.78)= 3.78, p=.027).	

Citation:

Rhoten, B., Burkhalter, J. E., Joo, R., Mujawar, I., Bruner, D., Scout, N., & Margolies, L. (2022). Impact of an LGBTQ cultural competence training program for providers on knowledge, attitudes, self-efficacy, and intensions. *Journal of Homosexuality, 69*(6), 1030-1041. https://doi.org/10.1080/00918369.2021.1901505

Keywords: Cultural competency; Culturally competent care; Health personnel; Sexual and gender minorities; Teacher training; Healthcare disparities; Self-efficacy

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**

The purpose of this paper is to describe the development and implementation of a robust LGBTQ cultural competence curriculum for training health and human service providers across New York State.	Longitudinal (quasi-experimental	420 Hospital staff and direct care providers recruited from the New York state LGBT network site referrals	Knowledge: (Seven items developed by the authors) **Nominal** Attitude: (3 items developed by the authors) **Ordinal** Self-efficacy: (Two items developed by the authors) **Ordinal** Intention: (Two items developed by the authors) **Ordinal** Items measuring variables were developed by authors based on Kirkpatrick's model of evaluation and the Theory of Planned Behavior.	**Wilcoxon signed ranks:** There was a statistically significant improvement in knowledge, attitude, self-efficacy, and intention for majority of participants from pre to post intervention ($p<.0001$).	**LEGEND: 4a** The use of a multimodal LGBT cultural competence intervention was effective and significantly improved pre to post intervention scores for all variables measured including knowledge, attitude, self-efficacy, and intention in majority of participants.

Citation:

Tartavoulle, T., & Landry, J. (2021). Educating nursing students about delivering culturally sensitive care to lesbian, gay, bisexual, transgender, questioning/queer, intersex, plus patients: The impact of an advocacy program on knowledge and attitudes. *Nursing Education Perspectives*, *42*(4), E15-e19. https://doi.org/10.1097/01.Nep.0000000000000819

Keywords: Cultural Assessment; Diversity; Health Disparity; LGBTQI+; Patient Advocacy

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
This study evaluated the effects of a program designed to help students provide culturally competent care for lesbian, gay, bisexual, transgender, questioning/queer, intersex, plus (LGBTQI	Cross-sectional (quasi-experimental)	Convenience sample of 1,398 pre-licensure nursing students who had taken at least one nursing course from six nursing schools in the southeastern united states. 993 students were from rural areas, whereas 405	Attitude towards LGBTQI+ (Genderism and transphobia scale and Homonegativity scale) **Ordinal** Genderism and transphobia scale and homonegativity scale score) **Continuous** LGBTQI+ terminology knowledge:	**Wilcoxon signed ranks:** There was a statistically significant increase in attitude scores for both urban and rural nursing students (S[sic]=-19350, p<.0001). **McNemars test:** Rural nursing students showed change that was statistically significant (p<.05) in three out of five areas of LGBTQI+ policy and perception knowledge from pre to post intervention. Rural and urban nursing students showed change that was statistically	**LEGEND:4b** The use of a multimodal intervention on LGBTQI+ culturally sensitive care significantly and positively impacted rural and urban nursing student attitudes towards LGBTQI+ individuals. This intervention was also effective at increasing LGBTQI+ knowledge in both rural and urban nursing students, increasing LGBTQI+ policy and perception knowledge in rural nursing students, and increasing LGBTQI+ plan of care knowledge in mainly urban nursing students.

+) patients.		were from urban areas.	LGBTQI+ policy and perception knowledge: Transgender plan of care knowledge: For variables: LGBTQI+ terminology knowledge, LGBTQI+ Disparity knowledge, LGBTQI+ plan of care knowledge (15 dichotomous answer items assessing these variables developed by the researchers) **Nominal**	significant ($p<.05$) in all areas of LGBTQI+ terminology knowledge from pre to post intervention. Urban nursing students showed change that was statistically significant ($p<.05$) in four out of five areas of transgender plan of care knowledge from pre to post intervention. Rural nursing students showed change in one out 5 areas of Transgender plan of care knowledge from pre to post intervention.	

Citation:
Traister, T. (2020). Improving LGBTQ cultural competence of RNs through education. *The Journal of Continuing Education in Nursing*, *51*(8), 359-366. https://doi.org/10.3928/00220124-20200716-05
Keywords: none

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
The purpose of this study was to examine the base- line knowledge and attitudes and level of cultural com- petence among RNs in a metropolitan area and the impact of an educational intervention.	Cross-sectional (quasi-experimental)	Convenience sample of 111 RNs employed at 4 different hospitals in Pittsburgh	Knowledge: knowledge about LGBT people Attitude: Attitude towards LGBT people For both variables: (Modified attitude towards lesbian and gay men scale (ATLG) **Ordinal** Attitudes towards lesbian, gay, bisexual, and transgender patients (ATLGBTP) **Ordinal**	**Two sample t test:** Baseline attitude scores were slightly more on the positive spectrum. From pre to post intervention attitude scores had minimal increase and were not statically significant (p=.30). Baseline knowledge scores indicated a good understanding of LGBT health. From pre to post intervention knowledge scores increased a statistically significant amount (p<.0001).	**LEGEND: 4b** The use of a lecture on LGBT cultural competence increased participant knowledge on LGBT cultural competence significantly, however, participant attitudes towards LGBT people did not change much.

			Knowledge of lesbian, gay, bisexual, and transgender people (KLGBT) **Nominal**		

Wyckoff, E. D. (2019). LGBT cultural competence of acute care nurses. *Journal for Nurses in Professional Development*, *35*(3), 125-131. https://doi.org/10.1097/nnd.0000000000000524

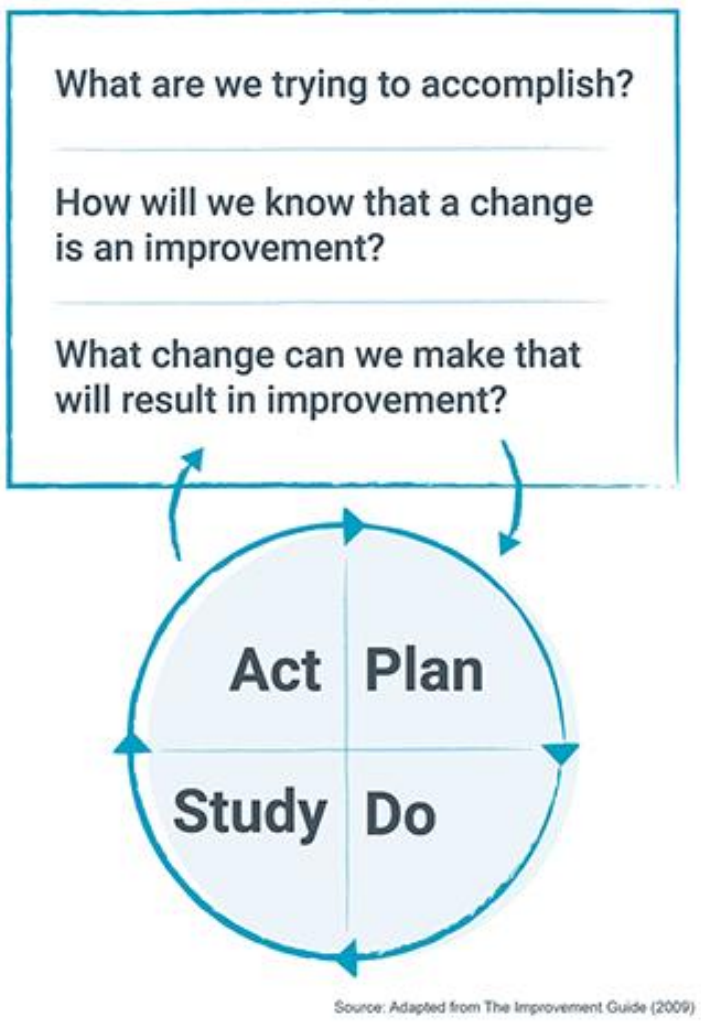
Keywords: none

Study Purpose (copy exactly from study)	**Type of Study**	**Sample/ Setting**	**Major Variables Studied and their Definitions**	**Data Analysis and Findings**	**Appraisal: Strength of Evidence and Worth to Practice**
The project was implemented to determine whether an educational intervention could improve the LGBT cultural	longitudinal (quasi-experimental)	30 Registered nurses and licensed practical nurses from an acute care hospital in southeast US	Belief/Attitudes towards LGBT individuals (GAP survey) **Ordinal** (Gap Survey score) **Continuous** Behavior in practice	**Paired samples t-test:** Overall GAP scores showed a statistically significant increase from pre to post intervention ($t(29)=-4.22$, $p<0.05$). Belief/Attitude subscale scores showed a slight increase that was not	**LEGEND: 4b** The use of a presentation intervention on providing quality care to LGBT individuals was overall effective at improving LGBT cultural competence of acute care nurses. This finding is backed up by the significant difference between pre and post intervention overall GAP scores. The subscale behavior scores were significantly different between

