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Identifying Cultural Biases and Understanding Health Care Disparities For LGBTQ+ Patients

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**Identifying Cultural Biases and Understanding Health Care Disparities For LGBTQ+
Patients**

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NURS 4500: Nursing Research

Dr. Patricia Harris

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Abstract

Understanding the health disparities within the LGBTQ+ population, will consist of educating Nurses and other healthcare providers cultural competence for this population, along with proposing certain educational training programs for all the medical professionals. There's not only an implicit bias but also lack in quality of healthcare due to the personal reasons that healthcare providers may have, along with certain stigmas that creates an infringement on healthcare for this specific population. Members of the LGBTQ+ community will continue to have one of the highest amounts of health care disparities due to the lack of cultural incompetence if nothing is done.

This thesis is essential and will explore this topic and aims mainly to explain and assess the relationship between the ever-growing population of LGBTQ+ patients and the healthcare disparities they experience. The purpose of this proposed study is to determine the root cause of the lack of cultural competence and propose how education for nurses and other healthcare providers can potentially significantly decrease the number of disparities. This thesis is also aimed to understand and propose future cultural awareness for the LGBTQ+ population.

With conducting a mixed study literature review, primarily through qualitative and quantitative designs, researching articles that can investigate and explore the attitudes, health and knowledge, and experiences within the healthcare setting among the LGBTQ+ patients. Other research findings involve understanding the implicit bias among the stigmatization causing this specific population of patients to receive a lower standard of care contributing to their healthcare disparities.

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Introduction

Throughout health care, there has been an enormous number of cultural communities suffering from the detrimental effects due to lack of cultural competence of providers, including nurses. The LGBTQ+ community being one that has one of the highest rates of healthcare disparities. Finding resources and opportunities to culturally educate healthcare providers has potential to decrease the extent of healthcare disparities that are so prevalent within the LGBTQ+ community. This topic is immensely relevant within healthcare at this moment in time because the LGBTQ+ is becoming more widely understood as a population. Healthcare professionals should become aware that the LGBTQ+ patients and identities are intersectional and multilayered (Margolies, Brown, 2019).

According to the article, “*Increasing Cultural Competence With LGBTQ+ Patients*,” in a study of practicing nurses, most reported that they have no training in LGBTQ health (Margolies & Brown, 2019). The article goes on to discuss if nurses and healthcare professionals seem to lack basic education on LGBTQ healthcare, there may be a consequence of; negative attitudes, endorsed stereotypes, along with feeling uncomfortable providing care to LGBTQ+ patients. I would explain the issue that culturally incompetent health care warrants detrimental issues pertaining to LGBTQ+ patients. I would also explain studies on how discrimination to the gender and sexual minorities affect the quality of the care they receive and the types of healthcare resources they can access.

Problem Statement

The lack of cultural competence with healthcare providers whether it's; implicit biases, stereotypes, or generalized stigmas warrant the health care disparities for the LGBTQ+ population. The gay, lesbian, transgender, queer community presents a growing and underserved population in the United States, and compared to non-LGBTQ+ heterosexuals, previous studies have reported this specific population are still adversely affected and adversely marginalized within healthcare (Quinn, Sutton & Matthew, 2015). The fear of disclosing their sexual orientation or gender, primarily based on the perceived discrimination constitutes barriers and ultimately lack of care for these patients. That added sense of fear along with explicit rejection omits the proper care and disease management with these specific patients. The healthcare system should educate nurses and all other healthcare professionals to understand the culture of the LGBTQ+ population which will elucidate the decrease in the amount of healthcare disparities increases adequate care for all these patients. The rates from this study go on to show how the high rates of orientation disclosure of LGBTQ status, enhanced greater acceptance from providers, along with the need for examination of hospital policies and improved cultural competency.

Purpose Statement

The purpose of this paper is to understand and seemingly decrease the health care disparities associated with healthcare providers lacking the cultural competence for LGBTQ+ patients.

