

## A Conceptual Analysis of LGBTQ Cultural Competence for Nurses

<sup>1</sup>Min Kyung KIM

<sup>1</sup>Assistant Professor, Department. of Nursing, Catholic Sangji Univ., Korea  
[bonjure12@hanmail.net](mailto:bonjure12@hanmail.net)

### Abstract

*The purpose of this study was to clarify the concept of LGBT cultural competence in nurses. This study used Walker and Avant's 8 steps of conceptual analysis. The specific steps are: (1) selecting the concept, (2) selecting the purpose of concept analysis, (3) identifying the scope of concept use, (4) identifying the determinant attributes of the concept, (5) presenting model cases, (6) additional cases of the concept (boundary cases, opposite cases, and related cases), (7) identifying antecedents and consequences, and (8) presenting empirical evidence. As a result, five attributes of nurses' LGBT cultural competence were identified in the final 12 articles: cultural experience and cultural acceptance, cultural knowledge, cultural attitude and awareness, and cultural skills. Antecedents included diversification of society, heteronormative healthcare environment, continuing education and training, intercultural understanding, and open-mindedness. Outcomes of cultural competence were identified as reducing LGBT health inequalities and providing quality care. In conclusion, this study contributes to providing a basis for improving the quality of nursing care by providing more culturally appropriate care to the target population through conceptual analysis and understanding of nurses' LGBT cultural competence. Furthermore, it is necessary to continue research on the development of tools to measure nurses' LGBT cultural competence and the development of nursing intervention programmes that can be applied in nursing practice.*

**Keywords:** Conceptual Analysis, Cultural Competence, LGBT, Nurses

### 1. INTRODUCTION

LGBT people encompass a range of genders and sexual identities that differ from cultural norms, and are typically made up of lesbian, gay, bisexual, and transgender people [1]. They face more discrimination and prejudice in our society than North Korean refugees and foreign migrants [2].

LGBT people are more likely to experience health disparities because they face numerous challenges, including social stigma, fear of discrimination, lack of knowledge and training among healthcare providers, and difficulty disclosing their identity to healthcare providers [3, 4]. In addition, LGBT populations are vulnerable in a heteronormative society, and there is a lack of culturally competent educators and healthcare

providers who are aware of their health issues [5]. Ensuring that healthcare providers provide culturally competent services to diverse populations without discrimination is critical to reducing inequities in healthcare access. In particular, because nurses spend more time with patients than other healthcare providers, the care they provide is directly linked to patients' satisfaction with healthcare and health outcomes [6, 7]. Cultural competence in nursing is the provision of sensitive, knowledgeable, and meaningful care to populations receiving healthcare services [6]. Therefore, LGBT cultural competence for nurses in healthcare settings is increasingly important.

Nurses' attitudes, knowledge, and skills about LGBT health are related to the physical, mental, and social well-being of the LGBT population [3, 4]. In a study of nurses' attitudes towards LGBT patients, Dorsen [8] identified nurses' lack of knowledge and communication skills and negative attitudes towards LGBT healthcare needs. A study by Della Pelle et al. [9] found that nurses' knowledge and attitudes towards LGBT people were lacking in their assessment of knowledge and attitudes. In addition, several studies have shown that LGBT cultural competence training can improve knowledge, attitudes, awareness, and skills [6, 7, 10]. Therefore, providing nurses with LGBT education and training to provide culturally competent care for LGBT people will enable them to provide appropriate care.

The term 'LGBT cultural competence' is rarely used in the domestic nursing literature, but is often used in international literature as 'LGBT cultural competence' or 'LGBT cultural competence'. Different researchers have interpreted the term to mean providing culturally competent care to LGBT clients [7, 10, 11, 12]. And a study by Manzer, O'Sullivan, and Doucet[13] found that nurses did not have a clear understanding of the definition or principles of LGBT cultural competence. Thus, there is a lack of definitions and characteristics of what LGBTQ cultural competence is and should be for nurses.

