

BRANDON ELDREDGE, SUNY Brockport



# LGBTQIA+ Experiences in Nursing Home Settings

“I hear or receive comments about my sexual orientation almost every day” - Jack

*This essay looks at the experiences of queer individuals and their treatment in healthcare settings; specifically, in nursing homes. The essay focuses on the treatment of queer workers in nursing homes based on a personal account and the treatment of queer individuals living in nursing homes based on research and stories.*

## **Introduction and Significance**

Have you faced discrimination that has impeded the way you do your job or live your life? To bring light to this issue, this essay looks at the experiences of queer individuals and their treatment in healthcare settings, specifically, nursing homes. I will be focusing on the treatment of queer workers in nursing homes and the treatment of queer individuals living in nursing homes. This is important because everyone should be able to express themselves freely in whatever profession or home environment they occupy. I hope readers are inspired to stand up for those who are different than them and fight back against discrimination based on gender and sexual orientation. After all, sexual

orientation and gender expression have no bearing on one's ability to do their job or live out their later years.

I am using a case study of a queer nursing home employee and analyzing literature about queer identity to better understand the effects of queer discrimination on healthcare workers and queer elderly populations living in nursing homes. In professional fields dominated by females, society makes an immediate distinction between males doing jobs in these fields and females doing jobs in these fields. In this instance, nursing homes. Since nursing is a female-dominated field, when males decide to join this profession, specifically, queer men, there is an expectation that they must follow a certain way to do the job when there are always multiple ways to do a job.

In addition to this, there seems to be this idea that males who choose to work in nursing homes automatically must be gay. That is not always the case. However, when a nursing home worker is openly gay, there is a focus on this aspect of the person's identity rather than the skills and knowledge they bring to the position. For queer elderly individuals, there is a focus more on their identity than if they are comfortable. Identity has no standing on whether someone should get adequate

care and should not be a reason someone does not receive care they obviously need and deserve. I strongly believe that care and support should be just as much of a priority for nursing home workers, queer ones at that, as it is for the heterosexual elderly populations occupying these nursing homes. The same goes for queer elderly individuals.

### **Background**

For more than half of my life, my mom has been a healthcare worker. She is the one who originally introduced me to the nursing home scene after she transitioned from being a Home Health Aide (HHA) to a Certified Nurse's Assistant (CNA) to her current position as a Licensed Practical Nurse (LPN) at a local nursing home. I volunteered for most of my teen years at the nursing home where my mom still works. Although I spent many hours interacting with other staff and making strong connections with elderly folks living there, I did not realize how much actually happens behind the scenes. I also have made many friendships with other people who are pursuing a health care profession. I guess I just gravitate towards people who want to help and care for others. Even my cousin whose family is super close to mine, is a CNA and has been for almost five years now.

He was inspired by my mom's dedication to the health care profession and that is why he chose to go to school to be a CNA. His name is Jack<sup>1</sup>. He is 22 years old and lives in Northern New York in the Adirondacks. I will get to his story later.

### **Workplace Discrimination and Covering**

Workplace discrimination or bullying on the basis of sexual orientation or gender expression is still a common occurrence despite many years of progress. According to Sears et al. (2021) at the Williams Institute,

About one-third (37.7%) of Lesbian, gay, bisexual, and transgender, queer, intersex, asexual and more (LGBTQIA+) employees reported experiencing at least one form of harassment or discrimination at work because of their sexual orientation or gender identity at some point in their lives (p. 2).

These experiences cause queer employees to begin hiding parts of themselves. This is known as covering. Covering is the process of concealing some aspect of one's identity from others to avoid attention, possible negative interactions, and discrimination

(Tannenbaum Center for Interreligious Understanding, 2015). This often leads to a decrease in work ethic and has a negative impact on mental health. The Tannenbaum Corporate Membership Report goes on to say, "The majority of participants felt that covering was simultaneously detrimental to their sense of self but nonetheless important for their long-term professional advancement" (p. 2). In most instances, people choose to do a job because they have a passion for it and want to be there. That is why so many queer individuals decide to hide their identities either from past discrimination or the fear of it happening again. There is this notion that if queer individuals hide their identity from co-workers, then they will be able to exist peacefully at work and excel in their position. This may help to do that, but it still does not take away from the fact that this is a very isolating action, especially in a nursing home workplace setting where ninety-five percent of your coworkers are female.

