

Q1 Evidence Profile

Recommendation Question: What communication strategies should be recommended to improve care for 2SLGBTQ+ people?

Population: Nurses and the Interprofessional team

Intervention: Communication strategies (may include inclusive language, presence of standardized forms and history taking, as appropriate on cancer, HIV and STIs, substance use, depression, suicide, domestic violence/IPV, sexual abuse and standardized forms and documentation)

Comparator: No communication strategies/no standardization in history taking, forms or documentation

Outcomes: Person's safety [Critical]; Person's comfort [Critical]; Diversity in who is disclosing (2-spirit, QTBIPOC) [Important, not found within this literature]; Person's retention [Important, not found within this literature]

Recommendation 1.0: The expert panel recommends that health providers use 2SLGBTQ+ **inclusive language*** and a **person-centred history taking approach**, and **ensure privacy and confidentiality** during interactions with all persons, to be inclusive of 2SLGBTQ+ people.

Setting: All health care settings

Bibliography: 86, 417, 430, 437, 537, 562, 641, 697, 700, 799, 808, 951, 990, 1164, 1295, 1478, 2030, 2072, 2443, 2527, 2551, 3102, 3252, 3511, 4028, 4129, 4157, 5000, 5451, 10321, 11096, 11199, 11204, 6163, 204, 6298, 6569, 1163, 1393

Quality assessment							Study details		Reported outcome		Summary of results	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Country	Intervention	Intervention	Control			
Patient comfort/patient safety: measured with participant experience [qualitative data]													
39	5 systematic reviews of qualitative studies and 34 primary qualitative studies strategies ^a	Very Serious ^b	Not serious ^c	Serious ^d	Serious ^e	Not serious	USA, UK, Canada, Australia, New Zealand, Finland, Sweden, Brazil, Norway	Communication strategies used by health providers resulting in both positive and negative experiences	N/A	N/A	LGBTQ+ people felt more comfortable and safe when health providers used: <ul style="list-style-type: none"> gender affirming and inclusive language, correct pronouns, names and title (Mr., Ms., Mx.), and avoided heteronormative 	⊕○○○ Very Low	Systematic reviews: 204: 208: Bjarnadottir et al., 2016 6298: Lisy et al., 2017 6569: Brooks et al., 2018 1163: Heng et al, 2018 1393: Sbragia & Vottero, 2020 Individual studies:

Quality assessment							Study details		Reported outcome		Summary of results	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Country	Intervention	Intervention	Control			
											and binary language. LGBTQ persons feel comfortable and safe when health providers avoid asking questions not relevant to their care needs or that are based on heteronormative assumptions. This was particularly evident with regard to sexual health history including sexual behaviours and relationships. LGBTQ persons in three of the studies preferred when health providers initiated discussions on sexual health during the clinical encounter. LGBTQI+ persons comfort and perceived safety were improved when care was delivered with enhanced privacy and confidentiality. Health		86: Agenor et al., 2018 417: Eisenberg et al., 2020 430: Floyd et al., 2020 437: Dispenza et al., 2015 537: Meyer et al., 2020 562: Brown et al., 2020 641: Hagen/2014 697: Hines et al., 2019 700: Guss et al., 2019 799: Jahn et al., 2019 808: Grant and Nash, 2019 951: Maragh-Bass et al., 2017 990: Willging et al., 2019 1164: Thonin and Bromstrom, 2018 1295: Ross & Bell, 2017

Quality assessment							Study details		Reported outcome		Summary of results	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Country	Intervention	Intervention	Control			
											care experiences can be particularly harmful for LGBTQI+ persons as a result of breaches in privacy and confidentiality.		1478: Delaney & McCann, 2020 2030: Grant, Nash & Hansen, 2019 2072: Soinio, Paavilainen & Kylma, 2019 2443: Bell & Purkey, 2019 2527: Acosta, Qayyum, Turban & van Schalkwyk, 2019 2551: German/2016 3102: Pennay et al, 2018 3252: Carlstrom, Ek & Gabrielsson, 2020 3511: Stover et al., 2014 4028: Goins et al., 2013 4129: Dodge et al, 2012 4157: McNair, 2012 5000: Pinto et al., 2019

Quality assessment							Study details		Reported outcome		Summary of results	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Country	Intervention	Intervention	Control			
													5451: Samuels et al., 2017 6163: Uhrig et al., 2019 10321: Rounds et al., 2013 11096: Rucker et al., 2018 11199: Dunne et al., 2017 11204: Thompson et al., 2016

Explanations

^aNo quantitative evidence answering this research question was identified.

^b All included studies explored firsthand accounts of health care experience and offered qualitative data. In the absence of quantitative evidence, we are treating these studies as non-intervention, non-randomized studies (cross-sectional or single arm). We downgraded by 2 due to very serious concerns in risk of bias according to the domains of the ROBINS-I tool.

^c Qualitative data was consistent across themes and studies. We did not downgrade.

^d Interventions and communication strategies received by participants varied widely across studies. Outcomes experienced by persons also varied from positive to negative. We downgraded by 1.

