Health Care Practices and Relationships: The Experiences of LGBTQ Women and Primary Care Providers

Final Report

Researchers from Dalhousie University, the University of British Columbia and the University of Alberta completed a Canadian Institutes of Health Research funded study of LGBTQ women's health and health care experiences, as well as the experiences of nurses and physicians who provide care to LGBTQ women in Halifax and Vancouver. This report provides a brief overview of the results from Halifax.

Why LGBTQ women and health care?

Lesbian, gay, bisexual, transgender, and other LGBTQ women face social inequities based on gender and sexual orientation. These inequities can negatively influence their health and health care, though we don't yet understand enough about how. In this study, we examined how gender and sexual orientation affected LGBTQ women's health care experiences and the experiences of nurses and physicians providing care to LGBTQ patients.

The Study

- In Halifax, 19 LGBTQ women, 12 nurses, and 9 physicians participated. (All names are pseudonyms)
- The 19 LGBTQ women participants self-identified their sexual orientation and gender identities in various ways, ranged in age from 23-73 years, and most described themselves as "pretty healthy."
- The 12 registered nurse participants practiced in various contexts, including community clinics and hospitals, for 8-20 years. 1 of the 12 nurses identified as a man, all identified as heterosexual.
- The 9 family physician participants practiced in clinics and family practices for 11-40 years. 8 of the 9 physicians identified as women, 1 as lesbian and 8 as heterosexual.
- Data collection included in-depth interviews with each participant about their experiences of health care or working with LGBTQ women as a health care provider.

> **"We wait for an hour to have a five minute appointment and it doesn't matter what our orientation is, we all have the same problem. It's just a little harder for us because we have to think about what issue should I bring up here? And can I talk about this?" (Fran, fluid sexual orientation)**

Health and Health Care Concerns

Unsurprisingly, LGBTQ women in Halifax faced many of the same health and health care issues as heterosexual women.

Despite these similarities, LGBTQ women faced some additional difficulties accessing care in a safe environment that responded to their needs. Transgender women faced more significant inequities than other participants.

Health care providers had good intentions when working with LGBTQ women, but many were uncertain about how best to acknowledge the effects of social difference on LGBTQ women's health and health care.

The study results demonstrate that we have to think differently about health care access and health care relationship-building for LGBTQ women.

> **"I think the more gender variant you look, you get more issues. I think that's why I've had an easier time, just because I come in and people see a woman and they're like 'Okay.'" (Jackie, transgender)**

Thinking about Access Differently

Usually when we talk about health care access issues, we think about wait times, transportation, and physician shortages. While LGBTQ women encountered these issues, they faced additional barriers to accessing safe and responsive health care.

LGBTQ women found it difficult to find safe and knowledgeable health care providers in Halifax. When they did find a provider they could trust, it was often through recommendations from friends.

Transgender participants faced the most barriers to accessing safe and knowledgeable care. Health care providers spoke about care for transgender patients as a specialized field that they were not expected to understand. By viewing this clinical knowledge as inaccessible, health care providers are discouraged from improving their ability to care for transgender patients.

> **"Gay is one thing. Okay that's fine. That's just who you have sex with. But trans? What? Like what does that mean, right?" (Kathy, nurse)**

Many LGBTQ women were nervous about when and how to "come out" to their health care providers. The pressure to come out in each encounter made accessing appropriate health care difficult for some participants. When LGBTQ women came out they attempted to control or predict the health care provider's reaction by being careful how they shared information.

Most health care providers felt it was LGBTQ women's responsibility to disclose their sexual orientation and gender identity. This placed the responsibility for starting such discussions on LGBTQ women.

