Journal of Social Service Research

ISSN: 0148-8376 (Print) 1540-7314 (Online) Journal homepage: https://www.tandfonline.com/loi/wssr20

Equality and Quality: The Relationship Between Magnet® Status and Healthcare Organizational Commitment to Lesbian, Gay, Bisexual, and Transgender Equality

Christopher W. Blackwell, Alina Diaz-Cruz & Xin Yan

To cite this article: Christopher W. Blackwell, Alina Diaz-Cruz & Xin Yan (2019): Equality and Quality: The Relationship Between Magnet® Status and Healthcare Organizational Commitment to Lesbian, Gay, Bisexual, and Transgender Equality, Journal of Social Service Research, DOI: 10.1080/01488376.2019.1645796

To link to this article: https://doi.org/10.1080/01488376.2019.1645796

JOURNAL OF SOCIAL SERVICE RESEARCH
https://doi.org/10.1080/01488376.2019.1645796

Equality and Quality: The Relationship Between Magnet® Status and Healthcare Organizational Commitment to Lesbian, Gay, Bisexual, and Transgender Equality

Christopher W. Blackwell[a], Alina Diaz-Cruz[b,c] and Xin Yan[d]

[a]Adult-Gerontology Acute Care Nurse Practitioner Programs, Department of Nursing Practice, College of Nursing, University of Central Florida, Orlando, FL, USA; [b]College of Nursing and Health Sciences, Barry University, Miami Shores, FL, USA; [c]College of Nursing, University of Central Florida, Orlando, FL, USA; [d]Department of Statistics, College of Sciences, University of Central Florida, Orlando, FL, USA

ABSTRACT

Introduction: Discrimination against lesbian, gay, bisexual, transgender, and queer (LGBTQ) persons in the healthcare system is pervasive. The Human Rights Campaign (HRC) conducts a major study annually in which participating healthcare organizations ($n = 626$) are scored on their treatment of LGBTQ employees and clients published as its *Healthcare Equality Index*. Higher scores earned on the *HEI* correspond to more equitable treatment of LGBTQ persons, a mark of distinction. Similarly, the American Nurses Credentialing Center (ANCC) recognizes nursing excellence in healthcare organizations by designating them as Magnet institutions ($n = 477$), indicating alignment of the organization's nursing strategic goals with improvement in patient outcomes.

Methods: A secondary data analysis was conducted to determine if a relationship existed between an organization's *HEI* score and ANCC Magnet recognition.

Results: Results supported a statistically significant association between *HEI* score and Magnet® status ($p = .0336$).

Discussion: Nurses, social workers, and other healthcare professionals should advocate for LGBTQ clients and colleagues and contribute to LGBTQ-related research, which is needed to enhance care delivery to LGBTQ persons across professions. Future research should focus on health outcomes resulting from interprofessional collaborations aimed at improving LGBTQ care and strategies to reduce discrimination against LGBTQ clients and employees.

KEYWORDS

Discrimination; Healthcare Equality Index; LGBTQ; nursing; Magnet; social work

Introduction

In the United States, lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals often navigate a healthcare system that is discriminatory, not adequately trained, or is culturally insensitive to the psychosocial and healthcare needs of this vulnerable population. Although seen as one cohesive entity, each segment of the LGBTQ community is, in fact, a very distinct population with specific healthcare needs (Institute of Medicine, 2011). Recognition of differences in individuals' healthcare values, beliefs, and customs is essential to providing culturally competent care (Kanchana, 2016). Thus, nurses, physicians, physician assistants, social workers, and other healthcare professionals must understand the different healthcare disparities and needs that exist in LGBTQ persons and be prepared to respond to them competently. These differences become more apparent when risk factors associated with each population within the LGBTQ community are assessed.

