Journal of Advances in Medicine and Medical Research

25(12): 1-5, 2018; Article no.JAMMR.40721
ISSN: 2456-8899
(Past name: British Journal of Medicine and Medical Research, Past ISSN: 2231-0614, NLM ID: 101570965)

Healthcare Professionals Working with LGBTQ Patients

Abigail Mitchell[1,2*], Megan Somers[2], Amelia Bauder[2] and Denecia Lewis[2]

[1]D'Youville College, Buffalo, NY, USA.
[2]Simmons College, Boston, MA, USA.

Authors' contributions

This work was carried out in collaboration between all authors. All authors read, corrected and approved the final manuscript.

Article Information

DOI: 10.9734/JAMMR/2018/40721
Editor(s):
(1) Ravi Kumar Chittoria, Department of Plastic Surgery & Advanced Centre for Microvascular, Maxillofacial & Craniofacial, Laser Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry, India.
Reviewers:
(1) Ayşegül Akbay, Ankara University, Turkey.
(2) Noor'ain Mohamad Yunus, Universiti Teknologi MARA, Malaysia.
Complete Peer review History: http://www.sciencedomain.org/review-history/24009

Systematic Review Article

Received 24th January 2018
Accepted 30th March 2018
Published 5th April 2018

ABSTRACT

Deficiencies in professional training, ethical care, and clinical competence are underlying contributors to healthcare inequities that result in poor health outcomes for the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. The goal of this paper is to initiate and sustain a sensitive healthcare environment that bridges the gap from traditional approaches for providing care to LGBTQ patients. Training provided on gender and sexuality sensitivity for healthcare professionals is needed to improve communication and to decrease health disparities.

Keywords: LGBTQ; lesbian; gay; bisexual; transgender; queer; healthcare; education.

1. OVERVIEW

People who identify as LGBTQ are members of every community and include people of all ages, races, ethnicities, educational, and socioeconomic backgrounds [1]. *Healthy People 2020* reported that members of the LGBTQ community are considered a "vulnerable population" due to the many health disparities that they face as compared to heterosexuals. The U.S. Department of Health and Human Services (HHS) is actively working to improve the health, safety, and well-being of LGBTQ individuals in response to the many social and health inequities that are prevalent in this community [2]. According to the HHS individuals who identify as LGBTQ are at a higher risk of substance use and abuse, obesity, mental health

**Corresponding author: E-mail: mitchela@dyc.edu;*

disorders, STDs including HIV/AIDS, physical or sexual abuse, and suicide than heterosexual individuals. Research also shows that the LGBTQ population has difficulty accessing healthcare services, obtaining health insurance, and has lower rates of routine follow-up visits for chronic health monitoring and routine screenings [1]. Additionally, once healthcare is sought, this population often faces discrimination due to a lack of cultural sensitivity from healthcare providers or staff members which can further exacerbate healthcare inequities and result in poor patient health outcomes [1]. Healthcare providers can improve the patient experience and promote patient health outcomes by learning how to take a comprehensive health history which includes patient's Sexual Orientation and Gender Identity (SOGI) information, [1]. Every healthcare professional has the ability to support LGBTQ health by learning about and practicing efforts to provide culturally competent and equitable care.

2. VOCABULARY AND KEY TERMS

Gender and sexuality are fluid and therefore a wide variety of vocabulary and terms exist to describe and refer to individuals of varying SOGI. Such terms change over time making it important for healthcare professionals to be aware of the current vernacular in order to practice with sensitivity and respect. While the initialism "LGBTQ" is commonly used today, other current terms that may be less well known to healthcare professionals include two-spirit, gender non-conforming, intersex, and pansexual. Table 1 has been included as a non-comprehensive primer to define terms that may not be known to all readers. For continuity and simplicity, this paper uses the term "LGBTQ" to indicate the full spectrum of minority gender identities and sexual orientations.

3. GATHERING A COMPLETE PATIENT HISTORY

Today, more than ever, it is important to create a healthcare culture that is inclusive of all patients regardless of SOGI, language, religion, socioeconomic status, or other sociocultural factors. Simple, yet powerful changes made within the healthcare environment can help patients feel more accepted and welcomed. For example, Ard and Makadon [1] suggest changing patient intake forms to include a range of SOGI options to replace traditional binary, heterosexual-normalizing choices. These changes may include intake forms that offer open-ended answers and/or the expansion of options for SOGI designation. Alder et al. [3] cited the importance of collecting SOGI data during routine and acute visits for all patients regardless of gender, age, or sexual identity. Comprehensive patient information is needed to provide holistic care, which includes the ability to identify risks and healthcare needs. Such data collection changes are becoming more widespread as the Centers for Medicare and Medicaid Services Meaningful Use government incentive program created a requirement that all electronic healthcare record systems have the capability to collect patient-reported SOGI information by October 2015 [4]. The response to this new practice has been favorable as patients have voiced appreciation of the increased number of SOGI options from which to choose [4]. The initiative to expand the range of responses for SOGI data collection seems to resonate with patients, regardless of the medical charting system or national trends. Cahill et al. found that eighty-two percent of community health patients believed that asking about gender identity is important and seventy-eight percent of patients "strongly agreed" that sexual orientation is essential information to have. Additionally, McGrath, Rounds, & Walsh [5], found that LGBTQ patients actually feel better about the quality of their health care when they can trust their providers with SOGI information. While the routine collection of SOGI data has not yet been implemented throughout the United States, this change in demographic data collection has been recommended by the Institute of Medicine as well as the Joint Commission making it exceedingly likely to become commonplace.

