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Health Support directed at Lesbian, Gay and Bisexuals: Socio-demographic Context and Education

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Abstract

Introduction: Promoting the dignity of people and equality of access to care are two fundamental pillars of good healthcare practice. Thus, producing evidence on educating and investigating competencies and practices aimed at lesbian, gay and bisexual (LGB) clients and their determinants constitute synergetic strategies which are necessary to ensure excellent health care for this particular group. **Objective:** To analyse the effects of the socio-demographic conditions and training in the care competence and practices carried out by health professionals for lesbian, gay and bisexual clients.

Methodology: Descriptive study carried out on a sample of 119 Portuguese health professionals, the majority of whom are female with an average age of 37.90 years. **Instruments:** Sexual Orientation Counselor Competency Scale Citation (Bidell, 2005) Correlates of Homophobia and Gay Affirmative Practice in Rural Practitioners (Crisp, 2002), adapted by Pereira & Cunha (2014).

Results: Health professionals with an age ≤ 31 years and with specific training in psychological intervention were shown to have greater affirmative competence. 47.1% were shown to be competent professionals, 26.9% being highly competent and 26% incompetent. The health professionals with the highest competence were also the ones with the best health practices (66.7%).

Conclusion: The results show the existence of a significant association between the socio-demographic variables and healthcare practices. They also show that the health professionals with the least competence also used inadequate healthcare practices for LGB clients. Training in affirmative competencies should provide for ethically guided therapeutic interventions which are culturally accessible and socially inclusive and thus ensuring the effectiveness of health systems.

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1. Introduction

The provision of health support which is perceived as empathetic, safe and free from sexist assumptions allows for the emergence of inclusive healthcare narratives which are capable of promoting the dignity of persons and equity in access to the best clinical practices. Thus, evidence on the skills and practices in dealing with lesbian, gay and bisexual (LGB) patients is produce and the factors thereof determined constituting an influential tool to ensure excellent healthcare for this segment of the population, guaranteeing the effectiveness of health systems.

Bidell (2014) also argues that lesbian, gay and bisexual affirmative and multicultural counsellor training and competency is essential for ethical clinical practice

The position held by the *American Counseling Association*, reflecting acceptance, affirmation and non-discrimination of LGB individuals, has created conflicts for some trainees who hold conservative religious beliefs about sexual orientation. Recommendations for counsellor educators to manage this dilemma should be offered (Whitman & Bidell, 2014).

Health professionals are often faced with lesbian, gay and bisexual clients, and should, as trained professionals, cooperate so that society will accept them as part of different, but normal behavioural patterns (Nogueira, Oliveira, Almeida, Costa & Pereira, 2010).

Another important point to consider is heterosexism, that is, that all clients are heterosexual, lowering the visibility of whoever may have another sexual orientation. In this context, this means that the assumption that all people are at the outset heterosexual is held up precisely by the invisibility of the sexual orientation of lesbians, gays and bisexuals and the invisibility of their relationships, their families and their lifestyles. LGB people need to “come out” in order to be socially recognized as such. However, LGB people have the right to remain imperceptible exactly to protect themselves from discrimination (ILGA, 2014).

Health professionals should therefore undertake training in order to be aware of the complexity involved in homosexuality (lesbian and gay) and bisexuality, so that prejudice and stigma will not occur while providing health care to these clients.

Davies (1996) cited by Crisp (2002) say that health professionals should assume a care model of affirmative practice in dealing with LGB clients, to the extent that one should respect their sexual identity without any kind of homophobia and/or prejudices. People stigmatised and discriminated against deserve special attention from health professionals, because the stigma itself may be a health vulnerability factor and could also compromise access to service and quality of the care provided. As such, vocational training and lifelong learning should be part of the discussion on comprehensive health care, which, in turn, should promote affirmative care practices with regards to LGB clients.

Although transgender people have increasingly become more visible, there still remains a dearth of material in the counselling literature regarding counsellor preparation for this population (O’Hara, Dispenza, Brack & Blood, 2013). The results of the study by Rock, Carlson, Mc George (2010) support the literature, arguing that specific training on affirmative therapy practices should be included as the level of affirmative training was directly related to participants’ self-reported clinical competency working with LGB clients.

2. Methods

This is an observational study conducted in an objective convenience sample of 119 healthcare professionals, the majority of which are female nurses with an average age of 37.90 years, residing in the centre and north central Portugal. The majority claimed to be heterosexual (98.3%), had a life partner (69.7%) with a religious/spiritual orientation (87.4%) but do not assume any political orientation (53.8%).

Most health professionals (58.0%) hold a university degree obtained in national higher education institutions, but 95.8% reported not having specific training in psychological/psychotherapeutic intervention techniques and 90.8% of participants reported having no training on sexual orientation (LGB).

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