

Social Support, Self-Rated Health, and Lesbian, Gay, Bisexual, and Transgender Identity Disclosure to Cancer Care Providers

Charles S. Kamen, PhD, MPH, Marilyn Smith-Stoner, PhD, MSN, Charles E. Heckler, PhD, MS, Marie Flannery, RN, PhD, AOCN®, and Liz Margolies, LCSW

Lesbian, gay, bisexual, and transgender (LGBT) patients with cancer are often invisible in cancer studies conducted in the United States (Bare, Margolies, & Boehmer, 2014). Large, nationwide cancer registries do not collect data on sexual orientation, making identification of these patients difficult or impossible (Howlader et al., 2010). Cancer-related clinical trials do not routinely ask about sexual orientation or about partnerships with individuals of the same sex despite a relatively high participation of LGBT people in these trials (Jabson & Blosnich, 2012). Prior to the introduction of the Affordable Care Act, it may have been difficult for LGBT patients with cancer to receive appropriate medical coverage (Greenesmith, Cray, & Baker, 2013). Even in oncology practice, sexual orientation and same-sex partnerships may not be recorded in the medical record (Institute of Medicine, 2011).

The few studies that have specifically sampled LGBT patients with cancer (Boehmer, Glickman, Winter, & Clark, 2013) or have used national databases that assess sexual orientation (Kamen et al., 2014) have indicated that the experience of cancer diagnosis and treatment may be quite different for LGBT patients than for heterosexual patients. LGBT identity disclosure, for example, is a unique factor that influences care of LGBT patients. Katz (2009) found that gay and lesbian patients have considerable difficulty disclosing their sexual identity to cancer care providers. Additional studies of disclosure to cancer care providers have indicated that lesbian and bisexual patients with breast cancer may not disclose their orientation when providers do not ask (Boehmer & Case, 2004) and that they have poorer perceptions of the medical care they received than their heterosexual counterparts (Fobair et al., 2001). Noncancer studies indicated that older LGBT patients in particular have difficulty disclosing their identity to medical providers (Brotman, Ryan, & Cormier, 2003) and that lack of disclosure results in poorer health outcomes for LGBT patients of all ages (Durso & Meyer, 2013). Unfortunately, many of the studies of disclosure in the context of cancer care

Purpose/Objectives: To describe factors related to diagnosis, identity disclosure, and social support among lesbian, gay, bisexual, and transgender (LGBT) patients with cancer, and to explore associations between these factors and self-rated health.

Design: Cross-sectional self-report survey design using descriptive and exploratory multivariate statistical approaches.

Setting: Online, Internet-based.

Sample: 291 LGBT patients (89% Caucasian; 50% gay, 36% lesbian, 7% bisexual, 3% transgender) with mixed cancers.

Methods: Participants completed a researcher-designed online survey assessing experiences of cancer diagnosis among LGBT patients at a single time point.

Main Research Variables: Demographics, which provider(s) delivered the patients' cancer diagnoses, to whom patients had disclosed their LGBT identity, how they disclosed, who was on their social support team at the time of diagnosis, and current self-rated health.

Findings: 79% of participants reported disclosing their identities to more than one cancer care provider. Participants most commonly introduced the topic of LGBT identity themselves, sometimes as a way to correct heterosexual assumptions (34%). Friends were the most common members of LGBT patients' support teams (79%). Four disclosure and support factors were consistently associated with better self-rated health.

Conclusions: Disclosure of LGBT identity is a common experience in the context of cancer care, and disclosure and support factors are associated with better self-reported health among LGBT patients.

Implications for Nursing: Creating safe environments for LGBT patients to disclose could improve cancer care delivery to this underserved population. Nurses and other providers should acknowledge and include diverse support team members in LGBT patients' care.

Key Words: cancer; sexual orientation; health disparities; social support

ONF, 42(1), 44–51. doi: 10.1188/15.ONF44-51

have focused solely on lesbian and bisexual women (St Pierre, 2012); a need exists for research that examines a