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Sexual and gender minority health research in nursing

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ABSTRACT

Background: Sexual and gender minorities (SGMs) experience substantial health disparities. Evidence suggests nurses may be unprepared to work with these populations. A previous literature review of top-ranked nursing journals found that 0.16% of published articles addressed SGM health.

Purpose: To evaluate changes in coverage of SGM health in the top-ranked nursing journals since the earlier review using a scoping approach.

Methods: Electronic search of articles published between December 2009 and December 2017 in 20 nursing journals with the highest 5-year impact factors.

Findings: Thirty-three articles (0.19%) in the top-ranked nursing journals focused on SGM health. There is increasing attention to SGM health recently, evidenced by the numbers of empirical and nonempirical research articles published, as well as nonresearch articles about SGM health.

Discussion: In light of well-documented health disparities affecting SGM people, it is essential that nurses continue to conduct and disseminate research related to the health of these populations.

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Introduction

Silence = death. This iconic slogan represented a powerful movement that grew out of the HIV/AIDS epidemic of the 1980s. This movement served to transform a "gay disease" into a cause that gained the concern and support of the public. Because of this movement, silence and inaction related to HIV/AIDS were increasingly less tolerated. It helped health officials and the public understand that complacency meant a death sentence for many. Although nurses were prominent in the HIV/AIDS movement, the profession overall has lagged behind many other health professions in addressing health disparities related to sexual orientation and gender identity.

Health disparities based on sexual and/or gender minority identity (e.g., lesbian, gay, bisexual, transgender, gender nonconforming, nonbinary, queer, pansexual, and other nonheterosexual and/or noncisgender identities, hereafter referred to as sexual and gender minorities [SGMs]) have been well documented over the past 20 to 30 years. These disparities include poorer mental health (Bostwick, Boyd, Hughes, &

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McCabe, 2010; Plöderl & Tremblay, 2015; Semlyen, King, Varney, & Hagger-Johnson, 2016); higher rates and frequency of suicidal behaviors and nonsuicidal self-injury (Haas et al., 2011; Jackman, Honig, & Bockting, 2016; King et al., 2008); higher rates of violence and victimization across the lifespan, especially among sexual minority women and transgender people (Factor & Rothblum, 2007; Szalacha, Hughes, McNair, & Loxton, 2017); higher rates of alcohol, tobacco, and illicit drug use and abuse (Hughes, Szalacha, & McNair, 2010; Hughes, Wilsnack, & Kantor, 2016; McCabe, Hughes, Bostwick, West, & Boyd, 2009; Mereish & Bradford, 2014; Newcomb, Birkett, Corliss, & Mustanski, 2014). Disparities in physical health have also been documented among SGMs (Sandfort, Bakker, Schellevis, & Vanwesenbeeck, 2006) including cardiovascular disease risk (Caceres et al., 2017; Getahun et al., 2018; Hatzenbuehler, McLaughlin, & Slopen, 2013), and asthma (Blosnich, Lee, Bossarte, & Silenzio, 2013).

Less health research has focused on gender minorities than on sexual minorities. Data from population-based surveys indicate that transgender people are substantially more likely than their cisgender (non-transgender) peers to report poor mental and physical health (Meyer, Brown, Herman, Reisner, & Bockting, 2017; Streed, McCarthy, & Haas, 2017). Worldwide, the majority of research about gender minorities has focused on mental health disparities (Reisner et al., 2016) and has produced evidence of worse mental health outcomes (Valentine & Shipherd, 2018) among transgender individuals. Documented mental health disparities among transgender people include higher rates of depression and anxiety (Bockting, Miner, Romine, Hamilton, & Coleman, 2013; Reisner et al., 2015), suicidality and self-injurious behavior (Davey, Arcelus, Meyer, & Bouman, 2016; Marshall, Claes, Bouman, Witcomb, & Arcelus, 2016), and substance use (Reisner, Biello, et al., 2016; Reisner, Greytak, Parsons, & Ybarra, 2015), including risky alcohol use (Kerr-Correa et al., 2017; Tupler et al., 2017). Throughout the world, HIV infection disproportionately affects transgender people, particularly transgender women (Baral et al., 2013; Herbst et al., 2008). Emerging evidence also indicates that transgender people experience higher rates of multiple chronic health conditions compared to their cisgender peers (Dragon, Guerino, Ewald, & Laffan, 2017).

International organizations, such as the Pan American Health Organization and the World Health Organization (2013), have highlighted health disparities affecting SGM populations and called for action to address the health of SGMs. World Health Organization publications have specifically called for recognition of the health needs of transgender people in a global context (Balakrishnan, 2016; Thomas et al., 2017). Organizations within the United Nations have called on its member states to end the maltreatment of SGM people (ILO et al., 2015).

SGM individuals are less likely to seek routine health care because they fear poor treatment (Lambda Legal, 2010; Ward, Dahlhamer, Galinsky, & Joestl, 2014). Health care professionals do not receive adequate education about SGM people and their health concerns, leading to a workforce that may perpetuate stereotypes and is more prone to discrimination and harassment of patients (Burke et al., 2015; Carabez et al., 2015; Carabez, Eliason, & Martinson, 2016; Lim, Johnson, & Eliason, 2015; Obedin-Maliver et al., 2011). Evidence suggests that bias against SGM populations may be more implicit than explicit, so nurses might not be aware of their negative attitudes (Sabin, Riskind, & Nosek, 2015). Because nurses are called upon to work with SGM patients and their families in all health care settings, it is imperative that they are able to provide appropriate and culturally respectful care (Eliason & Chinn, 2018). Despite an extensive (and rapidly growing) body of literature about the health disparities affecting SGMs, nursing has lagged behind other health disciplines in addressing SGM health.

Nearly a decade ago, in an article titled "Nursing's silence on lesbian, gay, bisexual, and transgender issues: The need for emancipatory efforts," Eliason, Dibble, and Dejoseph (2010) reviewed the top 10 nursing journals, ranked according to their impact factor, to examine coverage of SGM health. Every issue during a 5-year period (January 2005–November 2009) of these journals was carefully searched for content related to sexual and/or gender identity. Of nearly 5,000 articles reviewed, only 19 mentioned SGM issues, 11 of those only in the introductory overview of the literature. For example, a study about racial/ethnic minority health might have included a statement in the introduction or discussion section of the article that sexual or gender minority identity is a form of diversity, but the study did not ask about SGM status. Only eight articles (0.16%) directly addressed SGM health issues. Seven of the top 10 journals had published no articles on SGM health during the 5-year time period. The authors urged nursing researchers, educators, policy-makers, and journal editors to address this gap and offered several concrete suggestions for building an evidence base related to SGM health.