In addition to thorough patient demographic information collection, a culturally sensitive clinic will ask patients their preferred name, preferred pronouns, and will be able to document this information into patient records for reference and future use [4]. Conscientious efforts to use patient-preferred names and pronouns is a simple method of creating a welcoming environment and proffers a sense of inclusion as well a safe and affirming atmosphere for all patients [4,6]. Such acknowledgment of patient preferences can be impactful to multiple aspects of patient health as many of the health inequities that LGBTQ patients face are not inherent to sexuality or gender identity, but rather in direct response to social rejection, exclusion, and prejudice [4].

Table 1. Terms related to sexual orientation and gender identity

Asexual	Does not experience sexual attraction or desire, and perceives this as a lasting, acceptable part of identity, not to be pathological.
Pansexual	Can be attracted to any sex or gender.
Bisexual	Can be attracted to both males/men, and females/women. Concept relies on a binary system of sex and/or gender.
Sex	The biological aspects of being male, female, or intersex. In humans, refers to XX or XY chromosomes, secondary sex characteristics, hormone levels, and other associated physical traits of the body.
Binary System	A system comprised of two opposing parts. Male/female is a binary system for sex, and man/woman is a binary system for gender.
Gender	A complex idea influenced by each of the gender terms below; based on emotional, behavioral, and cultural characteristics. Some people believe that all of gender is a societal construct, whereas others believe that masculine and feminine aspects or energies are universal.
Gender role	A set of "norms" created by a society (societal construct), telling how each gender is "supposed to" behave, dress, and interact with others.
Gender identity	Our internal, personal sense of what our gender is. In one view, everyone has a gender identity. Like sexual orientation, gender identity can be conceptualized as infinite points along a continuum.
Gender fluid	Gender identity that shifts; it may or may not be binary. A gender fluid person may feel like a man some days, and like a woman some days; they may or may not also identify as non-binary or genderqueer, some or all of the time.
Genderqueer	Another term for a non-binary or gender-fluid identity, which also acknowledges the "queer" in a person's sense of self.
Cisgender	Person whose gender identity "matches" the sex of their body and the gender they were assigned at birth.
Transgender	Person whose gender identity does not "match" the sex/gender they were assigned at birth. Trans is sometimes used as an umbrella term for all people who do not identify their gender with the sex they were assigned at birth; however, not all genderqueer, non-binary, or gender fluid people identify as transgender.
Non-binary	A gender identity that does not resonate with the binary system. NB folks may express that they are neither man nor woman, or are some aspects of both.
Agender	Person who identifies as being without gender.
Intersex	Person born with ambiguous genitalia (or other fetal hormone-mediated variations on usual physical expression of sex chromosomes). Refers to biological sex, not gender, although some individuals may feel their gender identity "made sense" once they learned they were intersex.
Transsexual	Person who seeks medical or surgical treatments as part of the process of expressing their gender. A less-commonly used term than transgender, it may be perceived as insensitive or invasive.
Two-Spirit	A term some Native American individuals may use to describe their gender identity and/or sexual orientation in a culturally meaningful way. Not for use without permission by non-Native persons.
Questioning	A process of exploration and discovery about a person's sexual orientation and/or gender. Questioning can also be an identity, which may be temporary, permanent, or fluid. Any pressure to "choose" could be deleterious to an individual's normal, healthy process.

Adapted from Parents and Friends of Lesbians and Gays [PFLAG], (2017), The Trevor Project, (2017).

4. BARRIERS TO HEALTHCARE

LGBTQ patients have historically experienced poorer overall health as compared to heterosexual patients [2] which may be the result of real or perceived bias from the healthcare system. Despite recent societal trends that have increased discussion and education regarding specific healthcare needs of LGBTQ patients, discrimination of LGBTQ patients continues to be prevalent today [7]. Compounding this discrimination, LGBTQ patients may find numerous barriers to initiating and obtaining health care services including fear of

discrimination, refusal of treatment, lack of insurance, and the challenges that accompany changing one's legal name or gender identifier. Older LGBTQ adults may be especially wary of seeking health care based upon negative past experiences interacting with healthcare professionals who were untrained, biased, or otherwise unequipped to discuss SOGI [1]. Studies have found that individuals delay or avoid seeking healthcare services in response to the perception of bias [9]. Patients' lack of trust in the healthcare system is detrimental for health promotion and can lead to poorer health outcomes [1].