Literature Review

The research studies that were reviewed focused primarily on the perceived emotions and qualitative responses that measure the effect of the lack of cultural competence with LGBTQ+

patients. These articles were used to obtain throughout the library data resources such as PubMed, and a multitude of other databases. Main key terms used for article research were LGBTQ+ competence, bias, healthcare disparities, and cultural competence. These terms allotted the articles used throughout this research thesis and to support the purpose of the research. The articles are used to instill the necessary information for understanding the lack of cultural competence for the LGTBQ+ community along with understanding the stigmas associated with the care provided for the specific population.

The main themes that are involved within this research can divide into three topics. The first topic would be the perceived emotions and affects from health care implicit bias, stereotypes and stigmas by nurses and healthcare providers. Another topic would be the resources that can be used to decrease the lack of cultural competence i.e., trainings, more theory education during schooling for nurses and other healthcare providers. Lastly, reviewing and applying information pertaining to the number of nurses and providers that can ultimately increase the cultural knowledge of the LGBTQ+ patients. Please see the Literature Review Table located after the Reference List for a summary of the articles in this review.

Understanding Implicit Bias, Stereotypes, And Stigmas

These articles were chosen to help understand the implicit health care biases that nurses and other medical professionals may possess. To understand health disparities and inequities for LGBTQ+ patients, there's a foundation that involves understanding the root cause. The articles used to understand implicit bias are primarily based throughout qualitative and quantitative methods.

In the article "Increasing Cultural Competence with LGBTQ+ Patients" conducted the study to explain the issue that coincides with the lack of cultural competence with nurses and

other healthcare professionals (Magnolia, 2019). The study design was based on qualitative designs to measure the amount of quality in care these patients received once they chose to non-disclose on registrar forms. The sample population was primarily LGBTQ+ patients, including 544 participants with an Emergency Department. The main purpose of this study is to explain, educate, and propose possible education for nurses and other healthcare providers to decrease the lack of competence that warrants the increased amount of healthcare disparities for this population. The qualitative method shows that LGBTQ+ who chose to non-disclose their sexual orientation create a more positive experience for the LGBTQ+ opposed to disclosing that information, Nurses, and other healthcare providers subconsciously have implicit bias pertaining to this specific population which is based around the lack of cultural competence.

According to the article, “Exploring the attitudes, knowledge and beliefs of Nurses and Midwives’ of The Healthcare Needs of the LGBTQ Population; An integrative Review” two-thirds of trans individuals had negative experiences with healthcare professionals which was consistent with healthcare, general care, and gender identity clinics.

To gain an understanding on the lack of care in relation to cultural competence would be to understand the healthcare rates within the LGBTQ+ population. The LGBTQ+ community experiences higher rates of smoking, alcohol consumption, eating disorders, mental illness, and suicide (Stewart, O’Reilly, 2017). All the psychiatric, and general health issues all fall in the hands of healthcare providers to manage with they trained and educated to be aware or, hence the lack of cultural competence. Nurse and other healthcare providers can have; queerphobia, implicit bias, inequity, and general ethical and health disparities to treat all the patients the same.

In the article “Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review.” that incorporated 639 abstracts, including

qualitative and pre- post intervention tests, basically involved understanding the implicit bias along with stigmatization causing LGBTQ patients to receive a lower standard of care. The search identified 639 articles identifying as a medical program, through a systematic review, researching the medical programs, nursing programs trying to reduce the implicit bias towards the LGBTQ+ patients (Morris, 2019). The effectiveness of intergroup cultural education primarily serves as a basis in understanding the prejudice for medical and nursing programs and reducing the implicit bias and prejudice in healthcare for those patients.

Effects of Incompetent Cultural Care

With conducting research for the effects of the incompetent cultural care for LGBTQ+ patients, two articles that explain the effects include “Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adult, and “Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System.” They’re both qualitative, cross sectional research studies which are primarily designed to understand the correlation between health disparities with LGBTQ+ relative to that of the cis-gender, heteronormative patients.

The article “Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adult” the research conducted was a longitudinal study with primarily 206 participants, with the study design being a focus group on patient who identified as queer or were questioning identity reported negative healthcare experiences more frequently than their LGBTQ+ identified patients. The purpose of this study is to understand the numerous numbers of health disparities relative to cisgender and heterosexual people (Macapagal, Bathia, Greene, 2016). The potential

contributors are perceived and actual discrimination in healthcare settings related to their sexual orientation and gender identity hindering health-seeking behaviors or causing again the negative experience within healthcare.

