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Health Support directed at Lesbian, Gay and Bisexuals: Socio-demographic Context and Education

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Abstract

Introduction: Promoting the dignity of people and equality of access to care are two fundamental pillars of good healthcare practice. Thus, producing evidence on educating and investigating competencies and practices aimed at lesbian, gay and bisexual (LGB) clients and their determinants constitute synergetic strategies which are necessary to ensure excellent health care for this particular group. Objective: To analyse the effects of the socio-demographic conditions and training in the care competence and practices carried out by health professionals for lesbian, gay and bisexual clients.
Methodology: Descriptive study carried out on a sample of 119 Portuguese health professionals, the majority of whom are female with an average age of 37.90 years. Instruments:Sexual Orientation Counselor Competency Scale Citation (Bidell,2005) Correlates of Homophobia and Gay Affirmative Practice in Rural Practitioners (Crisp,2002), adapted by Pereira & Cunha (2014).
Results: Health professionals with an age $\leqslant$ 31years and with specific training in psychological intervention were shown to have greater affirmative competence. 47.1% were shown to be competent professionals, 26.9% being highly competent and 26% incompetent. The health professionals with the highest competence were also the ones with the best health practices (66.7%).
Conclusion: The results show the existence of a significant association between the socio-demographic variables and healthcare practices. They also show that the health professionals with the least competence also used inadequate healthcare practices for LGB clients. Training in affirmative competencies should provide for ethically guided therapeutic interventions which are culturally accessible and socially inclusive and thus ensuring the effectiveness of health systems.

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1. Introduction

The provision of health support which is perceived as empathetic, safe and free from sexist assumptions allows for the emergence of inclusive healthcare narratives which are capable of promoting the dignity of persons and equity in access to the best clinical practices. Thus, evidence on the skills and practices in dealing with lesbian, gay and bisexual (LGB) patients is produce and the factors thereof determined constituting an influential tool to ensure excellent healthcare for this segment of the population, guaranteeing the effectiveness of health systems.

Bidell (2014) also argues that lesbian, gay and bisexual affirmative and multicultural counsellor training and competency is essential for ethical clinical practice

The position held by the *American Counseling Association*, reflecting acceptance, affirmation and non-discrimination of LGB individuals, has created conflicts for some trainees who hold conservative religious beliefs about sexual orientation. Recommendations for counsellor educators to manage this dilemma should be offered (Whitman & Bidell, 2014).

Health professionals are often faced with lesbian, gay and bisexual clients, and should, as trained professionals, cooperate so that society will accept them as part of different, but normal behavioural patterns (Nogueira, Oliveira, Almeida, Costa & Pereira, 2010).

Another important point to consider is heterosexism, that is, that all clients are heterosexual, lowering the visibility of whoever may have another sexual orientation. In this context, this means that the assumption that all people are at the outset heterosexual is held up precisely by the invisibility of the sexual orientation of lesbians, gays and bisexuals and the invisibility of their relationships, their families and their lifestyles. LGB people need to "come out" in order to be socially recognized as such. However, LGB people have the right to remain imperceptible exactly to protect themselves from discrimination (ILGA, 2014).

Health professionals should therefore undertake training in order to be aware of the complexity involved in homosexuality (lesbian and gay) and bisexuality, so that prejudice and stigma will not occur while providing health care to these clients.

Davies (1996) cited by Crisp (2002) say that health professionals should assume a care model of affirmative practice in dealing with LGB clients, to the extent that one should respect their sexual identity without any kind of homophobia and/or prejudices. People stigmatised and discriminated against deserve special attention from health professionals, because the stigma itself may be a health vulnerability factor and could also compromise access to service and quality of the care provided. As such, vocational training and lifelong learning should be part of the discussion on comprehensive health care, which, in turn, should promote affirmative care practices with regards to LGB clients.

