

Improving Healthcare Quality for Transgender Patients in the Perioperative and Intraoperative Setting: The Patient's Perspective

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Introduction & Problem Significance

- 1.4 million transgender people in the United States (U.S)
- > Health inequities, disease burden, and adverse health consequences vs cisgender counterparts
 - Inadequate provider knowledge
 - Discriminatory/ transphobic attitudes
 - Lack of culturally competent providers
- Recognized as one of the most marginalized populations in medicine
- Acceptance and visibility of the transgender community has improved
- 2001-2014, 4,100 gendering- affirming surgeries performed in the U.S.
- Sparsity of literature having to do with barriers that transgender individuals experience within the perioperative and intraoperative healthcare settings

Purpose & Aims

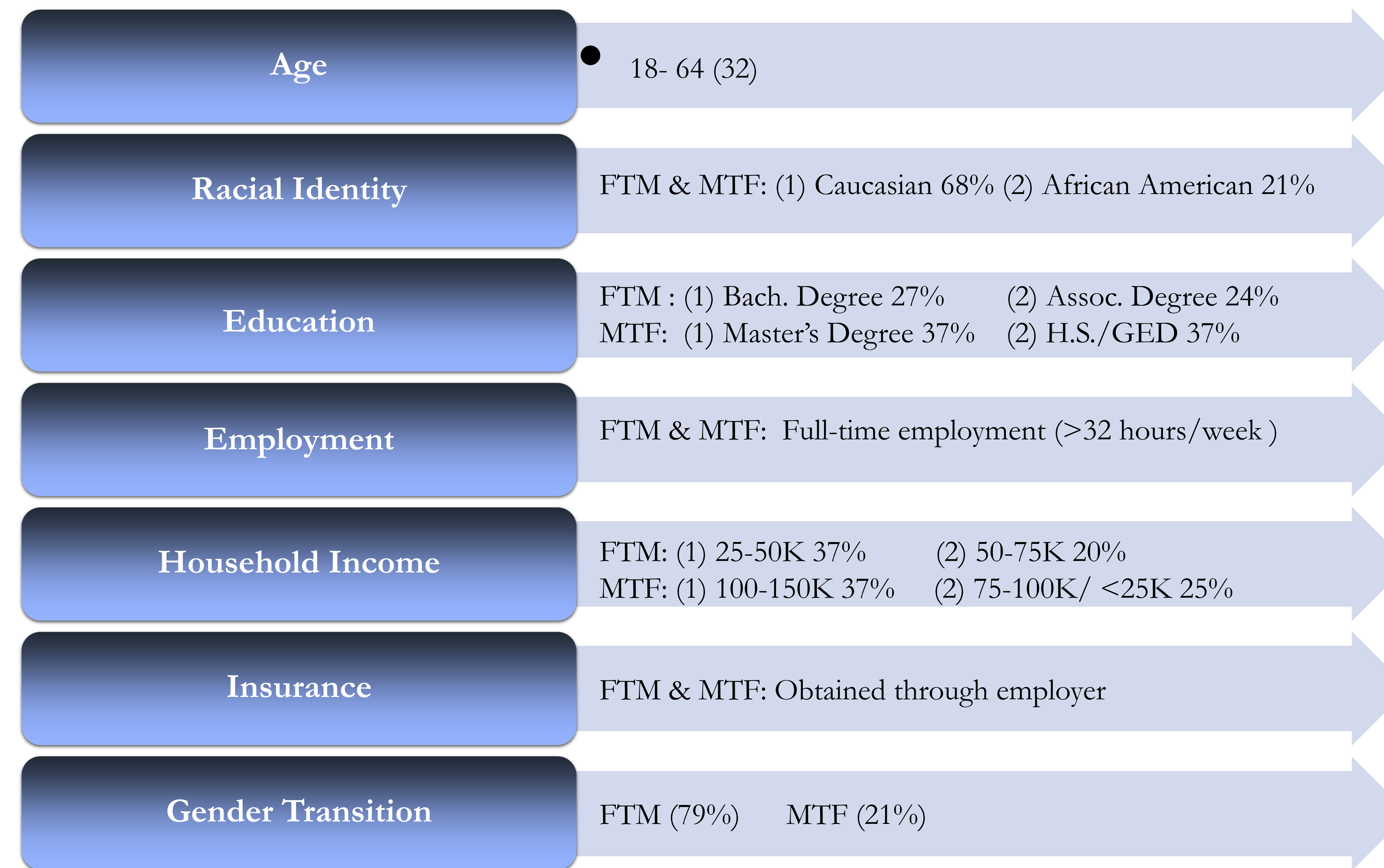
To improve the perioperative and intraoperative healthcare experience for trans-individuals undergoing gender-affirming surgery:

- **Aim 1:** Examine whether the perception of transgender-related discrimination differs between patients who have undergone MTF and FTM gender- affirming surgery while considering influences of patient characteristics and sociodemographic factors
- **Aim 2:** Explore the healthcare experiences of transgender patients who have undergone transgender affirmation surgery within the setting of an academic medical center
- **Aim 3:** Inform the development of a trans-specific, comprehensive educational and competency-based training program for the perioperative and intraoperative healthcare professionals

Methods

- **Design:** cross-sectional, mixed-methods study design
 - **Setting:** 1,100-bed academic medical center in Baltimore, MD
 - **Sample:** convenience sample of transgender patients who have undergone gender- affirming surgery within this academic medical center between July 2017 and December 2019
 - **Ethical Considerations:** implemented in January 2020 after receiving approval from the hospital's Internal Review Board
 - **Measures:** sociodemographic questionnaire, 7-item, Likert scale survey, the Everyday Discrimination Scale Adapted for Medical Settings (DMS)
 - **Analyses:** descriptive statistics (counts & percentages) & Mann-Whitney U test was conducted to explore group differences in responses from the DMS survey
- Statistical analyses conducted using SPSS version 26 software

Results



Survey Question	FTM (n= 28) Mean (SD)	MTF (n= 7) Mean (SD)	Total Mean Score	P
1. You are treated with less courtesy than other people.	1.55 (.78)	1.71 (.95)	1.58	
2. You are treated with less respect than other people.	1.46 (.74)	1.71 (.95)	1.51	
3. You receive poorer service than others.	1.55 (.78)	1.71 (.95)	1.58	
4. A doctor or nurse acts as if he or she thinks you are not smart.	1.59 (.87)	1.29 (.76)	1.53	
5. A doctor or nurse acts as if he or she is afraid of you.	1.17 (.47)	1.43 (.79)	1.22	
6. A doctor or nurse acts as if he or she is better than you.	1.52 (.91)	1.71 (.95)	1.56	
7. You felt like a doctor or nurse is not listening to what you were saying.	1.62 (.82)	1.71 (.76)	1.64	
Summary Score :	10.21 (4.50)	11.29 (5.28)		.52

Discussion

- Evidence that trans-patients experienced discrimination when interacting with healthcare providers
 - Transition- related factors: gender status, recognizability as a transgender person, and accessing transition-related surgery
 - Differences between discrimination scores among trans-patients based on gender transition
 - Enabling and predisposing factors: minority race, education, age, employment/income, insurance status, and needing to teach providers about trans-specific needs
 - Protective factors for transmen: employment status and being older than 45 years of age
 - Protective factors for transwomen: annual income (\$20,000-59,000 and >\$60,000) and being older than 45 years of age
- Limitations:
 - Sampling technique
 - Sample size
 - Skewed sociodemographic distribution
 - Time/Setting
 - IRB
 - Dissemination:
 - Findings communicated to health systems leadership and organizational stakeholders to advocate for support/ commitment to eliminate barriers, improve quality outcomes, and integrate evidence-based training programs for healthcare providers at a system-wide level.
 - Publication, community forum, conferences

Conclusions

- Negative interactions could have detrimental consequences to the health outcomes, and may also contribute to dissatisfaction with care, further mistrust of healthcare systems, and avoidance of seeking necessary care in the future
- Causes of trans-individual's perceptions of discrimination may be due to the limited education, training, comfort, and expertise of healthcare professionals on issues and challenges that are unique to the healthcare needs of the transgender community
- Recommendations from the trans-community may translate into better patient-provider interactions, improved health outcomes, and reduction of disparities for the transgender community
- Provide perioperative and intraoperative healthcare professionals with the essential knowledge, skills, competence, and attitudes to provide transgender affirmative care within a large, academic healthcare system

Key References

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