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REVISIONES

Competent trans* health care, current situation and future challenges. A review

Atención sanitaria trans* competente, situación actual y retos futuros. Revisión de la literatura

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ABSTRACT:
Introduction: We know as a transgender person who is not identified with the sex of birth, this fact still collected as pathology by the current Diagnostic and Statistical Manual of Mental Illness (DSM-V) will cause inequalities and barriers At the time of health care.
Objective: To explore the difficulties for health care perceived by trans* people and by the professionals who assist them in health centres.
Material and method: Literature review.
Results: Both professionals and trans* people perceive significant barriers. They could be grouped by diverse topics: healthcare inequalities noticed by trans* patients, prejudices and felt discrimination, specific health risks, lack of professional knowledge and deficit of training in current curricula. On the other hand, nursing with trans* patients may result in a facilitator.
Conclusions: There are multiple factors which can be modified and which produce that trans* people do not notice appropriate care. Appropriate training of health professionals is the one which acquires more relevance. The results found provide key information for the future design of interventions aimed at improving the quality of the assistance in this group.

Keywords: Transgender People; Continuing Education; Education, Nursing; Comprehensive Health Care.

RESUMEN:
Introducción: Conocemos como una persona trans* a aquella que no se identifica con el sexo de nacimiento, este hecho aún recogido como patología por el actual manual diagnóstico y estadístico de enfermedades mentales (DSM-V) va a provocar que existan desigualdades y barreras significativas a la hora de la atención sanitaria.
Objetivo: Explorar las dificultades para la asistencia sanitaria percibidas por las personas trans* y por los profesionales que los atienden en centros sanitarios.
Material y método: Revisión de la literatura.
Resultados: Tanto los profesionales como las personas trans* perciben barreras significativas. Se podrían agrupar en diversos temas: desigualdades en la atención sanitaria percibidas por los pacientes trans*, prejuicios y discriminación sentida, riesgos específicos de salud, déficit de conocimientos de los profesionales y déficit de formación en los planes de estudio actuales. Por otro lado, enfermería ante los pacientes trans* puede resultar un facilitador.
Conclusiones: Existen numerosos factores que pueden ser modificables y que provocan que las personas trans* no perciban una asistencia adecuada. La adecuada formación de los profesionales sanitarios es uno de los que adquiere mayor relevancia Los resultados encontrados aportan una información clave para el futuro diseño de intervenciones dirigidas a mejorar la calidad de la asistencia en este colectivo.

Palabras clave: Personas Transgénero; Educación Continua; Educación en Enfermería; Atención Integral de Salud.

INTRODUCTION

Before being at this world, people are assigned a role, what is known as "the must be", and this implies, in the case of disobedience, punishment by part of society, and awards for the attachment to it. It also happens the same with values associated with femininity and masculinity. Depending on genitality, a social and cultural gender is imposed on us, and a path to follow is indicated. Heteronormativity is a general phenomenon in the health centres and it makes that lesbian, gay, bisexual, transgendered and intersexual patients (LGBTI) are invisible. This fact negatively affects the type and quality of health care that these people receive [(1)].

The word "trans" refers to people who have different gender expression or identity to the one they had when they were born [(2)]. We use "trans*" to be inclusive of all identities under this umbrella, including transgenderism, transsexuality, gender-fluid and other ways of "non-compliant" gender [(3)].

Trans* people share many of the same health needs as general population but they may also have others which are specific, such as the hormonal therapy of gender affirmation and surgery. However, evidence suggests that transsexuals often experience a higher illness rate, including mental, sexual and reproductive health areas. The exposure to violence, marginalization, stigma, and discrimination are higher in these population too [(4)]. Moreover, they face barriers to receive health care due to isolation, lack of social services and health competent personnel in this specific issue [(5)] and the resources that intervene in health, such as education, employment, and housing. These barriers are mainly due to legal, economic and social deprivation and also to marginalization, stigmatization, and discrimination, including not recognizing their gender [(4)]. Evidence shows that this transphobia is shown in health centres but few studies approach the ways of abuse experienced in this context [(6)].

