Exploration of LGBTQ-Related Content in Colorado Associate- and Baccalaureate-level Professional Nursing Education

by

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Abstract

Providing culturally competent care to the LGBTQ population is a requirement of ethical professional nursing care and nursing schools are mandated to prepare their students for this expectation. This study explored the extent to which LGBTQ-related content is addressed in Colorado associate- and baccalaureate-level professional nursing education using a descriptive, quantitative survey administered to administrative leaders representing Colorado professional nursing programs. Twenty-two of 28 possible programs (78.6%) completed the survey. Results showed that for the large majority of Colorado professional nursing schools, there is a significant lack of overall attention to LGBTQ health, coverage of specific LGBTQ-related content, faculty preparation, LGBTQ patient exposure, and targeted evaluation methods. A mean of 3.3 hours was reported as dedicated to the topic over the entirety of Colorado’s professional nursing programs. This research also solicited strategy suggestions to help remedy these deficiencies.
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Chapter I
Introduction

Background and Significance

The American Nurses Association’s (ANA) (2015) Code of Ethics for Nurses’ first provision requires nurses to “practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person (p. 1)”. This first provision further describes how, in addition to other factors, consideration of sexual orientation and gender should be incorporated into that practice. Sexual and gender minorities, also commonly referred to as the LGBTQ population (lesbian, gay, bisexual, transgender, and/or queer), have unique social determinants of health that result in health disparities not seen in their heterosexual and cisgender socioeconomically matched peers (Institute of Medicine [IOM], 2011). These health disparities are primarily linked to social stigma and discrimination (United States Department of Health and Human Services [HHS], Healthy People 2020, 2015). The Code of Ethics also speaks to health disparities in provision 8, requiring nurses to work to reduce health disparities and be culturally sensitive (ANA, 2015). The compassionate and respectful care of LGBTQ individuals then, by nurses committed to reducing health disparities, is an ethical expectation for professional nurses. This research seeks to explore how Colorado professional nursing schools are preparing students to meet that expectation. With this descriptive research information, Colorado professional nursing educators can better determine the need for directed LGBTQ-related content and associated cultural competence curricula changes.
Statement of the Problem

Beginning around the 1990s, health researchers slowly began to take a closer look at LGBTQ health beyond the topics of HIV and AIDS (Coulter, Kenst, Bowen, & Scout, 2014; Bogart, Revenson, Whitfield, & France, 2013). In the last 10-15 years, there has been notable growth in the number of studies by the health professions and in education that are dedicated to the topic. Research has mostly focused on describing specific LGBTQ health disparities (HHS, Healthy People 2015), describing healthcare providers’ attitudes towards, knowledge of, and comfort levels with LGBTQ individuals (Dinkel, Patzel, McGuire, Rolfs, & Purcell, 2007; Eliason & Raheim, 2000; Rondahl, 2009, Rondahl, Innala, & Carlsson, 2004; Schlub & Martsolf, 1999), recommending content and teaching strategies (Lim & Levitt, 2011; Lim, Brown, & Jones, 2013; Brennan, Barnseiner, de Leon Siantz, Cotter, Everett, 2012), or describing the experiences of LGBTQ individuals seeking medical treatment for themselves or their children (McCann & Sharek, 2014; Sharek, McCann, Sheerin, Glacken, & Higgins, 2014; Rounds, McGrath, & Walsh, 2013; Shields et al., 2012).

Noticeably absent from the LGBTQ health literature is research on the extent to which LGBTQ-related content is addressed in curricula of the health professions, particularly in nursing. The IOM (2003) emphasizes education as a means to eliminate health care disparities and that patients of all kinds have improved outcomes when they are cared for by culturally competent and culturally sensitive nurses (IOM, 2003; Joint Commission [JCHAO], 2011). A clear understanding of the current state of LGBTQ-related curricular content in the health professions may help to shed light on the needs of this vulnerable population. Educators must be cognizant of the extent to which nursing
education currently addresses competent care of this group so that they can plan and/or change future educational strategies.

Earlier studies have addressed narrowly defined aspects of the issue or exclusively looked at individual schools or departments. Tamas, Miller, Martin, & Greenberg (2010) examined LGBT content hours at one medical school in the southeastern United States (U.S.). Another medical study looked at homosexuality only in U.S. medical school psychiatry departments (Wallick, Camber, & Townsend, 1992) while another looked at homosexuality and bisexuality only in U.S. medical school family medicine courses (Tesar & Rovi, 1998). One study each was found assessing for LGBT content within U.S. public health (Corliss, Shankle, & Moyer, 2007) and pharmacy (Mandap, Carillo, & Youmans, 2014) school curricula. Obendin-Maliver et al.’s study in 2011 was the first undergraduate medical study to look at curricula for LGBT content across the entirety of a medical program at all schools in the U.S. and Canada. Lim, Johnson, and Eliason (2015) surveyed U.S. baccalaureate nursing program faculty to evaluate their knowledge, experience, and readiness for teaching LGBT content. Their study provided the first published research on LGBT-related content in nursing education.

A single study was found that addressed transgender-related content, specifically in Texas nursing schools (Walsh & Hendrikson, 2015), but no other content or curricula research was identified at the state nursing level. Therefore, this study examined the issue in Colorado, which had not been done thus far. The research question was: To what extent is LGBTQ-related content addressed in Colorado associate- and baccalaureate-level professional nursing education?
It is only with a clear understanding of how well Colorado’s nursing schools are currently addressing the topic that decisions can be made on the need for any curricular modifications in the future. With detailed information on where the state’s schools are excelling or lacking, deans and their faculty can maintain, increase, or optimize their current teaching strategies on LGBTQ health. Additionally, information from this research can be helpful to advocacy groups or governmental organizations by serving as a descriptive baseline of nursing education’s attention to the topic.

**Statement of the Purpose**

The purpose of this research was to explore the extent to which LGBTQ-related content is addressed in Colorado associate- and baccalaureate-level professional nursing education.
Chapter II

Review of Literature

Relevant Literature

The purpose of the study was to explore the extent to which LGBTQ-related content is addressed in Colorado associate- and baccalaureate-level professional nursing education. The following review of literature broadly explores research regarding LGBTQ health and cultural competence, and specifically focuses on research that addresses the connections amongst LGBTQ health, nursing, nursing education, and nursing curricula. The search terms lesbian, gay, bisexual, transgender, queer, LGBT, LGBTQ, LGBT health, and LGBTQ health were paired with each of the terms nursing education, nursing curricula, cultural competence, and health disparities. The following databases were used to search for literature: Cochrane, PubMed of the National Library of Medicine, Cumulative Index of Nursing and Allied Health Literature (CINAHL), and Google Scholar. Major government, healthcare organizations, and healthcare professions websites were also searched for LGBTQ content.

Demographics. There are unique challenges faced with LGBTQ health research and these challenges become apparent when estimating the size of the LGBTQ population. Obstacles occur with data collection such as differing survey methods and inconsistent questions (Gates, 2011). Inaccurate results are collected when there is fear of self-disclosure or when confusion results from unclear or inconsistently used definitions for sexual attraction, sexual orientation, sexual behavior, and sexual identity terms (Ward et al., 2013). For example, the words queer and genderqueer can both be used to describe gender identities (Gates, 2011) but queer can also be used a general term to describe any
sexual or gender minority identity. Transgender individuals may report themselves as men or women and gender non-conforming people may not be given a choice of a word that fits their identity. These individuals may get lost in the counts because of these confusion and uncertainty surrounding terms (Gates, 2011).

Working within these limitations, researchers estimate that there are roughly 3.4% American adults who identify as lesbian, gay, or bisexual (Ward et al., 2013) and 0.3% who identify as transgender, meaning that the LGBT population in the U.S. is approximately 9 million (Gates, 2011). Because of the limitations listed above, some researchers estimate that the LGBTQ population is larger, closer to 10% of the population, especially when those who report same-sex sexual behavior at any point in their lives (but identify as heterosexual) are included (Ward et al., 2013). These population numbers are important because they help put into perspective the importance of focused research, education, and cultural competence with this population, especially when compared to other U.S. population sub-groups. By way of comparison, some examples of other culturally diverse populations historically more thoroughly addressed in healthcare are: Native Americans - estimated 5.2 million (Norris, Vines, & Hoefffel, 2012), Muslims -estimated 3.3 million (Pew Research Center, 2016a), Jewish people -estimated 6.5 million (Pew Research Center, 2016b).

**Nursing’s Silence.** Nursing significantly lags behind other healthcare disciplines in addressing LGBTQ health and was silent for many years while other professions issued policy and supportive statements (Eliason, Dibble, & DeJoseph, 2010). Early in the 2000s the American Medical Association (AMA) began adopting non-discriminatory and supportive policies, many of which have objectives for reducing LGBT health
disparities and promoting LGBT topics in medical education (AMA, 2015). In 2014, the Association of American Medical Colleges (AAMC) published an extensive medical school curriculum guide, *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD* (Disorders of Sexual Development). Eliason et al. (2010) reported that at the time of their article, statements of support for LGBTQ health have been made by the “American Psychiatric Association, American Psychological Association, National Association of Social Workers, as well as many specialty health discipline groups (p.206)”, but not nursing.

Eliason, Dibble, and DeJoesph (2010) searched the top-10 nursing journals from 2005 to 2009 for LGBT-related content. They found only eight out of nearly 5000 articles (0.16% of articles) that addressed the population. Further, five of the top-10 journals had no articles at all on the topic. Merryfeather and Bruce (2014) reviewed articles and textbooks from 1985 to 2011 that addressed transgender issues in nursing. From their analysis, they assert that curricula should be developed to educate nurses about transgender people and that “nursing research is urgently needed to counter the discourse of invisibility of trans-identified people (p.119-120).”

