



Family Nurse Practitioner Students' Knowledge, Attitudes, & Self-Efficacy In The Care Of LGBT Patients In The Primary Care Setting

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Introduction

Lesbian, gay, bisexual, and transgender (LGBT) persons have a long history of being marginalized in the United States. Quality healthcare should be available to all members of the population with equivalent skill applied regardless of social status. It is critical for the U.S. healthcare system to design methods to ensure that health care inequities are eliminated amongst all minority populations, including the LGBT population. Professionals working in the community and healthcare providers have an ethical, moral, and professional responsibility to help eliminate the disparities that exist within the LGBT population.

Problem Statement

There is a lack of didactic education of advanced practice primary care providers regarding the specific health risks of the LGBTQ population

Purpose of the Study

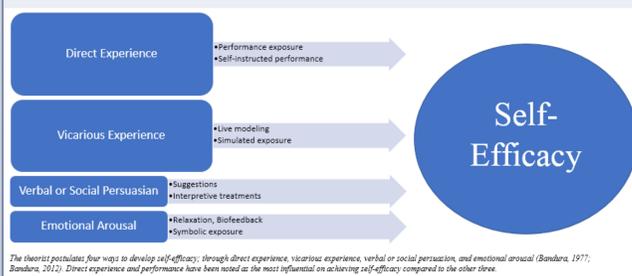
While healthcare and governmental regulators have called for improved care for this minority population in an effort to decrease disparities, schools of nursing have been slow to adapt. The college of nursing has identified this topic as an area of weakness in curriculum design. Recent publications indicate not only a continued lack of knowledge but a decreased sense of confidence when caring for this population.

Research Question

Does completing an evidence-based, self-paced online learning module regarding primary care and risk prevention of the LGBT population paired with a live simulation enhance knowledge, attitudes, and self-efficacy among advanced practice nursing students at a Midwest University?

Theoretical Framework

Albert Bandura's Self-Efficacy Theory is the framework of this investigation. Self-efficacy is one's personal belief in their ability to effectively perform a specific task. When one achieves self-efficacy, their performance is enhanced and their emotional arousal (fear, anxiety, concern) is decreased



The theorist postulates four ways to develop self-efficacy: through direct experience, vicarious experience, verbal or social persuasion, and emotional arousal (Bandura, 1977; Bandura, 2012). Direct experience and performance have been noted as the most influential on achieving self-efficacy compared to the other three.

Methods

Design: Students voluntarily participated in the identified survey before and after an educational intervention that included

1. An evidence-based online learning module pertaining to LGBT health
2. A simulated clinical experience caring for an LGBT client in either a primary care or urgent care setting
3. A guided, online, small group discussion

Sample and Setting: Convenience sample of 21 family nurse practitioner students from one Midwest university college of nursing family nurse practitioner program were targeted; 8 completed both the pre and post surveys. This cohort is a combination of part-time and full-time students that are one year before graduation in a 3-year (full-time) or 5-year (part-time) program.

Characteristic		N=8
RN Experience	Years	1.63 (range 1-3)
Age	Years	26.33 (range 24-34)
Gender	Female	8 (100%)
Sexual Orientation	Heterosexual	7 (87.5%)
	No response	1 (12.5%)
Race/Ethnicity	White	8 (100%)
Religious Identity	Roman Catholic	3 (37.5%)
	Protestant	1 (12.5%)
	Muslim	1 (12.5%)
	Non-affiliated	1 (12.5%)
	Other	2 (25%)

Instruments:

1. Sanchez Attitudes, Knowledge, and Skills pertaining to LGBT healthcare survey was utilized as a pre and post quantitative evaluation.
2. National LGBT Health Education Center, a program of the Fenway Institute, free, evidence-based online learning module, *Achieving Health Equity for LGBT People* and a portion of *Improving Health Care for Transgender People*.

Results

Student Knowledge: There were no statistically significant differences between pre and post surveys, however some improvements were noted.

