A Review of Primary Care Providers’ Attitudes Toward Lesbian, Gay, Bisexual, Transgender, and Questioning People

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Goals and Objectives

Session Goals

- To provide a synthesis of current literature describing primary care providers’ (PCPs) attitudes related to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) people

- To identify gaps in the literature

- To provide evidence-based recommendations for research, education, and clinical practice

Session Objectives

- To characterize contemporary attitudes of primary care providers related to lesbian, gay, bisexual, transgender, and questioning people

- To outline evidence-based research, education, and clinical practice strategies to eliminate LGBTQ health disparities
Faculty Disclosure

Mollie E. Aleshire, DNP, MSN, BSN, RN, APRN, FNP-BC, PPCNP-BC
- Conflicts of Interest: None
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(Abdessamad, Yudin, Tarasoff, Radford, & Ross, 2013; Baker & Beagan, 2014; Clift & Kirby, 2012; Daniel & Butkus, 2015; Fallin-Bennett, 2015; Institute of Medicine, 2011; Johnson & Nemeth, 2014; Kates, 2015; Smith & Mathews, 2007)
Methods

Approach and Databases
• PRISMA
• CINAHL
• PubMed

Inclusion Criteria
• Peer-reviewed research
• PCPs
• English
• 2005 - Oct 2015

Search Strategies
• All fields
• Key terms
  • LGBT
  • Attitude
  • Primary care provider

(Liberati et al., 2009)
Flow Diagram of the Article Selection Process

Identification
- Records identified through searching Medline and CINAHL (n = 159)
- Additional records identified through other sources (n = 8)

Records after duplicates removed (n = 161)

Screening
- Records screened (n = 161)
- Records excluded (n = 139)

Eligibility
- Full-text articles assessed for eligibility (n = 22)
- Full-text articles excluded (opinion, PCPs not included in sample or results, attitudes not specific to LGBTQ) (n = 15)

Included
- Studies included in qualitative synthesis (n = 7)

(Liberati et al., 2009)
Results

**Study Characteristics**

- Design
  - Qualitative (2)
  - Quantitative (5)
- Varied countries of origin

**Research Questions/Purposes**

- All studies assessed attitudes of HCPs related to LGBTQ people
- Heterogeneity in studies’
  - Purposes
  - Research questions
  - Specific LGBTQ population(s)

(Abdessamad et al., 2013; Baker & Beagan, 2014; Dunjic-Kostic et al., 2012; Hinchliff, Gott, & Galena, 2005; Kitts, 2010; Sabin, Riskind, & Nosek, 2015; Smith & Mathews, 2007)
Results

Samples

- Convenience samples
- Included PCPs
- Most samples small
- Sample size range 22 - 247,030

Measures

- No consistent instruments

(Abdessamad et al., 2013; Baker & Beagan, 2014; Dunjic-Kostic et al., 2012; Hinchliff, Gott, & Galena, 2005; Kitts, 2010; Sabin, Riskind, & Nosek, 2015; Smith & Mathews, 2007)
Findings

HCPs’ Attitudes toward LGBTQ People

- Overall positive attitudes
- A minority in each study with negative attitudes
- Age not a predictor of attitudes
- Not being heterosexual associated with more favorable attitudes
- Knowledge related to LGBTQ people/health not correlated with attitudes

(Abdessamad et al., 2013; Baker & Beagan, 2014; Dunjic-Kostic et al., 2012; Hinchliff, Gott, & Galena, 2005; Kitts, 2010; Sabin, Riskind, & Nosek, 2015; Smith & Mathews, 2007)
Research Implications

Current literature gaps

No reliable, valid, contemporary instrument

Further research is needed

(Daniel & Butkus, 2015; Institute of Medicine, 2011)
Education Implications

- Reflective practice
- Experiential learning with LGBTQ focus
- Updated curricula for all PCPs

Practice Implications

- Knowledge related to health and social needs of LGBTQ people
- Preparation for communication with LGBTQ patients
- Facilitation of trusting HCP-patient relationship

To Promote Culturally Sensitive Care

- Create a welcoming, supportive environment
- Facilitate disclosure of sexual orientation and gender identity
- Advance effective communication
- Advocate in the health care system and community

(The Joint Commission, 2011)
Questions?

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References


