



LGBTQ+ Awareness Training for Nurse Residency Program

Participants: Evaluation of Knowledge and Attitude

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Background

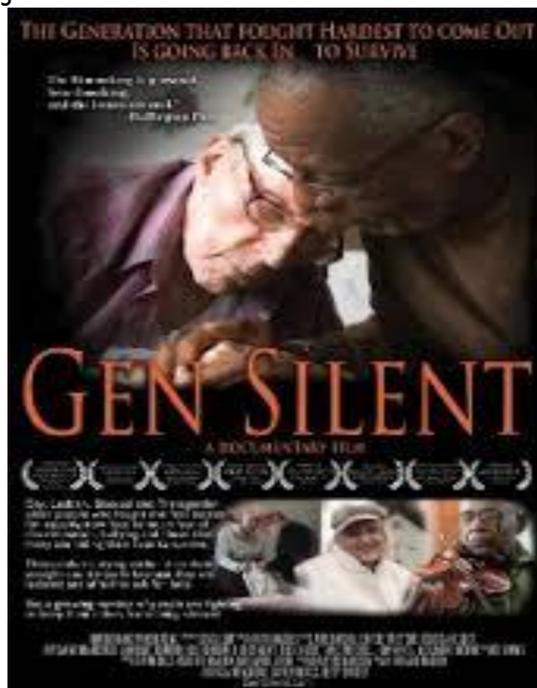
There are between 1.4-3.8 million lesbian, gay, bisexual, transgender, and queer (LGBTQ) Americans over the age of 65.¹ A 2010 study found that more than half of lesbian, gay, and bisexual respondents and 70% of transgender (LGBTQ) respondents had experienced discrimination by healthcare providers.² Older LGBTQ adults face additional impediments to healthcare because of solitude, fewer family supports, and a lack of social and support services.²

Nurses receive limited education on LGBTQ health issues and even less information specifically about LGBTQ older adults.

Objectives

The purpose of this study was to evaluate the change in nurses' knowledge and attitudes of LGBTQ patients after watching a 60-minute documentary video called *Gen Silent*, which depicts the lives of six LGBTQ older adults who experience homophobia and discrimination in the long-term health care system.³

Our project hypothesized that participants would increase their knowledge of LGBTQ health care disparities and increase positive attitudes towards LGBTQ issues after watching the documentary video.



Methods

Design: One-group pretest/posttest study

Sample & Setting: A total of 397 nurses attending a Nurse Residency Program across one academic and four community-based hospitals in the JHCRN

Survey: 16-item, 5-point Likert survey on LGBTQ Health Care Knowledge & Attitudes⁴ and an open-ended question.

Analysis: Paired t-test, mean change, effect sizes

Data Collection: IRB-approved, anonymous survey administered Nov 2017 – Jun 2019

Survey Results

Overall, nurses demonstrated statistically significant increases in 9 of 16 items. The total absolute change of the significant items was 1.76 (Avg. $\Delta_{\text{mean}} = .19$, $SD = .23$)

Statistically Significant Items	Pre-test M(SD)	Post-test M(SD)	Δ Mean
1. LGBT populations have unique health risks and health needs.	2.06 (.90)	1.93 (.95)	-.13**
2. Access to health care is the same for LGBT persons as for other members of the population.	2.87(1.14)	3.65(1.16)	.79**
3. I regularly encounter LGBT individuals in my daily life.	2.53(1.12)	2.43(1.03)	-.10**
8. Gender reassignment surgery is easily available and is covered by most insurance policies.	4.02 (.78)	4.19 (.79)	.17**
9. I believe that homosexuality is immoral.	4.28 (.95)	4.37 (.93)	.08**
10. LGBT people are less likely than heterosexual people to be in long-term monogamous relationships.	4.03 (.85)	4.18 (.86)	.15**
11. I feel comfortable around people whose gender presentation is ambiguous.	2.24 (.93)	2.12 (.94)	-.11**
12. As a hospital employee, I feel it is important for me to know about my patients' sexual orientation, sexual practices and gender identity.	2.46(1.15)	2.37(1.14)	-.08*
15. My experiences with LGBT individuals have positively altered my beliefs about sexuality and gender identity.	2.31 (.90)	2.16 (.88)	-.15**

* $p < .05$; ** $p < .01$

Qualitative Results

A total of 173 participants responded to the question, "What is the one thing you would do to change your interaction with LGBTQ patients?"

The top three most common themes were to 'ask patients their pronouns', followed by 'increase my own understanding of LGBTQ issues' and finally, 'be more comfortable treating LGBTQ patients'.

Conclusion

When implementing evidence-based practices for patient centered care, it is imperative to include sensitivity training specifically on the LGBTQ community. It is a priority for healthcare systems to create an environment where LGBTQ patients feel welcomed and safe. That includes educating employees to understand what LGBTQ patient specific needs are and how we can best support them throughout the healthcare system.⁵



References

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