

## Qualitative study - other

# Education needed to enhance inclusive, non-discriminatory nursing practice towards lesbian, gay and bisexual parents

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Linda Shields,<sup>1,2</sup> Oliver Burmeister<sup>3</sup>

<sup>1</sup>Faculty of Science, Charles Sturt University, Bathurst, New South Wales, Australia, <sup>2</sup>School of Medicine, University of Queensland, Brisbane, Queensland, Australia, <sup>3</sup>Faculty of Business, Charles Sturt University, Bathurst, New South Wales, Australia

Correspondence to: Professor Linda Shields, Faculty of Science, Charles Sturt University, Bathurst, NSW 2795, Australia; l.e.shields@uq.edu.au

**Commentary on:** Andersen AE, Moberg C, Bengtsson Tops A, *et al.* Lesbian, gay and bisexual parents' experiences of nurses' attitudes in child health care: a qualitative study. *J Clin Nurs*. 2017; 26:5065-5071.

## Implications for practice and research

- ▶ There is a need to create education programmes to enhance communication with lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people.
- ▶ Research is needed regarding appropriate, respectful language for forms that do not discriminate against any client population.
- ▶ Creative, sensitive ways to recruit participants from marginalised groups to prevent a skewed population because of sensitivities surrounding revealing belonging to a marginalised group should be devised.

## Context

Globally there has been a significant increase in societal acceptance of LGBTIQ couples. In many countries this has led to increases in same-sex parenting. However, healthcare practice has not kept pace with these changes, creating discriminatory communication practices. In this study, Andersen *et al* aimed to confirm findings in related literature,<sup>1</sup> that due to such practices lesbian, gay and bisexual (LGB) parents are frequently unwilling to discuss their gender identity.<sup>2</sup>

## Methods

This qualitative study involved nine semistructured interviews with 14 LGB parents, including one family of three parents. Participants were those who used specialist child healthcare (CHC) nursing services, a free service in Sweden. Recruitment was initially a purposive sample, but difficulties were encountered in recruiting from this potentially vulnerable population, so convenience and snowball sampling were implemented. Questions were asked about first meeting the CHC nurse and about positive and negative experiences.

## Findings

While some parents described positive experiences, others found interactions difficult. The content analysis revealed two themes: on the one

hand a 'sense of marginalisation' and on the other 'being respected for who you are'. The study revealed knowledge gaps concerning LGB parents among CHC nurses in Sweden, and a need to improve quality of care for the children of same-sex couples, through better education for how nurses in particular can improve communication with LGB couples. It also showed that attitudes are changing, but that more still needs to be done to achieve inclusive, non-discriminatory nursing practice.

## Commentary

This is an important contribution to the literature addressing possible disparities between healthcare for children of heterosexual couples,<sup>2,3</sup> and those of LGBTIQ couples. Although the use of content analysis was appropriate, we question whether the focus on the lived experience of LGB couples might have been better served with a phenomenological approach.

A major problem with this study, as with most research in this area,<sup>2,3</sup> is that LGBTIQ parents are often reluctant to 'come out', and therefore recruitment is difficult. Our experience, and one described by Andersen *et al*, is that those who do participate come from highly educated and well-to-do sections of society.<sup>2,3</sup> These participants and their views are equally valuable to those held by others. However, those who are well educated and financially secure may not be as vulnerable as those from lower socioeconomic groups with lower levels of education, who may not have the knowledge and skills to navigate health service interactions as well as their better-off counterparts. Given that the ultimate aim of the research is to ensure that children of all families receive optimum and equitable healthcare, if we are missing evidence from those most vulnerable and who need the most support, then our research is flawed.

The authors examined only nursing. It would be helpful to recommend improvements to multidisciplinary education of health professionals, not just nurses. Only a few studies have examined communication of doctors with same-sex parents,<sup>4</sup> and other health professions have received even less attention. Further research should examine the values 'disrespectful', 'acceptance' and 'professionalism', as these can lead to mutual misunderstanding between all parties.<sup>5,6</sup> Given that nurses make up the largest proportion of the health workforce, it is important that more is done to facilitate LGBTIQ parents accessing nursing services.

**Competing interests** None declared.

**Provenance and peer review** Commissioned; internally peer reviewed.

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