



Access to Just, Unified & Safe Transaffirmative  
care in Estrie and other Regions



# LITERATURE REVIEW

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Femmes et Égalité  
des genres Canada

Women and Gender  
Equality Canada

# Foreword

This literature review is part of the TransEstrie community research project AJUSTER: Access to Just, Unified, Safe Transaffirmative care in Estrie and other Regions. It is **not intended to be a systematic review or a comprehensive summary** of the texts presented. Rather, this literature review **aims to provide an overview of the most relevant and recent sources** related to the project's needs. It serves as a **concise reference tool** by highlighting elements from certain sources that were deemed useful in relation to our research questions, our theoretical frameworks, and eventually connecting them to our potential findings in our research discussion. For the sake of brevity and transparency regarding the original language of the various sources, citations and titles are presented in their original language, either french or english.

For information purposes, the **main objective** of the project is to generate knowledge about access to gender-affirming care in Quebec, and also to highlight existing issues regarding the quality of this care. To help achieve this main objective, sub-objectives were identified, which were used to select research methods best suited to their needs :

1. Understanding the existing access routes;
2. Identifying procedures that lack accessibility or not accessible at all to the majority of trans and non-binary (TNB) people;
3. Documenting instances where TNB people, due to their own specific characteristics, consistently encounter barriers preventing them from accessing the procedures they need;
4. Detection of gender-based medical violence, conversion therapies, human rights violations and non-respect of the WPATH standards of care in the context of access to gender-affirming care in Quebec;
5. Study the realities of healthcare professionals in the Eastern Townships within the context of trans-affirmative care.

This document can be accessed through our web site: [www.transestrie.org](http://www.transestrie.org)  
Or directly at this address : [https://transestrie.org/wp-content/uploads/2025/11/AJUSTER\\_literature-review.pdf](https://transestrie.org/wp-content/uploads/2025/11/AJUSTER_literature-review.pdf)

# Literature review



*Abramovich (2020)*

## **Assessment of Health Conditions and Health Service Use Among Transgender Patients in Canada**

*Quantitative and comparative analysis of administrative data from 4 Ontario clinics*

- › Trans people that have clinical records use the healthcare system more
- › The rate of trans people with a chronic physical or mental condition is higher than that of cis people.

It's worth noting here that we have to keep in mind the trans population's lack of access to and avoidance of the healthcare system.

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*Agénor et al. (2016)*

## **Perceptions of cervical cancer risk and screening among transmasculine individuals: patient and provider perspectives**

*Interviews and focus groups with transmasculine patients and providers in Boston*

There is a lack of knowledge about gynecological care for transmasculine people. Standard preventive tests (such as the Pap test) have no guidelines that mention the existence of trans people. Interviews and focus groups do not present a consensus amongst providers about how to treat transmasc people.

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*Ahmad et al. (2019)*

## **Incorporating Transition-Affirming Language into Anatomical Pathology Reporting for Gender Affirmation Surgery**

*Pathology report analysis*

Context and recommendations about language used to designate body parts or tissue; considering trans people's existence and the influence of medical transition on trans

people's bodies.

«Pathology reports that include gendered language such as “female breast tissue” rather than utilizing objective language such as “breast tissue with terminal duct lobular units” create a health care barrier in the form of disenfranchising the patient and adding to the lived reality of discrimination and harassment faced by trans individuals.»

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**Amiot et al. (2024)**

### **Résultats de l'enquête sur les besoins et priorités d'interventions médicales et esthétiques des personnes trans et non binaires résidant au Québec**

*Online survey on trans healthcare needs in Quebec*

- › « 70,8% des personnes désirant une intervention non-réalisée ont rencontré des barrières pour au moins une intervention, toutes catégories confondues »
- › « Les catégories d'interventions où les personnes rencontrent plus de barrières sont des interventions non couvertes (à l'exception de la mastectomie). »
- › « Les personnes transféminines sont celles qui sont les plus confrontées à des barrières dans l'accès aux soins du haut/bas du corps (80.8%) »

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**Aryanpour et al. (2023)**

### **Are We Teaching Evidence-Based and Inclusive Practices in Gender-Affirming Care? Perspectives From Plastic Surgery In-Service Examinations**

*Qualitative analysis of gender-affirming care knowledge assessments of plastic surgeons in residence.*

« Upon analyzing questions, errors were found in multiple categories: utilization of inappropriate language (eg, misgendering, “transsexualism”), nonadherence to WPATH guidelines, and usage of gendered anatomy. »

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**Ashley (2020)**

### **Surgical Informed Consent and Recognizing a Perioperative Duty to Disclose in**

*Quebec and Canadian law analysis about medical consent through lived experience.*

- › « Even when surgeries are covered by public insurance, paying for referrals and psychotherapy and being out of work for two to three months are significant barriers to access. »
- › « ARTICLE 29 CODE CIVIL A physician must ensure that the patient or [their] legal representative receives explanations pertinent to [their] understanding of the nature, purpose and possible consequences of the examination, investigation, treatment or research which [they] plans to carry out. [The physician] must facilitate the patient's decision-making and respect it. »
- › « [A]bout the point of subjectivity of cis practitioners: I say that I feel "awful" or "absolutely horrendous," yet the clinician will have to translate these words into their own emotional language. »

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**Ashley et Ells (2018)**

### **In Favor of Covering Ethically Important Cosmetic Surgeries: Facial Feminization Surgery for Transgender People**

*Opinion article on RAMQ coverage*

- › « Gatekeeping through gender dysphoria diagnoses contributes to the degradation of therapeutic alliance, incentivizing lies and sanitization of personal narratives, in stark contrast to the open and honest communication channels that are necessary for proper patient-centered care and the development of scientific knowledge. »
- › « Such an approach confines our understanding of trans embodiment to gender dysphoria, excluding gender euphoria and creative transfiguration, and calls into question the value of FFS [(Facial Feminization Surgery)] for those who will never be able to "pass" as cisgender. »
- › « Creative transfiguration: Creativity is one of the manifold ways in which we may assert ownership over our bodies, transforming them into an art piece that is truly ours out of previously alienating flesh. »

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**Austin et al. (2020)**

## **It's my safe space: The life-saving role of the internet in the lives of transgender and gender diverse youth**

*Mixed methods, online survey in the U.S.A. and Canada*

« I was able to direct my parents to internet resources as well which really helped them to understand that being trans was not just a mental illness or simply an adolescent phase. »

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**Baker et Beagan (2014)**

### **Making Assumptions, Making Space: An Anthropological Critique of Cultural Competency and Its Relevance to Queer Patients**

*Qualitative analysis of semi-structured interviews*

« While physicians avoid making assumptions to reduce judgment, a "neutral" stance reinforces the hetero- and gender normative status quo. »

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**Baldwin et al. (2018)**

### **Transgender and Genderqueer Individuals' Experiences with Health Care Providers: What's Working, What's Not, and Where Do We Go from Here?**

*Analysis of a quantitative and qualitative online survey*

Positive interactions with providers :

- > « Using language that respects gender diversity
- > Knowledgeable and experienced with TGGNB health
- > Treating identity disclosure as routine »

Negative interactions with providers :

- > « Misgendering
- > Lack of information and experience
- > Transphobia »
- > « What providers should know : Trans 101 and Inclusive care »

« Hormone replacement therapy, gynoplasty, facial feminization surgery, mammoplasty, are not cosmetic procedures. They are medicine. They save lives. If a person requests medical transition, it is because they are already experiencing harm, and these are the things that can alleviate it (Genderqueer person, 24 years old). »

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**Baribeau (2009)**

### **Analyse des données des entretiens de groupe**

*Educational article about group interviews*

Details about types of preparation, collection, processing and analysis of data in the context of group interviews in research activities. Also includes how the group dynamics can be navigated, what not to do and some answers to some possible questions researchers might have along the way.

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**Barry et Levi (2019)**

### **The Future of Disability Rights Protections for Transgender People**

*Legal proceedings analysis*

Discrimination cases of all types that show the slippery slope of legal “gray zones” and the importance of judicial action to protect rights of the 2STBNQ community.

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**Bauer et al. (2015)**

### **Factors Impacting Transgender Patients’ Discomfort with Their Family Physicians: A Respondent-Driven Sampling Survey**

*Quantitative analysis of TransPulse*

- › « Among those with a family physician, about half of transmasculine (47.7%, 95% CI = 36.6, 58.8) and transfeminine (54.5%, 95% CI = 42.9, 66.1) persons were not comfortable discussing trans issues with their doctor. »

- › « Medical transition status was significantly associated with discomfort for both gender spectra. »
- › « [P]ersons who were planning but had not begun to medically transition, were more likely to report discomfort than those who described themselves as having completed a medical transition. »

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**Bauer et al. (2009)**

## **“I Don’t Think This Is Theoretical; This Is Our Lives”: How Erasure Impacts Health Care for Transgender People**

*Thematic analysis of TransPulse*

- › Suggestions for inclusion of 2STNBQ people in research and learning contexts
- › Suggestions for inclusion of 2STBNQ people in institutions
- › Clinical considerations about 2STBNQ people for any type of professional who works

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**Baumann et Crea-Arsenio (2023)**

## **The Crisis in the Nursing Labour Market: Canadian Policy Perspectives**

*Historical analysis and current overview*

- › Impact of COVID-19 on nurses’ work
- › Context surrounding the quebecois health system
- › Methods to palliate the shortage of nurses
- › «To provide adequate care, the nursing workforce must be stabilized and—more importantly—recognized as critical to the health of the population.»

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**Blaszczak et al. (2024)**

## **Evaluating the effectiveness of an online curriculum on caring for transgender and nonbinary patients**

*Evaluation of self-confidence of professionals*

- › « Only 7% of current residents agreed that their current training is adequate in order to provide comprehensive primary care to transgender and nonbinary people.
- › Suggestion pour bonifier la formation : «Interactive cases to help solidify the didactic information.»

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**Blodgett et al. (2017)**

### **Overcoming the barriers in transgender healthcare in rural Ontario: discourses of personal agency, resilience, and empowerment**

*Critical discourse analysis of interviews with trans patients*

Four main themes:

- › « breaching of human rights in healthcare interactions;
- › rural challenges;
- › importance of reciprocal relationships between HCPs [(Healthcare Practitioner)] and trans-patients;
- › factors contributing to resiliency and empowerment. »

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**Bohns et Flynn (2010)**

### **“Why didn’t you just ask?” Underestimating the discomfort of help-seeking**

*Four studies on the roles of «help-seekers» and «helpers»*

- › « Even a minor request can invite rejection, expose inadequacies, and make a help-seeker feel shy, embarrassed, and self-conscious. »
- › « In a practical sense, the tendency for people to underestimate others’ anxieties about help-seeking can bear important costs. Potential helpers may sit back passively waiting for others to approach them rather than making overtures to encourage help seeking. »
- › « Simply asking helpers and outside observers to temporarily adopt the perspective of a help-seeker (e.g., by imagining a time they had to ask for help) may make them more aware of the embarrassment concerns of help-seekers and thus more attuned to the kind of outreach messages that would be most appealing »

Concept of clinical empathy is detailed.

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*Brière et al. (2022)*

## **Biais inconscients et comportements inclusifs dans les organisations**

*Book*

Unconscious biases: details/presentation of types of biases (e.g., ageism, classism, heteronormativity) and the intersectionality of systems of oppression, as well as awareness of one's own biases.

Inclusive behaviors in organizations: Parameters and practices from an individual, group, organizational, and social perspective.

