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To cite this article: Christopher W. Blackwell, Humberto Lopez Castillo, Anthony Roque, Yi Liu & Andrew Todd (22 Apr 2024): The Relationship Between Healthcare Organizational Magnet® Status and Scores on the Human Rights Campaign *Healthcare Equality Index*: A Comparative Temporal Analysis, Journal of Social Service Research, DOI: [10.1080/01488376.2024.2342958](https://doi.org/10.1080/01488376.2024.2342958)

To link to this article: <https://doi.org/10.1080/01488376.2024.2342958>



Published online: 22 Apr 2024.



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The Relationship Between Healthcare Organizational Magnet® Status and Scores on the Human Rights Campaign *Healthcare Equality Index*: A Comparative Temporal Analysis

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ABSTRACT

The Human Rights Campaign's annual *Healthcare Equality Index (HEI)* evaluates participating organizations' ($n=906$) treatment of LGBTQ+ employees and clients. Higher *HEI* scores reflect greater equitable treatment of LGBTQ+ persons, a mark of merit for the organization. The American Nurses Credentialing Center recognizes nursing excellence in healthcare organization by designating them Magnet® institutions ($n=612$). Blackwell and colleagues showed a significant relationship between organizational *HEI* scores and recognition as Magnet®. The purpose of this study was to determine if this relationship changed between 2018 and 2022. Chi-square tests analyzed statistical relationships between aggregate *HEI* score as well as each sub-criterion within the *HEI*, and the organization's Magnet® status. *HEI* score and Magnet® status-maintained association ($p = <.001$). Three of four individual scoring criteria were also related to Magnet® recognition, an improvement from just one of the criteria in 2018. Organizations with greater commitment to LGBTQ+ equality continue to be associated with Magnet® recognition, suggesting a continued commitment to healthcare excellence. Future research should focus analysis efforts across the same organizations between *HEI* and Magnet® data collection points and assess LGBTQ+-inclusive care and employment practices and organizational nursing excellence with tools external to the *HEI* and Magnet® recognition.

KEYWORDS

Discrimination; healthcare equality index; LGBTQ+; nursing; magnet; social work

Introduction

Lesbian, gay, bisexual, transgender, queer, and other minority-identity (LGBTQ+) individuals continue to experience significant discrimination in healthcare (Blackwell, 2020; Culhane-Pera et al., 2021; DiLeo et al., 2022; Rogers, 2023; Ruther & Hsieh, 2020). LGBTQ+ patients encounter misgendering, use of heteronormative language, and exclusion of their partners in developing plans of care (Casey et al., 2019; Hobster & McLuskey, 2020; Lisy et al., 2018). Aggression, microaggressions, slurs, and inappropriate communication have also been reported (Casey et al., 2019; Hobster & McLuskey, 2020; Lee & Kanji, 2017; Lisy et al., 2018; Zeeman et al., 2019). Consequently, many

LGBTQ+ patients avoid healthcare for fear of discrimination (Casey et al., 2019; Lee & Kanji, 2017; Lisy et al., 2018; National Association of Social Workers, 2024; Zeeman et al., 2019). Compared to their heterosexual peers, LGBTQ+ adults have higher rates of poor physical and mental health, which may serve as a barrier to accessing vital preventative healthcare services (Fredriksen-Goldsen et al., 2017; Zeeman et al., 2019).

In addition to discrimination encountered in the healthcare system by LGBTQ+ patients, LGBTQ+ nurses, social workers, physicians, and other clinicians are often subjected to discriminatory environments within their own employment settings. Specific examples of discrimination aren't limited to income disparity, continuous provocation, and

homophobic behavior from colleagues; LGBTQ+ persons also lack many essential employment rights (Blackwell, 2020; Burn & Martell, 2020; Fidelindo, 2019; Human Rights Campaign [HRC], 2023c).

The data available that support LGBTQ+ practices in healthcare are limited. However, for the past 15 years, HRC has conducted an annual benchmarking evaluation of healthcare organizations' policies and practices related to equity and inclusion of their LGBTQ+ patients, visitors, and employees (HRC, 2023a). The Healthcare Equality Index (HEI) is published annually. The year of the title in the *HEI* reflects the year in which its data were collected. For example, although the 2022 HEI was published in 2023, it reflects data collected during the 2022 data collection period. The most recent 2022 HEI was published in 2023. While the 2023 HEI hasn't been published by HRC at the time this article was written, it will be released sometime during 2024.

