

Nurse practitioner's multiple facilitators and barriers to providing LGBT inclusive care: a grounded theory

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Why LGBT health?



Background & Significance: LGBT health disparities

Lesbians and gay men have disparities in most of the leading US health indicators (*Healthy People 2020*):

- Access to healthcare
- Clinical preventive services
- Injury and violence
- Mental health
- Nutrition, physical activity and obesity
- Reproductive and sexual health
- Substance abuse
- Tobacco



LGBT health disparities: sobering statistics

- Lesbian women have at least twice the risk of being overweight or obese than heterosexual women (Boehmer et al, 2006)
- Suicide attempts among LGB adolescents are 4 times that of the general adolescent population (Suicide Prevention Resource Center, 2008)
- LGBT individuals have among the highest rates of alcohol, tobacco and drug use in the US (Healthy People 2020)
- Close to 50% of MTF transgender persons of color in NYC are HIV infected (Nuttbrock, et al. 2009)



Cause of LGBT Health Disparities

- Combination of:
 - Personal risk behaviors
 - Social and economic realities
 - Structural issues
 - Stigma and marginalization
 - “Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights.” Healthy People 2020
 - Provider factors
 - “One of the barriers to accessing quality health care for LGBT adults is a lack of providers who are knowledgeable about LGBT health needs as well as a fear of discrimination in health care settings, IOM, 2011



Research gap

- NO studies on Nurse Practitioner (NP) attitudes towards LGB patients
- The purpose of this study:
 - examine NPs attitudes towards and experiences working with LGB patients in NYC
 - Develop a conceptual framework based on grounded theory methodology



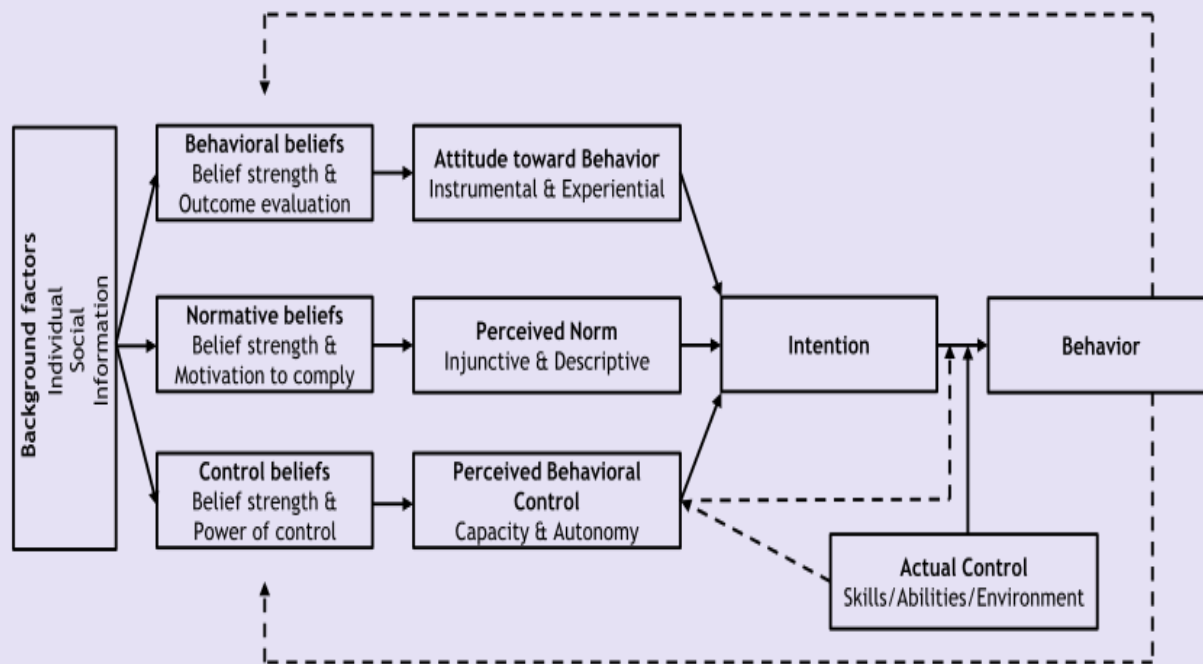
Research questions

- What are the attitudes, practices and experiences of primary care NPs caring for LGB patients in NYC?
- What are the factors that influence NP attitudes, practices and experiences with LGB patients?
- How do the constructs of the Reasoned Action Approach relate to the attitudes and experiences of NPs caring for LGB patients?



