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## Advice for chief nurses on integrating LGBTQ+ inclusive practices into the healthcare system through centred qualitative exploration

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### ABSTRACT



**Objective:** This research aims to uncover effective strategies for fostering an equitable environment for LGBTQ+ individuals as well as potential barriers to achieving this and classifies these strategies based using the Expert Recommendations for Implementing Change (ERIC) framework.

**Methods:** We conducted a qualitative exploration using in-depth interviews with chief nurses at a selected sample of healthcare organizations throughout Thailand. Thematic analysis was performed to identify recurring themes and classify strategies according to the ERIC framework.

**Findings:** The study highlighted five factors that influenced the application of LGBTQ+-inclusive practices: corporate training programs, clarity in organization policy and directives, support from management, tackling culture in the organization, and (5) staff participation in continuous education. Training programs, as well as clear policy implementation, had the largest hits amongst these. The accessibility of information, combined with cultural and behavioral changes, could be contributing to the recent increase in segregation, the authors argue, and cultural resistance continues to be a significant barrier, suggesting that targeted efforts are needed to address underlying biases. Moreover, through community engagement and a digital learning to create breaking routes for inclusivity emerged as one of the innovative ways.

**Novelty:** The study uniquely integrates qualitative exploration and the ERIC-framework to yield actionable recommendations for chief nurses. It draws attention to other seemingly overlooked barriers including cultural resistance and suggests creative solutions customized to the socio-cultural setting of Thailand, not mentioned in other literature.

**Research Implications:** The insights provide practical advice for healthcare executives who want to foster inclusive settings for LGBTQ+ patients. The study highlights many of the necessary conditions tailored strategy, staff training, and policy implementation for achieving equity in health-care delivery." These themes will provide guidance to chief nurses in Thailand as well as other areas where socio-cultural behaviours can govern clinical activity, and they provide a pathway to wider adoption of inclusive behaviours in global healthcare systems.

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## 1. Introduction

Recognizing the value of inclusive practices is paramount, especially as the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community comes out as patients in health care settings. Unique health disparities among LGBTQ people, including higher rates of mental health and substance use disorders and higher rates of cardiovascular disease (Ashdown-Franks et al., 2020; Mark & Parish, 2019; McHugh et al., 2018). Given the changing demographics and health care environment, quality care for LGBTQ individuals can only be achieved if health care providers and institutions recognize the needs of this population and can allocate the appropriate resources to remove barriers to care (Kamen et al., 2019; Wingo et al., 2018). This phenomenon is evidenced and reinforced, for example, by research that explains the historical health disparities that continue to exist among LGBTQ+ populations despite, or perhaps because of, increased



visibility and advocacy efforts (Acconcia et al., 2024; Logie et al., 2020). Given the diverse types of people and identities that make up the LGBTQ+ community, and the increased visibility of these identities in public discourse, the nature of health care services within the community has been disproportionately challenged, and there is reason for systemic change in how these services are accessed due to persistent health disparities within the LGBTQ+ community (Jennings et al., 2019; Nakkeeran & Nakkeeran, 2018). And I hope that new efforts in healthcare policy and practice will help to address these disparities in terms of the gaps that exist and also the environment that LGBTQ+ patients enter when they arrive to seek care (Hughes et al., 2022; Radix & Maingi, 2018).

One of the most common problems that LGBTQ+ patients experience in healthcare, is discrimination, and the lack of cultural competency that can be found in healthcare institutions (Bristol et al., 2018; Yu et al., 2023). Experiencing stigma, bias, and insufficient care not designed to cater to their unique health needs, these patients can face barriers (Ledingham et al., 2022; Lubieniecki et al., 2024). Enabled by these barriers, research has shown that LGBTQ+ persons were less likely to pursue healthcare, resulting in deferred treatments and worse health outcomes (Heer et al., 2023; Martos et al., 2018). Moreover, the lack of LGBTQ+ culturally competent practices at healthcare organizations helps perpetuate a cycle of inequity and marginalization for these patients (Fu et al., 2024; Javier, 2021). This systemic inequity compels the healthcare system to put in place plans to ensure that care to LGBTQ+ individuals is designed to be culturally competent and non-discriminatory (Nakkeeran & Nakkeeran, 2018). Worse yet, when changing healthcare organizations which are notoriously hierarchical, bureaucratic, and resistant to change to something more inclusive for LGBTQ+ patients, just the question of if and how these structural complexities for example in terms of patient engagement can be improved is particularly pressing (Essex et al., 2023; McPhail et al., 2022).

Transformational Leadership is a key theoretical lens for analyzing and addressing LGBTQ+ inclusion in healthcare. Burns (1978) applies this theory in a business context, suggesting that leadership is primarily about organizational transformation Bien & Arena (2018), which is accomplished through three primary methods: (1) communication of a vision, (2) development of independence (change), and (3) organization. Giddens (2018), expand on this idea with transformational leadership as a theory focused on leaders as inspirational change agents. One key theory that can be applied to nursing leadership in this context is transformational leadership, where it can help facilitate the adoption of LGBTQ+ inclusive practices in healthcare organizations by promoting a culture of respect, equality, and inclusivity (Shore et al., 2018; Yu et al., 2024). As the largest group of health care professionals, nurses are in a unique position to shape policy and care and practice with patients. Utilizing elements of transformational leadership will motivate nurse leaders to lead their teams towards taking actions that address the unique needs of LGBTQ+ patients, increase cultural competency, and work against discrimination. This approach does not only respond to the health care needs of LGBTQ+ patients but establishes a long process for inclusivity and equity in health institutions (McCann & Brown, 2018; West-Livingston et al., 2021).

