Student: Kitty Dunkley

Title: Healthcare provider perceptions, knowledge and comfort with sexual and gender diversity

Supervisor(s): Mrs. Jen Desrosiers

Sponsor: University of Otago Division of Health Sciences

Introduction:
Sexual and gender minority (SGM) health care inequity is influenced by suboptimal practitioner perceptions, knowledge and comfort. While queer identities are gradually acquiring more social visibility, health services continue to lag behind in the provision of SGM related education for current practitioners. These current educational deficiencies act to dissuade some SGM individuals from actively seeking health care, or fail to ensure a positive and beneficial experience with their providers. Lack of disclosure or avoidance of treatment is highly degenerative to the health of this community, who are routinely overrepresented in statistics of suicide, depression, and mental illness; tobacco, alcohol and substance abuse; and sexually transmitted infections - many of which may derive from the social context of SGM stigma and miseducation. Yet, each unique component of the SGM population may also require more specialized health care fostered to their sexuality or gender identity; for example screening for HIV-AIDS with gay men, or trans patients' access to hormones. Without intervention to the current educational curricula for extant providers, the health of the SGM population will continue to be compromised. Thus, it is vital that the health care institution cultivates culturally competent SGM education for providers, in order to inhibit ignorance, inexperience, and personal biases from affecting the value of care afforded to these patients.

Aim:
The purpose of the study was to 1) identify current health care practitioners' knowledge, attitudes and comfort regarding SGM diversity; 2) evaluate the effectiveness of continuing education seminars for improving these proxies.

Impact:
By teaching cultural competence, an increase in practitioner attitude, knowledge and comfort may precipitate better reports of healthcare provision, satisfaction, and higher rates of attendance and disclosure amongst SGM communities.

Method:
Mid-2016, a two hour voluntary continuing-education evening was held for GPs, practice nurses and community pharmacists. Both upon arrival and again after the intervention, the practitioners filled in an anonymous survey, developed to include a variety of attitude, knowledge and comfort based statements. The participants were required to rate their agreement to the statements according to a Likert scale – 1 signifying strongly disagree, 5 signifying strongly agree. The data collated from the surveys was then entered into Excel. A paired-samples t-test was conducted to compare results before and after the educational intervention.

Results:
A total of 72 of attendees completed the two surveys. These majority of participants were female (86%), New Zealand European (81%) and heterosexually identified (90%). The 50-59 age bracket were the most prevalent, accounting for 39% of the respondents. Only 1 out of 7 attitudinal statements ("I believe that gay men should be discreet about their sexual orientation around

children") showed a statistically significant change, with the mean post-test Likert rating indicating stronger disagreement. While the other attitudinal means did not show a statistically significant improvement, they do present a positive baseline of attitudes regardless of the educational intervention. This is exemplified in the responses to question 10 ("I believe that homosexuality is immoral"): the pre-seminar mean of 1.31 and the post-seminar mean of 1.29 hereby demonstrates the baseline strong disagreement to the statement. All four of the knowledge based statements demonstrated statistically significant changes. Over the course of the seminar, participant responses moved from disagreement to agreement that they knew where to access relevant SGM health resources. Similarly, while pre-seminar responses signalled that practitioners were undecided whether SGM patients had specific health care requirements, post-seminar responses showed agreement to the statement. Comfort based statements did not demonstrate such improvements. While statistically significant improvements are shown in two of four of the comfort related questions - one regarding talking to patients about non penile-vaginal intercourse, and the other about having received adequate training to competently treat SGM patients – the post-seminar means still indicated indecision and disagreement respectively.

Conclusion:

While the results demonstrated a positive baseline attitude to SGM populations, acceptance did not necessarily correlate to optimal SGM knowledge. Pre-seminar results showed low knowledge about SGM inequity, healthcare needs and available resources. Although SGM related knowledge was notably improved by this single seminar, it did not significantly improve the practitioners comfort levels, with participants reporting discomfort and inadequate training. Accordingly, the considerable impact of this short, one-off seminar for improving practitioner knowledge and providing a preliminary overview of more SGM-inclusive service is evident. Yet, for current practitioners to feel adequately trained to competently and comfortably treat SGM patients and for this community to benefit from culturally competent health care services, it is crucial that greater curricular focus be directed to SGM issues.