CULTURAL SAFETY IN NURSING EDUCATION: INCREASING CARE FOR LGBT INDIVIDUALS

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CULTURAL SAFETY IN NURSING EDUCATION: INCREASING CARE FOR LGBT INDIVIDUALS

Abstract

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Nurses are asked to care for all types of individuals. Many times nurses will care for a lesbian, gay, bisexual or transgendered (LGBT) individual. The ability to integrate LGBT issues within nursing curriculum and nursing education is necessary in order to address the health disparities that this community often faces. Utilizing cultural safety can assist with this educational process. This paper focuses on ways to integrate ideas into curriculum as well as for providing a safe classroom in order to facilitate learning in regard to LGBT individuals. Within this process nursing faculty as well as nursing students must face their own biases regarding LGBT individuals in order to provide the most holistic care possible.
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Cultural Safety in Nursing Education: Increasing Care for LGBT Individuals

Introduction

Homophobia is an intentional or unintentional learned behavior that is the “fear of feelings of love and affection for members of one’s own sex and the hatred of those feelings in others” and often results in the belief that lesbian, gay, bisexual and transgendered (LGBT) individuals are “sick, immoral, or inferior to heterosexuals” (Tate & Longo, 2004, p. 28). According to Neville and Henrickson (2006), the disclosure of one’s sexual orientation is unique to LGBT individuals and contrasts with the heterosexual population in that the need for disclosure in that population is not warranted because heterosexuality is assumed. This assumption that all individuals are heterosexual unless they state otherwise can dramatically affect the healthcare that an individual receives. Homophobia among health care providers and the fear to disclose sexuality, are fears that many among the LGBT community face. Homophobia, fear of disclosure, and “heteronormativity” (the assumption that individuals are heterosexual unless otherwise stated) can become barriers to accessing health care for LGBT individuals and have a direct correlation on health disparities among this group as well as lack of addressing risky behaviors such as alcohol and tobacco use (Neville & Henrickson, 2006, p. 409; Krehely, 2009).

Cultural Safety as a Conceptual Framework

The American Nurses Association (ANA) (2001) published the Code of Ethics with Interpretive Statements to provide values, standards, and principles to help foster professionalism among nurses. The focus of the first provision of the Code of Ethics is on the inherent worth and dignity as well as the uniqueness of all individuals and mandate that nurses care for individuals with compassion and dignity without regard to specific personal attributes (ANA, 2001). These professional standards serve as roadmaps in guiding nurse educators in teaching students to
provide care for all individuals regardless of their age, creed, race, sexual orientation or any other forms of potentially discriminatory attributes. Cultural safety is a platform that can be used by nurse educators in promoting the type of professionalism that must be present within nursing in order for care to be provided to all individuals. Although education and increased knowledge are not always successful in changing student attitudes, they do form the basis from which a student can develop his or her own informed attitudes (Pickles, King, & Belan, 2009). Nurse educators have a responsibility to assist a student in recognizing his or her prejudices in order to progress and take steps towards addressing the discourses that LGBT individuals experience in health care (Christensen, 2005).

In order for LGBT individuals to feel comfortable or safe in disclosing their sexuality to health care providers, certain biases and judgments must be addressed not only for students of nursing but also for the faculty who educate them. Nursing students will eventually become providers for LGBT individuals and nurse educators have the opportunity using cultural safety to prepare these students to provide holistic care to this group of individuals. How are homophobia and LGBT health disparities addressed in nursing education? The purpose of this paper is to apply cultural safety within nursing education in regard to caring for the LGBT individuals. The approach to individuals who are already practicing as nurses in various venues is beyond the scope of this paper. However, attitudes of practicing nurses have likely been influenced by their nurse educators, so the goal of this paper is to focus on those individuals who are learning to become nurses in varying nursing programs and the nurse educators who teach them.

Review of the Literature

The Cumulative Index to Nursing and Allied Health Literature (CINAHL) and MedLine databases were searched with the terms “LGBT” and “nursing faculty” and one research article
was located and reviewed. Further terms such as “lesbian”, “gay”, “nursing”, and “education” were utilized to locate literature discussing aspects of nursing education in relationship to issues of sexuality to further explore these issues.