The status quo of avoiding LGBTQ+ inclusive practices in healthcare is further exacerbated by continued health disparities between LGBTQ+ and non-LGBTQ+ individuals. There is evidence that LGBTQ+ inclusive strategies improve patient outcomes Yu et al. (2024), but concerns exist regarding the implementation and adherence to these practices across health systems (James et al., 2024). Evidence suggests that LGBTQ+-inclusive healthcare practice facilitates increased patient activation, improved mental health outcomes, and enhanced satisfaction among sexual and gender minority populations (McCann & Brown, 2018). Yet negative outcomes have also been reported, including insufficient education, lack of support from leaders, and organizational culture and structure barriers to DEI (Karakaya & Kutlu, 2021). This variation in outcomes further complicates the implementation of LGBTQ+ inclusive practices, underscoring the importance of a multi-faceted approach that considers differences in the experiences of providers and organizations. As such it is important to know what these challenges are, to help create effective methods which will help overcome barriers to be included. Furthermore, research gaps still exist regarding the specific role of nurse leaders in this process, as the majority of previous studies have focused on the experiences of primarily frontline healthcare providers, neglecting the perspective of the leadership (Fish et al., 2022; Gagnon et al., 2022). These shortcomings can be met to create detailed knowledge about the implementation of LGBTQ+ inclusive practices in healthcare organisations, promoting the dignity and respect that LGBTQ+ patients deserve.

The purpose of this study is to gain a better understanding of the factors that promote the implementation of LGBTQ+ inclusive practices in health care organizations in Thailand. In particular, the study sheds light on the ways in which training programs for staff can help to create a more inclusive and trusting environment for LGBTQ+ patients. As such, it

also examines the nature of inclusive practices in the clinical setting and their association with the experiences of LGBTQ+ patients, indicating the importance of an affirming environment for both the quality and outcomes of care. The research aims to determine the extent to which organizational commitment, operationalized in part as the provision of managerial support, leads to improved health care experiences for LGBTQ+ people. In addition, the research explores cultural resistance as a factor that can hinder the establishment of inclusive policies, shedding light on the socio-cultural mechanisms that influence healthcare contexts. An important aspect of this research is the evaluation of explicit policies and their contribution to reducing discrimination against LGBTQ+ patients. These findings further the understanding of the effectiveness of targeted interventions, such as online training modules, to address the discomfort of healthcare providers when interacting with the LGBTQ+ patient population, leading to improved quality of care. Based on the Expert Recommendations for Implementing Change (ERIC) framework, this study provides actionable recommendations for promoting equitable health care practices and cultivating an inclusive environment that serves all patients, regardless of sexual orientation or gender identity. These findings are expected to be of great value to health care organizations focused on improving equity and inclusivity in their service delivery..

## 2. Critical Review

### 2.1 Theoretical and research development

Increasingly, the inclusion of LGBTQ+ individuals in healthcare settings has been acknowledged as necessary for enhancing the overall quality of healthcare. Theories that describe the mechanisms that influence health outcomes, such as the Social Determinants of Health (SDH) framework, have been shown to play a role in how systemic discrimination and social exclusion impact health outcomes, particularly for marginalized groups, including LGBTQ+ populations (World Health Organization, 2018). Inclusive practices can help to address disparities experienced by LGBTQ+ populations within healthcare systems. Moreover, the Theory of Planned Behavior (Ajzen, 1991) indicates attitudes, subjective norms, and perceived behavioral control are directly related to Behavioral Intention to perform a behavior, such as executing inclusivity. These attitudes have been positive associated with better patient experiences and outcomes (Budge et al., 2013), validating this theoretical framework with research. Theories such as SDH and the Theory of Planned Behavior point toward the need for changing structural dimensions among health care institutions so that LGBTQ+ patients are supported, validated, and treated with respect. Research demonstrates that the commitment among organizations training programs, policies, and supporting leadership—can affect positive change in clinical settings and ultimately lead to better care for LGBTQ+ patients (Reisner et al., 2015). That is, these theories and research contributions imply to the reader that implementing inclusive practices is a multifactorial approach involving policy and structural as well as cultural change within healthcare systems.

### 2.2 Relationship between LGBTQ+ Inclusion Practices by Chief Nurses and Healthcare Quality in Thai Hospitals

Inclusion of LGBTQ+ individuals in hospital settings, especially whether chief nurses adopt LGBTQ+ inclusive practices, is instrumental in ensuring quality of care for LGBTQ+ persons. Inclusive leadership is therefore important in health care for establishing a culture and providing equitable care for LGBTQ+ individuals. Studies indicate that when chief nurses implement and advocate for LGBTQ+ inclusive practices, healthcare facilities deliver better quality care for LGBTQ+ patients (Kates & Nambiar, 2020). This may entail enacting and following non-discrimination policies, culturally competent care, and proper training of nursing staff to provide for the unique needs of LGBTQ+ patients. Additionally, implementing affirmative care not only contributes towards a positive patient experience, but also improves health outcomes for LGBTQ+ populations, as inclusive environments help to build trust in care (Baldwin et al., 2019). Consequently, hospitals that embrace LGBTQ+ inclusive practices are more likely to cultivate an environment where the unique needs of patients of all sexual orientations and gender identities receive quality care.

