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Perceptions of Care as a Determinant of Health Outcomes

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Advanced Practice Nursing Concepts and Context III

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Abstract

The purpose of this paper is to examine the issues the lesbian population identify as barriers to primary care. The database utilized for this review was CINHALL and the search parameters included: lesbian, health, health care, preventative, cervical cancer screening, barrier and primary care. Based on the search criteria, three qualitative articles were selected. The study designs included in-depth interviews, open ended narrative inquiries, historical accounts of screening habits and focus groups. After analysis of the collected data, there were three major themes identified in the literature. Decreased awareness, perceived or demonstrated negative attitude and lack of health knowledge were identified as major determinants for the success of lesbian health care experiences. Based on the evidence gathered in this literature review, health care providers have a valuable opportunity to help dismantle this disparity through increased cultural competency of lesbian health care needs.

Word count: 142

BACKGROUND

The lesbian, gay, bisexual and transgendered (LGBT) community is a minority population at risk for significant health disparities. This community has a higher incidence of substance abuse, depression, social isolation and is less likely to access primary care which leads to decreased health outcomes (U.S. Department of Health and Human Services, 2012). The LGBT population is sensitive to health care disparities due to social stigma as well as often limited cultural competency on the part of the health care provider. According to a recent Gallup survey, approximately 3.4% of the U.S. population identifies as LGBT (Leech, 2012). As LGBT people are members of all communities, races, ethnic origins and socioeconomic statuses, issues that affect their health affect the health of all communities.

In recent years many initiatives have been formed to bring awareness to the needs of the LGBT community, however there is little research or guidelines available to direct health care delivery. To determine exactly what the health care needs are for this population, the Institute of Medicine suggests that each subdivision of the LGBT population should be studied separately as they each have individual needs (DeNoon, 2011). Although there are many aspects of the LGBT health disparity that bear examination and effort, this paper examined just one; the lesbian's perspective of primary care. Three qualitative studies aimed at determining perceived barriers to health care by the lesbian community were appraised. Qualitative studies were chosen to gain insight on the real and personal experiences that lesbian women have had with health care. With barriers specifically identified by the lesbian voice, appropriate avenues for potential and meaningful improvements can be designed.

The lesbian community is at risk for health disparities by their decreased use of preventative care; this can lead to greater morbidity and mortality for this population (U.S. Department of Health and Human Services, 2012). It is the responsibility of health care providers to closely examine current research, look for opportunities to further develop the body of knowledge, institute change and

evaluate its effectiveness. This literature review will give the health care provider insight on how their behavior, attitudes and knowledge may influence the health outcomes of the lesbian population.

ANALYSIS

In this analysis, three qualitative studies were utilized. The studies that were reviewed each took a different approach to this topic, yet this body of evidence identified several key themes as health care barriers for the lesbian population. These themes included inadequate knowledge regarding lesbian health, lack of screening guidelines specific to the lesbian community and the effects of health care provider attitudes on patient-provider relationships.

In “Lesbian Women’s Experiences with Health Care: A Qualitative Study”, authors Bjorkman and Malterud (2009) employed an anonymous open-ended questionnaire to evaluate how one’s sexual orientation may influence their perception of care among lesbian women in Norway. The authors stated the goal of this study was to gain insight on how to improve the experiences and outcomes of the lesbian population. Bjorkman and Malterud (2009) speculated that the marginalization of this community led to decreased utilization of health care as well as less than optimal health outcomes. By discovering the personal experiences of lesbians seeking health care, the authors hoped to reveal specific areas for improvement that could increase the overall health and quality of care for lesbian women.

The qualitative methodology selected for this study was appropriate as the information sought was subjective in nature. The tool used to collect data was an anonymous open-ended questionnaire accessible on the internet. This design was effective for gaining highly individualized, narrative stories of the lesbian perspective of health care experiences. Collecting narrative responses resulted in significant variety which likely created a challenge condensing or drawing a cohesive conclusion from the data. The authors declared their collection of information to be saturated at 128 responses when they discovered

repetition of themes. The authors utilized systematic text condensation for the analysis of the data as well as weighed it against the theory of heteronormativity. This theory supports heterosexuality as a normative principle in society; yet honoring only traditional concepts limits the information shared between non-heterosexual patients and their health care provider (Westerstahl, 2003).

