

LGBTQ+ Barriers in Physical Therapy: Clinician Perspective

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Background

- The LGBTQ+ community is impacted by patterns of discrimination and substandard care when trying to access basic health care. This discrimination involves microaggressions^{1,2}, systemic oppression³ and issues regarding intersectionality⁴
- A lack of cultural competence likely increases healthcare discrimination⁵
- Little PT-related LGBTQ+ research exists
 APTA's Cultural Competence/Diversity Plan

Purpose

- To explore barriers to cultural competence of physical therapy clinicians working with, educating, and treating people who identify as LGBTQ+
- Qualitative research selected to more broadly examine perceptions of LGBTQ+ issues related to physical therapy

Methods

- Design: Qualitative case study approach
- •Participants: Nationwide convenience sampling clinical site lists associated with Regis University and Thomas Jefferson University
- •Procedure: Focus group questions were designed to facilitate discussion and provide descriptions of the clinical reasoning processes. Open ended questions addressed the 5 areas of cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. Semi- structured interviews on Zoom.
- •Analysis: Simultaneous data collection and theme development. Words, phrases, and concepts were discussed by transcript and compared to develop preliminary themes.

Results

Eight themes were developed from the focus groups.



Figure 1: Eight Primary Themes and Subthemes

Discussion

- Aiming for excellence in healthcare requires seeking out more LGBTQ+ specific education and then applying that knowledge to adapt behavior in clinical practice.
- Workplaces are ideal places to advocate for LGBTQ+ inclusion due to malleable culture and interaction between PTs, staff, and patients
- Clinicians may make inaccurate estimations of their knowledge and application of LGBTQ+ issues
- Environmental influences like familiarity and exposure to the LGBTQ+ community, regional culture and politics, military connection, religious beliefs, and generational differences may influence people's views of acceptance. This foundation of acceptance then further influences other barriers.

Clinical Relevance

- Identifying barriers to LGBTQ+ cultural competency is the first step to addressing the discrimination LGBTQ+ people endure when accessing healthcare
- Workplaces, along with DPT programs, should incorporate LGBTQ+ training to shift the burden of education and training away from individuals

References

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