

Concepts of Health Care and Needs For Lesbian, Gay, Bisexual, and Transgender Population in Society

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Abstract

In the United States, approximately 10% of the population is thought to be Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ). However, because LGBTQ categories are not included on the census forms in the United States or Canada, population statistics are inaccurate. Through television specials, autobiographies, and news broadcasts, issues affecting the LGBTQ community have come to light in the media. The media continues to report transgender people being harassed, assaulted, and even killed, despite an increase in the LGBTQ population's presence in academic literature and initial efforts to raise public awareness of the issue. The lack of high-quality LGBTQ-specific health care is a recurring theme in the media. Although LGBTQ people are not specifically mentioned in Leininger's Transcultural Nursing Theory, this theory and nursing fit the LGBTQ community well, as "the theory is known for its broad, holistic yet culture-specific focus to discover meaningful care for diverse cultures and with this knowledge gradually transforming health systems and changing nursing practices into relevant new ways of functioning." The information presented in this study is intended to inform that health care transformation, according to the study's authors.

Keywords: Leininger's Transcultural; Nursing Theory; Bisexual; Transgender

Introduction

After all, according to Leininger and McFarland, nurses made up the largest proportion of caregivers, stated that nursing continues to be the most popular profession in the healthcare industry in the 2017 National Workforce Survey [1]. As a member of that profession, nurse educators have the power to influence nursing students and fellow faculty members to become the most influential health care providers when it comes to providing LGBTQ patients with high-quality, safe care. However, in order to accomplish this, it is necessary to increase faculty knowledge of LGBTQ health care needs so that nursing students can be better prepared to provide culturally competent care that helps prevent negative outcomes for this population [2]. Sadly, some nurses and nurse educators have a low opinion of the LGBTQ culture. As a result, they continue to exhibit negative attitudes, perpetuate stereotypes, and lack confidence in providing care to the LGBTQ community.

Method

Additionally, it was stated that "The limited coverage of LGBTQ health issues in nursing education may be partly to blame for the negative attitudes of nursing students toward LGBTQ people [3]." Because of this disregard on the part of nursing students, nurses, and nurse educators, there is a lack of exposure to the LGBTQ culture, which makes it more difficult to comprehend the particular values, beliefs, and ways of caring that are associated with this culture. As a result, the level of care provided to the LGBTQ community may possibly decline. Nurses need to be educated and trained specifically for marginalized populations in order to provide qualified, competent care to all populations. Training on the fundamentals should begin. Due to discrimination against LGBTQ and gender non-conforming individuals [4], access to health care is a fundamental human right that is frequently denied, highlighting the lack of science-based knowledge regarding LGBTQ health care concepts. In the United States, transgender people frequently face disrespect, harassment, violence, and denial of service when attempting to obtain healthcare services. agree with the U.S. Transgender Survey and add that low-quality care is caused by a lack of insurance coverage, rejection of family and

community, and both [5].

Result

According to Roche & Keith, practitioners' lack of knowledge about the LGBTQ population and their specific healthcare requirements frequently prevent LGBTQ people from seeking care. This lack of knowledge and cultural awareness of LGBTQ people makes it hard to get care, which often leads to bad health outcomes. Through the provision of safe, high-quality healthcare, the Joint Commission (TJC) strongly supports the implementation of best practices across all hospital settings. TJC now requires U.S. hospitals to create a more welcoming, safe, and inclusive environment that contributes to improved health care quality for LGBTQ patients and their families in order to facilitate adoption of their vision. Policies should, for instance, ensure that partners of the same sex have equal visitation rights and assess the effectiveness of policy changes for effective care [6]. In a similar vein, the American Nurses Association states that "nurses must deliver care that is culturally appropriate and advocate for populations that are lesbian, gay, bisexual, transgender, queer, or inquisitive." As a result, nurses will help improve the health of their LGBTQ patients and contribute to the welcoming and caring environment that TJC advocates for. The act of marginalizing a group or class of people, specifically by labeling or understanding them as distinct in terms of stereotypes, is known as stigmatization. Sexually transmitted diseases, suicide, drug and/or alcohol abuse, depression, and other negative health outcomes for the LGBTQ population have all been linked to stigmatization of LGBTQ people [7]. According to the National LGBTQ Survey, 28% of LGBTQ

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Received: 01-Feb-2023, Manuscript No: omha-23-88817; **Editor assigned:** 03-Feb-2023, Pre-QC No: omha-23-88817 (PQ); **Reviewed:** 17-Feb-2023, QC No: omha-23-88817; **Revised:** 23-Feb-2023, Manuscript No: omha-23-88817 (R); **Published:** 28-Feb-2023, DOI: 10.4172/2329-6879.1000455

Citation: Shrek L (2023) Concepts of Health Care and Needs For Lesbian, Gay, Bisexual, and Transgender Population in Society. *Occup Med Health* 11: 455.

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people reported delaying medical care out of fear of discrimination. Similarly, a Canadian study found that 21% of LGBTQ people avoid emergency rooms out of fear of being discriminated against because of their sexual orientation. This population experiences worse health outcomes as a result of such postponements and avoidances.

Discussion

This pilot study used a descriptive design to find out how prepared ASN faculty are to teach LGBTQ healthcare. Prior to beginning the study, the Principal Investigators (PIs) received approval from the University Institutional Review Board (IRB). The principal investigators conducted an online search to locate Associate of Science in Nursing (ASN) programs in five states in the southeast. In the initial phase of the study, fifty-eight programs were identified as sources for nursing faculty participants. The websites of each school were examined for program administrators' contact information. The online survey platform Qualtrics was used to conduct the study survey. An email with the purpose of the study, a link to the survey, and a request that they share the survey with all faculty in their ASN program was sent to administrators (directors, deans, and chairs) of ASN programs in Alabama, Georgia, Florida, Mississippi, and Tennessee. A consent form informed respondents that their participation in the survey was entirely up to them, that their responses would remain anonymous, and that they could withdraw at any time if they felt uneasy with the questions.

Conclusion

Participants in the survey were not compensated for their

participation. Three additional emails were sent following the initial email to encourage nursing administrators to share the survey. Between September 1 and November 30, data were gathered. A developed survey questionnaire was selected by the PIs for this study with permission to use it. A literature review on LGBTQ health in nursing, medicine, social work, and other allied health professions served as the basis for the initial questionnaire, which asked respondents about their comfort with incorporating LGBTQ concepts into nursing curricula as well as their LGBTQ health knowledge and experience in teaching LGBTQ health material.

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