Everybody has the right to receive sure and of good quality health care. One of our roles as leaders of the health system is to assure that future professionals receive the education needed to provide those services [(7)], but in the majority of the cases, health

personnel are not familiarized with trans* terminology nor differentiate sexual identities [8].

Transsexuality has been studied from different perspectives in the area of the investigation linked to the clinic with emphasis on the medic, psychiatry, psychoanalysis, and psychology [9]. Existing investigation related to trans* people and their health tend to have a medical point of view, particularly quantitative studies related to different medical aspects related to gender confirmation, access, and quality of attention [10]. Nowadays, sexual minorities are becoming a more visible part of many countries population, especially those in the western world [11] so that a wider knowledge about transgenderism is needed, both in specialised centres as in general health care centres. Similarly a wider knowledge of sexual health rights [10].

The World Health Organisation (WHO) identifies the LGBTI lack of investigation and health understanding joined to the attitude of providers towards these populations as significant barriers to solve health disparities related to sexual minorities [11]. There is a growing commitment to public health to understand and improve transsexual and other gender minorities health and well-being which represent an estimated percentage of 0,3-0,5% (25 m) of the world population [4,12].

The presented evidence so far proves a great number of problematic aspects of trans* people which are associated with the transition and access to health care in general and these have negative effects on patient satisfaction [13]. International investigation on LGBTI people experiences in health services suggests that, although some advance has been done, discriminatory practice keep on existing being many of the patients the ones who report about the lack of sensitiveness, prejudices and discriminatory practices by part of the medical staff, including the nursing one [14].

OBJECTIVE

The proposed objective throughout this bibliographic review is to explore the difficulties in health assistance noticed by trans* people and professionals who assist them in health centres.

METHODOLOGY

An extended literature review of studies about trans* patients' health attention published in scientific articles has been used as a design.

The articles of the present review were identified through the automated search in the following scientific databases: Virtual Health Library (VHL), LILACS, Cuiden, SciELO, PubMed, Scopus, Web of Science (WOS), EBSCOhost and MEDLINE from 2004 to 2017. The following DeCS and MeSH keywords were used: "transgender people", "continuing education", "nursing continuing education", "competency-based education", "health education", "nursing education", "patient satisfaction", "personal satisfaction", "personas transgénero", "educación continua", "educación continua en enfermería", "educación basada en competencias", "educación en salud", "satisfacción del paciente" and "satisfacción" making use of different Boolean operators ("AND", "OR", and "NOT") along with the related words. Several word search combinations were used to widen the coverage of the articles. Qualitative, quantitative studies and mixed methods which met the criteria were included. In addition, an inverse search was accomplished departing from the bibliographic references of the selected studies.

The result of the search process, with the keywords used, allowed to select a total number of 57 documents which fulfilled the selection criteria. Later, we proceeded to export all the articles found to the computer software RefWorks, with the purpose of eliminating duplicated articles, reducing the sample to 47 documents. The document final selection was made based on exclusive criteria: not related to the studied topic phenomenon, year of publication, language different to Spanish or English, relevance or specificity and those connected with morality or ethics. This way, a sample of 34 documents was finally obtained. Next, a critical reading of the documents took place. The value of the selected articles was given by the grade of evidence shown, by the recommendations of the article as well as by the application to our context.

RESULTS

All the articles included in the study are not meta-analysis revisions, not existing randomized clinical trials. From a total of 34 articles, 61,76% (21) resort to a qualitative methodology, whereas 23,53% (8) use quantitative methods, following the rest 14,71% (5) a qualitative-quantitative mixed methodology. Most data (53,57%) were obtained from interviews [3,5,7-10,14-19,33,34] and online questionnaires and/or surveys (35,71%) [6,13,14,20-26]. These methodologies show the importance, according to their authors, of giving voice to patients. The analysis of the content of the articles can be consulted in the table 1.

Table 1: Analysis of the content of the selected articles.

