

Critical Care Nurses' Awareness and Ability to Assess Gender Identity and Sexual Orientation to Provide Culturally Competent Patient Care

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Background

- We have found admission documentation lacks inclusivity for LGBT patients- no gender identification or sexuality questions
- High medical risk for LGBT because of evasion to routine healthcare due to heterosexism and prejudices
- Healthcare literature lacks research, theory, practice guidelines, and protocols for LGBT patients
- Ethical dilemmas regarding next of kin may arise when caring for LGBT patients

PICO Question

For nurses caring for patients in a critical care setting, will a survey of staff to identify standard work gaps highlight educational deficits in providing culturally competent care for LGBT patients?

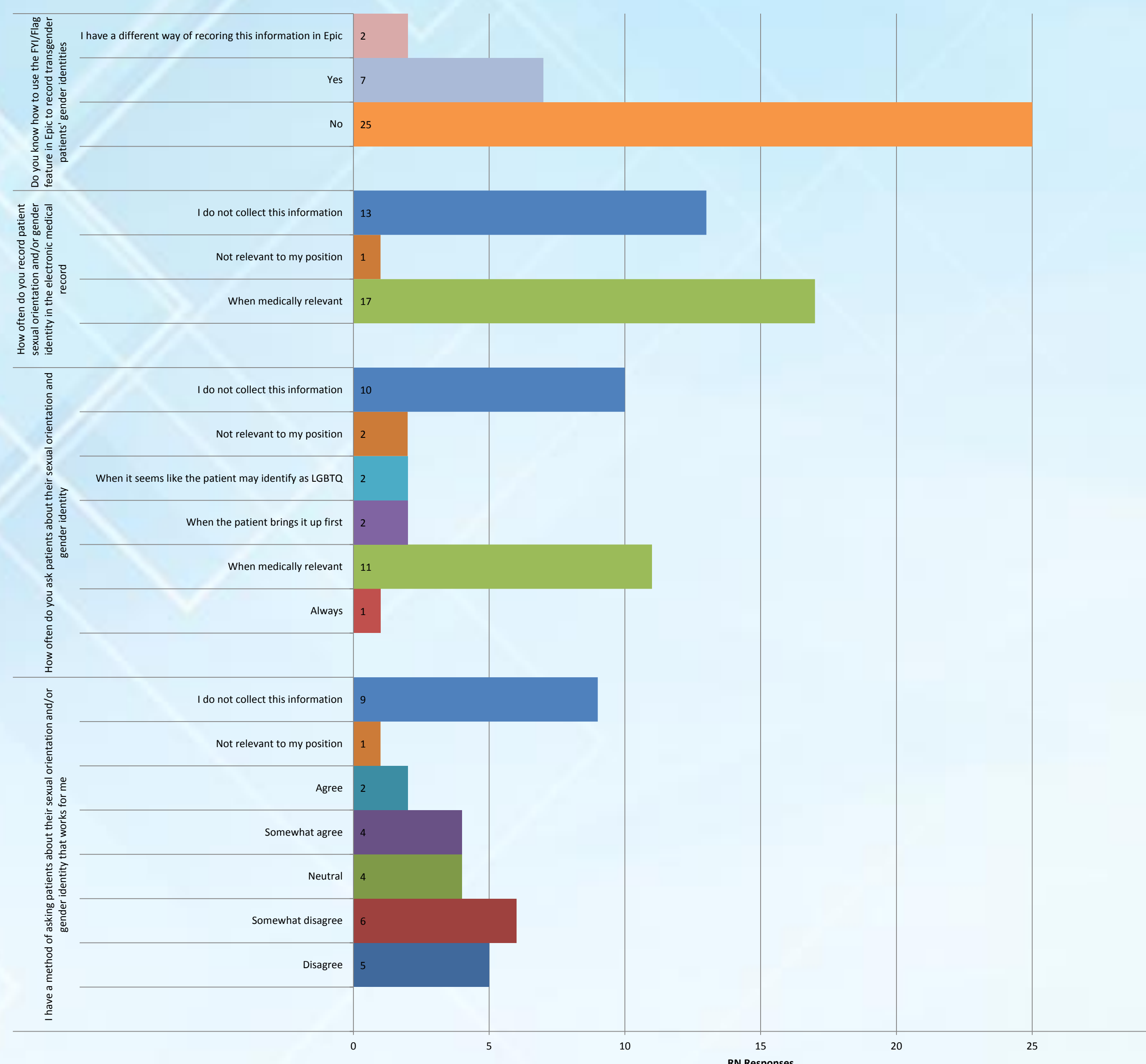
Evidence

- Nursing education should focus on foundational knowledge of LGBT health issues, reflection on attitudes and biases of nursing toward LGBT patients and coworkers, and interviewing skills for LGBT patients (Carabez, R., Pellegrini, M., et al. 2015).
- HEALE training curriculum considerably increased knowledge base nurses' confidence in providing culturally competent care to older LGBT patients (Hardacker, C., Rubinstein, et al, 2013)
- According to the National LGBT Health Education Center, LGBT people have trouble with basic access of care, may experience discrimination or prejudice from health care staff when seeking care, and LGBT people sometimes discover that providers do not have knowledge or experience in caring for them (<https://www.lgbthealtheducation.org/>)

Process and Implementation

- Consulted cultural competence expert for Lehigh Valley Health Network shared pre-approved survey
- Survey edited to fit goal of EBP project
- Surveys were distributed to 41 RNs on the NSICU and 35 RNs on the Burn ICU.
- Analyzed data to address knowledge and practice gaps in culturally competent nursing care
- Identified future education opportunities to increase nurses' comfort in caring for LGBT population

Results



Limitations

- Limitations
 - Responses for surveys
 - Return rate 32% of targeted staff
 - Vague nature of “when medically relevant” response
 - Implication of sexually transmitted disease
 - Implication of inconsistent next of kin identification
 - Implication of anatomical/medication impact on care

Future Implications

- Future implications
 - Educating staff regarding the FYI/Flag feature in Epic to record transgender patient's identities
 - Educate nurses on culturally competent resources available through LVHN
 - Educate nurses to use the term “relationship status” as opposed to “marital status”
 - Develop educational posters that outline FYI flag and intranet steps to the Culturally Competent Resource Center
 - Upload an educational TLC course outlining LGBTQ+ information and relevant facts
 - Work with Judy Sabino to develop standard policy to ask patients respectfully about their sexual orientation and/or gender identity

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