The Lonely Voice: A call for LGBTQIA+ identity integration, inclusivity and advocacy to diversify the workforce within the OT profession

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### **Objectives**

1. **Identify** 3 issues the LGBTQIA+ community faces within OT education and the workforce.

2. **Discuss** the benefits and barriers to creating initiatives addressing LGBTQIA+ issues in education and clinical practice.

3. **Describe** 2 mechanisms to integrate LGBTQIA+ inclusivity into higher education and clinical environments

4. **Apply** knowledge to an educational scenario



### Who We Are

1. Take out a piece of paper

2. Quietly write down two roles that you think best decribe you (ex. Parent, Partner, Helper, etc.)

- 3. Fold the paper and put it in your pocket
- 4. Let's Meet Everyone!



### Who We Are

Siobhan McGuire, MSOT, OTR, is an pediatric occupational therapy clinician. Prior to entering OT school at Indiana University she worked in medical research. publishing on the topic of Dementia. Before that, she earned an M.Phil in Medieval History from Trinity College Dublin, University of Ireland.



#### Who We Are

Nuriya Neumann



Global Perspectives on LGBTQIA+ Issues

America Current events

Europe

Middle East

Asia

China (social media ban)



https://www.youtube.com/watch?time\_continue=5&v=Q\_whTHKCga0

#### The State of LGBT Rights Around the World



Sources: http://en.wikipedia.org/wiki/LGBT\_rights\_by\_country\_or\_territory, http://en.wikipedia.org/wiki/Same-sex\_marriage\_in\_the\_United\_States\_by\_state 2012 © Amy K Hunnel (http://www.amykartanddesign.com)

https://visual.ly/community/infographic/human-rights/state-lgbt-rights-around-world

### **Changing Attitudes**





#### See more results at globalally.org/research

Source: ILGA-RIWI 2016 "Global Attitudes Survey on LGBTI People" in partnership with Logo

https://insights.viacom.com/post/acceptance-of-the-lgbti-community-is-growing-globally-but-equality-is-a-long-way-off/

<u>WFOT Mission Statement</u> Promotes occupational therapy as an art and science internationally. The Federation supports the development, use and practice of occupational therapy worldwide, demonstrating its relevance and contribution to society. [1]

<u>AOTA Vision 2025</u> Occupational therapy maximizes health, well-being, and quality of life for **all people, populations, and communities** through effective solutions that facilitate participation in everyday living. [2]



#### LGBTQIA+101

Lesbian

Gay

Bisexual

Transgender

Queer/ Questioning

Intersex

Asexual/Aromantic



http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/

## Identifying a Need

**Anecdotal Stories** 

Vagueness of ACOTE standards

Connecting with the mission

**Discrimination Statistics** 

Origin of our Study



# Method

#### Survey/Research description



#### **Study characteristics: Mixed method**

- **Survey Questions** were developed by authors and peer reviewed to decrease bias.

- **Recruitment:** through online platforms including Facebook, The Network for LGBTQIA+ Concerns listserv, and email.

- **Ethical considerations:** IRB approval obtained and informed consent signed by all participants. Responses to survey were anonymous.

### **Study Participants**

Sample: Total participants 99

Student	28.28%	28
Professor/Faculty	10.10%	10
Clinician	61.62%	61

### Years of Experience as OT Clinician (n=61)



### Years of Experience as OT Faculty (n=10)



Students Years in OT Program (n=28)

-Second largest group of respondents

-Wide range from 1 to 5 year

-Several finishing fieldwork clinical experience



Data Analysis

## Feeling of Isolation

#### Being the only person identifying as LGBTQIA+ and feeling isolated:

- Clinicians
  - 40% report being the only LGBTQIA+, but only 30% of those feel isolated
- Faculty
  - None report being the only LGBTQIA+ staff member
- Students
  - More than ½ report being the only student who identifies as LGBTQIA+
    - More than 80% reported feeling isolated

## Representing the Community

#### Feeling a responsibility to represent the LGBTQIA+ community:

- Clinicians
  - 60% feel responsibility to represent
    - While 50% feel burdened, 75% also see this as an opportunity
- Faculty
  - 100% felt a responsibility to represent and educate
    - All saw it as an opportunity
- Students
  - All but one feel a responsibility to represent
    - Most see it as a burden and an opportunity

## Feeling Safe

Feeling physically/emotionally safe in the school and work environments:

#### - Clinicians

- Less than 20% feel physically or emotionally unsafe at work
  - 20% keep their identity private to avoid discrimination from
- management
  - 30% to avoid discrimination from coworkers
  - 40% have faced uncomfortable situations with patients
    - Over 50% encountered homophobic/ transphobic/ discriminatory comments from patients.
    - More than half have encountered issues with the care of LGBTQIA+ patients

## Feeling Safe

#### Feeling physically/emotionally safe in the school and work environments:

#### - Faculty

- Nearly 60% feel their program provides a physically and emotionally safe environment

- All but one feel able to disclose their LGBTQIA+ identity without fear
  - However, 71% said identifying as LGBTQIA+ is not actively encouraged