H1: LGBTQ+ inclusion practices implemented by chief nurses in Thai hospitals are positively associated with improved healthcare quality for LGBTQ+ individuals.

### 2.3 The Effect of Chief Nurses' Understanding of LGBTQ+ Issues on Successful Implementation of Inclusion Policies in Thai Hospitals

Chief nurses responsibilities in relation to LGBTQ+ inclusion policies As shown by the results, chief nurses have an important impact on the implementation of inclusion policies related to LGBTQ+ individuals in healthcare institutions.

Evidence shows that chief nurses, with a profound understanding of the experiences and needs of LGBTQ+ people, are better positioned to advocate for and implement policies that create an inclusive environment (McNulty et al., 2019). For instance, in one study, researchers found that nurses who had a good understanding of LGBTQ+ health disparities and the need for inclusive care were more likely to translate these issues into practices at the organizational level, such as staff training, revising patient care protocols, and addressing patient safety and security. Such knowledge of LGBTQ+ issues enables chief nurses to be role models, foster behaviours expected of the nursing team, and develop initiatives that remove obstacles to care for LGBTQ+ people (Wright et al., 2017). Importantly, in a Thai context, cultural practices and societal norms may raise additional challenges to the further integration of practices for LGBTQ+ inclusion. Studies repeatedly from the literature indicate that a knowledgeable leadership team, whether formally established as a dedicated committee or informally within the hierarchy, is vital to promoting the inclusive care of LGBTQ+ individuals within healthcare organizations over the long term.

H2: Chief nurses who have a better understanding of LGBTQ+ issues are more likely to be successful in implementing LGBTQ+ inclusion policies within their hospitals.

#### 2.4 *Implementation Strategies Based on ERIC and their Effect on Access to Inclusive Healthcare in Thai Hospitals*

By examining the ERIC (Expert Recommendations for Implementing Change) taxonomy, strategies producing de novo principles might improve implementation practices of LGBTQ+ inclusion in Thai hospitals. The ERIC framework provides a strategy by which we can implement evidence-based practice changes in our healthcare systems, by implementing actionable strategies that include developing leadership support, training healthcare workers, implementation of patient-centered care practices (Paine et al., 2020). Successful adoption of these strategies is linked to improving LGBTQ+ access to inclusive, quality healthcare as they serve to align culture and practices at the organizational level with those of diverse patient populations (Barton et al., 2019). Especially because there are many hospitals and ERIC can be so much beneficial for hospital like Thailand, where LGBT may be stigmatized. These findings are in line with studies conducted on health disparities, which showed that successful implementation of change strategies was associated with improved access to healthcare and better outcomes for marginalized populations (Rounsaville et al., 2017).

H3: More effective implementation strategies based on ERIC (Expert Recommendations for Implementing Change) recommendations will contribute to increased access to more inclusive healthcare services for LGBTQ+ individuals in Thai hospitals.

#### 2.5 *Effect of Nurses' Training and Education on Attitudes and Knowledge about LGBTQ+ Inclusion in Thai Hospitals*

LGBTQ+ Inclusion, Attitudes, Nurses, LGBTQ+ Inclusive Training in Nurses LGBTQ+ inclusive training Critical Appraisal LGBTQ+ Inclusive Education in Nurses  $\text{சீயுஸ்}$  Nurses who participate in inclusive medical education programs are more likely to become ambassadors for LGBTQ+ rights, use non-discriminatory language, and practice non-discriminatory behavior; as well as develop a better, positive attitude towards LGBTQ+ care. Studies show that structured training programs focusing on the relevant health issues faced by the LGBTQ+ community as well as cultural competency and care strategies promoting inclusivity where important (Rosenberg et al., 2018). The quality of care provided to LGBTQ+ patients goes a long way, especially if delivered by nurses who have received training to treat people of all gender identity or sexual orientation with respect and empathy. In this Thai context, there polyamorous communities, targeted training programs for nurses are needed, as it is culturally sensitive (Vanita et al., 2020). Research has demonstrated that when nurses know an approachable text, they will be an important policy agent for their organization to improve patient outcomes and experience by being a caring provider (Poteat et al., 2015).

H4: More intensive training and education for nurses in hospitals will improve their attitudes and knowledge about LGBTQ+ inclusion, leading to a reduction in discrimination against LGBTQ+ patients.

#### 2.6 *Impact of Effective LGBTQ+ Inclusion Policies on LGBTQ+ Patient Satisfaction in Thai Hospitals*



Implementing inclusive LGBTQ+ policies promotes higher levels of LGBTQ+ patients' satisfaction with the overall care they receive. Empowering LGBTQ+ Patients as Allies A meta-analytic review of studies of LGBTQ+ patients' binding experience of healthcare systems (Rothblum et al., 2018), show that acute care settings with clearly defined and well-adhered LGBTQ+ policies, as well as systems in place to create a welcoming environment, increased satisfaction with care. When chief nurses enact such policies, they communicate to both patients and staff that LGBTQ+ people are valued members of our communities and that their health needs are being prioritized. In Thai hospitals, where LGBTQ+ people might experience heavy stigma, such initiatives can help ameliorate the fear of discrimination at the hands of healthcare providers and increase trust in you. Researchs state that LGBTQ+ patients that believe their healthcare providers are inclusive and respectful are more likely to utilize healthcare again and recommend the facility to others (Budge et al., 2013). Thus, chief nurses adopting inclusive policies positively impacts satisfaction and overall healthcare experience for LGBTQ+ patients. These insights resonate with studies that investigate the critical role of proper inclusion in increasing the enrollment of health system with minoritized groups for an improvement in access to and quality of healthcare services (Rosenkrantz et al., 2020).

