


Demonstrating Nursing Excellence Through Equality: The Relationship Between Magnet® Status and Organizational LGBTQ Client Services and Support

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Abstract

Introduction: Human Rights Campaign annually scores health care treatment of lesbian, gay, bisexual, transgender, and queer (LGBTQ) employees and clients among four measured dimensions in its Healthcare Equality Index (HEI). The purpose of this study was to determine if the score organizations earned on the 2018 HEI dimension measuring LGBTQ client services and support correlated with organizations' American Nurses Credentialing Center Magnet® recognition status, a distinction of nursing excellence. **Method:** Using a secondary data analysis approach, data obtained from Human Rights Campaign that specifically rated LGBTQ client services and support in 2018 HEI participating organizations ($n = 626$) were compared with the most recent inventory of American Nurses Credentialing Center Magnet health care organizations ($n = 477$). **Results:** LGBTQ client services and support HEI scores positively correlated with Magnet status ($p = .0002$). **Discussion:** Provision of LGBTQ client services and Magnet recognition is strongly related to higher quality nursing care, suggesting organizations earning Magnet recognition provide more equitable services to its LGBTQ clients.

Keywords

bisexual, discrimination, equality, gay, Healthcare Equality Index, homosexual, lesbian, magnet, transgender

Successful integration of transcultural nursing concepts into the clinical practice of nurses requires appreciation and recognition of differences in individuals' health care values, beliefs, and customs (Kanchana, 2016). Nurses must comprehend the different health care disparities and needs that exist in lesbian, gay, bisexual, transgender, and queer (LGBTQ) persons and be prepared to respond to them competently. However, the extent to which nurses are able to meet the culturally specific needs of LGBTQ clients can be threatened by the organizational structure in which they practice. Thus, it is essential to determine how well health care organizations meet best practices to enhance care of LGBTQ clients.

The purpose of this study was to determine if the score organizations earned on the 2018 Healthcare Equality Index (HEI) dimension measuring LGBTQ client services and support correlated with organizations' American Nurses Credentialing Center (ANCC) Magnet® recognition status, a distinction of nursing excellence. The main impetus for the inquiry stemmed from the pervasive discrimination often directed toward LGBTQ persons in health care and the well-documented health disparities experienced by the LGBTQ community (see American Nurses Association

[ANA], 2018; Blackwell, 2014, 2015; Centers for Disease Control and Prevention [CDC], 2016; Institute of Medicine, 2011; Li, Matthews, Aranda, Patel, & Patel, 2015; Johnson & Nemeth, 2014; National Center for Transgender Equality, 2017; Rounds, McGrath, & Walsh, 2013; Substance Abuse and Mental Health Services Administration, 2015, 2012; U.S. Department of Veterans Affairs [VA], 2013).

The ANA strongly “condemns discrimination based on sexual orientation, gender identity, and/or expression in healthcare” (2018, para. 3). The ANA specifically identifies Provision 1 of the *ANA Code of Ethics with Interpretive Statements* as being a directive for providing unbiased nursing care toward LGBTQ persons (ANA, 2018). This Provision mandates nurses practice with compassion toward every individual, respecting his or her inherent dignity, worth, and unique attributes (ANA, 2018). This translates to an ethical mandate for nurses to advocate for the needs of

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LGBTQ clients and encourage the organizations at which they work to provide full and equitable quality services to LGBTQ clients. Thus, the research question for this study was the following: Is there a statistical correlation between organizations' HEI score specifically rating LGBTQ client services and support and organizations' ANCC Magnet[®] recognition status?

Literature Review

Human Rights Campaign's HEI

Human Rights Campaign (HRC) is the nation's largest civil rights organization working toward the achievement of equality for LGBTQ persons (HRC, 2019). 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). Health care organizations voluntarily select to participate in the comprehensive annual study conducted by HRC to compile its HEI publication.

After submitting an HEI Participation Request (found here: <https://www.hrc.org/hei/participation-request>), staff from HRC contacts the organization's contact person identified in the request, confirms the organization is eligible for participation (inpatient facilities that provide general medical and surgical care, specialty hospitals and outpatient health care facilities with >100 employees, and national clinics), and provides the organization with access to the survey used to collect data used in completing the annual HEI study analysis.

The 2018 HEI study assessed 626 participating health care organizations' treatment of LGBTQ clients and employees through evaluation of four major criteria, including (1) nondiscrimination policies and staff training, (2) patient services and support, (3) employee benefits and policies, and (4) patient and community engagement and responsible citizenship (while Criteria 2 is explained below, see HRC, 2018b, pp. 54-57, for a detailed description of measurement variables for each criteria).

