

# The effect of healthcare provider support and discrimination on LGBT patients' trust and adherence

C4ME SUPPLEMENT

## AUTHOR INFORMATION

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*No conflicts of interest to declare*

Accepted for publication: 18.11.20

### **Background**

There are many disparities that the lesbian, gay, bisexual, and transgender (LGBT) community faces within the healthcare system. Members of the LGBT community are at higher risk of a number of physical health conditions than the general population. (1, 2) LGBT men and women have poorer mental health and higher rates of cigarette smoking, alcohol consumption and illicit substance use than the general population. (2, 3) Transgender individuals are not having their specific healthcare needs met because many healthcare providers do not have satisfactory knowledge and specialist services are concerningly overwhelmed, with unacceptably long waiting times. (4) Members of the LGBT community are more likely to avoid seeking healthcare than the general population and LGBT patients are more likely to ignore healthcare provider advice. (1) As well as poorer health seeking behaviours the LGBT community has lower medical adherence than the general population. (5) These health and health behaviour disparities are due, at least in part, to the stigma associated with sexual and gender minority status. A Stonewall report found that 14 percent of LGBT people avoided seeking healthcare due to fear of discrimination. (6) In the general population, patients who are properly supported by their doctors tend to have better outcomes. (7) It is likely that support improves overall health through a number of different mechanisms, one of these being that supporting patients facilitates greater trust and ultimately greater adherence. (8) However, there is a paucity of research into the effects of support on LGBT patients.

This project examines the effects of healthcare provider support and discrimination on LGBT patients' trust and adherence. It compares the effect of support and discrimination and compares how they affect trust and adherence at key events.

## Methods

633 LGBT participants, aged 21–82, completed an online questionnaire about their experiences in healthcare (operationalised as support and discrimination) and their own healthcare behaviours (operationalised as adherence and trust). To assess support, we asked participants if their healthcare providers had adequate knowledge of LGBT needs and if they were able to create a positive environment, and to assess discrimination we asked participants about negative reactions or treatment from healthcare providers as a result of their sexual/gender identity. Ethical approval was received from Cardiff University Ethics committee. Participants were asked about their experiences and behaviours at three distinct events; the first time they revealed their sexual/gender identity to a healthcare provider, a time when they concealed their sexual/gender identity to a healthcare provider, and the most recent time they revealed their sexual/gender identity to a healthcare provider within the last year. In addition, participants answered the questions regarding trust and adherence by thinking about their opinions towards healthcare providers in general. Regression models were used to examine if and to what degree the variables support and discrimination were able to predict the two outcome variables, trust and adherence.

## Results

### *Regression analysis when patients revealed their gender identity*

Support was a significant positive predictor of both trust and adherence the first time that participants came out to a healthcare professional and the most recent time participants came out to a healthcare professional (**Table 1**). Discrimination was a significant negative predictor of both trust and adherence the first time that participants came out to a healthcare professional and the most recent time participants came out to a healthcare professional.

### *Regression analysis when patients concealed their sexual/gender identity*

Support was a significant positive predictor of both trust and adherence when participants concealed their sexual/gender identity to a healthcare professional. Discrimination was not a significant predictor of trust or adherence when participants concealed their sexual/gender identity to a healthcare professional.

### *Regression analysis of trust and adherence in general*

Support was a significant positive predictor of general trust and adherence (**Table 1**). Discrimination was a significant negative predictor of general trust and adherence.

## Discussion

These results support the current literature that shows that discrimination has a negative effect on LGBT patients' trust and adherence. These results also demonstrate that support has a positive effect on LGBT patient's trust and adherence, in line with literature relating to the general population. These results suggest that support is more important for improving LGBT patients' trust and adherence than lack of discrimination. In order to support LGBT patients, healthcare providers need a good understanding of the specific health needs of LGBT patients as well of how to create a safe space and make LGBT patients feel comfortable. (9) Despite this, LGBT health and cultural competency is not widely included as part of medical education courses. (10) The findings also draw attention to the lasting effect that the experience someone has the first time that they come out to a healthcare professional can have. LGBT education should not be optional for healthcare providers; it is important that they are able to provide LGBT patients with good experiences before and the first time they choose to come out. Although the first time that patients come out is an important event and continues to influence them in the future, the way they are treated after this also impacts trust and adherence. Therefore, a bad experience can to some extent be mitigated by support moving forwards. Similarly, it is not enough to only support LGBT patients initially, continued support is required to ensure improved outcomes.

## Lessons Learnt

Before undertaking this project, I had never used a statistical package before, and I was nervous about having to use one, SPSS, to run the regression analysis. I attended a session run by the library which introduced me to the basics of SPSS and helped build my confidence. After this I set up a couple of meetings with my supervisor in order to build on these skills and learn the specific skills I needed for this project. Breaking up the sessions with my supervisor into more manageable chunks meant I could practice what we had gone over each time, take note of issues that I encountered, and bring these up at the next meeting. Many of these skills can be applied to other software packages and any future research that I do. .

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Table 1: Regression analysis of support and discrimination predicting either trust or adherence

	$\beta$	t	p
<b>Dependent variable: first trust</b>			
First support	.36	5.75	<0.001
First discrimination	-.33	-5.18	<0.001
<b>Dependent variable: first adherence</b>			
First support	.54	9.85	<0.001
First discrimination	-.24	-4.35	<0.001
<b>Dependent variable: recent trust</b>			
Recent support	.51	8.86	<0.001
Recent discrimination	-.34	-5.85	<0.001
<b>Dependent variable: recent adherence</b>			
Recent support	.57	10.10	<0.001
Recent discrimination	-.27	-4.66	<0.001
<b>Dependent variable: general trust</b>			
First support	.29	5.12	<0.001
Recent support	.25	4.43	<0.001
<b>Dependent variable: general trust</b>			
First discrimination	-.29	-4.85	<0.001
Recent discrimination	-.22	-3.93	<0.001
<b>Dependent variable: general adherence</b>			
First support	.32	5.97	<0.001
Recent support	.30	5.52	<0.001
<b>Dependent variable: general adherence</b>			
First discrimination	-.31	-5.88	<0.001
Recent discrimination	-.30	-5.51	<0.001



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[Journal DOI](https://doi.org/10.18573/issn.2514-3174)

10.18573/issn.2514-3174

[Issue DOI](https://doi.org/10.18573/bsdj.v4i3)

10.18573/bsdj.v4i3



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