Knowledge, Attitudes, and Practices of Filipino Healthcare Professionals on LGBT Health: Implications for Inclusive Care

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ABSTRACT

Background. Despite reforms and initiatives to give access to quality healthcare, occupational injustice and unfair treatment toward the LGBT community persist in the Philippines.

Objective. This study examined the knowledge, attitudes, and practices of Filipino healthcare professionals concerning individuals who identify themselves as lesbian, gay, bisexual, or transgender (LGBT) through an explanatory sequential mixed-method research design.

Methods. The quantitative phase involved an online survey using the Knowledge, Attitudes, and Practices Toward LGBT in Healthcare Questionnaire (KAP-LHQ) among 132 Filipino healthcare professionals recruited through social media. After analyzing the quantitative data using descriptive statistics, the qualitative phase proceeded, which involved key informant interviews of five purposively selected participants. Thematic analysis was utilized to understand the qualitative data.

Results. Findings indicated a significant knowledge gap, with over 70% of the professionals unfamiliar with basic LGBT terminology. While 66% had received gender sensitivity training, more than half had never provided care for an LGBT client, indicating a disconnect between knowledge and practice. Key themes arising from the qualitative findings highlighted the need for structured and formal training, the importance of personal exposure to the LGBT community, and the value of culturally sensitive care to enable reduction in stigma and improve service provision.

Conclusion. There have been a lot of improvements regarding how healthcare professionals interact with the LGBT community in Philippine healthcare, but there are still evident gaps in knowledge, competencies, and practice. Findings call for the urgent need for Filipinos to have comprehensive and well-informed LGBT health training and institutional policies that can enable culturally competent and fair care within healthcare for all individuals.

Keywords: LGBT health, Philippine healthcare professionals, KAP survey, gender sensitivity

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INTRODUCTION

Despite global progress in legal and societal protection of individuals who identify themselves as lesbian, gay, bisexual, or transgender (LGBT), persistent inequities in healthcare access and delivery continue.[1] This emphasizes the urgent need to improve the competence and sensitivity of healthcare professionals towards LGBT clients. History of stigma, insufficient knowledge of healthcare practitioners, and their biased behaviors towards heteronormativity remain major impediments to the quality of experiences of LGBT clients in the healthcare setting.[1] Some studies have identified that, among others, the factors that greatly affect LGBT individuals' experience in the healthcare setting are microaggressions,

homo or transphobia of healthcare professionals, and the lack of sufficient awareness of their stressors and life conditions.[1,2] These pressing concerns demand the need to reduce healthcare disparities and focus on the values of social justice and humanism through embedding core theoretical frameworks of cultural humility and competence during the healthcare professionals' education and training.[3] Empirical data have shown that cultural humility and competence, which include knowledge, skills, attitudes, and behaviors, can improve providers' capacity to care for LGBT clients.[3]

In Asia, there is a growing momentum for inclusive healthcare, but the Philippine context remains complex.[4] The Filipino LGBT community experiences a paradoxical mixture of acceptance, passive tolerance, and persistent non-acceptance.[5] Moreover, Filipinos continue to have conservative views regarding societal issues that concern the LGBT community, hence, only a few studies concerning them have been conducted.[6] In 2022, a study identified that trans health is absent in the healthcare and health professional education in the Philippines.[7] Consequently, many transgender individuals are subjected to stigma and discrimination.[5] Another local research revealed key areas of concern identified by LGBT individuals seeking healthcare services: quality of patient-centered communication and relationship, holistic care, and presence of a caring environment.[5] This directly highlights the need for healthcare professionals who are LGBT-sensitive, friendly, and competent.

As numerous studies emerge on the perceptions and lived experiences of LGBT patients in healthcare settings, there is a dearth of information on the knowledge, attitudes, and practices of healthcare professionals towards their LGBT patients in the Philippines. It is therefore important to shed light on this facet of different healthcare professionals in the Philippines. This study aims to examine current knowledge, attitudes, and practices (KAP) of Filipino healthcare professionals towards the LGBT community. Specifically, it aims to quantitatively capture the KAP of Filipino healthcare professionals and understand qualitatively the reasons and nuances about the current Philippine healthcare landscape among the LGBT community. By applying a cultural competence lens, the study seeks to initially have a snapshot of current capacities of Filipino healthcare professionals and potentially inform training and policy interventions to foster equitable and culturally humbler care for the LGBT community in the Philippine health system.