Scores from the four categories are calculated together to provide an overall organizational score (ranging from 0 to 100). Higher overall scores support better treatment of LGBTQ clients and employees by the organization. This article focuses specifically on Criteria 2, patient services and support. This is significant for a more detailed concentration because this measurement category determines the extent to which organizations provide services and support to their LGBTQ clients in their daily operations and is salient to the topic of transcultural nursing.

To measure Criteria 2, specific data are measured across four components. The first is support of LGBTQ clients as a group. Organizations are asked about their key best practices (defined in part by the Joint Commission) in support of LGBTQ clients (HRC, 2018b). The second focuses on

transgender client services and support. This is because transgender clients have been identified as a specifically vulnerable group in health care settings (HRC, 2018b). Third, client self-identification is evaluated. This is acknowledged as a critical measurement because routine collection of data regarding client sexual orientation and gender identity:

Provide hospitals with information on the potential cultural needs of each patient, as well as an opportunity to monitor and analyze health disparities at the population level. (HRC, 2018b, p. 40)

Finally, medical decision making is assessed. This is deemed an essential data collection element because the ethical principle of autonomy dictates clients should be free to designate their own medical decision makers. That designation should include an option for the client to select his or her same-sex partner as his or her medical decision maker (HRC, 2018b). A comprehensive review of the literature indicated secondary data analyses utilizing the HEI have never been undertaken; no published articles have used the data within the HEI to show statistical relationships between its overall scores, scored dimensions or other elements, and other phenomena.

HRC's 2018 HEI: LGBTQ Client Services and Support

Participants of the study included 626 organizations who participated in the HEI with 438 (70%) having a specific plan focusing on reducing health disparities that specifically includes LGBTQ clients. They also had a specific plan focusing on issues related to race, ethnicity, and linguistics (HEI, 2018a). Three hundred and ninety-four (63%) participants reported reviewing their clinical services to identify possible LGBTQ-related gaps. Specifically:

The HEI 2018 survey found that 80% of participants reported that they have an official plan, strategy or goals for reducing health disparities among their patients and/or providing culturally and linguistically appropriate services to their patient population, and 88% of those participants indicated that they include LGBTQ populations in this plan. (HEI, 2018a, p. 36)

Three hundred and sixty-three (58%) participants informed interested clients of LGBTQ-knowledgeable and -friendly providers:

One of the ways that hospitals can help ease the fears of LGBTQ patients who need to choose a provider is to inform interested patients of LGBTQ-knowledgeable and -friendly providers. Among HEI participants, 58% indicated that they do this in some way. Of those who make LGBTQ-friendly providers known, 54% post a list externally, 42% publicly promote their clinics or medical practices that have an explicit LGBTQ focus, 37% display "tags" in an online "find a provider" system, and 29% include them in a community listing. (HEI, 2018a, p. 36)

Table 1. Percentage of Healthcare Equality Index (HEI) Participants Providing Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ)–Specific Services (HEI, 2018a).

Service	N	Percentage
HIV/Sexually transmitted diseases testing and counseling	551	88
Provision of postexposure prophylaxis for clients at risk for HIV	426	68
Provision of preexposure prophylaxis for clients at risk for HIV	444	71
HIV care and services	507	81
LGBTQ-focused mental health services	338	54
LGBTQ-focused alcohol and substance use treatment	144	23
LGBTQ-family building assisted reproductive treatment	131	21
Other prevention, screening, wellness, or testing services explicitly focused on LGBTQ clients	250	40

Table 2. Services for Transgender Clients ($n = 296$; Human Rights Campaign, 2018a).

Policy/procedure	N	Percentage
Recording of preferred name and pronouns in paper and/or electronic admitting/registration records	189	64
Use of preferred name and pronouns when interacting with and referring to transgender clients	257	87
Protocols for interacting with transgender clients	249	84
Guidelines for room assignments for transgender clients	222	75
Access to restrooms	258	87
Compliance with privacy laws	231	78
Access to items that assist gender presentation	112	38
Addressing potential problems with insurance/billing claims	112	38
Access to hormone therapy	145	49

Half of participants ($n = 313$; 50%) indicated they have an externally promoted LGBTQ-focused office, point-person, patient advocate, or ombudsman. Table 1 highlights some of the major LGBTQ client–specific services assessed and the distribution of these services by participants.

Two hundred and ninety-four (47%) participants had policies that specifically direct procedures and practices focused on eliminating bias and insensitivity and ensuring appropriate and welcoming interactions with transgender clients. Table 2 highlights some of the major transgender-specific policies and procedures that were reported by participants.

