



Transgenders: The Neglected Group in Health Care

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Transgenders have always caught my attention. Be it at the signal where they are seen begging or in a moving bus where everyone shuns away from sitting near them. My initial fears about them turned to curiosity as to who they are. Are they normal? No one around me was able to give me any answer. I was apprehensive to talk to anyone too as I was always told they may harm me. But I made it a point to attend meetings that transgenders attended, squeezed myself into talking to them and getting acquainted with the group, and to my surprise I found out they were such a welcoming group. I gelled with them faster than I thought and today I am glad they are a part of my journey. As I explored their lives, the one thing I realized was that even healthcare members are not fully aware of transgenders, rather, they have too many misconceptions. And so, the need of the hour is that healthcare professionals should be trained on transgenders especially when statistics show that as per the 2011 census, there are around 4.8 million transgenders in India. The number is way more than this.

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1. INTRODUCTION

Although transgenderism is a well-known culture in India, the public is unaware of the transgender community. Transgender people deviate from the stereotype of what men and women typically are because their gender identities do not correspond to their biological sex. They make up the socially and economically underprivileged group in India. As a result, they struggle with legal, social, and economic issues. They suffer societal injustice and mistreatment. Because they are transgender, they are frequently abandoned by their own family. A developing nation like India, they are experiencing a variety of frustrating setbacks.

Astonishing levels of discrimination against the transgender community result in insufficient medical care. It is interesting to note that reliable data show that healthcare professionals, whether in nursing or medicine, are incapable of delivering competent care due to their ignorance of transgender health issues and/or their inability to send the patient to such professionals. Although nurses interact with a variety of patient populations, there is a dearth of studies on the health of lesbian, gay, bisexual, and transgender (LGBT) people in the nursing literature. Discrimination against transgender and gender nonconforming people makes it difficult for them to obtain health care in the US. These incidents may cause people to put off or delay seeking medical attention. These problems arise because transgender persons frequently seek emergency care there during times of crisis.

2. METHODOLOGY

A review analysis of published articles from indexed journals on transgenders and health care was done. Out of the reviews scrutinized, seven were analyzed as follows:

Paradiso and Lally conducted a qualitative descriptive design study to examine nurse practitioners knowledge, attitudes, and beliefs when working with transsexuals and to highlight the need for practitioner education. Eleven nurse practitioners in the northeastern United States who had various long durations of encounters and experiences with transsexual patients participated in focused, semi-structured interviews. Two investigators used traditional content analysis to expertly understand and examine the meetings both individually and together. The review revealed four main themes

and six subthemes. Individual and expert information gaps, fear and vulnerability, caring with aim and pride, and creating a welcoming environment are among the major topics. Despite their best intentions, nurse practitioners in this review identify gaps in their understanding that limit their ability to provide transgender patients with high-quality patient-focused care. These findings have proposed modifications to nursing practice, education, and research that are anticipated to solve critical gaps in transgender health care [1].

To evaluate transgender people's experiences with emergency room care and offer suggestions for improvement, a qualitative exploratory study was conducted. Nine transpeople who reside in Arkansas were interviewed in semi-structured qualitative interviews on their visits to nearby Eds. The study identified four key themes: system and structural concerns, interactions with staff that affect the care received, perceptions of clinical expertise and transgender education, and the impact on future health care and healthcare access. In order to increase clinicians and staff members knowledge of the best practices for the healthcare of transgender people, participants proposed that education be provided to both present and future Ed professionals and employees. Additionally, they offered suggestions on how to enhance the ED policy to include an affirming and inclusive intake procedure, intake forms, and electronic health record paperwork that uses the patient's preferred name and pronouns [2].

Inappropriate segregation of the transgender community is seen in healthcare. In order to ensure the continuity of care, medical professionals must have sufficient knowledge of transsexual wellness as well as the ability to refer patients to qualified specialists. A modified Cross-Cultural Care Survey (CCCS) questionnaire with 50 questions on a Likert-type scale and six additional dichotomous questions was conducted online using Qualtrics, a dependable and user-friendly information collection tool that is web-based and secures the identity of its candidates by allowing respondents to respond anonymously, to measure the cultural competence of healthcare providers in the areas of attitude, knowledge, and skill. The study aimed to ascertain whether nurse practitioners (NPs) attitudes, knowledge, and skills serve as a barrier to providing healthcare to transsexuals. Thirty of the totals of 38 NPs (78.9%) provided complete responses. Skills and Knowledge were favorably correlated, while Negative Attitude and Positive

