

Attitudes Towards and Awareness of Gay and Lesbian Patients;
A Survey of Physician Assistants

Submitted by
Mary C. Takaishi

A project presented to the Department of
Physician Assistant of Wichita State University
in partial fulfillment of the
requirements for the degree
of Master of Physician Assistant

May 2006

Wichita State University
College of Health Professions
Department of Physician Assistant

We hereby recommend that the research project prepared under our supervision by Mary C. Takaishi entitled Attitudes Towards and Awareness of Gay and Lesbian Patients; A Survey of Physician Assistants will be accepted as partial fulfillment for the degree of Master of Physician Assistant.

Approved:



Richard D. Muma, PhD, MPH, PA-C, Chair and Associate Professor
Department of Physician Assistant



Patricia A. Bunton, MS, PA-C, PA Program Faculty Advisor
Department of Physician Assistant

May 12, 2006
Date

Abstract

Introduction: The homosexual subculture provides a unique challenge for all health care professionals. Attitudes of healthcare providers may prevent homosexual persons from seeking and receiving healthcare. Research has been conducted on physicians and medical students concerning their attitudes about homosexuality but a similar study has not been done on physician assistants. Methods: The purpose of this study was to survey family practice physician assistants to determine their attitudes towards and awareness of gay and lesbian patients. A survey was sent to all family practice physician assistants in the states of Kansas, New Jersey and Oregon. The results of the survey were analyzed using Chi-Square analysis. Results: The survey response rate was 57% (n=168). Regarding physician assistant awareness of gay and lesbian patients, 82.3% and 84.4% of the sample, respectively, were aware of gay and lesbian patients in their practice. The majority of the respondents appeared to have positive attitudes towards gay and lesbian patients in obtaining a sexual history, in providing care, and in attending continuing medical education sessions concerning gay and lesbian health issues. Due to the small sample size, the results should be viewed with caution. Conclusions: This preliminary study represents the first study of the awareness and attitudes of physician assistants towards homosexual patients. The findings were positive overall. A nationwide study is recommended before the results and conclusions can be generalized for all physician assistants.

Table of Contents

LIST OF FIGURES AND TABLES.....iv

ACKNOWLEDGEMENTS.....v

CHAPTERS

 I. INTRODUCTION.....1

 II. LITERATURE REVIEW.....2

 III. METHODOLOGY.....4

 IV. RESULTS.....6

 V. DISCUSSION.....11

 VI. CONCLUSIONS.....11

REFERENCES.....13

APPENDICES

 A. Survey.....15

VITA.....18

Figures and Tables

Table 1: Demographical Data of Respondents.....	6
Table 2: Ranges of the Number of Gay and Lesbian Patients Seen per Year and Most Frequently Given Responses.....	7
Figure 1: Respondents answers to the question, When obtaining a sexual history, I am/would be as comfortable with gay men as I am with heterosexual men.....	8
Figure 2: Respondents answers to the question, In caring for patients, I classify homosexuality as a mental disorder.....	9
Figure 3: Respondents Answers the question, I am/would be comfortable treating gay/lesbian patients.....	10
Table 3: Awareness of Gay and Lesbian Patients.....	10

Acknowledgements

I want to thank Pat Bunton for all of her patience, support and encouragement for this project. I know that it has been an enduring learning experience for both of us. She has never faltered in inspiring me to continue and overcome all the hurdles. I want to also thank Rick Muma for all of his assistance in the data analysis for this project and to Melissa Ellenz and Nicki Chippeaux for assistance in preparing the survey to be mailed. Thank you to my professors and classmates who gave so much helpful and candid input on the survey. I also want to thank my family for their supportive during school and understanding its rigors. Lastly, I would like to thank my partner Janet for her encouragement, support, unending love and motivation in helping me to complete this project.

