

2SLGBTQIA+ NURSES:

A HISTORICAL NARRATIVE LITERATURE REVIEW

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2020 - Present Minority Stress & Affirmation

- In the past few years, there has been an increasing number of articles that discuss positive experiences of affirmation for 2SLGBTQIA+ HCPs.²⁷⁻²⁹
 - The literature reflects this with more first-hand accounts of the experiences of 2SLGBTQIA+ nurses and how their **lived experiences are an asset to their practice**.^{28,29}
- More attention is being paid to equity, diversity, and inclusion in health care organizations, and with the nursing workforce issues exacerbated by the COVID-19 pandemic, affirming 2SLGBTQIA+ and diversity within nurses could help reduce health disparities and equity of those with similar identities.^{12,30,31}
- One impactful quantitative study links minority stress of 2SLGBTQIA+ nurses to increased substance use disorders.³³

Gaps in the Literature

- Mostly focused on lesbian/gay nurses.^{4, 5, 8-10, 14-18, 20, 21, 24, 32, 34}
- Lack of diversity in the participant samples with only a few articles discussing the lack of diversity and intersectionality in their analysis or limitation sections.^{18, 25, 33, 35, 36}
- Over-representation of acute care settings^{2, 5, 11, 17-19, 21-23, 25, 27, 29, 32, 37} in the context of the U.S.A.^{2, 4, 5, 8, 10, 11, 14-18, 33, 35-37}

Implications

- Many nursing organizations have yet to **acknowledge the existence** of 2SLGBTQIA+ nurses.^{2, 8}
- The literature recommends that **nursing organizations create groups specific for 2SLGBTQIA+ nurses**.^{3, 8, 38}
- If the nursing workforce **encourages, supports, and respects** 2SLGBTQIA+ nurses, this could be a sound **retention strategy**.²²
- **Being open** about one's sexuality is proposed by the literature as a possible way to **strengthen 2SLGBTQIA+ nurses' therapeutic relationships** with patients and their families.^{5, 15, 24, 36}

Key Takeaway

Understanding the experiences of equity-deserving nurses over time could provide implications for nursing curriculum development, policy change, improve 2SLGBTQIA+ nurses experiences, and ultimately, patient care.

2010 - 2019 Work Environments & Representation

- The research builds upon previous topics of invisibility, disclosure, and discrimination.²
- The literature unveils more recommendations to combat discrimination against 2SLGBTQIA+ nurses and heteronormativity by improving the environments where nurses work and study.⁶
 - Many nursing work environments do not have overt policies protecting 2SLGBTQIA+ nurses.^{2, 6, 25}
 - **Without protection and overt affirmation for equity-deserving nurses, discrimination and stereotypes prevail**.^{3, 22, 23}
 - Toxicity in the work environment can negatively affect patient care.^{3, 22, 23}
- **Patients are diverse and want HCPs with similar experiences**.¹⁵
 - Research shows that 2SLGBTQIA+ patients fear seeking health care due to past experiences of discrimination.²⁶
 - **Prejudice can be fought with overt representation of pride in human diversity**, and for patients who identify as 2SLGBTQIA+ to feel safer in health care, overt signs of diversity in their nursing providers would convey mutual respect towards them.²⁶

2000 - 2009 Discrimination & Disclosure

- The literature broadened, delving into discrimination based on sexual orientation and gender identity (SOGI), and the nuances in 2SLGBTQIA+ nurses choosing to disclose their identities.^{10, 18-21}
- Many overt and covert incidences of discrimination are expressed.^{18, 20, 21}
 - This caused minority stress on 2SLGBTQIA+ nurses, which is linked to hindering patient care.^{3, 22, 23}
 - **Increased stressors lead to poorer performance, low morale, and increased sick time, which can ultimately increase organizational costs**.²³
- The nuances and challenges nurses face in disclosing their identities began to be explored.^{20, 21}
 - Some nurses choose to disclose their SOGI to colleagues by observing how they treat patients who identify as 2SLGBTQIA+.^{14, 24}
 - **If 2SLGBTQIA+ nurses' workplaces and colleagues respect 2SLGBTQIA+ patients, nurses are more likely to disclose their identities to their colleagues**.²¹

1980 - 1999 Invisible Identities

- A few nurses published their experiences being lesbians.¹⁴⁻¹⁷
- Their experiences center:
 - **Their identities being invisible despite the profession knowing about them**.^{5, 16, 17}
 - Pressure to hide their identities.^{10, 17, 18}
 - Pressure to uphold a traditional image of a nurse.^{4, 9, 18}
 - The nuances of living/working in a heteronormative society.^{4, 9, 14}
- Stephany¹⁵ recounts witnessing homophobia from patient family members as a contributing factor to keeping their sexuality hidden.
- Conversely, Deevey¹⁴ witnessed homophobia during the AIDS epidemic, propelling them to come out to combat discrimination.

Background

- Nurses are the largest group of health care providers (HCP) in Canada.¹
 - 2SLGBTQIA+ nurses are hypothesized as one of the largest subcategories within nursing.²⁻⁵
 - Florence Nightingale and many other founding members of the profession are hypothesized to be 2SLGBTQIA+.⁶⁻⁹
- Nursing is grounded in social justice and advocacy yet has been slow to acknowledge these equity-deserving nurses.^{6, 10, 11}
 - In the 19th and 20th centuries, nursing was among the first professions to welcome women.^{6, 7}
 - These nurses developed close romantic relationships with other women, and despite not identifying as lesbian, historians have begun hypothesizing them as such.⁷

Objective & Methods

- Objective:
 - Equity-deserving patients desire HCPs who share similar identities.¹²
 - What does the literature reveal about the experiences of queer and trans nurses over time?
- Methods:
 - A historical narrative literature review was used to summarize and map the progression of queer nurses' experiences in the literature.

In the 70's and 80's, Manitoban nurses' licenses were removed due to **"unbecoming behaviour"** which was **"the code word for lesbianism within the nursing profession"**.^{13, p.291}

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