Literature Review

As a whole, LGBTQ individuals are susceptible to sexually transmitted diseases at disproportionate rates; and gay and bisexual men continue to contribute greatest to the incidence and prevalence of HIV and AIDS (Centers for Disease Control & Prevention [CDC], 2016). Data suggest many healthcare providers lack education in LGBTQ

CONTACT Christopher W. Blackwell Christopher.blackwell@ucf.edu Adult-Gerontology Acute Care Nurse Practitioner Programs, Department of Nursing Practice, College of Nursing, University of Central Florida, Orlando, FL, USA.

issues or are uncomfortable in providing treatment to effectively meet the needs of LGBTQ individuals (Chisolm-Straker et al., 2017; Sherman et al., 2014). In turn, this lack of knowledge negatively impacts the quality of care LGBTQ persons receive (Rounds, McGrath, & Walsh, 2013). Negative experiences with healthcare providers and staff coupled with fear of discrimination also leads to underutilization of healthcare services and fuels health disparities in the LGBTQ community (Dietert, Dentice, & Keig, 2017; Li, Matthews, Aranda, Patel, & Patel, 2015; Mattocks et al., 2015).

Research indicates lesbians or bisexual women are at a higher risk for developing breast cancer, obesity, mental health disorders, and being victims of physical violence compared to heterosexuals (Substance Abuse & Mental Health Services Administration [SAMHSA], 2015, 2012). In addition, lesbians and bisexual women are more likely to experience suicidal ideations and substance abuse than heterosexual women.

Gay men are more susceptible to heart disease and several types of cancers, including prostate, testicular, colon, and anal (Blackwell, 2014). Like lesbians and bisexual women, gay men encounter a greater prevalence of physical violence (Blackwell, 2015). Gay men also experience more problems with body image and eating disorders than their heterosexual counterparts (SAMHSA, 2015, 2012).

Gay and bisexual men suffer from anxiety and depression at a higher rate than the general population (Blackwell, 2015). In many cases, exposure to verbal and physical harassment leads to isolation, substance abuse, and suicide attempts (SAMHSA, 2015, 2012). Transgender individuals experience lack of equal treatment, verbal and/or physical abuse, and sexual assaults at alarming rates (National Center for Transgender Equality, 2017). Reports indicate that a striking 40% of the transgender population has attempted suicide (National Center for Transgender Equality, 2017).

In an effort to curtail discriminatory healthcare practices against members of the LGBTQ population and improve delivery of care and outcomes, the federal government implemented VHA Directive 2013-003 and Section 1557 of the *Patient Protection and Affordable Care Act* (ACA).

After the repeal of the Department of Defense' policy referred to as "Don't Ask, Don't Tell," the Department of Veterans Affairs implemented a transgender and intersex policy called VHA Directive 2013-003 (Sherman et al., 2014). Specifically, VHA Directive 2013-003 established a policy for the "respectful delivery of health care" to all transgender and intersex veterans who are enrolled in the Department of Veterans Affairs (VA) health care system or are eligible for VA care (U.S. Department of Veterans Affairs [VA], 2013).

Three studies conducted after the implementation of VHA-Directive 2013-003 indicated the policy is a step in the right direction; but it has not achieved the goal of "respectful delivery of health care." In one study, a participant was humiliated when a receptionist at the VA asked in front of others, "Did you go to Thailand to get the sex change?" (Dietert et al., 2017, p. 39). In the remaining two studies, participants stated that several barriers deterred LGBT veterans from utilizing the VA healthcare system, which included a lack of validation of same-sex relationships by VA staff, lack of inclusive language on VA forms, the VA's reputation for not being sensitive to LGBTQ veterans and their needs, and fear of discriminatory treatment from VA providers (Mattocks et al., 2015; Sherman et al., 2014).

Section 1557 of the ACA prohibits discrimination on the basis of age, color, national origin, race, and sex in certain health programs and activities (Johnson, 2016). Section 1557 protects members of the LGBTQ community from discriminatory practices that affect access and quality of care. However, Section 1557 only applies to healthcare programs or activities that receive federal dollars (Johnson, 2016).

Although most healthcare providers are impacted by Section 1557 of the ACA, studies undertaken after the enactment of Section 1557 indicate LGBTQ individuals are still subjected to negative experiences in healthcare. Factors associated with these negative experiences include poorly trained healthcare providers, ambivalent provider behaviors, and low provider-to-general

population ratios that impact utilization of healthcare services (Chisolm-Straker et al., 2017; Dorsen & Van Devanter, 2016; Johnson & Nemeth, 2014; Li et al., 2015; Raynor, McDonald, & Flunker, 2014; Rounds et al., 2013; Sherman et al., 2014;). These data cumulatively suggest focusing on the provision of high quality and equitable care for LGBTQ persons, and identification and recognition of organizations that do so, are paramount. This is also integral to establishing culturally competent care in nurses and other healthcare providers, which is strongly related to improved patient outcomes and satisfaction (Kanchana, 2016).