Not being able to share oneself with others can greatly affect the way a person does their job. Given this, their interpersonal skills can suffer because they must watch what they say around others. Sears et al. (2021) add that,

<sup>1</sup> Pseudonym

Two-thirds (67.5%) of LGBTQIA+ employees reported that they have heard negative comments, slurs, or jokes about LGBTQIA+ people at work. Many LGBTQIA+ people reported being called or hearing words like “f\*\*\*t,” “queer,” “sissy,” “tranny,” and “dyke” in the workplace (p. 3).

No one wants to have their identity constantly brought up, especially in a derogatory way. This will start to affect the way a person does their job, the way they interact with others, and can be a really isolating thing as it singles a person out and makes them feel different than everyone else. Personally, as a queer individual, I have experienced verbal harassment the most and it seems to be the go-to for those who do not accept LGBTQIA+ individuals. Similarly,

Those who are out to at least some people in the workplace were three times more likely (53.3% compared to 17.9%) to report experiences of discrimination or harassment because of their sexual orientation or gender identity than those who are not out to anyone in the workplace (Sears et al., 2021, p. 3).

This shows how vulnerable queer folks are. To think that identity disclosure is

something that must be considered when applying for a job or even after getting a position would make one’s workplace environment start to feel unbearable. Not to mention, this would make it hard to navigate who would accept you or not if you must be careful about sharing your identity. One existing authentically without the fear of others not approving should be a given, right?

### **Jack’s Story**

Jack is a natural caregiver and derives fulfillment from enriching the lives of the people he takes care of. He is skillful. He is efficient. He is an asset. Unfortunately, Jack has experienced workplace discrimination more than once based on his gender expression and sexual orientation. One experience strongly affected his feelings of safety in the workplace and made him consider quitting. Back in the summer of 2019, Jack celebrated his three-year anniversary working as a Certified Nurse’s Assistant (CNA). For the most part, his coworkers were nice. However, he has experienced discrimination based on his sexuality. There is one incident that was worse than anything he has experienced before. It involves a coworker named Darla.<sup>2</sup>

<sup>2</sup> Pseudonym

After leaving her night shift position and starting on day shift, Darla began working on the floor Jack was working on full time. Within a couple of months of working together, Darla began making comments with her partner/coworker Dawn<sup>3</sup> in reference to Jack liking men and would joke around about this quite often. They even went as far as making comments about Jack and a Registered Nurse who ran the floor that he worked on. It is important to note that Jack was close to this nurse. Darla and Dawn made comments about how they were “butt buddies” because they were both queer. It got to a point that, after this, things were being said that could be heard from people in other departments in the facility.

Jack got fed up with all of this, rightfully, and went downstairs to talk with the director of nursing. He was told that they would investigate it, but after inquiring again about the progress of this investigation, he was told by upper management that nothing could be done; that it was his word against hers since they had no evidence to prove her behavior. After this, Jack still had to work with Darla, and it made him uncomfortable as he had to watch what he said and did around her. Plus, he was

scared that she would say more mean things to him again. This did not stop him from trying to get justice for his coworkers’ behavior. Darla accused Jack of lying and she continued to make comments about his sexuality. This prompted Jack to speak with the director of nursing again. He said, “if she did not do anything why is she still talking about it and why am I still hearing comments being made about my sexuality?” As a result of this, another investigation was started and evidence of her making comments were corroborated by other employees. Sadly, Darla got no severe consequences. The only thing that happened was that she got moved to work on another floor. Not suspension. Not termination. Nothing.

This incident aside, almost every day Jack hears comments about something related to being gay directed at him by coworkers whether it was intended to be derogatory or not. Coworkers are constantly talking about things he wears and will call him feminine, drawing attention to specific pieces of clothing like a mask he chooses to wear or the color of his scrubs. He has even had the assistant director of nursing laugh at comments made by elderly residents about his sexuality. They even went as

<sup>3</sup> Pseudonym

far as going downstairs to tell all of upper management about this comment made by the resident which is VERY unprofessional and hurtful. To make things even worse, they went out of their way the next day to walk up to the floor Jack was working on to tell him that they did that and thought it was funny, as if his sexuality was something to joke and laugh about. NOT.

