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## State of Knowledge of Medical Staff about LGBT People in Poland and Ukraine

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**Abstract:**

**Purpose:** Determination of the essence of the tolerant potential of society, its formation and the socially responsible attitude of medical personnel in the model of mutual respect and trust in society, including its popularization and attempts to assess the level of tolerance/discrimination in the field of providing medical services in the "doctor-patient" relationship in relation to LGBT people on the example of the two countries of Poland and Ukraine.

**Design/Methodology/Approach:** Rethinking the complexities of the mechanism of strengthening the tolerant potential of society towards LGBT people, based on attitudes and mutual respect, professional ethics, religious beliefs and socio-political stability, etc. In the period from March to February 2023, a bibliographic search was conducted in Cuiden, LILACS, PubMed, Dialnet, SciELO, Trip Database, Scopus and Web of Science databases and metasearch systems. Inclusion criteria: Articles published in the last 5 years that address the specific needs, experiences, and perceptions of LGBT people in the area of rights protection and non-discrimination in health care. In this document, 120 respondents among the medical staff of hospitals are taken as the research object (30 people from Poland and 30 people from Ukraine) and representatives of LGBT people who sought medical help at hospitals (30 people from Poland and 30 people from Ukraine) from December 2022 to March 2023.

**Findings:** The study shows that there is an inequality of tolerant potential between groups of respondents from Poland and Ukraine, it is based on the level of stress of minorities, sexual orientation and gender identity, which as a result forms tolerant potential in attitudes towards LGBT people.

**Practical Implications:** The results of the study make it possible to create prerequisites for strengthening the tolerant potential in society, and inclusion in the essence of its components will contribute to rethinking and stimulation in the field of medical services at the local level for LGBT people.

**Originality/Value:** Previously used approaches did not foresee the specifics of strengthening and evaluating the tolerant potential of LGBT people. In the article, we use a spatial model that helps solve complex tasks related to the analysis of the interaction of subjects and

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*decision-making in the provision of medical services to LGBT people. The proposed solutions reveal the essence of the problem and demonstrate the results of interaction in "doctor-patient" relations with respect to LGBT people on the example of the two countries of Poland and Ukraine. On the basis of this information, there is an opportunity to develop a number of measures to strengthen the tolerant potential in the field of medical services at the local level towards LGBT people.*

**Keywords:** *Tolerant potential of society, medical staff, patient, LGBT, discrimination, tolerance, organizational issues.*

**JEL Classification:** *I12, I14, P59, Z1.*

**Paper Type:** *Research Paper.*

## **1. Introduction**

In the modern world, diversity, pluralism and multiculturalism as drivers of social development contribute to revealing the character of an individual's attitude to certain phenomena and the behavior of others. Tolerance and discrimination are opposite concepts that characterize the dualistic attractor of the phase space of the dynamic socio-economic system in the modern world. From discrimination to tolerance there is a long way of development of society.

Therefore, in order to build a just and harmonious society, where diversity becomes more and more visible, the development of tolerance is a necessary task and requires the gradual shift of discriminatory attitudes, education of the population, formation of consciousness and promotion of intercultural dialogue.

The process of transition from discrimination to tolerance requires efforts to prepare people to accept and integrate others, regardless of their differences, and to create a harmonious and co-existing environment. The study of the tolerant potential of society is important for the creation of a harmonious society where every person feels respected and accepted.

## **2. Determinants of Tolerant Potential of Society**

The tolerant potential of society refers to the ability of society to create an environment that is free from discrimination based on various factors such as race, gender, sexual orientation, religion, age, disability, or any other characteristic.

The tolerant potential of society is rooted in the values of equality, respect, and human rights. In modern civil society, there are several guarantees for sexual and gender minorities that protect their right to non-discrimination and their right to access health care. Some of the most significant include the following postulates (Table 1).

**Table 1.** Normative-legislative framework for providing and observing guarantees of tolerant attitude (non-discrimination) to sexual and gender minorities.

