## LGBTQ+ Barriers in Physical Therapy: The Clinician's Perspective

Melissa Hofmann, PT, DPT, PhD, Nancy Mulligan, PT, DPT, Karla Bell, PT, DPT, Chris Condran, PT, DPT, James Eng, PT, DPT, Felix Hill, PT, DPT, Hannah Scarince, PT, DPT, Eileen Gulik, PT, DPT, Vivian He, PT, DPT, Erin Lemberger, PT, DPT Address all correspondence to Dr. Hofmann at mhofmann001 @regis.edu

**Purpose/Hypothesis:** This study qualitatively describes barriers to cultural competence/humility of LGBTQ+ healthcare in physical therapy (PT). Because the LGBTQ+ community experiences health-related disparities,<sup>1-4</sup> the researchers sought understanding of LGBTQ+ cultural competence/humility from the PT clinician's perspective.<sup>5-8</sup>

**Subjects:** Eighty-eight PT clinicians were nationally recruited using convenience sampling from two DPT clinical affiliation lists and additional clinicians.

**Materials/Methods:** A qualitative case study approach was utilized. Semi-structured group and individual interviews, guided by literature-based questions, were conducted.<sup>6,8-14</sup> To determine emerging themes, data collection and analysis utilized a constant comparative process to achieve saturation.

**Results:** The primary themes stemming from deficiencies in cultural competence/humility uncovered by qualitative inquiry included: *Acceptance, Advocacy, Awareness, Competency, Experience, Explicit Bias, Policy and Psychological Stress.* 

**Conclusions:** The *Acceptance* theme identified a sensitivity to LGBTQ+ needs, but then failed to communicate adequate cultural competence.<sup>5-8</sup> The *Awareness* theme referred to clinicians' implicit biases.<sup>10,11</sup> *Advocacy and Experience* themes emerged as factors for PT management and advocacy for the LGBTQ+ community. A *Competency* theme centered around the lack of cultural knowledge and skill.<sup>12-15</sup> The *Explicit Bias* theme highlighted personal, political and regional beliefs.<sup>10,11</sup> A *Policy* theme identified the role of policies impacting LGBTQ+ patient PT access.<sup>16</sup> Finally, a *Psychological Stress* theme highlighted PT clinicians' fear, avoidance and internal conflict in working with LGBTQ+ patients.

**Clinical Relevance:** There is no research to date surrounding LGBTQ+ cultural competency/humility in solely the physical therapy discipline. This research discusses the barriers to cultural competence from the PT clinician's perspective and will direct future educational resources and programs.

## References

- 1. Hafeez, H, Zeshan, M, Tahir, MA, Jahan, N, Naveed, S. Health care disparities among lesbian, gay, bisexual, and transgender youth: a literature review. *Cureus*. 2017;9(4):e1184.
- 2. Roberts TK, Fantz CR. Barriers to quality health care for the transgender population. *Clin Biochem.* 2014;47:983-987.
- 3. Mollon, L. The forgotten minorities: health disparities of the lesbian, gay, bisexual, and transgendered communities. *J. Health Care Poor Underserved.* 2012;23(1):1–6. doi:10.1353/hpu.2012.0009
- 4. Gonzales G, Henning-Smith C. Barriers to care among transgender and gender nonconforming adults. *The Milbank Q.* 2017;95(4):726-748.
- 5. Copti, N., Shahriari R., Wanek L., Fitzsimmons A. Lesbian, gay, bisexual, and transgender inclusion in physical therapy: advocating for cultural competency in physical therapist education across the United States. *J Phys Thera Educ*. 2016;30(4):11-16.
- 6. Hayward L, Li L. Promoting and assessing cultural competence, professional identity, and advocacy in Doctor of Physical Therapy (DPT) degree students within a community of practice. *J Phys Ther Educ*. 2014;28(1):23–36.
- 7. Aggarwal NK, Cedeno K, Guarnaccia P, Kleinman A, Lewis-Fernandez R. The meanings of cultural competence in mental health: an exploratory focus group study with patients, clinicians, and administrators. *SpringerPlus*. 2016;5:384. doi: 10.1186/s40064-016-2037-4
- 8. Rossi AL, Lopez EJ. Contextualizing competence: language and LGBT-based competency in healthcare. *J Homosex*. 2017;64(10):1330-49.
- 9. Burch, A. Attitudes, and self-efficacy for working with patients with spinal cord injury who have diverse sexual orientations. *Phys Ther.* 2008;88(2):191-198.
- Rossman K, Salamanca P, Macapagal, K. "The doctor said I didn't look gay": young adults' experiences of disclosure and non-disclosure of LGBTQ identity to healthcare providers. J Homosex. 2017; 64(10): 1390-1410. doi: 10.1080/00918369.2017.1321379
- 11. Lambda Legal. When health care isn't caring: lambda legal's survey of discrimination against LGBT people and people with HIV. 2010. <a href="https://www.lambdalegal.org/health-care-report">www.lambdalegal.org/health-care-report</a>
- Parameshwaran V, Cockbain BC, Hillyard M, Price JR. Is the lack of specific lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) health care education in medical school a cause for concern? Evidence from a survey of knowledge and practice among UK medical students. *J Homosex*. 2017;64(3):367-381. doi: 10.1080/00918369.2016.1190218
- Craig S, Dentato M, Messinger L, McInroy L. Educational determinants of readiness to practise with LGBTQ clients: social work students speak out. *Br J Soc Work*. 2016;46:115-134. doi: 10.1093/busway/bcu107
- 14. Dubin SN, Nolan IT, Streed Jr CG, Greene RE, Radix AE, Morrison SD. Transgender health care: improving medical students' and residents' training and awareness. *Adv Med Educ Pract*. 2018;9:377-391.
- 15. Jones C, Hayter M, Julie J. Understanding asexual identity as a means to facilitate culturally competent care: a systematic literature review. *J Clin Nurs*. 2017;26(23-24):3811-3831.
- 16. Pomeranz JL. Challenging and preventing policies that prohibit local civil rights protections for lesbian, gay, bisexual, transgender, and queer people. Am J Public Health. 2018; 108(1): 67-72. doi: 10.2105/AJPH.2017.304116. Epub 2017 Nov 21.