LGBTQ persons experience discrimination in wages and earning, perpetual harassment and homophobic treatment, and lack many essential rights related to employment (Anastas, 2001; Croteau, 1996; Irwin, 2002; Klawitter, 1998; Morrow, 2001). Despite this, very little inquiry has been conducted on discrimination-related issues in LGBT nurses (Blackwell, 2008; Eliason, DeJoseph, Dibble, Deevey, & Chinn, 2011). What little data that exist suggest at times, healthcare professionals perceive their workplaces as unfriendly to LGBTQ persons (Eliason et al., 2011). A groundbreaking, albeit dated study by Blackwell (2008), indicated that while the majority of nurses supported workplace nondiscrimination policies protecting lesbian, gay, and bisexual (LGB) nurses from decisions related to hiring, firing, and promotion, the belief that LGB persons consciously choose their sexuality as a lifestyle was strongly correlated with higher levels of homophobia, discriminatory beliefs, and nonsupport of such a policy. A 2015 inquiry by Lennon-Dearing and Delavega suggested social workers endorse respect for the National Association of Social Workers' ethical standards of practice when working with LGBT communities. However, their data also showed, "a number still harbor opinions that are harmful to the LGBT community and impede their ability for affirmative, ethical practice at the individual or policy level" (Lennon-Dearing & Delavega, 2015, p. 412).

HRC's Healthcare Equality Index (HEI)

HRC is the nation's largest civil rights organization working toward the advancement of equality of LGBTQ persons. Now in its 11th year, HRC's *HEI* is, "the national LGBTQ benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors, and employees" (HRC, 2018a, para. 1). Using a survey method, the 2018 *HEI* study evaluated 626 participating healthcare organizations' treatment of LGBTQ clients and employees through assessment of four criteria, including:

1. Nondiscrimination policies and staff training.
2. Patient services and support.
3. Employee benefits and policies.
4. Patient and community engagement and responsible citizenship

See HRC (2018b, pp. 54–57) for a detailed description of measurement variables for each criteria. Several measurements are collected for each criteria category; and each criteria category is summed to yield an overall category score. These category scores are then compiled to yield an organization's overall score, measured on a scale of 0–100, with higher scores indicating more equitable treatment of LGBT clients and employees. Distinctive designations include "LGBTQ Healthcare Equality Leader" (perfect scores of 100) and "Top Performer" (scores ranging from 85 to 99).

ANCC Magnet® Recognition Program

According to American Nurses Credentialing Center (ANCC) (2018):

> The Magnet Magnet® Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes. The Magnet® Recognition Program provides a roadmap to nursing excellence, which benefits the whole of an organization. To nurses, Magnet® Recognition means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be (para. 2).

Hospitals earning Magnet® status undergo rigorous peer review and are required to conduct research and implement evidence-based practice

(Pintz, Zhou, McLaughlin, Kelly, & Guzzzetta, 2018; Prado-Inzerillo, Clavelle, & Fitzpatrick, 2018). These positive attributes of Magnet® organizations permeate throughout the organization and affect the work of other professionals as well. For example, structured caring processes lead to increased productivity, patient safety, attainment of goals, employee retention, and quality patient care (Huddleston, 2014). None of these is achievable without successful integration of care across professions within an organization. Magnet® hospitals are also recognized for high-quality patient care and practice innovation (Pintz, Zhou, McLaughlin, Kelly, & Guzzetta, 2018), which is reliant on strong interprofessional relationships. Nine of the ten hospitals listed in the top 10 honor roll organizations by the *US News and World Report* in 2017 had achieved Magnet® recognition (Pintz et al., 2018).

Study Hypothesis

H1: There is a positive relationship between an organization's HEI score and ANCC Magnet recognition.