competence of acute care nurses.		Exclusion criteria: any staff member who was not a nurse	towards LGBT individuals (GAP Survey) **Ordinal** (Gap Survey score) **Continuous**	statistically significant from pre to post intervention. ($t(29)=-1.72$, $p>0.05$). Behavior subscale scores showed a statistically significant increase from pre to post intervention. ($t(29)=-4.15$, $p<0.05$).	pre and post intervention and had the largest increase of the two GAP subscales. The Belief/Attitude subscale scores were not significantly different pre and post intervention and only increased slightly.

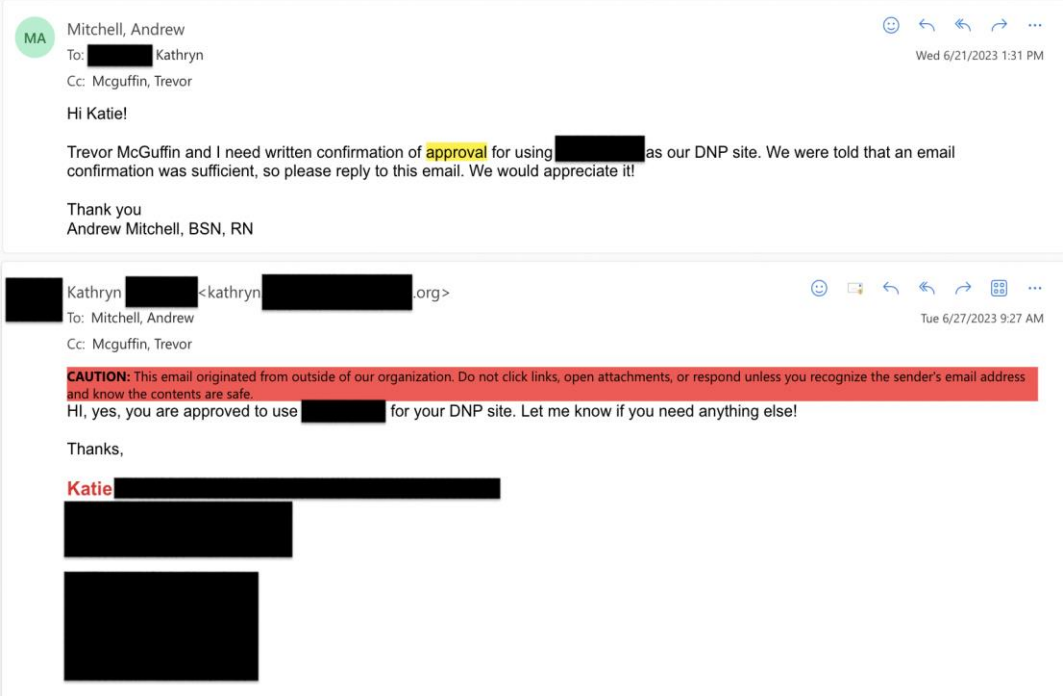
Appendix B

PDSA Cycle



Appendix C

Figure C1: DNP Site Approval



MA

Mitchell, Andrew

To: [redacted] Kathryn

Cc: Mcguffin, Trevor

Wed 6/21/2023 1:31 PM

Hi Katie!

Trevor McGuffin and I need written confirmation of approval for using [redacted] as our DNP site. We were told that an email confirmation was sufficient, so please reply to this email. We would appreciate it!

Thank you
Andrew Mitchell, BSN, RN

[redacted] Kathryn [redacted] <kathryn [redacted] .org>

To: Mitchell, Andrew

Cc: Mcguffin, Trevor

Tue 6/27/2023 9:27 AM

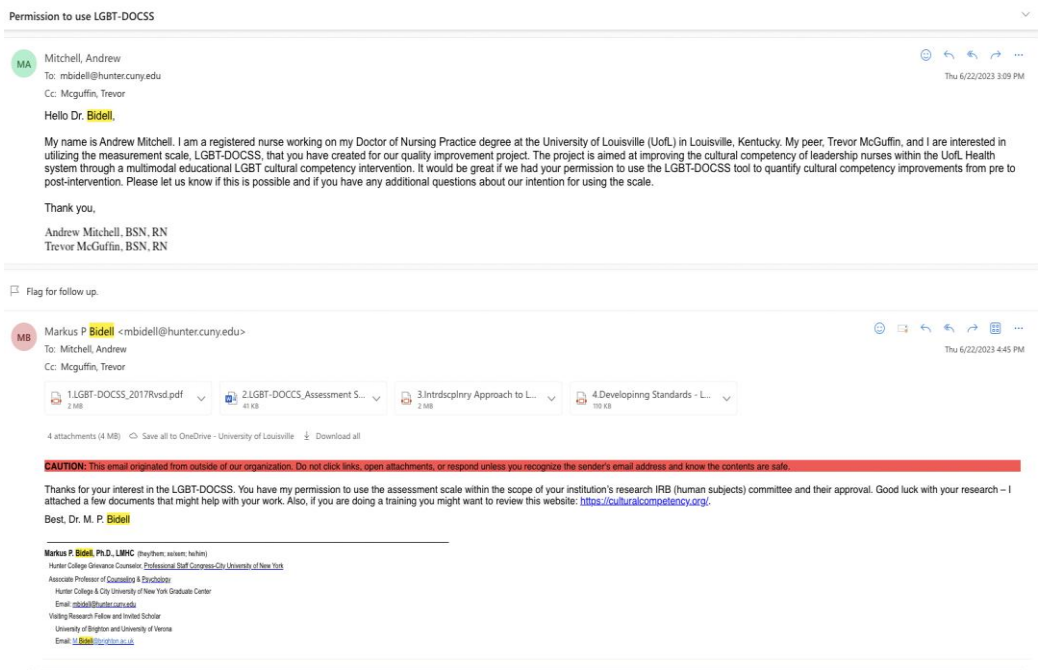
CAUTION: This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.

HI, yes, you are approved to use [redacted] for your DNP site. Let me know if you need anything else!

Thanks,

Katie [redacted]

Figure C2: Permission to Use the LGBT-DOCSS



Permission to use LGBT-DOCSS

MA

Mitchell, Andrew

To: mbidell@hunter.cuny.edu

Cc: Mcguffin, Trevor

Thu 6/22/2023 3:09 PM

Hello Dr. Bidell,

My name is Andrew Mitchell. I am a registered nurse working on my Doctor of Nursing Practice degree at the University of Louisville (UofL) in Louisville, Kentucky. My peer, Trevor McGuffin, and I are interested in utilizing the measurement scale, LGBT-DOCSS, that you have created for our quality improvement project. The project is aimed at improving the cultural competency of leadership nurses within the UofL Health system through a multimodal educational LGBT cultural competency intervention. It would be great if we had your permission to use the LGBT-DOCSS tool to quantify cultural competency improvements from pre to post-intervention. Please let us know if this is possible and if you have any additional questions about our intention for using the scale.

Thank you,

Andrew Mitchell, BSN, RN
Trevor McGuffin, BSN, RN

Flag for follow up.