Only recently, in 2012, the American Academy of Nursing (AAN) released a position statement entitled *Position Statement on Health Care for Sexual Minority and Gender Diverse Populations* (AAN, 2012). Addressing health care disparities and discrimination for LGBTQ people, the position statement identifies the “lack of sufficiently educated and culturally sensitive health care professionals who can meet their unique needs (p.1).” In February, 2016 the National League for Nursing (NLN)
published *Achieving Diversity and Meaningful Inclusion in Nursing Education* which included a section entitled LGBTQ Health in Nursing Education. Among many other diversity and inclusivity recommendations, the document calls for nursing faculty to “provide curricula that includes culturally appropriate health care of diverse populations with attention to health disparities (NLN, 2016, p.10).”

**Health Disparities.** Significant health disparities exist for the LGBTQ population (HHS, 2015). A health disparity occurs “when a particular type of health difference (exists) between individuals or groups that is unfair because it is caused by social or economic disadvantage (U.S. Department of Health and Human Services [USDHHS], 2008, p.28)”

The LGBTQ population is “considered a ‘priority population’ in discussions of health care disparities” (Lim, Brown, & Kim, 2014, p.26). Recognizing this, Healthy People 2020 added a topic section on LGBT health which gives an overview of the issue and lists known health disparities (HHS, 2015).

Health disparities hinder groups or individuals from achieving health equity, where health equity is defined as the “attainment of the highest level of health for all people (HHS, 2016, para.7)”

Health determinants (personal, social, economic or environmental factors that affect health for better or worse) are often deeply imbedded in an individual’s social or physical environment. If these determinants lend themselves to greater, more systematic obstacles to health, a health disparity is identified. Negative health determinants occurring in the LGBTQ population are linked to societal stigma, discrimination, and denial of rights (HHS, 2015). LGBTQ people report being denied services (Lambda Legal, 2009), having difficulty obtaining health insurance coverage for themselves or their families (Lambda Legal, 2009, One Colorado, 2014), receiving...
disrespectful or unresponsive treatment (Clift & Kirby, 2012; McCann & Sharek, 2013; Sharek et al., 2014), and encountering healthcare professionals unknowledgeable about LGBT health issues (Sharek et al., 2014).

LGBTQ people have very high rates of tobacco, alcohol, and drug abuse (HHS, 2015). Burkhalter et al. (2009) report that smoking prevalence among gay and bisexual men is 27% to 71% higher than the general population. They also report that lesbian and bisexual women have a 70% to 350% higher prevalence than the general population. A systematic review found “an elevated prevalence of smoking among sexual minorities with odds ratios between 1.5 and 2.5 when comparing against heterosexual counterparts (Lee, Griffin, & Melvin, 2009, p.278).”

The first state-wide transgender health survey *Transparent: The State of Transgender Health in Colorado* was published by One Colorado, an LGBT advocacy and educational organization, in 2014. It provides invaluable information on the health of transgender Coloradans. Most striking from the report are the disparities seen with mental health and drug and alcohol abuse. Compared to 18% of all Coloradans, 25% of transgender Coloradans reported binge drinking in the last month. Additionally, 32% of transgender Coloradans reported using marijuana in the past month compared to 11% of all Coloradans. Transgender Coloradans used prescription medications for recreation or non-medical use almost twice as much as all Coloradans (11% vs. 6%) (One Colorado, 2014).

The One Colorado (2014) publication reports very compelling mental health disparity data. In the following four categories transgender individuals report significantly higher rates compared to all of Coloradans.
- Current Depression – 44% vs 7%
- Ever Told They Had an Anxiety Disorder – 53% vs 13%
- Contemplated Suicide in the Past Year – 36% vs 4%
- Attempted Suicide in the Past Year – 10% vs 1%. (p.13)

Adjusting for demographic characteristics and parity, Boehmer at al. (2007) showed that, compared to women of other sexual orientations, lesbians were significantly more likely to be overweight or obese, thereby increasing their risks for related conditions such as diabetes, stroke, or heart disease. Struble, Lindley, and Montgomery (2010) noted the same findings. Lesbians are also less likely to use preventative health services for cancer than heterosexual women (Dilley, Simmons, & Boysun, 2010; Buchmueller & Carpenter, 2010).

The CDC (2015) reports that gay, bisexual, and other men who have sex with men (MSM) are the group most devastatingly affected by HIV and AIDS. In 2010, 63% of new HIV infections were from members of this group (CDC, 2015). The report also notes that risks are higher for African American and Hispanic MSM.

Koh and Ross (2006) reported that, compared with heterosexual women and lesbians, bisexual women more likely to have an eating disorder. Bisexual women are also more likely to be overweight or obese as compared to heterosexual women (Struble et al., 2010).

Multiple studies (Conron, Mimiaga, & Landers, 2010; Kruks, 2010; Van Leeuwen et al., 2006; Rosario et al., 2012) find that LGBTQ youth are disproportionately homeless and suffer worse health outcomes due to this.
Attitudes and Knowledge. Numerous studies show that nursing and medical students have inadequate knowledge on LGBTQ health concerns (Rondahl, 2009; Cornelius & Carrick 2015; Chapman, Watkin, Zappia, Nicol, & Shields, 2011). There are more studies that look at the beliefs and attitudes towards sexual and gender minorities than of knowledge levels. Dorsen (2012) prepared an integrative literature review on nurse attitudes towards LGBT patients. Much of the literature was dated, focused only on gay men or HIV patients, lacked consistent, valid, and reliable measurement tools, or showed response bias (Dorsen, 2012). All of the studies reviewed identified some degree of negative attitudes towards LGBT people but the majority of the studies reviewed (8 of 17) had positive leaning results. Newer studies show more favorable attitudes for caring for the LGBTQ population. Sirota (2013) surveyed over 1,000 U.S. nurse educators and found that they have generally positive attitudes towards homosexuality and believe that is should be included in nursing curricula.

Cultural Competence Education. The American Association of Colleges of Nursing (AACN) (2008) highlights cultural competence as a required outcome for graduates and gives reducing health disparities, social justice, and globalization as rationales for the integration of cultural competency education into nursing school curricula. Three recent studies showed successful changes in attitudes and knowledge levels of medical students (Kelly, Chou, Dibble, & Robertson, 2008), nursing students (Strong & Forse, 2015), and geriatric healthcare providers (Hardacker, Rubinstein, Hotton, & Houlberg, 2014) after LGBTQ-related cultural competence educational interventions.
**LGBTQ Curricular Content.** Missing from the LGBTQ health literature is adequate research on the extent to which LGBTQ-related content is addressed in health professions’ curricula, especially nursing. Being that the IOM (2003) emphasizes education as a means to eliminate health care disparities and that patients of all kinds have improved outcomes when they are cared for by culturally competent and culturally sensitive nurses (IOM, 2003; JACHO, 2010), a clear understanding of the current state of LGBTQ-related curricular content in the health professions is invaluable. Educators must know the current status of curricular content on LGBTQ topics before they can plan for future curricular content on this subject.

Two older studies examined narrowly defined aspects of the issue. The first, a U.S. medical school study looked at homosexuality in psychiatry departments and found that a mean of 3.43 hours was dedicated to the topic, most of it taught in human sexuality lectures (Wallick, Cambre, & Townsend, 1992). The second looked at homosexuality and bisexuality in U.S. family medicine courses and reported a mean of 2.5 hours dedicated to those topics (Tesar & Rovi, 1998). A 2010 study looked at the number of hours given to LGBT content and barriers to its instruction in a single American medical school’s curriculum (Tamas, Miller, Martin, & Greenberg, 2010). The study found a deficient number of hours were devoted to the topic and two main barriers: perceived lack of relevance to courses and lack of professional development (Tamas, et al., 2010). A survey of American schools of public health found that curricular content and student or faculty research on LGBT topics “extending beyond HIV and AIDS (was) uncommon” (Corliss, Shankle, & Moyer, 2007, p.1023).
Mandap, Carillo, & Youmans (2014) evaluated LGBT health education in U.S. pharmacy programs using a survey tool very similar to this research. The majority of schools that responded to the survey and gave an hour estimate reported less than 3 hours of lecture time dedicated to the topic. The majority of programs did not require LGBT content in their curriculum.

Obendin-Maliver et al.’s 2011 survey was the first study that attempted to look at curricula for LGBT content at all allopathic and osteopathic undergraduate medical schools in Canada and the United States. The study’s primary aim was to determine the number of hours spent on LGBT-related content. It also sought to describe the frequencies and extent of instruction for differentiated LGBT topics, identify methods for evaluating LGBT content learning, and to find strategies for increasing content. Responses came from the deans of medical education or equivalent. Researchers found that the median number of LGBT content time was five hours (Obendin-Maliver et al., 2011).

Lim, Johnson, and Eliason (2015) surveyed U.S. baccalaureate nursing program faculty to evaluate their knowledge, experience, and readiness for teaching LGBT content. The study used nonprobability sampling methods: their survey was sent to the 739 chief administrative leaders of U.S. baccalaureate nursing schools with the request that it be forwarded onto faculty. Over 1,000 faculty responded to the survey. The median time reported as dedicated to LGBT content was 2.12 hours. The authors describe the limitations of their study with the most emphasis on who their respondents were likely to have been. Despite a high final number of surveys completed (n=1121), a response rate could not be calculated because there was no way of knowing how many
faculty the survey had been forwarded to in total. There was also the possibility that the respondents, being self-selected, might have been skewed toward faculty who already had an “involvement or affinity” in LGBT health topics and were already implementing the topics into their teaching (Lim et al., 2015, p.151). Conversely, it is possible that faculty who did not value LGBT health ignored the study altogether. Geographic data was not collected so regional evaluation is not available. These limitations, in addition to a few others, limit the generalizability of the results and necessitate further descriptive research.