Introduction

Physician Assistants are charged with caring for many different cultures of people. The homosexual subculture provides a unique challenge for all health care professionals. Homosexuality is a highly debated topic in social circles with the additions of amendments and other options for voters regarding gay rights and gay marriage. “Doctors, who are supposed to be guided by an ethical code, are influenced by ideology and the values of their culture.”¹

Homosexuality in itself provokes many different feelings among individuals. The human nature of a provider gives rise to the multitude of emotions that may be evoked by having to treat a homosexual patient. According to Turner, “Medical treatment often has more to do with doctors’ values and attitudes than with objective realities.”²

The homosexual patient may not seek out necessary health care out of concern of being discriminated against by their provider. “Discrimination influences patterns of health seeking, either preventing access to healthcare or reducing openness and trust within the healthcare setting.”³ This is especially concerning when men and women refuse to or simply do not seek to receive preventative care such as pap smears, mammograms and prostate exams. It is even felt that one of the most significant health risk factors of lesbian and gay patients is their avoidance of routine healthcare and dissatisfaction with healthcare.⁴ The healthcare community has a responsibility to convey a feeling of acceptance and non-discrimination to encourage health care for acute and preventative medicine to all patients.

The health care provider needs to be aware of having a patient that identifies themselves as homosexual. A study in Sweden found that only 37% of practitioners that

responded to their survey were aware of having any lesbian patients in their practice. They also found that only 5% of the practitioners ever asked their patients about how they identified their sexuality.⁵ Awareness of a patient's sexuality is important in making a patient feel accepted and in providing adequate healthcare, whether they are homosexual or heterosexual. K. Stein notes that there are barriers to health care. She notes, "From the moment a lesbian walks into a clinic or provider's office, she receives little indication that she is welcome or that she is part of the patient population."⁶ It is difficult to illicit support for a patient from their significant other if the practitioner is unaware of the nature of the relationship.

Literature Review and Purpose of Study

A review of the literature was conducted utilizing the databases of Medline, First Search and Pub Med. The review included articles from 1970 to present. The key words used to search these databases were physician assistant, homosexuality, attitudes of health personnel. There have been no studies to evaluate the attitudes of physician assistants towards homosexuality and homosexual patients.

In 1982 in San Diego County, California a survey was mailed to all members of the San Diego County Medical Society. Mathews, et al, showed that overall 37% of the 1,009 physicians out of 2,364 that responded were scored as homophillic, 22.9% were homophobic and the remainder scored as neutral.⁷

Prichard, et al, conducted a study in 1988 surveying family medicine residents and fellows from nine university affiliated programs in southern California. This survey was sent out to 196 physicians with 117 responding. This study showed that 12.8% of respondents felt "uncomfortable with homosexuals" and 62.4% felt "comfortable with

homosexuals.” The remaining 24.8% of respondents were “neutral.”⁸ Additionally, this study found that women residents were more comfortable with homosexuality than their male counterparts. This study was conducted in a much younger group than in the Mathews study. This may account for the large difference in the comfort level of the physicians. Douglas, et al, studied homophobia among physicians and nurses in 1985 and found that a “disturbingly high percentage of health professionals studied acknowledged more negative, even overtly hostile, feelings toward homosexuals than they had before the emergence of the AIDS epidemic.”⁹

There have been a few studies abroad more recently. A study in 2002 of pediatricians in Ottawa, Canada, found that most of the respondents had a positive attitude towards homosexuality.¹⁰

Studies have been conducted surveying gay and lesbian patients. One study found that a provider’s attitude was of important concern to the patient. Dardick, et al, found that 27% of respondents felt that a “previous health care professional had been prejudiced towards homosexual persons.”¹¹ In a review by Harris and Silenzio, it was noted that the “most significant medical risk for lesbians and gays is that they avoid routine health care.”¹²

Further research of the physician assistants regarding their attitudes towards homosexuals is needed as there has been a lack of research in this area. The following research questions have been postulated to investigate this further:

- Question 1: What are the attitudes of family practice physician assistants towards gay and lesbian patients?

- Question 2: Are family practice physician assistants aware of having gay and lesbian patients?

Methodology

Design

The purpose of this study was to ascertain both the attitudes of family practice physician assistants as well as their knowledge of having gay and lesbian patients in their practice. A 25 question survey (Appendix A), which included 11 demographic questions and 14 questions using a Likert scale was created after careful evaluation of the literature and previous surveys of similar nature. The survey asked the respondents to answer demographical questions regarding their age, gender, racial or ethnic group, length of years as a physician assistant, length of years in the family practice specialty and number of patient encounters in a month. The respondents were also asked if they had knowledge of gay or lesbian patients and if so, they were asked to estimate the number of gay or lesbian patients they saw in a year's time.