### **LGBTQIA+ Elderly Discrimination in Nursing Homes**

LGBTQIA+ older adults have long been a marginalized and understudied group. In comparison to their older heterosexual counterparts, LGBTQIA+ older adults are disproportionately burdened by an increased risk of significant illness and disability, which requires special care. Specifically, they face higher risks of sexually transmitted infections, mental illness such as depression, and diseases such as cancer. Unfortunately, “Medical schools continue to teach little or nothing about the unique aspects of LGBTQIA+ health” (Lim et al., 2014, p. 25). This lack of experience allows for improper care of LGBTQIA+ older adults, stemming from internalized sexual stigma, homophobia, and transphobia. LGBTQIA+ adults are less likely to have had children than their

heterosexual peers; those who do are less likely to receive care from their adult children, decreasing their social support circle. They are also more likely to experience “poverty, financial instability, or face higher risks of sexually transmitted infections, mental illness such as depression, and diseases such as cancer” (Lim et al., 2014, p. 27). Lim et al. (2014) confirm this stating, “This may create challenges such as having to rely on nontraditional caregivers (such as friends) in an environment in which such support is frequently not recognized” (p. 27). This also forces these individuals to go into nursing homes since they need extra care that no one else can give them.

Many LGBTQIA+ adults conceal their sexual orientation from healthcare practitioners and fellow older adults in fear of discrimination, denial of care, or having their identity outed. It is disheartening to think that LGBTQIA+ people have struggled for the freedom to be who they want to be for so many years, only to be forced back into the closet as an aging adult due to bias and bigotry. LGBTQIA+ adults simply want to be at ease and have access to the necessary care when and if they require it, without fear of discrimination. Not to mention that, at this point in their lives, they should be placing a greater emphasis on their health rather than the

stress of trying to be comfortable in their living space. Tim Johnston, senior director of national projects at SAGE, highlighted an AARP report issued in 2018, which asked LGBTQIA+ seniors if they were worried about having to hide their identity to access suitable housing when older. According to the report, “34% of all LGBTQIA+ survey respondents reported being at least somewhat worried, as did half [54%] of transgender and gender-expansive participants [those who expand notions of gender expression]” (Mozes, 2021). No one should be afraid to express their identity, especially at a time in their lives when they should be living comfortably. This puts into perspective how many queer adults return to hiding because they are afraid of being discriminated against. This is traumatizing and reinforces the level of covering queer adults have to use.

### **Possible Solutions**

The data above poses the question, how do we begin to combat discrimination of queer workers and queer elderly individuals in healthcare settings, specifically, nursing homes? By 2060, the number of older LGBTQIA+ adults will exceed five million and will account for more than 20 million older adults, including those who do not

publicly self-identify but have engaged in same-sex sexual behavior, or romantic relationships, and/or are attracted to members of the same sex (Seegert, 2018, para. 4).

Therefore, change needs to start happening NOW. So, how does one begin to break down the stigma, the bias, the discrimination? Well, for starters, put LGBTQIA+-positive posters and signs around facilities, employ LGBTQIA+ staff members, use suitable language in day-to-day interactions and procedures such as intake forms, and change rules and practices to be more inclusive of varied backgrounds. Beyond that, everyone, from employees to peers, should start to be exposed to a common idea of a safe space through training and policies. As a matter of fact, “all effective leadership at the highest levels of management should be required to establish a welcoming and nonjudgmental environment” (Landers et al., 2010, p. 328). In addition to this, having individuals for LGBTQIA+ older adults to talk to like case managers or on-site therapy, is important. Developing specific activities to make LGBTQIA+ older adults feel as though they are a part of a community and that the lives they are living are important is necessary. In addition, it is also critical to educate heterosexual older adults that

LGBTQIA+ older adults belong there just as much as they do. Ultimately, it all comes down to being cognizant of the language a person is using.

Unaddressed biases also manifest in the form of microaggressions, “brief, daily assaults on minority individuals, which can be social or environmental, as well as intentional or unintentional” (Foglia & Fredriksen-Goldsen, 2014, p. 4). If people are more cognizant of the language they use, then the level at which microaggressions happen, whether intentional or unintentional, will start to decrease.