Theoretical Framework

- Reasoned Action Approach (Azjen & Fishbein, 2010)



Study Design

- Corbin & Strauss Grounded Theory methodology (2008)
 - Inductive method to systematically generate theory from data



Study design: phases, sampling and coding

Phase one:

“formative phase”

Face to face interviews with LGBT
health experts (n=3)

and

LGB patients (n=6)

Phase two:

Face to face interviews with NPs practicing primary
or outpatient care in NYC (n=19)



Sampling

- Theoretical sampling:
 - Form of purposive sampling
 - Analysis and data collection occur simultaneously
 - New cases are selected based on data from others in order to develop/explore themes
- Recruitment
 - Experts: Professional and personal contacts
 - Patients: Flyers and snowballing
 - NPs: Public lists, NYNP announcement, snowballing



Study rigor

(Cutcliffe & McKenna, 1999; Mays & Pope, 2000)

- Respondent validation: member checking
- Transparency: audit trail, respondent quotations
- Reflexivity: journaling, memoing
- Negative cases: theoretical sampling, research design (GT) supports use of negative cases to consider contradictions
- Coding: inter-coder reliability



Results

- Patient demographics
- Four main themes
- Conceptual framework: **NPs transition from passive to active intent to provide LGB inclusive care: barriers and facilitators**



Results:

Participant demographics

MAJORITY

- Middle aged (mean 41.63)
- Female (84.21%)
- Heterosexual (84.21%)
- Married (68.42%)
- Ethnic background
 - White (57.89%)
 - Black (26.3%)
 - Asian (15.79%)



Participant characteristics

Based on existing literature

- Education:
 - Minimum Master's degree
- Religious affiliation and degree of religiosity
 - Variability religious affiliation
 - Variability degree of religiosity
- Worksite:
 - all outpatient



4 Major themes

- Variability in attitudinal influences
- Variability of attitudes
- Strategies developed to provide best care
- Perceived barriers and facilitators



Theme 1:

Variability in Attitudinal influences Towards LGB Patients

- Family
- *Religion
- *Sexual orientation (belonging to LGBT community)
- *Personal experiences with LGB community
- Culture and ethnicity
- Context of daily life: location of home and work



Contact with LGB community



Often multiple influences:
context of home/family values



Theme 2:

Range of Identified Attitudes

- *Accepting and comfortable
- *Ambivalent and judgmental
- *Uncertainty regarding knowledge
- *Discomfort with sexuality
- Open and inclusive philosophy



Uncertainty



Theme 3:

Personal Strategies Developed for Caring for LGB Patients

- Focus on accepting diversity
- Treating everyone the same
- Denial/invisibility
- Bracketing
- Expectation of Learning over time



Focus on diversity/Treating everyone the same



“Bracketing”



Theme 4:

Perceived Barriers and Facilitators for Provision of Best Practice

- *Continuum of knowledge
- *Conflict between personal and professional values
- Perceived norms
- *Time constraints/priorities
- Institutional issues