The survey was submitted to professors in the Department of Physician Assistant at Wichita State University as well as randomly selected Wichita State University physician assistant class of 2006 students for evaluation and critique. The revised survey was submitted and subsequently approved by the IRB at Wichita State University. It was then sent to family practice physician assistants in the states of New Jersey, Oregon and Kansas. The returned surveys were kept securely in the office of the Department of Physician Assistant at Wichita State University and confidentiality and anonymity was maintained.

Measurement

The physician assistant awareness of having gay or lesbian patients was determined by the frequency of yes or no answers to questions such as, “Do you have gay/lesbian patients in your practice?” A five-point Likert scale (1-Strongly Agree, 2-Somewhat Agree, 3-Neither Agree/Disagree, 4-Somewhat Disagree, 5-Strongly Disagree) was also used to ascertain attitudes toward gay and lesbian patients.

Subjects

A mailing list of family practice physician assistants from the states of Kansas, New Jersey, and Oregon was obtained from the American Academy of Physician Assistants. A total of 168 surveys were mailed. The respondents were given a total of three weeks to complete the survey and return it to the Department of Physician Assistant at Wichita State University.

Data Analysis

The first research question was analyzed by the frequencies of answers to the Likert-type questions. Additionally, Chi-Square analysis was used to determine if there were relationships between attitudes and age, gender, whether or not the PA had gay or lesbian patients, number of years in family practice, number of years as a physician assistant and state of practice.

The second research question was addressed by determining the number of physician assistants who reported having gay or lesbian patients, in addition to the average and range of gay or lesbian patients seen per year.

Results

The survey response rate was 57% (n=168). Kansas (45.8%) had the greatest percentage of returned surveys followed by Oregon (34.4%) and New Jersey (19.8%).

There was a greater number of female physician assistant respondents than male, most likely reflecting the greater number of female than male physician assistants overall.

The mean age of the physician assistant was 41.81 years. It appeared that most worked in family practice nearly as long as they had been a physician assistant. The mean number of patients seen per month was 317.03, with the mean number of gay and lesbian patients per year being 14.06 and 11.90 respectively (Table 1).

Table 1: Characteristics of Physician Assistant Respondents (n=96)

	Percent	Mean (+/- SD)
Years worked as a PA	-----	11.78 (9.418)
Years in Family Practice	-----	10.73 (9.001)
Age	-----	41.81 (11.670)
# of patients seen per month	-----	317.03 (146.81)
# of gay(male) patients seen per year	-----	14.06 (46.683)
# of lesbian(female) patients seen per year	-----	11.90 (26.044)
State of practice		
Kansas	45.8	
New Jersey	19.8	
Oregon	34.4	
Gender		
Female	62.5	
Male	37.5	

There was a wide range in the number of gay and lesbian patients seen per year. The most frequent number of gay or lesbian patients that was recorded by the respondent was 0 (Table 2).

