

Demonstrating Nursing Excellence through Equality: The Relationship between Magnet[®] Status and Organizational LGBTQ Client Services and Support



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Disclosures and Acknowledgement

- Dr. Blackwell has no conflicts of interest or other disclosures for this presentation.
- 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 presenter would like to extend their gratitude to HRCF for its collaboration and partnership on this.
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Objectives



- At the end of this presentation, attendees will:
 - 1) Describe HRC'S *HEI*, its purpose, methodology, and overall findings;
 - 2) Identify two high quality nursing characteristics of healthcare organizations that have achieved Magnet[®] status;
 - 3) Articulate the relationship between a healthcare organizations' Magnet[®] status and *HEI* scores related to organizational LGBTQ client services and support;
 - 4) Communicate one strategy for improving healthcare access and delivery to LGBTQ populations;
 - 5) Define the role of nurses and advanced practice nurses in reducing health disparities in LGBTQ populations;
 - 6) Participate in future scholarly inquiry that evaluates quality nursing LGBTQ care outcomes using objective measurable data.

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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 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.



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Introduction

- Successful integration of transcultural nursing concepts into the clinical practice of nurses requires appreciation and recognition of differences in individuals' healthcare values, beliefs, and customs.
- Thus, nurses 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

- LGBTQ individuals are susceptible to sexually transmitted diseases at disproportionate rates; gay and bisexual men continue to contribute greatest to the incidence and prevalence of HIV and AIDS.
- Data suggest many healthcare providers lack education in LGBTQ issues or are uncomfortable in providing treatment to effectively meet the needs of LGBTQ individuals



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Literature Review

- This lack of knowledge negatively impacts the quality-of-care LGBTQ persons receive.
- Negative experiences with healthcare providers/staff and fear of discrimination also leads to underutilization of healthcare services and fuels health disparities in the LGBTQ community.



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Literature Review

- 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.
- In addition, lesbians and bisexual women are more likely to experience suicidal ideations and substance abuse than heterosexual women.



Literature Review

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



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Literature Review

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



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Literature Review

- To curtail discriminatory healthcare practices against members of the LGBT 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*.



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Literature Review

- 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.
- 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.



Literature Review

- 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?”
 - 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.

Literature Review

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Literature Review

- In 2010, the *Patient Protection and Affordable Care Act* (PPACA), otherwise known as the *Affordable Care Act* (ACA), became law.
 - Section 1557 of ACA prohibits discrimination based on 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.



Literature Review

- Although most healthcare providers are impacted by Section 1557 of the *Affordable Care Act*, studies undertaken after the enactment of Section 1557 indicate LGBTQ individuals are still subjected to negative experiences in healthcare, poorly trained healthcare providers, ambivalent provider behaviors, and low provider-to-general population ratios that impact utilization of healthcare services.



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Literature Review

- 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 nursing care, which is strongly related to improved patient outcomes and satisfaction.



Literature Review

- LGBTQ persons experience discrimination in wages and earning, perpetual harassment and homophobic treatment, and lack many essential rights related to employment.
- Despite this, very little inquiry has been conducted on discrimination-related issues in LGBT.
- What little data that exist suggest at times, nurses perceive their workplaces as unfriendly to LGBTQ persons.



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Literature Review

- A groundbreaking, albeit dated study by Blackwell (2008), indicated that while most nurses supported workplace non-discrimination 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 non-support of such a policy.

Registered Nurses' Attitudes Toward the Protection of Gays and Lesbians in the Workplace

Christopher W. Blackwell, PhD, ARNP, ANP-BC
University of Central Florida

This study explores the attitudes of registered nurses toward a nondiscrimination policy in the workplace protective of gays and lesbians and the overall homophobia of nurses. A potential sample of 520 registered nurses licensed in Florida was randomly selected from the state Board of Nursing licensee database. In all, 165 surveys were used in the analysis of the data. Structural equation modeling indicated that support of a nondiscrimination policy protective of gay men and lesbians in the workplace was negatively correlated with homophobia with a critical ratio value of -4.01 . Nonsupport of a nondiscrimination policy was positively correlated with homophobia with a critical ratio value of 3.23 . This finding suggests that the inclusion of workplace policies protective of gay men and lesbians might help decrease homophobic and discriminatory treatment that gay and lesbian nurses often encounter in the workplace.

Keywords: *discrimination; equality; gay; homosexual; lesbian; nondiscrimination policy; nurse; nursing; workplace*

Journal of
Transcultural Nursing
Volume 19 Number 4
October 2008 347-353
© 2008 Sage Publications
10.1177/1043659608322420
<http://jtn.sagepub.com>
hosted at
<http://online.sagepub.com>



HRC's *Healthcare Equality Index*

- HRC is the nation's largest civil rights organization working towards the advancement of equality of LGBTQ persons.
- Now in its 15th 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's *Healthcare Equality Index*

- 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) non-discrimination 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, p. 54-57 for a detailed description of measurement variables for each criteria).