The theoretical framework used in the Eliason et al. review—queer theory—encourages the examination of how power dynamics in society render some groups deviant, disordered (Zeeman, Aranda, & Grant, 2014) or invisible, via the processes of marginalization and stigmatization (Goldberg, Ryan, & Sawchyn, 2009; Sullivan, 2003). In the nursing literature, invisibility appears to be more common than pathologization of SGM people. To be rendered invisible within nursing research obscures the profession's responsibility to address SGM health disparities.

To assess progress since the review conducted by Eliason et al. (2010), we updated and expanded the review by examining a greater number of top-ranked nursing journals (20 vs. 10), based on their 5-year impact factor, and a longer timeframe (7 years vs. 5 years). We included research about SGM health, both

empirical (i.e., data-based) and nonempirical (i.e., conceptual, theoretical, or literature synthesis). In order to highlight areas where evidence may be lacking and to inform future research, we took a scoping approach (Tricco et al., 2018) to determine the extent to which SGM research is being published in top-ranked nursing journals. We also examined the focus of these articles, the representation of SGM population subgroups, the methodologies used to investigate SGM health topics, and the geographic location and funding of the research.

Methods

Literature Search and Screening

We began the literature search by joining two search strings to identify relevant articles. The first search string consisted of the top 20 nursing journals based on their 5-year impact factor as listed in Journal Citation Reports (https://jcr.incites.thomsonreuters.com/) on December 18, 2017. The journal titles were joined with the Boolean operator OR. The second search string consisted of Medical Subject Heading terms and an extensive list of keywords related to SGMs, which were searched in the article title or abstract. These search terms were also connected with the Boolean operator OR. The results of the two search strings were then combined using the Boolean operator AND in two online databases: PubMed and Cumulative Index of Nursing and Allied Health Literature. To avoid overlap in our search and the one conducted by Eliason et al. (2010), we limited our search to articles published between December 1, 2009 and December 31, 2017.

Two researchers independently screened all articles generated by the search. Articles were included if they reported the results of research about SGM people. We excluded articles that did not report research about SGM people, letters to the editor, editorials, and position/policy statements. We discussed discrepancies until consensus was reached. Data were extracted from the studies and entered into a spreadsheet, including journal and year of publication, keywords, author affiliations, funding sources, geographic location, study aims, design, methods, sample descriptives, results, and limitations.

To calculate the percentage of literature in the top 20 nursing journals that focused on SGM populations, we began by counting the number of articles published in each journal to determine the denominator. The number of articles published by each journal per year was identified by a PubMed search; results were sorted by year and exported to Excel. In two journals (*World Evidence-Based Nursing* and *Journal of Nursing Scholarship*), the search did not return any results for 2009; in two other journals (*European Journal of Cardiovascular Nursing* and *International Journal of Nursing Studies*), no articles were identified after March 2017. In these cases, we conducted a hand search of the electronic table of contents on each journal's website and recorded the number of articles published for the missing time frame.

To calculate the percentage of articles that met review criteria, we grouped articles by journal and year of publication. For each year, the number of SGM-related studies identified was divided by the total number of research articles published in that year by all 20 journals.

Findings

The literature search resulted in 102 unduplicated articles, which were screened for inclusion. After removing articles that were unrelated to SGM health, which we classified as "irrelevant" (n = 42, e.g., fit of antiembolism stockings), we excluded an additional 27 articles that did not meet inclusion criteria. For example, some (n = 16) made a brief mention of sexuality or gender without a focus on SGM populations or health. The articles excluded in this category focused on sexuality or sexual behavior in general (such as educating adolescents about sexually transmitted infections), the gender composition of the nursing workforce (such as stereotypes of men in nursing being perceived as gay), or HIV/AIDS without analysis related specifically to SGM populations. Five commentaries/editorials/letters to the editor and five policy/position statements were excluded because they are not considered research, although all addressed SGM health topics. One article was dropped because it was included in the earlier review by Eliason et al. (2010). Thirty-three articles were included in this review. Figure 1 outlines the literature screening process.

Percent of Nursing Literature About SGM Health and Trends Over Time

Between December 1, 2009 and December 31, 2017, research articles about SGM health accounted for 0.19% of all articles published in the top 20 nursing journals. Table 1 details the number and percentage of articles by journal. In this timeframe, 14 of the top 20 nursing journals published research about SGM health. The journal with the greatest number of SGM-related articles was the *Journal of Advanced Nursing* (n = 8). Six of the journals included in this review were also included in the previous review by Eliason et al. (2010). Three of these six journals (*Journal of Nursing Scholarship, Cancer Nursing Cancer, European Journal of Oncology Nursing*) had no SGM health articles in the first review and one article in the current review, two journals (*International Journal of Nursing Studies, Journal of Advanced Nursing JAN*) had one or more articles in the first review and a higher number of articles in the second review, and one journal (*Birth: Issues in Perinatal Care*) had no articles in the first review or the second review.