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*Brisson (2023)*

## **Vers une conceptualisation du phénomène des violences médicales : une revue critique interprétative de la littérature**

*Micro, macro and meso perspective in Québec*

Intersectionality and types of discrimination in the Québec healthcare system. The theoretical phenomenon of medical violence and how it fits in and presents itself in the current context.

« [É]tudier le phénomène des violences médicales permet de conceptualiser un phénomène complexe où les individus impliqués ne sont pas les seuls responsables. Les organisations de santé de même que les facteurs structurels associés doivent être pris en compte lorsqu'il s'agit de déterminer des activités de préventions pertinentes. »

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*Brown et al. (2017)*

## **Predicting Trans-Inclusive Attitudes of Undergraduate Nursing Students**

*Online Survey (United States)*

« [A]ffective transcultural self-efficacy was significantly correlated with some, but not all, of the prior educational and personal contact variables. Of the prior contact factors, receiving a lecture or other informational presentation on transgender issues (47.1%), seeing a full-length movie or documentary about transgender people in the classroom

(47.4%), and personally knowing a transgender individual (40.9%) were significantly correlated with higher levels of affective transcultural self-efficacy. Seeing a live transgender panel in class (16.8%) and completing an undergraduate diversity course (22.4%) were not correlated with higher levels of affective transcultural self-efficacy. »

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**Burchell et al. (2025)**

**'I don't want to have to teach every medical provider': barriers to care among non-binary people in the Canadian healthcare system**

*Interviews, thematic analysis*

« Three broad themes were developed: erasure, barriers to access to healthcare, and assessing whether (or not) to come out. Sub-themes included institutional erasure, informational erasure, general healthcare barriers, medical transition healthcare barriers, anticipated discrimination, and assessing safety. Policy and institutional changes are needed to increase the safety and accessibility of healthcare services to non-binary individuals. »

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**Burgwal et al. (2019)**

**Health disparities between binary and non binary trans people: A community-driven survey**

*Online survey distributed in Georgia, Poland, Serbia and Sweden*

- › « Based on the results, the hypothesis suggesting a significant difference between binary trans and GQNB [(Genderqueer, Non Binary)] trans respondents on different health-related outcomes, when controlled for other socio-economic positions and their current need for GAMI [(Gender Affirming Medical Intervention)], was confirmed. GQNB respondents reported significantly worse self-rated health and significantly worse general well-being in comparison to binary trans respondents (trans men and trans women). »
- › « The high proportion of GQNB respondents who report poor health and low scores on general well-being, highlights the need for policy makers and health-care providers in creating nonbinary-inclusive environments, which are at the same time sensible to issues of class, (dis)ability, ethnicity, sexuality, and religion. »

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Cabarat (2023)

## Transitions de genre durant la jeunesse : controverses nord-américaines

*Analysis of media discourse*

- › Types of clinical approaches to transness : « correctrice, transaffirmative, psychothérapeutique, d'attente vigilante [et] d'exploration du genre »
- › Concepts of « contagion sociale, rapid onset gender dysphoria » and moral panic are explained

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Carlile et al. (2021)

## "It's like my kid came back overnight": Experiences of trans and non-binary young people and their families seeking, finding and engaging with clinical care in England

*Semi-structured dyadic interviews*

Patients often self-taught BEFORE their appointments: « [The families] often had a considerable level of expertise – not only in terms of the child or young person's experience of gender, but on the academic peer-reviewed research available. »

« [Non-binary young people] reported that they were less likely to give a nuanced view of their own gender and clinical needs when they spoke with clinical staff, for fear that if they were not uncomplicatedly binary in their identity they would not have been able to access affirmative interventions. »

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Carrier et al. (2020)

## Two-Spirit Identity and Indigenous Conceptualization of Gender and Sexuality: Implications for Nursing Practice

*Educational article*

Presentation of different facets of discrimination lived by Two-Spirit people as part of obtaining healthcare – consequences of heteronormative colonialism.

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Cawford et al. (2025)

## **“It’s Very Cisnormatively Structured”: An Interpretive Description of Undergraduate Nursing Students’ Experiences of Gender Inclusive and Affirming Practices**

*Interviews and focus groups, thematic analysis*

- › « Three key themes included (1) cisnormativity is perpetuated in nursing education through pervasive power and norms across the three levels of curriculum; (2) “The Trans Problem”: Transgender and gender diverse people are othered in nursing education; and (3) Welcoming the other: Individual educators who welcome and affirm TGD [(Trans and Gender Diverse)] people are crucial »
- › « Critical recommendations from students [includes] normalizing gender diversity in formal nursing education, the importance of accountability and representation in schools of nursing, and the need for nursing governing bodies to disrupt cisnormativity. »

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Chaire de recherche sur la diversité sexuelle et la pluralité des genres (2023)

## **Les organismes communautaires québécois LGBTQ2+ : pratiques de terrain, utilisation des connaissances issues de la recherche et engagement dans la production de ces connaissances**

*Semi-structured interviews, thematic content analyses*

Challenges faced by LGBTQ2+ organizations in fulfilling their mission:

- › Evolving offer of services
- › Insufficient and inadequate financing methods
- › Concentration of services

Use of scientific knowledge and data within LGBTQ2+ organizations:

- › Supporting education and collective rights advocacy activities
- › Adapt and expand the range of services
- › Evaluate the effectiveness of intervention programs
- › Support fundraising efforts

Challenges related to soliciting scientific knowledge production (research) from LGBTQ2+ organizations:

- › Inadequate compensation for their commitment/involvement.
- › Lack of visibility for organizations that participated in the research.
- › Research proposals do not always target priority needs of organizations.

Issues related to accessibility and sharing of scientific knowledge for organizations:

- › Diverse research needs and skills of organizations
- › Accessible presentation of research results for users
- › Simple and direct access to research results for organizations

**Champagne et al. (2019)**

### **Étude sur la collaboration interprofessionnelle et interordre au Québec**

*Appreciation survey and semi-structured interviews*

Distinction between interprofessional and interorder collaborations.

Three factors for successful collaborations:

- › « L'enjeu et l'objectif
- › La communication
- › Le leadership et la logistique »

**Chang et al. (2023)**

### **Perioperative misgendering experiences in patients undergoing gender-affirming surgery: a call for a gender-inclusive healthcare environment**

*Survey analyzed using descriptive statistics*

- › « Regarding the perioperative experience, 60.4% of patients stated always feeling respect for their gender identity »
- › « 20.5% of patients reported at least one instance of being discriminated against or feeling mistreated because of their gender identity »
- › « 22% reported a triggering experience with a healthcare employee »
- › « [Q]uestions most involved incorrect inquiry about the possibility of pregnancy (n = 10, 31.3%) and last menstrual period (n = 6, 18.8%) »

- › « Most patients (n = 130, 71.4%) provided recommendations to improve feelings of gender congruence during the hospital stay. The majority cited changes to the EMR to include preferred names and gender identities (n = 105, 80.8%). »
- › « Additional recommendations included preferred names and pronouns on signs on curtains and doors (n = 68, 52.3%) and on name tags (n = 67, 51.5%). »

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*Chang et al. (2018)*

**A clinician's guide to gender-affirming care: working with transgender and gender-nonconforming clients : a comprehensive resource for mental health professionals, educators & students**

*Resources for professionals*

Book for any type of professional, with explanations, case examples for multiple concepts, good practices and questions or terminologies to avoid when interacting with gender-diverse clients.

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*Clark et al. (2018)*

**Non-binary youth: Access to gender-affirming primary health care**

*Online survey: The Canadian Trans Youth Health Survey*

« Non-binary youth experienced these barriers to care at even higher rates than binary trans youth. In particular, non-binary youth were both less likely to have a family doctor and, when they had one, that doctor was less likely to know about their trans identity or experience. »

« High rates of indecision about hormone therapy could indicate a barrier to support around decision making or to information about the range of options that exist for hormone therapy (e.g., low-dose and temporary hormone use). »

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*Coleman et al. (2022)*

**Standards of Care for the Health of Transgender and Gender Diverse People,**

Main reference work (book) for any healthcare professionals providing care to trans and gender diverse individuals.

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*Collège des Médecins du Québec (2023)*

**Sécurisation culturelle et soins de santé - Rebâtir la confiance**

*Publication on the Collège des Médecins website*

«La sécurisation culturelle s'intéresse aux différentes facettes de la société qui peuvent influencer le bien-être ou le mal-être d'une personne. Cette approche vise à rétablir les inégalités de pouvoir observées entre les soignants et les patients. C'est d'ailleurs à ces derniers qu'il appartient alors de déterminer si une rencontre est sécurisante ou non. Tout un renversement de perspective...

Cette démarche amène les soignants à prendre conscience des structures qui engendrent des inégalités : les relations de pouvoir, la marginalisation de certains groupes, les biais culturels et le racisme, par exemple.»

« Le Collège des médecins du Québec reconnaît que les origines culturelles, occidentales et patriarcales de la médecine au Québec peuvent être responsables de biais dans la construction du réseau de la santé et des services sociaux, des structures de soins et de l'exercice de la médecine.

Conséquemment, le Collège confirme son engagement à lutter contre le racisme systémique et contre tout système et toute structure qui reproduisent des oppressions et créent des inégalités de pouvoir envers la population et au sein de l'équipe soignante et du personnel médical. »

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*Collins et al. (2021)*

**Intersectionality as Critical Social Theory: Intersectionality as Critical Social Theory**

*Core theory*

Intersectionality: its history, core concepts, guidelines and possibilities. A crucial concept to understanding and addressing discrimination applied to everyone.

«[I]ntersectionality as an analytic tool, and as critical praxis and inquiry.»

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**Conseil de recherches en sciences humaines du Canada et al. (2022)**

**Énoncé de politique des trois conseils: Éthique de la recherche avec des êtres humains**

*Guidelines*

Ethical framework in which the AJUSTER project operates for research.

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**Costa (2023)**

**Transgender Health between Barriers: A Scoping Review and Integrated Strategies**

*Literature review*

Barriers to obtaining healthcare as a trans person: categorization and associated works.

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**Côté (2023)**

**La fatigue de compassion dans une société capitaliste et patriarcale**

*Educational article*

«Care et épuisement : le poids invisible de la compassion»

«La course incessante à la productivité et à l'efficacité laisse peu de place à la vulnérabilité et à l'humanité : prendre soin des autres et faire preuve d'empathie deviennent un « luxe » souvent inaccessible.»

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*Cotton et al. (2023)*

## **Santé psychologique et émotionnelle des personnes de la diversité sexuelle et de genre : ressources de soutien utilisées et degré de satisfaction**

*Online survey, descriptive analysis (in Québec)*

« Les organismes communautaires sont significativement plus fréquentés par les personnes TNBQ [(Trans, Non Binaire, Queer)] (39,4 % vs 15,8 %). Une proportion de 68,0 % de ces personnes se sont montrées satisfaites par ce type de ressources comparativement à 86,0 % des personnes cisgenres de la diversité sexuelle. »

Recommendation for setting up resources for sexual and gender diverse people in Estrie

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*Cotton et al. (2021)*

## **Parcours de transition et bien-être psychosocial des personnes trans, non-binaires ou en questionnement identitaire de genre - Résultats d'une enquête québécoise**

*Online survey, descriptive analysis (in Québec)*

Recommendations for the psychosocial wellbeing of TNBQ [(Trans, Non Binary or Queer)] people, as well as sociodemographic data from Québec.

