



Review

Exploring the attitudes, knowledge and beliefs of nurses and midwives of the healthcare needs of the LGBTQ population: An integrative review



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ABSTRACT

Objectives: To explore current literature surrounding the knowledge, beliefs and attitudes of nurses and midwives of the healthcare needs of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) patients and their influence on equal and non-discriminatory care for LGBTQ individuals.

Design: Systematic integrative review.

Data Sources: CINAHL, MEDLINE, PubMed, InterNurse.

Review Methods: This integrative review used Wakefield's (2014) framework to establish the knowledge, beliefs and attitudes of nurses and midwives of the healthcare needs of LGBTQ patients. Qualitative, quantitative and mixed methods primary studies carried out between 2006 and 2015 from 7 countries were included. Four databases were searched and 98 studies were screened for eligibility by two researchers. Level of evidence was assessed by the Scottish Intercollegiate Guidelines Network (SIGN, 2010) criteria and quality was assessed by a screening tool adapted from Noyes and Popay (2007) for qualitative papers and Quality Assessment Tool for Quantitative Studies adapted from the Effective Public Health Practice Project (EPHPP, 2010). Following PRISMA guidelines, this integrative review analysed and synthesised evidence using thematic analysis to generate themes.

Results: 24 papers were included in the final synthesis which revealed four primary themes: Heteronormativity across Healthcare; Queerphobia; Rainbow of Attitudes; Learning Diversity.

Conclusions: Nurses and midwives possess a wide spectrum of attitudes, knowledge and beliefs which impact the care received by LGBTQ patients. Many issues of inadequate care appear to be due to a culture of heteronormativity and a lack of education on LGBTQ health. Further research is needed on interventions which could facilitate disclosure of sexual orientation and interrupt heteronormative assumptions by staff. It is recommended that LGBTQ issues be included within undergraduate nursing and midwifery education or as part of continued professional development.

1. Introduction

In 2015, Ireland became the first country in the world to legalise same-sex marriage by popular vote. This milestone in civil rights means that Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) families are now protected by the constitution and have the same rights and protections as different gender married couples (Table 1). Although this shift in state policy is indicative of broader social change, it does not mean that negative attitudes and beliefs towards LGBTQ people have disappeared. Thus, the health of LGBTQ people may still be at risk due to discrimination and barriers to appropriate healthcare.

Minority stress and engagement in risk-related health behaviours leads to significant health disparities amongst members of the LGBTQ community. The LGBTQ community experiences higher rates of smok-

ing, alcohol consumption, eating disorders, mental illness and suicidality (McNeil et al., 2012; Mayock et al., 2008; HSE, 2006). LGBTQ women experience higher rates of cardiovascular disease, polycystic ovary syndrome, breast, cervical and ovarian cancer (Brown and Tracy, 2008; HSE, 2006; Smolinski and Colón, 2006).

In spite of these issues, there are a number of barriers to LGBTQ individuals accessing healthcare, including fear of discrimination and stigma, difficulty disclosing sexual orientation or gender identity to staff and lack of staff knowledge of LGBTQ issues (Dearing and Hequemour, 2014; Jackson et al., 2008; Mayock et al., 2008; Peate, 2008a; 2008b; Brotman et al., 2007; Hutchinson et al., 2006). As person centred care should encompass the Rogerian values of empathy, congruence and unconditional positive regard (Rogers, 1957), it is essential that nurses and midwives be conscious of the

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Table 1

Glossary of Terms

The following definitions are adapted from the [American Psychological Association \(2015a\)](#), [American Psychological Association \(2015b\)](#) and [McCabe et al. \(2013\)](#).