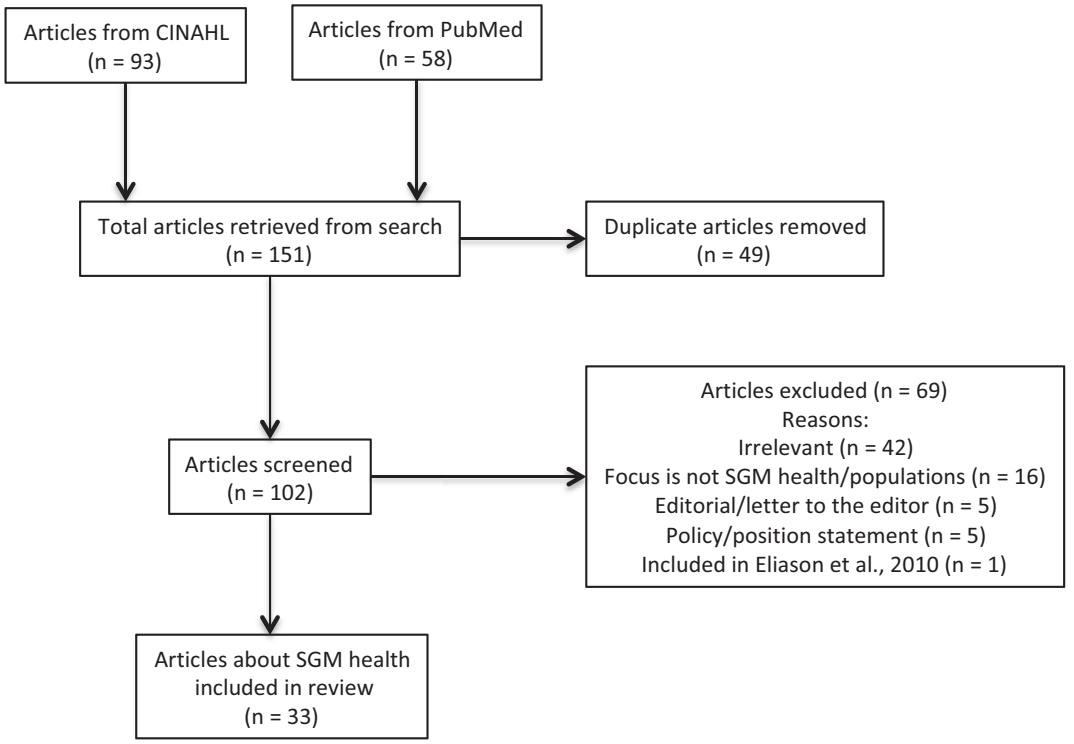

Figure 1 – Flow diagram of the literature search and screening process.

Table 2 displays the number and percentage of articles per year as well as the SGM-related keywords listed alphabetically. (Not all journals used keywords.) The greatest number and percent of SGM health-related articles were published in 2017 (*n* = 13), whereas prior to 2017, the number of SGM health articles ranged from one to four articles per year, with no clear pattern of change. In terms of keywords used, "lesbian" was used 11 times and "gay" was used six times. The keyword "bisexual" first appeared in 2012

Table 1 – Percentage of SGM Health Articles by Journal Published Between December 1, 2009 and December 31, 2017

Rank	Full Journal Title	5-Year Impact Factor*	# SGM Articles	Total # Articles Published	% SGM Articles
1	International Journal of Nursing Studies†	4.28	2	1,524	0.13
2	Oncology Nursing Forum	2.88	4	894	0.45
3	Worldviews on Evidence-Based Nursing	2.81	1	351	0.29
4	Journal of Nursing Scholarship†	2.81	1	490	0.20
5	European Journal of Cardiovascular Nursing	2.81	0	487	0
6	Nurse Education Today	2.64	2	2019	0.10
7	Journal of Advanced Nursing†	2.61	8	2231	0.36
8	Nursing Outlook	2.53	1	687	0.15
9	Birth: Issues in Perinatal Care†	2.50	0	431	0
10	Journal of Nursing Management	2.44	1	988	0.10
11	Journal of Human Lactation	2.38	1	700	0.14
12	Journal of Family Nursing	2.35	2	212	0.93
13	Journal of Cardiovascular Nursing	2.31	0	679	0
14	Midwifery	2.28	4	1350	0.30
15	American Journal of Critical Care	2.24	0	704	0
16	Cancer Nursing†	2.19	1	850	0.12
17	International Journal of Mental Health Nursing	2.18	3	605	0.50
18	European Journal of Oncology Nursing†	2.16	1	734	0.14
19	Critical Care Nurse	2.15	0	599	0
20	Women and Birth	2.13	0	585	0
		Total	**33**	**17,120**	**0.19**

* 5-year impact factor as of December 18, 2017.
† Journals included in the original 2010 literature review study.

Table 2 – Percentage of SGM Articles by Year and Associated Keywords

Year	# SGM Articles	Total # Articles	% SGM Articles	SGM-Related Keywords†
2009*	1	121	N/A	Homosexual; lesbian.
2010	3	1,684	0.18	Gay men; gender identity; LGBT parenting; sexual orientation.
2011	1	1,810	0.06	Lesbians; lesbian motherhood; heteronormativity; sexual orientation in pregnancy.
2012	4	1,848	0.22	Bisexual; gay; homophobia; homosexual; homosexuality; lesbian; transgender.
2013	2	2,139	0.09	Lesbian co-mothers; nonbiological lesbian mothers.
2014	4	2,096	0.19	Bisexual; bisexuality; gay; homosexuality; LGBT aging; LGBT cultural competency; LGBT health; lesbian; transgender; transgender people; transgendered persons.
2015	4	2,241	0.18	Lesbian; sexual orientation; transgender.
2016	1	2,466	0.04	Bisexual; gay; GLBT persons; homosexuality; lesbian; transgender persons.
2017	13	2,715	0.48	Gay, bisexual or queer males; gay men; gender identity; HIV+ men who have sex with men; homosexual; lesbians; LGBTQ; LGBTQ health; men who have sex with men; sexual minority; sexual orientation.
Total	33	17,120	0.19	

* Percentage not calculated for this year because count only includes articles published between December 1, 2009 and December 31, 2009.
† Not all journals used keywords. Keywords listed in alphabetical order.

and four times subsequent to that, for a total of five keywords referring specifically to bisexuality. "Transgender" as a keyword also first appeared in 2012 and six times after 2012.

Characteristics of the Included Articles

Twenty-five empirical articles and eight nonempirical articles about SGM health research were included in this review (N = 33). Most of the studies were conducted in North America or Europe; two studies were conducted in Australia. Specifically, 16 (48.5%) studies were conducted in Europe and 14 (42.4%) in the United States (U.S.). In terms of topic, 21.2% (n = 7) of the articles were about midwifery/maternal–child health and the same number was about health care providers' knowledge, attitudes, and beliefs about SGM people (see Table 3). Six articles (18.2%) were about cancer and SGM populations. Three articles (9.1%) each focused on mental health or issues pertaining to SGM youth. The majority of articles reported no funding source for the research (n = 17, 51.5%). Five reported funding from a university or school (15.2%), seven from a foundation or nongovernmental organization (21.2%), and eight from a government source (24.2%). Some authors reported more than one source of funding. Funding sources of each article are reported in Tables 4 and 5.

