**Kelsee Hays PICOT Assignment**

**Question:**

How do LGBTQ patients who receive sensitive care compared to LGBTQ patients who don't receive sensitive care perceive discrimination and acceptance of healthcare providers?

**Summary:**

In our world today, there seems to be an increasing amount of people who are a part of the LGBTQ community.  There is no question that the LGBTQ community faces discrimination and hate almost everyday of their lives. Because of this, the LGBTQ community is at an increased risk for health disparities (Lim et al., 2018). Some of the health disparities that these patients face include: increased attempts of suicide, increased risk of asthma, bullying, smoking, cardiovascular disease, and HIV (Lim et al., 2018). What we can do as nurses is educate and advocate for tests while taking care of these patients. In the article, "Delivering LGBTQ-sensitive care," the author writes that although public acceptance of the LGBTQ community is slowly increasing, "the additional burdens of stigma, prejudice, and homophobia have led to unique health risks, including premature death." Its important to realize that these patients don't want to be seen by a healthcare provider because the judgment that they face. In the article, "The doctor said I didn't look gay: Young Adults Experiences of Disclosure and Non-disclosure of LGBTQ Identity to Healthcare Providers," the authors state, "LGBTQ patients report alarming rates of identity-based discrimination in healthcare settings, with 10% of LGB and 21% of transgender patients experiencing harsh or abusive language and 8% of LGB patients and 27% of transgender patients having been refused care." The experiences that these patients have with healthcare providers decreases the likelihood that LGBTQ patients will seek care again (Rossman et al., 2017).  Non-disclosure of LGBTQ identity is also something that these patients experience. Non-disclosure can happen from past experiences or the patient can be adjusting to their new identity and are not comfortable yet. Although this might be somewhat better that being judged or verbally abused, healthcare providers may assume that the patient is heterosexual and provide care from a heterosexual perspective (Rossman et al., 2017). In the article, the authors conducted a study and one of the goals of the study was to evaluate the patient experience and healthcare provider reaction when disclosing identity information. The participants were instructed to answer questions based on whether they disclosed their gender identity or not. If the participants did not disclose their identity, they were asked why they didn't tell their doctor about their identity. If the participant disclosed their identity, they were asked how the doctor reacted. By asking these questions, it allowed the participants to share their experiences. For those who did not disclose their identity, the subthemes included: non-relevance, conditional disclosure, discretion, ambivalence, stigma, lack of inquiry, and provider/patient relationship. Some of the reasons that the participants gave were that the provider didn't ask, identity is personal information, concerns of negative reactions, and that their identity is not relevant to their health (Rossman et al., 2017). Just from seeing these results, you

can tell that these patients lack the confidence and trust to be able to talk to their doctors about their health concerns and personal information because of their identity. For those participants that did decide to disclose their identity, the study placed their experiences into four different themes which included: provider knowledge, provider attitude, communication, and patient expectations of providers. (Rossman et al., 2018). For this group of participants, there were positive and negative outcomes for disclosing their identity. Some of the participants described that the provider was uncomfortable, behaved in a discriminatory manner, and that they indicated negative feelings about their identity through verbal and nonverbal communication. While some patient experiences were negative, other participants had more positive experiences. Some participants described that the provider indicated their comfort, they reacted positively, the provider was accepting, positive, and friendly, and that they were still going to provide care even after the identity disclosure. Some of the participants described that the providers also identified as LGBTQ (Rossman et al., 2018). It is great to see that some of these participants had great experiences with the healthcare providers. While these participants had great experiences, it is important to remember that other participants had negative experiences which ultimately leads to not seeking medical attention in the future. "The American Nurses Association believes respect for the inherent dignity, worth, unique attributes, and human rights of all individuals is a fundamental principle. ANA's Code of Ethics with Interpretive Statements establishes the ethical standard for the profession to advocate for social justice and human rights, especially for those whose rights may be more easily violated or not fulfilled" (ANA, 2017). The statement above is the statement in support of equality and human rights for the LGBTQ community. In my personal opinion, there shouldn't even be a need to have a separate statement for this community. As healthcare workers, we should be able to treat and care for everyone the same, no matter their identity. As nurses we can be the ones to start the change and make sure that every patient is receiving safe and sensitive care. One of the ways we can deliver safe and sensitive care is by using patient-centered communication (Lim et al., 2018). When communicating with our patients, it is important to remember to have LGBTQ sensitive communication skills. We can ensure this by using their specific pronouns and being conscious of any other names that they would like to be called other than their name given to them at birth. Another thing we can do is ensure that all staff members are aware of the patient and their requests. One way to continuously improve safe and sensitive care to the LGBTQ patient population is to hold all staff members accountable when using the correct pronouns and while communicating with the patients (Lim et al., 2018)

**Conclusion:**

After reading through my resources, I have come to the conclusion that although some LGBTQ patients have good experiences with healthcare, it is important to remember those who have not. We, as nurses, can make the change to deliver safe and sensitive care to these patients and their families. It is important for healthcare workers to become educated on how to talk to these patients and how to treat them. The findings from the study show us how the healthcare providers are trained to work with the LGBTQ young adults and support continued emphasis on

improving provider-patient interactions (Rossman et al., 2017).  As the LGBTQ community continue to grow, it is important that healthcare providers continue to use best practices to care for this population (Lim et al., 2018). The LGBTQ patients who receive safe and sensitive care have better health outcomes that those who do not receive safe and sensitive care. By delivering safe and sensitive care to the LGBTQ community, we can decrease the amount of health disparities that this community faces.

**Resources**

**Primary Article**

Lim, F., Paguirigan, M., &amp; Cernivani, D. (2018, July). Delivering LGBTQ-sensitive care: Nursing2020 critical care. LWW. Retrieved November 11, 2022, from https://journals.lww.com/nursingcriticalcare/Fulltext/2018/07000/Delivering_LGBTQ_sensitive_care.3.aspx

**Secondary Article**

Rossman, K., Salamanca, P., &amp; Macapagal, K. (2017). A qualitative study examining young adults' experiences of disclosure and nondisclosure of LGBTQ identity to health care providers. Journal of homosexuality. Retrieved November 11, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5772907/

**Tertiary Article**

American Nurses Association. (2017, October 14). News: Ana Enterprise. ANA. Retrieved November 11, 2022, from https://www.nursingworld.org/news/news-releases/