

# Gender, sexual diversity and professional practice learning

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DOI:

[10.1080/03075079.2018.1564264](https://doi.org/10.1080/03075079.2018.1564264)

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*Document Version*

Peer reviewed version

*Citation for published version (Harvard):*

Bradbury-Jones, C, Molloy, E, Clark, M & Ward, N 2019, 'Gender, sexual diversity and professional practice learning: findings from a systematic search and review', *Studies in Higher Education*.  
<https://doi.org/10.1080/03075079.2018.1564264>

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

3  
4  
5 **Abstract**

6  
7 Research into higher education has shown that for those who identify as Lesbian, Gay,  
8 Bisexual, Trans\* and/or Queer (LGBTQ), universities are places where both direct and  
9 indirect discrimination is experienced. This paper reports the findings from a systematic  
10 search and review on gender and sexual diversity in professional practice placements. This  
11 was part of a broader project exploring the way that students were supported and educated to  
12 provide appropriate support for LGBTQ people using their services and whether students  
13 who identified as LGBTQ experienced specific issues regarding the (non)disclosure of their  
14 gender or sexual diversity in placement settings. Three primary themes were identified.  
15 Environment: which relates to the way that homophobic and transphobic discrimination is  
16 experienced in professional practice. Influence: the importance of faculty on the environment  
17 as both a positive and negative force. Interventions: how students support LGBTQ people  
18 who use their services and how educators intervene with students who identify as LGBTQ.  
19 Our review showed how students in all included disciplines report feeling under-prepared for  
20 the realities of working with LGBTQ people in practice. However there are examples of  
21 positive practices which can support LGBTQ students through navigating disclosure of their  
22 own identities, as well as enabling all students to act as advocates and allies for the LGBTQ  
23 service users and peers/colleagues that they will inevitably work with and alongside,  
24 throughout their careers.

25  
26  
27 **Key words**

28  
29 Diversity, Gender, LGBTQ, Placement, Practice, Sexual  
30  
31

32 **Introduction**

33  
34 The past decade has seen a burgeoning research interest in the issue of gender and sexual  
35 diversity of university students, particularly emanating from countries such as Australia  
36 (Rowntree 2017), Canada (Brondani & Patterson 2011), and the USA (Palladino & Giesler  
37 2014, Behar-Horenstein & Morris 2015; McDowell & Bower 2015, Klein & Nakhai 2016,  
38 Simmons 2017). Within this body of literature a range of disciplines are represented, such as  
39 family medicine (Klein & Nakhai 2016), dentistry (Behar-Horenstein & Morris 2015;  
40 Brondani & Patterson 2011), teacher education (Averett & Hedge 2012, Benson, Smith &  
41 Flanagan 2014), nursing (McDowell & Bower 2015) and social work (Palladino & Giesler  
42 2014; Rowntree 2017). Research within this area has illuminated some endemic problems in

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

47 Many students (irrespective of their sexual or gender identity) spend time on practice  
48 placements as part of their higher education programme, particularly among applied  
49 disciplines such as nursing, social work, law etc. There is a corresponding growth in research  
50 as regards the experience of LGBTQ students on placements, for example, Benson et al.  
51 (2014), Chinell (2011) and Dentato, Craig, Lloyd, Kelly, Wright & Austin (2016). We know  
52 from such studies, that heteronormativity and homophobia are as problematic in these  
53 professional learning environments, as they are in university. There is evidence that this  
54 might impact negatively on a student's comfort and preparedness to disclose their identity to  
55 colleagues and supervisors (Palladino & Giesler, 2014). **What is still unknown however is**  
56 **the nature and depth of the problem across diverse academic disciplines and in different**  
57 **countries. Moreover, little is known about students' perceptions of preparedness in dealing**  
58 **with issues of sexual diversity on placement regardless of their own identity.** The purpose of  
59 this review was to investigate this more fully and gain a fuller picture of the issues  
60 encountered by students. This review of international literature is part of a larger project  
61 undertaken by a UK-based research team: Gender and Sexual Diversity and Professional  
62 Placement Learning Environments (The DAPPLE Study).

### 63 **Review questions**

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

67 For pragmatic reasons we divided this into two separate questions:

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

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

72

### 73 **Methods**

74

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

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

#### 84 *Identification of articles*

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

93 [Insert Table 1]

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

98 [Insert Table 2]

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

107 [Insert Table 3]

108 [Insert Figure 1]

109 The searches retrieved 1,145 records (after removing duplicates) and we identified a further  
110 four through hand searching. After screening titles and abstracts we excluded 1,101 leaving  
111 48 articles for potential inclusion. Scrutiny of full text copies led to removal of a further 26  
112 articles, leaving 22 for inclusion in the review.

