

Staff Attitudes and Beliefs Around LGBTQ Issues at the Children's Hospital of Eastern Ontario

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Abstract

Introduction: Pediatric specialty hospitals may be experiencing increases in the number of lesbian, gay, bisexual, transgender and queer (LGBTQ) patients and parents seen. Although recent surveys have considered the attitudes and beliefs of individual professional groups, there is no published information on the attitudes, beliefs and information needs of the broad range of staff and physicians that provide care in a hospital context. We undertook such a hospital-wide survey to assess the climate and information needs of care providers.

Methods: A web-based survey was opened to all staff and physicians at a tertiary care pediatric hospital in Ottawa, Canada in June 2013.

Results: 315 completed surveys were analyzed. Most respondents identified as heterosexual and none identified as transgender. Approximately half were directly involved in patient care. Approximately 90% were fully comfortable around LGBTQ patients and coworkers and most felt the hospital provided fair and equitable care for all. LGBTQ-identified respondents were somewhat less positive about the climate than heterosexual respondents, and front line staff less positive than managers. Many respondents identified knowledge deficits and were receptive to additional training.

Conclusions: In the context of a socially and legally liberal jurisdiction, most pediatric hospital staff are accepting of LGBTQ clientele and co-workers while some identify areas where knowledge and skill could be improved and are willing to undergo additional training in working with LGBTQ clientele. Survey results can inform policy and procedural changes as well as training initiatives.

Abstract =231 words

Introduction

Children's Hospital of Eastern Ontario (CHEO) is a publically funded pediatric tertiary care hospital located in Ottawa, Canada's capital city. The hospital's vision is that our care will change young lives in our community; our innovation will change young lives around the world. The hospital has 167 beds, with approximately 6,500 admissions, 180,000 outpatient visits, and 66,000 emergency visits in 2011/2012. It is a teaching hospital of the University of Ottawa and home of the Provincial Centre of Excellence for Child and Youth Mental Health and the Ontario Newborn Screening Program. CHEO provides service to Eastern Ontario, Western Quebec, Nunavut and parts of Northern Ontario

The effects of two lesbian, gay, bisexual, transgender and queer (LGBTQ) societal trends have been apparent to care providers at the hospital. The first is a growth in the number of pediatric transgender patients, and the formation of a clinic for transgender youth, now seeing more than 20 new patients each year. The second is an increase in openly gay and lesbian parents of hospital patients, resulting from a variety of societal factors.(Gooze, 2013; Pennington & Knight, 2011) As well, in 2010 and 2011 the community experienced several high-profile youth suicides (Mercer, 2011; The Royal Ottawa Foundation for Mental Health, 2013) leading to increased visibility of youth mental health issues and a sustained increase in demand for mental health services. In 2012, CHEO formed a Rainbow Health Committee (RHC) composed of interested staff and physicians to consider issues related to LGBTQ patients, families, staff and physicians.

Research indicates that LGBTQ individuals receive poorer health care and often report a considerable degree of discrimination, both as adults as well as during childhood and adolescence. A recent survey showed that transgender individuals may avoid seeking medical care because of their trans status.(Bauer, Scheim, Deutsch, & Massarella, 2013) Additionally, in a pediatric context, sexual minority caregivers report significant stigma, which has implications for their own well-being and that of their children.(Chapman, Watkins, Zappia, Nicol, & Shields, 2012; Hayman, Wildes, Halcomb, & Jackson, 2013; R ndahl, Bruhner, & Lindhe, 2009; Vasquez, 2011) The American Academy of Pediatrics has recently released a number of policy statements addressing the care of LGBTQ children and adolescents, as well as the children of LGBTQ parents.(Committee on Adolescence, 2013; Perrin & Siegel, 2013) Given the importance of these issues from both a clinical care and social justice perspective, as well as CHEO's position as a leading center of training and research, the RHC decided to assess the cultural climate. The aim of this study was to assess the level of awareness of, and comfort with, a range of gender and sexual orientation issues amongst CHEO staff and clinicians – both regarding patients and their families and regarding colleagues within the hospital. The purpose of this work was to inform education and awareness activities within the hospital.

Methods

Institutional review board approval for this research was obtained from Carleton University Research Ethics Board (approval # 13-0798) and Children's Hospital of Eastern Ontario Research Ethics Board (expedited approval #13/30X).

Staff and physician survey

The survey was developed collaboratively by members of the RHC and students from the Masters of Social Work program at Carleton University. The survey instrument is reproduced in Appendix 1. The survey was coded and administered using REDCap secure web-based electronic data capture tools hosted at CHEO.(Harris et al., 2009) The survey began April 15, 2013 and closed June 21, 2013. The URL for the survey was posted on the main page of the hospital's intranet site and an email message was sent to all leaders and managers asking them to encourage their staff and colleagues to take part. At the midway point in recruitment, researchers became aware that no staff from the food or environmental services departments had responded to the survey. Directors of those departments were contacted to request that they encourage their staff to participate.

As the survey was to be anonymous, access was by a web link rather than through a tracked invitation. The survey opened at a consent page, and no other questions were revealed to the respondent until consent was provided. The consent page provided the principal investigator's (CL) email address, and respondents were encouraged to email her to have their name entered in a draw for a prize. No other incentives or reminders were provided.

Statistical analysis

Basic frequencies and bar graphs were available directly from REDCap. Data were exported for further analysis using Microsoft Excel.

Results

Three hundred and twenty-one responses were received, including 315 useable surveys, 2 blank surveys and 4 submissions that declined to consent and so had no further responses available. All percentages are based on the 315 useable responses. Employee response rate was 13.3%, based on 2,225 employees. Physician response rate was 11.6% (n=22) based on 173 physicians. Some respondents (n=10, 3.1%) did not identify whether they were staff or physicians. Of the 315 useable responses to the Rainbow Survey, 180 (57.1%) provided at least one comment. Characteristics of respondents are shown in Table 1.

Table 1. Characteristics of respondents to the Rainbow Survey

	Rainbow Survey	%
Mean time since hire	10.3 years	
Gender Identification		
Female	191	60.6
Male	34	10.8
Transgender	0	0
Two Spirited	1	0.3

Other	1	0.3
Prefer not to answer or missing	88	27.9
Sexual Orientation		
Heterosexual	205	65.1
Bisexual	9	2.9
Gay	5	1.6
Lesbian	5	1.6
Queer	1	0.3
Questioning	0	0.0
Not sure	1	0.3
Other	2	0.6
Prefer not to answer or missing	87	27.6
Role at CHEO *†		
Staff	277	87.9
Physician/Surgeon	22	7.0
Prefer not to answer or missing	16	5.1
Patient care		
Director or manager	14	4.4
Non-patient care	81	25.7
Missing or unclassifiable*	62	19.7

*The survey did not ask this question directly. These categories are recoded from the question "What is your primary role?"

The CHEO Climate

Knowledge, beliefs and comfort

Eighty-five percent of respondents thought they could accurately define the terms *Gay*, *Lesbian*, *Homosexual*, *Bisexual*, *Homophobia* and *Sexual Orientation*. Approximately 80% could define the terms *Transgender* and *Gender Identity*. Respondents were less confident with the definitions of *GLBTQ* and *Queer* and only 30% felt they could define *Two Spirited*. (Table 2).

Table 2. Percent of respondent who felt they could accurately define or explain these terms.

Term	%	
Gay	96	Transgender 80
Lesbian	95	Gender Identity 78
Homosexual	95	GLBTQ* 60
Bisexual	93	Queer 55

Homophobia	93	Two Spirited	30
Sexual Orientation	89		

*The term GLBTQ was used in the survey. We have since determined that LGBTQ is the more common usage, and have used that term elsewhere in this manuscript.

Most respondents had no reservations around working with openly LGBTQ employees (92.7%) or hearing about their social lives (89.8%). However, comments indicated that LGBTQ employees had little visibility within the organization. This was corroborated by the reports of LGBTQ survey respondents, many of whom indicated that they were not fully "out" at work (see Table 3).

Considering those respondents who did not identify as heterosexual, only 7 of 25 (28%) described themselves as being fully out at work. Of the 17 not fully out, reasons cited include fear of employment discrimination, privacy and uncertainty about how others would respond (Table 3).

Table 3. Reasons given for LGBTQ respondents who said they were not fully out at work.