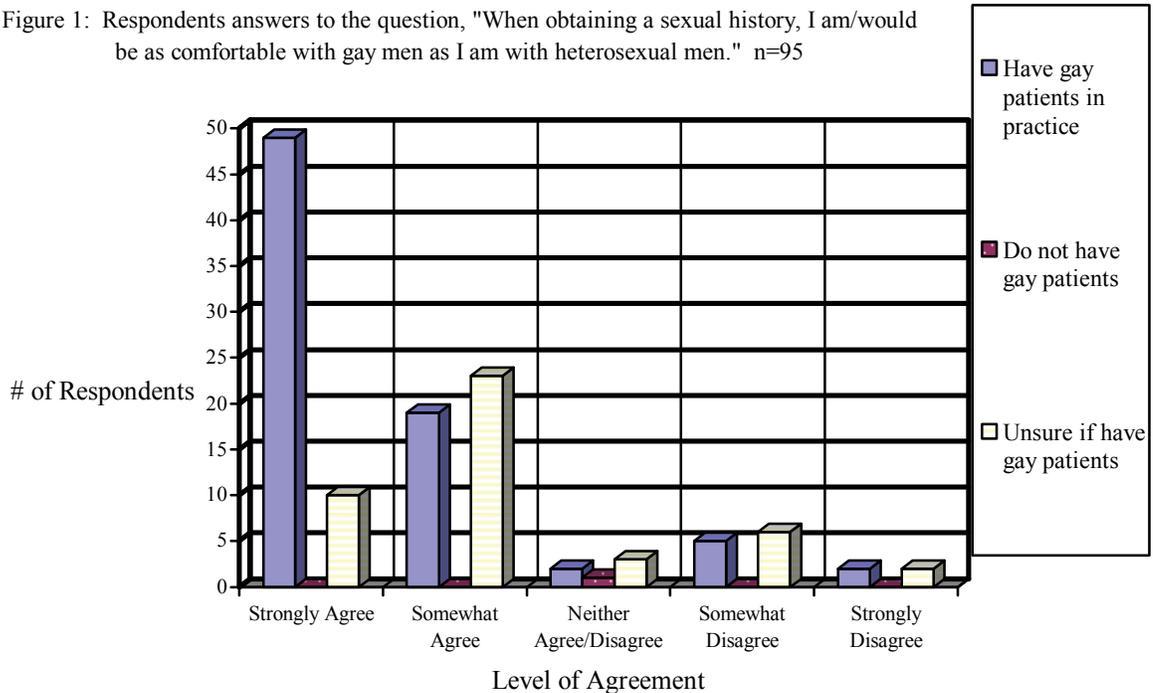
Table 2: Ranges of the # of Gay and Lesbian Patients Seen per Year and Most Frequently Given Responses (n=96)

Patients Seen per Year	Range	# of Patients	Percent of Respondents
# of Gay Patients	0-400	0	30.2
		5	14.6
		10	12.5
		2	11.5
		4	4.2
		5	4.2
# of Lesbian Patients	0-200	0	28.1
		12	16.7
		4	8.3
		5	8.3
		2	5.2
		3	5.2
		20	5.2

The Likert scale questions were each analyzed with the demographic data using Chi-square analysis. The demographic data used were state of practice, years in practice as a PA, years in family practice, gender, age, whether or not the PA had gay patients and whether or not the PA had lesbian patients.

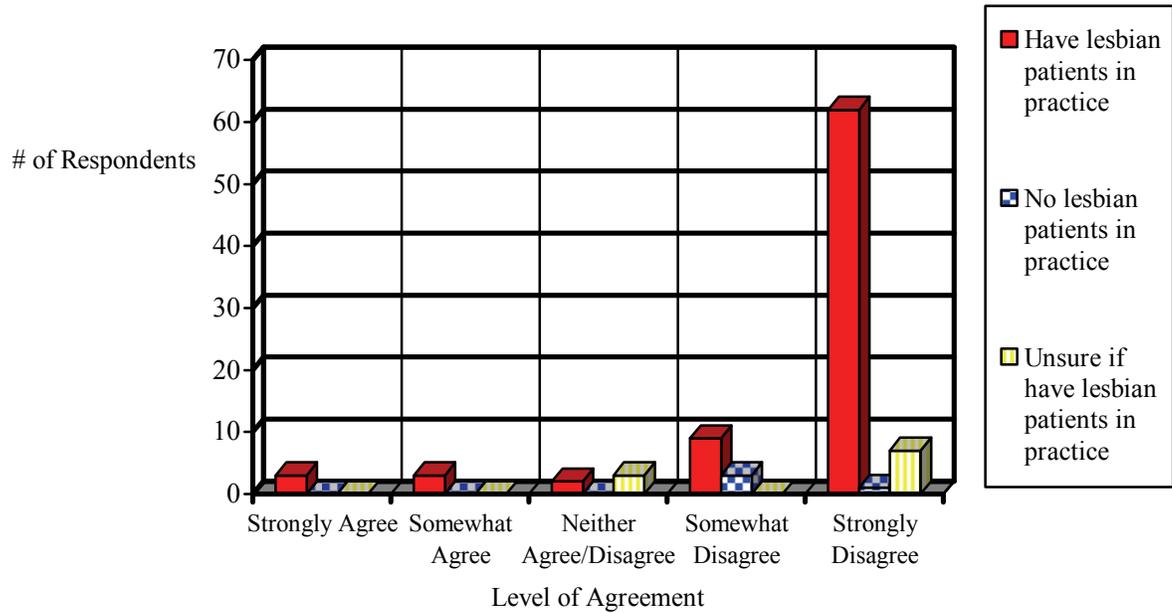
After analysis, it was found that the attitudes of the physician assistants did not vary statistically except in regards to the whether or not the physician assistant had gay or lesbian patients. In regards to the question “When obtaining a sexual history, I am/would be as comfortable with gay men as I am with heterosexual men,” the responses were overall positive ($p < 0.000$) (Figure 1).

