Social Worker Educational Experiences of Practice Preparation with LGBT Individuals in Hospital Settings

Keywords: LGBT, cultural humility, cultural competence, educational experiences, hospital setting, social worker

Abstract

Social workers possessing cultural awareness and competence working with Lesbian, Gay, Bisexual and Transgendered (LGBT) within a hospital setting has gained importance due to the various changes to how health care is delivered within the United States hospital system. LGBT individuals seeking care have reported negative experiences and discrimination, adversely impacting their treatment in a hospital setting. Researchers have established the benefits of cultural humility from social workers to develop rapport with LGBT individuals when delivering social work services. With cultural humility serving as a conceptual framework, this study examined the relationship between social work perception of educational experiences associated with cultural humility in practice with LGBT individuals. Data was collected using an individual interview setting. This qualitative study utilized data collected and analyzed from interviews with six social workers. The participants were recruited via various social media social work professional groups. A theme for the study identified was a lack of formal educational opportunity/preparedness to work with LGBT individuals. These findings provide insights for social workers working with LGBT individuals in hospital settings. Utilization of cultural humility approach, when combined with a client centered approach, can impact the social worker's gaining cultural competence with LGBT individuals in a hospital setting.

Introduction

LGBT individuals report an inability to connect with and trust their care provider when seeking medical services. This disconnect often is due to a lack of empathy and understanding from healthcare providers when seeking out healthcare services and feeling unsure of whether the provider understands and accepts their LGBT identity when seeking health care services (Baker & Beagan, 2014; Kortes-Miller et al., 2018; Nolan et al., 2019). Lack of cultural humility from service providers reduces the quality of mental health services provided to LGBT individuals, dramatically decreasing individual motivation to seek mental health assistance (Lin, 2016). Standards of medical practices within a hospital setting and common knowledge of a cultural difference may not necessarily be communicated between a patient and health care provider within their interaction, causing miscommunication between the two (Margolies & Brown, 2019). This lack of understanding, interest, and/or humility toward another person's perceived identity and culture can play a role in quality of care received within a medical setting. Thus, it prevents LGBT individuals from accessing services as well as continuing with potentially important follow up care after an initial visit (McCormick et al., 2018; Singh & Durso, 2017; Steele et al., 2016).

LGBT individuals accessing medical services within a hospital report a higher incidence of depression, mental health issues, and report higher rates of suicide (Beder, 2003; Sandberg & Grant, 2017; Trepper et al., 2010). LGBT individuals report higher rates of suicidal thoughts, feelings of rejection, and lack of trust in medical service providers (Margolies & Brown, 2019). These LGBT individuals are less likely to return for medical services due to the feeling of rejection and lack of understanding from medical service providers (Margolies & Brown, 2019).

Social workers are called to serve marginalized populations, to which LGBT individuals belong. These patients bring their own traditions, beliefs, and values to the helping relationship, expecting that social service providers will fully respect them (Coolen, 2012). Because of LGBT patient specific vulnerabilities related to sexual orientation and gender, social workers often are called upon to act as their advocates or as sources of additional support while navigating the health care setting. While issues in the provision of culturally sensitive care within health care exist, there remains limited recent research on these problems and the perceptions of social workers called

upon to provide culturally competent care. This presents a unique challenge in completing a relevant literature review but further affirms the appropriateness for this study as it adds to the current body of growing knowledge. Social work as a profession is one that is required to provide culturally competent care to all individuals regardless of individual characteristics (NASW, 2017). Eliciting perceptions of experiences in hospital practice from social workers may give an indication on the current use of cultural humility and cultural competence on an RNF in the hospital setting.

Purpose of Study

The purpose of this study was to understand how social workers described their educational experiences in preparing to practice with LGBT individuals in hospital settings. I used a basic qualitative approach to gather data via individual interviews with medical social workers within a hospital setting. The individual interviews were used to gather the responses from social workers regarding their work experiences when providing social work services within a hospital setting.