Biphobia	a term for prejudice against bisexual people
Bisexual	a person who is emotionally, romantically, and sexually attracted to both men and women
Cisgender	an adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth
Cisnormativity	a systemic bias based on the ideology that gender expression and gender identities are determined by sex assigned at birth rather than self-identified gender identity
Gay	a person whose emotional, romantic, and sexual attractions are for individuals of the same sex
GB men	gay and bisexual identifying men
Gender identity	refers to one's sense of oneself as male, female or an alternative gender
Heteronormativity	presumptions relating to sex and gender, which include beliefs in normality or naturalness of heterosexuality and the public recognition and celebration of heterosexuality through a variety of social discourses and institutions
Heterosexism	a belief system that assumes that all people are heterosexual and that heterosexuality is inherently normal and superior
Heterosexual	a person whose emotional, romantic, and sexual attractions are primarily for individuals of a different sex
Homophobia	a term for prejudice against LGBT people
Homosexual	a term used to refer to a person based on his or her same-sex sexual orientation, identity, or behaviour
LB women	lesbian and bisexual identifying women
Lesbian	a woman whose emotional, romantic, and sexual attractions are primarily for other women
LGB	lesbian, gay and bisexual
LGBT	lesbian, gay, bisexual and transgender
LGBTQ	lesbian, gay, bisexual, transgender and queer; umbrella term for minority sexual orientations and gender identities
LQ	lesbian and queer identifying women
Microaggressions	messages that communicate hostile, derogatory, or negative slights directed at marginalized groups in society
Misgendering	the use of incorrect pronouns or gender references when speaking to or about an individual i.e. referring to a trans woman as 'he' or male
Non-binary/genderqueer	refers to individuals who identify their gender as falling outside the binary constructs of male and female
Queer	a historically derogatory term for a gay man, lesbian, or gender non-conforming person. The term has been widely reclaimed, especially by younger LGBT people, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all LGBT people. More recently, queer has become common as a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance, gay, lesbian, or bisexual only). Some LGBT community members still find queer an offensive or problematic term
Queerphobia	a term for prejudice against LGBTQ people
Sexual orientation	refers to the sex of those to whom one is sexually and romantically attracted
Trans	short-hand for the terms transgender, transsexual, and/or gender nonconforming
Transgender	umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth
Transphobia	a term for prejudice against trans people

attitudes and beliefs that may influence their care of LGBTQ patients.

Therefore this review aims to explore the knowledge, beliefs and attitudes that nurses and midwives have of the healthcare needs of the LGBTQ population and to synthesise these findings in order to determine common themes across relevant studies and identify areas for future study.

2. Methods

2.1. Aims

This review aims to answer the following questions:

1. What can the current literature reveal about the knowledge, beliefs and attitudes of nurses and midwives of the healthcare needs of the LGBTQ population?
2. Do the knowledge, beliefs and attitudes of nurses and midwives affect access to equal and non-discriminatory healthcare provision for the LGBTQ population?

2.2. Design

Little literature exists regarding care episodes between healthcare staff and LGBTQ patients. The studies that do exist are largely qualitative with few examples of quantitative studies, meta-analyses or systematic reviews. Thus, the research method chosen to explore the research question was a systematic integrative review. The steps, outlined by [Wakefield's \(2014\)](#) framework, in doing an integrative review were adhered to in order to establish the knowledge, beliefs and attitudes of nurses and midwives of the healthcare needs of LGBTQ patients. Following PRISMA guidelines this integrative review analysed and synthesised evidence using thematic analysis to generate themes

and sub-themes.

2.3. Population

Broad and specific terms were used in identifying the staff caring for LGBTQ patients. This was later narrowed to papers which focused on nurses and midwives. The perspectives of both the LGBTQ population and nurses and midwives themselves are important in building a complete picture of the attitudes, knowledge and beliefs. Therefore, studies which inform both points of view were included.

2.4. Phenomena of Interest

The review explored the beliefs, knowledge and attitudes held by nurses and midwives of the healthcare needs of the LGBTQ community.

2.5. Context

The LGBTQ community is a diverse and heterogeneous population group. Research studies commonly conflate members of the population or focus in on one specific subset of the community (often lesbians or gay men). In order to attain a wide overview of the literature, both collective (e.g. LGBT, sexual orientation) and specific (e.g. gay, lesbian, bisexual, transgender) terms were used.

2.6. Search Strategy

A modified version of the PICO criteria was used to frame the review and develop key search terms ([Joanna Briggs Institute, 2011](#)). This version of PICO refers to Population, phenomenon of Interest and Context and was chosen because the research question is exploratory in nature, contains neither an intervention nor an outcome and focuses

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