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Cultivating cultural humility to care for LGBT Patients

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In the United States 10 million American adults (4.1%) identify as lesbian, gay, bisexual, or transgender (LGBT) (Gates, 2017). The LGBT population is diverse encompassing all races and ethnicities, religions, and social classes (Office of Disease Prevention and Health Promotion [ODPHP], 2014) with individuals serving as members of every community (Centers for Disease Control and Prevention [CDC], 2014). As such, this population is an integral aspect of societal diversity. Although, LGBT people face many of the same life cycle issues as their heterosexual counterparts, a lack of understanding regarding cultural and linguistic norms and mores regarding sexual orientation and identify associated with being lesbian, gay, bisexual, or transgender has been directly linked to a myriad of negative health outcomes. Evidence suggests that negative attitudes towards the LGBT population may preclude the delivery of culturally competent care and elevate the risk for a variety of negative health problems. Cultural competency training geared towards preparing clinicians to provide greater sensitivity and a deeper understanding of cultural groups' values, and norms has become mainstream and an integral part of healthcare academia (Baker & Beagan, 2014). Campinha-Bacote model (2002) stresses becoming vs. being culturally competent. In fact, a number of scholars have challenged the explicit and implicit assumptions of cultural competency (Cain, & Martin, 2015; Furlong & Wight, 2011); with some dismissing the concept of cultural competency for theories on cultural humility (Ortega & Faller, 2011). A dearth of evidence exists regarding cultural humility in nursing education and the care of LGBT individuals.

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