A National Survey of Faculty Knowledge and Experience with Lesbian, Gay, Bisexual and Transgender (LGBT) Health and Readiness for Inclusion in Teaching: Curricular Implications

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Objectives, Disclosure and COI

Learning Outcomes

• Discuss findings of survey of faculty knowledge and experience with LGBT health and readiness for inclusion in teaching in BSN programs.
• Identify strategies for LGBT health inclusion in the nursing.
• Foster discussion of LGBT health disparities in practice, education, research and policy in nursing.

Disclosure — No financial or commercial disclosure to report

Conflict of Interest — No conflict of interest to report
“LGBT people are born into and belong to every society in the world. They are all ages, all races, all faiths; they are doctors and teachers, farmers and bankers, soldiers and athletes; and whether we know it, or whether we acknowledge it, they are our family, our friends, and our neighbors.”

Hillary Clinton, December 2011 address to the United Nations
Background

- LGBT Health Disparities
- Social Determinants of Health
- Minority Stress
- Intersectionality
- The Nursing Response
- Uneven Research
- Social Justice
Method

• A Likert-type survey questionnaire was sent to a non-probability sample of chief administrative leaders of nursing schools listed on the public websites of the American Association of Colleges of Nursing (AACN) (N=739), who were asked to share the link with their faculty.
Results

- 1,119 faculty participants - 151 LGBT, and 638 heterosexual respondents

Knowledge

- 37% never or seldom aware of LGBT issues
- 43% limited or somewhat limited knowledge
- 70% indicated never or seldom read about LGBT health-related articles
Results

Experience

• Up to 63% either never or seldom taught LGBT health

• Median time teaching was 2.12 hours

• Frequently taught: homophobia, HIV and STIs, youth issues, and violence

• Least taught: obesity, high rate of tobacco, alcohol and drug use, inadequate access, and minority stress.
Results

Readiness

• 52% fully or adequately ready to integrate
• 56% fully or adequately comfortable to integrate LGBT health
• LGBT faculty reported greater awareness, knowledge, and readiness compared with heterosexual faculty
Results

Faculty Development

• 80% never or occasionally brought up LGBT health topics in faculty meetings
• 64% said faculty development programs are important or very important
• Facilitators and Barriers: curriculum, faculty, institution/policy and stakeholders
Limitations

• Non-probability sampling
• Number of faculty who actually received the link to the survey is unknown
• Self-selection
• Social desirability bias
• Regional differences and patterns in non-BSN program is unknown
Implications and Strategies

• **Education** – Curriculum mapping
• **Practice** – Systems barriers, training
• **Research** – Outcome studies, interventions
• **Policy** – Mission, Advocacy, Accreditation
Selected References