Homophobia Among Nursing Students and Faculty

The research by Dinkel, Patzel, McGuire, Rolfs, and Purcell (2007) demonstrated rather low levels of homophobia among both students and faculty at a Midwest university using the Index of Attitudes Toward Homosexuals (IAH) and the Homophobic Behavior of Students Scale (HBSS). Dinkel, et al., hypothesize that low scores could be an indicator of heterosexism or ambivalence and could eventually impact the healthcare delivered by the nurses graduating from this particular nursing program. Within this research, two faculty members identified themselves as lesbian and 64% (n=15) of the faculty members completing the study had participated in a form of diversity education (classes or workshops addressing diversity in sexual orientation) (Dinkel, et al., 2007). There were no other research studies located that address levels of homophobia amongst nursing faculty and the assumption can not be made that this is the case in all schools of nursing. This low level of homophobia could be a reflection of neutrality amongst the faculty and students (Dinkel, et al., 2007). A neutral position can often be safe for the student but can also convey ambivalence and complacency towards LGBT individuals. As nurse educators, the opportunity to foster self-reflection amongst students can awaken their compassion for all individuals and guide the students towards positions of acceptance.

In a separate study in Sweden, researchers found that 36% of nursing staff and 9% of nursing students would refrain from providing care to homosexual patients if given the option (Röndahl, Innala, & Carlsson, 2004). Of interest is the larger percentage among practicing nurses who have more experience working with all types of patients than the nursing students but show
a larger propensity for not providing care to homosexual patients. The issue that many patients
do not disclose their sexuality for the fear of receiving less than adequate care is justified by
findings such as these.

Educational Component

Throughout the literature one theme is prevalent; the difficulty of self-disclosure among
LBGT individuals of their sexuality with health care providers. Biases held by nursing students
must be addressed during their educational experience if these future nurses are to provide
holistic care to this particular community as well as provide a safe environment for LGBT
individuals to disclose their sexuality.

One research study was performed to investigate both nursing and medical students’
knowledge regarding LGBT issues within a Swedish university (Rondahl, 2009). Rondahl’s
research found that 82% of study participants lacked knowledge that was essential for providing
competent care to LGBT individuals with one example being the failure to understand that
homosexuality is not classified as a mental illness. In this study only 10% of nursing students
scored above 70% in regard to level of care knowledge about LGBT persons. Although this was
a Swedish study, the low percentage is indicative that nursing students in all countries must be
educated regarding all aspects of an LGBT person’s life in order to provide adequate care. A
normalization of sexual diversity within nursing education as well as a shift in students’
assumptions and stereotypes regarding LGBT individuals can improve healthcare of LGBT
individuals (Dinkel et al., 2007; Papps & Ramsden, 1996).

Many educators may only view diversity as defined by ethnicity or the color of a person’s
skin and may have a narrow view of what constitutes “culture”. In fact, however, diversity is
more than skin color and more than skin deep. Within the critique of how culture is taught, Gray
and Thomas (2005) advocate that a shift from developing culturally competent nurses to
developing skills such as critical analysis and social activism must occur in order to foster a
culture where health is possible for all individuals. As nurse educators there is the call for
developing nurses that move beyond being culturally aware or culturally sensitive towards being
culturally conscious, cultural mediators, cultural allies, and cultural activists (Gray & Thomas,
2005). In order to facilitate and motivate nursing students towards these particular goals, nurse
educators must utilize innovative strategies in order to assist with broadening how the student
views the term “culture” and how this term unfolds during the educational process.

Eliason and Raheim (2000) described how nursing students reported little discomfort with
diverse racial or ethnic groups, but reported considerable issues and difficulties in working with
lesbian, gay or bisexual clients as well as individuals with human immunodeficiency virus
(HIV). The task for nurse educators is to challenge and to teach nursing students in recognizing
and moving beyond their own biases and assumptions that may hinder a holistic approach to
care, prior to their interaction with diverse patients (Spence, 2005). This could be accomplished
in a simulation exercises or using case studies; one example might be a scenario where the
patient was a gay male with a partner and adopted child facing end-of-life issues. Another
exercise could be to ask students to imagine the fear of rejection by health care providers and
humiliation experienced by a lesbian who disclosed her sexual orientation. This self-reflection is
an integral part in cultural safety education and is beneficial in assisting the student in
understanding how LGBT individuals may feel in regard to healthcare providers.