MB

Markus P Bidell <mbidell@hunter.cuny.edu>

To: Mitchell, Andrew

Cc: Mcguffin, Trevor

Thu 6/22/2023 4:45 PM

1.LGBT-DOCSS_2017Rvsd.pdf 2 MB | 2.LGBT-DOCCS_Assessment S... 41 KB | 3.Intrdscplnry Approach to L... 2 MB | 4.Developinng Standards - L... 198 KB

4 attachments (4 MB) Save all to OneDrive - University of Louisville Download all

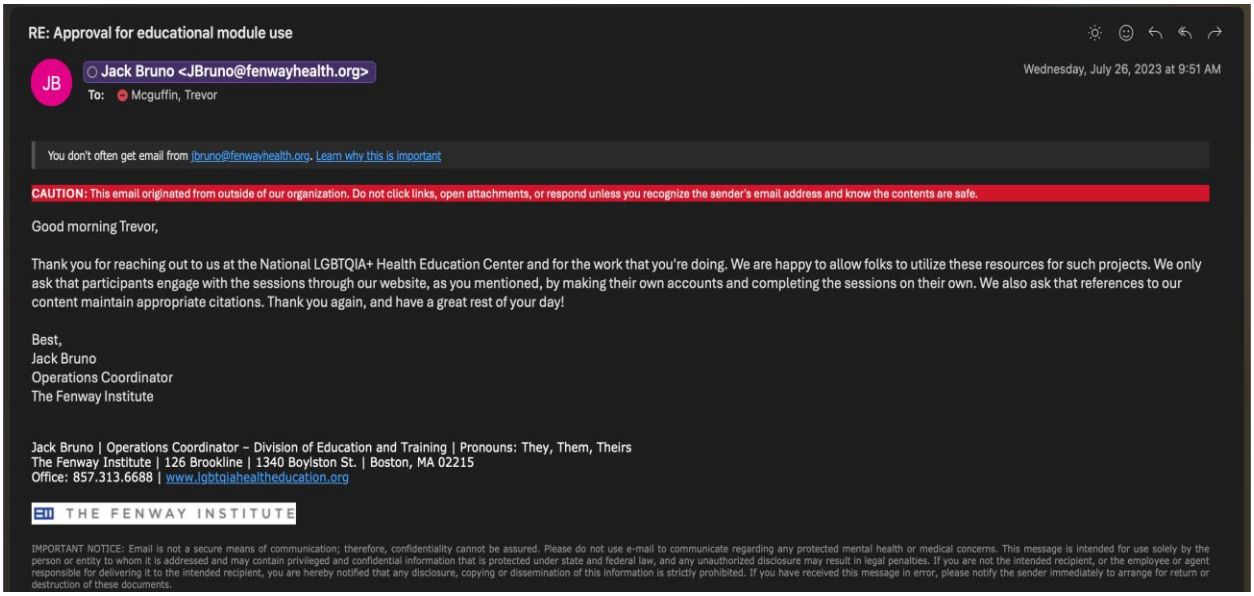
CAUTION: This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.

Thanks for your interest in the LGBT-DOCSS. You have my permission to use the assessment scale within the scope of your institution's research IRB (human subjects) committee and their approval. Good luck with your research – I attached a few documents that might help with your work. Also, if you are doing a training you might want to review this website: https://culturalcompetency.org/.

Best, Dr. M. P. Bidell

Markus P. Bidell, Ph.D., LMHC (they/them; ze/zem; he/him)
Hunter College Grievance Counselor, Professional Staff Congress-City University of New York
Associate Professor of Counseling & Psychology
Hunter College & City University of New York Graduate Center
Email: mbidell@hunter.cuny.edu
Visiting Research Fellow and Invited Scholar
University of Brighton and University of Verona
Email: M.Bidell@brighton.ac.uk

Figure C3: Permission to Use Education Modules



RE: Approval for educational module use

JB Jack Bruno <JBruno@fenwayhealth.org>
To: Mcguffin, Trevor

Wednesday, July 26, 2023 at 9:51 AM

You don't often get email from jbruno@fenwayhealth.org. Learn why this is important

CAUTION: This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.

Good morning Trevor,

Thank you for reaching out to us at the National LGBTQIA+ Health Education Center and for the work that you're doing. We are happy to allow folks to utilize these resources for such projects. We only ask that participants engage with the sessions through our website, as you mentioned, by making their own accounts and completing the sessions on their own. We also ask that references to our content maintain appropriate citations. Thank you again, and have a great rest of your day!

Best,
Jack Bruno
Operations Coordinator
The Fenway Institute

Jack Bruno | Operations Coordinator – Division of Education and Training | Pronouns: They, Them, Theirs
The Fenway Institute | 126 Brookline | 1340 Boylston St. | Boston, MA 02215
Office: 857.313.6688 | www.lgbtqiahealtheducation.org

THE FENWAY INSTITUTE

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Appendix D

System-wide Newsletter: Notification of QI Project to Nurse Leaders

IRB Number 23.0953

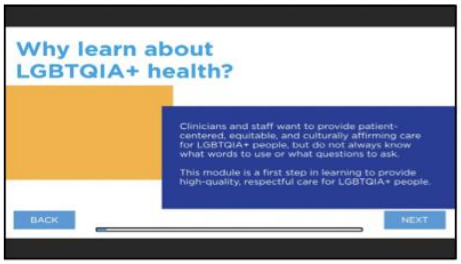
Are you a nurse in a leadership position or a nurse currently transitioning into a leadership position? If so, you are invited to participate in an LGBT cultural competency quality improvement project. Your participation in the quality improvement project will involve a pre-education survey, completion of three educational modules (continuing education offered for each module), and a post-education and satisfaction survey which will take approximately 2 hours or less. You will also have the opportunity to engage in a guided behavior change (i.e., teaching nurses or reaching out to local LGBT organizations) followed by a short survey all of which will take approximately 2 additional hours. Project participation must be initiated by February 29, 2024.The entire project will occur over a 4-month period. If interested, please register for the course, UofLHF LGBT Nurse Leader Education or reach out to Andrew.mitchell.3@louisville.edu or Trevor.mcguffin@louisville.edu for further information.

Version: 3.0 Date: 1-11-2024

Appendix E

National LGBTQIA+ Health Education Center – Foundations of LGBTQIA+ Health, Part 1 Module Slides, Evaluation, and Example Certificate

1



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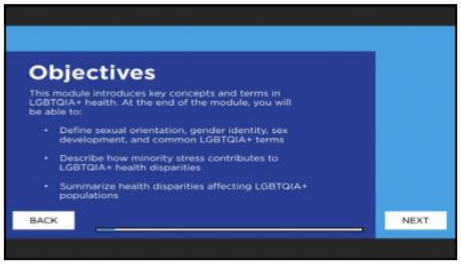

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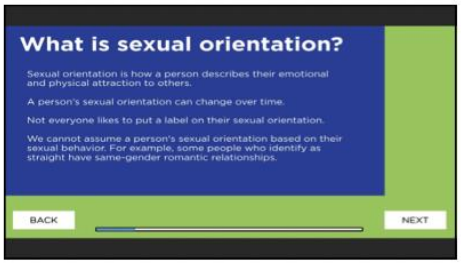


6


What is gender identity?
One's inner sense of being a girl/woman/female, a boy/man/male, something else, or having no gender
One's sex assigned at birth
BACK
SUBMIT

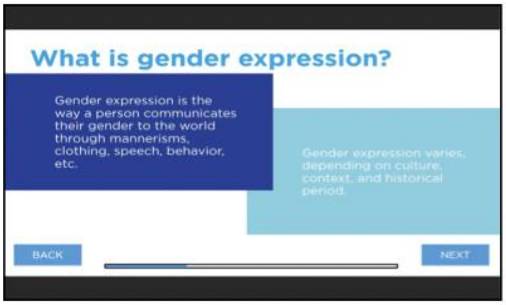
7


Ask yourself...
How do gender identity and sexual orientation differ?
Gender identity is your inner sense of your own gender.
Sexual orientation is about the gender(s) of your romantic and sexual partners.
BACK
NEXT

8


The reality is...
Everyone has a sexual orientation AND gender identity.
Gender identity is your inner sense of your own gender.
Sexual orientation is about the gender(s) of your romantic and sexual partners.
BACK
NEXT

9


What is gender expression?
Gender expression is the way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc.
Gender expression varies, depending on culture, context, and historical period.
BACK
NEXT