Methods

Study Purpose

The purpose of this study was to determine if a relationship existed between an organization's *HEI* score and ANCC recognition as a Magnet® institution.

Sample and Protection of Human Subjects

There were two major sample sources for this study. Data were first obtained from HRC that comprised the scores used to measure the participating healthcare organizations' ($n = 626$) treatment of LGBTQ clients and employees in the 2018 *HEI*. The second data source was the most recent (8/18) comprehensive listing of healthcare organizations that have earned Magnet® recognition provided by ANCC ($n = 477$). The data from both datasets were then combined to create one dataset for analyses. The Institutional Review Board at the University of X approved the study.

Table 1. Select demographics of participants in 2018 HEI Study ($n = 626$).

120 different nonprofit, for-profit, and public health systems	
Systems with 10 or more participating facilities	
System	*Number*
Veterans Health Administration	97
Kaiser Permanente	38
Northwell Health	22
NYC Health + Hospitals	22
Sutter Health	21
Novant Health	14
Bon Secours Health System, Inc.	12
Saint Luke's Healthcare System	10
Participants by Bed Size	
Number of beds	*Percentage*
1–99	13%
100–199	19%
200–299	18%
300–499	20%
500+	19%
Outpatient only	10%
Employment nondiscrimination	
Measure	*Number* (%)
Both sexual orientation and gender identity included employment nondiscrimination policy	608 (97%)
LGBTQ-inclusive nondiscrimination policy is readily accessible and publicly communicated ($n = 608$)	602 (99%)
Nondiscrimination policy is non-LGBTQ inclusive ($n = 753$[a])	354 (47%)

[a]Additional analyses conducted by HRC Foundation which included hospitals not participating in 2018 HEI.

Sample Characteristics

While a comprehensive overview of the organizations that participated in the 2018 *HEI* ($n = 626$) and ANCC recognized Magnet® organizations ($n = 477$) is beyond the scope of this work, both the *HEI* data and ANCC data are nationally-representative, with more than 120 different for-profit, nonprofit, and public health systems participating in the 2018 *HEI* study from across the United States. Select demographics of participants in the 2018 *HEI* study are presented in Table 1.

Treatment of the Data

Data were analyzed using Statistical Analysis System® (SAS) version 9.4. Chi-square tests for contingency table were conducted to determine statistical associations between each organization's *HEI* criterion measurement and their sums within each criteria category and overall *HEI* score with that organization's Magnet® status. p values $< .05$ were considered statistically significant. To match the objectives of this article, Chi-square analysis assessing overall *HEI* scores and organizational Magnet® statuses are reported.

Table 2. Chi-square analysis: HEI criteria and overall HEI Scores with Magnet® status ($n = 626$).

Independent variable	Test statistic value	p value
Nondiscrimination policies and staff training	2.395	.3019
Patient services and support	21.613	<.001*
Employee benefits and policies	2.782	.2489
Patient and community engagement and responsible citizenship	.727	.6952
Overall HEI Score	29.105	.0336*

*= Statistically significant at $p < .05$.

Results

Relationship Between HEI Score and Magnet Recognition

Chi-square analyses were conducted to determine the statistical association between organizational HEI score and Magnet® recognition status. Results showed the relationship between the two variables were statistically significant ($p = .0336$). Chi-square analyses between HEI criteria and overall HEI scores with Magnet® status are presented in Table 2.

Discussion

Significance of Findings

Multiple studies have found significant relationships between various organizational quality indicators and Magnet® recognition, suggesting Magnet® recognition might be associated with other dimensions affected by, and possibly transcending, nursing. For example, the work of Bekelis, Missios, and MacKenzie (2018) demonstrated superior neurosurgeon performance in Magnet® hospitals in New York State. These researchers concluded their findings could be related to the increased nursing autonomy, improved quality and benchmarking, and higher nursing satisfaction found in Magnet® institutions all having a positive impact on neurosurgeon performance. Other researchers have documented positive relationships between Magnet® recognition and higher scores on Healthcare Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores (Chen, Koren, Munroe, & Yao, 2014; Zhu, Dy, Wenzel, & Wu, 2018), improved outcomes in patients with ischemic stroke (Bekelis, Missios, & MacKenzie, 2017), and lower rates of nosocomial infection (Barnes, Rearden, & McHugh, 2016). Although data are lacking comparing social worker outcomes and patient satisfaction scoring in healthcare, Roberts, Stiller, and Dichiera (2012) found positive relationships between patient satisfaction and access to social work services by clients in rehabilitative settings.

