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Creative Thesis Project: Handbook for Developing Trust with Gender and Sexual Minority Students in a Campus Health Care Clinic

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Abstract

Trust is an important element in patient-provider relationships in the health care field. Patient trust in the provider is linked to higher satisfaction of care, better adherence to treatment plans, overall higher success in health care visits, and better likelihood of seeking out medical care in the future. Trust can be difficult for health care providers to establish with gender and sexual minority (GSM) patients due to health care's well known history of harassment and discrimination against the GSM community. The *Handbook for Developing Trust with Gender and Sexual Minority Students in a Campus Health Care Clinic* addresses health care disparities created by lack of trust for GSM patients and how health care providers on Eastern Illinois University's campus can alter communication behavior to improve trust and thus improve the quality of health care provided to these students. The handbook uses the social penetration theory and uncertainty reduction theory combined with personal testimonies from GSM college students to guide the reader through five main portions of the handbook, including; Introduction, Use of this Handbook, Vocabulary, Diversity of Patient, and Trust, supplemented with reflection questions, assessment tools, and additional resources. The handbook aims to raise awareness of the unique risks and health care needs GSM student-patients experience and provide the reader with practical tools to address these concerns through the development of trust.

Keywords: social penetration theory, uncertainty reduction theory, gsm patients, patient-provider relationships, trust

DEDICATION

This thesis is dedicated to every single gender and sexual minority that has ever felt fear or faced discrimination when seeking health care, and to the health care providers who work hard to provide empathetic equal care to all their patients.

Everyone should have access to health care.

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This topic of research is very personal to me, so the patience, encouragement, and tremendous support from these three women mean everything to me. I am proud of *Developing Trust* and I could not have done it without such a wonderful thesis committee.

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Handbook for Developing Trust with Gender and Sexual Minority Students in a Campus Health Care Clinic

The goal of this creative thesis is to incorporate communication theories into a handbook to create a basic instructional resource that campus health care providers can refer to when interacting with student patients who are gender and sexual minorities (GSM) to establish trust and provide a safe environment to facilitate medical interactions.

Handbook for Developing Trust with Gender and Sexual Minority Students in a Campus Health Care Clinic (2020) is a resource that addresses the need for foundational knowledge and understanding of the GSM community for health care providers. The handbook has sections that include an introduction, use of the handbook, pre/post-test, vocabulary, diversity of patients, trust, and additional local and national resources. Placed throughout these sections are true experiences (modified slightly for anonymity) from interviewed GSM students presented as scenarios that personalize the material in a way that connects the information to situations the health care provider can read and reflect upon. Also included are reflection and discussion questions aimed to guide deeper connections and personal understandings as well as gauge how the reader is comprehending the material. The design layout and colors used in *Developing Trust* were selected and approved of by three focus groups of GSM university students (with a total of 18 participants) who were instructed to make their decisions based on the criteria of which designs they felt most accurately represented the GSM student community while also presenting a professional appearance.

The introduction serves several functions for *Developing Trust* (pp.3-4). First of all, it is an open disclosure about my lesbian identity as the author, establishing

credibility with the topic as well as sharing a personal experience that explains the process of disclosure which leads into the topic of distrust based on discrimination. Several grim statistics about GSM discrimination on campuses and in health care settings are shared. But instead of leaving it at an ominous end, the introduction wraps up with a positive note from the *Human Rights Campaign* and explains why trust should be a focus for health care providers.

The Uses of the Handbook section focuses on the practical application of the material in the handbook, explaining the importance of the "for further reflection" scenarios and questions in relation to seeing progress and actively applying the information (p. 5). Following the Uses of the Handbook section is the blank pre/post-test pages (pp. 6-7). The pre-test and the post-test contain the same questions so improvement can easily be tracked, serving as a clear way to assess the knowledge learned. It is designed to easily be copied, scanned, and printed so the reader can write on it. The correct answers are located at the back of the handbook for assessment purposes (p. 33-34).

The Vocabulary section serves two main purposes (pp. 8-13). The first main goal of the section is to familiarize the reader with common (and some uncommon) terms and phrases used in the GSM community. Being aware and familiar with the vocabulary helps the provider relate and communicate clearly with the GSM patient as well as display a willingness to engage with GSM topics. The second goal of the section is to familiarize the reader with the handbook in general. The vocabulary section is the first main section of material, so its layout, tone, and reflection section set the mood for the rest of the handbook. Therefore, this section serves the purpose of introducing the reader to the

practicality of the handbook and eases them into the material with two easier questions that have clear answers written plainly within the section, and one personal application question that is similar to the rest of the "for further reflection" selections in the rest of the handbook (p. 13).