5. GAINING COMPETENCE THROUGH EDUCATION AND TRAINING

In order for healthcare professionals to provide compassionate and quality healthcare to patients who identify as LGBTQ, providers must possess a baseline knowledge, and competency in addressing LGBTQ needs and concerns. Despite social progress, clinicians may continue to feel uncomfortable addressing or asking poignant questions about SOGI due to a lack of guidance and training by educational agencies. Many studies found that healthcare educators do not explicitly teach or evaluate competence in the provision of culturally responsive care for LGBTQ patients [10]. The Fenway Institute (2012) noted that effectively serving the LGBTQ population requires clinicians to understand the cultural context of their patient's lives which can be accomplished through inclusive policies and environments, detailed and non-judgmental histories, as well as by learning about the health issues of importance to their patients. Discussion of sexual orientation and gender identity is more commonplace today than in the past however there is still a lack of education and awareness of how to appropriately and openly communicate within this minority population, [11]. Increased education and awareness around the diversity in the LGBTQ community and a good understanding of the somewhat complex acronyms and language that a person may use to self-identify will help to reduce the stigma and avoid unintended discrimination by health care providers [7]. Clinicians may also find it beneficial to reflect upon their own perceptions and beliefs that can hinder equitable patient care. Taking such steps will ensure that all patients, regardless of SOGI, have the opportunity to attain the highest possible level of health [1].

6. CONCLUSION

Research suggests that training and sympathetic awareness of healthcare providers can decrease health disparities for LGBTQ patients. Providing instruction that encourages self-reflection helps staff members become aware of misconceptions, biases, and/or stereotypes that may prevent culturally sensitive care [12]. Improving the patient-provider relationship by creating a more welcoming and inclusive environment will allow for increased trust between both parties and help provide a much-needed primary prevention and treatment atmosphere. Increased cultural competency creates awareness of inclusive patient care, and in turn, may help to eliminate the health disparities of the LGBTQ community.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Ard KL, Makadon HJ. Improving the health care of lesbian, gay, bisexual and transgender (LGBT) people: Understanding and eliminating health disparities. National LGBT health education center: The Fenway Institute. Retrieved from 2012;3.
   Available:http://www.lgbthealtheducation.org/publication/improving-the-health-care-of-lesbian-gay-bisexual-and-transgender-lgbt-people-understanding-and-eliminating-health-disparities
2. U.S. Department of health and human services. (2017). Healthy People 2020. Available:http://www.healthypeople.gov/
3. Maragh-Bass AC, Torain M, Adler R, et al. Risks, benefits, and importance of collecting sexual orientation and gender identity data in healthcare settings: A multi-method analysis of patient and provider perspectives. LGBT Health. 2017;4(2):141-152.
4. Cahill SR, Baker K, Deutsch MB, Keatley J, Makadon HJ. Inclusion of sexual orientation and gender identity in stage 3

of meaningful use guidelines: A huge step forward for LGBT health. LGBT Health. 2016;3(2).
DOI: 10.1089/lgtb.2015.0136

5. Mcgrath BB, Rounds KE, Walsh E. Perspectives on provider behaviors: A qualitative study of sexual and gender minorities regarding quality of care. Contemporary nurse: A Journal for the Australian Nursing Profession. 2013;44(1):99-110.
DOI:10.5172/conu.2013.44.1.99.
6. Cahill S, Singal R, Grasso C, King D, Mayer K, Baker K, Makadon H. Do ask, do tell: High levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. PLoS ONE. 2014;9(9).
DOI: 10.137/journal.pone.0107104.
7. Lee A, Kanji Z. Queering the healthcare system: Experiences of the lesbian, gay, bisexual, transgender community. Canadian Journal of Dental Hygiene. 2017;51(2):80-89.
8. Schramm JM. Seeing our invisible patients: The importance of providing inclusive sexual and reproductive healthcare to LGBTQ populations. Women's Healthcare. 2016;8(13).
9. Kroning M. Dimensions of inclusive care. Nursing Made Incredibly Easy. 2017;15(3): 46-53.
10. McManus AJ. Creating an LGBT-friendly practice: Practical implications for NPs. The American Journal for Nurse Practitioners. 2008;12(4):29-38.
11. Pilgram J. Lesbian, gay, bisexual, and transgender (LGBT) patients: Providing culturally sensitive care. Nursing Practice and Skill. 2017;1-13.
12. Ekstrand KL, Lunn MR, Yehia B. Applying organizational change to promote lesbian, gay, bisexual, and transgender inclusion and reduce health disparities. LGBT Health. 2017;4(3).
DOI: 10.1089/lgbt.2015.0148.

Peer-review history:
The peer review history for this paper can be accessed here:
http://www.sciencedomain.org/review-history/24009