113 [Insert Table 4]

#### 114 *Data abstraction and analysis*

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

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

127 [Insert Table 5]

## 128 Findings

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

135 [Insert Tables 6 & 7]

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

143

144 Environment

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

149

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

153

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

156

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

159

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

162

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

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

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

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

#### Influences

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

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



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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:

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

220  
221 Unfortunately, a minority of nurses hold negative beliefs about LGBT  
222 individuals [4]

223  
224 Even well-intentioned providers often feel underprepared to treat LGBT  
225 patients [7]

226  
227 As one nursing student from Richardson and colleagues' study described, mentors in a  
228 clinical setting are just as likely as students to feel uncomfortable supporting LGBTQ  
229 patients:

230  
231 I think maybe a member of staff would feel as uncomfortable as I would feel  
232 [13]

233

#### 234 Interventions

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

238  
239 Supportive faculty who are well trained to confidently challenge  
240 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.

290

291 **Discussion**

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

307

308 Previous research on the experiences of student teachers in teaching practice have reported  
309 that students have limited outness in field placements (Palladino & Giesler 2014), and may  
310 even ‘re-closet’ themselves whilst on placement (Taulke-Johnson 2010). This is due to the  
311 fear of discrimination and also a fear of the stigma that is often associated with being a gay  
312 man working with young children (Taulke-Johnson 2010). Placements do not always feel  
313 ‘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

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

342

343 Trans\* issues in all the studies included were under-represented. Scholars need to conduct  
344 more research on the experiences of trans\* people, educators in particular (Simmons 2017).

345 As regards environment, trans\* students expressed a need for faculty members to create an  
346 atmosphere in which they could express themselves (Duran & Nicolazzo 2017). There are  
347 issues for trans\* students that might force disclosure such as name changes or alterations to  
348 physical appearance (Garvey, Mobley, Summerville & Moore 2018). Transgender people  
349 experience high rates of discrimination in health care settings, which is linked to decreases in  
350 physical and mental wellness (McDowell & Bower 2015). By increasing the number of  
351 nurses who are trained to deliver high-quality care to transgender patients, health inequities  
352 associated with provider discrimination can be mitigated (Klein & Nakhai 2016). Currently  
353 most nursing curricula do not adequately prepare nurses to care for transgender people, which  
354 is attributed to limited teaching time and lack of guidance regarding new topics (McDowell &  
355 Bower 2015). As Dean (2016, p.15) puts it: Nurses feel ‘woefully underprepared to meet the  
356 needs of transgender patients’.

357

358 In the context of nurse education, faculty have significant impact (positively and negatively)  
359 on the campus environment. Perhaps unsurprisingly, their own sexual and gender identity is  
360 influential. For example, a Canadian study found that teachers who identify as LGBTQ are  
361 more likely to promote inclusive educational practices (Meyer, Taylor & Peter 2015). But for  
362 many academics, sexuality is uncomfortable territory (Pearce 2016) and lack of faculty  
363 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



388 placements, and intricacies around coming out whilst on placement (Palladino & Giesler  
389 2014).

390

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

413 Limitations

414 The review has highlighted some important findings and has made a valuable contribution to  
415 the field. It does however have some limitations. We excluded some potentially useful  
416 articles because of their focus. Some articles almost made it into the review, but their focus  
417 was solely on pedagogical description rather than research, with no formal evaluation, for  
418 example McDowell and Bower (2015), Brondani and Patterson (2011), Klein and Nakhai  
419 (2016). Other articles were excluded because they focused solely on faculty rather than  
420 students, such as Behar-Horenstein and Morris (2015), Meyer et al. (2015) and Simmons  
421 (2017). We did not perform a quality appraisal of the literature, and this may limit the  
422 relevance of some of these studies in conveying a sense of pervasive homophobic,  
423 heteronormative environments. There is also a likely positive publication bias in focusing on  
424 the important role of faculty in supporting LGBTQ student populations. **However these**  
425 **articles address a neglected area of higher education research and have been very useful in**  
426 **informing the discussion on professional placement learning in diverse work environments.**

427 **Conclusions**

428 There is a breadth and depth of research around LGBTQ issues for students studying to go  
429 into public facing roles which spans both a wide range of disciplines and appears to be of  
430 global interest. Students in all disciplines report feeling under-prepared for the realities of  
431 working with LGBTQ people in practice. Not only that, they are surrounded by an  
432 environment which is heteronormative and cisnormative, in which in most cases,  
433 homophobic and transphobic rhetoric thrives and is often unchecked and unchallenged by  
434 faculty and staff on campus, and staff and colleagues when on placement. Students who  
435 identify as LGBTQ are likely to feel unsafe to come out as such on placement, or may only  
436 choose to trust one colleague or supervisor, leaving them limited in support for their  
437 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.

445 **References** (\* denotes included articles)

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