METHODS

This study utilized an explanatory sequential mixed-method approach. Mixed-method approaches provide a powerful tool for investigating the complex processes and systems within healthcare.[8] Most of the proponents of this approach argue that it should be considered one of the superior paradigms for research because of the great advantages it offers.[9] Mixed-methods approaches integrate the power of both quantitative and qualitative approaches and provide a comprehensive framework in which to address modern health service issues, such as those concerning the interactions between healthcare professionals and the LGBT community.[8]

The first phase involves the collection and analysis of quantitative data, which informs qualitative data collection and analysis.[8] The said phases are separated, yet equal importance is given to both in the process of research.[9] Integration of quantitative and qualitative data strengthens the value of mixed-methods research to a more holistic understanding of the problem under study.[8] This is based on the rationale that the quantitative data provide an initial overview that is further refined, extended, or explained through the qualitative analysis.[9] This current study used an online survey of Filipino healthcare professionals using the Knowledge, Attitudes, and Practices Towards LGBT in Healthcare Questionnaire (KAP-LHQ) in Phase 1 and followed it with a series of in-depth interviews for Phase 2 to delve deeper into randomly selected survey participants.

Moreover, this study is positioned as an initial exploratory investigation with a small sample size. Hence, advanced correlational and inferential statistics were not performed. Given the number of participants, such analyses would not meet the minimum assumptions of statistical power and reliability.[10] Thus, Phase 1 was strictly descriptive to map baseline patterns. The authors aim to expand to a larger, statistically empowered sample in future studies to enable correlational or predictive analyses.

Ethical Considerations

This study has been reviewed and approved by the University of the Philippines Manila Research Ethics Board (UPMREB 2023-0087-01). Informed consent from participants in both phases was obtained with strict assurance of confidentiality and the right to withdraw at any time. Before filling in the online survey, each participant was required to read the consent form. Also, if any participant wants to request that their dataset be removed for analysis at any phase, the necessary pathways to communicate were provided. The study conformed with the principles outlined in the Declaration of Helsinki, and data management complied with the Data Privacy Act of the Philippines 2012 (Republic Act 10173). All the data collected was kept in password-protected cloud folders that only the authors had access to and will be stored for five years only; thus, data security and privacy were strictly maintained. In the qualitative phase, each participant was assigned a unique code during analysis and presentation, and permission for the use of quotations was ensured.

Participant Recruitment

In the quantitative phase, licensed healthcare professionals practicing in the Philippines during the survey period were targeted. The population included, but was not

limited to, occupational therapists, physicians, respiratory therapists, and nurses. See Table 1 for their demographic details. The respondents excluded were foreign-licensed health professionals who are currently practicing in the country, those who have not yet obtained their license to work in their professional field, and retired professionals. Participants were sampled by convenience on social media. Assistance from national associations was sought, but unfortunately, no organization was able to release the call during the span of the research. A minimum of 100 participants was required for the survey to yield meaningful results.[11]

Table 1. Demographic Profile of Participants (n=132)

Participants' Characteristics	n (%)
Age (years)	
18 to 25	19 (14%)
26 to 30	18 (14%)
31 to 35	42 (32%)
36 to 40	8 (6%)
41 and above	45 (34%)
Sex assigned at birth	
Male	68 (51%)
Female	64 (49%)
Sexual orientation	
Heterosexual	87 (66%)
Members of the LGBTQ+	45 (34%)
Civil status	
Single	61 (46%)
Married	61 (46%)
Separated	10 (8%)
Institutional affiliation type	
Public	90 (68%)
Private	42 (32%)
Health profession	
Medical Doctor	21 (16%)
Nurse	27 (20%)
Occupational Therapist	17 (13%)
Physical Therapist	18 (14%)
Respiratory Therapist	5 (4%)
Social Worker	39 (29%)
Speech and Language Pathologist	4 (3%)
Sports Scientist	1 (1%)
Attendance in gender sensitivity training	
Yes	87 (66%)
No	45 (34%)
Provided care to a member of LGBT community	
Yes	56 (42%)
No	76 (58%)
Have a family member who identifies as part of LGBT community	
Yes	80 (61%)
No	52 (39 %)
Have a friend or colleague who identifies as part of LGBT community	
Yes	63 (48%)
No	69 (52%)

In the qualitative phase, purposive sampling was used. Randomly selected health professionals who completed the KAP-LHQ survey were included. They were contacted through email, and follow-ups were conducted to schedule online interview sessions through ZOOM Communications, which lasted for at least 45 minutes. When the data was already saturated, with narratives recurring, it was a signal for the authors to stop data collection.[12] Hence, for this study, we had five respondents for the qualitative phase.

