

Beyond Labels: Improving LGBTQIA+ Patient Comfort through Physician Communication

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Background

- Gender and sexual minority(GSM) patients are more likely than their cisgender heterosexual counterparts to experience stigma in healthcare settings based on their sexual orientation or gender identity.
- Physicians may use hetero/cisnormative language that may alienate GSM patients and lead to physicians not receiving a comprehensive health profile and worsening health outcomes.
- There is little existing literature that explores what specific physician language/actions may create a more inclusive environment for LGBTQIA+ patients, which is imperative to understand to improve care.



Objective / Hypothesis

- The objective of this study is to directly evaluate how LGBTQIA+ patient comfort changes in specific clinical scenarios.
- It was hypothesized that all scenarios on the survey would result in increased comfort and trust in the physician.

Methods

-Digital and paper surveys were distributed to attendees of the Phoenix Pride festival in 2022 and 2023.

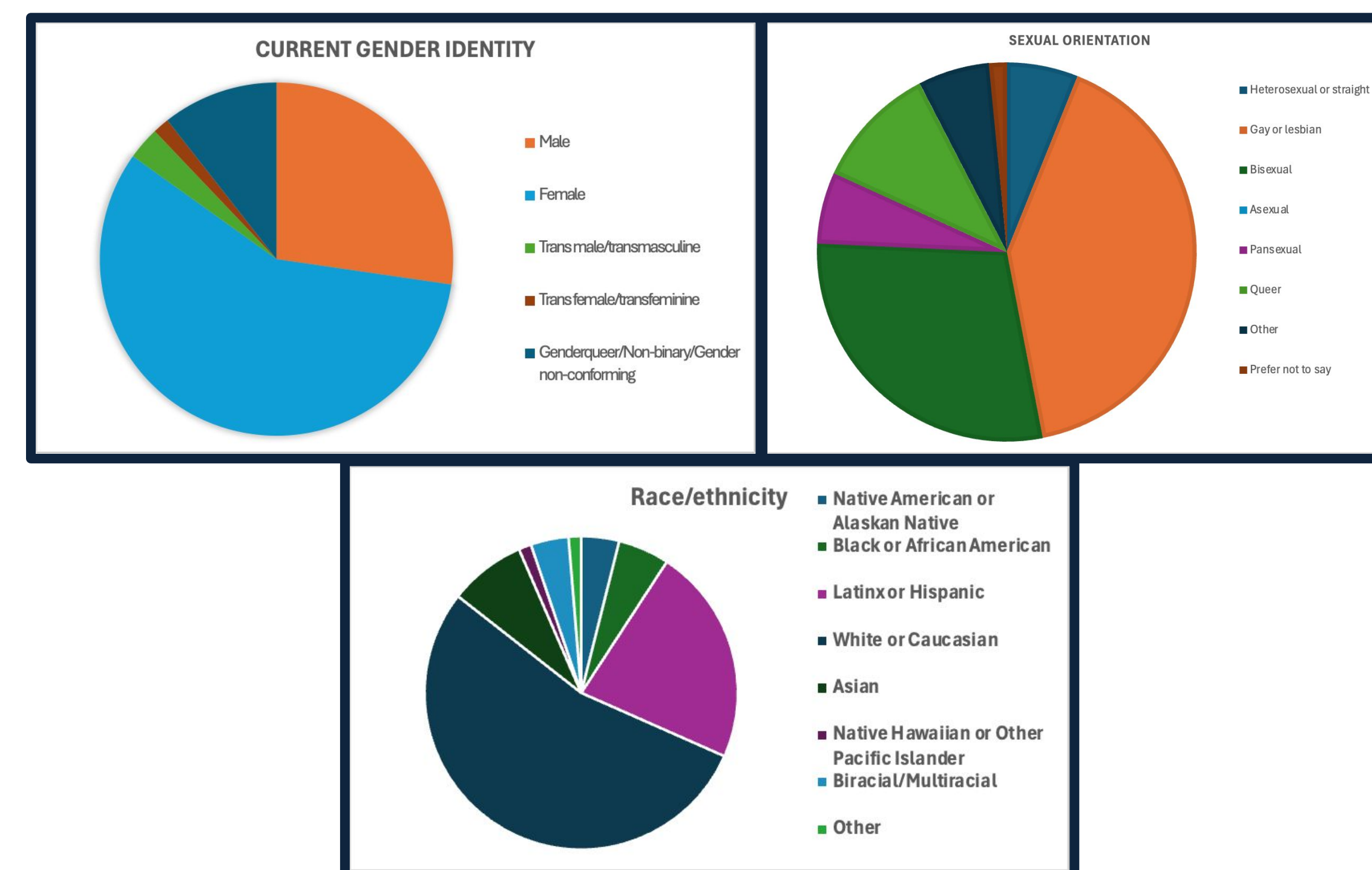
-Survey documented patient demographics and how comfort levels changed based on physician's actions or language choices.