Reason given	N	Percent of those not fully out (n=17)	Percent of those describing themselves as other than heterosexual (n=25)
May be discriminated against (i.e., lose job, be excluded from meetings, overlooked for promotion)	11	64.7	44.0
It isn't anyone's business	11	64.7	44.0
Unsure of what other employees will think	9	52.9	36.0
May be stereotyped	8	47.1	32.0
Other	2	11.8	8.0
Fear of personal safety	2	11.8	8.0
I have personally been and/or have witnessed other employees who are fully open being treated negatively at CHEO	1	5.9	4.0
Open about being in a lesbian relationship but not necessarily about being bisexual*	1	5.9	4.0
Out but may be cautious in some situations*	1	5.9	4.0

Respondents were able to endorse more than one reason.

* These responses were from comments – all others were response options.

Equality: Support for efforts promote equality and create a safe space at CHEO

Most respondents agreed that lesbian, gay and bisexual staff, patients and families are treated fairly at CHEO (Table 4). Notably, most respondents (69.5%) were "unsure, difficult

to say, or no response” if transgendered staff, patients, and family members were treated fairly. Only 24.8% of respondents agreed that transgendered staff members were treated fairly.

Table 4. Perceptions of fair treatment.

	Agree or Strongly Agree	Disagree or Strongly Disagree	Unsure, Difficult to Say, or No Response
Question	%	%	%
LGB staff are treated fairly at CHEO	61.6	4.4	33.7
LGB patients are treated fairly at CHEO	64.8	6.4	31.7
LGB families are treated fairly at CHEO	67.0	3.5	29.2
Trans staff are treated fairly at CHEO	24.8	5.4	69.5
Trans patients are treated fairly at CHEO	42.5	4.8	52.4
Trans families are treated fairly at CHEO	38.7	2.9	58.1

Furthermore, 16.6% of LGBTQ respondents compared with only 3.4% of other respondents disagreed or strongly disagreed that LGB staff were treated fairly and 20.6% of LGBTQ respondents disagreed or strongly disagreed that transgender employees were treated fairly, compared to 4.1% of other respondents. There were higher levels of concern among LGBTQ respondents on all of the questions about fair treatment, with the greatest discrepancy regarding the treatment of lesbian, gay or bisexual family members, with 25% of LGBTQ respondent disagreeing or strongly disagreeing compared to only 1.7% of other respondents.

Perceptions of ability to provide equitable service

Of managers and those in direct patient care roles, most expressed confidence that they had the skills and education to provide LGB patients and families with the same quality service they provide to all families; 239 (77.8%) agreed or strongly agreed while 23 (7.5%) disagreed or strongly disagreed. Confidence decreased slightly when the same question was asked concerning transgendered patients and families.

In contrast, 66.7% of LGBTQ staff and physicians disagreed that they had the skills and education to provide transgender patients and their families with the same quality service that they provide to all families, while only 5.2% of other respondents felt this way.

The survey asked if respondents could discuss issues related to LGBTQ patients and families with their supervisor or team in a supportive or helpful way. Most, 214 (70.0%), agreed or strongly agreed that they could, while 7 (2.3%) disagreed or strongly disagreed. The rate of disagreement was 20.8% for LGBTQ-identified respondents but only 1.4% for other.

Initiatives perceived as valuable

The survey asked about steps that CHEO could take to create a more accepting environment for LGBTQ employees, patients and families. Measures suggested in the survey, with the number of respondents endorsing each, are shown in Table 5.

Table 5. Percent of respondents positively endorsing initiatives to create a more accepting environment for LGBTQ staff, patients and families.

Suggested Initiative	N	%
Offer additional training/ education around GLBTQ issues (i.e., sexual orientation, gender identity, inclusiveness, respect, working with GLBTQ patients/families)	253	83.0
Promote the usage of GLBTQ friendly language and images*	218	71.5
Make public the steps that CHEO is taking to make the hospital a more GLBTQ friendly space	209	68.5
Offer services specific to GLBTQ employees (i.e. a grievance officer to deal with GLBTQ concerns and complaints)	148	48.5
Gender neutral washrooms †	116	38.0
Unsure/ Difficult to explain	24	7.9
Other (please specify below)	21	6.9

*Please see Figure 1 for GLBTQ ceiling art.

†Please see Figure 2 for Gender neutral washroom signage.

