Strategies to Reduce Physician Bias and Promote Culturally Competent Care for LGBT Patients: A Systematic Review of Interventions for Health Care Providers

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Abstract

PURPOSE: Lesbian, gay, bisexual and transgender (LGBT) individuals experience healthcare disparities that are often greater than those experienced by other minority counterparts, including anar youth, substance abuse, cigarette smoking, and cardiovascular disease (1, 2). LGBT patients have a higher risk of health care underutilization, which is driven, in part, by high levels of perceived anti-LGBT discrimination in the health care environment. In the current treatment regimens, little time is spent on training health care providers to provide culturally competent care to LGBT patients. Despite promising meta-analyses showing medium effects for interventions targeting LGBT bias in the general population, to our knowledge no systematic reviews have evaluated the impact of LGBT bias reduction interventions on health care providers. The purpose of the present review was to identify intervention components associated with reductions in physician bias that could be incorporated into medical school curricula.

METHODS: To evaluate intervention studies focused on reducing anti-LGBT physician bias, articles were identified through searches of PubMed, Scopus, Google Scholar, PsychINFO and Web of Knowledge databases using a combination of major and minor MeSH terms, which included LGBT curriculum, physician bias, implicit bias, explicit bias, attention bias, cognitive bias, physician bias education, transgender care, and cultural competence/interventions.

RESULTS: Out of a total of 200 publications screened, 142 studies were identified that included an intervention to reduce physician bias against LGBT patients. These interventions targeted knowledge, explicit attitudes, skills, and comfort level using a variety of formats, including lectures, perspective-taking exercises, small group discussion, training in sexual history-taking, and interactive therapy. Overall, the majority of these studies focused on nurses and medical students, with less evidence on the impact of LGBT bias on healthcare providers. Only a few studies evaluated the impact of interventions among LGBT healthcare providers. Because of the diversity of these studies, a narrative synthesis was conducted.

DISCUSSION: Interventions targeting anti-LGBT bias were successful in increasing knowledge and comfort levels as well as improving LGBT-related explicit attitudes. Despite evidence that implicit bias impacts clinician decision-making when health care providers lack time and sufficient cognitive resources, as we growing literature has shown, more research is needed to test whether interventions targeting implicit bias against LGBT populations in health care providers. Additional research is needed to identify effective educational methods that incorporate implicit bias (i.e., Implicit Association Test; IAT) in order to gauge intervention effectiveness. One of the key strategies for reducing implicit bias is the development of a curriculum that focuses not only on increasing awareness of implicit biases but also allows students to practice bias reduction skills before treating patients in primary care clinics.

Discussion in health care settings contributes to lower health care utilization in LGBT individuals. Training health care providers to render culturally competent care to LGBT individuals is critical for promoting equal access to quality health care and, ultimately, for eliminating health disparities. Discrimination against LGBT patients in health care settings is categorized by sociocultural-implicit measures of explicit bias (i.e., conscious, controlled, and implicit bias), cognitive bias, and behavioral bias (1). The prevalence of the population lacking a regular health care provider is significantly higher than in the heterosexual population (30% versus 10%, respectively) (3). Moreover, these health disparities are compounded by vulnerabilities linked to sexual identity and geographic location (4).

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Introduction

Lesbian, gay, bisexual, and transgender (LGBT) individuals have significant physical and mental health disparities. Compared to their heterosexual counterparts, LGBT patients have a higher risk of cardiovascular disease, obesity, substance abuse, cigarette smoking, and suicide (1-3). The prevalence of this population lacking a regular health care provider is significantly higher than in the heterosexual population (30% versus 10%, respectively) (3). Moreover, these health disparities are compounded by vulnerabilities linked to sexual identity and geographic location (4).

Discrimination in health care settings contributes to lower health care utilization in LGBT individuals. Training health care providers to render culturally competent care to LGBT individuals is critical for promoting equal access to quality health care and, ultimately, for eliminating health disparities. Discrimination against LGBT patients in health care settings is categorized by sociocultural-implicit measures of explicit bias (i.e., conscious, controlled, and implicit bias), cognitive bias, and behavioral bias (1). The prevalence of the population lacking a regular health care provider is significantly higher than in the heterosexual population (30% versus 10%, respectively) (3). Moreover, these health disparities are compounded by vulnerabilities linked to sexual identity and geographic location (4).