Figure 1: Respondents answers to the question, "When obtaining a sexual history, I am/would be as comfortable with gay men as I am with heterosexual men." n=95

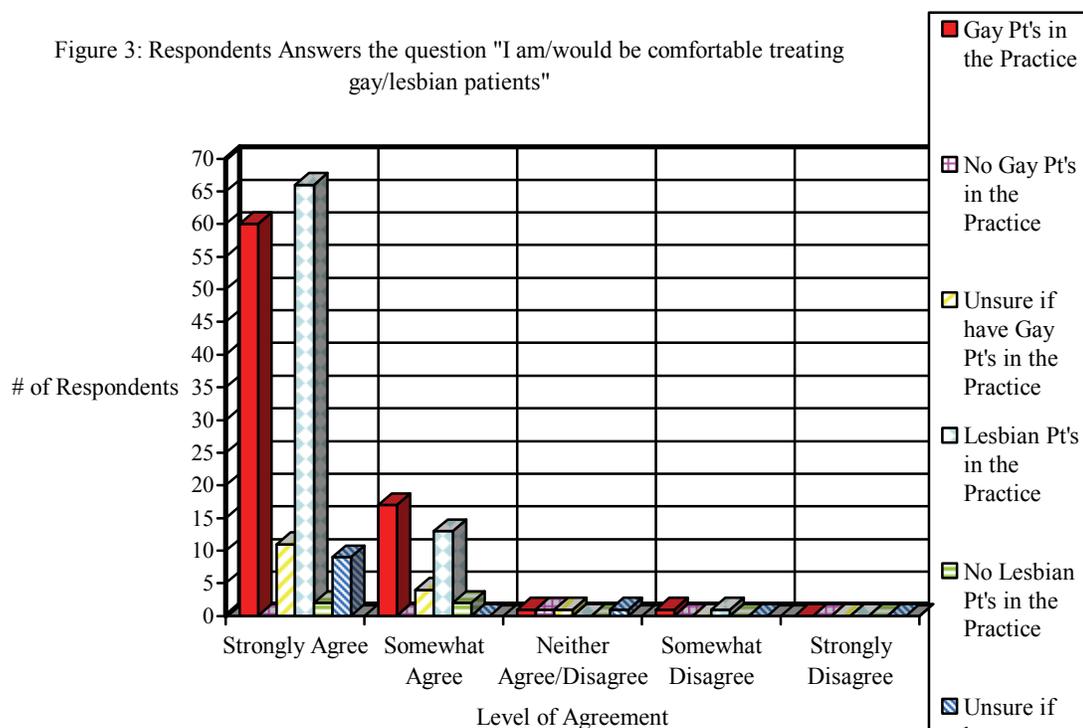


Another question that revealed statistically significant results pertained to the question, "In caring for patients, I classify homosexuality as a mental disorder." The variable that was analyzed for this was whether or not the provider has lesbian (female) patients and gay (male) patients in their practice. Using Chi-square analysis, the value for p was found to be <math><0.00</math> for the relationship of having lesbian patients and the variable (Figure 2). No statistically significant relationship was found between the respondents' answers to the question and whether or not they had gay patients.