The Diversity of Patients section is separated into three main portions; understanding and respecting GSM identities, health literacy, and intersectionality (pp. 14-21). These topics illustrate the complexity of all identities and explain why it is important to acknowledge and understand differences instead of treating every patient the same.

The Trust section emphasizes the importance of trust for disclosure, clarifying once and for all the importance of the topic that has been so heavily stressed throughout the previous sections (pp. 22-31). Trust is an important component of disclosure, making it a major focus of the theories used as a foundation for the handbook. In the trust section there are numerous scenarios and reflection questions along with lists of testing messages and guidance for positive responses. The information in this section is based on a pilot study conducted with group interviews consisting of local GSM students and basic interpersonal communication skills applied to the specific setting.

All medical personnel interacting with patients on a regular basis should be trained on diversity with inclusion of GSM education. However, the target audience for this manual is health care providers specifically on Eastern Illinois University's college campus. *Developing Trust* will help health care providers improve communication interactions with these students to develop trust, creating safe space for the students to seek medical assistance. The topics addressed in this handbook are basic, proposing easy

adjustments to communication behaviors such as introductions and vocabulary use that can be used with all patients to create a satisfying and successful medical experience. While GSM students are an incredibly diverse group with unique needs for each individual, the foundational elements of distrust can be addressed in a common approach that can enable the creation of personalized empathy-based relationships between the patient and provider.

Communication Skills Training for Providers

Continued learning is an emphasized topic for patient-provider interactions in current academic literature. To maintain a medical license in Illinois a physician needs to earn 150 hours of continued medical education credits within a three-year relicense period (Illinois State Medical Society, 2019). This concept accentuates the importance of revisiting educational resources to stay up to date on recent trends, which presents itself as the perfect place to include information about trust-building between patients and their providers (Swanson, 2018; Maruca, Diaz, Kuhnly, & Jeffries, 2015). Medical professionals who have been working in the field for prolonged time display a decline in empathy skills (du Pre, 2000; Ward, Cody, Schall, & Hojat, 2012), also establishing this handbook as not only a foundation for communication interactions with GSM students but also an important revisit of basic communication skills.

Despite recognizing communication as an important site of continued education for medical professionals, the practical application is lacking, with the resources and programs not addressing the urgency the scholarly research implores. Even with studies in the health communication field concluding “steps should be taken to introduce workshops of interpersonal skills,” many schools barely explore the depth required to

make a change. Suggestions of making eye contact while talking with patients and using lay language instead of medical jargon are presented as if they are novel concepts instead of basic communication skills that health care providers are already familiar with (Marcysiak, Dabrowska, & Marcysiak, 2014, pg, 75; Swanson, 2018). These grossly simplified communication suggestions belittle medical professionals' basic understanding of interpersonal communication and provide no growth. The current education lacks opportunity for genuine understanding and advancement in the field for this topic. The *Developing Trust* handbook aims to fill the gap in the current resources for campus health care providers.

The trend towards patient-centered care requires a focus on greater communication skills training for providers. Patient-centered care is based on respect for each patient as a unique individual and seeks to provide care for them on their own terms and serve individual needs instead of a focusing on a population evidence-based approach. This puts focus on the patient's relationship with the health care organization as a whole, but also their individual interpersonal relationships with the health care providers they encounter. This means the care is more collaborative and genuinely involves the patient in meaningful ways that focus on individual needs and clear understanding (Epstein & Street, 2011). Not only is patient-centered care considered the ethically superior way to provide care for a patient, but it also leads to improved patient adherence to treatment plans, as well as confidence and trust in the health care provider (Stewart, Brown, Donner, McWhinney, Oates, Weston, & Jordan, 2000).

Patient-centered care is important for all patients, but GSM university students in particular benefit from this approach because it acknowledges and respects the unique

needs for each patient, using the diversity of identity as a way to explore better care options instead of a roadblock for a one-size-fits-all assembly line approach to providing care. Emphasized throughout the handbook is the concept that every GSM individual has unique experiences, such as the fact that not all transgender individuals wish to medically transition via surgeries. If a provider were to generalize the experience of transgender people and make assumptions due to lack of education, they might not understand why the individual does not wish to undergo surgery and then question the validity of their transgender identity and refer them to mental health specialists, making the patient feel belittled, unheard, and even harassed or discriminated against, resulting in a loss of trust in the health care field. But if a health care provider acknowledged that each GSM patient has different goals and needs, they can communicate empathetically and collaborate with the patient to provide the best care possible.