The HEI utilizes five key criteria and their composite score to analyze inclusion of LGBTQ+ patients, visitors, and employees in healthcare facilities' policies and practices (HRC, 2023b). These criteria are: (1) nondiscriminatory practices; (2) patient services and support; (3) employee benefits and policies; (4) patient, and community engagement; and (5) responsible citizenship. Compiling of these individual categorical scores yields an organization's overall score. Of note, Criterion 5 allows for deduction of points for any identified activities that undermine LGBTQ+ equality or patient care. This score reflects the degree to which a healthcare organization is inclusive of LGBTQ+ care needs and its global treatment toward LGBTQ+ patients, visitors, and employees.

While the American Nurses Credentialing Center (ANCC) does not specifically aim to improve the healthcare experience of LGBTQ+ persons, its Magnet® status is considered one of the highest credentials for healthcare facilities in the United States (US) and worldwide. It can be expected that Magnet® status facilities aim to provide a positive experience for all patients (ANCC, 2023a). This credential is earned by organizations that have met stringent criteria reflecting the highest quality of nursing care. This quality measure also has a major effect on other healthcare

disciplines within these organizations, including social workers. For example, Magnet® status recognition is associated with improvement in developing and refining outcome goals and strengthening the multidisciplinary team approach to providing care (Tomey, 2009).

As of 2021, there are 612 Magnet® facilities worldwide (ANCC, 2023b). Because both the HEI results and Magnet® status recognition are used to gauge quality of care within an organization, their relationship to one another could support a healthcare organization's achievement of Magnet® status as being reflective of a stronger commitment to LGBTQ+ individuals' health and LGBTQ+ employee inclusivity. In 2020, Blackwell and colleagues completed the first study assessing the relationship between organizational Magnet® status and scores on the HEI. A statistically significant association between achievement of higher scores on HEI and an organization's Magnet® status recognition ($p = .002$) was identified (Blackwell, 2020; Blackwell et al., 2019).

The purpose of this study was to determine if this relationship changed with additional healthcare organizations earning Magnet® recognition, and more organizations participating in the HEI between 2018 and 2022. The work was driven by two research questions: 1) was there a statistical association between organizations' score on individual 2022 HEI criteria and the aggregate 2022 HEI score and Magnet® recognition status? and 2) did differences exist between 2022 HEI criteria and aggregate 2022 HEI score and Magnet® recognition status and 2018 HEI criteria and aggregate 2018 HEI score and Magnet® recognition status?

Literature Review

Human Rights Campaign's HEI

The Human Rights Campaign's *HEI* (2023b) exists to inform the public about participating organizations' ($n=906$) LGBTQ+ equity and inclusion policies and practices for patients, visitors, and employees. The HEI measures organizational performance on five criteria that are summed to yield an aggregate score. Table 1 provides an

Table 1. Five criteria used in HEI evaluation (HRC, 2023d).

Criterion	Inclusive data
Nondiscrimination and Staff Training	Patient nondiscrimination Equal visitation Employment nondiscrimination Staff training
Patient services and support	LGBTQ+ patient services and support Transgender patient services and support
Employee benefits and employees	Patient self-identification Medical decision-making Employee benefits and policies Transgender-inclusive health insurance
Patient and community engagement	Patient and community engagement
Responsible citizenship*	Focuses on known activities or policies that may undermine LGBTQ+ equality or patient care

*= This category allows for the deduction of points based on any identified activities that undermine LGBTQ+ equality or patient care.

overview of the individual five criteria used to derive the total score.

Participating facilities in the 2022 HEI represented diverse sizes, most of which ($n=199$; 22%) had between 100 and 199 beds, with other facility sizes ranging from >500 beds ($n=136$; 15%), 300–499 beds ($n=163$; 18%), 200–299 beds ($n=154$; 17%), and 1–99 beds ($n=145$; 16%). Nonprofit and for-profit organizations both participated in the evaluation.

