

Gender, sexual diversity and professional practice learning

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Gender, Sexual Diversity and Professional Practice Learning: Findings from a systematic search and review

Abstract

Research into higher education has shown that for those who identify as Lesbian, Gay, Bisexual, Trans* and/or Queer (LGBTQ), universities are places where both direct and indirect discrimination is experienced. This paper reports the findings from a systematic search and review on gender and sexual diversity in professional practice placements. This was part of a broader project exploring the way that students were supported and educated to provide appropriate support for LGBTQ people using their services and whether students who identified as LGBTQ experienced specific issues regarding the (non)disclosure of their gender or sexual diversity in placement settings. Three primary themes were identified. Environment: which relates to the way that homophobic and transphobic discrimination is experienced in professional practice. Influence: the importance of faculty on the environment as both a positive and negative force. Interventions: how students support LGBTQ people who use their services and how educators intervene with students who identify as LGBTQ. Our review showed how students in all included disciplines report feeling under-prepared for the realities of working with LGBTQ people in practice. However there are examples of positive practices which can support LGBTQ students through navigating disclosure of their own identities, as well as enabling all students to act as advocates and allies for the LGBTQ service users and peers/colleagues that they will inevitably work with and alongside, throughout their careers.

Key words

Diversity, Gender, LGBTQ, Placement, Practice, Sexual

Introduction

The past decade has seen a burgeoning research interest in the issue of gender and sexual diversity of university students, particularly emanating from countries such as Australia (Rowntree 2017), Canada (Brondani & Patterson 2011), and the USA (Palladino & Giesler 2014, Behar-Horenstein & Morris 2015; McDowell & Bower 2015, Klein & Nakhai 2016, Simmons 2017). Within this body of literature a range of disciplines are represented, such as family medicine (Klein & Nakhai 2016), dentistry (Behar-Horenstein & Morris 2015; Brondani & Patterson 2011), teacher education (Averett & Hedge 2012, Benson, Smith & Flanagan 2014), nursing (McDowell & Bower 2015) and social work (Palladino & Giesler 2014; Rowntree 2017). Research within this area has illuminated some endemic problems in

higher education environments in relation to Lesbian, Gay, Bisexual, Transsexual and Queer (LGBTQ) students. For example, studies such as those of Palladino and Giesler (2014) and Rowntree (2017) have shown that heteronormativity and homophobia are common-place in university settings.

Many students (irrespective of their sexual or gender identity) spend time on practice placements as part of their higher education programme, particularly among applied disciplines such as nursing, social work, law etc. There is a corresponding growth in research as regards the experience of LGBTQ students on placements, for example, Benson et al. (2014), Chinell (2011) and Dentato, Craig, Lloyd, Kelly, Wright & Austin (2016). We know from such studies, that heteronormativity and homophobia are as problematic in these professional learning environments, as they are in university. There is evidence that this might impact negatively on a student's comfort and preparedness to disclose their identity to colleagues and supervisors (Palladino & Giesler, 2014). **What is still unknown however is the nature and depth of the problem across diverse academic disciplines and in different countries. Moreover, little is known about students' perceptions of preparedness in dealing with issues of sexual diversity on placement regardless of their own identity.** The purpose of this review was to investigate this more fully and gain a fuller picture of the issues encountered by students. This review of international literature is part of a larger project undertaken by a UK-based research team: Gender and Sexual Diversity and Professional Placement Learning Environments (The DAPPLE Study).

Review questions

The overarching review question was: How can we best prepare students to deal with the issue of gender and sexual diversity and support LGBTQ students in managing (non)disclosure in practice placements?

For pragmatic reasons we divided this into two separate questions:

Q1: How are all students supported and educated to provide appropriate support for LGBTQ people using their services?

Q2: What are the specific issues experienced by LGBTQ students regarding (non)disclosure of sexuality while on practice placement?

