



Lesbian-, Gay-, Bisexual-, Transgender-, Questioning- or Queer-, Intersex-, and Asexual-Inclusive Health Care Versus Traditional: Comparing Patient Satisfaction



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Background

- Despite equal rights efforts, LGBTQIA+ individuals remain vulnerable and continue to encounter considerable social and structural inequalities, such as discrimination, exclusion, oppression, and stigmatization.
- These inequalities persist as major barriers to high-quality health care and place LGBTQIA+ individuals at significant risk for disparities in health outcomes due to their sexual orientation and gender identity (SOGI).
- Mitigating these health-related disparities and meeting the unique health care needs of LGBTQIA+ individuals necessitates healthcare settings that are inclusive, safe, and welcoming, and health care professionals that are LGBTQIA+ culturally competent.
- Creating an inclusive, safe, and welcoming environment in which LGBTQIA+ individuals can establish trust and open and honest communication with their health care providers can improve provision of care, patient satisfaction, and ultimately their health and well-being (National LGBTQIA+ Health Education Center, 2016).

Methodology

- Study Design:** An on-line questionnaire study conducted using a nonexperimental, nonrandom, cross-sectional study adhering to a quantitative methodology.
- Sample & Setting:** A nonrandom convenience sample of LGBTQIA+ individuals (n=56) was selected, and study participants were invited to participate in this study via an on-line survey link by way of Qualtrics. Study participants were obtained through LGBTQIA+ organizations and on-line communities, not through a clinical setting. Snowball sampling was also utilized.
- Procedure and Ethical Considerations:** Expedited review for this study protocol was awarded and study protocol approval was obtained from Edinboro University's Institutional Review Board. The consent to participate in this study was embedded in the Qualtrics on-line survey and obtained prior to entering the survey.
- Inclusion Criteria:** Self-describing or self-identifying as LGBTQIA+, being a member of the LGBTQIA+ community, and being ≥ 18-years old.
- Measure:** The Short-Form Patient Satisfaction Questionnaire (PSQ-18), an 18-question instrument measuring satisfaction with medical care, was utilized to evaluate the difference in patient satisfaction scores between LGBTQIA+ individuals who receive health care from LGBTQIA+ inclusion clinics and LGBTQIA+ individuals who receive health care from traditional clinics.
- Data Collection:** Data were collected utilizing an electronic version of the PSQ-18 over a 3-week period.

Conclusions

- Although the findings of this study did not demonstrate statistically significant differences in patient satisfaction between LGBTQIA+ respondents who receive health care from LGBTQIA+ inclusion clinics and those who do not, based on a comprehensive examination of relevant research, it was concluded that LGBTQIA+ inclusion health plays a critical role in improving patient satisfaction, eliminating health disparities and inequities, and improving the health and well-being of LGBTQIA+ individuals.
- Lack of access to safe, culturally competent and sensitive, and inclusive health care will further perpetuate the widespread health disparities and inequities suffered by LGBTQIA+ individuals (Kuzma et al. 2019).
- To advance the health of LGBTQIA+ individuals and achieve health equity, safe, affirming, and inclusive healthcare environments must be created for these individuals.

Study Aim

- This study aimed to evaluate the difference in patient satisfaction scores between LGBTQIA+ individuals who receive health care from LGBTQIA+ inclusion clinics and LGBTQIA+ individuals who receive health care from traditional clinics.

Inclusive Health Care

Leadership dedicated to LGBTQIA+ inclusion efforts; Policies protect LGBTQIA+ people; Welcoming environment; Health forms reflect LGBTQIA+ people; Partnering with the LGBTQIA+ community; Cultural competency training; Collection of SOGI data; Inclusive sexual health histories; LGBTQIA+ health care needs met; LGBTQIA+ recruitment and retention (National LGBTQIA+ Health Education Center, 2021).

Sociodemographic Data by Clinic Type: Sexual orientation, gender identity, age, race and ethnicity, education level, employment status, income level, and insurance status were collected from 56 survey respondents (n=56). The sample collected was primarily white 85.7% (n=48), highly educated, with high salaries. 50% (n=28) of the respondents have a Bachelor's degree, 28.5% (n=16) have a Master's degree, and 55.3% (n=31) earn salaries greater than \$100,000 annually. Most respondents 87.5% (n=49) identified as cisgender. 100% (n=56) of the respondents have health insurance. 66.1% (n=37) of the respondents indicated that they did not seek health care from LGBTQIA+ inclusion clinics, whereas 33.9% (n=19) indicated they did.



Results

- Data Analysis:** To test for differences in patient satisfaction amongst LGBTQIA+ respondents who receive health care from LGBTQIA+ inclusion health clinics and LGBTQIA+ respondents who receive health care from traditional health clinics, the independent samples t-test was conducted on each sub-scale and overall scale of patient satisfaction.



This resulted in an **unbalanced study design** for the independent samples t-test making it harder to reject the null hypothesis

- Statistical Significance:** There was **not** a statistically significant difference in mean values between groups.
- Sub-scales:** Four of the six scales tested had between **34.22%** and **37.52%** chance of correctly rejecting the null hypothesis.
- Communication Sub-scale:** Respondents who went to inclusion clinics had **significantly higher** communication satisfaction than those who did not, as the distributions in the two groups **significantly** differed.
- Time Spent with Doctor Sub-scale:** Only had a **7.43%** chance of correctly rejecting the null hypothesis.
- Income Level:** There was a **non-significant** positive correlation between high- and lower-income earners and patient satisfaction.

Recommendations

- Further research is needed with larger sample sizes to investigate the relationship between receiving health care from LGBTQIA+ inclusion clinics and improved patient satisfaction and whether there is a difference in patient satisfaction between those who receive health care from LGBTQIA+ inclusion clinics and those who do not. Underserved LGBTQIA+ individuals were not well sampled in this study and future researchers should make a concerted effort to collect data from these historically under sampled populations. Future research may evaluate the utilization of LGBTQIA+ inclusion clinics and their association with mitigating health disparities and achieving greater health equity. To obtain a larger sample size and a less homogenous sample, future researchers may wish to consider a simple random sampling recruitment method and target communities with a higher density of LGBTQIA+ individuals. Because study respondents who went to LGBTQIA+ inclusion clinics had significantly higher communication satisfaction than those who did not, the impact of culturally competent communication on improved patient satisfaction should also be investigated further. Due to enduring knowledge gaps in LGBTQIA+ health awareness and readiness amongst health care professionals, further research is recommended to evaluate their training needs.

Implications for Practice

- Advanced practice providers (APPs) play a pivotal role in transforming health care for LGBTQIA+ individuals and must align their practices with their ethical duty of delivering equitable and culturally competent care to LGBTQIA+ individuals.
- Offering LGBTQIA+ patients culturally congruent care requires APPs to become more aware of their own attitudes, beliefs, and prejudices toward working with the LGBTQIA+ community.
- To ensure preparedness in caring for this vulnerable population, it will be imperative that APPs receive adequate cultural competency training.
- Because advanced practice nurses are dutybound to advance the profession of nursing through knowledge dissemination (ANA, 2015), it will be equally imperative that they not only apply this knowledge to their own practices, but to disseminate this knowledge to their fellow nursing colleagues and other interprofessional team members.
- This research study provides direction for APP researchers to further investigate whether the health care provided by LGBTQIA+ inclusion clinics results in improved patient satisfaction for the LGBTQIA+ community.
- Nursing professionals are integral in removing institutional barriers to high-quality health care for LGBTQIA+ individuals, and they have the capacity to positively influence change against stigma and discriminatory practices within their respective practice settings.

References

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