

LGBTQ Perceptions of Healthcare Providers

Amanda Geisler, BSN, RN and James Zumpano, BSN, RN Upstate Medical University Hospital, Nurse Residency Program



Background

Patients that identify as LQBTQ+ are in need of a specific type of healthcare that is currently lacking in the health care setting. The ideas of homophobia and heterosexism can lead to neglect among this patient population, along with these patients not receiving the care they need due to lack of education among health care providers. Health care staff need to be educated further on the knowledge and biases toward sexuality and sexual diversity and the need for culturally sensitive care. Evidence suggests that discrimination contributes to elevated health risks of sexual minorities: Increased risk for smoking, alcohol and illegal substance use, suicide attempts, and depression (Sabin, 2015). Addressing the LGBTQ disparities and uniqueness could contribute to better patient outcomes among this specific population and decrease incidences of poor patient outcomes among LGBTQ individuals.

Clinical Question

How do healthcare providers' behaviors and attitudes affect the LGBTQ population perceptions of healthcare quality and outcomes?

Method

A literature search was conducted using the databases CINAHL, Medline, and PubMed. Keywords were LGBTQ, healthcare, homosexuality, medical providers, and LGBTQ health policy. Articles were excluded if they were duplicate articles, lower levels of evidence, or populations not pertaining to the topic. Four articles were reviewed.

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Themes:

Three themes were found when reviewing the literature. Two of the articles emphasized homophobia and heterosexuality. Additionally, three of the articles noted LGBTQ disparity and uniqueness along with healthcare provider insight. Furthermore, all studies emphasized the importance of a need for culturally sensitive care.

Results:

Reserch has emphasized that there is an apparent need for culturally sensitive care regarding the LGBTQ population. Participants felt that this misunderstanding made it possible for confusion to occur during their interactions leading to the possibility of ineffective care (Rondahl, 2009).

Education combined with intergroup contact reduced sexual prejudice. "These strategies should be incorporated into health professional education and continuing education. Education for health providers should include a greater focus on clinical competence and exposure to care of sexual minority patients" (Sabin, et al. 2015, p.1839).

A basic awareness by healthcare providers of LGBTQ issues and terminology was helpful and quality of care was better when the provider was aware that each person is different and asked questions about patient preferences. Providers are often accepting of the sexuality, however they are often uneducated of any real issues the LGBTQ population faces. Younger staff were perceived as more accepting and understanding of patient needs. Education for health providers should include a 'greater focus on clinical competence and exposure to care of sexual minority patients" (Sabin, et al. 2015, p.1839).

There is a need for specialized training and attention to issues regarding the lesbian population that focuses on care that is free from heteronormative ideologies and behaviors on behalf of the providers (Marques, Nogueira, de Oliviera, 2015).

Implications for Practice:

Health clinics and wellness centers are places the LGBTQ population would benefit from sexual health competent staff.

Nurses have a unique perspective in patient care. They are the advocates who inquire about family history, personal habits, and hopefully, sexual health.

The ability of providers to utilize communication strategies when dealing with these populations would greatly enhance the delivery of care.



Conclusion

Health clinics and wellness centers are places the LGBTQ population would benefit from sexual health competent staff.

Suggestions for future research include the presence of sexuality competency courses or incorporating sexual health into the education of health care professionals.

The overall need for a more in depth sexual health course throughout the education of these professions. This evidence should be applied to both practicing nurses and educators. Therefore, it would appear that health care professionals are missing a big piece of the picture when caring for their patients.

Sexuality is a vital piece of humanity and from this aspect of human health has a huge influence on more than just basic care.

As nurses we are required by the ANA Code of Ethics to respect the uniqueness of all patients, however, it appears research suggest differently. Participants were able to perceive attitudes based on the generation of the nursing staff they met. The ability of providers to utilize communication strategies when dealing with these populations would greatly enhance the delivery of care.

In every study the outlier was the need for culturally sensitive and competent care. The presence of ambivalent behaviors from both providers and patients regarding their sexuality can be used as an indicator of the need for better understanding, reception, and education of LGBTQ issues.

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