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*Cotton et al. (2022)*

## **Démarches de transition chez les personnes trans et non-binaires: entre mieux-être et discrimination**

*Online survey (in Québec)*

«Status» of transition in relation to overall well-being

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*Cotton and al. (2025)*

## Identité, transition et santé psychosociale : portrait de jeunes trans et non binaires de 14 à 17 ans résidant au Québec

*Online survey, comparative analysis*

Six recommandations :

- › Faciliter l'exploration et l'expression de genre des jeunes dans différents contextes, dont le milieu scolaire, en veillant à ce que ces espaces soient exempts de discrimination.
- › Faciliter l'accès aux démarches de transition légale ou médicale pour les jeunes concerné-es.
- › Garantir l'accès à des soins de santé et des services sociaux sécuritaires et de qualité pour les jeunes TNBQ [(Trans, Non Binaire, Queer)].
- › Tenir compte du cumul potentiel de facteurs de stress lié à la marginalisation intersectionnelle dans les soins et services ainsi que dans la recherche.
- › Adopter une perspective systémique et longitudinale des enjeux liés à la transitude chez les jeunes.
- › Recentrer les discours médiatiques et politiques sur les données probantes.

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*Croteau et al. (2025)*

### Psychological and Physical Health Outcomes Associated with Gender-Affirming Medical Care for Transgender and Gender-Diverse Youth: A Critical Review

*Literature review*

« Overall, researchers suggest that puberty blockers and hormone therapy have positive implications for the mental health of TGD [Trans and Gender Diverse] youth, including decreased depression, anxiety, suicidality, self-harm, gender dysphoria, and body dissatisfaction, as well as increased quality of life and life satisfaction. »

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*Daly et Champion (2021)*

### Creating inclusive health care environments: Health care stories from the trans population

*Semi-directed interviews and content analysis to identify themes*

« Transgender people reported many health care providers were unprepared to provide trans-specific care and were not culturally competent in interactions with this population. »

Also contains real-life experiences of positive interactions in the healthcare system.

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**Dénommé-Marchand, Ophélie (2025)**

### **GrS Montréal : un monopole des chirurgies de genre confié au privé soulève des inquiétudes**

*Testimonials and analysis of official documents*

- › Analysis of testimonials from GrS patients, members of the LGBTQ2+ community, and experts. Highlights the disadvantages of its monopoly on gender affirmation surgery and concerns associated with it:
- › Private interests of the clinic affecting the quality of care and increasing costs to taxpayers compared to a public alternative.
- › Poor quality of post-surgery and follow-up care.
- › Limitations on access to healthcare imposed by the GrS itself.
- › Very limited options in terms of types of surgery and final look.
- › Potential inhibition in the development of expertise in gender affirmation surgery in Quebec, which will reinforce their monopoly.

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**Droun et Tadros (2022)**

### **Des mots pour exister: nommer les identités, les familles et les réalités LGBT+**

*Book on terminology*

Québécois vocabulary and accessible definitions of various concepts related to the existence of gender and sexual diverse individuals.

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**Easterling et Byram (2022)**

## Shifting language for shifting anatomy: Using inclusive anatomical language to support transgender and nonbinary identities

*Educational article*

Testimony of a patient and a professional, as well as recommendations on inclusive anatomical language.

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**Enriquez et al. (2017)**

### Les usages santé d'Internet par les personnes trans au Canada: La constitution d'une expertise collective et militante

*Survey*

- › « Les participant.e.s trans, comparativement aux non-trans, utilisent davantage et plus fréquemment Internet pour chercher de l'information sur la santé pour eux-mêmes ou pour un.e proche. »
- › « Les personnes trans discutent davantage de l'information trouvée, en face à face et en ligne, avec tous les réseaux disponibles : membres de leur entourage, médecins et autres professionnel.le.s de la santé et intervenant.e.s communautaires. »
- › « Ces usages santé d'Internet accroissent les capacités d'agir des personnes trans sur plusieurs plans, notamment sur la construction de leur identité de genre, l'exercice d'un point de vue critique sur les informations en santé trans et la négociation de leurs relations avec les médecins et autres professionnel.le.s de la santé. »

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**Everhart et al. (2024)**

### Technology for transgender healthcare: Access, precarity & community care

*Interviews, qualitative analysis*

Interview with online content creators.

«Importantly, our results suggest that community itself is an integral part of both designing and using technologies for trans healthcare access.»

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*Eyssel et al. (2017)*

## **Needs and concerns of transgender individuals regarding interdisciplinary transgender healthcare: A non-clinical online survey**

*Online survey - participatory research*

« [T]he present study has shown that against the backdrop of the difficult history of THC [(Transgender Healthcare)], ongoing discrimination, and trans individuals' minority status in society, a participatory approach to THC using a non-clinical sample is important. »

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*Fowler et al. (2023)*

## **Highs, Lows, and Hormones: A Qualitative Metasynthesis of Transgender Individuals' Experiences Undergoing Gender-Affirming Hormone Therapy**

*Systematic review and meta-analysis*

« Overall, findings from this review suggest that GAHT [(Gender Affirming Hormonal Therapy)] is a roller-coaster of emotions, changes, and experiences. It is pivotal that care is provided with a holistic, affirming, person-centered approach which considers the context of the individual seeking hormones. This may provide trans patients with key supports through the transition journey, improving their experiences and their overall quality of life. »

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*François et Audrain-Pontevia et al. (2020)*

## **La santé numérique : un levier pour améliorer l'accessibilité aux soins de santé au Québec**

*Literature review*

« Ce recensement montre que les patients aussi bien que les professionnels de la santé peuvent bénéficier de l'usage des technologies de la santé numérique. »

« [P]armi les pistes de recherches qui découlent de cette étude, il serait pertinent de souligner le potentiel que peut apporter la santé numérique pour revitaliser un territoire en améliorant l'accessibilité aux soins de santé en région rurale. »

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*Fung et al. (2020)*

## **Learning by chance: Investigating gaps in transgender care education amongst family medicine, endocrinology, psychiatry and urology residents**

*Interview - framework analysis (a type of thematic analysis)*

« While some endocrine residents had more exposure to trans care than others, like the other specialties, learning often occurred by chance. Interested residents had to seek out elective learning experiences on their own in order to gain adequate experience caring for trans patients. »

« Lack of exposure results in discomfort and misunderstanding around the provision of trans care. »

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*G. Rider et al. (2022)*

## **Terminology in Transgender Medicine**

*Book*

« Context, Principles, and Practice of Transgynecology Managing Transgender Patients in Ob/Gyn [(Obstetrics and Gynecology)] Practice »

A wide range of content to properly welcome transgender people: medical/surgical specificities, best practices, terminologies, clinical recommendations, and more.

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*Gerritse et al. (2023)*

## **"I Should've Been Able to Decide for Myself, but I Didn't Want to Be Left Alone." A Qualitative Interview Study of Clients' Ethical Challenges and Norms Regarding Decision-Making in Gender-Affirming Medical Care**

*Interviews - Thematic analysis (qualitative)*

« Respondents expressed that (1) clients should be in the lead, (2) harm ought to be prevented, and (3) decision-making should be attuned to the individual client. »

« [A]ll stakeholders in GAMC [(Gender Affirming Medical Care)] may benefit from acknowledging that there is no single “ideal” model of good decision making in GAMC. The impetus to establish such an “ideal” model may paradoxically impede the open and constructive dialogue necessary to arrive at good decision-making. »

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*Gerritse et al. (2022)*

**Sharing decisions amid uncertainties: a qualitative interview study of healthcare professionals’ ethical challenges and norms regarding decision-making in gender-affirming medical care**

*Interviews - Thematic analysis (qualitative)*

« Respondents’ ethical challenges and norms centered on (1) how and when not to share decision-making with clients, (2) negotiating decision-making in a (multidisciplinary) team, and (3) navigating through various decision-making temporalities. »

« The multidisciplinary and temporal structure of GAMC [(Gender Affirming Medical Care)] entails that decisional role(s), responsibilities, and values may be opaque and come into conflict. »

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*Gieles et al. (2023)*

**‘The medical world is very good at cis people, but trans is a specialisation’. Experiences of transgender and non-binary people with accessing primary sexual and reproductive healthcare services in the Netherlands**

*Semi-directed interviews, Thematic analysis (qualitative)*

« [S]ome respondents described that upon disclosing their transgender identity, their healthcare providers felt uncomfortable or incompetent to provide care to them. As a consequence, respondents, such as Thijs (24, transgender man) were often referred to a tertiary care centre specialised in transgender care for care questions that, for cisgender people, are handled in the primary care setting »

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*Gillis et al. (2025)*

## **Leveraging pharmacists' scope of practice to improve access to gender-affirming care: A scoping review**

*Literature review*

« Current literature shows that pharmacists' scope of practice can be leveraged to provide GAC through prescribing medications, monitoring therapy, educating and counseling patients, advocating for TGD individuals within the healthcare system, providing collaborative care, and through the provision of nonpharmacological GAC [(Gender Affirming Care)] options. »

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*Goldenberg et al. (2019)*

## **Stigma, Gender Affirmation, and Primary Healthcare Use Among Black Transgender Youth**

*Cross sectional survey - Secondary analysis*

« Black TGDY [(Trans and Gender Diverse Youth)] have unique experiences from other TGD [(Trans and Gender Diverse)] populations and other Black populations; therefore, a greater understanding of their specific needs and experiences related to health and stigma is important for reducing health inequities. »

« To increase healthcare access for Black TGDY, it is important that healthcare providers, environments, and policies use an intersectional approach that recognizes multiple axes of oppression experienced by Black TGDY and provide care that is gender-affirming, youthfriendly, and actively addresses racism »

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*Goldfarb et al. (2024)*

## **"They just knew, and that makes all the difference": understanding positive healthcare experiences among trans people in Canada**

*Individualized interviews - Thematic reflective analysis*

« The participant interviews revealed key factors that facilitated positive healthcare ex-

periences for trans individuals. HCP [(Healthcare Practitioner)] attributes included having a health care provider who was 1) LGBTQ+, 2) knowledgeable, experienced, and willing to learn, 3) transparent and empowered patients, and 4) sensitive and accepting. Patient attributes included 1) self-advocacy and 2) connectedness to trans communities. »

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*Gou et al. (2024)*

## **Accessibility and Insurance Coverage for Gender-affirming Surgery in Canada: A Cross-Sectional Analysis**

*Cross-sectional analysis*

« Despite their medically necessary status for the transgender population, facial-affirming surgeries, laser hair removal, and voice affirmation surgeries were not covered by any provinces and territories except for Yukon and PEI. »

« Despite broad coverage, there is a large disparity between coverage of genital procedures and in-province availability with most provinces sending patients to Quebec for genital surgery or other types of GAS [(Gender Affirming Surgery)]. »

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*Hines et al. (2019)*

## **They Just Don't Get Me: A Qualitative Analysis of Transgender Women's Health Care Experiences and Clinician Interactions**

*Interviews, Secondary analysis*

« Participants encountered two clinician types: (a) clinicians who get me and (b) clinicians who don't get me. The clinician type influenced the quality of the health care interaction and the care experience. »

Interactions considered positive:

- › « [C]linicians who provided gender affirming care, were willing to learn about transgender health, and/or who shared social identities»

Interactions considered negative:

- › « Participants perceived clinicians who don't get me to be aloof, uninterested, uncomfortable with transgender identities, or unwilling to provide care. These

clinicians misgendered participants [...] and did not address, or take seriously, their health concerns. »

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*Holland et al. (2024)*

## **The experiences of transgender and nonbinary adults in primary care: A systematic review**

*Systematic review and meta-analysis*

« Findings from this review suggest that TNB people in high-income countries face insufficiently trained providers and discrimination when utilising primary care services. »

« PCPs [(Primary Care Practitioner)] could provide better support through advocating on behalf of TNB [(Trans and Non Binary)] patients, having more communication with their local TNB community and seeking access to guidelines and ongoing research. »

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*Inman et al. (2023)*

## **Reports of Negative Interactions with Healthcare Providers among Transgender, Nonbinary, and Gender-Expansive People assigned Female at Birth in the United States: Results from an Online, Cross-Sectional Survey**

*Online survey*

« Overall, 70.1% (n = 1180) of participants reported one or more of the measured negative healthcare experiences in the past year »

« The most frequently reported experiences included being negatively affected by an HCP's [(Healthcare Practitioner)] opinions about gender identity and/or sexual orientation (n = 955, 56.7%) and having to educate their HCP about gender identity (n = 565, 33.5%) or sexual orientation (n = 429, 25.5%) to receive proper medical care. »

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*Inman et al. (2022)*

## **Patient Preferences for Receiving Gender-Affirming Hormone Therapy**

Preferences of treatment modality: In person or video conference presented.