-Participants indicated their level of comfort to each prompt on a 5-point Likert scale.

-Statistical analysis was carried out using Fisher's exact test with p-value <0.05.



Results



-There was a statistically significant association between increased patient comfort and **asking directly about sexual orientation, gender identity, chosen names, and how they would like to refer to their body parts.**

- Patient comfort significantly increases when healthcare providers **initiate discussions about topics specific to their identity** such as PrEP, hormone therapy, gender-affirming care.
- No significant association between patient's comfort level and providers using gender neutral terms and asking about preferred pronouns.
- Patients that identified as asexual, pansexual, queer, heteroflexible, and omnisexual were more likely to report increased comfort levels throughout all responses compared to their gay, lesbian, and bisexual counterparts.

How much level of comfort changes if healthcare providers initiate a discussion of specific care related to your LGBTQ+ identity instead of you bringing it up first (i.e PrEP/PEP, hormone therapy, gender-affirming surgery, mental health screenings, family planning, screening for anal and/or cervical cancer, etc.) **p = 0.006 p = 0.001**

	1 (3.7%)	2 (7.4%)	3 (11.5%)	4 (14.8%)	5 (18.5%)
Significantly Increase	16 (59.3%)	4 (21.0%)	12 (75.0%)	0	0
Slightly Increase	7 (25.9%)	6 (31.6%)	1 (6.2%)	2 (50.0%)	0
No Change	2 (7.4%)	9 (47.4%)	2 (12.5%)	2 (50.0%)	0
Slightly Decrease	0	0	1 (6.2%)	0	0
Significantly Decrease	0	0	0	0	0

How much level of comfort changes if/when healthcare providers ask how you would like them to refer to your body parts: **p = 0.034 p = 0.032**

	1 (3.7%)	2 (7.4%)	3 (11.5%)	4 (14.8%)	5 (18.5%)
Significantly Increase	9 (33.3%)	3 (15.8%)	8 (50.0%)	0	0
Slightly Increase	7 (25.9%)	4 (21.0%)	5 (31.2%)	0	0
No Change	8 (29.6%)	12 (63.2%)	3 (18.8%)	3 (75.0%)	0
Slightly Decrease	3 (11.1%)	0	0	1 (25.0%)	0
Significantly Decrease	0	0	0	0	0

How much level of comfort changes if/when healthcare providers ask directly about your sexual orientation, gender identity, and/or chosen names. **P = 0.012 p = 0.007**

	1 (3.7%)	2 (7.4%)	3 (11.5%)	4 (14.8%)	5 (18.5%)
Significantly Increase	10 (37.0%)	5 (26.3%)	11 (68.8%)	1 (25.0%)	0
Slightly Increase	12 (44.4%)	6 (31.6%)	3 (18.8%)	1 (25.0%)	0
No Change	5 (18.5%)	8 (42.1%)	0	2 (50.0%)	0
Slightly Decrease	0	0	2 (12.5%)	0	0
Significantly Decrease	0	0	0	0	0

How much level of comfort changes if/when healthcare providers explain why they are asking questions about sexual history and how it relates to your physical health: **p = 0.122 p = 0.026**

	1 (3.7%)	2 (7.4%)	3 (11.5%)	4 (14.8%)	5 (18.5%)
Significantly Increase	12 (44.4%)	4 (21.0%)	12 (75.0%)	2 (50.0%)	0
Slightly Increase	9 (33.3%)	8 (42.1%)	3 (18.8%)	1 (25.0%)	0
No Change	5 (18.5%)	7 (36.8%)	0	1 (25.0%)	0
Slightly Decrease	1 (3.7%)	0	0	0	0

Conclusion

Overall, comfort levels of sexual and gender minority patients increase when healthcare providers initiate conversation regarding their specific identity. Recommendations such as asking directly about sexual orientation, gender identity, chosen name, how to refer to their body parts, and talking about specific issues relating to identity should be integrated into medical school curricula.

Challenges / Implications

-This study's main limitation is its small sample size. Although recruiting of participants was done at Phoenix Pride, certain sexual and gender identities were overrepresented. This could potentially hinder generalization of these results across more diverse groups within the LGBTQIA+ umbrella.

-Future studies should seek to garner a larger and more representative sample size to allow for the development of communication strategies for all LGBTQIA+ identities.

-Additionally, some actions such as the provider introducing themselves with their pronouns, directly asking the patient for their pronouns, and using gender-neutral language throughout the encounter did not result in statistically significant differences in comfort. More research is needed to examine why this occurred when these actions have been widely recommended by LGBTQIA+ organizations.



Acknowledgements & References

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