Table 3 – Sexual and Gender Minority Health Articles by Content Area (N = 33)

Content Area	N (%)
Midwifery/maternal–child health	7 (21.2)
Providers' knowledge, attitudes, and beliefs about SGM people	7 (21.2)
Cancer	6 (18.2)
Mental health	3 (9.1)
SGM youth	3 (9.1)
Testicular disorders	2 (6.1)
Interactions with health care providers	2 (6.1)
HIV	1 (3.0)
Stigma	1 (3.0)
Sexual behavior	1 (3.0)
Total:	33 (100%)

Characteristics of the Empirical Articles

Information about each empirical article (n = 25) is presented in Table 4. This table is subdivided into two sections: 1) articles focusing on the health of SGM populations (n = 19) and 2) articles focusing on health care providers' knowledge, attitudes, or beliefs about caring for SGM populations (n = 6). These subcategories are used because the first category directly informs our understanding of the health disparities affecting SGM populations, and the second category, although it may be a contributing factor to health disparities, has more to do with implications for nursing education and practice.

The majority of the studies used qualitative methods (n = 15); fewer used quantitative methods (n = 7). Two studies used mixed methods, and one article reported a case study. The majority (n = 23) of studies had a cross-sectional design, whereas one study used a pre-test/post-test design and the one case study included longitudinal follow-up. The majority of studies used a

Table 4 – Empirical Articles About SGM Health or Provider Knowledge, Attitudes, and Beliefs About SGM Populations Published in the Top 20 Nursing Journals by 5-Year Impact Factor from December 2009 Through December 2017 (*n* = 25)

Year of Pub.	First Author	Study Location	Funding	Journal Title	Sample	Study Aim(s)
I. Articles Focusing on the Health of SGM People (*n* = 19)						
Qualitative Studies & Case Study						
2009	Larsson	Sweden	None reported	*Midwifery*	18 lesbians (7 couples; 4 single women)	Explore experiences of care of lesbian women (biological parent and co-parent) during pregnancy and childbirth
2010	McAndrew	UK	None reported	*Int J Mental Health Nursing*	4 gay men with a history of suicidal behavior	Explore early biographical experiences of adult gay men who have engaged in suicidal behavior
2011	Lee	UK	None reported	*J Advanced Nursing*	8 lesbians (4 individuals; 2 couples)	Describe lesbian women's experiences of maternity care, specifically interpretations of negative experiences
2012	White	US	Found'n	*Oncology Nursing Forum*	15 lesbians with a history of breast cancer who have a female partner	Understand and describe the perceptions of partner social support among lesbian women who are long-term breast cancer survivors
2013	Cherguit	UK	None reported	*J Advanced Nursing*	10 lesbians whose partner had conceived using donor insemination	Explore the unique experiences of co-mothers of donor-conceived lesbian families in the maternity process
2014a*	McCann	Ireland	Found'n & Univ.	*Int J Mental Health Nursing*	8 men, 9 women, 3 transgender people. SO: gay (45%), lesbian (45%)	Examine the experiences of LGBT people accessing mental health services in Ireland, including positive and negative experiences, barriers and opportunities, gaps in service, and evidence of good practice
2015	Roller	US	None reported	*J Nursing Scholarship*	19 FTM, 5 MTF, 1 GQ	Explain process of seeking health care and experiences in the health care system among transgender people, including needs and barriers
2015	Wilson	US	None reported	*J Human Lactation*	1 lesbian couple pursuing open adoption	Report the process and outcomes of a same-sex female couple seeking to induce lactation and breastfeed an adopted child
2017	Baughman	US	Gov't	*Oncology Nursing Forum*	4 gay men, 2 bisexuals, 1 lesbian, 1 GQ	Determine issues most relevant to LGBT CRC survivors; describe experiences of LGBT people in cancer care settings to help develop inclusive survivorship models
2017	Mehus	US & Canada	Gov't	*J Family Nursing*	66 LGBTQ youth: 24 boys, 21 girls, 21 transgender youth	Describe how LGBTQ youth interact with their parents in the physical environment, how they see parents and environment influencing one another, and the impact of parental acceptance/rejection on LGBT youths' use of community support

(*continued on next page*)

Table 4 – (*Continued*)

Year of Pub.	First Author	Study Location	Funding	Journal Title	Sample	Study Aim(s)
2017	Ruppel	Unknown	None reported	*Midwifery*	400 discussions about pregnancy among participants belonging to a Facebook group for LBQ women	Describe knowledge gaps of LBQ women, type and quality of health education provided by peers, and common misconceptions and myths regarding pregnancy
2017a[†]	Saab	Ireland	Univ.	*Int J Nursing Studies*	29 men. SO: 17 heterosexual, 11 gay, 1 bisexual	Qualitatively explore men's awareness of testicular disorders and experiences of help-seeking for testicular symptoms
2017b[†]	Saab	Ireland	Univ.	*Eur J Oncology Nursing*	29 men. SO: 17 heterosexual, 11 gay, 1 bisexual	Qualitatively explore men's preferred way to learn about testicular disorders (including cancer)
Quantitative Studies						
2010	Polek	US	None reported	*Oncology Nursing Forum*	81 lesbian and bisexual women	Identify associations between lesbian women's education, age, degree of outness to health care providers; knowledge of HPV and female-to-female transmission
2014b[*]	McCann	Ireland	Found'n & Univ.	*Int J Mental Health Nursing*	68 women, 46 men, 3 transgender people, 8 other GI. SO: 90% LGB-identified	Identify barriers and opportunities, highlight mental health service gaps, and identify good practice in addressing the mental health and well-being of LGBT people
2015	Kamen	US	Found'n & Gov't	*Oncology Nursing Forum*	159 men, 123 women, 5 FTM, 2 MTF. SO: 99% LGB-identified	Identify environmental and social factors related to identity disclosure and long-term associations between factors surrounding cancer diagnosis and later self-rated health
2015	Wells	US	Gov't	*Cancer Nursing*	200 HIV+ patients: 101 men (including 41 MSM), 99 women	Determine predictors of HIV-infected individuals obtaining anal cancer screening and subsequent anoscopy among randomly selected medical records
2017	Romero-Estudillo	Spain	None reported	*J Advanced Nursing*	900 young adults. SO: 28 homosexual, 25 bisexual, 847 heterosexual	Determine if there is an association between sexual orientation and sexual practices involving penetration, use of condom at first sexual encounter, and frequency of condom use
Mixed Methods						
2016	Johnson	US	Gov't	*Cancer Nursing*	Qual: 16 women, 4 FTM. Quant: 180 women, 21 GQ, 4 FTM	Examine cervical cancer screening behaviors of non–heterosexual identified people assigned the female sex at birth in comparison to the American Cancer Society guidelines; determine factors that influence participation in cervical cancer screening

(*continued on next page*)

Table 4 – (*Continued*)