<b>Legislative framework of guarantees for sexual and gender minorities</b>	<b>Characteristics of interpretation of guarantees of protection of sexual and gender minorities to medical care</b>
1. Universal Declaration of Human Rights	In Article 2 of the UDHR, it is stated that discrimination on the basis of "race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" is prohibited. According to this provision, sexual orientation and gender identity are recognized as protected statuses.
2. The International Covenant on Civil and Political Rights (ICCPR), The United Nations Human Rights Committee (UNHRC)	Guarantees the right to non-discrimination under Article 26 and recognizes that everyone has the right to the highest attainable standard of physical and mental health under Article 12. The UNHRC has accordingly interpreted these provisions as relating to sexual orientation and gender identity.
3. The Convention on the Rights of the Child (CRC).	In Article 24 "The enjoyment of the highest attainable standard of Health" the right of children without discrimination based on "race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status." The CRC also recognized that these provisions apply to sexual orientation and gender identity.
4. The World Health Organization (WHO).	Recognized that discrimination against people based on their sexual orientation or gender identity can have a negative impact on their health and called for the elimination of such discrimination in healthcare facilities.
5. The Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity.	The Yogyakarta Principles set forth the norms of international law regarding the protection of human rights in the choice of sexual orientation and gender identity, containing guidelines for states and other actors. The Principles affirm the right to non-discrimination and the right to access medical care, among a host of other rights.
6. Polish Constitution.	Guarantees equal rights for all citizens, including the prohibition of discrimination on any grounds.
7. The Law of Ukraine "On Ensuring Equal Rights and Opportunities for Women and Men"	Prohibits discrimination based on gender identity and sexual orientation in the workplace. The law prohibits discrimination in employment, promotion, and dismissal, and it establishes an obligation for employers to prevent harassment based on sexual orientation and gender identity.
8. The Law of Ukraine "On Prevention and	Prohibits discrimination on various grounds, including sexual orientation and gender identity, in areas such as employment,

Counteraction to Discrimination in Ukraine".	education, healthcare, and access to goods and services. The law also establishes a procedure for filing discrimination complaints and provides for sanctions against individuals or organizations found to have engaged in discriminatory practices.
9. Criminal Code of Ukraine	Criminalizes hate crimes based on sexual orientation and gender identity, and the Code of Administrative Offences provides for fines for acts of discrimination in various areas, including housing, employment, and education.

<sup>1</sup> Formed by the authors based on official sources of information.

**Source:** Own study.

In addition to the above international and national guarantees, many countries have adopted laws and policies that specifically protect the rights of sexual and gender minorities. For example, as indicated in Table 1, points 8 and 9, some countries have adopted anti-discrimination laws that protect the rights and guarantee the right to non-discrimination on the basis of sexual orientation and gender identity in areas such as employment, education, and housing. At the same time, there are laws that have been passed to take into account the right of transgender people to be allowed to change their legal gender without surgery or other medical procedures.

But there are problematic issues, or those that are going through the stages of discussion, Poland and Ukraine are chosen as an example in the article. These countries are neighboring Central and Eastern European countries with different healthcare systems and levels of access to healthcare.

Poland's ruling Law and Justice (PiS) party, has taken steps to limit the rights of LGBT people in recent years, including the adoption of "LGBT-free zones" and the criminalization of "promoting homosexuality" in schools. However, it is worth noting that some cities in Poland, such as Warsaw, have adopted local anti-discrimination laws that include protections for LGBT people.

These local laws, however, have been challenged by the national government and are not uniformly enforced across the country. In Ukraine, despite the existence of these laws, discrimination against LGBT individuals remains a problem, and the country still has a long way to go in terms of ensuring equal rights and protections for all people, regardless of sexual orientation or gender identity.

Problematic issues of the health care systems of Poland and Ukraine in access to medical care and anti-discrimination laws.

In the scientific and practical literature, there is an acute question regarding the solution of problems related to the protection of the rights and interests of the LGBT society. Part of the scientific research focused on the current state of the healthcare system in Poland has been investigated in the direction of opportunities for

alternative cooperation between the private and public sectors with the help of public-private partnerships (Kosycarz, Nowakowska, and Mikołajczyk, 2019).

**Table 2.** *Problematic issues of the health care systems of Poland and Ukraine in access to medical care and anti-discrimination laws.*

<b>The direction of the problem</b>	<b>Poland</b>	<b>Ukraine</b>
discrimination	including the adoption of "LGBT-free zones" and the criminalization of "promoting homosexuality" in schools	LGBT individuals in Ukraine have reported experiencing discrimination and violence from both individuals and institutions. This discrimination often stems from deeply ingrained societal attitudes towards homosexuality and gender non-conformity, as well as a lack of legal protections and awareness around LGBT rights.
organizational issues	lack of medical personnel and unequal distribution of health care facilities between the city and the countryside	insufficient funding, outdated equipment, shortage of medical personnel, and unequal access to medical services in different regions of the country

**Note:** \* Formed by the authors based on official sources of information.

**Source:** Own study.

Within the framework of the scientific study, it was highlighted that in order to achieve the effectiveness of the implementation of public-private partnership, it is important to take into account the following factors: changes in the contract with the payer of medical services, stable economic and legal conditions, appropriate distribution of risks, the sufficient experience of both parties, the use of an authoritative and competent private partner, and sufficient initial capital.