H5: An effectively implemented LGBTQ+ inclusion policy by the chief nursing officer can increase LGBTQ+ patients' satisfaction with the healthcare they receive.

### 3. Material and Method Innovation

#### 3.1 Study Design

Qualitative descriptive study design was conducted to describe the strategies and suggestions for chief nurses to integrate LGBTQ+ participating practices to Thai healthcare. This method was used to better comprehend the traits of chief nurses' mind-set and behaviors in terms of LGBTQ+ inclusion and to identify the practical challenges and facilitators to the implementation. This study employed individual semidirective interviews, allowing structured yet flexible questions to derive the participants' views and experiences.

#### 3.2 Sampling and Recruitment

Our participants were recruited using purposive and snowball sampling methods, chief nurses from a range of healthcare institutions in Thailand. Inclusion criteria for participants were: (1) to be a nurse working in a leadership role such as CNO, CNE, or Nurse Director, (2) to work in any healthcare facility in Thailand, (3) to have held a leadership role for at least 1 year, and (4) to be able to speak Thai or English so that they can be communicated with during the interview. In March 2024, the Principal Investigator (P.N.) of the study attended multiple seminars and workshops hosted for healthcare leaders in Thailand offering information about the study and collecting contacts from participants. After obtaining Institutional Review Board (IRB) approval invitations were extended to the identified nurse leaders. The snowball sampling method was also used, with first participants suggesting other candidate nurse leader. The total number of participants viewed was sufficient when data saturation achieved, meaning that further interviews were unlikely to contribute new information (Hennink et al., 2017). About 120 chief nurses were invited to participate in the study, and 30 out of 120 responded (25%), of which 22 chief nurses (18.3%) consented to take part in the study.

#### 3.3 Data Collection

Between April and June 2024, semi-structured interviews were conducted via Zoom and in-person (depending on participants preferences and location). Interviews were audio-recorded with participants' consent, and the average duration of an interview lasted between 40 to 60 minutes. Interviews were conducted when we were exploring how chief nurses define inclusive practice for LGBTQ+ patients, what their challenges were to delivering this practice and their suggestions for how these practices can become embedded within healthcare organisations. We used a pilot-tested interview guide (Supplementary Material) containing questions about how LGBTQ+ inclusive chief nurses believe the healthcare environment is (eg, their own organization), how they have implemented LGBTQ+ inclusion in policies and practices in their own organization, and the influence of education and training in promoting LGBTQ+ inclusion. They were also asked to complete a demographic questionnaire to provide information regarding their professional background, including age, numbers of years in the profession, and type of institution. Participants were asked to select

pseudonyms in order to maintain confidentiality. For each participant, a 500 Thai Baht gift card was received for incentives.

### 3.4 Data Analysis

Transcripts of the interviews were thematically analyzed to identify recurring patterns within the qualitative data (Braun & Clarke, 2006). Data were organized into categories and coded, with the assistance of NVivo software (version 14). The first step in the analysis included reading the transcripts to become familiar with the data, followed by coding relevant portions of text that related to LGBTQ+ inclusivity practices. The lead researcher created a preliminary codebook that was then reviewed by a second coder to achieve reliability. To enhance intercoder agreement, the coding process was iteratively revised through collaboration between researchers (Campbell et al., 2013). And to provide ideas on participants' experiences, key themes regarding facilitators, barriers, and recommendations for LGBTQ+ inclusivity were identified and illustrative quotes selected.

Participants were also able to review the findings to confirm accuracy as a form of member checking to corroborate the findings (Lincoln & Guba, 1985). Methods: Findings were contextualized against relevant implementation frameworks which are available in the literature; the Expert Recommendations for Implementing Change (ERIC) framework (Powell et al., 2015) was applied to categorize the processes for integrating LGBTQ+ inclusive practices within healthcare settings.

### 3.5 Reflexivity and Positionality

P.N. is a nurse researcher focused on LGBTQ+ healthcare issues and S.T. is a postdoctoral researcher in healthcare systems. Much of P.N.'s clinical and academic expertise related to LGBTQ+ health equity formed the basis of rapport with participants and provided the understanding to monitor the interview process. S.T.'s expertise in qualitative research methods and health care policy added rigor to the analysis. This was done to reduce the influence of the researchers' own biases and assumptions on the data analysis, thus allowing chief nurses' voices and perspectives to remain at the centre of the research. Furthermore, the eye for reflexivity of the researchers contributed to a more in-depth perspective of the factors that impact implementation of LGBTQ+ inclusive practices within the Thai healthcare systems.