Most respondents were supportive of these suggested initiatives. Comments included; "We had training on diversity around GLBTQQ in our church where we decided to become a welcoming congregation and learned about various issues and experiences that the GLBTQQ community experience. I can see the value of doing something similar at CHEO to increase awareness." Another stated; "I would be very open to having more training which focuses on how to better serve all members of the LGBTQ community and I think this education is greatly needed in our healthcare system in general."



Figure 1. Ceiling art in CHEO's YouthNet common room.



Figure 2. Hand-made washroom signage in the YouthNet hallway, Children's Hospital of Eastern Ontario.

The suggestion of a grievance officer to deal with LGBTQ concerns and complaints and the provision of gender- neutral bathrooms elicited the most concern and comments. Some felt a grievance officer was unnecessary, some objected that such an office would be providing special treatment. Concerns over bathrooms were lack of privacy in multi-stall bathrooms, and providing special treatment; "If these people want to be treated equally, they shouldn't go asking..."

Identified training needs

Despite their relative confidence in skills in working with LGBTQ patients and families, 57.8% of respondents indicated an interest in education around LGBTQ issues. Nearly two thirds of leaders and managers (64.3%) and those involved in patient care (66.7%) were interested in such education, with 45.7% of other respondents also interested.

The survey asked respondents to comment on their information and training needs. Overall, comments from respondents indicated receptiveness to learning more in order to provide

221 better patient care. Just one respondent felt that everyone is already treated fairly, so
222 further education is not necessary.

223
224 Respondents outlined a need for basic information, for example, definitions of terms and
225 how sexual orientation and gender identity develop. They also identified the need to
226 understand and appreciate the experience of LGBTQ patients, families and staff, for
227 example, one respondent commented; "There is enough training regarding respect and
228 inclusiveness, gender-neutral language. What would be more helpful is to hear the stories
229 and challenges that GLBTQ people have gone through, especially during the teen years, in
230 order to better think about what questions to ask to help GLBTQ teens and what to look out
231 for or respond to." Another respondent commented; "I would be interested in hearing from
232 a GLBTQ colleague or parent who could inform me and make recommendations. I would
233 like to make sure I am not unknowingly being insensitive." As well, respondents sought
234 information on specific needs and available supports and resources. Grand Rounds was
235 suggested as a forum for some of this basic information, complemented by personal stories
236 of patients, families and possibly staff members.
237

I would like to learn about:

- Current issues and struggles that GLBTQ community faces.
- Engaging and supporting same sex parents.
- Supporting families not coping well with their child's sexual orientation or gender identity.
- How to go into situations without making assumption about gender identification, sexual orientation, or at least how to be more aware of my assumptions.
- How to use "friendly language".
- How to handle the negative attitudes of other staff or clients.
- What actual families have experienced at CHEO and what issues they raise as needing to be addressed.
- How GLBTQ colleagues, patients and families experience CHEO. Is this a welcoming, accepting place?
- Issues that transgender communities face in healthcare.
- The stories of transgendered people.
- Resources and safe shelters for transgender, positive help lines for transgender.
- Mental health issues and vulnerabilities.

Figure 3. Selected responses to "what would you like to learn more about?"

239
240 Survey participants wanted to learn how to support patients and families, how to respond
241 to any negative attitudes expressed by other staff or clients and how to provide more
242 sensitive care. They also highlighted the need for more clinical education on topics like
243 therapeutic interviewing, health issues pertinent for LGBTQ patients and families and
244 mental health.

245
246 A number of respondents requested support with appropriate language: asking questions
247 sensitively and using friendly and inclusive language. They expressed concern about
248 seeming insensitive if they weren't familiar with the most appropriate words to use.

249
250 Transgender was the topic that generated the most questions for respondents. One
251 commented; "I have had considerably less experience in caring for transgendered patients

and/or families. Even though I feel that I understand the concept, I am not sure that I truly understand or appreciate the care needs of these patients and families." Respondents reported a need to understand transgender better, including: medical treatments, psychosocial support and mental health for transgender youth. Participants wanted to understand issues that arise for transgender patients (and their families), regardless of whether or not patients are transitioning. They also wanted to learn how to complete examinations and procedures with transgender patients in the most sensitive way possible.

