

ABSTRACT

Background: The lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community is at an increased risk of experiencing health disparities, poor health outcomes, stigma, and discrimination when seeking medical care.

Purpose: This project aimed to improve nurse practitioner's competence level, knowledge, and awareness when providing care to the LGBTQ community.

Design: A quantitative study with a pre-test/post-test design.

Methods: A pre and post-intervention study design was conducted and participants comprised a convenience sample of nurse practitioners from throughout the United States (N = 50). The training intervention consisted of a 20-minute cultural competency training video. A survey was completed pre- and post intervention Three subscales were calculated using the Lesbian, Gay, Bisexual, Transgender Development of Clinical Skills Scale (LGBT-DOCSS). To compare responses pre- and post-training, paired-samples *t*-tests were conducted on the Clinical Preparedness, Attitudinal Awareness, Basic Knowledge subscales, and the total LGBT DOCSS score.

Results: 98% of study participants desired additional cultural competency training. When investigating changes from pre- to post-training, it was found that the three subscales and the total score all significantly increased (all *ps* ≤ .02).

Conclusion: There is a significant gap in the knowledge of providers when caring for the LGBTQ community. The results of this study highlight the need for LGBTQ awareness and educational training for health care providers.

INTRODUCTION

The LGBTQ community reports intense stigma and discrimination when accessing health services, leading some individuals to forgo treatment (American Psychiatric Association, 2017). Often, health care providers lack the education, skills, and confidence to care for the LGBTQ community. It is vital to raise awareness, skills, and knowledge in people at the forefront of patient care. Education, awareness, and knowledge will reduce health disparities among the LGBTQ community.

SPECIFIC AIMS

The goal of this DNP project was to evaluate whether a cultural competence training program administered to nurse practitioners will improve their competence, knowledge, and skills when providing care to the LGBTQ community.

METHODS

Design: A quantitative study with a pre-test/post-test design.

Setting: Nationwide, online professional social media site for nurse practitioners.

Participants: Nurse practitioners

Intervention: 20 minute LGBTQ cultural competence educational video.

Data Collection: Participants completed the LGBT-DOCSS Scale, pre-intervention and post-intervention. Participants were asked to complete a demographic questionnaire and all training, scales, and demographics for completed in Qualtrics in an online format.

ANALYSIS

Reliability of the three subscores and the total score was acceptably high (Cronbach's α = .91, .82, .70, and .89

Effect sizes for the three subscales and the total score were calculated using Cohen's *d*. Based on Cohen's (1992) guidelines, effect sizes of *d* = 0.2, 0.5, and 0.8 were considered to be small, medium, and large effects.

Degree of Variability: A total of 50 participants completed the survey both times as well as the training, which meant that the current study had 80% power to detect an effect size of *d* = 0.40 (i.e., a small-to-medium effect; Cohen, 1992) with an alpha level of α = .05.

Data Analysis: Descriptive statistics were calculated using means and standard deviations for continuous variables and frequencies for categorical variables Three subscales were calculated from the LGBT-DOCSS Scale (Clinical Preparedness, Attitudinal Awareness, and Basic Knowledge) and responses were analyzed pre and post-training intervention.

Statistical Analysis: Three subscales were calculated from the LGBT DOCSS scale: Descriptive statistics were calculated using means and standard deviations for continuous variables, and frequencies for categorical variables. To compare responses pre- and post-training, paired-samples *t*-tests were conducted on the Clinical Preparedness, Attitudinal Awareness, and Basic Knowledge subscales, and the total LGBT DOCSS score. Wilcoxon signed-rank tests for each individual item of the LGBT DOCSS. Statistical significance was set at an alpha level of α = .05

RESULTS

- A total of 90 participants started the survey, but 50 completed the survey both times and the training. These 50 participants (N = 50) were retained for all analyses (any participant who did not complete the survey both times were excluded). Participants ranged in age from 27 to 69 years old
- 98% of nurse practitioners desired additional cultural competency training
- When investigating changes from pre- to post-training, it was found that the three subscales and the total score all significantly increased (all *ps* ≤ .02)