Participants were recruited through web based ads placed in gay periodicals and websites that directed them to a webpage developed for participation in the study. Participants were ensured anonymity and no personal identifying information was required. The consenting recruits were 18 years or older, self-identified lesbians who agreed to allow their stories to be used in research. The study was reviewed and approved by the Regional Committees for Research Ethics of Norway as well as the Norwegian Data Inspectorate. The authors did not state in the article how their website presented the type of research they were undertaking. The strategy of utilizing an anonymous questionnaire was effective, but limited as it was confined to the internet which left out those without access. Also, potential respondents may not have trusted their anonymity or understood what type of research their answers would be supplying.

The authors admitted potential bias between themselves and the participants as they are both lesbians and general practitioners. These two factors put the authors in the position to be able to identify with the participants both as patients and their health care providers. They may be more likely to identify with and be more sympathetic to the study participants as well as more eager to learn from them. However, the authors' personal experiences may influence their ability to remain objective when interpreting data.

Three themes emerged that affected the success of the patient-provider relationship. These themes were: awareness, attitude and medical knowledge (Bjorkman & Malterud, 2009). The findings of this study were relevant to the quality of care received by the lesbian patient participants but also

highlighted several areas that the health care provider can improve upon to influence the chance for positive health outcomes. This study acknowledged these themes as factors that influence the adverse health outcomes of the lesbian population. The authors suggested that personalized care with an understanding of how sexual orientation may affect a patient's mental wellbeing and physical health may improve the health care of other sexual minorities as well.

Although the evaluation and synthesis of qualitative data can be challenging, Bjorkman and Malterud (2009) felt they were able to condense their findings and determine common themes related to the health care experiences of the lesbian population. This did meet their determined goal of evaluating this vulnerable population's point of view on health care and enlightened the reader to several tangible avenues to be perused as a means of improving patient outcomes. The study published by Bjorkman and Malterud (2009) supports addressing the care of the lesbian population through increased awareness of the lesbian sexual orientation, promotion of communication between the lesbian patient and health care provider and education regarding their specific health care needs.

In a qualitative study by Rankow and Tessaro (1998), the researchers aimed to gain knowledge of the attitudes, behaviors, beliefs and experiences affecting the health of lesbian and bisexual women of North Carolina. This study gathered data through focus groups as well as self-administered questionnaires. The authors stated that previous research identified lesbian women as having decreased knowledge about their health care needs as well as decreased utilization of healthcare services. In their study, Rankow and Tessaro (1998) sought information regarding risk factors for cervical cancer, frequency of preventative screening practices as well as perceived barriers to health care for lesbian women. The intent of this study was to gain insight on the practices and barriers to obtaining primary care identified by the lesbian and bisexual community.

Utilizing the qualitative approach for this study was an appropriate method to derive the information the authors sought. The tools designed to gather this information were focus groups and self-administered, anonymous questionnaires. The authors did not identify the reason for using multiple tools. The use of differing designs elicits the subjective information sought yet may make it difficult to synthesize and compare. Data was collected and used from 512 respondents and the authors made no explicit statement of saturation of data. Although the aim of the research was to explore the attitudes and beliefs of the lesbian community, the majority of data presented was sociodemographic. The authors state that a Likert scale was utilized to assess the perception of health care experiences, yet this data was not presented in any of the tables within the article nor was it discussed at length.

Rankow and Tessaro (1998) recruited participants through social networking as well as through a lesbian community organization. This method could be beneficial for getting a snapshot of this community, but many lesbian women may not have had access to this opportunity had they not been involved in the two pursued areas. Although the sample of respondents obtained was diverse, Rankow and Tessaro (1998) admit that it should not be viewed as a generalizable sample. The authors did not mention how or if confidentiality was provided. It was not stated within the article that any ethical issues had been taken into consideration nor was it stated that the study had been reviewed or approved by an ethics committee.

The collected data was reported in table format and was organized into groups: socioeconomic status, cervical cancer risk factors and use of cervical cancer screening. Although the information presented in the tables was valuable, it did not include the subjective perspective of care that the study aimed to obtain. Only the socioeconomic information derived from the study was shown compared to the 1990 North Carolina census; cervical cancer risk factors and the incidence of screening were not compared to the general population. Rankow and Tessaro (1998) stated their collected data supports

the theory that lesbians have an increased risk of cervical cancer as a result of decreased use of preventative screening. According to the authors, women who had positive experiences with their health care providers were much more likely to have had regular screening and that “negative encounters within the medical setting and misperceptions about risk” (Rankow, 1998) contribute to the lack of utilizing preventative care. This information was presumably derived from the Likert scale utilized for this study although it was not represented in the tables within the article.