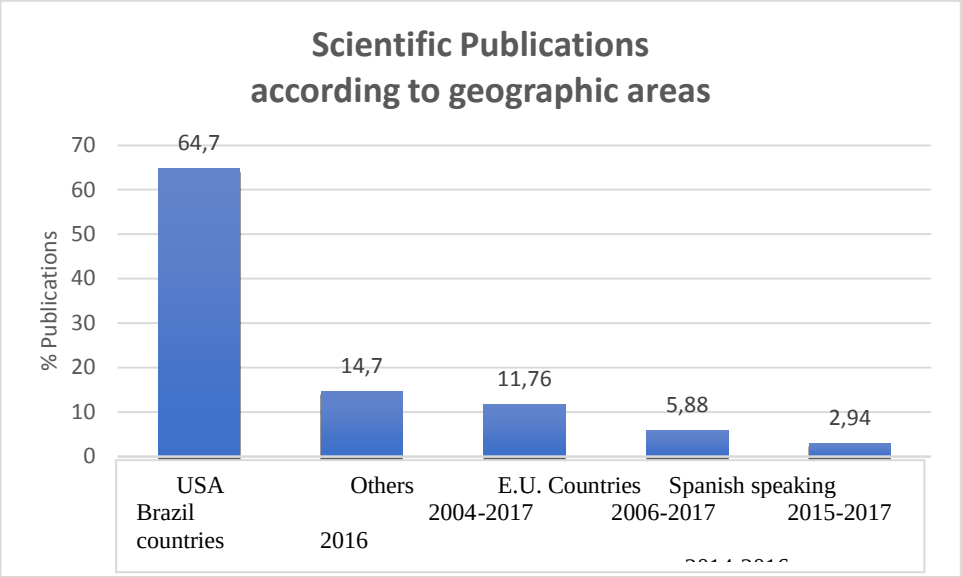
Article	Author/s	Year	Country	Methodology	Pre and post Intervention Questionnaire	Interview	Online Questionnaire
(22)	Bockting, et al.	2004	USA	Quantitative			✓
(18)	Bockting, et al.	2006	USA	Qualitative		✓	
(25)	Neville & Henrickson.	2006	New Zealand	Quantitative			✓
(26)	Sanchez et al.	2006	USA	Quantitative			✓
(24)	Chapman et al.	2012	Australia	Mixed			✓
(27)	Coleman et al.	2012	USA	Qualitative			
(33)	Snelgrove et al.	2012	Canada	Qualitative		✓	
(19)	Zunner & Grace.	2012	USA	Cualitativa		✓	
(6)	Kosenko et al.	2013	USA	Mixed			✓
(5)	Lim, et al.	2013	USA	Mixed		✓	
(28)	Hardacker, et al.	2014	USA	Qualitative	✓		
(2)	Suess, A.	2014	Colombia	Qualitative			
(8)	Carabez et al.	2015	USA	Mixed		✓	
(34)	Daley & MacDonnell.	2015	Canada	Qualitative		✓	
(13)	Eyssel et al.	2015	Germany	Quantitative			✓
(21)	Fredriksen-Goldsen et	2015	USA	Quantitative			✓

	al.						
(14)	Sharek et al.	2015	Irland	Mixed		✓	✓
(12)	White-Hughto, et al.	2015	USA	Qualitative			
(9)	Arenas & Freitas.	2016	Venezuela	Qualitative		✓	
(29)	Bosttock-Cox, B.	2016	USA	Qualitative			
(1)	Carabez & Scott.	2016	USA	Qualitative		✓	
(16)	Carabez, et al.	2016	USA	Qualitative		✓	
(20)	Costa et al.	2016	Brazil	Qualitative	✓		✓
(30)	Lim & Hsu.	2016	USA	Qualitative			
(10)	Lindroth, M.	2016	Sweden	Qualitative		✓	
(17)	Sallans, R. K.	2016	USA	Qualitative		✓	
(3)	Wagner et al.	2016	USA	Qualitative		✓	
(15)	Alpert, et al.	2017	USA	Qualitative		✓	
(23)	Braun et al.	2017	USA	Quantitative	✓		✓
(31)	Chaet, D. H.	2017	USA	Qualitative			
(32)	Göçmen & Yılmaz.	2017	Turkey	Quantitative			
(7)	Kroning, et al.	2017	USA	Qualitative		✓	
(4)	Thomas, et al.	2017	Switzerland	Qualitative			
(11)	Yingling et al.	2017	USA	Qualitative	✓		

Own elaboration.