« Patient access to technology to facilitate telemedicine was widespread; 99.1% of patients (n = 110) surveyed had a device that could facilitate telemedicine (smartphone, computer, or tablet) and 98.2% (n = 109) had a space with internet access where they would feel comfortable having a visit. »

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### Interligne (2024)

## Étude sur la santé mentale auprès des personnes 2ELGBTQIA+

Online survey

- › « Les personnes 2ELGBTQIA+ sont confrontées à des enjeux importants en matière de santé mentale, éprouvant plus de difficultés que le reste de la population. Elles sollicitent davantage les ressources disponibles pour les aider à surmonter ces défis, mais rencontrent aussi plus d'obstacles pour y accéder. De plus, elles sont généralement moins satisfaites du soutien qu'elles reçoivent. »
- › « Certaines sous-populations au sein de la communauté 2ELGBTQIA+ sont particulièrement vulnérables et déclarent une plus mauvaise santé mentale, c'est le cas notamment pour les femmes, les personnes non-binaires, les jeunes adultes (18-34 ans), les personnes ayant un faible revenu, celles en situation de handicap, ainsi que les personnes transgenres. »
- › « Les entreprises peuvent donc améliorer leurs pratiques [d'inclusivité des personnes 2ELGBTQIA+] en renforçant les politiques anti-discrimination (seules 60% en disposeraient actuellement), en offrant des formations sur l'inclusion (41% le feraient actuellement), et en créant des groupes de soutien pour les employés (37% le proposeraient actuellement), favorisant ainsi une culture plus ouverte et sécurisante. »

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### Jackman et al. (2025)

## Outcome measurement for gender-affirming care in Canada: a systematic review

Literature review

« Barriers to accessing care included stigma, discrimination, lack of clinician knowledge, geographic, socioeconomic and institutional barriers. »

« This review reveals gaps in outcome measurement for GAC [(Gender Affirming Care)], particularly underutilisation of [patient-reported outcome measures] and inconsistent outcome measurement and reporting. There is a need to systematically implement [patient-reported outcome measures], including those measuring gender-related constructs, to promote patient centred care »

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*Jaffee et al. (2016)*

### **Discrimination and Delayed Health Care Among Transgender Women and Men: Implications for Improving Medical Education and Health Care Delivery**

*Survey, multivariate logistic regression analysis*

« Overall, 30.8% of transgender participants delayed or did not seek needed health care due to discrimination. »

« Transgender patients who need to teach their providers about transgender people are significantly more likely to postpone or not seek needed care. »

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*Joy et al. (2022)*

### **Compassionate Discourses: A Qualitative Study Exploring How Compassion Can Transform Healthcare for 2SLGBTQ+ People**

*Semi-directed interviews, foucauldian discourse analysis*

« Health professionals who are not trained and not open to understanding 2SLGBTQ+ experiences are also a product of cis-heteronormative discourses and are barriers to improved health. »

« [C]ompassion was viewed in many ways by the participants of this study. It encompassed principles of safety, awareness of language, and the recognition of shared trauma that many 2SLGBTQ+ experience as part of their lives. Compassion was viewed as a central and critical component for healthcare and health professionals to enact as part of optimal care. »

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*Juarez et al. (2023)*

## **Transforming Medical Education to Provide Gender-Affirming Care for Transgender and Gender-Diverse Patients: A Policy Brief**

*Systematic review and meta-analysis*

« Overall, combining a variety of training methods vs using a single method appeared to hold more promise in the provision of affirming/inclusive care training at the undergraduate medical education level. »

Comprehensive list of recommendations related to the medical education of healthcare providers in order to better accommodate 2STNBQ individuals.

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*Jung et al. (2023)*

## **Breaking the Binary: How Clinicians Can Ensure Everyone Receives High Quality Reproductive Health Services**

*Literature review, data synthesis*

- › List of recommendations on best practices for professionals
- › List of assessment tools for sexual health, indicating whether or not they are inclusive
- › List of healthcare recommendations for older 2STNBQ individuals
- › Summary of several types of care such as abortion, fertility, contraception, and other sexuality-related care

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*Justice Trans (2022)*

## **Points de vue 2STNBNG sur l'accès à la justice**

*Survey, focus group, follow-up interviews in Quebec*

- › « Malgré le fait qu'ils rencontrent un grand nombre de problèmes juridiques, les participant.es 2STNBNG se sentaient souvent impuissant.es et déshumanisé.es par le système judiciaire, évitant régulièrement les processus, systèmes et agent.es juridiques à cause d'un sentiment de méfiance ou un manque de conditions

matérielles, telles qu'un logement stable, un emploi ou un revenu nécessaire pour accéder et s'engager dans les systèmes juridiques et judiciaires. »

- › « 43 % des sondé.es ont indiqué avoir été confronté.es à un problème lié à un traitement médical »

The section on healthcare issues is particularly important for the purpose of the AJUSTER project, since it contains a variety of testimonials from people in Quebec on this very specific topic.

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**Kattari et al. (2019)**

### **One size does not fit all: differential transgender health experiences**

*In person and online survey, secondary analysis*

- › « Although extant studies have focused on the need for more transinclusive health care practices for the TNB [(Trans and Non Binary)] community as a whole, this study found that there are differential experiences and needs across gender identity, sexual orientation, and age, even within the TNB community. »
- › « By supporting providers to better understand the medical needs of this diverse population, there is an opportunity to increase access to care, and reduce the number of patients delaying their medical care due to fear. »

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**Kattari et al. (2021)**

### **Transgender and Nonbinary Experiences of Victimization in Health care**

*Online survey, descriptive data analysis*

« [T]he present study found that TNB [(Trans and Non Binary)] individuals experienced victimization in health care settings, particularly verbal victimization (e.g., verbal harassment, doctor used harsh or abusive language). »

« Across all forms of violence examined, disabled TNB individuals had significantly elevated odds ratios for victimization, indicating the need to explore the intersection of ableism and transphobia more fully as related to experiences of violence in health care settings. »

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*Kattari et al. (2020)*

## **Intersecting Experiences of Healthcare Denials Among Transgender and Nonbinary Patients**

*Survey, analysis with multivariate logistic regressions*

« In the entire sample of TNB [(Trans and Non Binary)] participants, 7.85% experienced a denial of care around trans-related issues, and 3.05% experienced refusal of care around general medical issues, indicating that there continues to be an issue with TNB experiencing denials of care. »

« This paper has provided evidence that TNB experiences with health discrimination vary by gender identity and other intersecting social identities. »

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*Kattari et al. (2017)*

## **Differences in Experiences of Discrimination in Accessing Social Services Among Transgender/Gender Nonconforming Individuals by (Dis)Ability**

*Online survey, secondary analysis*

« In all four settings examined in this study [(mental health centers, rape crisis centers, domestic violence shelters, and drug treatment programs)], individuals with multiple disabilities faced a three or greater times higher likelihood of discrimination than those who are nondisabled. »

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*Kattari et al. (2020)*

## **Exploring the Experiences of Transgender and Gender Diverse Adults in Accessing a Trans Knowledgeable Primary Care Physician**

*Online survey, secondary analysis with descriptive statistics*

« Many may have trouble finding a trans knowledgeable provider to be their PCP [(Primary Care Practitioner)]. »

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*Kayitalire, Wolfgang (2024)*

## **L'évaluation psychologique pour les soins d'affirmation de genre : la perspective des patient-es.**

*Semi-structured interviews, thematic analyses*

Recommendations by participants for evaluators and other professionals able to write letters of recommendation enabling access to gender affirmation care :

- › « Rester à jour sur les réalités trans en s'informant auprès des ressources communautaires, et non uniquement scientifiques »;
- › « Garder le prix et le nombre de sessions requises aussi bas que possible »;
- › « Que la [professionnelle de la santé mentale] prenne le temps de rassurer l'usagère, en lui disant qu'elle comprend que l'évaluation peut être intimidante, mais qu'elle n'est pas là pour douter de l'identité de genre des usagères, et que les identités non binaires et non conformes sont les bienvenues. »;
- › « Que la [professionnelle de la santé mentale] ait une connaissance approfondie de la transition et de la détransition médicales, incluant le rétablissement post-chirurgical aux niveaux physique et émotionnel, ce qui devrait inclure une liste de ressources pour les soins d'affirmation de genre qui ne sont pas encadrés par la santé publique, tels que l'épilation permanente. »

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*Kearns et al. (2021)*

## **Experiences of transgender and non-binary youth accessing gender-affirming care: A systematic review and meta-ethnography**

*Systematic review and meta-ethnography*

« Each of these dimensions represent potential barriers and experiences that transgender and non-binary youth may face during healthcare navigation. » :

- › « Disclosure of gender identity
- › The pursuit of care
- › The cost of care
- › Complex family/caregiver dynamics
- › Patient-provider relationships »

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*Kennis et al. (2022)*

## **Gender Affirming Medical Treatment Desire and Treatment Motives in Binary and Non-Binary Transgender Individuals**

*Online survey, mixed analyses*

« Both groups [(Hormone replacement therapy / other gender-affirming medical treatments)] indicated that their motives for GAMT [(gender-affirming medical treatment)] were mostly related to body and/or gender incongruence and a need for gender affirmation. »

« Finally, we found that having an unfulfilled treatment desire is related to lower levels of general and sexual well-being. This indicates that, just like binary transgender individuals, many non-binary transgender individuals have a desire for GAMT, and that not being able to receive GAMT has a negative effect on their mental health. »

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*Klein et Golub (2020)*

## **Enhancing Gender-Affirming Provider Communication to Increase Health Care Access and Utilization Among Transgender Men and Trans-Masculine Non-Binary Individuals**

*Mixed methods, mixed analyses*

Patient self-determination on the language used:

- › « [T]here is tremendous potential for enhancing provider communication, by teaching providers to ask for and use their TMNB patients' preferred language. »
- › « [T]he majority of patients prefer their provider to use medical terminology as opposed to slang when talking about their body. »

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*Knocher et Flunker et al. (2021)*

## **Long-Term Care Expectations and Plans of Transgender and Nonbinary Older Adults**

*Semi-directed interviews, thematic reflective analysis*

« Oppression was at the heart of TNB [(Trans and Non Binary)] older adults' expectations and preparation for aging into dependence. Participants feared that gender identity-related bias would lead to mistreatment when they are unable to self-advocate. They worried their authentic gender would neither be recognized nor allowed free expression. »

« Social workers and other providers can help TNB older adults to build strong, affirming, multigenerational support networks. »

«Some participants hoped that long-term care facilities would become safer, more inclusive places for TNB people by the time they require such care due to growing social awareness and transgender community visibility. This will require intentional, comprehensive, enforced policy and practice reform in long-term care facilities.»