> **"But it's not to say that coming out's always easy to do, right? Like it might seem that way but, I'm tied up in knots inside. And you know I have a little bit of trouble with that because again it's me advocating for me, and that's not always easy and you get tired of it." (Kim, lesbian)**

Building Health Care Relationships

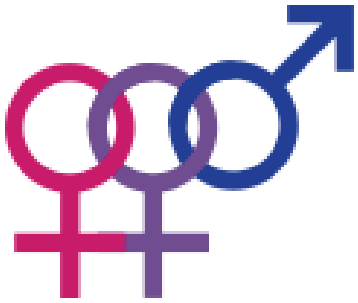
Health care relationships based in mutual trust are important for health care providers and patients. LGBTQ women and their providers faced particular barriers in their efforts to build health care relationships, attempting to work with, across or around an often-unspoken social difference.

LGBTQ women expressed concerns about being good patients and health care providers were committed to providing care that was non-judgmental.

Both LGBTQ women and health care providers suggested it was up to LGBTQ patients to simply show that they were comfortable with their gender or sexual orientation, thus setting everyone at ease. This places the burden for health care relationship-building on patients.

> **"I think if they are happy with their choice … that's easier to handle than someone who doesn't know themselves." (Joan, physician)**

Both health care providers' and LGBTQ women's efforts to make health care interactions more comfortable made it difficult to acknowledge the moments of discomfort and uncertainty that may arise when health care assumes "normal" sexuality and gender. Discomfort may signal that norms and assumptions are being challenged—thus it can be a good thing!



> **"I'm always of the idea I have to be comfortable and if I'm not comfortable it will probably add to their discomfort …I try to avoid it…Yet if physicians are uncomfortable and they don't know how to approach LGBTQ patients, let them be able to say that out loud without worrying about getting in trouble… to say maybe where that comes from and then how can they address it. I think that's the best thing that can happen." (Gina, physician)**

"It's still a person, it's just, who they want to have sex with, you know what I mean? That's the only thing that's different." (Anna, nurse)

Acknowledging Social Difference

Some health care providers were so afraid of saying the wrong thing to someone that they simply did not talk about gender identity or sexual orientation with patients.

Many health care providers suggested a patient's gender identity or sexual orientation made no difference to the care they would provide. The effects of such social differences are overlooked when health care providers talk about all patients as 'unique individuals.'

Providers were anxious about not stereotyping—which hindered their ability to see where there may be social patterns of inequity in health and wellbeing.

"I'm doing many of the same things with everybody regardless of orientation or gender." (Liza, physician)

"I'm always so worried about offending people." (Lia, nurse)

When differences of sexual orientation and gender identity were acknowledged by health care providers, there was a tendency to see these as concerning only sexual health and gender transition.

When the effects of social difference were not acknowledged, barriers to access and heath care relationship building for LGBTQ women could not be effectively addressed.

A few health care providers recognized social differences— the ways in which LGBTQ women face different social barriers to health and health care. This allowed them to provide more holistic care, taking into account social inequity.

Conclusions and Implications

"Be aware when you're afraid of who you're talking to because that's really I think what ignorance is about. It's about being threatened by who you're talking to or their experience." (Corrie, lesbian)

- LGBTQ women who are well-connected socially may be better able to navigate health care. Those on the margins of their communities may be more at risk.
- Relationships between LGBTQ women and health care providers can lead to quality care, but this takes courage on both parts.
- Education and training, including learning from health care encounters, could help health care providers understand the differences between generalizing and stereotyping. This may help them to see patients as part of social groups as well as individuals.
- Such training could enhance awareness of the patterned ways that assumptions about "normal" sexuality and gender shape health and health care.
- Awareness about how assumptions affect health care may better situate health care providers to help transform the health and health care inequities LGBTQ patients face.
- Health care providers need support to navigate their own discomfort as dominant assumptions are challenged.

"I'm cognizant of what a LGBTQ patient has been through and that there's more barriers and challenges. ... I'd still go through the same assessment of what works with her, but I do see that there are a lot of barriers." (Kira, nurse)

Study team:

Lisa Goldberg, Brenda Beagan & Susan Atkinson, Dalhousie University
Mary Bryson, University of British Columbia
Cressida Heyes, University of Alberta

Erin Fredericks, Ami Harbin & Brenda Hattie, Dalhousie University

For More Information:

http://lgbtqhealth.weebly.com

qwh@dal.ca

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada