The ethical principles of respect and justice oblige the use of culturally sensitive approaches when engaging participants in research.

Cultural competence training is lacking for researchers and research staff who work with lesbian, gay, bisexual, transgender and queer (LGBTQ) populations.

This study explored how researchers and research staff can foster a welcoming and trusting research environment for LGBTQ research participants in the context of understudied medical and research settings as a barrier to both healthcare and research among minority populations.

Grounded by a framework of communicative competence, this study explored elements of preferred communication to be used during recruitment and informed consent for research involving LGBTQ participants.

**PURPOSE and AIMS**

1. Identify word choices, expressions, and non-verbal behaviors to be used or avoided when engaging LGBTQ individuals in research (grammatical and sociolinguistic competence); and
2. Understand barriers to research for LGBTQ populations and identify strategies to more effectively engage LGBTQ participants in research (strategic and discourse competence).

These guidelines will lay the foundation for the development of a simulation-based, community-engaged communicative competence training program for researchers and research staff.

**METHODS**

**Design, sample and setting.**

- Focus groups1 and individual interviews1
- Qualitative descriptive approach1
- Participants were recruited by our community agency partner, the Center for Health Impact (CHI) in Worcester, MA.
- Inclusion criteria: 18 years of age or older; identify as lesbian, gay, bisexual, transgender, queer, or as an ally; English-speaking; and willing and able to provide informed consent.
- Exclusion criteria: Adults unable to consent; individuals with cognitive impairment; individuals who were not yet adults; non-English speaking adults; and prisoners.

**Procedures.**

- Waiver of documentation of informed consent; approved by UMass IRB.
- Recruitment took place between May and December 2018.
- Participants also completed a basic demographic form.
- A gift card was provided to participants as a token of appreciation.

**Data collection and analysis.**

- A semi-structured guide with open-ended questions and prompts guided focus group discussions and interviews.
- Discussions were digitally audio recorded and transcribed verbatim.
- Qualitative Content Analysis5 was used to analyze transcripts.
- Coding was managed using MAXQDA Analytics Pro.6
- SPSS5 version 25 was used to manage demographics information.
- Trustworthiness was ensured through peer debriefing meetings, member checks (ongoing), and rich description.1

**INTRODUCTION**

**FINDINGS**

**Participant characteristics.** Thirty (30) participants took part in focus groups and 6 took part in individual interviews. Focus groups ranged in size from 3 to 12 participants each. The mean age of participants was 43.2 with a range from 18-80 years. Additional demographic characteristics are listed in Table 1.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Table 1 Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Language</td>
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<td>Sex orientation</td>
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<td>12</td>
</tr>
<tr>
<td>Race</td>
<td>Caucasian</td>
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<td>16</td>
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<td>Inclusivity</td>
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<tr>
<td>Education</td>
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<tr>
<td>Income</td>
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</tbody>
</table>

**Themes.** Findings highlight the need for research professionals working with LGBTQ communities to demonstrate authenticity. Three major themes were identified focusing on awareness, reflection and inclusivity.

**Inclusivity.**

- Choose inclusive language
  - "Being gender-inclusive in language is really, really easy. ‘The patient will take off his or her clothes and put on a robe,’ where you can replace that with a they, and that’s more gender-inclusive. You can replace wife/husband/spouse with just spouse. You can replace ‘which gender’ with ‘what gender’ or ‘all gender.’"
  - Avoid assumptions and ask preferences (may vary by culture and generation)
  - "Because every person identifies a different way or wants to be referred to a different way, you can’t just assume it for any group of people. So if you’re not sure, then just ask them.”
  - Encourage self identification
  - "...instead of saying, ‘Here’s your choices,’ say, ‘How do you describe your sexual orientation? How do you describe your gender? Allowing people to do that rather than having a list.’"
  - Avoid othering
  - "I feel like I’m put down as other so many times when I fill out surveys... I always have to check off other or just state ‘do not wish to respond.’ I can’t list my sexual orientation, because it’s not there. I would have to check off other, and then the same thing with marital status or the gender. I feel like there just aren’t categories that fit me."
  - Use a standardized approach
  - "It’s not how do we talk to these people, it’s changing how you talk to everyone."

**RECOMMENDATIONS**

- Findings from this study align with existing recommended best practices for providing inclusive services to LGBTQ people.
- Participant perspectives inform a knowledge, attitude, and skills approach to building trust and engagement with the LGBTQ community.
- Findings will guide modifications to the Simulation-based, Community-engaged Research Intervention for Informed Consent Protocol Testing and Training (SCRIPTT)1 model which uses community-based trainers to deliver competency training to research professionals.
- New knowledge is practiced using simulation scenarios and deliberate practice followed by feedback.
- Elements of the SCRIPTT training are conceptualized below, with a focus on building grammatical, sociolinguistic, strategic and discourse competence.

- **Choose inclusive terminology**

- **Communicative Competence**

- **Sociolinguistic—Language and vocabulary**

- **Strategic—Inclusivity**

- **Discourse—How data are linked**

**FRAMEWORK**

**SELECT REFERENCES**