



Accès juste et unifié aux soins  
transaffirmatifs en Estrie et en région



## RECENSION DES ÉCRITS

14 novembre 2025

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Femmes et Égalité  
des genres Canada

Women and Gender  
Equality Canada

# Avant-propos

La présente recension des écrits s'inscrit dans le contexte du projet de recherche communautaire de TransEstrée AJUSTER : Accès juste et unifié aux soins transaffirmatifs en Estrie et en région. Elle ne se veut **pas être une revue systématique, ni un résumé complet** des textes présentés. Cette recension des écrits a comme **but de faire un tour des sources les plus pertinentes et récentes en lien avec les besoins du projet**. Elle sert d'**outils de références concises** qui souligne des éléments de certaines sources qui ont été jugées utiles à mettre en relation avec notre problématique, nos cadres théoriques, et faire dialoguer avec nos éventuels résultats dans notre discussion de recherche. Par souci d'économie de temps et de transparence quant à la langue d'origine de différentes sources, les citations et titres sont présentés dans la langue originale, soit le français ou l'anglais.

À titre informatif, l'**objectif principal** du projet est de faire émerger des connaissances sur l'accès à des soins d'affirmation de genre (SAG) au Québec, mais aussi de mettre en relief les problématiques existantes quant à la qualité de ces soins. Pour être en mesure de répondre à l'objectif principal, des **sous-objectifs** ont été identifiés, servant à sélectionner des méthodes de recherche répondant mieux à leur requête :

1. Comprendre les voies d'accès qui existent;
2. Détecter les procédures qui sont peu ou encore pas du tout accessibles à la majorité des personnes trans et non-binaires (TNB);
3. Documenter les instances où les personnes TNB, en raison de caractéristiques qui leur sont propres, se heurtent systématiquement à des obstacles les empêchant d'avoir accès à des procédures dont elles ont besoin;
4. Détection de violences médicales genrées, de thérapies de conversion, de violation des droits de la personne et de non-respect des standards de soin du WPATH dans le cadre de l'accès à des soins d'affirmation de genre au Québec;
5. Étudier les réalités de professionnel·les en soins et en santé en Estrie dans le contexte de soins transaffirmatifs.

Ce document peut être consulté sur notre site web : [www.transestrie.org](http://www.transestrie.org)  
ou directement à l'adresse suivante : [https://transestrie.org/wp-content/uploads/2025/11/AJUSTER\\_recension-des-ecrits.pdf](https://transestrie.org/wp-content/uploads/2025/11/AJUSTER_recension-des-ecrits.pdf)

# Recension des écrits

*Abramovich (2020)*

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

*Analyse quantitative et comparative de données administratives de 4 cliniques en Ontario*

- › Les personnes trans qui ont un dossier clinique utilisent plus le système de santé.
- › Le taux de personnes trans ayant une condition chronique physique ou mentale est plus élevé que le taux de personnes cis.

C'est à noter ici qu'il faut considérer ces données avec le manque d'accès et les enjeux d'évitement du système de santé de la population trans.

*Agénor et al. (2016)*

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

*Entrevues et focus groups de patients transmasculins et de professionnel·les à Boston*

Il y a une méconnaissance des soins gynécologiques à prodiguer aux personnes transmasculines. Les standards de tests de prévention comme le Pap test n'ont pas de directives prenant en compte les personnes trans. Les entrevues et les focus group ne présentent pas de consensus dans la pratique.

*Ahmad et al. (2019)*

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

*Rapport d'analyse de rapports de pathologie*

Contexte et recommandations pour terminologies utilisées pour désigner des parties du corps ou des tissus: considérer l'existence trans et l'influence d'une transition médicale.

«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**

*Questionnaire en ligne*

- › « 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**

*Analyse qualitative d'évaluations des connaissances sur les soins d'affirmation de genre·s de chirurgien·nes plastique en résidence*

« 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 Transgender Health Care**

- › « 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**

*Article d'opinion sur la couverture de la RAMQ*

- › « 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**

« 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. »

**Baker et Beagan (2014)**

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

*Analyse qualitative d'entrevues semi-dirigées*

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

**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?**

*Analyse d'un questionnaire en ligne quantitatif et qualitatif*

Intéractions positives avec professionnel·les :

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

Intéractions négatives avec professionnel·les :

- › « 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**

*Article éducatif*

Détail des types de préparation, recueil, traitement et analyse des données dans le cadre d'entrevues de groupe en recherche. Concerne également comment les dynamiques de groupes peuvent être naviguées. Permet de dévoiler des démarches à éviter et à répondre aux questionnements possibles des chercheur·euses à travers le processus.

