



The Perceptions and Experiences among Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Agender (LGBTQIA+) Patients of Quality of Care with Healthcare Services : A Critically Appraised Topic

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INTRODUCTION

The lesbian, gay, bisexual, transgender, queer/questioning, intersex, agender (LGBTQIA+) community are individuals who do not conform to the social norms of gender, sex, and sexuality.¹ Many healthcare professionals assume that the health needs of LGBTQIA+ individuals are the same as those of heterosexual people however, this is not the case.² These individuals often have a unique set of healthcare needs and commonly experience barriers to healthcare services. A lack of awareness and stigma persists in our society at large and in many other areas including our healthcare system.³ These may result from multitude of reasons such as fear of disclosure of identity due to discrimination, stigmatization, and even harassment.¹ Often times, these stem from a lack of cultural competence, homophobia, transphobia, lack of inclusive language, and attitudes from healthcare providers.⁴⁻⁷ These barriers can create negative perceptions and experiences with the healthcare system and can even prevent them from seeking out healthcare services all together even though this community has a higher risk of health challenges. Investigating the LGBTQIA+ communities perceptions, experiences/interactions, and recommendations to healthcare providers can be effective in decreasing fear, barriers, and improve their overall quality of care and health.

FOCUSED CLINICAL QUESTION

What are the Perceptions of Quality of Healthcare and Experiences among LGBTQIA+ patients?

SEARCH STRATEGY

A computerized search was completed in November of 2022. The search terms used were:
 (Lesbian, Gay, Bisexual, Transgender, Queer) OR (Genderqueer) OR (Non-binary) AND (Discrimination) AND (Healthcare)
Sources of Evidence Searched

- PUBMED
- Google Scholar
- ScienceDirect
- Cochrane
- ProQuest
- CINAHL

Inclusion Criteria
 All articles to be included in the appraisal were required to meet the following criteria:

- Limited to English Language
- Written within the last 10 years (November 2012-November 2022)
- Articles that investigated quality of care among the LGBTQIA+ community
- Articles that included perceptions or healthcare experiences
- Articles that are qualitative studies (Level VI or higher)

Exclusion Criteria
 Articles containing the following criteria were excluded from the review:

- Articles that included specialty healthcare only (oncology, end of life care, OB/GYN, etc.)
- Articles that included a comparison group.
- Articles that only looked at one group within the LGBTQIA+ community