For those interested in education, preferences for the delivery mode of training were workshops (74.3%) followed by written materials (51.6%) and videos (31.9%). Other means were selected by 8.8%, with suggestions including fun events, training at the time of orientation, or as part of the annual training (possibly mandatory), the hospital Internet (where there is an existing culturally competent care section), emailed information, lunch-and-learn and Grand Rounds sessions.

Discussion

In a survey of 788 LGBTQ youth, Hoffman et al. (15) found that the primary concerns of sexual minority youth in the healthcare setting were not related to their sexual orientation or gender identity, but rather that the provider was respectful, honest, a good listener, nonjudgmental and provided equal treatment. Thus, the institutional culture that determines the patient experience may be as important as specific training initiatives. Snelgrove argued that the general attitude of an institution contributes to care delivery, in particular "inadequate cultural competence and restrictive policies – whether official or not – were seen to contribute to systemic discrimination and Trans phobia that manifest as barrier to care provision at the institutional level".(14)

Against this background, the overall impression created by the CHEO survey responses is that of a hospital where staff and physicians have the desire to "do the right thing" and, while believing that the hospital is fundamentally fair and equitable, recognize that additional knowledge and a better understanding of patients and families experiences could improve care.

Results of a recent legislatively-mandated staff satisfaction survey(Leveque & MediaPlus Advertising, 2012) placed CHEO above the median of 25 participating hospitals on the level of agreement with statements that employees were free from verbal abuse from managers or co-workers, that action is taken if staff were bullied or abused by patients, the public or other staff and ranked significantly higher in agreement that people from diverse backgrounds feel welcome and that staff and physicians "treat each other with respect". Thus, the positive attitude toward LGBTQ staff, patients and families is in keeping with the overall corporate culture.

There were some disconnects – managers and directors had more confidence that LGBTQ staff, patients and families were treated fairly at CHEO than did front line staff and physicians and those in support roles. As well, straight staff and physician respondents

294 were more likely than LGBTQ-identified respondents to express confidence that they had
295 the requisite knowledge and skills to work effectively with LGBTQ, and in particular,
296 transgendered groups. LGBTQ respondents may have a greater appreciation for the
297 complexity of issues and the limitations of their knowledge. It is possible that non-LGBTQ
298 respondents 'don't know what they don't know'.
299

300 Several LGBTQ-identified respondents reported workplace-related reasons for not being
301 fully out. This is despite longstanding formal policies and mandatory training regarding
302 respect in the workplace. As well, for the past two year, the hospital has had an openly gay
303 CEO. (Wikipedia Contributors, n.d.) What is not known, as we did not ask, is whether these
304 respondents were fully out in contexts outside of the workplace.

305 **Implications for training and awareness**

306 Many staff members identified a willingness to learn more about LGBTQ issues to improve
307 their ability to work effectively with LGBTQ colleagues, patients and family members. In
308 particular, they acknowledged uncertainty about the preferred terminology to interact in a
309 culturally sensitive manner with these groups.
310

311 Survey respondents indicated clearly that, in addition to formal training opportunities, they
312 also want to hear from the LGBTQ patients and families about their experience, concerns,
313 needs and expectations of healthcare providers. Existing hospital resources like advisory
314 councils, Youth Forum, Family Forum, and the satisfaction questionnaire sent to a sample
315 of families after a hospital visit(Kouri, 2012) could be used to engage patients and families.
316 Figure 2, for example, are take-home messages delivered by a at CHEO has a rich social
317 media presence and well-developed terms of use (<http://www.cheo.on.ca/en/termsfuse>)
318 - this could also be an avenue of outreach to engage the views of LGBTQ patients and
319 families.
320

Take Home Messages

- 1) Make your spaces explicitly and visibly welcoming to LGBTQ individuals
- 2) Ensure your place of work has up to date policies on discrimination, gender identity, gender expression and sexuality.
- 3) Refrain from dividing groups based off their perceived sex or gender.
- 4) Implement all-gender bathrooms
- 5) Coordinate staff training on sexuality and gender, as well as bullying and discrimination
- 6) Ensure outreach programs specifically target marginalized communities
- 7) Create targeted support programs for LGBTQ individuals and individuals from other marginalized communities
- 8) Act as a role model for inclusion and acceptance of diversity
- 9) Confront offensive and discriminatory statements and actions
- 10) Adopt gender neutral terms - don't assume the gender of an individual, or of their partner.
- 11) Acknowledge that you always have more to learn and don't presume yourself to be an expert on the identities of others.