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**Barry et Levi (2019)**

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

*Analyse de procès juridiques*

La présentation de cas de discrimination de tous types qui peut démontrer le danger des « zones grises » légales et l'importance de l'action juridique pour la protection des droits de la population 2STBNQ.

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**Bauer et al. (2015)**

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

*Analyse quantitative de 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**

*Analyse thématique de TransPulse*

- › Recommandations pour l’inclusion de personnes 2STNBQ ( Two-Spirit, Non Binaire, Queer ) en contexte de recherche et d’apprentissage
- › Recommandations pour l’inclusion de personnes 2STNBQ en contexte institutionnel
- › Considérations cliniques à propos des personnes 2STNBQ pour tout type de professionnel·les

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

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

*Analyse historique et état des lieux*

- › Impact de la COVID-19 sur le travail des infirmières
- › Contexte dans lequel le système de santé québécois s’inscrit
- › Méthodes pour pallier au manque d’infirmier-es
- › «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**

- › « 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**

*Analyse critique du discours et phénoménologique d'entrevues avec des personnes concernées*

Quatre thèmes principaux:

- › « 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**

*Quatres études sur les rôles de personne qui donne et celle qui reçoit de l'aide*

- › « 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 perspec-

tive 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 d'empathie clinique est développé en détail.

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**Brière et al. (2022)**

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

*Livre*

Détail / présentation de types de biais (ex; agisme, classisme, hétéronormatifs) et l'intersectionnalité des systèmes d'oppression ainsi que la prise de conscience de ses propres biais inconscients.

Comportements inclusifs dans les organisations: Paramètres et pratiques d'un point de vue individuel, de groupe, organisationnel et social.

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**Brisson (2023)**

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

*Perspective micro, macro et méso au Québec*

Intersectionnalité et types de discrimination dans le système de santé québécois. Le phénomène théorique de violence médicale et comment il s'inscrit et se présente dans le contexte actuel.

« [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

*Questionnaire en ligne (États-Unis)*

« [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**

*Entrevues, analyses thématiques*

« 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**

*Questionnaire en ligne distribué en Géorgie, Pologne, Serbie et Suède*

› « Based on the results, the hypothesis suggesting a significant difference between binary trans and GQNB [(Genderqueer, Non Binary)] trans respondents on different healthrelated 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**

*Analyse de discours médiatique*

- › Types d'approches cliniques à la transitivité : « correctrice, transaffirmative, psychothérapeutique, d'attente vigilante [et] d'exploration du genre »
- › Explication des idées de « contagion sociale, rapid onset gender dysphoria » et de discours de panique morale

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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**

*Entrevues dyadiques semi-dirigées*

Patientèle souvent autodidacte AVANT leur rendez-vous: « [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**

*Article éducatif*

Présentation de différentes facettes de discrimination vécue par des personnes Two-Spirit (bispirituelles) dans le cadre de l'obtention de soins de santé et conséquence du colonialisme cishétéronormatif.

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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**

*Entrevues et groupes de discussions, analyses thématiques*

- › « 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**

*Entrevues semi-dirigées, analyse thématique de contenu*

Défis des organismes dans la réalisation de leur mission:

- › Offre de services en évolution.
- › Modes de financement insuffisant et inadapté.
- › Concentration des services.

Utilisation des connaissances dans les organismes:

- › Soutenir les activités d'éducation et de défense collective de droits.
- › Adapter et élargir l'offre de services.
- › Évaluer l'efficacité des programmes d'intervention.
- › Soutenir la recherche de financement.

Défis liés à la sollicitation pour la production des connaissances (recherches) dans les organismes :

- › Compensation inadéquate pour leur engagement.
- › Manque de visibilité des organismes ayant participé à la recherche.
- › Sollicitation pour recherches ne ciblent pas toujours des besoins prioritaires pour les organismes.

Enjeux liés à l'accessibilité et communications de la connaissance pour les organismes :

- › Besoins et compétences hétérogènes des organismes en recherche.
- › Présentation accessible des résultats de recherches pour la clientèle.
- › Accès simple et direct aux résultats pour les organismes.