The focus of many nurse educators teaching cultural competence is to emphasize cultural or
ethnic beliefs and not focus on issues of race, gender, class, or sexual orientation (Abrums &
Leppa, 2001). Again, education about this broader understanding of culture can take place when
a student feels the classroom, clinical, or even simulation lab is a safe place for learning and sharing ideas. “It is only when we are able to place that knowledge within the historical perspectives and experiences of all classes, sexes, races, and ethnicities, that we can move towards a closer understanding of one another.” (Abrums & Leppa, 2001, p. 272). Increasing a student’s sensitivity to LGBT individuals and the challenges these groups have faced regarding oppression and discrimination within healthcare is key in reducing negative attitudes towards this patient population of which these future nurses will serve (Abrums & Leppa, 2001; Eliason & Raheim, 2000).

In order to move towards education that encompasses the LGBT community the aspect of heterosexism must be explored. Heterosexism is defined as “a belief that the only right, natural, normal, god-given, and therefore privileged way of relating to each other is heterosexually” (Gray et al., 1996, p. 205). An example of this would be that heterosexism reinforces rigid role expectations among nurses and often limits male nurses from challenging gender roles in the way they relate (engage in caring) with their patients in order to not be perceived as demonstrating feminine characteristics and being stereotyped as being gay (Gray et al., 1996). Heterosexism can even dictate how nurses ask admission questions or how specific forms ask questions regarding aspects such as next of kin (Irwin, 2007). Often heterosexism in not an intentional product of nursing students, but often is unintentional from learned behavior.

There appears to be little research regarding LGBT issues within the context of nursing education and in order to teach best practices in caring for LGBT individuals, nurse educators must borrow from aspects of cultural diversity until more research can be completed. As nurse educators, the importance of preparing students to become leaders within the nursing profession is of utmost importance. These leaders can then help transform aspects of health disparities and
Cultural Safety

vulnerable populations in all venues of diversity and especially among the LGBT community. The environment of nursing education must reflect diversity as well as cultural competence in order to innovate and transform the way nursing students are taught (De Leon Siantz, 2008).

**How can Cultural Safety Help?**

One component of nursing education that could improve care for the LGBT individual as well as enhance the education of the nursing student is the aspect of cultural safety. Cultural safety is a concept that emerged within the New Zealand nursing context in the 1980s. The framework for cultural safety is that “in order to provide care in a culturally safe manner, a nurse needs to be self reflective and evaluative of their own cultural beliefs, recognizing his/her own unique culture” (Richardson, Williams, Finlay & Farrell, 2009, p. 28). This is true in regard to cultural assessment questions and the fact that students should ask the same questions to themselves in order to improve cultural self-awareness and increasing their ability to provide culturally safe care (De & Richardson, 2007). The ability of a nursing student to move beyond basic cultural awareness and cultural sensitivity and to move past the skills, knowledge and attitudes acquired and focus on cultural safety in order to understand dynamics of cultural, personal, and professional power is paramount in understanding how cultural safety defines health care relationships (Richardson & CARRYER, 2005).

Gray and Thomas (2006) compare an essentialist and a constructivist view of culture in nursing. From an essentialist point of view culture is used to differentiate groups of people on the basis of some identifiable set of shared beliefs and practices which is in contrast with the constructivist view that culture is not a list of characteristics and features but rather a “set of complex interactions to be examined and engaged” (Gray & Thomas, 2006, p. 77). Cultural safety not only views ethnic differences, but also examines social differences and moves away
from culture being synonymous with ethnicity in order to prevent the restriction of cultural consideration of minority groups such as LGBT (De & Richardson, 2008; Spence, 2005). Cultural safety is about social justice and the analysis of power between individuals and not necessarily about specific customs or habits of people from different ethnicities (McKinney, Cassels-Brown, Marston, & Spence, 2005).

According to Richardson and Carryer (2005) a central tenet of cultural safety education is that power and knowledge are created on an interpersonal level between the patient and the nurse providing care. How this power and knowledge are expressed between nurse and patient affects the care received by the patient as well as the ability to meet specific health care needs for the individual (Richardson & Carryer, 2005). In order for this to occur many nursing students will need to change the way in which they think and to realize that being aware of their own cultural identity is just the first step in providing culturally safe care (Gibbs, 2005). An important aspect of this learning is that as a nurse educator it is of utmost importance to provide a safe environment for students to discuss issues and to embark upon a journey of becoming culturally safe clinicians. The ability to skillfully manage the process of learning in order to promote change and growth within the students and thereby directly impacting future health care delivery is often a challenge for many nurse educators (Richardson & Carryer, 2005).