Data Collection and Tools

This study utilized the validated survey tool of the primary and last author, the Knowledge, Attitudes, and Practices Towards LGBT in Healthcare Questionnaire [KAP-LHQ].[13] It was based on a scoping review of literature that explored the perspectives of healthcare professionals and members of the LGBT community about healthcare and discussions with experts.[14] The tool demonstrated good content and face validity.[13]

KAP-LHQ is a four-part questionnaire that deals with the assessment of knowledge, attitudes, and practices of healthcare professionals regarding the LGBT population. Part A consists of demographic information, while Parts B, C, and D consist of items on knowledge, attitudes, and practices, respectively. Parts B and C have 21 items each, while Part D has a total of 20 items. Part B measures knowledge through responses to questions on three options for each, reflecting participants' understanding of LGBT terminologies and concepts. Part C is the attitude scale of a 5-point Likert scale ranging from strongly agree to strongly disagree to measure the feelings about LGBT individuals. Part D examines the frequency with which healthcare providers practice inclusivity when interacting with LGBT clients. Unlike most surveys, which compute a total score, the KAP-LHQ does not look at an overall score but rather at each item individually to give a fine-grained look at each component.[13]

For Phase 1 of the study, KAP-LHQ was transformed into an electronic survey using Google Forms. Information regarding the research, along with the informed consent form (ICF) that followed the World Health Organization (WHO) guidelines, was distributed to the participants together with the uniform resource locator (URL) of the survey via electronic mail and social media platforms. A span of up to eight weeks was provided for the survey period, with frequent posting and reposting on social media.

The invitation to each participant in Phase 2 was given formally with the ICF. They were scheduled for a one-on-one online semi-structured interview at a time they were most comfortable. Semi-structured interviewing related to the results of Phase 1 was employed to explain the KAP survey results. These questions accorded with Phase 1 and were, therefore, worded to determine, as far as the study scope allowed, the views and opinions of health professionals regarding their practices in healthcare and of occupational justice toward the LGBT community.

The researcher applied the skills and attributes suggested by Guion, Diehl, & McDonald for the in-depth interviews: being open-minded, flexible and responsive, patient, observant, and a good listener.[15] This phase was allowed to take at least a month. The recordings of the interviews were transcribed after the interviews themselves. Clarifications and approval of the transcriptions were requested after a week, so that analysis could commence.

Data Analysis

All data from Phase 1 were analyzed using descriptive statistics through Excel. Given the exploratory nature and sample size considerations, only descriptive analyses were done. Manual thematic analysis was performed by the authors individually on the transcriptions in Phase 2. Afterwards, they had discussions to finalize the codes and the themes. Such analysis has used a six-step approach: familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up.[16] The process of familiarization involved getting to know the data by reading and rereading all the transcriptions. These were then defined and supported to present the Phase 1 findings.

Findings from Phases 1 and 2 were analyzed and presented to have a deeper exploration of the knowledge, attitudes, and practices of health professionals for LGBT individuals. Qualitative data contextualized the quantitative findings.[12,17]

Trustworthiness and Rigor

Given that this study used both quantitative and qualitative datasets, much effort was made to establish trustworthiness and rigor at all levels.[18] The study thus adopted criteria for establishing trustworthiness, namely, credibility, confirmability, and dependability.[19] In Phase 2, the member checking technique was used to enhance credibility by verifying findings with participants. An elaborate audit trail of methodological and analytical decisions was made to enhance confirmability in both phases, while all procedures were consistently documented and coordinated to ensure dependability.[19]

Reflexivity and Positionality

The authors, who identify themselves as an occupational therapist, dentist, and health educator, respectively, recognize that their positionality, along with their prior advocacy work with the LGBT community, might influence the study.[20] The team used systematic strategies to reduce any potential for bias and allow for an analysis that was as robust as possible. These included reflexive journaling, whereby researchers critically examined their assumptions, and regular peer debriefing, providing an external interpretive audit. This reflexive approach flowed into interactions with participants; sensitive, inclusive language was used in all study materials, correspondence, and reminders on purpose with the intent of creating a respectful research environment.

