Patient Education and Counseling xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

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

Discussion

LGBT healthcare disparities: What progress have we made?

Kathleen A. Bonvicini

Institute for Healthcare Communication, 171 Orange Street, 2nd floor, New Haven, CT 06510-3153, United States

ARTICLE INFO

Article history:
Received 8 April 2017
Received in revised form 24 May 2017
Accepted 2 June 2017

Keywords:
LGBT
Lesbian
Gay
Bisexual
Transgender
Health disparity
Communication training
Physician-patient communication
Nurse-patient
Communication
Training
Education
Cultural competence
Continuing education
Medical education
Nursing education

ABSTRACT

Nearly fifteen years have passed since this author's publication which examined the depth of education and training for medical students and practicing physicians specific to clinical competence in the care of lesbian and gay patients in the United States. Since then, there has been an explosion of research gains which have shed a steady light on the needs and disparities of lesbian and gay healthcare. This rich literature base has expanded to include bisexual and transgender (LGBT) healthcare in peer-reviewed journals. Despite these research gains underscoring a call for action, there continues to be a dearth of cultural competency education and training for healthcare professionals focused on clinical assessment and treatment of LGBT patients. This article will focus exclusively on the current status of medical and nursing education and training specific to clinical competence for LGBT healthcare. We are long overdue in closing the clinical competency gap in medical and nursing education to reduce the healthcare disparities within the LGBT community.

© 2017 Elsevier B.V. All rights reserved.

1. Introduction

There has been a surge in the literature on lesbian, gay, bisexual and transgendered (LGBT) healthcare issues since the time of our previous article published in 2003 [1]. The focus at that time was on the healthcare needs of patients who identified as lesbian or gay. While the terms "gay and lesbian" previously were used to encompass sexual minorities, an expanded abbreviation of "L.G.B.T." was adopted to include bisexual and transgender. The term "transgender" is used to describe people who do not identify with their biologically assigned sex at birth [2]. The expansion of the nomenclature has grown to become even more broadly defined with added initials of Q and I, as in LGBTQI [3]. The 'Q' can mean 'questioning' or 'queer'. Queer has evolved into an umbrella in-group term, formerly used in a derogatory manner to discriminate until it was re-appropriated in the 1990's to reclaim and reflect the whole LGBTQ community. Use of the 'Q' as "questioning" reflects someone who may be in the process of exploration and consideration of his or her sexual orientation or gender identity [4]. 'I' is for 'intersex,' someone whose anatomy is not exclusively male or female" [3]. The continual search for inclusiveness reaches far beyond the binary use of male and female, with more emphasis on a person's gender identity which may be distinct from sexual orientation [3]. While there is no universally agreed upon abbreviation, this article will use the moniker of LGBT when referring to this growing and still medically underserved population in the United States.

The expansion of research efforts has also propelled significant attention from legislators, policy makers and community leaders in the quest for equal rights for the LGBT community, particularly within the United States. In the healthcare arena, recent reports from the Institute of Medicine [4], U.S. Department of Health and Human Services [5], and position statements from the American Association of Medical Colleges (AAMC) [6], American College of Physicians [7] and American Academy of Nursing [8] have called attention to gaps in LGBT training and education for physicians and nursing professionals that have long been overlooked.

E-mail address: kbonvicini@healthcarecomm.org (K.A. Bonvicini).

http://dx.doi.org/10.1016/j.pec.2017.06.003
0738-3991/© 2017 Elsevier B.V. All rights reserved.

Please cite this article in press as: K.A. Bonvicini, LGBT healthcare disparities: What progress have we made?, Patient Educ Couns (2017), http://dx.doi.org/10.1016/j.pec.2017.06.003

1.1. Current disparities in LGBT healthcare

Despite such advances and policy changes, a lack of awareness and stigma persists in our society at large and in many other areas including our healthcare system. For instance, there continues to be reports of negative experiences with health care professionals by lesbian, gay, bisexual and transgendered persons including encountering homophobia and unsatisfactory or unequal healthcare treatment [9,10]. In an online national survey of LGBT physicians, 65% had experienced hearing derogatory comments from healthcare professionals about patients who are LGBT and 34% had witnessed discriminatory care of a LGBT patient [11]. Bearing witness to negative comments and discriminatory LGBT patient care can be profoundly disturbing, particularly for LGBT physicians. This is compounded by the experiences of self-identified gay and lesbian physicians who may also experience issues of heterosexism, homophobia, and hostility in the workplace [12,13].

Sabin and colleagues [14] examined the implicit and explicit attitudes toward lesbian and gay people among healthcare providers that included physicians, nurses, mental health providers, and other providers and found pervasive heterosexual preferences. Another study of lesbian patients who experienced discriminatory behavior from a clinician sought subsequent health knowledge advice online rather than from a professional [15]. Acceptance by healthcare professionals has been even slower for transgender patients, who often face injustice as youth in school, the workplace, and many other sectors of society. A 2011 U.S. survey of 6450 respondents who identified as transgender or gender non-conforming found that 19% reported being refused medical care with even higher numbers among people of color in the survey [10]. The fallout from these unfair practices can be quite significant as evidenced in the unrelenting documented health disparities within the LGBT community.

