Exploring interactions between transgender, gender-diverse and non-binary (TGDNB) individuals and allied health professionals in clinical practice: a scoping review protocol.

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# Key words

Allied Health; Transgender; Non-binary; Gender-diverse; Healthcare.

# Background

Transgender is a term that denotes an individual whose sense of identity relating to their gender does not correspond with the sex assigned to them at birth. While transgender is often employed as an umbrella term, not all gender diverse people will identify with the term. Non-binary is another term that describes people who feel they are unable to define their gender identity within the restraints of the gender binary. Many terms exist within the transgender, gender diverse and non-binary (TGDNB) communities. Some other examples of gender diverse terms people may identify with include agender, bigender, genderqueer or gender-fluid. While TGDNB will be used within this study it is important to understand that these terms represent a spectrum. Individuals who do not identify as cis-gendered or within the binary may also not identify with any of the TGDNB terms discussed. Most available healthcare literature focuses on the wider lesbian, gay, bisexual and transgender (LGBT) population, rather than specifically focusing on transgender individuals (Bonvicini, 2017; Klein et al., 2018; Shetty et al., 2016; Stewart & O'Reilly, 2017). While some experiences will be shared, TGDNB experiences around gender identity and gender affirmation will be different to those of a cis-gendered lesbian, gay or bisexual individual.

TGDNB individuals face significant stigma, discrimination and societal marginalisation (White Hughto et al., 2015). Discrimination and stigma have been well documented as contributing significantly to health disparities (Hatzenbuehler et al., 2013; Nyblade et al., 2019; White Hughto et al., 2015). TGDNB individuals experience worse mental and physical health, experiencing significantly higher rates of depression, anxiety, suicidality and eating disorders (Ålgars et al., 2012; Tebbe & Moradi, 2016; Testa et al., 2017; Valentine & Shipherd, 2018). One contributing factor to the imbalance in health outcomes is the avoidance of healthcare services by TGDNB individuals out of fear of discrimination and misgendering (Seelman et al., 2017). An example of this is the significant discrepancy in cervical cancer screening for cis-gendered women compared with transgender men (Dhillon et al., 2020; Weyers et al., 2021). A US-based study found that TGDNB individuals were less likely to have health insurance when compared to cis-gendered individuals (Dickey et al., 2016). It was also found that TGDNB individuals were less likely to have a primary care doctor compared to cis-gendered individuals (Dickey et al., 2016).

TGDNB individuals also face a range of barriers in accessing healthcare. Some are faced by other marginalised groups while others are unique or significantly amplified for members of the TGDNB community.  For example, knowledge and competency levels of health care professionals can be suboptimal, while healthcare system processes can be non-inclusive (e.g., forms, electronic record-keeping, clinical facilities)(Safer, 2019; Safer et al., 2016).

A common reason that TGDNB individuals seek health care is for treatments that medically affirm their gender identity. This may include hormone therapy and or gender affirmation surgery. Previously only a small number of specialists worked within TGDNB affirming care. Now TGDNB healthcare has become more mainstream and training opportunities for medical and allied health professionals are struggling to keep up with demand. Without the necessary training in this area, the full scope of health care is likely influenced by preconceived perceptions (and biases) of individual healthcare providers. Subsequently, TGDNB experiences of healthcare may be negatively impacted as a result of competency issues among health care professionals (Teti et al., 2021).

Allied health professionals play an important role in gender affirming treatments. Speech therapists may provide voice feminisation therapy while physiotherapists may implement pelvic floor exercise programs after gender affirming vaginoplasty surgery (Jiang et al., 2019; Kim, 2020). Allied health professionals may also be sought out for care unrelated to medical gender-affirmation. Despite their relevant input, allied health professionals like many other healthcare professionals, often lack specific training in TGDNB healthcare.

A small volume of literature exists regarding the experiences of TGDNB patients in healthcare settings, however, such information has a focus on nursing staff, doctors and/or psychologists who are often more directly involved in the provision of medical gender affirmation (American Psychological Association, 2015; Carabez et al., 2016; Hashemi et al., 2018; Kattari et al., 2020; Rosa et al., 2019; Stanton et al., 2021).  Little is known about the healthcare experiences related to the allied health professions in a more general clinical context.

