Evaluating experiences of healthcare providers and administrators for LGBTQ+ inclusive care and affirmative practices

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Abstract

Background: Affirmative care has been recognized as a best-practice form of service for the LGBTQ+ population. However, little is known about what health care providers and administrators are doing to transform towards affirmative and inclusive care practices. The purpose of this study was to: (1) measure the experiences of providers and administrators on their affirming and inclusive practices or those who are in the process and (2) provide recommendations for sustainable affirming and inclusive care practices. This study sought to develop a new instrument to measure the experiences of health care providers and administrators, including awareness, barriers, knowledge, and resources of the LGBTQ+ community.

Methods: A mixed-methods approach was used to obtain qualitative and quantitative data. An online survey was sent via email and electronic flyer to health care providers and administrators to evaluate experiences of becoming more affirming and inclusive by transforming their practices. Essential components from the literature that enable the incorporation of LGBTQ+ inclusive care practices were assessed.

Results: Health care providers and administrators (N = 159) from across 11 different states answered the online survey. The survey instrument achieved acceptable internal validity (Cronbach's alpha = 0.7). Organizational change in health care is challenging but achievable. With support, incremental and sustainable changes are possible and would benefit the patient population in receiving optimal care.

Conclusions: Essential components from the literature were detailed. Notably, among the health care providers and administrators responding, there were limited barriers to transforming their environment. Future implications for research show that openness, vulnerability, curiosity, and other personality traits should be considered along with education, physical environment, and training. This research provides a structure that hospitals and other health care and public health organizations can use to better align their facilities with inclusive and affirmative health care practices.

Learning Objectives

❖ Are practitioners looking to transition their practices to be more inclusive and affirming? If so, what can they do to make this transition?

❖ What are the barriers to making the transition to a more LGBTQ+ inclusive and affirming practice?

❖ What are the recommendations and best practices for practitioners and administrators who are looking to make more inclusive and affirming environments?

Results

❖ Respondents were health care providers (47.41%, n = 64), health care administrators (12.59%, n = 17), both administrator and provider (6.67%, n = 9), while (33.33%, n = 45) were neither administrator nor provider. Representatives from (N = 11) states answered the survey, with most respondents being from Kansas and Missouri.

❖ Majority self-identified as female (85.00%, n = 51), white (93.65%, n = 59), non-Hispanic (93.33%, n = 56), and heterosexual (66.67%, n = 40).

❖ Respondents either disagreed or strongly disagreed to many of the barriers to implementing a more LGBTQ+ friendly practice (38.3%; n = 61).

❖ Reasons for not implementing a more LGBTQ+ friendly practice vary among respondents, with the most significant response for barriers being, "While I have done some things to create a more inclusive environment, I also feel that there isn't much more that I can do" (22.95%; n = 14).

❖ Nearly ¾ of respondents (74.14%; n = 43) were interested in learning additional ways to transition their environment to an inclusive and affirming practice setting.

Essential Components for High-Quality Inclusive LGBTQ+ Care (Menkin et al., 2020).

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Discussion

❖ Many health care providers and administrators are transforming and are open to transforming their environments to become more inclusive and affirming.

❖ Notably, among the health care providers and administrators responding, there were limited barriers to transforming their environment.

❖ This presents implications for future research because it shows that openness, vulnerability, curiosity, and other personality traits should be considered along with education, physical environment, and training. Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care.

❖ Efforts to improve health in the United States have traditionally looked to the health care system as the key driver of health and health outcomes. However, there has been increased recognition that improving health and achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health.

Recommendations

❖ Respondents recommend training specific to the LGBTQ+ community and to update electronic medical records (EMR) to include inclusive language and options. We suggest starting with videos, webinars, some educational materials as finding and implementing the right training for the workforce in any given health care system is challenging.

❖ Recommended conferences and educational opportunities for providers to gain more knowledge around LGBTQ+ identities and healthcare concerns include Fenway Institute National LGBTQIA+ Health Education Center, US Professional Association for Transgender Health (USPATH), World Professional Association for Transgender Health (WPATH), The National LGBTQ Health Conference, and Health Professionals Advancing LGBTQ Equality (GLMA).

❖ The Health Equity Transformation Assessment, an electronic assessment tool, which provides hospitals and health systems with their current position on the health equity journey (American Hospital Association, 2021).

❖ The Equity Roadmap, a tool designed to help members and the health care field dismantle structural barriers, advance equitable health outcomes and systems in the communities they serve and accelerate health equity (2021).

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