In the article “Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System” a focus group survey response study which incorporated 8290 participants starting from ages eighteen and older within the LGBTQ+ community. The purpose of this study was examining the outcomes represented with the wide spectrum of physical, functional, mental health along with health risk factors. Some of the results indicated that in comparison to their heterosexual counterparts, LGBTQ+ patient are more susceptible to health disparities such as; an increase in cardiovascular disease, Cancer, Arthritis, Asthma, along with general poor health comes with healthcare.

Increasing Cultural Competence

To elucidate the premise on the lack of care with LGBTQ+ patients, the articles used, explains how increasing education on this specific population showed a particular increase in cultural competence. The articles researched within the topic of increasing cultural competence include *Training Healthcare Professionals in LGBTI cultural competencies: Exploratory finding from the Health4LGBTI pilot Project* and *“Improving LGBTQ Cultural Competence of RNs Through Education.”*

In the article *“Improving LGBTQ Cultural Competence of RNs Through Education ”* this study established an understanding of the knowledge and attitudes of RNS about LGBTQ people and the impact of an educational intervention (Traistan, 2020). Providing a vessel for education and cultural competence, awareness, which would then ultimately evolve into cultural safety can decrease the health disparities of the LGBTQ+ population within healthcare. Research has found

in years spanning from 2009-2017 only 0.19% of literature in the top 20 nursing journals focused on sexual minority health (Traistan, 2020). But this research was conducted with the design of descriptive correlational study with cross sectional design and pre and posttest information. The population consisted of the convenience sample of 111 employed registered nurses in the Pittsburgh Metropolitan region. The purpose of this study assessed the baseline knowledge and level of cultural competence with the impact of educational intervention. The result of this study explained how there's effectiveness of an educational intervention on knowledge.

Increasing cultural education on patients within the LGBTQ+ communities is a plan that will be the foundation to increasing the cultural awareness along with decrease in health disparities within this patient population. According to the research article "*Training Healthcare Professionals in LGBTI cultural competencies: Exploratory finding from the Health4LGBTI pilot Project*" this training research study was done to decrease the health inequities of the LGBTQ patients, with the participation of 110 healthcare professionals. The main purpose of the study was to assess the pre and posttest knowledge before and after the training to increase the knowledge behind the LGBTQ+ population. The participant attitude scores increased for inclusivity along with an increase in knowledge for this specific population's needs.

Throughout the research articles that were used as a reference within the literature review, they all provided ample information to elucidate the implicit bias, stereotypes, along with how the increase in knowledge allot for cultural competence with LGBTQ+ patients. It has been found that increasing cultural knowledge with nurses, nursing students, and other health care professionals can decrease the amount of health care disparities for patients within this specific population. The general strengths within these various studies were that they were able to have an accurate statistical analysis in terms of analyzing the correlation between LGBTQ+ patients

and their experience with implicit bias from health care professionals. Other strengths throughout these studies also indicates the number of negative experiences that are experienced from the entire span of sexual identity with LGBTQ+ patients. Some limitations within the study were that they couldn't effectively provide enough information throughout the studies for the main purpose of reliability on the patients being surveyed. The evidence provided really creates a wider amplitude in the worthiness of guiding practice. Throughout the various sources of research literature, they all aimed to understand and relay pertinent information that identifies the implicit cultural biases and stigmas that patients within this specific population go through.

Research Proposal

The overall proposal for further research would be to understand the correlation between more LGBTQ+ patients and how the increase in cultural competence with nurses and health care providers reduce the negative health outcomes and disparities for these patients. Some questions that arise would be to understand what implementations and curricula would result in more healthcare providers being more culturally literate for this specific population of patients.

The rationale behind my research proposal would be that nurses and other healthcare providers are based on my original problem statement. Creating the culturally competent care will influence LGBTQ+ patients to receive healthcare with a reduction of the negative trajectory when they are faced with implicit biases, stigmas, and discrimination. Understanding the correlation between the lack of cultural understanding and providing the education to aid in culturally competent care related to the literature reviewed pertaining to this research.