Methods

In their review of evidence synthesis methodologies, Grant and Booth (2009) identified 14 different approaches to reviewing the literature. Of these, their description of the ‘systematic search and review’ maps directly to the processes that we had undertaken. This form of review combines the strengths of a critical review with a comprehensive search process. It is used to address broad questions to produce ‘best evidence synthesis’. Grant and Booth suggest that the key features of a systematic search and review are that it:

- Aims for exhaustive, comprehensive searching;
- May or may not include quality assessment;
- May contain minimal narrative, with tabular summary of studies.

Identification of articles

The first systematic search for relevant articles took place in July 2017. We interrogated the following electronic databases: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Scopus, PubMed, Health Management Information Consortium (HMIC), Social Policy and Practice, PsychInfo, Proquest and Ebsco (Education). We only included articles published in the English language as we did not have the resources or linguistic skills to review articles in other languages. We carried out additional ‘hand-searching’ of relevant journals to identify literature that was not picked up or indexed within major search databases.

[Insert Table 1]

In order to identify the maximum number of potential articles, we used a range of paired search terms in conjunction with Boolean operators in the search strategy. To identify literature relating to children and young people we used the terms shown in Table 1. We screened all potentially relevant articles using our inclusion/exclusion criteria (Table 2).

[Insert Table 2]

We applied inclusion criteria in reviewing of article titles. As indicated, we excluded articles published before 2010 in recognition of progressive legal frameworks to support LGBTQ equality, in particular The International Development (Gender Equality) Act of 2014 and in the UK, The Equality Act of 2010. We did not quality appraise the included studies. In line with our review type, quality appraisal is not necessarily a requirement. Table 3 shows the total articles retrieved from each database and Figure 1 shows the flow of articles through the review process, with decisions at each stage being agreed by two of the team [EM, MC] and verified by a third reviewer where necessary [CB-J].

[Insert Table 3]

[Insert Figure 1]

The searches retrieved 1,145 records (after removing duplicates) and we identified a further four through hand searching. After screening titles and abstracts we excluded 1,101 leaving 48 articles for potential inclusion. Scrutiny of full text copies led to removal of a further 26 articles, leaving 22 for inclusion in the review.

[Insert Table 4]

Data abstraction and analysis

We used Table 4 as the starting point for our analysis, extracting information from each article according to the table headings. The headings were constructed with reference to the review questions, ensuring overall coherence in the review design. Grant and Booth (2009)

propose that the systematic search and review typically employs the tabular presentation of data and therefore abstraction of data according to the data extraction form, was congruent with our overall review type. Data abstraction involved a whole-team approach. Articles were divided across the team for initial analysis process. To ensure rigor and consistency, two of the team [EM, MC] read full copies of each article and peer reviewed the analysis across the team. We grouped the articles according to the two review questions as indicated in Table 5. Within these two groupings a thematic analysis was undertaken, led by the one member of the review team [CB-J] and then cross-checked across the whole team, again instilling rigor into the process.

[Insert Table 5]

Findings

Details of the included studies are presented in Table 5. There were 22 articles included in the review that reported on studies using a range of methodologies: Quantitative (12); Qualitative (6); Mixed Methods (3); Literature Review (1). The articles represented a total of nine countries (predominantly North America): USA (14); Canada (4); UK (2); Australia (1); Crete (1); Germany (1); Greece (1); Italy (1); Taiwan (1). As shown in Table 6, eight disciplines were represented, the most prevalent of which was social work and medicine.

[Insert Tables 6 & 7]

The thematic analysis identified three themes: 1) Environment; 2) Influences; 3) Interventions. Table 7 shows the distribution of themes across all included articles and nine sub-themes. The numbers in the left-hand column denote the included articles as listed in Table 5. As shown, 14 articles in the review addressed Q1 – support and education for all students; and eight addressed Q2 – support and experiences of LGBTQ students. Findings are presented as follows under the three themes. Excerpts from included articles are provided with the number in parenthesis indicating the source, with reference to Table 5.