A single study was found that addressed transgender-related content in Texas nursing schools (Walsh & Hendrikson, 2015). It included a question about LGBT content in Texas nursing schools with results of an average of 1.6 hours. No other content or curricula research has been identified at the state nursing level.

**Barriers to LGBTQ Content in Curricula.** In the two larger curricular content studies (Obendin-Maliver et al., 2011; Lim et al., 2015) data was gathered on barriers affecting the integration of LGBTQ-related content into the curricula. The most common barriers described by these studies were lack of time, lack of relevance to courses being taught, institutional restrictions (usually religious objections), lack of knowledge, lack of awareness, lack of guidance, and discomfort in teaching.

**Theoretical Frameworks**

Leininger’s Culture Care Theory (1995) and the Minority Stress model (applied to the LGB population by Meyer (2003)), guide this research. Leininger’s theory gives backing to one of the major underpinnings for this research: that educators must prepare future nurses who will provide culturally competent care since the ultimate goal is to provide holistic care which will improve health outcomes (Leininger, 1995). The
Minority Stress Model is used as a framework to understand how extra stressors experienced by sexual and gender minorities contribute to poorer mental and physical health and thereby contribute to health disparities (Meyer, 2003; Denton, 2012).

The following two assumptions listed in Leininger’s theory apply specifically to this research (Leininger, 1995):

Beneficial nursing care can only occur when the individual, group, family, community, or culture care values, expressions, or patterns are known and used appropriately and in meaningful ways by the nurse.

Clients who experience nursing care that fails to be reasonably congruent with the client’s beliefs, values, and caring lifeways will show signs of cultural conflicts, noncompliance, stresses, and ethical or moral concerns (p.45).

Meyer (2003) defines minority stress as “the excess stress to which individuals from stigmatized social categories are exposed (to) as a result of their social, often a minority, position (p.3).” He describes the stresses experienced by LGB individuals along a continuum of distal to proximal stressors (Meyer, 2003). Distal stressors are objective, overt, measurable, and originate from outside the LGB individual. Examples of distal stressors are violence, explicit refusal to provide care, discriminatory language, and targeted discriminatory legislation. It also includes the expectation of these events and “the vigilance this expectation requires (Meyer, 2003, p.5)”. Proximal stressors are the “internalization of negative societal attitudes (Meyer, 2003, p.3)” They are intrapersonal and subjective. Examples of proximal stressors include the expectation of rejection or maltreatment based on one’s sexual orientation, the concealment of one’s sexual orientation or gender, and internalized homonegativity (Meyer, 2003). Meyer’s
research is limited to the LGB population but the model easily extends to transgender, queer, and gender non-conforming people.

Nursing education can directly affect the distal stressors and, indirectly, the proximal stressors affecting the LGBTQ population by producing culturally competent nurse; that is, nurses who are knowledgeable, sensitive, and welcoming of all types of patients, including sexual and gender minorities.

**Key Words**

Key words used in this study are defined for clarity and consistency. In defining terms used to describe individuals’ identities, the most crucial thing to highlight is that everyone is different (Burnes et al., 2010). Terms are defined here for the sake of clearer communication but, because the terminology used by individuals and various groups differs, terms should not be considered stable, definitively accurate, or correct for all individuals.

**Associate Degree in Nursing**

A 2-3 year degree, usually awarded by community colleges, that allows graduates to sit for national nursing credentialing exam (NCLEX-RN).

**Baccalaureate Degree in Nursing**

A 4 year university degree that allows graduates to sit for national nursing credentialing exam (NCLEX-RN).

**Cultural Competence**

"Cultural competence is defined…as the attitudes, knowledge, and skills necessary for providing quality care to diverse populations (AACN, 2008, p.1)

**Health Disparities**
A health disparity occurs “when a particular type of health difference (exists) between individuals or groups that is unfair because it is caused by social or economic disadvantage (U.S. Department of Health and Human Services [HHS], 2008, p.28)”.

**Nursing Curriculum** The sum of all planned and unplanned teaching done during nursing education programs. When speaking of nursing curriculum, for the purposes of this research the overt (written), social, and covert (hidden) curriculum are included. The null curriculum (that which is not taught and thereby shown to have insignificance) is not included in this study’s use of the term nursing curriculum.

**Biological sex**

Biological sex is a “complex relationship of genetic, hormonal, morphological, chromosomal, gonadal, biochemical, and anatomical determinants that impact the physiology of the body and the sexual differentiation of the brain” (Lev, 2004; Money, 1995; Wilson & Reiner, 1999, p. 80).

**Assigned Sex**

At birth, babies are usually assigned a sex based on their visible genitalia (Lev, 2004). When this sex cannot be easily determined, the term usually used is intersex (Lev, 2004).

**Gender**

Gender is a social construct usually used to divide people into bipolar categories of men and women (Lev, 2004; Carerra et al., 2012). The attributes that are usually assumed to arise naturally out of the biological differences between male and female bodies instead vary greatly between cultures and are therefore “arbitrarily imposed” (Lev, 2004, p. 81).
**Gender Expression**

The manner in which gender is expressed publicly through appearance, behavior, and personality (Lev, 2004; Shively & De Cecco, 1993).

**Gender Identity**

Experience of oneself as a gendered or non-gendered being unrelated to biological sex (Lev, 2004, p.81). Whether or not a person has words to describe their gender, gender identity refers to their experience of being a man, woman, or something else such as transgender (Beemyn & Rankin, 2011).

**Sexual orientation**

Sexual orientation refers to the “direction of a person’s sexual and/or emotional desire” (Lev, 2004, p.86). Although terms like gay, lesbian, heterosexual, and bisexual have common and easily understood meanings within a dichotomous sex system, they are insufficient and exclusionary when gender and sex are viewed correctly as not being limited to the categories of only man/woman, male/female (Eliason, Chinn, 2015).

**Gay**

Within a dichotomous sex and gender system, men whose primary sexual attractions are to men (Eliason, Chinn, 2015)

**Lesbian**

Within a dichotomous sex and gender system, women whose primary sexual attractions are to women (Eliason, Chinn, 2015)

**Bisexual**

Men or women who are sexually attracted to people on the basis of characteristics other than their sex/gender (Eliason, Chinn, 2015).
**Heterosexual**

Men or women who are sexually attracted to people of the other sex/gender

(Eliason, Chinn, 2015)

**Asexual**

An individual who is not sexually attracted to people of any sex/gender (Eliason, Chinn, 2015)

**Cisgender**

Those whose gender identities are consistent with cultural expectations of their assigned sex (Schilt & Westbrook, 2009). Frequently abbreviated *cis*.

**Transgender/Trans**

The term transgender is an umbrella term that includes many identities of people who are not cisgender (Erickson-Schroth, 2014). Some individuals, even though their identities might technically meet this definition of transgender, might only use the terms man or woman to describe themselves, and would not identify with the term transgender (Erickson-Schroth, 2014). On the other hand, many individuals view their gender as something outside of the usual binary, fixed, typical ideas of what gender is, and therefore do not use the terms man or woman (Nadal et al., 2012). The variety of terms people use for their gender identities include transgender woman, transgender man, trans, trans*, two-spirit, gender nonconforming, genderqueer, gender outlaw, transsexual, androgynous/androgyne, ungendered, both male and female, intergender, transman, transwoman and more (Beemyn & Rankin, 2011).

**Queer**
An umbrella term for people who are not cisgender and heterosexual. It is a term that has had a history of being used pejoratively, but has been reclaimed by many LGBT individuals as a positive term (Erickson-Schroth, 2014).

**Internalized homonegativity**

“The term refers to a sense of negativity or denigration of the self or parts of self, based on internalized heterosexist cultural, social, legal, familial, and/or religious expectations regarding sexuality” (Denton, 2012, p.7).
Chapter III

Method

Description of Research Design

The purpose of the study was to explore the extent to which LGBTQ-related content is addressed in Colorado associate- and baccalaureate-level professional nursing education. This study involved a quantitative descriptive design using a questionnaire survey to gather information. Descriptive studies are an “important design for acquiring knowledge in an area where little research has been conducted” (Grove, Burns, & Gray, 2013, p.216) and provide information on characteristics about a phenomenon. Very few studies have sought to examine LGBTQ-related content in nursing school curricula and so baseline data needed to be collected on the state of the education. With regard to nursing education, this preliminary information gathering can be used to identify strengths and weaknesses, identify problems, justify current educational approaches, develop theories (Grove et al., 2013), inform curricular changes, and provide information for other interested researchers and educators.

Protection of Human Subjects

Approval was obtained from the Colorado State University-Pueblo Institutional Review Board prior to any data collection from participants (See Appendix A-Institutional Review Board Written Approval). The researcher conducted the study in accordance with the standards of the nursing department and the university. The following measures were taken to ensure protection of the survey respondents: The researcher explained the purpose of the study and reminded respondents that participation in the study was voluntary. Potential participants were assured that they could refuse to
be in the study or to stop at any time and that they could do so anonymously if they desired. Participants completed a consent form prior to any data being collected. (See Appendix C for the consent.) If at any time during the survey they chose to withdraw there would have been no negative consequences to participants. Participants remained anonymous with no identifying information collected except their program’s degree type (associate or baccalaureate). The researcher has kept all data in a locked file cabinet and will shred all surveys after five years.