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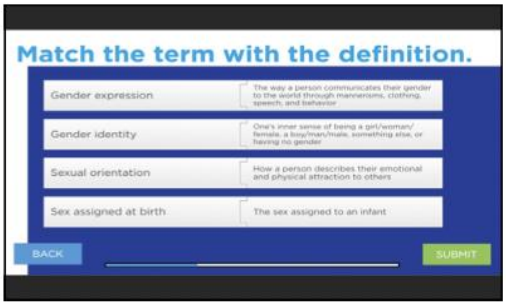
Match the term with the definition.
Gender expression
The way a person communicates their gender to the world through mannerisms, clothing, speech, and behavior
Gender identity
One's inner sense of being a girl/woman/female, a boy/man/male, something else, or having no gender
Sexual orientation
How a person describes their emotional and physical attraction to others
Sex assigned at birth
The sex assigned to an infant
BACK
SUBMIT

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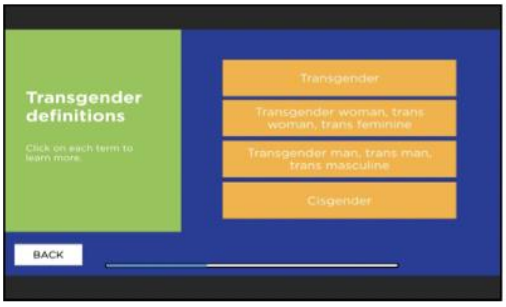
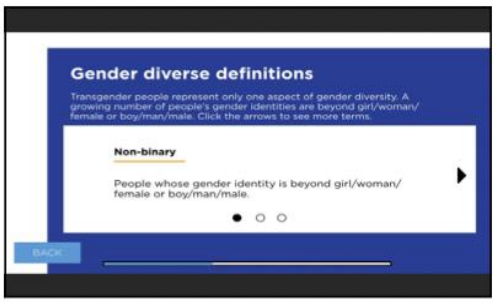

Transgender definitions
Click on each term to learn more.
Transgender
Transgender woman, trans woman, trans feminine
Transgender man, trans man, trans masculine
Cisgender
BACK

12



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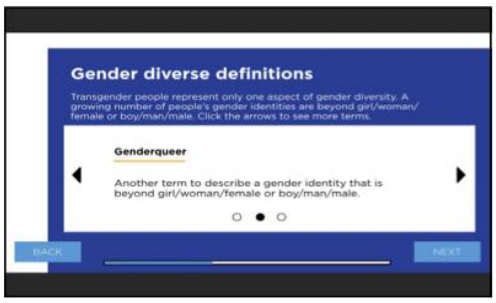

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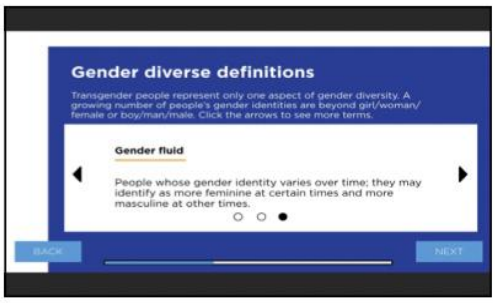

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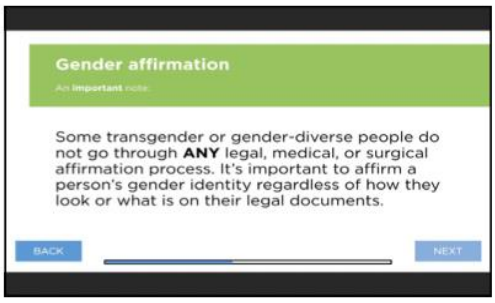

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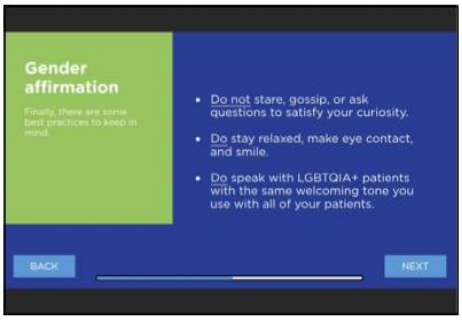

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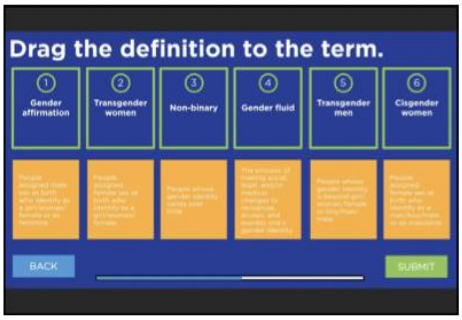

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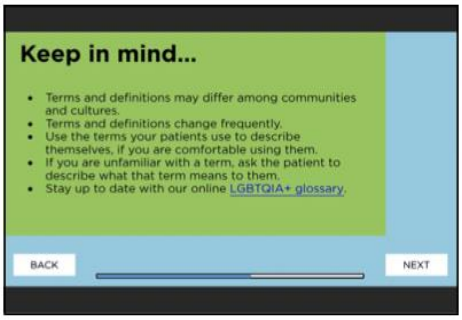

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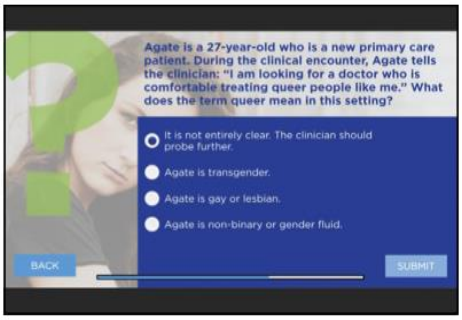

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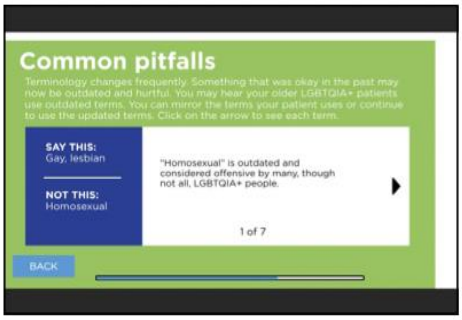

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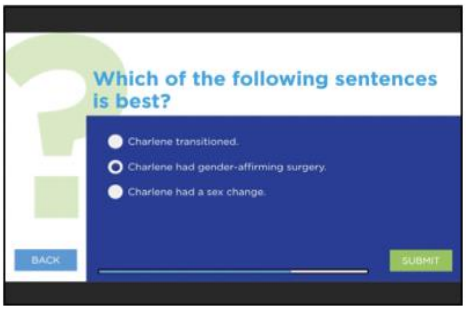

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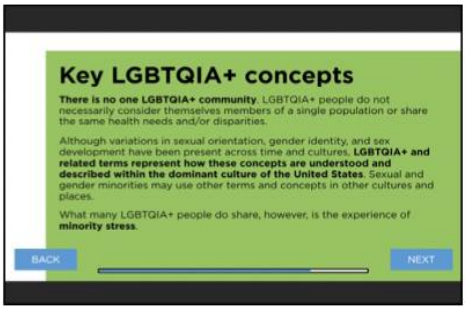

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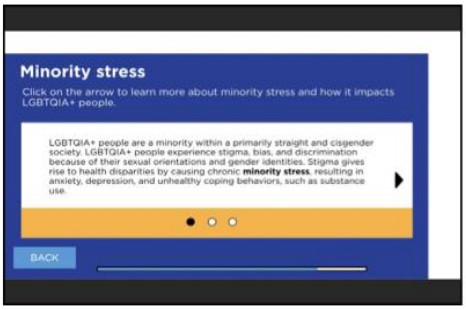

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Appendix F

National LGBTQIA+ Health Education Center – Foundations of LGBTQIA+ Health, Part 2: For Clinicians Module Slides, Evaluation, and Example Certificate

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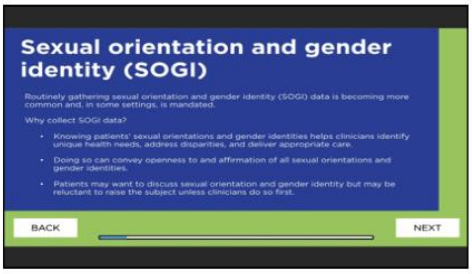

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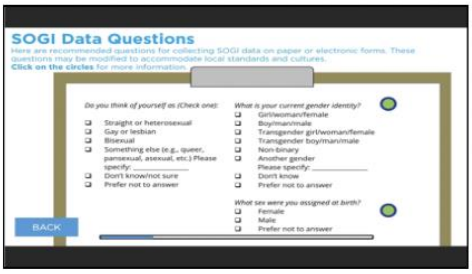