As it is an emerging area, it is important to first understand the current experiences of allied health care in clinical settings. This review, therefore, aims to address this gap in knowledge and synthesise the evidence that currently exists on the TDGNB patient experiences of allied healthcare clinicians and potentially highlight ways in which the healthcare community can improve care experiences for this population.

# Aims

**Primary Aim**

To summarise the currently available literature on health care encounters between allied health professionals and TGDNB individuals.

**Secondary Aim**

To summarise existing clinical practice or guideline-based recommendations for allied health professionals regarding clinical interactions with TGDNB individuals.

A scoping review was selected as the chosen method as it facilitates the mapping of all available research. This will allow the authors to highlight key themes and trends within the literature. The goal of this scoping review is to summarise the current evidence and recommendations while highlighting the key features of allied health professionals’ interactions with TGDNB individuals. It is hoped that this review will also provide an outline of the clinical practice recommendations that exist to guide allied health professionals when interacting with TGDNB individuals in clinical settings.

# Research question

Two research questions will be addressed in order to ensure depth and breadth of the topic will be covered. These are outlined below:

1. What are the features of health care encounters between allied health professionals and TGDNB individuals?
2. What are the clinical practice recommendations or guidelines that exist to guide allied health professionals regarding clinical interactions with TGDNB individuals?

# Methods

A scoping review was selected as the chosen method as it facilitates the mapping of all available research. This will allow the authors to highlight key themes and trends within the literature. The scoping review will look at the features of interactions between allied health professionals and TGDNB patients in clinical settings. Quality appraisal will not be undertaken when looking at inclusion and exclusion of papers. This is common practice in scoping reviews as it permits a greater breadth of literature to be included (Munn et al., 2018). The review will be guided by Arksey and O’ Malley’s framework and the Joanna Briggs Institute Manual for Evidence Synthesis (Arksey & O'Malley, 2005; Peters et al., 2017). The 5 steps outlined by Arksey and O’Malley (2005) include:

* Identifying the research question
* Identifying relevant studies
* Selection of eligible studies
* Charting the data
* Collating and summarising the results

# Eligibility criteria

Table 1 highlights the PPC framework that will be used for this scoping review.

*Table 1*

| PPC FRAMEWORK | |
| --- | --- |
| Population/Participants | Allied health professionals |
| Concept | Working with transgender, non-binary and gender diverse adult patients |
| Context | Clinical settings |

**Participants**

Studies that include allied health professionals as described by Allied Health Professionals Australia will be eligible for inclusion (Allied Health Professions Australia, 2021). A list of included allied health professions is available in Appendix V.

Psychologists will be excluded from the target allied health population due to their significant role in the process of gender affirming surgery and hormone treatments. The focus of this review is not on best practice of gender affirming surgical care but the interactions between allied health clinicians and TGDNB patients in everyday clinical care (not necessarily related to gender affirmation procedures). American Psychological Association offers guidelines for clinical psychologists to assist them to provide gender affirming care to TGDNB individuals. This decision was confirmed after drafting and piloting database search strategies resulted in excessive yields related to studies involving psychologists.

Studies including allied health students will not be eligible for inclusion. Where studies involve multidisciplinary teams that include doctors, nurses or psychologists, papers will be eligible for inclusion if at least 75 percent of the practitioners are allied health professionals.

**Concept**

Studies focusing on the healthcare of transgender, gender diverse and non-binary adult individuals will be eligible for inclusion. The focus must be on TGDNB individuals over 16 years of age, papers containing any individuals under the age of 16 in their population will not be eligible for inclusion. To be eligible for inclusion, studies must include or discuss the TGDNB population. A general LGBTQ+ population is not grounds for inclusion.

**Context**

Studies conducted in or focusing on a healthcare context will be eligible for inclusion.

The interaction between TGDNB patients and allied health professionals does not need to be explicitly clinical in nature, e.g. calling a patient in from the waiting room of an allied healthcare practice. Studies focused on mental health care settings will not be eligible for inclusion for the same reasons that studies related to psychologists were deemed ineligible.

Papers involving education settings or context will not be eligible for inclusion. University programs or course development papers will not be included. Topics involving a healthcare setting but focusing on the education of allied health professionals on TGDNB health experiences will not be eligible for inclusion. Papers will not be restricted by location of study. Included papers must be in English as translated texts may not capture the nuances of TGDNB experiences that original papers do (Polkinghorne, 2005). Papers must be accessible through Monash University Library systems for inclusion.