Identification of the Population and Sample

There are 26 Colorado Board of Nursing (CO BON) approved schools that grant degrees in professional nursing: thirteen granting associates’ degrees, eleven granting bachelor’s degrees and two granting both degrees (CO BON, 2016). With the aim of gaining insight into all of Colorado’s professional nursing education programs, associate- and baccalaureate-level, the research population was nursing administrative leaders (deans, associate deans, directors, and department chairs) at these schools. The sample utilized was the attendees of the Colorado Council for Nurse Educators (CCNE) meeting on April, 2016 who were in attendance as representatives of a professional nursing (Registered Nurse) program. The CCNE is composed of nursing administrative leaders from all of Colorado’s Licensed Practical Nurse (LPN), Registered Nurse (RN), master's, and clinical doctorate programs. All attendees were asked to take the survey, but only those surveys indicating an associate or baccalaureate program were used for analysis.

Instrument

Permission was obtained to use and adapt two validated surveys used in similar descriptive research studies on Canadian and U.S. medical schools (Obedin-Maliver et
al., 2011) and U.S. baccalaureate-level nursing faculty (Lim, Johnson, & Eliason, 2015). (See Appendix B for permissions.) Obedin-Maliver et al.’s (2011) questionnaire is entitled *Lesbian, Gay, Bisexual, & Transgender Medical Education Assessment (LGBT-MEA)* and surveyed U.S. and Canadian undergraduate medical school deans. It was published in the September, 2011 issue of the *Journal of the American Medical Association*. Lim et al.’s (2015) questionnaire is entitled *LGBT Health Integration in the BSN Curriculum Survey* and was used in their research published in the May-June, 2015 issue of *Nursing Education Perspectives* on U.S. baccalaureate-level nursing faculty knowledge, experience, and readiness for teaching LGBT content.

The two surveys were compared for overlapping questions and combined as appropriate. The Obedin-Maliver et al. study questions were adapted for nursing education and the Lim et al. questions were adapted for nursing administrative leaders instead of faculty as respondents. The resulting instrument was a 16-question survey that was administered via pen and paper. One question asked for a quantified number of curricular hours, eight questions were multiple choice, three were simple Likert scale questions (i.e., Answers of: Never, Occasionally, Sometimes, Often Frequently, Don’t Know, Decline to Answer), and two were expanded Likert scale questions which each asked a single question about a list of content topics. (See Appendix D for the study survey.)

**Procedure**

At the April 8, 2016 meeting of the CCNE, the researcher was granted time to speak with the attendees. The researcher first explained the purpose of the study and participation from attendees representing a professional nursing program was requested.
Informed consents were distributed to everyone. General survey instructions were explained by the researcher. An opportunity to ask questions of the researcher was given. The researcher then left the room and an assistant distributed the surveys. Participants took up to 15 minutes to complete the surveys which were subsequently collected by the assistant.

**Data Analysis**

Data analysis was used to answer the research question: To what extent is LGBTQ-related content addressed in Colorado associate and baccalaureate professional nursing education? Survey questionnaire answers were analyzed by a doctorally-prepared statistician. Results are discussed in Chapter IV.
Chapter IV

Results

Survey Results

The purpose of this study was to determine the extent to which LGBTQ-related content is addressed in Colorado associate- and baccalaureate-level professional nursing education. The study used a pen-and-paper survey with 16 main questions and one demographic question (associate versus baccalaureate program). It was distributed to the attendees of the April 8, 2016 meeting of the Colorado Council for Nursing Education, the majority of whom were in attendance representing Colorado nursing schools. Participation was requested from those attending as representatives of professional nursing schools.

There are 26 professional nursing schools approved by the Colorado Board of Nursing, housing a total of 28 programs that grant either a baccalaureate and/or an associate degree in nursing. These degrees qualify students to sit for the national certification exam to become a registered nurse (NCLEX-RN). Thirteen of the programs end in baccalaureate degrees and fifteen end in associate degrees (CO BON, 2016). Some schools’ programs are offered at multiple campuses. Some schools offer multiple pathways to the same degree (e.g., traditional, accelerated). It was unknown which schools had representatives in attendance or if schools offering both degree options had a representative for each at the meeting.

Twenty-two surveys were completed, 10 from associate programs and 12 from baccalaureate programs giving the survey a 78.5% coverage rate over all possible programs in the state.
Twelve of the survey’s questions directly related to the research question, the extent to which LGBTQ-related content is addressed in Colorado professional nursing education. Four questions that furthered the general understanding of LGBTQ-related content in Colorado professional nursing schools were included to provide additional insight. The questions fell under six main themes: overall coverage, content placement, faculty development, provision of specific content areas, evaluation, and strategies for increasing content.

**Overall coverage.** Questions 1 and 3 asked representatives about their school’s overall coverage of LGBTQ-related content. A mean of 3.3 hours (n=13, SD=2.4) was reported as being dedicated to teaching LGBTQ-related content over the entirety of the schools’ programs. There was no statistical difference in the number of hours reported by associate programs versus baccalaureate programs (t=.579, p=574).

When asked how LGBTQ-related content was covered *on the whole* at their institution, the majority of respondents who provided a valid response (i.e. not “Don’t know” or “Decline to Answer”) reported that their coverage was “poor” or “fair”. Only one program reported that their coverage was “good”. No programs reported their coverage as “very good” or “very poor”. Numbered scores were given to the possible Likert-scale responses as very good [4], good [3], fair [2], poor [1], and very poor [0]. The mean response was 1.5 (n=13, SD=0.7). There was no statistical significance between associate and baccalaureate program responses (t=.000, p=1.00).

**Content placement.** Questions 2, 3, and 4 examined where Colorado professional nursing schools place LGBTQ-related content: where it is physically taught and where it is placed in the curricula. The majority of Colorado professional nursing
education programs intersperse LGBTQ-specific content throughout various parts of the curriculum versus teaching it in discrete, dedicated modules (see Table 1). The majority of programs do not have a skills lab or simulation experience that includes LGBTQ-specific content (see Table 2) nor do the majority of programs utilize a clinical site that is specifically designed to facilitate LGBTQ patient care (e.g. AIDS clinic or LGBTQ youth center) (see Table 3).

Table 1

Placement of LGBTQ-related Content in Lecture (non-clinical) Courses

<table>
<thead>
<tr>
<th>Placement of LGBTQ-related Content</th>
<th>Frequency</th>
<th>Total Percent (%)</th>
<th>Valid Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interspersed throughout various parts of the curriculum</td>
<td>15</td>
<td>68.18</td>
<td>88.24</td>
</tr>
<tr>
<td>Taught in discrete modules dedicated to LGBTQ content</td>
<td>2</td>
<td>9.09</td>
<td>11.76</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>1</td>
<td>4.55</td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td>4</td>
<td>18.18</td>
<td></td>
</tr>
</tbody>
</table>

There was no statistical significance between responses from associate versus baccalaureate programs (\(\chi^2=0.929, p=1.00\)).

Table 2

LGBTQ-specific Skills Labs or Simulation Experiences in Program

<table>
<thead>
<tr>
<th>Experience of LGBTQ-specific Skills Labs or Simulation Experiences</th>
<th>Frequency</th>
<th>Total Percent (%)</th>
<th>Valid Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>11</td>
<td>50</td>
<td>68.75</td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>22.73</td>
<td>31.25</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>1</td>
<td>4.55</td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td>5</td>
<td>22.73</td>
<td></td>
</tr>
</tbody>
</table>
There was no statistical significance between responses from associate versus baccalaureate programs ($\chi^2=.330$, $p=.588$).

**Table 3**

*Use of LGBTQ-specific Clinical Site*

<table>
<thead>
<tr>
<th>Faculty Development on LGBTQ Health</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>19</td>
<td>86.36</td>
<td>90.48</td>
</tr>
<tr>
<td>Yes, available as an elective clinical placement</td>
<td>1</td>
<td>4.55</td>
<td>4.76</td>
</tr>
<tr>
<td>Yes, as a required clinical placement</td>
<td>1</td>
<td>4.55</td>
<td>4.76</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>1</td>
<td>4.55</td>
<td></td>
</tr>
</tbody>
</table>

There was no statistical significance between responses from associate versus baccalaureate programs ($\chi^2=.2.43$, $p=.296$).

**Faculty development.** Faculty knowledge, awareness, and preparedness affect how LGBTQ-related content is addressed in nursing programs. Questions 5 asked about faculty development on LGBTQ health and question 6 asked if the topic was raised in faculty meetings such as curriculum committee meetings. Questions 5 and 6 help to answer the research question directly.

The majority of programs (78.9% of valid data, 68% of total responses) do not provide faculty development for teaching about LGBTQ health (see Table 4). There was no statistical difference between associate and baccalaureate programs ($\chi^2=1.02$, $p=.582$).

**Table 4**

*Provision of Faculty Development on LGBTQ Health*

<table>
<thead>
<tr>
<th>Faculty Development on LGBTQ Health</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When asked to rate on a 0-4 scale (with 0 being “never” and 4 being “frequently”) how often LGBTQ health-related issues were raised for discussion in faculty meetings the mean response was 0.7 (n=20, SD=0.73). There was no statistical difference between associate and baccalaureate programs ($\chi^2=.944, p=.624$).

Questions 7 asked about faculty’s comfort level with LGBTQ-content in their courses and question 8 asked about their readiness/preparedness to teach it. These questions do not answer the research question directly but provide useful insight. Using a scale from 0-3 (representing “not comfortable” to “fully comfortable”) respondents gave a mean response of 1.63 (n=19, SD=0.76) to describe their faculty’s comfort level in discussing LGBTQ issues in their courses. Using a scale from 0-4 (representing “not ready” to “fully ready”) respondents gave a mean response of 1.89 (n=19, SD 1.1) to describe their faculty’s readiness and preparedness to include LGBTQ health issues in the courses they teach.