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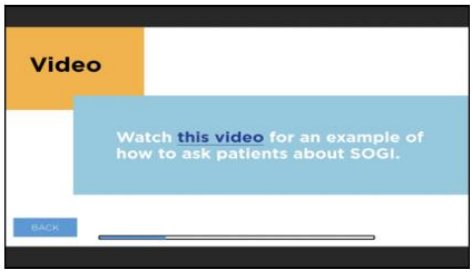

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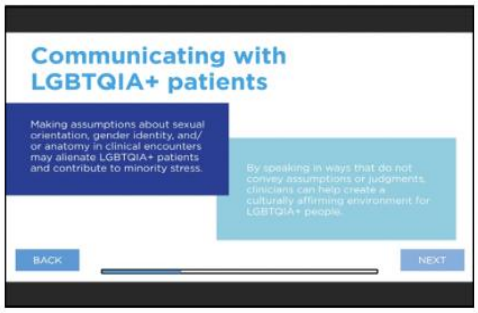

Communicating with LGBTQIA+ patients
Making assumptions about sexual orientation, gender identity, and/or anatomy in clinical encounters may alienate LGBTQIA+ patients and contribute to minority stress.
By speaking in ways that do not convey assumptions or judgments, clinicians can help create a culturally affirming environment for LGBTQIA+ people.
BACK
NEXT

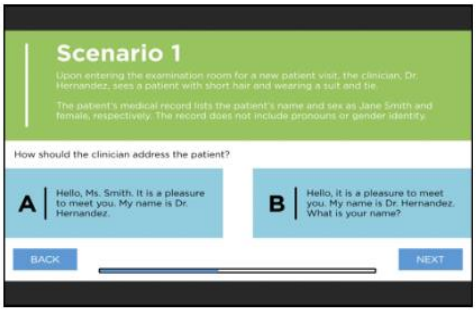
7


Culturally affirming communication
If you do not yet know a person's gender identity, pronouns, or sexual orientation, use terms that are gender-inclusive. Click on each negative example to see a positive one.
Instead of saying...
"How may I help you today, ma'am/sir/Ms./Mr. Smith?"
"He's in the exam room."
"Do you have a husband/wife/boyfriend/girlfriend?"
BACK

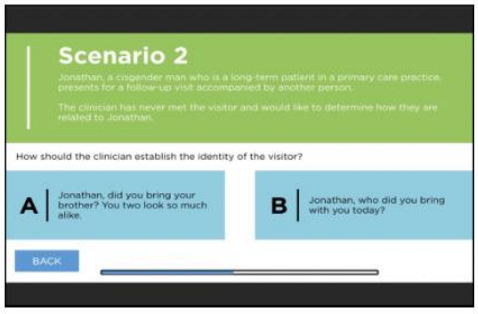
8


Clinical scenarios
Next, we'll put your technique into practice. The following pages present common clinical scenarios. You will be asked to identify the approach that is most affirming for LGBTQIA+ people.
BACK
NEXT

9


Scenario 1
Upon entering the examination room for a new patient visit, the clinician, Dr. Hernandez, sees a patient with short hair and wearing a suit and tie.
The patient's medical record lists the patient's name and sex as Jane Smith and female, respectively. The record does not include pronouns or gender identity.
How should the clinician address the patient?
A
Hello, Ms. Smith. It is a pleasure to meet you. My name is Dr. Hernandez.
B
Hello, it is a pleasure to meet you. My name is Dr. Hernandez. What is your name?
BACK
NEXT

10


Scenario 2
Jonathan, a cisgender man who is a long-term patient in a primary care practice, presents for a follow-up visit accompanied by another person.
The clinician has never met the visitor and would like to determine how they are related to Jonathan.
How should the clinician establish the identity of the visitor?
A
Jonathan, did you bring your brother? You two look so much alike.
B
Jonathan, who did you bring with you today?
BACK

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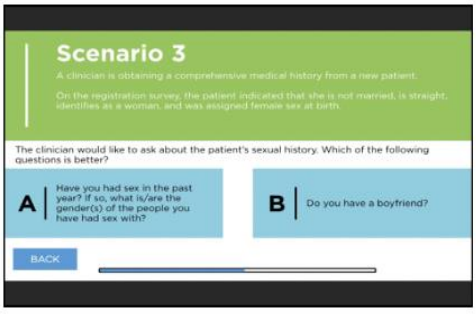
Scenario 3
A clinician is obtaining a comprehensive medical history from a new patient.
On the registration survey, the patient indicated that she is not married, is straight, identifies as a woman, and was assigned female sex at birth.
The clinician would like to ask about the patient's sexual history. Which of the following questions is better?
A
Have you had sex in the past year? If so, what is/are the gender(s) of the people you have had sex with?
B
Do you have a boyfriend?
BACK

12

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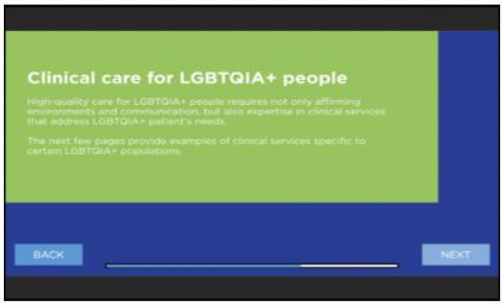

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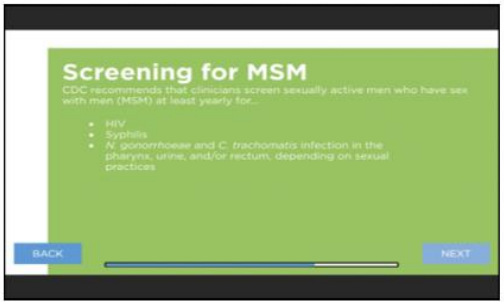

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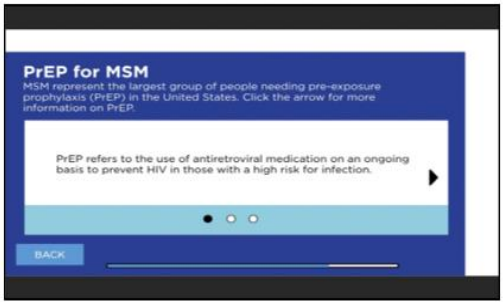

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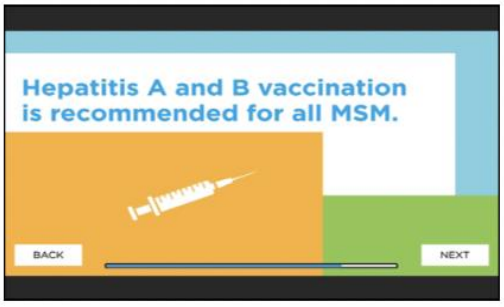

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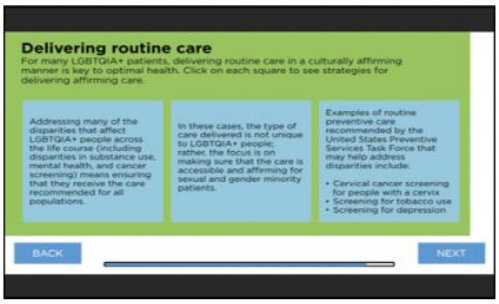
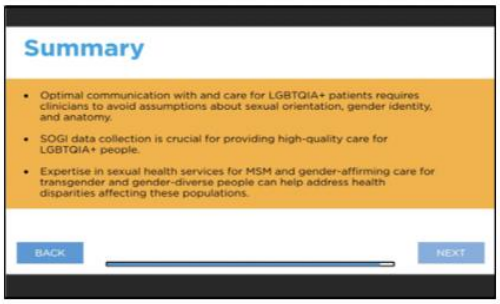

Delivering routine care
For many LGBTQIA+ patients, delivering routine care in a culturally affirming manner is key to optimal health. Click on each square to see strategies for delivering affirming care.
Addressing many of the disparities that affect LGBTQIA+ people across the life course (including disparities in substance use, mental health, and cancer screening) means ensuring that they receive the care recommended for all populations.
In these cases, the type of care delivered is not unique to LGBTQIA+ people; rather, the focus is on making sure that the care is accessible and affirming for sexual and gender minority patients.
Examples of routine preventive care recommended by the United States Preventive Services Task Force that may help address disparities include:
• Cervical cancer screening for people with a cervix
• Screening for tobacco use
• Screening for depression
BACK
NEXT

