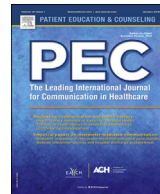




Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Review article

Proportion of patients who disclose their sexual orientation to healthcare providers and its relationship to patient outcomes: A meta-analysis and review

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ARTICLE INFO

Article history:

Received 13 November 2017
Received in revised form 20 March 2018
Accepted 1 May 2018

Keywords:

LGB health
Sexual orientation
Disclosure
Healthcare providers
Patient-centered care

ABSTRACT

Objective: Patient-centered care emphasizes the need to form a therapeutic and trusting relationship between patients and providers in which patients feel comfortable disclosing health-relevant and personal information. It is still unknown how many patients disclose their sexual orientation to providers, under what circumstances and what it is related to in terms of outcomes.

Method: The present meta-analysis and review sought to identify the overall proportion of sexual orientation disclosure to healthcare providers, facilitators and barriers of disclosure, patient populations less likely to disclose, and the relationship between disclosure and outcomes. Thirty-five studies met the inclusion criteria yielding 38 independent proportions. Characteristics of patients, providers, location, and disclosure were extracted.

Results: Sexual orientation disclosure proportions to healthcare providers ranged from .29 to .98. The random-effects pooled estimate was .63 (95% CI: .58, .68). Disclosure compared to nondisclosure was related to more positive direct and indirect health outcomes including higher satisfaction, more healthcare seeking and screenings and better self-reported health and psychological wellbeing.

Conclusion: The overall proportion of disclosure to healthcare providers varied by patient, provider, location, and disclosure characteristics.

Practice implications: These findings emphasize the need for future interventions directed at facilitating disclosure among populations identified as less likely to disclose.

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1. Introduction

Part of providing culturally sensitive and patient-centered healthcare involves providers facilitating patient disclosure of sexual orientation status in order to understand a patient's preferences, needs, and values in a respectful and responsive whole-person approach [1,2]. In line with this person-centered approach, many reports and initiatives call for the routine collection of both sexual orientation and gender identity data to understand and reduce health disparities. Healthy People 2020 recommends that healthcare providers "appropriately inquir[e] about and be . . . supportive of a patient's sexual orientation to enhance the patient-provider interaction and regular use of care" [3]. The U.S. Department of Health and Human Services authorizes collection of health data on lesbian, gay, bisexual and transgender (LGBT) populations [3], and The Joint Commission's LGBT field guide encourages the collection of sexual orientation data [1]. Finally, the Veterans Healthcare Administration (VHA), likely the largest provider of healthcare to LGBT patients [4,5], has approved a gender identity field in the electronic medical record with a sexual orientation field to follow.

1.1. Sexual orientation disclosure in healthcare

Patient disclosure of sexual orientation in healthcare can occur through a myriad of ways including but not limited to written or computer-based intake forms, verbal disclosure volunteered by the patient, or by the provider asking the patient about their sexual orientation. We focus the present study on verbal disclosure to

healthcare providers, as having a conversation with one's healthcare provider about sexual orientation is the only method that indicates a provider has received this information. When these interactions are positive, patients and providers develop trust, rapport, and social support which have been linked to better health outcomes for patients [6,7].

1.2. Health outcomes related to disclosure

For sexual minorities, it is especially important to build a trusting relationship in which patients feel supported and able to share health-relevant information because of the many mental and physical health disparities they face compared to their heterosexual peers [8–10]. For example, lesbian women are less likely to utilize preventive health services and are more likely to suffer from breast cancer, polycystic ovarian syndrome, and obesity [11,12]; gay men and men who have sex with men (MSM) are at an increased risk of HIV [13] and prostate, testicular, and colon cancer [14–17]; bisexual women are less likely to have health insurance and are less likely to self-report their health as good compared to heterosexual women [18,19]; and bisexual men are at an increased risk for mood and anxiety disorders and sexually transmitted infections compared to gay and heterosexual men [20]. In addition, sexual minorities compared to heterosexuals are more likely to have poorer self-reported mental and physical health, substance use and psychiatric disorders and experience significantly higher levels of suicidality and depression symptoms [21–23].

Nondisclosure of sexual orientation can cause a patient to miss out on specialized services, such as LGB-sensitive counseling and

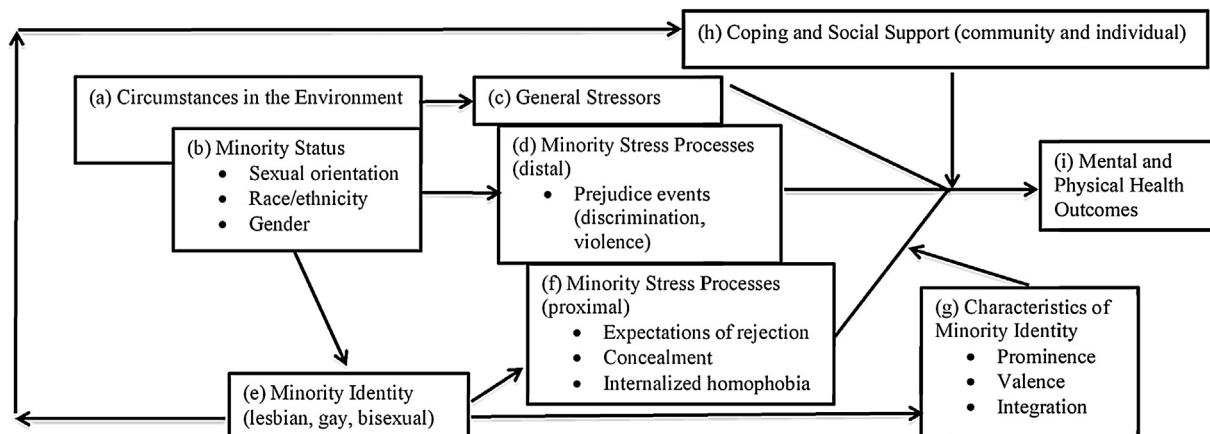


Fig. 1. Meyer's minority stress process among Lesbian, Gay, and Bisexual (LGB) populations [10].

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