**Provision of specific LGBTQ-related topics.** Nineteen specific LGBTQ-related content areas were evaluated for their provision in Colorado professional nursing program curricula. Respondents indicated whether the content area was required, available electively, or not available in their curriculum. Table 5 presents these results in their entirety.

For eight of the nineteen content areas, 50% or more of programs reported that the areas were required in their curriculum. These areas include HIV in LGBTQ people,
sexually transmitted infections (not HIV) in LGBTQ people, safer sex for LGBTQ people, LGBTQ youth issues (i.e. suicide, bullying, and homelessness), sexual orientation, mental health issues in LGBTQ people, unhealthy relationships (e.g., intimate partner violence) among LGBTQ people, and violence and hate crimes against LGBTQ people. For another eight out of the nineteen content areas, the highest number responses fell into the “Don’t Know” selection meaning that the respondent did not know whether that content was provided at their institution. These unknown content areas include high rate of tobacco, alcohol, and drug use among LGBTQ clients, coming out, disorders of sex development (DSD)/Intersex people, body image in LGBTQ people, obesity among LGBTQ persons, homophobia, the need for research into LGBTQ health concerns, and the shortage of health care providers who are knowledgeable and culturally competent in LGBTQ health.
Table 5

Provision of Specific Content Areas within Curriculum

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes (%)</th>
<th>Elective (%)</th>
<th>No (%)</th>
<th>Don’t know (%)</th>
<th>Decline/No response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to accessing medical care for LGBTQ people</td>
<td>45.45</td>
<td>9.09</td>
<td>18.18</td>
<td>27.27</td>
<td></td>
</tr>
<tr>
<td>High rate of tobacco, alcohol, and drug use among LGBTQ clients</td>
<td>27.27</td>
<td>9.09</td>
<td>18.18</td>
<td>45.45</td>
<td></td>
</tr>
<tr>
<td>HIV in LGBTQ people</td>
<td>63.64</td>
<td>13.64</td>
<td></td>
<td>22.73</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections (not HIV) in LGBTQ people</td>
<td>54.55</td>
<td>18.18</td>
<td></td>
<td>27.27</td>
<td></td>
</tr>
<tr>
<td>Safer sex for LGBTQ people</td>
<td>54.55</td>
<td>9.09</td>
<td>13.64</td>
<td>22.73</td>
<td></td>
</tr>
<tr>
<td>LGBTQ Youth issues (i.e. suicide, bullying, and homelessness)</td>
<td>63.64</td>
<td>18.18</td>
<td></td>
<td>18.18</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>63.64</td>
<td>9.09</td>
<td></td>
<td>22.73</td>
<td>4.55</td>
</tr>
<tr>
<td>Coming out</td>
<td>36.36</td>
<td>9.09</td>
<td>9.09</td>
<td>40.9</td>
<td>4.55</td>
</tr>
<tr>
<td>Gender identity</td>
<td>36.36</td>
<td>18.18</td>
<td>4.55</td>
<td>36.36</td>
<td>4.55</td>
</tr>
<tr>
<td>Disorders of Sex Development (DSD)/Intersex</td>
<td>22.73</td>
<td>13.64</td>
<td>4.55</td>
<td>54.55</td>
<td>4.55</td>
</tr>
<tr>
<td>Gender confirmation surgery (Sex reassignment surgery)</td>
<td>40.90</td>
<td>9.09</td>
<td>13.64</td>
<td>36.36</td>
<td></td>
</tr>
<tr>
<td>Mental health issues in LGBTQ people</td>
<td>72.73</td>
<td>9.09</td>
<td>9.09</td>
<td>9.09</td>
<td></td>
</tr>
<tr>
<td>Body image in LGBTQ people</td>
<td>36.36</td>
<td>9.09</td>
<td>13.64</td>
<td>40.9</td>
<td></td>
</tr>
<tr>
<td>Unhealthy relationships (e.g., intimate partner violence) among LGBTQ people</td>
<td>63.64</td>
<td>4.55</td>
<td>4.55</td>
<td>27.27</td>
<td></td>
</tr>
<tr>
<td>Obesity among LGBTQ persons</td>
<td>4.55</td>
<td>9.09</td>
<td>27.27</td>
<td>59.09</td>
<td></td>
</tr>
<tr>
<td>Violence and hate crimes against LGBTQ people</td>
<td>54.55</td>
<td>4.55</td>
<td>9.09</td>
<td>27.27</td>
<td>4.55</td>
</tr>
<tr>
<td>Homophobia</td>
<td>31.82</td>
<td>13.64</td>
<td>13.64</td>
<td>40.90</td>
<td></td>
</tr>
<tr>
<td>Need for research into LGBTQ health concerns</td>
<td>22.73</td>
<td>4.55</td>
<td>22.73</td>
<td>45.45</td>
<td>4.55</td>
</tr>
<tr>
<td>Shortage of health care providers who are knowledgeable and culturally competent in LGBTQ health</td>
<td>13.64</td>
<td>13.64</td>
<td>22.73</td>
<td>45.45</td>
<td>4.55</td>
</tr>
</tbody>
</table>
None of the content areas had statistically significant differences in responses from associates versus baccalaureate programs.

The same nineteen content areas were evaluated for the respondent’s opinion of the extent of the topics’ coverage at their institution. Respondents chose along a Likert scale that included “Coverage not needed”, “Too little coverage”, “Basic coverage”, “In-depth coverage”, and “Too much coverage”. None of the content areas had statistically significant differences in responses from associates versus baccalaureate programs. Table 6 presents these results.

For seven of the nineteen content areas, at least 50% or more of programs reported having basic or in-depth coverage. These same seven content areas were all identified in the previous results as being required in more than 50% of the schools’ curricula. They are HIV in LGBTQ people, sexually transmitted infections (not HIV) in LGBTQ people, safer sex for LGBTQ people, LGBTQ youth issues (i.e. suicide, bullying, and homelessness), sexual orientation, mental health issues in LGBTQ people, and unhealthy relationships (e.g., intimate partner violence) among LGBTQ people. The content area missing from this list of at least basic coverage that is required in the majority of programs is violence and hate crimes against LGBTQ people.
Table 6

Coverage Level of Specific Content Areas

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not needed (%)</th>
<th>Too little (%)</th>
<th>Basic (%)</th>
<th>In depth (%)</th>
<th>Too much (%)</th>
<th>Don’t Know (%)</th>
<th>Decline/ No Response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to accessing medical care for LGBTQ people</td>
<td>36.36</td>
<td>40.9</td>
<td>4.55</td>
<td>13.64</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High rate of tobacco, alcohol, and drug use among LGBTQ clients</td>
<td>40.9</td>
<td>31.81</td>
<td>4.55</td>
<td>18.18</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV in LGBTQ people</td>
<td>18.18</td>
<td>59.09</td>
<td>4.55</td>
<td>13.64</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections (not HIV) in LGBTQ people</td>
<td>13.64</td>
<td>59.09</td>
<td>4.55</td>
<td>18.18</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safer sex for LGBTQ people</td>
<td>4.55</td>
<td>18.18</td>
<td>50.0</td>
<td>18.18</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGBT Youth issues (i.e. suicide, bullying, and homelessness)</td>
<td>9.09</td>
<td>59.09</td>
<td>4.55</td>
<td>4.55</td>
<td>22.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>9.09</td>
<td>63.64</td>
<td>4.55</td>
<td>22.72</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coming out</td>
<td>31.82</td>
<td>22.73</td>
<td>4.55</td>
<td>36.36</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender identity</td>
<td>27.27</td>
<td>31.82</td>
<td>4.55</td>
<td>31.82</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorders of Sex Development (DSD)/Intersex</td>
<td>27.27</td>
<td>22.73</td>
<td>4.55</td>
<td>36.36</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender confirmation surgery (Sex reassignment surgery)</td>
<td>31.82</td>
<td>31.82</td>
<td>4.55</td>
<td>27.27</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health issues in LGBTQ people</td>
<td>9.09</td>
<td>63.64</td>
<td>9.09</td>
<td>18.18</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body image in LGBTQ people</td>
<td>31.82</td>
<td>36.36</td>
<td>4.55</td>
<td>22.73</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unhealthy relationships (e.g., intimate partner violence) among LGBTQ people</td>
<td>18.18</td>
<td>54.55</td>
<td>4.55</td>
<td>4.55</td>
<td>18.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity among LGBTQ persons</td>
<td>27.27</td>
<td>18.18</td>
<td></td>
<td>50.00</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence and hate crimes against LGBTQ people</td>
<td>22.73</td>
<td>36.36</td>
<td>4.55</td>
<td>4.55</td>
<td>31.82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homophobia</td>
<td>31.82</td>
<td>18.18</td>
<td>4.55</td>
<td>40.9</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for research into LGBTQ health concerns</td>
<td>4.55</td>
<td>40.90</td>
<td>22.73</td>
<td>4.55</td>
<td>22.73</td>
<td>4.55</td>
<td></td>
</tr>
<tr>
<td>Shortage of health care providers who are knowledgeable and culturally competent in LGBTQ health</td>
<td>45.45</td>
<td>13.64</td>
<td>4.55</td>
<td>31.82</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The survey also asked about two very specific teaching points related to LGBTQ health. The first asked whether or not students are taught to obtain information about same-sex relations (e.g. asking “Do you have sex with men, women, or both?”). The second asked whether or not students are taught the differences between sexual behavior and sexual identity. The majority of programs (59.1% of total responses, 92% of valid data) reported that they do teach their students to ask about same-sex relations, however, the majority of respondents (59.1%) did not know whether their program taught the differences between sexual behavior and sexual identity. See table 7 and 8 for these results.