Attitude were adversely correlated. The negative association between Skills and Negative Attitude was not measurably crucial at the .05 level. Skills were positively connected with Positive Attitude. Although there was a weak negative link between negative and positive attitudes at the .05 level, it was still present. The findings suggested that a barrier to providing care for transgender patients may have been caused by a balance between inadequate abilities and unfavorable attitudes. There is a need for awareness since nursing professionals do not believe that caring for transsexual patients is of extremely high value. Nurses lacked the knowledge and training necessary to provide good care for transsexual patients, and there was no ongoing evaluation of their patient-centeredness skills. The outcomes also showed that the respondents had, on average, a moderate level of training. The results of the correlation study demonstrated that the nurse practitioners had a strong balance of expertise, practical experience, and optimistic attitudes. A barrier to delivering care for transgender patients may have been formed by the balance between skills and negative attitudes, which did not appear to be as tightly balanced as their knowledge, skills, and positive attitudes [3].

A pilot descriptive study examined nurse practitioners knowledge, attitudes, and self-efficacy in providing care for transsexual patients. Questionnaires were electronically distributed to a sample of nurse practitioners (n = 416) with the goal of measuring their level of self-efficacy, knowledge, and attitude toward providing medical care to transgender patients. Twenty-six completed questionnaires were returned. The findings showed that despite the respondents' levels of self-efficacy for delivering care being poor, they nevertheless exhibited complete esteem and acknowledgment for transsexual patients. None of the interviewees said that the nurse practitioner course had any transsexual material. The test consisted of two items on knowledge, 47 items on attitude, and one item on self-efficacy. Using the Health Care Provider Survey (HCPS) by Burch (2005) and the Attitude Towards Transgender Survey (ATS) by Swanstrom, attitudes toward transsexual people were investigated. The ATS questions were added up to produce a 47-item attitude dimension. The 47 items were divided into three categories: 1 for a negative attitude, 2 for a neutral attitude, and 3 for a positive attitude. Results showed that 74.1% (n = 20) of respondents selected 3 indicating a positive

outlook. Examining the data showed that people were less certain that their NP educational background had equipped them to treat transgender patients (n = 9; 32.1% at 0% confidence and n = 6; 53.6% at 20% confidence). Self-efficacy and attitude were found to be inversely correlated; as attitude improved, self-efficacy declined (r = -.605, p = .001). The results for attitude and knowledge were the same: there was an inverse connection, with attitude declining as knowledge grew (r = -.429, p = .026). The correlation between knowledge and self-efficacy was absent. The results of this study suggest that nurse practitioner respondents generally accept transgender patients, but they also suggest that nurse practitioners have poor levels of self-efficacy or confidence in their ability to treat transgender patients [4].

The attitudes, knowledge, and views of students regarding lesbian, homosexual, bisexual, and transgender parents seeking medical care for their children were investigated in a descriptive, comparative study. Students' attitudes, knowledge, beliefs, and homosexual-affirming behavior were evaluated using validated instruments. Three open-ended questions evaluated respondents' attitudes towards lesbian, homosexual, bisexual, and transgender parents getting their kids' medical care. Students studying nursing and medicine were required to respond to questionnaires on their views on homosexuality. The Mann-Whitney U-test or the Kruskal-Wallis one-way analysis of variance test was used to analyze differences between the nursing and medical student groups, and chi-square tests of independence were used to analyze associations between variables. The open-ended questions responses were assessed, categorized, and described. Students' race, political voting behavior, religious beliefs, and having a friend who is openly lesbian, gay, bisexual, or transgender all significantly influenced their knowledge of and attitudes about homosexuality. Creating measures to combat the presence of discriminatory attitudes among student health professionals and stop discriminatory acts against lesbian, homosexual, bisexual, and transgender parents who seek medical attention for their children is essential. Teachers should provide curricula that equip students with the knowledge and abilities necessary to guarantee that families that identify as lesbian, gay, bisexual, or transgender receive quality medical care when they seek out treatments for their children [5].

Significant health incompatibility exists in society for transsexuals. In order to review and assess the current attitudes and understanding of resident and faculty doctors and medical professionals in the state of West Virginia on treating transsexual people in a rural tertiary care facility, Rowan, S. P. and et al. conducted a study. All faculty and resident physicians received the Attitudes of Medical Practitioners Towards Transgender Patients (MP-ATTS) and the Beliefs and Knowledge about Treating Transgender Patients (MP-BKTTP) surveys. Data on gender, hometown, rurality, race, and description of medical practitioner status (years out of residency, residency status) were all included in the demographics. Residents and faculty doctors generally had favorable perceptions of and responses to the survey. 76.4% of medical professionals thought their transgender patients weren't transgender. In order to give adequate medical care, more than 40% of respondents acknowledged that they would need to learn more about transgender patients. Male healthcare professionals saw fewer personnel-related barriers to transgender people and had significantly more negative attitudes toward the transgender community (N=85, M=4.46, SD=0.55, p<0.0001). There is a definite need for clinicians working with transsexuals to receive more training in transgender health care. Healthcare professionals in West Virginia differ in their opinions towards the transgender community based on gender. To completely comprehend the healthcare requirements and challenges of the transgender community, more research is required [6].