RESULTS

The sample consisted of 132 Filipino healthcare professionals with varied demographic backgrounds. Most of the respondents fall in the age group of 31-40 years, with 32% of them in the 31-35 age group, and 34% were 41 years and older. There were nearly as many males as females. Professionally, the largest groups were social workers (29%) and nurses (20%), followed by medical doctors (16%), reflecting the higher involvement of these professionals in patient care, especially those from marginalized populations like the LGBT individuals. Sixty-eight percent worked in the public sector, but while 66% had attended gender sensitivity training, 58% had not provided care to LGBT individuals. This indicates a gap where training may not translate into clinical practice or competence, a pattern mirrored in qualitative accounts, which is discussed in the latter part. Overall, the demographic diversity among participants yields rich information on the knowledge, attitudes, and practices of the health workforce related to LGBT health.

Quantitative Results

The quantitative results showed the extent of foundational knowledge regarding concepts about the LGBT community, which then served as a basis for exploring how Filipino healthcare professionals articulated these understandings through narratives in the qualitative phase.

Table 2 shows that Filipino healthcare providers do not know much about the foundational concepts of LGBT, as more than an appreciable portion do not know what the basic terms 'lesbian,' 'gay,' 'bisexual,' and 'transgender' mean. For example, more than 70% responded that they did not understand these basic identities. These statistics indicate that many providers may enter clinical encounters without the vocabulary necessary for respectful communication, potentially leading to misgendering, improper assessments, and faulty interactions. This is a serious problem since this may affect the quality of services that can be experienced by LGBT clients. Awareness of these terms is very low, at 75.8% not knowing the term "lesbian," 74.2% for "gay," 77.3% for "bisexual," and 70.5% for "transgender." This lack of awareness goes further to even general concepts, with only 34.1% and 37.1% of the participants knowing anything about sexual orientation and gender identity, respectively. These results show the pressing need for further education on issues regarding LGBT health. Despite this foundational gap, nearly half (47.1%) of surveyed Filipino healthcare professionals are aware of the unique risk of LGBT individuals to health problems, and around 42.4% recognize their need for justice in healthcare. While foundational knowledge is still weak, there is awareness of the need for fair health care for the LGBT client. This pattern resonates with the qualitative themes, which participants expressed good intentions but limited knowledge to act on those intentions.

In general, the attitudes of the healthcare professionals towards LGBT clients are favorable, though caution and hesitance remain in certain areas. See Table 3 for the breakdown of the results of providers' attitudes. Most professionals agreed on the provision of quality care to the LGBT clients (median = 4), and felt comfortable being recognized by colleagues and family as a person serving LGBT clients (median = 4). There is, however, a marked neutrality or discomfort regarding more intimate aspects of care, such as discussing sexual behaviors or physical examination, with an IQR rating of 3 and 2, respectively. Another example of neutrality is feeling more comfortable not seeing LGBT clients (median = 3). This would mean that although healthcare providers are willing to interact with LGBT patients, they still harbor some doubts; these could be due to a lack of exposure and training in issues pertaining to health concerning LGBT individuals. Many

Table 2. Limited Knowledge of Filipino Healthcare Professionals on the Basic Concepts of LGBT (n=132)

Understanding of the Concepts	Yes (%)	Somewhat (%)	No (%)	Mode
Lesbian	30 (22.7%)	2 (1.5%)	100 (75.8%)	3
Gay	31 (23.5%)	3 (2.3%)	98 (74.2%)	3
Bisexual	22 (16.7%)	8 (6.1%)	102 (77.3%)	3
Transgender	27 (20.5%)	12 (9.1%)	93 (70.5%)	3
Sexual Orientation	45 (34.1%)	12 (9.1%)	75 (56.8%)	3
Gender Identity	49 (37.1%)	17 (12.9%)	66 (50%)	3
Gender Expression	47 (35.6%)	26 (19.7%)	59 (44.7%)	3
Heterosexual	39 (29.5%)	18 (13.6%)	75 (56.8%)	3
Homosexual	45 (34.1%)	16 (12.1%)	71 (53.8%)	3
Homophobia	38 (28.8%)	28 (21.2%)	66 (50%)	3
Occupational Justice	44 (33.3%)	26 (19.7%)	62 (47%)	3

Note: Interpretation based on Mode (1 = Healthcare professionals understand the concept; 2 = Healthcare professionals are unsure about the concept; 3 = Healthcare professionals do not understand the concept)