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**Champagne et al. (2019)**

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

*Enquête appréciative et entrevues semi-dirigées*

Distinction entre collaboration interprofessionnelle et interordre.

Trois facteurs de succès de collaborations:

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

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**Chang et al. (2023)**

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

*Questionnaire analysé à l'aide de statistiques descriptives*

- › « 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**

*Ressource pour professionnel·les*

Livre pour tout type de professionnel·les qui travaille avec des personnes de la diversité de genre avec des explications, des exemples de cas pour plusieurs concepts, de bonnes pratiques ainsi que des questions ou des terminologies à éviter.

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**Clark et al. (2018)**

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

*Questionnaire en ligne : 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, Version 8**

WPATH

Ouvrage de référence principal pour tout·e professionnel·le de la santé offrant des soins à des personnes de la diversité de genre.

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*Collège des Médecins du Québec (2023)*

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

*Publication sur la page web du Collège des Médecins*

«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**

*Théorie fondamentale*

L'intersectionnalité: l'histoire, les concepts fondamentaux, les lignes directrices et les possibilités. Concept crucial pour comprendre et adresser les discriminations pour toutes.

«[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**

*Lignes directrices*

Cadre éthique dans lequel le projet AJUSTER s'inscrit.

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*Costa (2023)*

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

*Revue de la littérature*

Obstacles afin d'obtenir des soins en tant que personne trans : catégorisation et ouvrages

associés.

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**Côté (2023)**

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

*Article éducatif*

«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**

*Questionnaire en ligne, analyses descriptives (au 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. »

Recommandations pour la mise en place de ressources pour les personnes de la diversité sexuelle et de genre en 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**

*Questionnaire en ligne (au Québec)*

Recommandations pour le bien-être psychosocial pour les personnes TNBQ [(Trans, Non Binaire, Queer)], ainsi que des données sociodémographiques québécoises.

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*Cotton et al. (2022)*

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

*Questionnaire en ligne (au Québec)*

«Statut» de transition en relation avec le bien-être.

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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**

*Questionnaire en ligne, analyse comparative*

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

*Revue de la littérature*

« 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. »

*Daly et Champion (2021)*

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

*Entrevues semi-dirigées et analyse de contenu pour l'identification de thèmes*

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

Contient aussi des vécus d'interactions positives dans le système de santé.

*Dénomme-Marchand, Ophélie (2025)*

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

*Témoignages et analyse de documents officiels*

- › Analyses de témoignages de patients du GrS, de membres de la communauté LGBTQ2+ et d'experts. Fait ressortir les désavantages de son monopole sur les chirurgies d'affirmations de genres et les inquiétudes liées à celui-ci:
- › Intérêt privé de la clinique qui affecte la qualité des soins et augmente les coûts au contribuable comparé à une alternative publique
- › Suivi post-chirurgie de mauvaise qualité.
- › Limitations dans l'accès au soins imposé par le GrS lui-même.

- › Options très limitées en termes de types de chirurgies et résultats esthétiques finals.
- › Potentiel inhibition du développement de l'expertise en chirurgies d'affirmation de genre au Québec qui va venir renforcer le monopole.

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*Droun et Tadros (2022)*

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

*Livre sur terminologies*

Vocabulaire québécois et définitions accessibles de concepts variés reliés à l'existence de personnes de la diversité sexuelle et de genre.

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*Easterling et Byram (2022)*

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

*Article éducatif*

Témoignage d'une patiente et d'une professionnelle, ainsi que des recommandations sur du langage anatomique inclusif.

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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**

*Questionnaire*

- › « 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**

*Entrevues, analyse qualitative*

Entrevues avec des créateur·ices de contenu en ligne.

« 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**

*Questionnaire en ligne - recherche participative*

« [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**

*Revue systématique et méta-analyse*

« 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**

*Revue de littérature*

« 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**

*Entrevues- Analyse de cadre (type d'analyse thématique)*

« 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

Livre

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

Contenu très varié pour bien accueillir les personnes trans: spécificités médicales/ chirurgicales, bonnes pratiques, terminologies, recommandations cliniques, entre autres choses.