Theoretical Framework

Theoretical framework being used within this research proposal would be the nursing theorists Madeleine Leinenger. She developed the "Transcultural Nursing Theory or Cultural

Care Theory” which involved knowing and understanding different cultures concerning nursing and health-illness caring practices, beliefs, and values to provide meaningful and efficacious nursing care services to people's cultural values and health-illness context (Gonzalo, 2021). Her research serves as the preliminary basis for understanding and providing culturally competent care for patients in order to uphold the efficacy of providing care for patients. The main component of nursing is that nurses are educated on culture but in context with my literature review, the lack of cultural congruence or competence serves as a cause of disparities within this population.

Primary Research Aims

- My primary research aims would be to create a questionnaire specifically for LGBTQ+ patients that will study their qualitative responses throughout the survey.

The specific population used to represent the population would again, LGBTQ+ patients who can respond to their experiences with healthcare. My strategy for recruitment would be through use of social media, and a public questionnaire through Dominican University's student population who identifies as LGBTQ+.

Ethical Considerations

Some ethical considerations would be to uphold the anonymity throughout the survey for those who chose to disclose their sensual orientation but would like to remain anonymous. This population being the LGBTQ+ population is specifically vulnerable being that their sexuality can create and warrant for a multitude of socially unaccepted behaviors. The main trajectory of this research is to understand the vulnerability that stems from the cultural incompetence and bias for people in this specific population. I would like to obtain consent for the questionnaire before proceeding on with the survey to ensure that the participants are aware of what they're involved

in the study. The consent process will simply involve a question prior to the start of the questionnaire which will ensure that the participants consent with providing their sexual orientation and information throughout the survey.

Other ethical considerations include ensuring that the participant is aware of their right to privacy throughout the study. Which will all be explained in the beginning of the study. I would like to review the Nuremberg Code, that pertains to the permissible medical experiments.

For the research proposal study, I would like to conduct a cross sectional study, which includes the specific population of the LGBTQ+ patients which involve asking them survey questions over a specific period. For a better explanation of what this research study would look like, is to describe the questions that would be asked. I would ask for the participant to disclose their sexual orientation, the proceeding into understanding how their healthcare has been affected by their sexual orientation. Then, I would conduct another questionnaire that involves asking to rate their experiences and if possible have they felt any amount of discrimination during their interaction with nurses and other healthcare professionals.

This experience for these participants would be relatively simple, which is the discretion of consent for the questionnaire. The study would consist of presumptively 15 or less questions throughout, therefore the participants would relatively endure a quick study. But I would also generalize the study for the cis-gender and their heterosexual counterparts being that they can identify if they've had any negative experiences with healthcare professionals and possibly correlate that with the results from the LGBTQ+ population. From then, I would proceed to finish the study asking if implementing more culturally sensitive education for nurses and other healthcare providers influence a change in healthcare disparities for this population.

The type of analysis I would use would be content analysis to understand the qualitative responses for the participants within the research design. I'm ultimately performing qualitative research that involves understanding and assessing the rigor throughout my research that can serve for means of reliability and validity.

Study Design

A mixed method study with a survey, including qualitative and quantitative questions, will be provided to LGBTQ+ patients and their responses will be studied.

Sample and Recruitment

My strategy for recruitment will be through use of social media, and a public questionnaire to Dominican University's student population who identifies as LGBTQ+.

Ethical Considerations

Some ethical considerations would be to uphold the privacy of those who chose to disclose their sexual orientation and would prefer to remain anonymous. The LGBTQ+ population is uniquely vulnerable being that their sexuality can create an excuse for a multitude of socially unaccepted behaviors by others. The main trajectory of this research is to understand the vulnerability that stems from cultural incompetence and bias that can be exhibited by healthcare providers for people in this specific population. I would like to obtain consent for this survey to ensure that the participants are aware of what's involved in the study. The consent process will include explaining the study and ensuring a potential participant understands their involvement. To start the consent process, questions will be asked of participants regarding their agreement to providing their sexual orientation and personal information.

Other ethical considerations include ensuring that the participant is aware of their right to privacy throughout the study, which will all be explained in the beginning of the study. I

will review the Nuremberg Code, which pertains to the permissible experiments, and the Participants' Bill of Right with the potential participant.