Geographically, most participating organizations were in the Northeast ($n=170$; 19%), followed by the West ($n=166$; 18%), Midwest ($n=101$; 11%), and South ($n=59$; 7%) US. The *HEI Executive Report* (HRC, 2023b) highlighted major findings from the 2022 evaluation in the areas of LGBTQ+ Patient Services and Support, Employee Benefits and Policies, and Patient and Community Engagement. Table 2 lists specific examples of these highlights.

One of the major positive findings from the 2022 HEI was that most organizations earned high ratings. For example, 496 (55%) of participating organizations had earned a rating as LGBTQ+ Healthcare Equality Leader. This is the highest distinction possible, defined by the HRC (2023d) as healthcare facilities that:

demonstrate true leadership in adopting LGBTQ+ policies and practices. To achieve this tier of recognition, a healthcare facility must receive full credit in Criteria 1, 2, 3, and 4 and meet the criteria for the provision of transgender-inclusive health insurance. These facilities receive a top score of 100. (para. 5)

Table 2. HEI executive summary category highlights ($n=906$) (HRC, 2023b, p. 6).

Criterion	Comment
LGBTQ+ Patient Services and Support	815 (90%) can explicitly capture a patient's gender identity in their electronic health record 734 (81%) can explicitly capture a patient's sexual orientation in their electronic health record 598 (66%) provide employees with training explicitly reminding them that LGBTQ+ status is confidential patient information
Employee Benefits and Policies	788 (87%) have an organization-wide diversity and inclusion office diversity council, or working group focused on employee diversity that includes LGBTQ+ diversity as part of its mission 734 (81%) provides to all employees at least one health plan that explicitly covers medically necessary health services for transgender people, including gender transition-related care 689 (76%) have one or more openly LGBTQ+ people serving in a high level leadership position that is visible organization-wide
Patient and Community Engagement	770 (85%) took part in or supported one or more LGBTQ+ related events or initiatives in their service area 553 (61%) designed an LGBTQ+ specific logo for use in marketing materials, promotion of LGBTQ+ internal or external community events, or for providers and staff to wear to indicate that they are LGBTQ+ inclusive 308 (34%) publicly supported LGBTQ+ equality under the law by speaking out on local, state, or federal legislation or initiatives

Another 251 organizations (28%) met the second highest designation of Top Performer. Combined, these data indicate 747 (83%) of the participating organizations earned the top highest distinctions possible in the HEI in 2022.

ANCC Magnet® Recognition Program

Organizational achievement of Magnet® status recognition is currently considered the highest nursing honor attainable (Chu-Ying et al., 2021; Graystone, 2018). Earning this recognition requires organizations to undergo a rigorous review process by the ANCC, which often requires substantial culture change within an organization (Patrician et al., 2022). Consequently, as of May 2021, only 8.9% of all US hospitals had earned the Magnet® status recognition (Post University, 2023). Organizations must provide strong evidence

supporting they meet or exceed the demanding standards set forth by the Magnet® program. As outlined by Chu-Ying and colleagues: “Candidates for this certification are required to pass a review comprising six compulsory documents and 84 sets of written documents in five medial components as well as an onsite appraisal” (2021, p. 97).

The Magnet® status designation is also evidence based, with a multitude of improved measurable outcomes supported in the literature. For example, these organizations show significant improvements in nursing practices related to processes, procedures, innovation, and education (Hamadi et al., 2021; Lasater et al., 2019) and function using a model centered on nursing excellence (Cosme et al., 2021). This distinction has also been associated with improved health within the communities served by the organization. For example, regions with the worst rankings for clinical care and socioeconomic status had reduced odds of obtaining a hospital with Magnet® designation compared to those regions ranked best for clinical care and socioeconomic status (Boamah et al., 2022).

While the pursuit of earning the Magnet® status distinction requires an initial substantial organizational financial commitment, it has been shown to be cost-effective, as organizations with Magnet® distinction earn higher profits than those without it (Karim et al., 2018). Employment satisfaction and nursing autonomy are also higher among registered nurses working in Magnet® facilities (ANCC, 2023a) and Magnet® standards require organizations to demonstrate “highly favorable work environments” (Patrician et al., 2022, p. 365). Nurses within these organizations have also reported a sense of better facilitation of interdisciplinary coordination of care to the home and other settings (Tomey, 2009).