Year of Pub.	First Author	Study Location	Funding	Journal Title	Sample	Study Aim(s)
II. Articles about Providers' Knowledge, Attitudes, or Beliefs ($n = 6$)						
2012	Spidsberg	Norway	Gov't	*J Advanced Nursing*	Qual: 11 midwives (all women); SO/GI not reported	Explore the experiences of midwives in providing care to lesbian women and their female partners during pregnancy, labor, and in postnatal care.
2014	Hardacker	US	Gov't	*J Nursing Management*	Pre-/post-test: 848 health prof., and students predominantly women; <3% TG; SO not reported	Determine whether there is an increase in provider knowledge following six training modules in a curriculum focused on the unique experiences and needs of LGBTQ elders.
2017a	de Munnik	Netherlands	Found'n	*Int J of Nursing Studies*	Focus groups with 22 nurses: 14 heterosexual women; 1 heterosexual man, 7 MSM	Explore HIV-specialized nurses' reasons for discussing or not discussing sexual risk behavior with HIV+ men in their care.
2017b	de Munnik	Netherlands	None	*J Advanced Nursing*	Survey of 60 HIV nurses: 43 heterosexual women, 4 lesbians, 11 gay men, 2 heterosexual men	Determine factors that predict increased or decreased nurses' intent to discuss sexuality with HIV+ MSM patients in their care.
2017	Pickles	Australia	None reported	*Nurse Education Today*	Qual: 21 undergraduate nursing students. 86% female. SO/GI not reported	Explore the attitudes regarding caring for people living with HIV/AIDS, within sociocultural contexts, among nursing students.
2017	Richardson	UK	None reported	*J Advanced Nursing*	Mixed methods: 152 nursing students, 94% female. SO/GI not reported	Identify factors that determine nursing students' level of comfort providing care to LGB or questioning adolescents

Note. Found'n, foundation or nongovernmental organization; FTM, female-to-male transgender person; GI, gender identity; Gov't, government; GQ, genderqueer; LGB, lesbian, gay, or bisexual; LBQ, lesbian, bisexual, or queer; LGBTQ, lesbian, gay, bisexual, transgender, or queer; MTF, male-to-female transgender person; MSM, men who have sex with men; SO, sexual orientation; Univ., university; UK, United Kingdom; US, United States.

* McCann and Sharek, 2014a and b, report on different analytic samples from two phases of the same study.
† Saab et al., 2017a and b report on the same sample from the same project.

Table 5 – Nonempirical Articles about SGM Health or Populations Published in the top 20 Nursing Journals by 5-Year Impact Factor from December 2009 Through December 2017 (*n* = 8)

Year of Pub.	First Author	Study Location	Funding	Journal Title	Method	Study Aim(s)/Focus
2010	Weber	US	None	*J of Family Nursing*	Theory analysis, literature review	Examine the effects of stigma on LGBT people and families with implications for nursing practice
2012	Mander	UK	None reported	*Midwifery*	Selective literature review	Identify midwifery's attitudes towards gay and lesbian midwives
2012	Shields	Australia	Found'n	*Worldviews on Evidence-Based Nursing*	Systematic literature review	Investigate the experiences of LGBT parents seeking health care for their children
2013	Dahl	Norway	Found'n	*Midwifery*	Meta-ethnography	Synthesize qualitative literature about lesbian women's experiences with health care around birthing
2014	Johnson	US	None	*J Advanced Nursing*	Concept analysis	Dimensional analysis of isolation of LGBT youth
2017	Flores	US	Govt. & Univ.	*Nursing Outlook*	Research ethics case study	Ethical approval to conduct research with sexual minority youth without parental consent
2017	Leblanc	US	None	*J Advanced Nursing*	Integrative review	Examine negotiated safety in the context of HIV prevention among gay men
2017	Stewart	Ireland	None	*Nurse Education Today*	Integrative review	Examine the literature about the knowledge, beliefs, and attitudes of nurses and midwives about the health care needs of LGBTQ people

Note. Found'n, foundation or nongovernmental organization, Govt., government, LGBT, lesbian, gay, bisexual, or transgender; LGBTQ, lesbian, gay, bisexual, transgender, or queer; Univ., university.

convenience sample (n = 15). Fewer studies used a purposive sample (n = 6). No studies used a representative or probability sample. Of studies focusing on a single subgroup of SGM people, the majority focused on sexual minority women (n = 7). Fewer studies focused exclusively on sexual minority men (n = 3) and only one study focused exclusively on gender minority people. Six studies included a combination of SGM participants in their samples. Data collection methods for sexual orientation and gender identity varied across studies. The majority of studies used self-identification as a SGM person (n = 13). One study inferred sexual minority status from sexual behavior and one from participation in a Facebook group. Five studies did not specify how they collected data about sexual orientation or gender identity. Four studies did not report the SGM status of participants. In terms of other demographic information reported about study participants, 22 studies reported information about the age of participants and 15 studies reported information about the race or ethnicity of participants. Of the 15 studies that reported the racial/ethnic composition of their sample, only two had samples that were not mostly white.

Characteristics of the Nonempirical Articles

Table 5 presents information about each of the nonempirical articles (n = 8) included in this review. In terms of methods, seven of these articles involved a type of literature synthesis. One article reported on a research ethics issue. Authors of two articles indicated that their work was funded by a foundation. Another study received both government and internal (university) funding. Half of these articles were written by authors located in the United States; three were by authors in Europe, and one by authors in Australia.

Discussion and Recommendations

Updating and expanding the earlier review by Eliason et al. (2010), we examined the number and characteristics of research articles about SGM health published in the top 20-ranked nursing journals from December 2009 to December 2017. We expanded upon the earlier review by including more journals and a longer timeframe. We found that there has been slow growth, but a recent acceleration in the number of articles focused on SGM populations. Whereas Eliason et al. found that between 2005 and 2009, 0.16% of the literature in the top 10 nursing journals focused on SGM health, we found that between the end of 2009 and 2017, 0.19% of the literature in the top 20 nursing journals focused on SGM health. Although there are many nursing journals not in the top 20, when the top journals ignore any form of health disparity or population, it sends a message that these topics are not as important, or that the topics represent a subspecialty or niche that not all nurses need to know.