Although transgender people have increasingly become more visible, there still remains a dearth of material in the counselling literature regarding counsellor preparation for this population (O'Hara, Dispenza, Brack & Blood, 2013). The results of the study by Rock, Carlson, Mc George (2010) support the literature, arguing that specific training on affirmative therapy practices should be included as the level of affirmative training was directly related to participants' self-reported clinical competency working with LGB clients.

2. Methods

This is an observational study conducted in an objective convenience sample of 119 healthcare professionals, the majority of which are female nurses with an average age of 37.90 years, residing in the centre and north central Portugal. The majority claimed to be heterosexual (98.3%), had a life partner (69.7%) with a religious/spiritual orientation (87.4%) but do not assume any political orientation (53.8%).

Most health professionals (58.0%) hold a university degree obtained in national higher education institutions, but 95.8% reported not having specific training in psychological/psychotherapeutic intervention techniques and 90.8% of participants reported having no training on sexual orientation (LGB).

Research question: What is the quality and its determinants of health professionals' skills and care practices in dealing with lesbian, gay and bisexual clients?

Objectives: To identify the determining factors for the healthcare skills and practices performed by healthcare professionals when dealing with lesbian, gay and bisexual clients.

Data collection Instruments: Data collection was performed using the following:

- Sociodemographic questionnaire for academic and professional characterization as well as the professional/relational context in dealing with LGB clients.

- *Sexual Orientation Counsellor Competency Scale Citation (SOCCS)* (Bidell, 2005). The overall Cronbach alpha value in this study was 0.789.

- *Correlates of Homophobia and Gay Affirmative Practice in Rural Practitioners* by Crisp (2002), Portuguese version by Pereira & Cunha (2014). In this study the overall Cronbach alpha coefficient was 0.849.

3. Results

3.1. (Overall) Affirmative Competencies (SOCCS)

Age and specific training in psychotherapeutic intervention for LGB interfered statistically with affirmative competencies in dealing with LGB clients. From the results for age, it appears that the mean scores are higher for health workers under 31 years. The post hoc Tukey test finds the differences in health professionals in younger ones compared to older ones (p = 0.000) (cf. Table 1).

Table 1. Overall Affirmative Competencies (SOCCS) with respect to age

Affirmative Competencies (SOCCS)	Age (years)	Mean	SD	F	p
Affirmative Competencies (Overall)	≤ 31 years	59.24	8.848	9.136	0.000
	32-41 years	53.69	9.142		
	≥ 42 years	49.92	11.400		

This study was intended to evaluate the descriptive statistics for percentage values, particularly the value of the mean percentiles (Pais-Ribeiro, 2005), whereby the minimum value for affirmative competencies was 0.00 since the measurement scores for the items were recoded as: 1 → 0; 2 → 1; 3 → 2; 4 → 3; 5 → 4;6→5; 7→6.

Health professionals with specific training in psychotherapeutic interventions regarding LGB scored higher mean order values in affirmative competencies compared to those without such training respectively: MO=38.00 and MO=22.12; UMW=26.00; p=0.023).

3.2. Levels of Affirmative Competencies (Overall)

Out of a total of 119 health professionals, 47.1% proved to be competent professionals, 26.9% scored as highly competent professionals and 26% showed lack of competence (cf. Table 2).

Table 2. Overall Affirmative Competence *(SOCCS)* by gender

Overall Affirmative Competence (SOCCS)	Male		Female		Total		X2	p
	n	%	n	%	n	%		
Without competence ≤ 77	8	33.3	23	24.2	31	26.0		
Competent ≥78 and ≤89	9	37.5	47	49.5	56	47.1	1.254	0.554
Very competent ≥90	7	29.2	25	26.3	32	26.9		
Total	24	100.0	95	100.0	119	100.0		

The majority of health professionals are competent (73.9%), and the younger ones (≤31 years) have higher levels of competence (46.3%) (cf. Table 3).