Table 7

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
<td>4.55</td>
<td>7.14</td>
</tr>
<tr>
<td>Yes</td>
<td>13</td>
<td>59.09</td>
<td>92.86</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>1</td>
<td>4.55</td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td>7</td>
<td>31.81</td>
<td></td>
</tr>
</tbody>
</table>

There was no statistical significance between responses from associate versus baccalaureate programs ($\chi^2 = 1.08, p = 1.00$).
Table 8

Are Students Taught Differences Between Sexual Behavior and Sexual Identity?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
<td>4.55</td>
<td>12.5</td>
</tr>
<tr>
<td>Yes</td>
<td>7</td>
<td>31.81</td>
<td>87.5</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>1</td>
<td>4.55</td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td>13</td>
<td>59.09</td>
<td></td>
</tr>
</tbody>
</table>

There was no statistical significance between responses from associate versus baccalaureate programs ($\chi^2 = 1.91, p = .375$).

Evaluation methods. Respondents were asked to indicate which methods their program used to evaluate the efficacy of teaching LGBTQ-specific content to students. Respondents were given a list of methods to choose from and an “other” option where they could add strategies not given on the list. Multiple selections were permitted.

The most frequent answer given was “Do not evaluate” (9 of 22 respondents, 41%). “Written examination” was the next most frequently chosen answer with 8 of the 22 respondents choosing it (36%). Other answers are given in table 9 below.

Table 9

LGBTQ-related Content Learning Evaluation Methods

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (n=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not evaluate</td>
<td>9</td>
<td>40.9%</td>
</tr>
<tr>
<td>Written examination</td>
<td>8</td>
<td>36.3%</td>
</tr>
<tr>
<td>Faculty-observed patient interactions</td>
<td>3</td>
<td>13.6%</td>
</tr>
<tr>
<td>Evaluation by standardized patients (patient actors)</td>
<td>2</td>
<td>9.1%</td>
</tr>
<tr>
<td>Course Evaluations</td>
<td>1</td>
<td>4.5%</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>1</td>
<td>4.5%</td>
</tr>
</tbody>
</table>
**Strategies for increasing content.** Although the information gained from question 16 does not answer the research question, the opportunity to solicit improvement strategies from school representatives was deemed important and fitting enough to be included, especially in relation with the formulation of recommendations. Respondents were asked to select strategies that they thought might be successful in increasing LGBTQ-related content at their institution from a list. A free text option was also given. Multiple selections were permitted. The results are presented in table 10.

Table 10

*Strategies thought to be Successful in Increasing LGBTQ-related Content*

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Frequency</th>
<th>Percent (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curricular material focusing on LGBTQ-related health/health disparities</td>
<td>14</td>
<td>66.7%</td>
</tr>
<tr>
<td>More evidence-based research regarding LGBTQ health/health disparities</td>
<td>13</td>
<td>61.9%</td>
</tr>
<tr>
<td>Questions based on LGBTQ health/health disparities on national examinations (e.g., NCLEX-RN)</td>
<td>8</td>
<td>38.1%</td>
</tr>
<tr>
<td>Methods to evaluate LGBTQ curricular content</td>
<td>7</td>
<td>33.3%</td>
</tr>
<tr>
<td>Faculty willing and able to teach LGBTQ-related curricular content</td>
<td>6</td>
<td>28.6%</td>
</tr>
<tr>
<td>More time in the curriculum to be able to teach LGBT-related content</td>
<td>6</td>
<td>28.6%</td>
</tr>
<tr>
<td>Logistical support for teaching LGBTQ-related curricular content</td>
<td>4</td>
<td>19.0%</td>
</tr>
<tr>
<td>Curricular material coverage required by accreditation bodies</td>
<td>4</td>
<td>19.0%</td>
</tr>
<tr>
<td>Increased financial resources</td>
<td>1</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Question 14 allowed respondents to indicate any LGBTQ-related topics provided by their institution that were not previously addressed in the survey as well as topics that they would like to provide. Their responses are recorded in table 11.
Table 11

**LGBTQ-related Topics Provided/Would like to Provide by Institutions**

<table>
<thead>
<tr>
<th>Provides</th>
<th>Would Like to Provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ “Adoption to a LGBTQ person”</td>
<td>➢ “Geriatric care”</td>
</tr>
<tr>
<td>➢ “Awareness”</td>
<td>➢ “Health care coverage”</td>
</tr>
<tr>
<td>➢ “Bullying”</td>
<td>➢ “I think we need to review whether we are providing enough information in other courses especially health assessment and research”</td>
</tr>
<tr>
<td>➢ “Lunch &amp; Learns with transgender person to speak about their personal journey”</td>
<td></td>
</tr>
<tr>
<td>➢ ”Basic health care”</td>
<td>➢ “Health issues”</td>
</tr>
<tr>
<td>➢ “LGBT is a content area in our Families and Cultures course”</td>
<td></td>
</tr>
<tr>
<td>➢ “Offspring from a LGBTQ couple”</td>
<td></td>
</tr>
<tr>
<td>➢ “Safe sex”</td>
<td></td>
</tr>
<tr>
<td>➢ “Safety”</td>
<td></td>
</tr>
<tr>
<td>➢ “Same as whole population”</td>
<td></td>
</tr>
<tr>
<td>➢ “We have a college EEOC policy that includes gender and sexual orientation”</td>
<td></td>
</tr>
<tr>
<td>➢ “We have a diversity committee that LGBT members take part in”</td>
<td></td>
</tr>
<tr>
<td>➢ “We have LGBT nursing faculty”</td>
<td></td>
</tr>
</tbody>
</table>

**Limitations**

This study’s main limitation was the potential inaccurate recall and/or inadequate knowledge from each program’s representative. Although the respondents were all senior leaders at their respective schools (e.g., deans, associate deans, department chairs, program directors etc.) and all presumably were well versed in their program’s overall curriculum, it would be impossible for them to be aware of absolutely all of the teaching done at the day-to-day classroom, clinical, and lab level. When considering factors such
impromptu classroom discussions, the variability and inconsistency of exposure to
different patient identities in clinical rotations, and varying and changing clinical
instructors this becomes even more apparent. One respondent remarked on this limitation
in the comments section at the end of the survey:

➢ “I think there would be better data if filled out with faculty all together. I would
like to think stuff is covered but bottom line is I don’t know how each individual
faculty handle this content.”

Another important limitation is the potentially controversial nature of the research
topic. It is possible that respondents had either very strong positive or negative personal
feelings towards LGBTQ-related topics that influenced their responses. The responses of
those who do not value LGBTQ health or of those who object to its teaching for religious
reasons may have been affected. Conversely, any respondents who identify as LGBTQ
themselves or as an LGBTQ ally might be more cognizant of their program’s status with
teaching the topic as compared to non-LGBTQ people or allies. One respondent
remarked on this limitation in the comments section:

➢ “I found your questionnaire difficult to answer coming from a faith based
institution.”

Along these same lines, regardless of personal convictions, social desirability bias may
also have had an effect on respondents.

This research only surveyed Colorado professional nursing schools. Other states’
professional nursing schools, using different curricula or operating within different socio-
political climates, may address the content in markedly different manners.
Conclusions and Recommendations

Conclusions

The purpose of this study was to determine the extent to which LGBTQ-related content is addressed in Colorado associate- and baccalaureate-level professional nursing education. Results showed that the mean number of hours dedicated to the teaching of LGBTQ-related content was 3.3 hours over the duration of Colorado professional nursing programs. This is comparable to similar studies. Lim et al. (2015) reported an average of 2.12 hours with their national nursing survey. Obedin-Maliver et al. (2010) reported an average of 5 hours dedicated to the topic by American and Canadian undergraduate medical schools. Respondents of the survey (who each represented a Colorado professional nursing program) rated their school’s overall coverage on LGBTQ health as poor to fair (n=18). The additional detailed data gathered from this research support this overall poor to fair assessment.

The majority of Colorado professional nursing programs report that LGBTQ-related content is interspersed throughout their curriculum. From this survey it is unclear where along the course of programs or within which classes, the content is being taught. The majority of programs report that they do not have simulation experiences, skills labs, or clinical sites that focus on LGBTQ health so the primary location for delivery of the content is assumed to be the (lecture) classroom.

Within the classroom, however, coverage of specific LGBTQ-related health topics appears to be sparsely and poorly covered. For example, of nineteen LGBTQ-specific health topics given on the survey, less than half of them (8/19) are required in the
majority of Colorado nursing programs. The topics most frequently reported as required (or available as elective curriculum) – HIV/AIDS, sexually transmitted diseases, youth issues such as suicide and bullying, and mental health - align with the historical healthcare tendencies to focus LGBTQ health with HIV/AIDS and mental health diagnoses. Indeed, when Coulter, Kenst, Bowen, and Scout (2014) analyzed the National Institutes of Health (NIH) for LGBT-related studies, 82% of those they found focused exclusively on HIV/AIDS or other sexual health matters. Provision of the less “traditional” content areas such as disorders of sexual development, the differences between sexual behavior and sexual identity, the known LGBTQ health disparities of high rates of obesity and tobacco, alcohol, and drug abuse, and the process of coming out were mostly unknown to respondents.

The content areas that were reported as not provided (or given unknown provision) were also reported to have insufficient coverage. There does appear to be a connection between respondents’ reports of no provision of a topic within their schools’ curriculum and their assessment that their coverage level is “too little” on the same topic.

