Trans+ people's experiences of in-hospital gender-affirming surgery: An interpretive description

Author

Adi Gawne, BSN 4th Year Student, School of Nursing, Faculty of Human and Social Development, University of Victoria

Supervised by

Dr. Allie Slemon, RN, PhD, Assistant Professor, School of Nursing, Faculty of Human and Social Development, University of Victoria

In memory of all those who came before us, all those we have lost along the way, and in anticipation of our generations to follow – may they push us to dreams that we have never dared to seek

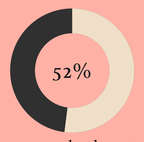
Background

Approximately 1 in 133 people in Victoria are Trans+ (an umbrella term encompassing Two-Spirit, transgender, gender non-conforming, agender, gender-diverse, gender queer, or non-binary people) – the largest proportion of any city in Canada – and 1 in 233 in Vancouver. It is well-documented that Trans+ people routinely face stigmatizing and discriminatory health care experiences, and thus underuse health services with negative impacts on health and well-being. Yet, despite extensive empirical evidence of discriminatory health service delivery across diverse care settings, there is a concerning gap in research examining Trans+ people's experiences of receiving gender-affirming surgery in hospital settings. Research of this type is vital – the lack of academic literature on Trans+ experiences of gender-affirming care upholds practices that perpetuate stigma, discrimination, and inequity within our health systems, including within general surgical settings that are not dedicated to gender-affirming surgeries. Additionally, acute care units often lack education, policy, or supports for providing care to Trans+ people. It is hoped that our research will contribute to systemic improvements for in-hospital care while reflecting Trans+ people's voices in their own solutions to improve health service access, and that we will be able to identify barriers to timely, effective, and dignified health care for our Trans+ community.

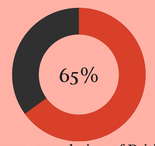
Objective

"Just like– giving a shit. Like that's how low the bar is, like, just fucking give a shit"

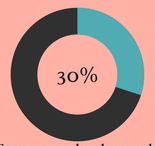
The purpose of this research was to examine the pre- and post-surgical acute care experiences of Trans+ people who have experienced gender-affirming surgery in Victoria or Vancouver within the last 5 years.



Trans+ people who sought in-hospital care that report having a negative and discriminatory experience



Trans+ population of British Columbia who live in the Victoria or Vancouver Census Metropolitan Areas



Trans+ people who needed emergency medical care and yet did not go to the hospital

Methodology

Interpretive description was used to explore in-depth the stories of Trans+ experiences with gender-affirming surgery, situating these experiences in complex and intersecting personal, social, and systemic contexts.

- Recruitment launched in Aug 2023 through convenience sampling of trans and queer community organizations, as well as via social media.
- Data collection utilized audio-recorded semi-structured interviews in-person and virtually (via Zoom) with participants. A thematic analysis of coded data was conducted to capture themes.

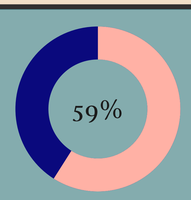
Demographics

N=17 participants

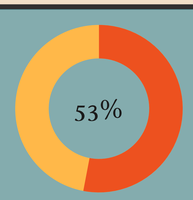
"I'm a trans person, like, you're forgetting I'm not a cis woman ... I have trans questions here"

16 participants

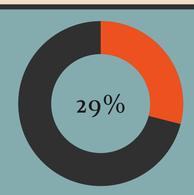
Have pursued post-secondary eduction



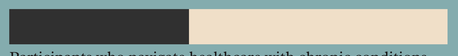
Participants who made over $50 000 in yearly salary



Participants who self-identified as Transgender and Non-Binary



Participants who self-identified as BIPOC



41%

Participants who navigate healthcare with chronic conditions, disabilities, and mental health stigma

"Medical providers ... see this thing [as] 'I'm treating you. This will make you feel better'. And it's like, yeah, but I also need this process to not be traumatizing."

8 participants

Are neurodivergent

"It's so meaningful to us as trans people, because what [the healthcare team is] providing to us is, is transformational, you know, it is life-saving for a lot of us"

2 participants

Emigrated to Canada

"Coming into any kind of medical setting as a brown person, it's like people are less likely to listen to my concerns"

Findings

"I have to teach you how to do your job to take care of me."

"I had to go find out somehow, on my own"

"I guess I thought there would be more follow up"

Access to gender-affirming surgery is viewed overwhelmingly by participants as life-saving and life-changing treatment. However, participants frequently spoke to frustration in navigating the healthcare system in an environment without suitable access to primary care physicians, and the challenges they experienced trying to navigate access to care with physicians who do not support Trans+ care. Once participants begin the 'pathway' of care, their journey to surgery is often delayed, inconsistent, and highly subjective – while one participant may have had excellent care with a specific surgeon and hospital, another participant describes witnessing a surgeon physically recoil from their Black friend during assessment.