	Pre-survey (% answering correctly) N=8	Post-survey (% answering correctly) N=8
TRUE OR FALSE		
Lesbians are more likely to suffer from obesity than heterosexual women. (TRUE)	37.5	88.9
Lesbians are less likely to abuse alcohol than heterosexual women. (FALSE)	62.5	88.9
During male-to-female sex reassignment surgery, the prostate gland is removed with the male genitalia. (FALSE)	75.0	88.9
Heterosexual women are more likely to be smokers than lesbian women. (FALSE)	50.0	88.9
Breast cancer can still occur after bilateral reductive surgery for female-to-male transsexuals. (TRUE)	87.5	100.0
A 20-year-old male patient in the emergency department presents with a laceration above his right eye, and swollen, bruised knuckles on his right hand. He tells you that he was attacked and raped by a by a male stranger. The patient asks you not to report the incident to the police. Under these circumstances, a physician is legally obligated to report this crime to the police. (FALSE)	62.5	88.9
When taking a sexual history on an adolescent, it is important to ask questions about sexual activity before questions about sexual attraction. (FALSE)	25.0	66.7
Hepatitis A vaccinations for men who have sex with men consist of three shots given three to six months apart. (FALSE)	37.5	44.4
MULTIPLE CHOICE (Four choices per item)		
The fastest growing demographic of new HIV infections is among men who have sex with men in which age group: (BLACK MEN WHO HAVE SEX WITH MEN)	25.0	55.6
Mean Total Score	53.6%	61.8%

Attitudes: There were no statistically significant differences between pre and post surveys, however differences were noted. **Please indicate the extent to which you agree or disagree with each of the following statements:**

Item	Pre-survey N=8 Mean; range	Post-survey N=8 Mean; range
Gay and lesbian patients should only seek health care from gay and lesbian health clinics	1.38; 1-3	1.33; 1-2
Primary providers in private practice have a responsibility to treat LGBT patients	3.88; 3-4	3.56; 2-4
I would be comfortable if I became known among my professional peers as a provider that cares for LGBT patients	3.63; 2-4	3.67; 2-4
I am concerned that if my heterosexual patients learned that I were treating LGBT patients, they will no longer seek my care	1.38; 1-2	1.33; 1-2
Homosexual patients should disclose their sexual orientation to their primary provider	3.13; 2-4	3.0; 2-4
I prefer my lesbian and gay patients keep their sexual behaviors to themselves	1.25; 1-2	1.11; 1-2
I'm less likely to inquire about children and a partner if my patient is homosexual rather than heterosexual	1.50; 1-3	1.33; 1-3
Same sex sexual attraction is a natural expression of sexuality in humans	3.13; 2-4	3.44; 2-4
Same sex sexual behavior is a natural expression of sexuality in humans	2.88; 2-4	3.33; 2-4

Scoring Responses: 1 – disagree strongly, 2 – disagree somewhat, 3 – agree somewhat, 4 – agree strongly

Self-Efficacy: Overall, how comfortable were you in addressing the healthcare needs of your LGBT clients? (this question is only answered if the student identified having cared for any LGBT clients in the clinical setting)

	Pre-survey N=1	Post-survey N=5
Very comfortable	-	60%
Somewhat comfortable	100%	40%
Somewhat uncomfortable	-	-
Very uncomfortable	-	-

Conclusions

As a pilot initiative to enhance the curriculum of the DNP program of this University, the statistical analysis is inconclusive due to the small sample size. However, the non-significant findings still demonstrate improvement in areas of knowledge, attitudes, and self-efficacy of the participants.

Limitations

- Small sample size, which was impacted by the turnaround time between surveys (less than one month) due to scheduling constraints of the doctoral project and the surveys occurring first at the end of a semester and then during summer semester.
- Inexperience of sample. With an average of less than two years of experience as RNs, and 336 hours of nurse practitioner clinicals, no one in the sample had cared for five or more LGBT patients, which heavily negates the direct experiences that largely impact self-efficacy, as noted by Bandura.
- The sample consisted of both part-time and full-time students that took courses during different timeframes and potentially by different instructors. There is the possibility that different information regarding LGBT health was integrated into the courses and may have impacted pre-test scores.

Recommendations

Continued research into the most effective methods to provide this education and experience is yet to be identified. Results from this survey indicate different suggestions for incorporation into the curriculum.



- Integrated into course lectures
- Panel discussion with LGBT patients
- Panel discussion with LGBT providers
- Literature handouts
- As a standalone lecture
- Small group discussion
- Scripted clinical encounters
- Films of patient encounters
- Should not be incorporated

- Continued surveying of this sample as they approach graduation and complete more clinical experiences to compare to previous cohorts that received the earlier educational intervention without simulation.
- Repeat educational intervention with upcoming cohort allowing for participation in multiple patient simulations, as expressed verbally by this sample. Offer incentive for completing pre and post surveys to attempt a larger sample size.
- Collaborate interprofessionally to expand the experience to include likely professional contacts such as mental health providers, endocrinology, social work, and community organizations.
- Incorporate panel discussions with LGBT patients and providers, as available.
- Utilize LGBT persons as the standard-patient simulation actors, as available, and include these same "patients" in the post-simulation debriefing; developing research is demonstrating this as the most effective educational application.

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Acknowledgements

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