Figure 4. Take Home Messages. Zac Johnstone, "The 25th Anniversary of the United Nations Convention on the Rights of the Child - A Celebration". Grand Rounds, Children's Hospital of Eastern Ontario, November 19, 2014.

Institutional responsibilities

Hospital policies (Chapman, Watkins, Zappia, Combs, & Shields, 2012; Eliason, DeJoseph, Dibble, Deevey, & Chinn, 2011; Hayman et al., 2013; Sinding, Barnoff, & Grassau, 2004) and forms (Hoffman, Freeman, & Swann, 2009; Meckler, Elliott, Kanouse, Beals, & Schuster, 2006; Rounds, 2013) are elements of the healthcare environment that have been identified as barriers to equitable care and as contributing to erasure and invisibility of LGBTQ patients and families.(Rotondi et al., 2013) These are under the control of the institution and need to be reviewed for inclusiveness. At CHEO, the expected standards of behavior are embedded in policies, including the hospital's Code of Conduct, the Workplace Harassment Policy and Conflict/Complaint Resolution Policy. The RHC will recommend that managers, staff and physicians periodically revisit these policies, which are initially covered during staff orientation. CHEO's new electronic health record has been reviewed to ensure forms are inclusive for both LGBTQ patients and caregivers.

CHEO is a tertiary care provider, thus most patients are seen on referral. In this context, the hospital is well positioned to be a leading influence in the community. The majority (68.5%) of Rainbow Survey respondents agreed that CHEO should make public the steps taken to make the hospital a more LGBTQ-friendly space. The broader social and political climate of the jurisdiction is also important to the health and wellbeing of members of the LGBTQ community,(22) and can be a useful focus for advocacy work by healthcare providers.(14,27,28)

Limitations of the study

The response rate for the Rainbow Survey was suboptimal, however, this was not necessarily indicative of nonresponse bias in the data. (Leslie, 1972) Promotion was broad enough and the survey was open for responses long enough that we believe all staff and physicians had the opportunity to learn of the survey and respond.

Some questions which could have helped in the interpretation of the survey were not asked. In particular, we did not ask whether the respondent had a direct patient care role, and this information had to be inferred from other responses. As well, while we asked LGBTQ respondents if they were "out" at work, we did not ask them if they were "out" in other contexts, thus limiting our ability to make inferences around these questions. Finally, the small number of LGBTQ respondents limit interpretation.

Conclusions

In the context of a number of high-profile suicides leading to sustained increase in child and youth seeking mental health services, a rapidly-growing transgender clinic, and an increase in the number of 'out' LGBTQ parents seeking healthcare for their children, CHEO, as an institution, is actively seeking to optimize its treatment of LGBTQ patients, parents, staff and physicians.

CHEO is situated in a jurisdiction with universal healthcare and a progressive legal and social climate. Compared to other hospitals in this jurisdiction, CHEO scores high on measures of employee and physician satisfaction in areas such as respect for diversity. In this context, staff and physicians still express a need and desire to increase their skills, knowledge and sensitivity towards their LGBTQ colleagues and the communities they serve.

Suggested Journal Club Readings

Medicine: Snelgrove JW, Jasudavicius AM, Rowe BW, Head EM, Bauer GR. "Completely out-at-sea" with "two-gender medicine": a qualitative analysis of physician-side barriers to providing healthcare for transgender patients. BMC Health Serv. Res. 2012 Jan;12:110.

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391
392

393 Author contributions

394 MS coded the survey and drafted the manuscript. MP participated in the conceptualization
395 of the project, the survey development and piloting. HB developed the research proposal
396 and survey questionnaire in association with other Carleton University students. CL
397 conceptualized the project, acted as IRB liaison, and managed the conduct of the survey. All
398 authors had access to survey data, contributed to its analysis and revised the manuscript
399 for important intellectual content.
400

401 Competing Interests

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407 Data Deposition

408 The dataset containing the Rainbow Survey results is available through Dryad:
409 <http://doi.org/10.5061/dryad.4jh42> – the proper link will be added when the data is
410 submitted on manuscript acceptance.
411

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Appendix 1

[Reproduce survey instrument here, likely as a supplemental file]