In figure 1 we appreciate that most of the studies are North American (64,70%) [1,3,5,6,7,8,11,12,15-19,21-23,26,28-32], some Europeans (11,76%) [4,10,13,14], South American publications (8,82%) [2,9,20] two of them are Spanish speaking ones [2,9] and from other countries (14,70%) like Turkey [32], Australia [24], New Zealand [25] and Canada [33,34]. We have not found any Asian study, nor have we found any Spanish study which associate the lack of knowledge by health professionals with trans* patients' perception of satisfaction.

Figure 1: Analysis of the percentage of publication and year of publication according to geographic areas.



Own elaboration.

From the consulted literature, four are the studies that propose training actions [11,20,23,28], one of them reports double the positive effect in women compared to men [20] and other three ones which study the elderly LGBTI people's health [14,21,28].

DISCUSSION

The result of this review shows that both professionals and trans* people perceive significant barriers. They could be grouped in different topics (Table 2).

Table 2: Barriers to health care

Barrier	Studies	Main Synthesis
Inequalities in health care perceived by trans* patients.	10,11,13,14, 16,21,22,24, 26,27,28,30, 33	There is lack of interest by professionals about training and the needs of the group. There is also lack of investigation regarding aging, student's attitudes, transsexuality in childhood and reproductive health. Existing research has focused on the satisfaction of surgical results but not on satisfaction as patients. The experience in the assistance received is not satisfactory.
Prejudices and discrimination felt.	2,6,7,8,10,1 3, 14,15,16,17, 19,20,21,22, 23,24,25,26, 29,30,31,32	Patients report having felt discrimination in the form of: verbal harassment, physical harassment, contempt, negative attitudes and denial of care, apart from the presumption of heterosexuality. Professionals are not able to identify discrimination. The studies that value the levels of prejudice show that the higher levels are found among religious conservative and without education men
Specific health risks.	3,5,6,7,11,1 6,	Health risk in this group is increased both in physical disorders and in phycological and

	18,21,25,27, 29,32	social disorders.
Deficit of knowledge of professionals.	1,7,10,11,14 , 15,17,22,23, 28,33,34	Health professionals do not acquire knowledge about trans* patients care at any time and they ignore the resources to obtain information, which leads to inequality in the care provided.
Deficit of training in current curricula.	1,5,8,11,14, 15,25,27,29	Curricula must be checked since they do not provide enough preparation, existing a critical need in gender identity training, in terminology associated to sexual orientation as well as in elderly people needs and sexuality, particularly in trans* people. A curriculum which promotes sexual diversity in education will later improve health care. It is needed to face heteronormativity, homophobia and transphobia within health care environments.
. Own elaboration.		

Inequalities in health attention perceived by trans* patient

According to the testimony of trans* people, professionals do not empathise with them, showing certain disinterest to know and understand the needs that their group requires. This way they find unsatisfactory the assistant received [33].

There is not enough investigation focused on trans* people and their experiences in sexual health, mainly from a qualitative focus [10] although it results crucial to investigate what trans* people feel, their needs and fears in health care matters, particularly regarding transition [11,13,16].

In the past, investigation studies have been focused on patients' satisfaction with respect to surgery results, being few the studies that have addressed patient satisfaction with regard to the process and services which have been offered [13], although the satisfaction surveys have been able to be widely accepted as an important tool for the planning of quality improvement [22].

As regards successful aging and elderly LGBTI people care, few are the findings in the existent literature [14,21,28] as well as in the studies which assess the attitude of health science students versus LGBTI people [24,26,30] and those who treat gender dysphoria at an early stage and they are related to reproductive health [27]. Investigations into the experiences in the health services of LGBTI people suggest that discriminatory practice by part of the staff keep on happening, reporting that there is a lack of sensitiveness and prejudices [14].