In scientific and practical literature, the main problems of medical care systems have been investigated. Scientists Błażejczyk, Błażejczyk, Baranowski, and Kuchcik, (2018). Focus on finding the necessary adaptation strategies of the health care system (HCS) in Poland to minimize the negative effects of heat stress. The results of research show necessity of urgent implementation of adaptation strategies to heat in HCS.

The second part of scientific research focused on the main problems of global healthcare systems has been identified. In the first place, it is indicated that it is a shortage of resources (money and the efficiency of their use, clinical efficiency) Nojszewska and Sielska, (2022). A number of studies were conducted to measure

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and evaluate the effectiveness of the healthcare system in Poland Mischczynska and Mischczyński, (2022).

Highlighting the provision of equal rights to access to medical care for the LGBT community is gradually gaining openness and the need for discussion. Given the political struggle for recognition led by LGBT organizations, the issue has gained an active stage, starting with discussions of identity models for activism in the Roman Catholic Church.

As noted in scientific studies Hall (2016), until now the Church has not recognized non-normative sexual identities - a position that is perceived by those who define themselves as gays and lesbians, as a reduction of their sub objectivity.

Other researchers comment and presents the results of a sociological study and the special situation of bisexual Christians and the mechanisms of their exclusion from the activities of Faith and Rainbow, the only nationwide Polish group that calls itself "LGBT Christians". Rawłuszko (2021). points out the current political violence that Strachu prized against women and non-heteronormative people in Poland.

The researchers Medina-Martínez, Saus-Ortega, Sánchez-Lorente, Sosa-Palanca, García-Martínez, and Mármol-López, (2021) noted that this attitude and the general situation leads to the deterioration of the indicators of mental and physical health of the LGBT society compared to the heterosexual and cisgender population.

The authors note that it is nurses who can intervene to reduce the health disparities of LGBT people by identifying their specific healthcare needs and describing their experiences and perceptions of the barriers they face in the healthcare system.

Research experience Müller (2017) on discrimination against LGBT people in South Africa by health care providers on the basis of their sexual orientation and/or gender identity showed a violation of all four elements of UN General Comment 14:

- 1) Accessibility: lack of public health facilities and services for general needs, as well as for LGBT people;
- 2) Accessibility: refusal of healthcare providers to provide care to LGBT patients;
- 3) Acceptability: formulation of moral judgment and disapproval of the identity of LGBT patients, as well as forced submission of patients to religious practices;
- 4) Quality: Lack of knowledge about LGBT identity and health care needs, resulting in poor quality care.

In addition, it was established on the example of certain countries of the world that to protect the rights and non-discrimination of LGBT people, the Supreme Court of South Africa (Pant, Nepali, Gurung, and Vaidya, (2008)) recognizes the growing popularity of the idea that homosexuals and people of the third gender are not mentally ill or sexually deviant.

Therefore, their rights should be protected and they should not be discriminated against in the enjoyment of the rights guaranteed by the constitution and human rights instruments.

The development and strengthening of social capital is based on the level of adaptation and trust in the country, therefore the main components should be the behavioral aspects of the interaction of subjects in relations (Hurochkina, 2021).

In the regulatory and legal plane, it is stated that non-discrimination and equality are fundamental principles of human rights and the most important components of the right to health. The International Covenant on Economic, Social and Cultural Rights (Article 2 (2)) and the Convention on the Rights of the Child (Article 2 (1)) define the following non-exhaustive signs of discrimination: race, color, sex, language, religion, political or other belief, national or social origin, property, disability, birth or other condition.

According to the Committee on Economic, Social and Cultural Rights, "other status" can include a health condition (such as HIV/AIDS) or sexual orientation. States have an obligation to prohibit and eliminate discrimination on all grounds and to ensure equality for all in access to health care and the basic determinants of health. The Convention on the Elimination of All Forms of Racial Discrimination (Article 5) also emphasizes that states must prohibit and eliminate racial discrimination and guarantee everyone the right to health and medical care.

### **3. Scientific and Methodological Approach to Assessing the Level of Tolerance Potential**

In the work, the aspect of increased attention to determining the level of accessibility to medical services and the satisfaction of needs for their provision was further developed.

Scales I (or components) of the assessment of medical staff characterize the level of loyalty and responsibility of medical staff to representatives of LGBT people in providing access to medical services and their level of quality.