Thus, assessing the relationship between scores on the *HEI* with an organization's Magnet® recognition is significant, because both are marks of distinctly different, yet equally important and interacting, quality merits that organizations strive to achieve. Higher *HEI* scores indicate an organization's commitment to equitable care for LGBTQ clients and employees. Magnet® recognition indicates an organization's commitment to nursing excellence; but it also signifies a commitment to other dimensions that affect non-nursing healthcare professionals and overall patient care as well.

For example, organizations that have earned Magnet® recognition must demonstrate effective strategies to implement evidence-based care into practice (Bekelis et al., 2018). It is possible that Magnet®-recognized organizations that have achieved higher scores on the *HEI* have done so as a consequence of implementing evidence-based care strategies for all their clients as part of their requirements to achieve and/or maintain Magnet® status. This includes dimensions in providing culturally appropriate care and tailoring that care to meet the needs of LGBTQ persons. This has been deemed as essential to the continued growth of nursing and social work as professions. As Enestvedt et al. (2018) indicate, as nursing science continues to advance, nurses will need to shift care from a needs-based approach to one that addresses health inequities through acquisition of critical knowledge, skills, and attitudes that are culturally-framed. Social workers face a similar responsibility, as they must be able to apply the concepts of cultural competence while simultaneously considering the social justice factors that influence LGBTQ care inequality (Lennon-Dearing & Delavega, 2015).

Magnet® recognition also denotes a significant commitment to the satisfaction of nurses employed within an organization (Bekelis et al., 2018). Thus, it is feasible the same benchmarks required to ensure a positive and enriching work environment for nurses translate to similarly positive work settings for all LGBTQ employees. Standards measured in the *HEI*

that create a welcoming and positive work culture for LGBTQ employees could mirror standards set forth in principles required for Magnet® recognition. A positive and accepting work environment for LGBTQ employees is especially significant for nurses, as LGBT nurses constitute one of the largest subgroups within the nursing profession (Eliason et al., 2011). NASW recognizes the social worker's role in fostering positive work environments for LGBTQ social workers as well (NASW, 2019). Professional development of cultural competence includes educating staff about the legal and professional consequences of all types of discrimination and "upholding advocacy for civil rights in the workplace" (Martin, 2014, p. 32).

Nondiscrimination Toward LGBTQ Clients and Employees

The *HEI* is a powerful tool and resource that can be used by LGBTQ clients and their families to plan their healthcare. It can assist these persons in identifying which healthcare organizations best provide equitable and inclusive care to LGBTQ persons (HRC, 2018a). In addition, because the *HEI* specifically measures dimensions that evaluate organizational commitment and treatment of LGBTQ employees, LGBTQ healthcare professionals when seeking employment can utilize findings from the *HEI* to select a workplace with a more welcoming climate. While this study is the first to show a relationship between an organization's Magnet status and specific measures that reflect nondiscrimination towards LGBTQ clients and employees, research analyzing nurse turnover rationale has suggested ANCC Magnet-recognized organizations have less nursing turnover as a consequence of work environment-related reasons (Park, Gass, & Boyle, 2016).

Although Park et al. (2016) did not specifically measure LGBTQ nondiscrimination as a factor in reducing nurse turnover, their work did show organizations that had achieved Magnet recognition had better work environments than did those that had not achieved Magnet status. In addition, the third component of the Magnet Model is the domain of Exemplary Professional Practice (ANCC, 2019). This domain specifically includes criteria that evaluate the ways nurses within healthcare organizations apply their roles on interdisciplinary teams to meet the needs of the communities in which they serve. Nurses, social workers, physicians, and other members of the healthcare team must provide care that is non-biased and reflective of the principles of nondiscrimination to competently care for LGBTQ communities.