Table 3. Positive Attitudes of Filipino Healthcare Professionals towards the LGBT Community (n=132)

Attitude towards LGBT Individuals	Median	IQR
I believe healthcare professionals must provide quality care to LGBT clients.	4	3
I think LGBT clients should only consider seeking healthcare from specialized LGBT health clinics.	4	2
I am comfortable with the idea of being recognized by my colleagues as a healthcare professional who serves LGBT clients.	4	3
I am comfortable with the idea of being recognized by my heterosexual clients as a healthcare professional who serves LGBT clients.	4	3
I am comfortable with the idea of being recognized by my family as a healthcare professional who serves LGBT clients.	4	3
I am at ease with taking medical histories with LGBT clients.	4	3
I am at ease with discussing sexual behaviors with LGBT clients.	4	3
I am comfortable conducting physical examinations on LGBT clients.	4	2
I believe that available data overstate the challenges faced by LGBT youth and those who are old.	4	2
I do not care if my colleagues discriminate against LGBT clients.	4	2
I care about how other people interact with LGBT clients and individuals.	4	3
I think healthcare professionals encounter more negative experiences (e.g., confusion, misunderstandings, etc.) with LGBT clients compared to heterosexual clients.	4	2
I would feel more at ease when I am not providing care to LGBT clients.	3	2
I am fearful or apprehensive about meeting LGBT clients.	4	2
I believe that LGBT clients should feel ashamed of their sexual orientation, gender identity, and expression.	4	2
I would feel discomfort about having an LGBT colleague.	4	2
I am eager to attend LGBT-related training programs.	4	3
I am confident in my ability to provide healthcare to LGBT clients.	4	2
I maintain an open-minded attitude towards LGBT health needs and issues.	4	3
I would appreciate additional information on how best to care for LGBT clients.	4	3
I prefer that our facility's setup and resources are adequately prepared to accommodate LGBT clients.	4	3

Interpretation based on Median Score (1 to 2 = Disagree; 3 = Neutral; 4 to 5 = Agree)

Table 4. Varied Practices of Filipino Healthcare Professionals (n=132)

Practices towards LGBT Clients	Median	IQR
I receive training on sexual and gender diversity and harassment (e.g., anti-sexual harassment, gender sensitivity, DEI, etc.).	2	2
I advocate for people to use their preferred facilities (e.g., bathrooms, etc.).	2	1
I support the establishment of a resource center (e.g., book collection, safe space facility, etc.) for LGBT clients.	2	0
I encourage people to provide funding for programming (e.g., activities, pieces of training, etc.) to support LGBT clients.	2	1
I use derogatory words (e.g., homophobic, transphobic, sexist, etc.) intentionally in the facility.	2	2
I actively inquire about a client's sexual orientation and gender identity when taking medical data and history.	2	1
Upon first encounter, I assume a client's sexual orientation and identity.	2	2
I recognize the importance of knowing the pronouns and lived names of my patients to provide the best care.	2	1
I avoid jokes that might be considered offensive about lesbian, gay, bisexual, and transgender.	2	2
I support public campaigns and specialized services regarding the human rights of the LGBT community.	2	2
I advocate for the implementation of anti-discrimination policies referring to sexual orientation, gender identity, and expression at the workplace.	2	2
I support increased visibility of LGBT people through showcasing the LGBT experiences in media, sports, arts, etc., and using real-life images of LGBT people in literature.	2	2
I enable clients to express their sexual needs for medical/therapeutic purposes during healthcare interactions.	2	2
I ensure and promote gender sensitivities and appropriate language to be used on assessment forms or profiling activities.	2	2
I encourage my colleagues to have an open discussion on gender and sexuality in the workplace.	2	2
I engage in research regarding LGBT needs and challenges in healthcare.	2	1
I actively seek out all underlying factors that affect health behavior and condition.	2	2
I respect the contribution of the partner of the LGBT client in the evaluation and management of healthcare.	2	2
I discriminate against LGBT clients in health settings.	2	1
I do not mind gender identity, gender expression, and sexual orientation when providing healthcare to LGBT clients.	2	1

Note: Interpretation based on Median Score (2 or lower = Common Practice; 3 and above = Uncommon Practice)

indicated a need for more exposure and training in this area. While there has been gender sensitivity training afforded to many professionals, the discomfort illustrated in discussing sensitive topics indicates that more extended training programs are required to continue building their confidence and competence in LGBT healthcare. The findings highlight the systemic gaps in pre-service education, continuing professional development, and institutional guidance.

