Improving LGBT Cultural Competence in Nursing Students

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Significance of the Problem

- LGBT (lesbian, gay, bisexual, transgender) health care is considered a national priority by The Institute of Medicine (IOM, 2011), the Agency for Healthcare Research and Quality (2012) and HealthyPeople 2020 (2013).
- Examples of Disparities affecting LGBT health:
  - 20-30% substance abuse compared to 9% general population (SAMHSA, 2012).
  - 41% of transgender individuals attempt suicide (Grant, Mottet, & Tanis, 2010)
  - 40% of homeless population vs. 7% general population (Williams Institute, 2012).
- The shortage of LGBT culturally competent health care providers (HealthyPeople 2020, 2013).
- Cultural Competence: an ongoing process allowing a health care provider to give quality care to diverse populations (AACN, 2008)
PICOT

- (P) Population, (I) Intervention, (C) Control, (O) Outcome, (T) Time frame.

- Does a multi-faceted educational intervention including a lecture, panel discussion, and role-play activity each lasting 50 minutes (I), improve the cultural competence, particularly the knowledge, attitudes, and skills (O), of undergraduate nursing students (P) regarding LGBT individuals compared to their cultural competence before this intervention (C) over a one-week time frame (T)?
Review of the Literature

- **Key Terms:** education, teaching, nurse, student, lesbian, gay, transgender, homosexual, LGBT, GLBT, cultural competence

- **Inclusion Criteria:** peer reviewed, published between 2006-2016, English, recommendations for educational strategies, feasible for the classroom setting, assessed more than knowledge

- **Exclusion Criteria:** intervention not directed towards graduate students, faculty members, LGBT patients, LGBT nursing students, or institutional or organizational changes, not specific to a single aspect of LGBT health issue.

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Evidence Summary

- **Samples:** nursing students, nurses, medical students, pharmacy students
- **Outcomes:**
  - All educational interventions improved participant cultural competence
  - No single strategy is better than another, or can improve all aspects of cultural competence
  - Using multiple educational strategies improves several aspects of cultural competence
  - Aspects of cultural competence are most often delineated: knowledge, attitudes and skills

(Dearholt & Dang, 2012; Melnyk & Fineout-Overhold, 2015)

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- Clinical guidelines (1), Systematic review (1), Meta-analysis (2)
- Quasi-experimental (3)
- Mixed-method (1), Descriptive survey (1)
- Literature review (3), Expert opinion (2)
Decision to Change Practice

• **Best Practice Recommendation:**
  - A mixed-method approach to improve knowledge, attitudes, and skills of health care providers should include:
    - Formal educational strategies
    - Contact with members of a cultural group
    - Interactive experiences

• **Practice Change:**
  - Initiate a cultural competence educational intervention with senior nursing students
  - Utilize a multi-method educational strategy including a PowerPoint, panel discussion, and role-play activity
  - Assess students based on knowledge, attitudes, and skills working with individuals identifying as LGBT

(Bartoș et al., 2014; Brennan et al, 2012; Gallagher & Polanin, 2015; Kelley et al., 2008; Lim et al., 2013, Long 2012; Sales et al., 2013)
Implementation

• **Sample:** 78 senior baccalaureate nursing students
• **Setting:** Valparaiso University
• **Design:** pretest/post-test
• **Tool:** Knowledge, Attitudes, and Skills Questionnaire

**Theoretical Framework:** The Purnell Model for Cultural Competence (Purnell, 2005)

**Evidence-Based Practice Model:** Model for Evidence-Based Practice Change (Larabee, 2009)
Implementation

• Practice Change:
  – Day 1: 50-minute class period
    • introduction to the project
    • implementation and collection of pretest
    • lecture with PowerPoint on LGBT health issues
  – Day 2: 50-minute class period
    • panel discussion between nursing students and members of the campus LGBT group
  – Day 3: 50-minute class period
    • role-play between small groups of nursing students and members of the campus LGBT group.
    • Implementation and collection of post-test
Data Analysis

- **Paired Samples t tests**
  - Three subscales: knowledge, attitudes, skills
- **Reliability:** good reliability generally accepted as 0.7
  - Knowledge: Chronbach’s Alpha pretest .52, post-test .59
  - Attitudes: pretest.71, post-test .68
  - Skills: pretest .59, post-test .76
- **Validity:** Confirmed three times
  - Alliance members
  - Medical Anthropologist
  - Associate Director of a university for sexual health promotion
Data Analysis

• **Demographic Characteristics**: birth sex, gender identity, sexual orientation, racial group, religion, age:
  - 92% female
  - 97% heterosexual
  - 83% white
  - 76% Christian
  - Mean age 22 years ($SD = 6.31$)

• **Knowledge, Attitudes, and Skills Tool**: Combination of original items and items found in the literature. Included 24 items divided into three subscales
  - Knowledge: 8 True/False items
  - Attitudes: 8 items on 5-pt. Likert scale (1 = strongly agree to 5 = strongly disagree)
  - Skills: 8 items on 5-pt. Likert scale (1 = strongly agree to 5 = strongly disagree)
Data Analysis

• **Knowledge**
  - Pretest $M$ 4.21 ($SD = 1.64$), post-test $M$ 6.81 ($SD = 1.12$), ($t(51)=-12.717, p=.000$)
  - Significant increase in correct answers to True/False items from pretest to post-test indicating an increase in knowledge

• **Attitudes**
  - Pretest $M$ 13.08 ($SD = 3.99$), post-test $M$ 11.34 ($SD = 3.17$), ($t(52)=4.86, p=.000$)
  - Significant decrease in mean Likert scores from pretest to post-test indicating an increase in positive attitudes

• **Skills**
  - Pretest $M$ 20.23 ($SD = 4.71$), post-test $M$ 16.34 ($SD = 4.87$), ($t(52)=5.64, p=.000$)
  - Significant decrease in mean Likert scores from pretest to post-test indicating an increase in skills
Recommendations For Improvement

- Nursing Students
  - Demonstration or better prompts for role-play activity
  - More interaction with multiple Alliance members
  - Disagreement on activity timeframes
- Alliance Members
  - Increased stress on importance of pronoun usage
  - More topics: LGBT social situations, appropriate questions, safe zone training
  - More Alliance group members, more time in role-play
  - Rotation of Alliance members with nursing students, smaller role-play groups
- Overlap
  - Increased education on terminology
  - Better organization of role-play activity
Conclusions

• Multi-method approach:
  – PowerPoint lecture
  – Panel discussion
  – Role-play activity

• Creates statically significant improvement in nursing students’ cultural competence:
  – Knowledge of LGBT health issues
  – Attitudes Towards individuals identifying as LGBT
  – Skills in working with LGBT patients

• Consistent with the literature

• Implications for nursing
  – Practice
  – Research
  – Education
Conclusions

• Strengths
  – 89.7% response rate pretest, 78.2% on post-test, attrition 11.5%
  – All three tiers completed in allotted time frame
  – Only minimal adjustments to implementation based on attendance
  – Statistically significant improvement in all 3 aspects of cultural competence
  – Feasible implementation for the classroom setting

• Limitations
  – Lack of high level studies based on RCT
  – Self-reporting
  – No standard assessment tool for LGBT cultural competence
    • Validity confirmed
    • Reliability could increase in larger study
Recommendations

• Improving the LGBT cultural competence of nursing students:
  – Increases the numbers of future health care workers prepared and willing to provide quality care to LGBT patients
• Nursing programs should adopt this type of intervention to address LGBT health disparities
• Future implementation:
  – More time if possible
  – Interactions between nursing students and multiple LGBT group members
  – Demonstration of role-play activity
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References