Microaggressions directed at LGBTQIA+ individuals include: assumptions that one is married to someone of the opposite sex; being asked, based on this assumption, what one's husband's or wife's name is; being asked to fill out demographic forms that fail to capture the relationship possibilities of LGBTQIA+ individuals, such as “partner” or “domestic partner;” having one's life partner referred to as a “friend;” and directing communication to the patient's adult children while ignoring and isolating the patient (Foglia & Fredriksen-Goldsen, 2014, p. 4). The same authors back this up by saying, “Insults and invalidations can have a negative impact on LGBTQIA+ older individuals' health and decision-making

about whether or not to use services” (p. 5). It is critical to be aware of how one speaks to others and to keep in mind that this is most likely where one will spend the remainder of one's life. Since it is all about them, they should be able to make their own decisions, unless medically otherwise. As a result, making an effort to get to know them is critical to their quality of life in a nursing home.

### **Personal Accounts of LGBTQIA+ Elderly Individuals**

In addition to considering discrimination that LGBTQIA+ nursing home workers may encounter, some researchers have looked at the experience of queer nursing home residents. Gorman's 2016 article, “LGBTQIA+ Seniors Face Discrimination in Long-Term Care,” provides an excerpt to showcase Patrick Mizelle and Edwin Fisher, two gay men featured in figure 1. The partners, who have been together for thirty-seven years, were planning to grow old in their home state of Georgia however, visits to [multiple] senior living communities left them worried that after decades of living openly as gay, marching in pride parades, and raising money for gay causes, they would not feel as free in their later years. Fisher said the places all seemed very “churchy,” and the couple worried about

evangelical people leaving Bibles on their doorstep or not accepting their lifestyle. He thought, “Have I come this far only to have to go back in the closet and pretend we are brothers? We have always been out, and we didn’t want to be stuck in a place where we couldn’t be.” (Gorman, 2016, para. 3). As their tale demonstrates, the worry of not being accepted never goes away, and queer people frequently must navigate environments in such a way that prevents them from being discriminated against. Sadly, because of the biases workers and other older folks have of queer people in the South, Patrick and Edwin had a difficult time choosing a nursing facility to live in which has impeded the way they live their older lives.

Some people plan never to reveal their sexual orientation or gender identity, and others will permit disclosure of their identity only following their death. One example includes an eighty-eight-year-old who revealed, “I am not aware that anyone close to me knows or suspects my sexual orientation. My son once hinted at it but not in recent years. At my death, they will probably find tell-tale clues” (Foglia & Fredriksen-Goldsen, 2014, p. 5). This demonstrates that many

<sup>4</sup> Pseudonym

queer elderly individuals would rather hide their identity than go through discrimination that they feared their whole lives, further supporting the need for acceptance and a fight back against discrimination. If nothing begins to change, many more queer individuals like the woman above will take their identity to the grave without ever getting the chance to live their truth.



Figure 1. From “LGBTQIA+ Seniors Face Discrimination in Long-Term Care,” by A. Gorman, 2016 (<https://www.pbs.org/newshour/nation/lgbtq-seniors-face-discrimination-long-term-care>). In the public domain.

### **Elizabeth**

When I informed Jack about the problems with LGBTQIA+ older individuals hiding their identities to avoid discrimination, he said it reminded him of Elizabeth,<sup>4</sup> a woman he used to take care of in the nursing home where he works. Elizabeth was a fiery and

outspoken woman who didn't hold back when it came to expressing her wants. She was well-known for despising male aides, but she never stated why, other than the fact that she preferred female care, which is a choice she is entitled to make. She would, however, occasionally allow Jack to care for her.

He was assisting her in winding down to go to sleep at one point in particular. He helped her brush her teeth, put on a nightgown, and get into bed. "As you know, I do not like having male care," she replied as he drew the cover up to her neck. "Yes, I do," Jack said, "then why are you letting me take care of you?" "Well, I have not told many people here this, but I am a lesbian," Elizabeth responded. "I appreciate you telling me and trusting me with this information," Jack responded. "Yeah, you are gay, right?" Elizabeth responded. "I am, why?" Jack said, taken aback by the response. "I just had a hunch," she responds, "particularly with the way you hold yourself, and I knew you would accept me anyhow, which is why I do not mind having you look after me."