The majority of Colorado professional nursing schools do not provide faculty development related to LGBTQ health nor is the topic raised even occasionally raised in faculty meetings (such as curriculum meetings). This is significant as the average program representative rates their staff as less than adequately comfortable discussing LGBTQ-related topics in their classrooms. They rate their faculty on average as less than adequately ready to teach the content.

Forty-one percent of programs do not evaluate their students’ learning of LGBTQ-related content. This is a concern as students will almost certainly encounter
sexual and gender minorities in their future practice. Additionally, whereas the National Council of State Boards of Nursing (NCSBN) does not list specific cultural groups in their *NCLEX-RN Detailed Test Plan* (2016), it does specify Cultural Awareness/Cultural Influences on Health as a subcategory of tested content. Written examinations were the most frequently reported method for those programs that did report an evaluation method (36% of programs).

**Recommendations**

The principal recommendation garnered from this research is for formal evaluations of LGBTQ-related content within individual schools of nursing. This research provides an overall snapshot of how Colorado professional nursing schools address LGBTQ health but individual schools must self-assess their treatment of the topic. The high frequency of “Don’t Know” responses to multiple questions throughout the survey supports this need for evaluation at the school level. Faculty are very likely unaware of the extent to which LGBTQ health is being addressed in other courses. Interestingly, two respondents commented specifically on this uncertainty of where LGBTQ-related content is placed in their curriculum.

- “I think we need to review whether we are providing enough information in other courses especially health assessment and research.”
- “Not sure if this is on exam in families and cultures course.”

After similar results were found in their related study, Lim et al. (2015) recommended that schools conduct a crosswalk analysis to identify gaps and solutions. Following such an analysis, faculty and curriculum development should be started or enriched as needed. Recommended strategies and resources include:
• Textbooks (e.g., *LGBTQ Cultures: What Health Care Professionals Need to Know about Sexual and Gender Diversity*, Eliason et al., 2009)

• Web-based resources (e.g., glma.org, lavenderhealth.org)

• Scholarly journals

• Curricular guides from other disciplines. (e.g., *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD*, Association of American Medical Colleges, 2014) Currently, no equivalent guides exist from any major nursing organization.

• Government resources (HHS, 2015; GLMA, 2001)

• Collaboration with other university colleges (e.g., medicine, social work)

• Sexual and/or gender minority speakers for students or staff

• Expansion of clinical placements sites to include those with higher LGBTQ populations (e.g., AIDS clinics, Pride centers, LGBTQ youth centers)

• “Cultivating local expertise within faculty ranks (Lim et al., 2015, p.151)”

• Faculty seminars or round-table discussions

• Creating new patient simulation scenarios or adapting existing ones to include LGBTQ identities.

• Encouraging faculty to include LGBTQ identities in their lecture case studies

A major limitation of this study was the inaccurate recall or inadequate knowledge of each program’s sole representative. Future research should attempt to
question all educators involved in a program in an attempt to avoid this. Surveying newly graduated students about their program’s coverage of LGBTQ-health would also be beneficial. Evaluation and comparison of other states’ curricula to each other and to national trends would be useful.

**Summary**

Providing culturally competent care to the country’s diverse population and working to reduce health disparities are two main requirements of ethical professional nursing care. Nursing care of the LGBTQ population uniquely challenges nurses on both these professional tasks. Accordingly, nursing schools are mandated to prepare their students to provide such care, advocate for vulnerable populations, and help reduce health disparities. This research sought to explore how Colorado professional nursing schools are preparing their students to meet these demands, in relation to the LGBTQ population specifically, by determining the extent to which LGBTQ-related content is addressed in Colorado professional nursing education. Results of this research show that for the large majority of Colorado professional nursing schools, there is a significant lack of overall attention to LGBTQ health, coverage of specific LGBTQ-related content, faculty preparation, LGBTQ patient exposure, and targeted evaluation methods. This research also solicited suggestions for strategies that would help to remedy these deficiencies.
References


Colorado Board of Nursing (CO BON). (2016). Board of Nursing: Education Resources. Retrieved from https://www.colorado.gov/pacific/dora/Nursing_Education


Coulter, R. W., Kenst, K. S., & Bowen, D. J. (2014). Research funded by the National Institutes of Health on the health of lesbian, gay, bisexual, and transgender populations. Journal Information, 104(2).


APPENDIX A

INSTITUTIONAL REVIEW BOARD WRITTEN APPROVAL
4.1.16
IRB Review
Proposal Title: Exploration of LGBTQ-related content in Colorado associate- and baccalaureate-level professional nursing education.
Principal Investigator: Ungstad
New Application: Nursing

Dear Stefanie,
Thank you for submitting your IRB application “Exploration of LGBTQ-related content in Colorado associate- and baccalaureate-level professional nursing education.” This application has been reviewed according to the policies of this institution and applicable federal regulations. The review category for this application is Expedited. This letter serves as notification that you now have IRB approval for a period of 12 months from the date of this letter. The expiration date for your approval is 4.1.17. Once human research has been approved, it is the Principal Investigator’s responsibility to report any changes in research activity related to the project, including revisions or amendments, serious adverse consequences, renewal or completion. If you have any questions, please contact me at barbara.brettgreen@csupueblo.edu. Thank you for your concern regarding the protection of human subjects, and good luck with your research.

Best regards,

Barbara Brett-Green, Ph.D.
IRB Chair
APPENDIX B

PERMISSIONS TO USE AND ADAPT SURVEY TOOLS
Hello Stefanie,

Sorry for the delayed reply.

The holiday season got in the way.

But I attach here the questionnaire I used. As you have read in the published result. It's been validated. Feel free to use it as you see fit and contact me if there is anything I can do.

Best wishes on your research.

Fidel

Fidel Lim, DNP, CCRN
Clinical Assistant Professor
New York University
College of Nursing
433 First Avenue
New York, N.Y. 10010
Stefanie,

Thank you so much for your e-mail and inquiry.

You are most welcome to use / adapt our questionnaire to your study of the LGBT health-related curricula in CO nursing schools. The questionnaire is available in the Supplemental Materials to the JAMA manuscript, which is available here: http://jama.jamanetwork.com/article.aspx?articleid=1104294

We wish you the best of luck on your project. It sounds like a great one! Please do keep us informed of the project’s progress.

Happy holidays!

Best,
MRL

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University of California, San Francisco
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Co-Director
The PRIDE Study
University of California, San Francisco
http://www.pridestudy.org/

Founder and Investigator
Lesbian, Gay, Bisexual, and Transgender Medical Education Research Group
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F 415-476-3381
M 212-920-0031
P 415-443-3375
E mitchell.lunn@ucsf.edu
APPENDIX C

CONSENT
Consent Form
Privacy Cover Page
Consent to Participate in a Research Study  
Colorado State University - Pueblo

TITLE OF STUDY: Exploration of LGBTQ-related content in Colorado associate- and baccalaureate-level professional nursing education.

PRINCIPAL INVESTIGATOR: Stefanie Ungstad, BSN; MSN candidate 2016; Nursing Department; sj.ungstad@pack.csupueblo.edu; 719-210-6193

CO-PRINCIPAL INVESTIGATOR: None

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are asked to be a part of this research because of your membership in the Colorado Council on Nursing Education (CCNE) and your knowledge of your school’s curriculum. Participants must be 18 years of age or older and hold a nursing administration leadership position in an associate- or baccalaureate-degree professional nursing program in the state of Colorado.

WHO IS DOING THE STUDY? The principal investigator is a graduate student in the Nursing Department at Colorado State University - Pueblo. This research study is being completed in partial fulfillment of requirements for a master’s degree in science with a major in nursing in the Nurse Educator track at Colorado State University - Pueblo.

WHAT IS THE PURPOSE OF THIS STUDY? You are being asked to participate in a research study to explore how LGBTQ-related content is addressed in associate- and baccalaureate-level Colorado professional nursing programs.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? The study will take place during the April 8, 2016 CCNE meeting. You will be asked to complete a 16-question survey regarding LGBTQ-related content in your school’s curriculum. The survey should take approximately 10 to 15 minutes.

WHAT WILL I BE ASKED TO DO? You will be asked to complete a pen-and-paper survey with questions about your school’s curriculum and return it anonymously to the researcher.
ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?
You will be asked to complete a survey in a seated area that will last approximately 15 minutes. The process is completely voluntary and there are no reasons to exclude yourself unless you do not want to participate. You do not have to answer every question.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?
- Thinking about LGBTQ-related content may be uncomfortable or awkward for some people. Therefore, there is a very small risk that participants may experience uneasiness or psychological discomfort while taking the survey.
- Respondents will be answering survey questions on behalf of their institution. There is a small chance that participants might feel anxiety when tasked with that responsibility.
- It is not possible to identify all potential risks in research procedures, but the researcher has taken reasonable safeguards to minimize any known and potential (but as of yet unknown) risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?
Your participation in this study will provide information related to Colorado nursing education. While there is no intended direct benefit for you, your contribution could benefit nursing education in the future.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY- Your survey will be done anonymously. The survey does not ask for any directly identifying information. When publishing the results, data will be reported in aggregate form.

WHO WILL SEE THE INFORMATION THAT I GIVE? The data collected is confidential and will only be viewed by the researcher and the researcher’s thesis committee. Compiled, aggregate results will be shared with a statistician. All consent forms with participant signatures will be collected independently and separately from the surveys. There will be nothing linking this consent form with your survey. All forms will be kept private in a locked cabinet when not under the direct supervision of the researcher and will be destroyed after 5 years. The only exception to this is if the researcher is asked to share the research files for audit purposes with the CSU Institutional Review Board ethics committee.