Scales II (or components) satisfaction of LGBT people characterize the level of achievement of norms and requirements regarding tolerance (non-discrimination) of representatives of LGBT people in providing access to medical services and their level of quality.

It is appropriate to note that the main components of tolerance of LGBT people for a favorable climate in society are Legal protections, Cultural acceptance, Supportive services, Inclusive policies and practices, Visibility and representation, and Accountability. Compliance with and implementation at a high level of these components provides equal rights and opportunities, facilitating a high convergence

of society. Therefore, we believe that measuring the level of protection of rights and freedoms of the LGBT People is based on the following five components:

This is Tolerance Index (LGBT People) equation:

$$Ti_{LGBT} = LP + CA + SS + IPP + VR + Ac \quad (1)$$

*LP (Legal protection)* laws and policies that protect LGBT people from discrimination in employment, housing, education, health care, and public spaces are critical. These laws must be enforced and provide effective remedies for victims of discrimination;

*CA (Cultural acceptance)* attitudes towards LGBT people play a significant role in creating a favorable climate. Education and awareness campaigns can help change attitudes and reduce prejudice and discrimination;

*SS (Supportive services)* LGBT people may face unique challenges and benefit from support services such as mental health care, housing assistance, and legal assistance. These services must be accessible and adapted to the needs of the LGBT community;

*IPP (Inclusive policies and practices)* organizations and institutions should adopt inclusive policies and practices that recognize and respect the diversity of sexual orientation and gender identity. This includes ensuring that LGBT people are not excluded or marginalized in the workplace, schools, health care, or other settings;

*VR (Visibility and representation)* are important aspects of promoting inclusivity, equality, and acceptance for the LGBT community. Visibility refers to the presence and recognition of LGBT individuals in various aspects of society, including media, politics, entertainment, and everyday life. Representation, on the other hand, involves portraying LGBT characters and experiences in a diverse and authentic manner;

*Ac (Accountability)* Engaging people and institutions responsible for engaging in discriminatory behavior and providing meaningful remedies for victims of discrimination is also an important factor in creating a non-discriminatory society.

**Table 3.** Keys to scales\*,\*\*

Scale of spheres of tolerance	Legal protection	Cultural acceptance	Supportive services	Inclusive policies and practices	Visibility and representation	Accountability
Scale of behavioral correspondences						
Scale of Orientation (in time and environment) (O)	4. A2/B1	12. A2/B1		1. A2/B1		11. A2/B1
Scale of Understanding			14. A2/B1		18. A2/B1	3. A2/B1



(U)					
Scale of Adaptation (A)	7. A2/B1	17. A2/B1	20. A2/B1	2. A2/B1	
Scale of Digitalization (D) and Quality (Q)	9. A2/B1	10. A2/B1	6. A2/B1	19. A2/B1	13. A2/B1
Scale of Inclusivity (I)	5. A2/B1		8. A2/B1	15. A2/B1	16. A2/B1

**Note:** \* number in the answers corresponds to the question number in the assessment tests, \*\* author's development.

**Source:** Own study.

The convergence of six components is the basis of the tolerant (non-discriminatory) potential of society towards LGBT people, harmonization and collective interaction, and trust with a high level of adaptation of social capital.

A society with a high level of tolerant potential, in which everyone has equal rights and access to the same opportunities and resources, regardless of their origin or race. This means that there will be no barriers to access to education, employment, health care, or other basic services based on personal qualities, creative talents, mastered competencies, and acquired skills.

A society with a high level of LGBT rights is characterized by strong laws and policies to protect individuals from discrimination and ensure that those who engage in discriminatory behavior are held accountable, it is based on diversity and the recognized importance of creating an inclusive space.

Test for Scales I (or components) of the assessment of medical staff and Scales II (or components) satisfaction of LGBT people Poland and Ukraine are presented in the reference.

Determination of the level of tolerance (non-discriminatory) potential of society towards LGBT people, harmonization and collective interaction, trust and adaptation of social capital, possible yj scores, can be done by the formula:

$$L_{tps} = \frac{\sum x_{or}}{\sum y_{or\ max}} \cdot 20\% + \frac{\sum x_u}{\sum y_u\ max} \cdot 20\% + \frac{\sum x_a}{\sum y_a\ max} \cdot 20\% + \frac{\sum x_{dq}}{\sum y_{dq\ max}} \cdot 20\% + \frac{\sum x_i}{\sum y_i\ max} \cdot 20\% \quad (2)$$

- $L_{tps}$  - the level of tolerance (non-discriminatory) potential of society, %;
- $\sum x_{or}$  - the sum of points received on the Orientation scale;
- $\sum y_{or\ max}$  - the sum of points, the maximum possible to get on the Orientation scale;
- $\sum x_u$  - the sum of points received on the Understanding scales;
- $\sum y_u\ max$  - the sum of points, the maximum possible to get on the Understanding scale;
- $\sum x_a$  - the sum of points received on the Adaptation scales;

$\sum y_a max$  - the sum of points, the maximum possible to get on the Adaptation scale.