The purpose of this study is to describe the concept of LGBT cultural competence in nurses and to serve as a conceptual foundation for the development of a measure of LGBT cultural competence in nurses that will provide insight into nurses caring for LGBT individuals in clinical settings.

## 2. METHODS

### 2.1 Study Design

In order to solve and clarify the problems caused by the abstractness of the concept of nurses' LGBT cultural competence, this study followed Walker and Avant's eight-step procedure, which is widely used in nursing and is the easiest and most understandable method for concept analysis. The specific steps are 1) selecting the concept, 2) setting the purpose of conceptual analysis, 3) identifying the scope of the concept, 4) identifying the decisive properties of the concept, 5) presenting a model case, 6) identifying additional cases of the concept (boundary cases, opposite cases, and related cases), 7) identifying antecedents and consequences, and 8) presenting empirical evidence [14].

### 2.2 Data Collection

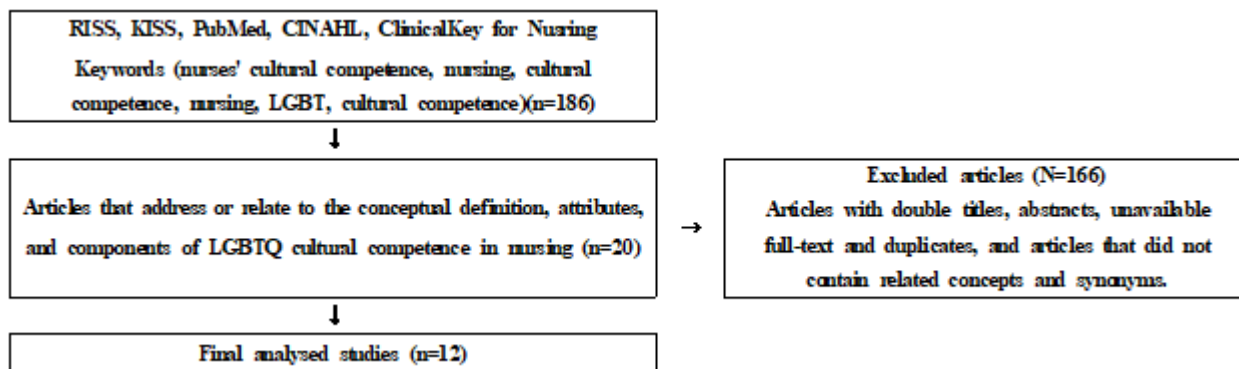


Figure 1. Research flowchart

This study collected articles published within the last 10 years from the RISS, KISS, PubMed, CINAHL, and ClinicalKey for Nursing to search for reviews of LGBT cultural competence in nursing from 2007 to December 2020. The search terms used were 'nursing', 'LGBT', 'cultural competence', 'Nursing', 'LGBT', and 'cultural competence'. A total of 186 articles were retrieved, including 5 domestic articles and 181 international articles, focusing on nursing journals. After excluding 166 domestic and international articles that did not include double titles, abstracts, unverifiable texts, duplicates, and related concepts and terms, 20 articles were initially extracted. After reviewing the full text of the first 20 articles, 12 articles that addressed or were related to the conceptual definition, attributes, and components of LGBT cultural competence in nursing were finally selected and analysed, as shown in Figure 1.

### 2.3 Data Analysis

The researcher analysed the attributes of nurses' LGBT cultural competence through content analysis of the 12 selected articles and presented cases based on the attributes. Specifically, in order to select concepts that reflect the area of interest, the purpose of clarifying the concept of LGBT cultural competence of nurses was selected, and as the third of the eight steps of the analysis process, an extensive literature review of the concept was conducted to identify its use in the literature to analyse the attributes, antecedents, and outcomes of the concept in studies and theories related to cultural competence of Korean nurses. The collected data were then categorised and organised to systematise the characteristics of the concepts that occurred repeatedly. Each of them included the use and properties of the concepts, antecedents and consequences of the concepts. Model cases, boundary cases, related cases, and opposite cases were created as the decisive attributes of the extracted concepts. Finally, the empirical validity of the concepts was confirmed through the measurement of nurses' LGBT cultural competence.