Limitations, Future Study, and Conclusions

This study, while being the first dedicated to this specific inquiry, is limited by the constantly changing healthcare environment. While the data were current at the time of analyses, it is possible that an organization's characteristics that were used for calculation of 2018 *HEI* scores and evaluation for Magnet® recognition have changed, affecting their *HEI* score and/or Magnet® recognition.

Like this study at time of analysis, future studies should be conducted using the most recently available data from HRC and ANCC to ensure the utmost validity, currency, and reliability of findings. In addition, there is only a very small amount of literature assessing the clinical and work climate for LGBTQ nurses, social workers, physician, physician assistants, and other healthcare professionals. Future scholars should consider conducting rigorous analyses to determine how LGBTQ healthcare professionals define an empowering and accepting work environment. Efforts should be made to determine if these characteristics play a role in more positive client outcomes, particularly for vulnerable LGBTQ clients.

Research focusing on outcomes from culturally appropriate care of LGBTQ persons is desperately needed to advance this area of social science; the body of science relating care of LGBTQ persons with the major concepts of transcultural nursing, social work, and care by other providers in the healthcare arena is small. In addition, research inquiry dedicated to assessing workplace inequity of LGBTQ nurses and other professionals is essentially non-existent. Consequently, this area of science would greatly benefit from scholarship aimed at addressing issues related to fair treatment of LGBTQ healthcare professionals in the workplace.

In closing, all healthcare providers must strive to provide culturally congruent care. However, as

the data reviewed for this article suggested, nurses and other healthcare providers often fall short on their ability to deliver culturally competent care to LGBTQ populations. In addition, LGBTQ healthcare professionals have indicated disparate working environments sometimes resistant to acceptance of diversity inclusive of differing sexual orientations and gender identities. Healthcare professionals have the opportunity to work together to serve as change agents both in gaping knowledge deficits in the delivery of culturally competent care to LGBTQ clients and ensuring equitable working environments for one another.

Acknowledgments

Certain data used for this research has been provided by the Human Rights Campaign Foundation (HRCF) and used with permission. Future requests for the data should be directed to HRCF. The authors would like to extend their gratitude to HRCF for its collaboration and partnership on this project and to University of XX Librarian XXX for his extensive assistance in helping with the literature review for this article.

References

American Nurses Credentialing Center. (2019). ANCC Magnet Model. Retrieved from https://www.nursingworld.org/organizational-programs/magnet/magnet-model/.

American Nurses Credentialing Center (2018). ANCC Magnet recognition program. Retrieved from https://www.nursingworld.org/organizational-programs/magnet/.

Anastas, J. W. (2001). Economic rights, economic myths, and economic realities. *Journal of Gay & Lesbian Social Services*, *13*(1/2), 99–116. doi:10.1300/J041v13n01_08

Barnes, H., Rearden, J., & McHugh, D. (2016). Magnet hospital recognition linked to lower central line-associated bloodstream infection rates. *Research in Nursing & Health*, *39*(2), 96–104. doi:10.1002/nur.21709

Bekelis, K., Missios, S., & MacKenzie, T. A. (2017). Association of Magnet status with hospitalization outcomes for ischemic stroke patients. *Journal of the American Heart Association*, *6*(4), 2. doi:10.116/JAHA.117.005880

Bekelis, K., Missios, S., & MacKenzie, T. A. (2018). Correlation of hospital Magnet status with the quality of physicians performing neurosurgical procedures in New York State. *British Journal of Neurosurgery*, *32*(1), 13–17. doi:10.1080/02688697.2018.1429563

Blackwell, C. W. (2008). Registered nurses' attitudes toward the protection of gays and lesbians in the workplace. *Journal of Transcultural Nursing*, *19*(4), 347–353. doi:10.1177/1043659608322420

Blackwell, C. W. (2014). Vaccination guidelines for gay and bisexual men. *The Nurse Practitioner: The American Journal of Primary Healthcare*, *39*(2), 34–39. doi:10.1097/01.NPR0000441910.01654.2b

Blackwell, C. W. (2015). Assessment and treatment of depression in gay and bisexual men in emergency settings. *Advanced Emergency Nursing Journal*, *37*(2), 116–124. doi:10.1097TME.0000000000000057

Centers for Disease Control and Prevention (2016). *HIV surveillance report: Diagnoses of HIV infection in the United States and dependent areas* (Vol. 28). Washington, DC: Centers for Disease Control and Prevention, National Center for HIV/AIDS Viral Hepatitis, STD, and TB Prevention.