Conceptual Framework

With cultural humility being utilized as a framework, this research examined and analyzed the perceptions of cultural competence of a medical social worker within the hospital setting. Social workers need to understand cultural humility as well as the dynamics of privilege, power, and social justice within their own places of work, while taking responsibility to educate and advance social change within their systems, organizations, and the broader society. Cultural humility has grown in popularity due to the shortcomings presented within the concept of cultural competence. This approach is seen by many as an alternative approach to cultural competence (Danso, 2018a; Hook et al., 2013; Moore-Bembry & Walpole, 2018). The concept of cultural humility views the individual's self-reflection and critique as a lifelong process requiring less emphasis on knowledge, while placing greater commitment on lifelong nurturing of self-evaluation and critique, addressing power imbalances, promotion of sensitivity, and an attitude of openness and ego lessness (Campinha-Bacote, 2019; Danso, 2018b). Fundamentally, cultural humility involves creating a stronger connection with the individual perspective with consideration for the personal experience by allowing the patient to share their narrative and, through this process, increases the social worker's cultural knowledge base (Davis et al., 2016).

Cultural humility is the process whereby one moves away from personal conceptualizations of culture, tradition, or racial/ethnic identification and allows for continued learning from the experience of patients (Cleaver et al., 2016). Cultural humility offers multiple dimensions of enhanced cultural awareness, including lifelong learning with a specific focus on critical introspective reflection, recognizing power imbalances between the patient and their environment, and encouraging accountability on the micro-, mezzo-, and macro-levels (Chang, et al., 2012).

Materials and Methods

I used a semi-structured research approach in this study, which allowed me to collect data using individual interviews with social workers working in a hospital setting. Questions were the same for all participants and preset prior to selection of participants that took part in the study. For the purposes of this research, social workers interviewed were those working in an inpatient hospital system. The selection of social workers was a selective sample in order to help ensure consistency of data gathered that was representative of social work practice on these floors involving various medical populations and not focusing on a specific disease process of a patient or of various units within a hospital that have wide ranging workflows, such as an emergency room.

Research Question

RQ: What type of educational opportunities have social workers experienced in preparing to practice with LGBT individuals?

Participant Selection and Recruitment

Inclusion criteria for participation in the individual interviews included participants being a licensed social worker (bachelor or master's level) and having practice experience as a social worker in a hospital setting. Within the United States area, there are multiple hospital systems in

various geographic settings serving multiple cultural demographics. I recruited medical social workers via postings on my personal LinkedIn and Facebook profile as well as professional network groups such as NASW, Society for Social Work Leadership in Health Care, Social Work Network, Medical Social Work, and Ohio Medical Social Work groups. A preliminary recruitment post was provided on these pages asking for interested participants for the individual interview to contact me through direct message or email or by commenting their interest so that I would contact them through direct message to obtain a contact email. Once this was completed, I emailed participants further information about the individual interview. The goal was to conduct five to twelve individual interviews overall. Saturation of information within qualitative research tends to occur near the sixth collection event (Guest et al., 2020). Additionally, the median sampling sizes for individual interviews is around five to 12 participants for the average research study (Carlsen & Glenton, 2011). Participant responses from this sample produced overall themes which lead to saturation of responses, codes, and themes. Participants were emailed and asked to provide me with multiple days and times they could participate in an individual interview. The number of questions selected per individual interview allowed sufficient time for participant input over the scheduled 2-hour individual interview, along with providing sufficient opportunity for me to observe participants answers. Richness of content was determined via analysis of data in which themes and patterns were established from review of audio recorded individual interview sessions.

Instrumentation

Prior to the individual interview, participants were emailed a 5-item demographic questionnaire via a Google Form link to complete. The responses were then accessible for me to establish demographic information. Questions identified their social work degree type, length of experience in the field, age, gender, and sexual orientation. As an example of a question related to their position, participants were asked, "How many years have you practiced as a hospital social worker?" I collected this information to help better establish themes at the conclusion of the individual interview for reporting purposes in this study.

