

LGBT Discrimination In Health Care: Heterosexual Providers Found To Hold Bias On Sexual Orientation

Jul 16, 2015 04:00 PM By Kristin Magaldi

A recent study finds that health care providers are both explicitly and implicitly partial to members of their own sexual orientation, but what does this mean for quality of health care?

As the LGBTQ community continues to make strides toward equality within all facets of society, researchers are now pursuing investigations on the potential for sexual orientation biases within health care environments. In the first study of its kind, researchers from the University of Washington Health Sciences are examining implicit attitudes of health care providers to lesbian women and gay men, and what this could mean for the quality of health care. Their findings appear in the *American Journal of Public Health*.

“We want all providers to be proficient in treating diverse populations, including the LGBT population,” said Janice Sabin, UW research associate professor in biomedical informatics and medical education in a recent press release.

In order to test sexual orientation biases, Sabin, along with Rachel G. Riskind of Guilford College and Brian A. Novesk of the University of Virginia looked to the Sexuality Implicit Association Test, an examination created to assess preferences toward homosexual or heterosexual individuals. The test gathered results for more than 200,000 participants between May 2006 and December 2012. Participants taking the test were asked explicit questions to indicate their preferences toward heterosexual, lesbian, and gay individuals, like whether they’d endorse the statement “I strongly prefer gay people to straight people” or “I strongly prefer straight people to gay people.” Participants who worked in fields of health care were specified with their test results as either a medical doctor, nurse, mental health provider, or other treatment provider.

Researchers along with participants who took the test were allowed to access their results through Project Implicit, a non-profit organization started by Tony Greenwald, Mahzarin Banji, and Brian Nosek, that details data collected by the Sexuality Implicit Association Test in a “virtual laboratory.” The program was established to help educate the public of hidden biases toward marginalized communities that exist beyond our awareness or control.

Overall, researchers found a preference within health care providers for patients that had the same sexual identification. Unsurprisingly, heterosexual health care providers showed moderate to strong implicit preferences for heterosexual patients. Interestingly enough, the same result was found in lesbian and gay health care providers who also displayed both implicit and explicit preferences to treat lesbian and gay patients. Bisexual providers proved to be more indecisive, showing mixed preferences. There were also variations based on the type of health care profession certain participants occupied; for instance, mental health care providers showed the weakest implicit bias for sexual preferences, while nurses had the strongest preference for heterosexual patients over lesbian and gay patients.

Sabin added that because biases of health care professionals tend to be with members of their own sexual orientation that, “training for health care providers about treating sexual minority patients is an area in great need of attention.”

Currently, instances of discrimination within health care do happen more than we may know. According to a study published in the journal *Health and Social Work*, 42 percent of female-to-male transgender adults have reported being confronted with verbal harassment, physical assault, or denial of treatment altogether at hospitals and doctors’ offices. Whether a bias is explicit or not, it can still affect how health care providers treat patients different than themselves. “For health care organizations that aim to serve these populations, these data suggest an opportunity to examine methods likely to mitigate implicit biases, such as eliminating discretion from decision-making, use of clinical guidelines, awareness of personal bias as self-caution, organizational policies to promote objective decision-making, and inclusion of counter-stereotypical experiences in educational programs,” the authors conclude.

How this bias manifests within health care environments still needs to be explored, says Sabin, who hopes to conduct future research on the topic. With past studies like the one mentioned above, it may be safe to assume that biases do present a danger within the context of health care, and studying *how* to decrease the impact of these preferences may be a valid point of research as well.

Source: Sabin J, Riskind R, Nosek B, et al. Health care providers’ implicit and explicit attitudes toward lesbian women and gay men. *American Journal of Public Health*. 2015.

Jaffee K, Shires D, et al. Factors Associated with Health Care Discrimination Experiences among a National Sample of Female-to-Male Transgender Individuals. *Health and Social Work*. 2015.