Increasing Attention to SGM Health

This review demonstrates a recent small but rapid increase in the amount of literature about SMG health in the top nursing journals. The highest number and percentage of SGM-focused articles were published in 2017, the most recent year included in our review—a finding that may reflect an upward trend. The nonempirical articles in this review suggest that nurse researchers are working to conceptualize SGM health for the profession. In 2016, SGM people were designated a health disparities population for National Institutes of Health research in the United States (Pérez-Stable, 2016). While the scope of this review is international, policy changes such as this may contribute to increasing focus on the health of these stigmatized minority populations. In addition to modest growth in the number of empirical and nonempirical articles about SMG health, there were commentaries, editorials, letters to the editor, and position/policy statements published in the top nursing journals about SGM health. Although not included in this review of the research literature, these pieces suggest that attention to SGM health among nurse researchers is growing.

Although we found an increasing trend in attention to SGM health in the nursing literature, the proportion of SGM health research remains small. It is possible that more nurses are engaged in research addressing the health needs these populations, but their research was not captured in this review. There are several possible reasons for this. Nurses may be publishing SGM health research in interdisciplinary special topic journals, such as *LGBT Health* or the *International Journal of Transgenderism*. It is unclear whether nurses may choose to publish their research in SGM specialty journals because of perceived or actual difficulties in publishing their SGM research in nursing journals, or if they may choose specialty journals for other reasons (e.g., higher impact). Alternatively, nurses may be publishing their work in lower ranked nursing journals, or they may be encountering obstacles in disseminating their findings in the form of publications. It is unknown whether the reason many high-ranking nursing journals have few papers about SGM health is because they receive few submissions or the editorial staff does not accept the submissions they receive (e.g., because they perceive that their readership may not be interested). Although outside of the scope of this review, future studies could examine SGM health-related articles in all nursing journals, or focus on nurses publishing in specialty journals. Studies that explore the publishing experiences of nurse researchers doing SGM work, or the perspectives of nursing journal editors about publishing SGM-related work would also be informative.

Changes Since Previous Review

Although seven of the top 10 journals had published no articles on SGM health in the previous review by

Eliason et al. (2010), we found that only six of the top 20 (and two of the top 10) journals had no articles about SGM health. Similar to the previous review, the majority of SGM health research published in the top nursing journals was conducted by researchers in Europe. Although, the previous review found that none of the articles focusing on SGM issues were written by U.S. researchers, we found that more than 40% of articles were by U.S. researchers. Continuing a trend identified in the previous review, where 75% of studies used qualitative methods, the majority of SGM research in this review also used qualitative methods (60%). The previous review found that among articles focusing on single-gender samples, three articles focused on sexual minority men, and two focused on sexual minority women. However, in our review, among articles with a single-gender sample, the majority focused on sexual minority women. Similar to the previous review, we found no articles that focused specifically on bisexual participants. We found one article that focused on transgender health compared to none in the Eliason et al. (2010) review. Although we found that "bisexual" and "transgender" appeared as keywords of the included articles fairly frequently after 2012, these participants were included in samples of mixed SGMs. Their specific needs have not been a focus of study, except in the case of the one article about transgender people (Roller, Sedlak, & Draucker, 2015).

Literature About Providers' Attitudes and Preparedness to Care for SGM People

This review included six original research articles and one integrative review that focused on providers' attitudes about SGM people, experiences caring for SGM people, or their preparedness to do so. This demonstrates that nurse researchers are engaging with this important topic. Indeed, the integrative review (that was not restricted to top-ranked nursing journals) identified 24 studies about nurses' and midwives' knowledge, attitudes, and beliefs about working with SGM populations (Stewart & O'Reilly, 2017). Findings reported in this paper reflect the understanding that nurses' attitudes, beliefs, and behavior influence the care they provide to marginalized populations. Studies about the knowledge, attitudes, and behavior of providers with regard to SGM populations illuminate factors such as negative attitudes and explicit and implicit bias against SGM people and their families that may contribute to perpetuating the health disparities affecting SGM populations. Most of the studies with providers did not report on the sexual orientation or gender identity of the sample; however, being a member of a SGM population could represent an important unmeasured factor that may affect a provider's knowledge and attitudes about caring for SGM people. More research with SGM populations is needed to provide an evidence base for nursing practice and to provide the basis for interventions to improve nurses' readiness to care for these populations. Indeed, there have been steps in the direction of intervention development as one such study was identified in this review. This article reported the results of an intervention to educate nurses and other health care providers about providing culturally sensitive care for older SGM people (Hardacker, Rubinstein, Hotton, & Houlberg, 2014).

Methodological Issues in SGM Health Research

Some methodological issues common to SGM research were also evident in articles included this review, e.g., issues related to sampling, measurement of sexual orientation and gender identity, combining of SGM subgroups in analysis, reliance on qualitative methods, and limited coverage of health topics.

Sampling

Study samples in the articles reviewed were often recruited using convenience methods and samples tended to be homogenous, a common limitation of studies on SGM health (Institute of Medicine, 2011). The inconsistent and incomplete reporting of demographic information about study participants, including sexual orientation, gender identity, age, and race/ethnicity, is also an important limitation. A landmark report on SGM health (Institute of Medicine, 2011) emphasized that demographic factors, such as race/ethnicity, socioeconomic status, and age/life stage, are often strongly associated with health among SGM people. When reported, the racial/ethnic composition and age of the participants showed evidence of overrepresentation of certain demographic groups, and underrepresentation of others. With few exceptions, white adult participants were overrepresented in studies included in our review. More research is needed with racially and ethnically diverse samples of SGM people. Similarly, the field would benefit from a better understanding of the health and needs of SGM young people and older adults (Institute of Medicine, 2011).

Measuring SGM Status and Grouping of Data

Many studies in this review did not report how sexual and gender identity were measured, or did not use standardized measures of SGM status. Expert panels have recommended measurement strategies for collecting data about SGM status for various types of studies (Reisner et al., 2015; Sexual Minority Assessment Research Team [SMART], 2009). For example, the recommended way to collect data about transgender identity is a two-step approach where one question asks about sex assigned at birth and another question asks about current gender identity. This approach allows participants to be categorized as cisgender (gender identity is congruent with sex assigned at birth), transmasculine spectrum (gender identity on the masculine spectrum with female sex assigned at

birth), or transfeminine spectrum (gender identity on the feminine spectrum with male sex assigned at birth) (Reisner et al., 2016). Identifying participants in this way permits investigation of differences in health status related to sex, gender, or both.

