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

Care of diverse populations as core nursing value

Passive intent (professional NORM) to provide care to diverse populations

Influence of POTENTIAL BARRIERS to providing LGB inclusive care

No change in intent (remains passive)
Usual care

Influence of POTENTIAL FACILITATORS to providing LGB inclusive care

Active intent to provide LGB inclusive care
LGB inclusive care

Education and skills regarding LGB culture and health needs
Reduction LGB health disparities
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.