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Environment

The majority of articles (n=15) reported that discrimination and homophobia were a problem observed by students, with the related issue of heterosexism reported in six articles. Dentato et al. (2016) and Zack, Mannheim and Alfano (2010) refer to institutionalised homophobia that may be marginalised in relation to other issues:

Organisations discriminate against LGBTQ individuals through institutionalised homophobia through written and unwritten policies, which may be explicit or implicit [18]

Homophobia is often side-lined as being less legitimate in the multicultural repertoire of today's educational establishments [22]

For students who identify as LGBTQ, university campus is considered to be a problematic place that is not always safe:

Outness of students is framed around perceived risk of bullying, victimisation or rejection from friends, family or faculty [17]

LGBTQ students who come out may be tokenized within the classroom by staff members [18]

Those who identify as a minority are more likely to feel that the campus environment is homophobic in comparison with heterosexual students. [19]

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169 Only two articles focused explicitly on transphobia (Braun, Garcia-Grossman, Quiñones-
170 Rivera, & Deutsch 2017a; Scandurra, Picariello, Valerio & Amodeo 2017), which possibly
171 reflects this as an under-reported and hidden problem, which is further explored in the
172 discussion section.

173

174 As regards preparation for placement, several studies in the review (n=8) reported on lack of
175 confidence, preparedness and support among the student population. Two studies connected
176 this with a discriminatory, homophobic environment (Carabez, Pellegrini, Mankovitz,
177 Eliason, & Dariotis 2015; Joslin, Dessel & Woodford 2017). Ramirez, Zahner, Gillis-Buck,
178 Sheriff, & Ferrone (2017b) reported lack of preparedness among the medical, dental,
179 pharmacy, nursing and physical therapy students who took part in their study. A further two
180 studies identified lack of confidence, preparedness and support for LGBTQ students in terms
181 of disclosure of sexuality in placement, again linking this to a negative environment (Benson
182 et al. 2014; Dentato, Craig, Messinger, Lloyd & McInroy 2014).

183

184 Influences

185 The review findings highlight the significance of faculty as an influence on the environment.
186 Their impact was regarded predominantly as negative, with studies highlighting the manner
187 in which faculty perpetuates and reinforces a culture of homophobia, as Dentato et al. (2016)
188 observed:

189

190 Faculty may increase intolerance by their homophobic comments...
191 homophobia is minimised in comparison to other forms of minority abuse (e.g.
192 racism) [18]

Other studies included in the review highlighted the perceived irrelevance of the issue of sexuality among some educators, or the risks to faculty in challenging discrimination within a classroom environment for fear of being outed themselves:

Student teachers view sexuality as private and not relevant in a classroom –
When advocating for students, student teachers may find themselves being
inadvertently outed. [22]

Eleven studies highlighted the influence of gender, ethnicity and religion on creating discriminatory environments, with religion playing an important and once again, predominantly negative role. For example, the Australian study by Chapman, Watkins, Zappia, Nicol & Shields (2011) investigated nursing and medical students' attitudes, knowledge and beliefs regarding LGBTQ issues. This study unearthed faith-based and religious judgements among some students, reflected by statements such as 'God says it is wrong' (Chapman et al. 2011). While Behar-Horenstein and Morris (2015) noted that there is a much greater perceived need to support students religious needs, than there is to provide resources supporting the emotional and academic well-being of LGBTQ students (Behar-Horenstein and Morris 2015).

Overall, as the three examples below illustrate, many students are entering into placement environments where those who should be supporting and educating them, do not know how to do this adequately:

Healthcare professionals report inadequate preparation to care for transgender people, and patients often have to teach their own medical providers about transgender care [2]

Unfortunately, a minority of nurses hold negative beliefs about LGBT individuals [4]

Even well-intentioned providers often feel underprepared to treat LGBT patients [7]

As one nursing student from Richardson and colleagues' study described, mentors in a clinical setting are just as likely as students to feel uncomfortable supporting LGBTQ patients:

I think maybe a member of staff would feel as uncomfortable as I would feel [13]

Interventions

Part of the focus of the review was on interventions, both in terms of promoting students' preparedness to deal with LGBTQ issues in practice and in preventing and challenging discrimination. The place of faculty in dealing with the issue was highlighted:

Supportive faculty who are well trained to confidently challenge heteronormative dialogues and frameworks, and incorporate LGBTQ issues

