
POSITION STATEMENT



Nursing Advocacy for LGBTQ+ Populations

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Written by: ANA Center for Ethics and Human Rights

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Executive Summary

It is a fundamental tenet of nursing to respect and show compassion for the inherent worth and dignity of every person. Nurses have an ethical obligation to demonstrate this compassion within the profession and to care for and improve the health of all persons within their care, including those who identify as belonging to LGBTQ+ communities. Refusal of nursing care to a patient (whether individual or community) due to their sexual orientation or gender identity is harmful. Discrimination based on one's identity or unique attributes is incompatible with nursing, is a violation of the nursing profession's code of ethics and is a violation of civil and human rights. This applies within the profession of nursing wherever one might function as a nurse.

Purpose

The purpose of this position statement is to reinforce the American Nurses Association's (ANA) recognition that nurses must deliver care and advocate for lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) populations. The "+" designation in this position statement is used for inclusivity, to encompass sexual and gender minorities not captured within the acronym LGBTQ. ANA is committed to the elimination of health inequities and harm based on sexual orientation, gender identity, and/or expression within health care. LGBTQ+ populations face discrimination and inequalities in the United States such as reports of denial of care, provision of inadequate or non-affirming care, microaggressions, and outright maltreatment by providers and staff of healthcare systems (Sherman, 2021).

In the United States, adults who identify as lesbian, gay, bisexual, transgender, questioning, or queer make up about 7.2% of the adult population (Jones, 2023). According to a report gathered by the UCLA School of Law William's Institute, there are over 1.9 million youth of high school age who identify as LGBTQ+ (Conton, 2020). Since many individuals within LGBTQ+ populations have experienced intolerance from providers, they avoid treatment or delay care due to experiences of bias and/or bigotry. Healthcare providers' lack of knowledge and understanding of the unique needs of this population contributes to ongoing health inequities and discrimination. Nurses are well-positioned to consider the needs of LGBTQ+ populations in the areas of policy, practice, education, and research (Medina-Martinez, 2021).

Statement of ANA Position

ANA condemns discrimination based on sexual orientation, gender identity, and/or expression in health care and recognizes that it continues to be an issue despite the increasing recognition and acceptance of LGBTQ+ populations. Between 37% and 59% of LGBTQ+ populations have experienced some form of discrimination or bias when accessing health care services. Persistent societal stigma, ongoing discrimination, and denial of civil and human rights impede individuals' self-determination and access to needed healthcare services, leading to negative health outcomes including increased morbidity and mortality. Nurses must deliver safe care with cultural humility and advocate for LGBTQ+ populations.

Code of Ethics for Nurses

Provision one of the *Code of Ethics for Nurses* (ANA, 2025) asserts: "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person" (p. 1). The interpretive statement that accompanies this provision asserts that "nurses condemn dehumanization in all its forms while simultaneously affirming personhood and humanity through allyship and partnership" (p. 1). Additionally, Provision 9 affirms that nurses and nursing organizations will promote the ideology that "the need for and right to health care is universal, transcending all individual differences" (p. 37). Nurses are expected to lead in the development, dissemination, and implementation of changes in public and health policies that support protection against discrimination due to sexual orientation, gender identity, and/or expression. The relationship that nurses create with their patients must be one of trust and compassion. Nurses should first identify and then set aside any bias or prejudice in the provision of nursing care. Interpretive Statement 1.2 instructs nurses to consider multiple attributes including gender identity when planning individual [patient], family, and population-centered care" (ANA, 2025, p. 2). Furthermore, these factors must not be used to discriminate or prohibit access to compassionate and high- quality care.

The nurse-patient relationship is at the core of health care. Nurses practice with compassion and respect for the human rights of all individuals regardless of sexual orientation, gender identity, and/or expression. Nurses are expected to provide care with cultural humility that is also competent, safe, and ethical to all patients across all settings. To demonstrate cultural congruence and safe practice, nurses must advocate for patient-centered treatment, equal access, equal services, and equal resources for all populations that may be adversely affected by bias or prejudice. Nurses have an ethical duty to honor and respect the identities, beliefs, values, and decisions of all patients (ANA, 2025).