In terms of practices, see Table 4. Results show that a very large proportion of practitioners display inclusivity with LGBT clients: 32.6% "often" and 26.5% "always" received training on sexual and gender diversity; 47% of the professional respondents reported "often" supporting the use of preferred facilities; and 37.9% knew the use of a patient's proper pronouns was beneficial and used them "always." However, a worrisome 24.2% of professionals discriminate against LGBT clients. While more than half (53%) would often support the establishment of LGBT resource centers and a good number (40.2%) would advocate for anti-discrimination policies, the fact that derogatory language and assumptions regarding clients' sexual orientation persist points to a clear disconnect between attitudes and practices. This misalignment between beliefs and behaviors suggests that attitudes alone are not sufficient. Although health professionals generally recognize the unique health needs of LGBT individuals and advocate for better resources, their actual practices do not consistently reflect these positive attitudes. This discrepancy underlines the need for training and changes in policies that can help bridge supportive attitudes to make care inclusive and equitable. Full policy enforcement and attitude change are needed if discrimination is to be reduced in health, and these LGBT clients are treated with respect and care.

Qualitative Results

To deepen the understanding gained from the quantitative phase, the authors randomly selected participants from the survey for follow-up interviews. See Table 5 for the demographic details of the interviewees. The qualitative data revealed three (3) themes: the need for more formal training, the importance of interaction with the LGBT community, and universal and specific needs.

Table 5. Demographic Profile of Interviewees

Participants (n = 5)	Age (in years)	Sex Assigned at Birth	Sexual Orientation	Years in Practice
A	36	Female	Heterosexual	5
B	32	Male	Homosexual	9
C	24	Female	Heterosexual	1
D	33	Female	Heterosexual	9
E	27	Female	Heterosexual	5

Heterosexual means having attraction to the other sex.

The qualitative results were examined with the explicit aim of explaining the key patterns found in the quantitative phase, particularly the low levels of LGBT-related knowledge of Filipino healthcare professionals, the varied levels of comfort during client interactions in real-life practice, and the inconsistencies between the positive attitudes and various behaviors.

Theme 1: Need for More Formal Training

Results from the survey indicate a stark knowledge gap about LGBT concepts among healthcare professionals, as evidenced by a large proportion of the sample who do not understand basic terms like 'lesbian', 'gay', 'bisexual', and 'transgender'. The qualitative data clarified why such gaps persist. Participants consistently described the lack of organized education during their professional training and limited continuing professional development opportunities. One participant said:

> *"We certainly need more formal education on these topics."*

One participant shared:

> *"I had to look up what non-binary meant because I had never heard of it in my training."*

These statements indicate that inadequate curricular coverage and limited exposure contribute directly to the low knowledge scores found in the quantitative phase. They also further explain why many providers reported neutrality or discomfort when discussing behaviors and performing sensitive examinations with LGBT clients. The interpretation suggests that knowledge gaps are not simply an individual-level concern but reflect systemic weakness in health professions education in the Philippines, where LGBT health remains marginal within curricula of medical and allied health professionals.

Theme 2: Importance of Interaction with the LGBT Community

Quantitative results point that while attitudes toward the LGBT clients were generally positive, many participants still felt only neutral or somewhat uncomfortable when engaging with LGBT individuals. The narratives helped explore this ambiguity: personal interaction, or lack thereof, is a major factor shaping comfort, empathy, and practical competence. Personal experiences and social networks were identified as key drivers in health professionals' KAP. Many respondents said that interactions with friends or family members who identify as part of the LGBT community were life-changing, and it affects how they perceive and how they act with them. One health professional summarized the experience:

> *"Having a close friend who was transgender opened my eyes to the struggles they must endure, and it made me want to learn more."*

Another participant said:

> *"Using correct pronouns is not only a sign of respect; it is about naming their identity. This is what I learned from [a family member]."*

These reflections provide deeper insight into the quantitative results of showing moderate but inconsistent inclusive practices. Moreover, participants with minimal exposure described uncertainty and fear of committing mistakes. This variation shows that attitude and practices are strongly influenced by relational and social context, reinforcing phase 1 trends that revealed inconsistent engagement with LGBT clients and limited experience providing LGBT-affirming care.

Theme 3: Universal and Specific Needs of Clients

Participants also reported challenges in providing individualized care for LGBT clients.