Health discrepancies for GSM populations

There is a national discrepancy of health for the GSM populations compared to heterosexual and cisgender counterparts (Lesbian, Gay, Bisexual, & Transgender Health | Healthy People 2020, 2013). These discrepancies in health include higher rates of suicide attempts, forced sexual intercourse, tobacco use, and risk for HIV and AIDS (CDC, 2016; Basu, Dillon, & Romero-Daza, 2016). The 2015 Substance Abuse and Mental Health Services Administration's survey uncovered that one in three GSM individuals reported a mental illness, compared to one in five for heterosexual counterparts. The survey also found that 15% of GSM adults experienced an alcohol or drug use disorder, compared to 8% of heterosexual and cisgender adults (Medley, 2016). GSM populations are not biologically predisposed to be at higher risk for health issues than their heterosexual and

cisgender peers, instead it is the fear of discrimination (and actual discrimination) that creates this divide in quality of health, leading to a lack of disclosure and a general distrust of health care providers and settings. This discrimination is rampant in the health care system. As of 2018, 36 states still have no laws for inclusive insurance protections for LGBTQ+ individuals, giving providers the right to turn away patients based on sexual or gender identities (Movement advancement project, 2018). Those who are not turned away still face many struggles and forms of discrimination and abuse within the healthcare field. A 2015 national survey from the Center for American Progress found that 56% of lesbian, gay, and bisexual individuals and 70% of transgender individuals had experienced at least one encounter of discrimination when seeking health care (McBride, 2015). In 2017 a different study from the Center for American Progress found that 7% of lesbians, gays, and bisexuals, and 29% of transgender individuals experienced unwanted physical encounters with examples such as “fondling, sexual assault, or rape” from their health care provider (Mirza, & Rooney, 2018).

This distrust manifests in many negative ways. GSM patients chose not to disclose important medical information with their health care providers for a number of reasons including fear of legal protection, distrust of patient-provider confidentiality, desire to donate blood, spike in health insurance rates, and fear of being used as a representative for the GSM community if they engage in health behaviors and desire to seek out pre-exposure prophylaxis (PreEP) and causing an increase in labels and stigma for the rest of the community (Hudak & Bates, 2019). Other studies reported that GSM individuals experienced verbal admonishment, aggressive reactions, religious talk, denial of sexuality, attempts to shame the discloser, and refusal of services from health care

professionals as a reaction to their disclosures, thus limiting their future attempts to seek health care or communicate their identities with providers (Harbin, Beagan, & Goldberg, 2012; Manning, 2015). This distrust jeopardizes the chances that the patient will follow the treatment plan and medication instructions, lowers the satisfaction with the visit, and reduces the chances of establishing enough trust to seek out professional help in the future.

Many GSM students are entering adulthood and experiencing the task of navigating the health care field without assistance for the first time. Unlike their cisgender or heterosexual peers, these GSM students are also working on negotiating their gender and sexuality minority status for the first time as adults. 57.6% of all GSM students have reported feeling unsafe in their school due to their sexual orientation, and 43.3% reported feeling unsafe due to their gender expression, and an appalling total of 95% of GSM students reported that they have heard negative remarks concerning gender or sexual orientation (GLSEN, 2015). The community encompasses a wide range of individuals with incredibly diverse identities. These identities become even more complex when intersectionality is layered into the discussion. While the patients assisted by the handbook's target audience of campus health care providers are united by the identity of being a college student in the GSM community, there are still many differences that are important to note, such as age, race, gender, ethnicity, dis/ability, and more. In addition to different identities and experiences, the student patients may also be at varying levels of health literacy. One student patient may be a transitioning transgender individual who has completed extensive research into the related topics of surgeries, hormone therapies, and insurance eligibility, and comes into the campus clinic with a list