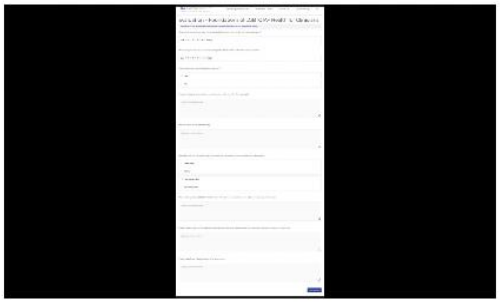
19


Summary
• Optimal communication with and care for LGBTQIA+ patients requires clinicians to avoid assumptions about sexual orientation, gender identity, and anatomy.
• SOGI data collection is crucial for providing high-quality care for LGBTQIA+ people.
• Expertise in sexual health services for MSM and gender-affirming care for transgender and gender-diverse people can help address health disparities affecting these populations.
BACK
NEXT

20


Resources for Clinicians
• Achieving Health Equity for Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) People (webinar)
• SOGI Resources (multiple formats)
• Healthcare Experiences of LGBTQIA+ People Community Panel (video)
• Addressing implicit and unconscious bias (webinar)
• Learning to Address Implicit Bias (publication)
• Caring for Sexual Minority Women (multiple formats)
• Transgender and gender-diverse health (multiple formats)
• Sexual health, HIV/STI prevention, and PrEP (multiple formats)
• Behavioral health (multiple formats)
• LGBTQIA+ Glossary of Terms for Health Care Teams (publication)
BACK
FINISH

21



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NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
CERTIFICATE OF PARTICIPATION
This certifies that
(Participants Name)
has participated in the following education activity:
Foundations of LGBTQIA+ Health, Part 2: For Clinicians
Provided by: National LGBT Health Education Center – The Fenway Institute
and is awarded up to 1.0 credits from the American Academy of Family Physicians (AAFP)
This activity has been reviewed and is acceptable for up to 1.0 prescribed credits by the AAFP.
Participants should claim only the credit commensurate with the extent of their participation in this activity.
Continuing Education Activity Director
November 19, 2023
Date

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Appendix G

National LGBTQIA+ Health Education Cetner – Foundations of LGBTQIA+ Health, Part 2: For Administrators Module Slides, Evaluation, and Example Certificate

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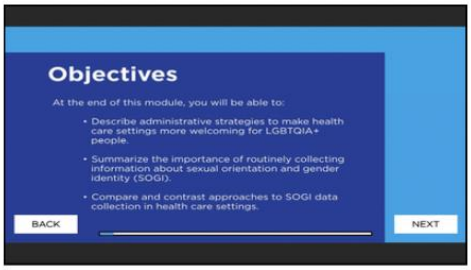

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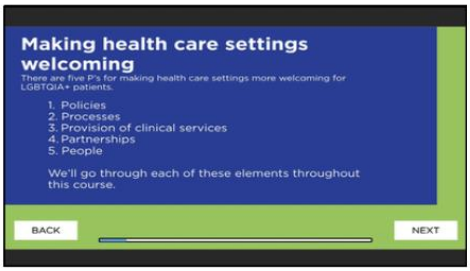

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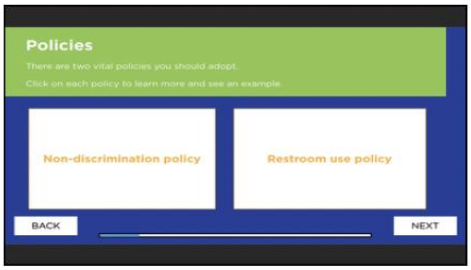

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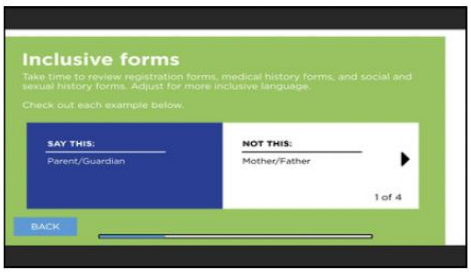
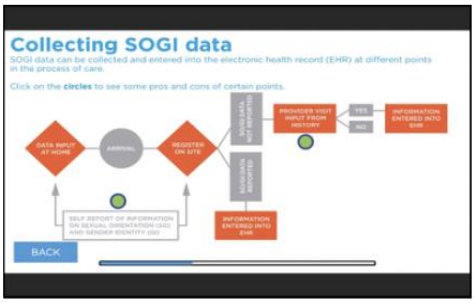


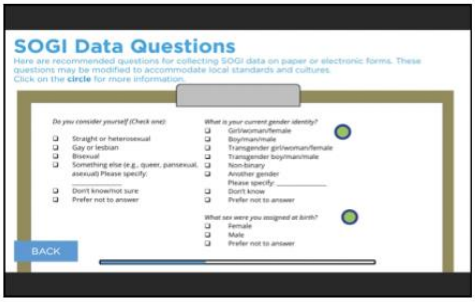
6


Sexual orientation and gender identity (SOGI)
Routinely gathering sexual orientation and gender identity (SOGI) data is becoming more common and, in some settings, is mandated.
Why should health care organizations collect SOGI data? Click each box to learn why.
Knowing patients' sexual orientations and gender identities helps clinicians identify unique health needs, address disparities, and deliver appropriate care.
Doing so can convey openness to and affirmation of all sexual orientations and gender identities.
Patients may want to discuss sexual orientation and gender identity, but may be reluctant to raise the subject unless clinicians do so first.
BACK
NEXT

7


Collecting SOGI data
SOGI data can be collected and entered into the electronic health record (EHR) at different points in the process of care.
Click on the circles to see some pros and cons of certain points.
DATA INPUT AT HOME
ARRIVAL
REGISTER ON SITE
SOGI DATA NOT REPORTED
SOGI DATA REPORTED
PROVIDER VISIT INPUT FROM HISTORY
YES
NO
INFORMATION ENTERED INTO EHR
SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)
INFORMATION ENTERED INTO EHR
BACK

8


SOGI Data Questions
Here are recommended questions for collecting SOGI data on paper or electronic forms. These questions may be modified to accommodate local standards and cultures.
Click on the circle for more information.
Do you consider yourself (Check one):
Straight or heterosexual
Gay or lesbian
Bisexual
Something else (e.g., queer, pansexual, asexual) Please specify:
Don't know/not sure
Prefer not to answer
What is your current gender identity?
Girl/woman/female
Boy/man/male
Transgender girl/woman/female
Transgender boy/man/male
Non-binary
Another gender
Please specify:
Don't know
Prefer not to answer
What sex were you assigned at birth?
Female
Male
Prefer not to answer
BACK

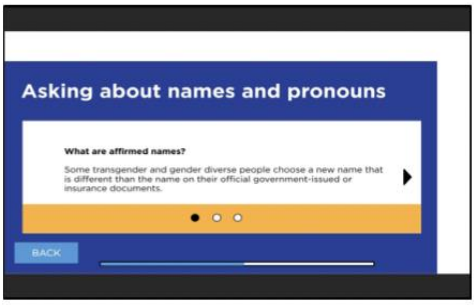
9


Establishing a process for SOGI data collection
Successful processes for implementing SOGI data collection require coordination among different role groups and training to ensure that all staff know how to best communicate with LGBTQIA+ patients.
Click each step to take a look at the sample implementation timeline below.
Step 1
Step 2
Step 3
Step 4
Step 5
Step 6
Step 7
Step 8
BACK
NEXT

10


Patient SOGI education brochures
Patient SOGI education brochures can help to answer questions and clarify definitions of SOGI terms.
Click on the brochure to the right for links to brochures in various languages.
Sexual Orientation and Gender Identity Questions:
Information for Patients
BACK
NEXT

11


Asking about names and pronouns
What are affirmed names?
Some transgender and gender diverse people choose a new name that is different than the name on their official government-issued or insurance documents.
BACK

