Lesbian, Gay, Bisexual, Transgendered, or Intersexed Content for Nursing Curricula

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There has been limited identification of core lesbian, gay, bisexual, transgendered, or intersexed (LGBTI) experience concepts that should be included in the nursing curricula. This article addresses the gap in the literature. To move nursing toward the goals of health equity and cultural humility in practice, education, and research, nursing curricula must integrate core LGBTI concepts, experiences, and needs related to health and illness. This article reviews LGBTI health care literature to address the attitudes, knowledge, and skills needed to address curricular gaps and provide content suggestions for inclusion in nursing curricula. Also considered is the need to expand nursing students' definition of diversity before discussing the interplay between nurses' attitudes and culturally competent care provided to persons who are LGBTI. Knowledge needed includes a life span perspective that addresses developmental needs and their impact on health concerns throughout the life course; health promotion and disease prevention with an articulation of unique health issues for this population; mental health concerns; specific health needs of transgender and intersex individuals; barriers to health care; interventions and resources including Internet sites; and legal and policy issues. Particular assessment and communication skills for LGBTI patients are identified. Finally, there is a discussion of didactic, simulation, and clinical strategies for incorporating this content into nursing curricula at the undergraduate and graduate levels. (Index words: Lesbian; Gay; Bisexual; Transgender; Nursing curricula content) J Prof Nurs 28:96–104, 2012.

IT IS UNDISPUTED that nurses provide care for diverse populations of people. For this care to be most effective and equitable across all populations, nurses must embrace a broad definition of diversity that goes beyond ethnic or cultural interpretations but also incorporates an awareness of the individualized nature of health care needs of all patients and families to provide better care. These needs may be related to self-identification as lesbian, gay, bisexual, transgendered, or intersexed (LGBTI), as well as straight, Asian, Latino, Muslim, and countless other identifiers that may be inferred or used. These identifiers have implications for current and future health status and should be incorporated into didactic and clinical experiences in nursing education. Unfortunately, LGBTI needs may be overlooked or ignored because of a lack of knowledge or ideological pressures that restrict intellectual discourse to that based on heteronormative assumptions (Stacey & Biblarz, 2001). Often, there is a limited amount of core LGBTI content included in nursing curricula.

This article identifies and discusses these weaknesses in nursing curricula and suggests content areas for inclusion. The article focuses on attitudes, knowledge, and skills in nursing education and practice. Although the acronym LGBTI will be used for general discussion, when reporting on specific population research findings, the appropriate acronym will be used, for example, LG, LGB, or LGBT, as specified in the cited literature.

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Attitudes

Identification of Own Beliefs

Nursing students should be open to diversity in its broadest definition and need to cultivate the ability to be open minded. Openness is necessary when learning how to provide respectful caring for all people. This learning optimally takes place at both personal and professional levels.

Curricular opportunities that assist the student to reflect on and understand their values, biases and prejudices, and comfort levels related to sex, gender, and sexual orientation set the stage for learning how to give sensitive, patient-focused care. These include exploring homophobic and heterosexual biases within themselves, their family of origin, and the greater community. Awareness is an essential first step in developing sensitivity and understanding. Faculty set the environment for self-examination by creating a climate in which all students feel welcome and by providing a safe, calm environment for discussing what may sometimes be highly charged content. The ability to create this environment for learning and exploration is predicated on faculty themselves being open and willing to explore their own values and beliefs. Students must learn how to take health histories and perform assessments of LGBTI patients and families with an attitude of inclusivity and without judgment. Classroom experiences such as listening to an LGBTI panel discuss interactions with health care personnel and role-playing LGBTI patient care scenarios assist in sensitizing, attitude formation, and skill development.

Impact of Attitudes

Students should develop an understanding of how personal biases affect interaction with others, whether those others are individuals, couples, or communities. The impact of stigma, including avoidance of disclosing one's sexual-minority status, threats or acts of violence, avoidance of health care providers, and risk of pregnancy among LGB teens, need to be identified and discussed (Sauwyc, Poon, Homma, & Skay, 2008). By changing attitudes, better communication and more sensitive interactions should result. The curriculum should also incorporate the ethics of care and the concept of social justice, integrating examples from both the LGBTI and the straight community. Inclusion of this content will guide students as they learn a professional and unbiased approach to nursing care while respecting personal values and beliefs. The goal is to assist the student in understanding that patients and families are sensitive to attitudes conveyed by health care providers and if those attitudes are judgmental and not accepting, health care interactions are unlikely to be successful and may have negative implications for future contact with health care providers.

Knowledge

Awareness of both strengths of and challenges faced by LGBTI individuals and groups is important; an understanding of similarities and differences of LGBTI communities with the dominant culture is also helpful in providing equitable health care. One strength may be the ability to create a community of support from LGBTI friends and acquaintances. An example of a challenge might be the integrating of one's spiritual or religious beliefs with one's sexual or gender identity. The LGBTI experience can take on the look of a culture, for example, common musical interests among lesbians, but students need to understand that all LGBTI individuals are not the same, and these differences can be based on "age, gender, racial/ethnic identities, geography, immigration status, language, socioeconomic status and education" (Dibble, Eliason, DeJoseph, & Chinn, 2008, p. 129). Students also need to understand that being LGBTI is not something one chooses and that the identification and expression of one's sexual identity is on a continuum.

Disclosure itself can be politicized. For example, a gay individual may choose to disclose to increase awareness of his presence within the dominant culture as an expression of gay pride. Assumptions about disclosure sometimes claim that authentic relationships can only be embedded in openness and disclosure of secrets, including one's sexual orientation. However, McDonald (2008) argues, "While self-acceptance and improved self-esteem are desirable, they are not always the consequences of self-disclosure….while we might subscribe to a theoretical direction that underpins the importance of disclosure in the therapeutic setting, the counsel we give to clients regarding disclosure in the social world must account for the complex realities of a hetero-normative society" (p. 642), where threats to safety, bullying, discrimination, and job loss may be realities.

Basic definitions are important to student understanding. Students should be able to define gender, sexual orientation, gender identity, queer, transgender, and intersex, among others (see Table 1).

Developmental Issues

A life span approach is needed to provide a comprehensive understanding of the developmental challenges that may occur among LGBTI persons and their families. For example, as the new millennium evolves, the struggles of nonheterosexuals to secure equal rights to marriage, establishment of a family, child custody, adoption, foster care, fertility services, and family rights at the end of life have precipitated some of the most politicized developments in Western family patterns. It is not surprising that research on LGBTI family issues has incited passionate divisions. The implications of such research impact marriage and family policies that have encoded Western culture's traditional views regarding gender, sexuality, and parenthood (Goldberg, 2007).

It is critical to be aware that health care providers frequently assume a traditional heterosexual parenting bias when working with LGBTI parents. It is estimated that dependent children with LGB parents range from 1 to 9 million or between 1% and 12% (78 million) of children (Stacey & Biblarz, 2001). Although most psychological research has concluded that there are no