of informed questions and prepared to take extensive notes to further educate themself. A different student patient may be a newly out bisexual man who is just beginning to have sex with other males and is not informed on the topics of HIV risks, PrEP, and safe-sex for same-sex practices, and is unaware these should even be concerns. This is why intersectionality, patient diversity, and health literacy are a major focus in the *Developing Trust* handbook. By knowing that intersectionality plays a role in the actions and awareness of patients, medical providers can prepare a more patient-focused approach to communication that acknowledges identity as an important element. The topic of intersectionality is discussed in the handbook in a way that focuses on the unique cliental of campus clinics by providing a vocabulary section of common (and less common) terms used in the GSM community to describe their identity, experiences, and common practices. Intersectionality, diversity, and health literacy are also addressed through a variety of scenarios included throughout different sections to illuminate the unique experiences of individuals. These scenarios are accompanied by reflection questions that include sample answers to help put the information into a practical view for the readers.

Why Trust Matters

Even if health care clinicians are educated on topics of health concerns within the GSM community and have the intent to provide care without discrimination, the lack of trust from GSM patients will obstruct the productivity of the visit. Trust is created and reinforced through verbal and nonverbal communication, establishing an interdependent relationship between the health care professional and the patient. The GSM population's lack of trust in health care providers plays a significant role in the discrepancies in health care received. With a foundational knowledge about patients from the GSM community

and access to resources that teach trust-building communication behaviors, health care providers can establish trust in their patient-provider relationships. This handbook will guide providers into taking the first step in establishing trust.

Trust in the health care system is negotiated through interpersonal interactions that allow the patient to assess the trustworthiness of the provider (Walker, Arnold, Miller-Day, & Webb, 2002). This emphasis on the interpersonal interactions addresses the idea that communication plays a large role in the development of trust and the successful outcome of the medical experience.

Trust is linked to disclosure of information. Disclosure is an important element in relationship development between the patient and the provider. Patients are unlikely to fully disclose concerns to a provider when rapport has not been established and trust is lacking (du Pre, 2000). Lack of disclosure contributes to unclear communication about experienced symptoms and leads to ineffective treatment recommendations and multiple visits required by the patient. These ineffective treatments further deteriorate the patient's trust in the provider's capabilities and weakens the already tenuous relational bond. Clear disclosure from the patient allows the medical provider to make accurate diagnoses and create patient-focused treatments that address the medical concerns with fewer visits required (Cegala, Gade, Lenzmeier Broz, & McClure, 2004). This direct address of the medical concerns and prompt treatment leads to even greater trust developed in their medical provider and overall trust in the health care system, which in turn, leads to a higher likelihood of adhering to health care treatments and listening to providers' recommendations (Abelson, Miller, & Giacomini, 2009).

The two main theories used to guide the research and writing of the handbook are Social Penetration Theory (Altman & Taylor, 1973) and Uncertainty Reduction Theory (Berger, 1975). These theories create a clear foundation for disclosure and trust in interpersonal relationships and can be easily translated into lay-language for those who are not communication scholars.

Social Penetration Theory

Altman and Taylor's (1973) Social Penetration Theory puts an emphasis on self-disclosure and the intentional process of vulnerability. The theory posits that interpersonal relationships develop through self-disclosure. Organized as a bull's-eye with the superficial layers of information-sharing on the outside and the sharing of more intimate information located in the deeper layers, the theory explains how self-disclosure is more difficult as the information becomes more personal. The outer layer includes information such as name, age, and gender, which is considered everyday information that is supposedly easy and common to share. The inner layers are the concept of the self and are naturally very vulnerable for a person to share, such as religious views, political ideas, and self-identity. While sharing outer layer information is simple and non-threatening for most people, sharing the inner layers makes a person incredibly vulnerable. Disclosure and vulnerability are interconnected as disclosure of more personal information leads the recipient of such information to possess damaging information that could be wielded against the discloser.

However, these layers are not the same for everyone. Gender and sexual orientation are very personal (and sometimes complex) for members of the GSM community. It might be simple for a heterosexual student to casually bring up plans with

her boyfriend that weekend during small-talk with a nurse, building an easy rapport from the beginning of the visit and carrying that through the rest of the session. This makes it easier to penetrate the deeper levels of disclosure when necessary as well. However, this same conversation could be a big disclosure risk for a lesbian, who might instead only minimally participate in small-talk and only vaguely refer to her girlfriend as her "friend" or "partner," if she participates in the conversation at all. This lack of disclosure makes it difficult for the lesbian to share other information with the health care providers and overall leads to dissatisfaction with the visit. Similarly, gender is normal and simple for a cisgender individual to discuss, placing it on the outer layer of the target, but for a transgender individual, gender is not only intensely personal, but also a huge risk to disclose. Lack disclosure of that outer layer makes it more difficult to disclose from the deeper layers and affects the quality of care, perception of satisfaction, and eventually the patient's overall trust in the health care field and desire to seek and follow treatment plans.