Aside from highlighting many sociodemographic features of a lesbian community, the authors described that the individual’s perception and experience within the healthcare system correlated to the amount of preventative screening obtained. The authors suggested that negative experiences of lesbian patients may be related to poor communication between the patient and health care provider (Rankow, 1998). As a means to promote communication, there is useful tool provided after the body of the article to guide the health care provider through taking an inclusive sexual history.

Rankow and Tessaro (1998) sought to determine perceived barriers to cervical cancer screening of the lesbian community through the use of focus groups and self-administered questionnaires. The mixed methods of collecting data could create issues with interpreting data. Although the aim of this study was to examine how the lesbian perspective influenced the use of preventative care, there was very little discussion of this data. The information gathered using a Likert scale to rate health care experiences was minimally discussed. The authors made observations based on their data regarding the quality of the patient-provider relationship as an integral element in the success of positive health outcomes for the lesbian community. Perhaps the most valuable part of this study was the guide for conducting a sensitive sexual history interview as a tangible first step for health care providers. With a guide to help facilitate an inclusive sexual history interview, the health care provider may be more inclined to approach this topic.

In “Sexuality and Safer Sex: The Issues for Lesbian and Bisexual Women” authors Stevens and Hall (2001) set out to evaluate HIV risk taking and risk reduction behaviors of lesbian and bisexual women in San Francisco, CA. The authors designed their study to utilize in-person interviews to gain knowledge regarding these behaviors in order to design appropriate HIV risk reduction interventions. They speculated that the relationship between a patient and their health care provider had great potential for affecting this risk, yet had been underutilized in the lesbian and bisexual community. Stevens and Hall (2001) hoped the results of their study could help guide health care providers in decreasing HIV risk within the lesbian and bisexual population.

As a method to gain insight on the lesbian and bisexual woman’s personal understanding of HIV risk, Stevens and Hall (2001) appropriately chose to use a qualitative design for their study. The respondents were asked several general questions regarding HIV risk and prevention behaviors during an in-person interview. This was an effective method for gaining subjective data however an in-person approach may be uncomfortable or intimidating for some due the sensitive topic and location of the interview. It was not stated within the article what, if any ethical issues had been taken into consideration nor was it stated whether the study had been reviewed or approved by an ethics committee.

Stevens and Hall (2001) trained twenty lesbian and bisexual women to perform the field interviews as peer researchers. This approach, although not stated by the authors, was presumably done to promote ease of both parties. The respondents were approached in public at gay bars, dance clubs or community events. The interviewers took little personal or demographic details, ensured anonymity and obtained a verbal consent from participants. Stevens and Hall (2001) stated they chose the in-person approach to promote ease as the interviewees would be in a social setting and this was thought to minimize intrusion. Although the researchers were able to secure 1,189 participants over the course of two years, by limiting their interviews primarily to the bar scene, a large number of women were left

out of this study. The interviews were conducted in public which may have eliminated potential participants and may have influenced the type of answers provoked. The respondents were asked open-ended questions that allowed for a wide variety of answers, which may have made drawing comparisons difficult. The responses to the questions were written down by the interviewers either during or after the interview. The approach that Stevens and Hall (2001) took to obtain their data not only left out a large portion of the lesbian population, but it was vulnerable to the interpretations of the interviewers as they recorded the information.

The data collected during the course of this study directly related to the research issue chosen by Stevens and Hall (2001). The questions were geared at deriving the interviewee's risk taking and risk reducing behaviors related to HIV in a series of specific questions. It was then analyzed using "inductive qualitative content analysis techniques" (Stevens, 2001) which categorized and weighed responses based on emerging themes and patterns. The findings were discussed at length and broken down into several topics based on common themes that emerged from the interviews which ranged from the theory of lesbian immunity related to HIV, unprotected sex with men and women, substance use and sexual expression. The authors admitted that the women interviewed represented a small fraction of the lesbian and bisexual community, but believed these themes to be universal. This study revealed a lack of knowledge related to HIV transmission and protection as well as highlighted the diversity of sexual lives of women. This has implications in health care as the health care provider may miss valuable opportunities for education and screening of lesbian and bisexual women with regard to HIV.

Findings from "Sexuality and Safer Sex: The Issues for Lesbian and Bisexual Women" (Stevens & Hall, 2001) highlighted the need for further research related to HIV among lesbian and bisexual women. This study also brought to light the need for further research on the overall health of lesbian and bisexual women. Such research could be useful in creating guidelines for health care providers to improve patient-provider relationships as well as health outcomes for many lesbian and bisexual women. Other

recommendations included increased sensitivity in patient interviews regarding sexual histories and increased awareness of how sexual orientation is intertwined in one's health. The authors stated that by becoming aware how integral sexual orientation is in one's life, one can begin to search for ways to promote knowledge, communication, health and holistic well-being.