Papers published before 2000 will be excluded. This is in order to document the most current literature. Language in the TGDNB space has changed significantly over the past 40 years as have attitudes towards TGDNB patients. Historically TGDNB experiences have been pathologized and language has played a pivotal role in the discrimination and marginalisation of both individuals and communities (Bouman et al., 2017). 2000 was selected as the creation of a research plan for the DSM-5 began in 2000 (Vahia, 2013). The DSM-5 was published in 2013 and saw the term ‘gender identity disorder’ removed and replaced with ‘gender dysphoria’ (Davy & Toze, 2018). In the United States, key Transgender history events happened around this time point. Some of these include the establishment of the Transgender Foundation of America in 2001, followed by the National Centre for Transgender Equality and Transgender American Veterans Association in 2003.

**Study types**

In order to address both review questions, both empirical and non-empirical studies will be eligible for inclusion. Papers focusing on LGBTQ+ health care must include at least 3 points of recommendation explicitly for TGDNB populations to be eligible for inclusion. Clinical guidelines published by medical organisations may be eligible for inclusion if the focus of the paper is on allied health practices. These guidelines must include a minimum of 3 points of recommendation explicitly aimed at allied health staff to be eligible for inclusion.

# Search strategy

The search strategy for this scoping review will be developed in accordance with the PRISMA-S extension and Joanna Briggs Institute Evidence Synthesis recommendations (Peters et al., 2020; Rethlefsen et al., 2021). In order to establish a relevant search strategy, an initial search of Ovid MEDLINE and CINAHL was completed to identify key terms used in article titles and abstracts of studies focusing on the TGDNB population. The text words found were employed to generate a full pilot search strategy for Ovid MEDLINE, CINAHL, Scopus and Ovid Emcare (see Appendices I-IV). Terms and headings will, where necessary, be converted to accommodate functional differences between databases. Subject headings will be used where possible.

The literature search for the scoping review will be conducted across 4 electronic databases Ovid MEDLINE, CINAHL, Scopus and Ovid Emcare. These databases have been selected for their collaborative ability to yield a collection of papers that are specific to the research topic. The advice of an academic librarian will be sought to refine the database search and search terms for maximum rigour and effectiveness. Searches will be restricted to English language as translated texts may not capture the nuances of TGDNB experiences that original papers do (Polkinghorne, 2005). A date limit of 2000 to present will be set. This is in order to document the most current literature. Language in the TGDNB space has changed significantly over the past 20-40 years as have attitudes towards TGDNB patients.

A 2-part grey literature search will also be conducted. It is hoped that a grey literature search will assist in answering the second scoping review question ‘What are the clinical practice recommendations or guidelines that exist to guide allied health professionals regarding clinical interactions with TGDNB individuals?’ Google Scholar will be searched using the terms ‘allied health’ and ‘transgender’. The first 25 papers will be screened for possible inclusion. The second grey literature search will be carried out in OpenGrey, a multidisciplinary grey literature database using the singular term ‘transgender’.

# Selection of studies

Search results will be exported to individual Endnote libraries and then combined, where duplicates will be removed. One reviewer (JC) will assess whether the articles are eligible for inclusion based on title and abstract in accordance with the pre-agreed upon the inclusion and exclusion criteria for the review detailed in this protocol. The full texts of the potentially eligible articles will be sourced. These full texts will be screened by one reviewer (JC).For quality purposes random inspection will be completed, during both title and abstract and full text screening stages, by 2 independent reviewers (RL, CO). For papers not eligible for inclusion after full text screening reasons for exclusion will be recorded and reported within the scoping review. Disagreements between authors at any level of screening will be resolved through discussion. The results of the search and screening process will be described in full and presented in the final scoping review in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram (Tricco et al., 2018).

# Data extraction

Following the study selection process, data will be extracted from papers that will be included in the scoping review by one reviewer (JC). The data extracted will be included in two tables created by authors (See Table 1 and Table 2). Table 1 will include authors, title, year of publication, country of publication, study design, allied health professionals, TGDNB population, setting e.g., hospital, outpatient clinic etc. Table 2 will include the study’s aims, intervention/comparator (including duration, timing etc), outcome measures and key findings that relate to the scoping review questions. These tables will be modified as necessary during the extraction process to provide a comprehensive overview of all included studies. Any changes made to the table will be detailed in the full scoping review. Charting the data will be an iterative process and any disagreements that arise will be resolved by discussion or through the involvement of a third reviewer. If appropriate authors of papers will be contacted to request missing information as necessary.

