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Purpose

- To investigate LGBTQ+ cultural competence (CC) among practicing Physical Therapists (PTs) and Physical Therapy Assistants (PTAs)

Introduction

- LGBTQ+ individuals are at higher risk for health care disparity
- There is no precedent in PT education to improve care for LGBTQ+ individuals
- Research shows health care providers exhibit lack of knowledge and bias toward LGBTQ+ patients

Methods

Part 1: Qualitative Focus Groups

- Nationwide convenience sampling - clinical site lists associated with Regis University and Thomas Jefferson University
- Virtual focus group format with open ended questions addressing the 5 areas of cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire
- Words, phrases, and concepts were discussed by transcript and simultaneous data to develop themes

Part 2: Qualitative Surveys

- Nationwide convenience sampling - QR codes were sent to participants via mail and social media platforms
- Survey included: Hofmann Scale, LGBT-DOCSS, and demographics
- Regression analysis was used to determine CC predictors
- ANOVA was used to assess differences within CC predictors
- Correlation and split sample Rasch analysis was used to validate Hofmann scale to LGBT-DOCSSS

Part 1: Qualitative Results



Part 2: Quantitative Results

| Multiple Regression Results | | | | | |
|-----------------------------|-------|----------------|--------|--------|------------------|
| Independent Variable | B | Standard Error | T | Sig | 95% CI |
| (Constant) | 66.27 | 5.08 | 13.048 | <0.001 | (56.24, 76.31) |
| Lesbian | 5.39 | 2.23 | 2.42 | 0.017 | (0.98, 9.80) |
| Inpatient | 8.96 | 4.23 | 2.12 | 0.036 | (0.59, 17.32) |
| Midwest | -6.14 | 2.29 | 2.68 | 0.0080 | (-19.66, -1.61) |
| Mountain West | -8.42 | 2.46 | -0.38 | <0.001 | (-13.28, -3.57) |
| South | -5.85 | 2.43 | -2.41 | 0.017 | (-10.65, -1.056) |
| Age | -0.13 | 0.061 | -2.12 | 0.036 | (-0.25, 0.0090) |



| Participant Demographic Data | | | | | |
|--------------------------------------|-------------------------------|--------------------------------|----------------------------|-------------------------------|--------------------------------|
| | Part 1: Qual No. (%/Mean(SD)) | Part 2: Quant No. (%/Mean(SD)) | | Part 1: Qual No. (%/Mean(SD)) | Part 2: Quant No. (%/Mean(SD)) |
| Highest Level of PT Education | | | Practice Setting | | |
| Associates Degree | 0 | 7 (3.7) | Outpatient | 36 (53.7) | 102 (54.2) |
| Bachelor's Degree | 13 (19.4) | 31 (16.4) | Inpatient | 21 (31.3) | 22 (11.6) |
| MSPT/MPPT | 10 (14.9) | 36 (19.0) | Home Health | 1 (1.5) | 18 (9.5) |
| DPT | 3 (55.2) | 112 (59.3) | Long Term Care | 0 | 6 (3.2) |
| Other | 1 (1.5) | 3 (1.6) | Other | 9 (13.4) | 41 (21.6) |
| Sexual Identity | | | Gender Identity | | |
| Heterosexual | 50 (74.6) | 153 (80.5) | Male | 16 (23.9) | 51 (26.7) |
| Gay | 3 (4.5) | 8 (4.2) | Female | 46 (68.7) | 138 (72.3) |
| Lesbian | 5 (7.5) | 19 (10.0) | Non-Binary/Transgender m/f | 5 (7.5) | 2 (1.0) |
| Bisexual | 6 (9.0) | 7 (3.7) | PT Role | | |
| Queer | 3 (4.5) | 2 (1.2) | PT | 66 (98.5) | 183 (96.3) |
| Other | 0 | 1 (0.5) | PTA | 1 (1.5) | 7 (3.7) |
| Race | | | Age | | |
| White | 64 (97.0) | 167 (88.4) | 20-29 | 8 (11.9) | 28 (15.0) |
| Black | 0 | 8 (4.2) | 30-39 | 27 (40.3) | 32 (17.1) |
| Latin/Hispanic | 1 (1.5) | 9 (4.8) | 40-49 | 20 (29.9) | 17 (9.1) |
| Asian | 1 (1.5) | 4 (2.1) | 50-59 | 10 (14.9) | 88 (47.1) |
| Other | 0 | 1 (0.5) | >60 | 2 (3.0) | 22 (11.8) |
| Geographic Location | | | | | |
| Pacific West Coast | 5 (8.1) | 24 (12.8) | South | 4 (6.5) | 31 (16.6) |
| Midwest | 7 (11.3) | 40 (21.4) | East Coast | 19 (30.6) | 52 (27.8) |
| Mountain West | 27 (43.5) | 36 (19.3) | Southwest | 0 | 4 (2.1) |

Discussion

- Overall, average score for Hofmann Scale was low (61.59/ 100)
- Sexual identity, practice setting, geographic location and age influence LGBTQ+ CC among PT clinicians
- PT education lacks CC regarding the LGBTQ+ community
- Aiming for excellence in healthcare requires seeking out more LGBTQ+ specific education and then applying that knowledge to adapt behavior in clinical practice
- Environmental influences like familiarity and exposure to the LGBTQ+ community, regional culture and politics, military connection, religious beliefs, and generational differences may influence people's views of acceptance

Clinical Relevance

- Identifying barriers to LGBTQ+ cultural competency is the first step to addressing the discrimination LGBTQ+ people endure when accessing healthcare
- Workplaces, along with DPT programs, should incorporate LGBTQ+ training to shift the burden of education and training away from individuals
- References attached