SYNTHESIS

Without using the same questions, design of study or objectives, these three studies uncovered similar themes. The evidence revealed that there is an impact on one's health care experiences and outcomes derived from the relationship between patient and their health care provider. This includes awareness of the sexual orientation of the patient as well as the health care provider's attitudes on homosexuality. The studies also demonstrated that the respondents' health care experiences and outcomes were impacted by personal and health care provider lack of knowledge regarding lesbian health risk and routine screening. The studies identified that these themes contributed to the poorer health outcomes in the lesbian population.

In the context of this literature review, the idea of awareness pertains to one's sexual orientation being revealed to the health care provider. As this is a sensitive issue and is not typically included on intake forms, it is usually up to the health care provider to broach the topic. The lesbian population is susceptible to health disparities (Healthy People, 2012) and this risk may go unnoticed if the patient's sexual orientation isn't known to their health care provider. Sexual orientation discussion includes health care provider competency and willingness to facilitate such conversations.

Attitude of the health care provider as it pertains to the sexual orientation of the patient was found to have the potential to influence the health outcomes of lesbian patients (Bjorkman, 2009). Rankow (1998) showed evidence that lesbian women who didn't receive regular screening were much more likely to have experienced negative interactions with their health care providers. Building a

therapeutic relationship between a patient and their health care provider should be rooted in respect. A health care provider's negative or discriminatory attitude in regard to the sexual orientation of their patient threatens the development of a therapeutic relationship and may perpetuate this health disparity.

The theme of medical knowledge as it relates to lesbian health was consistent throughout this literature review. As evidenced by these studies, there is a knowledge deficit related to the specific health care needs of the lesbian population. McNair (2010) noted that there were no consistent or widely implemented standards of care for the lesbian, gay and bisexual population. With little research available and few guidelines for the health care provider to rely upon, the patient-provider relationship is even more important. Thoughtful questions and assessment by the health care provider around sexuality and sexual orientation are essential for determining risk and promoting health.

From a social justice perspective, the evidence presented in this literature review reveals a discrepancy in the care for the lesbian population. The studies used in this review took the approach of going directly to the lesbian population to discover their barriers to care. Based on the gathered evidence, the perception of care and the attitude of the health care provider was a determinant of health outcomes. With little research and few guidelines to clearly direct practice, it is up to the health care provider to promote inclusivity and determine appropriate, individualized care.

RECOMMENDATIONS FOR PRACTICE

Based on the themes of awareness, attitude and knowledge revealed in this literature review, several areas of improvement were identified to promote positive health outcomes for the lesbian population. A method that may help promote inclusivity in the clinical environment is the use of LGBT health oriented posters, brochures or rainbow decals. This is a simple and inexpensive way to send a message that all are welcome and may promote a greater sense of ease for the lesbian patient. A statement of

inclusivity within the mission and values statement of the health care facility helps to create an atmosphere of respect. Creating a partnership with local and/or national LGBT organizations can help create an empowering environment for health care providers and patients by working together towards a common goal of increasing the health outcomes of the lesbian population.

Health care providers must be aware of how their personal beliefs may influence the care they provide. Despite inner conflict or difference of opinion, the same care to all patients and caring for the lesbian population should be no different. Refraining from letting personal attitudes and beliefs influence care can be one of the most challenging experiences for health care providers as ones feelings can be expressed through such subtleties as body language. As evidenced by this literature review, the perception of negative or discriminatory attitudes towards the lesbian patient has resulted in inadequate care. Methods for dismantling bias are education and sensitivity training. According to Rankow and Tessaro (1998), this training should involve teaching the health care provider how to conduct an inclusive sexual history. The health care provider has the opportunity to lead in this area by promoting the importance of sensitivity training, challenging intolerance and modeling inclusive behavior.

Finally, this literature review revealed little research and few guidelines regarding the care of the lesbian population. The lack of research regarding the specific health care needs of the lesbian population makes it difficult for the health care provider to find relevant guidelines. Health care providers have a valuable opportunity to participate in and promote lesbian focused research. Development of evidence based guidelines for lesbian health care is needed to create a standard of care for the lesbian population. Additions to the body of research and the development of health care guidelines have great potential for improving the health outcomes of the lesbian population.

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