Background

To achieve the vision of Healthy People 2030, which aims to maximize health and well-being for all individuals, it is crucial to eliminate health disparities and achieve health equity (HHS, 2023). LGBTQ+ populations, particularly those who are part of multiple marginalized populations (Martos, Fingerhut, Wilson, & Meyer, 2019), face disproportionate barriers to healthcare due to stigma, discrimination, legislation (King et al, 2024), and limited access to insurance and care (Kates, Ranji, Beamesderfer, Salganicoff & Dawson, 2017). These factors contribute to negative health outcomes and increased morbidity and mortality within LGBTQ+ communities. Nurses must understand and address these inequities to provide effective and inclusive care. To reduce the health disparities experienced by LGBTQ+ populations, there is a need for continued nursing research on the specific health care needs of unique groups within LGBTQ+ populations.

Nurses have taken active steps to investigate best practices in the elderly care of LGBTQ+ populations. Nurses have developed guidelines and policies to ensure that care is delivered safely and with cultural humility for LGBTQ+ populations, including maternity care for transgender patients (Echezona-Johnson, 2017; Klotzbaugh & Spencer, 2015; Zelle & Arms, 2015). Additionally, recommendations have been made to enhance knowledge levels of best care practices to promote inclusion of LGBTQ+ populations within nursing

faculty and nursing curricula (Lim, Brown & Kim, 2014; Lim, Johnson & Eliason, 2015; Strong & Folse, 2015). By incorporating LGBTQ+ content into nursing education and training, nurses can enhance their understanding of the unique needs and experiences of LGBTQ+ populations and provide care that is respectful, affirming, and effective (Brown, 2021; Hughes et al., 2022; McDowell & Bower, 2016; Medina-Martinez et al., 2021; Poteat et al., 2023; Sherman et al., 2023).

Researchers have demonstrated that health care inequities are prevalent for those in LGBTQ+ populations. The lack of knowledge on the part of providers in delivering care to this population, marginalization, isolation, and stigma are some of the reasons that access remains an issue for many LGBTQ+ patients (Center for American Progress, 2020).

Studies have shown that LGBTQ+ populations are at a higher risk for certain health conditions compared to the general population. For example, LGBTQ+ youth are four times more likely to attempt suicide, and 28% reported being homeless when compared to the general population (The Trevor Project, 2021, 2022). Elderly LGBTQ+ populations face additional barriers to health care because of isolation, diminished family support, and reduced availability of social services (Correro & Nielson, 2020). Indeed, the disparities faced by LGBTQ+ populations are not inherent to their sexual orientation or gender identity. Instead, it is the result of health discrimination and disadvantages that contribute to the creation of these disparities (Cochran, Björkenstam, & Mays, 2016; Meyer, 2013).

LGBTQ+ populations often encounter discrimination, stigma, and prejudice in various aspects of their lives, including healthcare. Healthcare has caused harm to this population through pathologization and discrimination. While pathologization has decreased (McGuire, 2022), discrimination exists and can manifest in different forms, such as denial of services, mistreatment, or lack of understanding from healthcare providers. These negative experiences can lead to LGBTQ+ populations becoming hypervigilant (Hoolinsaid et al., 2023), avoiding or delaying healthcare, resulting in inadequate access to necessary preventive and treatment services. The social and cultural factors surrounding sexual orientation also play a significant role in shaping disparities. LGBTQ+ populations may face higher rates of homelessness, unemployment, and family rejection, which can impact their overall health and well-being. These stressors, combined with the lack of legal protections and societal support, contribute to health disparities within LGBTQ+ communities.

One of the goals of Healthy People 2030 is to “improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals” (OASH, 2021). The Fenway Institute’s National LGBT Education Center, the research, training, and health policy division of Fenway Health, has identified health disparities such as the prevalence of HIV/STDs; the high prevalence of tobacco, alcohol, and other substance use; and barriers to health, resulting from isolation and lack of social services and culturally competent providers for this population (Fenway Health, 2023).

The Joint Commission, in its *Field Guide, Advancing Effective Communication, Cultural Competence, and Patient and Family-Centered Care for the LGBT Community* (2011), identified practices and strategies to help build trust among health care providers, hospitals, LGBTQ+ patients, and families. It provided additional guidance for making a safe, welcoming, and inclusive health care environment (The Joint Commission, 2022). While a wide spectrum of factors influences health inequities (Artiga, Orgera, & Pham, 2020), efforts should focus on eliminating discriminatory practices, promoting inclusivity in healthcare settings, and advocating for policies that protect the rights and well-being of LGBTQ+ populations. By addressing the underlying issues, health inequities can be reduced and equitable access to healthcare can be ensured for all individuals, regardless of sexual orientation or gender identity.