Data Analysis Plan

The information collected was then coded and analyzed. Interview's were recorded via Zoom. Zoom's audio recording software was used to transcribe the interview to audio, no video was utilized for the interviews in order to protect social worker confidentiality. Additionally, I utilized audio recorder software on my computer to complete a second audio recording of the individual interview in case Zoom audio recording failed. Comparison between the individual interview codes and themes were then be completed and included in the data utilizing the same data analysis process for the individual interview. The analysis of the data started with the coding process which was systematic to increase the trustworthiness of the research (Mangioni & McKerchar, 2013). The coding of the data completed involved organizing the data into codes and themes thereby identifying concepts and patterns while searching for similar and distinctive features within the data (Mangioni & McKerchar, 2013). A central theme was then identified from the analysis.

Demographics

A total of six participants participated in this study. Demographic breakdown of the participants is listed in Table 1 below. Participants were social workers with experience working in a hospital setting. Participants worked in the state of Ohio only. Participants worked in multiple hospital settings throughout cities in Ohio such as Cleveland, Akron, Canton, Toledo, and Columbus Ohio (see Table 1). For the purposes of data reporting, Akron and Canton are identified together due to the participant mentioning their work consisting of servicing clients within Akron and Canton, Ohio. These two cities are separated by 24 miles. Of the areas identified, the social work participants for this study had extensive hospital experiences, which included work in an intensive care unit, emergency room, community health floors, regular nursing floors, and experience on an oncology floor. Participant licensure levels were LSW (n=2) and LISW/LISW-S (n=4).

Table 1: Demographic Table

Participant number	Licensure status	Years of experience	Gender	Race	Sexual orientation

1	LISW	5 years or less of experience	Female	Caucasian	Heterosexual
2	LSW	16 or more years of experience	Female	Caucasian	Heterosexual
3	LISW-S	6-15 years of experience	Female	Caucasian	Heterosexual
4	LISW-S	16 or more years of experience	Female	Caucasian	Heterosexual
5	LSW	5 years or less of experience	Female	Caucasian	Heterosexual
6	LISW-S	6 -15 years of experience	Female	Caucasian	Heterosexual

No participants reported working within community practice settings that had a religious affiliation. Participant health care experiences ranged from 5 years of training (n=2) to 21 or more years of training (n=2). All participants (n=6) reported being heterosexual, and all participants for this study identified as women. It should be noted that no male participants agreed to individual interviews for this study. Throughout the process of recruitment, two male respondents from Ohio reported interest in the study, but upon receiving the informed consent along with further study information, they declined to participate. Recruitment for male participants was ongoing throughout the interviewing and data collection process.

Data Collection

Interviews were conducted between November 2020 and March 2021. The setting for this study was via Zoom teleconference. Due to the conditions surrounding COVID-19 and quarantine conditions, no face-to-face interviews were scheduled. Interviews ranged from 33 minutes to 63 minutes in length. The median time length was 41.8 minutes.

Results

In this study, I inquired about social worker definitions of cultural humility and cultural competence. Additionally, participants were asked what characteristics are most significant to offering services that show cultural humility to LGBT patients and how social workers implement aspects of culturally humility within their hospital work setting. In this study, I focused on participant responses regarding experiences of prior learning opportunities and educational opportunities for social workers on cultural humility with LGBT individuals.

For the research question, participants perceived their overall experiences in utilizing cultural humility to deliver medical social work services within a hospital setting to LGBT individuals as limited and lacking the skill required to provide culturally competent care within the hospital setting. Social work participants preferred a cultural humility approach because it allowed the social worker the ability to learn more about specific cultural topics from LGBT individuals.

Results

Theme: Lack of Educational Opportunity/Preparedness

Within this research study, participants noted a lack of preparedness both during their educational pursuits as well as after they received their professional license through their workplace setting. Participants noted that their preparedness was directly related to their own life experiences as well as training opportunities they sought out on their own. All participants agreed that frequency of exposure to experiences with LGBT clients correlated with their feeling of preparedness.