Table 3. Overall Affirmative Competence (SOCCS) by age/age groups

Age groups	≤31 years		32-41 years		≥42 years		Total		X2	p
Overall Affirmative Competence (SOCCS)	n	%	n	%	n	%	n	%		
Without competence ≤ 77	4	9.8	13	34.2	14	35.1	31	26.1		
Competent ≥78 e ≤89	18	43.9	17	44.7	21	52.5	56	47.0	16.092	0.003
Very competent ≥90	19	46.3	8	21.1	5	12.5	32	26.9		
Total	41	100.0	38	100.0	40	100.0	119	100.0		

3.3. Predictors of Care Practices for LGB

Out of a total of 119 health professionals only 46 (34 women and 12 men) had significant experience with regards to LGB clients so as to respond to the *Correlates of Homophobia and Gay Affirmative Practice in Rural Practitioners* by Crisp (2002), translated and adapted by Pereira & Cunha (2014). It was thus found that on average women (M=52.20 ±17.421) reveal worse practices in caring for LGB clients than men (M=60.41 ±13.485), (p=0.001).

The quality of practices classification groups were carried out based on percentiles. The first one, relating to inadequate practices, corresponds to the less than or equal to 25 percentile, the second one, reasonable practices, is among the biggest percentile, greater than or equal to 26 and less than or equal to 74, and the third one, called good practices brings together participants with scores greater than or equal to 75, with an explanatory variance of 0.04.

The professionals with higher skills were also those who demonstrated the best healthcare practices (66.7%). Nevertheless, a significant percentage of participants (26.08%) did reveal inadequate practices, classifying them as homophobic.

Table 4. Overall Affirmative Competence (SOCCS) by homophobia, healthcare practices

Practices	Homophobia / Inadequate Practices ≤25% 26,08%		Reasonable Practices >25 % e <74% 47,83%		Good Practices ≥75% 21,74%		Total		X2	p
Overall Affirmative Competence (SOCCS)	n	%	n	%	n	%	n	%		
Without competence ≤ 77	4	33.3	3	13.6	2	16.7	9	19.5		
Competent ≥78 e ≤89	6	50.0	13	59.1	2	16.7	21	45.7	9.734	0.045
Very competent ≥90	2	16.7	6	27.3	8	66.7	16	34.8		
Total	12	100.0	22	100.0	10	100.0	46	100.0		

The study of the effect of the independent variables (age, gender transformed into a dummy variable and affirmative competences – subscales and overall value) with regard to practices was conducted primarily by analysis of associations between the variables. Positive correlational values were determined and it was found that there is a reasonable correlation (r = 0458) with the overall affirmative competences (cf. Table 5). Then, the multiple linear regression was calculated to explain if the variables constituted predictors of care practices for LGB clients (cf. Table 6). Affirmative competence has a direct relationship with care practices for LGB clients, indicating that the worse the affirmative competences, the less adequate the care practices of health professionals dealing with these clients are.

Table 5. Pearson correlations between age, gender affirmative competence and care practices for LGB clients

Independent Variables	r	p
Age	0.059	0.039
Gender dummy	0.218	0.073
Total awareness	0.409	0.002
Total competence	0.279	0.030
Overall Affirmative Competence (SOCCS)	0.458	0.001

The regression model revealed affirmative competences as predictive of healthcare practice when dealing with LGB clients, accounting for 20.9% of its variability. From the beta coefficient, affirmative competences were observed to have a direct relationship, which allows us to infer that the lower the value of affirmative competences, the less adequate professional healthcare practices are in dealing with LGB clients. The final model, adjusted to healthcare practices to lesbian, gay and bisexual clients, is given by the following formula: care practices to LGB clients = 12.293 + (0748 overall affirmative competence).