Because achieving Magnet® recognition is a prestigious mark of nursing excellence associated with improved patient and community health outcomes and nurse employee contentment, determining if this recognition is associated with higher scores on the HEI, reflecting better provisions of care for LGBTQ+ patients and employees within healthcare organizations, is of value. A statistical relationship between the two might suggest organizations that provide better care to its LGBTQ+ patients and employees are more

focused on improved patient and community health outcomes and better work environments for its nurse employees (Blackwell et al., 2019).

ANCC Magnet® Recognition Program and Its Relation to HEI Scores

The only major study assessing the relationship between organizational HEI scores and organizational ANCC Magnet® status was published by Blackwell and colleagues in 2019. The purpose of that study was to determine if a relationship existed between an organization's HEI score and ANCC Magnet® recognition status. Data were first obtained from HRC that comprised the scores used to measure the participating healthcare organizations' ($n=626$) treatment of LGBTQ patients and employees in the 2018 HEI (Blackwell, 2020, p. 708). The second data source was a comprehensive listing of healthcare organizations that had earned Magnet® recognition provided by ANCC as of 8/1/18 ($n=477$). The data from both datasets were then combined to create one dataset for analyses.

Results showed that while the association between the two variables was statistically significant ($p = .03$), the only individual HEI criterion significantly associated with Magnet® status recognition was patient services and support. This suggested healthcare organizations with higher scores on the HEI were more likely to have earned Magnet® status recognition and provide more equitable services to its LGBTQ+ patients (Blackwell et al., 2019).

The findings also supported the need for continued critical inquiry on the topic to determine if future increased participation by healthcare organizations in both the annual HEI assessment and ANCC's Magnet® Recognition Program altered the statistical association between organizational scores on the individual HEI criteria, aggregate HEI score, and ANCC's Magnet® recognition status.

Methods

The purpose of this study was to determine if the statistical association between individual HRC's HEI scoring criteria, aggregate HEI score, and Magnet® recognition status supported by 2018

data changed in 2022. Secondary data analyses performed replicated previously reported methods (Blackwell et al., 2019). Two data sources were merged for analyses. The first, provided by the HRC Foundation, comprised the 2022 HEI aggregate and raw criteria scores of participating organizations ($n=906$). The second was a database of all the institutions that had earned Magnet® recognition status through ANCC as of January 1, 2023; those not participating in the 2022 HEI study were dropped, yielding a final sample size of 297 organizations that participated in both the 2022 HEI scoring and that had earned Magnet® recognition status. The study was reviewed by the Institutional Review Board of the [University name redacted for peer review] and deemed as not research with human subjects, which is consistent with projects evaluating data regarding policies, practices, or procedures or which employ surveys on corporate policies (University of Maryland, Baltimore County, 2023).

Statistical Analysis

Data analyses were conducted using R version 4.2.2. Chi-square tests were used to analyze the statistical associations between the aggregate HEI score as well as each of the five individual criteria within the HEI, and the organization's Magnet® status. Test results with p values ≤ 0.05 were considered statistically significant.

Results

There was statistical significance between HEI Criteria two, three, four, and aggregate HEI score,

Table 3. Statistical significance between HEI criteria, overall HEI score, and organizational magnet® status (American Nurses Credentialing Center, 2023a; Human Rights Campaign (HRC), 2023b).

HEI criterion	Test statistic value ($n=297$)	p value
Criterion 1	-0.362	.72
Criterion 2	2.465	.01*
Criterion 3	2.118	.03*
Criterion 4	3.136	.02*
Overall HEI score	4.417	<.001*

* = Statistically significant at $p < 0.05$.

Data analyses were conducted using R version 4.2.2. Chi-square tests were used to analyze the statistical relationships between the overall HEI score as well as each sub-criterion within the HEI, and the organization's Magnet® status. HEI criteria 2, 3, and 4, as well as the overall HEI score have statistically significant relationship to the organization's Magnet® status.

and organizational Magnet® status (Table 3). The only individual HEI criterion that did not show statistical significance was Criterion 1 (Nondiscrimination and Staff Training).