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**Knutson et al. (2018)**

### **Recommendations from Transgender Healthcare Consumers in Rural Areas**

*Consensual Qualitative Research (CQR) analysis*

« Connecting individuals to therapy groups and online networks not only equips them with sources of information but also carries the added benefit of fostering pride, resilience, and identity formation. »

« Our participants noted that their connection to other transgender people in their rural area provided them with a wealth of information about the local providers. »

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**Koehler et al. (2023)**

### **Exploring the Relationship between (De-)Centralized Health Care Delivery, Client-Centeredness, and Health Outcomes—Results of a Retrospective, Single-Center Study of Transgender People Undergoing Vaginoplasty**

*Online survey, retrospective study*

« To be involved in care means that there is an expectation for clients to actively participate in the decision-making process, and to share information and personal values. »

« [P]ostsurgical problems of participants from the decentralized group that could not be handled immediately by the surgeon, e.g., psychological distress caused by unsatisfying

aesthetical results, might not have been addressed properly by their other health care providers. »

« As specialized centers offering centralized health care are mostly located in metropolitan areas, TGD [(Trans and Gender Diverse)] people from rural areas might also have no alternative to accessing transition-related interventions in decentralized settings. »

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**Koehler et al. (2018)**

## **Genders and Individual Treatment Progress in (Non-)Binary Trans Individuals**

*Online survey, Germany*

Data on the diversity of gender affirmation care processes among binary and non-binary transgender individuals.

« [Healthcare practitioners] should not rely on preconceptions of a hypothetical “transsexual biography”, in which all trans individuals want to live as the opposite sex and intend to receive all existing medical treatments accordingly. »

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**Koennelly (2023)**

## **“The Right Story”: Discursive Strategies in Gender-Affirming Healthcare Access**

*Interviews, discourse-centered online ethnography, critical discourse analysis, doctoral thesis*

Interviews with non-binary individuals.

- › « A devastating truth is that in meeting this particular transmedicalist expectation (i.e., in presenting as authentically dysphoric and thus deserving of care), participant-collaborators’ healthcare is deeply compromised. »
- › « [I]n [the participants] view, posing questions risked communicating to the doctor that they are not sufficiently situated along the gradable scale of dysphoric and consequently not sufficiently confident in their decision to pursue care. »
- › « [T]he medicalised notion of Dysphoria fails to capture the nuance and the expansiveness of trans experience. A recognition of the multiplicity of these experiences and a reimagining of dysphoria itself are crucial to moving towards truly affirming care. »
- › « [S]ome participant-collaborators viewed themselves as benevolent supporters

of their doctors' learning, willing to endure their ignorance in order to receive care and hopefully make the experience less fraught for patients who may come after them. »

Recommendations for professionals and patients regarding access to gender affirming care.

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*Lacombe-Duncan et al (2023)*

## **Peer-based interventions to support transgender and gender diverse people's health and healthcare access: A scoping review**

*Thematic analysis and summary*

« Our scoping review highlights a critical need for additional research on [...] »

- › « peer-based interventions that expand beyond HIV health »;
- › « peer-based interventions that address gender-diversity within TGD [(Trans and Gender Diverse)] populations »;
- › « peer-based interventions that are grounded in a framework of and measure outcomes related to gender affirmation ».

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*Lapointe (2022)*

## **Recadrage critique du récit managérial des mutations organisationnelles : l'introduction du lean et la crise du travail dans les hôpitaux et les CHSLD du Québec**

*Focus groups, individual interviews, and survey in Quebec*

When it comes to professionals who are not doctors, the quality of care depends largely on the working conditions of those professionals. Staff management influences working conditions, with lean management going against the needs of workers. Recognizing emotional labor, the need for recovery time, and work overload is the first step toward breaking the «cercle vicieux de la crise du travail dans les hôpitaux.»

Lean management : A production management method that aims to eliminate waste, increase efficiency and performance, and improve overall value for customers.

« Qualifié de “flux tendu à main-d’œuvre réduite” et le plus souvent assimilé à la nouvelle gestion publique, le lean management s’inscrit dans la poursuite de la rationalisation industrielle, amorcée par le taylorisme. »

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**Laungani et al. (2023)**

**GrS Montréal : un hôpital privé spécialisé en chirurgie d’affirmation de genre au  
Canada**

*Educational/historical article*

Presentation of the GrS and the services offered.

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**Lawliet (2022)**

**The Provider’s Letter: Cisgender Anxieties, Specters of Regret, and Trans  
Agency as Liberation**

*Doctorate thesis*

GWM: Gender Wellness Model - «everyone has an ideal gender wellness state, but different individuals may require different interventions to obtain their optimum state of gender wellness.»

The model applies equally to cisgender individuals, those questioning their gender identity, and transgender individuals. It aims to include not only medical care, but also all other related care (e.g., community support, employment support, and others).

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**Lee et al. (2022)**

**“I Don’t Want to Spend the Rest of my Life Only Going to a Gender Wellness  
Clinic”: Healthcare Experiences of Patients of a Comprehensive Transgender  
Clinic**

*Semi-directed interviews*

« Outside specialty transgender settings, many patients had negative experiences with providers who were unwilling or unable to provide care. In the dedicated transgender care setting, patients had positive encounters with providers, and built trusting relationships, yet some also faced long wait times and had to travel great distances to access care. Overall, transgender patients expressed a need for healthcare services, particularly for primary care, that are partially met by the comprehensive care clinic model. »

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**Loo et al. (2021)**

### **Understanding community member and health care professional perspectives on gender-affirming care—A qualitative study**

*Focus groups and individual interviews, inductive theoretical approach*

- › « Healthcare organizations can standardize access for all TGD [(Trans and Gender Diverse)] patients to a knowledgeable TGD health navigator whose services include patient advocacy work with a broad range of stakeholders, including HCPs [(Health Care Practitioners)] and insurance companies. »
- › « Given the rural settings in which many of these participants live, TGD HCPs may be less visible or “out” due to concern for stigma and discrimination [37]. These individuals could experience more professional burnout if they become the sole “expert” on TGD health care at their healthcare organization. Administrators must ensure adequate supports and checks are in place to prevent inadvertently exploiting TGD HCPs. »
- › « Organizational leaders ought to take actions toward employing TGD HCPs and staff at all levels, including in leadership positions with decision-making power to support systems-level changes. »
- › « These strategies are important at individual, interpersonal, and systems levels in order to achieve improvements in health care practice and experiences for both TGD community members and HCPs. »
- › « In making systems-level improvements, healthcare organizations can focus on expanded patient-facing data collection options that include gender-inclusive intake forms and EHR systems[...]. »

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**MacDougall et al. (2024)**

### **Access to Health Care for Transgender and Gender-Diverse Adults in Urban and Rural Areas in the United States**

- › « [R]ural TGD [(Trans and Gender Diverse)] adults frequently report barriers to care [...] »
- › « Meanwhile, medical and nursing schools should promote training to ensure that our future health care professionals are prepared to provide gender-affirming care regardless of where they practice. »
- › « Continuing medical education (CME) may be an option for rural providers wanting to learn more and help fill gaps in gender-affirming care in rural settings. »
- › « [Providers should] expand health care access options in urban gender identity or transgender clinics through telehealth to link rural TGD adults with specialty care providers that may be more difficult to access in rural settings. »

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**MacKinnon et al. (2023)**

### **Exploring the gender care experiences and perspectives of individuals who discontinued their transition or detransitioned in Canada**

*Semi-structured interviews, iterative and inductive approach*

Taking into account the experiences of people who have experienced discontinuity or detransitioning:

- › « To improve the care experiences of people seeking gender care, we recommend that providers: (1) expand the “informed” in informed consent; and (2) offer care that embraces individualized gender transition pathways that is sensitive to the distinctive needs of trans, nonbinary, and gender non-conforming sexual minorities. »
- › « Centering autonomy and bolstering informed consent in gender care may limit decisional regret. »

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**MacKinnon et al. (2021)**

### **Preventing transition “regret”: An institutional ethnography of gender-affirming medical care assessment practices in Canada**

*Institutional ethnography (ex: WPATH)*

« Our analysis explicates how cisnormative discourses of regret coordinate assessment

practices and may materialize from some clinicians' (or clinics') fears of being held legally responsible for trans patient decision-making. Assessment practices, and the overall discursive project of "preventing regret" in trans people, are deeply reflective of how cisnormativity and transnormativity rule biomedicine—including gender-affirming care. »

This excerpt reminds us of TransExpress:

« Likewise, the American investigative journalism television series, 60 Minutes, presents the stories of four regretful detransitioners who claimed that the gender-affirming medical care they themselves received did not meet clinical standards »

« Taken together with our study findings, we underscore that media coverage on detransition may compound clinicians' fears of patient regret, detransition, and liability concerns with trans patients in particular, in effect, discursively coordinating rigid assessment practices . »

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**Masson-Courchesne, Antoine (2025)**

### **La perception des personnes trans à l'égard des évaluations psychologiques pour accéder aux chirurgies génitales d'affirmation de genre.**

*Semi-structured interviews, thematic analysis*

Trois principaux thèmes :

- › « (1) un processus désiré, mais appréhendé;
- › (2) un accompagnement aidant et source de soulagement;
- › (3) un processus d'évaluation jugé nuisible et discriminatoire devant être révisé.
- › La perception des attitudes du personnel évaluateur et de l'utilité du processus d'évaluation se révèlent contrastée, invitant à mieux encadrer les modalités d'accompagnement transaffirmatives vers l'accès à la CGAG dans un contexte québécois. »

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**Mayer et al. (2023)**

### **Desired decision-making role and treatment satisfaction among trans people during medical transition: results from the ENIGI follow-up study**

*Follow-up study, mixed analysis*

«Adaptations to current policies, such as removing mandatory assessments, could improve the SDM [(Shared decision making)] process in trans health care [...]»

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**McSky et al. (2023)**

## **Transgender and Gender Nonbinary Patient Experiences in the Emergency Department: A Regional Study**

*Survey, statistical analysis*

«From these results, it is our recommendation that EDs [(Emergency Departments)] ask and obtain pronouns at check-in and provide formal training on TGNC/NB [(Trans and Gender Non Conforming / Non Binary)] care to all patient-facing staff.»

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**Meer and Müller (2017)**

## **“They treat us like we’re not there”: Queer bodies and the social production of healthcare spaces**

*Educational article / theoretical applications*

- › « [T]he space, in its physical constitution is ordered - intended and equipped - for use by and for heterosexual healthcare users. »
  - › « In particular, we reveal how spatial ordering and socially entrenched attitudes and knowledge biases manifest in and reinforce interactions between queer healthcare users and providers. »
  - › « [W]hilst resistance is significant in reconfiguring the power geometry of the healthcare space, this relies on individual action and empowerment, and also inherently involves a degree of risk. »
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**Metastasio et al. (2018)**

## **Transitioning Bodies. The Case of Self-Prescribing Sexual Hormones in Gender Affirmation in Individuals Attending Psychiatric Services**

*Case study*

« Self-prescribing of sexual hormones is a widespread, but poorly studied phenomenon. As highlighted in our work, the lack of access to specialised centres, stigmatisation and marginalisation of the TGNC [(Trans and Gender Non Conforming)] population as well as the motivations underlying DIY [(Do It Yourself)] hormonal treatment, deserve further consideration. »

« The role of mental health services is particularly important because, before the gender affirmation process, TGNC individuals suffer from a higher rate of mental illnesses and mental discomfort (often due to stigma, discrimination and non-acceptance by family and society). For this reason, mental health professionals are more likely to encounter TGNC individuals in need of support but also have a crucial role to play as an advocate. »

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**Meyer, Gabriel (2022)**

### **Black Transgender Women's Barriers to Gender Affirmation in Healthcare**

*Scientific poster*

« The healthcare system will not be a simple fix, as BTW [(Black Transgender Women)] face the result of three levels of stigma associated with being transgender, complicated with systemic racism and worse healthcare for Black people. »

« These barriers come from untrained doctors, transphobic insurance policies, distorted views of transgender people, and systemic racism. »

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**Mitchell et al. (2021)**

### **The Long Arm of Oppression: How Structural Stigma Against Marginalized Communities Perpetuates Within-Group Health Disparities**

*Conceptual model*

Visual: «A conceptual model for within-group health disparities among stigmatized communities.»