Chen, J., Koren, M. E., Munroe, D. J., & Yao, P. (2014). Is the hospital's Magnet status lined to HCAHPS scores? *Journal of Nursing Quality*, *29*(4), 327–335. doi:10.1097/NCQ.0000000000000062

Chisolm-Straker, M., Jardine, L., Bennouna, C., Morency-Brassard, N., Coy, L., Egemba, M. O., & Shearer, P. L. (2017). Transgender and gender nonconforming in emergency departments: A qualitative report of patient experiences. *Transgender Health*, *2*(1), 8–14. doi:10.1089/trgh.2016.0026

Croteau, J. M. (1996). Research on the work experiences of lesbian, gay, and bisexual people: An integrative review of methodology and findings. *Journal of Vocational Behavior*, *48*(2), 195–209. doi:10.1006/jvbe.1996.0018

Dietert, M., Dentice, D., & Keig, Z. (2017). Addressing the needs of transgender military veterans: Better access and more comprehensive care. *Transgender Health*, *2*(1), 35–41.

Dorsen, C., & Van Devanter, N. (2016). Open arms, conflicted hearts: Nurse-practitioner's attitudes towards working with lesbian, gay, and bisexual patients. *Journal of Clinical Nursing*, *25*(23–24), 3716–3722. doi:10.1111/jocn.13464

Eliason, M. J., DeJoseph, D. J., Dibble, S., Deevey, S., & Chinn, P. (2011). Lesbian, gay, bisexual, transgender, and queer/questioning nurses' experience in the workplace. *Journal of Professional Nursing*, *27*(4), 237–244. doi:10.1016/j.profnurs.2011/03.003

Enestvedt, R. C., Clark, K. M., Freborg, K., Miller, J. P., Leuning, C. J., Schuhmacher, D. K., … Loushin, S. L. (2018). Caring in the margins: A scholarship of accompaniment for advanced transcultural nursing practice. *Advances in Nursing Science*, *41*(3), 230–242. doi:10.1097/ANS.0000000000000201

Huddleston, P. (2014). Healthy work environment within an acute care setting. *Journal of Theory Construction & Testing*, *18*(2), 50–54.

Human Rights Campaign (2018a). *Healthcare Equality Index*. Washington, DC: Human Rights Campaign. Retrieved from https://www.hrc.org/hei.

Human Rights Campaign (2018b). *Healthcare Equality Index 2018*. Washington, DC: Human Rights Campaign. Retrieved from https://assets2.hrc.org/files/assets/resources/

HEI-2018-FinalReport.pdf?_ga=2.81765655.1880544331.1547142862-1132761366.1547142862.

Institute of Medicine (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Retrieved from http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People/LGBT%20Health%202011%20Report%20Brief.pdf

Irwin, J. (2002). Discrimination against gay men, lesbians, and transgender people working in education. *Journal of Gay & Lesbian Social Services*, *14*(2), 65–77. doi:10.1300/j041v14n02_06

Johnson, S. H. (2016). The ACA's provision on nondiscrimination takes shape. *Hastings Center Report*, 5.

Johnson, M. J., & Nemeth, L. S. (2014). Addressing health disparities of lesbian and bisexual women: A grounded theory study. *Women's Health Issues*, *24*(6), 636–638. doi:10/1016/j.whj.2014.08.003

Kanchana, M. N. (2016). Transcultural nursing: Importance in nursing practice. *International Journal of Nursing Education*, *8*(1), 135–138. doi:10.5958/0974-9357.2016.00024.6

Klawitter, M. M. (1998). Why aren't more economists doing research on sexual orientation? *Feminist Economics*, *4*(2), 55–59. doi:10.1080/135457098338437

Lennon-Dearing, R., & Delavega, E. (2015). Policies discriminatory of the LGBT community: Do social workers endorse respect for the NASW Code of Ethics? *Journal of Gay & Lesbian Social Services*, *27*(4), 412–435. doi:10.1080/10538720.2015.1087266