Some studies combined data from different groups of sexual minority participants (e.g., gay men and lesbian women, or lesbian and gay participants with bisexual participants), which can mask important group differences. Combining various SGMs into one group for analysis is a weakness that has been identified in the literature because it obscures the specific health needs of SGM subgroups (Ferguson & Gilmour, 2018). A related point is highlighted by the study in this review that focused on transgender people but did not report the sexual orientation of the participants. Transgender people who also identify as sexual minorities (e.g., transgender men who are attracted to men) likely have different life experiences and health outcomes than transgender individuals who identify as heterosexual, due to their multiple stigmatized minority identities (Jefferson, Neilands, & Sevelius, 2013). Sexual orientation may shift over time in transgender people (and in others), which can also influence mental health outcomes (Katz-Wise, Reisner, Hughto, & Budge, 2016). Therefore, it is important to assess both sexual and gender identities (Glick, Theall, Andrinopoulos, & Kendall, 2018; Patterson, Jabson, & Bowen, 2017). From an intersectional perspective, racial/ethnic minority transgender people are also multiply marginalized, and may be at particularly high risk for poor mental and physical health outcomes (Kuper, Coleman, & Mustanski, 2014).

Preponderance of Qualitative Methods

The majority of articles included in this review used qualitative methods to understand SGMs' health. Although yielding rich data on individuals' experiences, the typically small and nonrepresentative samples in these studies limit their generalizability. Nurse researchers could advance the science in this area by using a broader range of methods (e.g., quantitative and mixed methods) with larger and more diverse samples of SGMs and health care providers.

Health Topics Covered

The majority of the literature identified in this review focused on midwifery/maternal–child care, health care providers' knowledge, attitudes, and beliefs about SGM people, and cancer. Other topics were underrepresented. For example, even though several journals included in this review focus on cardiovascular disease, they published no studies about SGM health, despite known health disparities in this area (Caceres et al., 2017). In the non-nursing SGM literature, the majority of research focuses on mental health, substance use and abuse, suicide, sexual health, and relationship/family issues, which were less frequently addressed in the nursing literature we reviewed.

Several studies focused on midwifery/maternal–child care, but all focused on cisgender women. It is important to move beyond the notion of pregnancy as only a women's issue and to investigate the perinatal experiences of transgender and nonbinary individuals (i.e., people who do not identify either as a man or woman, or may identify as some combination of both) and their unique needs in the health care setting (Farrow, 2015). Literature published in the field of gender studies (More, 1998) reported on experiences of pregnant transgender men 20 years ago. Six years ago, the American College of Nurse Midwives (2012) issued a position statement about the provision of care for transgender patients. Indeed, a commentary identified in our literature search, but excluded from the review because it did not represent research, addresses lactation support for SGM people (Farrow, 2015). In general, the understanding of pregnancy and childbearing as a topic relevant to other groups in addition to women is not yet reflected in the research literature published in nursing's highest ranking journals.

Given that much of the funding for research about SGM people has focused on HIV (Boehmer, 2002; Coulter, Kenst, & Bowen, 2014), we expected to find more research about this topic in our review. However, we identified one empirical article, three articles about providers' knowledge, attitudes, and beliefs, and one nonempirical article that related to HIV in some way. Additional articles about HIV were identified in our literature search, but were not included in this review because they did not mention sexual orientation or gender identity. For example, one study (Nokes et al., 2012) included transgender participants (2% of the sample) but made no mention of these participants in the results. Likewise, that study did not report whether the sexual orientation of any of the participants was assessed. Among the HIV-/AIDS-focused articles, regardless of inclusion or exclusion, none focused on transgender women, despite their disproportionately high rates of HIV/AIDS. A pooled analysis of the prevalence of HIV worldwide suggests that transgender women have 48.8% greater odds of being infected with HIV compared to other adults of reproductive age (Baral et al., 2013).

Literature Excluded from This Review

Literature excluded from our review warrants discussion. We used an extensive list of SGM related key word search terms and Medical Subject Heading terms to identify literature about SGM health. Since our search terms included words related to gender, we retrieved nine articles focused on gender differences in health conditions (e.g., in irritable bowel syndrome) or on gender as a predictor of health outcomes (e.g., depression in patients with heart failure). The identification of these articles using established search engines highlights the common conflation of sex and gender in the scientific literature. Consideration of sex, gender, sexual orientation and gender identity as

distinct concepts is important given that some studies have found that gender differences in outcomes among samples from the general population do not hold true for sexual minority individuals (Cochran & Mays, 2017; Hughes et al., 2016).

Our search strategy retrieved eight articles about men in nursing. Several of these articles made reference to male nurses being perceived as gay, even by other nurses, or portrayed as gay in the media. Other articles compared the experiences of men and women in nursing in various practice settings, in nursing education, and internationally. Although these studies may suggest strategies for recruiting more men into the nursing profession, they do not add to the SGM health knowledge base, or move the nursing profession forward in providing culturally sensitive care to SGM people. They also perpetuate a gender binary system within nursing by ignoring nurses with transgender and nonbinary gender identities (Eliason, 2017). Transgender nursing students may face additional challenges related to acceptance of their identity in nursing schools (Levesque, 2015).

Finally, we retrieved a number of studies that had the potential to inform understanding of SGM individuals' health and life experiences—if SGM participants had been included. Examples were studies about cardiac arrest and survivorship, health-related quality of life, experiences with infertility, and help-seeking decisions in people with heart failure. The addition of questions about SGM status in all types of health studies would greatly expand our knowledge of SGM health disparities. In addition to the recommendation that researchers routinely add sexual and gender identity questions (along with the usual demographic questions included in health studies), it is important that large scale studies, especially national probability studies, oversample SGM people to permit meaningful analysis of data from these subgroups.

Limitations of This Review

Our review was limited to the 20 top-ranked nursing journals, twice as many journals as reviewed by Eliason et al. (2010), but still only a fraction of nursing journals. Excluded journals, such as the *Journal of the Association of Nurses in AIDS Care,* and journals devoted to diversity or community practice likely publish more research related to SGM health. In addition, our search did not capture research contributions by nurses who publish their work in specialty or interdisciplinary journals outside of nursing (e.g., *LGBT Health*). However, we sought to evaluate the SGM health literature in the most often-cited nursing journals, in line with the method from the previous review, and to thus be able to draw comparisons and evaluate progress since the last review. Following a scoping approach, risk of bias was not evaluated in this study (Tricco et al., 2018); however, we summarized and discussed methodological issues in the included literature in order to inform future research in this area.