241 and lives into the curriculum create a more inclusive supportive environment
242 for students [18]

243

244 Ensuring student teachers are confident in challenging homophobic rhetoric
245 and feel supported in the school environment to do so [and] having the
246 capability to integrate sexuality and gender identity into the curriculum [22]

247

248 The role of faculty in acting as visible LGBTQ advocates and role models was also
249 highlighted, as contributing to the creation of an inclusive environment:

250

251 Out faculty members [17]

252

253 Out and proud staff and students [with faculty who are] able to confidently
254 challenge homophobia in the classroom [16]

255

256 As the excerpts above indicate, integration of LGBTQ issues into curricula was a widely-held
257 strategy suggested by many studies included in the review:

258

259 Some leading universities in Europe, North America and Australia have
260 actively sought to integrate gender into medical education. [6]

261

262 The majority of nurse educators now agree that teaching nursing students
263 about homosexuality is important [4]

264

265 Coursework for supervision should explore one's own biases particularly
266 subtle biases [20]

267

268 The concept of encouraging open discussion about minorities, and discrimination emerged
269 from the review. This also reinforced the idea of visibility within learning spaces as being
270 conducive to an inclusive environment. Two of the included articles talked of 'breaking the
271 silence':

272

273 It is important to break the silence of sexual minorities and marginalised
274 people and to make the invisible become visible [6]

275

276 Assignments that "break the silence" in nursing programs about LGBT issues
277 and social justice open up students to ask questions and to explore health
278 disparities related to sexual orientation and gender identity [4]

279

280 Importantly, studies found a positive link between providing LBGTQ specific education and
281 students' confidence in addressing the issue in practice:

282

283 Medical students exposed to LGBT health-related topics are more adept at
284 caring for LGBT patients than their non-exposed peers [7]

285

286 Nearly all the included studies dealt with generic LBGTQ issues, only one study focused
287 specifically on the development of transgender health content for students in a baccalaureate
288 nursing program (McDowell & Bower 2015), indicating that this may be a neglected area of
289 research.

Discussion

Our review has highlighted a sense of pervasive homophobia and heterosexism in higher education and practice placements, supporting existing evidence in the field. Previously, victimisation and systematic harassment of sexual minorities has been described as ‘the most common and socially acceptable form of bias-related violence’ (Dame 2004, p.1). Reflecting on university culture, Zack et al. (2010, p.106) whose study was included in the review, observed that ‘Homophobic rhetoric and attitudes had replaced overt racial bigotry’, suggesting that homophobia is ‘the new racism’. While this could be contested (racism is often covert), there is equally evident need to address homophobia in higher education and in practice placements as a form of discrimination. Furthermore, the intersection between ethnicity/race, religion, class, gender and sexual identity was rarely explored in the literature. Acknowledging intersecting identities may be important to students who positively identify as more than one minority group; particularly as plural forms of LGBTQ communities rise (Formby, 2012; Ward & Gale, 2016). On the other hand, some students may experience compounding identity conflicts as they come to terms with living different realities in different contexts, including their work-based placements.

Previous research on the experiences of student teachers in teaching practice have reported that students have limited outness in field placements (Palladino & Giesler 2014), and may even ‘re-closet’ themselves whilst on placement (Taulke-Johnson 2010). This is due to the fear of discrimination and also a fear of the stigma that is often associated with being a gay man working with young children (Taulke-Johnson 2010). Placements do not always feel ‘safe’ for education students (due to religious/heteronormative iconography) as opposed to

314 social work students who may come out but only to supervisor or one colleague (Palladino &
315 Giesler 2014).

316

317 As regards university culture, Hughes (2017) explored the experiences of seven openly gay
318 engineering students who described the environment as ‘neutral’ in terms of omission of
319 sexual orientation from the engineering school’s priorities, yet very little homophobic
320 harassment from their peers. In other studies, students remarked that faculty members either
321 failed to challenge problematic language from other students or used such language
322 themselves (Duran & Nicolazzo 2017). As regards environment, faculty are important in
323 challenging negative thoughts among cisgender and heterosexual students (Garvey, Mobley,
324 Summerville & Moore 2018). Peers are also central for LGBTQ student support and
325 community (Garvey, Sanders & Flint 2017).