## 3. RESULTS

### 3.1 See All Uses of a Concept

The meaning of LGBT cultural competence in other disciplines is as follows Social workers, through continuing education, should have the skills, knowledge, and attitudes to provide culturally competent practice with LGBT older adults [15]. For psychiatrists, cultural competence with LGBT people requires professional individuals to have sensitivity and understanding of relevant issues that specifically and uniquely affect members of the LGBT community and the skills necessary to work with the LGBT population [12]. Pharmacists have been asked to identify the unique health needs and discrimination of LGBT people and to assess their own cultural worldview, values, beliefs, behaviours and biases in order to provide quality and individualised care to LGBT people [11].

Research related to LGBT cultural competence in nursing has included measures of nurses' and nursing students' knowledge, attitudes, skills, and perceptions of LGBT people [10, 16, 17, 18, 19].

### 3.2 Determining the deterministic properties of a concept

The core of conceptual analysis is to determine the properties of a concept. This step strives to show which attributes are most closely associated with the concept and provides the broadest insight into the concept. Utilising the concept and reviewing all the cases to note and identify recurring features of the concept in the literature will help to clarify the concept of LGBT cultural competence in nurses. The conceptual attributes of LGBT cultural competence for nurses that emerged from the literature include the following

#### 1) Tentative List of Criteria

- ① The goal is to be comfortable, knowledgeable, and confident when encountering and treating LGBT

patients through adequate training [3].

② To provide quality and individualised care to LGBT people, know the unique health needs and discrimination of LGBT people and the key elements of an inclusive and welcoming environment [5].

③ It is about providing care that is sensitive, knowledgeable, and meaningful to the population being served [6].

④ Positive attitudes towards LGBT people means being aware of one's own beliefs and exercising professional competence with knowledge and skills that prepare them to work with LGBT people [15].

⑤ Nurses need knowledge, communication skills, and positive attitudes for LGBT healthcare [8, 9].

⑥ LGBT cultural competence can be enhanced through education to improve knowledge, attitudes, awareness, and skills [7, 10].

⑦ Providing culturally competent care to LGBT people in care [12].

⑧ LGBT cultural competence is knowledge about LGBT people, positive attitudes, recognition of the importance of LGBT nursing training, communication skills, encounters, and expressing a desire for LGBT cultural competence training programmes [19].

⑨ Nurses need to have positive attitudes towards LGBT people, a high awareness of providing LGBT care, and knowledge of the physical and mental health issues of LGBT people [18].

## 2) Identification of LGBT Cultural Competence Attributes of Nurses

1) Cultural experience and cultural acceptance : ①, ②, ⑧

2) Cultural knowledge : ①, ③, ④, ⑤, ⑥, ⑧, ⑨

3) Cultural attitude and awareness : ①, ②, ④, ⑤, ⑥, ⑧, ⑨

4) Cultural skills: ③, ④, ⑤, ⑥, ⑦, ⑧

### 3.3 Model Examples of Concepts

It is a case that demonstrates all the attributes of the concept of LGBT cultural competence in nurses. It is an example that does not contain anything other than the attributes of the concept; it shows exactly what the concept is and can be a real-life example [14].

Nurse A, a nurse on a respiratory unit, is caring for a gay patient admitted with a high fever and shortness of breath. In her initial conversation with the patient, Nurse A realises that the patient thinks he is a man but is non-committal about his sexuality. She remembers that in her experience, LGBT patients are reluctant to disclose their sexuality, and the patient has requested privacy about his admission and for his partner to be in the room as a chaperone. In consultation with the head nurse and the attending physician, Nurse A was advised to exercise caution during diagnostic tests and medical consultations. She emphasised to other healthcare staff the cultural differences between the patient and the healthcare provider. She also collected and shared resources with other colleagues to help them communicate appropriately with the patient and learn more about the patient's values, beliefs, and culture.

