

Q1 Evidence Profile

Recommendation Question: What communication strategies should be recommended to improve care for 2SLGBTQI+ 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: Patient safety [Critical]; Patient comfort with provider [Critical]; Diversity in who is disclosing (2-spirit, QTBIPOC) [Important, not found within this literature]; Patient retention [Important, not found within this literature]

Recommendation 1.0: The expert panel recommends that health service organizations implement 2SLGBTQI+ **inclusive forms, documentation*** and signage.

Setting: All health care settings

Bibliography: 86, 430, 537, 641, 697, 700, 951, 1295, 2072, 2443, 2551, 3102, 3511, 4028, 4129, 5000, 5451, 10321, 11199, 11204, 6569 (SR), 1163 (SR), 1393 (SR)

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			
Person safety/person comfort: measured with participant experience [qualitative data]													
23	3 systematic reviews of qualitative studies and 20 primary qualitative studies ^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	LGBTQI+ persons perceived intake forms to enhance comfort and the health care experience when they were provided with a broad range of options beyond binary and heteronormative choices for gender identity, sexual	⊕○○○ Very Low	Systematic review: 6569: Brooks et al., 2018 1163: Heng et al, 2018 1393: Sbragia & Vottero, 2020 Individual studies: 86: Agenor et al., 2018

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			
											orientation and relationship status. LGBT individuals experienced increased comfort and feelings of safety when inclusive signs were present online or in-person, such as a rainbow flag, trans flag or other safe space symbol.		430: Floyd et al., 2020 537: Meyer et al., 2020 641: Hagen, 2014 697: Hines et al, 2019 700: Guss et al, 2019 951: Maragh-Bass, 2017 1295: Ross et al., 2017 2072: Soinio, Paavilainen & Kylma, 2019 2443: Bell & Purkey, 2019 2551: German, 2016 3102: Pennay et al., 2018 3511: Stover et al., 2014

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			
													4028: Goins, 2013 4129: Dodge, 2012 5000: Pinb et al., 2019 5451: Samuels et al., 2017 10321: Rounds, 2013 11096: Rucker, 2018 11199: Dunne, 2017 11204: Thompson et al., 2016

Explanations

^a No 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 2SLGBTQ+ people?

Recommendation: The expert panel recommends that health service organizations implement 2SLGBTQ+ **inclusive forms, documentation*** and signage.

Aim: To explore the perceived benefits of communication strategies for nurses and the IPC related to 2SLGBTQ+ health on patient comfort and safety.

This evidence profile relates to statement “inclusive forms and documentation”

Bibliography: 641, 1295, 2551, 4028, 6569, 10321, 11204, 11199, 430, 537, 697, 700, 3102, 5000, 5451, 1163, 1393

Finding: LGBTQ+ persons perceived intake forms to enhance comfort and the health care experience when they were provided with a broad range of options beyond binary and heteronormative choices for gender identity, sexual orientation and relationship status.							
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		
14 individual studies: 1295: Ross, Castle & Bell, 2017 641: Hagen, Galupo & Paz, 2014 10321: Rounds, McGrath & Walsh, 2013 2551: German et al., 2016 4028: Goins & Pye, 2013	1295: semi-structured interviews with thematic analysis 641: semi-structured interview with thematic analysis 10321: focus groups [analysis method not clearly reported] 2551: semi-structured interview with constant comparative analysis method	Moderate concerns (Individual studies lacked consideration of reflexivity and ethical issues. Several studies had concerns of risk of bias due to selection bias or unclear data collection or analysis methods.)	No concerns (The studies were representative of the phenomena of interest)	No concerns (The patterns in the data were relatively clear)	No concerns (14 individual studies and 3 qualitative evidence syntheses offering rich data)	⊕⊕⊕○ Moderate confidence	The finding was graded as moderate confidence due to moderate concerns over methodological limitations of the individual studies. There were no other concerns in the evidence.

11199: Dunne, Raynor, Cottrell, et al., 2017	4028: online survey with thematic analysis						
11204: Thompson, 2016	11199: semi-structured interview with constant comparative analysis method						
430: Floyd et al., 2020	11204: focus group with narrative analysis						
537: Meyer et al., 2020	430: semi-structured interviews with thematic analysis						
697: Hines et al., 2019	537: semi-structured interviews and thematic analysis						
700: Guss et al., 2019	697: semi-structured interviews with content analysis						
3102: Pennay et al., 2018	700: semi-structured interviews with thematic analysis						
5000: Pinto et al., 2019	3102: semi-structured interviews with thematic analysis						
5451: Samuels et al., 2018	5000: semi-structured						
3 qualitative evidence synthesis:							
6569: Brooks et al., 2018							
1163: Heng et al., 2018							

<p>1393: Sbragia & Vottero, 2020</p>	<p>interviews and content analysis 5451: focus groups with thematic analysis</p>						
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CERQual Evidence Profile

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

Recommendation 1.1: The expert panel recommends that health service organizations implement 2SLGBTQ+ inclusive forms, documentation and signage*.

*This evidence profile refers to the statement “inclusive signage”

Aim: To explore the perceived benefits of communication strategies used by nurses and the interprofessional team related to 2SLGBTQ+ health on patient comfort and safety.

Bibliography: 86, 951, 1295, 2551, 3511, 4129, 6569, 430, 700, 2072, 2443

Finding: LGBT individuals experienced increased comfort and feelings of safety when inclusive signs were present online or in-person, such as a rainbow flag, trans flag or other safe space symbol.							
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: 86: Agenor, Bailey, Krieger et al., 2015 951: Maragh-Bass et al., 2017 1295: Ross, Castle & Bell, 2017 2551: German et al., 2016	86: focus group with thematic analysis 951: open-ended survey with content analysis 1295: semi-structured interview with thematic analysis 2511: semi-structured interview with constant comparative analysis 3511: online focus group	Moderate concerns (Individual studies lacked consideration of reflexivity and ethical issues. Several studies had concerns of risk of bias due to selection bias or unclear data collection or analysis methods.)	No concerns (The studies were representative of the phenomena of interest)	No concerns (The patterns in the data were relatively clear)	Minor concerns (10 individual studies and 1 qualitative evidence synthesis offering moderately rich data)*	⊕⊕⊕○ Moderate confidence	The finding was graded as moderate confidence due concerns over methodological limitations of the individual studies and minor concerns over coherence and adequacy of data.

<p>3511: Stover, Hare & Johnson, 2014</p> <p>4129: Dodge et al., 2012</p> <p>430: Floyd et al., 2020</p> <p>700: Guss et al., 2019</p> <p>2072: Soinio, Paavilainen & Kylma, 2019</p> <p>2443: Bell & Purkey, 2019</p> <p>1 qualitative evidence synthesis: 6569: Brooks et al., 2018</p>	<p>with content analysis</p> <p>4129: in-depth interview with thematic analysis</p> <p>430: semi-structured interviews with thematic analysis</p> <p>700: semi-structured interviews with thematic analysis</p> <p>2072: Soinio, Paavilainen & Kylma, 2019</p> <p>2443: semi-structured interviews and interpretive phenomenology</p>						
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