$\sum x_{da}$  - the sum of points received on the Digitalization and Quality scales;

$\sum y_{da} max$  - the sum of points, the maximum possible to get on the Digitalization and Quality scale;

$\sum x_i$  - the sum of points received on the Inclusivity scale;

$\sum y_i max$  - the sum of points, the maximum possible to get on the Inclusivity scale.

#### 4. Results Assessing the Level of Tolerance Potential

Results of a survey of respondents in the health care systems of Poland and Ukraine regarding access to medical care and anti-discrimination.

So, among the surveyed respondents, we have very pleasant results, which characterize 65 percent tolerance (non-discriminatory) potential of society towards LGBT people, harmonization and collective interaction, trust and adaptation of LGBT people in Poland and 57 percent in Ukraine.

**Table 4.** *Diagnosis of the level of tolerance (non-discriminatory) potential of society towards LGBT people, harmonization and collective interaction, trust and adaptation of LGBT people, \* %.*

Scales level of tolerance (non-discriminatory) potential of society	Poland	Ukraine
Scale of Orientation (in time and environment) (O)	16%	13%
Scale of Understanding (U)	12%	11%
Scale of Adaptation (A)	15%	13%
Scale of Digitalization (D) and Quality (Q)	6%	12%
Scale of Inclusivity (I)	16%	8%
$L_{tps}$	65 %	57%

**Note:** \* author's calculations and development.

**Source:** Own study.

In Poland, the health care system is mostly financed by the state and provides universal access to medical services for all citizens. However, the system still has some problems, such as long waiting times for some procedures, shortage of medical personnel, and uneven distribution of health care facilities between urban and rural areas. In addition, there were concerns about the quality of medical care in some hospitals, leading to public protests and demands for reforms.

On the other hand, in recent years, the healthcare system of Ukraine has undergone significant reforms aimed at improving access to medical care and improving the

quality of medical services. The reforms are aimed at decentralizing the health care system, increasing the role of family medicine, and improving access to medicines.

However, there are still challenges that need to be addressed, such as insufficient funding, outdated equipment, shortages of medical personnel, and unequal access to health services in different regions of the country.

Overall, it should be noted that health care reforms in Poland and Ukraine have made progress in improving access to health care, but there are still issues that need to be addressed to ensure that all citizens have access to high-quality health care.

However, there are potential difficulties that LGBT people face when accessing health care in Poland and Ukraine.

In recent years, Poland has faced increasing discrimination and marginalization of LGBT individuals, and the government supports anti-LGBT rhetoric and policies. This has led to a hostile environment for LGBT people, including in medical facilities. Medical personnel in Poland may not be sufficiently trained in the unique healthcare needs and issues of LGBT people, which may lead to substandard or inappropriate care.

In Ukraine, LGBT people face similar problems in accessing medical care due to stigma and discrimination. Despite the fact that homosexuality is legal in Ukraine, public attitudes toward LGBT people may be negative, and medical professionals may lack the training and awareness necessary to provide appropriate care. In addition, there are few specialized LGBT health services in Ukraine, which can make it difficult for LGBT people to access culturally competent health care.

## **5. Conclusions**

In the LGBT community, differences in approaches to access and health status were found, which demonstrated a significant level of problems with access to the health care system, risky behavior when receiving medical services, both personal and on the part of workers.

The research found inequalities between countries and within individual respondent groups that were associated with minority stress, each of which affected individual groups within the wider LGBT community differently depending on their sexual orientation and gender identity. The influence of these factors, in turn, was modified by the intersection of race/ethnicity and socioeconomic factors.

The results of the study showed that mutual respect, a high level of professional ethics, equality in religious beliefs and strengthening of socio-political stability are prerequisites for strengthening the tolerant potential in society.

The implementation of measures and educational trainings will contribute to rethinking and stimulation in the field of providing medical services at the local level for LGBT people.

The used scientific and methodological approach and the testing developed in the article for medical personnel and LGBT patients make up a spatial model that helps solve complex tasks related to the analysis of the interaction of subjects and decision-making.

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