Table 1 – data extraction

| Author | Title | Year of publication | Country | Study design | Allied health professionals | TGDNB population | Setting |
| --- | --- | --- | --- | --- | --- | --- | --- |

Table 2 – data extraction

| Study aims | Intervention/comparator (duration, timing etc) | Outcome measures | Key findings that relate to the scoping review questions |
| --- | --- | --- | --- |

# Data synthesis

The results of this scoping review will be presented in two sections to represent the two review questions. The sections will both include a narrative synthesis. Information during the data extraction process will be synthesised and presented in tables and graphs where appropriate.

Section 1 will attempt to answer the primary research question. This section will aim to explore features of healthcare encounters between allied health professionals and TGDNB individuals. Findings will be mapped under subheadings identified in the collated data of included studies. These will include the type of allied health professional(s) involved, reason(s) for seeking healthcare, patient care experience, and reports of any stigma and/or discrimination.

Section 2 will attempt to answer the secondary research question. This section will aim to include a list of recommendations for allied health professionals. As quality analysis of individual papers will not be undertaken. Credibility of recommendations will be primarily based on the number of papers putting forward that recommendation. It will also be noted whether the recommendation comes from the opinion of an allied health professional, a member of the TGDNB community or the author of the paper. If appropriate recommendations for specific groups of allied health professions may be included.

# Consideration of bias

Quality appraisal will not be undertaken in line with common practice for scoping reviews and to allow for a maximally inclusive search yield (Munn et al., 2018). We will follow the methods outlined in this protocol and justify and report any deviations from protocol in the review to minimise reporting bias.

This scoping review will use publicly accessible documents and will not collect deeply personal or confidential information directly from individuals. As a result, institutional ethics approval was not sought before commencing this scoping review.

A reflexivity statement will be included to highlight the issues of representation and voice that impact this review. Informal community consultation by 2 members of the TGDNB community will be completed and suggested edits will be taken into consideration.

# Milestones

A timeline for the completion of this scoping review is detailed below in table 4.

*Table 4*

| Task | Date of estimated completion 2021 |
| --- | --- |
| Preparation of draft protocol | June |
| Run pilot searches | July |
| Pilot test eligibility criteria |
| Implement database searches | September |
| Data screening |
| Data extraction & synthesis | October - November |
| Draft manuscript writing | November |
| Submission to journal | December |

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# Appendix I – Electronic database pilot search Ovid Medline

| Search Number | Search Terms | Result |
| --- | --- | --- |
| 1 | Allied Health or Allied Health Personnel or Case managers or Nutritionist or Occupational therap\* or Physiotherap\* or Physical therap\* or Social work\* or Chiropract\* or Radiograph\* or Sonograph\* or Art therap\* or Music therap\* or Optometr\* or Osteopath\* or Podiatr\* or Speech Path\* or Speech language path\* | 737557 |
| 2 | Exp Allied Health Occupations (MeSH) or exp Allied Health Personnel (MeSH) | 100550 |
| 3 | 1 or 2 | 799271 |
| 4 | Transgender\* or Transsexual\* or Gender dysphoria or Genderqueer or Nonbinary or Gender nonconform\* or Trans wom$n or Trans m$n or Sistagirl or Brotherboy or Two Spirit\* or Non-binary or Gender fluid or Gender-fluid or Transmasculine or Transfeminine or Gender-diverse or Gender-variant or Transexual\* or Gender affirm\* or Gender identity or Transm$n or Trans male or Transwom$n or Trans female | 27129 |
| 5 | Exp transgender persons (MeSH) | 3781 |
| 6 | exp Transsexualism (MeSH) | 3884 |
| 7 | 4 or 5 or 6 | 27129 |
| 8 | 3 and 7 | 391 |
| 9 | Limit 8 to yr=”2000- Current” | 288 |