Haire, B. G., and co-workers used semi-structured interviews with open-ended questions in a qualitative exploratory study to investigate the experiences of healthcare access in a varied sample of trans and gender-nonconforming people with complicated needs. Participants were questioned regarding both positive and negative healthcare interactions as well as their first time visiting a doctor throughout their transition. They were then asked whether they had anything to say to the medical professional who had either provided a positive or negative experience. All interviews were audio recorded, and the verbatim transcription was done by a transcriber who had signed a confidentiality agreement. Thematic areas found in each interview were noted down as we read and reread every transcript. A list of major themes was created at the conclusion of this procedure.

Then, each transcript was given descriptive and conceptual coding. Then, four underlying motifs were discovered. The complexity of care, financial difficulty, standards of competent treatment, and community connections with other transgender people were the four main themes that emerged from the interviews. Participants listed a range of behaviours from healthcare services that would signal that they were not suitable or competent to provide an acceptable level of service. This included showing disrespectful behavior, misgendering, deadnaming (using the participant previous name), showing excessive interest in the participants personal matters unrelated to the consultation, and showing a lack of knowledge about trans services to the point where the participant felt obligated to enlighten them. Participants also brought up how false perceptions about trans people's healthcare requirements may arise from stereotypes about them [7].

3. INTERPRETATION

All the studies have brought out certain facts:

Nurses have gaps in their knowledge that threaten their ability to deliver quality care to transgenders. In the study by Paradiso C and Lally R, it was found that regardless of how current their education is, all the Nurse Practitioners in the study expressed that transgender care had not been part of their graduate curriculum. The absence of education in transgender care was seen as a flaw. The nurse who had years of experience too mentioned their discomfort and lack of knowledge to provide quality care to the transgenders. They further identified the need for efforts to provide continuing education for Nurse Practitioners [1].

Transgender people raised their concerns about the inaccurate documentation of patients names and genders and, at times, the invasion of their privacy in the study by M. K. Allison and her team. Clinical staff asked and made inappropriate comments, mistreated patients, delayed care, refused care, and provided subpar care. The necessity for clinicians to receive education about transgender health and medical issues was another issue raised by the transgender community. The participants felt that their negative experiences had an impact on their subsequent visits to the doctor. Transgenders made suggestions for improving hospital policies

addressing transgender health care at the study's conclusion [2].

Most nursing curricula do not place much emphasis on self-efficacy. According to a study by Levesque P. J., the findings suggest that a lack of transgender health care information in continuing education courses as well as nurse practitioner curriculum may be related to low self-efficacy and knowledge. Curriculum improvements may be necessary to train new healthcare professionals who can give care that is culturally Friendly [4].

The results of a study on the perceptions of nursing students understanding of lesbian, gay, bisexual, and transgender issues as well as the efficiency of a multi-purpose assignment in a public health nursing class showed that awareness campaigns had improved the students understanding, attitudes, and ability to meet the needs of TG people. When comparing pre-interview and post-interview understanding of sexual orientation and gender identity, most students said they were more knowledgeable after doing the assignment [5].

A study aimed to explore the experiences of healthcare access in a diverse sample of trans and gender-diverse individuals with complex needs using qualitative methods revealed that many of the participants study had a range of relatively complex health needs to manage, including ongoing access to gender-affirming hormones, mental health care, and sexual health care. Some also had chronic diseases including HIV and having to navigate a range of different health care providers was deemed quite burdensome to participants, as this involved the logistics of locating a suitable provider (not straightforward), getting a referral, scheduling an appointment (which could take considerable time), having the means to pay, if necessary, then traveling to the appointment. These findings demonstrated a need for comprehensive wrap-around service provision for trans people with complex needs which includes a substantial peer-based component, and addresses physical and mental health and social services conveniently and affordably [7].

4. CONCLUSION

All the above studies throw light on the need for training healthcare professionals in taking care of transgenders. Nurses are the backbone of the health care system, and they should be equipped

with the knowledge, the right attitude, and skill in the care of transgenders.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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