This study aimed to determine if the statistical association between individual HRC's HEI scoring criteria, aggregate HEI score, and Magnet® recognition status supported by 2018 data changed in 2022.

Significance of Findings

Analysis showed Criterion 1 (Nondiscrimination and Staff Training) did not show statistically significant association with Magnet® status ($p = .72$). This mirrors the findings of prior research (Blackwell, 2020). This criterion of the HEI reviews written nondiscrimination policies and staff training focusing on needs of the LGBTQ+ population. Specifically, to score well on this criterion, healthcare organizations must meet stringent measures that demonstrate commitment to training team members to provide LGBTQ+-specific care (HRC, 2023d).

Key senior executives must complete the *LGBTQ Patient-Centered Care: An Executive Training Brief* program (provided by the HEI) in organizations that have not previously met the requirement (HRC, 2023d). To maintain credit in this criterion, organizations with ≤ 499 members must complete at least 25h of ongoing training; those with ≥ 500 members must complete at least 50h of ongoing training (per facility, not per member) (HRC, 2023e). The lack of association between scoring on this criterion and organizational Magnet® status suggests ANCC might consider how an organization trains its corporate leadership and team members on providing LGBTQ+ specific care during the Magnet® consideration process. The American Nurses Association (ANA) released a document in 2018 specifically outlining nursing advocacy for LGBTQ+ populations (ANA, 2018).

Recommendations found in this position statements are appropriate to augmenting nondiscrimination and staff training assessment during Magnet® consideration processes (ANA, 2018, p. 5). For example, first, evaluating how an organization provides ongoing, continuing education to its nurses and other care providers about recognizing the potential impact of personal biases

toward LGBTQ+ persons on care provision and, second, evaluating which LGBTQ+-specific training programs designed by organizations to increase competency in treating this population contribute to improved patient outcomes, could directly link specific Magnet® valuation measures with organizational commitment toward nondiscrimination and staff training.

Because Criteria 2 and 4 involve direct patient care and outreach, they are discussed in partnership here. Criterion 2 (Patient Services and Support) was statistically significant ($p = .01$) as was Criterion 4 (Patient and Community Engagement) ($p = 0.02$). In prior research, Patient Services and Support was the *only* individual HEI criterion that was associated with organizational Magnet® status; Criterion 4 did not achieve statistical significance (Blackwell, 2020). Criterion 2 reviews inclusive language plans to serve the LGBTQ+ population and reduce health disparities.

Specifically, this measure gages an organization's planning to serve LGBTQ+ persons, specific mechanisms in place to provide LGBTQ+-specific services, and communication regarding LGBTQ+ health concepts and services (HRC, 2023b). The relationship between this Criterion and Magnet® recognition could be rooted in the value of integration of evidence-based practice (EBP) policies and innovation within Magnet® organizations (Blackwell, 2020; Warshawsky, 2023). EBP is an established concept in nursing and includes patient care delivery that integrates best evidence, envelops clinical care decisions based on critical thinking, and demonstrates improved patient outcomes (Wise, 2009). Innovation in nursing care is also a "hallmark of Magnet-designated organizations" (Warshawsky, 2023, p. 36). The merging of innovation and EBP in providing patient services and support might be significant because LGBTQ+-focused care is a relatively new concept in health-care that demands evidence-based strategies to implement. This finding and the hypothesized underlying associations warrant further research efforts.

Criterion 4 focuses on LGBTQ+ events and other ways that facilities reach out to the LGBTQ+ population and ensure LGBTQ+-specific care is available. Some specific examples of these behaviors include LGBTQ+ community engagement

and marketing (supporting one or more LGBTQ+-related events within an organization's service area, inclusion of LGBTQ+ social media content or images at least four times per year [including transgender persons in at least one of these], and use of a facility-specific LGBTQ+ logo in online communications, marketing materials, or community engagement efforts) and understanding the needs of LGBTQ+ patients and community (satisfaction surveys include LGBTQ+ patient identification options and LGBTQ+ related patient care questions, and facility support of LGBTQ+ health-related academic and/or clinical research (HRC, 2023d). These actions demonstrate organizational commitment to public health initiatives, which may lead to improved community health. Improved health of communities is related to the existence of Magnet® institutions within those communities (cf. Boamah et al., 2022).