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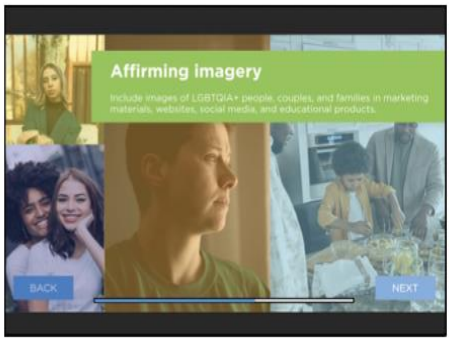

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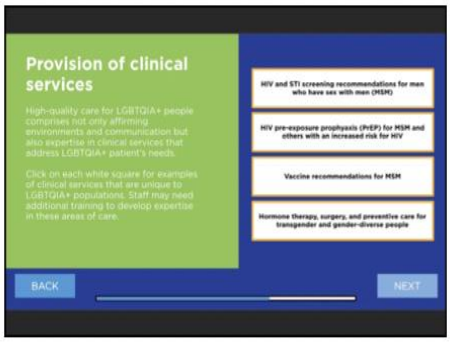

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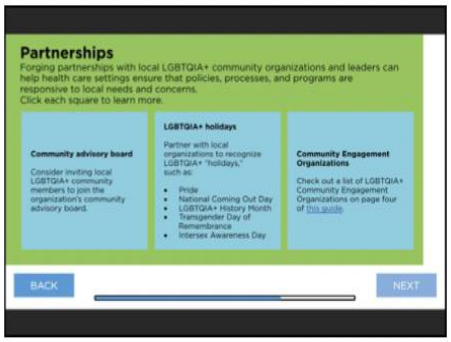

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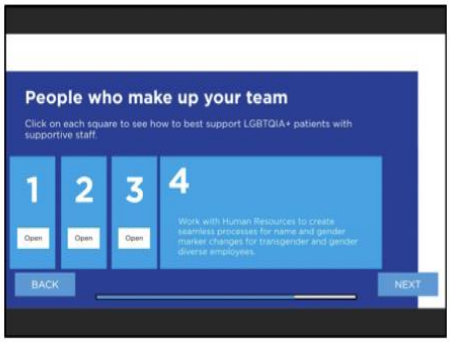

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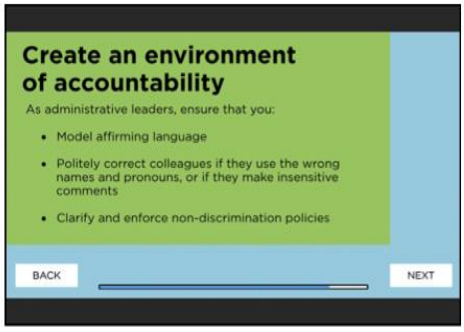

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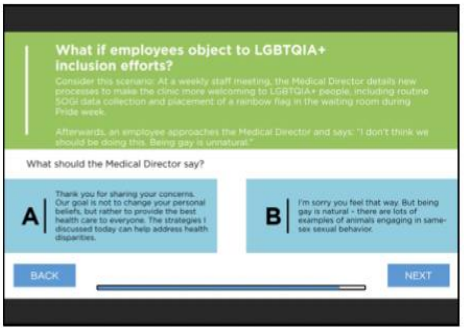

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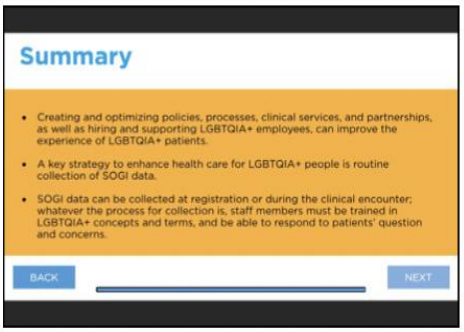

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NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

CERTIFICATE OF PARTICIPATION

This certifies that

(Participants Name)

has participated in the following education activity:

Foundations of LGBTQIA+ Health, Part 2: For Administrators

Provided by: National LGBT Health Education Center - The Fenway Institute
and is awarded up to 1.0 credits from the American Academy of Family Physicians (AAFP).

This activity has been reviewed and is acceptable for up to 1.0 prescribed credits by the AAFP.
Participants should claim only the credit commensurate with the extent of their participation in this activity.

Continuing Education Activity Director

November 19, 2023
Date

25

Appendix H

Post-test Behavior Change Prompt

Post-test Behavior Change Prompt

As you've learned, behavior change within a system is a critical component of ensuring positive health outcomes for LGBT patients. Provided below are two ways you can engage in behavior change to improve LGBT cultural competency and reduce barriers to care for the LGBT population.

1. Reaching out to a local LGBT community organization to learn more about:
    a. LGBT health
    b. Legislation impacting LGBT health
    c. Policy revision to ensure an inclusive environment and equitable care
    d. Ways to advocate for LGBT patients

2. Transfer of LGBT cultural competence knowledge to bedside nurses within your hospital by:
    a. Acting as a resource when questions arise
    b. Presenting knowledge (e.g., during staff meetings, during staff huddles, etc.)
    c. Periodically emailing LGBT cultural competency key tips
    d. Implementing unit based or system-wide LGBT cultural competence training

Local LGBTQ+ Resources

Kentucky Health Justice Network – Trans Health Advocates: an organization to assist Trans Kentuckians access healthcare needs

Website: https://www.kentuckyhealthjusticenetwork.org/transhealth.html

Contact Number: (502) 694-2227

Email: transhealth@khjn.org

Fairness Campaign: an organization that provides education and advocacy to promote equality and prevent discrimination on the basis of sexual orientation, gender identity and expression.

Website: https://www.fairness.org/

Contact Number: (502) 640-1095

Email: Chris@Fairness.org

LGBT Center at UofL: an organization that provides support and advocacy for the LGBT community through education, outreach and consultation

Website: https://louisville.edu/lgbt

Contact Number: (502) 852-0696

Email: lgbt@louisville.edu

American Civil Liberties Union (ACLU) of Kentucky: an organization that works to defend individual rights and liberties guaranteed under the Constitutions of the United States and the state of Kentucky

Website: https://www.aclu-ky.org/en

Contact Number: (502) 581-1181

Email: info@aclu-ky.org

BP The Queer NP – Bridget Pitcock, APRN: provides LGBT cultural competence consulting based on individual or organizational needs.

Website: https://www.bpthequeernp.com/

Email: bpthequeernp@gmail.com

Appendix I

Participant Email for Four-Month Follow-up Behavior Change Initiative

IRB Number: 23.095

Thank you for participating in the LGBT cultural competency quality improvement project. We would greatly appreciate it if you could fill out a brief follow-up survey. (*survey link).

Version: 3 Date: 1-11-24

Appendix J

Preamble

LGBT Cultural Competence Education for Nurse Leaders in a Large Metropolitan Healthcare System: Quality Improvement

IRB Number: 23.0953

Dear Participant:

You are being invited to participate in a quality improvement project. The purpose of this quality improvement project is to educate nurse leaders on LGBT cultural competency and guide behavior change. This quality improvement project is conducted by Ratchneewan Ross, Paul Clark, Trevor McGuffin, Andrew Mitchell of the University of Louisville School of Nursing, and Kathryn Robinson of UofL Health.

Your participation in the quality improvement project will involve a pre-education survey, completion of three educational modules, and a post-education and satisfaction survey which will take approximately 2 hours or less. You will also have the opportunity to engage in a guided behavior change (i.e., teaching nurses or reaching out to local LGBT organizations) followed by a short survey all of which will take approximately 2 additional hours. The entire project will occur over a 4-month period. There are no known risks for your participation in this quality improvement project. The information you provide will help us understand if the education will improve your overall LGBT cultural competency. Your information will be stored in a password-protected Excel sheet on a password-protected computer. The information collected may not benefit you directly. The information learned in this study may be helpful to others.

Individuals from UofL Health Office of Professional Practice, the University of Louisville, the University of Louisville Institutional Review Board (IRB), the Human Subjects Protection Program Office (HSPPO), and other regulatory agencies may inspect these records. In all other respects, however, the data will be held in confidence to the extent permitted by law. Should the data be published, your identity will not be disclosed.