For individuals in the LGBT community, having nurses that are culturally safe provide their care may make it easier for these individuals to feel safe sharing all information relevant to their care with the nurse and with other healthcare providers because they will not feel judged based on their sexuality. Ramsden (2002) gives an example in her doctoral thesis regarding a nursing student who is self-aware regarding their own homophobia and chooses not to work in an area that is focused on care of HIV patients because the nurse realizes that his or her own
homophobia could directly impact the recipient’s right to receive safe care and thus be unable to build a trusting relationship. This is an example of the dialogue that as nurse educators we should foster within the classroom setting. A safe place for discussion is needed so that faculty and students can realize that they have the right to become self-aware in order to become culturally safe practitioners.

As a nurse educator the task of preparing future nurses for practice often focuses on the clinical aspects of care but must also incorporate the cultural aspect of care. According to the National Aboriginal Health Organization (NAHO) (2008), nurse educators must develop and teach curricula that reflect specific aspects of a group as well as participate in removing barriers in order for both the student as well as the educator to attain cultural safety. Cultural safety will offer, through self reflection and self discovery, the ability to understand and appreciate each other for unique needs and preferences as well as realizing aspects of social justice (Browne et al., 2009). Culturally safe care has to be integral to all aspects of nursing and culture has to be defined broadly.

Implications for Research

After reviewing the literature about nursing student care for LGBT individuals and better understanding cultural safety, one realizes that in order to assist with high level care for LGBT individuals there must be changes in nursing education. The classroom (including both theory and clinical experiences) and nursing curricula is a place to start. The first step in moving towards including LGBT issues within a specific nursing curriculum is for the faculty to face their own biases and to become self-aware in order to promote cultural safety. Levels of cultural competence among nursing faculty are documented within the literature, but there is little written about cultural safety among nursing faculty. Cultural safety is different than cultural competence
in that a key concept of cultural safety is that a person must acknowledge the differences within specific cultures and not just between different cultures, according to Hughes and Farrow (2006). When encountering a situation outside of a student or faculty’s comfort zone, the student or faculty member should just inquire or ask in order to obtain information that differentiates among the culture (Hughes & Farrow, 2006).

Individuals have their own context and their own belief system. This is no different for nurse educators. Many teach aspects of nursing that completely contradict their own personal belief system. For example, a nursing faculty that for various reasons opposes abortion must still teach nursing students how to care for a woman who has just had an abortion. The same is true for teaching about issues of LGBT individuals. The nurse educator may oppose and may feel animosity towards this particular group, but education for nursing students regarding this community must take place. If nursing students are to be exposed to or become aware of issues that LGBT individuals face, they must first feel safe in the educational venue in order to face their own feelings. As an educator it is paramount that a platform of safe learning be created which could include such aspects as lectures regarding LGBT issues and oppression, panel discussions with LGBT individuals to promote human contact, small group discussions, role-playing exercises and the introduction of issues through books and/or film (Eliason & Raheim, 2000).

As nurse educators, the ability to force a nursing student to accept aspects of human behavior that they do not adhere to is not the focus. The ability to open dialogue and have the students discuss their feelings will allow the educator to become the facilitator and watch as peer teaching takes place and the students learn from one another. Imagine that one of the students is a lesbian or a gay male who feels comfortable in class in sharing his or her feelings and
struggles. This peer dialogue can open the eyes and ears of other students within the classroom as well as the faculty member. There cannot be enough emphasis on the classroom being the safe environment to freely exchange ideas.

Creating a Safe Classroom

A safe classroom is a must for both the educator as well as the student in order to enrich the educational experience. Within this classroom a student may feel less inhibited about raising questions and comments and may become more open to think critically. Suggestions for educators to support a safe classroom environment are to: 1) clarify the purposes and expectations within the class, 2) assist the students in developing their own ground rules for classroom behavior, 3) be prepared for class and not surprised, and 4) be a model of how to have open dialogue and inquiry. A lack of boundaries and structure by nursing faculty as well as the response to students by faculty can both serve as hindrances in providing a safe classroom environment. The safe environment opens the door for nursing students “analysis of the prejudices, paradoxes, and possibilities inherent in health service delivery” that are essential for providing culturally safe care (Spence, 2005, p. 414).