As illustrated in this narrative, Jack met someone first who was terrified of what would happen if she revealed her identity and did not want her care to suffer as a result. It is terrible to think that to feel at ease in the nursing home,

this woman decided it would be better to hide her true self. This is unacceptable and should not occur, especially in nursing homes, where people are supposed to be enjoying their final years of life.

### **Gender Stereotyping in the Workplace**

Gender stereotypes in the workplace are damaging. Gender stereotyping refers to "the practice of ascribing to an individual woman or man specific attributes, characteristics, or roles by reason only of her or his membership in the social group of women or men" (Office of the High Commissioner for Human Rights, 2021, para. 4). In other terms, when queer or black or brown folk fill certain roles where white cis hetero people are dominant, they face additional scrutiny as a consequence. This is the result of the socialization and pressure. When gender stereotypes are tied to a job, "the authority that people give to the man or woman who works in that position is skewed" (Doering & Thebaud, 2017, p. 2). As an outcome, when men or people who identify as male work in positions that others associate with females, they face negative bias or discrimination. The same is true for women or people who identify as a

woman who work in positions that society associates with men.

Everyone experiences the workplace differently and each person has their own set of privileges or disadvantages that affect the experiences they will have. These experiences are based on things like race, gender, and sexual orientation. Bobbitt-Zeher confirms, “Women first, workers second. The discrimination narratives paint a picture of women workers as viewed first as women, second as workers” (2011, p. 771). In the same manner, men, especially LGBTQIA+ men, are regarded as men first, and their identity as workers is influenced by that masculine identity, which stifles gender expression and disregards sexual orientation. This can affect how someone executes their job who does not fit the norm, for example, men who work as nurses or aides, which is traditionally a female-dominated field. Clarke & Arnold affirm,

A male employed in a female-typed job was rated more ineffectual and less deserving of respect than a male employed in a male-typed job. This is because men engaged in roles traditionally occupied by women leads to the assumption that those men must lack the masculine, agentic traits that we expect of men. (2018, p. 2).

This is a harmful stereotype because a male choosing to be an employee in a female-dominated profession does not always have a correlation to how those individuals express their gender.

Since not every male queer person is feminine, assuming that a man is automatically queer if he works as a nurse or assistant places unrealistic expectations on them to act in a certain way when everyone does their job differently. Not to mention that gender expression is a spectrum and believing someone would act a certain way due to their sex or sexuality creates expectations that may influence how they conduct themselves at work. Since Jack identifies as a male, he oversees most of the large-sized elderly individuals on the unit, or when someone needs help lifting or operating machinery. They use him to perform a majority of the lifting simply because he has that male label. Furthermore, his bosses and coworkers frequently exploit his gender expression by using his status as a queer person. Most of his coworkers assume that because he is queer, he will be more caring than his non-queer male coworkers, feminizing him and his position. Not only that, but ninety percent of the elderly population in Jack's facility is female. So, regardless of his identity, he would most likely be

caring for a female resident. As a result, he has heard his supervisors and coworkers say, "Well, he doesn't like vagina" or "He doesn't swing that way" when talking about him to female residents or amongst themselves, using his identity as a gay male to rationalize why it is okay that he is taking care of them (the females). This is egregious. Even saying it aloud disgusts me and draws unnecessary attention to Jack's identity. It has nothing to do with his ability to provide care for the elderly or justify why he is there in the first place, plain and simple. He was hired for his skills, not because of his identity. Jack says, "I have built a reputation for myself based on work ethic, kindness, and thoroughness of my job and responsibilities. Not who I share my bed with." This speaks for itself.

Jack is also stereotyped by the people he cares for. Many of them inquire about his marital status, asking, "Do you have a girlfriend?" or "Are you married?" When Jack admits, "Of course not, I'm still young," they question, "Are you gay?" Assuming that because Jack is a male and single, not married or settled

down, he must be gay. As well as his position as a nurse's aide. Many of these individuals are unaware that marriage does not necessarily occur at a young age nowadays, so when someone is not, they do not know how to grasp the idea. Associating not being married or in a relationship with sexuality automatically places Jack in a box that he cannot get out of. Unfortunately, regardless of how he tries to defend himself, they look at him differently.