« [O]ur primary intention was to demonstrate the "long-arm" or reach of structural stigma and how it can disrupt community solidarity and create conflict and hierarchies within stigmatized communities. We posit that this disruption of group solidarity contributes to within- and between-group health disparities. »

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*Morand et al. (2025)*

## **Trans care : se rendre « lisible » pour se faire soigner**

*Article de journal communautaire*

« Les personnes trans doivent arbitrer stratégiquement entre ce qu'elles révèlent, taisent ou transforment pour améliorer leur chance d'être entendues, respectées et prises en charge. En effet, le milieu de la santé est extrêmement transnormatif, c'est-à-dire qu'il n'accepte, la plupart du temps, qu'une vision médicale et binaire de la transidentité. »

« L'écart [entre le discours transmédicaliste des institutions hospitalières et l'expertise autonome développé par les personnes trans] prive non seulement les personnes trans d'un espace de soins sécuritaire, elles qui ont, souvent encore plus que d'autres, besoin de la collaboration du système de santé, mais prive aussi l'institution hospitalière et les professionnel·les de la santé de l'expertise développée par les personnes trans qui dépasse grandement leurs propres connaissances. »

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*Morse et al. (2023)*

## **Co-design of the Transgender Health Information Resource: Web-Based Participatory Design**

*Web platform design workshops / Mobile app*

- › « [T]his approach is helpful when recruiting members from marginalized communities that are small and geographically dispersed, especially rural communities. »
- › The importance of online resources taken into account with transitioner.info, an information tool from TransEstrie on gender affirming care :
- › «Multiple participants reported that a health information resource of this nature would have been helpful in their journey toward gender identity exploration or gender transition.»

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*Müller et DeSimone (2023)*

## **Bringing Gender-Affirming Care to Primary Care: Use of a Multimodal Curriculum to Educate Nurse Practitioners and Nurse Practitioner Students**

*Pre-intervention and post-intervention survey*

« [U]sing a multimodal approach [to nurse practitioner students' curriculum] has been significantly effective. »

« Educators should aim to include transgender content in all levels of nursing curricula[...] »

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**Mulcahy et al. (2022)**

## **Gender Identity, Disability, and Unmet Healthcare Needs among Disabled People Living in the Community in the United States**

*Online survey, observational, descriptive, and cross-sectional analysis*

« Transgender people with disabilities were also more likely to have unmet healthcare needs compared to cisgender people with disabilities. »

« This greater likelihood of unmet needs experienced by transgender people with disabilities is perhaps reflective of the compounding effects of both disability and gender identity on unmet healthcare needs. »

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**N. Kaur et al. (2025)**

## **Core competencies for healthcare practitioners and clinics providing gender-affirming care from the patient perspective: An international qualitative study**

*Concept elicitation interviews, content analysis*

- › « Patient-centered core competencies should be integrated into [healthcare practitioners] trainings and clinic workflows and have the capability to improve the quality of care that [transgender and gender-diverse] patients receive. »

Four domains of competencies pertaining to healthcare providers:

- › « generic traits (professionalism, nonjudgmental attitude, openness) »;
- › « cultural competency (awareness of TGD-specific [(Trans and Gender Diverse)] health issues, trauma-informed care) »;
- › « patient-centered care (incorporating patient preferences, knowledge, and goals into treatment plans) »;
- › « care organization and delivery (multi-disciplinary care) ».

Two domains of competencies pertaining to clinics:

- › « generic traits (timeliness, efficiency, responsiveness) »;
- › « gender-affirming care-specific cultural competency (culturally competent support staff, discrete check-in processes, non-assumptive forms) ».

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**Nogues et Tremblay (2023)**

### **Nurses' work experiences 5 years after hospital merger in the province of Quebec/Canada—An exploratory qualitative study**

*Semi-structured interviews, thematic analysis*

« Our participants perceived an increased distance between decision-making instances and the field, removal of support positions, a disempowerment of local nursing care departments, as well as a reduction of training resources. »

Lean management mentioned (see Lapointe et al. above in the text for a definition of lean management)

« Our findings reflect on the complexity of mergers and organisational changes in general for nurses, and highlight various realities from one healthcare facility to the next, and within the same administrations. »

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**Owen-Smith et al. (2016)**

### **Perceptions of Barriers to and Facilitators of Participation in Health Research Among Transgender People**

*Focus groups, thematic analysis*

Recommandations:

- › Using multiple modes of communication to reach more marginalized/isolated subgroups.
- › Having trans recruiters, or at least ensuring that the team has training in the necessary cultural competence.
- › Researchers must consider how recruitment and the study are presented to avoid issues of outing during participation.

- › Researchers should pay particular attention to accessibility for all: flexible availability, proximity to public transportation, and other considerations.
- › Compensate participants appropriately for their time, transportation, meals, and other expenses. Preferably financially, or by sharing resources.
- › Researchers must be transparent when presenting the project and the purpose of their participation. It is very important to provide follow-up on research results.

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*Paré et al. (2020)*

### **Parcours développementaux des jeunes trans et non-binaires recevant des soins d'affirmation de genre au Canada.**

*Individual interviews with young people, individual interviews with parents*

« Ainsi, nos données confirment l'importance (1) de suivre l'initiative de l'enfant lorsqu'il a besoin d'un soutien dans le développement de son identité de genre et (2) de remettre en cause l'idée selon laquelle il existerait un moment ou un indice unique chez l'enfant pour avoir une certitude avant de transitionner socialement ou médicalement. »

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*Perone (2020)*

### **Protecting Health Care for Transgender Older Adults Amidst a Backlash of U.S. Federal Policies**

*Informative article*

« Social workers can protect healthcare for transgender older adults by staying abreast of key policies that shape their clients' access to health and trans-inclusive care and by proactively advocating for transgender older adults »

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*Perron et al. (2022)*

### **Characteristics, barriers and facilitators of initiatives to develop interprofessional collaboration in rural and remote primary healthcare facilities: a scoping review**

Barriers:

- › « Insufficient human resources »;
- › « [L]evel of engagement of health professionals in becoming familiar with the particularities of this context »;
- › « Family physicians frequently lacked an understanding of the basic knowledge and skills of nurse practitioners and midwives, leading to confusion and concerns surrounding who was responsible for which aspects of patient care. »;
- › « [P]atterns of working independently rather than collaboratively were ingrained in team members, resulting in a lack of teamwork ».

Facilitators:

- › « Teams in rural or remote areas were typically smaller, which promoted proximity »;
- › « Past experiences and relationships »;
- › « Connection to community »;
- › « Flexibility and openness »;
- › « Financial support ».

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**Poteat et al. (2013)**

**Managing uncertainty: A grounded theory of stigma in transgender health care encounters**

*Individual interviews with patients, Individual interviews with professionals*

Visual: « Managing Uncertainty and Establishing Authority: A grounded theory of how stigma manifests as a force impacting power relations between medical providers and transgender patients. »

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**Pratt-Chapman et al. (2021)**

**“When the pain is so acute or if I think that I’m going to die”: Health care seeking behaviors and experiences of transgender and gender diverse people in an urban area**

« Gender dysphoria was amplified by the gendered language of screening clinics and by misgendering and gatekeeping by clinicians. »

« This study suggests that there is significant room for improvement in the provision of health care information to TGD [(Trans and Gender Diverse)] individuals to optimize their health literacy [...]. »

« Results also suggest a need for improvements to provider communication skills, clinical knowledge, and cultural competency through training and education. »

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**Prudan (2021)**

### **Visibility Matters: Listing of two-spirit and/or Indigenous first**

*Community journal article*

« Even though this association exists, there is a marked difference between the Two-Spirit movement and non-indigenous LGBTQIA\* identities and communities. »

« Why 2S should be listed first?: Two-Spirit Indigenous people were the first sexual and gender minority people of Turtle Island (University of Manitoba). »

« `Two Spirit` [...] predates western frameworks, concepts or identities of LGBTQIA\* »

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**Puckett et al. (2022)**

### **Suggestions for improving healthcare for transgender and gender diverse people in the United States**

*Logbook and online survey, thematic analysis*

« These suggestions included eliminating cisnormativity, maintaining a holistic approach, adjusting conceptual frameworks for TGD [(Trans and Gender Diverse)] care, eliminating accessibility barriers, improving interactions between providers/clinics and clients, and training related issues. These findings reveal some of the steps needed to address documented inadequacies in TGD care, aiding the development of affirming and knowledgeable

providers. Implementing these suggestions could lead to an increase in the availability and quality of TGD care, benefitting the overall health of TGD populations. »

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*Pulice-Farrow et al. (2021)*

**‘None of my providers have the slightest clue what to do with me’:  
Transmasculine individuals’ experiences with gynecological healthcare  
providers**

*Online survey, critical inductive semantic approach to reflective thematic analysis*

« Our findings offer gynecological providers and their staff the opportunity to reflect on and analyze their current clinical practices regarding patient comfort levels, language used, provider assumptions, and provider knowledge to determine areas of strength and areas for improvement for their clinic or facility. »

« Many transmasculine individuals are treated by gynecologists who have an unclear understanding of the unique needs of this population, which is then perceived to be a barrier to accessing services. »

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*Pullen Sansfaçon et Serich-Gulick (2020)*

**La recherche sur les jeunes trans et leurs familles au Québec**

*Community consultation*

Ideas and recommendations to help transgender youth and their families:

- › Understanding, equipping, and supporting transgender and questioning youth
  - › Understanding, equipping, and supporting parents and families
  - › Services (access, lack, need for support, and others)
  - › Cross-sectional themes (diversity of realities, public perception)
- 

*Pullen Sansfaçon et al. (2019)*

**The experiences of gender diverse and trans children and youth considering and**

## initiating medical interventions in Canadian gender-affirming speciality clinics

*Semi-structured interviews with young people and their parents, thematic analysis*

« These results allow a deeper understanding of the ways in which gender-affirming care improved youth's well-being. By reinforcing the gender-affirming model of care, clinics will be better equipped to meet the needs of young people who seek medical interventions. »

Concept of urgency to act described in this text.

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*Pullen Sansfaçon et al. (2021)*

### **Soutien et non soutien parental des jeunes trans : vers une compréhension nuancée des formes de soutien et des attentes des jeunes trans**

*Semi-structured interviews, qualitative analysis*

« Nos données prouvent que le soutien parental ne peut se limiter à un simple discours d'acceptation : celui-ci doit s'assortir de gestes concrets de soutien à l'enfant dans son expression de genre. Un parent soutenant est donc un parent qui accompagne son enfant en répondant à ses besoins (notamment en lui permettant d'effectuer une transition si tel est son souhait). »

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*Pullen Sansfaçon et al. (2022)*

### **Experiences and Stressors of Parents of Trans and Gender-Diverse Youth in Clinical Care from Trans Youth CAN!**

*Survey*

Hormone blockers:

« Their experience appears to differ from that of other parents of TGD [(Trans and Gender Diverse)] youth in several key ways: less frequent experience of grief, reporting positive feelings about their youth's gender diversity, and certain specific stressors related to seeking medical care. »

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*Pullen Sansfaçon et al. (2023)*

## **Understanding the experiences of youth who have discontinued a gender transition: Provider perspectives.**

*Survey*

«Hence, our results about the observations of youth discontinuation by providers show no evidence that the approach is correlated with lower rates of regret or discontinuation.»

