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## **LGBTQ+ Special Edition - Journal of Nursing Management**

**Dr Edward McCann and Dr Grainne Donohue**

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### **1 WHAT DO WE ALREADY KNOW?**

Globally, there is an imperative in providing access to appropriate and responsive healthcare for all citizens (World Health Organization, 2016). There is an increased interest in how these concerns extend to wider populations such those people identifying as Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ+) (Government Equalities Office, 2018). However, there remains significant gaps in the research evidence around the distinct supports and services available to meet the specific needs of LGBTQ+ populations. This is evident in the shortcomings that exist in the education and practice development requirements of nurses and other allied health professionals (McCann & Brown, 2020). International responses to discrimination and social exclusion are becoming more evident in health inequality and human rights legislative documents in order to address concerns that can impact significantly upon the lives LGBTQ+ people (Australian Human Rights Commission, 2015; Royal College of Nursing, 2016). For some LGBTQ+ people, issues related to minority stress can result in depression, anxiety, suicidality, loneliness and isolation (Institute of Medicine, 2011).

The impact of negative societal reactions can lead to further negative consequences for physical and mental health. For this reason, it is necessary to have responsive healthcare and supports for LGBTQ+ people including access and a range of interventions to address specific issues and concerns (Stonewall, 2018). It is important that statutory organisations and professional bodies have LGBTQ+ issues and concerns at the heart of physical and mental health services. Healthcare providers need to implement strategies to reduce inequalities and improve access to appropriate healthcare services. In order to successfully operationalise such processes, there is a need for competent and confident nurse leaders and managers to work across healthcare systems to ensure that the needs and concerns of LGBTQ+ people are recognised and fulfilled.

### **2 WHAT DOES THIS SPECIAL ISSUE CONTRIBUTE?**

Many of the articles included in this special issue make recommendations for nurse managers on how to initiate and sustain change in addressing the healthcare needs of LGBTQ+ people. The many gaps in specialised care are highlighted by researchers from

Ireland, Spain, Slovenia, Turkey, Canada, UK, Israel and the USA, adding to this growing body of knowledge. Many of the studies included were carried out in acute settings, provide a culturally diverse perspective and highlight the critical role that nurse managers have in supporting the development of a competent and inclusively minded workforce. The articles unanimously demonstrate that supporting nurses to develop capacity and confidence can improve access to care for this population.

In several studies, the issue of stigmatising and discriminatory attitudes among healthcare providers are addressed. Researchers have offered strategies on how to initiate positive change. In one paper examining family medicine practices in Philadelphia in the United States, six essential components were identified for nurse managers to deliver high quality care. This includes organisational buy-in, customer service and engagement, physical environment, forms and data collection, staff training and health systems policies.

Support for healthcare providers in practice, education and research has been prioritised throughout several of these studies. One paper advocates for mentorship and collaboration to aid competency development for individuals who present to primary care. Ensuring the workplace provided gender-affirming care was identified here as key to a safe and inclusive environment. In another study of 124 nursing students, findings suggest that the integration of LGBTQ+ content into nursing curricula could be a useful and supportive initiative at undergraduate level.

A smaller group of studies focus on interventions or strategies to target specific health concerns of this population. There is a call to study for example, the specific health concerns of sexual and gender minority populations, such as men who have sex with men and act on their support needs. Another commentary uses a conceptual framework of access to care, illustrating issues LGBTQ+ older adults may face in accessing health and social care services in Ireland, and provides examples of how access can be improved from the published international literature. The authors stress that heteronormativity and discrimination must be addressed across the whole health system to achieve the health policy goal of supporting all older adults to enjoy health and wellbeing.

Four articles have a specific focus looking at care for transgender (TG) individuals. In an Irish study, the lack of information and non-affirmative experiences of TG people are contributing to poor clinician-patient relationships and impacting attrition. A Canadian study highlights the integral role of nurses in primary care for TG people. Findings encourage opportunities for mentorship and collaboration to aid nurses develop their capacity to care for this vulnerable population. Ensuring that the healthcare organisation is a safe space will allow TG people to access inclusive and gender-affirming healthcare services. A systematic review examining the experiences and support needs of homeless transgender people

identified that due to the complex and multifaceted needs of this group, coordinated and effective collaborations need to be in place.

The implications for nurse managers of the studies included in this issue are clear. From the studies in this special issue, we gain new insight because the results underline the relevance of these factors across the world, in many differently organised health care systems. It is clear across all settings however, that nurses must have a fundamental understanding of the unique needs of LGBTQ+ people and be prepared to practice cultural competence when caring for these individuals. Clinical nurses are frequently the first point of contact with health services and they are in a prime position to respond to the needs of LGBTQ+ individuals. Besides structural-level changes, nurse managers should also consider on-going mentoring for experienced nurses who might have limited information about this populations' health needs in order to be equipped enough to provide a high-quality and culturally-competent care.

The papers in this special issue have described the many opportunities for nurse managers to become leaders in the standards of care provided for LGBT+ individuals and to ensure that this care is provided in an open, inclusive and non-discriminatory manner. By creating an atmosphere that promotes inclusivity, nurse managers can ensure better outcomes for both patients and nurses.

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