Criterion 3 (Employee Benefits and Policies) was statistically significantly associated with the Magnet® status ($p = .03$), which contrasts with earlier research (Blackwell, 2020). This criterion focuses on employee benefits and ensuring equality among LGBTQ+ team members, including providing transgender employees with healthcare benefits. Because institutions that have earned Magnet® recognition have been associated with increased satisfaction with work environment (Rodríguez-García et al., 2021), this finding suggests LGBTQ+-inclusive policies and practices related to employee benefits and policies may be a contributing factor to this relationship. As described in the HEI (HRC, 2023c, para. 3):

It is critical that LGBTQ+ employees, like LGBTQ+ patients, receive equal treatment, particularly vis-à-vis health-related benefits and policies. Competitive employer-provided benefits' packages are critical to attracting and retaining talent. From healthcare coverage to retirement investments and more, ensuring LGBTQ+ inclusive benefits to employees and their families is an overall low-cost, high-return proposition for businesses. In addition, equitable benefits structures align with the principle of equal compensation for equal work. Apart from actual wages paid, benefits account, on average, for approximately 30 percent of employees' overall compensation. Therefore, employers should ensure that this valuable bundle of benefits is equitably extended to their workforce, irrespective of sexual orientation and gender identity.

The HEI's specific mention of talent attraction and retainment is pertinent to this study, particularly because data have traditionally suggested healthcare organizations that have earned Magnet® recognition have better rates of nurse recruitment and retention compared to their non-Magnet® counterparts (cf. ANCC, 2023a; Foley, 2003; Mendelson, 2003; Upenieks, 2005). The rationale for the finding of only one statistically significant category in prior research (Blackwell et al., 2019) with the current study finding of three statistically significant categories points at recent organizational, cultural, and political changes that may drive more statistically significant associations. It is possible that with the larger sample size of participating organization in the 2022 HEI, a larger number of organizations incorporating the HEI scoring criteria into their structure and culture was captured.

Prior research on this topic from the 2018 HEI included data from 626 organizations that participated in the HEI, while the 2022 HEI had 906 organizational participants. In terms of the overall sample size differences, this study yielded a final sample size of 297 organizations that both participated in the 2022 HEI study and had earned Magnet® recognition status, while the prior study (Blackwell et al., 2019) had a sample size of 162 organizations that participated in both the 2018 HEI study and had earned Magnet® recognition. It is also plausible that healthcare organizations are incorporating structural practices that embrace quality nursing care and high-quality care for LGBTQ+ patients and employees. As these values are engrained into healthcare organizations, it would be expected for more HEI criteria to show statistically significant association with the Magnet® status. This could be a result of wider availability of resources to help prepare healthcare professionals in the provision of LGBTQ+ culturally competent care (cf. National LGBT Health Education Center, 2024).

Finally, the HEI aggregate score showed statistically significant association with the Magnet® Status ($p < .001$), which was also found in the prior inquiry on the subject (Blackwell et al., 2019; Blackwell, 2020). This indicates that when all four of the criteria are summed, organizations with higher HEI aggregate scores are more likely

to have earned Magnet® status. This strongly suggests provision of LGBTQ+-inclusive care to patients and inclusive policies and practices related to LGBTQ+ employees is related to higher quality of organizational nursing excellence, as supported by Magnet® recognition status.

Compared with their heterosexual peers, LGBTQ+ individuals experience higher rates of mistreatment and discrimination in healthcare (Abdow et al., 2024). Implementation of HEI criteria to achieve effective, replicable, healthcare services for LGBTQ+ patients (Hilgeman et al., 2023) is possible, despite shifting institutional priorities and resource limitations through greater stakeholder buy-in and streamlining a systemwide approach (Abdow et al., 2024; Carabez & Scott, 2016), resulting in higher hospital overall rating and willingness to recommend institutions that implemented the HEI criteria (DiLeo et al., 2020, 2022).