### Data Analysis

#### Feeling physically/emotionally safe in the school and work environments:

#### - Students

- Nearly 30% of students keep identity private to avoid discrimination from professors
- 20% keep it private to avoid discrimination from peers

- Less than 15% feel their program is an emotionally unsafe environment, but more than 60% feel their program is a physically unsafe environment

## OT Curriculum

#### LGBTQIA+ issues in the education of occupational therapists:

#### - Faculty

- More than half say their program addresses service delivery to LGBTQIA+ patients

#### - Students

- Only <5% said their program utilizes case studies, research, and best practice guidelines that are inclusive of the LGBTQIA+ community.
- More than 40% said service delivery for LGBTQIA+ patients is not thoroughly addressed
- Over 70% of students feel unprepared to meet the needs of LGBTQIA+ patients

# Strengths

- Qualitative evidence
- Lived experiences
- Wide range of experience level and years in OT profession
- Researchers reflect all three categories: student, clinician, educator

# Limitations

- English language
- Small sample of select states and regions does not reflect all members of community
- Questions for OT students- privilege
- Only accessible through online platforms
- Researchers bias reflected in questions
- Questions did not ask for regional qualifiers, or other intersecting identities
- Lacking questions on specific
  <u>demographics</u>

### **Quotes from Participants**

"I try to bring up LGBTQIA health disparities in an occupational justice class. I teach at a Catholic institution, so many faculty and students were very vocal about disagreeing with the marriage equality. Therefore, i feel very uncomfortable bringing it up. I try to promote student discussions around the topic, and when student led, I feel a little more safe. You never know how the discussion will go. Sometimes it is very supportive to the LGBT community, and sometimes it is very disheartening."

"...[with the geriatric population] there tends to be less tolerance for minority groups in general, so it really **not worth it to me to validate my sexual** orientation to an 85-year-old when it does not effect or benefit our treatment session"

"In my academic job, where I am out, I am constantly referred to students as a resource since I am the only faculty member who openly speaks about LGBTQIA+ issues. I want to be a role model to queer students, but it is also honestly a lot of extra time and emotional labor."

"Safe Zone training for healthcare providers became a regular component of one of the classes for specific training on how to work best with LGBTQIA+ patients and colleagues Sex rehab class was very inclusive! Program overall emphasizes strategies for staying open minded with all populations and constantly practicing self reflection of bias"



### **Future Implications**

#### **Implications: Education**

- Incorporating LGBTQIA+ issues throughout the lifespan in OT curriculum

#### **Implications: Clinical Practice**

- Explore the needs of LGBTQIA+ clients and co-workers. Is your clinic inclusive and safe?

#### **Implications: Further Research**

- Develop knowledge on specific needs of LGBTQIA+ people and incorporate standardized measures into research to develop evidence based practice.

### Resources & Existing initiatives in the U.S.

Visual cues of allyship:

- Rainbow signs, pamphlets, pins

#### Safe Zone Training:

- Free resource online: http://thesafezoneproject.com
- Mission: To foster an affirming campus environment for LGBTQIA+ faculty and staff.

#### LGBTQ module in curriculum:

- Example: The Human Rights Campaign developed the Healthcare Equality Index to meet the needs of LGBTQIA+ people to improve healthcare, and reduce discrimination.

#### Standardized patient encounter:

 Including diverse sexual orientations and gender identities into active learning simulations.

### **Experiential Learning**

Ground rules for discussion:

- Use gender neutral as default (they/them)

- Use "I" Statements (learning is enhanced when we share our own experiences and speak from a personal perspective)

- Be **respectful** of others
- Be **open** to considering alternative ideas and thoughts
- Think about this from an individual standpoint, a facility standpoint, and a policy standpoint

# Case Study

Johnny is a 7 y/o child with decreased visual motor skills receiving OT services at an outpatient clinic.

Johnny was born with anatomy consistent with male sex, and from the age of 5, Johnny preferred wearing dresses and playing with dolls rather than playing soccer with the other boys. There were several instances when Johnny seemed sad and when asked why, would answer, "I wish I could be a girl" or "I just like the name Julia better". Now at age 7 Johnny insists on having long hair, has only female friends, and continues to wear dresses at home. Johnny wears "boy" clothes to school, but still gets bullied.

The father thinks it's a phase, but the mother who respects the OTs opinion wants to know: Is Johnny transgender? Gay? What should she do?

### **Action Plan**

- 1. Identify 1-2 goals relating to LGBTQIA+ issues that could be achieved in the next 6 months:
  - Implement on an individual level (additional education, visual cue, inclusive forms)
  - Professional Practice (in the clinic, classroom, or workplace)
  - Advocacy on larger scale (policy changes)
- 1. Discuss answers with colleagues





[1] American Occupational Therapy Association. (2017). Vision 2025. American Journal of Occupational Therapy, 71, 7103420010. https://doi.org/10.5014/ajot.2017.713002

[2] Fundamental Beliefs. (n.d.). Retrieved from <u>http://www.wfot.org/aboutus/fundamentalbeliefs.aspx</u>

Image Sources:

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