Table 6. Multiple linear regression between independent variables and care practices for LGB clients

Dependent variable: Care practices for LGB clients						
R = 0.458						
R2 = 0.209						
Adjusted R2 =-0.191						
Standard error of the estimate = 15.055						
R2 Increment = 0.20						
F =11.649; p = 0.001						
Regression Weighting						
Independent Variables		Coefficient B	Coefficient beta	t	p	VIF
Constant		12.293	-	0.982	0.322	1.000
Overall Affirmative Competence (SOCCS)		0.748	0.458	3.413	0.001	
Analysis of Variance						
Effect	Sum of Squares	GL	Average of Squares	F	p	
Regression	3039.982	3	1013.327	4.445	0.008	
Residual	9574.180	42	227.957			
Total	12614.163	45				

4. Discussion

In this study, the results show the existence of a significant association between the socio-demographic variables and healthcare practices. Costa & Davies (2012) and Norton & Herek (2012), also state there is a greater homophobia effect in men compared to women, who normally manifest more negative attitudes toward gays and lesbians. The authors also note that studies have shown high levels of psychological authoritarianism, political conservatism and anti-egalitarianism and religiosity, especially in women. However, Oliveira (2013) noted discrimination levels higher in men compared to women.

Age interfered in affirmative competence, especially for younger participants, with statistically significant differences. These results can be explained by what Costa and Davies (2012) and Norton and Herek (2012), mention.

According to these authors, people who show more negative attitudes towards LGB people are older and are inclined to adhere to more traditional gender roles, especially women. The results of the differences by gender justify further studies supporting consensus decisions as can be seen from this discussion and confrontation of the authors.

Sousa et al. (2014) report that through its material and diverse training, nursing provides contributions that can be made available to LGB clients, insofar as the training of nurses is guided by grounded theories leading to providing care which respects diversity, culture and religion. Thus, ethics in nursing practice includes the ability to listen and understand the anxieties of all clients regardless of their individual characteristics and decisions. For this to happen, it is essential that health professionals know these clients' needs in order to develop the deconstruction of ideologies and myths/false beliefs about this group. Pinto (2014) found that only 32.9% of the professionals came into contact with scientific information on the subject of homosexuality throughout their academic training. Furthermore, in this context, Gato and Fontaine (2012) mention that health professionals are not always properly trained to assist this group of people.

The multivariate multiple regression analyses carried out by Brooks & Inman (2013) revealed that only attitudes toward bisexuality were significant predictors of perceived and bisexual counselling competency.

In this work, overall affirmative competence revealed a direct relationship with health professionals' care practices in dealing with LGB clients, indicating that the best affirmative competences are associated with more adequate care practices for these clients. Health professionals who have higher competence values are also those with better health care practices (66.7%). These results corroborate Graham, Carney & Kluck (2012), who found that the increase in adequate care practices for LGB clients are the result of greater affirmative competence.

5. Conclusions

The study has provided more concrete knowledge about a group of health professionals' skills and practices in dealing with lesbian, gay and bisexual clients. The Portuguese results show that among health professionals, those without specific training in the psychological/psychotherapeutic intervention techniques prevail and during their academic course, they did not undergo specific training in sexual orientation (LGB).

It was found that younger health professionals with specific training in some psychological intervention technique revealed more affirmative competence.

Affirmative competence establishes a direct relationship with care practices for LGB clients, indicating that the worse the affirmative competence less adequate the care practices of health professionals dealing with these clients are. Health professionals with more overall affirmative competence present better health care practices (66.7%). Affirmative competence was shown to be predictive of care practices for LGB clients and justified 20.9% of their variability.

The inferences produced corroborate the existence of a significant statistical effect of affirmative competence in healthcare practice. Accordingly, the results show that the healthcare professionals with the worse affirmative competence have inadequate healthcare practices when dealing with LGB clients, suggesting that the academic curricula for healthcare professionals should include psychotherapy training oriented towards the supporting LGB patients so as to make therapeutic interventions more adequate.

The results reinforce the importance of academic training in terms of preparing health professionals to adopt the best clinical practices based on the best scientific evidence available and the highest level of recommendation proposed. Training in affirmative competences should provide for ethically guided therapeutic interventions which are culturally accessible and socially inclusive, thus ensuring the effectiveness of health systems.

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