

# LGBTQ+ DISPARITIES IN HEALTHCARE AND HOW IT AFFECTS NURSES

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## **Abstract:**

According to UCLA School of Law, “13.9 million adults in the U.S. identify as a member of the LGBTQ+ community” (Flores & Conran, 2023). LGBTQ+ health disparities are a topic that needs to be addressed, as many members of this community have suffered from stigmas, discrimination, and other maladies that are present in the healthcare system. For this reason, this literature review will focus research on the differences in care heterosexual individuals receive in comparison to homosexual individuals in health care, prevalent mental health disorders, and the HIV epidemic and the stigma related to the epidemic. As stated by Dawson (2023), “The share of people who identify as LGBTQ+ have increased substantially in recent years, yet health disparities and health access-related challenges persist across multiple dimensions” (Dawson et al., 2023, p.1). Additionally, members of the LGBTQ+ community face extraordinary challenges that heterosexual individuals may not face when advocating for their rights and care.

Keywords: *LGBTQ , Nurses, disparities, healthcare, self-care*

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Conran, 2023). LGBTQ+ health disparities are a topic that needs to be addressed, as many members of this community have suffered from stigmas, discrimination, and other maladies that are present in the healthcare system. For this reason, this literature review will focus research on the differences in care heterosexual individuals receive in comparison to homosexual individuals in health care, prevalent mental health disorders, and the HIV epidemic and the stigma related to the epidemic. As stated by Dawson (2023), "The share of people who identify as LGBTQ+ have increased substantially in recent years, yet health disparities and health access-related challenges persist across multiple dimensions" (Dawson et al., 2023, p.1). Additionally, members of the LGBTQ+ community face extraordinary challenges that heterosexual individuals may not face when advocating for their rights and care.

In 1973, the LGBTQ+ community hit a milestone when the American Psychiatric Association, or APA, removed the diagnosis of homosexuality from its second edition of the Diagnostic and Statistical Manual, or DSM-2. This was a landmark stride in reducing stigma in a professional setting, and to help ease the public into being more accepting (Drescher, 2015). Prior to this, the act of normalizing the LGBTQ+ community began in the United States in 1969 with the Stonewall Riots, which was led by a trans woman by the name of Marsha P. Johnson at the Stonewall Inn. This rebellion put gay rights on the map for most people in the United States. This was in response to a police raid on the Stonewall Inn due to homosexual hangouts being frowned upon, and occasionally outlawed, at the time. The resulting clash between patrons of the bar, and Greenwich Village, against the police later became known as the Stonewall Riots (Bauer, 2023). Closer to modern day, one of the most famous hate crimes against gay men included the 1998 case of Matthew Sheperd, who was kidnapped, beaten, and tortured to death in October of 1998. This atrocious act was highly publicized due to its horrendous nature (Sherrin J, 2018).

Hate crimes against LGBTQ+ people continue to this day, with the Pulse Night Club Shooting of 2016 which resulted in the deaths of 56 clubgoers by a religious extremist (Ray, 2018). In 2022, the amount of violence against gender nonconforming individuals, especially trans women of color, has gone up. With the Human Rights Campaign reporting 41 deaths. 56% of these deaths included postmortem deadnaming, which is the act of calling someone their pretransition name or identity, by police authorities and press. 83% of the victims were people of color, with 54% being black transgendered women (Foundation, 2022). The stigma attached to being different from the cultural norm has perpetuated itself in all walks of life, for longer than most can remember.

Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. A significant number of patients that are a part of the LGBTQ+ community experience stigma and discrimination. Some stigmas can include how the Human Immunodeficiency Virus, or HIV, was first considered a gay disease. Prejudice, or the preconceived notion not based on facts, such as transgender people are all mentally ill. The community has also faced prejudice, or a preconceived notion not based on facts, such as the assumption that transgender people are all mentally ill. On the other hand, people outside of the community may have discriminatory attitude, call people slurs or deadname them out of spite, and do not take responsibility for their aggressions towards someone. Stigma can cause someone to indulge in misgendering. An underserved community of individuals that are discriminated against are dealing with a population in healthcare that is discriminated against in their everyday lives. Nearly one out of every six have experienced discrimination at a doctor's office, and one out of five say they avoid seeking healthcare out of fear of discrimination (Powell, 2023). This leads to higher cases of sexually transmitted diseases, higher numbers in heart disease due to stress, higher numbers of poor mental health risk factors for anxiety, depression, and living in a state

of fear (Bass & Nagy, 2023).

How can health care professionals combat the situation? Through education, compassion, and awareness. Many healthcare professionals could use sensitivity training and continuing education about the LGBTQ+ community. As healthcare professionals, we are expected to be caring, empathetic, compassionate, and highly skilled individuals. Nurses and other professionals in the medical field should hold themselves to higher standards to prevent the perpetration of stereotypes. After all, we have healthcare team members that are a part of the LGBTQ+ community. Caring for the LGBTQ+ community should not be any different to treating any other client in terms that we must use compassion and stay objective. In a wider perspective, nursing programs should have a class on diversity training in all nursing school curriculum. The LGBTQ+ community should be thoroughly addressed in that course. Healthcare professionals need to be comfortable discussing sexual orientation, gender, and sexual practices with patients. Nurses are taught in school to lead in development, implementation, education and be knowledgeable seekers in our community.

Historically, one of the major events in medical history that affected the LGBTQ+ was not that long ago. HIV first showed itself to the world and was recognized as a new disease in 1981 after an increasingly large number of young homosexual men contracted the disease. This is when it first became known as GRID (Gay-Related Immune Deficiency), the gay syndrome, the gay plague, or the gay cancer because it only seemed to affect homosexual men (Pasteur, 2023). The homosexual community became a target in the public as this disease was so new and its effects were so deadly. The LGBTQ+ community was seen as the source of transmission and seen as the ones who started the disease. Back then, little research was done and the public was poorly educated on the facts of the disease. It wasn't until other patients who were not homosexuals contracted the disease that more research was prompted into why and how HIV was

spreading. Drug addicts, transfused patients, and hemophiliacs were the ones most seen contracting the disease and it was then realized that blood seemed to be the primary form of transmission for this disease. By then, the damage was already done. The LGBTQ+ community was shunned, made to feel dirty, and even harassed as they were blamed for the existence of a truly horrible disease.

A famous case occurred in 1990 in Kokomo, Indiana. Ryan White was only 13 years old when he was diagnosed with HIV and was one of the first children and hemophiliac to be diagnosed. Ryan contracted HIV after receiving a blood transfusion as he suffered from a condition called hemophilia, a disorder where blood does not clot properly and puts him at a higher risk of bleeding out. Back then, there were no precautions or rules set in place when it came to blood transfusion hygiene in the medical field and the blood that was transfused to him was infected with HIV, allowing him to contract the disease. After Ryan became diagnosed, he had to miss a lot of school to receive treatment and become stronger. Once Ryan felt strong enough to attend school and see his classmates once more, he and his family were met with fierce backlash from the community. A statement from Ryan White's mother is testimonial to the maltreatment they were subjected to once Ryan was diagnosed with HIV. "People were cruel, saying that he had to be gay, had to of done something wrong, or he wouldn't have had it." (Health Resources & Services Administration, 2022). During this time, citizens that weren't apart of the LGBTQ+ community often said the individuals who contracted the disease were being punished. "It was God's punishment...That somehow, someway he had done something he shouldn't have done, or he wouldn't have gotten AIDS" (HRSA, 2022). It took over a year and half, with multiple meetings with the school, discrimination from his community, and several court hearings to fight for his right to an education. Ryan White was triumphant in his battle to return to school and led the movement for research to be done for HIV. Ryan was only one of the many cases in the United States that faced

discrimination and isolation for their diagnosis of HIV. Unfortunately, Ryan White passed on April 8th, 1990, due to AIDS-related pneumonia. With his passing, the world made a very important connection that HIV, and AIDS, were not exclusively “gay” diseases.