Quinn et al. [16] noted that failure to elicit sexual orientation and gender identity from patients was akin to a failure to screen or diagnose. This is emphasized in Healthy People 2020, the Institute of Medicine [4], and the Joint Commission [17] which calls for the routine inclusion of sexual orientation and gender identity data within electronic health records [18]. Collection of this critical data provides a foundation for understanding the cultural needs of each patient and provides an opportunity to track and analyze health disparities at the LGBTQ population level. Further, this underscores the "professional duty of clinicians to create safe environments for disclosure of and attention to this important aspect of a patient's social history" [19].

1.2. Medical education

In the effort to reduce health disparities between specific patient populations, cultural competence and cultural humility programs have been the primary yet broadly defined approach for training interventions for clinicians and healthcare personnel. As the research evidence expands to define and understand specific disparities within the subgroups of LGBT, challenges and barriers have been identified, calling for medical educators to develop and embed a set of educational goals and competencies in the curriculum to directly address issues of sex, sexuality, and gender-related clinical care [20].

Medical educators and researchers have highlighted the ethical imperative of the medical profession to reduce healthcare disparities and practice within the healthcare values of social justice, cultural humility and humanism [6]. When physicians do not address sexual orientation openly with patients, they neglect their role in providing appropriate and effective patient education on wellness and disease prevention [21] and decreasing the likelihood of adverse health outcomes.

According to a 2011 survey [22], more than 33% of U.S. medical schools reported 0 h of LGBT-specific content in the curriculum delivered in the clinical years and 6.8% schools reported 0 h in the pre-clinical years. Those schools with specific LGBT content coverage within the curriculum reported a median of 5 h of LGBT content within the standard 4 year curriculum. Further, 43.9% of those surveyed deans and faculty rated the curricular LGBT-content as "fair" [22]. In addition to the number of LGBT curricula content specific hours, Sanchez [23] reported that medical students were more likely to positively view their ability to provide care to LGBT population if they practiced sexual history taking from patients who identified as LGBT patients. Other medical schools have included sexual history taking practice in the curriculum, recognizing that developing clinical competence in conducting an inclusive sexual history is one method lesbian, gay, bisexual, and transgender (LGBT) patients have used to gauge whether a clinician may be LGBT-friendly [24].

These recent surveys of US medical school efforts to include LGBT curricula content contrast modestly with previous ones by Wallick and colleagues in 1992 [25] who reported a national average of 3 h and 26 min across 4 years of undergraduate medical education devoted to homosexuality. Six years later, Tesar [26] reported an average of 2.5 h, with 50% of US medical school curricula containing no content at all on the topic.

Such modest gains in LGBT curricular content hours reflects the ever-present challenges and barriers in medical education despite policy documents and position statements by AAMC [6] underscoring the need for improved healthcare of LGBT patients. Such barriers include a lack of effective curricular materials in increasing learner competence, absence of trained faculty, limited instruction time, faculty perception that LGBT issues are not relevant to their specific courses, LGBT content absent on national exams, and lack of faculty and attending physician role models for discussing sexual orientation, attraction, or gender identify [21].

1.3. Nursing education

The extent to which LGBT specific healthcare issues are integrated within undergraduate and graduate nursing curricula is uncertain. While the American Academy of Nursing issued a policy statement in 2012 endorsing efforts to support LGBT healthcare needs, it lacked specific nursing curricular standards [8]. Furthermore, a review of the nursing literature demonstrates a general absence of LGBT-focused scholarly research in nursing journals and, more specifically, seven of the top ten nursing journals did not publish any articles on LGBT issues from 2005 to 2009 [27]. Similarly, a review of the leading nursing textbooks revealed no practical discussions on LGBT status or relationship patterns [11]. Zuzelo [28] discussed the implications of the absence of LGBT content in nursing journals and textbooks which reinforce rather than challenge students' negative attitudes or misperceptions.

Eliason et al. [11] argued that the nursing profession has not kept up with other health professions in conducting research, issuing policies and practice guidelines, and education to address health needs of the LGBT population. Findings from a survey of nursing faculty from undergraduate schools reported 23–63% of the faculty indicated they never taught LGBT health-related topics in the past 2 years [27]. Moreover, an average of 2.12 h of classroom teaching time was devoted to LGBT health topics for the entire nursing program [27].

Similar to medicine, challenges and barriers exist in the nursing profession that has stalled the emergence of LGBT education within nursing curricula. Despite the belief that teaching nursing students

Please cite this article in press as: K.A. Bonvicini, LGBT healthcare disparities: What progress have we made?, Patient Educ Couns (2017), http://dx.doi.org/10.1016/j.pec.2017.06.003

Download English Version:

https://daneshyari.com/en/article/8945161

Download Persian Version:

https://daneshyari.com/article/8945161

Daneshyari.com