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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**

*Entrevues - analyse thématique (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**

*Entrevues - analyse thématique (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**

*Entrevues semi-dirigées, analyse thématique (qualitatif)*

« [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**

*Revue de la littérature*

« 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

*Questionnaire transversal - analyse secondaire*

« 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**

*Entrevues individualisées - analyse thématique réflexive*

« The participant interviews revealed key factors that facilitated positive healthcare experiences 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**

*Analyse transversale*

« 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**

*Entrevues, analyse secondaire*

« 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. »

Intéractions considérées comme positives:

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

Intéractions considérées comme négatives:

- › « 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**

*Revue systématique et méta-analyse*

« 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**

*Questionnaire en ligne*

« 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**

*Questionnaire électronique, analyse bivariée*

Préférences de la modalité de soin: en présence ou en visioconférence présentées.

« 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+**

*Sondage web*

- › « 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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*Jaffee et al. (2016)*

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

*Questionnaire, analyse de régression logistique multivariée*

« 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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*Jackman et al. (2025)*

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

*Revue de la littérature*

« 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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*Joy et al. (2022)*

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

*Entrevues semi-dirigées, analyse foucaldienne du discours*

« 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**

*Revue systématique et méta-analyse*

« 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. »

Liste de recommandations exhaustive en rapport avec l'éducation médicale des professionnel·les offrant des soins afin de mieux accueillir les personnes 2STBNQ.

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*Jung et al. (2023)*

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

*Revue de littérature, synthèse de données*

- › Liste de recommandations sur les bonnes pratiques pour les professionnel·les;
- › Liste d'instruments d'évaluation pour la santé sexuelle, avec indication si inclusif ou non;
- › Liste de recommandations de soins à donner à des personnes 2TSNBQ plus âgées;
- › Synthèse de plusieurs types de soins comme l'avortement, la fertilité, la contraception et autres soins liés à la sexualité.

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## **Justice Trans (2022)**

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

*Questionnaire, groupe de discussion, entrevues de suivi au Québec*

- › « Malgré le fait qu'ils rencontrent un grand nombre de problèmes juridiques, les participant.es 2STNBNCG 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 »

La section des problèmes de soins médicaux est particulièrement importante pour le but d'AJUSTER, puisque ça contient des témoignages variés de personnes au Québec sur ce sujet très précis.

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## **Kattari et al. (2019)**

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

*Questionnaire en ligne et en personne, analyse secondaire*

- › « 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**

*Questionnaire en ligne, analyse de données descriptives*

« [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**

*Questionnaire, analyse avec régressions logistiques multivariées*

« 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**

*Questionnaire en ligne, analyse secondaire*

« 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**

*Questionnaire en ligne, analyse secondaire avec statistiques descriptives*

« 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.**

*Entrevues semi-dirigées, analyses thématiques*

Recommandations par les participant·es pour les évaluatrices et tous autres individus pouvant écrire des lettres de recommandations permettant l'accès aux soins d'affirmations de genre:

- › « 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**

*Revue systématique et méta-ethnographie*

« 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**

*Questionnaire en ligne, analyses variées*

« 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. »

*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**

*Méthodes mixtes, analyses variées*

Auto-détermination du patient sur le langage utilisé :

- › « [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. »

*Knocher et Flunker et al. (2021)*

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

*Entrevues semi-dirigées, analyse thématique réflexive*

« 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**

*Analyse de Recherche Qualitative Consensuelle (RQC)*

« 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**

*Questionnaire en ligne, étude rétrospective*

« 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**

*Questionnaire en ligne, Allemagne*

Données sur la diversité de parcours des soins d’affirmation de genre·s entre les personnes trans binaires et non-binaires.

« [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**

*Entrevues, ethnographie en ligne centrée sur le discours, analyse critique du discours, Thèse de doctorat*

Entrevues avec des personnes non-binaires.

- › « 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. »

Recommandations pour l’accès aux soins d’affirmation de genre pour des professionnel·les ainsi que les patient·es.

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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**

*Analyse thématique et synthèse*

« 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**

*Groupes de discussion, entrevues individuelles, et questionnaire au Québec*

Quand il est question de professionnel·les qui ne sont pas des médecins, la qualité des soins repose grandement sur les conditions de travail des professionnels. La gestion du personnel influence les conditions de travail, le lean allant en contresens des besoins des travailleur·euses. La reconnaissance du travail émotionnel, du temps de récupération nécessaire et de la surcharge de travail est la première étape pour briser le « cercle vicieux de la crise du travail dans les hôpitaux. »

Lean : abréviation de lean management. Méthode de gestion de la production ayant pour but d'éliminer le gaspillage, d'augmenter l'efficacité et la performance, et d'améliorer la valeur globale.