«Therefore, providers should not adopt the stance of trying to avoid discontinuation at any cost by drawing on a particular intervention; rather, they should develop an intervention that supports youth in examining their transition-related needs, that allows for exploration of their hopes, their worries, their questions or their doubts, as well as their capacity to provide consent, and to accompany them during this important journey, whether they will discontinue it or not in the future.»

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*Pullen Sansfaçon et al. (2025)*

## **Exploring the practice principles and beliefs of trans-care providers working with trans and detrans youth: A survey-based analysis**

*Online survey, thematic analysis*

Healthcare providers who interacted or followed youth who have detransitioned or discontinued a transition are more inclined to think that:

- › Youth have access to medical transition too quickly
- › Discontinuation of transition reflects a youth's emotional maturity
- › It is possible that some youths are unduly influenced by social media in relation to trans identity and transition

« We also question why the beliefs of providers who have met YDT are more reflective of the media coverage of detransition than of the scientific evidence. »

Recommendations:

- › The creation of a section on discontinuation in the WPATH's Standards of Care
- › For the WPATH to offer more knowledge and training on gender fluidity, detransition and discontinuation
- › That healthcare providers have an easier access to the most up-to-date evidence on detransition and discontinuation

- › For researchers to make research results more accessible to the media as to bring nuance to the discourse around detransition

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*Racine, Marie-Michelle (2016)*

### **Guide d'accompagnement méthodologique : le groupe de discussion**

*Methodological guide*

Guide explaining how a focus group works, its advantages and disadvantages, and how to plan, moderate, and analyze one. Also contains pre-made documents to facilitate these steps.

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*Ragosta et al. (2023)*

### **Community-generated solutions to cancer inequity: recommendations from transgender, non-binary and intersex people on improving cancer screening and care**

*Focus groups, thematic analysis*

« In interactions with their healthcare provider, participants wanted to be respected and to be asked directly about their gender identity, pronouns and—notably for intersex individuals—about their body parts. »

« Recognising the diversity of bodies, genders and behaviours offers a path for providers to actively improve transgender, non-binary and intersex individuals' health and will ultimately contribute to more equitable cancer screening, treatment and overall community health. »

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*Reisner et al. (2022)*

### **Gender-Affirming Mental Health Care Access and Utilization Among Rural Transgender and Gender Diverse Adults in Five Northeastern U.S. States**

*Survey, mixed analyses*

« For psychotherapy services, distance to travel and transportation were also frequently reported barriers. Travel and transportation barriers for psychotherapy services may be especially burdensome because counseling may occur frequently (e.g., weekly). »

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**Roach (2024)**

### **Exploring The Transgender Individual's Experience With Healthcare Interactions: A Phenomenological Study**

*Semi-structured interviews*

- › « The theme of disenfranchised versus empowered experiences explicated stories of being misgendered and an exacerbation in one's gender dysphoria when interacting with a disrespectful healthcare personnel member. »
- › «The theme of challenges with accessing health care explained participants' need to gather information and self-imposed research strategies to enhance their knowledge of transgender health care and to find local transgender-friendly providers.»
- › « First, misgendering can be swiftly eliminated if nurses identify correct pronouns and preferred names for all patients at the start of a care visit. »
- › « Nurses must practice compassion and empathy to understand the transgender experience. »

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**Romanelli et Lindsey (2020)**

### **Patterns of Healthcare Discrimination Among Transgender Help-Seekers**

*Survey, analyze-classify-analyze strategy*

« Holding an additional marginalized identity (e.g., biracial and Native THSs [(Transgender Help-Seekers)] or poverty-impacted THSs) was associated with increased risk for experiencing patterns of overt healthcare discrimination. »

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**Ross et al. (2023)**

### **Voices from a Multidisciplinary Healthcare Center: Understanding Barriers in**

## Gender-Affirming Care—A Qualitative Exploration

*Individual interviews, thematic analysis*

« Four themes emerged from the thematic analysis: lack of continuity: organizational and institutional factors, patient–staff dynamics, inadequate information and support, and lack of autonomy in decision making. »

« To improve trans\* research, it is important to center the voices of trans\* individuals, prioritize participatory approaches, and uphold ethical considerations. »

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*Rutherford et al. (2021)*

### **Health and well-being of trans and non-binary participants in a community-based survey of gay, bisexual, and queer men, and non-binary and Two-Spirit people across Canada**

*Survey, comparative analysis*

« Collectively, our findings demonstrate that trans [men] and non-binary people experience significant disadvantages compared with cisgender sexual minority men. »

« Improved educational supports and employment protections, access to queer and gender affirming healthcare, and trauma-informed mental health services are needed to improve the health and wellbeing of trans and non-binary people in Canada. »

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*Safer et Pearce (2013)*

### **A Simple Curriculum Content Change Increased Medical Student Comfort with Transgender Medicine**

*Questionnaire pré-cours et post-cours*

« Prior to the unit, 38% of students self-reported anticipated discomfort with caring for transgender patients. In addition, 5% of students reported that the treatment was not a part of conventional medicine. Students in the second-year class were no different than other students. Subsequent to the teaching unit, the second-year students reported a 67% drop in discomfort with providing transgender care ( $P < .001$ ), and no second-year

students reported the opinion that treatment was not a part of conventional medicine. »

« A simple change in the content of the second-year medical school curriculum significantly increased students' self-reported willingness to care for transgender patients. »

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**Savard et al. (2022)**

### **Regards sur les difficultés vécues lors de la transition chez les jeunes ayant détransitionné**

*Semi-structured interviews, thematic analysis*

« [L]es difficultés entourant la transition s'articulaient autour de deux principales thématiques, soit les difficultés intrinsèques, qui avaient trait aux ressentis internes négatifs liés à la transition ainsi que les difficultés extrinsèques qui, elles, concernaient davantage les contraintes externes, provenant de l'environnement, mentionnées par les participant·e·s. On remarque que de manière générale, une grande majorité des difficultés rapportées par les participant·e·s trouvent écho dans la littérature portant sur les jeunes TNB [(Trans et Non Binaire)]. »

« De manière distincte à la littérature concernant les jeunes TNB, les jeunes rencontré·e·s rapportaient des déceptions liées à l'absence d'amélioration du ressenti global ainsi que du statut social durant la transition. »

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**SAVIE-LGBTQ (2022)**

### **Besoin de formation en santé LGBTQ+ pour les professionnel·le·s**

*Infographic*

« Au Québec, 43,7% des personnes trans et non binaire ont dû fournir elles-mêmes à un·e médecin ou un·e professionnel·le des informations sur la santé trans pour obtenir des soins appropriés, une proportion qui diminue à 15,7% chez les femmes [cis] LGBTQ+ et à 8,2% chez les hommes [cis] GBQ+. »

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**SAVIE-LGBTQ (2022)**

## Des savoirs sur l'inclusion et l'exclusion des personnes LGBTQ

*Summary sheet of a reflective workshop*

Transgender and non-binary people:

- › « Il y a également des facteurs environnementaux qui ont une influence sur la manière dont se passe la divulgation d'identité de genre. Notamment, le fait de vivre dans un petit milieu rural rend la divulgation partielle impossible. Un autre facteur environnemental important souligné lors de l'atelier est en lien avec l'appartenance à une communauté racisée. »
- › « Par exemple, l'absence de formation sur les parcours trans dans les services pharmaceutiques a été rapportée lors de l'atelier. »

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### SAVIE-LGBTQ (2022)

#### Portrait des personnes non-binaires du Québec

*Research results*

- › « Près d'une personne non-binaire sur deux a rapporté des besoins de santé non-comblés »
- › « Seulement 12% des personnes non-binaires ont rapporté un climat très acceptant pour les personnes trans et non-binaires dans les services de santé »
- › « 42% des personnes non-binaires ont été dans l'impossibilité de payer le loyer, des factures ou des dettes à temps au cours de l'année précédant l'enquête. »

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### Scheim et al. (2021)

#### Health care access among transgender and nonbinary people in Canada, 2019: a cross-sectional survey (TRANSPULSE)

*National quantitative survey*

- › « Among 2217 transgender and nonbinary residents of Canada surveyed in 2019, we found suboptimal access to both general and gender-affirming health care services. »
- › « Realizable access to trans-competent care was less common, with between

42.2% and 65.8% of participants indicating that they had a primary care provider with whom they felt comfortable discussing trans health issues. »

- › « [T]rans and nonbinary people in Canada continue to be medically underserved, with particularly stark levels of unmet health care need and substantial wait times for potentially urgent gender-affirming care. »

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### **Seelman et Poteat (2020)**

#### **Strategies used by transmasculine and non-binary adults assigned female at birth to resist transgender stigma in healthcare**

*Semi-structured interviews, Bengtsson analysis*

Sur les proches aidant-es :

- › « these supportive people may offer comfort, help challenge poor quality care among providers, or act as mediators of communication. Additionally, some participants were also active supports of other trans/NB people – providing information and health advice, for example, that may not be effectively offered by medical providers. »
- › « Our findings suggest that transmasculine and NB [(Non Binary)] adults AFAB [(Assigned Female At Birth)] also do their own research as part of preparing for engaging with a stigmatizing healthcare system. They are doing research to find knowledgeable providers and educating themselves about trans health to better ensure their own adequate care (health literacy). They gather and share information and knowledge about healthcare issues, risk factors for trans men and NB adults, and the types of services they need. »
- › « [T]here can also be heightened health risks to avoiding care. This is particularly true for medical emergencies, accessing hormones, and dealing with post-surgical complications, all of which were discussed by participants as situations when they or their trans friends have avoided seeking help due to fear of discrimination. »
- › « [A]ctions taken for self-care and safety – such as avoiding a provider or strategically disclosing one’s trans identity. »

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### **Seelman et al. (2021)**

#### **Predictors of healthcare mistreatment among transgender and gender diverse individuals: Are there different patterns by patient race and ethnicity?**

*Online survey, mixed quantitative analyses*

« [T]he post-hoc tests showed that certain sociodemographic groups were at greater risk of experiencing mistreatment, including trans men and trans women; LGQ [(Lesbian, Gay, Queer)]/SGL [(Same-gender loving)] / other adults; Alaska Native/American Indian and Middle Eastern/North African populations; those who lived in the West; those living in poverty; those with a disability; and those with at least some college education. »

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**Silverman et Baril (2022)**

### **Transer la démence : repenser la contrainte à la continuité biographique en théorisant le cisisme et la cisnormativité**

*Relations and theoretical applications*

« We argue that the compulsory biographical continuity needed to maintain the pre-dementia self is based on interlocking forms of ageism, ableism, and cogniticism, and interacts with what we call cisism (the oppressive system that discriminates against people on the basis of change) »

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**Snelgrove et al. (2012)**

### **“Completely out-at-sea” with “two-gender medicine”: A qualitative analysis of physician-side barriers to providing healthcare for transgender patients**

*Semi-structured interviews, exploratory study*

- › « Physicians commonly identified barriers to care provision in the context of not knowing the available resources or care strategies appropriate for the trans patient population. »
- › « The concept of “two-gender medicine” emerged to characterise health system barriers. At the institutional level, these barriers manifest as systematic failures in recognising and accommodating the healthcare needs of trans patients. »
- › « Clinical management of trans patients is complicated by a lack of knowledge, and by ethical considerations regarding treatments—which can be unfamiliar or challenging to physicians. The disciplinary division of responsibilities within medicine further complicates care; few practitioners identify trans healthcare as an interest area, and there is a tendency to overemphasise trans status in mental health evaluations. Failure to recognise and accommodate trans patients within sex-segregated healthcare systems leads to deficient health policy. »

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Soled et al. (2022)

## Changing language, changes lives: Learning the lexicon of LGBTQ+ health equity

*Educational article*

« This paper is a primer in learning the lexicon of LGBTQ+ health equity and supports efforts to promote nurses' and midwives' understanding of culturally sensitive and person-centered language. »

Table showing examples of obsolete terminology and their modern equivalents.