Within the walls of a safe classroom and in regard to cultural safety, a student might ask a question about how to provide competent care to individuals who live their life in direct opposition to a student’s values and beliefs such as a LGBT individual. As an educator, the importance is to have the students realize that providing competent care is possible once the student becomes aware of his or her own values and prejudices and moves past those feelings in order to provide culturally safe care. This not only allows for safety for LGBT individuals as recipients of healthcare, but also allows safety for individuals who may oppose homosexuality such as some individuals who define themselves as fundamentalist Christians. Nursing faculty
must acknowledge the challenge of diversity of patient care as well as the sensitivity of a student’s religious beliefs in order to encourage students to assess their own beliefs in regard to the care of LGBT individuals (Schlub & Martsolf, 1999). This exploration within a safe classroom provides the platform necessary for students to self-reflect.

Conclusions and Recommendations

In conclusion, LGBT individuals constitute a population that is vulnerable to discrimination as well as being victimized by providers’ assumptions. Care of LGBT individuals need to be integrated into nursing curriculum for both social justice and ethical reasons. There are numerous ways to accomplish this. One would be to include LGBT scenarios into case studies with students. An example would be to have a case study presentation that focuses on a homosexual male patient who is HIV positive and is now facing renal failure as well as multiple comorbidities and who also has the psychosocial dynamics of a grieving partner. This particular case study will allow the students to think through law, policy, and relationship issues that are specific in this situation. Another way is to incorporate LGBT issues into the simulation exercises for students. An example of this would be a transgendered individual who is in the hospital for sepsis and the nursing student must address not only all of the nursing care that must be provided, but the elements of his or her own feelings in providing care. Case studies and simulation activities are just two examples of integration within the curriculum.

LGBT issues must also be evident in all teaching about diversity and cultural competence. The instructor must model and demonstrate cultural safety; this may allow the students to witness an instructor’s self-reflection. When discussing these topics this modeling can have a profound affect on the student’s attitudes regarding same-sex sexuality and LGBT individuals (Eliason & Raheim, 2000).
Cultural safety is a framework which nurse educators can utilize to open dialogue and learning for students as they care for a more diverse patient population that includes LGBT individuals. In order to change the way educators deliver as well as organize cultural and diversity content in nursing education, a paradigm shift must take place (Calvillo et al., 2009). Cultural safety can be the framework to change the way nursing students are taught in order to provide the best care possible for LGBT individuals. As educators the task is to encourage students to recognize and celebrate difference in society (rather than dismiss or oppress the difference) and to foster an understanding of the student’s own values and biases while valuing diversity and uniqueness among individuals they may care for (De & Richardson, 2008; Martino Maze, 2005). A celebration of difference can propel the nursing student beyond tolerance and acceptance toward honoring LGBT individuals and understanding that one’s sexuality is not inherently wrong or unworthy of respect (Gray & Thomas, 2006).

In order for learning beyond tolerance and acceptance to be successfully implemented into a nursing program, faculty must own and promote honor as an intentional area of content for this vulnerable population. Faculty must be willing to address LGBT issues and be willing to integrate them into the curriculum using the safe classroom model described in this paper. Faculty may need to participate in a retreat where they are educated on issues of the LGBT community in order to become aware of their own feelings in order to integrate this important aspect of diversity training into the curriculum as, after all, diversity is more than skin deep.

Utilizing the aspect of cultural safety to provide care for LGBT individuals is necessary in order to teach nursing students how to care for a group of individuals that may differ from themselves. As LGBT individuals are often the recipients of care by nurses that have biases and prejudices against them, the importance of nurse educators to provide curriculum that allows
students to provide culturally safe care and allow LGBT individuals the safety to share their
stories, is necessary. The goal should not be to change a student’s belief system, but instead to
have them explore their own feelings in order to truly provide care where the LGBT individual
feels safe and feels that the student and future nurse does not have power over them, but instead
is working along side them in a collaborative healthcare environment.
References


