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**Question:** Do homosexual patients have an increased risk of neglect or maltreatment in their quality of care compared to heterosexual patients?

**Summary:** Diversity amongst the LGBTQI community is influential to the type of care they receive. Only 14 percent of hospitals achieved best practice in the three dimensions of sexual orientation such as identity, behavior, and attraction. This properly illustrates a disparity of care in homosexual and transgender patients (Patterson, 2017). Those in the LGBTQI community have experienced discrimination or lack of awareness from previous healthcare providers. This community has come to expect this reaction when receiving care (Landry, 2017). Factors that affect the quality of treatment available include less access to care, societal stigmatization of sexual or gender minority identities, and subsequent avoidance of health care as a result of discrimination (Maragh-Bass, 2019).

Overwhelmingly, patients are willing to disclose their sexual and gender identity when asked in a private, confidential manner. At the interpersonal level, the presumption of offending patients may cause the providers' own discomfort with sexual identity discussions. Because of a lack of training, they may not recognize that clinical protocols often are biased to presume cisgender, heterosexual patient identities (Maragh-Bass, 2019).

**Conclusion:** The discrepancies in training regarding the LGBTQI community leads to challenges such as "misgendering" transgender patients, identifying an incorrect next of kin, or conflating sexual risk behaviors (Maragh-Bass, 2019). To help improve the quality and dissipate discrimination towards the LGBTQI community, hospitals should implement specific training. Additionally, the facility can capture gender minority identity, by encouraging researchers to add a single transgender identity question to surveys to gather more representative information for the community (Patterson, 2017). This can be implemented in all disciplines and principles of nursing to enhance the care given to this specific population.

#### **Work Cited:**

##### **Primary Article:**

Maragh-Bass, A. C. (2019). The "Ask" Is the "Answer": Implementing Routine Documentation of Sexual Orientation and Gender Identity in Health Care. *American Journal of Public Health*, 109(8), 1071-1073. <https://doi.org/10.2105/AJPH.2019.305192>

##### **Secondary Article:**

Patterson, J. G., Jabson, J. M., & Bowen, D. J. (2017). Measuring Sexual and Gender Minority Populations in Health Surveillance. *LGBT health*, 4(2), 82-105. <https://doi.org/10.1089/lgbt.2016.0026>

##### **Tertiary Article:**

Landry, J. (2017, May). Delivering Culturally Sensitive Care to LGBTQI Patients ... Retrieved February 17, 2020, from [https://www.npjournal.org/article/S1555-4155\(16\)30828-5/fulltext](https://www.npjournal.org/article/S1555-4155(16)30828-5/fulltext)