Summary of Evidence Table

Authors	Lykens et al.(2018) ⁴	Quinn et al.(2015) ⁵	Rossman et al.(2017) ⁶	Baldwin et al.(2018) ⁷
Study Titles	Healthcare Experiences Among Young Adults Who Identify as Genderqueer or Nonbinary	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) Perceptions and Health Care Experiences	“The doctor said I didn’t look gay”: Young adults’ experiences of disclosure and non-disclosure of LGBTQ identity to healthcare providers	Transgender and Genderqueer Individuals’ Experiences with Health Care Providers: What’s Working, What’s Not, and Where Do We Go from Here?
Study Design	Qualitative interview	Qualitative survey	Qualitative study (Mixed-methods study)	Qualitative survey
Participants	10 diverse Genderqueer/Non-Binary (GQ/NB) individuals (8 assigned female at birth, two assigned male at birth.) who used they/them pronouns. 50% of sample identified within racial or ethnic minority categories. 9/10 individuals identified as queer for their sexual orientation and 1 identified as asexual. (Ages 23-33. Mean age: 27)	632 anonymous individuals (263 gay men, 158 lesbian women, 38 bisexual men and women, 110 straight men and women) The majority of participants were White, non-Hispanic (93%), married/partnered (78%), and had health insurance (88%). 41.9% identified as gay, 30.1% as lesbian, 18% as straight, 6.2% as bisexual, 2.4% as queer, and 0.5% as questioning. 0.2% identified as a transgender female and less than one percent marked ‘prefer not to answer.’	206 individuals (18-27 years old. Mean age: 23, SD: 1.6) who identify as LGBT or questioning. Over half (60%) had completed one year of college or more. A majority (83%) identified as racial or ethnic minorities and 61% identified as gay/lesbian. 54% identified as female and 39% as male. 4% identified as trans women and 1% were trans men. (74% of sample lived in Chicago)	119 individuals who identified as transgender, non-binary, lesbian, bisexual, pan sexual, or queer. (Age range: 19-62. Mean age: 32) 63% identified as genderqueer, 23.5% as transgender men, 13.4% as transgender women. 80.4% of participants were White with at least an undergraduate degree. 52.9% identified their sexual orientation as queer and 28% described their gender expression as somewhat masculine/butch.
Inclusion and Exclusion Criteria	Participants were included if they identified as GQ/NB, were at least 18 years old, spoke English, lived in the San Francisco Bay Area, and accessed healthcare services within the last 6 months Exclusion: None	Participants were included if they were members of the Equality Florida which included LGBTQ individuals and straight allies. They also had to live in the five counties of the Tampa Bay region. Exclusion: None	Participants were included if they were between the ages of 13-24 and identified as LGBT or questioning. Exclusion: None	Participants were included if they were 18 years old or older, resided in the United States, identified as transgender or gender non-binary or lesbian, bisexual, pan sexual, or queer women. Exclusion: Cisgender women
Intervention investigated	All participants were interviewed using a semi structured guide that included 12 open-ended questions that fit into 1 of 3 domains: Healthcare experiences, barriers, and desired improvements. These were audio recorded and lasted approximately 1 hour each.	All participants completed a web-based survey that included 60 items and included open ended questions. The survey was divided into 4 categories: demographics, knowledge, attitudes, and behaviors.	All participants completed computer-based assessments and semi structured interviews at a large LGBTQ community center. Participants were asked whether or not they had disclosed their LGBTQ identity to their healthcare provider. Then were asked a follow up, open-ended question based on their response about why or why not.	All participants completed a survey that included 65 items and included open ended questions. The survey was divided categories: socio-demographics, general and sexual health, gender and sexual identity, healthcare access and use, and experiences and interactions with clinicians.
Outcome Measures	Identify themes of healthcare experiences of GQ/NB individuals and areas of needed improvement	Identify attitudes, health knowledge, and experiences with healthcare setting and providers of LGBTQ individuals and areas of needed improvement.	Identify experiences and explanations with the choice of disclosing or non-disclosing their LGBTQ identity with healthcare providers	Identify interactions with health care provider post-identity disclosure and what these individuals want healthcare providers should know about caring for transgender and gender non-binary (TGGNB) patients.
Main Findings/Results	4 themes were identified: <ul style="list-style-type: none"> Providers inability to see beyond the transgender binary. Lack of cultural competence in providing to GQ/NB care. “Borrowing” the trans label. Participants found that adopting the transgender label enabled them to access services with fewer negative interactions. Transgender specific services fall short. 	Descriptive statistics were used to present the survey responses. 67% of participants reported they always or often disclosed their sexual orientation/identity to a healthcare provider and less than 10% had negative reactions. When participants disclosed their sexual orientation or identify few had negative reactions. Healthcare settings with equality signs and gender-neutral language were perceived as safer. Participants expressed a need for respect, equal treatment, and overall inclusiveness. This includes staff training, more partner involvement and visitation rights, and improvement of health intake forms and environment.	68% of participants reported having a medical checkup in the past year; 8% were HIV positive; 43% did not have health insurance; 26% did not have a specific location where they sought medical care. 63% indicated that they disclosed their LGBTQ identity to healthcare providers and 37% did not. 99% provided written responses about their disclosure or non-disclosure. Reasons for non-disclosure of LGBTQ Identity included: <ul style="list-style-type: none"> Provider factors in non-disclosure. Resistant to disclosure. Identity not relevant to healthcare. 	Descriptive statistics was used to report demographic characteristics. Characteristics of positive clinician-patient interactions: <ul style="list-style-type: none"> Using inclusive language. Knowledgeable and experienced with TGGNB health. Treating identify disclosure as routine Characteristics of negative clinician-patient interactions: <ul style="list-style-type: none"> Misgendering. Lack of information and experience. Transphobia. What providers should know: <ul style="list-style-type: none"> Have essential, basic knowledge about TGGNB health/language. Don’t assume anything. Include TGGNB patients in medical training. Don’t expect to be educated by the patient. Ask only medically or psychologically relevant questions. Be aware of your own bias. Create a welcoming environment and try not to refer TGGNB patients out.
Level of Evidence	Level VI	Level VI	Level VI	Level VI
Evidence Quality Score	N/A	SORT: B	N/A	SORT: B
Support for the answer	Yes	Yes	Yes	Yes

RESULTS

A lack of cultural competency often led to genderqueer and nonbinary patients feeling misunderstood by their providers.⁴ Policies and procedures need to be updated or changed to tailor more to LGBTQIA+ patients.⁵ LGBTQIA+ patients sometimes elected not to disclose their identity due to internalized stigma, lack of inquiry, or a belief that health was not related to identity. However, those who do/did disclose, experienced reactions ranging from discrimination/disbelief to affirmation and respect.⁶ Inclusive language and culturally competent providers provided better experiences for transgender and genderqueer patients.⁷ Conversely, a lack of cultural competency, misgendering, and transphobia all led to negative experiences with healthcare providers. Some things LGBTQIA+ patients wished providers knew included knowledge about unique health concerns, create welcoming environments, and to not expect to be educated by the patients.⁷

CLINICAL BOTTOM LINE

LGBTQIA+ individuals felt most providers did not have the knowledge to adequately understand/care for their unique health care needs. Patients had positive experiences when health care providers used gender inclusive language, exhibited cultural competency, treated disclosure of identity as routine, and created welcoming environments. LGBTQIA+ patients had negative experiences when health care providers lacked cultural competency, misgendered, and were transphobic or homophobic. Overall, there was a wide range of reactions when patients decided to disclose their LGBTQIA+ identity to health care providers. These ranged from discrimination and disbelief to affirmation and respect.

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