« 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**

*Article éducatif/historique*

Présentation du GrS et des services offerts.

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*Lawliet (2022)*

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

*Thèse de doctorat*

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. »

Le modèle s'applique autant pour des personnes cis, qu'en questionnement ou trans. Veut inclure non seulement les soins médicaux, mais tout autre soin connexe (ex: support communautaire, support à l'emploi, et autres)

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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**

*Entrevues semi-dirigées*

« 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 et entrevues individuelles, approche théorique inductive*

› « 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**

*Questionnaire par téléphone*

- › « [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

*Entrevues semi-dirigées, approche itérative et inductive*

En tenant compte du vécu de personnes qui ont une expérience de discontinuité ou de détransition :

- › « 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

*Ethnographie institutionnelle (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. »

Cet extrait nous rappelle 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.

*Entrevues semi-dirigées, analyse thématique*

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

*Étude de suivi, analyse variées*

«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

*Questionnaire, analyse statistique*

«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**

*Article éducatif / application de théorie*

- › « [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**

*Étude de cas*

« 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**

« 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**

*Modèle conceptuel*

Figure: «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**

*Community journal article*

« 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**

*Ateliers de conception de plateforme web/application mobile*

- › « [T]his approach is helpful when recruiting members from marginalized communities that are small and geographically dispersed, especially rural communities. »
- › L'importance des ressources en ligne prise en considération avec transitionner. info, un outil d'information de TransEstrie sur les soins d'affirmation de genre :
- › « 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**

*Questionnaire pré-intervention et post-intervention*

« [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**

« 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**

*Entrevue d'élaboration de concepts, analyse de contenu*

- › « 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. »

4 domaines de compétences des professionnel·les de la santé:

- › « 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) ».

2 domaines de compétences des cliniques

- › « 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**

« 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. »

Mention du lean (voir Lapointe et al. plus haut dans le texte pour une définition du lean)

« 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, analyse thématique*

Recommandations:

- › Utiliser plusieurs modes de communication pour rejoindre des sous-groupes plus marginalisés/isolés;
- › Avoir des recruteur·es trans ou au moins, que l'équipe aie une formation sur la compétence culturelle nécessaire;
- › Chercheur·euses doivent considérer comment le recrutement et l'étude sont présentés, pour éviter des enjeux de outing lors de la participation;
- › Chercheur·euses devraient porter une attention particulière pour l'accessibilité à toutes: flexibilité de disponibilités, proximité de transport en commun et autres considérations;
- › Compenser convenablement les participant·es: pour leur temps, leur transport, leur repas et autres. Financièrement, préférablement, ou par partage de ressources;
- › Chercheur·euses doivent être transparent·es lors de la présentation du projet et le but de leur participation. C'est très important de fournir un suivi des résultats de recherche.

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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.

*Entrevues individuelles avec jeunes, entrevues individuelles avec 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. »

*Perone (2020)*

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

*Article informatif*

« 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 »

*Perron et al. (2022)*

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

*Revue exploratoire, analyse de contenu orientée*

Barrières :

- › « 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 ».

Facilitateurs:

- › « 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**

*Entrevues individuelles avec patient-es, Entrevues individuelles avec professionnel-les*

Figure: « 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**

*Entrevues, analyse thématique*

« 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**

*Article de journal communautaire*

« 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**

*Journal de bord et questionnaire en ligne, analyse thématique*

« 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**

« 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**

*Consultation communautaire*

Idées et recommandations pour aider les jeunes trans et leurs familles:

- › Comprendre, outiller et soutenir les jeunes trans et en questionnement;
- › Comprendre, outiller et soutenir les parents et les familles;
- › Services (accès, manque, besoin de soutien, et autres);
- › Thèmes transversaux (diversité des réalités, perception publique).

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**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**

*Entrevues semi-dirigées avec jeunes et leur-s parent-s, analyse thématique*

« 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 de l'urgence d'agir détaillée dans ce texte.

