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Increasing Education and Awareness of Patients who Identify as Transgender in Primary Care

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Executive Summary

Introduction

According to Parameshwaran (2017), lesbian, homosexual, bisexual, transgender, and queer (LGBTQ), patients frequently experience negative interactions with healthcare professionals. Some of these interactions include medical personnel misgendering, making derogatory comments about a patient's sexual experiences or way of life, or refusing to provide care (Parameshwaran et al., 2017). According to Rhoten et al. (2022), explicit and implicit biases against LGBTQ people exist among healthcare professionals; as a result, people of this community may receive insufficient healthcare due to a variety of factors, including outright refusal of care, overt antagonism, provider discomfort, and a lack of knowledge of their lifestyles and healthcare needs (Rhoten et al., 2022). Studies have shown that this population is less likely to seek healthcare due to the stigma associated with accessing the healthcare system and the lack of LGBTQ-specific knowledge among medical professionals (Parameshwaran et al., 2017). Clinicians may be unable to provide comprehensive care for an LGBTQ individual due to a lack of knowledge regarding the intersection of sexual and gender identities and health requirements (Parameshwaran et al., 2017). These obstacles led to untreated or inadequately treated chronic conditions, which are treated earlier and more effectively in cisgender communities (Daly & Chapman, 2021). To improve the level of care provided to this population, healthcare professionals must be competent and confident when treating transgender individuals.

Literature Review

As a result of the stigma faced in society, individuals who identify as transgender are more likely to be affected by factors that are harmful to their health (Arora et al., 2020). As a result of societal stigma, individuals who identify as transgender have an increase in cases of

attempted suicide, mental health problems, the transmission of Human Immunodeficiency Virus (HIV), and the use of drugs and alcohol (Arora et al., 2020). According to Meyer et al. (2020), a study was conducted using the Community-based participatory research model among organizations that supported transgender individuals. Twenty-seven participants in the study had at least one negative encounter when attempting to procure some form of health care. One way to improve delays of access to health by individuals who identify as transgender is to increase cultural competence among healthcare providers (Arora et al., 2020).

Engaging in dialogue with patients regarding their gender identity and sexual health may be anxiety provoking or invoke feelings of discomfort in physicians (Matthews et al., 2021). Matthews et al. (2021) noted that because of the discomfort, some physicians avoided questions related to gender identity with their patients. The findings of the study by Miznock et al. (2017) revealed that transphobia continues to be a barrier for transgender individuals seeking care in the healthcare system. Improving education and awareness about transgender populations has reduced the negative attitudes of fear and discrimination faced by transgender individuals (Miznock et al., 2017). According to Lerner et al. (2021), disclosing transgender status to a healthcare provider may result in discrimination, hostility, or insensitivity, which can lead to future negative interactions and may contribute to a lack of trust in the healthcare system.

Project Methods

This teaching project was guided by Lewin's Change Theory, which indicates that for a change to occur, people go through three phases: unfreezing, changing, and refreezing (Marquis& Huston, 2021). The teaching project was delivered to healthcare providers of a primary care clinic site in urban Texas. The providers are located at different subsidiary clinics within an urban area of Southeast Texas under the same organization. One week prior to the

educational intervention, a pre-test Qualtrics survey link was emailed to the team of healthcare providers, which evaluated the feelings and attitudes of medical providers when interfacing with individuals who identify as transgender in the healthcare setting. The teaching session began with a video snippet of the film *Headspace* by Graf, 2017, focusing on "Transgender Daily Struggles." Following the video, the introduction of the education session consisted of basic terminology & pronoun usage, health assessments, and referrals needed by individuals who identify as transgender. Lastly, a case study was presented with interactive feedback from the participants. The participants had open, non-judgmental dialogue while discussing the case study. After the case study was presented, a question-and-answer period was conducted. A sample checklist was made available to the participants as a guide to enhance the care provided to patients who identify as transgender. Following the teaching intervention, a post-test survey link was emailed to the medical team to evaluate the effectiveness of the teaching intervention.

Evaluation

The virtual-based teaching session on "Increasing Knowledge and Awareness of Individuals who Identify as Transgender" was completed in the spring of 2023. The 30-minute presentation had 23 attendees and included a range of disciplines, including physicians, nurse practitioners, pharmacists, research scientists, nutritionists, and mental health providers. The target audience was primary care providers (physicians and nurse practitioners). The sample included 11 participants (n=11), of which three (n=3) were physicians, and eight (n=8) were nurse practitioners. Ten participants completed the pre-test indicating a 90% response rate, and eight (n=8) completed the post-test indicating a 73% response rate. Survey results indicated that some survey questions and responses showed a noticeable change after education.

Participants were asked the following question regarding their formal medical or nursing training: "My medical or nursing training included information specific to providing care for patients who identify as transgender." Eighty percent of participants responded that they somewhat or strongly disagreed with the statement (n=8). This finding is supported by the literature by Ellaway et al., 2022, that the inadequacy of health professionals' training to interact with LGBTQ patients has been a long-standing concern. This issue has been of particular concern to medical students and individuals who identify as transgender (Ellaway et al., 2022). Despite this noted inadequacy of health professionals, it has been observed that targeted instruction and experiential learning can enhance students' competence and confidence when working with transgender individuals (Ellaway et al., 2022). This question was only evaluated for the pre-test because it relates to the education provided to the respondent in their educational curriculum. The teaching intervention would not have changed the type of education the respondent received.

Another question with a noticeable increase post-education is: I have sufficient training to provide primary care to patients who identify as transgender. Participant responses suggest an increased perception of sufficient training after the education session with 87.5% (n=7) of respondents selecting strongly agree or somewhat agree on the post-test compared to 60% (n=6) of respondents on the pre-test. The hypothesis for this increase could be attributed to the education provided in the teaching session and the fact that there is a high volume of transgender patients that receive care in the clinical setting, which may provide an increased sense of confidence when providing care.

Another interesting finding on the post-test was revealed from the question: "I believe treating patients who identify as transgender is more complex than treating patients who identify

as cisgender.” Pre-test responses indicated that 40% (n=4) of participants strongly agreed or somewhat agreed with this statement compared to 75% (n=6) of participants on the post-test. This change was thought-provoking because the goal was for participants to feel that the care of individuals who identify as transgender was not more complex. Perhaps after the teaching intervention, participants felt that more specialized care was needed to provide holistic gender-affirming care to transgender individuals. However, further research will be needed to confirm this hypothesis.

Responses on the post-test surveys revealed that after participating in the education session, 37.5% (n=3) of participants strongly disagreed or somewhat disagreed with the statement "Violence among patients who identify as transgender is similar to those of the general population" compared to 80% (n=8) of pre-test respondents, demonstrating a clinically significant change. The hypothesis for this difference may be based on how the question is worded. Usage of the word "similar" could have an ambiguous meaning and leaves room for interpretation based on the participants. Perhaps rephrasing the question as: "Violence among patients who identify as transgender is higher than those of the general population" may yield a different response. However, more research should be done to understand this finding better. Lastly, there was a noticeable change in the category with the question: "Mental health issues among patients who identify as transgender are higher than in the general population," with 70% (n=7) of participants somewhat agreeing or strongly agreeing on the pre-test and 87.5% (n=7) somewhat agreeing or strongly agreeing on the post-test. This change suggests that the teaching intervention was successful, as this was an expected change.

Limitations

Due to time constraints and schedule changes, the education session was completed virtually rather than in person. Sample size limited the ability to conduct tests for statistical significance; thus, descriptive statistics were utilized. Another limitation was that the project was conducted at the project leaders' practice site, which may have contributed to providers submitting guarded survey responses. Healthcare providers at the teaching project site care for a high volume of transgender patients; thus, providers may have increased confidence in providing quality, gender-affirming care. Lastly, efforts were made for each respondent to generate a unique identifier for pre/post-survey data comparison; however, all participants did not adhere to the coding instructions, leading to an inability to compare pre/post-data from each respondent.

Impact on Practice

This educational intervention increased awareness and knowledge by educating providers on the healthcare needs of transgender individuals. The educational intervention provided a safe, non-judgmental learning environment for healthcare providers who care for this population. Following the educational intervention, the organization continues to take new transgender patients. Providers report increased confidence levels when interacting with transgender individuals, as they communicate more openly with patients. In addition, providers are implementing teaching initiatives and using a more comprehensive and holistic approach when gender-affirming care.

Future Research

Future research on this topic should focus on the patient's perspective and the quality of treatment provided by healthcare professionals. Moreover, this quality improvement initiative was conducted in a clinical setting with a high volume of transgender patients. In a clinical

setting with a small number of transgender patients, replicating this project may be beneficial. From the perspective of faculty and students, implementing this teaching project would be beneficial for determining the extent to which transgender care is included in medical/nursing curricula. It may be used to develop initiatives to boost the confidence of the faculty and future healthcare providers.

Conclusion

This educational teaching project targeting primary care providers was designed to increase awareness and provide education for the care of individuals who identify as transgender. The educational project yielded an increase in the providers identifying the need for more education/training to better care for this population. Additionally, provider pre-test scores aligned with the need for increased medical or nursing curricula education. Teaching and educational programs may be an effective strategy for improving primary care providers' knowledge and awareness. Lastly, interacting with individuals who identify as transgender requires an attitude of empathy, support, and acceptance while providing culturally competent gender-affirming care.