Taking part in this quality improvement project is voluntary. By answering survey questions you agree to take part in this quality improvement project. You do not have to answer any questions that make you uncomfortable You may choose not to take part at all. If you decide to be in this study you may stop taking part at any time. You will not lose any benefits for which you may qualify.

If you have any questions, concerns, or complaints about the research study, please contact:

- Trevor McGuffin (502-457-8875) (Trevor.mcguffin@louisville.edu)
- Andrew Mitchell (765-337-1725) (Andrew.mitchell.3@louisville.edu
- Ratchneewan Ross (330-696-9456) (Ratchneewan.ross@louisville.edu)
- Paul Clark (210-789-6031) (Paul.clark.1@louisville.edu)

If you have any questions about your rights as a research participant, you may call the Human Subjects Protection Program Office at (502) 852-5188. You can discuss any questions about your rights as a research participant, in private, with a member of the Institutional Review Board (IRB). The IRB is an independent committee made up of people from the University community,

staff of the institutions, as well as people from the community not connected with these institutions. The IRB has reviewed this research study.

If you have concerns or complaints about the research or research staff and you do not wish to give your name, you may call 1-877-852-1167. This is a 24 hour hot line answered by people who do not work at the University of Louisville.

Sincerely, Ratchneewan Ross, PhD, RN, FTNSS, FAAN

Version: 4 Date: 1-11-2024

Appendix K

Demographic Questionnaire

Nurse Leader Demographic Survey Questions

1. What is your age in years?
    a. 20-24 years old
    b. 25-29 years old
    c. 30-34 years old
    d. 35-39 years old
    e. 40-44 years old
    f. 45-49 years old
    g. 50-54 years old
    h. 55-59 years old
    i. ≥60 years old

2. What was your sex assigned at birth?
    a. Male
    b. Female

3. What is your current gender identity?
    a. Male
    b. Female
    c. Trans male
    d. Trans female
    e. Genderqueer /Gender non-conforming
    f. Prefer to self-describe (please specify):

4. Which identity best aligns with your sexual orientation?
    a. Lesbian
    b. Gay
    c. Bisexual
    d. Straight
    e. Pansexual
    f. Asexual
    g. Questioning
    h. Prefer to self-describe (please specify):

5. What is your race?
    a. American Indian or Alaska Native
    b. Asian
    c. Black or African American
    d. Native Hawaiian or Other Pacific Islander
    e. White

    f. Multiracial

6. Are you of Hispanic, Latino, or Spanish origin?
    a. Yes
    b. No

7. What is your highest level of nursing education?
    a. Associate's
    b. Bachelor's
    c. Master's
    d. Doctorate

8. What is your current leadership position?
    a. (Write in space)

9. Career length as a nurse: (should numbers be larger, wider intervals?)
    a. < 1 year
    b. 1-4 years
    c. 5-9 years
    d. 10-14 years
    e. 15-19 years
    f. 20-24 years
    g. 25-29 years
    h. 30-34 years
    i. ≥ 35 years

Appendix L

LGBT-DOCSS

LGBT-DOCSS

Instructions: Items on this scale are intended to examine clinical preparedness, attitudes, and basic knowledge regarding lesbian, gay, bisexual, and transgender (LGBT) clients/patients. Please use the provided scale to rate your level of agreement or disagreement for each item. Please note, items on this scale primarily inquire about either sexual orientation (LGB = lesbian, gay, and bisexual) or gender identity (transgender). Two questions are inclusive and refer collectively to lesbian, gay, bisexual, and transgender (LGBT) clients/patients.

1. I am aware of institutional barriers that may inhibit transgender people from using health care services.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

2. I am aware of institutional barriers that may inhibit LGB people from using health services.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

3. I think being transgender is a mental disorder.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

4. I would feel unprepared talking with a LGBT client/patient about issues related to their sexual orientation or gender identity.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

5. A same sex relationship between two men or two women is not as strong and as committed as one between a man and a woman.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

6. I am aware of research indicating that LGB individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

7. LGB individuals must be discreet about their sexual orientation around children.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

8. I am aware of research indicating that transgender individuals experience disproportionate levels of health and mental health problems compared to cisgender individuals.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

9. When it comes to transgender individuals, I believe they are morally deviant.

Strongly			Somewhat			Strongly Agree

□

Disagree			Agree/Disagree			
1	2	3	4	5	6	7

10. I have received adequate clinical training and supervision to work with transgender clients/patients.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

11. I have received adequate clinical training and supervision to work with lesbian, gay, and bisexual (LGB) clients/patients

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

12. The lifestyle of a LGB individual is unnatural or immoral.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

13. I have experience working with LGB clients/patients.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

14. I feel competent to assess a person who is LGB in a therapeutic setting.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

15. I feel competent to assess a person who is transgender in a therapeutic setting.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

16. I have experience working with transgender clients/patients.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

17. People who dress opposite to their biological sex have a perversion.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

18. I would be morally uncomfortable working with a LGBT client/patient.

Strongly Disagree			Somewhat Agree/Disagree			Strongly Agree
1	2	3	4	5	6	7

Scoring Instruction for the LGBT-DOCSS

1) Reverse score all 8 questions in parentheses: (3), (4), (5), (7), (9), (12), (17), and (18). Use the reverse scoring Likert scale (1 = 7, 2 = 6, 3 = 5, 4 = 4, 5 = 3, 6 = 2, 7 = 1).

2) Calculate total LGBT-DOCSS mean score: Add all test items (using the reverse score for items in parentheses) and divide by 18.

> The total LGBT-DOCSS mean score is equal to: 1 + 2 + (3) + (4) + (5) + 6 + (7) + 8 + (9) + 10 + 11 + (12) + 13 + 14 + 15 + 16 + (17) + (18) = LGBT-DOCSS Total Raw Score. Divide by 18 to obtain mean score.

3) Calculate Subscale scores: For each subscale, add up the scores of the questions listed (using the reverse score for items in parentheses) and divide by the number of questions in each subscale.

> **Clinical Preparedness subscale**: (4) + 10 + 11 + 13 + 14 + 15 + 16 = LGBT-DOCSS Clinical Preparedness subscale Total Raw Score. Divide by 7 to obtain mean score.
>
> **Attitudes subscale**: (3) + (5) + (7) + (9) + (12) + (17) + (18) = LGBT-DOCSS Attitudes subscale Total Raw Score. Divide by 7 to obtain mean score.
>
> **Knowledge**: 1 + 2 + 6 + 8 = LGBT-DOCSS Knowledge subscale Total Raw Score. Divide by 4 to obtain mean score.

4) Higher scores are indicative of higher levels of clinical preparedness and rudimentary knowledge and less prejudicial attitudinal awareness regarding LGBT clients/patients.

Suggested Citation: Bidell, M. P. (2017). The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS): Establishing a new interdisciplinary self-assessment for health providers. *Journal of Homosexuality*, 10, 1432–1460. doi: 10.1080/00918369.2017.1321389

Appendix M

Education Satisfaction Survey

Education Satisfaction Survey

Item	Strongly disagree	Disagree	Agree	Strongly agree
1. I feel that the education was helpful overall.	1	2	3	4
2. I feel that the education content was relevant.	1	2	3	4
3. I feel that my hospital should implement system-wide LGBT cultural competency education for nurses.	1	2	3	4
4. I am satisfied with the online delivery of the content.	1	2	3	4

5. Do you have any suggestions to improve the education?

Appendix N

LGBT Behavior Change Intent Survey

Behavior Change Intent Survey

1. Do you plan on reaching out to at least one local LGBT community organization within the next 3-4 months?
    a. Yes
    b. No
    c. Unsure

2. Do you plan on transferring LGBT cultural competence knowledge to nurses working on a unit within your hospital within the next 3-4 months?
    a. Yes
    b. No
    c. Unsure

Appendix O

Behavior Change Satisfaction Survey

Behavior Change Satisfaction Survey

Item	Strongly disagree	Disagree	Agree	Strongly agree
1. I feel that the guided behavior change was helpful.	1	2	3	4

2. Do you have any suggestions to improve the guided behavior change? (write-in)

Appendix P

Behavior Change Survey

Actual Behavior Change Survey

4 Month Follow-Up

1. Did you reach out to at least one local LGBT community organization?
    a. Yes
    b. No
2. Did you transfer LGBT cultural competence knowledge to nurses working on a unit within your hospital?
    a. Yes
    b. No