326

327 Gordon, Reid and Petocz (2010) in their analysis of educators’ conceptions of student
328 diversity in their classes proposed three dimensions: homogeneous; groups or individuals;
329 and comprehensive. This is the ‘ignore, compensate, utilise’ framework. In homogeneous,
330 little attention is paid to any aspect of diversity or its effects on teaching and learning, the
331 issue is in effect, ignored and a ‘one size fits all’ approach happens. With the ‘groups or
332 individuals’ dimension, diversity is recognised and compensated for in teaching. In the
333 comprehensive dimension, educators actively utilise diversity as a resource for teaching and
334 learning (Gordon, Reid & Petocz 2010). There are multiple negotiations to be made,
335 particularly among first-year students as regards negotiating identities and presentations of
336 self (Gordon, Reid & Petocz 2010). Of course, outness may not and should not be viewed as
337 a desired outcome for all (Garvey, Mobley, Summerville & Moore 2018). Also, ‘being out’
338 has different meanings for different parts of the LGBTQ community – moreover, for many

trans* people 'passing' rather than being 'out' is an important concept (Ward & Gale, 2016). Overall, there was evident need for *all* students to be better prepared to deal with service users and patients who may seek and need support in living out their LGBTQ identities.

Trans* issues in all the studies included were under-represented. Scholars need to conduct more research on the experiences of trans* people, educators in particular (Simmons 2017). As regards environment, trans* students expressed a need for faculty members to create an atmosphere in which they could express themselves (Duran & Nicolazzo 2017). There are issues for trans* students that might force disclosure such as name changes or alterations to physical appearance (Garvey, Mobley, Summerville & Moore 2018). Transgender people experience high rates of discrimination in health care settings, which is linked to decreases in physical and mental wellness (McDowell & Bower 2015). By increasing the number of nurses who are trained to deliver high-quality care to transgender patients, health inequities associated with provider discrimination can be mitigated (Klein & Nakhai 2016). Currently most nursing curricula do not adequately prepare nurses to care for transgender people, which is attributed to limited teaching time and lack of guidance regarding new topics (McDowell & Bower 2015). As Dean (2016, p.15) puts it: Nurses feel 'woefully underprepared to meet the needs of transgender patients'.

In the context of nurse education, faculty have significant impact (positively and negatively) on the campus environment. Perhaps unsurprisingly, their own sexual and gender identity is influential. For example, a Canadian study found that teachers who identify as LGBTQ are more likely to promote inclusive educational practices (Meyer, Taylor & Peter 2015). But for many academics, sexuality is uncomfortable territory (Pearce 2016) and lack of faculty support for LGBTQ students has been identified (Palladino & Giesler 2014). Almost 50%

364 faculty were unaware/did not know about LGBTQ peer advocacy groups (Behar-Horenstein
365 & Morris 2015). Furthermore, just over 96% of respondents agreed strongly that students
366 should be provided with specialised emotional support to meet their religious needs, whereas
367 only 72% disagreed strongly with the idea that LGBTQ students may need specialised
368 academic support.

369
370 Higher education scholars and professionals know virtually nothing about the lived
371 experiences of trans* educators working in colleges and universities (Simmons 2017). Some
372 disciplines, such as social work, may lend themselves more readily to an understanding of
373 sexual politics and the cultural discourses which may challenge or reaffirm the
374 heteronormative backdrop of society (Rowntree 2014). The ability to feel able to come out in
375 the classroom allows for the exploration of intersectionality for both student and faculty
376 members (Gates, 2011), this encourages the understanding of self, and self-reflective
377 practice, which is integral to both nursing and social work disciplines specifically, but can be
378 extrapolated to other disciplines where integrity in interactions with diverse service users is
379 foundational.