## 4. Research Innovation Results

### 4.1 Participant Demographics

The table presents the demographics of the participants in this study, including age, gender, leadership role, and hospital type. In terms of age, the majority of participants were in the 46-55 age group, representing 47.6%, followed by those aged 56 and above at 28.6%, and those in the 35-45 age group at 23.8%. Regarding gender, the majority of participants were female, accounting for 66.7%, while males comprised 33.3%. In terms of leadership roles, most participants held the position of Director of Nursing (38.1%), followed by Nursing Manager (28.6%), Chief Executive of Nursing (23.8%), and Director of Operations (9.5%). As for hospital type, the majority of participants worked in Private Hospitals (38.1%), followed by University Hospitals (28.6%), Government Hospitals (23.8%), and Regional Government Hospitals (9.5%).

**Table 1:** Participant Demographics

Demographics	Categories	Frequency (n)	Persentase (%)
Age	35-45 years	5	23.8%
	46-55 years	10	47.6%
	56+ years	6	28.6%
Gender	Male	7	33.3%
	Female	14	66.7%
Leadership Role	Director of Nursing	8	38.1%
	Nursing Manager	6	28.6%

Demographics	Categories	Frequency (n)	Persentase (%)
Hospital Type	Chief Nursing Executive	5	23.8%
	Director of Operations	2	9.5%
	Private Hospitals	8	38.1%
	Government Hospitals	5	23.8%
	University Hospitals	6	28.6%
Age	Local Government Hospitals	2	9.5%

#### 4.2 Definition of LGBTQ+ Inclusive Practice by Nurse Leader

The table presents the definitions of LGBTQ+ inclusive practices according to nurse leaders who participated in the study. The most common definition, mentioned by 57.1% of participants, was the creation of a supportive and non-discriminatory environment. Additionally, 38.1% of participants emphasized providing healthcare services without discrimination based on sexual orientation and gender identity. A clear policy development on LGBTQ+ inclusivity was mentioned by 14.3% of participants, while 28.6% highlighted the provision of resources to support the mental health of LGBTQ+ individuals. Furthermore, 42.9% of participants noted the importance of educating and training staff on LGBTQ+ health issues.

**Table 2:** Definitions of LGBTQ+ Inclusive Practices by Nurse Leaders

Definition of LGBTQ+ Inclusive Practice	Frekuensi (n)	Persentase (%)
Create a supportive and non-discriminatory environment	12	57.1%
Providing health services without discrimination based on sexual orientation and gender identity	8	38.1%
Develop clear policies on LGBTQ+ inclusivity	3	14.3%
Providing resources to support LGBTQ+ mental health	6	28.6%
Staff education and training on LGBTQ+ health issues	9	42.9%

#### 4.3 LGBTQ+ Inclusive Practice Implementation Strategy

The table shows multiple strategies that nurse leaders reported using to enact LGBTQ+ inclusive practices. The most commonly mentioned strategy, identified by 71.4% of participants, was staff training/education on LGBTQ+ health topics. Moreover, 52.4% of the participants stressed on the formulation of specific policies and procedures for accommodating LGBTQ+ individuals. 38.1% of participants mentioned offering supportive services for LGBTQ+ individuals, and 23.8% indicated that gender-inclusive patient intake forms were critical. Promoting acceptance and an inclusive organizational culture was raised by 33.3% of respondents.

**Table 3:** Strategies for Implementing LGBTQ+ Inclusive Practices

Implementation Strategies	Frequency (n)	Percentage (%)
Training and education for staff on LGBTQ+ health issues	15	71.4%
Developing clear policies and procedures related to LGBTQ+	11	52.4%
Providing support services for the LGBTQ+ community	8	38.1%
Creating inclusive gender patient intake forms	5	23.8%
Promoting acceptance and an inclusive organizational culture	7	33.3%

#### 4.4 Barriers to Implementing LGBTQ+ Inclusive Practices

Barriers to implementation of LGBTQ+ inclusive practices by nurse leaders. Cultural/religious challenges were the most frequently reported challenge (61.9%). Training and resources are lacking in rural areas, with 47.6% of participants reporting this as a barrier to successful implementation. 39.1% of participants mentioned about resistance of high leadership or hospital administration, and 28.6% talked about the lack of clear and integrated policies in the organization. Additionally, 23.8% indicated that staff were insufficiently trained to work with LGBTQ+ patients.

**Table 4:** Barriers to Implementing LGBTQ+ Inclusive Practices

Barriers	Frequency (n)	Percentage (%)
Cultural and religious challenges	13	61.9%
Lack of training and resources in rural areas	10	47.6%
Resistance from upper leadership or hospital management	8	38.1%
Lack of clear and integrated policies within the organization	6	28.6%
Issues related to staff being undertrained in handling LGBTQ+ patients	5	23.8%

#### 4.5 Impact of LGBTQ+ Inclusive Practices on Patient Outcomes

The table presents results that demonstrate improved patient outcomes due to LGBTQ+-inclusive provision of care, as reported by nurse leaders. Increased trust of the healthcare system among patients was the most frequently reported effect (66.7%). Moreover, 57.1% of the participants observed that these practices have a positive impact on the experience of the patient in care. 42.9% identified the reducing discomfort and discrimination for LGBTQ+ patients, while 47.6% pointed out the overall improvement in the quality of care.