Methods

An electronic search was conducted in MEDLINE/PubMed, PsycINFO, Web of Science, Scopus, Google Scholar, Science Direct, and Google Scholar databases for articles in English published since through 2017. The search strategy cross-referenced keywords for LGBT patients, provider, gay, lesbian, transgender, queer, heterosexual, MSW, WSW, sexual minority with keywords for health care providers (provider, physician, doctor, nurse, medical student, medical resident, health personnel, practitioner, advisor, social worker) and keywords for bias (implicit bias, explicit bias, declarative cultural competence, cultural competence, discrimination, prejudice, health disparity).

To be included in this systematic review, a study had to (a) assess LGBT-related bias, (b) include health care providers, (c) include an intervention designed to promote culturally-competent care for LGBT individuals, and (d) be written in English. We did not exclude qualitative studies nor did we exclude studies conducted outside of North America. This systematic review was conducted according to PRISMA guidelines. A flow diagram of this literature search is presented in Figure 1.

Figure 1. Flowchart of Study Selection.

The search process initially identified 353 abstracts. After duplicates, reviews, and abstracts were reviewed, 40 articles were selected for full-text eligibility. Further scrutiny resulted in 13 articles included in qualitative synthesis.

Results

Systematic literature search yielded 13 studies assessing interventions to reduce LGBT-related bias in health care providers. Descriptive information for these studies is provided in Table 1.

Table 1. Description of Interventions Targeting LGBT-Related Provider Bias.

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Intervention Format</th>
<th>Intervention Target</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardenas et al. (2015)</td>
<td>Medical students (n = 202)</td>
<td>Lecture</td>
<td>Knowledge</td>
<td>Increase in knowledge and awareness of LGBT health care needs</td>
</tr>
<tr>
<td>Cokla et al. (2016)</td>
<td>Nurses and health care providers (n = 457)</td>
<td>Panel discussion</td>
<td>Comfort level</td>
<td>Increase in comfort level working with LGBT patients</td>
</tr>
<tr>
<td>Hanson et al. (2017)</td>
<td>Medical students (n = 120)</td>
<td>Workshop</td>
<td>Attitudes</td>
<td>Reduction in anxiety about sexual identity</td>
</tr>
<tr>
<td>Strong &amp; Folse (2015)</td>
<td>Medical students (n = 46)</td>
<td>Interactive workshop</td>
<td>Attitudes</td>
<td>Increase in knowledge and awareness of LGBT health care needs</td>
</tr>
<tr>
<td>Tarasoff et al. (2014)</td>
<td>Medical students (n = 75)</td>
<td>Workshop</td>
<td>Attitudes</td>
<td>Increase in comfort level working with LGBT patients</td>
</tr>
<tr>
<td>Thomas &amp; Salser (2015)</td>
<td>Medical students (n = 46)</td>
<td>Workshop</td>
<td>Comfort level</td>
<td>No change in comfort level working with LGBT patients</td>
</tr>
</tbody>
</table>

Discussion

The search process initially identified 353 abstracts. After duplicates, reviews, and articles were reviewed, 40 articles were selected for full-text eligibility. Further scrutiny resulted in 13 articles included in qualitative synthesis.

The interventions targeted knowledge (n = 11), attitudes (n = 10) and comfort level (n = 5) of health care providers. None of these interventions involved quantitative assessment of implicit LGBT-related bias.

Summary

Reduction of implicit bias among medical students requires building motivation for change through bias awareness strategies that can be achieved by:
- Providing information regarding disparities in health care and the role of provider bias
- Conducting exercises that encourage students to reflect on what they should do in hypothetical situations involving LGBT patients
- Including procedures such as the IAT to reveal implicit LGBT-related biases

Recommendations

Transforming curriculum in primary care training requires an evidence-based intervention approach that must incorporate:
- Cultural competence training for health care professionals who train and work in primary care settings
- Including procedures such as the IAT to reveal implicit LGBT-related biases
- Conducting exercises that encourage students to reflect on what they should do in hypothetical situations involving LGBT patients
- Providing information regarding disparities in health care and the role of provider bias
- Implementing interventions that promote cultural competence in health care providers

References


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