"I would love it if me going to the hospital had nothing to do with me being trans."

However, we found that the extensive gaps left by our healthcare systems and teams are organically filled by the broader Trans+ community. Participants spoke of learning from each others' experiences – virtual and personal relationships are vital to transmitting information on all aspects of surgical prep, post-care, and process. In addition to sharing 'tips & tricks', participants spoke to the 'Trans+ telephone' – how community members warn each other about non-affirming providers, nurses, healthcare aides, and even medical office assistants. While many participants utilized anecdotal resources, like Reddit threads, others described sharing photos of friends and acquaintances with their consent to other community members to assist decision-making on which surgeon to work with. Remarkably, participants' actions in caring for their community exceeded information transmission – many participants described attending appointments, visiting the units, and advocating to ensure safe, competent care when their friends are vulnerable.

Gaps in our healthcare system and professional education requirements for providers, nurses, and interdisciplinary team is detrimental – while a lack of knowledge increases risks of miscommunication in provider-client relationships, participants described feeling distrustful of the intentions, knowledge level, and actions of interdisciplinary team members. In many instances, participants expressed shock at the basic lack of knowledge, such as pronoun or preferred name use, expressed by their care team. Rather than entering surgery relaxed and prepared, participants expressed feeling terrified, uncomfortable, vulnerable, and upset. Key issues included use of gendered language on forms, presentation of cisgender heteronormativity as the 'normal', poor surgical outcomes, feeling unprepared for discharge, feeling unheard by the care team, failure of the care team to use preferred names or pronouns, and needing to educate team members on respectful communication.

"I think ... community fills the gaps that healthcare leaves"

"If medical practitioners just took the time to listen ... that already would make a huge difference"

"It's almost too simple of an answer to be like, 'give people access and don't make them float around, not knowing what's going on'."

It is apparent that we have room for improvement in ensuring safe, competent, empathetic care for Trans+ community members. Recommendations from our analysis, as well as directly from participants include:

- Improved, annual education for all interdisciplinary members in client-contact positions
- Systematic review of unit, regional, and provincial medical forms to promote Trans+ competent language, space for clients' pronouns, gender, and preferred names
- Increasing the number of primary care providers in metropolitan catchment areas that are trained and familiar with Transcare BC requirements for gender-affirming care
- Ensuring patient care records across agencies are easily updated with name, pronouns, and gender upon Vital Statistics updates

With respect to unit-level actions, recommendations include:

- Trans+ training and education for all unit interdisciplinary members
- Providing patients with the opportunity to have an additional patient bracelet prominently displaying their preferred name and their pronouns
- Cultivating a unit culture that encourages care team members to respectfully ask pronouns, ask patients if they would like names and pronouns displayed on their activity board
- Prominently displaying 2SLGBTQ+ and Trans+ pride pins or flags throughout the unit

What do we want providers to know?

"That even though it's like, yes, we are accessing medical services, it's like this is ultimately like, an emotional and spiritual journey, you know, our bodies are just kind of along for the ride. And I think having that aspect honored more, in more creative and visible ways by our medical providers, I think that they would also really enjoy that and find that enriching as well"

"They should know how grateful we are for the care that they provide. And we would love to see that gratitude reflected back ... We tend to be pretty humble people because we're accessing life saving care that we've been waiting for. And we know how lucky we are. So we are so grateful"

"You should respect that trans people know more about being trans than you do. But it's not cool for you to not know about trans medical care when you're a health care provider."

"Just that like, woah [starts crying] that it was such a good decision for me"

Conclusion

"Nurses can't know everything. And I have empathy for that. But you do need to know how to ask a question respectfully, if you're going to ask."

Overwhelmingly, it is apparent that access to gender-affirming care is life-saving. And yet, participants described feeling apprehensive, vulnerable, and scared while navigating their acute care journey – while many expressed feeling transformational affirmation and joy despite their fear, others expressed sadness that their moments were overshadowed by callous, hurtful, or ignorant comments from members of the healthcare team. In several cases, discriminatory and hurtful actions by interdisciplinary members has left participants reluctant to seek further care. In a profession that builds an ethos on empathetic, compassionate care, it is disconcerting to hear of fellow members causing so much harm, and yet it seems so simple to promote a compassionate, caring environment to celebrate our patients' long-awaited transformations. And yet, as a institutional apparatus, we fall short of the mark. It is our hope that our recommendations might join Trans+ community members' self-advocacy for accessible and equitable care. And, it is also our hope that all those called to care for their fellow will seek to encourage the joy of Trans+ community members with us, rather than suppress it.

Related literature

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