Only 231 (37%) participants reported that their electronic health record specifically captures clients' sexual orientations. However, more organizations ($n = 351$; 56%) had a way in which to record the identified gender of clients when that identified gender differed from birth or other health care records. Slightly less ($n = 307$; 49%) had a two-step process of affirming gender identity—first by asking which gender the client identifies as and second by ascertaining the client's birth gender. Other major findings related to patient self-identification included providing employees with specific training regarding confidentiality of clients' LGBTQ status ($n = 351$; 56%), use of pediatric medical record systems that allowed identification of same-sex parents ($n = 376$; 60%), and mechanisms to record nonmarital relationships by offering choices

like “domestic or life partner” or “significant other” ($n = 520$; 83%). Finally, a majority of participants ($n = 544$; 87%) indicated they explicitly provided direction for clients to designate a person of their choice as medical decision maker, including a same-sex partner (HRC, 2018a).

ANCC Magnet Recognition Program

ANCC (2018) asserts:

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)

Health care organizations work toward being designated as a Magnet organization as a mark of distinction. Consideration of an organization for Magnet designation is rigorous; peer reviewers stringently assess multiple quality indicators within the organization, including how well the

organization conducts research and implements evidence-based findings into the clinical setting (Pintz, Zhou, McLaughlin, Kelly, & Guzzetta, 2018; Prado-Inzerillo, Clavelle, & Fitzpatrick, 2018). This translates to highly innovative practice environments where nurses can demonstrate excellence in the quality of care they deliver (Pintz et al., 2018). Magnet health care organizations are often deemed as providing the finest level of nursing care (Prado-Inzerillo et al., 2018). Nine of the 10 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).

Method

This study employed a secondary data analysis approach using data obtained from two databases. Data from both data sets were combined to create a single data set used for analyses. The institutional review board at the university approved the study.

Database 1: This database included all of the comprehensive data HRC collected that specifically rated LGBTQ client services and support from the health care organizations ($n = 626$) that participated in their 2018 HEI study.

Database 2: The second data source was the most recent inventory of ANCC Magnet health care organizations ($n = 477$).

Magnet health care organizations and HRC participating organizations were nationally representative.

Instruments Used

The instrument used in this study consisted of the Excel® database provided by the HRC Foundation recording its overall 2018 HEI survey results. To report findings to answer the research question, the score organizations earned on the HEI dimension measuring LGBTQ client services and support recorded in the database were compared with organizational ANCC Magnet recognition status. Thus, an additional variable categorizing organizations as ANCC Magnet organizations was added to the database to categorize organizational ANCC Magnet recognition status.

Statistical Analysis

The research question for this study was the following: Is there a statistical correlation between organizations' HEI score specifically rating LGBTQ client services and support and organizations' ANCC Magnet recognition status? To answer this question, Statistical Analysis Systems® version 9.4 was used for analysis of the data. Linear regression was used to determine if organizations' overall LGBTQ client services and support HEI score correlated with organizations' ANCC Magnet recognition status. p Values $< .05$ were considered statistically significant.

Results

Relationship Between LGBTQ Client Services and Support HEI Score and Magnet Recognition

The research question for this study was the following: Is there a statistical correlation between an organization's HEI score specifically rating LGBTQ client services and support and the organization's ANCC Magnet recognition status? To answer this, logistic regression analysis was performed to determine the statistical correlation between organizational LGBTQ client services and support HEI score and Magnet recognition status.

Results showed positive correlation between the two variables as statistically significant ($p = .0002$). This suggests health care organizations with higher LGBTQ client services and support HEI scores were more likely to have earned Magnet status recognition. Logistic regression results between LGBTQ client services and support HEI score and Magnet status are presented in Table 3.

Discussion

Significance of Findings

Research has suggested there are significant relationships between various organizational quality indicators and Magnet recognition. Thus, Magnet recognition may have impacts on quality client care parameters that extend beyond nursing. For example, a large number of participating organizations ($n = 438$; 70%) had a specific plan focusing on reducing health disparities that specifically included LGBTQ clients in addition to issues related to race, ethnicity, and linguistics. This indicates many health care organizations have prioritized the provision of culturally sensitive care to LGBTQ clients. Clients report higher satisfaction of care when it is culturally appropriate; and data support positive relationships between Magnet recognition and higher scores on formal care satisfaction inventories, like Healthcare Consumer Assessment of Healthcare Providers and Systems evaluations (Chen, Koren, Munroe, & Yao, 2014; Zhu, Dy, Wenzel, & Wu, 2018). Providing culturally appropriate care is an essential transcultural nursing concept; and it will be increasingly important in the future as populations within the United States continue to diversify (Enestvedt et al., 2018).

Three hundred and ninety-four (63%) participants also reported reviewing their clinical services to identify possible LGBTQ-related gaps. Data mining and introspective assessment of services are critical procedures for an organization's quality improvement process. Identifying gaps in LGBTQ-related care provides organizations an opportunity to infuse evidence-based care strategies that have been shown to improve outcomes to this vulnerable population into their service portfolio. Thus, it is important to emphasize organizations must effectively demonstrate tactics to

Table 3. Linear Regression Analysis: Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Client Services and Support Healthcare Equality Index Score and American Nurses Credentialing Center Magnet Status.