Li, C. C., Matthews, A. K., Aranda, F., Patel, C., & Patel, M. (2015). Predictors and consequences of negative patient-provider interactions among a sample of African American sexual minority women. *LGBT Health*, *2*(2), 140–142. doi:10.1089/lgbt.2014.0127

Martin, M. B. (2014). Transcultural advocacy and policy in the workplace: Implications for nurses in professional development. *Journal for Nurses in Professional Development*, *30*(1), 29–33. doi:10/1097/NND.0000000000000027

Mattocks, K. M., Sullivan, J. C., Bertrand, C., Kinney, R. L., Sherman, M. D., & Gustason, C. (2015). Perceived stigma, discrimination, and disclosure of sexual orientation among a sample of lesbian veterans receiving care in the Department of Veterans Affairs. *LGBT Health*, *2*(2), 147–149. doi:10.1089/lgbt.2014.0131

Morrow, D. (2001). Older gays and lesbians: Surviving a generation of hate and violence. *Journal of Gay & Lesbian Social Services*, *13*(1/2), 151–169. doi:10.1300/j041v13n01_11

National Association of Social Workers (2019). *Lesbian, gay, bisexual, and transgender (LGBT)*. Retrieved from https://www.socialworkers.org/Practice/LGBT.

National Center for Transgender Equality (2017). The report of the 2015 US Transgender Survey. Retrieved from https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf.

Park, S. H., Gass, S., & Boyle, D. K. (2016). Comparison of reasons for nurse turnover in Magnet® and non-Magnet hospitals. *The Journal of Nursing Administration*, *46*(5), 284–290. doi:10.1097/NNA.0000000000000344

Pintz, C., Zhou, Q. P., McLaughlin, M. K., Kelly, K. P., & Guzzetta, C. E. (2018). National study of nursing research characteristics at Magnet-designated hospitals. *Journal of Nursing Administration*, *48*(5), 247–258. doi:10/1097/NNA.0000000000000609

Prado-Inzerillo, M., Clavelle, J. T., & Fitzpatrick, J. J. (2018). Leadership practices and engagement among Magnet hospital chief nursing officers. *The Journal of Nursing Administration*, *48*(10), 502–507. doi:10.1097/NNA.0000000000000658

Raynor, L. A., McDonald, K., & Flunker, D. (2014). Exploratory spatial analysis of transgender individuals' access to health care providers in the state of Minnesota. *International Journal of Transgenderism*, *15*(3-4), 129–132. doi:10.1080/15532739.2014.946196

Roberts, K., Stiller, K., & Dichiera, B. (2012). A survey evaluating patients' satisfaction with the social work service provided at a rehabilitation centre. *Australian Social Work*, *65*(1), 145–155. doi:10.1080/0312407X.2011.594900

Rounds, K. E., McGrath, B. B., & Walsh, E. (2013). Perspectives on provider behaviors: A qualitative study of sexual and gender minorities regarding quality of care. *Contemporary Nurse*, *44*(1), 99–105. doi:10.5172/conu.2013.44.1.99

Sherman, M. D., Kauth, M. R., Ridener, L., Shipherd, J. C., Bratkovich, K., & Beaulieu, G. (2014). An empirical investigation of challenges and recommendations for welcoming sexual and gender minority veterans into VA care. *Professional Psychology: Research and Practice*, *45*(6), 433–439. doi:10.1037/a0034826

Substance Abuse and Mental Health Services Administration [SAMHSA] (2015). Sexual orientation and estimates of adult substance use and mental health: Results from the *2015 National Survey on Drug Use and Health*. Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm

Substance Abuse and Mental Health Services Administration [SAMHSA] (2012). Top health issues of the LGBT populations: Information and resource kit. Retrieved from https://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf

U.S. Department of Veterans Affairs [VA] (2013). Providing health care for transgender and intersex veterans. Retrieved from https://transequality.org/sites/default/files/docs/resources/VHAHealthcareDirective_2013.pdf

Zhu, J., Dy, S. M., Wenzel, J., & Wu, A. W. (2018). Association of Magnet status and nurse staffing with improvements in patient experience with hospital care. *Medical Care*, *56*(2), 111–120. doi:10.1097/MLR.0000000000000854