### **A Brief History of Male Healthcare Workers**

Considering gender biases operating for Jack in nursing home care and work, how much do you know about the history of male nurses? According to the U.S. Census Bureau, "less than 10 percent of all registered nurses and aides are men, and traditionally, nursing and aide programs have been largely populated by women" ("Exploring Health Careers," 2018, para. 1). It is a stereotype that nursing is a "woman's profession" since Florence Nightingale<sup>5</sup> founded it in the mid-1800s. With that,

<sup>5</sup> A trailblazing figure in nursing who greatly affected 19<sup>th</sup> and 20<sup>th</sup> century policies around proper medical care (Biography.com Editors, 2021).

“the emergence of Nightingale's reform nurses in the 1860s, coupled with the Victorian class structure and a division of labor based on class, marked the marginalization of men who were in the caregiving role” (MacWilliams et al., 2013, p. 42). Nightingale believed that “the organization and supervision of nursing should be moved out of the hands of men” (Carson-Newman University Online, 2018, para. 3). Long into the eighteenth century, “men dominated the nursing profession; nursing and religious orders had a long history of working with the military” (Carson-Newman University Online, 2018, para. 3). Following the Civil War, this trended downward for nearly a century. To train upper- and middle-class women to be nurses, Nightingale created institutes. Men were “denied admittance to most nursing schools and were prevented from enlisting in the United States Armed Forces as nurses” (para. 3). This contributed to male nurses' invisibility, with the lowest percentage of males reporting nursing as their profession in the 1930s.

In addition, Carson-Newman University Online further iterates, “during as well as after World War II, severe nursing shortages prompted changes that expanded opportunities for professional nurses in the United States,

but these reforms disproportionately benefited women” (para. 4). Men were kept out of the industry for decades due to legislative hurdles, and nursing schools frequently refused to admit male students. In 1955, federal legislation made it legal for males to join the Army and Navy Nurse Corps. By 1960, however, just 40% of nursing programs accepted men, accounting for 1% of all nursing students (para. 4). A licensed male nurse filed a complaint in the United States Supreme Court in 1982. An excerpt from this case states, “The court's decision of *Mississippi University for Women v. Hogan* made it illegal for publicly supported universities to refuse admission to males solely on the grounds of their sex” (Greenhouse, 1982, para. 3).

To support this, MacWilliams et al. contend, “The assumption that it was natural for nursing to be provided by women had the effect of excluding men from the profession” (2013, p. 42). When queer males work in a health care setting dominated by women, they are scrutinized much more closely. This is because queer men are stereotyped as being extremely feminine, which the nursing profession is known for; yet a person should not have to be feminine in order to be accepted in this career. For Jack, there is acceptance for his role, but

he is only “accepted,” as a valid employee because of his sexuality, putting emphasis on that and only that, not because of his skills as an aide. Again, this feminizes him when he does not base his care on femininity but rather his passion for giving the elderly a comfortable place to live out their remaining years. Jack says, “I hear or receive comments about my sexual orientation almost every day; I can't seem to get away from it. For some reason, I feel like people only see my sexuality and not my validity as a worker.”

### **The Fight Against Discrimination Based on Sexual Orientation and Gender Expression Must Continue**

Overall, this essay investigates queer people's experiences and treatment in health care settings, particularly nursing homes. I concentrated on the treatment of queer workers in nursing homes as well as queer residents in nursing homes. This was essential to me because I believe that everyone should be able to express themselves freely regardless of their career or living situation. I hope that those reading this paper will be encouraged to speak up for those who are different from them, and combat

discrimination based on gender and sexual orientation. After all, sexual orientation and gender expression has no bearing on one's ability to do their job or live out their later years.