Prejudices and felt discrimination

There are studies which assess prejudice levels towards LGBTI people, being the highest levels among religious and conservative people [20,24], with no education and male ones [20,30]. This prejudice also affects to health professionals, among nursing students, their prejudice is frequent, explicit and growing [20], a quarter of the medical staff surveyed has a negative opinion about LGBTI groups [32]. They make them feel

uneasy and unconfident [6], even professionals openly showed preference in the treatment of heterosexuals and homosexual men and women instead of trans* people [15].

The presumption of heterosexuality supposes one of the most important obstacles when it comes to receiving and providing quality health care to LGBTI people [24,25]. Among the more common stereotypes that LGBTI people have to face there are: the relationship among homosexual, transsexual people and human immunodeficiency virus (HIV) apart from the hypothesis that homosexual women do not present risks of suffering from sexually transmitted diseases (STD) [15].

Professionals do not have basic knowledge to identify discrimination, even that which has been perpetuated by themselves [20]. Discrimination is perceived both directly and indirectly [32] and in the nurse's environment [10]. When patients are asked about discrimination, more than a half say to have felt discriminated in social care centres [10,14], 14% in health centres [31,32], 28% had suffered verbal harassment [2,13] and 2% physical harassment [13]. A quarter of the LGBTI patients notice that they are treated in a different way, with contempt [19] and they noticed a change of attitude towards a negative attitude when revealing their sexual orientation or identity [15], even 19% had been denied care [2,13,16]. Moreover, a fifth part reported that their preferences were excluded when it comes to medical decisions [15], being also difficult the access to health care at various stages [13,21,23].

When asking to health professionals, 5% used gender inclusive ways, 44% did not know the inclusive ways, 37% did not know what gender referred to and 14% confused gender identity with sexual orientation [8]. Recent research shows that negative attitudes towards sexual minorities keep happening among nursing professionals [30], revealing that they feel uncomfortable when treating with LGBTI people [25].

Many patients avoid mentioning their sexual orientation or their sexuality in general [10,24], even if the information may be useful for the health personnel [32], for fear of a negative response [14] or a negative former experience [17,22,23,25,26,29]. In the case of trans* people, up to 30% avoid or delay the search for health services [17,30], they suffer apprehension, fear of harassment or discrimination [3], and they resort to illegal hormonal treatment through the internet [29] despite the fact that they may have detrimental effects for their health [7]. Regarding women, these are the ones who most frequently disclose their orientation and sexual identity [25].

Specific health risks

Among LGBTI population there is a higher risk to suffer from mood disorders, to contract HIV [3,5,7,16,25], overweight, obesity [5,21], STD [3,5,7] and mental health problems [5,29] such as anxiety [5] and depression [18,21]. In addition, they show higher consumption of tobacco, alcohol, and drugs [7,11,16,29] twice to three times more probability of attempted suicide [2,5,16,18], stigmatisation [3,5,6,16,29] which lead to prejudices and discrimination [27], and lack of social support [18,21]. An online survey about discrimination, informed that 43,2% of respondent had attempted suicide at least once in their lives [32].

Deficit of knowledge by professionals

Healthcare professionals, at no time of their academic education, have acquired knowledge about attention to trans* patients (nor is it reflected in the curricula). Apart from not having theoretical knowledge about the issue, they do not know the available resources that they have to obtain information. This causes that at the time of assistance, procedures to help them are unknown and as a result, difficult situations may occur because of the lack of familiarity with the terminology treated [33,34].

Improving the health of LGBTI people, requires competent staff in their attention [15], a better knowledge about transgenderism is needed, both in personalized attention centres as in health care in general [10,14], nearly 50% of key informant professionals reported lack of knowledge about necessities and special considerations in front of LGBTI people [1,22,23]. This competence to be acquired by health professionals must focus mainly on those aspects related to the behaviour and verbal language, in a way that confidence with patients is improved [17] allowing to carry out an efficient and accessible attention [7,15], reducing barriers in the attention [7], improving health results for the professionals who assist [28] and providing an inclusive and sensitive service [11,14]. There are many opportunities to increase the knowledge about transgender health [17]. When consulting the patients, just one out of three believed that health professionals had enough knowledge about LGBTI issues [14].