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Soled et al. (2022)

## Interdisciplinary clinicians' attitudes, challenges, and success strategies in providing care to transgender people: a qualitative descriptive study

*Interviews, conventional content analysis*

« Institutions should invest in recruiting professionals with expertise in caring for transgender people and mentorship development programs, an often-overlooked area, and every staff member who interacts with patients should be trained to provide inclusive services, no matter their role. »

« Most clinicians felt that caring for transgender people was rewarding. At the same time, they held strong biases about patient identities, practices, and priorities. »

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Stroumsa et al. (2019)

## Transphobia rather than education predicts provider knowledge of transgender health care

*Online survey, mixed analysis*

« We found that increased hours of education were not associated with improved provider knowledge of transgender health care. The only factor predicting knowledge in the overall model was transphobia. »

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*Sutherland, D. Kyle (2022)*

**Exploring factors contributing to care-seekers' level of discomfort discussing a transgender identity in a health care setting**

*Quantitative online survey*

Factors contributing to discomfort towards opening up to a healthcare professional:

- › Not knowing the professional,
- › having experienced medical discrimination,
- › having experienced discrimination in school,
- › having experienced assault (e.g., physical or sexual)

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*Tan et al. (2022)*

**«I teach them. I have no choice»: experiences of primary care among transgender people in Aotearoa New Zealand**

*Survey, mixed analyses*

- › « The analyses present in this article demonstrate that transgender participants in the Counting Ourselves survey are more likely to report negative experiences of primary care and barriers to accessing care compared to the Aotearoa New Zealand general population. »
- › « Our qualitative findings showed enabling resources such as affordable cost and low travelling time were not always readily available for transgender participants. Likewise, our quantitative findings revealed cost and transport as notable barriers to accessing primary care, with transgender participants having about three to five times greater risk than the general population of reporting an unmet need for GP visits due to these barriers. »

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*Taylor et al. (2020)*

**Être en sécurité, être soi-même 2019 : Résultats de l'enquête canadienne sur la santé des jeunes trans et non-binaires.**

*National survey*

- › « Plus d'un·e jeune sur quatre (28 %) a signalé avoir été forcé·e physiquement à avoir des relations sexuelles contre son gré [...] »
- › « La plupart des jeunes trans ou non-binaires (63 %) ont indiqué avoir souffert d'une grande détresse émotionnelle, mais ceux bénéficiant du soutien de leur famille, fréquentant des écoles sûres ou ayant changé de prénom officiel étaient moins susceptibles de signaler un tel niveau de détresse émotionnelle. »
- › « Environ 74 % des jeunes avaient évité les toilettes publiques par crainte qu'on les harcèle, qu'on les perçoive comme une personne trans ou que leur identité trans ne soit "outée" ou découverte. »
- › 35% of trans and/or non-binary youth in Quebec have had a disorder or physical problem lasting at least 12 months.
- › 71% Trans and/or non-binary youth in Quebec are uncomfortable or very uncomfortable talking about their gender-affirming healthcare needs

*Tyler et al. (2023)*

### **Qualitative metasummary: Parents seeking support related to their TGNC children**

*Systematic literature review*

- › « [W]e found that parents seek resources, build communities, and engage in advocacy in-person and online. Providers can meet the needs of parents in-person and online, especially by offering online services to parents and TGNC children in more rural locations. »
- › « Providers can employ multiple strategies to make their services accessible, including sharing information with local TGNC [(Trans and Gender Non Conforming)] and LGBTQ familial support groups. Parents commonly sought support from other parents of TGNC children. Providers may consider sharing their contact information and resources at support groups to make themselves accessible to parents of TGNC children. »
- › « [There was a] necessity to travel far to access providers with training in gender affirming care. »
- › « [Parents highlighted] the need for inclusive messaging available at multiple points of access: professional websites, building entrances, reception desks, and in healthcare providers' offices. Providers can also introduce themselves by sharing and asking for patients' pronouns. »

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UETMISSS - Unité d'évaluation des technologies et des modes d'intervention en santé et en services sociaux du CIUSSS de l'Estrie - CHUS (2022)

**Diversité de genre, État des connaissances : Changement de culture organisationnelle pour un CIUSSS de l'Estrie - CHUS inclusif (volet 1), constats et Plan de transfert des connaissances**

*Inventory and overview of literature*

« [I]dentification des barrières rencontrées par les usager·ère·s trans et non binaires et des pistes d'action potentielles de l'organisation pour la promotion de l'inclusivité [...] »

Key document for the AJUSTER project since it is a document from Estrie that focuses in great detail, on the subject of healthcare provision for gender-diverse individuals.

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UETMISSS - Unité d'évaluation des technologies et des modes d'intervention en santé et en services sociaux du CIUSSS de l'Estrie - CHUS (2023)

**Diversité de genre - optimisation de l'offre de soins et de services pour les personnes trans et non binaires au CIUSSS de l'Estrie-CHUS (volet 2) : Avis d'évaluation**

*Potential solutions*

13 recommendations that could be applied to all CISSS/CIUSSSs in Quebec, since these organizations aim to standardize healthcare.

Key document for the AJUSTER project.

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*University of Minnesota*

**Access to Specialty Care for Medicare Beneficiaries in Rural Communities**

*Online survey*

«[D]istance is likely a factor in easily accessing specialty care.»

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*Valente et al. (2023)*

## **Positive patient-provider relationships among transgender and nonbinary individuals in New York City**

*Interviews, inductive thematic analysis*

« Findings from our study emphasize that clinical expertise, including technical knowledge about gender-affirming care, is critical in addition to cultural competence [...] »

« In addition, training and education interventions should be coupled with structural and organizational changes in health clinics and systems for sustained impact and decreased reliance on individual providers. »

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*Van Heesewijk et al. (2022)*

## **Transgender health content in medical education: a theory-guided systematic review of current training practices and implementation barriers & facilitators**

*Theory guided literature review*

Pathologization:

- › « As an organizational principle of medical practice, western biomedical dualism relies on the use of often binary categories to classify health and disease and predict disease patterns and trends. »

About training courses:

- › « [L]earning goals and pedagogical strategies generally lacked completeness, in particular related to content about clinical communication with transgender patients, critical reflexivity on student's individual views on sex and gender, understanding patients' identities and experiences through an intersectionality lens, and providing good care to transgender patients outside of specialized transition care. »
- › « Barriers to training implementation included lack of educational materials, lack of experienced staff or (simulation) staff with transgender lived experience, lack of ties to the transgender community, and time and costs constraints. »
- › « [F]acilitators included using flexible formats, scaffolding learning throughout the curriculum, employing co-creative and multi-disciplinary approaches to development and delivery of educational content, and engaging learners in skills-based training. »

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*Vasudevan et al. (2022)*

## **Health Professions Students' Knowledge, Skills, and Attitudes Toward Transgender Healthcare**

*Survey, quantitative analysis*

« Our research demonstrates that MD [(medical)], PA [(physical assistant)], and CN [(clinical nutrition)] students exhibit an equally high degree of personal comfort and willingness in caring for transgender patients but lack the knowledge and skills to confidently care for this vulnerable patient population. »

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*Veale et al. (2022)*

## **Setting a research agenda in trans health: An expert assessment of priorities and issues by trans and nonbinary researchers**

*Interviews, writing workshop for this article*

« Trans health conferences, especially those that are led by trans people or have trans people's perspectives centered, are helpful for trans researchers to build the connections that they need. »

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*Vinson et Underman (2020)*

## **Clinical empathy as emotional labor in medical work**

*Case study*

- › « In this analysis, we argue that teaching communication skills associated with clinical empathy is an education in how to do emotional labor in the clinical encounter. »
- › « Emotional labor also involves learning to address and manage one's own and the patient's emotions. »
- › « Techniques of clinical empathy can also be employed in situations of uncertainty. In a case about communicating with a transgender patient who has not seen a physician in years because of discrimination, medical students frequently encountered challenges because of the limitations of their knowledge about transgender

health. »

- › « Empathy is operationalized in formal curricular settings through a range of overt discussions about language use, body language, tone, and ways of touching and being touched by patients. »
- › « As we have shown, consumerism and corporatization are historical processes that shape everyday work through placing constraints in the work environment that have downstream effects on the clinical encounter. »

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**Walsh et al. (2020)**

### **Patterns of Healthcare Access and Utilization among Nonurban Transgender and Nonbinary Patients at a Large Safety Net Health System in Colorado**

*Electronic medical record (EMR) analysis*

« Our study findings suggest that proximity to care may not be the most important factor for TNB [(Trans and Non Binary)] people when seeking a provider. »

« The large number of patients traveling for care may reflect a lack of accessible gender-affirming care locally, which should be a call to medical providers to seek out training to be able to meet the needs of TNB patients in their communities. »

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**Westmacott et al. (2023)**

### **Toward informed consent: Canadian providers' perspectives on presurgical mental health assessments for gender-affirming surgeries.**

*Online survey, mixed analyses*

« Based on the reported experiences of providers in this study, we suggest that presurgical assessment and treatment during pre-, peri-, and postoperative periods taking place in either multidisciplinary teams or family practice should be: (a) optional, with allowance for general or medical transgender care providers to request and require consultation when needed, and (b) focused on facilitating peri-operative and postoperative well-being versus focused on cisnormative "proving" of transness and current well-being to assessors. »

« [C]linging to presurgical mental health assessment and working in multidisciplinary teams using inflexible, overdeveloped processes, as well as underprioritizing peri- and

postsurgical care and support, renders clinicians stuck in a gatekeeping role. »

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**World Health Organization (2017)**

### **Joint United Nations statement on ending discrimination in health care settings**

*Statement*

« Discrimination in health care settings takes many forms and is often manifested when an individual or group is denied access to health care services that are otherwise available to others. It can also occur through denial of services that are only needed by certain groups, such as women. Examples include specific individuals or groups being subjected to physical and verbal abuse or violence; involuntary treatment; breaches of confidentiality and/or denial of autonomous decision-making, such as the requirement of consent to treatment by parents, spouses or guardians; and lack of free and informed consent. »

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**Zoldan et al. (2023)**

### **Le vécu des parents d'enfants trans et non-binaires au Saguenay-Lac-Saint-Jean**

*Interviews, critical contextual hermeneutic analysis*

« Les résultats ont montré que les parents ont vécu un stress parental accru lié à la transphobie, aux normes de binarité de genre et à la cisnormativité, mais aussi en raison de l'absence de services adaptés pour répondre à leurs besoins d'information, de soutien, notamment psychologiques et de soins trans affirmatifs pour leurs enfants. »

« Le rapport met en évidence la richesse des expériences parentales et l'importance de respecter leur caractère unique. Le rapport propose des recommandations pour les parents, les professionnel-le-s de la santé et pour promouvoir l'inclusivité dans la société. »



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