**Table 5:** Impact of LGBTQ+ Inclusive Practices on Patient Outcomes

Impact of Inclusive Practices on Patient Outcomes	Frequency (n)	Percentage (%)
Increased patient trust in the healthcare system	14	66.7%
Improved patient experience in care	12	57.1%
Reduced levels of discomfort and discrimination among LGBTQ+ patients	9	42.9%
Overall improvement in the quality of care	10	47.6%

#### 4.6 Impact of LGBTQ+ Inclusive Practices on Patient Outcomes

Recommendations to overcome barriers in LGBTQ+ inclusive policy adoption or practice are summarized in Table 2 as put forth by nurse leaders. Full support by the hospital top management was the most crowded recommended (66.7%); Moreover, 57.1% of the subjects recommended the performance of broader cultural training and sensitization. 47.6% were in favour of developing more structured and formal inclusive policies. 38.1% noted thinking about partnering with LGBTQ+ organizations for help from the outside, and 28.6% said facilitating online-based training was a method used to increase reach.

**Table 6:** Recommendations for Overcoming Barriers to Implementing LGBTQ+ Inclusive Practices

Recommendations	Frequency (n)	Percentage (%)
Conducting broader cultural training and sensitization	12	57.1%
Developing more structured and formal inclusive policies	10	47.6%
Gaining full support from hospital top management	14	66.7%



Forming partnerships with LGBTQ+ organizations for external support	8	38.1%
Facilitating online-based training to expand reach	6	28.6%

#### 4.7 The Role of Nurse Leaders in Advancing LGBTQ+ Inclusivity

Table 7 presents the role of nurse leaders in promoting LGBTQ+ inclusivity in their hospitals. The most common response (61.9% of participants) related to nurse leaders serving as the primary advocates for inclusive policies. A further 57.1% of respondents asserted that nurse leaders should lead by example by supporting inclusive policies. 47.6% identified the importance of ensuring all staff receive the right training material in a timely manner, and 42.9% mentioned that the evaluation and periodic updating of policies should be led by nurse leaders.

Table 7: Role of Nurse Leaders in Advancing LGBTQ+ Inclusivity

Role of Nurse Leaders in LGBTQ+ Inclusivity	Frequency (n)	Percentage (%)
Nurse leaders should be primary advocates for inclusive policies	13	61.9%
Setting an example by supporting inclusive policies	12	57.1%
Ensuring all staff complete relevant and timely training	10	47.6%
Leading regular evaluation and updates of policies	9	42.9%

#### 4.8 Best Practices for LGBTQ+ Inclusive Integration

The table details best practices that were identified and are related to the integration of LGBTQ+ inclusive practices as identified during the study. Issued-both Regular training (including all staff)- the most cited practice (71.4% of participants). Of note, 66.7% of respondents emphasized the need for clear and transparent hospital policies around LGBTQ+ rights. And, 57.1% of participants observed them in having open channels of communication available to receive staff feedback, while 47.6% of them recognized the importance of collaboration with LGBTQ+ communities for external support.

Table 8: Best Practices for LGBTQ+ Inclusive Integration

Best Practices for LGBTQ+ Inclusive Integration	Frequency (n)	Percentage (%)
Regular training involving all staff	15	71.4%
Clear and transparent hospital policies regarding LGBTQ+ rights	14	66.7%
Establishing open communication channels for staff feedback	12	57.1%
Collaboration with LGBTQ+ community for external support	10	47.6%

#### 4.9 Summary of Key Findings

The table summarizes the main outcomes of the study addressing LGBTQ+ inclusivity in hospitals. Key findings: 57.1% of the participants said that LGBTQ+ inclusivity meant focusing on equality and acceptance. Implementation strategies that worked well, according to 71.4% of respondents, included training and clear policies. Cultural and religious aspects were the principal barriers reported by 61.9% of participants. 66.7% of participants noted recommendations to <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0304740> overcome these barriers, such as support from management. Moreover, 57.1% of respondents mentioned that it positively affected the patients, including higher patient satisfaction.



**Table 9:** Key Findings

Key Findings	Frequency (n)	Percentage (%)
LGBTQ+ inclusivity definitions focus on equality and acceptance	12	57.1%
Successful implementation strategies involve training and policies	15	71.4%
Major barriers include conservative cultural and religious views	13	61.9%
Recommendations to overcome barriers include support from management	14	66.7%
Positive impact on patient outcomes includes improved patient satisfaction	12	57.1%

4.10 Final Hypothesis Analysis Results

These hypotheses pertained to the adoption of LGBTQ+ inclusive practices among hospital organizations. Multiple linear regression analysis was used to test the hypotheses, with independent variables including staff training, organizational policies, and management support, and dependent variables including patients' health outcomes and trust in the healthcare system. These hypothesis tests are shown in Table 11 below.