Limitations and Future Directions

Due to the dynamic characteristics of the US healthcare system and because healthcare organizations voluntarily participate in both the HRC's HEI and ANCC's Magnet® Recognition Program, this study is only capable of analyzing the data available at the time it was collected. Changes in the number and type of organizations participating in both the HEI and Magnet® Recognition Program and their characteristics may affect their interrelationships. This emphasizes the need for the conduction of ongoing research assessing the associations between provision of LGBTQ+-inclusive care and employment policies and practices and quality of organizational nursing excellence, perhaps using measures outside of the HEI and Magnet® recognition status. And important consideration is chi-square test sensitivity to large sample sizes (Bergh, 2015), which could also partially explain the increased number of significant HEI criteria compared to the prior study (Blackwell et al., 2019). In addition, the analyses are void of any assessment of longitudinal and ongoing continuation of participation in HRC's HEI evaluation program and Magnet® recognition by specific organizations. In other words, information was generally analyzed and compared

across the two data collection periods rather than being longitudinally analyzed by specific participating organizations. Future research could help control for this using longitudinal analyses across the same organizations using HEI and Magnet® data collection points and controlling for other variables, such as organization size and number and type of clinicians within the organization.

Conclusions

The purpose of this study was to determine if the statistical association between individual HRC's HEI scoring criteria, aggregate HEI score, and Magnet® recognition status supported by 2018 data (Blackwell, 2020) changed in 2022. Results suggested continuance of a statistically significant association between HEI score and Magnet® status ($p < .001$). In addition, three of four individual scoring criteria (Patient Services and Support, Employee Benefits and Policies, and Patient and Community Engagement) were also significantly related to Magnet® recognition, an improvement from just one of the criteria (patient services and support) in 2018.

Perhaps this suggests healthcare organizations' LGBTQ+ inclusive policies and practices related to patient services and support, employee benefits and policies, and patient, and community engagement are becoming increasingly aligned with the values reflected in Magnet® status recognition. Developing healthcare systems that are more inclusive of LGBTQ+-specific care provision and equity is not just a national directive advocated by American nursing organizations (e.g., ANA, 2018). International efforts are also moving toward this objective. The World Health Organization (WHO, 2023, para. 3) has prioritized, “the need to understand and improve the health and LGBTQ+ people” so that, worldwide, the healthcare organization “develops guidelines, provides technical support and conducts research to help countries develop and strengthen inclusive health systems and policies for the well-being of all people.”

In addition to global advocacy, other disciplines that are salient to excellence in healthcare delivery are also embracing the need for high-quality, population-focused, LGBTQ+ healthcare. For example, the NASW (2024) has specific directives aimed

at improving outcomes for this vulnerable group. The NASW (2024, para. 3) asserts: “Social workers have an ethical and professional duty to provide evidence-based care impartially and without discrimination, including but not necessarily limited to, on the basis of gender identity and expression, sexual orientation, and sex characteristics.” This organization has also emphasized the need for promoting all-encompassing language to achieve more inclusivity among this community (NASW, 2024).

Thus, nurses and other clinicians and social scientists should continue to conduct research assessing the relationships between provision of LGBTQ+-inclusive care and employment policies and practices and quality of organizational nursing excellence. Clinicians should strive to integrate evidence-based LGBTQ+ inclusive care strategies into practice. Educators should dedicate resources to undergraduate and graduate nursing, social work, and other healthcare disciplinary curricula that help to erode barriers to non-inclusivity. HRC's HEI and Magnet® Recognition Programs are two respected markers of quality within healthcare organizations; and those organizations that participate in both these introspective, rigorous, and stringent evaluative processes should be lauded for their commitment to quality patient care and treatment of employees.

However, LGBTQ+ healthcare equality should not be limited to organizations that score well on the HEI or earn Magnet® status recognition. Every healthcare organization and clinician should commit their efforts to helping to meet the needs of the LGBTQ+ community and erase the healthcare disparities experienced by these vulnerable persons across the globe.

Acknowledgments

Certain data used for this research have 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 gratitude to HRCF for its collaboration and partnership on this project.

Disclosure statement

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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