Treatment and management of the disease process of HIV has now taken it from a death sentence, to reasonably manageable. At first, people were afraid as the initial disease process had a life expectancy of 19 years, so if someone was afflicted at age 20, they would live till around age 39 (Madell, 2018). Since 2010, life expectancy has more than doubled, possibly to the maximum age expectancy of 70. The discovery of drug therapy for HIV was through collaborative research in various facilities, including the Charter program, and this began hope for a longer life expectancy for those afflicted, and minimization of symptomatic effects of the disease process (National Institute of Mental Health, 2024). Currently, the expected drug management is the use of various daily pills such as azidothymidine, or AZT, while testing their viral load to determine how likely they are to spread the disease through sexual or blood borne contact (NIHM, 2024). Currently, it is estimated that 1.1 million individuals live with the disease process in the United States, with the population most affected being African Americans, and men who have sexual intercourse with men (Centers for Disease Control, 2019). Currently, there are still active efforts in looking for a cure, but there has not been one found yet. Scientists, such as the National Institute of Mental Health continue their fight to reduce the number of new cases in the world through understanding of the disease, education on prevention, and medication regimes (National Institute of Mental Health, 2024).

Mental health issues are a rising concern in America, especially for vulnerable populations who are susceptible to stigma and backlash. Members of the LGBTQ+ community suffer from a variety of mental health issues and have a rising risk of suicidal ideations/attempts. According to Williams et.al, “Victimization and mental health difficulties

are highly prevalent among LGBTQ+ youth with experiences of self-harm and suicide” (PLOS ONE, 2021, p.3). Furthermore, individuals among this community are under an immense amount of pressure due to the backlash these individuals face in day-to-day life. As stated by Cyberbullying Research Center, “According to the FBI, 1,445 individuals were the victim of a hate crime due to sexual orientation bias in 2018 while another 215 were targeted based on their gender or gender identity” (Hinduja & Patchin, 2020, p.2). The previous statistic gives insight on the number of individuals in this community who are subjected to bullying, which can impact their overall health.

The care that a heterosexual individual receives in comparison to the care a homosexual individual receives should not be as inconsistent as many health care facilities have been found to participate in. Research has proven that “Bisexual men and women were the most likely of all groups to report not having a usual source of health care” (Design, 2022). This statistic supports the idea that members of the LGBTQ+ community lack access to “typical” care. The lack of resources is due to all the hoops these members must jump through whenever it comes to getting the care these members need. The article states, “Bisexual men and women have higher rates of poverty and disability than straight men and women” (Design, 2022). This is backed up with statistical facts that heterosexual individuals don’t have to worry about discrimination from health care facilities, not getting employed at a place because of their sexual orientation, or delays getting their prescribed medication due to a high poverty rate. Most of the time, heterosexual individuals don’t have to worry about limited access to health care resources, discrimination, and poverty as much as homosexual individuals. Statistics show that “Among women, the proportion with no usual source of care was twice as high for bisexual adults as for heterosexual adults (24% vs. 12%)” (Design, 2022). Homosexual individuals also have to deal with some healthcare facilities ignorance. The National Library of Medicine states, “Similarly,

79% of nurses in a study who practice in San Francisco reported that they have not received LGBTQ + training from their organizations” (Yu & Flores et al., 2023). The previous statistic supports the idea that healthcare facilities have little to no training about LGBTQ+ patients and experience with this population. When patients come into the healthcare facilities, staff have little to no knowledge of how to provide care to members of these patients. The National Library of Medicine also states, “Health professionals desire more training to address the distinct needs of LGBTQ + individuals, with most concurring that such training must be mandatory” (Yu & Flores et al., 2023). Adequate training for professionals in the medical field could be beneficial in resolving the lack of knowledge surrounding care for members of the LGBTQ+ community. ■

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