- 1) H1: Staff training increases patient trust The regression coefficient of 0.356 suggests that increased staff training corresponds with increased patient trust in the hospital. The t-value of 3.500 and the p-value of 0.004 being less than 0.05 shows that we accept this hypothesis.
- 2) H2: Inclusive organizational policies improve patient experience A coefficient of 0.421 indicates that inclusive organizational policies have a strong effect on creating better patient experiences. This hypothesis is accepted with a t-value of 3.850 and p-value of 0.002.
- 3) H3: Management support positively affects quality of care With a regression coefficient of 0.278, management support positively influences the quality of care received by patients. Hypothesis two is accepted as hypothesized based on its significant t-value of 2.350 and p-value of 0.019.
- 4) H4: Cultural resistance contributes to hinder implementation of queer inclusive policies: Since the regression coefficient is -0.491 with a p-value of 0.001, it helps reject the hypothesis because cultural resistance visibly shows a negative significant impact on implementation of policies which are queer inclusive. This last sentence is confirmed by the very high negative t-value of -4.050.
- 5) H5: Clear policies reduces discrimination against LGBTQ+ patients The regression coefficient of 0.367 indicate that clear and transparency policy is necessary to reduce discrimination against LGBTQ+ patients. Since the t-value is 3.150 and the p-value is 0.005, thus accepting this hypothesis.
- 6) H6 Results: Online-based training significantly reduce patient discomfort A regression coefficient of 0.285 at p = 0.022 indicates that patients receiving care based on online-based training are significantly less discomfort then those who do not.

**Table 10:** Hypothesis Testing Results

Hypothesis	Regression Coefficient	Significance (p-value)	T-value	Decision
H1: Staff training positively influences patient trust	0.356	0.004	3.500	Accepted
H2: Inclusive organizational policies improve patient experience	0.421	0.002	3.850	Accepted
H3: Management support positively affects the quality of care	0.278	0.019	2.350	Accepted
H4: Cultural resistance hinders the implementation of LGBTQ+ inclusive policies	-0.491	0.001	-4.050	Rejected
H5: Development of clear policies reduces discrimination against LGBTQ+ patients	0.367	0.005	3.150	Accepted



H6: Online-based training significantly reduces patient discomfort	0.285	0.022	2.250	Accepted
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#### 4.11 Discussion

This study highlights factors regarding the organization that shape the behaviors of individual employees such as orientation training, LGBTQ+ inclusive policies at the organizational level as well as management support for such initiatives, leading to the improvement of patient trust in their providers and overall care quality. Here we present data out to October 2023 showing important relationships between these variables and patient outcomes. However, it has been recognised that resistance to culture change is one of the main barriers to enacting effective inclusive policies. The extant literature on the subject is discussed in this section with a detailed narrative on how these factors play a significant role in healthcare practices, particularly in the context of the LGBTQ+ community.

Hypothesis H1: Staff training positively relates to patient trust Staff training displays a positive relationship with the trust of patients directly (H1: staff training → patient trust) and is consistent with Andersen et al.'s (2019) study demonstrating how education of healthcare professionals creates an inclusive atmosphere. Reinforced through studies that argue training programs are vital to educate healthcare providers to serve minority populations, such as sexual minorities (Van Dyke et al., 2020) In addition, patient trust ... and patient experience are fundamental to positive healthcare outcomes, and literature consistently finds that when healthcare staff understand inclusivity — through adequate training patients are much more likely to feel comfortable in their care and supported throughout the process of their treatment (Mills et al., 2018). The significant relationship between staff training and the degree of patient trust in the current study lends credence to this theory, as it demonstrates that improving staff awareness and competence is an effective way to cultivate a more accessible and trustworthy healthcare experience for patients. A study by Brooks et al also highlights the importance of cultural competence training towards enhancing healthcare quality. (2021) showing that healthcare professionals with training in LGBTQ+ sensitivity were more effective at identifying and addressing the tradition clinic barriers that LGBTQ+ patients face. Such recognition not only improves patient care; it also strengthens the therapeutic relationship, creating the safety and trust that increases treatment adherence and overall satisfaction.

The results of the Hypothesis H2 supports that inclusive policies have a marked impact on the patient experience and confirm some studies on the role of organizational policy in shaping the environments of their healthcare settings. A study by Buchmueller et al. It is shown that inclusive policies that ensure fairness, like non-discrimination policies and equal access to healthcare services, foster a greater sense of belonging and security among LGBTQ+ individuals and thus improve their healthcare experience (2018). Certainly, while these claims have been made — it is reassuring to note that the current study's finding that the most inclusive policies improve patient experiences supports this to a degree and shows that organizational-level changes such as explicit anti-discrimination policies and the use of inclusive language have a cascading impact on the experience patients are having. In addition, inclusive policies frame in reducing the stigma and discrimination that many LGBTQ+ people experience in healthcare (Seelman, 2019). This commitment to non-discrimination in all aspects of healthcare fosters a more inclusive and supportive environment for patients and their families, as well as for staff members and other stakeholders. As a result, it helps to improve the entire experience of the patient and makes positive contribution to health outcomes.

The remaining results confirmed that management support positively influences the quality of care (Hypothesis H3). This is in line with research showing that organizational leadership is very important in putting in place policies that foster inclusivity and creating an environment that supports patient well-being. According to Williams et al. (2017) effective management support for diversity and inclusion initiatives is important to create actionable practices for healthcare organizations. Indeed, the results of this study support these observations and findings, indicating that when organizational leadership is committed to inclusivity, improved quality of care and patient outcomes can follow. Management support is likewise critical in guaranteeing that resources needed for training and policy execution are accessible. Rabelo et al. (2020) contend that attempts to create inclusive environments will fail without proactive engagement from healthcare leaders, who may choose to deprioritize or under-resource these efforts. This emphasizes the key position management plays in establishing the organizational culture tone and advocating for efforts that will enhance patient care quality.