Figure 2: Respondents answers to the question, "In caring for patients, I classify homosexuality as a mental disorder." n=95



One of the purposes of this study was to ascertain if physician assistants felt comfortable treating gay and lesbian patients. The survey participants were asked directly if they do or would feel comfortable treating gay and lesbians. The results showed that the respondents overwhelmingly felt comfortable in treating gay/lesbian patients whether the respondent was aware of having gay or lesbian patients in their practice or not ($p < 0.041$ for lesbian patients; $p < 0.000$ for gay patients). 95.8% and 95.8% of respondents indicated that they felt comfortable treating gay and lesbian patients respectively (Figure 3).



There also appeared to be no significant difference in physician assistant attitudes and awareness of gay and lesbian patients between the three states that were surveyed.

Another purpose of this survey was to ascertain not only the attitudes of physician assistants towards gay and lesbian patients, but also their awareness of having gay and lesbian patients in their practice. It appeared that the majority of physician assistant respondents do indeed have gay or lesbian patients in their practice. 82.3% and 84.4% of respondents indicated that they had gay or lesbian patients respectively (Table 3).

Table 3: Awareness of Gay and Lesbian Patients (n=96)

	Percent
Gay Patients in the practice:	
Yes:	82.3
No:	1.0
Not Sure:	16.7
Lesbian Patients in the practice:	
Yes:	84.4
No:	4.2
Not Sure:	11.5

Discussion

The results of this survey were found to be overall positive in terms of attitudes and awareness of physician assistants towards gay and lesbian patients. It also appears that PA's are aware of having both gay and lesbian patients in their patient population. In this study, 84.4% of physician assistants indicated having lesbian patients as compared to a previous study in Sweden, which found that 37% of practitioners were aware of having lesbian patients⁵. This study found that 95.8% of physician assistants felt comfortable treating gay and lesbian patients, compared to the 1988 Prichard study of California family practice residents, which found that only 62.4% of respondents felt comfortable treating homosexual patients⁷.

The respondents who noted that they did see gay or lesbian patients were asked to indicate an estimated number of gay and lesbian patients seen each year. It was found that the mean number of gay male patients seen per year was 14.06 and the mean number of lesbian female patients seen per year was 11.90. Additionally, 77.2 % of respondents reported seeing 10 or fewer gay patients per year and 77% reported seeing 20 or fewer lesbian patients per year. It is unknown whether these findings are due to not having an awareness of gay and lesbian patients in their practice or due to the small number of gays and lesbians who seek health care.

Conclusions

This preliminary study represents the first study of awareness and attitudes of physician assistants towards gay and lesbian patients. Due to the small sample size, however, the results should be viewed with caution. A nationwide study is recommended before conclusions can be generalized for all physician assistants. Continued research

and education regarding health care issues in gay and lesbian patients is important to increase both practitioner and patient comfort and awareness levels so that all patients receive appropriate and timely health care.

References

1. Rose L. Homophobia among doctors. *British Medical Journal*. 1994; 308:586-587.
2. Turner, BS. *Medical power and social knowledge*. London: Sage, 1987.
3. McNair R. Lesbian health inequalities: A cultural minority issue for health professionals. *The Medical Journal of Australia*. Available from: URL:
http://www.mja.com.au/public/issues/178_12_160603/mcn10852_fm.html.
4. Bovincini KA, Perlin MJ. The same but different: clinician-patient communication with gay and lesbian patients. *Patient Education and Counseling*. 2003; 51:115-122.
5. Westerstahl A, Segesten K, Bjorkelund C. GP's and lesbian women in the consultation: issues of awareness and knowledge. *Scandinavian Journal of Primary Health Care*. 2002 Dec; 20(4):203-207.
6. Stein, K. Health care for lesbians, issues and influences. *Advance for Nurse Practitioners*. 1997 Nov; 5(11): 60-62.
7. Mathews WM, Booth MW, Turner JD, Kessler L. Physicians' attitudes toward homosexuality-survey of a California county medical society. *The Western Journal of Medicine*. 1986 Jan; 144:106-110.
8. Prichard JG, Dial LK, Holloway RL, Mosley M, Bale RM, Kaplowitz HJ. Attitudes of family medicine residents toward homosexuality. *The Journal of Family Practice*. 1988; 27(6):637-639.
9. Douglas CJ, Kalman CM, Kalman TP. Homophobia among physicians and nurses: an empirical study. *Hospital and Community Psychiatry*. 1985 Dec; 36(12):1309-1311.