Nurse A demonstrated all dimensions of cultural competence in her relationship with the LGBT patient. Nurse A knew from experience the differences between her culture and the patient's culture. She was sensitive to the patient's requests based on her cultural competence and ability to deliver care. She sought more information through data collection and shared it with other colleagues to reduce cultural differences between patients and staff. Thus, Nurse A improved her cultural knowledge. Nurse A's attempts to provide culturally appropriate care reflect culturally competent nursing by adapting specific attitudes and communication skills to patients from different cultures.

### 3.4 Additional Examples of Concepts

1) Boundary Case

A case that contains or resembles most of the important properties of a concept, but cannot be considered a concept [14].

Nurse B was assigned to a transgender woman who complained of abdominal pain. The patient was sitting in a chair by the bed feeling anxious and uncomfortable, waiting for the doctor. Upon requesting to be seen by a physician with knowledge of and experience treating LGBT people, Nurse B recognised that the patient was LGBT. After taking a brief history and observing her vital signs, Nurse B politely said, "I respect your request and understand your sensitivities, but we do not have a doctor in the ED today who is knowledgeable or experienced in working with LGBT people." The patient thanked Nurse B, unfortunately declined to be seen by another doctor, declined to consent to treatment, and left the ED.

In this case, Nurse B demonstrated cultural sensitivity by culturally recognising the patient's values and honouring his request to see a physician of the same gender, but she did not persuade him to see a physician in the department who was inexperienced in LGBT care. As a result, the process of care was interrupted and the patient left the hospital without receiving appropriate care.

2) Related Case

A related case is a case that is related to the concept but does not contain all of its attributes [14].

Nurse C was in charge of a 20-year-old lesbian woman who was admitted to the internal medicine ward with dyspnoea along with her husband. The patient was pregnant and was accompanied by her carer. Nurse C explained that parental consent was required for the gynaecological consultation and asked the patient when the chaperone would arrive. The patient said that the woman next to her was her husband, but the nurse didn't understand and kept asking for her husband to come. The patient became silent.

Nurse C tried to treat the patient respectfully and provide all routine care services, but her lack of knowledge about LGBT people prevented her from communicating effectively and providing culturally appropriate care. Nurse C did not have a positive attitude towards the patient's culture and did not make a significant effort to communicate with her. This shows her limited cultural acceptance and cultural competence.

3) Opposite Case

A clear example of what a concept is not is a case that does not contain any of the important properties of the concept [14].

Nurse D was assigned to care for a diabetic woman with abdominal pain on the ward. On her first encounter with the patient, she realised that the patient's culture and language were different from her own. She has a negative attitude towards the patient's culture and avoids communicating with her due to unfamiliarity, provides routine care, and tells her colleagues that she is unable to communicate with the patient due to her lack of knowledge and nursing skills about the patient's culture.

Nurse D is a good example of a nurse who lacks cultural competence. She did not possess any of the characteristics of cultural competence and expressed her inability to care for patients from other cultures.