CAN MY TAKING PART IN THE STUDY END EARLY? You may be required to stop before the end of the study for any of the following reasons:

- If all or part of the study is discontinued for any reason by the investigator or university authorities.
- If you fail to adhere to requirements for participation established by the researcher.

**WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?**
No compensation or gifts are provided for participating in this study.

**WHAT IF I HAVE QUESTIONS?** Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Stefanie Ungstad at 719-210-6193 or sj.ungstad@pack.csupueblo.edu or stefanie78@gmail.com.

If you have any questions about your rights as a volunteer in this research, contact the chair of CSU- Pueblo’s IRB, Dr. Barbara Brett-Green at: barbara.brettgreen@csupueblo.edu; 719-549-2676. We will give you a copy of this consent form to take with you.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 3 pages.

___________________________________________  ____________________
Signature of person                                        Date
agreed to take part in the study

_________________________________________        _____________________
Printed name of person             Job title
agreed to take part in the study

_________________________________________
Stefanie Ungstad             4/8/2016
Printed name of person
providing information to participant

_____________________________________
Signature of Research Staff
APPENDIX D

SURVEY
LGBTQ-Related Content in Colorado Nursing Education Survey
Privacy Cover Page
1. How many TOTAL hours are dedicated to teaching LGBTQ content during the entirety of your institution’s pre-licensure RN program? (If your institution does not record content by number of hours, please estimate as accurately as possible.)

Number of Hours: __________
◯ Don’t Know
◯ Decline to Answer

2. Please complete the following statement:

In my institution’s lecture (non-clinical) courses, LGBTQ-specific content is __________.

◯ Interspersed throughout various parts of the curriculum.
◯ Taught in discrete modules dedicated to LGBTQ content.
◯ Not taught.
◯ Don’t know
◯ Decline to answer

3. Does your institution have skills labs or simulation experiences that include LGBTQ-specific content in the pre-licensure RN curriculum?

◯ Yes
◯ No
◯ Don’t know
◯ Decline to answer

4. Do you utilize a clinical site that is specifically designed to facilitate LGBTQ patient care (e.g., rotations in LGBTQ-focused care centers)?

◯ Yes, as a required clinical placement
◯ Yes, available as an elective clinical placement
◯ No
◯ Don’t know
◯ Decline to answer
5. Does your institution provide faculty development for teaching about LGBTQ health?

◯ Yes
◯ No
◯ Don’t know
◯ Decline to answer

6. During faculty meetings (i.e. curriculum committee meetings), how often are LGBTQ health-related issues raised for discussion?

◯ Never
◯ Occasionally
◯ Sometimes
◯ Often
◯ Frequently
◯ Don’t Know
◯ Decline to answer

7. How would you rate your faculty’s comfort level in discussing LGBTQ issues in their courses (e.g., transgender health care needs, health disparities among LGBTQ persons)?

◯ Not comfortable
◯ Somewhat comfortable
◯ Adequately comfortable
◯ Fully Comfortable
◯ Don’t Know
◯ Decline to Answer

8. How would you rate your faculty’s readiness/preparedness to include LGBTQ health issues in the course(s) they teach?

◯ Not Ready
◯ Somewhat Ready
◯ Adequately Ready
◯ Moderately Ready
◯ Fully Ready
◯ Don’t Know
◯ Decline to Answer
9. When learning how to conduct a sexual history, are students at your institution taught to obtain information about same-sex relations, e.g. asking “Do you have sex with men, women, or both?”

- Yes
- No
- Don’t know
- Decline to answer

10. Are nursing students at your institution taught the difference between behavior and identity (e.g., a man may have sex with other men and identify as straight/heterosexual)?

- Yes, part of the required curriculum
- No
- Don’t know
- Decline to answer
11. Does your institution provide education for students in the following content areas at any point in the curriculum? (Definitions to terms marked with an asterisk “*” appear on the last page of the survey.)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes, required in the curriculum</th>
<th>Available as elective curriculum, not required</th>
<th>No, not in curriculum</th>
<th>Don’t know</th>
<th>Decline to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to accessing medical care for LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>High rate of tobacco, alcohol, and drug use among LGBTQ clients</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>HIV in LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Sexually transmitted infections (not HIV) in LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Safer sex for LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>LGBT Youth issues (i.e. suicide, bullying, and homelessness)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Sexual orientation*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Coming out*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gender identity*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Disorders of Sex Development (DSD)/Intersex*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gender confirmation surgery (Sex</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Topic</td>
<td>Yes, required in the curriculum</td>
<td>Available as elective curriculum, not required</td>
<td>No, not in curriculum</td>
<td>Don’t know</td>
<td>Decline to Answer</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------</td>
<td>------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Mental health issues in LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Body image in LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Unhealthy relationships (e.g., intimate partner violence) among LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Obesity among LGBTQ persons</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Violence and hate crimes against LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Homophobia</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Need for research into LGBTQ health concerns</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Shortage of health care providers who are knowledgeable and culturally competent in LGBTQ health</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
12. Please describe your opinion of how the following content areas are covered at your institution.
(Definitions to terms marked with an asterisk “*” appear on the last page of the survey.)

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Cover age needed</th>
<th>Too little coverage</th>
<th>Basic coverage</th>
<th>In-depth coverage</th>
<th>Too much coverage</th>
<th>Don’t know</th>
<th>Decline to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to accessing medical care for LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>High rate of tobacco, alcohol, and drug use among LGBTQ clients</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>HIV in LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Sexually transmitted infections (not HIV) in LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Safer sex for LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>LGBTQ Youth issues (i.e. suicide, bullying, and homelessness)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Sexual orientation*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Coming out*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Gender identity*</td>
<td>O</td>
<td>O</td>
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<tr>
<td><strong>Disorders of Sex Development (DSD)/Intersex</strong></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td><strong>Gender confirmation surgery (Sex reassignment surgery)</strong></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Issue</td>
<td>Coverage not needed</td>
<td>Too little coverage</td>
<td>Basic coverage</td>
<td>In-depth coverage</td>
<td>Too much coverage</td>
<td>Don’t know</td>
<td>Decline to answer</td>
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<tr>
<td>Mental health issues in LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Body image in LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Unhealthy relationships (e.g., intimate partner violence) among LGBTQ people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Obesity among LGBTQ persons</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>Violence and hate crimes against LGBTQ people</td>
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<tr>
<td>Shortage of health care providers who are knowledgeable and culturally competent in</td>
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</table>
LGBTQ health
13. The items in the previous two questions may not comprise a complete list of LGBT health topics. Other topics may include LGBTQ geriatric care, reproductive health in LGBTQ people, and using LGBTQ people as research subjects. Therefore, please describe your opinion on the coverage of LGBTQ content, on the whole, at your institution.

◯ Very good
◯ Good
◯ Fair
◯ Poor
◯ Very Poor
◯ Don’t know
◯ Decline to answer

14 (a & b). Please list other LGBTQ-related topics that your institution provides or would like to provide.

<table>
<thead>
<tr>
<th>Provides</th>
<th>Would Like to Provide</th>
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</thead>
<tbody>
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</tbody>
</table>
15. What method(s) does your institution use to evaluate the efficacy of teaching LGBTQ-specific content to students? (Please check all that apply.)

- Written examination
- Faculty-observed patient interactions
- Peer-to-peer evaluations
- Evaluation by standardized patients (patient actors)
- Evaluation by patients
- Does not evaluate
- Decline to answer
- Other: ______________________________________________

16. What strategies do you think are or would be successful in increasing LGBTQ-specific content at your institution? (Please check all that apply.)

- Curricular material focusing on LGBTQ-related health/health disparities
- Faculty willing and able to teach LGBTQ-related curricular content
- Increased financial resources
- Logistical support for teaching LGBTQ-related curricular content
- More time in the curriculum to be able to teach LGBT-related content
- More evidence-based research regarding LGBTQ health/health disparities
- Curricular material coverage required by accreditation bodies
- Questions based on LGBTQ health/health disparities on national examinations (e.g., NCLEX-RN)
- Methods to evaluate LGBTQ curricular content
- Don’t know
- Decline to answer
- Other: ______________________________________________

17. Please indicate the type of pre-licensure program that the answers above are based upon.

- Baccalaureate Degree
- Associate Degree
Definitions

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning)

Sexual Orientation: An individual's self-identified state of physical and/or emotional attraction. "Heterosexual," "bisexual," and "homosexual" are all sexual orientations.

Coming Out: A process of disclosure of one's sexual orientation or gender identity to oneself and/or others.

Gender Identity: A person's deeply felt psychological identification as male, female, transgender, no gender, or another gender which may or may not correspond to the person's body or designated sex at birth.

Intersex: A general term used for a variety of conditions in which a person is born with reproductive or sexual anatomy that does not fit the typical definitions of female or male. This is also known as "disorders of sex development" (DSD). Though these terms are used by many, some consider them offensive and prefer such terms as "anatomic variation."

Transitioning: The process through which a person modifies physical characteristics and/or manner of gender expression to be consistent with gender identity. This process, also referred to as "gender affirmation," may include hormone therapy, sex reassignment surgery, and/or other components and is generally conducted under medical supervision based on a set of standards developed by medical professionals.

Gender Confirmation Surgery (Sex Reassignment Surgery): The genital alteration surgery that transgender individuals sometimes undergo to change their physical bodies to match their gender identities. This was previously referred to as a "sex change operation." This process is also referred to as "sex affirmation treatment".
Author Contact Information

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stefanie78@gmail.com