Implications for Nursing Education, Research, and Practice

The sparse amount of research on SGM health in nursing's top-ranked journals may limit nurses from achieving the level of cultural sensitivity needed to provide quality care to SGM people and their families. It may also reduce nurses' ability to advocate for the social structural changes needed to ameliorate health disparities affecting SGM populations. Many of the recommendations for nursing education, research, and practice offered in the Eliason et al. (2010) review are still relevant today.

Nursing Education

Greater attention to SGM health issues is needed in nursing schools and across nursing curricula. Research indicates that nurses lack sufficient education about SGM populations and hold attitudes that may adversely affect the care they provide to SGM people (Stewart & O'Reilly, 2017). Similarly, many nursing faculty members do not feel adequately prepared to teach content related to SGM health (Lim et al., 2015). Resources are emerging within the peer-reviewed nursing literature to guide educators about how to incorporate SGM health into nursing education (Bosse, Nesteby, & Randall, 2015). There are now textbooks about SGM health that are appropriate for undergraduate education of health care professionals (e.g., Eliason & Chinn, 2018). More evidence-based research in all areas of nursing education is needed to identify the most effective ways to improve knowledge and attitudes of nurses. Such evidence would support nursing faculty to make changes in curricula to ensure that nursing students are better prepared to provide care to SGM people and more likely to identify topics related to SGM health for their own research.

Nursing Research

One way to increase nursing research on SGM health would be to increase the number of nursing scholars who can mentor graduate students and new investigators interested in SGM health. Interdisciplinary training and research programs at some universities (e.g., King's College London, Columbia University in New York City) may help begin to bridge this gap by bringing together resources and expertise in SMG health. A shortage of mentors may also be fueled by the limited sources of funding for nursing research specifically related to SGM populations, making it difficult to provide financial support for graduate students and new investigators. Considering that over half the articles in this review reported no funding, this may be an issue that policy makers could address. A recent review of funding of health disparities, health inequity, and social determinants of health research from the National Institute of Nursing Research, and other institutes in the U.S. National Institute of Health, identified that most funding for these topics is allocated to the development of research centers and institutes rather than individual

research studies (Kneipp et al., 2018). Funders could consider allocating specific funds within the scope of their current priorities to support emerging and established nurse researchers who are engaged in SGM health research. In addition, funders of nursing research could require that all grantees collect sexual orientation and gender identity data as part of their research, which could inform our understanding of SGM health in areas previously unexplored.

Nursing journal editors may consider what they can do to attract manuscripts reporting SGM health research, such as inviting manuscripts from researchers whose work focuses on SGM health or publishing special issues on SGM health. Special issues about SGM health have been published by several nursing journals including *Issues in Mental Health Nursing* (June, 2008), *Journal of Child and Adolescent Psychiatric Nursing* (February, 2010), *Journal of Clinical Nursing* (December, 2016), *Nursing Inquiry* (January, 2017), and *Journal of School Nursing* (April, 2017). Although some of the aforementioned special issues were published within the timeframe of our review, none of these journals are in the top 20 as ranked by 5-year impact factor.

Nursing Practice

Increasing nurses' knowledge about the health disparities and specific health needs of SGM population groups could facilitate the standardized collection of sexual and gender identity data in the clinical setting (Bosse, Leblanc, Jackman, & Bjarnadottir, 2018). Collection of these data by inclusion of SGM status fields in electronic health records would improve understanding of SGM health through analyses of electronic medical records and billing claims (Cahill & Makadon, 2014). Recent initiatives to develop a standard for gender identity data collection have been implemented in New Zealand (Pega, Reisner, Sell, & Veale, 2017). Conducting health services research could also guide the development of quality improvement projects to monitor care access and quality for SGM individuals, as has been advocated in countries such as Australia (Women's Health Action Network for Diverse Sexualities, 2003).

As recommended previously (Keepnews, 2011), organizations for nurses engaged in SGM health work have been formed and are currently gaining membership and visibility. For example, nurses have organized within the Gay and Lesbian Medical Association: Health Professionals Advancing LGBT Health Equity to create the first discipline-specific section within that organization and host a one-day nursing preconference each year. Nurses within the Eastern Nursing Research Society in the U.S. founded the LGBTQIA Health and Health Disparities Research Interest Group in 2015. This group has organized three well-attended symposia on topics related to SGM health at the annual scientific conferences. Within the Registered Nurses' Association of Ontario in Canada, the Rainbow Nurses Interest Group was established in 2007.

Professional nursing organizations in the United Kingdom, Canada, Ireland, and the U.S. have formally addressed issues pertaining to SGM health. These include professional guidelines, position statements, and policy briefs about SGM health topics such as reparative or conversion therapy, end-of-life issues, treatment of transgender youth, and access to health care. Examples include the Royal College of Nursing in the UK (2016, 2015a, 2015b), American Academy of Nursing (2015a, 2015b, 2015c, 2016), American College of Midwives (2012), American Nurses Association (2018), International Society of Psychiatric-Mental Health Nurses (2009), Irish Institute of Mental Health Nursing (n.d.), National Association of Pediatric Nurse Practitioners (2011), National Association of School Nurses (2017), National Student Nurses Association (2010, 2012,2017), Registered Nurses' Association of Ontario, Canada (2007), and the Pediatric Endocrine Nursing Society (Kirouac, 2016).

Several international documents state that nurses are ethically bound to practice in a way that demonstrates respect for all individuals and to work toward creating systems that provide equitable treatment for all patients (American Nurses Association, 2015; Canadian Nurses Association, 2017; International Council of Nurses, 2012). These ideals, which are fundamental to nursing practice, are consistent with the tenets of social justice (Roush, 2011). Some have argued that social justice be added to the metaparadigm of nursing (Schim, Benkert, Bell, Walker, & Danford, 2007). Nurses are called to make changes at the individual level to meet the immediate needs of vulnerable people, and ultimately to transform the institutional and societal conditions that create the inequities in the first place (Boutain, 2016).

Conclusion

At a time when SGM people and issues are commonly a focus in politics, media, and popular culture, there has been increasing attention to SGM health in the nursing literature. However, the growth in attention to the health needs of SGM people has been slow and more progress is needed, particularly in addressing the health needs of bisexual and transgender individuals–groups that are underrepresented in the nursing literature. We call on nurses in all areas of research, education, and practice to raise their voices about the health of SGM people to move toward health equity. It is our hope that a follow-up to this paper within the next decade will reveal increasing inclusion of SGM health in the nursing literature, which will support improving clinical care and reduce the numerous health disparities affecting SGM people.

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