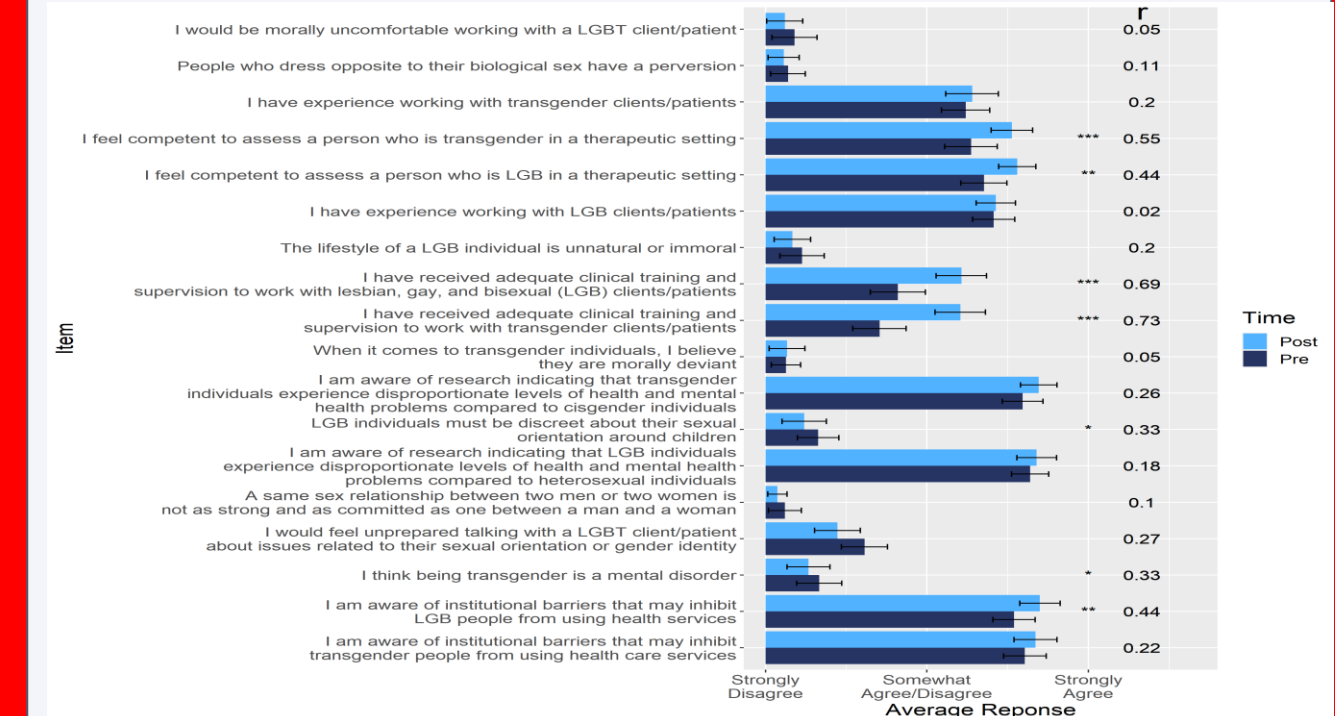
Table 1. Demographics.

| Variable | Statistic |
|---|--|
| Age (years) | <i>M</i> = 43.22, <i>SD</i> = 10.32 |
| Experience in nursing (years) | <i>M</i> = 15.12, <i>SD</i> = 9.86 |
| Sex | 48 Female, 2 Male |
| Practicing Nurse Practitioner | 49 Practicing, 1 Non-practicing |
| Highest degree earned | 41 Masters, 8 Doctoral, 1 Post-Masters |
| Desire additional LGBT cultural competency training | 49 Yes, 1 No |

Table 2. Pre- and Post-Training Scores of the Three Subscores

| Measure | Pre-Training <i>M</i> (<i>SD</i>) | Post-Training <i>M</i> (<i>SD</i>) | <i>p</i> value | <i>d</i> |
|-----------------------|-------------------------------------|--------------------------------------|----------------|----------|
| Clinical Readiness | 31.58 (9.35) | 36.30 (8.35) | < .001 | 0.53 |
| Attitudinal Awareness | 44.64 (6.26) | 45.66 (5.78) | .006 | 0.17 |
| Basic Knowledge | 23.14 (4.38) | 24.24 (4.16) | .020 | 0.26 |
| Total Score | 99.36 (13.32) | 106.20 (12.01) | < .001 | 0.54 |

Table 3. Percentage of responses to each item at each point



DISCUSSION

- Implementing this quality improvement project provided a platform and call for change that needs to take a systemic approach to growth and development to strengthen our communities and educate all specialties of health care providers, to improve cultural competency when caring for LGBTQ
- The results of this study highlight the need for LGBTQ awareness and educational training for health care providers. 98% or 49 out of 50 participants desired additional LGBTQ cultural competency training
- It is imperative to note participants had, on average, 15 years of experience in nursing, accentuating the need for an educational program targeting LGBTQ cultural competency that was not dependent on years in practice or experience as a health care provider
- This study implies that the educational intervention effectively improved nurse practitioners' knowledge, skills, and awareness in providing care to the LGBTQ community
- Overall, providers felt more adequately trained and prepared in the clinical aspect of knowledge and providing care to the LGBTQ community
- Strengths of the Study:** Include the use or reliability of the measurement tool (LGBT-DOCSS scale). The LGBT-DOCSS scale has been validated across multiple studies (Bidell, 2017). This study was not limited to one geographic area, and participants were obtained from throughout the United States, minimizing sampling bias.

- Limitations:** Scores on the LGBT DOCSS were very high (maximum possible score is 126, pre score = 99.36, post = 106.20). Possibly, if there was a greater range of scores (i.e., a sample with lower total scores), results might be different.

IMPLICATIONS for NURSING PRACTICE

- This DNP project called attention to the need for provider training and education regarding the LGBTQ community and cultural competence
- This project highlighted the gap in knowledge and the disparity in practice as it relates to LGBTQ members. For actual change and improvement to occur, there must be systemic change rather than isolated efforts by individual providers
- There is a need for training to enhance and improve the patient-provider bond to improve patient outcomes long-term within the LGBTQ community. A knowledge-based training needs to be accessible to all health care providers.

IMPLICATIONS for FUTURE RESEARCH

- It is recommended that further study be completed on the progress of LGBTQ health care across the lifespan. It is vital to continue study based on LGBTQ members unique needs and how to overcome significant challenges and obstacles that arise in this diverse population
- Data collection needs to continue based on the correlation of health care disparities and the patient and provider interaction and the role it plays in impacting care and patient outcomes.
- Future studies should incorporate other provider specialties.

REFERENCES & CONTACTS

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