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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**

*Entrevues semi-dirigées, analyse qualitative*

« 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!**

*Questionnaire*

Bloqueurs d'hormones:

« 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.**

*Questionnaire*

« 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**

*Questionnaire en ligne, analyses thématiques*

Les professionnel·les de la santé ayant rencontré ou suivi des jeunes ayant eu un parcours de discontinuité dans le genres ou de détransition, on plus tendance à penser que :

- › Les jeunes ont trop rapidement accès à la transition médicale;
- › La discontinuation reflète la maturité émotionnelle de lea jeune;
- › C'est possible que certain·es jeunes soit excessivement influencé par les medias sociaux en relation à la transidentité et la 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:

- › Création d'une section sur la discontinuation dans les standards de soin de la WPATH;
- › Que la WPATH offre plus de connaissances de formations sur la fluidité du genre;
- › Que les professionnel·les de la santé ait plus facilement accès à des informations à jour sur la discontinuité et la détransition;
- › Que les chercheurs rendent les résultats de recherche plus accessibles aux médias afin d'apporter de la nuance dans le discours sur la discontinuité et la détransition.

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**Racine, Marie-Michelle (2016)**

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

*Guide méthodologique*

Guide expliquant le fonctionnement d'un groupe de discussion (focus group), ses avantages et inconvénients, la planification, l'animation et l'analyse de celui-ci. Contient aussi des documents pré-faits afin de faciliter les différentes étapes.

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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, analyse thématique*

« 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**

*Questionnaire, analyses variées*

« 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

*Entrevues semi-dirigées*

- › « 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

*Questionnaire, stratégie analyser-classifier-analyser*

« 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

*Entrevues individuelles, analyse thématique*

« 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**

*Questionnaire, analyse comparative*

« 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

*Entrevues semi-dirigées, analyse thématique*

« [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

*Infographie*

« 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

*Fiche synthèse d'un atelier réflexif*

Personnes trans et non binaires:

- › « 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**

*Résultats de recherche*

- › « 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)**

*Questionnaire quantitatif national*

- › « 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

*Entrevues semi-dirigées, analyse de Bengtsson*

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?**

*Questionnaire en ligne, analyses quantitatives mixtes*

« [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**

*Relation et application de théories*

« 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**

*Entrevues semi-dirigées, étude exploratoire*

- › « 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**

*Article éducatif*

« 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. »

Tableau pour exemples de terminologie désuète et leur correspondance moderne.

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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**

*Entrevues, analyse de contenu conventionnelle*

« 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**

*Questionnaire en ligne, analyse mixte*

« 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**

Facteurs qui contribuent au niveau d'inconfort à l'ouverture avec un-e professionnel-le :

- › Ne pas connaître le-a professionnel-le;
- › avoir vécu des expériences de discrimination médicale;
- › avoir vécu des expériences de discrimination à l'école;
- › avoir vécu des expériences d'agression (ex: physique ou sexuelle)

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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**

*Questionnaire, analyses mixtes*

- › « 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.**

*Questionnaire national*

- › « 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% des jeunes trans et/ou non-binaires au Québec ont eu un trouble ou un problème physique ayant duré au moins 12 mois.
- › 71% des jeunes trans et/ou non-binaires au Québec mal à l'aise ou très mal à l'aise de parler de besoins en matière de soins de santé affirmatifs du genre

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*Tyler et al. (2023)*

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

*Revue littéraire systématique*

- › « [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

*États des lieux et de la littérature*

« [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 [...] »

Document central au projet AJUSTER puisque c'est un document estrien qui se concentre, en détail approfondi, le sujet d'offre de soins pour les personnes de la diversité de genre.

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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**

*Pistes de solution*

13 recommandations, qui pourraient être appliquées à l'ensemble des CISSS/CIUSSS au Québec, puisque ces organisations ont comme but d'uniformiser les soins de santé.

Document central au projet AJUSTER.

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**University of Minnesota**

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

*Questionnaire en ligne*

«[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

*Entrevues, analyse inductive thématique*

« 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

*Revue de littérature guidée par théorie*

Pathologisation:

- › « 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. »

À propos des formations:

- › « [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**

*Questionnaire, analyse quantitative*

« 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**

*Entrevues, atelier d'écriture de cet 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**

*Étude de cas*

- › « 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**

*Analyse de dossier médical électronique (EMR)*

« 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.**

*Questionnaire en ligne, analyse mixte*

« 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**

*Déclaration*

« 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**

*Entrevues, analyse analyses herméneutique contextuelle critique*

« 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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