^e Number of participants across all studies was over 1000. However, we were unable to ascertain an effect estimate with confidence intervals from the data provided. We downgraded by 0.5.

CERQual Evidence Profile

Recommendation Question: What communication strategies should be recommended to improve care for 2SLGBTQI+ people?

Recommendation 1.0: The expert panel recommends that health providers use 2SLGBTQI+ **inclusive language***, a person-centred history taking approach and ensure privacy and confidentiality during interactions with all persons, to be inclusive of 2SLGBTQI+ people.

This evidence profile relates to the statement “inclusive language”

Aim: To explore the perceived benefits of communication strategies for nurses and the Interprofessional team related to 2SLGBTQI+ health on person’s comfort and safety.

Bibliography: 417, 430, 641, 562, 697, 700, 808, 990, 1164, 1295, 1478, 2030, 2072, 2527, 2551, 3102, 3252, 3511, 5451, 10321, 11096, 11199, 11204, 6 163, 204, 6298, 6569, 1163, 1393

Finding: LGBTQI+ people felt more comfortable and safe when health providers used:							
<ul style="list-style-type: none"> gender affirming and inclusive language, correct pronouns, names and title (Mr., Ms., Mx.), and avoided heteronormative and binary language. 							
Studies contributing to the Finding	Included study designs	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
		Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
24 individual studies: 641: Hagen, Galupo & Paz, 2014 1295: Ross, Castle & Bell, 2017 2551: German et al., 2016 3511: Stover, Hare & Johnson, 2014 10321: Rounds, McGrath & Walsh, 2013 11096: Rucker, Murray, Gaul et al, 2018	641: semi-structured interview with thematic analysis 1295: semi-structured interviews with thematic analysis 2551: semi-structured interview with constant comparative methods 3511: online focus group with content analysis	Serious concerns (Individual studies lacked consideration of reflexivity and ethical issues and several studies had concerns of risk of bias due to selection bias or unclear data collection or analysis methods. Qualitative evidence syntheses had concerns over study selection and data collection.) ^a	No concerns (The studies were representative of the phenomena of interest)	No concerns (The patterns in the data were relatively clear)	No concerns (24 individual studies and 5 qualitative evidence syntheses offering rich data)	⊕⊕⊕○ Moderate confidence	The finding was graded as moderate confidence due to serious concerns over methodological limitations of the individual studies. There were no other concerns related to relevance, coherence and adequacy of data in the evidence.

11199: Dunne, Raynor, Cottrell et al., 2017	10321: focus groups [analysis methods not clear]						
11204: Thompson, 2016							
6163: Uhrig, 2018	11096: in-depth interview with thematic analysis						
417: Eisenberg et al. 2020							
430: Floyd et al. 2020	11199: semi-structured interview with constant comparative analysis						
562: Brown et al. 2020							
697: Hines et al. 2019	11204: focus groups with narrative analysis						
700: Guss et al. 2019							
808: Grant & Nash, 2019	6163: key informant interviews with triangulation						
990: Willging et al. 2019							
1164: Thonin and Bromstrom, 2018	417: semi-structured interviews with thematic analysis						
1478: Delaney & McCann, 2020							
2030: Grant, Nash & Hansen, 2019	430: semi-structured interviews with thematic analysis						
2072: Soinio, Paavilainen & Kylma, 2019							
2527: Acosta et al. 2019	562: semi-structured interviews with thematic analysis						
3102: Pennay et al., 2018							
3252: Carlstrom, Ek & Gabrielsson, 2020	697: semi-structured interviews with content analysis						

<p>5451: Samuels et al., 2018</p> <p>5 qualitative evidence syntheses:</p> <p>204: Bjarnadottir, Bockting & Dowding, 2017</p> <p>6298: Lisy, Schofield & Jefford, 2018</p> <p>6569: Brooks et al., 2018</p> <p>1163: Heng et al., 2018</p> <p>1393: Sbragia & Vottero, 2020</p>	<p>700: semi-structured interviews with thematic analysis</p> <p>808: semi-structured interviews with thematic analysis</p> <p>990: semi-structured interviews with grounded theory iterative coding</p> <p>1164: semi-structured interviews with thematic analysis</p> <p>1478: semi-structured interviews and interpretive phenomenology</p> <p>2030: semi-structured interviews with thematic analysis</p> <p>2072: electronic survey and content analysis</p> <p>2527: semi-structured interviews and thematic analysis</p> <p>3102: semi-structured interviews and thematic analysis</p>						
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	3252: written self-reports and thematic analysis 5451: focus groups with thematic analysis						
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CERQual Evidence Profile

Recommendation Question: What communication strategies should be recommended to improve care for 2SLGBTQI+ people?

Recommendation 1.0: The expert panel recommends that health providers use 2SLGBTQI+ inclusive language, a **person-centred history taking approach*** and ensure privacy and confidentiality during interactions with all persons, to be inclusive of 2SLGBTQI+ people.