> *"At first, I didn't know how to approach my LGBT patients, but I learned that though the needs for care, love, and validation are universal, ways of expressing these needs can be very specific."*

This helps put into context the quantitative data gathered in this survey that although most healthcare professionals are cognizant of health risks associated with sexual orientation, many fail to provide individualized practical strategies of care. Participants reflected on the level of acceptance within their communities of LGBT individuals:

> *"My community still holds a lot of misconceptions about LGBT people, and that sets the trend for how we engage in their healthcare."*

This revealed that even as health professionals acknowledge the need for them to be more inclusive, cultural biases and misconceptions continue to influence how they relate to these individuals. Universal intentions do not automatically translate into culturally responsive practice, especially when societal misconceptions, institutional norms, or a lack of guidance shape clinical behavior. This theme underscores how cultural influences such as stigma, limited protocols, and institutional support contribute to inconsistent application of inclusive practices despite positive attitudes.

Integration of Results

When taken together, the results of both phases suggest an interplay between educational, social, and cultural factors in shaping the KAP of Filipino healthcare professionals relating to LGBT health. Qualitative data explained low scores on knowledge that is associated with a lack of formal training and gaps in professional training. Mixed levels of comfort and inconsistent inclusive practices related to the level of personal exposure to LGBT individuals, where those professionals who had exposure expressed greater empathy and understanding. Nonetheless, despite participants reporting

generally positive attitudes, many participants still reported discomfort when providing care related to intimate, personal issues, highlighting the divide between supportive attitudes and congruent clinical practice. Participants underscored that even though LGBT clients have universal needs for respect and confirmation, they often present unique barriers to care, and therefore, attention to culturally sensitive and individualized approaches is paramount. Combined, findings indicate that where awareness of LGBT health issues has emerged, substantial gaps persist, and comprehensive training, structured exposure, and institutional policies are urgently required to narrow the gap in knowledge to practice to promote equitable, affirming healthcare.

DISCUSSION

This study attempts to understand the current landscape of LGBT individuals in the Philippine healthcare system by determining the knowledge, attitudes, and practices of Filipino healthcare professionals who are supposed to serve as the gatekeepers of quality healthcare. Although not generalizable, a snapshot of the needs of healthcare professionals in terms of training and resources and exposure to the LGBT community in enabling truly gender-affirmative health was highlighted. Guided by the ideas of cultural competence, which emphasize the value of cultural awareness, knowledge, skills, encounters, and desire, the results point to substantial gaps across several domains that collectively hinder the provision of gender-affirming and inclusive practices in healthcare.[21,22]

Consistent with prior Philippine studies, the results of the current study underlined the knowledge gap of Filipino healthcare professionals on basic concepts relating to LGBT, more particularly on terminologies associated with them.[23,24] This is a crucial facet, as awareness of the terms stands out as an indispensable tool for any decent navigation of the rapidly changing landscape and practices within the LGBT community.[25] Within the concept of cultural competence, this reflects limited cultural knowledge, which is a precursor to truly understanding the client's worldview, necessary for holistic care.[21] Although supporting the LGBT community does not require awareness of all the key terminologies, it does demand openness to comprehension of their intricacies.[26] Moreover, the observed pattern in the results aligns with a study among nursing undergraduates in the Philippines that showed a low to moderate knowledge score regarding LGBT healthcare concerns.[27] Furthermore, though some professionals, for instance, Filipino neurologists, recognize challenges faced by LGBT patients, this has not been transformed into assessment procedures and management in healthcare.[28] This then necessitates the training of healthcare professionals, which should start at the university level. Comparable to trends that appear in other nations, for instance, an Australian survey conducted in 2019 revealed that less than half of the LGBT respondents felt accepted by healthcare professionals. This was rooted in the lack of understanding of LGBT concepts, which creates a situation of ostracism among members of the LGBT.[29] Hence, this solidifies the assumption that as healthcare professionals remain not knowledgeable, they might make incorrect assumptions about the LGBTQ community, affecting the care they would be receiving.[30] Without educational scaffolding, cultural awareness and knowledge cannot develop into cultural skills, resulting in unintentional exclusion even among well-meaning providers.