3.5 Antecedents and Consequences of Concepts

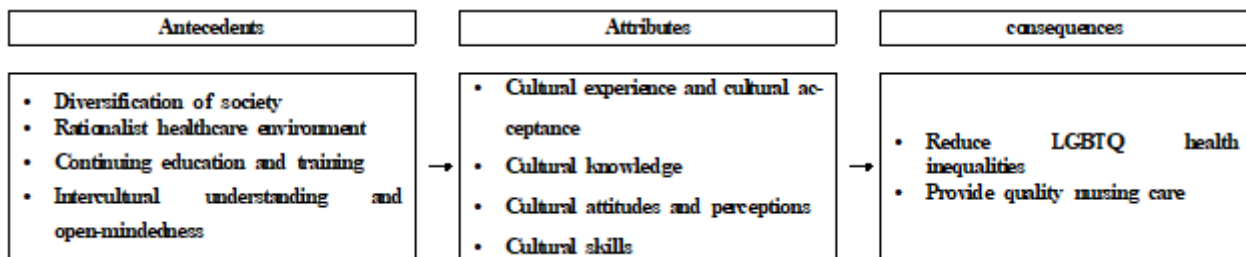


Figure 2. Nurses' LGBTQ Cultural Competence Concept

Antecedents are events that occur prior to the occurrence of a concept, while consequences are things or events that happen as a result of the concept. Therefore, determining the antecedents and consequences of a concept helps to analyse the attributes of the concept more clearly [14]. The antecedents of the concept of nurses' LGBT cultural competence were found to be (1) diversification of the society [20], (2) a heteronormative healthcare environment [3, 4], continuous education and training [3, 6, 10, 19], and (4) cultural understanding and open-mindedness [19]. And the consequences of desirable nurses' LGBT cultural competence were identified as (1) reduction of LGBT health inequalities [3, 4] and (2) provision of quality nursing care [7, 9, 10, 18, 16]. [Figure 2]

### **3.6 Identify Empirical Support for Concepts**

The final step in conceptual analysis, empirical validation, is to identify the key attributes of the concept in the real world, i.e., to provide a framework for measuring the concept of LGBT cultural competence in nurses. The following instruments have been used to measure LGBT cultural competence in nurses. ATLG scale by Herek [21], which consists of 10 questions on attitudes towards lesbians and 10 questions on attitudes towards gays, for a total of 20 questions; Knowledge About Homosexuality Questionnaire by Harris et al [22], which consists of 20 questions with either correct or incorrect answers, with the higher the number of correct answers, the higher the score and the more knowledgeable the respondent is about homosexuality. The ATLGBT scale [17] was created to assess the knowledge, attitudes, and cultural competence of nursing students in the care of LGBT patients and is the Lesbian, Gay, Bisexual, and Transgender [LGBT] Healthcare Scale, which consists of six items, the first three of which are based on the Knowledge About Homosexuality Questionnaire by Harris et al [22], and the remaining three items are competency awareness, cultural sensitivity skills, and a 5-point Likert scale instrument used exclusively for nursing students in nursing education courses. Empirical validation revealed that existing instruments only measure some of the attributes of cultural experience, cultural acceptance, cultural knowledge, cultural attitudes and perceptions, and cultural skills as defined in this study.

## **4. DISCUSSION AND CONCLUSION**

As the interest in LGBT people increases, it is necessary to analyse the concept of LGBT cultural competence of nurses to create a knowledge system as a basis. In this study, the defining attributes of the concept of nurses' LGBT cultural competence are cultural experience and cultural acceptance, cultural knowledge, cultural attitudes and perceptions, and cultural skills. Nurses experience patients from different cultures and need to be able to recognise, respect and accept cultural differences between individuals. In contrast to our study, previous studies have reported attitudes and knowledge as defining attributes of cultural competence [17, 21, 22]. The antecedents of nurses' LGBT cultural competence were the diversification of the population, heteronormative healthcare environment, continuous education and training, intercultural understanding and open-mindedness. Our findings are similar to previous studies [7, 9, 10, 18].

This study is a conceptual analysis study using the method of Walker and Avant [14], and according to the analysis, nurses' LGBT cultural competence means 'nurses experience culture through encounters with LGBT people, accept their culture, acquire cultural knowledge through education, and provide competent care through positive attitude, confident and comfortable communication, and meaningful nursing care'. Therefore, this study will contribute to providing basic data to improve the quality of nursing care by providing more culturally appropriate nursing care to the target population through analysing and understanding the concept of LGBT cultural competence of nurses. Based on the above findings, first, it is necessary to continue research on the development of tools to measure LGBT cultural competence of nurses and the development of nursing intervention programmes in clinical nursing practice in Korea. Second, it is recommended that further research be conducted to identify guidelines for the application of nurses' cultural competence in hospital settings at the level of nursing practice.

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