Methods

For this research proposal, I, first, will conduct a qualitative, cross-sectional study, which includes the specific population of the LGBTQ+ patients which involve asking them survey questions. The survey will be open for data collection over a three-month period. The questions that will be asked are:

- What is your sexual orientation?
- How has your sexual orientation affected your healthcare?
- Have you ever felt neglected by a healthcare provider due to your sexual orientation? If so, please discuss your experience.

A second questionnaire will ask participants to rate their experiences, using a five-point Likert Scale, and ask if they have felt any amount of discrimination during their interaction with nurses and other healthcare professionals.

This experience for these participants would be relatively simple, which is the discretion of consent for the questionnaire. The study would consist of presumptively 15 or less questions throughout, therefore the participants would relatively endure a quick study. But I would also generalize the study for the cis-gender and their heterosexual counterparts being that they can identify if they've had any negative experiences with healthcare professionals and compare that with the results from the LGBTQ+ population. From there, I would proceed to finish the study asking if implementing more culturally sensitive education for nurses and other healthcare providers influence a change in healthcare disparities for this population.

Analysis

The type of analysis I would use would be content analysis for the open-ended questions to understand the qualitative responses for the participants within the research design. For analysis of the Likert-Scale questions, descriptive statistics (such as percentages) will be used. I'm ultimately performing qualitative and quantitative research that involves understanding and assessing the rigor throughout my research that can serve for means of reliability and validity.

Conclusion

Throughout this review of research pertaining to understanding the implicit bias along with lack of cultural competency has created more awareness and knowledge to the LGBTQ+ patients. There have been various studies that have been explained and review pertaining to; Implicit bias among nurses and other healthcare providers, understanding the effects of incompetent care being the increased health care disparities with this specific population along with a review from increasing cultural competence within nurses and healthcare providers education and careers.

The original question has been answered being that the cultural implicit bias, stigmas and lack of training and education has created the increase of health care disparities within the LGBTQ+ population. Understanding a portion of the root cause with the causative factors for health disparities within this population therefore creates an avenue for implementing potentially effective education and training for the LGBTQ+ patients. Applying this information to clinical practice specifically will in fact, ultimately answer the original question and problem statement of the thesis. To treat a problem, there must be an understanding of what the main cause of the problem is so that there can be effective clinical management for the LGBTQ+ patients.

The proposed research that has been provided will advance the nursing profession tremendously within healthcare being that if they can understand more of the LGBTQ+ culture they reduce their personal implicit stigmas and biases that serves as one of the causes for the health disparities. When nurses and other healthcare professionals can implement positive experience surrounding this specific population of patients, they will be more opted to seek healthcare without the feeling of scrutiny or negative judgment. The articles researched within this study has shown that increasing cultural competence for the LGBTQ+ patients throughout the use of modules will effectively teach and enlighten nurses and other healthcare providers throughout healthcare. There still needs to be an ample amount of research for this thesis topic but with my proposed research soon there can possibly be a change in healthcare for the LGBTQ+ population.

Some potential outcomes would be the reduction in the prevalence for healthcare disparities for the LGBTQ+ population.

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Mixed Method Survey

(Likert Scale questions)

Appendix B - The Survey

The following survey intends to identify the understanding the effects of lack of cultural competency about nurses and health care providers, and the effects on the patients. Understanding the experience and effects from the lack of cultural competence from a patients perspective can create a better method of reducing the negative effects and implement appropriate interventions.

1) The information presented will uphold privacy, if you would like to disclose information, please start by stating your sexual orientation?

() Gay

() Straight

() Lesbian

() Bisexual

() Asexual

() Queer

() Trans

() Non-Binary

2) If you identify with any sexual orientation other the above, please answer questions the following question.

You can voluntarily choose to withhold information within the survey. But nonetheless, this information is used for research purposes.

3) How has your sexual orientation affected your healthcare?

4) Have you ever felt neglected by a healthcare provider due to your sexual orientation? If so, please discuss your experience?

5) Rate your experiences with nurses and health care providers as a member of the LGBTQ+ community?

6) Rate your experiences with nurses and health care providers as a person who identifies as heterosexual, or cis gender?

7) Would implementing LGBTQ+ culture in nursing and healthcare professional curriculum decrease the amount healthcare disparities?