The Centers for Medicare & Medicaid Services (2011) finalized federal regulations protecting hospital patients’ rights to choose their visitors and prohibiting discrimination in visitation based on sexual orientation and gender identity. In 2020, Section 1557 of the Patient Protection and Affordable Care Act, known as the Health Care Rights Law, prohibited discrimination based on sex including pregnancy, sexual orientation, gender identity, and sex characteristics (National Health Law Program, 2022). These regulations aim to uphold the right to healthcare free of discrimination and prejudice, particularly in areas related to

gender-affirming care, hormone replacement therapy (HRT), and discriminatory benefit design, which insurance plans have used to exclude coverage based on a person's gender identity or sexual orientation (National Health Law Program, 2022).

History/Previous Position Statements

ANA first took an official stance against anti-LGBT discrimination in 1978, when its House of Delegates (HOD) adopted a resolution supporting legislation to bar discrimination based on sexual and affectional preference (American Nurses Association Convention '78, 1978). In 1980, the HOD reiterated this position (American Nurses Association Convention '80, 1980).

With the emergence of the HIV/AIDS epidemic in the 1980s, nurses and nursing organizations responded to provide and support evidence-informed approaches to combating the epidemic and opposing discrimination against people with HIV/AIDS (ANA, 1988, 1992a). Addressing the epidemic—particularly in its early days—required confronting antigay bias in the general population and within the nursing profession as nurses were active participants in discrimination against this community.

In 1992, the ANA House of Delegates voted to oppose policies barring gay and lesbian individuals from serving in the U.S. military (ANA, 1992b). After the military's ban on gay and lesbian service members was modified into a "don't ask, don't tell" policy, ANA supported efforts to repeal that policy (ANA, 2010). This ban ended in 2016. In 2017, executive attempts to create a ban on transgender individuals serving in the military were unsuccessful. ANA again advocated in support of equality and human rights for LGBTQ+ populations serving in the military (ANA, 2017).

Recommendations

1. Nurses in all roles and settings must condemn any discrimination based on sexual orientation, gender identity, and/or gender expression in access to or provision of healthcare.
2. Nurses should defend and protect the human and civil rights of all people, including members of LGBTQ+ populations, providing competent, sensitive, safe, inclusive, and ethical care with cultural humility.
3. ANA will continue to advocate for:
 - Patients and families in LGBTQ+ populations to have equal rights for surrogate decision-making, visiting privileges, and access to loved ones when undergoing care or when hospitalized.
 - Patient information assessment, forms, and other ways of collecting patient demographics (e.g., electronic health records) that use best practice means of collecting sexual orientation and gender identity patient data so that appropriate clinical and culturally sensitive care is provided and identified pronouns are used. It is understood that sexual orientation and gender identity patient information should be considered pertinent patient information shared on a need-to-know basis.
 - Policies and legislation that support equal access to high-quality health care for LGBTQ+ populations.
 - Research and interventions aimed at improving the health, wellness, and needs of LGBTQ+ populations, including collection of data related to sexual orientation, gender identity, and/or expression in research studies.
 - Nurse educators that will help fill the void in knowledge by incorporating the issues of the LGBTQ+ populations as part of the curricula and ongoing nursing education post-training.
 - Accredited nursing education programs that include population health education about systemic inequality, barriers, patient-specific care, and interventions for

LGBTQ+ populations and standardized gender inclusive terminology and documentation.

- Efforts to promote and advocate for public policy that is aimed at improved access to culturally sensitive, high-quality care and treatment of members of LGBTQ+ populations.
- Federal funding to continue advancing appropriate research of LGBTQ+ populations.
- Making behavioral health services available that specifically address LGBTQ+ health.
- Identification of strategies to raise nurses' competency in addressing the needs of LGBTQ+ populations, including the potential impact of personal bias, whether conscious or unconscious, particularly involving the care of LGBTQ+ populations.
- Increasing diversity of the nursing profession to include the LGBTQ+ population

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