

Creighton's SPAHP comfort and preparedness to interact with the LGBTQIA+

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BACKGROUND

Healthcare involves client-centered care, patient advocacy and family/caregiver education. The efficacy of healthcare workers in providing quality care relies heavily on the practitioner's ability to build rapport with clients, assess client needs and choose appropriate interventions. It is important to have knowledgeable and culturally competent healthcare providers when interacting with members of this population due to their unique healthcare concerns. Sekokni, Gale, Manga-Atangana, Bhadhuri & Jolly (2017) suggested that discrimination in healthcare settings against LGBTQIA+ people can result in denial of care, disrespect and abuse, low quality care, negative attitudes and behaviors from providers, and/or a breach of confidentiality or privacy throughout services.

Clients who identify as LGBTQIA+ face discrimination and bias, decreased sensitivity and knowledge from healthcare providers as well as increased health risks (Copti, Shahriari, Wanek & Fitzsimmons, 2016). Copti et al. (2016) highlighted the necessity of physical therapists (PTs) and physicians being culturally competent and sensitive providers in order to increase healthcare services for this population.

Further discussions are needed regarding provision of care for clients in the LGBTQIA+ community with focus on improving professional cultural competency and sensitivity as well as increasing awareness in classroom environments (Copti, Shahriari, Wanek & Fitzsimmons, 2016). An article written in 2010, suggested that although higher institutions have made improvements in opening conversations about inclusivity and sensitivity, formal education still lacks theoretical depth (Renn, 2010). Renn (2010) further noted that institutions have work to do in terms of using theoretical analysis and scholarship in order to educate providers in the provision of appropriate patient referrals and delivery of adequate patient education (2010).

Members of the LGBTQIA+ community have healthcare concerns that need to be addressed appropriately with care and support from practitioners, educators, and support staff. Occupational therapists (OT's), physical therapists (PT's) and pharmacists (PharmD's) are in prime positions to advocate for these client's and help pave the way for change. Copti et. al. (2016) proposed methods of increasing awareness in the classroom such as: training on the correct usage of language and terminology for people that identify in the LGBTQIA+ community, identifying the unique health disparities and challenges faced by people in this community, and last but not least recognizing provider bias and how it can affect patient care.

FOCUSED QUESTION

How comfortable and prepared are current students, faculty and staff to interact with members of the LGBTQIA+ community in their professional setting?

STUDY PROCEDURES

An email with request for participation, participant's rights, a statement regarding informed consent, details of the study, and a link for the survey was sent to all students, faculty and staff in Creighton's School of Pharmacy and Health Professions. It included the Bill of Rights for Research Participants, which explained their rights as a participant including the freedom to answer "neutral/no response" to questions or to discontinue the survey at any time.

The link was distributed to participants via Creighton University's BlueQ, Qualtrics survey to ensure privacy and confidentiality. Researchers used student cohort and faculty distribution lists to send the survey to participants. Results were gathered and coded to identify current preparedness, comfort level as well as possible areas for improvement for both students and faculty. There was no individual identifying information used throughout this research study. All participant information was anonymous and correlated only by specific program and year of entry.

The survey remained open for two weeks. The survey began with a consent form and stated information about the study, any potential risks, and how the information was to be used. At the end of the statement, participants were asked to indicate understanding of the information and to check yes or no in agreement to participate. Selecting yes lead to the survey study, selecting no sent them to a message thanking them for their time. After consent to participate was obtained, the survey began.

RESULTS

Demographics: There were a total of 320 completed surveys. Of those, 246 (76.9%) were students, 47 (14.7%) were faculty and 27 (8.4%) were staff. All participants were asked to indicate their program or department (OT, PT, PharmD, OASA, Dean's office, Alumni, Administration, Admissions, Other) and students were additionally asked to identify their year of program entry.

Terminology: Twenty-one common LGBTQIA+ terms used for identification. Information presented in a chart that can be found in the QR code to the right.

Terms That Most and Least Participants Are Familiar With

Most Familiar Terms

1. Pangender (n=75, 23.4%) 1. Gay (n=312, 97.5%) 2. Lesbian (n=310, 96.9%) 2. Gender variant (n=79, 24.7%) 3. Transmasculine (n=93, 29.1%) 3. Bisexual (n=309, 96.6%)

4. Transgender (n=303, 94.7%) 4. Genderqueer (n=94, 29.4%)

5. Transfeminine (n=94, 29.4%) 5. Queer (n=260, 81.3%)

RESULTS

Comparisons of Student and Faculty/Staff Responses On Each of the Statements

Questions/responses	Student (%)	Faculty/Staff (%	%) p
How important do you feel it is to use the correct identifying			
terminology/pronouns when interacting with clients/students?			0.373
Very/somewhat important	93.1	90.5	
Neutral	4.9	6.8	
Not very important/not important at all	2.0	2.6	
Do you consider yourself to be someone who is a safe			
place for people to come and talk?			0.253
Strongly/somewhat agree	94.3	94.6	
Neutral	2.4	5.4	
Strongly/somewhat disagree	3.3	0	
How comfortable are you interacting with clients/students			
with LGBTQIA+ identities in your professional setting?			<0.001
Very/somewhat comfortable	91.4	95.9	
Neutral	3.7	2.7	
Not very comfortable	4.8	1.3	
How comfortable are you using identifying terminology			
and language to discuss concerns from clients/students			
who belong to the LGBTQIA+ community?			0.128
Very/somewhat comfortable	62.2	73.0	
Neutral	11.4	9.5	
Not very comfortable/not comfortable at all	26.4	17.6	
How prepared do you feel to have discussions with			
LGBTQIA+ clients/students about their concerns?			0.041
Very/somewhat prepared	59.6	75.7	
Neutral	9.0	5.4	
Not very prepared/not prepared at all	31.4	18.9	
Do you feel that the current curriculum in your program			
includes sufficient education about the LGBTQIA+ population			
and the unique concerns they may have?			0.020
Strongly/somewhat agree	19.5	13.5	
Neutral	12.6	41.9	
Strongly/somewhat disagree	67.9	44.6	

Mann-Whitney U test



Least Familiar Terms

SIGNIFICANCE FOR OT

OT is a profession highly motivated by client-centered care, patient advocacy and caregiver education. Clients seeking services want to feel cared for, respected and welcomed by healthcare professionals. Consumers that identify within the LGBTQIA+ community are among these clients and need to be addressed/identified appropriately, cared for and supported by healthcare professionals, educators and society as a whole. There is a need for increased sensitivity, respect and educational training to prepare clinicians for interactions with person's in the LGBTQIA+ community.

OT has a crucial role in advocating for all of their clients despite their background, lifestyle and personal choices and making sure their needs are met at home and within the community. Occupational therapists, as well as other healthcare professionals and educational staff are in prime positions to advocate for these client's and help pave the way for change.

REFERENCES

References provided by clicking hyperlink or a handout