HRC's *Healthcare Equality Index*

- 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 85-99).



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ANCC's Magnet[®] Recognition Program

- According to ANCC (2018):
 - The 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).



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ANCC's Magnet[®] Recognition Program

- Hospitals earning Magnet[®] status undergo rigorous peer review and are required to conduct research and implement evidence-based practice.
- These hospitals are recognized, “for their high-quality, patient care, nursing excellence, and practice innovation” and the best level of nursing care.
- 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.



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*.

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Methods



- **Sample and Protection of Human Subjects**
 - There were two major sample sources for this study.
 - 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 UCF approved the study.

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Methods

- **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, non-profit, and public health systems participating in the 2018 *HEI* study from across the United States.

Methods

- **Sample Characteristics**

Table 1: *Select Demographics of Participants in 2018 HEI Study (n = 626)*

120 different non-profit, for-profit, and public health systems

Systems with 10 or More Participating Facilities

<u>System</u>	<u>Number</u>
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

<u>Number of Beds</u>	<u>Percentage</u>
1-99	13%
100-199	19%
200-299	18%
300-499	20%
500+	19%
Outpatient Only	10%

Employment Non-Discrimination

<u>Measure</u>	<u>Number (%)</u>
Both sexual orientation and gender identity included employment non-discrimination policy	608 (97%)
LGBTQ-inclusive non-discrimination policy is readily accessible and publicly communicated (<i>n</i> = 608)	602 (99%)
Non-discrimination policy is non-LGBTQ inclusive (<i>n</i> = 753*)	354 (47%)

* - Additional analyses conducted by HRC Foundation which included hospitals not participating in 2018 *HEI*.

Methods



• 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.

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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 ($p = .0336$).
- This suggests healthcare organizations with higher scores on the HEI were more likely to have earned Magnet[®] status recognition.



Results

- **Relationship between HEI Score and Magnet[®] Recognition**

Table 2: *Chi-Square Analysis: HEI Criteria and Overall HEI Scores with Magnet Status*
(n = 626)

<u>Independent Variable</u>	<u>Test Statistic Value</u>	<u>P Value</u>
Non-discrimination 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 $p < .05$



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.



Discussion

- **Significance of Findings**

- Other researchers have documented positive relationships between Magnet recognition and higher scores on Healthcare Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores (Zhu, Dy, Wenzel, & Wu, 2018; Chen, Koren, Munroe, & Yao, 2014), improved outcomes in patients with ischemic stroke (Bekelis, Missios, & MacKenzie, 2017), and lower rates of nosocomial infection (Barnes, Rearden & McHugh, 2016).



Discussion

- **Significance of Findings**

- 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 patient care as well.

Discussion

- **Significance of Findings**

- As Enestvedt and colleagues (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.



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Discussion

- **Significance of Findings**

- A positive and accepting work environment for LGBTQ employees is especially significant for nurses, as LGBTQ nurses constitute one of the largest subgroups within the nursing profession (Eliason, DeJoseph, Dibble, Deevey, & Chinn, 2011).
- 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).

Discussion

- In closing, transcultural nurses strive to provide culturally congruent nursing care.
- However, as the data reviewed for this study suggested, nurses and other healthcare providers often fall short on their ability to deliver culturally competent care to LGBTQ populations.



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Discussion

- In addition, LGBTQ nurses have indicated disparate working environments sometimes resistant to acceptance of diversity inclusive of differing sexual orientations and gender identities.
- Transcultural nurses can 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 nurses and other healthcare professionals.



Limitations and Future Study

- 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.
 - A 2022 updated research study is underway.



Limitations and Future Study

- There is only a very small amount of literature assessing the clinical and work climate for LGBTQ nurses.
 - Future nurse scholars should consider conducting rigorous analyses to determine how LGBTQ nurses 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.



Limitations and Future Study

- Research focusing on outcomes from culturally appropriate nursing care of LGBTQ persons is desperately needed to advance transcultural nursing science; the body of science relating care of LGBTQ persons with the major concepts of transcultural nursing is small.



Limitations and Future Study

- In addition, research inquiry dedicated to assessing workplace inequity of LGBTQ nurses is essentially non-existent.
- Consequently, transcultural nursing science would greatly benefit from scholarship aimed at addressing issues related to fair treatment of LGBTQ nurses in the workplace.

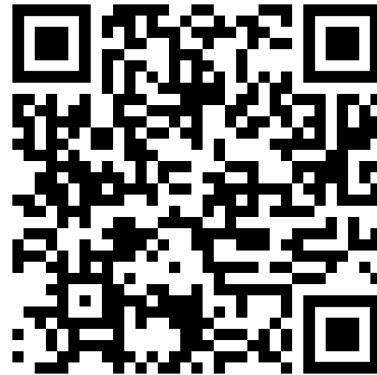


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References

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Scan the QR Code to access the online bibliography!



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