In terms of attitudes, consistent with both local and international findings, Filipino healthcare professionals have positive attitudes towards LGBT clients.[24,28,31,32] These positive attitudes may be explained by healthcare professionals' personal connections to either friendships with or family ties to LGBT individuals. These attitudes are identified as the cultural desire or motivation to engage compassionately with diverse populations.[21] However, positive attitudes alone have not translated into improved practice worldwide. Even as society is becoming accepting, microaggressions and implicit biases are still being perpetrated in healthcare settings against LGBT individuals, hence the importance of representation.[33-35] Representation may positively alter how healthcare professionals approach interaction with LGBT individuals. Positive visibility results in validation by permitting or recognizing diverse identities and relationships, thereby allowing LGBT individuals to find themselves reflected and affirmed within the social and healthcare landscape.[35] In the Philippine context, based on the quantitative data and qualitative accounts, some degree of discomfort and uncertainty about communication and interaction with LGBT individuals was revealed, further confirming attitude-practice incongruence. From a cultural competence lens, this reflects a failure to progress from cultural desire and awareness to the more advanced competencies of cultural skill (ability to conduct sensitive assessments and management) and cultural encounters (ongoing engagement with LGBT clients to reduce bias).

Despite supportive attitudes, Filipino healthcare professionals shared inconsistent or passive inclusive professional practices. It is then realized that LGBT health and well-being needs require a particular and unique focus.[36] This concern is mirrored in an international study that illustrated that compared to non-LGBT individuals, the LGBT community reported having poorer health outcomes, delayed access to care, and poor-quality care which might be a result of these same inconsistent and passive practices.[37] These practice gaps can be interpreted as deficits in cultural skills and cultural encounters. Hence, without repeated, meaningful interactions and practical training, healthcare professionals would lack confidence in applying theoretical inclusivity in real-life practice. While inclusiveness might be a part of the current practice that healthcare professionals engage in, without the proper knowledge to support such practice, it is not intentionally or effectively applied. Intentionality in healthcare is both difficult and a necessity.[38] An expert shared:

> *"Being intentional with your patients means doing what others at times aren't willing to do: take time to interact on a personal level with your patients."[38] Therefore, good practices can be enabled with solid cultural knowledge and attitudes.*

Bridging the gaps within KAP of Filipino healthcare professionals requires intentional, structured reforms, including, but not limited to, integration of LGBT health content in professional training, supervised clinical encounters with LGBT clients, professional development on inclusive care, and institutional support on gender-affirming approaches. These strategies directly target the ideas within the concept of cultural competence, enabling the move from mere awareness to intentional, evidence-based, culturally responsive practice.

Limitations

This study has some limitations that should be taken into consideration. First, the use of non-probability convenience sampling through social media introduces selection bias and limits the representativeness of the sample, as participation depended on online access, self-selection, and unverified professional credentials. The sample in both the survey and interviews was small and relatively homogenous, which restricts generalizability, but the qualitative phase still produced themes and insights that were meaningful and recurring, contributing to the richness and context of the quantitative findings. Second, the quantitative phase was exclusively descriptive statistics due to the exploratory nature of the study and small sample size, and we were unable to examine possible relationships between demographic variables and KAP measures within the study. Third, the data collection and interview processes took place online. Despite these limitations, this study represents an important early investigation into KAP of Filipino healthcare professionals toward LGBT health and provides a step forward towards future studies that will be larger and more representative.

CONCLUSION

This study presents preliminary evidence on the knowledge, attitudes, and practices of Filipino healthcare workers towards LGBT health, revealing a consistent finding across all participants in both phases: positive attitudes toward LGBT health exist, but the lack of knowledge and even more inconsistent practices have limited equitable, culturally competent care from being provided. The study points to an immediate need for strengthened and developed LGBT health care education, which should be backed by global and national organizations, including the World Health Organization and the Philippine Department of Health, to enable recommendations and implementation of gender-responsiveness and inclusive health care systems.

These results also have clear implications for practice and policy. The integration of gender sensitivity and LGBT content into medical and allied health curricula, as well as developing institutional guidelines and professional training programs to address the knowledge-to-practice gap, is critical. Such adaptations would support providers to deliver respectful, person-centered, and affirmational care to LGBT Filipinos.

Future research should build on this important work through longitudinal or interventional studies looking at the impact of targeted training and exposure on cultural competence. Ultimately, increased equity in LGBT health will take consistent commitment to being inclusive, providing equality, and using culturally competent practices in the Philippines healthcare system; a call to action strongly supported by this study.

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All authors certified fulfillment of ICMJE authorship criteria.

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