10. Lena SM, Wiebe T, Ingram S, Jabbour M. Pediatricians' knowledge, perceptions, and attitudes towards providing health care for lesbian, gay, and bisexual adolescents. *Annals Royal College of Physicians and Surgeons of Canada*. 2002 Oct; 32(7):406-410.
11. Dardick, L, Grady, KE. Openness between gay persons and health care professionals. *Annals of Internal Medicine*. 1980; 93 (Part 1):115-119.
12. Harris, AE, Silenzio, VMB. Comprehensive care of lesbian and gay patients and families. *Primary Care*. 1996 Mar; 23(1):31-47.

Appendix A

Physician Assistant Student Research Project

The following questions are about you and your practice. The information will be kept strictly confidential. This survey does not require self-identification in any way. Please answer the questions to the best of your ability.

1. How many years have you been a PA? Number of years _____
2. How many years have you been in Family Practice? Number of years _____
3. What is your age? Age _____
4. What is your gender?
(circle) female male
5. Indicate the racial or ethnic group(s) to which you belong (please indicate all that apply)
 African American/Black
 Asian or Pacific Islander
 Latino/Latin American/Hispanic
 Native American/Indigenous Peoples
 White/European American
 Other (specify) _____
6. In what state do you currently practice? State _____
7. On average, what is your estimation of the number of patients you see each month? Number of patients _____
8. Do you have gay (male) patients in your practice?
(circle) Yes No Not Sure
9. If you answered **yes** to question number 8, what is your estimation of the average number of gay patients you see each month? Number of patients _____
10. Do you have lesbian (female) patients in your practice?
(circle) Yes No Not Sure
11. If you answered **yes** to question number 10, what is your estimation of the average number of lesbian patients you see each month? Number of patients _____

Please circle your response to each statement to the best of your ability.

12. During my physician assistant training, I had adequate education regarding gay and lesbian health issues.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

13. I have attended at least one continuing medical education session concerning gay and lesbian health issues.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

14. In caring for patients, I classify homosexuality as a mental disorder.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

15. When obtaining a sexual history, I am/would be as comfortable with lesbians as I am with heterosexual women.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

16. When obtaining a sexual history, I am/would be as comfortable with gay men as I am with heterosexual men.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

17. When obtaining a sexual history, I usually ask patients whether they prefer having sex with men, women, or both.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

18. I don't need to know the sexual orientation of my patients in order to care for them properly.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

19. I am/would be comfortable treating lesbian (female) patients.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

20. I am/would be comfortable treating gay (male) patients.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

21. In my practice, lesbians seek preventive health care at the same rate as heterosexual women.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

22. In my practice, gay men seek preventive health care at the same rate as heterosexual men.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

23. Assuming lesbian and gay patients' are inhibited from obtaining preventive care, it is their perceived attitudes of healthcare providers that inhibit them from obtaining preventive health care.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

24. Assuming lesbian and gay patients' are inhibited from obtaining preventive care, it is healthcare providers' attitudes toward lesbian and gay patients that inhibit them from obtaining preventive health care.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

25. There is a lack of medical education concerning preventive health care issues for lesbian and gay patients.

Strongly Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Strongly Disagree
(1) (2) (3) (4) (5)

Thank you for your participation.

Please use the enclosed self-addressed stamped envelope to return this survey. If you have misplaced the envelope, please send to:

**Mary Takaishi, PA-S
Department of Physician Assistant
Wichita State University
1845 N. Fairmount
Wichita, KS 67260-0043**

Vita

Name: Mary C. Takaishi

Date of Birth: April 6, 1975

Place of Birth: Junction City, Kansas

Education:

2004-2006 Master – Physician Assistant (M.P.A)
Wichita State University, Wichita, Kansas

1996-1998 Certificate-Emergency Mobile Intensive Care Technician
Wichita State University, Wichita, Kansas

1993-1996 Bachelor – Biology (B.S.)
Sterling College, Sterling, Kansas

Professional Experience

1998-2005 Paramedic
Sedgwick County Emergency Medical Services, Wichita, Kansas