Training deficit in current curricula

University must provide health science students with the opportunity to organise and be an active part of groups of interest so that leadership skills are cultivated and work as stimulus and support for other groups of interest's trainings [5]. Nursing curricula and, in general, health science ones, must be revised with respect to the issues related to LGBTI [5], since they do not provide with enough preparation [1], existing a critical need about gender identity education, terminology associated with sexual orientation [8] and in sexuality and other needs of elderly people, with special emphasis on trans* people [14]. A curriculum which promotes sexual diversity in education will later improve LGBTI [5] people health care. The challenge for nursing education is synthesized the growing evidence of health LGBTI [5] people's problems. Facing heteronormativity, homophobia and transphobia is a specific need within healthcare environments [25].

Students must be motivated to go further from the assessment of physical manifestations or health indicators [5]. Students who have been surveyed state having felt anxiety for not having enough preparation to provide an appropriate care in their clinical practice [11]. The results of education programmes showed that students felt comfortable with training based on topics related to LGBTI [15], and what they learnt is being relevant to them for their clinical practice [11]. When studying what it would happen inside nursing schools, four out of ten trans* nursing students felt discrimination due to their gender identity inside the nursing school itself [32], this transphobia may have a long-lived impact in their professional practice [30].

Health science teachers must provide diverse clinical practices, groups of interest and clear expectations to elaborate sensitive care plans regarding LGBTI patients, being able to use their relationship with students as a way of discussion and promotion of positive perspectives. Besides, they must assure the promotion of the knowledge development capable of implementing better practice in LGBTI patients' care [5].

Nursing as facilitator before trans* patients

Nursing professionals are of particular interest as they are basic direct caregivers [5]. They are endowed with decision-making power [13], they have the commitment to providing comprehensive care [25] and an important role to play in the fight in favour of equity and justice within health care [10] and in the elimination of disparities with respect to LGBTI people's health [5,7]. This role plays special importance in trans* people from the very first conversations they may have about their feelings through sexual reassignment, to the support and follow-up of their physical and mental health conditions [29] all along their lives. The majority of the nurses are not ready, they lack knowledge [1,11,16] and they are not familiarised with trans* terminology nor do they differentiate sexual identities. This lack of knowledge may, in an unnoticed way, exclude patients and their families making them invisible avoiding devoting them an appropriate care [8]. Interventions aimed at the members of the family turn out to have positive effects, since they promote understanding and acceptance of trans* people by their loved ones [12]. Regarding LGBTI elderly people, nurses must be aware of the risk of isolation and loneliness that this group presents [14].

Investigations with participation approach [10,13,20,28] are increasingly more involved in health science investigation [13]. Given the training and role that nursing plays for the patient, this type of investigation is of great applicability.

CONCLUSIONS

This review presents a series of barriers identified by trans* community and by health professionals themselves, which limit access to care and the quality of this. Likewise, both patients and professionals report inadequate health training, what leads to a deficit in health services assistance.

In spite of the fact that there are significant barriers, this study provides a glimpse into the existence of a series of practice which may represent potential solutions. These include improving information resources (clinical practice guides, informative leaflets, healthcare algorithms), improving the existent information dissemination, incorporating specific training in trans* health to the current professional curricula, including specific training in current curriculum of the professionals of the future, developing cooperation among the most expert professionals and initiatives based on policies to enhance trans* patients access to healthcare services.

However, health professionals have a spectrum of attitudes and beliefs which impact on the attention these patients receive. Many inadequacies in care may be due to a heterosexual culture. More research on interventions that might facilitate the loss of barriers when sexual orientation is revealed is needed and even more on the sex felt, seeking to break heteronormativity assumptions on the part of the health team.

