Effective Patient-Provider Relationships with Gender Diverse Young Adults: a Qualitative Study

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BACKGROUND

- Transgender and nonbinary (TGNB) patients experience barriers when seeking quality healthcare services, including ineffective communication with their providers and a lack of provider competence (knowledge, training, experience) and humility (engagement in the process of self-reflection and self-critique) in caring for TGNB individuals
- Existing research on healthcare experiences among TGNB patients has primarily focused on adolescent and older adult populations

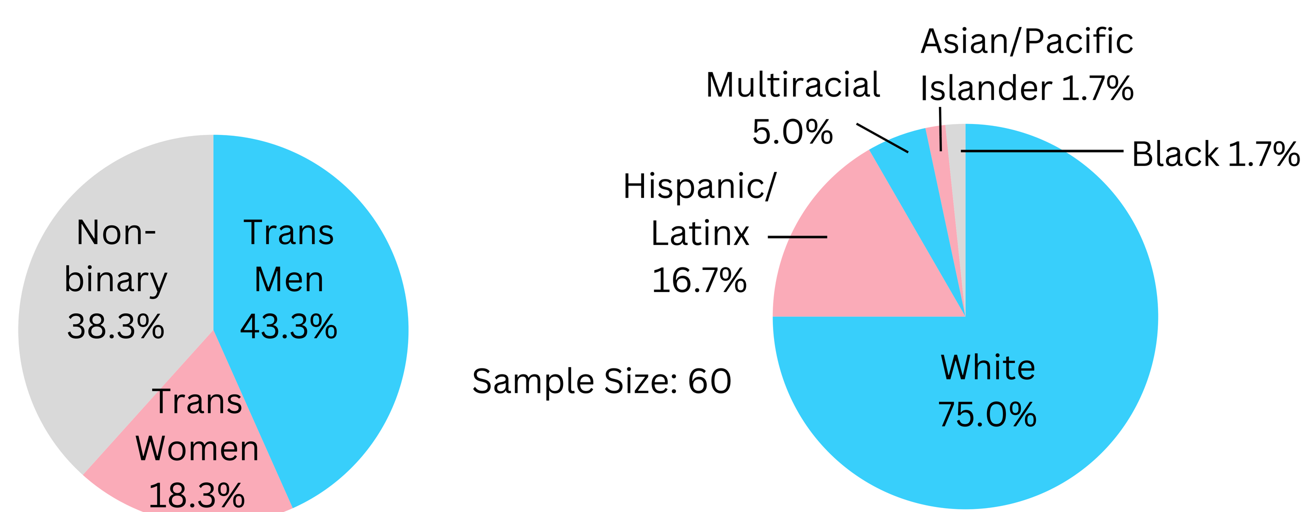
OBJECTIVE

- Identify factors associated with cultural competence and humility that facilitate and impede effective relationships between TGNB young adults and healthcare providers

METHODS

Sample

- 60 TGNB young adults aged 18-24(M = 20.81, SD = 1.97)



Recruitment

- Recruited through LGBTQ+ organizations and clinics

Data Collection

- Participants were interviewed by one interviewer, using a 1-2 hour (M = 73 min) in-depth, semi-structured interview guide
- Compensated through a $35 e-gift card

Data Analysis

- Current analysis used "focused coding", using previous codes to develop broad themes, by the first two authors
- Analysis resulted in identification of four themes: (1) using patients' correct names and pronouns, (2) following patients' leads, (3) patients educating providers, and (4) concerns about confidentiality

RESULTS

Using patients' correct names and pronouns

"...when they have a section for 'What is your preferred name?' and 'How do you identify?,' it makes it a lot easier, because then I don't have to come out to every single doctor that I see."

"...And number one, if I'm filling out an intake form anywhere, and it's just sex— male or female—I'm out. Most of the time, I'll probably just walk out, because it's like, wait, like, yes? Both? I don't know. ...So, intake forms for me, especially if they have legal name, name used, pronouns, that to me is like, "Oh, here we go. We're golden.""

Following patients' leads

"She just approached with such caution and asked me, "Do you feel uncomfortable with that region of your body?" She was able to ask me and respect any boundaries that I had, and she was just so comfort-able with me that I was able to just like, "You know what? Let's just go for it. Let's do what we gotta do, and you made me so comfortable that I can do it.""

"...definitely language and vocabulary around body parts. To be more sensitive and use different language with trans people, even if that means asking them what they want their body parts to be called. That seems like a good thing [laugh] for them to do, instead of just saying what they would say to a cis woman."

Patients educating providers

"At the primary care that I was going to before the one I'm at now, every time I went, the people who did my intake—whether they were a nurse, MA, stu-dent, or whatnot—whomever I saw would almost always ask me something like, "Are you fully tran-sitioned?" or something like that. I'm just like, "OK. So. Now I have to put on my work hat and educate you, even though I am paying you." That's just so frustrating to me. I want to be able to exist in my own life and not have to be at work all the time. I just think about how it shouldn't be anyone's obligation—anybody who identifies within the community—it shouldn't be their obligation or prerogative to have to explain their identity to someone who they're lit-erally paying for a service from. [laugh] So, it's just very discouraging."

Concerns about confidentiality

"...because of where I live and the doctors who I have, and the pool is so small that so many of my family go to the same doctors. And I know that it's a HIPAA violation to share patient stuff, but people don't really care about that here. [laugh] I feel there's a lot more skirting around the truth. And I wonder—certain di-agnoses could potentially make more sense if I could just be more open. But it's just a conversation that can't be had."

"I was still seeing my pediatrician. And I had seen her at that point for over 11 years. I felt very comfortable with her. And I came out to her, and her immediate response was to then tell my father, and to suggest that I go and spend some time in a psych ward, which was so far out of what I would have expected from her, a doctor who I had really grown to trust and to feel comfortable with, over at that point the majority of my life. And that really kind of soured for me my willingness to come out."

CONCLUSIONS

- Providers should address patients by their chosen names and pronouns, regardless of their legal identity or physical appearance
- Providers should consider and accommodate potential dysphoria related to patient genitals
- Providers should "follow the patient's lead" regarding words they use to describe their own anatomy, rather than using clinical language perceived as having "gendered" connotations
- Providers should prioritize inquiry-based communication with a patient about their preferences and boundaries surrounding their own body
- Providers should consider the benefits of a "culturally humble" approach in which the doctor cedes to the patient's expertise
- Providers should consider the burden of patients educating them about their identities and needs as TGNB individuals
- Providers should become more educated about transgender and gender non-conforming individuals so patients don't have to perform unpaid labor by explaining their gender identities
- To build trusting and comfortable relationships with their patients, providers should protect the confidentiality and privacy of information collected about patients' gender identities

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REFERENCES

References and a full copy of the manuscript are available by following this link: https://doi.org/10.1111/jnu.12903