1. Describe how implementing certain interventions pertaining to cultural competence for LGBTQ+ patients would reduce their healthcare disparities.

Thank you for your time!

Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
<p>Margolies, L., & Brown, C.G. (2019). Increasing cultural competence with LGBTQ patients. <i>Nursing</i>, 49(6), 34–40. https://doi.org/10.1097/01.NURSE.0000558088.77604.24</p>	<p>The purpose of this study was to explain this issue with that coincide with the lack of cultural competence with nurses.</p>	<p>The population of interest was the LGBTQ+ population. The sample size was 544 participants within an ED that withheld their disclosure of sexual orientation</p>	<p>Qualitative Designs</p>	<p>Focus Group, Observation</p>	<p>The major finding was that relative to patient’s patient who identify as LGBTQ+ a non-disclosure with LGBTQ+ patients they reported more improved communication and greater comfort.</p>	<p>They provided an example of how disclosing their sexual orientation will omit any deficit within their health care during a visit to the ED.</p>	<p>They did not provide information on the reduction in their healthcare disparities within the LGBTQ+ population</p>
<p>Quinn, G. P., Sutton, S. K., Winfield, B., Breen, S., Canales, J., Shetty, G., Sehovic, I., Green, B. L., & Schabath, M. B. (2015). Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) Perceptions and Health Care Experiences. <i>Journal of gay & lesbian social services</i>, 27(2), 246–261. https://doi.org/10.1080/10538720.2015.1022273</p>	<p>The goal of the study was to explore the attitudes, health, knowledge, and experiences with healthcare setting and providers among gay, lesbian, bisexual, transgender, to identify ways of improvement</p>	<p>N= 632</p>	<p>Quantitative and Qualitative</p>	<p>Observational</p>	<p>The results show high rates of sexual orientation disclosure, greater acceptance from provider with LGBTQ status, and the need for examination of hospital policies and improved cultural competency</p>	<p>They provided enough information to determine the effectiveness of the disclosure between the patients that identify as LGBTQ+ and heterosexual patients</p>	<p>Throughout the research there’s a limited amount of data on the specifics for barriers in seeking healthcare LGBTQ+ patients. This study mainly focuses on web-based questionnaire within a community in Tampa Bay about general experiences with healthcare provider and facilities with LGBTQ+ patients.</p>

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Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
Stewart, K., & O'Reilly, P. (2017). Exploring the attitudes, knowledge, and beliefs of nurses and midwives of the healthcare needs of the LGBTQ population: An integrative review. <i>Nurse Education Today</i> , 53, 67-77. https://doi.org.dominican.idm.oclc.org/10.1016/j.nedt.2017.04.008	To explore current literature surrounding the knowledge, beliefs and attitudes of healthcare needs of Lesbians, Gay, Bisexual, Transgender and Queer patients, and their influence on equal and non-discriminatory care for LGBTQ individuals.	Multiple Patient qualitative Studies	Systematic Integrative Review	Qualitative, quantitative, mixed methods	All papers were primary studies. The major themes that arose from the literature such as; Heteronormativity across Healthcare, Queerphobia, Rainbow of Attitudes, Learning Diversity”	This literature really assessed the effects of healthcare on LGBTQ+ population. The use of many different studies compiled into one really provided accurate information to support research.	The patient specific were generalized in terms of which sexual orientation was affected throughout the study.
Morris, M., Cooper, R. L., Ramesh, A., Tabatabai, M., Arcury, T. A., Shinn, M., Im, W., Juarez, P., & Matthews-Juarez, P. (2019). Training to reduce LGBTQ-related bias among medical,	Understanding the basis of implicit bias along with stigmatization causing LGBTQ patients to receive a lower standard of care contributing to their health care disparities	N= 639 Abstracts	Qualitative, Pre-Post Intervention Test	Systematic Review	This search identified 639 articles identifying as medical programs, nursing programs and dental students trying to reduce the implicit bias towards LGBTQ+ patients.	This effectiveness of the intergroup contact in terms of understanding the prejudice has been seen to create an opportunity for medical professions to increase LGBTQ understanding.	Some of the biases were not used within this research because they had either outliers in terms of participants they were looking for or it wasn't a form of original research.