REFERENCES

1. Carabez R, Scott M. “Nurses don”t deal with these issues’: nurses’ role in advance care planning for lesbian, gay, bisexual and transgender patients. J Clin Nurs. 2016;25(23–24):3707–15.
2. Suess A. Cuestionamiento de dinámicas de patologización y exclusión discursiva desde perspectivas trans e intersex. Rev Estud Soc. 2014;9(49):128–

43.
3. Wagner PE, Kunkel A, Asbury MB, Soto F. Health (Trans) gressions: Identity and Stigma Management in Trans* Healthcare Support Seeking. Women Lang. 2016;39(1):49–74. 26p.
4. Thomas, R., Pega, F., Khosla, R., Verster, A., Hana, T., & Say L. Ensuring an inclusive global health agenda for transgender people. Bull World Heal Organ [Internet]. 2017;95(August 2016):154–6. Available from: http://dx.doi.org/10.2471/BLT.16.183913
5. Lim FA, Brown D V., Jones H. Lesbian, Gay, Bisexual, and Transgender Health: Fundamentals for Nursing Education. J Nurs Educ [Internet]. 2013;52(4):198–203. Available from: http://www.healio.com/doiresolver?doi=10.3928/01484834-20130311-02
6. Kosenko K, Rintamaki L, Raney S, Maness K. Transgender Patient Perceptions of Stigma in Health Care Contexts. Med Care [Internet]. 2013;51(9):819–22. Available from: http://content.wkhealth.com/linkback/openurl?sid=WKPTLP:landingpage&an=00005650-201309000-00010
7. Kroning, M., Green, J., & Kroning K. Dimensions of inclusive care. A young transgender patient sparks the need for an immediate education action plan. Nurs Manage. 2017;48(1):1.
8. Carabez R, Pellegrini M, Mankovitz A, Eliason M, Scott M. Does your organization use gender inclusive forms? Nurses' confusion about trans* terminology. J Clin Nurs. 2015;24(21–22):3306–17.
9. Arenas Y, & Freitas MG. El contexto social y la comprensión psicoterapéutica en la transexualidad. TRILOGÍA Ciencia, Tecnol y Soc. 2016;8:11–25.
10. Lindroth M. "Competent persons who can treat you with competence, as simple as that"- An interview study with transgender people on their experiences of meeting health care professionals. J Clin Nurs. 2016;25(23–24):3511–21.
11. Yingling CT, Cotler K, Hughes TL. Building nurses' capacity to address health inequities: incorporating lesbian, gay, bisexual and transgender health content in a family nurse practitioner programme. J Clin Nurs. 2017;26(17–18):2807–17.
12. White Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. Soc Sci Med [Internet]. 2015;147:222–31. Available from: http://dx.doi.org/10.1016/j.socscimed.2015.11.010
13. Eyssel J, Koehler A, Dekker A, Sehner S, Nieder TO. Needs and concerns of transgender individuals regarding interdisciplinary transgender healthcare: A non-clinical online survey. PLoS One. 2017;12(8).
14. Sharek DB, Mccann E, Sheerin F, Glacken M, Higgins A. Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland. Int J Older People Nurs. 2015;10(3):230–40.
15. Alpert AB, CichoskiKelly EM, Fox AD. What Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Patients Say Doctors Should Know and Do: A Qualitative Study. J Homosex. 2017;64(10):1368–89.
16. Carabez, R. M., Eliason, M. J., & Martinson M. Nurses' Knowledge About Transgender Patient Care: A Qualitative Study. Adv Nurs Sci [Internet]. 2016;39(3):257–71. Available from: http://content.wkhealth.com/linkback/openurl?sid=WKPTLP:landingpage&an=00012272-201607000-00007
17. Sallans RK. Lessons from a Transgender Patient for Health Care Professionals. AMA J ethics [Internet]. 2016;18(11):1139–46. Available from: http://journalofethics.ama-assn.org/2016/11/mnar1-