Parameter label	Degrees of freedom	Estimate	Standard error	Wald Chi-square	$Pr > \chi^2$
Patient_Supp_Serv	1	-0.1064	0.0287	13.7494	.0002

Table 4. Implications for Practice and Organizational Improvement (Human Rights Campaign, 2018a).

Planning to serve lesbian, gay, bisexual, transgender, and gay (LGBTQ) populations

- Design an organizational for reducing health disparities that specifically includes LGBTQ clients
- Strategically review clinical services to identify possible LGBTQ-related gaps

Serving LGBTQ populations

- Inform interested clients of LGBTQ-knowledgeable and -friendly providers
- Offer the following specific services to meet the needs of LGBTQ clients
 - HIV/sexually-transmitted diseases/infections testing and counseling
 - Provision of postexposure prophylaxis (PEP) for clients at risk for HIV
 - Provision of preexposure prophylaxis (PrEP) for clients at risk for HIV
 - HIV care and services
 - LGBTQ-focused mental health services
 - LGBTQ-family building assisted reproductive treatment
 - Prevention, screening, wellness, or testing services explicitly focused on LGBTQ clients

Communications

- Create an externally promoted LGBTQ-focused office, point-person, client advocate, or ombudsman
- Provide information about LGBTQ services/health concerns on organizational Web site(s)
- Publish a brochure of printed materials designed to educate or support LGBTQ clients; offer LGBTQ health materials published by other organizations

implement evidence-based care into practice to earn and maintain their Magnet status (Bekelis, Missios, & MacKenzie, 2018). It is possible that Magnet-recognized organizations have achieved higher LGBTQ client services and support HEI scores because they have integrated evidence-based care strategies as a core value that supports their Magnet recognition.

Employment satisfaction among nurses within an organization is also a major component of Magnet evaluation (Bekelis et al., 2018). Thus, it is reasonable to suggest a strong organizational commitment to LGBTQ client services and support may be related to an organization's overall value of ensuring a quality work environment for its nurses. Only a little more than half of participants reported providing employees with specific training regarding confidentiality of clients' LGBTQ status ($n = 351$; 56%). This indicates the possibility of knowledge deficits among nurses who might be unaware that a client's LGBTQ identity is a confidential disclosure. Transcultural nurses should serve as leaders in the cultivation of accepting work environments for their clients and colleagues. Consideration of the legal and professional penalties resulting from bias and emphasizing the nurses' role to advocate for the advancement of equality in their places of work is vital (Martin, 2014) and should be an ascribed desirability for transcultural nurses. Table 4 provides some specific examples of implications for practice and organizational improvement.

Limitations and Future Study

Because the health care system is dynamic, it is possible data reported in the 2018 HEI study have changed since they were collected and analyzed. While the data were current at the time of analyses, it is possible variables used for calculation of 2018 LGBTQ client services and support HEI scores and designation of Magnet recognition have changed, affecting their LGBTQ client services and support HEI score and/or Magnet recognition status. Future work in this area should remain current with the annual HEI study participant scores and current Magnet inventory.

In addition, analyses were limited by the ways in which data were recorded within the HEI study itself. For example, few data were collected that specifically looked at major regional influences, demographics, or organizational size and how these variables might affect an organization's ability to offer LGBTQ-specific client services and support and/or obtain Magnet recognition. Future research should focus on factors related to regional differences, organizational and serviceability size, and other variables that might play a role in how organizations score on the HEI's LGBTQ client services and support dimension and their Magnet status.

Finally, research focusing on outcomes from culturally appropriate nursing care of LGBTQ persons is desperately needed to advance transcultural nursing science. The body of science dedicated to studying the care of LGBTQ persons

and how it relates to the major concepts of transcultural nursing is small. Transcultural nursing scientists should aim their future scholarship at addressing issues related to fair treatment of LGBTQ clients, nurses, and their nonnursing colleagues in the workplace. Future inquiry should also examine the ways in which organizational provision of LGBTQ client services and support leads to better health outcomes in this population.

Conclusions

In conclusion, nurses and other health care providers often falter in their attempts to provide culturally competent care to LGBTQ persons. However, this study showed a positive correlation between an organization's LGBTQ client services and support HEI score and Magnet status. These two interacting variables suggest those organizations with a higher commitment to providing LGBTQ client services and support were more likely to be Magnet-recognized organizations, linking nursing excellence within an organization and the provision of equitable LGBTQ-specific client services and support. This suggests distinctions that support nursing excellence in health care organizations (Magnet status) might also relate to the degree to which those organizations value providing services and support to vulnerable populations, including LGBTQ persons.

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