As a result of my case study of a queer nursing home employee and my review of queer identity literature, I now realize that discrimination has a significant impact on the job performance of queer employees and the elderly residents in nursing homes. Care and support should be just as much of a priority for nursing home workers, queer ones at that, as it is for the heterosexual elderly populations occupying these nursing homes. The same goes for queer elderly individuals. If nursing homes claim to be inclusive and focused on the care of their residents and employees, they must demonstrate this. Words are never as powerful as actions. If they say they are going to do something, they need to follow through. We must fight back against nursing home care and work discrimination based on sexual orientation and gender expression no matter what it takes. If you see or hear something, tell someone. Otherwise, the cycle of workplace discrimination will continue.

## References

- Biography.com Editors. (2021, May 6). Florence Nightingale biography. A&E Television Networks. <https://www.biography.com/scientist/florence-nightingale>
- Bobbitt-Zeher, D. (2011). Gender discrimination at work: Connecting gender stereotypes, institutional policies, and gender composition of workplace. *Gender & Society*, 25(6), 764-786. [10.1177/0891243211424741](https://doi.org/10.1177/0891243211424741).
- Carson-Newman University Online. (2018, August 7). Nursing is the career of the future for many men. *Online Nursing*. <https://onlinenursing.cn.edu/news/nursing-career-future-many-men#:~:text=Florence%20Nightingale%2C%20a%20pioneer%20of,class%20women%20to%20be%20nurses>.
- Clarke, H. M., & Arnold, K. A. (2018). The influence of sexual orientation on the perceived fit of male applicants for both male and female typed jobs. *Frontiers in Psychology*, 9, 656. <https://doi.org/10.3389/fpsyg.2018.00656>
- Doering, L., & Thébaud, S. (2017). The effects of gendered occupational roles on men's and women's workplace authority: Evidence from microfinance. *American Sociological Review*, 82(3), 542-567. <https://doi.org/10.1177/0003122417703087>
- Explore Health Careers. (2018, November 27). Tackling gender stereotypes in nursing. ExploreHealthCareers.org. <https://explorehealthcareers.org/tackling-gender-stereotypes-in-nursing/>
- Foglia, M. B., & Fredriksen-Goldsen, K. I. (2014). Health disparities among LGBT older adults and the role of nonconscious bias. *The Hastings Center Report*, 44(s4), S40-S44. <https://doi.org/10.1002/hast.369>
- Gorman, A. (2016, October 18). LGBTQ seniors face discrimination in long-term care. *PBS News Hour*. Retrieved from <https://www.pbs.org/newshour/nation/lgbtq-seniors-face-discrimination-long-term-care>
- Greenhouse, L. (1982, July 2). Court says school cannot bar men. *The New York Times*. <https://www.nytimes.com/1982/07/02/us/court-says-school-cannot-bar-men.html>

- Landers, S., Mimiaga, M.J., & Krinsky, L. (2010). The open-door project task force: A qualitative study on LGBT aging. *Journal of Gay & Lesbian Social Services*, 22, 316-336.
- Lim, F. A., Brown, D. V., & Kim, S. M. J. (2014). Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: A review of best practices. *The American Journal of Nursing*, 114(6), 24–35.  
<https://www.jstor.org/stable/24466535>
- MacWilliams, B. R., Schmidt, B., & Bleich, M. R. (2013). Men in nursing. *The American Journal of Nursing*, 113(1), 38–46. <https://www.jstor.org/stable/23461373>
- Office of the High Commissioner for Human Rights (OHCHR). (2021). *Gender stereotyping*. United Nations. Retrieved from <https://www.ohchr.org/en/issues/women/wrgs/pages/genderstereotypes.aspx>
- Sears, B., Mallory, C., Flores, A. R., & Conron, K. J. (2021, September). LGBT people’s experiences of workplace discrimination and harassment. UCLA School of Law. The Williams Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/publications/lgbt-workplace-discrimination/>
- Seegert, L. (2018, July 18). National study finds LGBT seniors face tougher old age. *Association of Health Care Journalists*. Retrieved from <https://healthjournalism.org/blog/2018/07/national-study-finds-lgbt-seniors-face-tougher-old-age/>
- Tannenbaum Center for Interreligious Understanding. (2015, January). Identity covering at work—a majority phenomenon. *Tannenbaum Corporate Membership Report*, 4(1). Retrieved from <https://tanenbaum.org/wp-content/uploads/2015/01/2015-January-Corporate-Member-Newsletter-Vol.-4-No.-1.pdf>