1611.html%0Ahttp://www.ncbi.nlm.nih.gov/pubmed/27883306
18. Bockting, W. O., Knudson, G., & Goldberg JM. Counseling and Mental Health Care for Transgender Adults and Loved Ones. Int J Transgenderism. 2006;9(3–4):83–94.
19. Zunner BP, Grace PJ. The Ethical Nursing Care of Transgender Patients. AJN, Am J Nurs [Internet]. 2012;112(12):61–4. Available from: http://content.wkhealth.com/linkback/openurl?sid=WKPTLP:landingpage&an=00000446-201212000-00034
20. Costa AB, Pase PF, de Camargo ES, Guaranha C, Caetano AH, Kveller D, et al. Effectiveness of a multidimensional web-based intervention program to change Brazilian health practitioners' attitudes toward the lesbian, gay, bisexual and transgender population. J Health Psychol [Internet]. 2016;21(3):356–68. Available from: http://journals.sagepub.com/doi/10.1177/1359105316628748
21. Fredriksen-Goldsen KI, Kim H-J, Shiu C, Goldsen J, Emlet CA. Successful Aging Among LGBT Older Adults: Physical and Mental Health-Related Quality of Life by Age Group. Gerontologist [Internet]. 2015;55(1):154–68. Available from: https://academic.oup.com/gerontologist/gerontologist/article/2957461/Successful
22. Bockting W, Robinson B, Benner A, Scheltema K. Patient satisfaction with transgender health services. J Sex Marital Ther. 2004;30(4):277–94.
23. Braun HM, Ramirez D, Zahner GJ, Gillis-Buck EM, Sheriff H, Ferrone M. The LGBTQI health forum: An innovative interprofessional initiative to support curriculum reform. Med Educ Online [Internet]. 2017;22(1). Available from: http://dx.doi.org/10.1080/10872981.2017.1306419
24. Chapman R, Watkins R, Zappia T, Nicol P, Shields L. Nursing and medical students' attitude, knowledge and beliefs regarding lesbian, gay, bisexual and transgender parents seeking health care for their children. J Clin Nurs. 2012;21(7–8):938–45.
25. Neville S, Henrickson M. Perceptions of lesbian, gay and bisexual people of primary healthcare services. J Adv Nurs. 2006;55(4):407–15.
26. Sanchez NF, Rabatin J, Sanchez JP, Hubbard S, Kalet A. Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. Fam Med. 2006;38(1):21–7.
27. Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. Int J Transgenderism. 2012;13(4):165–232.
28. Hardacker CT, Rubinstein B, Hotton A, Houlberg M. Adding silver to the rainbow: The development of the nurses' health education about LGBT elders (HEALE) cultural competency curriculum. J Nurs Manag. 2014;22(2):257–66.
29. Bosttock-Cox B. The role of primary care nurses in the care of transgender people. Pract Nurse. 2016;46(9):26–31.
30. Lim, F. A., & Hsu R. Nursing Students' Attitudes Toward Lesbian, Gay, Bisexual, and Transgender Persons: An Integrative Review. Nurs Educ Perspect [Internet]. 2016;37(3):144–52. Available from: https://libproxy.singaporetech.edu.sg/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,uid&db=c8h&AN=115441563&site=eds-live
31. Chaet DH. The AMA Code of Medical Ethics' Opinions Related to Discrimination and Disparities in Health Care. AMA J Ethics April. 2017;19(1):54–62.
32. Göçmen İ, Yılmaz V. Exploring Perceived Discrimination Among LGBT Individuals in Turkey in Education, Employment, and Health Care: Results of an Online Survey. J Homosex. 2017;64(8):1052–68.

33. Snelgrove, J. W., Jasudavisius, A. M., Rowe, B. W., Head, E. M., & Bauer GR. “completely out-at-sea” with “two-gender medicine”: A qualitative analysis of physician-side barriers to providing healthcare for transgender patients. BMC Health Serv Res. 2012;12(1).
34. Daley, A., & MacDonnell JA. “That would have been beneficial”: LGBTQ education for home-care service providers. Heal Soc Care Community. 2015;23(3):282–91.

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