Relating this to the topic of developing trust between campus health care providers and student patients is not difficult. If a patient is able to disclose their personal information, such as gender identity or sexual orientation, and is met with a positive response from their provider, trust will develop and cyclically reproduce a higher likelihood of further disclosure and deeper trust development. However, if a provider's reaction is not positive, the patient will not feel safe sharing more information and relationship development will be halted.

The handbook uses Social Penetration Theory as a guiding focus in a number of ways. Multiple sections explain why GSM patients might be hesitant to disclose personal

information and emphasizes the risk GSM student patients take when they disclose personal information, from the personal story in the introduction (p. 3) to the last interview-based scenario in the back of the trust section (p.31). The reflection sections included in the Diversity of Patients section explains why some patients choose not to disclose information and provides different examples for how to respect these decisions or prompt disclosure by altering communication behaviors. There are also personal testimonies of GSM students that present their experiences with health care disclosure and trust in the form of scenarios accompanied by reflection questions to guide a deeper connection for the reader. Lastly, there are tips for starting the disclosure processes and respectful responses that help establish a safe and trusting medical atmosphere to encourage further disclosure in the future.

Uncertainty Reduction Theory

The other guiding theory is Berger's Uncertainty Reduction Theory (1975). Uncertainty Reduction Theory claims that communication is used to reduce the uncertainty of a situation. Interpersonal relationships are influenced by the ability to predict certain outcomes and navigate insecurities. When there is uncertainty, there is an inability to predict outcomes, leading to conflict and distress (Berger & Bradac, 1982). Specifically, Berger and Calabrese (1975) assert that high levels of uncertainty lead to low levels of intimacy in the content communicated. They also point out the inverse relationship between uncertainty and communication satisfaction. High levels of uncertainty lead to low levels of satisfaction (lacking a sense of accomplishment of one's goals in an interaction). Relating this to a campus health care setting, when a patient or provider is introduced to a new situation, uncertainty is high and can compromise further

development of the patient-provider relationship as patients may not fully disclose sensitive information. Examples of this in a health care clinic setting include the first time a patient visits with a new provider who does not know the patient's sexual orientation or a patient meeting a provider and informing them of their non-binary pronouns. Both examples can be incredibly distressing for the student patient, especially if they have faced previous discrimination on campus or from health care providers in the past.

Increases in relationship uncertainty are associated with a decrease in openness, disclosure, and commitment. When a patient is uncertain about a provider's stance on the GSM community or their education on the topic, the patient is more likely to avoid disclosure and less likely to trust the provider's assessments and treatment plans. This leads to a decrease in the health care visit's success, produced by a lower chance the patient follows the treatment plan and medication instructions, lower chances of a follow up visit or seeking professional help in the future, and an overall low satisfaction from the appointment.

Disclosure is important in all patient-provider interactions and especially for the GSM community. Not only is disclosure of one's sexual orientation important for feeling accepted by one's provider, but it also allows providers to offer appropriate and tailored care, focusing on the unique needs of the GSM patient while acknowledging the obstacles faced by the community (Venetis, Meyerson, Friley, Gillespie, Ohmit, & Shield, 2017). For these reasons, patients who are able to trust their provider enough to discuss sexual orientation and gender identity report greater satisfaction with their care (Mosack, Brouwer, & Petroll, 2013). Therefore, uncertainty reduction becomes particularly important to promote greater disclosure and trust for optimized care.

The Vocabulary section draws directly from the Uncertainty Reduction Theory. If a provider is familiar with in-group vocabulary or at least is comfortable with it enough to ask questions, the patient is more likely to perceive the interaction positively as the provider is attempting to reduce uncertainty. This will reduce the patient's uncertainty about the "safety" of their provider and encourages further disclosure and honest conversations.

Reducing uncertainty and encouraging disclosure are both major themes in *Developing Trust* used to address a lack of awareness and education on the topic of communicating with GSM patients. Having this handbook as a resource provides health care providers with the tools for developing trust and practicing important interpersonal communication skills that will help address the distrust and disparities experienced by GSM patients in health care.

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