This evidence profile relates to “person-centred” history taking approach

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Bibliography: 86, 430, 537, 799, 951, 990, 1295, 3511, 4028, 4157, 11096, 11199, 204, 1163, 1393, 6298

Finding: LGBTQ persons feel comfortable and safe when health providers avoid asking questions not relevant to their care needs or that are based on heteronormative assumptions. This was particularly evident with regard to sexual health history including sexual behaviours and relationships. LGBTQ persons in three of the studies preferred when health providers initiated discussions on sexual health during the clinical encounter.							
Studies contributing to the Finding	Included study designs	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
		Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
12 individual studies: 1295: Ross, Castle & Bell, 2017 4028: Goins & Pye, 2013 3511: Stover, Hare & Johnson, 2014 11096: Rucker, Murray, Gaul, et al., 2018 11199: Dunne, Raynor, Cottrell, et al. 2017 86: Agenor, Bailey, Krieger et al., 2015 4157: McNair, Hegarty & Taft, 2012 951: Maragh-Bass et al., 2017	1295: semi-structured interview with thematic analysis 4028: online survey with thematic analysis 3511: online focus groups with content analysis 11096: in-depth interview with thematic analysis 11199: semi-structured interview with constant comparative methods	Serious concerns (Individual studies lacked consideration of reflexivity and ethical issues and several studies had concerns of risk of bias due to selection bias or unclear data collection or analysis methods. Qualitative evidence syntheses had concerns over study selection and data collection)	No concerns (The studies were representative of the phenomena of interest)	No concerns (The findings in the data were relatively clear)	No concerns (12 individual studies and 4 qualitative evidence syntheses offering rich data)	⊕⊕⊕○ Moderate confidence	The finding was graded as moderate confidence due to serious concerns over methodological limitations of the individual studies and no concerns related to relevance, coherence and adequacy of data.

430: Floyd et al., 2020	86: focus groups with thematic analysis						
537: Meyer et al., 2020	4157: in-depth interviews with phenomenology						
799: Jahn et al., 2019	951: open-ended survey with content analysis						
990: Willging et al., 2019							
4 qualitative evidence syntheses:	430: Semi-structured interviews with thematic analysis						
204: Bjarnadottir, Bockting & Dowding, 2017	537: Semi-structured interviews with thematic analysis						
6298: Lisy, Schofield & Jefford, 2018	799: Semi-structured interviews with thematic analysis						
1163: Heng et al., 2018	990: semi-structured interviews with thematic analysis						
1164: Thonin & Bromstrom, 2018							

CERQual Evidence Profile

Recommendation Question: What communication strategies should be recommended to improve care for 2SLGBTQI+ people?

Recommendation 1.0: The expert panel recommends that health providers use 2SLGBTQI+ inclusive language and a person-centred history taking approach, and **ensure privacy and confidentiality*** during interactions with all persons, to be inclusive of 2SLGBTQI+ people.

This evidence profile relates to ensuring privacy and confidentiality

Aim: To explore the perceived benefits of communication strategies for nurses and the interprofessional team related to 2SLGBTQI+ health on person's comfort and safety.

Bibliography: 437, 3511, 4129, 10321, 2551, 4028, 11096, 11204, 951, 700, 6298, 6569

Finding: LGBTQI+ persons comfort and perceived safety were improved when care was delivered with enhanced privacy and confidentiality . LGBTQI+ persons expressed that health care experiences can be particularly harmful when there are breaches in privacy and confidentiality.							
Studies contributing to the Finding	Included study designs	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
		Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
10 individual studies: 437: Dispenza, Viehl, Sewell et al., 2015 3511: Stover, Hare & Johnson, 2014 4129: Dodge et al., 2012 10321: Rounds, McGrath & Walsh, 2013 2551: German et al., 2016 4028: Goins & Pye, 2013 11096: Rucker, Murray, Gaul, et al., 2018 11204: Thompson, 2016	437: semi-structured interview with grounded theory 3511: online focus group with content analysis 4129: in-depth interviews with thematic analysis 10321: Focus groups [analysis unclear] 2551: semi-structured interview with constant comparative methods	Serious concerns (Individual studies lacked consideration of reflexivity and ethical issues and several studies had concerns of risk of bias due to selection bias or unclear data collection or analysis methods. Qualitative evidence synthesis had concerns over study selection)	No concerns (The studies were representative of the phenomena of interest)	No concerns (The patterns in the data were relatively clear)	No concerns (10 individual studies and 2 qualitative evidence syntheses offering rich data)	⊕⊕⊕○ Moderate confidence	The finding was graded as moderate confidence due to serious concerns over methodological limitations of the individual studies and no concerns of relevance, coherence and adequacy of data.

<p>951: Maragh-Bass et al., 2017 700: Guss et al., 2019</p> <p>2 qualitative evidence syntheses: 6298: Lisy, Schofield & Jefford, 2018 6569: Brooks et al., 2018</p>	<p>4028: online survey with thematic analysis</p> <p>11096: in-depth interviews with thematic analysis</p> <p>11204: focus groups with narrative analysis</p> <p>951: open-ended survey with content analysis</p> <p>700: semi-structured interviews with thematic analysis</p>						
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