All participants verbalized that they received minimal formal education regarding ways to provide LGBT care within a hospital setting. All but one participant (participant 4) reported that they were unable to recall education in their master's-level social work program on LGBT or on cultural humility. The participant that noted having this experience noted that they had completed a group project with a classmate who identified as LGBT and as a result their topic for a social work

course was LGBT specific. Participant 5 noted the opposite experience and described an overall lack of educational offerings provided to them:

I can very confidently say I had very, very little education. I can think of a diversity class, it was probably a chapter, and that was really it. Any learning that I acquired, I had to seek out on my own through CEU's or just doing my own research.

Participant 3 noted that in some experiences regarding LGBT issues were discussed, but that skills were not developed enough that made them feel competent within their practice:

I think maybe there was one chapter in my entire educational experience that dealt with various cultural issues which feels horrible to even put under the category and the only time LGBT issues came up in an academic setting was with another student via a group assignment, not from a professor.

Participant 5 noted a similar need for more educational offerings that are LGBT specific:

I definitely think that it needs to be more than just a chapter in a book one time during your bachelor's and master's level. Because you take those cultural diversity classes and it always seems like it's the same thing, the same populations [Never including LGBT] that you're talking about in them.

All participants noted that this lack of exposure to LGBT learning experiences did not necessarily stop at the conclusion of obtaining their licenses or degrees. All participants noted a lack of required trainings involving LGBT, cultural competence, and/or cultural humility within their professional settings. Participant 2 stated, "You know, I really had to learn on my own, because the organization didn't, and I worked for a nonprofit that did not provide any training."

All participants noted that all trainings and skills acquired were done so on their own. One participant noted doing research on their own on various trainings available. Participant 3 noted how they sought grant funding for her employer so that a training could be conducted.

I chose to go the administrative route and ended up doing clinical work within a hospital, of course. But I would say I had no experience or training in school. Any experience I've gotten post master's degree was sought out and paid for on my own for continuing education opportunities.

Finally, many participants agreed that mandated trainings at the employer and state level may help social workers feel better equipped with the knowledge to provide care to LGBT clients.

Participant 6 even suggested that social work boards begin looking at mandating LGBT specific trainings:

I would like trainings mandated by the social work state boards, I would like it to be required. I think it should be required that social workers working within systems or in organizations that are exposed to LGBT on a routine basis to be trained properly. Because if the training is not required, it may never happen.

Participants expressed a need for more education focused specifically on cultural needs of the LGBT population. In their own words, participants described needing to provide classes in college undergraduate courses that utilized a cultural humility framework when dealing with various cultural needs of LGBT individuals. Participants also mentioned this same approach might be beneficial as a yearly competency or staff development for social workers working within agencies and hospitals.

Discussion

The participants openly discussed their familiarity, understanding, and formal knowledge of cultural humility and cultural competence as a concept. Further, they discussed the relevance of culture, respect, inclusivity and self-awareness in practicing culturally competent care with LGBT individuals in a hospital. The theme that emerged from review of the data collected answered all the research question for this study. Participants stated a preferred desire to utilize a cultural humility approach when exploring individual client situations as a main driving force to the continual growth of skills and experiences for their own levels of cultural competence with LGBT individuals.

Recommendations

I conducted this study to fill the gap in information related to social worker perceptions and experiences in cultural humility and cultural competence in a hospital setting when working with LGBT individuals. Future research may benefit from exploration of social work experiences with social workers working within hospital settings across multiple states in the United States.

Future researchers could add to this research by looking closer at the use of cultural humility in all professional settings within a hospital setting. This research could be used to identify training opportunities within hospital programs to disciplines including social work. Future researchers could add to this research by looking at the perceptions and experiences as stated by LGBT clients and families of how social workers and other helping professions in hospital settings utilize cultural humility. Researchers would be able to use these results to identify future approaches to LGBT clients in hospital settings that may differ from current practices.

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