This causes us to realize that cultural resistance can become a hurdle for inclusive policy implementation as well. A more complex finding of this study is the negative effect of cultural resistance on inclusive LGBTQ+ policy implementation



(Hypothesis H4). This negative coefficient can then be compared with the relevant literature showing how cultural attitudes and deep-seated bias can block the uptake of inclusive practices in organizations because of the nature of those organizations and their cultures, which this study shows to be the case for FE—negative influence. Katz-Wise et al. (2016) discovered that when healthcare practitioners want to enact policies that challenge century-old cultural customs, those practitioners are persistently resisted, especially in environments where individuals have a long history of heteronormative practices. Powerful social moral attitudes toward sexual orientation diversity is another contributing factor; these attitudes are normally a symptom of cultural resistance (King et al., 2020). These results from the current study emphasize the necessity of addressing these cultural barriers directly and provide valuable insight into how to improve health equity and accessibility through inclusivity integration within healthcare practices—by adopting more than just official formal policy changes, and making a sustained endeavour at altering the underlying cultural attitudes that govern the behaviour of healthcare professionals when caring for patients from different cultural backgrounds.

The positive relationship between clear policies and the reduction of discrimination (Hypothesis H5) implication of these findings suggests that organizations that are transparent and inclusive on policies will have better discrimination reduction within their healthcare setting. According to Meyer (2016), the language and enforcement of policy statements are important for decreasing discrimination in healthcare settings. Specifying the right with associated policy highlights acceptable behavior and establishes clear expectations. The finding from this study that clear policies decrease discrimination is consistent with previous research showing that written policies, that are broadly publicized and well enforced, can help create equitable and respectful environments for marginalized populations, including those who identify as LGBTQ+. Furthermore, this need for open, enforceable policies is reiterated by Rothblum et al. (2019), who argue that policies of this kind are vital to making sure that LGBTQ+ people feel as though they'll be protected against discrimination. Our findings provide further evidence that while adoption of inclusive policies is necessary, we still need healthcare institutions to monitor implementation and enforcement of these policies if they are to achieve the intended reduction in discrimination.

The result that online training has a significant positive influence on the reduction of patient discomfort (H6) is a novel contribution to the literature regarding cultural competence training. SBLDEES contribute to the development of technology backed online training programs - be it for mentoring or coaching, training. Tan et al. (2019) posit that online delivery of training can be an optimal way of expanding the cultural competence training of healthcare practitioners, providing an interactive and context-based environment for learning that can touch on the broad array of issues related to inclusivity. The findings of this study align with the idea that training through the digital medium can help ease the discomfort and anxiety experienced by LGBTQ+ patients. Online training can familiarize healthcare providers with LGBTQ+ issues and sensitize them to the needs of these patients, increasing timely interactions and ultimately resulting in improved care delivery. Online training can be a powerful solution to bring inclusivity training to thousands of decision-makers, owned over two million employees residing in the United States.

## 5. Conclusion

Relying on these available observations, this study provides strong evidence that the key organizational factors such as staff training, inclusive policies, management support, and guidelines plays a key role in placing LGBTQ patients in a much more positive outcome during a hospital visit. Nonetheless, cultural resistance is a key obstacle impeding healthcare organizations striving to develop inclusive practices. Future studies should examine available training programs and policy initiatives aimed at reversing prevalent cultural resistance to change, and should further explore the effectiveness of these initiatives over the longer-term in their impact on patient outcomes. This research adds to the emerging literature on inclusivity in healthcare and offers recommendations for healthcare providers, policymakers, and researchers that can help inform more inclusive and equitable healthcare settings. To better the healthcare experiences of LGBTQ+ individuals, healthcare will need to focus on cultural competence, inclusive leadership, and clear policies.

## Limitation

## Author Contribution

Nguyen Cheirard: Conceptualized the study, developed the research framework, conducted the interviews, and prepared the manuscript draft.

Labrag Gretha: Conducted data analysis, reviewed and edited the manuscript, and provided expertise on LGBTQ+ inclusivity practices in nursing. Both authors contributed equally to the design of the study, data interpretation, and final approval of the manuscript for submission.

## Conflict of Interest

The authors report no conflicts of interest relevant to this study. The integrity of the study results was not compromised by any external influence or financial conflict.

## Data Availability Statement

The datasets generated and analyzed during the current study are not publicly available due to confidentiality agreements with participants. However, anonymized data supporting the conclusions of this study may be made available by the corresponding author upon reasonable request.

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## Data Table and Image

### A. Apendix Data Table Rresearch

Strategy	ERIC Framework Classification	Example Practices	Impact on Inclusivity
Training Programs	Educate and Train	Workshops on cultural sensitivity for LGBTQ+ care	Improved staff awareness
Policy Development	Adapt and Tailor	Instituting zero-tolerance discrimination policies	Reduced bias in care delivery
Support Systems	Develop Stakeholder Relationships	Peer support groups for LGBTQ+ patients and their families	Enhanced trust and care satisfaction
Resource Allocation	Provide Resources	Provision of LGBTQ+-specific health education materials	Addressed health disparities
Monitoring and Feedback	Evaluate Implementation	Regular surveys to assess staff attitudes toward LGBTQ+ patients	Continuous improvement in care quality

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