Lack of knowledge

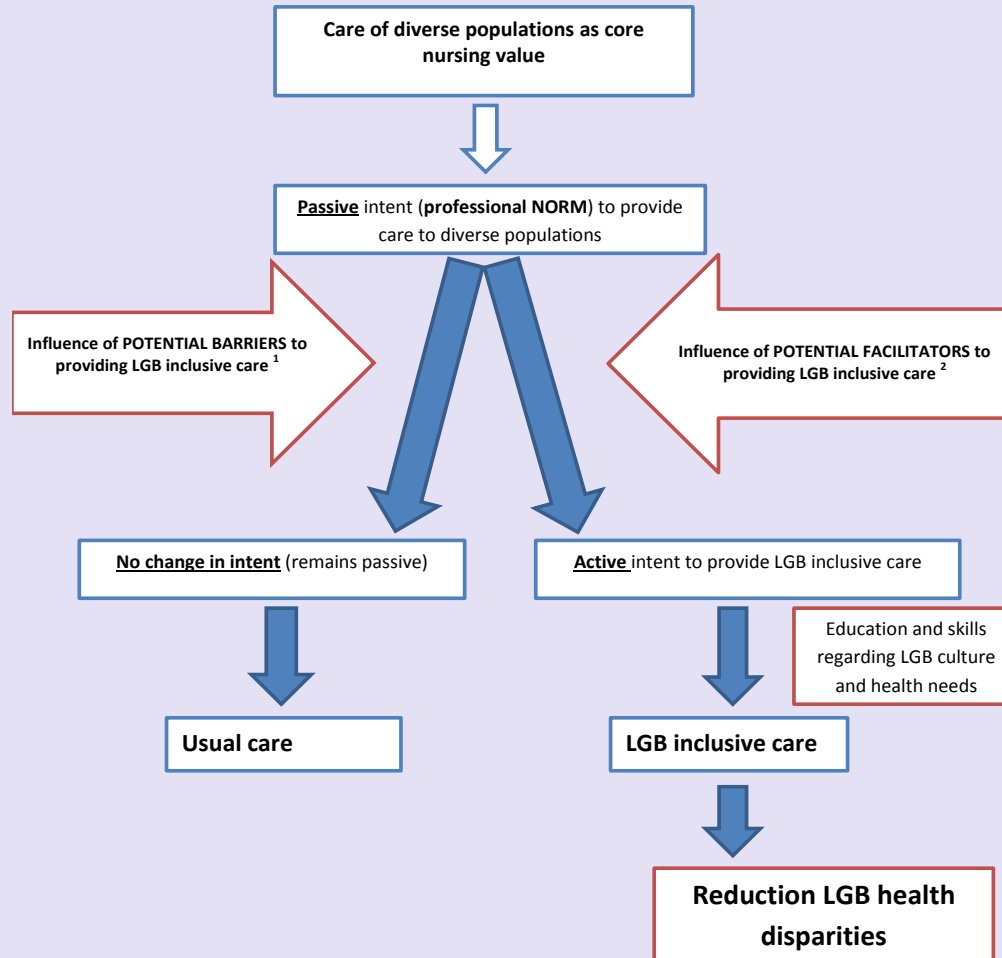


Time constraints/priorities



Conceptual Framework: NPs transition from passive to active intent to provide LGB inclusive care: barriers and facilitators

Figure 2: NPs transition from passive to active intent to provide LGB inclusive care: barriers and facilitators



Discussion:

relationship to existing literature

- Validates some findings of existing literature on nurses attitudes towards LGB patients
 - Overall, more positive attitudes
 - Conflict between personal and professional values, role of contact with LGB persons
- Conceptually aligned with main tenets of the reasoned action approach
 - Most influential variables:
 - Perceived behavioral control and actual behavioral control
 - Perceived norms less important variable
 - Adds the concept of passive versus active intention



Discussion: What this study adds

- Previous studies quantitative, small convenience samples
- Qualitative study examined nuances of:
 - Multiple attitudinal influences for NPs
 - Dynamic, evolving, sometimes conflicted attitudes of NPs
- Introduced new concepts:
 - COMPLEXITY
 - Barriers and facilitators to providing LGB inclusive care
 - Strategies to provide LGB inclusive care
 - Passive versus active intent



Study limitations

- Generalizability of sample
 - Not intended to be generalizable
- Transferability
 - Geographic and population specific
- Social, political, historical and cultural context of the study
- Selection bias
- Social desirability bias



Implications:

Nursing practice

- NPs in practice feel ill-equipped to care for LGB patients
 - Continuing education LGB culture and healthcare needs
 - Encouraged to:
 - Ask sexual orientation
 - Consider risk for health disparities across the lifespan
 - Follow evidence based guidelines
 - Differentiate between risks for subsets of sexual minorities



Implications:

Nursing education

- Lack of LGB content in nursing curricula from BS to PhD
 - Include information on LGB culture and health risks/disparities
- Generally reexamine cultural competency training in nursing
 - Not examining complex interplay of culture, experience, values, beliefs and knowledge necessary to care for multi-cultural populations
 - Impact of stigma and marginalization
- Faculty education



Implications: Policy

- Huge policy advancements in past few years:
 - Repeal DADT, DOMA
 - Health:
 - Nationally: US Department HHS policies, Joint Commission
 - Locally NYC: Health and Hospitals Corporation
- But:
 - NPs not aware of non-discrimination policies/patient bill of rights
 - Nursing's support of marriage equality, anti-discrimination legislation



Future research

- Under-researched area: lots of opportunity
 - Verification of framework with:
 - other populations of NPs
 - Transgender patients
 - Further exploration of the concept of active versus passive intention in relation to providing LGB inclusive care
 - Verification of the newly identified variables in this study that work to facilitate active intention to provide LGB inclusive care
 - Cultural competency re: LGB patients



Conclusion

- Contribution to the literature:
 - Complexity of the multiple, often overlapping, and sometimes conflicting influences on attitude formation, attitudes and intention to provide care to LGB patients by NPs
- Consideration of these findings may help improve access to, and delivery of, primary care for sexual minorities, thereby decreasing health disparities



Thank you.

