

Most patients comfortable with sexual orientation and gender identity questions

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Credit: Mayo Clinic

New Mayo Clinic research suggests up to 97 percent of patients are comfortable with their health care provider asking sexual orientation and gender identity questions. Before this research, it was unclear if the

questions - which researchers say are important to reduce health disparities among LGBTI patients - would offend patients. The findings were published today in *Health Services Research*.

"Our results should help ease the concerns of providers who want to deliver the highest-quality care for their patients but may not ask sexual orientation or gender identity questions for fear of distressing or offending their patients," says Joan Griffin, Ph.D., a [health](#) services researcher at Mayo Clinic who is a co-author. Dr. Griffin is the Robert D. and Patricia E. Kern Scientific Director for Care Experience at Mayo Clinic.

Although multiple governmental reports have recommended asking these questions, there was little evidence about patient acceptance of these questions, the researchers say.

Why is this research important?

Sexual and gender minorities are at an increased risk for a number of health threats, including higher rates of alcohol and tobacco use, and psychological distress. They are also less likely to seek medical care, according to the Centers for Disease Control and Prevention. However, to decrease health inequities for these patients, health care providers first need to identify them.

Previous research showed many health care providers assumed sexual orientation and gender identity questions would offend patients.

"In previous studies, there was more concern from health care providers about using the questions, but nobody had asked patients about their thoughts," Dr. Griffin says. "Therefore, we were not sure what to expect from patients, but we were not surprised that patients were less concerned about the questions than the providers in other studies thought

they would be."

Patients will receive the questions at Mayo Clinic as it switches to a single, integrated electronic health record and billing system. The system was implemented across Mayo Clinic Health System in 2017 and is scheduled to launch on Mayo Clinic's Rochester campus in May, and on Mayo Clinic's Arizona and Florida campuses in October.

"At Mayo Clinic, the needs of the patient come first. These questions will help Mayo Clinic identify the unique, unmet needs of LGBTI patients and highlight that equitable care for all people is a top priority," Dr. Griffin says.

The questions

The researchers conducted the study at three Mayo Clinic sites in Minnesota between June 29, 2015, and Feb. 29, 2016. The sites were chosen for their diversity in patient populations. One site is a women's health clinic serving local, regional and national patients. Another serves regional and national patients 65 and older. And the third site is in a rural community of less than 10,000 people. They gave 491 new [patients](#) routine intake forms, or intake forms with sexual orientation and gender identity questions. Both groups received feedback forms that inquired about the intake questions. Responses between the two groups then were compared.

Mayo Clinic's new sexual orientation and gender identity questions are:

- What sex were you assigned at birth on your original birth certificate? (male, female or choose not to answer)
- What is your current gender identity? (male, female, female-to-male/transgender male/trans man, male-to-female/transgender female/trans woman, gender queer/neither exclusively male nor

female, additional gender category/other [describe] or choose not to answer)

- Do you think of yourself as ... (lesbian/gay/homosexual, straight/heterosexual, bisexual, something else [describe], don't know or choose not to answer)
- What is your preferred gender pronoun? (he/him, she/her, something else [describe] or choose not to answer)

Implementing in medical practice

The researchers say that, while their study looked at multiple patient populations, more research may be needed to capture other concerns.

"These findings may generalize to relatively similar areas in the country, especially the Midwest, but there may be differences in other regions in the U.S. or by cultural groups that we did not capture in our sample," Dr. Griffin says.

As institutions adopt [sexual orientation](#) and [gender identity questions](#), a simple explanation of why the information is being collected may increase patient participation, the researchers suggest. Patients also may benefit from being reminded of their health care institution's nondiscrimination and confidentiality policies, they say.

Provided by Mayo Clinic

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