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# Appendix II – Electronic database pilot search CINAHL

| Search Number | Search Terms | Result |
| --- | --- | --- |
| S1 | Transgender\* or Transsexual\* or Gender dysphoria or Genderqueer or Nonbinary or Gender nonconform\* or Trans wom$n or Trans m$n or Sistagirl or Brotherboy or Two Spirit\* or Non-binary or Gender fluid or Gender-fluid or Transmasculine or Transfeminine or Gender-diverse or Gender-variant or Transexual\* or Gender affirm\* or Gender identity or Transm$n or Trans male or Transwom$n or Trans female | 14538 |
| S2 | (MH "Gender Dysphoria") OR (MH "Transsexualism") OR (MH "Transgender Persons+") OR (MH "Transsexuals") OR (MH "Gender Nonconformity+") | 4310 |
| S3 | 1 or 2 | 14575 |
| S4 | Allied Health or Allied Health Personnel or Case managers or Nutritionist or Occupational therap\* or Physiotherap\* or Physical therap\* or Social work\* or Chiropract\* or Radiograph\* or Sonograph\* or Art therap\* or Music therap\* or Optometr\* or Osteopath\* or Podiatr\* or Speech Path\* or Speech language path\* | 479,567 |
| S5 | (MH "Allied Health Professions+") OR (MH "Allied Health Personnel+") | 302086 |
| S6 | 4 or 5 | 650,398 |
| S7 | 3 and 6 | 970 |
| S8 | Resticted to 2000-current | 926 |

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# Appendix III– Electronic database pilot search Scopus

| Search Number | Search Terms | Result |
| --- | --- | --- |
| 1 | (transgender\*) OR (transsexual\*) OR ("Gender dysphoria") OR (genderqueer) OR (nonbinary) OR ("Gender nonconform\*") OR ("Trans wom$n") OR ("Trans m$n") OR (sistagirl) OR (brotherboy) OR ("Two Spirit\*") OR (non-binary) OR ("Gender fluid") OR (gender-fluid) OR (transmasculine) OR (transfeminine) OR (gender-diverse) OR (gender-variant) OR (transexual\*) OR ("Gender affirm\*") OR ("Gender identity") OR (transm$n) OR ("Trans male") OR ( transwom$n) OR ("Trans female") | 51537 |
| 2 | ("Allied Health") or ("Allied Health Personnel") or ("Case managers") or (Nutritionist) or ("Occupational therap\*") or (Physiotherap\*) or ("Physical therap\*") or ("Social work\*") or (Chiropract\*) or (Radiograph\*) or (Sonograph\*) or ("Art therap\*") or ("Music therap\*") or (Optometr\*) or (Osteopath\*) or (Podiatr\*) or ("Speech Path\*") or ("Speech Language Path\*") | 1251649 |
| 3 | 1 and 2 | 905 |
|  | 1 and 2 – restricted to 2000-current year | 776 |

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# Appendix IV– Electronic database pilot search Ovid Emcare

| Search Number | Search Terms | Result |
| --- | --- | --- |
| 1 | Allied Health or Allied Health Personnel or Case managers or Nutritionist or Occupational therap\* or Physiotherap\* or Physical therap\* or Social work\* or Chiropract\* or Radiograph\* or Sonograph\* or Art therap\* or Music therap\* or Optometr\* or Osteopath\* or Podiatr\* or Speech Path\* or Speech language path\* | 345252 |
| 2 | Transgender\* or Transsexual\* or Gender dysphoria or Genderqueer or Nonbinary or Gender nonconform\* or Trans wom$n or Trans m$n or Sistagirl or Brotherboy or Two Spirit\* or Non-binary or Gender fluid or Gender-fluid or Transmasculine or Transfeminine or Gender-diverse or Gender-variant or Transexual\* or Gender affirm\* or Gender identity or Transm$n or Trans male or Transwom$n or Trans female | 12543 |
| 3 | exp transgender/ or exp male to female transgender/ or exp female to male transgender/ or exp gender dysphoria/ or exp transsexualism/ or exp transgenderism/ or exp transsexuality/ | 6690 |
| 4 | 2 or 3 | 12543 |
| 5 | 1 and 4 | 393 |
| 6 | limit 5 to yr="2000 -Current" | 381 |

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# Appendix V - Allied Health Professions Australia

1. Art therapy
2. Audiology
3. Chiropractic
4. Dietetics
5. Exercise Physiology
6. Genetic counselling
7. Medical radiations
8. Music therapy
9. Occupational therapy
10. Optometry
11. Orthoptics
12. Orthotics/Prosthetics
13. Osteopathy
14. Perfusion
15. Physiotherapy
16. Podiatry
17. Psychology
18. Rehabilitation counselling
19. Social work
20. Sonography
21. Speech pathology