380
381 As regards curriculum focus, there is a need to improve knowledge about same-sex families
382 in social work education (Shilo, Cohen & Gavriel-Fried 2016). LGBTQ issues that are
383 covered in the curriculum are in many areas covered as part of ‘controversial issues’
384 (Palladino & Giesler 2014), rather than being deeply felt aspects of a person’s character, or a
385 reflection of the changing face of society. More open conversations between out faculty, or
386 faculty who identify as LGBTQ allies can offer much needed support around LGBTQ
387 student’s preparation for placement, such as consideration about suitability of certain

placements, and intricacies around coming out whilst on placement (Palladino & Giesler 2014).

Educational strategies can be effective in supporting LGBTQ students and challenging homophobia. Strategies for challenging discrimination in the classroom can also enable non-LGBTQ students to become allies for LGBTQ peers (Palladino & Giesler 2014). Students who are fearful of being outed themselves in the classroom find negotiating discriminatory behavior and language difficult. LGBTQ teachers are more likely to challenge homophobia in comparison to 'straight' teachers; but they are also more likely to report hearing homophobic remarks from colleagues than 'straight' teachers (Meyer et al. 2015). Rather than a small group of academics 'banging a gay drum', LGBTQ issues need to be embedded in curricula, with the idea of making it everyone's business (Pearce 2016). There is a need to include both faculty and staff in the teaching of LGBTQ issues in dental education and to encourage further dialogue (Brondani & Patterson 2011). By creating a focus on terminology and bias awareness through cultural competence (McDowell & Bower 2015), learners have the opportunity to develop skills that will improve their ability to care for LGBTQ patients (Klein & Nakhai 2016). This may be especially, if as suggested, the needs of LGBTQ clients be considered a required competence for practice (challenges the invisibility of LGBTQ individuals and heterosexism) (Behar-Horenstein & Morris 2015). The inclusion of LGBTQ resources in new student orientation information (Behar-Horenstein & Morris 2015) alongside information about other support services increases the visibility of the LGBTQ students within the cohort and improves access to the services which are available. These smaller, 'additive' steps (Ward and Gale 2016) may be taken in environments where the pervasive heteronormative attitude is such that the ability to challenge homophobic and transphobic mind-sets feels beyond the reach of the educators involved.

Limitations

The review has highlighted some important findings and has made a valuable contribution to the field. It does however have some limitations. We excluded some potentially useful articles because of their focus. Some articles almost made it into the review, but their focus was solely on pedagogical description rather than research, with no formal evaluation, for example McDowell and Bower (2015), Brondani and Patterson (2011), Klein and Nakhai (2016). Other articles were excluded because they focused solely on faculty rather than students, such as Behar-Horenstein and Morris (2015), Meyer et al. (2015) and Simmons (2017). We did not perform a quality appraisal of the literature, and this may limit the relevance of some of these studies in conveying a sense of pervasive homophobic, heteronormative environments. There is also a likely positive publication bias in focusing on the important role of faculty in supporting LGBTQ student populations. **However these articles address a neglected area of higher education research and have been very useful in informing the discussion on professional placement learning in diverse work environments.**

Conclusions

There is a breadth and depth of research around LGBTQ issues for students studying to go into public facing roles which spans both a wide range of disciplines and appears to be of global interest. Students in all disciplines report feeling under-prepared for the realities of working with LGBTQ people in practice. Not only that, they are surrounded by an environment which is heteronormative and cisnormative, in which in most cases, homophobic and transphobic rhetoric thrives and is often unchecked and unchallenged by faculty and staff on campus, and staff and colleagues when on placement. Students who identify as LGBTQ are likely to feel unsafe to come out as such on placement, or may only choose to trust one colleague or supervisor, leaving them limited in support for their emotional and mental well-being. As the face of society changes, so too must the next

438 generations of healthcare professionals and educators be prepared to work with a multi-
439 faceted society, and offer support to people around what are much newer health issues. This
440 review uncovered promising practices that are in place in a number of higher education
441 establishments, and across various curricula. These practices can support LGBTQ students
442 through navigating disclosure of their own identities, as well as enabling all students to act as
443 advocates and allies for the LGBTQ service users and peers/colleagues that they will
444 inevitably work with and alongside throughout their careers.

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