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Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
nursing, and dental students and providers: a systematic review. <i>BMC medical education</i> , 19(1), 325. https://doi.org/10.1186/s12909-019-1727-3							
Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults Kathryn Macapagal, PhD, ¹ Ramona Bhatia, MD, MS, ^{2,3} and George J. Greene, PhD ¹	Health services research involving LGBTQ which has focused on differences in healthcare access, use, and experiences between cisgender, heterosexual, adults, and LGBTQ adults. Basically, focusing on healthcare challenges this specific community faces in healthcare.	N= 206	Longitudinal Study	Focus Group	Patients who identified as queer or were questioning sexual orientation identity reported negative healthcare experiences more frequently than their LGB identified participants	They assess a multitude of factors that influence and changes the LGTBQ patients outlook for their healthcare with HCP.	This study was very diverse and meticulous with providing information with the wide array of participants.
Donisi, V., Amaddeo, F., Zakrzewska, K., Farinella, F., Davis, R., Gios, L., Sherriff, N.,	The purpose of this study was conduct a LGBTQ+ training for healthcare workers	N=110 participants	Quantitative and qualitative	Focus Group, Survey	Knowledge scores increased after the training, irrespective of age and sexual	A large sample of healthcare workers were able to participate in the training, including	Initially this training was open to all healthcare and support workers participants, but

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Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
<p>Zeeman, L., Mcglynn, N., Browne, K., Pawlega, M., Rodzinka, M., Pinto, N., Hugendubel, K., Russell, C., Costongs, C., Sanchez-Lambert, J., Mirandola, M., & Rosinska, M. (2020). Training healthcare professionals in LGBTI cultural competencies: Exploratory findings from the Health4LGBTI pilot project. <i>Patient Education and Counseling</i>, 103(5), 978–987. https://doi.org/10.1016/j.pec.2019.12.00</p>	<p>and the results of its pilot implementation</p>				<p>orientation of participants. Attitudes of scores generally improved, particularly in terms of inclusivity and greater acknowledgement of LGBTQI health needs and competence</p>	<p>non-medical staff to contribute the controlled randomized study.</p>	<p>almost half of the participants were LGBTI which can represent a bias.</p>
<p>Traister, T. (2020). Improving LGBTQ cultural competence of RNs through education. <i>The Journal of Continuing Education in Nursing</i>, 51(8),</p>	<p>The purpose of this study was to understand the scarcity of LGBTQ+ culture education within nursing schools. The purpose of this study</p>	<p>N=112</p>	<p>Qualitative and quantitative</p>	<p>Survey, cross-sectional research design</p>	<p>The study highlighted the effectiveness of an educational intervention on knowledge. To further assess the impact of the</p>	<p>This study has shown that nurses desire to learn about LGBTQ people and want to provide them with culturally competent care. Incorporating</p>	<p>The study focused on the knowledge, attitude, and cultural competence of RNs in a metropolitan region in southwestern</p>

CULTURAL BIASES AND DISPARITIES WITH LGBTQ+ PATIENTS 25

Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
359-366. doi: http://dx.doi.org/10.3928/00220124-20200716-05	was to examine the baseline knowledge and attitudes and level of cultural competence among RNs in a metropolitan area and the impact of an educational intervention				intervention on the attitudes of RNs, longitudinal research is warranted.	LGBTQ content into nursing curriculums, programs, and research will help to create a culturally competent nursing workforce capable of providing quality care to LGBTQ people.	Pennsylvania using a convenience sample.
Gonzales, G., & Henning-Smith, C. (2017). Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System. <i>Journal of Community Health, 42</i> (6), 1163–1172. https://doi.org.dominican.idm.oclc.org/10.1007/s10900-017-0366-z	The purpose of this study to examine difference by sexual orientation in an array of health outcomes and health risks factors using one of the nation largest surveys.	N=8920	Quantitative and qualitative	Survey, cross sectional	Their findings are that LGB men and women are more likely to experience a range of impaired health outcomes and risk factors that aren't new but should serve as an additional reminder to address systematic by orientation.	This study provides further evidence of disparities in health and health risk factors by sexual orientation that should concern health care providers and policymakers alike.	All responses for this study were self-reported, which can lead to recall and response bias when describing health conditions and socioeconomic characteristics.